



**Pan American
Health
Organization**

*Regional Office of the
World Health Organization*



**Preparing Teachers to Implement
Health and Family Life Education
In Schools of the Caribbean
Community (CARICOM)**

**REVISED CURRICULUM GUIDE FOR
INSTITUTIONS ENGAGED IN TEACHER
TEACHER PREPARATION**

The Pan American Health Organization

In support of

**The CARICOM/Multi-Agency Project
Health and Family Life Education
In and Out of Schools**

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Thanks to the efforts of all who participated in the Working Groups, review of the curriculum has been completed but yet not final since all curricula are works in progress. PAHO therefore looks forward to feedback and recommendations regarding its use, effectiveness and strategies for improvement.

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Introduction

Promoting and protecting the health of Caribbean children and youth goes back over six decades. CARICOM member governments, members of the Caribbean community, stimulated and supported in many instances by the international community, have implemented a multiplicity of national and sub-regional projects over the decades to strengthen the role of schools in the discharge of this responsibility.

Preparation of teachers has been a central facet of all efforts from the inception. This emphasis has been in recognition of their strategic position to help children and young people grow, learn, and mature into citizens capable of leading healthy, personally satisfying, socially and economically productive lives. In more recent times, the case for teacher preparation now includes benefits to teachers themselves, their schools, and the wider community at large.

Promoting the health of children through schools has been one of the important goals of the Pan American Health Organization (PAHO) over the decades. Through its Office of Caribbean Program Coordination (CPC), it has been privileged to play a pioneering role in this general regard and in teacher preparation in particular, in collaboration with the University of the West Indies (UWI), the Carnegie Corporation of New York and the United Nations Fund for Population Activities (UNFPA). Continuing in this collaborative vein, PAHO agreed to be one of the partners of the CARICOM/UN Multi-Agency Health and Family Life Education (HFLE) Project which was endorsed by the Standing Conferences of Ministers of Health and Ministers of Education in 1996. The organization also sought to advance the cooperative process among countries by efforts to strengthen the networks already existing within and between CARICOM countries under the CARICOM HFLE Project via a vision of health promoting schools.

In keeping with its commitment to teacher preparation, PAHO assumed responsibility to provide technical and financial support for this component of the project at the behest of CARICOM, and in particular to revise and reformulate the Core Curriculum Guide for Teacher Preparation in HFLE. To this end, it fielded three (3) Technical Working Groups, one with the financial support of the CARICOM PANCAP project, and technical support of the Schools of Education of the UWI, the PAHO Caribbean Food and Nutrition Institute (CFNI), tutors responsible for teacher preparation in HFLE at the various Teachers Colleges, with inputs from personnel from the planning and management sections of Ministries of Education, as well as independent experienced persons in the field. The task has been facilitated and enriched by the inputs of many agencies.

Background and Rationale

The commitment by CARICOM governments to promoting the wellbeing of children and young people has been evidenced in massive investments of recurrent expenditure in improving the accessibility and quality of education, health and social support services. The initiatives, for the most part, grew out of a conviction that a healthy and educated population is vital for sustainable socio-economic development, and an appreciation of the vulnerability of children to death and illness from priority health problems of the day. These investments resulted in significant gains in improved school attendance and performance, nutritional status, sanitation, reduced vulnerability to intestinal parasitic diseases, dramatic reductions in deaths and illness at birth and infancy, and enhanced life expectancy at birth.

Today, however, the wellbeing of children and youth who survive infancy is endangered by an expansion in the range of threats to their physical, mental and social health. While self reports indicate that Caribbean school children engaging in risky practices are still in the minority, they remain vulnerable. Added to the traditional risks of early parenting, early sexual initiation, dengue and malaria, under-nutrition, and poor sanitation, are increasing exposure to STIs, HIV/AIDS, smoking, alcohol and illicit drug use, injuries from homicide and traffic accidents, obesity, risks of fallout from environmental degradation, and the hovering specter of SARS and Avian flu. Further, the health and development profile of many children and adolescents is compromised by behavioural problems that are indicative of poor mental and emotional health and social coping skills. This is reflected in problems such as depression, poor anger management, increasing reports of violence and disruptive behaviour in school and community, school drop-out, and school failure.

Many of the threats facing young people, as well as children and adults, are compounded and nurtured by changes in the wider socio-economic and physical environments in which they live. Notable among these have been changes in family and community structures, persistent and in some instances significant levels of poverty, and high unemployment rates in older youth. In a climate of economic uncertainty, these changes create conditions of social and economic deprivation that can cloud hope of a worthwhile future. In addition, the benefits of the explosion in transportation, information and communication technologies – travel, cable television, migration- have also been accompanied by advocacy of adverse risk practices. All of these factors combine in various ways to make it difficult for young people to make the choices that will enable them to achieve their full physical, emotional and social potential; to take advantage of educational opportunities; and to become socially responsible and economically productive contributors to the development of Caribbean societies.

The personal, health, and socio-economic costs of the threats of health risks to the wellbeing of children and youth are significant. They represent a horrendous loss of return on emotional, social, and financial investments made by families and society by foreshortening or foregoing future life time earnings and contributions to family, community, and national development. Further, the direct and indirect costs to health

services and society have been estimated to be in the millions. The costs of HIV/AIDS have been calculated at an overwhelming 5-6% of GDP, and have grabbed attention given its relative immediacy of onset and high risk of fatality. However, the costs of Chronic non-communicable diseases (CNCDS) –which have insidiously emerged to become the leading cause of death - are no less astounding. Indirect and direct costs attributed to diabetes alone for the year 2000 in five Caribbean countries were estimated at US\$ 812.4 and US\$218.1m (Barcelo 2004). Should the present trajectory of CNCDS remain unchanged, children and youth of today will find the costs of managing this category problem unsupportable by the time they reach adulthood. In Jamaica, the financial cost of violence-related morbidity and mortality to services and economic contribution in 2003 was estimated at US\$ 54,135,349 (Herriot 2002; LeFranc & Alleyne 2005). In a Caribbean community where economies are now subject to the whims of the global market place, growing marginalization of the poor, and natural disasters and politics of terror, governments have recognized that preventing waste of human and financial resources is imperative.

The good news is that costs of the threats to young people (and the adult community) can be reduced and contained since many of the threats and their contributing factors are preventable. While genetic and other biological factors such as an age and sex play a role in the risks of some of these conditions, personal behaviour, family and community lifestyles, as well as socio-economic factors and the physical environment factors also exert powerful influences on the choices and actions that people, young and adult, can and do take. Modification of these behaviours and socio-economic environments is both possible and necessary for prevention and control of the risks, their outcomes, and costs. In recognition of this, the CARICOM Community has accepted that action must be taken by all sectors, social institutions, and by children and youth themselves, to improve their health and social picture.

Implications for School Systems

In a region where primary education is compulsory and enrolment is relatively high and access to secondary schooling is growing, schools remain one of the most efficient and cost effective means for enabling Caribbean people to improve their health and welfare in the immediate and long term. School age is a critical milestone in the lives of people and many habits and lifestyles governing present and future health and life potential are laid in infancy, childhood and adolescence. Schools are thus strategically positioned to reach and enable large numbers of young people and staff to acquire the health and life skills to promote and protect their health, and through them, the families and communities in which they live. Through the creation of safe and healthy and friendly physical and social environments, school systems can promote, support, and reinforce sound practices in children and youth and staff of the whole school or college, and help to buffer the effects of unwholesome home environments. Finally, school systems serve as referral points for the delivery of school health services for protecting health, and for meeting basic or other welfare needs. Caribbean governments have recognized the need to revitalize and strengthen the capacity of their school systems to discharge these roles more effectively

and to do so in collaboration with health and other sectors, and the families and communities at large.

The Importance of Teacher Preparation

The extent to which school systems can make an effective contribution to health issues today will depend in large part on the ability and willingness of school personnel in general, and teachers in particular to plan and implement effective health promoting school or school health and family life education programs (SHFLE/HPS). Teachers have in principle the day-to-day opportunity and responsibility for nurturing the learning and development of wholesome habits in children and youth. Effective preparation of teachers –from nursery to university levels - is thus fundamental, since the ‘impact’ of teachers’ efforts and thus the SHFLE/HPS programme will ultimately rest on:

- the quality of the learning experiences they provide in their classrooms
- their ability to lead, advocate, facilitate, and mobilize support for initiatives to create social and physical environments and policies that will support the adoption and reinforcement of practices in schools and colleges
- their ability to foster positive linkages with colleagues, families and communities.

Teachers, the largest group of personnel within school systems, and one of the largest groups in the public sector, are themselves likely to be vulnerable to many of the health-related problems plaguing the adult population. Their effective preparation is vital since it provides them with an opportunity to acquire and maintain skills and knowledge to help maintain or better their physical health outcomes, and decrease absenteeism. It can also enable them to improve the quality of their relationships and morale at school and at home, to manage the stresses that may arise in professional practice or the school environment, to attain levels of mental and emotional well-being vital for effective teaching and professional satisfaction, and to give legitimacy and added value to the skills and competencies being advocated to children and adolescents. Teachers who develop competencies in the areas mentioned may be better placed to take advantage of their strategic position to serve as a buffer or solace to children who may be living in deprived or disruptive environments. In sum, teachers (and schools) must act out of a fundamental understanding of the multiplicity of factors that are influencing the health and development of children and youth in and out of school.

Implications for Teachers’ College Curriculum/Programs

For teachers to undertake these varied roles and responsibilities, their preparation on a sustained basis is vital. Training needs to enable teachers to address issues pertinent to national and local school environments, to take responsive action on a number of levels in their colleges and in their schools based on a broader concept of health and a fundamental understanding of the multiplicity of factors which influence individual and

collective health practice. Given the focus on nurturing willingness and ability to act, training needs to be backed by supportive policy and managerial environments at the level of college, schools, and the wider education system, to continually and consistently provide opportunities to support teacher trainees and tutors in taking initiatives and developing collaborative actions among themselves and with the local and national health sectors and community agencies. In a region where migration of teachers and turnover of staff is already of growing concern, and in view of the personal benefits to be gained, sustainability should be assured by making training part of the core of the professional preparation offered by Teacher Education Divisions of Community Colleges and/or University Programmes.

Teacher training institutions have been making shifts towards encouraging and enabling teachers to develop a broader participatory and action oriented approach. The PAHO/Carnegie Core Curriculum Guide (1992) which was the main curriculum reference document used by colleges across the region sought to support this shift with its emphasis on organizing learning around action-oriented themes and trainee centered participatory strategies. Anecdotal critiques indicate that these intended effects were foreshortened by retention of cognitive objectives and not enough focus on enabling college tutors or teacher trainees to translate broad objectives into lesson objectives or learning experiences within the college or intended schools. Guidance in formative evaluation of attainment of the learning objectives was another weak area identified, and the impact of the curricula was weak. Although effort was made to build in programme evaluation by obtaining reports from college tutors regarding the utility of the Themes, written responses were nil although verbal reports indicated wide usage.

In the face of these needs for sustainability and improvements in approach and effectiveness of the training, PAHO considered it both appropriate and timely to take the lead in teacher preparation as requested by CARICOM to revise and update the Core Curriculum Guide for Teachers Colleges.

Who Is This Guide For?

Given the importance of attending to the creation of supportive physical and social environments in health and implications for policy and collaborative multi-sectoral action, the delivery and effectiveness of the curriculum require the collaborative support of a range of persons. Tutors who are the focal points responsible for preparing teachers to deliver HFLE in Teachers' Colleges are the immediate audience for the curriculum. However, the curriculum is also intended for review and feedback from persons who are positioned to establish policy and a climate within which implementation of the curriculum and opportunities for hands-on collaboration and action can flourish. Such persons include Heads of Teachers College Divisions, Directors of Community Colleges who have responsibility for the total program as well as policy makers, administrators and technocrats of the health and education sector. Staff providing training in other 'subject' areas or themes in teacher preparation can also contribute to, and benefit from the HFLE programme. Equally, persons responsible for provision of support services at all levels from administrators, office assistant, janitors, and cafeteria operators, also have critical complementary roles in its implementation. Their involvement in review and adaptation of this guide, and collaboration in delivery of themes are crucial.

Purpose and Organization of the Guide

This revised and updated curriculum guide for training in HFLE at the level of teachers colleges seeks to provide principals and tutors with a framework for strengthening the delivery of health and family life education. This framework seeks to recommends learning consonant with the broad concepts of health and participatory strategies underpinning health promotion, as well as principles and practices animating curriculum development in the Caribbean.

In addition to the background and rationale for the program, the revised Guide presents for consideration and adaptation:

- Conceptual Framework
- A vision
- Suggested competencies of teachers
- Curriculum units for "Five Themes" with recommended standards, outcomes, general objectives and skills.

Conceptual Framework

Traditionally, many HFLE curricula in CARICOM education systems have tended to grow by accretion, with the provision of health learning organized around emergent priority health problems and/or donor interests. This tendency still persists despite efforts in recent years to institute a comprehensive approach to HFLE in Caribbean schools through the CARICOM Multi-agency project. In a context of overloaded school and college curricula, school administrators, college tutors and teachers have often found themselves constantly faced with the task of familiarizing themselves with new health issues, requirements of new donor projects, and the difficult task of trying to make connections between similar projects and curricula with similar focus and intent, but presented in disparate fashion. These fragmented approaches to training and school-based health promotion have continued to inhibit efforts to introduce a broader vision of health as well-being, and participatory action-oriented learning experiences. This has served to retard the process of institutionalizing, sustaining, and evaluating a coherent school HFLE programmes.

