Creating Healthy Communities

A classroom resource to promote healthy living locally and globally. This lesson package is a part of the WE Schools WE Give Health campaign.

Grades 4 to 6
Canadian Edition
Dear Educator,

Welcome to the WE movement. We are so glad you’ve joined us in our mission to inspire, educate and empower students to find their place in the world. Throughout the last two decades, educators have stood by us. With over 16,000 schools thriving in WE Schools, we are delivering impressive results in academic engagement, like skills and civic engagement. Through experiential service-learning, students engage in collaborative learning and independent reflection. As a result, students become more engaged in local and global issues.

We know that being in good health is a vital part of families in developing communities pulling themselves out of poverty and it is a vital part of a young person’s ability to change the world. Good health is not just the absence of illness or disease, it is a careful balance of a personal capacity to function well physically, mentally, socially and spiritually in order to live in the full range of their potential.

Creating Healthy Communities is designed to help students learn how health is promoted, restored and maintained locally and globally. Students will examine aspects of health; resources, systems and infrastructure in their community; and the important role physical activity has in mental health.

This is an exciting time to be an educator. Together, we have the power to reignite the fundamental purpose of education: moving students to want to learn, and preparing them with the life skills to better the world and forge their own paths to success.

Thank you for having the passion to bring WE into your classroom. We are honoured and encouraged to work with such a dedicated and enthusiastic group.

We are stronger together,

Craig and Marc Kielburger
Co-Founders, WE
Essential Question: What is experiential service-learning and how can I incorporate it into my classroom instruction with WE Schools curriculum resources?

WE Schools
WE Schools is a unique, step-by-step program that challenges young people to identify the local and global issues that spark their passion and empowers them with the tools to take action. Educators and students work together to learn about the world and to take action to create meaningful change. Delivered in 16,000 schools and groups across North America and the UK, the program provides educators and students with curriculum, educational resources and a full calendar of campaign ideas.

What Is Experiential Learning?
Experiential service-learning is based on a structured academic foundation that goes beyond volunteering and community service. It’s a practice that engages teachers and students with their communities in a structured way and allows students to meet their learning objectives while addressing their community’s needs.

The Four Steps of WE Schools

1. Investigate and Learn
   Students explore topics related to a real-world challenge or opportunity.

2. Action Plan
   Students develop a plan to implement their service-learning project, including one local and one global action.

3. Take Action
   Students implement their action plan.

4. Report and Celebrate
   Students present the results of their service-learning initiatives.

Setting Students Up For Success: In School, the Workplace and Life

WE Schools Introduction: WE.org/we-at-school/we-schools/

Living WE is about improving our lives and our world by reaching out to others. It involves focusing less on “me” and more on “we”—our communities, our country and our world.

Social Emotional Learning: The WE Learning Framework is grounded in social emotional learning principles, helping students develop the skills to manage their emotions, resolve conflicts and make responsible decisions.

Global Mindset: The ability to operate comfortably across borders, cultures and languages is invaluable. WE Schools programming promotes global mindedness and cultural competency amongst student populations during their formative years.

Active Citizenship: Students act on their growing knowledge by connecting with others in their communities, thereby generating interest, further research and engagement in local and national causes.

Reflection is a key component of our experiential service-learning model. Our reflection activities direct students’ attention to new interpretations of events and provide a lens through which service can be studied and interpreted.
Creating Healthy Communities Overview

More than half of early childhood deaths worldwide could be prevented with simple and affordable health care. Yet millions of families around the world don’t have access to health care. By taking part in the WE Schools WE Give Health campaign, students can help transform developing communities into healthy communities by exploring how health is promoted, restored and maintained in their lives, their communities and around the world in WE Villages communities.

Lessons are customized to suit developmental stages as well as align with curricular expectations for health and physical education. Each lesson is designed to empower students to make positive health decisions and apply their knowledge to help build healthy communities on a local and global scale. Students will have the opportunity to reflect on their health habits and explore the physical and mental health benefits of maintaining an active lifestyle. Students will examine the barriers to health locally and globally. The lessons are grounded in the WE Learning Framework, ensuring students develop the core skill sets that help them achieve learning goals and become global citizens.

