

Telljohann  
Symons  
Pateman

Fourth Edition

# HEALTH Education

*Elementary and Middle School Applications*

# HEALTH EDUCATION



## Higher Education

HEALTH EDUCATION: ELEMENTARY AND MIDDLE SCHOOL APPLICATIONS, FOURTH EDITION

Published by McGraw-Hill, a business unit of The McGraw-Hill Companies, Inc., 1221 Avenue of the Americas, New York, NY 10020.  
Copyright © 2004, 2001, 1996, 1992 by The McGraw-Hill Companies, Inc. All rights reserved. No part of this publication may be reproduced or distributed in any form or by any means, or stored in a database or retrieval system, without the prior written consent of The McGraw-Hill Companies, Inc., including, but not limited to, in any network or other electronic storage or transmission, or broadcast for distance learning.

Some ancillaries, including electronic and print components, may not be available to customers outside the United States.



This book is printed on recycled, acid-free paper containing 10% postconsumer waste.

2 3 4 5 6 7 8 9 0 QPD/QPD 0 9 8 7 6 5 4 3

ISBN 0-07-255550-5

Vice president and editor-in-chief: *Thalia Dorwick*

Publisher: *Jane E. Karpacz*

Executive editor: *Vicki Malinee*

Senior developmental editor: *Kirstan Price*

Editorial assistant: *Megan Orlandi*

Senior marketing manager: *Pamela S. Cooper*

Project manager: *Christine Walker*

Production supervisor: *Enboge Chong*

Media technology producer: *Lance Gerhart*

Associate designer: *George Kokkonas*

Cover/interior design: *Kay Fulton*

Cover image: *Super Stock*

Art editor: *Jen DeVere*

Senior supplement producer: *David A. Welsh*

Compositor: *Interactive Composition Corporation*

Typeface: *10/12 Times Roman*

Printer: *Quebecor World, Dubuque, IA*

The credits section for this book begins on page C-1 and is considered an extension of the copyright page.

### Library of Congress Cataloging-in-Publication Data

Telljohann, Susan Kay, 1958-

Health education : elementary and middle school applications / Susan K. Telljohann, Cynthia Wolford Symons, Beth Pateman.—4th ed.

p. cm.

Includes bibliographical references and index.

ISBN 0-07-255550-5 (alk. paper)

1. Health education (Elementary)—United States. 2. Health education (Middle school)—United States. I. Wolford Symons, Cynthia, 1953- II. Pateman, Beth. III. Title.

LB1588.U6T45 2004

372.3'7—dc21

2003048725

The Internet addresses listed in the text were accurate at the time of publication. The inclusion of a website does not indicate an endorsement by the authors or McGraw-Hill, and McGraw-Hill does not guarantee the accuracy of the information presented at these sites.

# PREFACE

## VISION AND GOALS

The ideas, concepts, and challenges presented in this textbook have developed out of many different experiences: teaching elementary and middle-level children, teaching a basic elementary/middle-level school health course to hundreds of pre-service elementary early childhood and special education majors, working with numerous student teachers, and serving on a variety of local, state, and national curriculum and standards committees. Two of the authors of this book have taken sabbatical leaves from their university teaching positions and taught for a term in a local elementary and middle school. The third author receives ongoing feedback on health education strategies from pre-service elementary education majors who teach health education lessons as part of their field experience in elementary K–6 classrooms. This has provided opportunities to use the various strategies included in this fourth edition.

We have written this textbook with several different groups in mind: (1) the elementary and middle-level education major who has little background and experience in health education but will be required to teach health education to his or her students in the future; (2) the health education major who will be the health specialist or coordinator in an elementary or middle-level school; (3) the school nurse who works in the elementary and/or middle-level school setting; and (4) those community health educators and nurses who increasingly must interact with elementary and/or middle-level school personnel.

## CONTENT AND ORGANIZATION

The fourth edition is divided into three sections. Section I, “Foundations of Health Education,” includes chapters 1 through 4. This section introduces the Coordinated School Health Program, the relationship between health and learning, the national health initiatives, the develop-

ment of the elementary and/or middle-level health education curriculum, the basics for effective health education, the concept of developmentally appropriate practice, the use of computers, and effective instructional approaches.

Section II, “The Primary Content,” includes chapters 5 through 12. Chapter 5 describes how to create a safe and positive learning environment, a theme reinforced throughout the book. Chapters 6 through 12 are organized around the Centers for Disease Control and Prevention health-risk priority areas and the skills needed to be a health-literate individual. They cover unintentional and intentional injuries, alcohol and other drugs, tobacco, nutrition, physical activity, and sexuality. Each of these chapters includes information about the prevalence and cost of the risk behavior, the risk factors associated with the behavior, basic background information related to the content area, developmentally appropriate information and skills students should know and be able to do, sample teaching and assessment activities organized by the National Health Education Standards, and related children’s literature books and websites.

Section III, “The Supporting Content,” includes chapter 13 on dying, death, and grief and chapter 14 on personal health (communicable and chronic diseases). These content areas are also included in most health education curricula. Like the chapters in section II, each of these chapters presents basic background information related to the content area, sample teaching activities, related children’s literature books, and related websites.

## FEATURES OF THE FOURTH EDITION

The fourth edition has been substantially revised and updated. Key changes include the following.


**Improved text organization:** Several chapters have been deleted or combined with other chapters for a more streamlined presentation. The overall organization of the text (the order of the chapters) has been changed to improve the flow of topics and to make the text more user-friendly for instructors. Of particular note is the new,



earlier location of the chapter on building a positive and safe learning environment (now chapter 5). Key information from the third edition chapter on HIV/AIDS is now found in chapter 14, on personal health.

