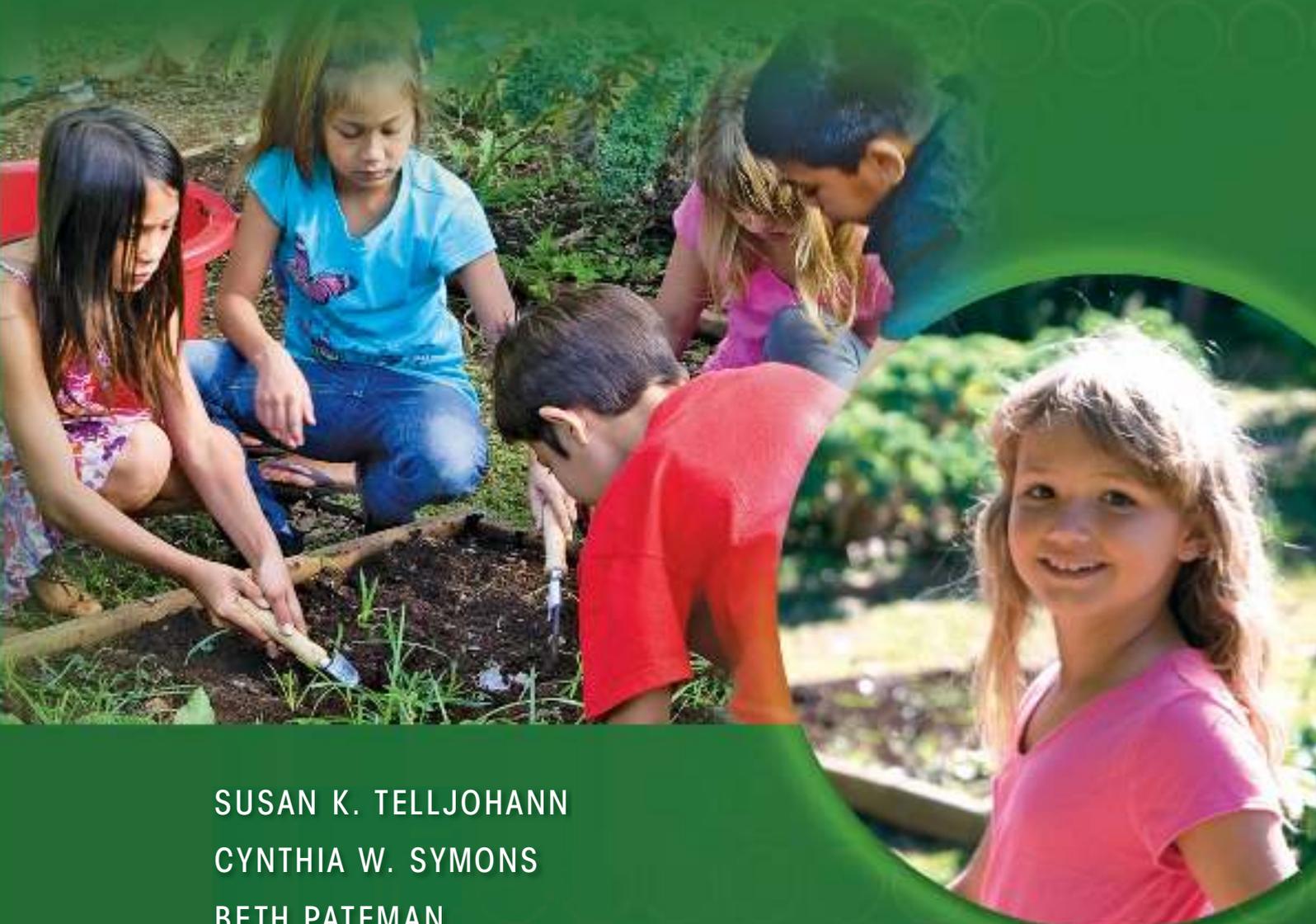


SEVENTH EDITION

# Health Education

## Elementary and Middle School Applications



SUSAN K. TELLJOHANN  
CYNTHIA W. SYMONS  
BETH PATEMAN  
DENISE M. SEABERT

# Health Education



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SEVENTH  
EDITION

Susan K. Telljohann

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Ball State University





HEALTH EDUCATION: ELEMENTARY AND MIDDLE SCHOOL APPLICATIONS, SEVENTH EDITION

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1 2 3 4 5 6 7 8 9 0 QDB/QDB 1 0 9 8 7 6 5 4 3 2 1

ISBN 978-0-07-352968-4

MHID 0-07-352968-0

Vice President & Editor-in-Chief: *Michael Ryan*

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Editorial Director: *William Glass*

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Director of Marketing and Sales: *Jennifer J. Lewis*

Project Manager: *Erin Melloy*

Design Coordinator: *Brenda A. Rolwes*

Cover Designer: *Studio Montage, St. Louis, Missouri*

Cover Image: © *Andrew Kauffman*

*College of Education, University of Hawaii at Manoa*

Buyer: *Susan K. Culbertron*

Media Project Manager: *Sridevi Palani*

Compositor: *MPS Limited, a Macmillan Company*

Typeface: *10/12 ITC Legacy Serif Book*

Printer: *Quad/Graphics*

All credits appearing on page or at the end of the book are considered to be 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 W. Symons, Beth Pateman.—9th ed.

p. cm.