The conceptual framework and organization of this revised curriculum guide represent an attempt to effect a further shift away from these traditional approaches to the provision of health learning experiences in such settings as teachers colleges and schools. This shift is reflected in the following key principles:

1. Health is multidimensional in scope and influenced by a variety of factors.

Health is not simply being free from disease, but a state of physical, emotional and social wellbeing. Health is not simply an end in itself, but is a resource which enables the young and old to maximize their individual potential to live personally satisfying and socio-economically productive lives. The curriculum recognizes that the health status people experience depends not only on their genetic make-up, health care services, or their behaviour, but is influenced by factors in the socio-economic and physical environments in which they live, learn, work and play. The curriculum advocates the promotion of a broader perspective of health as both a personal and collective responsibility, and as the foundation for orienting health learning.

2. Health risks and problems have common underlying factors rooted in fundamental aspects of living.

Many of the health risks to which children and adults are vulnerable today, are rooted in some fundamental aspects of living such as how people manage the physical environment, their sexuality, how they eat and maintain fitness, and how they maintain emotional well-being and relationships at home, school and in community. These core areas informed the five themes, originally developed in 1992 by PAHO for the original Core Curriculum Guide for Teachers Colleges, and which still informs the organization of this revised Guide.

The core areas or themes offer the following benefits:

- a measure of flexibility in responding to emergent health or contextual issues by allowing schools and colleges the opportunity to consider how these might be linked to, or given greater emphasis in common core areas.
- They overlap and so allow for a holistic approach for treatment of various issues.

They also permit attention to go beyond preoccupation with prevention of health problems that may be far in the future, and focus on opportunities and benefits for well being. It's the not only about preventing diabetes twenty years hence but also about eating well to feel good and perform better at school.

3. Health depends on action, - individual and collective.

Health status depends on the action competence of people in their everyday lives. Competent action is achieved through acquisition of core generic and health skills that are nurtured and reinforced by supportive policies, programmes, projects and resources. Possessing health knowledge by itself cannot bring about desired improvements in health status. Therefore the curriculum recognizes the need to focus on nurturing action outcomes and skills that are encouraged by creation of 'social' opportunities and settings favorable to healthier choices, use of life skill and evidence-based strategies that address issues of choice, and informed by scientifically sound health information, educational and behavioural theories, and understanding of the contexts in which these are to be applied. Further, it aims to build capacity and responsibility for action not merely at the individual level, but collectively within college settings, and schools and communities to which they are connected. Capacity to promote, support or effect collective action within the college setting is imperative as many improvements in physical and social environments, and the public's health often require concerted action to effect and sustain change. The aim of the curriculum, therefore, is to enable teachers and students to take deliberate and informed action individually and collectively in the colleges/schools, and communities of which they are a part.

4. Evaluation is integral to the health improvement process.

Because health depends on action, progress toward desired changes must be continually monitored and evaluated at all levels. Such evaluation is also essential to determine the efficacy of methodologies used in contributing towards the improvement. Since knowledge by itself does not necessarily lead to behavioural and social outcomes, the nature of the evaluation tasks cannot be confined to the cognitive domain, for example an essay or a multiple choice test. *Formative evaluation of learning experiences and projects in 'classroom', college and community is absolutely essential, and summative evaluation strategies should also be pursued.* Methods must be used that measure the skills, attitudes that will lead to outcomes (formative) as well as their attainment (summative).

In sum, these principles add up to an overriding concept of school HFLE programmes as a means of providing teacher trainees with a positive view of health and its benefits to them both now and in the future, and the capacity to assess the change process. In its orientation therefore, the Guide seeks to:

- *present a positive perspective of health as a resource for living, learning, working and development.*
- *emphasize health status as a product of the inter-relationship between personal practices, community lifestyles, socio-economic patterns of development, the physical environment and choices in daily life.*
- *provide participatory learning experiences which will foster individual and collective decision-making and action for health.*
- *advocate approaches which will build the capacity of trainees to foster health and professional development in themselves and others, and to provide similar experiences to children and youth in a context of personal and social responsibility.*
- *delineate the key concepts and core areas for learning which are critical to the attainment of optimum health and well-being in the immediate and intermediate future.*

Vision

The vision animating the revision of the Guide is of teachers who are willing and able to:

- take personal action and work with colleagues in schools, colleges, families, health sectors and wider community to foster and sustain the adoption of practices that will nurture better health in themselves, students in their care and community at large
- Model those behaviours, attitudes, and skills that contribute to positive health and well being, since modeling is a major means of teaching and influencing others
- Interact with colleagues, trainees, and students in ways that foster feelings of belonging and community, and create and support high behavioural expectations and academic outcomes
- Competently provide a range of participatory, action-oriented learning experiences that will contribute to attainment of the HFLE standards

Suggested Competencies

Progress towards attainment of the vision should be reflected in a graduate teacher trainee who:

- appreciates the importance of understanding the factors and context which are influencing the lifestyles, health and welfare of children and youth as well as their families.
- has skills to collect and interpret basic information on the conditions in which children and youth live, their needs, concerns, attitudes and practices.
- is able to utilize this information in order to develop learning experiences for children and youth which focus not only on knowledge but will enable them to:
 - critically analyze the factors influencing their health;
 - make informed decisions to promote their health; and
 - acquire and practice specific health skills to support their decisions.
- has basic knowledge about the facts and factors related to major health problems and risks to which children and youth are vulnerable, and of sources from which additional information and support can be obtained.
- can use strategies which provide children and adolescents with opportunities to engage in participatory, experiential and action-oriented learning experiences.
- is able to apply principles for forging stronger and more effective linkages between schools, homes and communities to support and reinforce behaviors.

- can implement appropriate evaluation strategies, and with others as necessary, to monitor progress by children and youth towards the adoption of healthier lifestyles.
- takes action to adopt personal health practices which will help to maintain his or her own health and to serve as a model to students of the value of healthful practices.

Curriculum Components

The curriculum attempts to reflect the principles outlined in the conceptual framework and to provide coherent core areas around which training/learning experiences may be better organized. In keeping with these principles, the organization of the curriculum is based on the following foundations:

1. Core areas of living influencing health critical issues and choices.
2. A framework that incorporates standards and core outcomes for their attainment.
3. Methodologies that reflect the shift in curriculum orientation.
4. Use of content and information as a means rather than ultimate end.
5. Formative and summative evaluation as integral part of the training

1 Organizing the curriculum around five themes or core areas of living

The health learning experiences are organized around five key themes – one conceptual and four key areas of living that relate to most of today's health problems. The core areas of living which are seen as having important implications for health or prevention of priority health concerns are:

Health Wellness and Human Living

Health as a multidimensional concept: a state of well being; a resource for and consequence of living; individual and collaborative action

Developing Self and Interpersonal Relationships

Emotional and social coping skills as the basis of healthy relationships; fostering self-esteem and resiliency; managing anger and preventing interpersonal violence; reducing risky behaviour – for example alcohol and drug abuse, smoking

Appropriate Eating and fitness

Factors affecting food consumption; optimizing physical well-being: maintaining healthy weight; achieving and maintaining physical fitness.

Managing Human Sexuality

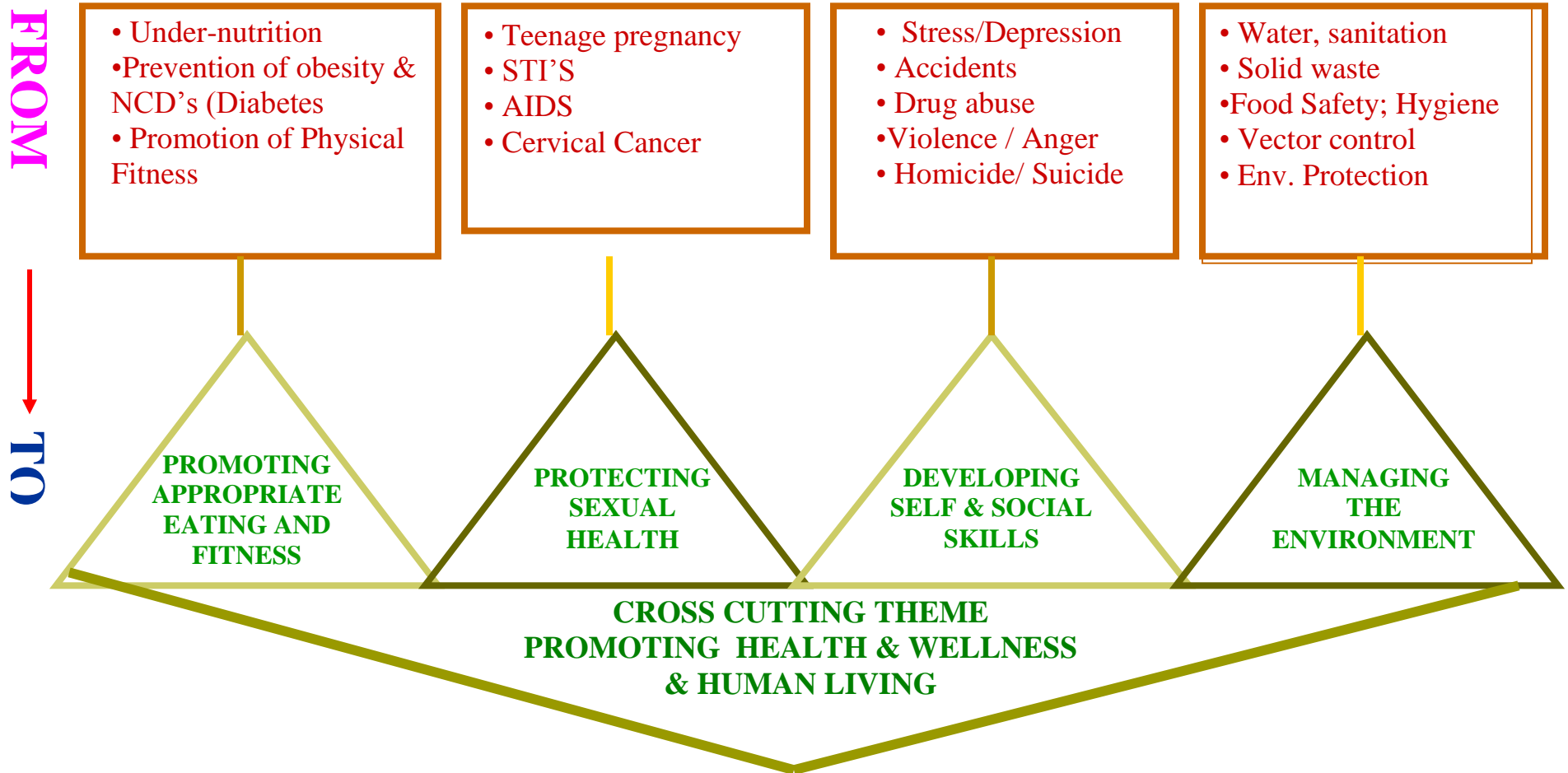
Personal and socio-cultural norms re sex and sexuality: making safer sexual choices; HIV/AIDS, sexually transmitted diseases, reproductive health; premature parenthood.

Managing the Environment

The interface between man and his environment and implications for health: maintaining environmental integrity; protection from key health hazards; reducing environmental degradation; disaster preparedness and response.

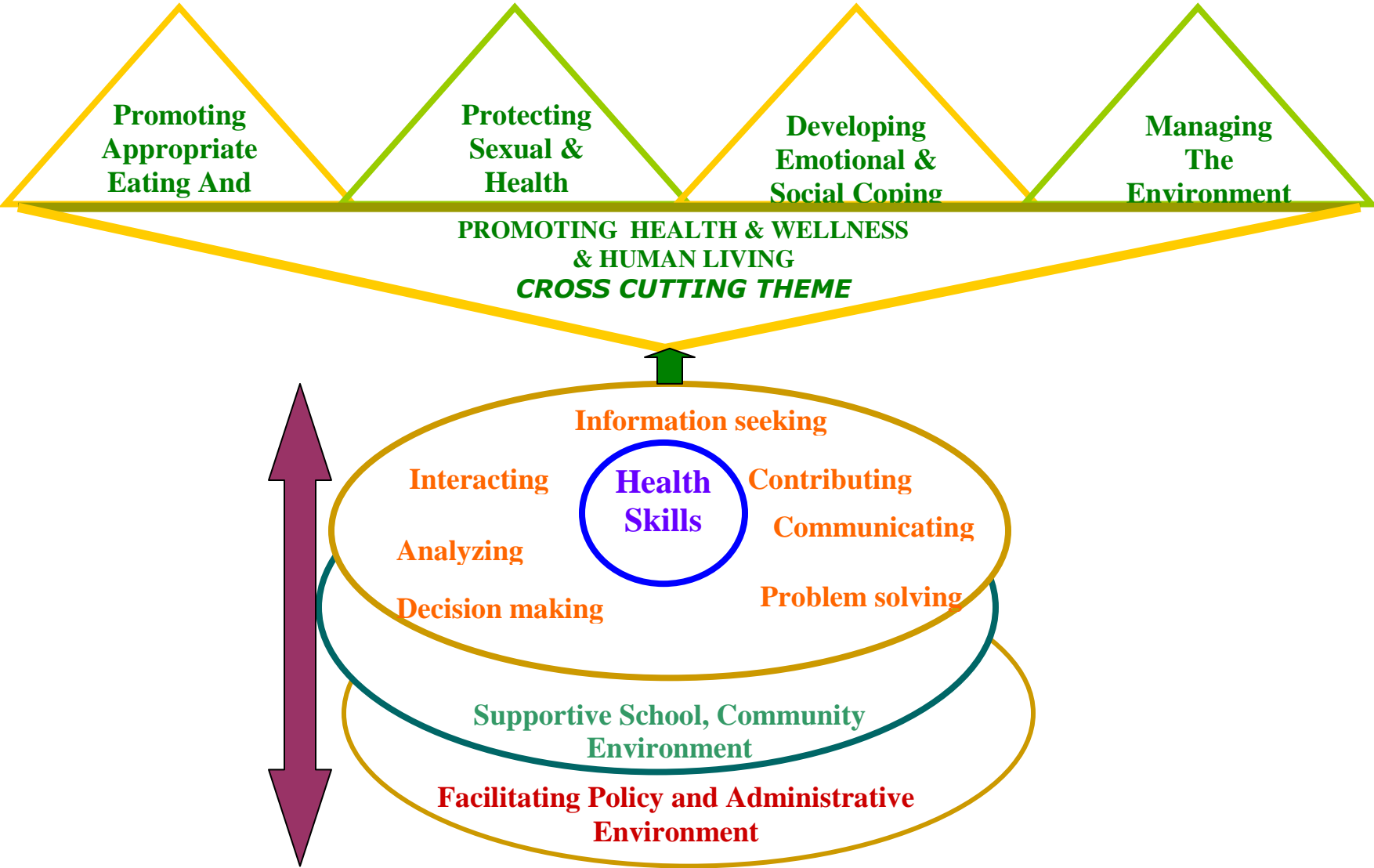
These core areas or themes are relevant to the health and social challenges facing Caribbean children and adults. Diagrams outlining these follow. The curriculum needs to be viewed as a flexible framework for developing effective and timely responses to the promotion of health and prevention of most urgent health and social challenges in the national and local situation. Countries are free to de-emphasize or address some issues more than others in accordance with their circumstances.