**New consistent organization of content chapters:** Chapters 6–12 now follow a consistent organizational scheme. Each of these chapters contains the following sections: introduction, important background information for teachers, guidelines for schools, and recommendations for teachers, including developmentally appropriate practice guidelines, learning and assessment strategies, and, where applicable, information on evaluated curricula and suggested answers to common student questions.

**More coverage of national standards:** The fourth edition includes expanded coverage of National Health Education Standards. The standards are introduced in detail in chapter 3. In addition, all the suggested teaching activities and assessments are organized around the standards.

 **Expanded suggested classroom activities:** New and expanded sections in chapters 3 and 6–14, entitled “Learning and Assessment Strategies,” provide a wealth of sample teaching activities. The activities are organized by National Health Education Standards and by developmental levels, and they include new assessment items. The activities not only focus on knowledge acquisition but also on skill development. Look for the special “Learning and Assessment Strategies” icon to locate these activities throughout the text.

**Expanded coverage of assessment:** A new introduction to assessment appears in chapter 2. In addition, each section of “Learning and Assessment Strategies” in the priority content chapters include new assessment items, organized by the National Health Education Standards.

**New coverage of theory to practice:** New section in chapter 2 discusses how to translate a health education behavior model into practice. It shows teachers how to “purposefully plan” their lessons for maximum results.

**Updated health content information:** The health content has been revised throughout and includes updated statistics and health recommendations and expanded content in key areas. Some of the new and expanded topics include bullying, nutrition recommendations, children’s responses to terrorism and other traumatic events, how schools should deal with suicide, and diabetes. The recommendations for children’s literature have also been updated, with special attention to currency and multicultural issues.

**Expanded and updated Internet resources:** A new section on using the Internet to teach health education appears in chapter 4. The Internet resources section in each chapter has also been updated.

**More student-friendly appearance:** The fourth edition features new art, photos, and design elements to make the text more student-friendly. Each chapter now opens with a piece of children’s artwork drawn by members of a

seventh-grade class. There is also children’s artwork introducing each of the standards described in chapter 3.

## SUPPLEMENTS

The fourth edition of *Health Education: Elementary and Middle School Applications* is accompanied by a package of supplementary materials designed to enhance teaching and learning. Contact your local McGraw-Hill sales representative to receive these supplements, including the password to access the instructor materials available online.

### Instructor’s Resource CD-ROM (ISBN 0-07-255551-3)

New to the fourth edition, the Instructor’s Resource CD-ROM features many useful teaching tools:

**Instructor’s Manual to Accompany Health Education: Elementary and Middle School Applications.** Updated and expanded for the fourth edition by Cindy Cook, Kent State University, the manual includes objectives, lecture outlines, classroom activities, and student Internet exercises. Also new to the fourth edition is a section with live links to all the websites recommended in the text. The complete instructor’s manual is also available online (visit [www.mhhe.com/telljohann4e](http://www.mhhe.com/telljohann4e)).

**PowerPoint® Slides.** A complete set of PowerPoint slides is available on the CD-ROM and for download from the book’s website ([www.mhhe.com/telljohann4e](http://www.mhhe.com/telljohann4e)). Keyed to the major points in each chapter, these slide sets can be modified or expanded to better fit lectures. Also included in the PowerPoint slides are color versions of all the children’s art that appears in the text.

**Computerized Test Bank.** The test bank includes true-false, multiple choice, short answer, and essay questions; for the fourth edition, it was prepared by Cindy Cook, Kent State University. The computerized test bank software from Brownstone provides a powerful, easy-to-use test maker to create a print version, a computer lab version, or an Internet version of each test. The CD-ROM includes the Diploma program for Windows users and Exam VI for Macintosh users. The Diploma program also includes a build-in gradebook.

### PageOut ([www.pageout.net](http://www.pageout.net))

PageOut is a free, easy-to-use program that enables instructors to develop websites quickly for their courses. PageOut can be used to create a course home page, an instructor home page, an interactive syllabus, Web links, online discussion areas, an online gradebook, and much more. Contact your McGraw-Hill sales representative to obtain a password for PageOut and additional information on other course management systems.

## PowerWeb

Students who purchase a new copy of the text receive a free password to access *PowerWeb: Health and Human Performance*. PowerWeb resources include articles on key topics, self-scoring quizzes, interactive exercises, study tips, links, and a daily news feed. Students will also find guidelines for conducting web research and information on career paths.

## FolioLive ([www.foliolive.com](http://www.foliolive.com))

*FolioLive* is an online tool that students can use to easily create electronic portfolios for use in courses and in their professional lives. The portfolio is housed on the McGraw-Hill server and can be downloaded and burned onto a CD-ROM. Access to *FolioLive* can be purchased by students individually, or instructors can choose to bundle *FolioLive* with any McGraw-Hill text. Instructors can also set up a course framework that links to students' portfolios for easy viewing.

## ACKNOWLEDGMENTS

First, the authors would like to thank Dr. Dean Miller for his leadership in initiating the first edition of this book. Without his guidance and experience, the first edition would never have been created. In addition, we would like to thank Dean for creating the index for this edition of the text. His careful eye in catching errors as he created the index was extremely helpful. The authors would also like

to acknowledge the contributions of Dr. I. Renee Axiotis to this text. Her work in compiling updated and developmentally appropriate lists of children's literature for inclusion in this edition is greatly appreciated.

We express deep appreciation to Donna Rodenhurst, health education teacher at King Intermediate School in Kaneohe, Hawaii, and to her seventh-grade students who provided the artwork on Health Education Standards and risk areas for this edition.