Subject(s): Health and Physical Education

Recommended Grade Level: Grades 4 to 6

WE Learning Framework Skills:

Essential Questions:

► How is good health connected to good hygiene?

► How can health be restored in communities, locally and globally?

► How does physical activity help maintain good physical health and mental well-being?

Word Bank

Hygiene—Conditions or practices conducive to maintaining health and preventing disease, especially through cleanliness.

Maintain—Cause or enable a condition or situation to continue, keep at the same level.

Mental health—A person’s condition with regard to their psychological and emotional well-being.

Promote—Support or further the progress of something.

Restore—Bring back or re-establish to a previous situation.

Materials And Resources

► Chart paper and markers

► Appendix 1: Provincial Curriculum Correlations

► Appendix 2: Classroom Observation Forms

► Blackline Master 1: Health Resources in My Community

► Blackline Master 2: Health in WE Villages Communities

► Blackline Master 3: What I Do with My Free Time

* Source for definitions:

• Oxford Dictionary
  www.en.oxforddictionaries.com

Explore other resources and current campaign offerings at WE.org
Lesson 1:

Promoting Good Health

Suggested Time:
40 minutes

Learning Goals:
Students will:
• Learn about the personal hygiene practices that promote good health.
• Explore the role of hygiene in international health programs.

Investigate and Learn

1. **Recommended Assessment For Learning:** On a sticky note or card, have each student record the first lesson they remember learning about good hygiene, for example, washing your hands after going to the washroom. Have students post completed notes on the front board. Read the notes aloud and group similar lessons to demonstrate common knowledge among students.

2. Ask students if they were ever told to drink clean water and to not drink dirty water. How do you know if water is clean or dirty? Where do you access clean water? Where might you find dirty water?


**Educator’s Note:** As an alternative to Miguel’s story, show Yadira’s story, a young woman’s perspective of not having access to clean water and the effects on her and her family, www.WE.org/stories/world-water-stories-clean-water-changes-teens-life.

4. **Recommended Assessment As Learning:** Using think-pair-share, have students discuss the following questions using evidence from the video or article. Write the questions on the board, or project them for student reference.
   a. Why did Miguel’s family and other community members drink water from the Napo river? Did they understand the possible consequences of drinking untreated water?
   b. Why couldn’t Nelly be treated at the local clinic?
   c. What did Miguel and the community learn from the loss of Nelly?

5. Make sure students understand that while Miguel and his family had little choice but to drink the contaminated water, it was unhygienic. Though we often think of hygiene as the personal behaviour of washing and applying deodorant, hygiene is broader and includes conditions and practices favourable to maintaining good health and preventing disease. Good health is a general term that refers to each person’s ability to function well physically, mentally, socially and spiritually to live in the full range of their potential.

6. Post the following questions—one on each piece of chart paper—around the room. Using the carousel technique, provide students with markers and ask them to circulate and respond to each question. If a similar response is already posted, add a checkmark in agreement. Encourage students to think broadly and specifically about the question before responding to get a diverse selection of thoughtful ideas.
   a. How have hygiene practices evolved over time?
   b. How is good health promoted? (Consider who promotes good health locally, nationally and internationally, in your life and in the lives of others.)
   c. What might prevent someone from practicing good hygiene? (Consider local and global barriers people may face.)
   d. What are the consequences of bad or a lack of hygiene?
   e. Why is the promotion of hygiene important to good health?

7. Once everyone is finished recording their responses, restate each question and summarize the responses. Does anything stand out or surprise students?

8. **Recommended Assessment Of Learning:** Ask students to fill in the following as an exit ticket: The promotion of hygiene is important because _______________ _________________. It can be promoted through _______________ _________________.

**Recommended Assessment For Learning:** On a sticky note or card, have each student record the first lesson they remember learning about good hygiene, for example, washing your hands after going to the washroom. Have students post completed notes on the front board. Read the notes aloud and group similar lessons to demonstrate common knowledge among students.

