



FRAMEWORK FOR

Kindergarten to Grade 12

Wellness Education

This framework is a compilation of feedback provided by Alberta Education staff and members of the External Working Group, First Nations, Métis and Inuit Advisory Committee, and K–12 Wellness External Advisory Committee; as well as discussion groups and online questionnaire results. These feedback groups include nominated teachers and administrators, and representatives from various government ministries, community stakeholders and health and education organizations.

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Framework for Kindergarten to Grade 12 Wellness Education

Introduction



This may be the first generation of children and youth to lead shorter and less healthy lives than their parents (Olshansky et al. 2005).



Twenty-nine per cent of Alberta children and youth are overweight or obese (Alberta Health and Wellness 2009).



In order to enhance the health and wellness of students, schools need to move away from kits and one-time programs and move toward using the school as an ongoing setting where health is created, supportive environments are built, partnerships are made and many skills are learned (St. Leger 2004).

The growing concern for the health of children and youth in today's society has implications for the significant role that curriculum can play in improving student learning and health outcomes. Acquiring the knowledge, skills and attitudes necessary to develop healthy habits for life is a critical component of student wellness. Studies have shown that quality wellness-related curricula and programming promote health in children and youth, contributing to obesity risk reduction, cardiovascular disease reduction, improvements in psychosocial well-being and enhanced academic performance (Veugelers & Fitzgerald 2005; O'Dea 2005; Tremblay 2000).

To help achieve **improved learning and wellness outcomes** for Alberta students, Alberta Education is examining its current programs of study, which include Kindergarten to Grade 9 Health and Life Skills, Kindergarten to Grade 12 Physical Education (PE), Career and Life Management (CALM) and wellness-associated supports.

The **vision of wellness education** in Alberta is for students to be educated, informed and contributing members of society and to develop the knowledge, skills and attitudes needed to be well in every sense of the word—emotionally, intellectually, physically, socially and spiritually.

Wellness education incorporates the needs and priorities of Alberta students living and **learning in the 21st century**. The wellness education program nurtures the whole child, creates transdisciplinary learning experiences and enables transitions through wellness-related courses.

Evidence indicates that the best way to impact student health behaviours is through a **comprehensive school health (CSH)** approach (Stewart-Brown 2006). CSH is an internationally recognized approach for supporting student learning while addressing school health in a planned, integrated and holistic manner. Government ministries, schools, families and communities work collaboratively to create and maintain a culture of wellness in school communities. Quality teaching and learning opportunities related to wellness are essential for an effective CSH approach.

The **purpose** of this framework is to describe the fundamental concepts and inherent values of K–12 wellness education and to provide guidance for the future development and implementation of K–12 education wellness programs of study in Alberta.



Background



Schools play an essential role in improving the health of young people and in preparing future generations of healthy Albertans (Alberta's Commission on Learning 2003).



Effective education for children and lifelong learning for adults are key contributors to health and prosperity for individuals and for the country (Public Health Agency of Canada 2001).



Copies of Wellness Curricula to Improve the Health of Children and Youth: A Review and Synthesis of Related Literature and Kindergarten to Grade 12 Wellness Programs: Summary of Stakeholder Input are available online in English at www.education.alberta.ca/teachers/program/health.aspx. Executive Summaries are available in French at www.education.alberta.ca/francais/teachers/progres/core/edphys/proget/rev_bienetre.aspx.

Considerable research has focused on the need to improve the health and wellness of children and youth in Alberta. As a result, recent government initiatives such as the *Alberta's Commission on Learning, Healthy Kids Alberta!* and Healthy Alberta School Communities reinforce government's commitment to student wellness.

Alberta's Commission on Learning recommended introducing a new wellness program for all K–12 students. The report indicates that children should learn about the importance of healthy and active lifestyles through a new wellness program combining aspects of the current health and PE programs. It also suggests that at the high school level, a new wellness program should combine the current aspects of PE and CALM. The new wellness program should be designed to encourage physical activity and healthy choices, while addressing issues of concern to young people (Alberta's Commission on Learning 2003).

Healthy Kids Alberta! (HKA) Strategy is a provincial strategy to improve the wellness of all Alberta children and youth, ages zero to 18. Recognizing the influence of a broad range of physical, social, environmental and economic factors on child and youth wellness, and given that most of these factors fall outside the health sector, HKA was developed as a cross-ministry initiative. The HKA strategy calls for a determinants-of-health perspective to support the efforts of parents, families and communities to be well, make healthy choices and create environments that support those choices (Government of Alberta 2007).

Healthy Alberta School Communities (HASC) is a partnership strategy between Alberta Education and Alberta Health and Wellness (2007). The HASC strategy is a comprehensive, multifaceted approach that supports the development and implementation of health promotion strategies to enhance the wellness of school-aged children and youth.

