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ABSTRACT

This guide has been designed to assist school districts in developing a comprehensive program of health instruction from kindergarten through grade twelve. It is a framework that provides structure for the development of a sequential, but flexible health education curriculum to meet local needs and provide for the changing health problems facing children and youth. Since it is a guide for local curriculum development and not a course of study, learning opportunities, methods of instruction, and suggested resources are not included. Health information is presented in such a manner that it builds around health concepts and thus allows new research to be integrated into the program as it becomes available. Each major concept has a set of correlating grade-level concepts with accompanying sample objectives and content. Content areas cover consumer health, mental-emotional health, drug use and misuse, family health, oral health-vision-hearing, nutrition, exercise-rest-posture, diseases and disorders, environmental health hazards, and community health resources. For evaluating instruction in terms of specific goals, behavioral objectives are included for each grade-level concept and provide specific illustrations of ways in which the learner may demonstrate his competencies. This work was prepared under an ESEA Title V contract. (BL)

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CALIFORNIA STATE DEPARTMENT OF EDUCATION, Max Rafferty, Superintendent

Network for Health Instruction in California Public Schools Kindergarten Through Grade Twelve

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STATE DEPARTMENT OF EDUCATION, Max Rafferty, Superintendent of Public Instruction, Sacramento, 1970

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Framework for Health Instruction in California Public Schools Kindergarten Through Grade Twelve

Adopted by the

CALIFORNIA STATE BOARD OF EDUCATION

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Foreword

Healthy individuals are essential for an effective society. To achieve optimal health, every individual should have sufficient knowledge about health and, most important, the motivation that is needed to apply that knowledge to daily living.

Threats to health have always been present in society. Many of these threats have been met by such measures as immunization, protection of water and food supplies, and pasteurization of milk — measures brought about by medical and public health authorities on behalf of the common good. Measures of this kind certainly help to protect and preserve health. However, current health problems facing youth — for example, the use of drugs, including tobacco and alcohol, and environmental hazards, including air, water, and soil pollution — can be controlled only if *individuals* become involved; and these individuals must understand the problems and their causes and must assume personal responsibility for preventing or correcting them.

In past years schools placed emphasis on the provision of health information; they assumed that, once in possession of the necessary facts, the pupils would take intelligent action. Unfortunately, the assumption was valid in too few cases. One has but to look at the misuse of drugs by teenagers and young adults, or at their nutrition practices, to realize that the mere provision of facts has not resulted in the application of these facts. In a number of instances, one can even challenge the “facts” presented when the results of modern health-related research are carefully examined.

This *Framework for Health Instruction in California Public Schools* has been designed to assist school districts in developing a relevant and comprehensive program of health instruction from kindergarten through grade twelve — a program which, in turn, will help each pupil to reach the highest possible level of health that is commensurate with his own capabilities. The presentation of health content in the manner of building it around certain health concepts will allow new research to be integrated into the program as it becomes available. In line with emphasis on evaluating instruction in terms of specific goals, behavioral objectives have been included for each grade-level concept.

I urge every school district to utilize this *Framework* as a basis for developing a planned, sequential health instruction program that is (1) related to current and emerging health problems; and (2) designed to develop critical thinking and individual responsibility in regard to health.

I also urge every district to conduct an inservice education program designed to provide an opportunity for every teacher to acquire the preparation he needs to implement such a program.

The future health of the people of California depends to a great extent upon the degree to which health instruction programs motivate individuals to assume responsibility for their own health and the health of others.



Superintendent of Public Instruction

Preface

For many years representatives from the fields of education and health have recommended the development of a framework that would provide a structure for the development of a planned sequential health education curriculum and yet be flexible enough to meet local needs and to provide for the changing health problems facing children and youth. This *Framework for Health Instruction in California Public Schools - Kindergarten Through Grade Twelve* has been developed to meet these requirements. It is intended as a foundation for local curriculum development upon which a comprehensive program of health instruction may be built.

Questions commonly asked by groups working on the development of a health education curriculum include the following: What should be emphasized when health-related information is so abundant today? How can attitudes and behavior be the focus rather than the provision of health knowledge? What are the objectives students are expected to attain? To help answer such questions, the concept-oriented approach to curriculum development has been utilized in this publication, and emphasis is placed upon behavioral objectives. Concepts provide a needed framework for knowledge and for thinking -- both essential aspects of health instruction. The behavioral objectives listed for each grade-level concept provide specific illustrations of ways in which learners may demonstrate competencies.

During field trials in 1968-69, several California school districts, representing both rural and urban communities, developed teaching guides or courses of study based on the experimental draft of the *Framework*. Evaluation by these districts indicated that the material thus developed was found to be practical and useful.

The Health Framework Project was carried out in cooperation with the California Curriculum Commission, and the criteria for selection of health textbooks for elementary schools will be based on the *Framework for Health Instruction in California Public Schools*. The Commission recommended adoption of the *Framework* to the California State Board of Education. In the spring of 1970, the State Board held a public hearing on the document and then formally adopted it.

Personnel in the fields of education and health joined in the planning and development of this publication, which, in its final form, reflects the extensive contributions made by both professions. Individuals and groups involved in the statewide endeavor are recognized in the acknowledgment section and in the appendixes. The three Codirectors of the Health Framework Project, working under a federal contract with the California State Department of Education, were charged with leading and synthesizing the work of the project. Coordinative and guidance services were rendered by the Department's Consultant in School Health Education.

This document has been subjected to close scrutiny by qualified professional personnel in the areas covered by its content, as well as examined carefully by the State Board of Education. The material it presents, however, is not to be construed as rigidly formulated. The objectives and the content included here are intended as examples, and the document as a whole is intended to serve as a useful guide in the development of health curricula among California schools.

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for Programs and Legislation*

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and Recreation*

Acknowledgments

Sincere appreciation and grateful acknowledgments are extended to the many persons who contributed to the successful completion of the *Framework for Health Instruction in California Public Schools*.

John T. Fodor and Wilfred C. Sutton of San Fernando Valley State College and Ben C. Gmur of California State College, Los Angeles, provided leadership for the Health Framework Project. They were responsible for synthesizing all material produced by the project committees; for developing an experimental draft of the *Framework* for field testing; and for writing the final manuscript, which incorporated the recommendations gained from the evaluation processes that were carried out. The codirectors are commended for their strenuous efforts in this endeavor.

Special thanks are due to the various consultants who identified health needs, wrote concepts and objectives, and reviewed the experimental draft (see appendixes B and C). Appreciation is also expressed to the school districts that utilized the *Framework* for curriculum development (Appendix E) and to those district committees that evaluated the experimental draft and made useful recommendations (Appendix F). For working with these districts as consultants, tribute is paid to Seymour Eiseman of San Fernando Valley State College; Paul Hillar, Office of the Stanislaus County Superintendent of Schools; and Russell Purcey, Alhambra City High School District.

The numerous professional educators and members of health organizations who made suggestions after reviewing the *Framework* draft are commended for their valuable contributions (Appendix D). The direction and the continual encouragement given by the Health Advisory Committee of the California State Board of Education are also acknowledged (Appendix A).

Special gratitude is expressed to Patricia J. Hill, Consultant in School Education in the State Department of Education, for the strong support and guidance she gave in her role of project coordinator.

The Department and the project staff are also indebted to Ollie Stevener of San Fernando Valley State College for her direction of the secretarial force and her technical assistance in the preparation of the *Framework*, and to Holly Levien, Linda Wachter, and Kathleen Koepf for their secretarial labors.

Altogether this project was a monumental task. Everyone who had a part in it helped to make the resultant publication an important contribution to the health and education of California's children and youth.

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Introduction

This *Framework for Health Instruction in California Public Schools* has been developed to assist school district personnel in planning their own sequential program of health instruction, kindergarten through grade twelve. The document is not a course of study. Rather, it is to be used as a guide for local curriculum development. Therefore, learning opportunities, methods of instruction, and suggested resources are not included in this publication.

To assist the reader, information in the introduction is divided into three parts: (1) points of view concerning health and health education; (2) the development of the *Framework*; and (3) the format and use of the *Framework*.

POINTS OF VIEW

In preparing programs of health instruction, educators should give consideration to points of view concerning health and health education. To this end, the following viewpoints may provide direction for district personnel.

Points of View Concerning Health

The points of view concerning health — those upon which this framework was developed — include the following:

- Health is a state of physical, mental, and moral well-being and is dependent upon the interaction of these dimensions.¹
- Health is dynamic in that it is ever-changing.
- Health is influenced by the interaction of many hereditary and environmental factors and conditions over which the individual may exercise varying amounts of control. Some aspects of everyone's health can be improved.
- Health is necessary for a person to function optimally as a productive individual, as a worthy family member, and as a contributing member of society.

Points of View Concerning Health Education

Health education is a shared responsibility of the home, school, and community, even though health is a primary responsibility of the individual and the family. In addition, the following points of view on health education,

developed by the Joint National Education Association and the American Medical Association as a basis for the development of health education.

HEALTH EDUCATION

... education for healthful living in an academic field and suitable for academic in nature. Its content should be as well as in the future.

a relatively new discipline in the natural sciences provide its foundation.

Facts, principles, and concepts are the basis of knowledge.

The body of knowledge is organized into appropriate courses and disciplines.

... its purpose is to improve health practices).

a needed approach to bring about the application of these discoveries.

an integral part of the general education of all students.

the educational component (instruction, services, and resources).

contributing to the well-being of the individual and the community.

The Purposes of Education are best achieved by developing the individual's ability to make wise decisions.

problems. (Educational Programs should be based upon and improved upon the best conducted by professional organizations and universities.

HEALTH EDUCATION should be the hygiene of yesterday.

hygiene.

² Why Health Education? National Education Association and American Medical Association

¹ Definition established by the State Board of Education, April 9, 1970.

Introduction

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Health Education

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developed by the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association, serve as a basis for the development of this *Framework*.²

HEALTH EDUCATION IS:

... education for healthful living of the individual, family, and community.

an academic field and subject. All of its content and objectives are intellectual and academic in nature. Its content must have meaning and purpose to the students now as well as in the future.

a relatively new discipline. The natural (biological), the behavioral, and the health sciences provide its foundation.

Facts, principles, and concepts pertaining to healthful living constitute its body of knowledge.

The body of knowledge identified, organized, synthesized, and utilized in appropriate courses and experiences is sequentially arranged to form the discipline.

... its purpose is to favorably change health behavior (knowledge, attitudes, and practices).

a needed approach to bridge the gap between scientific health discoveries and man's application of these discoveries in daily life.

an integral part of the curriculum at every level and an essential element in the general education of all students.

the educational component of a school, college, or university health program (instruction, services, and environment).

contributing to the well-educated individual by providing meaningful health experiences which can change health behavior. (Educational Policies Commission, *The Purposes of Education in an American Democracy*, 1938)

best achieved by developing the rational powers of man (critical thinking), enabling him to make wise decisions and solve personal, family, and community health problems. (Educational Policies Commission, 1961)

based upon and improved through basic and applied research.

best conducted by professionally prepared health educators from accredited colleges and universities.

HEALTH EDUCATION IS NOT:

hygiene of yesteryears. It is not "blood and bone" hygiene, nor is it physiological hygiene.