**Educator’s Note:** Based on student responses, assess whether students understand that Miguel’s family and community lacked education on water sanitation as well as lacking access to clean water and adequate health care. Collect data on student understanding with the observation forms in Appendix 2: Classroom Observation Forms.
Lesson 2:

Restoring Health

Suggested Time:
40 minutes

Learning Goals:
Students will:

• Investigate practices that help restore health that has been compromised.

• Examine resources available to help restore health locally and internationally in WE Villages communities.

• Reflect on the resources available in their community and identify who is responsible for restorative health services.

1. **Recommended Assessment For Learning**: As an entry slip, have students write what they do if they are sick. Responses may include who or where they go to for help, e.g., go to the doctor, clinic or pharmacy. Or what they might do, e.g., take medicine or stay in bed.

2. Review the notes for patterns, trends and outliers. Read a few responses to the class to demonstrate the many options for treatment that students have when they aren’t feeling well. Tell students that even with good hygiene, people get sick. While it depends on need, availability and accessibility, there are many people and places to go when health needs to be restored.

3. In groups of two to three, have students investigate and create a basic map of the people, places and services in their community that support health restoration. Examples may include: hospitals, dentists, pharmacies or homeopathic clinics. Students may research by conducting a virtual community walk using online mapping software and local online directories. The map may be hand-drawn or digital.

4. **Recommended Assessment As Learning**: After completing their maps, have groups reflect on the information they mapped using the following questions:
   a. What services are available in our community?
   b. What might be missing or lacking from our community?
   c. Are the services available to everyone? Who might they not be available to? (Consider physical accessibility—such as location, barriers such as stairs without ramps or elevators—and monetary accessibility.)
   d. Who is responsible for ensuring that all community members have access to restorative health services?
   e. If appropriate, what can we do to ensure better services and accessibility to restorative health services in our community?

5. Once students have examined the resources available in their community, have students examine the services and needs of communities in developing countries. Using **Blackline Master 2: Health in WE Villages Communities**, assign groups a country. Instruct students to read through the country profile and highlight or underline the issues that may affect the health of people in those communities. In another colour, instruct students to highlight or underline the aid or solution people are receiving to help restore health. For more information general visit the WE Villages Health Pillar page, [www.WE.org/we-villages/health/](http://www.WE.org/we-villages/health/), or by country, [www.WE.org/we-villages/where-we-work/](http://www.WE.org/we-villages/where-we-work/).

6. **Recommended Assessment Of Learning**: Based on the information found, ask students what are the similarities and the differences between their community and WE Villages communities. Allow students the option of creating a fictional community map of one of the countries WE Villages works in. The students may map the community before or after WE partnered with them. Ask students to discuss the possible problems for people living in an international developing community that lacks resources.

**Educator’s Note**: As noted, every community—locally and globally—has unique needs and resources that vary in availability and accessibility. There may be a need in your community for people and services to help restore health. The absence of these resources will play a key role in the discussion. Restoring health and restorative health services refers to returning health or re-establishing health to its previous situation.
Lesson 3:

Maintaining Your Health

Suggested Time:
80 minutes or (2 x 40 minutes)

Learning Goals:
Students will:

- Investigate the connection between mental health, well-being and physical activity.
- Examine how computer/device screen time may act as a barrier to physical activity.

1. Begin the class by asking students what they know about Rick Hansen. Then show the first minute and 20 seconds of an interview with Rick Hansen on the “Strombo Show,” www.youtube.com/watch?v=PPNeH3GABU (1:20, full video 7:51). Before showing the clip, ask students to take away one lesson from Rick Hansen’s story.

2. Recommended Assessment For Learning: Ask students to write on a sticky note one lesson they learned from Rick Hansen’s story. Responses may include: perseverance, breaking barriers, anyone can be physically active, etc. Rick Hansen is an example of many things; as the “man in motion,” being restricted to a wheelchair was just a learning curve for this athlete. In a mission to break down barriers that prevent people from being active, Hansen has demonstrated the physical and mental benefits of living an active life. Lead students to discuss the connection between physical activity and mental health.

