

ACKNOWLEDGEMENTS

Ophea is a not-for-profit organization dedicated to supporting school communities through advocacy, quality programs and services, and partnership building. Ophea is led by the vision that all children will value, participate in, and make a lifelong commitment to active, healthy living. For more information on Ophea, visit www.ophea.net.

Level Up supports educators and program leaders with materials to increase their knowledge and ability to address sensitive topics relating to substance use and healthy eating within the context of well-being. The resource uses a proactive approach to create a positive and supportive environment for children and youth ages 6–18 in order to promote healthy living, positive mental health, and emotional well-being. *Level Up* includes easy-to-use activity cards that are linked to the Health and Physical Education (H&PE) curriculum Living Skills expectations as well as engaging videos and posters. The resource is available free of charge, in English and French on <http://TeachingTools.Ophea.net>.

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Program Overview

The *Level Up* resource is organized in four sections: Program Guide, Activity Cards, Posters, and Videos.

PROGRAM GUIDE

The Program Guide contains background information on Mental Health, Substance Use, Healthy Eating and Digital Citizenship and Cyberbullying, Teaching and Learning Strategies and Assessment. It is designed to support educators' understanding of the *Level Up* resource and their implementation of *The Ontario Curriculum, Grades 1–8: Health and Physical Education, 2015 (revised)*, *The Ontario Curriculum, Grades 9–12: Health and Physical Education, 2015 (revised)*.

ACTIVITIES

The activity cards are divided into six units, which include activities to help children and youth develop living skills (self-monitoring and critical thinking) and health literacy through the lens of well-being in relation to healthy eating and substance use. The sets of activity cards can be used together as one encompassing unit, or may be used individually to supplement an already existing program.

The following elements are included in each of the activity cards:

Topics: The identified topics highlight the key learning themes within each card. Direct connections can be made between topics and *The Ontario Curriculum, Grades 1–8: Health and Physical Education, 2015 (revised)*, *The Ontario Curriculum, Grades 9–12: Health and Physical Education, 2015 (revised)*.

Equipment: There is a list of equipment and materials for each activity.

Minds On: This identified activity will stimulate learners' thinking about the knowledge and skills that will be further developed in the current activity card and then reviews the knowledge and skills learned.

Action: This constitutes the main part of the activity card. It provides instructions for setting up the activity area, using the equipment and materials, and organizing the learners (e.g., group size). It also incorporates a variety of teaching and learning strategies, including the integration of literacy strategies, to support the development of content-specific language.

Consolidation: This is a wrap-up activity or task whereby learners may be provided with the opportunity to apply their learning in a new context and to complete a personal or peer reflection related to topics addressed.

Assessment: Explanations are provided to assist the educator with how to use assessment strategies and provide feedback on a child and youth's learning. A variety of assessment tools are provided in the Appendices.

VIDEOS

Six videos are contained within the *Level Up* resource. The videos can be used in combination with the activity cards and posters, as decided by the educator based on the child or youth's prior knowledge. Each video has a series of prompting questions. Video themes and questions are located below.

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Healthy Eating and Well-being

Feeling Well, Being Well (Ages 6–10)

Scenarios of two young people with very different eating habits are explored in relation to their levels of physical activity and wellness.

1. Explain why people need healthy food to have healthy bodies.
2. How does eating a healthy breakfast every day help you learn?
3. What is Canada's Food Guide? What does the food guide tell you that can help you decide which foods to eat regularly and which foods to limit or eat less often?
4. Which foods in Canada's Food Guide should we eat every day, and which foods should we eat less often?

The Healthy Maze Challenge (Ages 11–14)

A selection of youths must find their way through the infamous Maze Challenge by making positive choices related to healthy eating and wellness in order to complete the maze with honour.

1. Why is healthy eating important for active living? How does active living affect the way we eat and the way our bodies use the food we eat?
2. How can people make healthy food choices if their choices are limited by a dislike of certain foods, a food allergy, personal beliefs about ethical food choices, cultural preferences or religious food rules, or budget limitations?
3. If you had to go directly to a lesson or a practice after school, what could you plan for a snack that would be healthy and give you sustained energy?
4. What can you do to promote the availability of healthier food choices in community settings?
5. What might you think about when you see a professional athlete drinking an energy drink in a commercial?

Your Health, Your Story (Ages 15–18)

A high school learner gathers a few friends for a Health & Physical Education project on healthy choices, with a specific focus on healthy eating. Their relatable stories of food struggles and successes are captured here.

1. How can a busy lifestyle lead to poor eating habits and food choices, and what can you do to eat better when you are busy?
2. How do you handle emotional and social factors that could lead to poor eating habits or choices?
3. What can you do if you are going to be somewhere where there are only a few healthy choices or none at all?
4. Who/where can you turn to for advice or support if you are struggling with making healthy food choices?

Substance Use and Well-being

Super Healthy Headquarters (Ages 6–10)

Healthy Girl and Sidekick attempt to foil Dr. Fizzle's diabolical plans involving substance use by making healthy choices and promoting well-being.

1. What are some behaviours that can be harmful to your health? What are some things you can do that protect your health and the health of other people?

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2. Describe the difference between prescription and nonprescription medicines.
3. What should we do to ensure medicines are used safely and correctly?

Growing Up Healthy (Ages 11–14)

An older sister narrates her brother's typical day at school and in the community as he makes choices around substance use, peer pressure, and well-being.

1. Different types of drugs have different effects on the body. What are some of the side effects of smoking cigarettes? What are the effects of energy drinks? What are the effects of abusing prescription medication?
2. How can the side effects of smoking affect someone's life?
3. How can peers influence your decisions about using drugs? How might you respond to these influences?
4. How realistic are messages we get from the media about smoking cigarettes?

Healthy U (Ages 15–18)

High school blogger BabbleBee73 provides a tongue-in-cheek, play-by-play report of the end-of-term party, profiling decisions and consequences of choices made related to substance use, relationships, and well-being.

1. Who or what influences your decisions in different areas of your life?
2. Identify and describe the warning signs of substance misuse or abuse, addictions, and related behaviours, and the consequences that can occur.
3. Explain how stress affects mental health and emotional well-being, and demonstrate an understanding of how to use a variety of strategies for relieving stress and caring for your overall well-being.
4. Cyber bullying can be emotionally damaging and tragic. What behaviours do you practise to be a good digital citizen? What can you do if you find harassing information about yourself or others online? There's no justification for bullying of any kind. If you've cyber bullied someone what actions can you take to stop?

POSTERS

Six posters are contained within the *Level Up* resource. The posters can be used in combination with the activity cards and videos, as decided by the educator based on the child or youth's prior knowledge. Poster summaries and teaching considerations are located below.

Healthy Eating and Well-being

Making Healthy Eating Choices (Ages 6–10)

Children are encouraged to think about making healthy eating choices in a variety of settings in which they live, learn, and play.