²*Why Health Education?* Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association. Chicago: American Medical Association, 1965, pp. 2-3.

anatomy or physiology or both of these combined. These fields serve as its foundation, but do not contribute the major concepts of its body of knowledge. They are necessary as background to understand health concepts applied to living.

a pure science, but an applied science. It is an applied science concerned with man's understanding of himself in relation to health matters in a changing society.

physical education. Health education and physical education are separate and distinct fields. They have similar goals, are closely related, but their activities and the conduct of activities are completely different. Sound physical education programs properly conducted contribute to the health of the individual.

physical fitness. It contributes to the total fitness of man. It is not synonymous with muscle fitness.

driver education. Health education is related to driver education through its safety area. Driver education is but one facet of safety.

a requirement course organized to deal with legal provisions of alcohol, narcotics, and fire prevention. These are essential problems that should be incorporated with other basic problems to provide a structured course or program.

rainy day or incidental instruction. Health education must be carefully planned and incorporated in the curriculum; taught in a wholesome learning environment in which pupil activities can be carried out, particularly through problem-solving situations under the guidance of professionally prepared health educators.

just grooming practices such as tooth brushing and combing the hair. Health education has gone far beyond grooming.

DEVELOPMENT OF THE FRAMEWORK

Two major steps were followed in the completion of this project: (1) determination of health needs of California schoolchildren and youth; and (2) development of the *Framework* on the basis of these needs.

Determining Needs³

Health needs of California school-age children and youth were determined through a review of the literature and by soliciting the opinions of authorities invited to serve on an ad hoc committee. Included on the committee were representatives from medicine, dentistry, public health, allied health professions representing health content areas, and education. Documents listing the health needs identified were distributed to project consultants for use in preparing the *Framework*.

Preparing the Framework⁴

A committee of educational consultants worked in conjunction with the project directors in preparing the *Framework*. The consultants were selected from various parts of the state. Of these persons, 75 percent were classroom

³Personnel participating are listed in Appendix B.

⁴Personnel participating are listed in Appendix C.

teachers on levels ranging from kindergarten to high school. Others were curriculum specialists.

The consultants used the documents for various purposes; and in workshop sessions they discussed grade-level concepts, behavioral objectives, and content areas of the content areas. The codirectors synthesized the documents into an experimental draft of the *Framework*.

The experimental draft was reviewed by:

1. Seventeen educational consultants from the Ad Hoc Committee on Designing Health Instruction
2. Fourteen selected out-of-state health educators
3. Sixteen selected in-state health educators
4. Personnel in 49 public educational districts and offices of county superintendents
5. Personnel from ten school districts for development of courses of study for health education
6. Medical groups, additional school districts to which presentations were made
7. The Advisory Committee to the State Department of Public School Health

The evaluations were synthesized, recorded, and discussed with project directors for inclusion in the final draft of the *Framework*.

Throughout the development of the *Framework*, (1) the Health Advisory Committee established by the State Department of Education; and (2) the Consultant in Health Education, State Department of Education.

FORMAT AND CONTENT OF THE FRAMEWORK

The *Framework for Health Instruction* organizes material in ten content areas, grade-level concepts, suggested behavioral objectives, and content for each of these areas.

It is recognized that a review of the material covered at earlier grade levels is desirable and has been built into this publication but is not included in individual school districts.

or both of these combined. These fields serve as its major concepts of its body of knowledge. background to understand health concepts applied to living.

applied science. It is an applied science concerned with man's life in relation to health matters in a changing society.

Health education and physical education are separate and distinct goals, are closely related, but their activities and the conduct are completely different. Sound physical education programs properly contribute to the health of the individual.

It contributes to the total fitness of man. It is not synonymous with

Health education is related to driver education through its safety aspect but is but one facet of safety.

It is organized to deal with legal provisions of alcohol, narcotics, and drugs, and are essential problems that should be incorporated with other subjects in a structured course or program.

Instruction. Health education must be carefully planned and organized into a curriculum, taught in a wholesome learning environment in which the subject is carried out, particularly through problem-solving situations by professionally prepared health educators.

Examples such as tooth brushing and combing the hair. Health education goes beyond grooming.

DEVELOPMENT OF THE FRAMEWORK

The following steps were followed in the completion of this project: (1) the health needs of California schoolchildren and youth; and (2) the development of the *Framework* on the basis of these needs.

The health needs of California school-age children and youth were determined by a review of the literature and by soliciting the opinions of authorities in the field of health education. Included on the committee were representatives of medicine, dentistry, public health, allied health professions, content areas, and education. Documents listing the health needs were distributed to project consultants for use in the development of the *Framework*.

Project consultants worked in conjunction with the project directors in preparing the *Framework*. The consultants were selected from all over the state. Of these persons, 75 percent were classroom

names are listed in Appendix B.

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teachers on levels ranging from kindergarten through grade fourteen. The others were curriculum specialists.

The consultants used the documents on health needs for reference purposes; and in workshop sessions they developed the major concepts, grade-level concepts, behavioral objectives, and examples of content for each of the content areas. The codirectors synthesized this material and developed an experimental draft of the *Framework*.

The experimental draft was reviewed and evaluated by the following:

1. Seventeen educational consultants and 28 consultants who had served on the Ad Hoc Committee on Determining Health Needs
2. Fourteen selected out-of-state health education authorities
3. Sixteen selected in-state health education authorities
4. Personnel in 49 public education agencies in California -- school districts and offices of county superintendents of schools
5. Personnel from ten school districts who utilized the *Framework* in the development of courses of study for their own districts
6. Medical groups, additional school districts, and parent-teacher associations to which presentations were made by the project directors
7. The Advisory Committee to the State Department of Education on Public School Health

The evaluations were synthesized, recorded, and reviewed by the project directors for inclusion in the final draft of the *Framework*.

Throughout the development of this document, direction was given by (1) the Health Advisory Committee established by the California State Board of Education; and (2) the Consultant in School Health Education, California State Department of Education.

FORMAT AND USE OF THE FRAMEWORK

The *Framework for Health Instruction in California Public Schools* organizes material in ten content areas, with an overview, major concepts, grade-level concepts, suggested behavioral objectives, and suggested examples of content for each of these areas.

It is recognized that a review of the concepts, objectives, and content covered at earlier grade levels is desirable and necessary. Such a review has not been built into this publication but has been left to the discretion of individual school districts.

Overviews

The overviews serve to orient district personnel to the essential information included in the ten content areas. In each instance, the overview contains a brief description of the content area and indicates the major problems upon which the area was developed. Relationships to other health areas and subject-matter fields are also presented.

Major Concepts

Major concepts are the big ideas that should be emphasized in each content area. They serve as focal points for classroom instruction and provide continuity and sequence in the instructional program through the four educational levels (primary, intermediate, junior high, and senior high). Several major concepts have been identified for each content area.

Grade-Level Concepts

Grade-level concepts are the big ideas within a major concept and are stated for each educational level (primary, intermediate, junior high, and senior high). These concepts are guides to competencies that are to be demonstrated by learners at the various educational levels.

Examples of Behavioral Objectives

Examples of behavioral objectives have been developed for each concept. The objectives suggest content and behavior to be sought in the learner. They indicate ways in which learners may demonstrate learning. Behavioral objectives have been stated only in terms of cognitive skills attained by the student and attitudes and practices. The objectives are general in nature, though they do not contain the specific details of the specialists. No attempt has been made to develop an exhaustive list of behavioral objectives related to each concept. School district personnel should expand on these objectives to meet the needs of their students.

Examples of Content

Suggested examples of content have been developed for each concept. These examples are intended to help classify the content. School district personnel should elaborate on these examples to meet the needs of their students.

ve to orient district personnel to the essential information for the ten content areas. In each instance, the overview description of the content area and indicates the major concepts in the area was developed. Relationships to other health fields are also presented.

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Examples of Behavioral Objectives

Examples of behavioral objectives have been identified for each grade-level concept. The objectives suggest content to be taught and the cognitive behavior to be sought in the learner. They provide specific illustrations of ways in which learners may demonstrate competencies. Although the objectives have been stated only in terms of cognition, it is felt that the cognitive skills attained by the student will favorably influence his health attitudes and practices. The objectives are stated in behavioral terms even though they do not contain the specificity desired by some curriculum specialists. No attempt has been made to identify and to present an exhaustive list of behavioral objectives relative to the grade-level concepts. School district personnel should expand or revise the objectives to meet the needs of their students.

Examples of Content

Suggested examples of content have been included for all objectives. These examples are intended to help classify the content specified in the objectives. School district personnel should elaborate on the specific content to be included.

Major Concepts for Content Areas

Following are the major concepts or big ideas that provide organization of the body of knowledge for each of the ten content areas in the *Framework*. Concepts for each of the four educational levels (primary, intermediate, junior high, senior high) are built upon the major concepts. In general, the first major concept listed under each area heading relates to the total health of the individual; the other major concepts relate to specific aspects of the content area. The Roman numbering system is used to indicate interrelationships among concepts in the various content areas, not to designate priorities in emphasis.

1. CONSUMER HEALTH

- I. To maintain health requires effort, time, and money; but failure to maintain health is detrimental and more costly.
- II. Scientific knowledge and understanding are bases for effective evaluation, selection, and utilization of health information, products, and services.
- III. Self-diagnosis and self-treatment may be dangerous to an individual.
- IV. Quackery and faddism raise false hopes, delay proper medical attention, and cause financial waste.

2. MENTAL-EMOTIONAL HEALTH

- I. Mental health is influenced by the interrelationship of biological and environmental, including cultural, factors.
- II. Developing and maintaining optimal mental health include understanding oneself and others.

- III. Stress, an unavoidable product of our environment, is often detrimental to man.
- IV. Maladjustive behavior varies in its nature and extent.
- V. Qualified help is available for those who need it.

3. DRUG USE

- I. When used properly, drugs are beneficial.
- II. Many factors influence the misuse of drugs.
- III. Tobacco is harmful; and alcohol and drugs are harmful to the individual and to society.
- IV. The individual and society need to be aware of the misuse of tobacco, alcohol, and drugs.

4. FAMILY

- I. The family and its members exert a profound influence on the individual.
- II. Human masculinity and femininity are influenced by biological, emotional, and social factors.
- III. Effective preparation, the ability to understand and communicate, and understanding of one's marriage are essential for successful marriages.

Major Concepts for Content Areas

are the major concepts or big ideas that provide organization of knowledge for each of the ten content areas in the *Framework*. Each of the four educational levels (primary, intermediate, senior high) are built upon the major concepts. In general, the concept listed under each area heading relates to the total health goal; the other major concepts relate to specific aspects of the goal. The Roman numbering system is used to indicate interrelationships in the various content areas, not to designate priorities.

1. CONSUMER HEALTH

Maintaining health requires effort, time, and money; but failure to maintain health is detrimental and more costly.

Knowledge and understanding are bases for effective evaluation, selection, and utilization of health information, products, and services.

Illness and self-treatment may be dangerous to an individual.

Quackery and faddism raise false hopes, delay proper medical attention, and result in financial waste.

2. MENTAL-EMOTIONAL HEALTH

Mental health is influenced by the interrelationship of biological and environmental, including cultural, factors.

Recognizing and maintaining optimal mental health include understanding self and others.

- III. Stress, an unavoidable product of our culture, can be either productive or detrimental to man.
- IV. Maladjustive behavior varies in its impact on the individual and society.
- V. Qualified help is available for those with maladjustive behavior.

3. DRUG USE AND MISUSE

- I. When used properly, drugs are beneficial to mankind.
- II. Many factors influence the misuse of drugs.
- III. Tobacco is harmful; and alcohol and other drugs, if misused, are harmful to the individual and to society.
- IV. The individual and society need to accept responsibility for preventing the misuse of tobacco, alcohol, and other drugs.

4. FAMILY HEALTH

- I. The family and its members exert a significant influence on one another.
- II. Human masculinity and femininity are determined by biological, emotional, and social factors.
- III. Effective preparation, the ability to adjust, and respect for and understanding of one's marriage partner tend to produce successful marriages.

- IV. Persons may function more effectively in their roles as males or females when they understand each other and understand that reproduction is a normal process.
- V. Family planning may help to improve the health of family members.