3. In pairs, give students one minute to make a list of as many indoor and outdoor physical activities as they can (e.g., playing soccer, dancing, running, walking, skateboarding, cycling, swimming or hiking). Then instruct pairs to secretly select two activities from their list to perform.

4. Explain that in a tableau, participants make still images with their bodies to represent a scene, action or capture an idea. Give students a few minutes to prepare their tableaus. Remind pairs to keep the activities a secret, as the rest of the class will have to guess the activities.

5. Once pairs are ready, ask students to stand in a circle. Call one pair at a time to present their tableau in the middle of the circle. Encourage the other groups to guess the activity being represented.

6. Following the tableaus, ask students:
   a. Which of the activities displayed are the most physically active?
   b. Which of the activities displayed require the least amount of physical movement?
   c. Is it possible to be active while sitting at a desk? What sort of exercises can be done while sitting at a desk?

7. Explain to students that physical activity not only benefits physical health but also mental health. The World Health Organization defines mental health as a “state of well-being in which individuals realize their potential, can cope with the normal stresses of life, can work productively and fruitfully, and are able to contribute to their community. Mental health is integral to overall good health, a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

8. Organize the class into groups of two to three students. Provide each group with chart paper. Ask each group to create a T-chart, labelling the first column “Physical Health Benefits” and the second column “Mental Health Benefits.”

9. Recommended Assessment As Learning: Under the first column, ask students to write down how being active can improve one’s overall physical health. Then have students list reasons why they think being active can improve one’s overall mental health. Have each group present their ideas to another partner pair. As students are working, circulate and record observations on the forms in Appendix 2: Classroom Observation Forms.

   Example:

<table>
<thead>
<tr>
<th>Physical Health Benefits</th>
<th>Mental Health Benefits</th>
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<tbody>
<tr>
<td>Better sleep</td>
<td>Improves self-esteem</td>
</tr>
<tr>
<td>Strengthens muscles</td>
<td>Relieves stress</td>
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10. Recommended Assessment As Learning: Write on the front board: What prevents people from being physically active? Provide groups with chart paper prepared for a placemat activity and markers to record their responses on them.
11. After two to three minutes, have students share ideas as a group and select one of the most significant barriers to record in the centre.

12. Have students present their ideas to the class. Discuss ways these barriers can be prevented or overcome.

**Part 2**

13. Ask students to think about the amount of free time they have in a week (e.g., five hours after school each day). Next, ask students to think about the number of hours they use as screen time (e.g., on phones, tablets, laptops, computers or game consoles) during their free time.

14. Explain to students that when using electronics people are sedentary and can lack physical activity. Distribute *Blackline Master 3: What I Do with My Free Time*, to help students determine the amount of time they spend in front of screens during their free time after school.

15. Once students have filled in the worksheet, have them fill in the visual part of *Blackline Master 3*.

15. Ask students:
   
a. After calculating the time spent in front of screens, how much time is left?
   
b. Are you surprised at the amount of time you spend in front of screens during you free time?
   
c. What effect can an overuse of devices have on your health (physically and mentally)?
   
d. Is time spent in front of screens a barrier to physical activity you feel you should overcome?

17. Ask students to brainstorm alternative activities they could participate in instead. For example, they could go for a walk with a friend to talk instead of texting them, or play soccer with friends instead of playing on a game console.

18. **Recommended Assessment Of Learning:** Write the following questions on the board and ask students to select one to answer as an exit ticket:

   a. What are three benefits of being physically active and what can they do to improve overall health?
   
b. How can devices affect time spent being physically active? How can devices be used to promote physical activity?
Lesson 4:

WE Give Health

Suggested Time:
40 minutes

Learning Goals:
Students will:

• Explore ways to take action to raise awareness and funds for the WE Villages Health Pillar.

• Understand the relationship between restoring health and restorative health services.

• Understand the consequences on the health of a community if it is missing one or more of the services and people that promote, maintain and restore health.

Action Plan


2. Share with students WE Give Health, a WE Schools campaign that raises money the WE Villages Health Pillar, visit [www.WE.org/wegivehealth](http://www.WE.org/wegivehealth).

