



HEALTH education

in the elementary & middle-level school

Miller

Telljohann

Symons

2nd
edition

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Preface

The ideas, concepts, and challenges presented in this textbook have developed out of a number of years experience teaching elementary and middle-level schoolchildren, teaching a basic elementary/middle-level school health course to hundreds of students majoring in elementary, early-childhood education, and special education, working with numerous student teachers in both elementary and middle-level school health education, and serving on a variety of state and local elementary and middle-level health-education curriculum committees. Since the writing of the first edition of this textbook, two of the co-authors took sabbatical leaves from their university teaching positions and taught for one term in a local elementary school and a middle-level school. This provided opportunity to use and try out the various strategies included in this new second edition. In this edition we have added a third co-author who brings several areas of expertise to the writing project. Of particular strength is this new co-author's work in integrating children's literature with the teaching of elementary and middle-level health education.

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 have to prepare and teach health to his/her classroom students in the future; (2) the health-education major who will be the health specialist, or coordinator, in an elementary and/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.

We have expanded the focus of this second edition to include programming for middle-level schools. This has been done because in many communities the basic school organization pattern places grades 5, 6, and 7 in middle school, apart from the elementary grades. Also, in some states, teacher certification patterns include

elementary and/or middle-level grades from kindergarten through grades 7 and 8.

The textbook is designed to give a broad introduction to and understanding of the different components of the comprehensive school health program. Several selected subject areas usually considered to be a part of the elementary and/or middle-level school health curriculum are presented as individual chapters. We recognize that many of those for whom this textbook is targeted have minimal knowledge of health. Therefore, small amounts of cognitive information are provided in each of these chapters. There are a number of suggested activities that the teacher can apply, use, or modify in his/her unit development in each chapter. Each activity has been used, observed, or discussed with our classes. The suggested activities are in no way exhaustive of the activities that might be conducted by the classroom teacher. They should serve as models and examples. The creative classroom teacher will develop many more teaching activities.

The book is divided into three sections. Section one, *The Program*, includes chapters 1 and 2 and introduces the comprehensive school health program, with specific emphasis on the health service component. Section two, including chapters 3, 4, and 5, provides information that should be useful in developing the elementary and/or middle-level school health curriculum. These are the *"Tools of Teaching."* Section three, *The Content*, includes chapters 6 through 15 and provides information and teaching recommendations for several content areas that should be a part of any elementary and/or middle-level school health-education curriculum.

Chapter 1 presents a brief description of health as perceived by the authors. Then the various components composing the comprehensive school health program are presented. A number of different factors impact the educational system in the United States, and in turn impact the comprehensive school health program. Several of these are presented for student discussion and understanding.

Chapter 2 presents several different activities that compose the school health service program. This component of the comprehensive school health program is very important in helping to maintain student health and well-being. Measures that are implemented in the schools to appraise the health status of the elementary and/or middle-level schoolchild are presented. Also included are measures that the school should provide to protect against communicable diseases and sickness and injury. The school nurse is an important individual in this component of the comprehensive school health program. Any classroom teacher should be familiar with the services that are provided by the school nurse.

Chapters 3, 4, and 5 make up the second section of the textbook. We present a number of "tools of teaching" in this unit. One must recognize that the elementary and/or middle-level school health-education curriculum will most likely be developed at the local school district with the input of various school and community personnel. However, the elementary and middle-level classroom teacher and others developing health curriculum should be familiar with the many curriculum models that have been developed, disseminated, and marketed in recent years. Various aspects of these curriculum models can be integrated and used in local curriculum development.

The use of subject matter textbooks is an integral aspect of elementary and middle-level school education. School districts can choose from several different health textbooks for use in grades kindergarten through 8. Factors relating to textbook selection are presented in chapter 4. Also, microcomputers and instructional television are discussed as useful pedagogical tools in elementary and middle-level health instructional programs.

Chapter 5 is new to this edition. It includes information about the importance of including developmentally appropriate material and activities in the health teaching program. Suggested guidelines for the development of appropriate activities are presented. Also, we have included information about the importance of cooperative learning and how it can be used in elementary and middle-level health instruction. Another effective tool for teaching health concepts is the health fair. We suggest ways to help the future elementary and/or middle-level instructor implement this activity in their curriculum.

