

DRAFT FRAMEWORK FOR KINDERGARTEN TO GRADE 12 WELLNESS EDUCATION

March 4, 2009 (Draft)

This draft 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. These committees include representatives from various government ministries, community stakeholders and health and education organizations.

This document is intended to facilitate further discussion regarding the direction for wellness education in Alberta. Stakeholders are encouraged to review and provide comments on the draft framework prior to April 15, 2009. All comments received will be reviewed and considered in the development of the final framework. It is anticipated that a final *Framework for Kindergarten to Grade 12 Wellness Education* will be made available in June 2009.

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).

With the current concern about the health of children and youth, education departments around the world have identified the significant role that curriculum plays in improving student learning and health outcomes. Acquiring the knowledge, skills and attitudes necessary to develop healthy habits for life is a critical component to student wellness. Studies have shown that quality wellness-related curricula and programming promote health in children and youth including obesity risk reduction, cardiovascular disease reduction, improvements in psycho-social health 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 programs and policies related to wellness, 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 develop the knowledge, skills and attitudes needed to be well in every sense of the word — physically, emotionally, socially, spiritually and intellectually.

Alberta Education collaborates with parents and education, health and community stakeholders in providing quality Kindergarten to Grade 12 (K–12) wellness education that allows Alberta students to learn in supportive environments and build their capacity to make healthy active lifestyle choices.

Evidence indicates that the best way to impact student health behaviours is through a **comprehensive school health** approach (CSH) (Stewart-Brown 2006). CSH is an internationally recognized approach for supporting student learning while addressing school health in a planned, integrated and holistic way. With this approach, 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 an essential component of 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 wellness programs of study in Alberta.

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 Canada 2001).

To ensure that the key findings from the review of related literature and stakeholder consultations are addressed, the framework is organized into the following sections: (i) background, (ii) definition of wellness, (iii) content and structure, (iv) support for implementation, and (v) assessment and accountability.

Background

Considerable research and recent government initiatives have focused on the need to improve the health and wellness of children and youth in Alberta, including *Alberta's Commission on Learning*, *Healthy Kids Alberta!*, and *Healthy Alberta School Communities*.

Alberta's Commission on Learning recommended introducing a new wellness program for all students from K–12. 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 and be designed to encourage physical activity and healthy choices, and address a number of 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). This 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.

Revising the current K–12 wellness-related programs of study provides an opportunity for Alberta Education to update and reduce the duplication of learning outcomes among current wellness-related programs of study to ensure the program meets the needs of Alberta students and is consistent with current research. As part of the review process, a comprehensive review of related literature and stakeholder consultations were completed between November 2007 and March 2008. This

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/edp_hys/proget/rev_bienetre.aspx.

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).

needs assessment provides detailed background and rationale for revision of current programs and development of K–12 wellness education in Alberta.

The **literature review and stakeholder report** indicate a need for a significant-to-moderate revision of the current programs of study. Adolescent health issues continue to be of great concern, with many health outcome statistics showing the greatest decline with 15- to 19-year-olds; e.g., physical activity rates (Active Healthy Kids Canada 2008; Canadian Fitness and Lifestyle Research Institute 2007). In addition, the majority of Alberta students are not enrolling in wellness programs of study past Grade 10, which does not allow for outcomes that are only age-appropriate in Grades 11 and 12 to be addressed and does not demonstrate a K–12 wellness continuum. Therefore, Alberta Education will begin revisions in the 2009–2010 school year, with a **focus on high school programming**.

Revising the current wellness-related programs of study also provides an opportunity to design wellness programs of study that link curriculum with the strategic directions of the HASC action plan, within the HKA Strategy. Diagram 1 outlines the links between K–12 wellness education and cross-ministry initiatives focused on improving health and learning outcomes for children and youth.

The concept of wellness education for all students was recommended in 2003 by Alberta’s Commission on Learning. “Wellness” implies a preventive approach that is holistic in nature and includes physical, emotional, social, spiritual and intellectual dimensions. The change in terminology provides the opportunity to reposition and promote the importance of student wellness. Use of the term “wellness” is also advantageous in that it aligns with the HKA Strategy and considers different views of health, including diverse cultural and First Nations, Métis and Inuit perspectives.