5. ORAL HEALTH, VISION, AND HEARING

- I. Neglect of oral health affects individuals of all ages.
- II. Most oral disorders can be prevented.
- III. Oral disorders can be treated.
- IV. Most disorders of vision and hearing, which may occur at any age, can be prevented or treated and corrected.

6. NUTRITION

- I. Nutrition is important in the everyday functioning of an individual.
- II. Individuals throughout life require the same nutrients but in varying amounts.
- III. Food processing and preparation influence the nutritional value and safety of foods.
- IV. Nutrition is a significant factor in weight control.
- V. Dietary fads and misconceptions can be detrimental to health.

7. EXERCISE, REST, AND POSTURE

- I. Physical fitness is one important component of total health.
- II. A balanced program of exercise and rest contributes to fitness.
- III. Posture affects appearance and body function.

8. DISEASES AND

- I. The occurrence and distribution of disease is influenced by an individual's heredity and environment.
- II. Diseases and disorders have both a genetic and environmental component.
- III. There is variation in the extent to which diseases can be prevented and controlled.

9. ENVIRONMENTAL

- I. An individual's environment, including his heredity and environment, influences his total health.
- II. There are ever-changing health hazards in the environment.
- III. The potential for accidents exists everywhere.
- IV. Individuals should be prepared to act in emergencies.
- V. Maintaining a healthful and safe environment is the responsibility of the individual, the family, and society.

10. COMMUNITY HEALTH

- I. Utilization of community health resources is important to the health of the individual and the community.
- II. The health of the community is a function of the health of the individual and the community.
- III. Nations need to cooperate with each other to solve international health problems.
- IV. A variety of opportunities exist for individuals to contribute to the health of the community.

tion more effectively in their roles as males or females
and each other and understand that reproduction is a

may help to improve the health of family members.

HEALTH, VISION, AND HEARING

Health affects individuals of all ages.

Diseases can be prevented.

Illnesses can be treated.

Blindness and hearing, which may occur at any age, can be
prevented and corrected.

6. NUTRITION

Nutrition is important in the everyday functioning of an individual.

Diets throughout life require the same nutrients but in varying

amounts and preparation influence the nutritional value and

are a significant factor in weight control.

Common misconceptions can be detrimental to health.

EXERCISE, REST, AND POSTURE

Exercise is one important component of total health.

A regular program of exercise and rest contributes to fitness.

Proper posture and body function.

8. DISEASES AND DISORDERS

- I. The occurrence and distribution of diseases and disorders are affected by man's heredity and environment.
- II. Diseases and disorders have both a personal and an economic effect upon individuals and society.
- III. There is variation in the extent to which diseases and disorders can be prevented and controlled.

9. ENVIRONMENTAL HEALTH HAZARDS

- I. An individual's environment, including aesthetic characteristics, influences his total health.
- II. There are ever-changing health hazards in man's environment.
- III. The potential for accidents exists everywhere in man's environment.
- IV. Individuals should be prepared to act effectively in case of accidents.
- V. Maintaining a healthful and safe environment is the responsibility of the individual, the family, and society.

10. COMMUNITY HEALTH RESOURCES

- I. Utilization of community health resources benefits the health of the individual and the community.
- II. The health of the community is a shared responsibility of the individual and the community.
- III. Nations need to cooperate with one another to identify and solve international health problems.
- IV. A variety of opportunities exist for careers in the health sciences.

DEVELOPMENT OF CONTENT AREAS

1

Consumer Health — Overview

Each individual in our society is a consumer of health services and health products. The constant urging of mass media and the wide variety of health products and services available make it essential that the consumer apply sound criteria in the selection and utilization of these products and services. Such criteria are included in this content area on consumer health. In addition, this area emphasizes that failure to maintain health is detrimental and costly to society; utilization of health products and services should be based on scientific knowledge and understanding; self-diagnosis and self-treatment can be dangerous; and quackery and faddism can contribute to poor health. Consideration also is given to sources of health information available to the consumer.

The major problems of consumer health, upon which the development of this content area has been based, include the following:

- Cost of disease to the individual and to the nation
- Unreliable sources of health information
- Improper selection and use of health products (self-treatment)
- Inadequate selection and utilization of health services
- Faddism and quackery

Correlation with Other Subject Areas

Selected content in the area of consumer health can be correlated most effectively with home economics, business and economics, social sciences, mathematics, and English.

Interrelationships Between Consumer Health and Other Health Areas in This Framework

Certain interrelationships between consumer health areas covered in this *Framework* are identified below. Each area, shown in italics, is followed by one or more designations, the major concepts that are listed in the *Framework for Content Areas*,¹ as well as in the body of this *Framework*. In turn, is followed by one or more designations, the numbered concepts are appropriate.¹

Mental-Emotional Health: V — junior high, senior high.

Drug Use and Misuse: I — primary, intermediate, junior high, senior high; IV — primary, senior high.

Oral Health: I — senior high; II and III — all grade levels.

Vision and Hearing: IV — junior high, senior high, intermediate, junior high, senior high.

Diseases and Disorders: I — senior high; II — senior high.

Environmental Health Hazards: II — junior high, senior high.

Community Health Resources: I — all grade levels, intermediate.

¹ Interrelationships will be shown in like manner throughout the *Framework*.

DEVELOPMENT OF CONTENT AREAS

I

Consumer Health – Overview

society is a consumer of health services and health
ring of mass media and the wide variety of health
available make it essential that the consumer apply
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based, include the following:

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subject Areas

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1.

Interrelationships Between Consumer Health and Other Health Areas in This Framework

Certain interrelationships between consumer health and other health areas covered in this *Framework* are identified below. The name of each area, shown in italics, is followed by one or more Roman numerals belonging to the major concepts that are listed in the *Framework* section, "Major Concepts for Content Areas," as well as in the body of the document. Each numeral, in turn, is followed by one or more designations of educational level for which the numbered concepts are appropriate.¹

Mental-Emotional Health: V – junior high, senior high.

Drug Use and Misuse: I – primary, intermediate; II – all grade levels; III – primary, senior high; IV – primary, senior high.

Oral Health: I – senior high; II and III – all grade levels.

Vision and Hearing: IV – junior high, senior high.

Nutrition: I – senior high; II – senior high; III – all grade levels; V – intermediate, junior high, senior high.

Diseases and Disorders: I – senior high; II – junior high; III – primary, senior high.

Environmental Health Hazards: II – junior high; V – senior high.

Community Health Resources: I – all grade levels; II – primary, intermediate.

¹ Interrelationships will be shown in like manner throughout the ten overviews.

CONSUMER HEALTH²

Major Concept	Primary Level	Intermediate
<p>I</p> <p>To maintain health requires effort, time, and money; but failure to maintain health is detrimental and more costly.</p>		<p>GRADE-LEVEL CONCEPT: Prevention results of neglecting one's health.</p> <p>OBJECTIVE: Discusses why prevention carries early saves teeth and more permanent damage; (4) precaution one's talents.</p>
<p>II</p> <p>Scientific knowledge and understanding are bases for effective evaluation, selection, and utilization of health information, products, and services.</p>	<p>GRADE-LEVEL CONCEPT: Adults can help children solve health problems</p> <p>OBJECTIVE: Names appropriate sources of help in various situations of injury, illness, and disorders.</p> <p>CONTENT: (1) parents; (2) doctors; (3) dentists; (4) nurses.</p> <p>OBJECTIVE: Tells how physicians, dentists, and nurses protect our health.</p> <p>CONTENT: (1) early detection; (2) treatment before extensive damage occurs; (3) health counseling.</p>	<p>GRADE-LEVEL CONCEPT: The source accuracy.</p> <p>OBJECTIVE: Identifies various reliable health agencies; (4) approved voluntary agencies.</p> <p>OBJECTIVE: Explains factors that influence provided (motives); (3) date of information.</p>
<p>III</p> <p>Self-diagnosis and self-treatment may be dangerous to an individual.</p>		<p>GRADE-LEVEL CONCEPT: Mass media information.</p> <p>OBJECTIVE: Names health products that (1) cosmetics; (2) nonprescription.</p> <p>OBJECTIVE: Identifies types of mass media information.</p> <p>CONTENT: (1) radio and television (3) articles in periodicals; (4) books.</p>
<p>IV</p> <p>Quackery and faddism raise false hopes, delay proper medical attention, and cause financial waste.</p>		<p>GRADE-LEVEL CONCEPT: Superstitions dangerous.</p> <p>OBJECTIVE: Describes the origin of health (1) old wives' tales; (2) folk remedies.</p> <p>OBJECTIVE: Cites ways in which health dangerous.</p> <p>CONTENT: (1) delay in seeking treatment; (2) eating habits; (3) raising of false hopes.</p>

CONSUMER HEALTH²

Primary Level

Intermediate Level

GRADE-LEVEL CONCEPT: Prevention and early treatment are less costly than results of neglecting one's health.

OBJECTIVE: Discusses why prevention and early treatment are economical.

CONTENT: (1) immunization reduces illness; (2) preventing or treating dental caries early saves teeth and money; (3) precautionary measures prevent permanent damage; (4) precautionary measures promote more effective use of one's talents.

CONCEPT: Adults can help children solve health problems
uses appropriate sources of help in various situations of injury,
orders.
(1) parents; (2) doctors; (3) dentists; (4) nurses.
how physicians, dentists, and nurses protect our health.
(1) early detection; (2) treatment before extensive damage occurs;
counseling.

GRADE-LEVEL CONCEPT: The source of health information influences its accuracy.

OBJECTIVE: Identifies various reliable sources of health information.

CONTENT: (1) professional personnel; (2) professional associations; (3) public health agencies; (4) approved voluntary health agencies; (5) insurance companies.

OBJECTIVE: Explains factors that influence the accuracy of health information.

CONTENT: (1) who provides the information; (2) why the information is provided (motives); (3) date of information.

GRADE-LEVEL CONCEPT: Mass media may be misleading sources of health information.

OBJECTIVE: Names health products that are commonly misrepresented.

CONTENT: (1) cosmetics; (2) nonprescription drugs; (3) tobacco; (4) dentifrices.

OBJECTIVE: Identifies types of mass media that may include misleading sources of information.

CONTENT: (1) radio and television commercials; (2) advertising in periodicals; (3) articles in periodicals; (4) books on health topics.

GRADE-LEVEL CONCEPT: Superstitions and misconceptions about health may be dangerous.

OBJECTIVE: Describes the origin of health superstitions and misconceptions.

CONTENT: (1) old wives' tales; (2) folk medicine; (3) quacks; (4) faddists.

OBJECTIVE: Cites ways in which health superstitions and misconceptions may be dangerous.

CONTENT: (1) delay in seeking treatment; (2) likelihood of acquiring poor eating habits; (3) raising of false hopes; (4) creation of anxieties.

CONSUMER HEALTH²*Junior High Level**Senior High Level*

GRADE-LEVEL CONCEPT: Disease and premature death are detrimental and costly.
OBJECTIVE: Illustrates how disease and premature death are detrimental and costly.
CONTENT: (1) personal costs; (2) loss of productivity; (3) rising costs of facilities and personnel for health care; (4) pain or discomfort.

GRADE-LEVEL CONCEPT: Discretion in selection and utilization of health products can both enhance health and save money.

OBJECTIVE: Summarizes factors to consider when evaluating, selecting, and using health products.

CONTENT: (1) labels; (2) cost; (3) generic versus brand names; (4) prescription versus non-prescription drugs.

OBJECTIVE: Discusses the effects on health when products are not used wisely.

CONTENT: (1) may cause direct harm; (2) may cover up symptoms of disease.

GRADE-LEVEL CONCEPT: Advertising may mislead individuals in their selection and use of health information, products, and services.

OBJECTIVE: Cites examples of appeals that are used by advertisers.

