

# CHAPTER ONE

## THE NEED FOR HEALTH EDUCATION

### Valued Outcomes

- Define health, health education, and health promotion.
- List and describe the components that make up wellness.
- Identify why health education is a necessary component in the nation's schools.
- Discuss the significance of the Youth Risk Behavior Surveillance System.
- Identify the components of a comprehensive school education.
- Discuss the components of a coordinated school health education program.
- Discuss the implications of the School Health Policies and Programs Study (SHPPS).

### Lecture Outline

#### I. The Evolution of Health Education

- A. Formal health education began as instruction in anatomy and physiology.
- B. Health was taught as a science with emphasis on retention of facts.
- C. Some health educators began using “scare tactics,” but this resulted in negative student attitudes toward health and health educators.
- D. Subsequent use of a “crisis-oriented” approach led to a narrow focus, leaving many topics out.
- E. Today, the emphasis is on producing resiliency skills.
- F. Current declines in early death rates can be attributed more to lifestyle changes than to medicine.
- G. Americans are in the middle of a health promotion movement.
- H. The charge of today's teacher is to motivate students to improve their own health status through positive self-direction.

#### II. What Is Health?

- A. Americans are constantly bombarded with health-related information.
- B. The Joint Committee on Health Education Terminology (2002) stated 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 [*sic*] is functioning.”
- C. Health has several dimensions, each with its own continuum (Hoyman, 1975).
- D. Health is also referred to as *wellness*.
- E. The components of wellness are
  - 1. **Spiritual**—activities that address issues such as meaning and purpose in life; self-awareness; and connectedness with self, others, and a larger reality (Hawks and Thalman, 1995).

2. **Social**—the ability to interact successfully with people and one's personal environment; maintain intimacy; and respect differences.
  3. **Physical**—the ability to carry out daily tasks, develop cardiovascular and muscular fitness, maintain adequate nutrition and proper weight, avoid abusing drugs/alcohol, and refrain from using tobacco products.
  4. **Environmental**—maintaining safe water, food, and air and having a safe emotional and physical environment in which to live.
  5. **Emotional**—the ability to control stress and to express emotions appropriately and comfortably.
  6. **Intellectual**—the ability to learn and use information effectively for personal, family, and career development.
- F. Health is achieved by balancing these dimensions.
- G. Each individual is ultimately responsible for her or his well-being and must accept responsibility.
- H. To enable students to experience a high level of wellness, teachers and others must assist students to see themselves as being in control of improving their quality of life, that is, to develop an internal **locus of control** (rather than an external locus of control).
- I. Teachers and others also must assist students to develop a sense of self-efficacy, or a belief in one's ability to accomplish a specific task or behavior.
- J. The sooner students begin the process of becoming healthy, the better the chances are they will succeed.
- K. Since elementary teachers make such an impression on young students, the teacher who exemplifies a wellness lifestyle enhances the probability that his or her students will adopt these attitudes and behaviors.

### III. What Is Health Education and Health Promotion?

- A. The Joint Committee on Health Education Terminology states that health education is the “continuum of learning which enables people, as individual members of social structures, to voluntarily make decisions, modify and change social conditions in ways which are health enhancing” (1991).
- B. SOPHE (Society for Public Health Education) states that **health education** is “any combination of learning experiences that promote voluntary actions and informed decisions conducive to health” (2006).
- C. Michael O'Donnell, editor of the American Journal of Public Health, defines **health promotion** as “any combination of health education, and related organizational, political, and economic intervention designed to facilitate behavioral and environmental changes conducive to health” (2006).
- D. Health promotion is broader in scope than health education.
- E. Health education is a format that can be used to influence health and quality of life.
- F. For the elementary school teacher, health education is the process of developing and providing learning experiences in order to supply information, change attitudes, and influence behavior by helping develop the child's sense of individual responsibility, decision-making skills, self-esteem, self-confidence, and sense the ability to achieve success.
- G. This is accomplished through learning experiences that develop decision-making ability.