Definition of Wellness

Defining wellness is an important first step in developing new wellness programs of study for Alberta students to clearly outline the goals and parameters of wellness education. A variety of international, national and provincial definitions of wellness were reviewed during stakeholder consultations. The following definition was developed, in collaboration with education stakeholders, and is based on feedback from the 2007–2008 stakeholder consultations:

Wellness is a balanced state of physical, emotional, social, spiritual and intellectual 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.

Diagram 1

K-12 WELLNESS EDUCATION

A Comprehensive Approach

Healthy Kids Alberta! (HKA)

- Alberta Government Cross-Ministry Strategy
- Comprised of 14 Ministries and Organizations

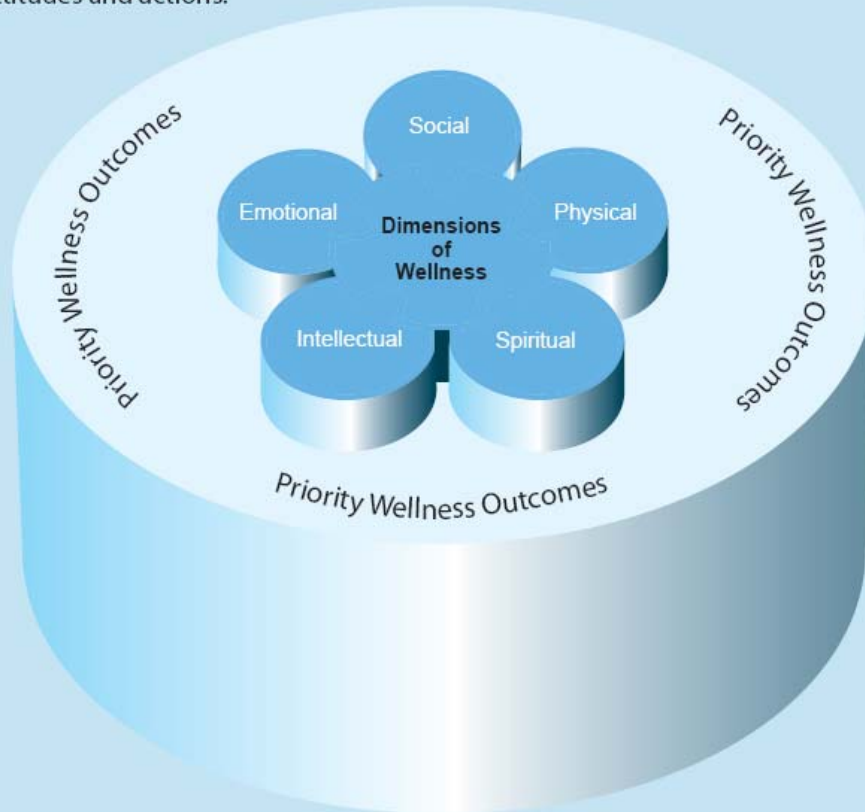
Healthy Alberta School Communities (HASC)

Joint Initiative of Alberta Education and Alberta Health and Wellness

K-12 Wellness Education

Vision: Students are educated, informed, and contributing members of society with the knowledge, skills, and attitudes necessary for wellness.

Definition: Wellness is a balanced state of physical, emotional, social, spiritual, and intellectual 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.



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).

Stakeholders clearly indicated that outcomes need to focus on an understanding of personal wellness, physical activity, healthy eating and psycho-social well-being (Alberta Education 2008a).

The five dimensions of wellness are described below.

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

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

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 global community.

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

Opportunities for students to explore and develop each dimension of wellness and to gain an understanding of the relationship between the dimensions of wellness will be woven throughout the revised K–12 wellness education programs of study.

Content and Structure

Feedback from stakeholders indicated support for revising elements of the current wellness programs of study. The content and structure from the current programs of study was identified as appropriate for new wellness education programs, but stakeholders suggested the following changes to better meet the needs of students:

- focusing on the priority wellness outcomes, as identified in research
- reducing the number and overlap of learning outcomes
- ensuring age-appropriateness
- including the dimensions of wellness.

Content of wellness education

Stakeholders emphasized that learning outcomes included in wellness-related programs of study need to focus on **priority wellness outcomes** that have been identified as the most effective way to impact student health and learning outcomes (Alberta Education 2008a). Priority outcomes in a CSH approach include physical activity, healthy eating and positive psycho-social health (Stewart-Brown 2006). Wellness education curricula must also be relevant to the current and anticipated needs of children and youth and must stimulate their creativity to effectively promote health (Barnekow et al 2006).