REORGANIZING CURRICULUM – CORE AREAS OF LIVING



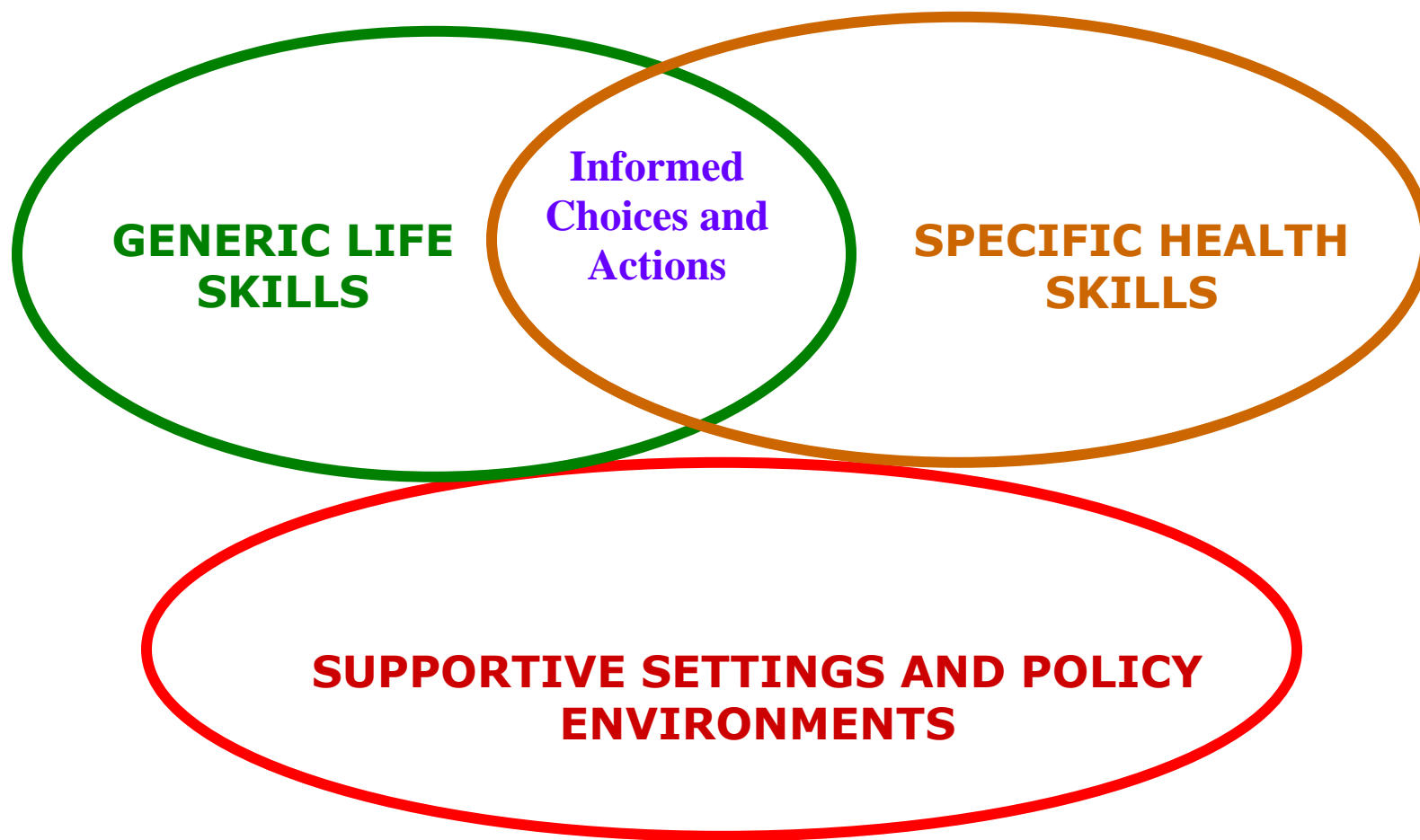
Patricia Brandon,
PAHO 1992

ACCENTUATING SKILLS AND SUPPORTIVE ENVIRONMENTS



Patricia Brandon,
PAHO 1992

FINDING THE BALANCE: LIFE SKILLS, HEALTH SKILLS AND SOCIAL SUPPORT



Patricia Brandon,
PAHO 1992

2 Standards and Outcomes: Reflecting the Shift Identification of action-oriented standards, outcomes and general lesson objectives

Since action is the bottom-line for improvements in health, the revised curriculum has identified a set of action-oriented standards that if attained would contribute a significant return over time to investments in health and education for the young, their teachers, care-givers and community at large. However, **the standards under the themes are not intended to be prescriptive nor are they exhaustive.** For each standard, the curriculum has also specified action-oriented outcomes and general objectives that if successively and cumulatively attained would enable teachers to attain the competences and move closer to the vision. It allows for both a positive focus on knowledge and factors influencing lifestyle choice, decision-making and knowledge in these areas, and also provides a framework for learning how best to address the diverse problems that can result from inappropriate choices.

3 Methodologies to facilitate skill acquisition and settings supportive of actions conducive to health.

Consistent with the relationship between action and health expressed in the outcomes, the curriculum calls for use of methodologies that build higher order competencies and critical cognitive, affective and health skills, emphasize participatory action-oriented learning experiences and ultimately facilitate the development of individual and joint actions and settings supportive of well-being. The skills listed are not complete nor are they specified in detail for each general lesson objective. It is expected that the appropriate competencies skill(s) must be identified when specific lesson objectives are being prepared. The curriculum also encourages the development and modeling of health practices as well as the modeling of teaching/learning and collaborative strategies by tutor and trainee.

4 Generation, collation and use of information to inform and support action

Content and information in this curriculum is a tool for guiding decision-making, critiquing ‘personal behaviors’ and social choices and viewpoints, identifying issues, and weighing options and action rather than an end in itself. The aim is to accelerate the shift away from the traditional focus on giving of health and health-related content or information that has characterized past efforts to promote health through schools. For purposes of this curriculum and the audience of teachers, much of the information that is needed to understand the immediate causes of problems, and immediate physiological consequences, for example the mode of transmission of an infection can be simplified, précised and/or researched or read. What is also important is that information be used as part of the higher order competencies of analyzing, investigating, synthesizing, weighing, reasoning, and communicating to make choices favorable to health easier to do.

5 Evaluation

As indicated in the conceptual framework, the organization of the curriculum makes continuous monitoring and evaluation an integral part of the curriculum. Since the focus of the curriculum is on action for the immediate and long term aim of promoting health and wellbeing, it calls for more than recollection of facts. An attempt has been made to highlight examples, giving greater emphasis to evaluating skills, attitudes and outcomes of collaborative activities and projects. In the area of information, some effort has also been made to point the way to evaluation of higher order cognitive skills as well as assessment aims, and also provides some examples in this regard. Opportunity for self assessment is an integral strategy. Innovative summative strategies that can yield a data base that can monitor needs and changes over time are also under consideration.

IMPLEMENTING THE CURRICULUM

Strategies for Implementing the Curriculum

Although CARICOM countries share many similarities, there very likely will be differences that must be taken into account in implementing the curriculum. Countries may differ in terms of the degree of emphasis to be given to some issues. For example in the area of the environment, mainland countries may want and give as much or greater attention to malaria, as dengue; but critical challenge of analyzing and selecting the appropriate mix of individual and collective actions remains the same. Differences may still arise between education and health sectors as to the issues to be accorded priority.

College settings across the region also vary in terms of time, size of intake, contact hours, policy and structural arrangements for delivery and accreditation of HFLE. For example, Trinidad and Tobago Colleges are in transition mode for incorporation and accreditation by the University of Trinidad and Tobago. Jamaica and Northern Caribbean are certified by Joint Boards of Education, University of the West Indies (UWI). Eastern Caribbean (OECS) countries, with the exception of Saint Lucia, are certified by the UWI Cave Hill Campus. There are a few countries where HFLE remains a compulsory course for all teacher trainees nationally, even where accreditation makes it optional, whilst for some it is now an elective area. Therefore the curriculum recognizes the need for flexibility and innovation in its implementation in each setting.

The curriculum, therefore, cannot and should not be treated as a recipe or blue print to be slavishly followed. Decisions have to be taken as to how its outcomes and objectives are best approached in each setting, given time constraints, accreditation requirements, resources, and actual or potential levels of support. What is vital is to ensure that its underlying core principles are taken into account in delivery, and that support is available.

Taking into account, the experiences, issues and recommendations shared at the various Technical Working Groups regarding implementation, the following key steps and strategies are proposed for consideration in order to implement and institutionalize the curriculum, and lay a foundation for collaboration in implementation. The assumption of the Guide is that tutors who are responsible for HFLE in teacher preparation programmes will be the focal point for implementation, as well as mobilizing a collaborative support team and coordinating collaborative initiatives in support of the total curriculum or specific activities.

Laying a Foundation for Curriculum Implementation

In its call for a shift away from an exclusive focus on cognition to *action*, the curriculum calls for some fundamental shifts in approach. To effect this, requires a significant degree of change in orientation by tutors, colleagues, supervisors and other persons in other sectors and communities, whose support is likely to be key at some point. To assure effective implementation of the revised Guide, therefore, various key persons need to be convinced of the value and benefits of change. As the focal points for the curriculum, tutors need to engage in some preparatory activities in order to mobilize support for implementation of the project and to develop and deliver effective training experiences for trainees and the wider Community College or university of which they are a part. The following strategies are suggested:

1. Mobilizing Support - Understanding the dimensions and benefits of HFLE and the CARICOM Project

Tutors should be able to articulate the dimensions of the programme, its strengths, assets, needs or limitations. Within the region there are (still) multiple projects by different names all purporting to have the same aim, but proposing more effective strategies. Tutors and coordinators should be positioned and able to analyze whether the differences touted are in fact substantive, and whether the strategies advocated are viable and acceptable in the education and social culture of the country and region. An overview of the status might be in order.

Tutors should also amass evidence regarding the benefits of the project to the school, college, education and health sectors and the community and country at large and returns on investments. Evidence should include:

- Information on prevalence of conditions which the programme might address in the short and long-term
- Findings of sub-regional and national studies
- Studies and reports of their costs and consequences
- Data from preparatory exploratory studies within the college (e.g. a quick blood pressure audit; mini-survey of self-reported concerns; checklist of the observations of physical environs of the college)

1.1 Identify and mobilize the support of key persons to build information and arguments.

Developing an overview of, and evidence to sell the importance of institutionalizing HFLE, provide an opportunity to resuscitate or form a group of knowledgeable and strategically positioned persons likely to be interested and committed to the various dimensions of the HFLE project and the college programme in particular. Such persons may/should comprise:

- persons at the policy making level in education (college and central level, e.g. curriculum, HFLE Coordinator) health sector (Maternal and Child Health Officer, Community Nursing Officer, school principals; Senior Youth Officers
- In addition to interest and knowledge, the particular configuration of appropriate persons will depend on availability and/or institutional dynamics

1.2 Implement Strategies to Advocate and Mobilize Support

In collaboration with your core support group, there may well be need to orchestrate a set of strategies to disseminate information about and mobilize support (technical and financial) the revised HFLE program, benefits to college and schools and community, mutual areas of interest, opportunities and benefits for collaboration across college subject areas. One may wish to do this via

- a series of orientation seminars or handouts for college staff, meetings with college policy makers (Principal, vice Principal, Heads of Divisions) nursery and day care leaders and

school principals. The support of principals will be required not only for teaching practice, but also for implementing other training activities (collecting data from students) and for increasing opportunity for application of the training when trainees return to their classrooms.

- preparatory and event strategies may include:
 - assessment of needs, concerns of various groupings
 - tailoring program to address concerns
 - one-on-one meetings in addition to seminars,
 - conducting or incorporating in an event a visible attention-getting activity e.g. collecting data on the Body Mass Index of Staff and/or sample of trainees or children, sharing the findings and implications and information on how HFLE program can *help* meet their needs.
 - dissemination of material highlighting opportunities for collaboration

The key is to know the audience, willingness to negotiate and respond with them and a **commitment to planning and preparation for mobilization**

1.3 Review the Curriculum Guide.

Familiarization with the components of the Guide is an important first step for its effective use and adaptation in the specific college setting. In particular, tutors are encouraged to give attention to the proposed standards and core outcomes to ensure that they reflect the foregoing principles and to begin to see opportunities for connections. Curriculum is a manner of traveling and not destination. A matrix each of standards and one of outcomes follow on the pages immediately following.