We also want to thank the following reviewers for their helpful comments:

Judith A. Ausherman *Cleveland State University*  
 Robert G. LaChausse *California State University,  
 San Bernardino*  
 Patricia L. McDiarmid *Springfield College*  
 Portia Plummer *Indiana State University*  
 D. Drew Pringle *Wright State University*  
 Sadie B. Sanders *University of Florida*  
 Martin S. Turnauer *Radford University*  
 Donna M. Videto *State University of New York,  
 Cortland*

We hope that you enjoy the changes and additions made to the fourth edition of this book. We welcome any comments or suggestions for future editions. Best wishes and success when teaching health education to children and preadolescents.

Susan K. Telljohann  
 Cynthia Wolford Symons  
 Beth Pateman

# BRIEF CONTENTS

Preface xi

## **SECTION I**

### Foundations of Health Education 1

- 1 The Coordinated School Health Program: A Foundation for Health Promotion in the Academic Environment 2
- 2 Comprehensive School Health Education: Applying the Science of Education to Improving Health Instruction 29
- 3 Standards-Based Teaching in School Health Education: Starting with Personal and Social Skills 60
- 4 Managing Health Education in the Busy Classroom Environment 90

## **SECTION II**

### The Priority Content 111

- 5 Creating a Safe and Positive Learning Environment 112
- 6 Safety: Prevention of Unintentional Injury 129

- 7 Intentional Injury Prevention: Violence in Communities, Families, and Schools 155
- 8 Alcohol and Other Drug Use Prevention 184
- 9 Tobacco Use Prevention 213
- 10 Nutrition Education 233
- 11 Physical Activity 265
- 12 Sexuality Education 289

## **SECTION III**

### The Supporting Content 315

- 13 Dying, Death, and Grief 316
- 14 Personal Health: Preventing and Managing Communicable and Chronic Diseases and Conditions Among Schoolchildren 331

Appendix: National Health Education Standards for Students, Organized by Grade A-1

Credits C-1

Index I-1

# CONTENTS

Preface xi

## SECTION I

### Foundations of Health Education 1

#### CHAPTER 1

##### **The Coordinated School Health Program: A Foundation for Health Promotion in the Academic Environment 2**

- Health: Definitions 3
- Determinants of Health 4
- Healthy Americans 7
- Health in the Academic Environment 8
- The Coordinated School Health Program 10
  - A Foundation for Understanding 10*
  - A Program Model for Best Practice 12*
  - Comprehensive School Health Education:  
The Keys to Quality Health  
Instruction 12*
  - School Health Services 15*
  - Healthy School Environment 17*
  - School Nutrition Services 19*
  - School Counseling, Psychological, and Social  
Services 20*
  - Physical Education 21*
  - School-Site Healthy Promotion for Faculty  
and Staff 22*
  - Family and Community Collaboration with  
the Schools 23*
  - Pulling It All Together 24*
- Summary 25
- Internet Information 25
- Discussion Questions 26
- Suggested Readings 26
- Endnotes 27

#### CHAPTER 2

##### **Comprehensive School Health Education: Applying the Science of Education to Improving Health Instruction 29**

- Introduction 30
- Influential Policymakers in the Education
  - Community 30
  - Federal Influence 30*
  - State Influence 31*
  - Local Influence 31*
- Lessons from the Education Literature 33
  - Connecting Brain Research with Learning 33*
  - Authentic Instruction and Achievement 37*
  - Developmentally Appropriate Practice 38*
  - Research-Based Strategies for Improving  
Achievement 43*
- The State of the Art in Health Education 44
  - Translating Health Education Theory  
into Practice 46*
  - Supporting Sound Teaching 48*
  - Planning Effective Health Education Lessons 48*
  - Assessing Student Work in Health Education 49*
- Involving Children in Curriculum Planning 51
- Programs-That-Work: Evidence-Based Curriculum 55
- Summary 56
- Internet Information 57
- Discussion Questions 57
- Suggested Readings 57
- Endnotes 58

#### CHAPTER 3

##### **Standards-Based Teaching in School Health Education: Starting with Personal and Social Skills 60**

- Introduction to the National Health Education Standards 61



Standard 1: Core Concepts	62
<i>Students Will Comprehend Concepts Related to Health Promotion and Disease Prevention</i>	62
🔍 <i>Learning and Assessment Strategies</i>	63
Standard 2: Accessing Information, Products, and Services	65
<i>Students Will Demonstrate the Ability to Access Valid Health Information and Health-Promoting Products and Services</i>	65
🔍 <i>Learning and Assessment Strategies</i>	65
Standard 3: Self-Management (Practicing Skills for Healthy Behaviors)	67
<i>Students Will Demonstrate the Ability to Practice Health-Enhancing Behaviors and Reduce Health Risks</i>	67
🔍 <i>Learning and Assessment Strategies</i>	68
Standard 4: Analyzing Internal and External Influences	70
<i>Students Will Analyze the Influence of Culture, Media, Technology, and Other Factors on Health</i>	70
🔍 <i>Learning and Assessment Strategies</i>	71
Standard 5: Interpersonal Communication	72
<i>Students Will Demonstrate the Ability to Use Interpersonal Communication Skills to Enhance Health</i>	72
<i>Communication Skills</i>	73
🔍 <i>Learning and Assessment Strategies</i>	73
<i>Peer Resistance/Refusal Skills</i>	76
🔍 <i>Learning and Assessment Strategies</i>	76
Standard 6: Decision-Making and Goal-Setting Skills	78
<i>Students Will Demonstrate the Ability to Use Goal-Setting and Decision-Making Skills to Enhance Health</i>	78
<i>Decision Making</i>	78
🔍 <i>Learning and Assessment Strategies</i>	79
<i>Goal-Setting</i>	81
🔍 <i>Learning and Assessment Strategies</i>	82
Standard 7: Advocacy	84
<i>Students Will Demonstrate the Ability to Advocate for Personal, Family, and Community Health</i>	84
🔍 <i>Learning and Assessment Strategies</i>	84
Summary	86
Internet Information	87
Children's Literature with Personal and Social Health Skill Themes	87
Discussion Questions	88
Suggested Readings	89
Endnotes	89