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).

Adults are more likely to be active for life if a common approach to building physical literacy (fundamental movement skills) in children and youth, based on their individual physical, mental, emotional and cognitive development, is adopted by the home, school and community (Canadian Sport Centres 2008).

The related literature and stakeholders did not identify careers as a priority wellness outcome to impact the health and wellness of students. Therefore, it is recommended that alternative programming for the career development outcomes that are currently in CALM be considered, such as incorporating the outcomes into career development initiatives including the pathway model in Career and Technology Studies.

The overall **number of learning outcomes** included in current programs of study presents a challenge for schools. Stakeholders indicated that supporting student achievement of all of the learning outcomes in the current health and PE programs is difficult with the amount of instructional time available. Research indicates there is a relationship between the duration and intensity of programming and subsequent outcomes on student health (Stewart-Brown 2006). Wellness programs that are of long duration, high intensity and involve the whole school are more likely to impact health than those more limited in nature. Therefore, the priority wellness outcomes, e.g., healthy eating, physical activity, psycho-social health, addressed over the K–12 continuum with an age-appropriate approach are more likely to impact student health behaviours positively.

Reducing the amount of **overlap** between the current wellness-related programs of study will allow students to spend more quality time working to achieve fewer high priority wellness outcomes. For example, the current CALM outcomes addressing practices and behaviours that contribute to optimal physical well-being overlap with some of General Outcomes (B) of the PE programs of study. In addition, identifying connections and common skills in other subject areas is an important consideration in addressing overlap and reducing the overall number of learning outcomes in current wellness-related programs of study. For example, the decision-making process is a common outcome that is addressed in many other subject areas; e.g., mathematics and social studies.

Ensuring the learning outcomes are **age-appropriate** and reflect current societal issues facing children and youth is also important. With this revision, some outcomes will need to be addressed at a younger level and some at an older age level. For example, learning about safety in the context of the Internet and other technologies should be addressed at a younger age, and the challenges of independent/interdependent living would be more appropriate to address in Grade 11 or 12.

The balance and interplay of the **dimensions of wellness** was identified as a major theme by stakeholders and is supported in many countries and programs worldwide (Alberta Education 2008a; 2008b). The learning outcomes included in wellness programs of study should reflect this balance of the dimensions of wellness. Therefore, the dimension(s) being explored in each

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

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).

learning outcome would be identified to emphasize the holistic nature of the programs.

Structure of wellness education

The proposed structure of wellness education will include minor content revisions, based on stakeholder recommendations, to the current K–9 Health and Life Skills and K–9 PE programs of study and more significant revisions to the high school programs of study. High school wellness education would include a new Wellness 10–20–30 continuum and minor revisions to the PE 20 and 30 programs of study. The content of the new courses would include many of the outcomes from the current CALM and PE programs of study, reorganized to better meet the needs of students and align with the vision of wellness education.

Revisions to the current K–12 wellness-related programs of study will begin at the high school level, as research indicates adolescents are more likely than younger children to demonstrate health-risking behaviour, particularly related to healthy eating and active living (Active Healthy Kids Canada 2008). Stakeholders expressed concerns regarding the current CALM program of studies including the high number of specific outcomes, the need for evidence-based and up-to-date teaching and learning resources, and a need to focus on the priority wellness outcomes that have been identified as the most effective way to impact student learning and health outcomes. In addition, teachers indicated that some of the learning outcomes included in the current programs of study present challenges with what we now know to be effective assessment practices.

Taking into consideration the current research and needs assessment, proposed revisions to the content and structure are presented as a continuum of how wellness education would evolve from elementary through high school. The language used to describe wellness education, as well as the progression of learning through all grade levels to facilitate consistency, communication and collaboration with students, families, community partners and other stakeholder, is a primary consideration.

To enhance physical activity rates among Alberta adolescents, each senior high school option includes a physical activity component for Grades 10–12. The wellness programs of study would include opportunities to participate and develop skills in a variety of lifestyle activities. These lifestyle activities would more closely match the types of activities in which adults participate in the community and allow students to become familiar with community resources and facilities. This demonstrates the importance of partnerships and community connections and is consistent with the principles of a CSH approach.

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).

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

A diagram representing the proposed revisions to the content and structure of wellness education programs of study is included in Appendix 1.