2 Developing a Training Plan and Process: Taking Time Out

A curriculum might be thought of as a planning and management tool to effect attainment of desired end(s) – standards and outcomes. Planning provides an opportunity to think ahead with clarity, to begin to grasp see the big picture. Management alerts us to the issues, tasks, resources, and constraints that need to be addressed in implementation. Developing a training plan and process increases the likelihood of effective training experiences that will facilitate the attainment of outcomes and standards.

2.1 Determining Outcomes

In developing the themes, it was recognized that there were connections among them and that as a consequence, outcomes could be treated across themes. However, given the shift in paradigm and action that the programme is seeking to effect, it is recommended that the training begin with the first theme “Health, Wellness and Human Living”. This is the cross-cutting theme that lays out the principles underlying all of the other themes. Beginning this way can provide students with an opportunity to grasp the basic framework and its theoretical underpinnings. Understanding of the framework and its implications would be further reinforced by continued application to the remaining four themes or in addressing other health issues or needs that might arise.

MATRIX OF STANDARDS: TEACHER PREPARATION

HEALTH AND HUMAN LIVING	APPROPRIATE EATING AND FITNESS	DEVELOPING SELF AND INTERPERSONAL RELATIONSHIPS	HUMANSEXUALITY: MAKING SAFER SEXUAL CHOICES	MANAGING THE ENVIRONMENT
<p>Regional Standard 1 Practice behaviours that reflect a holistic concept of health and its importance to personal and social development.</p>	<p>Regional Standard 1 Critically examine the influences of the media, socio cultural, religious/spiritual and economic factors on their personal beliefs and choices as it relates to appropriate eating and fitness</p>	<p>Regional Standard 1. Demonstrate emotional and social competencies that can contribute to healthy relationships and supportive environments in the home school and in community.</p>	<p>Regional Standard Demonstrate an understanding of the concept of human sexuality as an integral part of the total person, and the implications of the expression of sexuality for self and others.</p>	<p>Regional Standard 1 Respond appropriately to the major environmental health risks to the community, resulting from natural systems, and human activities that upset the delicate balance of the environment.</p>
<p>Regional Standard 2 Demonstrate ability to implement interventions that will facilitate the development and maintenance of personal practices and physical and social environments supportive of health.</p>	<p>Regional Standard 2: Demonstrate a better understanding of the risks associated with poor food safety and handling practices and develop strategies to enable children to cultivate safe food handling practices.</p>	<p>Regional Standard 2. Demonstrate competence in building and maintaining successful interpersonal relationships with others.</p>	<p>Regional Standard 2: Assess vulnerability to the risks and consequences of unhealthy sexual choices through the application of scientifically sound and socio-culturally relevant criteria in order to take appropriate action to protect sexual health.</p>	<p>Regional Standard 2 Prepare for and respond appropriately to the impact of natural disasters</p>
		<p>Regional Standard 3. Demonstrate the ability to identify and respond supportively to changes in behavioral patterns in self, colleagues, students and others</p>	<p>Regional Standard 3. Use health information, products and available services to take the necessary precautions to protect reproductive health.</p>	

MATRIX OF OUTCOMES – CURRICULUM CORE THEMES TEACHER PREPARATION

HEALTH AND HUMAN LIVING	APPROPRIATE EATING AND FITNESS	DEVELOPING SELF AND INTERPERSONAL RELATIONSHIPS	MANAGING HUMAN SEXUALITY	MANAGING THE ENVIRONMENT
RS 1. 1.1 Can conceptualize a multi-dimensional <i>view</i> of health that recognizes the role of lifestyle choices and environmental factors in the health development of self, and others.	R.S. 1 1.1 Make appropriate food choices to reduce the risk of chronic non-communicable diseases and deficiency conditions.	R.S. 1 1.1 Demonstrate skills to enhance capacity to that will promote emotional, mental and social well-being in self.	R.S. 1 1.1 Demonstrate skills to analyze their position on sex and sexuality and negotiate sexual relationships	R.S. 1 1.1 Apply knowledge of basic environmental systems as well as man’s interactions with them to determine the implications for health risks.
RS 1 1.2 Accept personal responsibility for health based on critical analysis of the factors that influence health	R.S. 1 1.2 Develop strategies for increasing levels of physical activity in self, colleagues and young persons	R.S. 2 2.1 Demonstrate capacity to use a range of strategies and skills to promote and protect positive interpersonal relationships and minimize impact of harmful ones in college and school settings.	R.S. 1 1.2 Demonstrate tolerance towards others whose sexual orientation and expression are different from theirs.	R.S. 1 1.2 Implement practices to improve and sustain quality of environments and reduce exposure to key environmental health threats in home, college/school community setting
R.S. 2 2.1 Demonstrate competence to design and/or implement projects that will facilitate the development and maintenance of environments supportive of health in college and school settings.	R.S. 2 2.1 Critically analyze and make food choices to avoid risk factors associated with food born illnesses.	R.S. 3 3.1 Apply appropriate strategies to enable self and students to prevent maladaptive responses to and mitigate risks associated with stressful life situations.	R.S. 2 2.1 Demonstrate sexual decision making skills, informed by personal, cultural factors	R. S. 2 2.1 Demonstrate capacity to implement at level of the school, strategies to prepare for and respond to natural, man-made and epidemic disasters .
R.S. 2 2.2 Advocate for improvements in health status of self and others, using appropriate health information and	R.S. 2 2.2 Apply safe food-handling practices and principles in the preparation and consumption of food (FATTOM, WHO Five Keys Food Safety, and	R.S. 3 3.1 Use available mental health and social services to help self and others cope effectively with stressful life challenges.	2.1 Demonstrate skills and capacity to deal with sexual health risks and outcomes.	

communication strategies.	WHO 10 golden rules).			
				R.S. 3 3.1 Demonstrate skills in use of age-appropriate sources of health information, products and services related to promotion and protection of reproductive health.
				R.S. 3 3.2 Demonstrate capacity to devise strategies to counteract and reduce vulnerability to reproductive health problems

3 Selecting or Developing General and Specific/Lesson Objectives.

General objectives are means by which the core outcomes might be attained and the Guide has identified some general objectives to support attainment of the outcomes for each of the themes. But these general objectives are not meant to be prescriptive and can be adjusted, substituted or added to, as needed in the particular context. However, it is important that ‘new’ or modified general objectives are written in action terms, following the criteria and format used.

Few, if any, of the general objectives can be attained in one lesson session. General objectives should be broken down into specific lesson objectives. These are likely to vary even more with the context, for example time and trainee background. Lesson ideas are provided to facilitate the process. However, in framing these, tutors should maintain a focus on higher order competencies and skills, and developing capacity for individual and collective action.

4 Linking Standards, Outcomes and Objectives: Ensuring Coherence and Relevance

HFLE in teachers colleges is intended to enable teachers, the whole college and school to contribute to improved health status, educational performance and wider development in themselves, college staff and ultimately the school students in their care and the wider families and communities to which they belong. To support attainment of these ends, its focus is on action - building skills and competencies to take personal action, collectively creating supportive social and physical environments informed by affordable and scientifically sound information and appreciation of culturally acceptable norms. The HFLE programme in teachers colleges and schools therefore cannot focus exclusively on academic outputs, with performance measured by capacity to master and regurgitate at worst, or synthesize at best, a set of theories or health science or psychosocial knowledge. Health and education are outcomes which are achieved by action – “knowing how to do” not simply “knowing what to do”. While health knowledge remains important in HFLE, it must at least be expressed at the higher order level of application and ultimately synthesis to attain development ends. The aim cannot simply be certification, but demonstrated capacity to perform, if not sustain, desired skills and competencies.

The HFLE curriculum might be thought of as an instrument for planning, managing, tracking progress, and evaluating impact in fostering achievement of previously specified skills actions or ends. Just as many plans move from vision to goal, objectives/outputs, activities and tasks, with each level becoming more specific, so too with the curriculum. The results or outputs and related actions at one level, are expected to facilitate attainment of results at the next level, and to move successively

towards attainment of the overall goal. To ensure this requires clear, measurable, feasible and effective outputs and ‘purpose’ at each level, and coherence or a logical pathway or link between one level or another. The review, change, or adaptation at any level requires attention to these elements.

This revised curriculum Guide for preparation of teachers has been constructed on four levels - standards, outcomes, general lesson objectives and “lesson ideas”, the latter being intended to guide the development of specific lesson objective(s) in training. The coherence between each level needs to be reviewed and strengthened as needed by tutors. Since curricula are not perfect, corrections in these areas should be recommended as needed.

Monitoring and evaluation of attainment of the skills and competencies are also critical and need to be built into the review and planning process. Monitoring and evaluation take as their “reference point” the formulation or existence of clear and measurable and feasible goals - standards, outcomes, outputs, objectives – whatever the term used. These must be established at the time when the curriculum or its component parts –standards, outcomes general or specific lessons – are being developed or modified. These points of reference can be likened to a destination. Only if the destination is specified before hand can one know how close or far one is from the desired destination, how quickly one is moving towards it, and when it has been reached. Further, in order to know that one has reached the destination desired in the most efficient manner, landmarks are needed (or indicators) to be sure it is in fact the place, and to assess the rate of progress in reaching it. To answer these questions, strategies, rubrics and tools which are most appropriate, effective and feasible in your context need to be devised.

Evaluation of the HFLE curriculum seeks to ascertain how much has been achieved. What are the cumulative achievements of the curriculum at a given point? What has been the impact, if any? Have outcomes, competencies and skills been attained? Have there been any changes in attitude or practices? Are there any differences between primary and secondary teachers, or gender, age or professional experience? Can the achievements and/or the impact be attributed, in fact, to the implementation of the curriculum? What formative or summative measures have been used – demonstration, simulation, self-report, comparison with students not taking the programme, or colleagues not involved in a particular project? How easy has it been to set arrangements and to actually use them? The extent to which the evaluation can obtain reliable and valid answers to questions such as these and others, will depend on skills, time and resources available at the college. Whatever the constraints are, it is important is to find the most effective evaluation method strategy consonant with resources.

Monitoring seeks to answer whether processes to support implementation of the curriculum are going as planned and if there is need to make changes in strategy. Is progress going as planned, and in the most cost efficient way? Do any outcomes, general or specific objectives require more preparation, more time for successful

achievement by the majority? Has policy been enacted by Ministry of Education or College Principal to legitimize and support its implementation? Has there been growth in positive attitudes to the curriculum? Do colleagues and staff have some positive feelings about the curriculum? Has belief in benefits of the programme to themselves been growing? Have there been tangible demonstrations of commitment from colleagues where promised? How has the team teaching been working? Is implementation eliciting positive response from the students? What would be the best way for you to document responses to these questions given any constraints? What has been the nature of their response?

Without answers top questions such as these, it would be difficult if not impossible to know the direction in which one is traveling, whether the travel is going according to plan, and whether the destination is reached, what successes need to be celebrated and repeated and what needs to be improved.

To facilitate the review for coherence and evaluation a set of questions, in addition to the foregoing follow.

**Standards, Outcomes, General and Specific Objectives
Relevance, Coherence, Feasibility, Measurability**

Standards <i>Will the standards contribute or lead to attainment of broader health, education, and development goals?</i>		
<p>Review criteria</p> <p>Is the educational, college or community environment supportive of the standard?</p> <p>Do I need to make the standard(s) more relevant to my context?</p> <p>Is attainment of a particular standard deserving of greater priority in my national or community context?</p> <p>What supporting evidence do I have or can I obtain myself, from health and social services? PAHO? CARICOM?</p>	<p>Potential for Evaluation</p> <p>Is the defined standard measurable?</p> <p>How will I evaluate achievement of the standard?</p> <ul style="list-style-type: none"> • Cross section or longitudinal survey(s)? • Summary analysis of self or journal reports? <p>What is the baseline against which improvement will be measured?</p> <p>Is there need to generate one and by what means? Can and should this be done concurrently with, or before the school year or a theme?</p> <p>What theories and sources of data should be accessed to guide the process?</p> <p>How will results be disseminated and to whom? College Principal, Board, Trainees, Education policy makers, University?</p>	<p>Addressing Assumptions/Context</p> <p>Is there tangible commitment to support curriculum and attainment of standard(s), and at what level?</p> <p>Are available human and financial resources adequate for evaluation of the standard?</p> <p>If not, should provision be made for mobilizing support for evaluating the standard?</p>

Outcomes

Do the standards contribute or lead to attainment of broader health, education, and development goals?

Review criteria	Potential for Evaluation	Addressing Assumptions /Context
<p>Do the outcomes address critical health or health-related issues – current (HIV/AIDS) or potential (Avian Flu)?</p> <p>Do the outcomes point to the minimum essential competencies, skills, attitudes, knowledge trainees should acquire for health living and attainment of the standards?</p> <p>Can the outcomes be realistically achieved within the time frame allotted at the Colleges?</p> <p>Are their opportunities for maximizing time by linking outcomes or parts thereof (general objectives)</p> <p>Do the outcomes together provide a, coherent and balanced basis for addressing key issues across themes?</p> <p>Do the outcomes provide for individual and collective actions (as distinct from activities) needed to attain standards?</p> <p>Do outcomes provide opportunities for whole college, or settings approaches and actions to develop social and physical environments?</p>	<p>Are the outcomes written in a way that is measurable? What are useful indicators?</p> <p>What feasible measures need to be put in place to evaluate attainment of competencies skills, attitudes and knowledge?</p> <p>How can evaluation measures be apportioned to meet traditional academic requirements, yet go beyond these to meet and sustain competency and skills indicated in outcome?</p> <p>What joint evaluation methods need to be devised to meet team teaching aims?</p> <ul style="list-style-type: none"> • e.g., if the focus is on malaria/dengue prevention, how and what areas or aspects of the evaluation will be apportioned to human biology and HFLE? • Can one evaluation strategy be used for both teaching areas or if not how to be divided? <p>How will collective actions be evaluated?</p> <p>How will grades be approached for team/or group actions and activities within the academic curriculum?</p>	<p>Is the time allotted adequate for attainment of the outcomes?</p> <p>Does the context allow for mutually beneficial team-teaching or infusions strategies?</p> <p>Is a copy of other curricula available for review, e.g. human biology, mathematics, food and nutrition? How will/should this be sold? What ‘benefits’ can be advanced to colleague?</p> <p>Whose permission/support do you need to use team teaching?</p> <p>How much lead time do you need to do team teaching?</p> <p>How will responsibilities be divided?</p>

General and Specific Lesson Objectives

Do the general and specific objectives cohere with or support attainment of the outcomes?