The third section of the textbook begins with chapter 6, which presents material useful to the elementary and middle-level curriculum about psychosocial causes of negative health behaviors. Low self-esteem, isolation, loneliness, rejection, and frustration are a few causes of

negative health behaviors that are addressed in this chapter. The chapter includes suggested ways of developing personal and social skills to counter negative health behaviors. This section emphasizes the development of communication skills, peer resistance or refusal skills, decision-making skills, stress management skills, and conflict management and conflict resolution skills. The matter of self-esteem is expanded in chapter 7 in the context of instruction about emotional health.

Chapter 8 discusses a number of personal health concerns that confront the elementary and middle-level schoolchild. Dental health and skin care are specific matters that need attention during these years. This is also an age when children should begin to develop behavioral patterns that will contribute to an increased level of physical fitness. There is also material in this chapter about asthma, the most common cause of absence from school during the elementary and middle-level school years.

A major cause of death and disability among children from the age of one through the teens is unintentional injuries. Injury prevention and the establishment of safety programming are extremely important in the elementary and middle-level health-education curriculum. Several different topics are examined in chapter 9, including drowning, fire safety, injuries from falls, electricity, and poisoning. Bicycling, pedestrian, and motor-vehicle safety are also covered in this chapter. This chapter has been expanded from the first edition by the inclusion of information about injury resulting from interpersonal violence, with specific focus upon child abuse and sexual abuse. Concepts for teaching sexual abuse protection are included, as is information about latchkey children.

A major problem facing American society is drug, alcohol, and tobacco abuse. Unfortunately, exposure to these substances often begins during the elementary school years. Information and teaching activities about drugs, alcohol, and tobacco are presented in chapter 10.

Elementary and middle-level schoolchildren are faced with numerous problems related to nutrition. Information about good nutrition and teaching ideas for effective nutrition education are found in chapter 11. This chapter includes the study of the Food Guide Pyramid, nutrients, dietary guidelines, and nutritional problems of children.

Information about the environment and how serious pollution problems can impact human health is presented in chapter 12. Water and air pollution are discussed along with problems related to increased noise levels and

the disposal of solid and toxic wastes. Acid rain and lead poisoning also need attention in the elementary and middle-level school health-education curriculum.

Chapter 13 deals with the sensitive and important topics of aging, dying, and death. The aging process, grief, stages of dying, and the developmental stages of understanding death are examined in this chapter. There is information for assisting teachers in helping students when there is a death in the school or when a death occurs in a student's family.

No health problem has been of greater concern in recent years than HIV/AIDS. Chapter 14 is devoted to the prevention of and education about HIV/AIDS. Information about the immune system, modes of HIV transmission and prevention, and the risks for young people are addressed. This chapter also focuses on appropriate objectives for early elementary students as well as late elementary and middle-level students. Included are recommended policies for handling blood and body fluids at school and for the admittance to regular classrooms of children who are HIV positive.

The last chapter of the textbook, chapter 15, includes information on relationships, families, the male and female reproductive system, and puberty. This chapter on human sexuality offers several teaching activities and provides guidelines and suggestions on how to answer children's questions.

Throughout the textbook, we have included a number of pedagogical aids to assist the reader. In each chapter there is a chapter outline, a summary, several review/discussion questions, and a listing of suggested readings to support the chapter information. In Section 3, a number of teaching/learning aids are presented in box form for use by the readers. A new feature in this

edition is a listing of children's literature containing health concepts. Several forms have been developed that will be helpful in evaluating elementary and middle-level school health textbooks, computer software, and other selected materials.

There is an accompanying Instructor's Manual and Test Item File. The manual for this edition has been expanded and prepared by one of the co-authors. Included for each chapter is an identification of learning objectives of the chapter and a lecture outline. The test questions are also available on TestPak 3.0, a complete classroom management system.

Many people and organizations provided information, pictures, and other material during the preparation of the manuscript. To all of these individuals we offer our sincere thanks.

The manuscript was greatly enhanced by the reviews, critiques, and suggestions given by the reviewers: Marie R. Horton, Texas Southern University; and Janice C. Williams, Texas A&M—Kingsville.

This second edition could have never been written without the assistance, encouragement, and work of Ed Bartell and the editorial and production staff of Brown & Benchmark Publishers. Their probing questions, concerns about every detail, and complete confidence in this project were most helpful.

The two original authors of the first edition wish to welcome Cynthia Wolford Symons, D.Ed. of Kent State University to this edition. Dr. Symons' contribution has been greatly appreciated, and we are confident her involvement will ensure a much better and useful textbook for elementary and middle-level schoolteachers in their striving for improved health instruction of their students.