## CHAPTER 4

**Managing Health Education in the Busy Classroom Environment 90**

Introduction	91
Instructional Approaches to Effective Health Education	91
<i>Instruction Organized with a Specific Focus on Health Issues</i>	91
<i>Interdisciplinary Instructional Approaches</i>	100
Computer Use in Health Education	102
Controversy Management in Health Education	103
<i>Anticipation: Strategies for School Leaders</i>	104
<i>Recommendations for Teachers</i>	104
<i>Conclusion</i>	105
Parental Engagement: A Foundation for Improved School Performance and Health Promotion	105
Summary	108
Internet Information	109
Discussion Questions	109
Suggested Readings	109
Endnotes	110

**SECTION II****The Priority Content 111**


## CHAPTER 5

**Creating a Safe and Positive Learning Environment 112**

Introduction	113
Self-Esteem	113
The Conditions of Self-Esteem	114
<i>Sense of Connectiveness</i>	115
<i>Sense of Uniqueness</i>	115
<i>Sense of Power</i>	115
<i>Sense of Models</i>	116
Activities to Help Build a Positive Learning Environment	116
<i>Sense of Connectiveness</i>	116
<i>Sense of Uniqueness</i>	121
<i>Sense of Power</i>	122
<i>Sense of Models</i>	125
Summary	126
Internet Information	126
Children's Literature with an Emotional Health Theme	126
Discussion Questions	127
Suggested Readings	127
Endnotes	128

## CHAPTER 6

**Safety: Prevention of Unintentional Injury 129**


- Introduction 130
  - Prevalence and Cost* 130
  - Unintentional Injury and Academic Performance* 132
  - Risk Factors for Unintentional Injury* 132
- Important Background for Teachers 133
  - Definition of Terms* 133
  - Motor-Vehicle, Bicycle, and Pedestrian Safety* 133
  - Home Safety* 136
  - School Safety* 138
  - Community Safety* 140
- Guidelines for Schools in Unintentional Injury Prevention 142
  - Components of a Comprehensive Injury Prevention Program* 142
  - Principles of Prevention* 142
- Recommendations for Teachers: Practice and Content 144
  - Developmentally Appropriate Practice Recommendations* 144
  -  *Learning and Assessment Strategies* 145
- Summary 151
- Internet Information 152
- Children's Literature with Safety and Prevention of Unintentional Injury Themes 152
- Discussion Questions 153
- Suggested Readings 153
- Endnotes 153

## CHAPTER 7

**Intentional Injury Prevention: Violence in Communities, Families, and Schools 155**

- Introduction 156
  - Prevalence and Cost* 156
  - Intentional Injury Risks as a Threat to Academic Performance* 157
  - Risk Factors for Intentional Injuries* 158
- Important Background Information for Teachers 159
  - Violence in Their World: Helping Children Manage Trauma Associated with Catastrophic Events* 159
  - Violence in the Home: Recognizing and Managing Child Maltreatment* 161
  - Bullying* 167
  - Violence at the School Site* 168
- Guidelines for Schools in the Prevention of Intentional Injuries 169
  - Intentional Injury Prevention Strategies with Low Potential for Effectiveness* 169


*Characteristics of Programs That Show Promise for Intentional Injury Prevention* 169

- Recommendations for Teachers: Practice and Content 170
  - Developmentally Appropriate Practice Recommendations* 170
  -  *Learning and Assessment Strategies* 172
- Evaluated Violence Prevention Curricula 178
  - Model Programs* 178
  - Promising Programs* 179
- Summary 180
- Internet Information 180
- Children's Literature with an Intentional Injury Prevention Theme 181
- Discussion Questions 181
- Suggested Readings 182
- Endnotes 182

## CHAPTER 8


**Alcohol and Other Drug Use Prevention 184**

- Introduction 185
  - Prevalence and Cost* 185
  - Alcohol and Other Drug Use and Academic Performance* 186
  - Risk Factors for Alcohol and Other Drug Use* 186
- Important Background Information for Teachers 188
  - Alcohol* 188
  - Marijuana* 193
  - Inhalants* 194
  - Over-the-Counter and Prescription Drugs* 195
- Guidelines for Schools in Alcohol Prevention and Other Drug Use Prevention 195
  - History of Unsuccessful Drug Use Prevention Programs* 195
  - Components of a Comprehensive Drug Use Prevention Program* 196
- Recommendations for Teachers: Practice and Content 198
  - Developmentally Appropriate Practice Recommendations* 198
  - Students' Questions and Suggested Answers Regarding Alcohol and Other Drugs* 199
- Evaluated Commercial Drug Use Prevention Curricula 200
  - Life Skills Training* 200
  - Project Alert* 201
  - Project Northland* 201
  - Project STAR* 201
  - Seattle Social Development Project* 201
  - Social Competence Promoting Program for Young Adolescents* 201
  - Drug Abuse Resistance Education (DARE)* 201