To support the Commission's findings and align with provincial strategies to improve the health and wellness of children and youth, a review of current Alberta programs of study began with a comprehensive review of related literature and stakeholder consultations, completed between November 2007 and March 2008. Results from the **literature review and stakeholder consultations** indicate a need for a moderate-to-significant revision of the current programs of study.

As a part of the revision process, the **Draft Framework for Kindergarten to Grade 12 Wellness Education** was posted on the Alberta Education website in March 2009 to facilitate further discussion regarding the direction for wellness education in Alberta. Stakeholders provided feedback on the draft framework through direct contact, formal discussion groups and an online questionnaire. The input from stakeholders, as well as current evidence-based research, was carefully considered in the development of this document.



Definition of Wellness



Stakeholders indicated that wellness is multidimensional in nature and includes elements such as physical, mental, emotional and spiritual health. These elements do not exist in isolation; it is the balance and interplay of these elements that constitutes wellness (Alberta Education 2008a).



Quality curricula and programming related to wellness have been shown to improve academic performance and mental well-being, as well as reduce the risk of obesity and cardiovascular disease (Veugelers & Fitzgerald 2005; O'Dea 2005; Tremblay 2000).

To clearly outline the goals and parameters of wellness education, an important first step in developing a new wellness education program for Alberta students was to define the term *wellness*. A variety of international, national and provincial definitions of wellness were reviewed during stakeholder consultations between 2007 and 2009. The following definition was developed, in collaboration with education stakeholders:

Wellness is a balanced state of emotional, intellectual, physical, social, and spiritual well-being that enables students to reach their full potential in the school community. Personal wellness occurs with commitment to lifestyle choices based on healthy attitudes and actions.

The five dimensions of wellness are described below.

Emotional wellness is acknowledging, understanding, managing and expressing thoughts and feelings in a constructive manner.

Intellectual wellness is the development and the critical and creative use of the mind to its fullest potential.

Physical wellness is the ability, motivation and confidence to move effectively and efficiently in a variety of situations, and the healthy growth, development, nutrition and care of the body.

Social wellness is relating positively to others and is influenced by many factors including how individuals communicate, establish and maintain relationships, are treated by others and interpret that treatment.

Spiritual wellness is an understanding of one's own values and beliefs leading to a sense of meaning or purpose and a relationship to the community.



Content and Structure



Focussing on healthy eating, physical activity and psychosocial well-being has been identified in current research as the most effective way to positively impact student health behaviours. Alberta stakeholders agree and further emphasize the need to ensure a greater understanding of the priority wellness outcomes as foundational skills needed for wellness (Alberta Education 2009).

Current research and education stakeholders in Alberta and across Canada indicate that enhancing student wellness involves a **coordinated effort** among students, teachers, administrators, parents and community members. Wellness education goes beyond the walls of one classroom; it links the dimensions of wellness across all subject areas and the school community.

The key elements of K–12 wellness education in Alberta incorporate the themes from stakeholder consultations and recommendations from evidence in current literature. Stakeholders emphasized that although much of the content from the current programs of study is appropriate for wellness education, the following key concepts need to be addressed to better meet the needs of students:

- Focus on three **priority wellness outcomes** (physical activity, healthy eating, psychosocial well-being).
- Reduce the **number and overlap** of learning outcomes.
- Ensure **age-appropriateness** of learning outcomes.
- Recognize and address the **dimensions of wellness**.

Further input from stakeholders provided key suggestions for content and structure to support successful programming in wellness education:

- link a **holistic approach** with the dimensions of wellness to all programs of study
- **simplify course sequencing** to focus on priority wellness outcomes that will provide the foundational skills needed to support wellness education
- **mandatory** wellness courses through grade 12
- allow **flexibility for scheduling** at the 10–20–30 level (e.g., modular approach, utilizing extra-curricular activities)
- **combine the specific outcomes** from the CALM Personal Choices general outcome and the four general outcomes of Physical Education into a Health and Physical Education 10–20–30 sequence
- maintain or increase the amount of **physical activity** through enhanced physical education programs
- include **wellness-related courses** from other areas [e.g., Career and Technology Studies (CTS), arts education] as a means for students to extend their knowledge, skills and attitudes—moving beyond personal wellness to being leaders in the community to promote wellness.