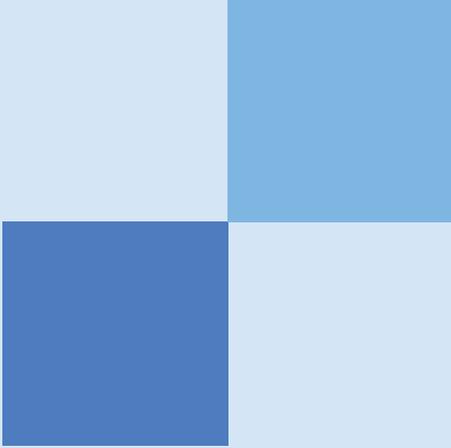
ISBN 978-0-07-352968-4 (alk. paper)

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

LB1588.U6T45 2011

372.37—dc23

2011023220



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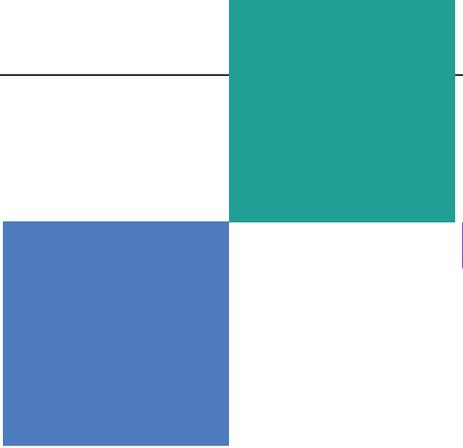
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# PREFACE

## VISION AND GOALS

The ideas, concepts, and challenges presented in this text have developed out of many different experiences: teaching elementary and middle-level children; teaching a basic elementary/middle school health course to hundreds of preservice 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 preservice elementary education majors who teach health education lessons as part of their field experience in elementary K–6 classrooms. The fourth author has engaged with school-age children through volunteer teaching, school-based health fairs, and student-facilitated curriculum development projects. This has provided opportunities to use the strategies included in this seventh edition.

We have written this textbook with several groups in mind: (1) the elementary and middle-level education major who has little background or experience in health education but will be required to teach health education to her or his students in the future, (2) the health education major who will be the health specialist or coordinator in an elementary or middle school, (3) the school nurse who works in the elementary/middle school setting, and (4) those community health educators and nurses who increasingly must interact with elementary and/or middle school personnel. Our goal is to help ensure that elementary and middle school teachers and health specialists obtain the information, skills, and support they need to provide quality health instruction to students.

## CONTENT AND ORGANIZATION

The seventh 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 development of the elementary/middle school health education curriculum, the concept of developmentally appropriate practice, lesson

and unit planning, and assessment. The basics of effective health education and effective instruction approaches are provided, including a critical analysis of standards-based approaches to health education and strategies for creating a positive learning environment, managing time constraints, and handling controversial topics and issues.

Sections II and III reflect the Centers for Disease Control and Prevention’s Health Education Curriculum Analysis Tool. Section II, “Helping Students Develop Skills for Positive Health Habits,” includes Chapters 5 through 9 and focuses on the positive health habits students can adopt and maintain to help them live a healthy life. The chapters in Section II cover mental and emotional health, healthy eating, physical activity, safety and unintentional injury prevention, and personal health and wellness. Section III, “Helping Students Translate Their Skills to Manage Health Risks,” focuses on the health risks students need to avoid or reduce to promote health. These chapters (10 through 14) cover intentional injury prevention and violence; tobacco use; the use of alcohol and other drugs; sexual health; and managing loss, death, and grief.

Sections II and III present the content and the personal and social skills that comprise the National Health Education Standards. Each chapter in these sections begins by discussing the prevalence and cost of *not* practicing the positive health behavior, the relationship between healthy behaviors and academic performance, and relevant risk and protective factors. Readers then are provided with information about what schools are currently doing and what they should be doing in relation to the health behavior. Chapters in these sections also provide background information for the teacher, developmentally appropriate strategies for learning and assessment, sample student questions with suggested answers (Chapters 11–14), and additional recommended resources, including evaluated commercial curricula, children’s literature, and websites.

Four Appendices (three in the text and one available at the Online Learning Center) provide students with resources they can keep and use in the future:

- Appendix A, “2007 National Health Education Standards for Grades Pre-K–8,” includes the latest version of the NHES standards and performance indicators.

- Appendix B, “RMC Rubrics for the National Health Education Standards,” provides a standards-based framework teachers can use to evaluate student work. The rubrics were developed by the Rocky Mountain Center for Health Promotion and Education of Lakewood, Colorado.
- Appendix C, “Development Characteristics and Needs of Students in Elementary and Middle Grades,” summarizes common growth and development characteristics and the corresponding needs of students in kindergarten through grade 9 that can serve as a foundation for age appropriate practice.
- Appendix D, “Activity Listings by Content Area, Grade Level, and NHES Standard,” contains an overall index of all the teaching activities in the text and at the Online Learning Center. This appendix is available at the book’s Online Learning Center (see below) as a downloadable Excel file that can then be sorted electronically by any category.

## FEATURES OF THE SEVENTH EDITION

The seventh edition has been revised and updated. Key changes include the following:

*Updated coverage of the revised Health Education Curriculum Analysis Tool (HECAT).* Coverage of HECAT has been completely revised throughout the text to reflect the latest version available from the Centers for Disease Control and Prevention. This coverage includes new versions of the listings of developmentally appropriate knowledge and skill expectations in each of the health content chapters.

*Coverage of national standards and key data sources.* The seventh edition includes the 2007 National Health Education Standards. They are introduced in Chapter 3 and used as the organizing principle for all the teaching activities presented in the content chapters (5–14). The new edition also provides relevant current data from Healthy People 2020, the Youth Risk Behavior Survey (YRBS), and the School Health Policies and Practices Study (SHPPS).

*Emphasis on theory to practice.* The content chapters include teaching activities that support the constructs of the theory of planned behavior, and they provide lists of desired behavior outcomes to help teachers focus on the most important goals for their students. The text presents many real-world experiences from elementary and middle school classrooms.



*Expanded teaching activities.* The “Strategies for Learning and Assessment” sections have been expanded to include many new activities (additional activities are provided at the text’s Online Learning Center). These activities, found in Chapters 3 and 5–14, are organized by National Health Education Standards and developmental levels and include assessment items.

The hundreds of activities provided focus not only on knowledge acquisition but also on skill development. Look for the special “Strategies for Learning and Assessment” icon to locate these activities throughout the text. New online Appendix D indexes all the activities from the text and the Online Learning Center according to content area, standard, and other criteria.