3. Keeping in mind what they have learned from the lessons, ask students the following questions:
   a. What are the goals of this campaign?
   b. Why is this campaign important?
   c. How can we apply our learning of promoting, restoring and maintaining health to the campaign?
   d. How would participating in this campaign benefit our local community and communities around the world?

Take Action

4. Encourage students to sign up for the WE Give Health campaign by registering at [www.WE.org/wegivehealth](http://www.WE.org/wegivehealth).

5. Before interacting on or using social media, review classroom and school guidelines. Before interacting with members of the wider community, review classroom guidelines on etiquette and respect.

6. Ensure students are actively participating and collecting data throughout the Take Action phase by recording observations on the forms in Appendix 2: Classroom Observation Forms.

Report and Celebrate

7. Have students share their learning process and actions they took with other students or another class. Students may examine how the three aspects of health work together to create a healthy community. Challenge them to make healthy choices that promote, restore and maintain good health for them and others around the world.
## Appendix 1: Provincial Curriculum Correlations

Curriculum correlations made possible by NELSON

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- To promote and maintain health as a valued and valuable resource.  
- To examine health issues and factors that promote or limit good health.  
- Gain an understanding of social and environmental factors that are beyond their immediate control, which have a significant impact on their health.  |
| Wellness Choices: Personal Health |  |
| **Physical Education (2000)** | The *WE Give Health* lesson package addresses rationale of the Alberta Physical Education curriculum contributes to the development of life skills for:  
- The personal development of health.  
- The use of physical activity as a strategy for managing life challenges.  
- A setting within which to practise the ability to work with others.  |
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**Physical and Health Education (1998)**
- Strategies for Healthy Living
- Values and Practices for Healthy Living
- Strategies for Positive Personal Development and Healthy Relationships
- Physical Education: Knowing, Doing, Valuing

The *WE Give Health* lesson package addresses the Nova Scotia Physical and Health Education curriculum:
- Enables students develop knowledge of, skills, attitudes and behaviours related to healthy living.
- Integrates the concepts of personal health management, health promotion, and health education.

The *WE Give Health* lesson package addresses essential learnings of the Atlantic Canada Physical and Health Education curriculum, specifically to demonstrate an understanding of the relationship between health and lifestyle.

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Social and Community Health
Mental Well-being
Physical Literacy | The *WE Give Health* lesson package addresses several core competencies of the B.C. curriculum, especially:
- Communication
- Critical thinking
- Personal awareness and responsibility
- Social responsibility
The *WE Give Health* lesson package can also help address the B.C. Health and Physical Education curriculum goals:
- Demonstrate the knowledge, skills, and strategies needed to make informed decisions that support personal and community health and safety.
- Develop an understanding of the many aspects of well-being, including physical, mental, and social.
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The *WE Give Health* lesson package addresses general outcomes of the Manitoba Physical Education/Health Education curriculum:

**Personal/Social Management:**
- To make health-enhancing decisions
- To work cooperatively and fairly with others
- To build positive relationships with others

**Healthy Lifestyle Practices:**
- To make informed decisions for healthy living related to personal health practices, active living, healthy nutritional practices.

**Movement:**
- To demonstrate competency in selected movement skills, and knowledge of movement development and physical activities with respect to different types of learning experiences, environments, and cultures.

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<td>- To demonstrate competency in selected movement skills, and knowledge of movement development and physical activities with respect to different types of learning experiences, environments, and cultures.</td>
</tr>
</tbody>
</table>
# Appendix 1: Provincial Curriculum Correlations