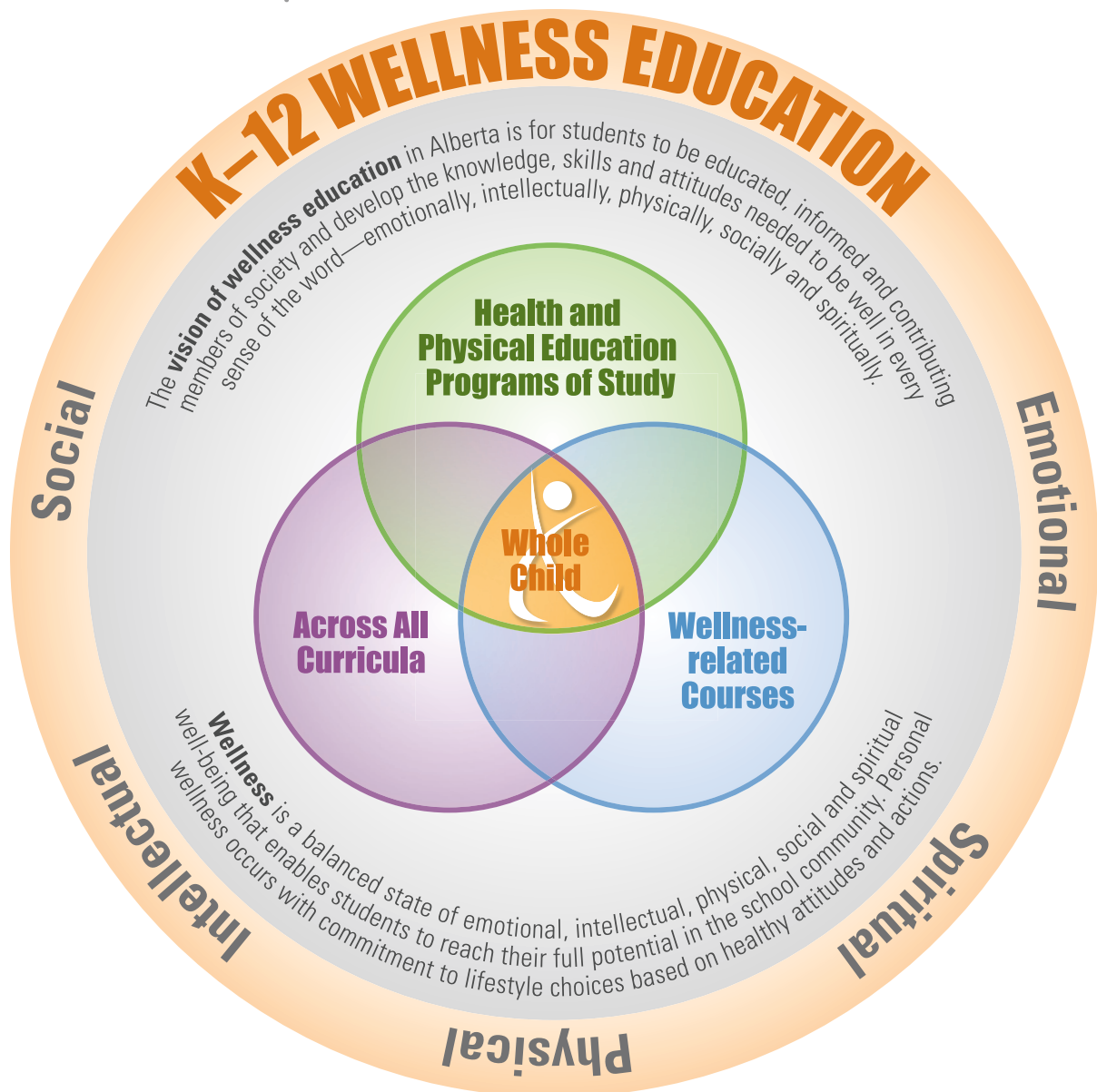
Content and Structure...continued



The five dimension of wellness underlie most/all school curricula within a comprehensive school health approach. This promotes a systemic culture of wellness in school curricula beyond wellness curricula (Alberta Education 2009).

The K–12 Wellness Education diagram below illustrates the key elements of K–12 wellness education in Alberta. Based on current research and stakeholder input, the structure will include:

1. **health and physical education programs of study;** K–9 Physical Education, K–9 Health and Life Skills, and Health and Physical Education (HPE) 10–20–30
2. wellness dimensions integrated **across all K–12 subject areas**
3. **wellness-related courses** from other areas that provide students with opportunities to gain in-depth knowledge and apply their **skills in specific wellness-related topic areas.**





Content and Structure...continued

1. Health and Physical Education Programs of Study

Revisions to the current K–12 programs of study will begin at the high school level, as research indicates that adolescents are more likely than younger children to demonstrate health-risk behaviours, particularly related to healthy eating and active living. Appendix 1 illustrates the revisions to the content and structure of high school programs of study.

