

# learning feeling doing

*designing  
creative  
learning  
experiences  
for  
elementary  
health  
education*



gwendolyn d. scott • mona w. carlo

# Learning- Feeling- Doing:

designing  
creative learning  
experiences for  
elementary  
health education

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*You don't have to plan to fail; all you have to do is fail to plan.*  
*Anonymous*

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*G.D.S. and M.W.C.*

# preface

Dear Colleague,

At some point in your professional education there came a realization that life is guided by knowledge, drives, emotions, attitudes, experiences and human relationships. Have you also recognized that each of these motivators is an integral dimension in health education? They all deal directly with the learner as a *total person* facing exciting new experiences from moment to moment.

By the time a child enters the school scene, he/she is already bombarded with accurate or inaccurate health information fed to him by the example of others via verbal and non-verbal communication. By this time the learner's own health behaviors and attitudes toward health are fairly set in the mold. Good or bad, the child tends to imitate the behaviors of the adults who are significant in his/her life. This is not to say that these attitudes and behaviors are permanent or unchangeable. "Change" is what education is all about—*change that improves the quality of life in every way!* As you accept this neophyte learner into your sphere of influence, your role as a compassionate, humanistic, well-prepared facilitator of learning is of immeasurable importance. You are one of the *significant adults* in this child's life! It is your responsibility to provide experiences which may serve as catalysts in helping each learner to become self-motivated. The goal toward which we all are working is

to encourage our students to make decisions that will enhance his/her growing and developing process—a heavy burden, admittedly.

You, as a “pre” or practicing professional have already indicated that you *are* a “caring” person simply because you are reading this. You are seeking professional growth.

You may have had little or no preparation in the field of health education. Your teaching certificate may indicate a variety of disciplines you are qualified to teach, but it may nowhere list health education as being one. The fact remains that you, and EVERY TEACHER IS A HEALTH EDUCATOR, directly or indirectly. If you have but partially recognized this fact and have made only a slight pass at including health education in your everyday teaching, think seriously about including it now. Using health information in your particular area of expertise can not only augment your teaching in that discipline, but can also add a new dimension to the total health education experience of each of your students. The student may come to recognize that health education is not an isolated offering, but rather it is an integral part of all learning and living. By its very nature, health education is *education in the skills of living*.

Those of you who are practicing professional health educators realize that health education is dynamic. The areas of emphases are constantly changing as man solves some of the old problems that have plagued him, and creates new ones that arise because of the abuse of his body and his environment.

Each person begins very early in life to make decisions that affect the status of personal health. At first the decisions are at a relatively unconscious level—i.e., refusing foods offered or spitting them out. Gradually, decisions are made at a conscious level—on the basis of “I want,” “I like,” “I won’t,” or “I will.”

The knowledge of health and the understanding of human behavior has the potential for providing the student with a more rational basis for decision-making. As a result of the increasing emphasis on these two components of health, there has been a drastic change in the instructional aspects of health education.

It is becoming more rare for the student to be receiving anatomy and physiology under the aegis of health education. Rather, these areas are being rightly assigned to the biological sciences.

With the changes occurring in the classrooms, we see student interest growing as they become involved in experiences that have meaning in their daily lives.

The dynamics of health education are encompassed in understanding human behavior (its causes and consequences), and particularly behaviors that affect the student’s own health and that of the

community of mankind. *How you, as a facilitator of learning, provide experiences for this kind of understanding is pivotal.* It is hoped that this book will be helpful to you in your efforts.

As a “significant person” in the lives of others, you probably already recognize:

1. that the development of concepts of healthful living permeates every educational endeavor;
2. that community and world health depend upon individual behaviors and attitudes;
3. that health behaviors can be changed; and,
4. that there is *no* discipline that offers more opportunity for *Learning, Feeling, and Doing* activities applicable to everyday living than those available in health education.

Because you *are* so influential in nurturing others, we wish to “wave the flag” vigorously and urge each of you to “make health education your bag”—now, more than ever!

Sincerely,

Gwen and Mona

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# introduction: put a dinger in your bell

# 1

You have either chosen to become a health educator or health education itself is an area of responsibility within your teaching. How lucky you are! There is no subject more dynamic, more exciting, or more relevant to every living person than one's own health. The question is: How can you accept this feeling of super-importance yourself, and in turn project it to the kids you teach? You have a beautiful bell—how do you ring it?

It's true that there is no magic wand that can be waved, or no tune that can be played in anyone's class that will cause every student to be totally committed to the learning. But it is a certainty that . . .

- . . . if you are not turned on,
- . . . if you do not *really* know *each* of your students and understand his or her uniqueness,
- . . . if you do not consider this uniqueness in your planning,
- . . . if the goals you set and the objectives you design are focused on your performance rather than your students',
- . . . if you limit student involvement in both the learning and evaluative process,
- . . . if you are succeeding in stifling your own creativity by failing to use and adapt ideas from others to meet the needs and interests of your kids,

... if your philosophy and your teaching do not reflect a beautiful blending of *Learning* and *Feeling* and *Doing*, ...

then very little is going to happen in your classroom that will cause more than loud yawns, boredom, and/or disruptive behavior.

It is the fervent hope of the authors that this book will spur your interest in helping health education become one of the most successful experiences in the school life of your students. We are offering you ideas, but you must ring the bell!

This is one of a series of books that responds to the types of assistance requested by teachers to facilitate their instruction. Namely, these types are: (1) assistance in applying the causal behavioral approach to health education; (2) assistance in utilizing behavioral objectives; (3) assistance in using values clarification techniques in health education; (4) assistance in designing learning experiences that involve students and emphasize the affective and psychomotor domains of learning; (5) assistance in having examples of learning experiences that have been designed by others; (6) assistance in adapting others' ideas to the needs of their students. If these are *your* needs, fellow educator, read on!

Panacea? No! Recipe book? No! Encouragement, suggestions, ideas, tried and proven-in-the-classroom strategies and learning experiences? Yes! Our goal and your goal are identical—to improve health education for our kids so that the behaviors they choose will enable them to live more fully. It is then that your bell will become a bell instead of a hunk of metal. You are the dinger—you make the difference!



# expecting with understanding

## Yes, Virginia, Everyone is Unique

How many times in their academic experiences do teachers have the concept of “individual differences” impressed upon them? It would be a rarity if anyone in education could not expound at length on the meaning of this phrase or its derivatives — “no two people are alike,” “each individual is unique,” and so on. The concept is beautiful and true. It is basic to the tenets of democracy and educators accept it completely — in theory. How unfortunate that more of them do not utilize the concept in practice — in their everyday teaching! They talk a good game, but playing that game is something else. If the concept is true, then why do so many professionals at all levels indicate by their behavior that they are actually envisioning the class as a unified structure rather than a collection of unique individuals? It is not a rare occurrence for classes to be taught as though all students:

- have identical needs
- come from the same type of family background
- have had similar past experiences
- hold the same personal values