

**Simon Fraser University
Faculty of Education
Special Topics Proposal Form**

Course Number: EDUC
Credit Hours: 4
Vector:

Semester to be offered:
Spring 2005 (05-1)

Title of Course:
Current Health Education Trends and Issues

NOTE: Maximum length of course title is 34 characters due to scheduling restrictions.

Description of Course:
See attached.

Prerequisite(s) (or special instructions):
60 credit hours; and one of KIN 140, PSYC 250, PSYC 355.

2. Objectives (including a statement of how the course is embedded in a theoretical/cognitive/interpretive intellectual framework):
See attached

3. Rationale for course offering (reason why course is needed):
The Faculty of Education has identified Health Education is an area of priority. To date we have had no courses in this area.

4. Faculty who were consulted/involved in the development of the proposal:
Dr. Lucy Le Mare

5. Budgetary and Space Requirements (for information only)
What additional resources will be required in the following areas:

Faculty: None

Staff: None

Library: None

Space: None

Equipment: None

Funds: None

6. Bibliography:
Attached.

Schedule
1051

487-4

EDB 7610
Wed 4:30-8:20
35

7. List of student assignments to be completed and any other expectations of students:

See attached.

8. Description of student assessment and grading procedure:

Attached.

9. Please attach a course outline (expecting the course to pass):

Attached

10. Please send the instructor's curriculum vitae (if other than tenure track faculty)

11. Signatures of Approval

Proposed By:

Dr. Colin Mangham

Supportive Faculty Member:

Dr. Lucy Le Mare

Date:

September 22, 2004

UPC, Chairperson:

Current Health Education Trends and Issues

Instructor: Dr. Colin Mangham

Course Description

Comprehensive School Health Education is the term used in Canada to refer to school based curricula, services and other activities and policies promoting health in the school community. In British Columbia, the curriculum component exists in form of Personal Planning (Elementary) and Career and Personal Planning (Secondary). In Canada, health education frequently is viewed in context of the broader frameworks of population health, public health and health promotion. It exists in some form in all provinces and territories, sometimes alone, sometimes allied with other subjects such as physical education, science or guidance. In the past, little specific pre-service training has been available for teachers who will be expected to ^{describe} ~~discuss~~ health education. This course is intended to provide some of that training by familiarizing students with the current trends in health education in Canada and elsewhere, and key health related content and process issues faced by schools, communities, and the nation.

Current Health Trends and Issues is designed for students who are or will be teaching health related topics in schools. The course addresses issues currently faced in health education in Canada. Process issues include the cases for school health in both educational and public health terms, a report card of school health in Canada, the implications for school health within a population health paradigm, the school's place in community development and mobilization, and emerging trends in approaches to school health such as an emphasis on assets building and the role of school environments. Content issues include a review of current trends, consequences and solutions related to healthy child and adolescent development including poverty, obesity and body image mental health, sexuality, substance abuse, injury prevention and physical activity.

Course Objectives:

As a result of the course, students will:

1. Demonstrate understanding of the significance of school health as ~~a school subject~~ and in the contexts of health promotion, public health and population health. ✕
2. Describe the current status of school health in BC and in Canada and offer educated projections for its future.
3. Identify and describe current ~~process~~ trends in health education in Canada and elsewhere. ✕
4. Describe key health issues faced by children and adolescents and emerging approaches used to address these issues.
5. Explore ways to strengthen school health in British Columbia and Canada.

Text: Required readings as noted in syllabus. These will be available in hard copy as a course packet and in many cases electronically.

Scheduled Topics/Readings

Week/Topics	Readings
1. Cases for School Health and Health Education in Canadian	Health Canada. <u>Strong Families, Healthy Children - Canada's Community Action Program for Children: Celebrating the Community Action Program for Children</u>