*Updated and expanded coverage of key topics.* Updated topics in the seventh edition include lesson plan design, assessment, teaching to standards, diversity and student interaction, and No Child Left Behind. Updated and expanded topics in the health content chapters include mental disorders affecting children and adolescents, 2010 Dietary Guidelines for Americans, the new MyPlate, the Let’s Move federal initiative, overweight and obesity, immunizations, physical activity pyramid, injury prevention, bullying and cyberbullying, children of alcoholics, abuse of prescription drugs, and common sexually transmitted diseases.

*Updated and refined pedagogy and resources for future teachers.* *Health Education* offers strong pedagogical features and learning aids such as chapter objectives and Teacher’s Toolbox and Consider This boxes, which present information to support successful health education. The colorful design highlights the children’s art and enhances the illustrations and other pedagogical features of the text. Listings of suggested children’s literature, evaluated curricula and instructional materials, websites, and additional resources have all been updated for the seventh edition. A complete list of all the children’s books recommended in the text is available at the Online Learning Center, along with live links to all the websites listed in the text.

## SUPPLEMENTS

The seventh edition of *Health Education: Elementary and Middle School Applications* is accompanied by an expanded package of supplementary materials designed to enhance teaching and learning. Contact your local McGraw-Hill sales representative to obtain a password to access the instructor materials that are available online.

### Online Learning Center [www.mhhe.com/telljohann7e](http://www.mhhe.com/telljohann7e)

The Online Learning Center for the seventh edition of *Health Education* provides key teaching and learning resources in an easy-to-use format. It includes the following teaching tools:

- *Instructor’s Manual to Accompany Health Education: Elementary and Middle School Applications.* Updated and expanded for the seventh edition by Denise Seabert of Ball State University, the manual includes objectives, lecture outlines, classroom activities, and student Internet exercises.

- *PowerPoint slides.* A complete set of PowerPoint slides is available for download from the book's Online Learning Center. Keyed to the major points in each chapter, these slide sets can be modified or expanded to better fit classroom lecture formats. Also included in the PowerPoint slides are many of the illustrations from the text, including the children's art.
- *Test bank.* The test bank, prepared for the seventh edition by Denise Seabert of Ball State University, includes true-false, multiple choice, short-answer, and essay questions. The test bank is also available with EZ Test computerized testing software. EZ Test provides a powerful, easy-to-use test maker to create printed quizzes and exams. For secure online testing, exams created in EZ Test can be exported to WebCT, Blackboard, PageOut, and EZ Test Online. EZ Test comes with a Quick Start Guide; once the program is installed, users have access to a User's Manual and Flash tutorials. Additional help is available at [www.mhhe.com/eztest](http://www.mhhe.com/eztest).

For students, the Online Learning Center provides free resources to help them succeed in the course and in their teaching experiences. Learning objectives and self-quizzes allow students to review key concepts and prepare for exams. Suggested teaching and portfolio activities help students expand their personal collection of teaching resources and experiences. Additional Online Learning Center tools include extensive sets of Web links, lists of recommended children's books, and Appendix D, a searchable electronic index to all the teaching activities presented in the text.

### Course Management Systems

Instructors can combine Online Learning Center resources with popular course-management systems. Contact your local sales representative for more information.

### Primis Online ([www.mhhe.com/primis](http://www.mhhe.com/primis))

Primis Online is a database-driven publishing system that allows instructors to create customized textbooks, lab manuals, or readers for their courses directly from the Primis website. The custom text can be delivered in print or electronic (eBook) form. A Primis eBook is a digital version of the customized text sold directly to students as a file downloadable to their computer or accessible online by password. *Health Education* can be customized using Primis Online.

## ACKNOWLEDGMENTS

The authors would like to thank Dr. I. Renee Axiotis for her contributions to this text. Her work in compiling lists of the most current, developmentally appropriate, and relevant children's literature for this edition is greatly appreciated. For the beautiful cover photographs of Makaha Elementary third graders' learning and working at the Hoa 'Aina O Makaha farm on Oahu, Hawai'i, the authors want to thank Andy Kauffman (photographer), Lynn Okamura (Makaha Elementary principal), Sheri Chang (third grade teacher), and Gigi Cocquio of Hoa 'Aina O Makaha. These students have integrated lessons on the farm each week as part of their third grade curriculum.

We express deep appreciation to Donna Rodenhurst and Jimmy Edwards, health education teachers at King Intermediate School in Kaneohe, Hawaii, and to their seventh-grade students who provided the artwork on health education standards and risk areas. And we thank Mary Doyen and Debra Sandau Christopher of the Rocky Mountain Center for Health Promotion and Education for the use of their cutting edge work in assessment of the National Health Education Standards.

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

Jan Adair, *Minnesota State University*  
 Lisa Alastuey, *University of Houston*  
 Michael K. Bross, *Auburn University–Montgomery*  
 Joanna Hohn, *Kansas State University*  
 Denise Lewis, *Coastal Carolina University*  
 Sue Paul, *Ball State University*  
 Adele S. Ruzsak, *Millersville University of Pennsylvania*  
 Monica C. Webb, *University of Florida*

We hope that you enjoy the changes and additions made in this seventh edition. We welcome any comments or suggestions for future editions. We wish all the best and success in teaching health education to children and preadolescents.

Susan K. Telljohann  
 Cynthia W. Symons  
 Beth Pateman  
 Denise M. Seabert





## Foundations of Health Education

Section I begins with a review of important definitions and concepts that frame current understandings about health and health promotion, then presents a rationale for the importance of school health programming to reduce health risks and promote school success. With the foundation of the *Healthy People* agenda and findings from the most recent School Health Policies and Programs Study, this section reviews the eight critical components of Coordinated School Health. Teachers in elementary and middle schools will be enriched by the ways in which the broad science about education and learning have been translated into strategies for improving health instruction. Information about the value of using health education theory to inform practice is introduced. A critical analysis of standards-based approaches to health education is provided. Finally, this section highlights strategies for creating a positive learning environment, promoting connectedness, managing time constraints, and dealing with controversial issues.