Healthy Eating Choices (Ages 11–14)

Youth are encouraged to think about what influences them, including various types of media, when they are making healthy eating choices.

Making Healthy Eating a Priority (Ages 15–18)

Youth are encouraged to think about how they can make healthy eating a priority in their life in a variety of

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settings.

Substance Use and Well-being

How to Make a Healthy Choice (Ages 6–10)

Children are provided with questions to guide their decision making around healthy choices to determine what is best for them.

Time to Choose (Ages 11–14)

Children are provided with steps to guide their decision making around healthy choices to determine what is right for them.

Positive Approaches to Coping with Stress (Ages 15–18)

Youth are encouraged to think about what positive coping strategies they can use to deal with stress. Several examples are provided.

Teaching Considerations

- Consider displaying posters around the learning spaces within your facility.
- Send posters home as discussion prompts for families on given topics.
- Prior to using the activity cards and videos, share the posters allowing children and youth to tap into prior knowledge on the given topics.
- Based on the conversations generated from the posters, have children and youth create their own posters for display throughout the learning space.
- Have children and youth role play the conversations between the characters on the given topics. What would the characters say, or how would they respond to the given situation?
- Provide small groups of children and youth different posters from their age level and have children and youth respond to the poster (content or design) and share their thoughts with the large group.
- Before and after activity card use and video watching, have children and youth respond to the posters. How have their responses changed or remained the same?

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This section provides further information on overarching topics explored in the Level Up resource including Mental Health, Substance Use, Healthy Eating and Digital Citizenship and Cyberbullying, Teaching and Learning Strategies and Assessment.

MENTAL HEALTH

Mental health is a fundamental dimension of overall health and an essential resource for living that influences how learners feel, perceive, think, communicate, and understand the world.¹ Children and youths' understanding of positive influences on mental health (e.g., life, love, school, friendships, family) involves the development of their understanding of mental health indicators and behaviours (e.g., depression, anxiety, substance use, low self-esteem). Without good mental health, young people may be unable to fulfill their full potential or play an active part in everyday life. Discussions and activities relating to mental health can address many areas, from enhancing our emotional well-being, to treating and preventing severe mental illness, and preventing suicide.² By providing ongoing opportunities for discussing and learning about mental health and mental illness, educators can initiate dialogue with learners who need additional help.

Talking About Mental Health and Mental Illness

Mental health and mental illness can be challenging topics to teach and discuss because of the wide range of experiences, information (or misinformation), and understandings of what mental health and mental illness are. Learners (and adults) receive this information from those around them, including their peers, siblings, parents, the media, and other adults such as yourself. So it is important to think about how your own perceptions of mental health and mental illness might impact how we discuss this important issue.

Oftentimes, the perceptions that learners have regarding mental health and mental illness are interconnected with their own personal experiences. For example, some learners may have a friend or family member who has experienced, or currently experiences, mental illness. Some of your learners might themselves have personally experienced poor mental health or mental illness. In fact, 1 in 7 students in Ontario from Grades 7–12 rate their mental health as poor/fair.³

Stigma, which refers to negative attitudes (prejudice) and negative behaviour (discrimination), also has a profound impact on the way young people (and adults) discuss mental health and mental illness, and treat people experiencing mental illness.⁴ Cultural background can also have an impact on how young people talk (or don't talk about) these issues.

Some Definitions

Confusion may exist between the concepts of mental health and mental illness. For example, sometimes people may use the term “mental health” when they actually mean “mental illness.” Two widely accepted

1. Ontario Ministry of Health and Long-Term Care. (2011). Open minds, healthy minds. Retrieved from http://www.health.gov.on.ca/en/common/ministry/publications/reports/mental_health2011/mentalhealth_rep2011.pdf

2. Ontario Ministry of Education. (2013). Supporting minds: an educator's guide to promoting students' mental health and well-being. Retrieved from <http://www.edu.gov.on.ca/eng/document/reports/SupportingMinds.pdf>

3. Boak, A., Hamilton, H.A., Adlaf, E.M., Beitchman, J.H., Wolfe, D., & Mann, R.E. (2014). The mental health and well-being of Ontario students, 1991-2013: Detailed OSDUHS findings. Retrieved from: http://www.camh.ca/en/research/news_and_publications/ontario-student-drug-use-and-health-survey/Documents/2013%20OSDUHS%20Docs/2013OSDUHS_Detailed_MentalHealthReport.pdf

4. World Health Organization. (2012). Risks to mental health: an overview of vulnerabilities and risk factors. Retrieved from http://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf

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definitions⁵ of each of these terms follow:

Mental health: “the capacity of each and all of us to feel, think, act in ways that enhance our ability to enjoy life and deal with the challenges we face”

Mental illness: “a biological condition of the brain that causes alterations in thinking, mood, or behaviour associated with significant distress and impaired functioning”

Just like “health,” “mental health” is a positive concept.⁶ “Mental illness,” on the other hand, though related to mental health, is distinct. Mental illness refers to illnesses that can include depression, anxiety, or schizophrenia to name a few. Just as mental health and mental illness are related, so are mental health and health. How we feel in our mind affects how we feel in our body, and vice versa.

Mental Health and Mental Illness Are Different, but Connected, Concepts

As the definitions for mental health and mental illness above suggest, mental health and mental illness are two different concepts. But they are not just opposites of one another. Often, people assume that you either have mental health or you have mental illness. But it is not that simple.

Like our physical health, our mental health is a component of each one of us that is always with us.⁷ This means that even if we have a mental illness, we can still have the potential to have good mental health with the right treatment and supports. Think about someone who has diabetes, which is a physical illness. With the right treatment and support, a person who has diabetes can still live an otherwise healthy life and function well. Similarly, even if someone has a mental illness, if they are receiving the right treatment (like medication or therapy) and have the social supports they need (e.g., friends and family who care about them), they can still cope and do well in life. Ultimately, reframing mental health as a positive concept and something that is attainable for all, even those with mental illness, can bring a positive and hopeful tone to discussions with young people about mental health.⁸

Those who are interested in learning more about the connections between mental health and mental illness may be interested in the Dual Continua Model developed by a sociologist named Corey Keyes. Keyes describes mental health and mental illness as existing along intersecting continua: one continuum spans from poor mental health to optimal mental health, and the intersecting continuum ranges from no symptoms to serious mental illness.⁹ An adaptation of the Keyes model by the Canadian Institute for Health Information (2009) can be viewed on page 14 of The Centre for Addiction and Mental Health, Dalla Lana School of Public Health, University of Toronto, and Toronto Public Health’s Best practice guidelines for mental health promotion programs: Children (7-12) and youth (13-19).

5. Government of Canada. (2006). The human face of mental health and mental illness in Canada. Retrieved from http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf

6. Canadian Institute for Health Information. (2009). Exploring positive mental health. Retrieved from http://www.cihi.ca/cihi-ext-portal/pdf/internet/improving_health_canadians_en

7. World Health Organization. (2014). Mental health: strengthening our response. Retrieved from <http://www.who.int/mediacentre/factsheets/fs220/en/>

8. Ontario Ministry of Education. (2013). Supporting minds: an educator’s guide to promoting students’ mental health and well-being.