-  *Learning and Assessment Strategies* 201
- Summary 209
- Internet Information 210
- Children's Literature with an Alcohol or Other Drug Use Prevention Theme 210
- Discussion Questions 210
- Suggested Readings 211
- Endnotes 211

## CHAPTER 9


### Tobacco Use Prevention 213

- Introduction 214
  - Prevalence and Cost* 214
  - Risk and Protective Factors for Tobacco Use* 215
- Important Background Information for Teachers 216
  - Smokeless Tobacco* 216
  - Smoking Tobacco* 217
- Guidelines for Schools and Teachers for Teaching Tobacco Prevention 219
  - Guidelines for Schools* 219
  - Guidelines for Teachers* 219
- Recommendations for Teachers: Practice and Content 219
  - Developmentally Appropriate Practice Recommendations* 219
  -  *Learning and Assessment Strategies* 221
  - Students' Questions and Suggested Answers Regarding Tobacco* 229
- Evaluated Tobacco Prevention Programs 230
- Summary 231
- Internet Information 231
- Children's Literature with a Tobacco Use Prevention Theme 231
- Discussion Questions 231
- Suggested Readings 232
- Endnotes 232

## CHAPTER 10


### Nutrition Education 233

- Introduction 234
  - Prevalence and Cost* 234
  - Nutritional Risks as a Threat to Academic Performance* 234
  - Risk Factors for Overweight and Obesity* 236
- Important Background Information for Teachers 236
  - Nutrient Needs* 236
  - The Food Guide Pyramid* 238
  - The Dietary Guidelines for Americans* 240
  - Common Nutritional Problems of Children and Adolescents* 246

- Guidelines for Schools in Promoting Nutritional Health 247
- Recommendations for Teachers: Practice and Content 248
  - Developmentally Appropriate Practice Recommendations* 250
  -  *Learning and Assessment Strategies* 252
- Evaluated Nutritional Health Promotion Curricula and Resources 260
- Summary 261
- Internet Information 261
- Children's Literature with a Nutrition Theme 262
- Discussion Questions 262
- Suggested Readings 262
- Endnotes 263

## CHAPTER 11


### Physical Activity 265

- Introduction 266
  - Prevalence and Cost* 266
  - Physical Activity and Academic Performance* 267
  - Factors That Influence Participation in Physical Activity* 268
- Important Background Information for Teachers 269
  - Fundamental Concepts and Definitions* 269
  - The Physical Activity Pyramid* 269
- Guidelines for School and Community Programs to Promote Lifelong Physical Activity 272
- Guidelines for Teachers to Promote Physical Activity in Schools and Physical Education Classes 273
- Recommendations for Teachers: Practice and Content 274
  - Developmentally Appropriate Practice Recommendations* 274
  -  *Learning and Assessment Strategies* 278
- Physical Activity Resources and Programs 285
- Summary 286
- Internet Information 286
- Children's Literature with a Physical Activity Theme 286
- Discussion Questions 287
- Suggested Readings 287
- Endnotes 287

## CHAPTER 12

### Sexuality Education 289

- Introduction 290
  - Prevalence and Cost* 290
  - Teen Pregnancy and Academic Performance* 290
  - Risk and Protective Factors for Early Risky Sexual Behavior* 291

<i>Opposition to Sexuality Education</i>	291
<i>Reasons to Include Sexuality Education in Elementary and Middle-Level Schools</i>	292
Important Background Information for Teachers	293
<i>Relationships</i>	293
<i>Families</i>	294
<i>The Male and Female Reproductive Systems</i>	295
<i>Puberty</i>	297
Guidelines for Schools and Teachers for Teaching Sexuality Education	300
<i>Guidelines for Schools</i>	300
<i>Guidelines for Teachers</i>	300
Recommendations for Teachers: Practice and Content	301
<i>Developmentally Appropriate Practice Recommendations</i>	302
<i>Students' Questions and Suggested Answers About Sexuality</i>	302
 <i>Learning and Assessment Strategies</i>	304
Evaluated Pregnancy/STD/HIV Prevention Programs	310
Summary	311
Internet Information	312
Children's Literature with a Sexuality Theme	312
Discussion Questions	313
Suggested Readings	313
Endnotes	313


## SECTION III

### The Supporting Content 315

#### CHAPTER 13


#### Dying, Death, and Grief 316

Introduction	317
Reasons to Include Dying, Death, and Grief Education in Elementary and Middle-Level Schools	317
Important Background Information for Teachers	318
<i>Developmental Stages of Understanding Death</i>	318
<i>Stages of Grief</i>	319
<i>Stages of Dying</i>	320
Guidelines for Teachers When Dealing with Dying, Death, and Grief	321
<i>Teaching About Dying, Death, and Grief</i>	321
<i>The Teacher's Role When a Student or a Student's Relative Is Dying or Dies</i>	322
<i>The School's and Teacher's Role When Dealing with Disasters or Traumatic Events</i>	323
<i>The School's Role When Handling a Suicide</i>	324

Recommendations for Teachers: Practice and Content	325
<i>Students' Questions and Suggested Answers Regarding Dying, Death, and Grief</i>	325
 <i>Learning and Assessment Strategies</i>	326
Summary	328
Internet Information	329
Children's Literature with a Dying, Death, or Grief Theme	329
Discussion Questions	330
Suggested Readings	330
Endnotes	330