Curriculum correlations made possible by **NELSON**

<table>
<thead>
<tr>
<th>Province</th>
<th>Grade 4</th>
<th>Grade 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ontario</strong></td>
<td><strong>The <em>WE Give Health</em> lesson package can help address the goals for Health and Physical Education, specifically:</strong></td>
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</tr>
<tr>
<td></td>
<td>- An understanding of the factors that contribute to healthy development, a sense of personal responsibility for lifelong health, and an understanding of how living healthy, active lives is connected with the world around them and the health of others.</td>
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</tr>
<tr>
<td></td>
<td>- The skills and knowledge that will enable them to enjoy being active and healthy throughout their lives, through opportunities to participate regularly and safely in physical activity and to learn how to develop and improve their own personal fitness.</td>
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</tr>
<tr>
<td></td>
<td>The lesson package also supports several goals of Health and Physical Education - Healthy Eating including:</td>
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</tr>
<tr>
<td></td>
<td>- Food choices healthy eating goals</td>
<td>- Nutritional facts tables, food labels</td>
</tr>
<tr>
<td></td>
<td>- Food choices in various settings</td>
<td>- Media influences - food choices</td>
</tr>
</tbody>
</table>

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**Health and Physical Education (2015)**

Active Living

Movement Competence

Healthy Living
### Appendix 1: Provincial Curriculum Correlations

Curriculum correlations made possible by **NELSON**

<table>
<thead>
<tr>
<th>Ontario</th>
<th>Grade 6</th>
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</table>

**Health and Physical Education (2015)**
- Active Living
- Movement Competence
- Healthy Living

The *WE Give Health* lesson package can help address the goals for Health and Physical Education, specifically:

- An understanding of the factors that contribute to healthy development, a sense of personal responsibility for lifelong health, and an understanding of how living healthy, active lives is connected with the world around them and the health of others.

- The skills and knowledge that will enable them to enjoy being active and healthy throughout their lives, through opportunities to participate regularly and safely in physical activity and to learn how to develop and improve their own personal fitness.

The lesson package also supports several goals of Health and Physical Education - Healthy Eating including:

- Influences on healthy eating and eating cues.
- Engaging students in practicing and benefits of healthy eating and active living.
<table>
<thead>
<tr>
<th>Saskatchewan</th>
</tr>
</thead>
</table>
| **Health Education (2010)**  
Understanding, Skills and Confidences  
Decision Making  
Action Planning | The *WE Give Health* lesson package addresses the aim of the Saskatchewan Health Education curriculum which is to develop confident and competent students who understand, appreciate, and apply health knowledge, skills, and strategies throughout life.  
The *WE Give Health* lesson package addresses goals of the Saskatchewan Health Education curriculum:  
- To develop the understanding, skills, and confidences necessary to take action to improve health.  
- To make informed decisions base on health-related knowledge.  
- To apply decisions that will improve personal health and/or the health of others. |
| **Physical Education (2010)**  
Active Living  
Skillful Movement  
Relationships | The *WE Give Health* lesson package addresses the aim of the Saskatchewan Physical Education curriculum which is to support students in becoming physically educated individuals who have the understanding and skills to engage in movement activity, and the confidences and disposition to live a healthy, active lifestyle.  
The *WE Give Health* lesson package addresses goals of the Saskatchewan Physical Education curriculum:  
- Enjoy and engage in healthy levels of participation in movement activities to support lifelong active living in the context of self, family, and community.  
- Enhance quality of movement by understanding, developing, and transferring movement concepts, skills, tactics, and strategies to a wide variety of movement activities.  
- Balance self through safe and respectful personal, social, cultural, and environmental interactions in a wide variety of movement activities. |
## Appendix 1: Provincial Curriculum Correlations

Curriculum correlations made possible by **NELSON**

<table>
<thead>
<tr>
<th>Saskatchewan</th>
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</thead>
<tbody>
<tr>
<td><strong>Grade 5</strong></td>
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  - Understanding, Skills and Confidences  
  - Decision Making  
  - Action Planning |
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  - Active Living  
  - Skillful Movement  
  - Relationships |
## Appendix 1: Provincial Curriculum Correlations

Curriculum correlations made possible by **NELSON**

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<thead>
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<th>Saskatchewan</th>
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| Decision Making |  |
| Action Planning |  |
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| Active Living |  |
| Skillful Movement |  |
| Relationships |  |
## Appendix 2: Classroom Observation Forms

<table>
<thead>
<tr>
<th>Classroom Observation Form 1</th>
<th>Lesson/Activity</th>
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<tbody>
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</table>
## Appendix 2: Classroom Observation Forms