<p>Schools; Where Are We; A Report Card</p>	<p>Mutter GW, Ashworth C, Cameron H. Canada: perspectives in school health. <u>J Sch Health</u> 60: (7), 308-12, Sep, 1990.</p> <p>Office of the Provincial Health Officer. <u>An Ounce of Prevention: The Public Health Case For Comprehensive School Health</u>. Victoria: Queen's Printer, 2004.</p>
<p>2. The Determinants of Health and Child and Adolescent Health: Health Education, Health Promotion, Public Health, Population Health, Concepts of Health and Health Education; <i>Best Practice and Evidence – Based as Concepts</i></p>	<p>Health Canada. <u>The Population Health Approach</u>. http://www.hc-sc.gc.ca/hppb/phdd/approach/index.html</p> <p>Labonte R. Population health and health promotion: What do they have to say to each other? <u>Canadian Journal of Public Health</u> 1995; 86(3): 165-68.</p> <p>Health Canada: <u>Healthy Development of Children and Youth - The Role of the Determinants of Health (Full Report)</u></p> <p>Hoffman K. & Jackson S. <u>A Review Of The Evidence For The Effectiveness And CostsOf Interventions Preventing The Burden Of Noncommunicable Diseases: How Can Health Systems Respond?</u> Toronto: University of Toronto, 2003.</p> <p>Kahan, B., & Goodstadt, M. <u>IDM Manual: IDM Manual for using the Interactive Domain Model approach to best practices in health promotion</u>. Toronto: Centre for Health Promotion, University of Toronto, 2002. http://www.idmbestpractices.ca/idm.php</p>
<p>3. The School</p>	<p>Canadian Association for School Health, (undated) <u>Consensus</u></p>

<p>Community and the Community School: Comprehensive School Health, Healthy Schools; Health Promoting Schools Movement</p>	<p><u>Statement on Comprehensive School Health.</u> http://www.schoolfile.com/cash/consensus.htm</p> <p>Hancock T. The evolution, impact and significance of the Healthy Cities/ Healthy Communities movement. <u>Journal of Public Health Policy</u> 1993; 14(1): 5-18.</p> <p>World Health Organization. <u>What Is a Health Promoting School?</u> http://www.who.int/school_youth_health/gshi/hps/en/</p>
<p>4. Assets Building and Resiliency: Current Trends</p>	<p>Mangham, C. McGrath, P. Reid, G. & Stewart, M. (1995). <u>Resilience in Health Promotion.</u> Ottawa: Minister of Supply and Services Canada.</p>
<p>5. Fostering Healthy School Environments: The Crucible of the School</p>	<p>Shaps, E. & Solomon, D. (2003). The role of the school's social environment in preventing student drug use. <u>Journal of Primary Prevention</u>, 23(3), 299-328</p>
<p>6. Child and Adolescent Development: Generic Models</p>	<p>McBride, N., Midford, R. & Cameron, I. (1999). An empirical model for school health promotion: The Western Australian school health project model. <u>Health Education International</u>, 14 (1), 17-25.</p>

	<p>McCreary Centre Society. (2002). <u>Accenting the Positive: A Developmental Framework For Reducing Risk And Promoting Positive Outcomes Among BC Youth</u>. Vancouver, authors.</p> <p>Health Canada. <u>The Opportunity of Adolescence: The Health Sector Contribution</u>. http://www.hc-sc.gc.ca/dca-dea/publications/acph_adolescents_e.html</p>
<p>7. The Health Status of Canada's Children and Youth</p>	<p>McCreary Centre Society. (2004). <u>Highlights From the Adolescent Health Survey III</u>. Burnaby, BC: Authors.</p> <p>Health Canada. <u>Trends in the Health of Canadian Youth- Health Behaviours in School Age Children</u></p>
<p>8. Trends, Consequences, Solutions I: Child Poverty</p>	<p>Shiell A. & Hawe P. Health promotion, community development and the tyranny of individualism. <u>Health Economics</u> 1996; 5 (3): 241-7.</p>
<p>9. Trends, Consequences, Solutions II: Childhood Obesity, Body Image, and Inactivity</p>	<p>Rootman I. & Edwards P. The best laid schemes of mice and men: Participaction's legacy and the future of physical activity promotion in Canada. <u>Canadian Journal of Public Health</u>, 95 (Supp 2), June 2004, pp 537-542.</p> <p>Katzmarzyk PT., Janssen I. The economic costs associated with physical inactivity and obesity in Canada: an update. <u>Can J Appl Physiol</u> 29 (1), 90-115, Feb, 2004.</p>