(Morgan Hi'ilei Serma, age 11)



## OUTLINE

### Health: Definitions

- Physical Health (Physical/Body)
- Mental/Intellectual Health (Thinking/Mind)
- Emotional Health (Feelings/Emotions)
- Social Health (Friends/Family)
- Spiritual Health (Spiritual/Soul)
- Vocational Health (Work/School)
- Lōkahi: A Model of “Balance, Unity, and Harmony”

### Determinants of Health

#### Healthy Americans, Healthy Youth

#### Health in the Academic Environment

#### Coordinated School Health

- A Foundation for Understanding
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- Health Education: The Keys to Quality Health Instruction
- Health Services
- Healthy School Environment
- Nutrition Services
- Counseling, Psychological, and Social Services
- Physical Education
- Health Promotion for Faculty and Staff
- Family and Community Involvement
- Pulling It All Together

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# Coordinated School Health

## *A Foundation for Health Promotion in the Academic Environment*

### DESIRED LEARNER OUTCOMES

After reading this chapter, you will be able to ...

- Define each of the domains of personal health.
- Identify behavioral risk factors that influence illness and death.
- Describe the link between student health and academic achievement.
- Discuss the influence of school health programs on improving school success.
- Summarize the role of each element of Coordinated School Health in improving the health of all stakeholders in the school community.
- Discuss the combined impact of the elements of Coordinated School Health on improving the health of all stakeholders in the school community.

## HEALTH: DEFINITIONS

A review of common understandings about the concept of health reveals that most people think in terms of physical well-being. Most often, people focus on preventing or managing illnesses, participating in fitness activities, or modifying dietary behaviors. It is important, however, for teachers in elementary and middle schools to understand that health is a very broad concept that extends far beyond the limitations of the physical domain.

In 1947, the World Health Organization developed an informative definition of health that described it as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”<sup>1</sup> This definition made the critical contribution of clarifying that health is influenced by a number of interrelated and influential factors.

Today, health is best understood as the capacity to function in effective and productive ways, influenced by complex personal, behavioral, and environmental variables that can change quickly. Bedworth and Bedworth have defined health 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>2</sup> Further, Carter and Wilson clarified that “health is a dynamic status that results from an interaction between hereditary potential, environmental circumstance, and lifestyle selection.”<sup>3</sup> This confirms that, although a great deal of personal control can be exerted over some elements of health, the capacity for a person to exercise control over other influential factors is limited. In summary, current definitions of health emphasize both the independent strength *and* the interactive effect of six influential elements: the physical, mental/intellectual, emotional, social, spiritual, and vocational domains.

### Physical Health (Physical/Body)

The physical domain of health is the most conspicuous and is influenced by the combined effects of hereditary potential, exposure to infectious agents, access to quality medical care, and the short- and long-term consequences of personal behaviors. As such, physical health is the result of a complex and changing set of personal, family, financial, and environmental variables.

Initial and often lasting impressions of the well-being of a friend or classmate is based on observations of superficial physical characteristics, including height, weight, energy level, and the extent to which the person appears to be rested. Also, it is common to make judgments about the health of others based on observable behaviors. If friends participate in regular exercise or always wear a seatbelt, others are likely to conclude that they are healthy. Conversely, very different judgments are made about the health of friends who appear overweight or who use tobacco products. Though a person’s health prospects could improve if behavioral risks were changed, such individuals might be very healthy in other domains influential to their well-being.

### Mental/Intellectual Health (Thinking/Mind)

The capacity to interpret, analyze, and act on information establishes the foundation of the mental or intellectual domain of health. Additional indicators of mental or intellectual health include the ability to recognize the sources of influence over personal beliefs and to evaluate their impact on decision making and behaviors. Observing the processes of reasoning, the capacity for short- and long-term memory, and expressions of curiosity, humor, logic, and creativity can provide clues about mental or intellectual health.<sup>4</sup>

Like the other domains, mental or intellectual well-being can influence general health in many ways. The ability to evaluate the accuracy and usefulness of available health information provides an important foundation for maintaining personal health. In addition, the ability to interpret and apply such information to changing circumstances is critical. After gaining new and accurate insights, individuals who are unwilling to evaluate or change risky behaviors are likely to be confronted with health challenges. For example, while most people know about the value of participating in early-detection screenings, many remain resistant to such important preventive medical care. The health consequences of failing to act on such important evidence can be very significant.

### Emotional Health (Feelings/Emotions)

The emotional domain of health is represented by personal feelings and the ways in which they are expressed. Emotionally healthy people communicate self-management and acceptance and express a full range of feelings in socially acceptable ways. Experiencing positive emotions and managing negative ones in productive ways contribute balance to emotional health. Importantly, emotionally robust individuals practice a range of coping skills that enable them to express negative feelings (sadness, anger, disappointment, etc.) in ways that are not self-destructive nor threatening to others. In this way, emotional health contributes to and is reflected in perceived quality of life.

Many people who feel isolated, inadequate, or overwhelmed not only express feelings in excessive or abusive ways but also might suppress or bottle up strong emotions. Failing to manage strong negative feelings by burying them, has been demonstrated to contribute to stress-related illnesses, including susceptibility to infections and heart disease. Fortunately, assistance and support networks are available to help individuals live an emotionally healthy life.

### Social Health (Friends/Family)

Humans live and interact in a variety of social environments, including homes, schools, neighborhoods, and workplaces. Social health is characterized by practicing the requisite skills to navigate many environments effectively. In addition, socially healthy people maintain comfortable relationships characterized by strong connections,

mutuality, and intimacy. Socially healthy people communicate respect for and acceptance of the uniqueness of others.<sup>5</sup> In addition, they recognize ways that they are able to enrich and are enriched by their relationships.