Review criteria	Potential for Evaluation	Addressing Assumptions/Context
<p>Can general objectives within and across the themes be integrated? E.g</p> <ul style="list-style-type: none"> • Stress (Interpersonal) , Poverty (Health and Human Living), Counseling (Disaster consequence) • Food importation/consumption (Appropriate eating); (Economics, Convenience, Media (Health and Human Living), Nitrogen Cycles and Solid waste generation (Environmental Health) <p>Do general and specific objectives include skills and actions as distinct from activities to improve health situation?</p> <p>Do general objectives foster individual and collective action by class and whole college?</p> <p>Have the key concepts/social determinants to be addressed within your session been identified?</p> <p>Do learning experiences allow for review and integration of theory by students?</p> <p>What learning experiences and activities will help to achieve the general/specific objectives?</p> <p>If teamwork is proposed, have strategies/mechanisms been put in place to ensure full participation, distribution of responsibility, resolution of issues and/or grading in relation to input?</p>	<p>What methods will be used to evaluate attainment of the general and specific lesson objectives?</p> <p>Are the general and specific objectives measurable? How can their measurability be strengthened?</p> <p>Have appropriate tasks and rubrics been developed for measuring attainment of the general/specific lesson objectives?</p> <p>Do the tasks and rubrics allow for balance between measurement of academic performance and action?</p> <p>Do the tasks and rubrics increase objectivity consistent in assessing assignments, projects, and attainment of objectives?</p> <p>How will tasks and rubrics facilitate assignment of grades within teams?</p>	<p>Does attainment of general lesson objectives require any policy or social support?</p> <p>What sensitivities may need to be exercised in addressing certain topics – e.g. sexuality, violence, domestic abuse, religious food practices?</p> <p>Are there sufficient background information, bibliographic material and references readily available? If not from whom can they be procured locally, WHO/PAHO, PAHO-CPC documentation centre, PAHO-CFNI, CARICOM?</p> <p>How much lead time is required to review materials?</p> <p>Are available human and financial resources adequate for implementing and evaluating training experiences, actions and attainment of objectives?</p> <p>If not, whose support and what support need to be mobilized?</p> <p>Is permission needed to implement certain types of training experiences?</p> <p>How much lead time is needed to mobilize support or organize specific experiences?</p>

Some General Steps for Translating Core Outcomes and General Objectives into HFLE Learning Experiences

Having considered the questions in reviewing and adapting the Guide, the following steps are presented to further accelerate the process of translating Core Outcomes and General Objectives into Lesson Objectives or learning experiences. As indicated earlier, the outcomes originating from the curriculum standards have already been developed into some general objectives. And as also mentioned you may add to these general objectives, or adjust them to target your individual context or needs. Specific objectives for teaching sessions may be derived from these general objectives. The following steps are useful for planning your HFLE sessions.

1. Select the theme and standard you wish to address. Choose the general objective that will guide the sessions. Alternatively, you may select more than one general objective within a theme, or across themes, if you wish to integrate issues that share similar underlying factors.
2. Develop some *specific* objectives that will help you to achieve the *target general objective/s* you have selected. *Remember that these objectives should be action-oriented*, since the focus is on helping teachers to develop competencies that could guide behaviour change.
3. *Divide the specific objectives into related and manageable groups*. Each group-set of your specific objectives should guide the planning for an individual HFLE session. Do not try to over-load a session with too many objectives. Try to be realistic about the time allotted for the session, and the time needed for the recommended participatory methodologies
4. For each session, *identify one or two skills* teachers would need to acquire in order to reduce/improve the particular situation/condition as per objectives.
5. Determine the key concepts/health knowledge/social determinants that must be addressed within the context of your session.
6. Develop *learning experiences/activities* that will best help to achieve the objectives of your sessions.
7. Identify the *resources* (human, material, etc.) that will support the delivery of the session
8. Ensure that mechanisms are put in place to obtain feedback on whether the objectives are being achieved (formative and summative evaluation).

**CORE THEMES
CURRICULUM COMPONENTS**

HEALTH AND HUMAN LIVING

Regional Standard 1

Practice behaviours that reflect a holistic concept of health and its importance to personal and social development.

Descriptor:

- Although health is an everyday word, people do not always define it in the same way or share the same views on how it can be achieved and maintained. People often think of health as being free from disease, and that its improvement is either beyond their control because of heredity, or depends on the interventions of health and sanitation services. However, both globally and in the Caribbean, it is increasingly being recognized that health is much wider in scope. Not only is it affected by how people live; it also affects their capacity to grow, learn and contribute to personal growth, education and societal development. This means that the choices people make as individuals, communities and society have a significant influence on the present and future health, and it is vital that Caribbean populations come to understand this. Schools are important sites for enabling large numbers of citizens to understand and act on this idea. Teachers' Colleges need to provide the kinds of experiences that would empower teachers, students, their families and communities to take personal and social responsibility for their health.

RS	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
1.	1.1 Can conceptualize a multi-dimensional <i>view</i> of health that recognizes the role of lifestyle choices and environmental factors in the health development of self, and others.	1.1.1 Assess ways in which behaviours, social factors, and health services, influence health at individual, familial, and community levels.	Role/interplay of biological, personal practices, socio-economic and physical factors in health status.	Introspection Information seeking Critical analysis Creative thinking	Definitions and models of health. Current technical/research and national statistical data/information on health issues and related factors. Concepts of health across culture and class and gender. National, regional and/or district health policies,	Team literature searches Guest Lecturer Debates	Development of data collection instrument. Projects/ Reports Journals Rating Scales Checklists Reports

RS	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
		<p>1.1.2 Do simple analyses of the range of personal, and social and financial benefits and costs associated with good or poor health.</p> <p>1.1.3 Critically examine the roles of education, poverty and media in shaping health choices.</p> <p>1.1.4 Use current health information and statistical data to assess media messages, myths, and cultural practices, in order to make informed decisions to improve health status.</p>	<p>Implications for personal notions, standard definitions and national approaches to health.</p> <p>Benefits of good health and costs/consequences of poor health.</p> <p>Media and health actions and choices Analysis of media. Messages. Poverty and health risks. Illiteracy and health status. How these factors work?</p>	<p>Investigative Self and peer analysis Self-acceptance Critical analysis</p> <p>Information seeking Critical analysis</p> <p>Decision making Information-seeking Critical analysis: deductive and inductive use of data/information. Problem-solving Communication Media Analysis</p> <p>Critical viewing, reading, listening</p>	<p>programs and plans Health and development reports, e.g. national health plans and Caribbean Commission on Health and Development (CCHD)</p> <p>Media: types, purpose, program/message production and format.</p> <p>National studies, CCHD and CDB/IDB, World Bank, WHO Reports on poverty and education.</p>	<p>Self Inventories Mini Class/College or School Surveys Literature reviews. Analysis of national reports.</p> <p>Individual/team literature reviews. Individual/team analysis of national reports.</p> <p>Literature reviews Critical analysis Team analysis reports</p> <p>Reviews of Literature and Guidelines</p> <p>Research: Mini-practicum: message and image analysis. Re-working, re-producing messages Resource persons: Media/Advertising</p>	<p>Case studies Evaluative reports Mapping relationships and portals.</p> <p>Case studies</p>

RS	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
			Assessment of media images and messages with technical health knowledge and statistical data; e.g. drug use violence and motor vehicle injury; tobacco etc;				
1.2	1.2 Accept personal responsibility for health based on critical analysis of the factors that influence health.	Use a variety of strategies to facilitate adoption and maintenance of personal health goals.	Assessing personal health status and practices. Weigh challenges and options for making informed choices about health personally and collectively.	Information seeking Self-assessment Asset and needs assessment Decision-making	Overview of theories of behavioral and social change and basic principles for guiding action.	Literature review Checklist/Inventory	Journal report
			Barriers and opportunities for improving health in school setting. Setting and working towards personal health improvement goals.				

Regional Standard 2

Demonstrate ability to implement interventions that will facilitate the development and maintenance of personal practices and physical and social environments supportive of health.

Descriptor:

Attaining and maintaining good health depends on the ability to make appropriate choices and actions. However, the choices and actions that people make are shaped not only by personal preferences. These choices are often influenced (facilitated or constrained) by the familial, socio-economic, cultural and physical environments in which they live. Tutors and trainees need to be able to make some basic assessments of the critical behaviors and social factors that influence their own health as well as that of their students, their families, and their various communities in order to identify opportunities for changing those that can be addressed by individual or collective action. Critical among the factors that should be examined are the roles of education, poverty and media in shaping choices.

However, making and maintaining changes for health can be challenging, since such changes require readiness and motivation, knowledge of health issues, emotional and social support, resources, and skills such as planning and decision making. Trainees must be skilled in a range of methodologies to improve health knowledge and competencies, and be able to work with others at both college and school levels, to create the supportive environments that are necessary to facilitate and sustain changes for health, at all levels.

RS	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
2.1	Demonstrate competence to design and/or implement projects that will facilitate the development and maintenance of environments supportive of health in college and school settings.	<p>Conduct asset and needs assessments to determine priorities and possibilities for change in college and school settings.</p> <p>Choose appropriate strategies and interventions for developing healthy settings based on analysis of empirical evidence, context and available resources.</p>	<p>Barriers and opportunities for improving health in college and school settings.</p> <p>Setting and working towards health improvement goals.</p>	<p>Information-seeking</p> <p>Communication</p> <p>Negotiation</p> <p>Decision-making</p>	<p>Issues in advocacy in health.</p> <p>Methods for assessing needs</p> <p>Mobilization support strategies</p>	<p>Literature review</p> <p>Resource persons</p> <p>Case studies</p> <p>Scenarios</p> <p>College Community project</p>	<p>Case study</p> <p>Simulation</p> <p>Quality of team project proposal</p>

RS	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
		Develop plans for implementing change in college and school settings					
2.2	Advocate for improvements in health status of self and others, using appropriate health information and communication strategies.	Implement advocacy strategies based on analysis of assets and needs.	Factors in effective advocacy. Implementing Advocacy strategies	Information-seeking Communication Lobbying Negotiation Decision-making	Theories of change: social marketing etc. Advocacy methods	Literature review Simulation Group/Team work	Case study; Advocacy Proposal

Sample Session Plan - Health and Human Living

Regional Standard 2

Core Outcome 2.1

Demonstrate competence to design and/or implement projects that will facilitate the development and maintenance of environments supportive of health in college and school settings

General Objective 2.1.1

Conduct asset and needs assessments to determine priorities and possibilities for change in college and school settings.

Time 1 hour 30 minutes to 2 hours

Specific Objectives (articulate with the general objective).

Trainees will be able to:

- 1 Devise simple strategies to collect health-related information
- 2 conduct a needs assessment to determine health and psycho-social issues within their college setting
- 3 Analyze data to determine priority areas and possibilities for change

The key skills to develop: critical analysis and communication

Pre-session activity:

Determine what might be some perceived issues, how information may be obtained (simple survey, interviews etc.), designing of a simple instrument, time frame for collection of data, and resources

Session Development

- 1 Identifying and clarifying the emerging issues of concern, and their contributing factors: personal beliefs/evidence/consequences of inaction and action.
- 2 Prioritizing issues for possible interventions
- 3 Critiquing theories of change and efficacy of various change strategies
- 4 Assessing the college context in terms of assets and opportunities versus needs and barriers
- 5 Identifying context-relevant strategies to advocate/canvass support and mobilize resources
- 6 Devising an appropriate intervention plan based on assessment and weighed options and inclusive of evaluation

[Implementation will follow]

Sample Session Plan - Health and Human Living Media and Health

Regional Standard 1

Core Outcome 1.1

Can conceptualize a multi-dimensional *view* of health that recognizes the role of lifestyle choices and environmental factors in the health development of self, and others

General Objective 1.1.4

Use current health information and statistical data to assess media messages, myths, and cultural practices, in order to make informed decisions to improve health status.

Time 1 hour 30 minutes to 2 hours

Specific Objectives (articulate with the general objective).

Trainees will be able to:

1. Clarify understanding of the meaning of the term media literacy
2. Develop strategies for the systematic observation and analysis of media images and messages.

The key skills to develop: critical analysis and communication

Pre-session activity:

Obtain copies of national newspapers published on the previous day.
Video-tape a selection of advertisements of different products and services, a news program,
Arrange for and install video recorder and television set and place in visible position. Ensure extension cords or other equipment available.

Resource Material:

Pan American Health Organization, Jamaica and Office of Caribbean Program Coordination. *Media Literacy. A Training Manual for Teachers*. PAHO/CPC/3.1/06/08

Session Development

1. Invite students to write in their journals all that comes to mind when they think of 'literacy'. Invite them to comment on findings, especially on texts, skills, and behaviors associated with the traditional understanding of literacy.
2. Disseminate the Handout on media literacy containing four (4) definitions from the PAHO publication 'Media Literacy'. Invite them to write in their own words, a description of media literacy; give the texts, skills and behaviors with which media literacy is concerned; critique their ideas in light of definitions given.