The recommended structure includes students completing a minimum of **six high school credits**, as is currently the requirement. HPE 10–20–30 incorporates many of the current physical education outcomes and personal choice outcomes from CALM. The general outcomes of HPE would reflect research and stakeholder recommendations to focus on healthy eating, physical activity and psychosocial well-being. Students would meet the 6-credit requirement through HPE 10 (3 credits) and HPE 20 (3 credits). Schools would also have the option of offering 5 credit HPE 10–20–30, in which increased physical activity time could account for the additional credits.

HPE programs of study also reflect the feedback from students, who stated that topics and content that are ‘real life’ and relevant to the needs of students are essential, as well as opportunities for community connections. Thus, curricular outcomes and implementation support resources will be written to allow for an **inquiry-based approach** and include sample projects that transition students from personal to social responsibility. Projects will enable students to apply the skills and concepts they have learned to benefit their own schools, partner schools and the community and contribute to building a culture of wellness in society as a whole.

Developing HPE programs of study provides many **benefits** to schools and students. For example, HPE programs of study:

- contribute to a continuum of wellness through Grade 12
- focus on the three priority wellness outcomes: physical activity, healthy eating and psychosocial well-being
- increase physical activity time contributing to meeting the federal/provincial/territorial physical activity targets for children and youth set by ministers responsible for sport, physical activity and recreation
- enhance students’ understanding of the balance of the dimensions of wellness and how they can be woven throughout other areas in school and their lives
- allow flexibility and choice for students
- simplify timetabling for schools



Alberta youth aged 15–19 are significantly less active than younger children and do not meet the guidelines set forth by the Public Health Agency of Canada to maintain health (Canadian Fitness and Lifestyle Research Institute 2007).



More physical education at school is associated with a 39 percent decrease in overweight and a 46 percent reduction in obesity in school aged children (Veugelers & Fitzgerald 2005).



Offering more physical education/activity at school does not negatively impact academic performance and achievement testing and is associated with significant decreases in overweight and obesity in school-aged children (Veugelers & Fitzgerald 2005).



Content and Structure...continued



Career development is a lifelong process of managing learning, work, leisure and transitions in order to move toward a personally determined and evolving preferred future (National Steering Committee for Career Development Guidelines and Standards 2004).



Wellness must be holistic—mental, physical, spiritual and emotional, and all integrated. It impacts all aspects of our being within the context of culture (Alberta Education 2008a).



A more holistic approach to wellness education allows learning to extend beyond the walls of the classroom by linking learning outcomes with initiatives throughout the school and community (Joint Consortium for School Health 2008).

- provide better connections to post-secondary requirements
- provide opportunities to use community programs and services to meet course requirements.

Career and resource choice outcomes from the current CALM program of studies that focus on identifying personal assets, talents and strengths in relation to future plans will be included in the HPE programs of study. This is an important part of preparing for transitions, planning for the future and making important life decisions. In addition, many career and resource choices have been identified in the K–9 Health and Life Skills Program of Studies and therefore would be re-aligned when the K–9 programs are revised.

Other specific career and resource outcomes will be **infused into classrooms, curriculum, school programs and events** to make connections within the community and increase successful transitions from high school. Delivery of career and resource outcomes by all stakeholders will create opportunities for successful transitions from school to work or post-secondary studies. This is an element of the next component of wellness education, *Wellness Integrated Across All Curricula*.

2. Wellness Integrated Across All Curricula

Schools and teachers will be provided with resources and tools to encourage a balanced state of emotional, intellectual, physical, social and spiritual well-being. **Learning outcomes from all subject areas** that address the dimensions of wellness will be highlighted and connections across all curricula will be presented in a common document for teachers in the province.

A **support resource** will outline healthy, active instructional strategies, methodology for how to incorporate healthy practices in all classrooms, and activities that support student learning of subject specific outcomes and, at the same time, encourage wellness. An example of this integration is demonstrated when connecting the dimensions of wellness to stewardship and sustainability outcomes in science. Science projects that encourage walking in the community, interacting with the outdoors or walking to school also address student wellness through the emotional, physical, intellectual and spiritual dimensions.

This component supports the **daily physical activity (DPA)** initiative, as DPA can be incorporated throughout the day and integrated into all subject areas. In addition, this approach complements the work of the **Healthy Alberta School Communities** cross-ministry strategy and comprehensive



Content and Structure...continued

school health principles. By emphasizing the components of the curriculum that contribute to enhancing student wellness, it raises awareness among all stakeholders and allows for greater collaboration. It sets the stage for improving health and learning outcomes in all areas of a student's education and for better partnerships among home, school and community.