The recommended proposal includes students completing a minimum of six mandatory high school wellness education credits, as is currently the requirement. In the proposed structure, students would meet the 6-credit requirement through Wellness 10 (PE 10 revised) and Wellness 20 (CALM revised). For additional credits, students could choose from PE 20, PE 30 or the new Wellness 30. Minor revisions to the current PE 20 and 30 programs of study would also be included to reflect content revision suggestions from stakeholders. Students would be required to complete Wellness 10 and 20, with optional credit choices of completing either Wellness 30 or PE 30.

The proposed wellness programs of study would include:

- priority wellness outcomes that consider the five dimensions of wellness — physical, social, emotional, spiritual, intellectual
- a physical activity component at each grade level
- inquiry-based learning and increased personal and social responsibility
- opportunities to use extracurricular and community recreation activities to meet course requirements.

In all wellness programs of study, a section could also be developed outlining suggestions of other courses across all subject areas that would contribute to student wellness; for example, the Health, Recreation and Human Services cluster of Career and Technology Studies. Links to the dimensions of wellness could be identified with each course listed. In addition, wellness-related locally developed courses that have been identified as having high provincial enrolment could be adopted as provincial programs of study.

Support for Implementation

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.

Working in collaboration with families and the community through a sustained, long-term and strategically planned CSH approach can significantly affect student health behaviours, especially related to active living, healthy eating and psycho-social health (Stewart-Brown 2006). A CSH approach encompasses the whole school

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 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).

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-Datemar & Nolte 2005).

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).

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 and policies/practices within a school must align. 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.

Strategies for supporting implementation of wellness education programs through a CSH approach include instruction that is **inquiry-based** and provides opportunities to link with families and community. For example, as part of wellness education programs, projects could include creating digital scrapbooks, podcasts or online walking maps indicating where, in their community, they can participate in physical activities. Utilizing the expertise of community members to partner in the delivery of quality wellness education programs is another strategy that supports student learning.

It is also important that wellness education programs be coordinated and delivered by teachers who have the knowledge and desire to implement high-quality programs through a CSH approach (Barnekow et al 2006; Smith, Potts-Datemar & Nolte 2005; Centres for Disease Control and Prevention 1997).

In-service and mentoring opportunities that include consistent and authentic information, and enhance the knowledge and skills of teachers and administrators to implement quality wellness-related programs of study are most effective when offered prior to and throughout the implementation process. Regardless of their area of expertise, teachers benefit from having an understanding of the importance of wellness-related programs of study and the effectiveness of a CSH approach. Collaboration with post-secondary **teacher preparation programs** to ensure adequate training for pre-service teachers is an essential implementation consideration.

Adequate time and financial resources for implementing revised programs of study are key factors in the successful delivery of wellness education programs. Teachers indicated that previous implementation time for wellness-related programs of study, as well as the Daily Physical Activity (DPA) Initiative took place too quickly, and that they would benefit from more time (Alberta Education 2008a).

Wellness-related programs of study need to be accessible and meaningful to all **students**, regardless of age, gender, race, ability,

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).

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).

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).

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).

Students who have positive experiences at school are less likely to be involved in health-risking behaviours, such as smoking and drinking (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).

Wellness programs of study and support resources will take into account the **diverse needs of learners** 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.

Stakeholders identified a need for resources in the form of online and print materials to support implementation of a wellness program, as well as easy-to-use resources for assessment of student learning (Alberta Education 2008a). Opportunities to support implementation of wellness programs of study in innovative ways through a revised **learning and teaching resources plan** that includes digital and print resources is being explored; e.g., online resources, a basic resource for the foundational wellness and movement outcomes, and an online database of video clips demonstrating fundamental movement skills such as an updated *Physical Education Online*.

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, teaching games for understanding instruction and assessment for learning.

Assessment and Accountability

While it is important that K–12 wellness education be well-designed and delivered through a CSH approach, it is equally important to gather evidence to demonstrate its success.

The K–12 wellness education teaching and learning resources will include effective **assessment strategies** for students. The development of achievement indicators with digital and/or online support for performance-based skills could further support assessment of student learning. Adapting information from existing assessment frameworks from other provinces could begin immediately with the current K–9 Health and Life Skills and PE programs of study.

Eighty-six per cent of Alberta children and youth are not accumulating the recommended number of steps per day set forth by *Canada's Physical Activity Guides for Children and Youth* (Canadian Fitness and Lifestyle Research Institute 2007).