9. Keyes, C.L.M. (2002). The mental health continuum: from languishing to flourishing in life. *Journal of Health and Social Behaviour*. 43 (2), 207-222. Retrieved from: <http://www.midus.wisc.edu/findings/pdfs/56.pdf>

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SUBSTANCE USE

Talking about Substance Use, Misuse, and Abuse

While teaching this topic, it is important to be aware of learners' own experiences and decisions regarding substance use but also the potential influences of those around them (including friends, siblings, parents, and the broader community).¹⁰ When talking about substance use, misuse, and abuse it is important that learners have a clear understanding of what is meant by "substances." Substances are more commonly known by young people as "drugs". There are many different types of substances, or drugs, that young people may use. Caffeinated energy drinks, cannabis, alcohol, tobacco, over-the-counter drugs, and prescription medications are some examples.

The personal connections that young people have to different substances can have a profound impact on their beliefs and values. Stereotypes and beliefs may also have an impact on learners in many different ways, ranging from those whose faith does not allow the use of certain substances to those for whom drug use is an established element of their lives.¹¹ These assumptions and beliefs can impact the perceptions of risk that young people may have about certain substances as well as their decisions to use specific substances. For instance, many young people often do not think of alcohol as a "drug", given its legal status in our society. In actuality, it is the most common substance used by teenagers and when young people drink in hazardous ways they may underestimate the dangers of doing so.¹² Educators can support learners by providing factual information on the specific risks associated with different types of substance use and how to reduce the harms associated with those risks. (Educators may wish to read the overview by Parent Actions on Drugs that provides adults with information on various types of substances, as well as the risks associated with the use of each substance at:

<http://parentactionondrugs.org/wp-content/uploads/2012/08/PADParentActionPack2013EN.pdf>)

Youth perceptions of whether their peers use substances or not can also impact their own choices around substance use. Often, young people overestimate the extent to which their peers use substances. In Ontario, over one-third of learners in Grades 7 through 12 reported using no drugs at all in the past year.¹³ Before beginning a discussion with young people about substances, educators might check in with them about their perceptions of drug use as this can help provide a context for them about actual substance use among their peers. In addition, before broaching discussions around substance use with young people, educators can also benefit from knowledge about the current substances that youths may be using or misusing so as to ensure that conversations around potential hazards are appropriate and relevant. (More information on youth drug use is available in the Ontario Student Drug Use Survey Highlights report available at www.camh.ca)

In addition, the educator's clarity and understanding about differences among the concepts substance use,

10. Centre for Addiction and Mental Health. (2002). Programs that work with youth. Retrieved from http://www.camh.ca/en/education/Documents/www.camh.net/scoop_sheet_programs_work.pdf

11. Joint Consortium for School Health. (2009). Addressing substance use in Canadian schools. Retrieved from <http://www.jcsh-cces.ca/upload/JCSH%20Substance%20Use%20Toolkit%20Classroom%20Education%20v1.pdf>

12. Canadian Centre on Substance Abuse. (2007). Substance abuse in Canada: youth in focus. Retrieved from <http://www.ccsa.ca/Resource%20Library/ccsa-011521-2007-e.pdf>

13. Boak, A., Hamilton, H.A., Adlaf, E.M., & Mann, R.E. (2013). Drug use among Ontario students, 1977-2013: Detailed OSDUHS findings. Retrieved from http://www.camh.ca/en/research/news_and_publications/ontario-student-drug-use-and-health-survey/Documents/2013%20OSDUHS%20Docs/2013OSDUHS_Detailed_DrugUseReport.pdf

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misuse, and abuse are important when discussing these issues with learners.¹⁴ “Problematic substance use” is a term that refers to the use of substances in potentially harmful ways.¹⁵ It includes both substance misuse, which is the use of substances in ways that are illegal or not recommended medically, and substance abuse, which involves excessive use of substances despite the physical, mental, emotional, social, legal, or economic harm that this may cause to oneself or others. Educators can support learners by avoiding assumptions, listening for cues that indicate they may need support (e.g., a learner showing negative changes in their behaviour and thinking), and assisting them in seeking additional support where needed.

Addressing the Connections between Substance Use and Mental Health

Problematic substance use, mental health, and mental illness are often closely connected. The Ontario Student Drug Use and Health Survey notes that 7% of Ontario students between Grades 7 and 12 experience a combination of at least three of the following problems: psychological distress, hazardous drinking, anti-social behaviour, and a drug use problem.¹⁶ Although problematic substance use, mental health problems, and mental illness may often co-exist, it is important to note that one doesn’t necessarily cause the other. In some cases, the causes may be quite different, or all may be caused by a common factor, which could be genetic, developmental, or environmental.¹⁷ For example, traumatic events (an environmental factor) can lead to both mental health issues and problematic substance use. In other cases, mental illness may contribute to problematic substance use: alcohol and drugs may be used as a means to cope with a mental illness but may make the symptoms of the illness worse. By identifying potential linkages between mental health and substance use, educators can help youths identify when their moods might impact decisions around substance use and also instruct them on how substance use can alter a young person’s behaviour and thinking.

Best Practices in Substance Use Education

There are many variables at play when making the decision to use, or not use, a substance. The “Just Say No” approach to substance use education is an abstinence-based approach that instructs young people to abstain from substance use, but the approach may not resonate with young people. This finding is consistent with research that suggests the “Just Say No” approach is too simplistic and not helpful for young people or others who might be trying to decide whether or not substance use would be a problem for them. The “Just Say No” approach may not acknowledge the developmental reality that young people sometimes make decisions based on emotions and impulses.¹⁸ Instead, best practices in substance use education suggest that educators can have an impact on learners’ views, attitudes, and, ultimately, decisions by providing on-going opportunities for discussion and learning about substance use, misuse, and abuse informed by the best available evidence. Moreover, it is important to begin these conversations early so that young people have an opportunity to prepare and practise how they might make healthy choices around substance use.

14. Centre for Addiction and Mental Health. (2009). Building teacher confidence and comfort about substance use and abuse: Grades 1 to 10. Retrieved from http://knowledgex.camh.net/educators/elementary/drug_curriculum/Pages/comfort_substance_gr1_10.aspx

15. British Columbia Ministry of Health Services. (2004). Every door is the right door. Retrieved from http://www.health.gov.bc.ca/library/publications/year/2004/framework_for_substance_use_and_addiction.pdf

16. Boak, A., Hamilton, H.A., Adlaf, E.M., Beitchman, J.H., Wolfe, D., & Mann, R.E. (2014). The mental health and well-being of Ontario students, 1991-2013: Detailed OSDUHS findings. Retrieved from: http://www.camh.ca/en/research/news_and_publications/ontario-student-drug-use-and-health-survey/Documents/2013%20OSDUHS%20Docs/2013OSDUHS_Detailed_MentalHealthReport.pdf

17. Canadian Mental Health Association. (2014). Fast facts about mental illness. Retrieved from http://www.cmha.ca/media/fast-facts-about-mental-illness/#.VNJM_9LF_To

18. Parent Action on Drugs. (2014). Parent action pack. Retrieved from: <http://parentactionpack.ca/wp-content/uploads/2014/12/Parent-Action-Pack-December-2014-Version.pdf>

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HEALTHY EATING

What Is Healthy Eating?