#### CHAPTER 14

#### Personal Health: Preventing and Managing Communicable and Chronic Diseases and Conditions Among Schoolchildren 331

Introduction	332
<i>Prevalence and Cost</i>	332
<i>Personal Health and Academic Performance</i>	333
<i>Risk Factors for Personal Health Problems</i>	333
Important Background Information for Teachers	333
<i>Definition of Terms</i>	333
<i>Taking Care of Oneself and Others</i>	334
<i>Preventing and Managing Communicable and Chronic Diseases and Conditions</i>	338
Guidelines for Schools in Personal Health Promotion	347
<i>History of Personal Health Programs</i>	347
<i>Principles of Prevention</i>	348
Recommendations for Teachers: Practice and Content	348
<i>Developmentally Appropriate Practice Recommendations</i>	348
 <i>Learning and Assessment Strategies</i>	349
Summary	354
Internet Information	355
Children's Literature with a Personal Health Theme	355
Discussion Questions	356
Suggested Readings	356
Endnotes	357

#### APPENDIX

#### National Health Education Standards for Students, Organized by Grade A-1

#### Credits C-1

#### Index I-1



## Foundations of Health Education

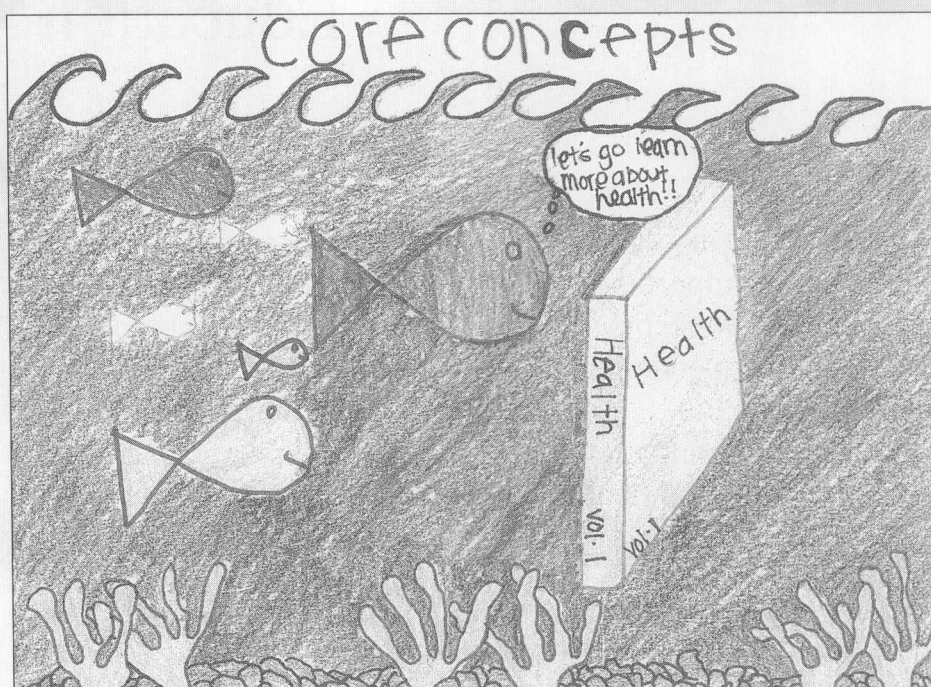
Section I begins with a review of important definitions and concepts that frame current understandings of health and health promotion. A rationale for the importance of school health programming to reduce health risks and promote school success is presented. Undergirded by the *Healthy People 2010* agenda and findings from the School Health Policies and Programs Study of 2000, this section reviews the eight critical components of a Coordinated School Health Program.

Elementary and middle-level teachers will be enriched by the translation of the broad science about education and brain-based learning to improving health instruction. In addition, a critical analysis of standards-based approaches to health education is provided. Finally, strategies for managing time constraints, controversial issues, and the challenges of authentic assessment are highlighted in section I of this text.

# THE COORDINATED SCHOOL HEALTH PROGRAM

*A Foundation for Health Promotion  
in the Academic Environment*

(Tiana, age 12; Nanea,  
age 12; Meili'i, age 12)



## O U T L I N E

***Health: Definitions***

***Determinants of Health***

***Healthy Americans***

***Health in the Academic Environment***

***The Coordinated School Health Program***

A Foundation for Understanding

A Program Model for Best Practice

Comprehensive School Health Education:

The Keys to Quality Health Instruction

School Health Services

Healthy School Environment

School Nutrition Services

School Counseling, Psychological, and  
Social Services

Physical Education

School-Site Health Promotion for Faculty  
and Staff

Family and Community Collaboration with  
the Schools

Pulling It All Together

***Summary***

***Internet Information***

***Discussion Questions***

***Suggested Readings***

***Endnotes***



## HEALTH: DEFINITIONS

When we review our understanding of the concept of health, most of us think in terms of our physical well-being. It is common for our thoughts to focus on preventing or managing illnesses, participating in fitness activities, or modifying our dietary behaviors. However, teachers in elementary and middle-level schools must understand that health is a very broad concept that extends far beyond a foundation defined by physical parameters.

In 1947, the World Health Organization provided a definition confirming that health is “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”<sup>1</sup> This definition confirmed that our health status is influenced by a number of elements.

Today, our definitions of health are framed in broad terms. Scholars have asserted that personal health is influenced by the interaction among a number of complex personal and environmental variables. As such, our ability to function in the context of our personal capacity and social, cultural, and environmental circumstances provides a more accurate picture of our health status than simple measures of our physical well-being. In this spirit, the Joint Committee on Health Education Terminology clarified that health is an “integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction with the environment where he (she) is functioning.”<sup>2</sup> Similarly, Bedworth and Bedworth stated that health “can be defined as the quality of people’s physical, psychological, and sociological functioning that enables them to deal adequately with the self and others in a variety of personal and social situations.”<sup>3</sup> In conclusion, definitions that enrich our understanding focus on both the independent strength of and the interaction among five influential elements, including the physical, emotional, social, spiritual, and vocational domains of health.