3. Disseminate the Handout on production of media messages from the PAHO publication 'Media Literacy' and review vocabulary, inviting students to comment on any new or expanded meanings.
4. Arrange for the entire group to watch a selection of the video taped material or a specific TV show or a movie. Prior to viewing, advise all members that they will be invited to identify and participate in post-viewing discussions about:
 - i. the target audience
 - ii. the values and attitudes that were promoted and implied
 - iii. the kind of music and dress that was used (and whether and how it contributed to promotion of the implied values and attitudes and products)
 - iv. the advertisements:
 - (a) what goods and services were most frequently advertised
 - (b) who might profit financially from the advertisements
 - v. how they felt while watching.
5. Highlight and discuss communication/persuasion theories used to inform the video show.

Part 11

6. Select a news item or story from one of the newspapers available and ask trainees to work individually or preferably in groups to analyze or deconstruct the news item or story. Invite them to find answers to questions such as:
 - i. who created the message (story, news item)?
 - ii. what is the information being transmitted?
 - iii. Whose point of view is being presented?
 - iv. What is it that is omitted from the presentation?
 - v. How might different people understand this story differently?
 - vi. Ask students to look the same story in another newspaper and analyze treatment of the event.
7. Invite trainees to summarize the conclusions.

Evaluation

8. Depending on class size request all students:
 1. to watch a particular pre-selected program on a given day using the criteria/rubrics given
 2. establish small groups and develop and implement a strategy to conduct a similar session with school students of two age groups; e.g. 9-11 and 14-16 years.
 - i. In addition to the above types of criteria, include issues of relevance of strategy to target audience – (age –group).

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APPROPRIATE EATING AND FITNESS

Regional Standards and Descriptors

Regional Standard 1:

Critically examine the influences of the media, socio cultural, religious/spiritual and economic factors on their personal beliefs and choices as it relates to appropriate eating and fitness in order that both teachers and students will be more selective in their approach to diet and physical activity.

DESCRIPTOR 1

Eating and exercise behaviours are influenced by the media, social, cultural, religious/spiritual and economic factors. They need to strengthen their capacity to develop nutritious diets that are critical to optimal health and develop skills to conduct physical fitness assessments and select appropriate fitness and exercise activities. Teachers need to become media literate by acquiring media and critiquing skills.

RS 1	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
1.1	Make appropriate food choices to reduce the risk of chronic non-communicable diseases and deficiency conditions.	1.1.1 Assess ways in which behavioural, socio-economic and food production factors influence food consumption patterns in self, others (trainees, college staff) and children of varying ages. <i>(Link to Self and Interpersonal relationships)</i>	Identification of critical factors influencing food use in local and national context and why? Methods for eliciting food preferences and consumption in others Designing and implementing practical measures to assess intake	Self-awareness,; Critical thinking, Effective communication .	Self-analysis Basic methods for eliciting preferences, practices and factors/reasons. Cross-cultural literature of factors influencing food consumption practices. E.g. poverty; role of stress – there are others to be investigated. Food sources: local vs imported	Personal food preferences and why? Food ranking Discussion Choices Journal entry Mini-surveys qualitative techniques with varying target groups: Colleagues Non HFLE Community College students Children of varying age groups Methods:	Journal report: main influences Preliminary survey reports on dietary practices: assessment of appropriateness and implementation of methodology Analysis of content

RS 1	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
					Food myths Findings from national food consumption surveys. Food Balance Sheets Interpreting food balance sheets.	Stories: Taste Panel Narrative Research Report on Food Balance Sheets Trends and Graphs	
		1.1.2 Critically analyze ways and means by which media helps shape food practices and body images to nullify untoward effects. 1.1.3. Analyze media messages in terms of design, source and intended impact	Role of media in shaping food preferences and body images: Analytical review of media messages: design; audience; intended impact..	Critical thinking Critical listening and viewing Communication skills Investigative Media literacy skills	Food marketing strategies and techniques, particular emphasis on children and youth. Review of various messages	Literature review Lecture discussion: Practicum children's perceptions of food in media.	Present analysis of selected media features Prepare analytical report on frequency and trends in images of food in varied media for given week.
		1.1.4 Critically evaluate food preferences and practices of self and others in light of scientifically sound recommendations by PAHO/CFNI for promoting healthy growth and development and protecting health.	Dietary recommendations: nutrient and caloric intake and underlying principles. Recommended food consumption practices: Breakfast Assessment of	Critical thinking Critiquing Problem-solving, Decision making, Health Skills: Ranking foods according to the Nutrient Cost Concept, Interpreting food labels.	Caloric and nutrient composition of foods Energy and nutrient needs; how the body uses food Energy balance: intake and expenditure Estimation of BMI: Formula and/or Table	Literature review. Lecture/discussion with examples Practice ranking of commonly used foods –: Caloric intake Various nutrients Cost –nutrient/calorie Taking Weights and heights (Formula)	Journal entry reports Develop meal plan reconciling preferences with nutrient needs, cultural, lifestyle etc. and resources: cost Present case study: children of selected age group or

RS 1	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
			<p>food intake vs recommendations</p> <p>Meal planning: taking nutrient into account</p>	<p>Menu and Meal Planning Skills. Decision-making Problem solving</p>	<p>Nutrient Cost Tables</p> <p>Interpreting labels: official Standards for labelling criteria: Local USA, Canada; U.K.</p>	<p>Magazine/Web search</p>	<p>College staff and recommend dietary changes</p>
	1.2 Develop strategies for increasing levels of physical activity in self, colleagues and young persons.	1.2.1 Make appraisal of current physical activity patterns/ levels and influence of personal, socio-cultural and other factors.	<p>Definition of physical activity living.</p> <p>Characteristics of effective physical activity: duration, frequency and intensity</p> <p>Factors influencing physical activity</p>	<p>Critical thinking Survey Motor skills Self-efficacy</p>	<p>Benefits of physical activity</p> <p>Energy expenditure of various daily living activities</p> <p>Local survey findings on levels of physical activity</p> <p>Personal, socio-cultural and environmental factors influencing activity patterns.</p>	<p>Class development and use of appraisal checklists for self and others: children and colleagues (gender considerations for balance)</p> <p>Resource persons</p> <p>Literature review</p>	<p>Journal report Short paper: perceptions and practices of selected age groups</p>
		1.2.2 Assess ways in which levels of physical activity might be increased or maintained in self and others fitness. (<i>Link to Self and interpersonal: Environment – Healthy Spaces</i>)	<p>How physical activity is beneficial</p> <p>Opportunities and strategies for incorporating physical activity in daily living.</p>	<p>Personal motivation Motor skills Self-efficacy</p>	<p>Benefits of physical activity Types of physical activity:</p>	<p>Literature review</p> <p>Resource persons for demonstrations</p> <p>Self analysis of opportunities for change based on check list.</p>	<p>Personal Plan Journal entry progress report Case study and plan for improving</p>

Regional Standard 2: Demonstrate a better understanding of the risks associated with poor food safety and handling practices and develop strategies to enable children to cultivate safe food handling practices.

Descriptor 2

Food safety is a major public health issue. Therefore we need to apply safe food handling principles and practices in the choices we make in the purchasing, storage, handling, preparation and consumption of food. Additionally, with the proliferation of street food vending, fast food outlets and restaurants, teachers and their students are more at risk for food borne illnesses. Hence, they need to understand the importance of healthy and safe eating and develop skills to choose safe nutritious foods and adopt hygienic practices.

RS 2	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
2.1	Critically analyze and make food choices to avoid risk factors associated with food born illnesses.	2.1.1 Analyze how various food hazards to food interface with human practices and lifestyle to increase or control risk of food borne illness	Types of hazards and main factors associated with foods and risk of illness Basic ways in human actions interface with hazards to increase risk of food borne illness in general and various settings. Assessing food safety knowledge practices, environments in homes, schools, college staff, canteens and street vending operations.	Critical thinking, Problem solving, Effective communication Observation Measurement Research skills	Biological (micro-organisms), chemical and physical hazards in foods Pathways/interface of hazards and human practices Signs and symptoms of food borne illness. Simple methods for auditing or researching food handling practices Actual and potential impact of food-borne illness to people – children, adults, business, economy. Methodologies for conveying skills and knowledge to varying age groups.	Lecture discussion Create generic maps of pathways to food borne illness and risk points. Audit of food safety practices and points in College, School Case studies Methodologies for eliciting and conveying food hazards Resource persons: Environmental Officers, CFNI	Pre test on food hazards and risks Individual or group case study report Journal entry report Poster board.

RS	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
2		2.1.2 Assess basic consequences of food safety practices	<p>Food safety regulations for food production, schools, street vendors,</p> <p>Impact of food borne illness on vulnerable groups: children, elderly</p> <p>Costs to community, business, and tourist economy</p>	<p>Information-seeking and analysis</p> <p>Critical thinking, Problem solving,</p> <p>Effective communication</p>	<p>Food safety regulations</p> <p>Reports on costs of food-borne illness.</p> <p>Estimated and estimating costs to school or college.</p>	<p>Resource Person – EHO – Meat and Food Inspector</p> <p>Student researching regulations</p> <p>Case study</p> <p>Plan</p>	<p>Team presentation</p> <p>Report</p> <p>Research</p>
2.2	Apply safe food-handling practices and principles in the preparation and consumption of food (FATTOM, WHO Five Keys Food Safety, and WHO 10 golden rules)	2.2.1 Choose safety and sanitation practices appropriate for prevention of food borne illnesses at level of school, household and community.	<p>Food safety practices and relation to various hazards.</p>	<p>Critical thinking, Problem solving, Decision making</p> <p>Advocacy and communication</p> <p>Food Safety Skills: Purchase, Storage preparation, and consumption of food, personal hygiene.</p>	<p>Techniques and strategies for improving food safety.</p> <p>Methodologies for developing proposal:</p> <p>Advocacy</p>	<p>Literature review</p> <p>Resource persons</p> <p>Demonstrations</p> <p>Scenarios and Case studies</p> <p>Methodologies for developing proposal for change</p>	<p>Post test on food hazards and food safety methods</p> <p>Team proposals</p>

Sample Lesson Plan – Appropriate Eating and Fitness

Regional Standard 1

Core Outcome 1.1

Make appropriate food choices to reduce the risk of chronic non-communicable diseases and deficiency conditions

General Objective 1.1.1

Assess ways in which behavioural, socio-economic, and food production factors influence food consumption patterns in self and others.

Specific Lesson Objectives:

Critically assess factors that influence personal eating patterns

Apply simple strategies for eliciting and analyzing information on factors influencing food eating patterns in others

Monitor personal response/sensitivity to food consumption patterns of others

Key Skills: Self awareness, critical thinking, communication

Time: 1 hr. 30 min.

Session Development:

Preparatory Activities:

- 1 Obtain and/or scan copies of the Caribbean Food Group Charts from the PAHO Caribbean Food and Nutrition Institute (CFNI) or the Nutrition Unit of the Ministry of Health
- 2 Develop a simple form for 24 hour food recall by trainees
- 3 Develop plan for individual/group analysis using six (6) food groups
- 4 Distribute forms to trainees one week before session with instructions for recall

Session Activities

- 1 Introduce purpose of session – objectives
- 2 Divide trainees into small groups to pool and analyze results from forms, using the food group charts, and methods of preparation
- 3 Discussion of emerging patterns and possible factors affecting choices (personal preferences, economic circumstances, cultural traditions, religious beliefs, etc.) and implications for health re selection across all food groups (deficiency diseases)
- 4 Examination of personal attitudes towards eating preferences of others and discriminatory practices that may occur in educational institutions and communities (e.g. non-recognition of vegetarian preferences in cafeteria; failure to acknowledge food consumption patterns related to religious observances etc.)
- 5 Trainees keep a food log to monitor food consumption pattern over a specified period, and monitor their personal sensitivity to food choices of others.

Supporting material:

Caribbean Food Group Charts – Obtainable from Nutrition Unit or CFNI - US\$10.00)

RECOMMENDED BIBLIOGRAPHIC AND ELECTRONIC SOURCES APPROPRIATE EATING AND FITNESS

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The World Health Organization: www.who.int
The Pan American Health Organization: www.paho.org

DEVELOPING SELF AND INTERPERSONAL RELATIONSHIPS

Regional Standards and Descriptors

Regional Standard 1.

Demonstrate emotional and social competencies that can contribute to healthy relationships and supportive environments in the home school and in community.

Descriptor

A person's emotional and social competence is a critical hallmark of personal growth the development of healthy relationships with significant others, students, faculty and the communities of which they are a part. Each person brings to every relationship, his or her personality, emotional and social history that shape how the relationships will unfold. Tutors, teachers and teacher trainees, therefore, need to be enabled to honestly engage in a continual process of identifying the factors that contribute to mental, emotional and social self and their emotional triggers. To the extent that they become aware of their own emotional processes, they are better placed to capitalize on their emotional and social assets and to control or minimize their liabilities and to model ways of contributing to effective social relations.

RS	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
1.1	Demonstrate skills that will promote emotional, mental and social well-being in self.	1. Assess ways in which responses to personal emotional and social histories can have an impact on well-being and relationships with, students, colleagues and significant others.	Understanding and accepting self. Impact of the development of the social, mental and emotional on relationships.	Self Awareness Decision-making; Acceptance; Constructive Self Criticism; Communicating what is intended.	Building and improving self concept; Setting realistic goals; Managing challenging situations; Accepting responsibilities.	Introspection; Self-Assessment; Confronting personal relationship issues; Role play scenarios; Role reversal.	Observation; Checklist/Skills bank; Peer/Self evaluation.
		Practice verbal and non verbal strategies and tools that promote and support the development of self awareness, self-concept, and self-esteem in self students and others	Recognition of ones own emotional and social need for self identity and self actualization within specific social contexts.	Self Awareness Critical thinking; Problem-Solving; Decision-making; Observation ; Acceptance; Constructive Self Criticism; Communication	Knowing and responding to socially acceptable behaviours.	Introspection; Create opportunities for individual accountability; Role play; Communicating information for different audiences and purposes; Portfolio; Journal;	Observation; Self Evaluation ; Giving and receiving Feedback.