Healthy eating means consuming a variety of foods from the four food groups described in Canada's Food Guide. These foods — that contain protein, carbohydrates, fat, water, vitamins, and minerals — will provide the nutrients needed to keep you healthy, give you energy, and make you feel great. Fruits and vegetables, beans and legumes, whole grains, lower-fat milk and milk products, fish and lean meats should all be eaten often. In contrast, it is important to limit processed foods and drinks, especially those that are high in calories, fat, sugar, and sodium.¹⁹ Healthy eating also means eating the recommended amount of food for your age, sex, and level of physical activity.

Healthy Eating in Schools

By the time children reach four and five years of age, they spend much of their day in schools. So, it makes sense that schools are important places for them to learn about healthy eating. If children don't know how to make healthy food choices, they can't make them. That being said, students also require critical thinking skills to make smart decisions about food and a supportive environment in which to do so.

There are many elements that help make a comprehensive school health approach successful. Two are particularly important. First, committed educators should be equipped with quality teaching resources that not only correspond to the Ontario Ministry of Education curriculum and policy, but also provide fundamental content on healthy eating and include activities that offer students opportunities to apply their knowledge and skills.

Second, children deserve to be educated in supportive environments — those which help rather than hinder their efforts to eat healthy foods. Initiatives like the Ontario School Food and Beverage Policy (Policy/Program Memorandum No. 150/PPM150) can improve the "food landscape" at schools simply by changing what is available for purchase. By providing students with healthier food choices, the Policy may help encourage students to consume more nutritious foods while simultaneously discouraging them from eating foods that contain excessive amounts of fat, sugar, and sodium. This is part of a larger effort to develop healthier learning environments for Ontario students.

Creating an Inclusive Environment

When teaching about healthy eating, it is essential for educators to demonstrate sensitivity and good judgment. Children and youth, like all people, will have relationships with food that are complex. One reason children avoid foods is because of allergies or sensitivities. When learners have serious, or even life-threatening allergies to food, their eating experiences are significantly altered. While almost any food can trigger an allergic response, studies have shown that between 80 to 90 % of food allergies in children involve cow's milk, eggs, peanuts, wheat, soy, tree nuts, or fish.²⁰ Since many of these foods are considered good choices for healthy eating, it is easy to see how learners with allergies may be concerned about getting the nutrients they require. As such, educators should reassure learners that they can still have healthy diets, even when allergies prevent

19. Government of Canada. (2013). What is healthy eating? Retrieved from <http://www.healthycanadians.gc.ca/eating-nutrition/healthy-eating-saine-alimentation/what-is-quest-ce-qu-une-eng.php>.

20. Christie, L., Hine, R.J., Parker, J.G., & Burks, W. (2002). Food allergies in children affect nutrient intake and growth. *Journal of the Academy of Nutrition and Dietetics*, 102, 1648–1651.

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them from eating certain foods. One way to do this is to emphasize that vitamins and nutrients found in these foods are also present in many others. Consider using Canada's Food Guide to help learners find alternative foods that fall into the applicable category.

Culture also plays a significant role in our relationships with food. In every culture, food is eaten for many reasons other than hunger: It can provide comfort and security; it can be a symbol of hospitality or social status; or it can hold religious significance. Culture influences what and how we eat, as well as how we prepare and serve our food.²¹ Just as some learners avoid foods due to allergies, others may not eat foods from all four food groups because of family, cultural, or religious reasons.

Careful consideration should be paid to the ways educators talk about food and nutrition. It is important that they do not make learners feel that one value system or food practice is superior to another, and that no foods, food groups, or eating practices are criticized. Educators must avoid making assumptions about learners based on their country of origin, culture, or religion. On the contrary, educators need to create an inclusive environment by recognizing and celebrating both the wonderful variety of foods consumed by their learners, and the multitude of ways those foods are enjoyed.

The Ontario Ministry of Education's Health and Physical Education curriculum guidelines clearly outline that learners should learn to examine their food choices and make decisions while working within the parameters they can control.²² This has some significant implications for educators. Educators must be aware that learners have variable amounts of control over the food they eat at home and bring to school. Both the kinds of food and the amounts available at home will dictate how a child eats. In particular, young children, and those who live in poverty, may have very little control over their diets — and they may not be able to eat healthy foods every day. Children who live in poverty often eat less healthy foods than their more affluent counterparts.²³ Fresh fruits and vegetables are expensive and may be out-of-reach for many families. For these reasons, educators must be respectful and use sensitivity when teaching about healthy eating.

The Role of Teachers and Educators

Healthy eating is a cornerstone of our general health and is linked to the prevention of many chronic diseases. Nutrition education can help kids develop lifelong healthy eating attitudes and behaviours.²⁴ When we establish healthy eating patterns in our early years, we set ourselves on a path for overall health and well-being.

Educators and teachers play a critical role in nutrition education. If teachers talk about healthy eating with confidence and sensitivity, while also making healthy food choices themselves, they can be terrific role models. When teachers create nurturing learning environments in the implementation of Ontario's Health and Physical Education curriculum, they not only assist learners in gaining skills and knowledge with regard to healthy eating, but they also empower their learners to make healthier food choices. Children need opportunities

21. Ontario Public Health Association. (2009). Discover healthy eating! A teacher's resource for grades 1–8. Retrieved from http://opha.on.ca/Resource-Documents/DiscoverHealthyEatinggr1-8_2009.aspx?ext=.pdf.

22. Ontario Ministry of Education. (2015). The Ontario curriculum grades 1–8: health and physical education, revised. Retrieved from <http://www.edu.gov.on.ca/eng/curriculum/elementary/health1to8.pdf> 36–37.

23. Power, E.M. (2005). Determinants of healthy eating among low-income Canadians. *Canadian Journal of Public Health* 96, Supplement 3, S37–S42.

24. Teach Nutrition. (2015). Why teach nutrition? Retrieved from <http://ontario.teachnutrition.org/teaching-nutrition.aspx>.

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to practise critical thinking about nutrition, so they learn to recognize factors (media, friends, culture) that influence their own eating decisions. This, in turn, encourages learners to develop a sense of personal responsibility about their nutrition.