The physical domain of health is the most conspicuous. Our initial and sometimes lasting impression of the well-being of a friend or colleague evolves from our observations of the person’s behaviors or physical characteristics. As such, we are tempted to judge general health status based on such variables as appearance, energy level, body weight, and physical activity participation. If an individual is overweight or uses tobacco products, we tend to assume that he or she is unhealthy. Certainly, the person’s health prospects could improve if such behavioral risks were addressed. However, such individuals may be very healthy in other domains.

Our feelings and the ways in which we express them undergird the emotional domain of health. Emotionally healthy people possess strong coping skills and express a full range of feelings in socially acceptable ways. Healthy individuals communicate self-control and self-acceptance.

While this does not mean they are never sad, angry, or depressed, emotionally robust people manage and express negative feelings in productive ways that do not threaten themselves or others. Conversely, an individual with compromised emotional well-being may exhibit manifestations of a negative sense of self or may express feelings by acting out in inappropriate or even abusive ways. Some people keep feelings bottled up, contributing to stress-related disorders, including increased susceptibility to infection and heart disease. In summary, the emotional domain of health is reflected in our perceived quality of life.

The social domain of health is reflected in our practice of social skills. As humans, all of us live and interact in a variety of social environments: the home, school, neighborhood, and place of work. Socially healthy people demonstrate the ability to navigate these settings by maintaining comfortable intimacy and connections with, and communicating respect and tolerance for others.<sup>4</sup> Individuals with robust social health are concerned about the unique attributes of the people with whom they have contact. Finally, socially healthy people view themselves as making meaningful contributions to their families and communities. Unfortunately, many people are not able to function comfortably or effectively in the company of others. Such people tend to focus their concern exclusively on themselves. Thus, the behaviors of socially unhealthy people make a negative impact on their personal quality of life and that of others with whom they work and live.

The spiritual domain of our health is best understood in context of a combination of three important elements:

1. Comfort with ourselves and the relationships we have with others
2. The strength of our personal value systems
3. The pursuit of a meaningful purpose for our life.<sup>5</sup>

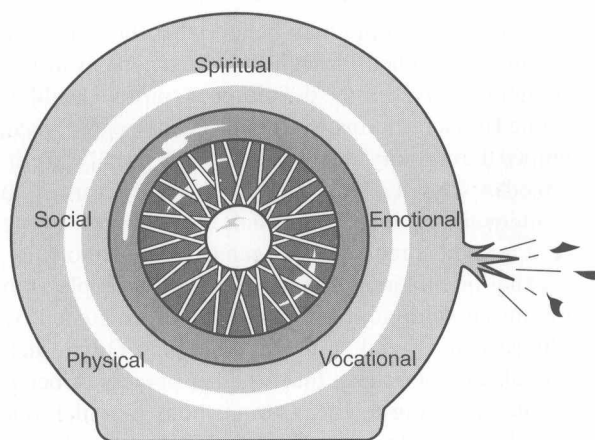
While many people may believe that their spiritual well-being is enriched through their engagement in formal religious activities, the definition of spiritual health is not limited to sacred terms. Spiritually healthy people have developed the capacity to integrate positive moral and ethical standards, such as integrity, honesty, and trust, into their interactions. Such individuals demonstrate strong concern for others regardless of gender, race, nationality, age, sexual orientation, or economic status. People with compromised spiritual health usually are not guided by broadly accepted moral or ethical principles. Often, such individuals do not believe that a higher process or being contributes meaning to life. During times in which our spiritual health is threatened, we feel isolated and have difficulty clarifying a meaningful foundation for making decisions and interacting with others.

The vocational domain of health relates to our ability to collaborate with others on family, community, or professional projects. Vocationally healthy people are committed to completing their share of the responsibility for projects and activities. This commitment is demonstrated

by the extent to which individuals approach tasks with a high degree of integrity. The vocational domain of health also is manifested in the degree to which one's work makes a positive impact on others or one's community. As such, the behaviors of people with compromised vocational health are not limited to threats to personal work-related goals. Often, compromised vocational health makes a negative impact on the productivity of professional associates and the collaborative community of the workplace environment.

When evaluating the quality of our health, it is important to remember that balance among the domains is as important as maintaining an optimal level of functioning within each. An individual who is very healthy in the physical domain may be ineffective or inappropriate when expressing emotions. Also, it is quite possible for physically healthy people to behave in ways that confirm a poorly developed moral or ethical code. Conversely, a student in a middle-level school who is confined to a wheelchair because of a disabling condition may produce very-high-quality academic work and have confident and effective interactions with classmates.

In this context, personal health can be compared to a tire on a vehicle. A tire is able to support transportation only as long as each independent part contributes to the whole which operates smoothly and in balance. If the tire is out of alignment or suffers a blowout, its performance and that of the vehicle on which it is mounted are compromised. Similarly, in people with high-level personal well-being, each domain of their health functions effectively. In addition, in healthy people, all elements perform well in concert. Problems, or a "puncture," in one or more of the domains of personal health can render individuals less effective (figure 1.1).



**Figure 1-1**

When one place on a tire is weakened or punctured, the ability of the entire unit to function is impaired. The same is true of our health. A threat to any domain of health has a negative effect on the others and on overall personal health. Can you think of another analogy or visual depiction that could be used to help students understand the complex relationship between each of the domains of health and our general health status?



## CONSIDER THIS

### Health: A Personal Evaluation

As someone who will be teaching health concepts to students in elementary and middle-level schools, you will find it helpful to reflect on the status of your own health across the five domains. When thinking about your own personal health, in which of the five domains do you feel most comfortable? In what types of activities do you participate to improve your health within each domain? In what activities do you participate to improve your overall health status across all domains?