RS	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
			<p>Recognizing and accepting differences and preferences in self and others.</p> <p>The cultural, ethical and religious differences that make us unique.</p>	<p>Critical thinking; Problem-Solving; Decision-making; Acceptance; Constructive Self Criticism; Communication. Negotiation.</p>	<p>Uniqueness of individuals within the wide range of human potential.</p> <p>Differences in social, ethical and cultural background are critical.</p>	<p>Brainstorming.</p> <p>Case Studies; Scenarios Group discussions; Group work.</p> <p>Identify cultural practices that contravene rights and respect of others.</p> <p>Negotiate how issues are to be treated.</p> <p>Design jingles-competition ;</p> <p>Resource Person</p>	<p>Observation; Exhibition of work; Community outreach activity ; Debating issues; Peer evaluation.</p>

Regional Standard 2. Demonstrate competence in building and maintaining successful interpersonal relationships with others.

Descriptor

The ability to develop and sustain effective relationships with others is a key indicator of mental, emotional and social well-being. The ability to do so is influenced by socializing experiences from birth (some say in the womb) and the dynamics of relationships that persons observe and encounter in the family/household, in school, in the workplace and the wider community as they grow and age. Tutors and teacher trainees need to develop competencies and social environments that will

- enable them to interact with colleagues and students in ways that will develop and reinforce the capacity to be emotionally responsive,
- generate a positive sense of worth, efficacy and hope in self and others,
- manage conflict
- respect differences
- capitalize on diversity
- cope effectively with changing or adverse circumstances.

RS	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
2.1	Demonstrate capacity to use a range of strategies and skills to maximize benefits and minimize the adverse impact of positive or harmful interpersonal relationships within college and school settings.	Critically assess emotional and social triggers. Apply basic principles of effective social interactions.	Personal and social factors affecting the quality of interpersonal relationships- personality and personality traits. School culture and its influence on the building of successful interpersonal relationships.	Critical Thinking; Decision-making; Communication Anger and Conflict Management; Negotiation; Appropriate Touching;	Principles and theories of interpersonal relationships. Relating to negative and positive types of interpersonal relationships	Introspection; Observation; Role play; Critiquing media messages; Research project.	Peer assessment; Written group assignment; Group presentation.
	.	Develop skills and behaviors that reflect and promote self-acceptance and self-efficacy in self, students and others.	The role of the teacher in facilitating the building of effective transactions with students in school settings.	Critical Thinking; Decision-making; Communication Networking; Negotiation;	Social/Cultural norms School Ethos Peer Influence	Introspection and change Literature review Role Play; Dramatization; Guest	Observation and Feedback Peer & Self Evaluation Journal Keeping

RS	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
			<ul style="list-style-type: none"> Theories of change <p>Developing tools for self-assessment, observation, student evaluation of self.</p> <p>Develop action plan for enhancing and sustaining skills in transacting with students and colleagues monitoring.</p>			Presentations; Structured experiences.	
		<p>Devise tools and strategies to create environments supportive of physical, social and emotional safety.</p> <p>Develop strategies for enhancing capacity of students to strengthen interpersonal relationships with fellow students, teachers and household.</p>	<p>Role of positive environment on the development of successful interpersonal relationships.</p> <p>Review of reported emotional and social needs and issues of Caribbean/national youth and critical contributing factors.</p> <p>Methods for eliciting information on positive and adverse emotional triggers from students of various ages.</p>	<p>Critical Thinking; Decision-making; Communication Conflict Management; Networking Negotiation; Acceptance Appropriate Touching; Advocacy.</p>	<p>Elements of a safe emotional and socially supportive environment.</p> <p>Resiliency Conflict Management</p> <p>Nurturing safe emotional and social environments;</p>	<p>Qualitative and quantitative surveys of staff and students.</p> <p>Portrayal of environments through art, music and poetry.</p> <p>Critique selected videotaped scenarios;</p> <p>Resource Person</p>	<p>Checklist; Assessment of skills acquired; Project Plan; Reporting.</p>

Regional Standard 3. Demonstrate the ability to identify and respond supportively to changes in behavioral patterns in self, colleagues, students and others.

Descriptor

Healthy people feel good about themselves and are able to meet the challenges of everyday life and set realistic goals. However, life experiences are not always positive and some may be exposed to stressful traumatic situations in families, neighborhoods, schools and communities. These situations include grief and loss, poverty and unemployment, examination pressures, domestic abuse and interpersonal violence. Responses to such situations vary. Some people experience maladaptive coping responses such as alcohol and drug use, drug supply, violence, school failure, or succumb to suicide or attempted suicide, anxiety and depression and other forms of risky and self-destructive behaviors. Yet others are able to develop the resiliency to surmount and survive these traumas. Tutors and teacher trainees, therefore, need to be able to develop an appropriate range of interventions within their competencies to reduce risky practices and nurture positive coping skills and supportive environments.

RS	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
3.1	Apply appropriate strategies to enable self and students to prevent maladaptive responses to and mitigate risks associated with stressful life situations.	Evaluate use of interpersonal coping skills, social intervention strategies and social support systems in school settings to prevent maladaptive responses in self and students.	Maladaptive behaviours can be identified and appropriately managed. The factors that contribute to the development of maladaptive behaviours. Intervention must take into account the type and stage of maladaptive behaviour.	Information seeking; Introspection; Critical Thinking; Problem-Solving; Decision-making; Communication; Assertiveness; Anger and Conflict; Management; Negotiation; Networking Implementing Changes; Physical Activities	Recognize suitable intervention strategies for the reduction of maladaptive behaviours. Stages and signs of maladaptive behaviour. Resources and services available including referrals.	Theories of maladaptation Resiliency theories A.V. film/video Coping strategies through role play. Review and assess media messages e.g. violence, gender roles; sexuality.	Pair / Peer discussions; Reporting; Group Discussion; Checklist; Project.
	Use available mental health and social services to help self and others cope effectively with stressful life challenges.	Assess processes related to stress management, mourning and loss, social support response in everyday life and disasters and basic implications for action.	Stress can be managed for improved mental health. Available social services and their contribution to good mental health.	Information-seeking; Critical Thinking; Problem-Solving; Decision-making; Communication Stress management techniques; Negotiation;	Defining stress; identifying stressors; techniques for managing stress Resilience and its factors: literature	Scenarios depicting life challenging situations; Simulation exercises for stress management.	Self Reporting; Report writing; Choreography;

RS	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
				Implementing Changes; Physical Activity; Networking;		Guest Presentations.	Compile Directory of services;

Session Outline – Self and Interpersonal Relationships

Regional Standard 1

Core Outcome 1.1

Demonstrate skills that will promote emotional, mental, and social well-being in self and others

General Objective 1.1.1

Assess ways in which responses to personal, emotional, and social histories can have an impact on well-being and relationships with significant others

Specific Lesson Objectives

1. Assess how they manage their emotional states
2. Use appropriate skills to counteract those personal behaviours and experiences that impede emotional well-being
3. Develop an action plan for achieving priority behaviour goals related to the development of healthy relationships

Key concepts

- nurturing positive feelings about self and others
- management and appropriate expression of feelings - anger, jealousy, frustration
- handling negative emotional states - depression, fear, prejudice
- taking responsibility for self - drive, initiative
- self-efficacy – personal judgment of ability to succeed in reaching a specific goal
- self-control - discipline, will power, impulse control, delayed gratification
- concentration – ability to focus on task at hand
- being empathetic – putting one’s self in the situation of another

Key skills

Self-awareness, communication

Time: 1-1/2 to 2 hours

Session Introduction:

Brainstorm reasons to be concerned with feelings about self. Guide discussion to issue of self-concept and how it impacts personal behaviours and relationship with others. Poor self-concept could result in maladaptive behaviours, risky behaviours, and unhealthy relationships.

Session Development:

1. Exploration of self – Individually, teachers explore the value of self within the concepts of self-esteem, self worth, and self concept using simple rating scales (this can be done simply by preparing a matrix with the subsets for each concept and having teachers rate themselves on a 3- or 4-point scale.; explore the emergence/origin of these individual selves relating/recalling personal experiences
2. trainees use self-introspection to reflect on the impact (positive/negative) of these individual selves on relationship with self and others (may express the impact in verse/poem/songs/dance/popular theatre).
3. Trainees interrogate aspects of known self. May use a page divided into eight sectors with “I” in the center of the page. Teachers then complete I-sentences (e.g. I need ..., I hate..., I want..., I can..., I love..., I try..., I am..., and I have....
4. Introduce a model of the Johari Window that explores other aspects of self - known by others; unknown by self, and unknown to others (model may be downloaded from www.businessballs.com).

 - Teachers may work in pairs to explore blind and unknown areas. Individually, teachers reflect on ways of opening up or expanding knowledge of self.
 - Discussion on how this expanded knowledge of self can build self esteem and self confidence; how it can impact on how one presents self to others.

5. Discussion of how this knowledge may be applied to the college and classroom settings, to improve emotional competencies and promote behaviour change.

Follow-up

6. Trainees keep a 2-day log of emotions displayed by persons around them. Write a report on the effects these reactions had on them and on others around them; develop an action plan to identify criteria for assessing specific relationship-building skills over a specified period; OR use concepts of intra-personal relationship to formulate tables of personal deficits for priority intrapersonal relationship goals and skills for attaining same (see table below).

Priority Goal	Effects on personal functioning - physical/emotional/mental	Action & skills for change	Key Benefits	Sustaining change

Conclusion: Personal reflections focusing on session

Evaluation: journal entry and reporting on performance tasks

Resources: simple rating scale, list of life/health skills, model/continuum for behaviour change

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MANAGING HUMAN SEXUALITY

Regional Standards and Descriptors

Regional Standard 1: Demonstrate an understanding of the concept of human sexuality as an integral part of the total person, and the implications of the expression of sexuality for self and others.

Descriptors 1:

Sexuality is at the core of who we are and how we think and interact socially and sexually. Tutors, teacher trainees and students need opportunities to examine their sexuality, so that they can understand their own and that of others. They need to explore issues such as sex, sexual expression, sexual relationships, sexual orientation, and sex problems so as to demystify the concept of sexuality. In addition, there is the need to be more aware of how attitudes to sexuality can influence social and professional interactions.

RS	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
1.	Demonstrate skills to analyze their position on issues pertaining to sex and sexuality issues and negotiate sexual relationships	Engage in behaviours that facilitate the healthy and responsible expression of sexuality. Empathically examine their own sexuality, the relationship between sexuality and sexual expression, and the responsibilities associated with sexual expression and sexual choices.	Sexuality as the total part of the human person e.g. human development, sexual health, relationships and emotions, gender, sexual behaviour, intimacy etc. Building, repairing, maintaining and ending relationships Managing intimacy	Self assessment Skills in behaviour management Communication Coping with physiological (hormonal) and emotional states. Effective communication in sexual situations: assertiveness refusal negotiation; conflict management	Concept of: sex and sexuality. Sexual physiology. Self assessment as a component of sexual self awareness. Healthy self-management and relationships Effective communication Personal, socio economic and cultural and environmental factors affecting sexual	Forced choice activity(Yes/no, agree/disagree with explanation on concept of sexuality) Self introspection; Group activity demonstrating different aspects of sexuality: Mini surveys in class/college or school on perceptions of sexuality to include gender issues; self assessment activity (instrument) Self assessment/ personal inventories	Self-reflection Theatre presentation/debates on perceptions of sex and sexuality. Journal entries Pre and post test self-reports, checklists and Mini surveys <u>Voluntary</u> self-disclosure in groups Performance based tasks for improving relationships across

RS	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
					choices: Culturally and personally acceptable expressions of emotions and sexuality; Communication styles; Healthy relationships Rights and responsibilities in sexual relationships Laws and support structures Verbal and non verbal assertiveness/refusal	goal setting, self contracts, peer support Artistic expressions/displays of appropriate relationships, Research laws support structures, scenarios/case studies, resource persons Role play skills	the college. Self-reflection Setting personal rules/standards of engagement in sexual relationships,
	1.2 Demonstrate tolerance towards others whose sexual orientation and expression are different from theirs.	Practice non discriminatory behaviour towards persons of different sexual orientation	Sexual expression and orientation Stigma and discrimination	Values clarification re: attitudes towards others with different sexual orientations Self monitoring of attitudes	Personal rights to sexual orientation and expression Human rights Theories of sexuality Examination of Socio-cultural norms	Literature reviews Self introspection, Values clarification exercises; Critique selected art forms (songs, drama) depicting discrimination; Confronting personal beliefs, values	Debate on human rights with some focus on sexual orientation. Performance task on monitoring personal behaviour towards persons of different sexual orientation over a period of time.
		Make informed choices in relation to changing norms	Factors influencing choices and	Critical thinking resiliency	Norms/ trends and personal values Handling peer	Personal life line Self reporting, scenarios	Create counter-advertisements using media

RS	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
		regarding expressions of sexuality.	decisions in relation to adoption of trends		pressure Mass media	Media analysis/media watch Techniques of the media	techniques Group presentations

Regional Standard 2:

Assess vulnerability to the risks and consequences of unhealthy sexual choices through the application of scientifically sound and socio-culturally relevant criteria in order to take appropriate action to protect sexual health.