Canada's Food Guide

Canada's Food Guide is just that — a guide to healthy eating for Canadians. It is based on a wide range of scientific evidence including nutrient standards and the role of nutrition in preventing chronic disease. It outlines both how much food we need as well as what types of foods are best for our health. Canada's Food Guide has been revised to include foods eaten by people from many countries and cultural backgrounds. It now reflects Canada's cultural diversity rather than simply outlining the food and dietary practices of the general Canadian population. If we follow the suggestions in Canada's Food Guide, we can make sure our food choices meet the daily requirements for vitamins, minerals, and other nutrients, as well as reduce our risks of obesity, type 2 diabetes, heart disease, certain types of cancer, and osteoporosis.²⁵ Eating well, in accordance with Canada's Food Guide, will contribute to good overall health.

Canada's Food Guide can be accessed online at: www.healthcanada.gc.ca/foodguide. Eating Well with Canada's Food Guide — A Resource for Educators and Communicators is a useful guide, designed to help educators teach about Canada's Food Guide.

It is available at: www.hc-sc.gc.ca/fn-an/food-guide-aliment/educ-comm/resource-ressource-eng.php.

For educators teaching about nutrition in First Nations, Métis, and Inuit (FNMI) communities, there are special considerations. Aboriginal cultures have distinct values and traditions, and sometimes different food choices from those of the general Canadian population.²⁶ As such, when teaching about nutrition in FNMI communities, educators must find both suitable strategies and content that reflect and respect the beliefs, practices, history, and culture of their learners. For further information, please refer to the FNMI version of Canada's Food Guide. It is available in four native languages (Inuktitut, Ojibwe, Plains Cree, and Woods Cree) at Health Canada's website: www.hc-sc.gc.ca/fn-an/pubs/fnim-pnim/index-eng.php.

Nutrition Facts Table

Nutrition Facts tables are charts that outline the nutritional values of our foods. Health Canada requires that food manufacturers print a Nutrition Facts table on almost all packaged foods.²⁷ Since it looks similar on all packaging, it is generally simple to find and easy to read. Nutrition Facts tables provide information about the number of calories, and the amount of 13 core nutrients found in the food as calculated from the serving size. It is important to note that not all foods are required to have a Nutrition Facts table such as fresh vegetables and fruits; raw meat and poultry (except when it is ground); raw fish and seafood; foods prepared or processed at the store (bakery items, salads, etc.); foods that contain very few nutrients such as coffee, tea, herbs and spices; and alcoholic beverages.

25. Katamay, S.W., Esslinger, K.A., Vigneault, M., Johnston, J.L., Junkins, B.A., Robbins, L.G., Sirois, I.V., Jones-McLean, E.M., Kennedy, A.F., ..., & Martineau, C. (2007). Eating well with Canada's Food Guide (2007): development of the food intake pattern. *Nutrition Reviews* 65, 4, 155–166.

26. Health Canada. (2010). Eating well with Canada's Food Guide — First Nations, Inuit and Métis. Retrieved from www.hc-sc.gc.ca/fn-an/food-guide-aliment/fnim-pnim/index-eng.php.

27. Government of Canada. (2014). The nutrition facts table. Retrieved from <http://www.healthycanadians.gc.ca/eating-nutrition/label-etiquetage/nutrition-fact-valeur-nutritive-eng.php>.

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The information on a Nutrition Facts table is based on the serving size, which is clearly listed at the top of the table. Nutrition Facts tables outline the Percent Daily Value (% DV) of particular nutrients. This will tell you if the food contains a little or a lot of the nutrients listed on the Nutrition Facts tables, including fat (saturated and trans fat), carbohydrates (fibre and sugar), protein, vitamin A, vitamin C, sodium, calcium, and iron. In general, dietitians agree that 5% DV or less is considered “a little”, while 15–20% DV or more is considered “a lot.”²⁸

While they may look complicated at first, especially to children, Nutrition Facts tables can be easily understood when broken down into five simple categories: serving size, percent daily value, calories, nutrients to consume in greater quantities, and nutrients to consume in lesser quantities.

An ingredient list shows all the ingredients in a packaged food, from most to least. It can be used to learn about the composition of a particular food. Since many people have indicated they find the current ingredient list difficult to read, Health Canada is proposing to improve both the Nutrition Facts table and the list of ingredients so they are easier to understand. In the meantime, it is crucial to teach children and youth how to read and understand Nutrition Facts tables and ingredient lists. This way, educators can help learners identify a food’s nutritional value, and consequently compare food products to make better choices.

To learn more about Nutrition Facts tables and how to use them, visit :

www.healthycanadians.gc.ca/eating-nutrition/label-etiquetage/nutrition-fact-valeur-nutritive-eng.php

Importance of Hydration

Approximately, two-thirds of the human body is comprised of water.²⁹ It helps your body work in many ways. Water:

- keeps your skin healthy;
- regulates your body temperature;
- acts as a cushion between cells, muscles, and joints;
- transports nutrients throughout your body;
- breaks down food so your body can absorb nutrients; and
- helps rid your body of waste.³⁰

Every day, our bodies lose water by sweating, getting rid of waste, and even breathing! This means we need to consume enough water and fluids every day to stay hydrated and keep our bodies healthy. While water is generally considered the preferred option — because it is free of calories and effectively quenches thirst — all fluids help to hydrate your body.³¹ Low-fat milk and unsweetened fortified soy beverages (as well as juices that are made from 100% pure fruit or vegetables) are also smart options for staying hydrated.³² Additionally,

28. Government of Canada. (2014). The percent daily value (% DV). Retrieved from <http://healthycanadians.gc.ca/eating-nutrition/label-etiquetage/daily-value-valeur-quotidienne-eng.php>.

29. Dietitians of Canada. (2013). Water. Retrieved from www.dietitians.ca/Your-Health/Nutrition-A-Z/Water.aspx.

30. Government of Canada. (2014). Stay hydrated with water. Retrieved from <http://www.healthycanadians.gc.ca/eating-nutrition/healthy-eating-saine-alimentation/beverages-boissons-eng.php>.

31. Dietitians of Canada. (2014). Guidelines for drinking fluids to stay hydrated. Retrieved from <http://www.dietitians.ca/Nutrition-Resources-A-Z/Factsheets/Miscellaneous/Why-is-water-so-important-for-my-body---Know-when-.aspx>.

32. Teach Nutrition. (2015). Better beverages. Retrieved from <http://ontario.teachnutrition.ca/teaching-nutrition/pages/nutrition-questions/better-beverages.aspx>.

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eating vegetables and fruit also helps hydrate your body because they contain lots of water.³³ Beverages that are high in calories, sugar, fat, and caffeine are not healthy options for hydration. Fruit-flavoured drinks, pop, powdered drink mixes, and sport and energy drinks are not recommended.