3. Wellness-Related Courses

After acquiring the knowledge, skills and attitudes to demonstrate healthy, active behaviours and to value the balance of all dimensions of wellness, it is important to provide students with opportunities to **promote, practise and apply** the competencies related to wellness. Courses in other subject areas provide in-depth knowledge and application in specific wellness-related topic areas. Identifying these courses and connecting them to wellness provides students with options for extending their knowledge and skills in wellness.

Wellness-related CTS and arts education courses are a good example of how students can **further their wellness education** at the senior high school level. The Health, Recreation and Human Services (HRH) cluster in CTS includes such pathways as sports medicine, fitness and leadership, coaching, recreation and wellness for kids and aging populations. Cultural dance courses in arts education also provide an example of how wellness concepts and practices can be expanded, as students can practice and promote dance in the school and community.

By extending their basic knowledge and skills, students move beyond learning about personal wellness and acquire the leadership skills to help build capacity for health promotion in the community. It is important that some of the focus shift from health care to prevention. Preparing students in areas of health promotion equips communities with future leaders who will provide prevention programs and recreation services, and build healthy, active communities.



Sixty-three per cent of Canadians who are still inactive cost the health system \$5.7B more than if they were active (Public Health Agency of Canada 2004).



In the classroom, CSH facilitates improved academic achievement and can lead to fewer behavioural problems (Murray et al. 2007).



Support for Implementation



A CSH approach encompasses the whole school environment with actions addressing four distinct but interrelated pillars that support students in achieving their full potential—social and physical environment, teaching and learning, healthy school policy and partnerships and services (Joint Consortium for School Health 2008).



Sixty-seven per cent of school authorities in Alberta do not have authority wide healthy eating guidelines or policies (Alberta Coalition for Healthy School Communities 2007).



A teacher's ability to engage students in meaningful ways in wellness education is an important prerequisite to making health education and promotion successful (Barnekow et al. 2006).

Stakeholders emphasized the importance of government ministries, schools, families and communities working collaboratively to create and maintain a culture of wellness in every school community. Positive and safe learning environments that are respectful of the diverse cultures, backgrounds and experiences of Alberta students have the potential to positively impact health outcomes.

Stakeholders consistently identified support for implementation as a significant element of improving student health and learning outcomes. Results from the stakeholder questionnaire and focus groups indicate that the key components of successful program implementation include:

- utilizing a comprehensive school health approach
- meeting the diverse needs of learners and engaging students in a meaningful way
- having adequate teacher expertise, preparation and implementation time
- providing and utilizing appropriate resources—facilities, funding, teaching and learning resources.

Through a sustained, long-term and strategically planned **comprehensive school health** approach, families and communities can significantly affect student health behaviours, especially those related to active living, healthy eating and psychosocial well-being (Stewart-Brown 2006).

The role of curriculum in a CSH approach is to provide students with the knowledge, skills and attitudes to make healthy choices in an environment that supports healthy behaviours. Therefore, curricular outcomes must align with school policies and practices. For example, a CSH approach to healthy eating would include creative and up-to-date nutrition instruction and healthy food choices in the cafeteria, canteen and vending machines.

Wellness education and support resources will take into account the **diverse needs of learners in the 21st century** and include differentiated instructional strategies. In addition, an approach that is sensitive to developmental and culturally appropriate practice will be an important consideration in the development and implementation of wellness programs and resources.

Wellness education should be accessible and meaningful to all **students**, regardless of age, gender, race, ability, socioeconomic status or religion. It is important that schools provide students with a supportive, interesting and engaging environment within which they can feel accepted (Barnekow et al. 2006). Youth benefit from opportunities to actively participate in identifying health issues that are important to them, in establishing priorities and in developing strategies that effectively meet their health needs (Public Health Agency of Canada 2000).



Support for Implementation...continued



The implementation of quality wellness education programs and health promotion activities can be hindered by a lack of teachers' pre-service and in-service training and professional development (Smith, Potts-Datema & Nolte 2005).



Jurisdictions around the world are establishing multidimensional online learning environments in the form of knowledge portals. These portal-plus web communities provide educational material for teachers, school managers and the wider community (Alberta Education 2008b).

It is also important that wellness education be coordinated and delivered by **teachers** who have the knowledge and desire to implement high-quality programs (Barnekow et al. 2006; Smith, Potts-Datema & Nolte 2005; Centres for Disease Control and Prevention 1997). Current physical education teachers are excellent potential champions to deliver the K–12 health and physical education programs of study and provide support for promoting wellness education in the school community.