CONTENT: (1) plays upon emotions; (2) appeals to the sexes; (3) makes unstated assumptions; (4) appeals to the good life; (5) utilizes hero worship.

OBJECTIVE: Describes the impact of advertising techniques on individuals.

CONTENT: (1) buying products that are not needed; (2) buying products that may be harmful to the consumer; (3) selecting personnel not qualified to care for the consumer's health problem.

GRADE-LEVEL CONCEPT: Quackery and faddism are dangerous to health.

OBJECTIVE: Identifies examples of health quackery and faddism.

CONTENT: (1) false cures for cancer; (2) ineffective treatment for arthritis; (3) food faddism.

OBJECTIVE: Predicts potential hazards of faddism and quackery.

CONTENT: (1) raising false hopes; (2) delaying proper medical treatment; (3) incurring damage because of improper treatment.

GRADE-LEVEL CONCEPT: The cost of medical care is a major concern for all citizens.

OBJECTIVE: Indicates the roles of individual citizens and governments in maintaining health.

CONTENT: (1) contribution of time and money;

GRADE-LEVEL CONCEPT: Each individual is responsible for his own health care for himself and his family.

OBJECTIVE: Describes ways the health care system is financed.

CONTENT: (1) medical and dental care; (2) health insurance; (3) government programs.

OBJECTIVE: Differentiates ways of meeting health care needs.

CONTENT: (1) cash for services; (2) pre-arranged or government-sponsored programs, such as Medi-Cal and Medicare Services.

GRADE-LEVEL CONCEPT: Using sound criteria for selecting health care professionals is essential for securing professional health care.

OBJECTIVE: Develops criteria for the selection of health care professionals.

CONTENT: (1) qualifications of personnel; (2) quality of services and facilities; (3) cost of services.

GRADE-LEVEL CONCEPT: Diagnosing and treating health problems requires qualified personnel.

OBJECTIVE: Lists different types of health care professionals.

CONTENT: (1) general practitioners; (2) specialists; (3) dental and paramedical personnel.

OBJECTIVE: Cites examples of dangers in health care.

CONTENT: (1) postponing adequate treatment; (2) self-treatment; (3) attempting improper medical procedures.

GRADE-LEVEL CONCEPT: Individuals, through proper care, can maintain good health.

OBJECTIVE: Describes situations in which health care is needed.

CONTENT: (1) minor ailments; (2) accidents; (3) chronic diseases.

GRADE-LEVEL CONCEPT: Quacks and faddists are dangerous to health.

OBJECTIVE: Cites reasons why individuals are misled by quacks and faddists.

CONTENT: (1) ignorance; (2) lack of adequate knowledge; (3) desire for quick relief.

OBJECTIVE: Describes those techniques used by quacks and faddists to mislead people.

CONTENT: (1) promise of fast cures; (2) claims of being painless; (3) use of testimonials; (4) use of unqualified personnel.

GRADE-LEVEL CONCEPT: Both individuals and society have a responsibility to protect against the quack and the faddist.

OBJECTIVE: Defines individual and societal responsibilities in protecting against the faddist.

CONTENT: (1) reporting quackery; (2) providing proper medical care; (3) improving education.

OBJECTIVE: Cites examples of how present health care standards are maintained.

CONTENT: (1) setting of standards; (2) enforcement of standards.

²NOTE: Descriptions of objectives and content throughout the ten content areas of this document are intended as EXAMPLES ONLY.

CONSUMER HEALTH²

Level	Senior High Level
<p>ath are detrimental and costly. ath are detrimental and costly. activity; (3) rising costs of facilities and</p>	<p>GRADE-LEVEL CONCEPT: The cost of maintaining a healthy nation is the responsibility of its citizens.</p> <p>OBJECTIVE: Indicates the roles of individuals and groups (industry, agencies, organizations, and governments) in maintaining health.</p> <p>CONTENT: (1) contribution of time and talents; (2) financial support (taxes and gifts).</p> <p>GRADE-LEVEL CONCEPT: Each individual, to the best of his ability, is responsible for providing health care for himself and his family.</p> <p>OBJECTIVE: Describes ways the health care dollar is spent.</p> <p>CONTENT: (1) medical and dental care; (2) hospitalization; (3) health products.</p> <p>OBJECTIVE: Differentiates ways of meeting costs of health services and products.</p> <p>CONTENT: (1) cash for services; (2) prepaid health insurance; (3) clinics; (4) government-sponsored programs, such as Medi-Cal, Medicare, Short-Doyle Program, Crippled Children's Services.</p>
<p>and utilization of health products can both en evaluating, selecting, and using health s brand names; (4) prescription versus non- products are not used wisely. cover up symptoms of disease. ad individuals in their selection and use of by advertisers. ls to the sexes; (3) makes unstated assump- hero worship. niques on individuals. ded; (2) buying products that may be harmful qualified to care for the consumer's health</p>	<p>GRADE-LEVEL CONCEPT: Using sound criteria helps the individual make intelligent choices in securing professional health care.</p> <p>OBJECTIVE: Develops criteria for the selection of health services.</p> <p>CONTENT: (1) qualifications of personnel; (2) availability of personnel and facilities; (3) quality of services and facilities; (4) cost of services.</p> <p>GRADE-LEVEL CONCEPT: Diagnosing and treating illness and injury are the responsibilities of qualified personnel.</p> <p>OBJECTIVE: Lists different types of qualified professional health personnel and describes their services.</p> <p>CONTENT: (1) general practitioners; (2) medical and dental specialists; (3) paramedical and paraprofessional personnel.</p> <p>OBJECTIVE: Cites examples of dangers in self-diagnosis and self-treatment.</p> <p>CONTENT: (1) postponing adequate treatment; (2) covering up signs and symptoms of serious illness; (3) attempting improper medication, which is dangerous.</p> <p>GRADE-LEVEL CONCEPT: Individuals, to some degree, can rely on their own resources for the maintenance of health.</p> <p>OBJECTIVE: Describes situations in which a person can use his own resources in maintaining his health.</p> <p>CONTENT: (1) minor ailments; (2) accidents (until the doctor arrives); (3) everyday health practices.</p>
<p>are dangerous to health. y and faddism. ective treatment for arthritis; (3) food faddism. and quackery. ing proper medical treatment; (3) incurring</p>	<p>GRADE-LEVEL CONCEPT: Quacks and faddists infiltrate all segments of society.</p> <p>OBJECTIVE: Cites reasons why individuals seek out quacks.</p> <p>CONTENT: (1) ignorance; (2) as a last resort; (3) selling power of the quack.</p> <p>OBJECTIVE: Describes those techniques which make the quack and the faddist successful in misleading people.</p> <p>CONTENT: (1) promise of fast cure; (2) claim of secret remedy; (3) promise that treatment is painless; (4) use of testimonials; (5) promise of cure in cases diagnosed as terminal by qualified personnel.</p> <p>GRADE-LEVEL CONCEPT: Both individuals and society are responsible for providing protection against the quack and the faddist.</p> <p>OBJECTIVE: Defines individual and societal roles in providing protection against the quack and the faddist.</p> <p>CONTENT: (1) reporting quackery; (2) improving legislation; (3) strengthening law enforcement; (4) improving education.</p> <p>OBJECTIVE: Cites examples of how present food, drug, and cosmetic laws and agencies protect the individual.</p> <p>CONTENT: (1) setting of standards; (2) testing of products; (3) inspection; (4) enforcement.</p>

2

Mental-Emotional Health – Overview

Mental-emotional health is a major concern in today's complex society. The emphasis in this content area is placed upon the promotion and maintenance of good mental health. Consideration is given to biological and environmental influences on mental health; understanding oneself and others as a factor in developing optimal mental health; effects of stress on the individual in our society; and the impact of maladjustive behavior and ways of preventing and controlling such behavior.

The major problems of mental-emotional health, upon which the development of this content area has been based, include the following:

- Extent of mental illness and mental retardation in the United States and in California
- Misconceptions regarding mental illness, mental health, and mental retardation
- Inability to handle stress and tension
- Lack of services available for the mentally ill
- Failure to identify mental problems in their early stages

Correlation with Other Subject Areas

Selected content in the area of mental-emotional health is correlated most effectively with social sciences, music, and physical education.

Interrelationships Between Mental-Emotional Health and Other Health Areas in This Framework

Consumer Health: IV – intermediate, junior high, senior high

Drug Use and Misuse: I – junior high, senior high; III – intermediate; IV – intermediate, junior high, senior high

Family Health: I – all grade levels; II – intermediate, junior high, senior high; IV – intermediate, junior high, senior high

Vision and Hearing: IV – intermediate, junior high, senior high

Nutrition: I – primary, junior high; IV – intermediate, junior high, senior high

Exercise, Rest, and Posture: I – primary, junior high; III – primary, junior high; IV – intermediate, junior high, senior high

Diseases and Disorders: I – intermediate, junior high, senior high

Environmental Health Hazards: I – intermediate, junior high, senior high

2

Mental-Emotional Health — Overview

Health is a major concern in today's complex society. This content area is placed upon the promotion and maintenance of mental health. Consideration is given to biological and environmental influences on mental health; understanding oneself and others in achieving optimal mental health; effects of stress on the individual; and the impact of maladjustive behavior and ways of controlling such behavior.

Problems of mental-emotional health, upon which the content area has been based, include the following:

Mental illness and mental retardation in the United States

Issues regarding mental illness, mental health, and mental

Individual stress and tension

Resources available for the mentally ill

How to identify mental problems in their early stages

Correlation with Other Subject Areas

Selected content in the area of mental-emotional health can be correlated most effectively with social sciences, music, drama, and physical education.

Interrelationships Between Mental-Emotional Health and Other Health Areas in This Framework

Consumer Health: IV — intermediate, junior high.

Drug Use and Misuse: I — junior high; II — intermediate, junior high, senior high; III — intermediate; IV — intermediate, junior high.

Family Health: I — all grade levels; II — junior high, senior high; III — intermediate, junior high, senior high; IV — junior high.

Vision and Hearing: IV — intermediate.

Nutrition: I — primary, junior high; IV — junior high, senior high.

Exercise, Rest, and Posture: I — primary, intermediate, senior high; II — junior high; III — primary, junior high.

Diseases and Disorders: I — intermediate, junior high; II — primary, junior high.

Environmental Health Hazards: I — intermediate, senior high; II — junior high, senior high.