- H. Health education is a lifelong process in which people
1. assume responsibility for their health and health care and actively participate in the decision-making process.
  2. respect the benefits of medical technology without being awed to the point that they do not question medical professionals.
  3. try new behaviors and modify others.
  4. are skeptical of health fads and trends.
  5. ask questions, seek evidence, and evaluate health information.
  6. strive for self-reliance in personal health matters.
  7. voluntarily adopt practices consistent with a healthy lifestyle.

#### IV. Accomplishing Health Education

- A. Health education can help ensure this generation is fit to assume the tasks of adulthood.
- B. Relevant, motivating health education requires careful planning.
- C. Time must be allotted for health instruction, even if it must be incorporated into other subjects.
- D. Health must be taught every semester, every grade kindergarten through sixth grade, and must be developmentally appropriate.
- E. Meaningful health education must blend information with attitudinal experiences (confluent education).
- F. Factual information alone is not enough to produce behavior change; it must be personalized.
- G. To accomplish its objectives, health instruction must be:
  - **Sequential**—from grades K–12 with each level based on previous learning.
  - **Planned**—based on goals, outcome-related objectives, and evaluation criteria.
  - **Comprehensive**—it should include all identified health content areas.
  - **Taught by qualified health teachers**—individuals trained in the content area.
- H. The list of topics that need to be covered continues to expand (adolescent suicide, incest, child abuse, HIV, violence).
- I. Schools must work within the community and with the family to promote high-quality health.

#### V. Why Health Education?

- A. Health behaviors are the most important determinant of health status.
- B. Health behaviors are learned and changeable.
- C. The best time to begin formal health education is in the elementary school, when students are more flexible and accepting of positive health behaviors.
- D. Most health problems are due to smoking, poor nutrition, overweight, lack of exercise, stress, abuse of drugs and alcohol, and unsafe personal behavior.
- E. Behaviors in childhood and adolescence contribute significantly to heart disease, cancer, and injuries.
- F. Almost 75 percent of five- to twenty-four-year-olds' mortality, morbidity, and social problems are due to motor vehicle crashes, homicides, suicides, and injuries.
- G. Health education suffers from lack of importance and adequately trained teachers.

- H. Health education could help prevent many of the leading causes of death.
- I. The chronic diseases killing Americans today cause a tragic loss of human potential.

## **VI. National Initiatives for Comprehensive School Health**

- A. *Healthy People 2020: National Health Promotion and Disease Prevention Objectives* is an important document that focuses on improving quality of life for all U.S. citizens.
- B. Two of the eight National Education Goals for 2000 emphasize health education.
- C. Recently, violence prevention programs have been the focus of the Safe and Drug-Free Schools and Communities Act (SDFSCA).

## **VII. The Youth Risk Behavior Surveillance System**

- A. The Youth Risk Behavior Surveillance System (YRBSS) provides information on the health behaviors of students in grades 9–12.
- B. The Centers for Disease Control and Prevention (CDC) developed the program and conducts biannual national surveys in public and private schools.
- C. Results indicate the need for coordinated school health education in elementary schools.

## **VIII. The Coordinated School Health Program**

- A. A total school health program is needed for the school to function effectively in promoting high-level health.
- B. A coordinated school health program includes the following eight components:
  1. Healthful school environment—the physical and psychological classroom environment as well as the relationships between students and teachers as well as between students themselves.
  2. School health instruction—planned, sequential information addressing the physical, mental, emotional, spiritual, and social dimensions of health and taught by trained, qualified teachers.
  3. School health services—services that help students, faculty, and staff appraise, protect, and promote health including screenings, interventions, emergency care, and reducing risk of spreading communicable disease often overseen by allied health professionals.
  4. Physical education—instruction in movement skills, fitness, rhythm, games, sports, and promoting activities everyone can enjoy throughout their lives.
  5. Nutrition and food services—trained personnel provide students with nutritious, appealing meals reflecting the U.S. Dietary Guidelines.
  6. School-based counseling (psychological and social services)—use of counselors, social workers, and psychologists to improve students' mental, emotional, and social health.
  7. Schoolsite health promotion for staff—opportunities to help school staff improve their health status.
  8. School, family, community health promotion partnerships—development of collaborative efforts between school officials, parents, and community organizations to deliver a cohesive and accurate health message.