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HEALTH

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in the elementary & middle-level school

Section One

The Program



The Comprehensive School Health Program: Organization, Structure, and Impacting Factors

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Health: A Concept

When most individuals think of the concept of health, they think only of its physical components, such as fitness, appearance, and proper nutrition. The elementary and middle-level school classroom teacher needs to understand that the concept of health has several dimensions, all of which need to be addressed at some time in each school year. There are various definitions as to what makes up “health.” The definition that has received possibly the most attention includes physical, mental, and social well-being as addressed by the World Health Organization. We suggest that there are five components to the concept of health: physical, emotional, social, spiritual, and vocational dimensions.

The physical dimension of health is the most easily identified and most often considered. We judge people’s state of health based on how they look, their personal appearance, their physical build, and the kind of personal health behaviors they practice. Often our initial, and sometimes lasting, impression about a person is determined by the physical dimensions. For example, if people are overweight or if they smoke, we tend to assume that they are unhealthy. Certainly their health status could improve in the physical dimension if they improved their personal health behaviors by losing weight or quitting smoking. However, they may be very healthy in the other dimensions that are not typically associated with health.

The emotional dimension of health relates to how individuals feel about themselves and how they express their emotions. Persons with positive emotional health characteristics and coping skills will be able to express their emotions in a socially acceptable manner. They tend to have a high degree of self-esteem. This does not mean they will never feel sad, angry, or depressed, but they will express and deal with those feelings in a positive, socially acceptable way. An individual with a poor emotional dimension of health will probably have low self-esteem and may express feelings by being physically or emotionally abusive. In some instances, they may keep all of their feelings inside, which can cause various stress-related problems. Maladaptation in this dimension can result in a variety of mental health disorders.

The social dimension of health consists of the social skills that an individual possesses. We all live and interact in a variety of different social environments: the home, the school, the neighborhood, and the place

of employment. Individuals who feel comfortable being with other people are concerned about others and see themselves as contributing members of society. These persons have appropriate interpersonal skills to manifest positive social health and are usually well received by others. On the other hand, there are those who feel uncomfortable around other people, who are only concerned with themselves, and who do not fit in with the various activities and organizations of society. Many of their actions and behavioral patterns have a negative effect on their environments, as well as on themselves.

The spiritual dimension of health is not necessarily related to religion, though for some this may be important. Instead, it has a broader scope. It includes what one values in one’s own life and the lives of those with whom one comes into contact. Individuals with spiritual health exemplify accepted positive moral and ethical standards such as integrity, honesty, and trust. These persons show a strong concern for other humans regardless of gender, race, nationality, age, or economic status. They also typically are committed to some higher process or being. A person weak in the spiritual health dimension usually is not strongly motivated by moral or ethical principles and does not believe in any higher process or being that gives meaning to his/her life. Life often becomes very isolated and introspective for these individuals.

The vocational dimension of health relates to how individuals can work with others in their job, their community, or other societal relationships. These individuals tend to exemplify practices of carrying out their share of these responsibilities by doing their best. The vocational dimension is also related to whether or not one’s job has a positive impact on other individuals.

When thinking about these dimensions of health, it is important to remember that balance between the dimensions is just as important as trying to reach an optimal level in each dimension. For example, a person may be very healthy in the physical dimension but cannot interact well with others, may be ineffective or abusive when expressing his/her emotions, or may have a poorly developed code of personal moral or ethical standards. Someone may have a healthy physical appearance, but does not show a well-balanced status of health. On the other hand, a person with a physical limitation of some kind may be very healthy in the social, emotional, and spiritual dimensions of health. For example, a physically disabled individual may be

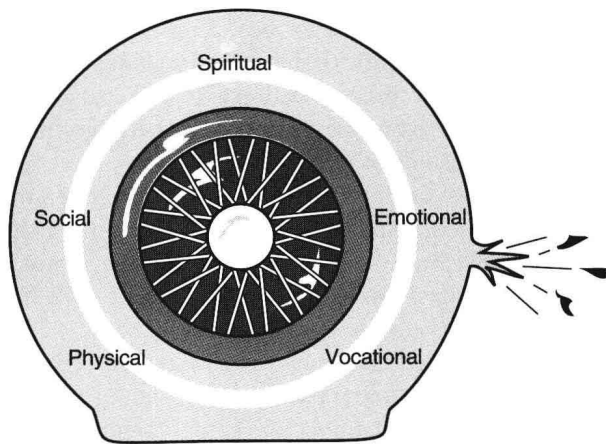


Figure 1.1 When a tire is punctured, the ability of the entire unit to function is impaired. The same is true of health. A malfunction to any of the five dimensions that compose health and well-being can have an effect on the other dimensions.

very productive, have developed various skills of self-concept, and be able to adapt to his/her handicap.