MENTAL-EMOTIONAL HEALTH

<i>Major Concept</i>	<i>Primary Level</i>	<i>Interme.</i>
<p style="text-align: center;">I</p> <p>Mental health is influenced by the interrelationship of biological and environmental, including cultural, factors.</p>	<p>GRADE-LEVEL CONCEPT: Health practices influence and are influenced by one's emotions.</p> <p>OBJECTIVE: Describes personal health practices which influence and are influenced by one's emotions.</p> <p>CONTENT: (1) sleep and rest; (2) eating; (3) physical activity; (4) posture.</p>	<p>GRADE-LEVEL CONCEPT: Biological</p> <p>OBJECTIVE: Discusses biological factors</p> <p>CONTENT: (1) nervous system; (2) appearance.</p> <p>GRADE-LEVEL CONCEPT: One's env health.</p> <p>OBJECTIVE: Summarizes environmental</p> <p>CONTENT: (1) physical factors (ho factors).</p>
<p style="text-align: center;">II</p> <p>Developing and maintaining optimal health include understanding oneself and others.</p>	<p>GRADE-LEVEL CONCEPT: Making friends and getting along with others make life more satisfying.</p> <p>OBJECTIVE: Lists ways of making and keeping friends.</p> <p>CONTENT: (1) being friendly; (2) being fair; (3) respecting the rights of others.</p> <p>OBJECTIVE: Tells how one can gain satisfaction through family and friends.</p> <p>CONTENT: (1) companionship; (2) someone to confide in; (3) security.</p>	<p>GRADE-LEVEL CONCEPT: People are a unique person.</p> <p>OBJECTIVE: Explains the importance of one's strengths and weaknesses.</p> <p>CONTENT: (1) goals can be achieved limited; (3) satisfaction from achievement</p> <p>OBJECTIVE: Illustrates ways in which it</p> <p>CONTENT: (1) physical needs (shelter, security, companionship).</p> <p>OBJECTIVE: Provides examples to show</p> <p>CONTENT: (1) size and shape; (2) (4) feelings and thoughts; (5) interest</p>
<p style="text-align: center;">III</p> <p>Stress, an unavoidable product of our culture, can be either productive or detrimental to man.</p>	<p>GRADE-LEVEL CONCEPT: Young children, as well as adults, have responsibilities.</p> <p>OBJECTIVE: Indicates how assuming responsibility helps to reduce stress.</p> <p>CONTENT: (1) obtains personal satisfaction; (2) gains the respect of others; (3) eliminates source of stress.</p> <p>OBJECTIVE: Identifies achievable responsibilities at home and at school.</p> <p>CONTENT: (1) helps with family chores; (2) maintains own room; (3) does assigned school work to best of ability.</p> <p>OBJECTIVE: Tells how stress may result from undue concern about responsibilities.</p> <p>CONTENT: (1) worrying about not carrying out responsibilities satisfactorily; (2) being overly concerned about trying to please; (3) failing to carry out responsibilities.</p>	<p>GRADE-LEVEL CONCEPT: Individuals</p> <p>OBJECTIVE: Compares and contrasts the</p> <p>CONTENT: (1) stress may be a motivation better when under mild stress; (3) interfere with normal response.</p> <p>OBJECTIVE: Identifies typical situations</p> <p>CONTENT: (1) competition (baseball); (4) pressure of school curriculum</p> <p>OBJECTIVE: Explains ways that individuals</p> <p>CONTENT: (1) modify goals; (2) character</p>
<p style="text-align: center;">IV</p> <p>Maladjustive behavior varies in its impact on the individual and society.</p>	<p>GRADE-LEVEL CONCEPT: Emotions, when not controlled, can be harmful</p> <p>OBJECTIVE: Identifies basic emotions and discusses how they may be helpful or harmful.</p> <p>CONTENT: (1) anger - motivation or carelessness; (2) fear - caution or panic; (3) love - security or overdependence.</p> <p>OBJECTIVE: Tells positive ways of relieving emotions.</p> <p>CONTENT: (1) talking with someone; (2) playing; (3) working; (4) enjoying a hobby.</p>	<p>GRADE-LEVEL CONCEPT: Individual demands of living.</p> <p>OBJECTIVE: Identifies ways in which living (adjustment mechanisms).</p> <p>CONTENT: (1) rationalization; (2) adjustment mechanisms.</p> <p>OBJECTIVE: Discusses how maladjustive adjustment mechanisms.</p> <p>CONTENT: (1) explaining away problem; (2) blaming others; (3) indulging</p>
<p style="text-align: center;">V</p> <p>Qualified help is available for those with maladjustive behavior.</p>		

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

MENTAL-EMOTIONAL HEALTH

Primary Level

Intermediate Level

CONCEPT: Health practices influence and are influenced by one's

describes personal health practices which influence and are influenced by:
 (1) sleep and rest; (2) eating; (3) physical activity; (4) posture.

GRADE-LEVEL CONCEPT: Biological factors influence one's mental health.

OBJECTIVE: Discusses biological factors that influence mental health.

CONTENT: (1) nervous system; (2) endocrine glands; (3) heredity; (4) physical appearance.

GRADE-LEVEL CONCEPT: One's environment helps to determine one's mental health.

OBJECTIVE: Summarizes environmental factors affecting mental health.

CONTENT: (1) physical factors (housing, climate); (2) social factors; (3) ethnic factors.

CONCEPT: Making friends and getting along with others make life

ways of making and keeping friends.
 (1) being friendly; (2) being fair; (3) respecting the rights of others.
 how one can gain satisfaction through family and friends.
 (1) companionship; (2) someone to confide in; (3) security.

GRADE-LEVEL CONCEPT: People are similar in many ways, but each individual is a unique person.

OBJECTIVE: Explains the importance of setting realistic goals within the limits of one's strengths and weaknesses.

CONTENT: (1) goals can be achieved; (2) undue pressure and frustration can be limited; (3) satisfaction from achieving goals can be realized.

OBJECTIVE: Illustrates ways in which individuals are similar.

CONTENT: (1) physical needs (shelter, food, safety); (2) emotional needs (love, security, companionship).

OBJECTIVE: Provides examples to show how individuals are unique.

CONTENT: (1) size and shape; (2) rate of growth; (3) skills and abilities; (4) feelings and thoughts; (5) interests.

CONCEPT: Young children, as well as adults, have responsibilities.

describes how assuming responsibility helps to reduce stress.
 (1) obtains personal satisfaction; (2) gains the respect of others;
 (3) identifies source of stress.

GRADE-LEVEL CONCEPT: Individuals react differently to stressful situations.

OBJECTIVE: Compares and contrasts the values and limitations of stress.

CONTENT: (1) stress may be a motivating factor; (2) some individuals work better when under mild stress; (3) stress may cause undue concern and may interfere with normal response.

OBJECTIVE: Identifies typical situations in which stress occurs.

CONTENT: (1) competition (baseball); (2) sibling rivalry; (3) parental expectations; (4) pressure of school curriculum.

OBJECTIVE: Explains ways that individuals reduce stress.

CONTENT: (1) modify goals; (2) change activity; (3) balance work and play.

describes how stress may result from undue concern about responsibilities.
 (1) worrying about not carrying out responsibilities satisfactorily;
 (2) being overly concerned about trying to please; (3) failing to carry out duties.

CONCEPT: Emotions, when not controlled, can be harmful

describes basic emotions and discusses how they may be helpful or

describes danger - motivation or carelessness; (2) fear - caution or panic;
 (3) anxiety or overdependence.

describes positive ways of relieving emotions.

describes talking with someone; (2) playing; (3) working; (4) enjoying a

GRADE-LEVEL CONCEPT: Individuals vary in their ability to adjust to the demands of living.

OBJECTIVE: Identifies ways in which individuals adjust to the demands of daily living (adjustment mechanisms).

CONTENT: (1) rationalization; (2) projection; (3) identification; (4) other adjustment mechanisms.

OBJECTIVE: Discusses how maladjustive behavior may result from misuse of adjustment mechanisms.

CONTENT: (1) explaining away problems instead of solving them; (2) consistently blaming others; (3) indulging in excessive day dreaming.

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

MENTAL-EMOTIONAL HEALTH

Junior High Level

Senior High

GRADE-LEVEL CONCEPT: No one factor is solely responsible for one's mental health.
OBJECTIVE: Describes the interrelationship of biological and environmental influences upon one's mental health.
CONTENT: (1) heredity sets limits and environment determines levels of attainment; (2) stress situations in one's environment cause biological reactions, which, in turn, may cause anxiety; (3) a pleasant environment may bring about feelings of calm and tranquility.

GRADE-LEVEL CONCEPT: A mentally mature person, regardless of cultural, ethnic, or religious background, is able to make responsible decisions regarding differing characteristics of various people.
OBJECTIVE: Explains ways in which a mentally mature person makes responsible decisions regarding differing characteristics of various people.
CONTENT: (1) avoiding generalizations about people; (2) understanding and accepting cultural differences.

GRADE-LEVEL CONCEPT: Individuals who have good mental health exhibit some common characteristics.

OBJECTIVE: States the characteristics of the mentally healthy individual.
CONTENT: (1) understanding and liking oneself; (2) understanding and getting along with others; (3) meeting the daily demands of living in an effective way.

GRADE-LEVEL CONCEPT: Mental maturity is the result of the development of independence.

OBJECTIVE: Illustrates ways that the individual develops mental maturity.
CONTENT: (1) increases personal responsibilities; (2) accepts responsibilities for decision making; (3) broadens perspective.

GRADE-LEVEL CONCEPT: Individuals are basically worthy and make contributions to society.
OBJECTIVE: Discusses the importance of recognizing and accepting the contributions of others.
CONTENT: (1) encourages individuals to make contributions; (2) helps individuals to feel worthwhile; (3) helps in the rehabilitation of individuals.

OBJECTIVE: Summarizes individual and social contributions.
CONTENT: (1) improving community relations; (2) accepting responsibility; (3) contributing to the welfare of others; (4) understanding one another's needs.

GRADE-LEVEL CONCEPT: Peer pressures produce stress which individuals can learn to handle.

OBJECTIVE: Interprets how peer pressures can affect an individual's behavior.
CONTENT: (1) may become a blind follower; (2) may desert his peer group; (3) may have conflict with parents owing to difference in expectation of peer group and parents.

GRADE-LEVEL CONCEPT: Stress produces physical and emotional diseases and disorders.

OBJECTIVE: Discusses chronic diseases that may be caused by stress.
CONTENT: (1) allergies; (2) cardiovascular diseases; (3) ulcers.

OBJECTIVE: Summarizes factors that determine when it is appropriate to make one's own decision and when one should follow the advice of others.

CONTENT: (1) individual maturity; (2) personal understanding of the situation; (3) importance of the decision; (4) ability of others to help.

GRADE-LEVEL CONCEPT: Effective utilization of resources is essential for the well-being of society.

OBJECTIVE: Differentiates sources of stress in our lives.
CONTENT: (1) money; (2) family pressures; (3) social pressures; (4) occupation; (5) education.

OBJECTIVE: Indicates ways of handling stress produced by peer pressures.

CONTENT: (1) talking it out; (2) working off anger; (3) taking one thing at a time; (4) assuming leadership responsibilities.

OBJECTIVE: Indicates how redirecting stress can be beneficial.
CONTENT: (1) functioning at a higher level; (2) being more productive.

GRADE-LEVEL CONCEPT: Maladjusted individuals can be helped.

OBJECTIVE: Identifies types of maladjustive behavior.
CONTENT: (1) phobias; (2) obsessions; (3) anxieties; (4) depression; (5) delusions of grandeur.

GRADE-LEVEL CONCEPT: Impact on the individual of serious mental disorders.

OBJECTIVE: Identifies potential family disruptions.
CONTENT: (1) conflicts in family relations; (2) divorce; (3) worry over finances; (4) effects of broken homes.

OBJECTIVE: Discusses the importance of early detection.

CONTENT: (1) treatment more effective; (2) shorter hospitalization period; (3) efforts less costly.

OBJECTIVE: Predicts potential savings to the individual if mental disorders are prevented.

CONTENT: (1) improved efficiency of work; (2) reduced cost of medical care.

OBJECTIVE: Categorizes the types of services available.

CONTENT: (1) medical and psychiatric; (2) recreational; (3) vocational.

OBJECTIVE: Summarizes advances in the control of mental disorders.
CONTENT: (1) better understanding of human behavior; (2) improved diagnosis; (3) chemotherapy; (4) psychotherapy; (5) social therapy.

MENTAL-EMOTIONAL HEALTH

Junior High Level *Senior High Level*

Factor is solely responsible for one's mental health.
Relationship of biological and environmental influences upon
and environment determines levels of attainment; (2) stress
cause biological reactions, which, in turn, may cause
that may bring about feelings of calm and tranquility.

GRADE-LEVEL CONCEPT: A mentally mature person strives to accept the worthiness of all people, regardless of cultural, ethnic, or religious characteristics.
OBJECTIVE: Explains ways in which a mentally mature person avoids prejudices and misconceptions regarding differing characteristics of various ethnic, cultural, and religious groups.
CONTENT: (1) avoiding generalizations about groups of individuals on the basis of color or religion; (2) understanding and accepting cultural changes that affect individuals.