Classroom Observation Form 2

<table>
<thead>
<tr>
<th>Lesson/Activity:</th>
<th>Learning Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Names</td>
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</table>

Permission is granted by WE Charity to reproduce for classroom use.
# Appendix 2: Classroom Observation Forms

Classroom Observation Form 3

<table>
<thead>
<tr>
<th>Observations</th>
<th>Questions/Concerns</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Lesson/Activity:
**Blackline Master 1: Health Resources in My Community**

Create lists of people, places and services that support health restoration in your community. To fill in the following lists, do some research. Talk to your parents and guardians, look through the Yellow Pages of the local phone book or use an online directory, check out online mapping software and go for a virtual community walk.

Create a list of the people in your community whose job it is to help make you and other community members feel better when you are sick. For example, your pediatrician or pharmacist.

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Create a list of places in your community where you or other community members can go to receive care when you are sick. For example, a walk-in clinic or the hospital.

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•

Create a list of services in your community that support health. For example, ambulance services.

•
•
•
•
•
Blackline Master 2: Health in WE Villages Communities

Kenya

Kenya is a beautiful country of sweeping savannahs, dense forests, snow-capped highlands and palm-lined coasts. With its beauty and abundant wildlife comes booming tourism and, in some places, great wealth. But there is also great poverty.

The health infrastructure in rural Kenya is especially underfunded. WE Charity helps in our partner communities by providing:

- Mobile health clinics in communities underserved by hospitals
- Training programs that focus on the hygiene habits of a healthy home
- Running Baraka Hospital and Kishon Health Clinic
- Creating school health clubs

India

We are inspired by every country in which we work. But India, in particular, holds special meaning to the WE Charity and WE Villages teams, because our story starts here.

WE Charity began working in India in 1998. In 2008, India officially joined our list of WE Villages partner countries. WE Villages projects are based in communities in Udaipur and Rajsamand district in the northern desert of Rajasthan.

With a severe lack of hospitals, clean water and sanitation, and quality doctors or nurses, more than two million children die every year from preventable illnesses, according to UNICEF, and fewer than half of children are immunized. We help by providing:

- Health education and outreach
- Mobile health clinics
- Construction of anginwadis (local health resource centres)

Ecuador

Ecuador straddles the equator on South America’s west coast. Its diverse landscape encompasses Amazon jungle, Andean highlands and the wildlife-rich Galápagos Islands.

Since WE Charity began working in Chimborazo in 1999, Ecuador has made huge strides in its health care system, and people here have a life expectancy of around 75 years, according to the CIA World Factbook. That said, as many as 23 percent of children under five are said to be malnourished—not having enough nutritious food to eat—and hospitals and clinics often lack supplies. We help in our communities by providing:

- Health education programs
- Playgrounds to promote exercise
Blackline Master 2: Health in WE Villages Communities

Sierra Leone

Sierra Leone is a small tropical country of savannas, farmland and rainforests on Africa’s west coast. Despite having abundant natural resources, it’s estimated that as many as 70 percent of people live in poverty, and life expectancy is among the lowest in the world.

Lack of clean water and sanitation contributed to the spread of diseases in Kono District, and malaria was one of the most common illnesses in the region.

• WE Charity began distributing bed nets to prevent the disease, and teachers are reporting a decrease in the incidence of malaria
• Students continue to receive health and sanitation workshops to promote healthy living practices

Haiti

Haiti was already labelled the poorest country in the western hemisphere before the massive 2010 earthquake that devastated the small Caribbean nation.

That 7.0-magnitude quake killed or displaced hundreds of thousands of people, and left the government and infrastructure in shambles.

It may take decades to rebuild Haiti, but with a focus on health and education, and by improving household and community livelihoods, we are determined to provide long-term, sustainable support.

WE Charity began work in Haiti in 2002, focusing our efforts on the Central Plateau region, which is the most rural and underdeveloped part in the country.

We work in four rural communities in the mountains outside of Port-au-Prince.