Effective, sustainable progress in CSH depends on a common vision, shared responsibilities and harmonized actions among health, education and other sectors. The challenge is to coordinate these efforts so that partners pool resources and develop action plans together with, and in support of, schools (Joint Consortium for School Health 2008).

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).

In addition to providing a comprehensive assessment package, it is also important to continue to measure Alberta students' physical activity levels and gather information about the implementation of **DPA** in Alberta schools. Therefore, partnerships with research institutions to collect this information would be a key component to gaining a better understanding of student activity behaviours and quality DPA programs.

Alberta may also want to explore developing wellness-related **performance standards** similar to British Columbia's (BC) new *Healthy Living Performance Standards*. The BC standards will focus on performance assessment, with students being asked to apply the skills and concepts that they have learned to complete complex, realistic tasks. The standards will align with areas of BC curriculum addressing healthy living outcomes (British Columbia Office of the Provincial Health Officer 2006).

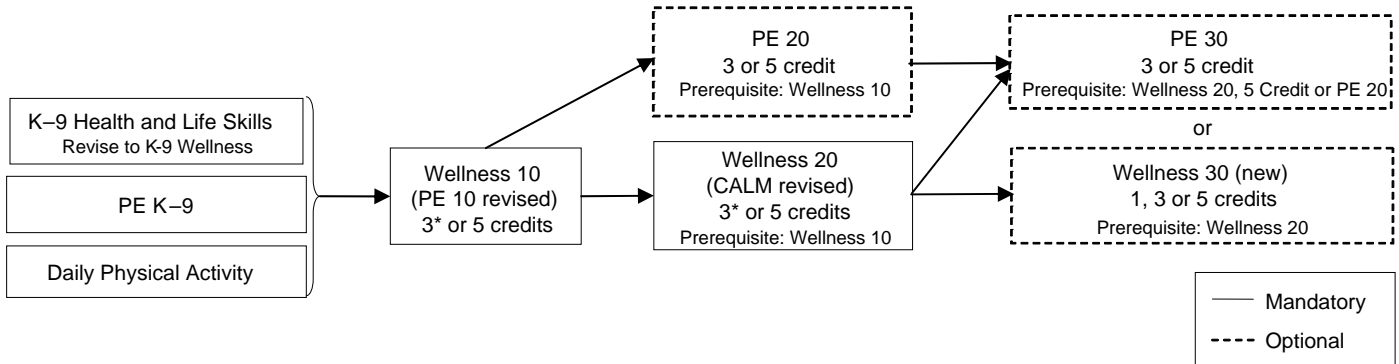
To address the linking of student assessment with a CSH approach, a **school health assessment tool** could be provided to school jurisdictions as a way of enhancing reporting measures related to school and student health. The school health assessment tool that is chosen would include measures related to curriculum, environment, policy and community partnerships. This type of assessment tool would be positioned within the HASC action plan and be a collaborative effort between Alberta Health and Wellness and Alberta Education.

Conclusion

Drawing upon innovative strategies for curriculum design, implementation, assessment and accountability developed in Alberta and around the world will provide schools with the opportunity to impact the health of students in profound and long-lasting ways. The *K–12 Wellness Education Framework* provides a foundation for future development of wellness programs of study in order for Alberta students to be educated, informed and contributing members of society and develop the knowledge, skills and attitudes needed to be well in every sense of the word — physically, emotionally, socially, spiritually and intellectually. A focus on high school programs of study provides an opportunity to enhance the health and learning outcomes of adolescents and introduce a comprehensive approach for addressing student wellness.

Appendix 1

K–12 Wellness Education – Proposal for High School



Description

- Develop Wellness 10 (*PE 10 revised*), Wellness 20 (*CALM revised*), and Wellness 30 (*new*). Minor revisions to current PE 20 and 30.
- Minimum mandatory graduation requirement is 6 credits—Wellness 10 and 20 (*3 credits each).
- This option includes development and revisions of current programs of study but does not include mandatory credits at the 30 level.
- The wellness programs of study include:
 - priority wellness outcomes that consider the five dimensions of wellness—physical, social, emotional, spiritual, intellectual
 - a physical activity component at each grade level
 - inquiry-based learning and project-based approach with increased personal and social responsibility
 - opportunities to use extracurricular and community recreation activities to meet course requirements.

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