Individuals who have good mental health exhibit some common
of the mentally healthy individual.
liking oneself; (2) understanding and getting along with
kinds of living in an effective way.
Individuals are basically worthy and make contributions to society.
of recognizing and accepting the contributions of others.
Individuals help to make contributions; (2) helps individuals to feel
encouragement and rehabilitation of individuals.

GRADE-LEVEL CONCEPT: Mental maturity is partially dependent upon a gradual and orderly development of independence.
OBJECTIVE: Illustrates ways that the individual gains independence.
CONTENT: (1) increases personal responsibilities; (2) gains financial independence; (3) accepts responsibilities for decision making; (4) broadens social contacts.
OBJECTIVE: Summarizes individual and family responsibilities for developing independence.
CONTENT: (1) improving communications; (2) parents delegating responsibility; (3) youth accepting responsibility; (4) considering the feelings of and showing respect for others; (5) understanding one another's needs.

Stressors produce stress which individuals can learn to handle.
Stressors can affect an individual's behavior.
Individuals are not followers; (2) may desert his peer group; (3) may have
difference in expectation of peer group and parents.
Individuals determine when it is appropriate to make one's own
of the advice of others.
Individuals: (2) personal understanding of the situation; (3) impor-
of others to help.
Individuals manage stress produced by peer pressures.
Individuals: (1) working off anger; (3) taking one thing at a time;
abilities.

GRADE-LEVEL CONCEPT: Stress produces physiological changes that may lead to chronic diseases and disorders.
OBJECTIVE: Discusses chronic diseases that may be related to the body's reaction to stress.
CONTENT: (1) allergies; (2) cardiovascular disease; (3) mental illness.
GRADE-LEVEL CONCEPT: Effective utilization of stress can help an individual as well as benefit society.
OBJECTIVE: Differentiates sources of stress in our society.
CONTENT: (1) money; (2) family pressures; (3) unequal opportunities; (4) pace of living; (5) occupation; (6) education.
OBJECTIVE: Indicates how redirecting stress can be beneficial to the individual and to society.
CONTENT: (1) functioning at a higher level; (2) striving harder; (3) making society more productive.

Individuals with mental disorders can be helped.
Individuals exhibit maladjustive behavior.
Individuals: (3) anxieties; (4) depression; (5) delusions of grandeur.
Individuals: (1) early detection.
Individuals: (1) effective; (2) shorter hospitalization period; (3) efforts less
services available.
Individuals: (1) athletic; (2) recreational; (3) vocational.

GRADE-LEVEL CONCEPT: Impact on the individual and society can be reduced by preventing serious mental disorders.
OBJECTIVE: Identifies potential family disruptions owing to maladjustive behavior.
CONTENT: (1) conflicts in family relationships; (2) frustration of individual members; (3) worry over finances; (4) effects of broken homes.
OBJECTIVE: Predicts potential savings to the individual and society if mental disorders are prevented.
CONTENT: (1) improved efficiency of work; (2) fewer number of work hours lost; (3) reduced cost of medical care.
OBJECTIVE: Summarizes advances in the control of mental disorders.
CONTENT: (1) better understanding of human behavior; (2) improved diagnostic procedures; (3) chemotherapy; (4) psychotherapy; (5) outpatient clinics.



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3

Drug Use and Misuse – Overview

When drugs are properly used, they are a benefit to mankind. In this content area, consideration is given to both the values of positive use of drugs and the dangers of misuse of drugs. Major concepts deal with the benefits of drugs; factors that influence drug misuse; harmful effects of tobacco, alcohol, and other drugs; and the responsibility of the individual and society in preventing drug misuse.

A major outcome of instruction in this area should be the realization that an individual can live a full and productive life without misusing drugs.

The major problems of drug use and misuse, upon which the development of this content area has been based, include the following:

- Failure to accept individual responsibility for control of the use of stimulants, depressants, and other substances
- Misuse of stimulants and depressants and other substances
- Drug dependence – alcoholism, addiction to narcotics and barbiturates, dependence upon tobacco, amphetamines, and hallucinogens

- Immediate and long-range effects
- Failure to control the source of

Correlation with Other Subject Areas

Selected content in the area of drug use is correlated effectively with biological sciences, chemistry, and physical education.

Interrelationships Between Drug Use and Other Health Areas in This Framework

Consumer Health: II – intermediate

Mental-Emotional Health: V – senior high

Family Health: IV – senior high

Nutrition: V – senior high

Diseases and Disorders: III – intermediate

Environmental Health Hazards: III – intermediate

Community Health Resources: I – elementary

3

Drug Use and Misuse – Overview

ly used, they are a benefit to mankind. In this is given to both the values of positive use of drugs of drugs. Major concepts deal with the benefits of drug misuse; harmful effects of tobacco, alcohol, responsibility of the individual and society in

struction in this area should be the realization that and productive life without misusing drugs.

Drug use and misuse, upon which the development based, include the following:

Individual responsibility for control of the use of s, and other substances

and depressants and other substances

Alcoholism, addiction to narcotics and barbiturates, acco, amphetamines, and hallucinogens

- Immediate and long-range effects on health
- Failure to control the source of supply

Correlation with Other Subject Areas

Selected content in the area of drug use and misuse can be correlated most effectively with biological sciences, physical sciences, social sciences, and physical education.

Interrelationships Between Drug Use and Misuse and Other Health Areas in This Framework

Consumer Health: II – intermediate, junior high; III – junior high.

Mental-Emotional Health: V – senior high.

Family Health: IV – senior high.

Nutrition: V – senior high.

Diseases and Disorders: III – intermediate.

Environmental Health Hazards: III – senior high.

Community Health Resources: I – senior high.

DRUG USE AND MISUSE

Major Concept	Primary Level	In
<p>I</p> <p>When used properly, drugs are beneficial to mankind.</p>	<p>GRADE-LEVEL CONCEPT: Medicines are helpful for maintaining health.</p> <p>OBJECTIVE: Tells how medicines may be beneficial.</p> <p>CONTENT: (1) prevent infection; (2) relieve pain; (3) control coughs; (4) ease upset stomach.</p> <p>OBJECTIVE: Discusses why medicine should be taken under supervision of parent as prescribed or recommended by a physician or a dentist.</p> <p>CONTENT: (1) the correct drug for illness; (2) proper dosage; (3) proper frequency of use.</p>	<p>GRADE-LEVEL CONCEPT: Drugs are used for medical use.</p> <p>OBJECTIVE: Gives examples of drugs that can be taken.</p> <p>CONTENT: (1) pill - aspirin; (2) capsule - antihistamine; (3) tablet - pain reliever; (4) capsule - antihistamine.</p> <p>OBJECTIVE: Tells differences between prescription and nonprescription drugs.</p> <p>CONTENT: (1) prescription drugs are needed for the manufacture of drugs; (2) nonprescription drugs are generally more usually for minor ailments of</p>
<p>II</p> <p>Many factors influence the misuse of drugs.</p>	<p>GRADE-LEVEL CONCEPT: A variety of conditions contribute to the misuse of medicines.</p> <p>OBJECTIVE: Discusses conditions under which a person might take the wrong medicine.</p> <p>CONTENT: (1) not reading the label; (2) taking medicines in the dark; (3) accepting substances from strangers; (4) using another person's medicine; (5) taking more than the prescribed dose; (6) taking medicine from an unlabeled bottle.</p>	<p>GRADE-LEVEL CONCEPT: Misuse of drugs is a common problem.</p> <p>OBJECTIVE: Explains why misuse of drugs occurs.</p> <p>CONTENT: (1) being motivated; (2) being in a hurry; (3) being in a bad mood; (4) being in a bad mood; (5) experimenting.</p> <p>OBJECTIVE: Summarizes examples of misuse of drugs.</p> <p>CONTENT: (1) uses medicine more than the prescribed or recommended time schedule; (2) takes drugs for</p>
<p>III</p> <p>Tobacco is harmful; and alcohol and other drugs, if misused, are harmful to the individual and to society.</p>	<p>GRADE-LEVEL CONCEPT: Some substances that are commonly used can be harmful if misused.</p> <p>OBJECTIVE: Identifies substances that can be harmful if misused.</p> <p>CONTENT: (1) cola drinks; (2) tea and coffee; (3) alcohol; (4) medicines (aspirin, vitamins, diet pills, antibiotics, antihistamine).</p>	<p>GRADE-LEVEL CONCEPT: Individual differences in tobacco, alcohol, and other drug use.</p> <p>OBJECTIVE: Cites individual differences in drug use.</p> <p>CONTENT: (1) bodily size; (2) heredity; (3) environment; (4) social pressure; (5) peer pressure; (6) family pressure; (7) religious beliefs; (8) cultural differences; (9) economic status; (10) education; (11) occupation; (12) personality; (13) self-respect; (14) control of behavior.</p>
<p>IV</p> <p>The individual and society need to accept responsibility for preventing the misuse of tobacco, alcohol, and other drugs.</p>	<p>GRADE-LEVEL CONCEPT: Each person must treat medicine and other substances with respect.</p> <p>OBJECTIVE: Cites ways in which the individual shows his respect for drugs.</p> <p>CONTENT: (1) uses only when necessary; (2) takes only in recommended amounts and at recommended times; (3) takes only under supervision.</p>	<p>GRADE-LEVEL CONCEPT: Personal responsibility for preventing the misuse of drugs.</p> <p>OBJECTIVE: Discusses the value of self-respect in preventing the misuse of drugs.</p> <p>CONTENT: (1) self-respect; (2) control of behavior; (3) sound personal</p>

DRUG USE AND MISUSE

Primary Level

Intermediate Level

GRADE-LEVEL CONCEPT: Medicines are helpful for maintaining health.
OBJECTIVE: Tells how medicines may be beneficial.
CONTENT: (1) prevent infection; (2) relieve pain; (3) control coughs; (4) ease upset stomach.
OBJECTIVE: Discusses why medicine should be taken under supervision of parent prescribed or recommended by a physician or a dentist.
CONTENT: (1) the correct drug for illness; (2) proper dosage; (3) proper frequency of use.

GRADE-LEVEL CONCEPT: Drugs with different properties are prescribed for medical use.
OBJECTIVE: Gives examples of different forms in which common medicines may be taken.
CONTENT: (1) pill - aspirin; (2) injection - penicillin; (3) liquid - cough medicine; (4) capsule - antihistamine.
OBJECTIVE: Tells differences between prescription and nonprescription drugs.
CONTENT: (1) prescription drugs are prescribed by a doctor or a dentist; (2) nonprescription drugs are sold over the counter; (3) more rigid controls are needed for the manufacture and sale of prescription drugs; (4) prescription drugs are generally more potent; (5) nonprescription drugs are intended usually for minor ailments of short duration.

GRADE-LEVEL CONCEPT: A variety of conditions contribute to the misuse of medicines.
OBJECTIVE: Discusses conditions under which a person might take the wrong medicine.
CONTENT: (1) not reading the label; (2) taking medicines in the dark; (3) accepting substances from strangers; (4) using another person's medicine; (5) taking more than the prescribed dose; (6) taking medicine from an unlabeled bottle.

GRADE-LEVEL CONCEPT: Misuse of drugs often starts early in life.
OBJECTIVE: Explains why misuse of drugs often starts early in life.
CONTENT: (1) being motivated by curiosity; (2) imitating adults; (3) using accidentally; (4) being influenced by other users; (5) acting on a dare; (6) experimenting.
OBJECTIVE: Summarizes examples of the misuse of drugs.
CONTENT: (1) uses medicines prescribed for another person; (2) takes more than the prescribed or recommended amount; (3) does not follow a prescribed or recommended time schedule; (4) uses nonprescription drugs indiscriminately; (5) takes drugs for "kicks."