To ensure teachers are prepared to deliver the health outcomes, **adequate in-servicing and mentoring** opportunities will be essential. These opportunities should include consistent and authentic information, enhance the knowledge and skills of teachers and administrators to implement quality wellness education, and be offered prior to and throughout the implementation process. Stakeholders agreed that alternative approaches to professional development (e.g., videoconferencing, Webinars, mentorship programs), in conjunction with orientation sessions, would be appropriate strategies for in-servicing. Collaboration with post-secondary teacher preparation programs to ensure adequate training for pre-service teachers is also an essential implementation consideration.

Adequate time for implementing revised programs of study is a key factor in the successful delivery of wellness education programs. Teachers indicated that previous implementation of the K–9 Health and Life Skills and K–12 PE programs of study, as well as the DPA initiative took place too quickly, and that they would benefit from more preparation time (Alberta Education 2008a).

Stakeholders identified a need for **learning and teaching resources** in the form of online and print materials to support implementation of wellness education, as well as related assessment tools (Alberta Education 2008a, 2009). In addition, resources appropriate for a variety of learning environments and available in a variety of formats will help to ensure accessibility for all students, including students with disabilities. Resources that consider current and effective approaches to student learning will be most effective at improving wellness outcomes for students; e.g., differentiated instruction and inquiry-based practices.



Assessment and Accountability



Wellness education needs to have a greater priority in school communities. Strategies to assess student learning and gather evidence as to the effectiveness of programs need to be long term to reflect the long-term nature of health outcomes (Alberta Education 2008a).



Healthy school assessment tools have the potential to identify programs and practices, assess needs and provide direction for schools to positively influence health behaviours related to physical activity, healthy eating and mental well-being (Ever Active Schools 2009).

While it is important that K–12 wellness education is well-designed and delivered through a CSH approach, it is equally important to gather evidence to demonstrate its success. Overall, stakeholders supported the development of **improved assessment practices** for and of student learning; however, concerns about standardized performance measures and assessing the affective domain were raised. It will be important to develop authentic tools to support teachers in assessing learning outcomes in health and physical education. These assessment tools could include achievement indicators for health and physical education outcomes and physical literacy measurement tools. In addition, it will be essential to provide appropriate in-servicing to update teaching practice in the area of student assessment.

Current research and Alberta stakeholders explain how **accountability** and leadership are key components to the successful implementation of wellness education and any healthy school initiatives. Stakeholders indicated that unless student wellness is placed as a priority in school authorities, it is difficult to get full support for wellness education from teachers, parents, students and administrators (Alberta Education 2009). There are many competing interests in schools and without accountability measures, stakeholders fear that the priority wellness outcomes will not receive the attention that is needed to positively impact student health behaviours.

Wellness education needs to be supported at all levels and developing an **assessment and accountability model** for wellness education and healthy schools will provide the necessary first steps to enhancing reporting measures related to school and student health. This model will include input from a variety of stakeholders, partner organizations and ministries and will consider the following elements:

- indicators of success to give educators, public and government a clear understanding of how well student learning and health goals are being achieved, identify program areas that need improvement and set program priorities for the future.
- reporting processes utilizing elements from established school health assessment tools (e.g., Ever Active Schools and Joint Consortium for School Health)
- student assessment strategies that include essential elements for effective formative and summative assessment of learning outcomes, as well as achievement indicators with digital performance-based applications.



Conclusion



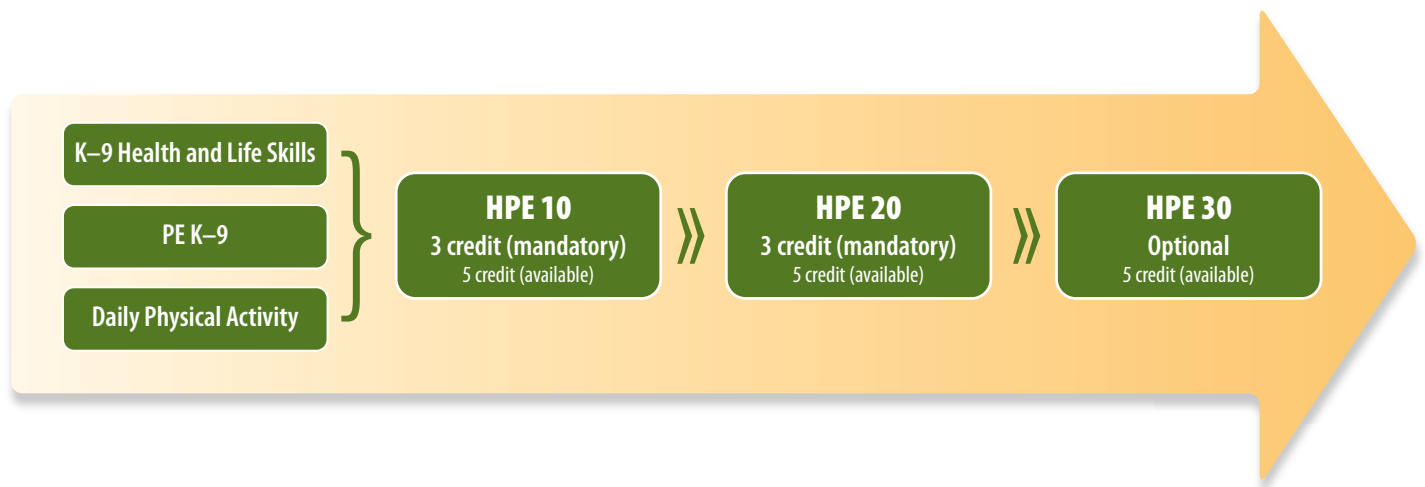
By educating children and youth about health and wellness, we are providing them with the building blocks to live healthy, active lives (Government of Ontario 2008).