- C. The School Health Policies and Programs Study (SHPPS) is a national survey assessing school health programming and policies at the classroom, school, district, and state level.
- D. The SHPPS answers four questions:
  1. What are the characteristics of school health program components at the state, district, school, and classroom levels and across elementary, middle, and high schools?
  2. Are there persons responsible for coordinating and delivering each health program component and what are the qualifications/educational backgrounds of this group?
  3. What is the collaboration among staff from each school health program component and outside agencies/education?
  4. What key policies and practices have changed over time?

## **IX. Family Structure and the Well-Being of Children**

- A. Children ages zero to seventeen comprised 24 percent of the population in the United States in 2009.
- B. American children continue to be more diverse ethnically.
- C. Over time the family structure has changed.
- D. American children living with two married parents decreased from 77 percent in 1980 to 67 percent in 2009.
- E. Birth rates for unmarried teenagers have dropped considerably since 1994.
- F. Among concerns of school-age children and their families are poverty, parental employment, housing, and availability of health insurance.
- G. Overweight, obesity, asthma, lead exposure, emotional difficulties, drug use, and violent crime are some of the concerns related to the health and mortality of school-age children.
- H. The No Child Left Behind Act of 2001 (NCLB) was a controversial federal law that sought to improve the performance of primary and secondary schools by increasing standards and accountability.

## **X. School-Based Health Centers—The School Nurse**

- A. School-based health centers (SBHCs) are designed to provide primary and preventive care in the school setting (more than 1400 nationwide).
- B. Some serve as primary care providers.
- C. SBHCs help overcome financial barriers, lack of health insurance, and transportation difficulties to help students receive adequate care.
- D. Problems can include reimbursements, permission to treat, the nature of services, and financing.
- E. Even if SBHCs are not available, schools should have access to school nurses, but inadequate financing has contributed to inadequate numbers, and underuse.
- F. Too often, school health services are performed by parents, school secretaries, or other untrained personnel.
- G. School nurses can provide direct care, perform assessments on children, and keep records for appropriate follow-up care.

- H. Nurses are excellent resources for planning the health education curriculum and developing emergency procedures and should be included in any health education curriculum planning committee.

## Website Activity

Select one of the websites listed in Websites of Interest and search for position papers on various health education concerns. Review one of the position papers to determine if it reflects the way health is currently taught.

## Websites of Interest

[www.aahperd.org](http://www.aahperd.org)

American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD) is the largest organization of professionals supporting and assisting those involved in physical education, leisure, fitness, dance, health promotion, and education and all specialties related to achieving a healthy lifestyle.

[www.ama-assn.org/](http://www.ama-assn.org/)

The American Medical Association helps doctors help patients by uniting physicians nationwide to work on the most important professional and public health issues.

[www.ashaweb.org](http://www.ashaweb.org)

American School Health Association unites the many professionals working in schools who are committed to safeguarding the health of school-aged children.

[www.childrensdefense.org](http://www.childrensdefense.org)

Children's Defense Fund provides a voice for all the children of America who cannot vote, lobby, or speak for themselves. They pay particular attention to the needs of poor and minority children and those with disabilities.

[www.cdc.gov/HealthyYouth/yrbs/index.htm](http://www.cdc.gov/HealthyYouth/yrbs/index.htm)

The Youth Risk Behavior Surveillance System (YRBSS) monitors priority health-risk behaviors and the prevalence of obesity and asthma among youth and young adults.