How much fluid you need daily depends on your age and gender. Children ages one to three need about 4 cups (1 litre) daily, those ages four to eight require 5.5 cups (1.3 litres), while older kids and teens need even more — 7 cups (1.8 litres) for girls and 10.5 cups (2.6 litres) for boys. Even though these amounts may sound sizeable, remember that all fluids consumed count toward your daily water requirements.³⁴

Talking About Eating Disorders and Disordered Eating

Another mental health issue facing youths is eating disorders. The risk factors of disordered eating and eating disorders are prevalent, serious, and often chronic. Risk factors range from body dissatisfaction, or negative body image, to restrictive dieting and disordered eating patterns (such as binge eating and compensatory behaviours that are used to counteract the ingestion of calories, such as self-induced vomiting, laxative use, and excessive exercise). Eating disorders can be life-threatening and should be assessed by an experienced mental health professional if there are suspected concerns. Understanding the warning signs can help educators to support youths at risk, and to put in place supports to help a youth struggling with symptoms associated with eating problems.

The occurrence of other mental health problems is common (but not necessarily a prerequisite) with disordered eating and includes depression, anxiety disorders, and substance abuse.^{35,36} A number of risk factors for the development of clinical eating disorders, such as negative body image, restrictive dieting, binge eating and purging behaviours, are found to be present among at least a segment of individuals who are overweight/obese.³⁷ This has led prevention experts to develop and consider shared intervention strategies that can be applied across a broad spectrum of weight-related issues.^{38,39,40,41}

The effects of eating problems are especially critical during key developmental periods, such as

33. Government of Canada. (2014). Stay hydrated with water.

34. Beck, L. (2012, September 6). How much water should I drink in a day? The Globe and Mail. Retrieved from <http://www.theglobeandmail.com/life/health-and-fitness/ask-a-health-expert/how-much-water-should-i-drink-in-a-day/article1462139/>.

35. British Columbia Ministry of Health. (2013). Clinical practice guidelines for the BC eating disorders continuum of services. Retrieved from http://www.bcmhsus.ca/includes/download.php?file=../content/223/BCED_Sept21.pdf

36. Piran, N., & Gadalla, G. (2006). Eating disorders and substance abuse in Canadian women: A national study. *Addiction*, 102, 105-113.

37. Government of Canada. (2006). The human face of mental health and mental illness in Canada.

38. McVey, G.L., Levine M.P., Piran, N., & Ferguson, B. (Eds.) (2012). *Prevention of eating-related and weight related disorders: Collaborative research, advocacy and policy change*. Waterloo, ON: Wilfrid Laurier University Press.

39. McVey, G.L. (2011). Linking research, practice, and policy in the prevention of weight-related disorders: A national meeting of researchers, practitioners and policymakers, November 17-18, 2011: A discussion document. The Hospital for Sick Children, Toronto, Ontario. Retrieved from www.ocoped.ca

40. McVey, G.L., Adair, C., deGroot, J., McLaren, L., Potnikoff, R., Gray-Donald, K., & Collier, S. (2008). Obesity and eating disorders: Seeking common ground to promote health. A national meeting of researchers, practitioners and policymakers, November 2007. Canadian Institutes of Health Research, Institute of Public and Population Health Sciences, Knowledge Translation Seed Grant, and Institute of Nutrition, Metabolism, and Diabetes. Retrieved from www.ocoped.ca

41. Neumark-Sztainer, D. (2005). "I'm, like, so fat!" Helping your teen make healthy choices about eating and exercise in a weight-obsessed world. New York, NY: The Guildford Press.

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adolescence.^{42,43} Many young people with eating problems do not believe there is anything wrong and therefore do not acknowledge the problem or seek the help they need. Continued support and encouragement to seek help is often needed. Often, the behaviours associated with disordered eating are not reflective of the child or adolescent making a voluntary decision, for example, not to eat. Some of these behaviours, such as dieting, have an obsessive quality that may be difficult to control. You may notice youths who have a sense of accomplishment with maintaining a level of thinness. Sometimes, you may observe denial from the young person when asked if he or she fears gaining weight, yet the patterns of behaviour suggest otherwise.

It is important to note that the appearance of a young person may not reflect whether disordered eating is occurring.⁴⁴ If there are problems with eating, the effects can influence the young person's appearance and weight in different ways. It may also affect the child's growth and development. On the flip side, some children may have a healthy weight and eat healthy even if their weight is a bit above or below the average, therefore having a broader understanding of eating disorders and related behaviour can be helpful.

Best Practices in Healthy Eating

Behaviours such as dieting, talking about appearance, and worrying about gaining weight are common at different stages of development, especially in the adolescent years. This preoccupation can be spurred on by having adults around them, including educators, focus on their appearance or talk about dieting and weight loss in front of them.⁴⁵ It is important to observe, however, if the young person's daily activities, functioning in school and in a social setting, or mood is affected, these could be signs of a possible problem with eating. Current research dictates that information about eating disorders and their symptoms should not be taught in class (by educators or by learners).⁴⁶

DIGITAL CITIZENSHIP AND CYBERBULLYING

The *Healthy U* video, for ages 15–18, provides us with a look into the life of a student blogger at a party. While Digital Citizenship is not addressed throughout this resource, this video provides an excellent teachable moment for youths' critical thinking of their life online.

In order to support children and youth as well as educators in maintaining a safe and inclusive learning environment free from bullying and harassment in real life and online, a variety of policies have been put in place by the Ontario Ministry of Education.⁴⁷

Foundations for a Healthy School

42. Golden, N.H., Katzman, D.K., Kreipe, R.E., Stevens, S.L., Sawyer, S.M., Rees, J., . . . , & Rome, E.S. (2003). Eating disorders in adolescents. *Journal of Adolescent Health*, 33, 496-503. Retrieved from https://www.adolescenthealth.org/SAHM_Main/media/Advocacy/Positions/Dec-03-Eating_Disorders_in_Adolescents.pdf

43. Piran, N., McVey, G.L., & Levine, M. P. (2014). Eating disorders in adolescence. In T. P. Gullotta & M. Bloom (Eds.), *The encyclopedia of primary prevention and health promotion* (2nd ed., Vol. 3, pp. 1134-1147). New York, NY: Springer.

44. New York State Department of Health. (2008). Understanding eating disorders. Retrieved from https://www.health.ny.gov/diseases/chronic/eating_disorders/understanding_ed.htm

45. Mental Health and Spiritual Health Care. (2006). Eating disorders: best practices in prevention and intervention. Retrieved from <http://www.gov.mb.ca/healthyliving/mh/docs/bppi.pdf>

46. Stice, E., & Shaw, H. (2004). Eating disorder prevention programs: a meta-analytic review. *Psychological Bulletin*, 130 (2), 206–277.