GRADE-LEVEL CONCEPT: Some substances that are commonly used can be harmful if misused.
OBJECTIVE: Identifies substances that can be harmful if misused.
CONTENT: (1) cola drinks; (2) tea and coffee; (3) alcohol; (4) medicines (aspirin, vitamins, diet pills, antibiotics, antihistamine).

GRADE-LEVEL CONCEPT: Individuals react differently to the chemicals contained in tobacco, alcohol, and other drugs.
OBJECTIVE: Cites individual differences that cause people to react differently to drugs.
CONTENT: (1) bodily size; (2) sensitivity; (3) metabolism.
OBJECTIVE: Describes individual reactions to drugs.
CONTENT: (1) may become psychologically dependent; (2) may become physiologically dependent; (3) may have drug reaction-sensitivity; (4) may lose control of behavior.

GRADE-LEVEL CONCEPT: Each person must treat medicine and other substances with respect.
OBJECTIVE: Cites ways in which the individual shows his respect for drugs.
CONTENT: (1) uses only when necessary; (2) takes only in recommended amounts and at recommended times; (3) takes only under supervision.

GRADE-LEVEL CONCEPT: Personal goals and practices established early in life can help one to avoid the misuse of drugs.
OBJECTIVE: Discusses the values of personal goals and practices in avoiding the misuse of drugs.
CONTENT: (1) self-respect; (2) respect for one's body; (3) healthy standards of behavior; (4) sound personal decisions.

DRUG USE AND MISUSE

Junior High Level

Senior

GRADE-LEVEL CONCEPT: Medicines can help the individual to function more effectively.

OBJECTIVE: Describes ways in which medicines can be used to benefit the individual.

CONTENT: (1) to control communicable diseases; (2) to control chronic disorders; (3) to aid in surgery and to relieve pain; (4) to aid in the treatment of mental disorders.

GRADE-LEVEL CONCEPT: Society benefits from drug use.

OBJECTIVE: Cites examples to show how society benefits from drug use.

CONTENT: (1) prevention of premature death; (2) decreased infant and maternal mortality; (3) decreased infant and maternal mortality for persons.

GRADE-LEVEL CONCEPT: Physical, emotional, and social factors influence the misuse of drugs.

OBJECTIVE: Identifies physical and emotional factors that lead to the misuse of drugs.

CONTENT: (1) self-medication (relieving pain); (2) escape from reality; (3) compensation; (4) medically induced drug dependency; (5) attempts to overcome fatigue.

OBJECTIVE: Explains how social pressures can lead to the misuse of drugs.

CONTENT: (1) experiencing the influence of peer groups; (2) seeking false status; (3) rebelling against authority; (4) engaging in individual and group experimentation.

GRADE-LEVEL CONCEPT: Society contributes to drug misuse.

OBJECTIVE: Summarizes ways that misuse of drugs is caused by society.

CONTENT: (1) discovery of new drugs; (2) marketing; (3) advertising; (4) living in a drug-oriented society.

GRADE-LEVEL CONCEPT: Tobacco, alcohol, and other drugs may cause harmful effects that are immediate and long-range.

OBJECTIVE: Identifies potential harmful effects of drugs.

CONTENT: (1) *effects from tobacco:* (a) immediate (cardiovascular, mucous membrane, human performance, blood chemistry); (b) long-range (heart disease, lung cancer, emphysema, other circulatory disorders); (2) *effects from alcohol:* (a) immediate (intoxication, reaction time, sense organs, blood chemistry, neuromuscular coordination); (b) long-range (alcoholism, liver malfunction, brain damage); (3) *effects from other stimulants, depressants, or hallucinogens:* (a) immediate (stimulation or depression of nervous or circulatory system, hallucinations, distortion of senses, death caused by overdose); (b) long-range (dependence, chromosomal change, mental disorder, shortening of life expectancy); (4) *synergistic effects (result of combination of drugs):* death, masked symptoms.

GRADE-LEVEL CONCEPT: The use of tobacco, alcohol, and other drugs is a social problem.

OBJECTIVE: Summarizes individual and social factors that contribute to the misuse of alcohol, and other drugs.

CONTENT: (1) accidents resulting in death; (2) crime; (3) cost of rehabilitation and death; (4) loss of productive man-hours; (5) criminal record on job placement and other factors.

GRADE-LEVEL CONCEPT: One can live a normal, full, and happy life without misusing drugs.

OBJECTIVE: Illustrates ways to cope with social pressures other than through use of drugs.

CONTENT: (1) having realistic goals; (2) participating in productive leisure-time activities; (3) achieving social relationships; (4) making one's own decisions.

GRADE-LEVEL CONCEPT: Specific actions can be taken to reduce the misuse of drugs.

OBJECTIVE: Suggests ways in which the individual can contribute to the solution of the drug problem.

CONTENT: (1) supporting community efforts; (2) setting good examples for others; (3) supporting legislation; (4) supporting legislation; (5) supporting legislation; (6) supporting legislation; (7) supporting legislation; (8) supporting legislation; (9) supporting legislation; (10) supporting legislation; (11) supporting legislation; (12) supporting legislation; (13) supporting legislation; (14) supporting legislation; (15) supporting legislation; (16) supporting legislation; (17) supporting legislation; (18) supporting legislation; (19) supporting legislation; (20) supporting legislation; (21) supporting legislation; (22) supporting legislation; (23) supporting legislation; (24) supporting legislation; (25) supporting legislation; (26) supporting legislation; (27) supporting legislation; (28) supporting legislation; (29) supporting legislation; (30) supporting legislation; (31) supporting legislation; (32) supporting legislation; (33) supporting legislation; (34) supporting legislation; (35) supporting legislation; (36) supporting legislation; (37) supporting legislation; (38) supporting legislation; (39) supporting legislation; (40) supporting legislation; (41) supporting legislation; (42) supporting legislation; (43) supporting legislation; (44) supporting legislation; (45) supporting legislation; (46) supporting legislation; (47) supporting legislation; (48) supporting legislation; (49) supporting legislation; (50) supporting legislation; (51) supporting legislation; (52) supporting legislation; (53) supporting legislation; (54) supporting legislation; (55) supporting legislation; (56) supporting legislation; (57) supporting legislation; (58) supporting legislation; (59) supporting legislation; (60) supporting legislation; (61) supporting legislation; (62) supporting legislation; (63) supporting legislation; (64) supporting legislation; (65) supporting legislation; (66) supporting legislation; (67) supporting legislation; (68) supporting legislation; (69) supporting legislation; (70) supporting legislation; (71) supporting legislation; (72) supporting legislation; (73) supporting legislation; (74) supporting legislation; (75) supporting legislation; (76) supporting legislation; (77) supporting legislation; (78) supporting legislation; (79) supporting legislation; (80) supporting legislation; (81) supporting legislation; (82) supporting legislation; (83) supporting legislation; (84) supporting legislation; (85) supporting legislation; (86) supporting legislation; (87) supporting legislation; (88) supporting legislation; (89) supporting legislation; (90) supporting legislation; (91) supporting legislation; (92) supporting legislation; (93) supporting legislation; (94) supporting legislation; (95) supporting legislation; (96) supporting legislation; (97) supporting legislation; (98) supporting legislation; (99) supporting legislation; (100) supporting legislation.

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DRUG USE AND MISUSE

<i>Junior High Level</i>	<i>Senior High Level</i>
<p>can help the individual to function more effectively. Medicines can be used to benefit the individual. (1) to control acute diseases; (2) to control chronic disorders; (3) to aid in the treatment of mental disorders.</p>	<p>GRADE-LEVEL CONCEPT: Society benefits from the use of medicines. OBJECTIVE: Cites examples to show how society benefits from the proper use of medicines. CONTENT: (1) prevention of premature deaths; (2) prevention of severe epidemics; (3) decreased infant and maternal mortality rates; (4) increased productivity and fuller lives for persons.</p>
<p>emotional, and social factors influence the misuse of drugs. Emotional factors that lead to the misuse of drugs. (1) to escape pain; (2) escape from reality; (3) compensation; (4) to gain status; (5) attempts to overcome fatigue. Peer pressure can lead to the misuse of drugs. Influence of peer groups; (2) seeking false status; (3) rebelling against authority; (4) individual and group experimentation.</p>	<p>GRADE-LEVEL CONCEPT: Society contributes to the misuse of drugs. OBJECTIVE: Summarizes ways that misuse of drugs is influenced by society. CONTENT: (1) discovery of new drugs; (2) activity of criminal element; (3) ease of transportation; (4) living in a drug-oriented society; (5) effects of advertising.</p>
<p>Tobacco, alcohol, and other drugs may cause harmful effects that are (1) immediate effects of drugs. (a) immediate (cardiovascular, mucous membrane, respiratory); (b) long-range (heart disease, lung cancer, emphysema); (2) effects from alcohol: (a) immediate (intoxication, impaired judgment, impaired chemistry, neuromuscular coordination); (b) long-range (brain damage); (3) effects from other stimulants, depressants (stimulation or depression of nervous or circulatory system, loss of senses, death caused by overdose); (b) long-range (addiction, mental disorder, shortening of life expectancy); (4) combination of drugs): death, masked symptoms.</p>	<p>GRADE-LEVEL CONCEPT: The use of tobacco, alcohol, and other drugs has extensive effects upon the individual and society. OBJECTIVE: Summarizes individual and societal problems resulting from the use of tobacco, alcohol, and other drugs. CONTENT: (1) accidents resulting in death, injury, and financial loss; (2) disruption of family life; (3) crime; (4) cost of rehabilitation; (5) loss of efficiency on the job; (6) cost of illness and death; (7) loss of productive man-hours due to shortened life expectancy; (8) effect of criminal record on job placement and other activities.</p>
<p>to live a normal, full, and happy life without misusing drugs. (1) to resist social pressures other than through use of drugs. (2) participating in productive leisure-time activities; (3) making one's own decisions.</p>	<p>GRADE-LEVEL CONCEPT: Specific actions can be taken by the individual and society to reduce the misuse of drugs. OBJECTIVE: Suggests ways in which the individual and society can reduce the misuse of drugs. CONTENT: (1) supporting community efforts for the control of drugs and the rehabilitation of users; (2) setting good examples for less mature persons; (3) educating people concerning the drug problem; (4) supporting legislation; (5) supporting law enforcement; (6) reporting offenders.</p>



4

Family Health — Overview

A primary purpose of this content area is to help the individual be a responsible and effective family member now and in the future. To this end, family health stresses the positive health aspects of family living. Consideration is given, at the appropriate grade level, to the influence of the family members on one another's health; growth and development characteristics of children, youth, and adults; roles of males and females; factors that tend to contribute to successful marriage; and understanding human reproduction.

The major problems of family health, upon which the development of this content area has been based, include the following:

- Lack of understanding and lack of acceptance of roles of family members
- Lack of understanding of sexual matters and the need for developing positive attitudes toward sex
- Need for adjustment to the sex drive in everyday life
- Failure to prepare effectively for marriage
- Need for family planning
- Poor marital adjustments

Correlation with Other Subject Areas

Selected content in the area of family health is correlated effectively with home economics, social studies, and physical education.

Interrelationships Between Family Health and Other Health Areas in This Framework

Mental-Emotional Health: I — intermediate, senior high; III — all grade levels; IV —

Drug Use and Misuse: I — senior high; II —

Nutrition: I — senior high; II — senior high, senior high.

Diseases and Disorders: I — junior high, senior high.

Community Health Resources: I — primary, secondary, III — senior high.