Unfortunately, many people are unable to function comfortably or effectively in the company of others. Such individuals might not know how to integrate a range of important social skills into daily living. Often this is a consequence of being self-absorbed. Such limited focus can compromise effective interaction by limiting one's ability to recognize the needs and issues confronting others. As a consequence, ineffective social skills and associated behaviors place a limit on the ability to initiate and maintain healthy relationships. Such limitations compromise personal health and the quality of life among others with whom people with poor social health live and work.

### Spiritual Health (Spiritual/Soul)

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

- Comfort with self and the quality of interpersonal relationships with others
- The strength of one's personal value system
- The pursuit of meaning and purpose in life<sup>6</sup>

Spiritually healthy people have developed the capacity to integrate positive moral and ethical standards such as integrity, honesty, and trust into their relationships. These individuals demonstrate strong concern for others regardless of gender, race, nationality, age, sexual orientation, or economic status. While some people believe that spiritual well-being is enriched by their participation in formal religious activities, the definition of spiritual health is not confined to sacred terms or practices.

People with compromised spiritual health might not be guided by moral or ethical principles that are broadly accepted nor do they believe that a higher being or something beyond themselves contributes meaning to their lives. Among such individuals, short-term economic objectives, self-interest, or personal gain at the expense of others could be of primary importance. During times of compromised spiritual health, a person is likely to feel isolated and have difficulty finding meaning in activities, making decisions about significant issues, or maintaining productive relationships with others.

### Vocational Health (Work/School)

The vocational domain of health relates to the ability to collaborate with others on family, community, or professional projects. Vocationally healthy people are committed to contributing a fair share of effort to projects and activities. This commitment is demonstrated by the high degree of integrity with which individuals approach tasks. In addition to personal enrichment and meaning, the vocational domain of health is manifested in the degree to which a person's work makes a positive impact on others or in the community. The behaviors of people with compromised vocational health threaten personal work-related goals and have a negative

impact on the productivity of professional associates and the collaborative community of the school or workplace.

### Lōkahi: A Model of "Balance, Unity, and Harmony"

When evaluating the quality of personal health, it is important to remember that balance among the domains is as important as maintaining an optimal level of functioning within each. In this context, a middle school student who uses a wheelchair because of a disabling condition might produce very high quality academic work and have confident and effective relationships with classmates. Conversely, a person who is very healthy in the physical domain might be limited in his or her ability to express emotions in productive ways. Also, it is possible for physically healthy people to behave in ways that confirm a poorly developed moral or ethical code.

All cultures have developed ways to communicate about shared beliefs, values, and norms that influence behaviors within the group. In Hawaiian culture the term *lōkahi*, meaning "balance, unity, and harmony," is used to express this ideal. Depicted in Figure 1–1, the Lōkahi Wheel is a culturally specific depiction of the domains of health.<sup>7</sup> Readers will note that names for each part of the Lōkahi Wheel have

Thinking About Health in Hawai'i

#### The Lōkahi Wheel



#### Lōkahi

(Harmony, Balance, Unity)

Physical/Body	Spiritual/Soul
Friends/Family	Work/School
Thinking/Mind	Feelings/Emotions

**FIGURE 1–1 | The Lōkahi Wheel**

SOURCE: Native Hawaiian Safe and Drug-Free Schools Program, *E Ola Pono (Live the Proper Way): A Curriculum Developed in Support of Self-Identity and Cultural Pride as Positive Influences in the Prevention of Violence and Substance Abuse* (Honolulu, HI: Kamehameha Schools Extension Education Division, Health, Wellness, and Family Education Department, 1999).

## Consider This 1.1

### Health: A Personal Evaluation



At the beginning of each chapter in this text, readers will find artwork done by students in middle school health education classes. An example of correlated instruction (see Chapter 4), the drawings reveal student understandings about critical issues discussed in that chapter. Additional drawings reinforce Coordinated School Health, a concept discussed later in this chapter, and the National Health Education Standards discussed in Chapter 3.

Importantly, the artistic depiction at the beginning of Chapter 1 was done by a sixth grader. This Lōkahi Wheel provides a very personal view through the eyes of a middle school student of each domain of health and the balance of their combined effects. To enrich understanding and personalize the concept of health, teachers are encouraged to have students draw their own Lōkahi Wheels. The inclusion of color, personally meaningful depictions, and family characterizations should be encouraged. As a way to extend the learning activity, students could be asked to write a journal entry or share their “health story” with family members. In addition, the class could create a Lōkahi Wheel representing events, conditions, and circumstances that influence the health of the group. Finally, this learning activity could be correlated with social studies instruction as a way to explore ways in which people depict and communicate about issues of cultural and historical significance.

been linked to the corresponding name of each domain of health discussed in the previous text. In addition, this illustration reinforces the importance of maintaining a solid balance across the domains as a foundation for maintaining personal, family, and community health.

With a focus on the health of students in elementary and middle schools, examination of the Lōkahi Wheel reinforces the negative impact that an imbalance in the health of one person can exert on the “balance, unity, and harmony” of their family, school, and community. Such a student who uses tobacco, alcohol, or other drugs is likely to face negative health, academic, family, and/or legal consequences. Simultaneously, such behaviors can threaten the health of family and friends. Also, the behavioral risks of one student will disrupt the functional “balance” at school, in the workplace, and in the community. In this way, unhealthy risk behaviors can have significant personal and far-reaching negative consequences.

*Lōkahi* serves as a foundation for the Hawaiian term *e ola pono*. Though this term has a number of related interpretations, it is generally translated as “living in the proper way” or “living in excellence.” When students live their lives in a way that is orderly, successful, and true to what is in their best interest, the elements of their health are in balance and simultaneously enrich the well-being of their family, school, and community.<sup>8</sup>

As discussed in Chapter 2 of this text, to be effective, developmentally appropriate health education learning activities

for students in elementary and middle schools must enable learners to translate general or abstract concepts into understandings or representations that have personal meaning or relevance. To enrich student understanding of the influence of each domain of health and the combined importance of a balance between them, teachers are encouraged to explore the learning activity described in Consider This 1.1.