Health, as has been defined, can be compared to a wheel. The wheel is very functional as long as all sides are functioning properly. However, if a nail penetrates it or the wheel blows out, the entire wheel becomes of little value. In thinking about high level personal well-being, all components need to be functioning in a positive manner. Problems, or “a puncture” in one or more of the dimensions, can render the individual less effective in the other areas of well-being (figure 1.1).

When preparing lessons about promoting healthy behaviors and positive well-being for use in elementary school health classes, and while interacting with students of this age, teachers should remember to incorporate all the dimensions of health, and not just focus upon outward physical appearance. All of these dimensions are interrelated. It is not for the teacher to judge which dimension is more important, but to be aware of and focus on all the dimensions of health.

Health in the Educational Setting

If you were asked to describe the school health program in the community where you attended elementary school, what would you talk about? This same question posed to average citizens would no doubt elicit a number

CONSIDER THIS...

Health—A Personal Evaluation

As someone who will be teaching health concepts to elementary and middle-level schoolchildren, you would find it helpful to reflect on the status of your own health in the five different dimensions.

Which of the five dimensions that comprise the concept of health do you feel most comfortable with from a personal point of view? What types of activities do you involve yourself in that improve these dimensions of health?

On the other hand, what dimension, or dimensions, of health seem to cause you some problems? Why? What significant measures and activities might you undertake to strengthen this dimension of your state of health?

Discuss how this understanding of the concept of health will affect your teaching as an elementary or middle-level schoolteacher.

of different responses. To some, the thought of school health brings back memories of a school nurse. This individual, dressed in the traditional nurse’s white uniform, would take care of you if you were injured or sick at school. On occasion, she would take your weight and measure your height and then record this information on a school health record. For others, the concept of a school health program would center on rather ineffective, boring, repetitive health instruction. All too often, this instruction was provided by a noninterested teacher on those days when the gymnasium was not available for physical education class. The most surprising, yet common, answer to this question might be something about the school district’s athletic program.

Unfortunately, the school health program has not been a highly visible part of many school districts’ priorities. When budget deficits occur, it is not unusual for school administrators to cut components of the health program.

This low priority is observed when one reviews any listing of the “basics” of education. Since the early 1980s, a number of different reports and publications have been released in an effort to upgrade the level of education in the United States. Also, legislative initiatives have been implemented in most states to improve the status of the education of young people.

This educational reform movement has led to a number of new and different initiatives in the educational curriculum. Nearly all of these have tended to focus on upgrading the general level of education of American young people in the basics: language, mathematics, the social and physical sciences, and writing. Health instruction has received very little emphasis in this educational reform movement.

Nowhere was this more obvious than in *A Nation at Risk*, the National Commission on Excellence in Education Study released in the early 1980s. That very prestigious and well received report sponsored by the United States Department of Education placed health education in a category referred to as “educational smorgasbord.” The report said that the educational curriculum had become “diluted . . . and diffused . . .,”¹ and it recommended that educational programs in this category be either eliminated or significantly reduced in emphasis.

Since the release of the report, *A Nation at Risk*, in 1983, a range of reports and statements has been critical of the educational system in the United States. Criticism has focused upon the failure of students to perform at academic levels equivalent with students in other nations. The quality of teaching has been singled out for criticism. Many believe that the curriculum needs to be strengthened through an emphasis on the “basics of learning.”

In 1991 six national education goals for the year 2000 were established by the federal government. These goals were to provide both the federal government and local school districts with direction in education reform during the 1990s. With the election of a new presidential administration in 1992, these goals were modified.

In 1994 an educational bill, the Goals 2000: Educate America Act, was passed by Congress. This legislation established eight National Education Goals to be achieved by the year 2000. It mandated content standards to be established by the individual states. Measurement of student attainment is now required. The legislation calls for the establishment of voluntary standards in several subject content areas: English, history, science, mathematics, arts, geography, and foreign language. That every American adult be literate was a goal of this legislation. It is anticipated that implementation of this legislation will encourage agreement on what students should know and what skills they must

have before being promoted to the next grade. The federal government will provide funds to local school districts to implement this educational reform program. Improvement of teacher training is to receive major priority under provisions of this legislation.