	<p>Gillis LJ. & Bar-Or O. Food away from home, sugar-sweetened drink consumption and juvenile obesity. <u>J Am Coll Nutr</u> 22 (6), 539-45, Dec, 2003.</p> <p>Katzmarzyk PT. & Ardern CI, Overweight and obesity mortality trends in Canada, 1985-2000. <u>Can J Public Health</u> 95 (1), 16-20, Jan-Feb, 2004.</p>
<p>10. Trends, Consequences, Solutions III: Teen Sexuality, Pregnancy, HIV</p>	<p>Health Canada. <u>A Framework for Action to Reduce the Rate of Teen Pregnancy in Canada</u>, 2000. http://www.hc-sc.gc.ca/dca-dea/publications/reduce_teen_pregnancy_section_1_e.html</p> <p>Rogers D, Dilworth K, Reducing the rate of teen pregnancy in Canada: a framework for action. <u>Int J Adolesc Med Health</u> 14 (2), 97-100, Apr-Jun, 2002.</p>
<p>11. Trends, Consequences, Solutions IV. Teen Substance Abuse</p>	<p>Meschke L. & Patterson J. (2003). Resilience as a theoretical basis for substance abuse prevention. <u>Journal of Primary Prevention</u>, 23(40), 483-514.</p> <p>Makomaski Illing EM. & Kaiserman MJ. Mortality attributable to tobacco use in Canada and its regions, 1998. <u>Can J Public Health</u> 95 (1), 38-44, Jan-Feb, 2004.</p> <p>Gray C, Tobacco wars. The bloody battle between good health and good politics. <u>CMAJ</u> 156 (2), 237-40, Jan 15, 1997.</p>

	<p>Mangham C. <u>Making The Case For Prevention: A Business Rationale for Preventing the Harms of Substance Abuse.</u> Prepared for BC Ministry of Health Services, 2003.</p> <p>Centre For Addiction and Mental Health. <u>Alcohol and Drug Prevention Programs for Youth: What Works?</u> Toronto: CAMH, 2002.</p>
<p>12. Trends, Consequences, Solutions V. Child and Adolescent Mental Health</p>	<p>Health Canada. <u>Mental Health Promotion.</u> http://www.hc-sc.gc.ca/hppb/mentalhealth/inhp/index.html</p> <p>Australian Government. <u>MindMatters: A Mental Healthy resource For Secondary Schools.</u> http://cms.curriculum.edu.au/mindmatters//index.htm</p> <p>Stephens T., Dulberg C., & Joubert N. Mental health of the Canadian population: A comprehensive analysis. <u>Chronic Diseases in Canada</u>, 20 (3), 2000. http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/cdic-mcc/203/c_e.html</p>
<p>13. Where to From Here? Health Education and the future of Canada's Youth</p>	<p>Health Canada (Partnership with Government of Ontario). <u>Growing Healthy Canadians.</u> http://www.growinghealthykids.com/english/home/index.html</p> <p>Health Canada, Population and Public Health Branch. <u>Voices and Choices: Planning For School Health</u> http://www.hc-sc.gc.ca/pphb-dgspsp/vc-ss/data_e.html</p>

Evaluation

Specifics of each item will be given in class:

Vision Statement	5%
Personal Application Piece	20%
Group Project	25%
Term Paper	25%
Final Exam	25%

Vision Statement: Students will prepare document no more than two pages, 1.5 spaces, providing their own vision of what the general status of child and adolescent health in Canada will in the year 2040, defending why they believe it will be so in their own words (no quotes or references required). It is recommended this be prepared after week 3. **Due Week 5.**

Personal Application Piece: For each week, students will prepare a one page synopsis applying that week's concepts succinctly to their own present or future career. Each piece is due the following week (first piece due week 2).

Group Project: Working in groups of 3 to 4, students will identify a current trend or issue of their choosing, and prepare and deliver a 30-minute class presentation. This presentation should include a) background of the issue, b) current trends, c) health promotion/population health solutions, and d) What schools can do, with a list of currently available tools for addressing it. **(Presentations will begin in Week 5.)**

Term paper: Students will identify a topic related to one of the trends or issues covered in the class, and prepare a research-based paper no more than 10 pages double spaced excluding title page and references. The specifics of this paper will be discussed in class **(Due by class Week 13).**

Final Exam: This exam will be given during the end of term exam period as scheduled by the University. It will cover all class lectures, discussions and readings. It will consist of a mix of short answer and essay questions.

Grading of subjective items will be as follows (0 is failing):

Dimension	Barely satisfactory (1)	Fair (2)	Good (3)	Exceptional (4)
Overall quality of presentation:				
Writing quality, proper use of citations where				

required or needed organization.				
Synthesis of research/ideas: Pulling concepts together in a unified picture				
Understanding of concepts: Understands the concepts and is able to use them				
Comprehensiveness: Evidence of research and thorough coverage of the topic				