## DETERMINANTS OF HEALTH

In 1979, the U.S. government embarked on a sweeping initiative to improve the health 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 confirmed 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 measures such as improved sanitation and waste disposal and medical discoveries, Americans living just a century later enjoyed significantly longer, healthier lives.<sup>9</sup>

Since 1900, the average life span of Americans has lengthened by greater than thirty years. Many factors contributed to improvements in the health of Americans during the twentieth century. Importantly, however, the Centers for Disease Control and Prevention (CDC) compiled a list of ten specific achievements that made a “great” impact on improving the nation’s health between 1900 and 1999. These achievements are reviewed in Table 1–1.<sup>10</sup> The extent to which each contributed to preventing or reducing death, illness, and disability among Americans served as the criterion for inclusion on this list.<sup>11</sup>

Although there have been dramatic increases in the length and the quality of life of Americans since 1900, *Healthy People* reinforced the need to address factors that continue to cause premature death. This report confirmed that approximately 50 percent of premature morbidity (illness) and mortality (death) among Americans was linked to variables largely beyond personal control. These variables include heredity (20 percent); exposure to environmental hazards, toxins, and pollutants (20 percent); and inadequate access to quality medical care (10 percent).<sup>12</sup> It is significant to note, however, that *Healthy People* confirmed that the remainder of premature illness and death (approximately 50 percent) could be traced to participation in risky health behaviors.<sup>13</sup> Table 1–2<sup>14, 15</sup> contrasts past and current causes of death among Americans.

Examination of Table 1–2 contrasts the devastating impact of communicable/infectious diseases on previous generations with the consequences of chronic diseases (those that last a year or longer and require medical attention or limit daily activity) on the length and quality of life of today’s Americans. Conditions including heart disease, stroke, cancer, diabetes, and arthritis are among the most common, costly,

TABLE 1–1

**Ten Great Public Health Achievements in the United States, 1900–1999**

1. *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
2. *Improvements in motor-vehicle safety*: include engineering advancements in highways and vehicles, increased use of safety restraints and motorcycle helmets, and decreased drinking and driving
3. *Safer workplaces*: better control of environmental hazards and reduced injuries in mining, manufacturing, construction, and transportation jobs, contributing to a 40 percent decrease in fatal occupational injuries since 1980
4. *Control of infectious disease*: resulted from clean water, improved sanitation, and antibiotic therapies
5. *Decline in deaths due to heart disease and stroke*: a 51 percent decline in cardiovascular death since 1972—related to decreased smoking, management of elevated blood pressure, and increased access to early detection and better treatment
6. *Safer and healthier foods*: decreased microbe contamination, increased nutritional content, and food-fortification programs that have nearly eliminated diseases of nutritional deficiency
7. *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 (99 percent) death rates
8. *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
9. *Fluoridation of drinking water*: tooth decay prevented regardless of socioeconomic status; reduced tooth loss in adults
10. *Recognition of the health risks of tobacco use*: reduced exposure to environmental tobacco smoke; declining smoking prevalence and associated deaths

It is important to celebrate and learn from the range of activities that made each of these achievements possible. While not ranked in order of significance, the accomplishments on this list continue to help Americans live longer and healthier lives.

Source: Centers for Disease Control and Prevention, "Ten Great Public Health Achievements—United States, 1900–1999," *MMWR* 48, no. 12 (1999): 241–43.

TABLE 1–2

**Leading Causes of Death Among Americans in 1900 and 2010**  
(ranked in order of prevalence)

1900	2010
Pneumonia	Heart disease
Tuberculosis	Cancer
Diarrhea/enteritis	Stroke
Heart disease	Chronic lung diseases
Liver disease	Unintentional injuries
Injuries	Diabetes
Cancer	Alzheimer's disease
Senility	Influenza and pneumonia
Diphtheria	Nephritis and other kidney disorders

Sources: U.S. Department of Health, Education and Welfare, Public Health Service, *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention* (Washington, DC: U.S. Government Printing Office, 1979). *Minor Stroke, Top 10 Causes of Death in America* ([www.minorstroke.com/2010/03/top-10-causes-of-death-in-america/](http://www.minorstroke.com/2010/03/top-10-causes-of-death-in-america/); 2010).

NOTE: In 1900, the leading causes of death for most Americans were communicable or infectious conditions. Today, however, most Americans die as a result of chronic conditions.

and preventable of all health problems. The combined effects of just three conditions—heart disease, cancer, and stroke—account for more than 50 percent of all American deaths each year. Importantly, the combined effects of chronic diseases account for seven of every ten American deaths every year.<sup>16</sup> Almost one of every two American adults has at least one chronic disease. In addition to their prevalence, such conditions cause limitations in the daily activities among nearly one-fourth of people who are affected by them.<sup>17</sup>

The American system for delivering medical care was designed to treat acute illnesses. Importantly, however, over

75 percent of today's health-related spending is devoted to caring for people suffering from the consequences of chronic conditions. A change in focus is critical. In addition to the need to retool medical-care delivery, Americans would be wise to embrace a new focus on preventing chronic conditions among all age groups.<sup>18</sup>

As an important first step, it is critical to recognize that the majority of chronic conditions have been linked to participation in relatively few health-risk behaviors. Recent evidence suggests that as few as four modifiable health-risk behaviors (lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption) account for much of the illness, suffering, cost, and early death related to chronic diseases.<sup>19</sup> Data in Table 1–3 identify the risk behaviors that undergird the actual causes of most American deaths.<sup>20, 21</sup> While a physician might indicate a clinical diagnosis of heart disease on a death certificate, the root cause of the heart disease could be traced to the cumulative effects of participation in any number of underlying risk behaviors.