Conversely, what domains of your personal health seem to cause you problems? Why? What significant measures and activities might you undertake to strengthen this domain and its influence over your overall health status? Finally, think about how your understanding of this integrated and complex concept of health will affect your ability to function as an energetic, healthy teacher?

When planning developmentally appropriate and meaningful health promotion learning activities for elementary- and middle-level learners, teachers must attend to each of the identified domains of health. In addition, teachers would be wise to develop learning activities that highlight the interrelated nature of these dimensions. To begin this process, it might be helpful for teachers to participate in a personal evaluation of their own health, as suggested in the box "Health: A Personal Evaluation."

## DETERMINANTS OF HEALTH

In 1979, the U.S. government embarked on a sweeping initiative to improve the health status of all Americans. This multidecade agenda was launched with the publication of *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*. This document contained confirmation that the leading causes of illness and death among Americans had undergone dramatic change between the beginning and the end of the twentieth century. In the early 1900s, the greatest number of Americans died as a result of infectious or communicable diseases, including influenza and pneumonia, tuberculosis, and diarrhea and related disorders. Fortunately, due to such measures as improved sanitation and waste disposal and medical discoveries, Americans were living longer and healthier lives than their counterparts who had lived just 100 years earlier.<sup>6</sup>

In specific, data have confirmed that, since 1900, the average life span of Americans has lengthened by greater than thirty years. While many actions improved the health of Americans during the twentieth century, the Centers for Disease Control and Prevention (CDC) has compiled a list of ten specific achievements that made a



**TABLE 1.1 The Ten Great Public Health Achievements in the United States: 1900–1999****VACCINATION**

Resulted in eradication of smallpox, elimination of polio in the Americas, and control of measles, rubella, tetanus, and other infections in the United States and around the world

**IMPROVEMENTS IN MOTOR-VEHICLE SAFETY**

Includes engineering advancements in highways and vehicles, increased use of safety restraints and motorcycle helmets, and decreased drinking and driving

**SAFER WORKPLACES**

Better control of environmental hazards and reduced injuries in mining, manufacturing, construction, and transportation jobs have contributed to a forty percent decrease in fatal occupational injuries since 1980

**CONTROL OF INFECTIOUS DISEASE**

Resulted from clean water, improved sanitation, and antibiotic therapies

**DECLINE IN DEATHS DUE TO HEART DISEASE AND STROKE**

Since 1972, 51 percent decline in cardiovascular death—related to decreased smoking, management of elevated blood pressure, and increased access to early detection and better treatment

**SAFER AND HEALTHIER FOODS**

Decreased microbe contamination, increased nutritional content, and food-fortification programs that have helped bring diseases of nutritional deficiency to near elimination

**HEALTHIER MOMS AND BABIES**

Better hygiene and nutrition, available antibiotics, greater access to early prenatal care, and technological advances in maternal and neonatal medicine—since 1900, decreases in infant (90 percent) and maternal death rates (99 percent)

**FAMILY PLANNING**

Improved and better access to contraception, resulting in changing economics and roles for women, smaller families, and longer intervals between births; some methods related to reduced transmission of human immunodeficiency virus (HIV) and other sexually transmitted diseases

**FLUORIDATION OF DRINKING WATER**

Prevents tooth decay regardless of socioeconomic status; reduced tooth loss in adults

**RECOGNITION OF THE HEALTH RISKS OF TOBACCO USE**

Reduced exposure to environmental tobacco smoke; declining smoking prevalence and associated deaths

As we begin the twenty-first century, we should celebrate each of these achievements and their contribution to helping us live longer and healthier lives. The public health accomplishments identified in this list are not ranked in order of importance.

Source: Centers for Disease Control and Prevention, "Ten Great Public Health Achievements—United States, 1900–1999," *MMWR* 48, no. 12 (1999): 241–243.

“great” impact on improving the health of our citizens. Accomplished between the years 1900 and 1999, each achievement is reviewed in table 1.1.<sup>7</sup> An analysis of data confirming the extent to which each achievement contributed to preventing or reducing death, illness, and disability among U.S. citizens served as the criteria for inclusion on this list.<sup>8</sup>

Although both the length and the quality of life of Americans have improved dramatically since 1900, *Healthy People* reminded us of the need to address those factors that continued to result in premature death. This federal document confirmed that approximately 50 percent of premature morbidity and mortality among Americans was linked to variables largely beyond personal control. These factors included heredity (20 percent); exposure to environmental hazards, toxins, and pollutants (20 percent); and inadequate access to quality medical care (10 percent).<sup>9</sup> However, *Healthy People* revealed that the remainder of premature illness and

death (approximately 50 percent of all U.S. deaths) could be traced to the effects of our participation in risky health behaviors.<sup>10</sup> Table 1.2<sup>11</sup> contrasts past and current causes of death among Americans. Examination of this table reminds us of the devastating impact of communicable diseases on the health of our ancestors. Conversely, we can see that the majority of today’s Americans die as a result of chronic rather than infectious conditions.<sup>12</sup>

The majority of the chronic conditions listed in the right column of table 1.2 have been linked to participation in specific health-risk behaviors. These include activities over which each of us could exercise significant personal control. Teachers are encouraged to examine table 1.3 for clarification of this important point. Data in this table specify the risk behaviors that undergird the most common causes of American deaths.<sup>13</sup> In this context, a physician may indicate a clinical diagnosis of heart disease on a death certificate. This diagnosis is recorded as the official cause of death for that individual. However,