Descriptor

Sexual decisions and practices are influenced by economic, social and cultural factors like poverty and unemployment, gender inequities, education, media, value systems, sexual myths, and religious and personal beliefs. Risks that affect sexual and reproductive health include STI's such as HIV/AIDS and cervical cancer. In addition, the proliferation of electronic technologies has compounded the situation by exposing our population to strong sexual images and messages that encourage sexual exploitation.

The prevalence of HIV/AIDS, coupled with the rapid spread of the infection, demand that individuals take personal responsibility for reducing risks and respond positively /humanely to those who are infected and affected. Additionally, individuals who are infected owe it to themselves, to manage their health in ways that allow them to continue to be productive members of society. Within this context, the decisions individuals make concerning their sexual choices and practices can be detrimental to health and well-being. There is therefore need to access information and services develop the necessary attitudes, and practice skills and behaviours to maintain sexual health (including personal hygiene, abstinence, fidelity to one partner, delayed sexual initiation, and condom use).

RS	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
2	Demonstrate sexual decision making skills drawing on personal social and economic factors.	Develop skills to access and utilise information on key economic social and cultural factors influencing sexual decisions and practices in the Caribbean. Make adjustments to behaviours (individually; collectively) based on scientific information	Applying current and relevant research evidence in sexual decision-making Impact of social and cultural factors on sexual decisions and practices e.g. myths associated with sex and cure of STI's, religious beliefs, family expectations , multiple partners	Research skills Analytical skills Decision making Resiliency	economic Social, moral spiritual poverty/deprivation Breaking the cycle: family norms tension in maintaining and rejecting sexual cultural practices- Becoming self reliant Principles of resiliency-I believe, I can, I have, I will etc. Mentoring/support systems Masculinity and femininity	Use of documentaries, case studies, Resource persons who have broken the cycle mentoring Brainstorming and concept mapping (research and cooperative group work)	Reflection/personal journals poems, mini research, formation of peer support groups

RS	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
	2.2 Demonstrate skills to deal with sexual health risks and outcomes.	Critically appraise risks resulting from various options drawing on current estimates of risk related to various courses of sexual activity.	Perceptions of risk, general and sexual. Relationship between STIs and HIV/AIDS Responsibility for protecting self and others from STIs including HIV/AIDS	Advocacy Negotiation Assertiveness Listening skills Verbal and non verbal refusal Health skill: Techniques in condom use Values clarification- (making personal value judgements)	Prevention/management of STIs (cervical cancer, herpes including HIV/AIDS) adherence and Research : prevalence of other STIs among the general population medication Abstinence, virginity/celebrity (male and female) Stigma and discrimination, voluntary testing, Negotiating condom use safe sexual involvement/transactions Vulnerable groups condom use, Nutrition Creating youth friendly environments	Group presentations with displays Group activity: Raising awareness of role play, case studies, STI's and HIV/AIDS during orientation Mini survey of sexual involvement of peers Demonstrations in condom use Guest speakers on abstinence Group project:: installation of free condom dispensers	Performance task: Health awareness day (HIV/AIDS testing day) Development of personal sexual code Display portfolio Journal entries Development of news letters Development of mini documentary
	.	2.2 Develop skills to design/adapt age-appropriate material for the maintenance of sexual health.	Techniques in creating messages (print and electronic) Behaviour Change communication	Creative thinking re: originality, design age appropriate, colour etc.	Creating Youth friendly services Counselling for support- Creating self sufficiency in learning HIV/AIDS counselling	Compiling directory of support and other services Develop proposal for financial support Creation of media messages	Development of website Develop STI/HIV/AIDS resource centre for college community Develop colouring, comic story book for selected age group in the school system. Develop plan for distributing and evaluating use of material

Regional Standard 3.

Use health information, products and available services to take the necessary precautions to protect reproductive health.

Descriptor

In the Caribbean we face a variety of reproductive health issues. Some of these are early and/or unplanned pregnancies, unplanned families, folate and iron-deficiency anaemia, low birth weight in infants, cervical and prostate cancer and sterility. The social, health, education and economic costs of these outcomes are significant for the individual, family and society. Teachers and students need to use information, products and services so as to equip themselves with the necessary tools (knowledge, skills and attitudes) to maintain healthy reproductive practices.

RS	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
3.	Demonstrate skills in use of age-appropriate sources of health information, products and services related to promotion and protection of reproductive health.	<p>Define major reproductive health issues and implications for health and reproduction.</p> <p>Analyse the impact of poor reproductive health on socioeconomic and education potential outcomes for self, family and community</p> <p>Assess ways in which strategies and services may be used to help address ensure sound</p>	<p>Factors affecting reproductive health and personal, social costs.</p> <p>Benefits of family planning Reproductive Health Services Contraceptive methods STIs and HIV/Aids</p> <p>Assuming responsibility for managing one's reproductive health</p>	<p>Health skills: appropriate use of contraceptives, condoms, Locating services</p> <p>Assertiveness skills Advocacy</p>	<p>Benefits of Family planning Common problems associated with pre mature sexual activity(Pregnancy, school drop out Sources of sexual reproductive health accessing and using sexual and reproductive health information, challenges and opportunities, pregnancy prevention methods and practices (abstinence) STI/HIV prevention methods and practices</p>	<p>Brainstorming with summarizing</p> <p>Panel discussion with panelists to address – social, physical emotional/psychological, spiritual issues Case studies (individual assignments) of someone we know who experienced sexual activity Demonstration of use of various contraceptives</p> <p>Brainstorming session to list sources (print, electronic, oral/persons, etc) Interactive site visit. Class assignment to locate and access sexual and reproductive health information. Class</p>	<p>Giving feedback to managers of services for improvement Mini survey on perceptions/beliefs regarding contraceptive use (re education of peers)</p>

RS	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
		reproductive health outcomes.				<p>discussion of the challenges in accessing information. Share challenges with health service sites. Lecture with discussion. Video presentation. Samples of contraceptive methods. Printed handouts and samples.</p> <p>Lecture with discussion. Condom demonstration exercise. Focussed discussion led by PLWHA.</p>	
	3.2 Demonstrate capacity to devise strategies to counteract and reduce vulnerability to reproductive health problems	Analyse the impact of poor reproductive health on socioeconomic and education potential outcomes for self, family and community in order to make informed choices.	Best reproductive health practices e.g. nutrition, dangers of alcohol, smoking and other substances Advantages of appropriate practices in reproductive health ;re: individual, family, community	Using correct local food substitutes e.g. spinach as iron intake; adherence to prescribed medication visits to local reproductive health clinics	<p>What constitutes poor reproductive health and RH outcomes</p> <p>Risks associated with reproductive health</p> <p>Possible strategies to counteract risks</p> <p>Implications for self</p> <p>Implications for family and community</p>	<p>Interactive presentation by technical person with discussion.</p> <p>Link to goal setting below. Research</p>	<p>Performance Task: Individual personal reproductive health plan</p> <p>Mini survey of pregnant peers Re: conditions/preparation reproductive health; coaching of pregnant peers</p>

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MANAGING THE ENVIRONMENT

Regional Standards and Descriptors

Regional Standard 1:

Respond appropriately to the major environmental health risks to the community, resulting from natural systems, and human activities that upset the delicate balance of the environment.

Descriptor 1:

Caribbean people are vulnerable to a variety of health threats presented in the natural environment as well as those precipitated by the activities of human beings. These threats include poor water quality, improper solid and liquid waste disposal, exposure to vectors, pesticides, chemical fertilizers, toxic substances and other forms of pollution, which have implications for health, productivity and tourism. Tutors, teacher trainees and students need to be aware of the causes and consequences of these health threats and be able to engage in practices that will contribute to preventing and controlling these threats to themselves, families and their communities.

RS 1	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
1.1	1.1 Apply knowledge of basic environmental systems as well as man's interactions with them to determine the implications for health risks.	Assess how man's behaviour, lifestyle and environmental practices man interfaces with the external natural environment to increase or decrease risks to both.	Uncovering attitudes to and understanding of environmental issues Role of natural environment systems in survival and well-being of man	Generic Skills: Critical thinking, Creative thinking, Problem solving, Decision making Self assessment Observation Map/chart-making	Definition of environment: natural, man (internal) and man-made Main features of closed dynamic systems and interrelationships: oxygen, carbon, nitrogen; water, food	Development and use of checklist re practices attitudes and knowledge re environments Brainstorming Review of literature and survey reports	Pre and Post test of attitudes, practices True/false Multiple choice Case study Presentation of individual/team investigative report

RS 1	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
			<p>How living and non-living systems interact</p> <p>How human needs and man made environments (physical and social) interface critical points in everyday living to increase</p> <p>Man's activities and his exposure to key threats and vectors to health in natural environment</p>		<p>Critical points of interface with systems in everyday living: food production, importation (supermarkets) Findings of environmental impact assessments of human action</p> <p>Selected health threats in natural and man-made environment : role of vectors and pests chemicals, facilities</p>	<p>Construction of environmental systems maps and interface -Simplified environmental audit at levels of personal/home, college, school community: key sources, generation and disposal of waste -water availability and use</p> <p>Devising strategies for addressing attitudes and benefits</p>	<p>Preparation of lesson plans for varying age groups: -Systems -Threats</p>
		<p>Develop strategy and plan of action to mobilize support for adoption of a selected practice, strategy or friendly technology to reduce health threat and enhance quality of physical environments in college/school or community settings</p>	<p>Applying advocacy strategies to the enhancement of and reduction of priority threats from the environment: Barriers to acceptance for change</p>	<p>Information-seeking Critical thinking Problem-solving Communication Negotiation Self-appraisal Canvassing</p>	<p>Findings of e.g. national KAP surveys re vector control Attitudes to environment in general or specific issues: Findings of college/school environmental practice audits Introduction or review of criteria for</p>	<p>Mini-surveys on attitudes to selected issue Criteria for effective advocacy and plan of action Team development of draft plan and action plan</p>	<p>Debate Plan of action : feasibility of objectives; evidence; arguments; audience; cost; presentation Monitoring and implementation</p>

RS 1	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
					developing plan.		
	1.2 Implement practices to improve and sustain quality of environments and reduce exposure to key environmental health threats in home, college/school community setting.	Devise feasible strategies/methods for reducing risk of threats and maintaining environmental integrity.	Finding a balance: Pros and cons of various actions and techniques for reducing threats: efficacy, cost, acceptability.	Information-seeking Critical thinking Problem-solving Communication Negotiation Self-appraisal Canvassing Health Skills: Personal hygiene (hand washing), Water storage and use Basic solid waste disposal techniques: Household and College/ School Food safety Organic practices Proper use of pesticides, insecticides, Separation of organic and inorganic materials.	Modes of transmission Findings from audit Techniques and points for prevention, preparedness and/or control	Resource person Literature review Team or group work Demonstrations	Pre and post test Plan of action : feasibility of objectives; evidence; arguments; audience; cost; presentation Monitoring and implementation

Regional Standard 2

Prepare for and respond appropriately to the impact of natural disasters

Descriptor 2:

The Caribbean region is vulnerable to a number of natural and man-made disasters such as hurricanes, volcanic eruptions, floods and earthquakes, fires. These disasters result in tremendous health risks, loss of lives and property, displacement, psychosocial trauma and destruction of our flora, fauna and natural heritage with implications for human and economic development. Teachers and students need to assess the impact and effects of these disasters on themselves, their families and communities in order to adequately prepare for, and respond appropriately to alleviate/ lessen them.

RS 1	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
1.1	Demonstrate capacity to implement at level of the school, strategies to prepare for and respond to natural, man-made and epidemic disasters .	<p>Assess major factors influencing vulnerability of individuals, schools, communities and countries to prepare and respond to risk of disasters and their effects</p> <p>Analyze the effects of natural, man-made and epidemic disasters on individual, community and country</p> <p>Select effective and affordable disaster preparedness strategies appropriate to role and responsibility</p>	<p>Types of disasters relevant to Caribbean and factors</p> <p>Perceptions of risk in relation to vulnerability to disasters.- various types</p> <p>.Roles and functions of various persons (adults, children, teachers etc) in preparing for and responding ‘common’ disasters: hurricane, flood, earthquake.</p>	<p>Generic: Risk assessment Communication -Listening Cooperation Collaboration Negotiation Coping skills</p> <p>Physical Preparedness, mitigation and psychosocial Skills:</p> <p>Improving building Water storage and purification Food storage Waste Illness</p> <p>Basic stress management skills before during and</p>	<p>Types of disasters: natural and man made re region</p> <p>‘Warning’ systems for various types of disasters</p> <p>Role, responsibilities and recommendations of disaster preparedness and response services</p> <p>Techniques and strategies for preparation (reference to home, college, school) for various types of disaster: -priority to most common and potential epidemic disaster of Avian Flu.</p>	<p>Resource person</p> <p>Checklist</p> <p>Self –appraisal</p> <p>Literature review</p> <p>Review of national reports on impact of disasters</p> <p>Live case studies</p> <p>Simulation</p> <p>Demonstration of various techniques</p>	<p>Journal entries: re class experience, prior to occurrence, during and response.</p> <p>Potential utility of Plan: Objectives, relevance, feasibility and effectiveness of objectives and recommended measures.</p> <p>Advocacy of plan to college, school</p> <p>Development of training strategies to prepare children, college/school staff for disasters</p>

RS 1	Core Outcomes	General Objectives	Lesson Ideas	Skills and Attitudes	Information	Strategies	Evaluation
		<p>Select appropriate strategies to respond to the effects of these disasters on health and well-being</p> <p>Develop (review and revise) plan for college, school and homes to prepare for and respond to effects of disasters.</p>	<p>Effects of disasters: psychosocial, education, economic, household</p> <p>Aspects of living affected by disasters by type</p> <p>Coping with the disasters</p> <p>Collaborating with programs to help support others in managing stress after disasters</p>	<p>after disasters.</p> <p>Basic counselling skills</p>			

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