It is important to remember that the great majority of adults who participate in risk behaviors initiated those health habits during their youth. Public health professionals at the CDC identified six priority health behaviors to guide educational programmers and intervention specialists. Due to the demonstrated link between these behaviors and the leading causes of illness and death among Americans, curriculum developers and teachers should target educational strategies at reducing the risks associated with the following:

- Tobacco use
- Poor eating habits

TABLE 1–3

**Underlying Risk Behaviors—Actual Causes of Death in the United States in 2000**

Risk Behavior	Approximate Number of Deaths	Approximate Percent of Annual Deaths
Tobacco	435,000	18.1
Obesity	112,000	4.7
Alcohol	85,000	3.5
Infections	75,000	3.1
Toxic agents	55,000	2.3
Motor vehicles	43,000	1.8
Firearms	29,000	1.2
Sexual behavior	20,000	0.8
Drug use	17,000	0.7

SOURCES: A. H. Mokdad et al., "Actual Causes of Death in the United States, 2000," *Journal of the American Medical Association* 291, no. 10 (March 10, 2004): 1238–45; Centers for Disease Control and Prevention, *Chronic Diseases and Health Promotion* ([www.chronicdisease/overview/index.htm](http://www.chronicdisease/overview/index.htm), 2010).

NOTE: It is important to exert influence over the common lifestyle risk behaviors linked to many of the causes of premature death. These health risks represent the actual leading causes, rather than the clinical diagnoses provided at the time of death for the majority of Americans.

- Alcohol and other drug risks
- Behaviors that result in intentional or unintentional injuries
- Physical inactivity
- Sexual behaviors that result in HIV infection, other sexually transmitted diseases, or unintended pregnancy<sup>22</sup>

In addition to addressing specific personal health risks, school-based professionals must remember that human behavior in general, and health behavior specifically, is influenced by complex sources. While it is important to equip students to manage personal health risks, it is equally important to recognize that such behaviors do not happen in a vacuum. Public health researchers have identified five major sources of influence on American health. Similar to the causes of premature death identified in the 1979 *Healthy People*, today's influential variables include:

- *Behavioral choices*: As indicated earlier, diet, lack of exercise, tobacco use, and sexual behaviors have been linked to approximately 40 percent of premature deaths.
- *Genetics*: Certain chronic conditions including diabetes and many cancers account for about 30 percent of premature deaths and are influenced by genetics.
- *Social circumstances*: Approximately 15 percent of premature deaths are caused by such factors as education, employment, income, and race/ethnicity.
- *Medical care*: Access to and the quality of medical care account for about 10 percent of premature deaths.
- *Environmental conditions*: Pollutants, food contamination, and microbial agents contribute to about 5 percent of premature death in the United States.<sup>23</sup>

While each of these factors exerts independent influence, the interaction among them is significant. If a person who has a genetic predisposition for heart disease also has a poor diet the interactive effect of their family history and daily behavior can be greater than if the risks were added together. Only when people understand and can address the independent and combined effects of these sources of influence will it be possible to achieve the highest quality of health for all. Given the complexity of these influential factors, it will require the coordinated efforts of individuals, families, schools, civic groups, faith-based organizations, and governmental agencies to prevent the negative consequences of such complex health issues among youth.<sup>24</sup>

## HEALTHY AMERICANS, HEALTHY YOUTH

Since the publication of *Healthy People* in 1979, local, state, and federal agencies have been committed to a long-term broad and collaborative initiative to promote health and prevent disease among Americans. Every ten years since that time, the U.S. Department of Health and Human Services (HHS) has gathered the latest data, analyzed accumulated information, and reviewed the best science about trends and innovations collected across the previous decade. Then, the best of this evidence is used to establish and monitor national health objectives targeting a broad range of current health issues. These specific and measurable objectives establish a foundation to help individuals and communities make and act on informed health decisions.<sup>25</sup>

In addition to the focus on a range of health problems, this long-lived agenda has contained objectives targeting diverse ages and groups of American citizens. Among these targeted groups are children and youth. Since its inception, *Healthy People* has encouraged collaboration among influential stakeholders to protect and promote the health of this important age group.<sup>26</sup> To review important health issues targeting children and youth contained in *Healthy People 2020*, readers are encouraged to examine Table 1–4. Contained are the objectives that identify actions for many influential stakeholders in school communities designed to promote the health of youth across the next decade.<sup>27</sup>

For over 200 years, the average life span among Americans continued to increase steadily. Between 1900 and today, the life span among men has increased from 46 to approximately 76 years and from 46 to 80 years among women in the United States. Babies born today can expect to live over 77 years.<sup>28</sup>

Recently, however, U.S. researchers cautioned that "the steady rise in life expectancy during the past two centuries may soon come to an end."<sup>29</sup> It is now projected that between 2010 and 2050, life expectancy in the United States will level off or get shorter. Further, while medical discoveries like those noted in Table 1–1 are expected to continue to make a positive impact on the nation's health, an "onrushing disaster will overshadow such advances."<sup>30</sup> Though tobacco use continues to exert a negative influence

TABLE 1–4

**Healthy People 2020 Objectives that Specify Action for Advocates and Stakeholders in Schools****Adolescent Health (AH)**

AH	HP2020–5:	Increase the percentage of middle and high schools that prohibit harassment based on a student’s sexual orientation or gender identity.
AH	HP2020–6:	Decrease the percentage of adolescents who did not go to school at least once in the past month because of safety concerns.
AH	HP2020–7:	Decrease the percentage of public middle and high schools with a violent incident.
AH	HP2020–8:	Increase the percentage of adolescents who are connected to a parent or other positive adult caregiver.
AH	HP2020–9:	Decrease the percentage of adolescents who have been offered, sold, or given an illegal drug on school property.
AH	HP2020–10:	Increase the percentage of vulnerable adolescents who are equipped with the services and skills necessary to transition into an independent and self-sufficient adulthood.