## Multiple-Choice Questions

1. Formal health education first began with instruction in: (a) health education (b) alcohol and drugs (c) anatomy and physiology (d) physical education

ANSWER: C

2. "Preaching" and using "scare tactics" to teach health resulted in students: (a) becoming overly afraid (b) learning only about isolated topics (c) focusing on chronic diseases (d) developing negative health attitudes

ANSWER: D

3. When students are empowered to see themselves as being in control of improving their quality of life, they are said to have a(n): (a) internal locus of control (b) external locus of control (c) peripheral locus of control (d) self-efficacy

ANSWER: A

4. Today, the emphasis on health education is to: (a) improve resiliency skills (b) assist students in crisis (c) provide appropriate knowledge (d) emphasize exercise

ANSWER: A

5. Health is also referred to as: (a) social awareness (b) lack of disease (c) wellness (d) the ability to perform daily tasks

ANSWER: C

6. Maintaining safe water, food, and air is the health component of: (a) spiritual health (b) environmental health (c) emotional health (d) physical health

ANSWER: B

7. The belief in one's ability to accomplish a specific task or behavior is: (a) self-efficacy (b) internal locus-of-control (c) external locus-of-control (d) self-responsibility

ANSWER: A

8. Health education and health promotion are: (a) the same (b) different in scope (c) both concerned only with physical education (d) concerned only with school-based health centers

ANSWER: B

9. Helping children develop the concept of wellness is: (a) health promotion (b) health education (c) self-efficacy (d) all of the above

ANSWER: B

10. To accomplish its objectives, health education must be all of the following **EXCEPT**: (a) sequential (b) comprehensive (c) planned (d) objective

ANSWER: D

11. The teacher should create and facilitate learning experiences that develop the child's: (a) self-initiative (b) peer influences (c) social skills (d) decision-making ability

ANSWER: D

12. The ultimate goal of health education is: (a) recordkeeping (b) to help children understand nutrition and how it influences weight (c) to develop an adult with a healthy lifestyle (d) to encourage children to frequently seek medical advice

ANSWER: C

13. The most important determinant of health status is: (a) health behaviors (b) genetics (c) education (d) gender

ANSWER: A

14. Health should: (a) be taught primarily in high school (b) be taught primarily in elementary school (c) be taught in grades kindergarten through twelfth (d) avoid controversial topics

ANSWER: C

15. The leading causes of death in five-to-twenty-four-year-olds includes all of the following **EXCEPT**: (a) motor vehicle crashes (b) injuries (c) suicides (d) contagious diseases

ANSWER: D

16. The Youth Risk Behavior Surveillance System (YRBSS) provides information on: (a) the quality of education in the classroom (b) the health behaviors practiced by young people (c) the influence of the environment on health behavior (d) none of the above

ANSWER: B

17. Information is gathered for the YRBSS every: (a) year (b) two years (c) three years (d) decade

ANSWER: B

18. A coordinated school health program includes all of the following components **EXCEPT**: (a) physical education (b) nutrition and food services (c) school hygiene practices (d) school health services

ANSWER: C

19. School-based health centers that provide students with primary and preventive care in the school setting has the goal of increasing: (a) income to local schools (b) opportunities for educators (c) government control of health behaviors (d) quality care for all children

ANSWER: D

20. School health services should be provided by the: (a) school nurse (b) support staff (c) classroom teacher (d) all of the above

ANSWER: D

21. School nurses should: (a) be included in health education planning (b) do all health planning (c) give shots (d) teach faculty how to perform basic health tasks

ANSWER: A

## Essay Questions

1. Describe how health education has evolved since it was first introduced at the beginning of this century.
2. What is the best way to motivate students to improve their health status?
3. Discuss the importance of decision making in health education.
4. What is the difference between health education and health promotion?
5. What is the most important aspect of health education? Why?
6. Describe the eight components of a Coordinated School Health Program and tell why each is important.
7. Define the Youth Risk Behavior Surveillance System and explain why it is important to educators.
8. In what ways could results from the School Health Policies and Programs Study be used to develop a coordinated school health program?
9. What were the drawbacks of excluding health and physical education from the No Child Left Behind Act, and how could including health and physical education in this Act have improved student performance?
10. Explain how school-based health centers should ideally work. Discuss ways to overcome problems so more could be implemented.