We help in our partner communities by providing:

• Delivery and distribution of medical equipment and supplies
• Health education and training
• Community radio program on health
• Playgrounds to promote exercise

Nicaragua

Nicaragua is the largest country in Central America, bordered by the Pacific Ocean on the west and the Caribbean Sea on the east. With lush valleys and rainforests, stunning mountains, lakes and volcanoes, picturesque beaches, and Spanish-colonial towns, Nicaragua is seeing a boom in tourism.

Despite this, Nicaragua is also the second-poorest country in the western hemisphere, after Haiti, and its population struggles with poor access to education, employment, clean water and health services.

WE Charity has a rich history in Nicaragua dating from the late 1990s. In response to the country’s continued need, WE Charity is now partnering with several communities in the Central Pacific Region.

Lack of clean water and nutritious food leave many low-income people in rural Nicaragua in chronically poor health. The country suffers from a high rate of malaria and other parasitic diseases, and malnutrition—not having enough nutritious food to eat. Lack of health services for the rural population, coupled with the cost of seeking medical treatment, is a huge barrier to health and well-being. We help by partnering to provide health workshops.

• Health education and outreach
• Mobile health clinics
Blackline Master 2: Health in WE Villages Communities

Tanzania

This beautiful East African nation, bordered by the Indian Ocean to the east, Kenya to the north and Mozambique to the south, is home to Mount Kilimanjaro, Serengeti National Park and an incredible array of wildlife. With nearly 40 percent of the country’s territory established as reserves or national parks, Tanzania is a huge tourist draw.

Despite Tanzania’s booming tourism industry, as many as 70 percent of people live in remote rural communities, and almost half live on less than $1.25 a day. The country struggles to provide adequate access to education, water, health care, food security and employment for millions of people.

In rural Tanzania, malaria, respiratory illness and diarrhea are among the most common health issues. The country has an incredibly low physician-to-patient ratio of 0.03 per 1,000 people, which is often worse in rural areas.

Since WE Charity began to work in Tanzania in 2002, one of the most important aspects of our Health Pillar is the health education program in schools and the home. Promoting the importance of good health and hygiene is a key element in achieving the fullest health potential for community members.

Ethiopia

Located in the Horn of Africa, Ethiopia is a landlocked country bordering Djibouti, Eritrea, Sudan, South Sudan, Kenya and Somalia. Approximately the size of Ontario, the country has a population of 100 million people—the second-largest in all of Africa comprised of wildly varied communities defined by ethnicity and religion.

Although the economy is growing, Ethiopians still face a number of challenges. Thirty percent of the population lives on less than $1.25 per day, and 80 percent lives in rural areas where many children forego their schooling to help their families at home.

WE Charity works in Ethiopia in partnership with imagine1day, a Canadian-based charity and education-focused development organization that has been operating in Ethiopia since 2008.

To date, imagine1day operates in 10 districts, and is partnered with every school within them. They have implemented programming which includes teacher training, leadership training and supporting the formation of school clubs.

Imagine1day has:

• Built 42 schools and 233 classrooms
• Implemented leadership and pedagogy programming in 487 schools
Blackline Master 3: What I Do with My Free Time

Step 1:

Estimate how you spend your free time and fill in the following chart. If possible, track for a week and find the average time for each category, to be more accurate.

Amount of free time:

To convert hours to minutes, use the following equation:

Number of hours $\times 60 = \text{Total minutes}$  \  E.g., 5 hours $\times 60 = 300$ minutes

<table>
<thead>
<tr>
<th>Device</th>
<th>Number of Minutes Used Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone</td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td></td>
</tr>
<tr>
<td>Video Games</td>
<td></td>
</tr>
<tr>
<td>Computer/Laptop/Tablet</td>
<td></td>
</tr>
<tr>
<td>Total Number of Minutes Spent on Devices</td>
<td></td>
</tr>
<tr>
<td>Total Number of Minutes Left</td>
<td></td>
</tr>
</tbody>
</table>
Step 2:
Colour in and label the blocks. Each block represents 30 minutes. For example, if you spend 45 minutes watching television, colour in one and a half blocks and write "television" beside them.