Drawing upon innovative strategies for curriculum design, implementation, assessment and accountability will provide schools with the opportunity to impact the health of students in profound and lasting ways. The *Framework for Kindergarten to Grade 12 Wellness Education* provides a foundation for future development of wellness programs of study that will allow Alberta students to be educated, informed and contributing members of society with the knowledge, skills and attitudes needed to be well in every sense of the word—emotionally, intellectually physically, socially and spiritually. The new wellness education program will introduce a holistic approach to student wellness that incorporates the needs and priorities of students living and learning in the 21st century, and provide a continuum of wellness education from Kindergarten to Grade 12. This new direction will help achieve the goal of enhancing the health and learning outcomes of Alberta children and youth.



Framework for Kindergarten to Grade 12 Wellness Education

APPENDIX 1: K–12 Wellness Education Programs of Study



Description

- Develop Health and Physical Education (HPE) 10, HPE 20 and HPE 30 programs of study.
- Graduation requirement is 6 credits—HPE 10–20 (3 credits each).
- HPE 10–20–30 programs of study include:
 - contributing to a continuum of wellness through Grade12
 - focusing on the priority wellness outcomes (physical activity, healthy eating, psychosocial well-being) identified to be most effective in impacting student health behaviours
 - increasing physical activity opportunities to promote a healthy, active lifestyle
 - exploring opportunities to use community programs and services to meet course requirements
 - ensuring flexibility for student programming through an inquiry-based approach and the use of projects that transition students from personal to social responsibility
 - enhancing students' understanding of the balance of the dimensions of wellness and how they can be woven throughout other areas in school and their lives.