**Disability and Secondary Conditions (DSC)**

DSC	HP2020–2:	Reduce the proportion of children and adolescents with disabilities who are reported to be sad, unhappy, or depressed.
DSC	HP2020–5:	Increase the proportion of children and youth with disabilities who spend at least 80% of their time in regular education programs.

**Early and Middle Childhood (EMC)**

EMC	HP2020–3:	Increase the proportion of elementary, middle, and senior high school that require school health education.
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**Educational and Community-Based Programs (ECBP)**

ECBP	HP2020–2:	Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol or other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; and inadequate physical activity.
ECBP	HP2020–4:	Increase the proportion of the Nation’s elementary, middle, and senior high schools that have a nurse-to-student ratio of at least 1:750.
ECBP	HP2020–11:	Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives that address the knowledge and skills articulated in the National Health Education Standards (high school, middle, elementary).

**Environmental Health (EH)**

EH	HP2020–19	Increase the proportion of the Nation’s elementary, middle, and senior high schools that have official school nurse policies and engage in practices that promote a healthy and safe physical school environment.
EH	HP2020–25:	Decrease the number of new schools sited within 500 feet of a freeway or other busy traffic corridors.

**Hearing and Other Sensory or Communication Disorders (Ear, Nose, Throat-Voice, Speech, and Language) (ENT)**

ENT	HP2020–21:	Increase the proportion of young children with phonological disorders, language delay, or other developmental language problems who have participated in speech-language or other intervention services.
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**Injury and Violence Prevention (IVP)**

IVP	HP2020–8:	Increase use of safety belts.
IVP	HP2020–13:	Reduce physical fighting among adolescents.
IVP	HP2020–14:	Reduce weapon carrying by adolescents on school property.
IVP	HP2020–23:	Increase the proportion of bicyclists who regularly wear a bicycle helmet.
IVP	HP2020–28:	Increase the proportion of public and private schools that require students to wear appropriate protective gear when engaged in school-sponsored physical activities.
IVP	HP2020–41:	Reduce bullying among adolescents.

**Mental Health and Mental Disorders (MHMD)**

MHMD	HP2020–2:	Reduce the rate of suicide attempts by adolescents.
MHMD	HP2020–4:	Reduce the proportion of adolescents who engage in disordered eating behaviors in an attempt to control their weight.

**Nutrition and Weight Status (NWS)**

NWS	HP 2020–5:	Reduce the proportion of children and adolescents who are overweight or obese.
NWS	HP2020–20:	Increase the percentage of schools that offer nutritious foods and beverages outside of school meals.

**Physical Activity and Fitness (PAF)**

PAF	HP2020–2:	Increase the proportion of the Nation’s public and private schools that require daily physical education for all students.
PAF	HP2020–3:	Increase the proportion of adolescents who participate in daily school physical education.
PAF	HP2020–4:	Increase the proportion of adolescents who spend at least 50% of school physical education class time being physically active.

PAF	HP2020–5:	Increase the proportion of the Nation’s public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations).
PAF:	HP2020–7:	Increase the proportion of adolescents that meet current physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.
PAF	HP2020–8:	Increase the proportion of children and adolescents that meet guidelines for television viewing and computer use.
PAF:	HP2020–10:	Increase the proportion of trips made by walking.
PAF:	HP2020–11:	Increase the proportion of trips made by bicycling.

**Sexually Transmitted Diseases**

HP2020–25-11: Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if sexually active.

**Substance Abuse (SA)**

SA HP2020–4: Reduce the proportion of adolescents who report that they rode, during the previous 30 days with a driver who had been drinking alcohol.

**Tobacco Use (TU)**

TU HP2020–6: Reduce tobacco use by adolescents.

TU HP2020–7: Reduce the initiation of tobacco use among children, adolescents, and young adults.

TU HP2020–9: Increase smoking cessation attempts by adolescent smokers.

TU HP2020–12: Increase tobacco-free environments in schools, including all school facilities, property, vehicles, and school events.

TU HP2020–14: Reduce the proportion of adolescents and young adults who are exposed to tobacco advertising and promotion—reduction in the proportion of adolescents grades 6 through 12 exposed to tobacco advertising and promotion.

Source: U.S. Department of Health and Human Services, *Healthy People 2020* ([www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=](http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=); December 2010).

Note: Education professionals are encouraged to evaluate the extent to which their schools have established policies and practices that bring them into compliance with these national health objectives.



*Quality health education can help empower children in all domains of health.*

on death rates, research has confirmed that the “childhood obesity epidemic is an impending catastrophe. Nothing like this has happened before. Data have confirmed that the risks associated with this epidemic of childhood obesity will overwhelm any changes that medical science will make to affect longevity.”<sup>31</sup>

Given the demonstrated impact of the complex and varied sources of influence on health, it is now more important than ever that all resources be mobilized to confront

the public health challenges facing today’s citizens. If continuing increases in the length and quality of life are to be realized by all Americans, the complex problem of childhood obesity and other health risks must be managed.

**HEALTH IN THE ACADEMIC ENVIRONMENT**

Today, youth are confronted with health, educational, and social challenges on a scale and at a pace not experienced by previous generations of young Americans. Violence, alcohol and other drug use, obesity, unintended pregnancy, and disrupted family situations can compromise both short- and long-term health prospects.<sup>32</sup>

Educational institutions are in a unique and powerful position to improve health outcomes for youth. In the United States, over 55.5 million students are enrolled in approximately 125,000 public and private elementary and secondary schools. Each school day, over 95 percent of all 5- to 17-year-olds experience more than six hours of instruction.<sup>33,34</sup> As such, schools represent the only public institution that can reach nearly all young people.

Beyond offering efficient access to a critical mass, schools provide a setting in which friendship networks develop, socialization occurs, and norms that influence behavior are developed and reinforced.<sup>35</sup> Such social norms prevail in the environment before the health behaviors of most youth become habitual. Educators are academically prepared to organize developmentally appropriate learning experiences to empower children to lead safer, healthier lives.

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