47. Ontario Ministry of Education. (2012). Policy/program memorandum no. 144. Retrieved from <http://www.edu.gov.on.ca/extra/eng/ppm/144.pdf>

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Ontario's Foundations for a Healthy School resource promotes and supports child and student well-being. It encourages the integration of healthy schools policies, programs and initiatives into school and school board planning and implementation processes. The resource aligns with the K – 12 School Effectiveness framework by including five interconnected areas:

- Curriculum, Teaching and Learning
- School & Classroom Leadership
- Student Engagement
- Social & Physical Environments
- Home, School & Community Partnerships

Planning and implementing activities relating to these five areas will help schools, school boards, parents and community partners work together to take a comprehensive approach to address priority health topics (e.g. physical activity or mental health) in their community.⁴⁸

Safe Schools Act — Bill 212

New legislation added to Ontario's Safe School Act and effective February 1, 2010, Bill 212 — Keeping Our Kids Safe at School Act, recognizes bullying and cyberbullying as offences for which a student can be suspended or expelled from school.⁴⁹

Bill 212 requires all school staff to respond to and report incidents of bullying/cyberbullying that occur both ON and OFF school property.

On School Property:

- racist comments or behaviours
- sexist comments or behaviours
- graffiti
- vandalism
- any incident that has a negative impact on the school climate

Off School Property:

Bill 212 further extends the right of educators to discipline students for actions that take place off school property and are not associated with the school but where these actions have an impact on school climate.

Example: cyberbullying that occurs after school hours but affects a student's attendance at school.

Bullying Prevention and Intervention — Policy/Program Memorandum 144⁵⁰

School Level Plans

48. Ontario Ministry of Education. (2014). Foundations for a healthy school. Retrieved from <http://www.edu.gov.on.ca/eng/healthyschools/resourceF4HS.pdf>

49. Legislative Assembly of Ontario (2007). Bill 212: An Act to amend the Education Act in respect of behaviour, discipline and safety. Retrieved from http://www.ontla.on.ca/bills/bills-files/38_Parliament/Session2/b212ra.pdf

50. Ontario Ministry of Education. (2012). Policy/program memorandum no. 144. Retrieved from <http://www.edu.gov.on.ca/extra/eng/ppm/144.pdf>

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School boards must require all their schools to revise their existing school-wide bullying prevention and intervention plans as part of their School Improvement Plan. Components of these plans must include the following:

- The definition of bullying
- Prevention and awareness-raising strategies
- Intervention and support strategies, including plans to protect victims
- Reporting requirements
- Training strategies for members of the school community
- Communication and outreach strategies
- Monitoring and review processes

Safe Schools Teams

Each school must have in place a safe schools team responsible for school safety that is composed of at least one student (where appropriate), one parent, one teacher, one non-teaching staff member, one community partner, and the principal. An existing school committee (e.g., the healthy schools committee) can assume this role. The chair of the team must be a staff member.

Resources for Digital Citizenship and Cyberbullying Information

There are many resources available for educators to help further your own knowledge of Internet Safety and to assist you in broadening the learning of your children and youth.

- Get Cyber Safe: www.getcybersafe.gc.ca
 - Get Cyber Safe is a national public awareness campaign created to educate Canadians about Internet security and the simple steps they can take to protect themselves online. The campaign's goal is to bring together all levels of government, the public and private sectors, and the international community to help Canadians be safer online.
- Media Smarts: www.mediasmarts.ca
 - MediaSmarts is a Canadian not-for-profit charitable organization for digital and media literacy. Their vision is that children and youth have the critical thinking skills to engage with media as active and informed digital citizens.

TEACHING AND LEARNING STRATEGIES

An educator must select a variety of instructional strategies to meet the varied needs of all learners.⁵¹ Instructional activities should strive for maximum participation (e.g., ensure sufficient equipment, and choose appropriate activities) and provide the opportunity for learners to practise and repeat activities in order to improve their skills. Educators are encouraged to vary teaching styles to assist learners in becoming independent. Technology, which provides important teaching and learning tools, should be used whenever possible.

The following teaching and learning strategies are used within the Level Up resource:

Carousel

51. Ontario Ministry of Education. (2008). Teaching-learning critical pathways. Retrieved from http://www.edu.gov.on.ca/eng/literacynumeracy/inspire/research/teaching_learning.pdf

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- Content for a given topic is divided into sections based on the number of learner groups. Working in small groups, learners move from one topic to the next after a specific amount of time signified by the educator.

Exit Cards

- Learners respond to questions posed at the end of a class or learning activity (could be written, oral, or visual).
- Learners put their names on cards and respond to a question given by the educator, and then hand it in before they leave the classroom.
- The educator can use the responses when planning further instruction and determining grouping and next steps.

Gallery Walk

- Each learner can review demonstrated knowledge of other learners and reflect on his or her own learning.
- Learner work is displayed around the room; learners move at their own pace throughout the room, observing and reflecting on work as if they are in an art gallery.

Jigsaw

- Each learner of a “home” group can specialize in one aspect of a learning unit.
- Learners meet with members from other groups who are assigned the same aspect and then, after mastering the material, return to the “home” group and teach the material to their group members.
- It promotes learner accountability in that each part is essential for the completion of the activity.

Mind Map

- A graphic organizer, it supports the exploration of a key topic. With the key word in the middle, learners make connections to this word by writing “bubbles” of words around it to show their connectedness.

Rapid Write

- Learners get to generate as many ideas as possible in the command of an educator without having to worry about language conventions.
- Often, this raw material can be revised to be included in “good copies” of their ideas.

T-Chart

- This graphic organizer has two vertical columns; learners compare and contrast two items/concepts, one in each column.

Think Pair Share

- This provides learners with the opportunity to process their thoughts and to check their ideas with a partner before, during, or after instruction.
 - Think: for a moment (or read a piece of text, or write about an idea or concept)
 - In Pairs: discuss thinking, reading, or writing with a partner and determine what to share with a larger group
 - Share: ideas or responses with a larger group

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Thumbs Up

- Learners give a thumbs up hand signal to demonstrate that they understand the content, thumbs middle to demonstrate they are on their way to understanding, and thumbs down to signify that they have a question or need more time with the content.

Venn Diagram

- A graphic organizer of two circles where the centre of the circles overlap. Learners compare and contrast the similarities and differences of two ideas/concepts, writing differences within their own circle and similarities in the overlapping area.

Sensitivity & Biases

Supportive and Sensitive Approaches to Teaching

When approaching topics that require sensitivity, educators can use these general guidelines as a starting point:⁵²

- Begin with the curriculum expectations and focus on the key learnings' of the overall expectations
- Ensure that children and youth know that school Codes of Conduct guidelines and Human Rights policies are in place to govern how everyone should act and behave toward others in schools and in public spaces.
- Ensure that group discussions respect, protect, and promote the sharing of individual views (i.e., diverse views are expected and encouraged).
- Think carefully about sharing personal information or views. Educators' opinions carry great weight with learners.
- Use interactive discussion rather than direct instruction or lecture-style approaches.
- Remind learners that exploring these topics should lead to the development and growth of their understanding (i.e., understanding their own thoughts and values, as well as those of others).
- Reinforce that classrooms are not platforms for any one individual (learner or educator) to dominate with one perspective.
- Consider the values, experiences, and backgrounds of the learners, based on their stages of development or social identities, when planning for instruction (e.g., race, ethnicity, religion, gender, gender identity, gender expression, sexual orientation, class, ability, etc.).
- Remind learners of the implication/understanding/sensitivity to power and privilege.
- Discuss what is confidential and what is not.