There is no direct inclusion of health education in the goal statements of this legislation. The only goal related to the school health program directly is goal seven, which states, “every school in America will be free of drugs and violence by the year 2000.”²

However, based on the first goal statement, which called for all children being ready to start school able to learn, and based on a number of reports documenting the poor state of health of children in the United States, the Secretaries of Education and Health and Human Services issued a joint statement in April 1994. This statement strongly supported the establishment of comprehensive school health programs along with provision of school-related health services in the nation’s schools.³

This joint federal government interagency statement recognized that a range of social problems have impacted the schools during the past decade, particularly teenage pregnancy, drug abuse, AIDS, adolescent suicide, and violence. Schools are often expected to lead in the battle against these problems. In the past, support for including initiatives to impact these problems often were not included in educational reform activities.

The only significant nationwide educational study that in any way recommended upgrading the school health program was the Carnegie Council on Adolescent Development Report.⁴ This report recommended that academic performance could be improved by “fostering the health and fitness of young adolescents.”⁵ Also the report recommended that every middle-grade school should have the services of a health coordinator and that all middle-school children should have access to health care and counseling services.

Possibly the most significant federal government initiative providing support for school health is the National Health Promotion and Disease Prevention Objectives for the Year 2000. This program began in 1979 with the publication by the Surgeon General of *Healthy People*. This report identified specific risk factors for the leading causes of death and recommended the establishment of national goals for five different age groups.

In order to achieve these goals, more than two hundred specific measurable objectives were identified. These objectives provided the program emphasis in health promotion and disease prevention during the 1980s. By 1990, success in meeting the objectives was mixed; some were met, some were not, others were surpassed.

In 1990, after a two-year review and examination of the 1990 objectives program, three broad goals were identified for achievement by the year 2000. Two hundred ninety-eight specific objectives were detailed. As a means to continue this national agenda, these goals were published in a document titled *Healthy People 2000*.⁶ Specific activities being carried out by national, state, and local agencies are expected to contribute to achieving these objectives by the turn of the century.

Several of the objectives of the National Health Promotion and Disease Prevention Objectives for the Year 2000 initiative focus on the role of the schools. Seventeen of the objectives can be directly attained by programs of the school health program.⁷ The principal objective of interest to the school health program calls for including planned and sequential kindergarten through 12th grade school health education in at least 75 percent of the nation's schools.⁸

The Comprehensive School Health Program

Any person concerned about the well-being of the present elementary school population and the impact on the future generation's health status must realize the importance of an effective, well planned, and supported school health program. One might ask: What good are science, mathematics, language, or social studies to even the brightest, most talented student if the student becomes unhealthy due to alcohol, drugs, teen pregnancy, or emotional instability? Healthful well-being is at the core of the total person.

The comprehensive school health program includes a range of activities that are directed at improving, protecting, and promoting the health and well-being of not just the students but their families and the various personnel involved in the total educational system. Included are the responsibilities and tasks of numerous individuals associated with the school system, including the teaching and support staff. Because of the divergent activities and

personnel involved in a school health program, we speak of a *comprehensive school health program*. As a program of sending consistent health promoting messages through multiple reinforcing channels, comprehensive school health has been defined as "an organized set of policies, procedures, and activities designed to protect and promote the health and well-being of students and staff which has traditionally included health services, healthful school environment, and health education. It should also include, but not be limited to, guidance and counseling, physical education, food service, social work, psychological services, and employee health promotion."⁹

School Health Instruction

Comprehensive school health instruction includes those planned, organized, and integrated curriculum activities that focus primarily on knowledge acquisition, attitude evaluation and formation, and skill development for enhancing healthful behaviors (figure 1.2).

At the elementary and middle-level school, health is one of many subjects in the academic curriculum. State legislatures or boards of education usually mandate that certain weekly time allotments be given to health. The time allotments vary by state and by grade level. Usually more time is expected to be spent on health in the upper-elementary and middle-school grades than in the primary grades.

The content to be taught in the health class can usually be found in the school district curriculum guide. Though it varies from one local school district to another, the following subjects are usually a part of the elementary school health education curriculum: personal health, fitness, dental health, mental and emotional health, prevention and control of disease, nutrition, substance use and abuse, unintentional injury prevention and safety, community health, consumer health, environmental health, personal adjustment, self-esteem, and family life education. The Education Commission of the States identified ten content areas that should serve as a minimum in a comprehensive school health curriculum.¹⁰

Instruction in health education must not be totally focused on knowledge acquisition of health content. If the outcome of health instruction is to be the establishment of positive health behaviors, then there must be a focus on skill development: peer resistance skills, conflict resolution skills, decision-making skills, and communication skills.