Framework for Kindergarten to Grade 12 Wellness Education

References

- Active Healthy Kids Canada. "It's Time to Unplug Our Kids. Canada's 2008 Report Card on Physical Activity for Children and Youth." 2008. http://www.activehealthykids.ca/Opeha/ActiveHealthyKids_v2/upload/AHKC-Long-Form-EN.pdf (Accessed November 28, 2008).
- Alberta Coalition for Healthy School Communities. "Environmental Scan: Alberta School & Health Authorities School Health Promotion Policies, Programs & Partnerships." 2007. <http://www.achsc.org/download/2007/ES%20Report%20Final%20May%2009%2007.pdf> (Accessed December 12, 2008).
- Alberta Education. "Kindergarten to Grade 12 Wellness Programs: Summary of Stakeholder Input." 2008a. http://education.alberta.ca/media/848295/wellness_stake.pdf (Accessed November 20, 2008).
- Alberta Education. "Wellness Curricula to Improve the Health of Children and Youth: A Review and Synthesis of Related Literature." 2008b. http://education.alberta.ca/media/848299/wellness_lit.pdf (Accessed November 20, 2008).
- Alberta Education. "Draft Framework for Kindergarten to Grade 12 Wellness Education: Summary of Stakeholder Feedback." Unpublished report. Edmonton, AB: Alberta Education, 2009.
- Alberta Education & Alberta Health and Wellness. "Strategic Plan to Create Healthy Alberta School Communities." Edmonton, AB: Government of Alberta, 2007.
- Alberta Health & Wellness. "REAL Kids Alberta Survey." 2009. <http://www.realkidsalberta.ca> (Accessed February 27, 2009).
- Alberta's Commission on Learning. "Every Child Learns. Every Child Succeeds: Report and Recommendations." October 2003. <http://education.alberta.ca/media/413413/commissionreport.pdf> (Accessed December 9, 2008).
- Barnekow, V. et al.. "Health Promoting Schools: A Resource for Developing Indicators." European Network of Health Promoting Schools, 2006. http://www.nepes.eu/files/Report%20Health%20Promoting%20Schools_0.pdf (Accessed December 8, 2008).
- British Columbia Office of the Provincial Health Officer. "An Ounce of Prevention Revisited: A Review of Health Promotion and Selected Outcomes for Children and Youth in BC Schools. Provincial Health Officer's Annual Report 2006." 2006. <http://www.health.gov.bc.ca/pho/pdf/phoannual2006.pdf> (Accessed January 23, 2009).
- Canadian Fitness and Lifestyle Research Institute. "Objective Measures of Physical Activity Levels of Alberta Children and Youth." 2007. <http://education.alberta.ca/media/318708/cflri.pdf> (Accessed December 8, 2008).
- Canadian Sport Centres. "Canadian Sport for Life through Long-Term Athlete Development." 2005. http://www.ltad.ca/Groups/LTAD%20Downloads/English/LTAD_Resource_Paper.pdf (Accessed December 8, 2008).
- Centres for Disease Control and Prevention. "Guidelines for School and Community Programs to Promote Lifelong Physical Activity among Young People." *Morbidity & Mortality Weekly Reports: Recommendations and Reports* 46, RR-6 (1997), pp. 1–36.
- Ever Active Schools. Health Assessment Tool for Schools. 2009. <http://www.everactive.org/content.php?id=672> (Accessed May 18, 2009).
- Government of Alberta. "Healthy Kids Alberta! A Wellness Framework for Alberta's Children and Youth (2007–2017) and Action Plan (2007–2010)." Edmonton, AB: Government of Alberta, 2007.
- Government of Ontario. "Challenging Students to be Healthier." Ontario Ministry of Education and Ontario Ministry of Health Promotion. October 29, 2008. <http://www.mhp.gov.on.ca/english/news/2008/102908.asp> (Accessed January 23, 2009).
- Joint Consortium for School Health. "What is Comprehensive School Health?" 2008. <http://www.jcsh-cces.ca> (Accessed December 4, 2008).
- Murray, N. G. et al.. "Coordinated School Health Programs and Academic Achievement: A Systematic Review of the Literature." *Journal of School Health* 77, 9 (2007), pp. 589–600.
- National Steering Committee for Career Development Guidelines and Standards. *Canadian Standards and Guidelines for Career Development Practitioners* (2004), p. 139. http://www.career-dev-guidelines.org/career_dev/CD/English/PDFs/9.pdf (Accessed June 8, 2009).



References...continued

- O'Dea, J. A. "School-based Health Education Strategies for the Improvement of Body Image and Prevention of Eating Problems: An Overview of Safe and Effective Interventions." *Health Education* 105, 1 (2005), pp. 11–33.
- Olshansky, S. et al. "A Potential Decline in Life Expectancy in the United States in the 21st Century." *New England Journal of Medicine* 352 (2005), pp. 1138–1145.
- Public Health Agency of Canada. "The Opportunity of Adolescence: The Health Sector Contribution." 2000. http://www.phac-aspc.gc.ca/dca-dea/publications/acph_adolescents-eng.php (Accessed December 12, 2008).
- Public Health Agency of Canada. "Determinants of Health, What Makes Canadians Healthy or Unhealthy?" December 8, 2001. <http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php> (Accessed December 7, 2008).
- Public Health Agency of Canada. "Physical inactivity increases health care costs in Canada." 2004. http://www.phac-aspc.gc.ca/pau-uap/fitness/work/why3_e.html (Accessed May 21, 2009).
- St. Leger, L. "What's the Place of Schools in Promoting Health? Are we too Optimistic?" *Health Promotion International* 19, 4 (2004), pp. 405–408.
- Smith, B. J., W. Potts-Datema & A. E. Nolte. "Challenges in Teacher Preparation for School Health Education and Promotion." *Promotion & Education* 12, 3–4 (2005), pp. 162–164.
- Stewart-Brown, S. "What Is the Evidence on School Health Promotion in Improving Health or Preventing Disease and, Specifically, What Is the Effectiveness of the Health Promoting Schools Approach?" World Health Organization Regional Office for Europe's Health Evidence Network (HEN). March 2006. <http://www.euro.who.int/Document/E88185.pdf> (Accessed November 26, 2008).
- Tremblay, M. S., J. W. Inman & J. D. Willms. "The Relationship between Physical Activity, Self-esteem, and Academic Achievement in 12-year-old Children." *Pediatric Exercise Science* 12 (2000), pp. 312–324.
- Veugelers, P. J. & A. L. Fitzgerald. "Effectiveness of School Programs in Preventing Childhood Obesity: A Multilevel Comparison." *American Journal of Public Health* 95, 3 (2005), pp. 432–435.

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