Teaching young people to think critically, respond respectfully, and “take a step back” can avoid situations where they may act on impulse or respond emotionally in ways that can exclude those around them and create barriers to discussion. When educators model this approach, young people learn and benefit as educators guide discussion in a productive manner. By creating a classroom atmosphere of trust, validation, and inclusion, learners feel valued as members of the group who can offer their own ideas, thoughts, and analysis in working toward a shared understanding of different topic areas. During classroom discussions, some learners may choose to take the greatest risk in revealing aspects of themselves to others; however, not all learners initially have the self-confidence to do this. The extent to which they take risks is demonstrated by asking questions

52. Ontario Ministry of Education. (2013). Supporting minds: an educator's guide to promoting students' mental health and well-being.

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in front of their peers, expressing opinions, disagreeing with one another, and analyzing their own positions on topics. Learners' willingness to take these risks is built from previous successful experiences gained by participation in learning strategies that encourage many different views to be shared openly and honestly.

Being Prepared

For educators, learning as much as they can about the topics they will be teaching and about different support services and resources for learners can help to prepare them for responding to learners' questions and meeting their needs.

A number of resources are available in schools and communities to provide additional information and support for learners (and educators) such as:

- Guidance counsellors
- School social workers
- Public health staff
- Clergy, school chaplains, spiritual leaders
- Elders
- Child and youth workers
- Educational assistants
- Child psychologists
- Child welfare practitioners
- Settlement workers
- Culturally reflective services to meet the needs of diverse groups in the community

Additional support for educators is also available from school colleagues, board staff, provincial and national organizations, and accurate and reliable websites.

Reflective Questions to Consider

- Do I consider and respect the diverse values, experiences, and backgrounds and identities of young people?
- Is/are the resource(s) age- and developmentally appropriate?
- Are the scenarios, activities, and responses age- and developmentally appropriate?
- Are diverse learners reflected in the scenarios, activities, and resources?

What Is My Bias?

When addressing topics that can be challenging to teach, all learners need to feel supported in a stable, non-judgmental learning environment where they are free to learn about and explore their own personal beliefs, and the personal and social views of others.⁵³ It is important for educators to be aware of and plan how to manage conflicting opinions in the course of classroom discussions, to ensure all learners have the opportunity to experience an inclusive environment where their thoughts and values are respected regardless of ancestry, culture, ethnicity, body size, sex, physical or intellectual ability, race, religion, gender identity, sexual orientation, socio-economic status, or other similar factors.

53. Ontario Ministry of Education. (2013). Supporting minds: an educator's guide to promoting students' mental health and well-being.

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With personal reflection, educators are better able to be aware of personal bias and respectful about how they articulate their own perspectives and respond to the perspectives of others.⁵⁴ Educators can also model appropriate behaviour for learners to follow, providing learners the opportunity to respectfully participate in discussion that promotes the development and growth of learners' understanding.

To examine their personal beliefs and identify potential bias that they may have about their learners, educators can ask themselves some or all the following reflective and guiding questions:

- What personal biases shape my emotional reaction to the content of this particular topic?
- What experiences have shaped my perspectives?
- What assumptions do I make about learning and teaching about this topic?
- Do some of these assumptions come from my own biases?
- What steps will I take to support my learners so that my personal biases and beliefs do not interfere with my ability to respond professionally to a question a learner poses?
- How will I ensure the content of the curriculum is professionally and fully addressed if the topic challenges my personal beliefs?
- How do I select resources with an awareness of the bias and perspective not being evident?

Suggestions for Instruction

After asking these questions, educators should analyze their responses and identify any areas where their potential bias might be disruptive to creating an open and inclusive learning environment. While it is not expected that educators will change their opinions on certain topics, they do have a responsibility to encourage learners to explore and reflect on their own thoughts without feeling pressured to follow those of their educator.

It is important for educators to understand that some learners might have conflicting understandings in relation to these topics that might contradict those being shared in the classroom.

Learners need to feel supported if these topic areas have personal significance, without the fear that they will be ostracized by other learners or their educator. It is important for educators to be proactive in examining these reflective and guiding questions to have optimal understanding of themselves and their learners before examining any of the topics in a learning environment. Once this is achieved, it is the responsibility of the educator to promote open discussion with learners by providing a safe, positive, and confidential (if necessary) environment for them.

ASSESSMENT

Assessment is the process of gathering information that accurately reflects how well a learner is meeting the curriculum expectations. The primary purpose of assessment and evaluation is to facilitate continuous learner improvement and learning. Information gathered through assessment helps educators determine learners' strengths and weaknesses and adapt instructional approaches accordingly.

Educators can better facilitate learning and growth by:

54. McVey, G.L., Walker, S. K., Beyers, J., Harrison, H., Russell-Mayhew, M. S., & Simkins, S. (2013). Integrating weight bias awareness and mental health promotion into obesity prevention delivery: A public health pilot study. *CDC; Journal: Preventing Chronic Disease*, 10, Article ID 12_0185

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- clearly defining the learning goals
- scaffolding learning experiences
- providing varied opportunities for practice
- giving meaningful feedback

Tools for Assessment and Evaluation

The tools for assessment and evaluation can be used throughout the activity cards in this resource. The results of all assessments gathered using these tools are measured against the levels and qualifiers outlined in the achievement chart found in *The Ontario Curriculum, Grades 1–8: Health and Physical Education, 2015 (revised)*, *The Ontario Curriculum, Grades 9–12: Health and Physical Education, 2015 (revised)*. The following assessment tools can be accessed on the Level Up section of <http://TeachingTools.Ophea.net>.

Rubric

A table that contains a complete list of specific Success Criteria (pertaining to the curriculum expectations), measured against the four levels and qualifiers outlined in the achievement chart; rubrics found in the final lesson of a unit inform educators' final assessment of learners' performance.

Checkbric

A four-level checklist highlights Success Criteria to be measured against descriptors of limited effectiveness, some effectiveness, considerable effectiveness, and high degree of effectiveness.

Anecdotal Recording Chart

A method of assessment whereby an educator records observations of learners' progress in, and achievement of, particular skills.

Checklist

The educator uses a check to indicate whether learners "have it" or are "still working on it," based on their observations of learners' demonstration of the Success Criteria.

See *The Ontario Curriculum, Grades 1–8: Health and Physical Education, 2015 (revised)* beginning on page 40 for Assessment and Evaluation of Student Achievement (or *The Ontario Curriculum, Grades 9–12: Health and Physical Education, 2015 (revised)* on page 45).