4

Family Health — Overview

purpose of this content area is to help the individual be a
effective family member now and in the future. To this end,
asses the positive health aspects of family living. Consider
the appropriate grade level, to the influence of the family
another's health; growth and development characteristics of
and adults; roles of males and females; factors that tend to
essful marriage; and understanding human reproduction.
blems of family health, upon which the development of this
een based, include the following:

Understanding and lack of acceptance of roles of family

Understanding of sexual matters and the need for developing
itudes toward sex

Adjustment to the sex drive in everyday life

Prepare effectively for marriage

Family planning

Adjustments

Correlation with Other Subject Areas

Selected content in the area of family health can be correlated most effectively with home economics, social sciences, biological sciences, drama, and physical education.

Interrelationships Between Family Health and Other Health Areas in This Framework

Mental-Emotional Health: I — intermediate, junior high; II — intermediate, senior high; III — all grade levels; IV — senior high.

Drug Use and Misuse: I — senior high; II — intermediate, junior high.

Nutrition: I — senior high; II — senior high; III — senior high; IV — junior high, senior high.

Diseases and Disorders: I — junior high; II — primary, junior high, senior high.

Community Health Resources: I — primary, intermediate, senior high; III — senior high.

Major Concept	Primary Level	
<p>I</p> <p>The family and its members exert a significant influence on one another.</p>	<p>GRADE-LEVEL CONCEPT: Children can become responsible family members.</p> <p>OBJECTIVE: Discusses one's contributions and responsibilities as a family member.</p> <p>CONTENT: (1) cooperates with others; (2) performs assigned duties; (3) considers rights of other family members.</p>	<p>GRADE-LEVEL CONCEPT: practicing ways of achieving goals.</p> <p>OBJECTIVE: Predicts favorable outcomes.</p> <p>CONTENT: (1) good in cautions against discipline.</p> <p>OBJECTIVE: Indicates positive family.</p> <p>CONTENT: (1) personal (3) getting along with</p>
<p>II</p> <p>Human masculinity and femininity are determined by biological, emotional, and social factors.</p>	<p>GRADE-LEVEL CONCEPT: One's role as a boy or girl starts early in life.</p> <p>OBJECTIVE: Explains similarities and differences between boys and girls.</p> <p>CONTENT: (1) growth; (2) physical skills; (3) expected behavior.</p>	<p>GRADE-LEVEL CONCEPT: they grow and mature.</p> <p>OBJECTIVE: Compares and grow and develop.</p> <p>CONTENT: (1) individual on secondary sex characteristics.</p> <p>GRADE-LEVEL CONCEPT: behavior.</p> <p>OBJECTIVE: Discusses how</p> <p>CONTENT: (1) vocabulary of the opposite</p>
<p>III</p> <p>Effective preparation, the ability to adjust, and respect for and understanding of one's marriage partner tends to produce successful marriages.</p>		<p>GRADE-LEVEL CONCEPT:</p> <p>OBJECTIVE: Describes interrelationships.</p> <p>CONTENT: (1) social relationships; (4) environmental</p>
<p>IV</p> <p>Persons may function more effectively in their roles as males or females when they understand each other and understand that reproduction is a normal process.</p>	<p>GRADE-LEVEL CONCEPT: The ability to grow and reproduce is characteristic of living things.⁴</p> <p>OBJECTIVE: Indicates that all living things come from other living things.</p> <p>CONTENT: (1) plants and animals grow and reproduce; (2) human beings grow; (3) newborn babies have special needs.</p>	<p>GRADE-LEVEL CONCEPT:</p> <p>OBJECTIVE: Describes the</p> <p>CONTENT: (1) reproductive changes; (3) influences</p>
<p>V</p> <p>Family planning may help to improve the health of family members.</p>		

³The philosophy under which the five concepts in this content area should be taught is set forth in the State Board of Education's Resolution on Family Health Education in its Resolution dated April 10, 1969. The Board recognized that the content of one of the principal purposes of the public schools and resolved that "a Family Health Education program is a necessary part of our over-all educational system (grades K-12) in order to aid in the attainment of the State Board of Education's goal of providing a sound education for all children."

⁴Guidelines in the Resolution adopted by the State Board of Education April 10, 1969, relative to human reproduction not to be introduced prior to age of 9." Provision is made for the State Board of Education's mind when planning instruction relating to human reproduction.

FAMILY HEALTH³

Primary Level

Intermediate Level

CEPT: Children can become responsible family members.
One's contributions and responsibilities as a family member.
operates with others; (2) performs assigned duties; (3) con-
her family members.

GRADE-LEVEL CONCEPT: Family living provides opportunities for learning and practicing ways of achieving health.
OBJECTIVE: Predicts favorable health outcomes of family living.
CONTENT: (1) good interpersonal relationships; (2) proper nourishment; (3) precautions against disease; (4) care for those with diseases or disorders.
OBJECTIVE: Indicates personal responsibility that contributes to the health of the family.
CONTENT: (1) personal health practices; (2) caring for others when they are ill; (3) getting along with other members.

CEPT: One's role as a boy or girl starts early in life.
Similarities and differences between boys and girls.
th; (2) physical skills; (3) expected behavior.

GRADE-LEVEL CONCEPT: Differences between boys and girls become greater as they grow and mature.
OBJECTIVE: Compares and contrasts changes that occur in boys and girls as they grow and develop.
CONTENT: (1) individual rates of growth and maturity; (2) effect of hormones on secondary sex characteristics; (3) differences in interest.
GRADE-LEVEL CONCEPT: Attitudes that one develops about sex influence behavior.
OBJECTIVE: Discusses how one shows his attitudes about sex.
CONTENT: (1) vocabulary; (2) choice of personal reading material; (3) treatment of the opposite sex.

GRADE-LEVEL CONCEPT: Many attitudes about marriage develop early in life.
OBJECTIVE: Describes influences that affect one's attitudes about marriage.
CONTENT: (1) social relationships; (2) types of home life; (3) family relationships; (4) environmental factors; (5) value systems.

CEPT: The ability to grow and reproduce is characteristic of
that all living things come from other living things.
s and animals grow and reproduce; (2) human beings grow;
s have special needs.

GRADE-LEVEL CONCEPT: Human reproduction is a normal function of living.⁴
OBJECTIVE: Describes the normal reproductive system.
CONTENT: (1) reproductive systems; (2) physical development and bodily changes; (3) influences of heredity.

³The philosophy under which the five concepts in this content area should be developed is that adopted by the State Board of Education in its Resolution dated April 10, 1969. The Board recognized that the California Constitution prescribes "moral improvement" as one of the principal purposes of the public schools and resolved that "a Family Life and Health Education program be included as a necessary part of our over-all educational system (grades K-12) in order to aid in the carrying out of the full intent of the Constitution."

⁴Guidelines in the Resolution adopted by the State Board of Education April 10, 1969, include the following: "Earliest instruction relative to human reproduction not to be introduced prior to age of 9." Provisions of Education Code Section 8506 should also be kept in mind when planning instruction relating to human reproduction.



FAMILY HEALTH³

Junior High Level

Senior

GRADE-LEVEL CONCEPT: The family influences the ability of its members to make adjustments in society.

OBJECTIVE: Describes factors that influence the family members.

CONTENT: (1) cultural backgrounds of parents; (2) family dwelling; (3) health practices of family members; (4) economic position of family; (5) different family structures (one-parent family, mother-dominant family, grandparents in home, others); (6) family value system.

GRADE-LEVEL CONCEPT: Young adults can

OBJECTIVE: Describes parental behavior that is

CONTENT: (1) providing for the health of children constructively; (3) making the home a safe place; (4) demonstrating love and affection to children and youth.

GRADE-LEVEL CONCEPT: The sex drive is a normal component of growth and development.

OBJECTIVE: Discusses reasons why the sex drive is important.

CONTENT: (1) perpetuates mankind; (2) influences man's behavior.

OBJECTIVE: Identifies factors that influence one's sex drive.

CONTENT: (1) biological makeup of the individual; (2) early childhood experience in the home; (3) parental attitudes; (4) nature and extent of influences in the environment.

GRADE-LEVEL CONCEPT: Masculinity and femininity are

OBJECTIVE: Identifies factors that influence the

CONTENT: (1) heredity; (2) changing sex roles.

OBJECTIVE: Distinguishes between male and female

CONTENT: (1) traditional roles of husband and wife; (2) responsibilities in both careers.

GRADE-LEVEL CONCEPT: Parents play a major role in their

OBJECTIVE: Describes ways in which parents influence their children's

CONTENT: (1) providing a father and mother role; (2) providing love and affection; (4) providing opportunities for exchanging viewpoints.

GRADE-LEVEL CONCEPT: Dating plays an important role in preparation for marriage.

OBJECTIVE: Identifies the functions of dating.

CONTENT: (1) sense of belonging; (2) learning to get along with the opposite sex; (3) learning social behavior; (4) enjoyment.

OBJECTIVE: Describes the various aspects of dating behavior.

CONTENT: (1) responsibilities to dating partner, self, and family; (2) standards of behavior; (3) implications of "going steady."

GRADE-LEVEL CONCEPT: Careful preparation is

OBJECTIVE: Develops criteria for selecting a mate.

CONTENT: (1) love versus infatuation; (2) attitudes toward parenthood; (5) values.

OBJECTIVE: Discusses successive steps in preparation for

CONTENT: (1) dating; (2) courtship; (3) engagement; (5) wedding ceremony.

GRADE-LEVEL CONCEPT: Mature personal adjustment

OBJECTIVE: Defines areas of adjustment needed for

CONTENT: (1) personality; (2) roles; (3) relationships; (7) religion; (8) children; (9) sexual behavior; (12) values.

OBJECTIVE: Discusses useful approaches for

CONTENT: (1) better communication; (2) effective

GRADE-LEVEL CONCEPT: Problems associated with the maturing process can be controlled.

OBJECTIVE: Draws conclusions regarding ways in which the individual, the family, and society can reduce problems related to the maturing process.

CONTENT: (1) recognizing physical and social problems that can be prevented by sound knowledge and education; (2) accepting responsibility for individual behavior; (3) showing respect for others.

GRADE-LEVEL CONCEPT: The normal process of

OBJECTIVE: Interprets how factors influencing the reproductive process, including the health of

CONTENT: (1) health aspects of pregnancy; (2) care during birth; (3) tobacco, and drugs).

GRADE-LEVEL CONCEPT: Family planning is a

OBJECTIVE: Summarizes important factors concerning

CONTENT: (1) points of view; (2) right of childless; (4) sources of assistance in

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

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FAMILY HEALTH³

Senior High Level

<p>...ity of its members to make ...s. ...dwelling; (3) health practices of ...different family structures (one- ...n home, others); (6) family value</p>	<p>GRADE-LEVEL CONCEPT: Young adults can develop their abilities to serve as effective parents. OBJECTIVE: Describes parental behavior that is important in raising children. CONTENT: (1) providing for the health and welfare of children; (2) using discipline constructively; (3) making the home an attractive and desirable place in which to live; (4) demonstrating love and affection to all family members; (5) communicating with children and youth.</p>
<p>...nt of growth and development. ...behavior. ...arly childhood experience in the ...uences in the environment.</p>	<p>GRADE-LEVEL CONCEPT: Masculinity and femininity are developed throughout an individual's life. OBJECTIVE: Identifies factors that influence the development of males and females. CONTENT: (1) heredity; (2) changing sex roles in society; (3) environmental factors. OBJECTIVE: Distinguishes between male and female sex roles in society. CONTENT: (1) traditional roles of husband as breadwinner and wife as homemaker; (2) shared responsibilities in both careers. GRADE-LEVEL CONCEPT: Parents play a major role in helping children and youth to develop their masculinity and femininity. OBJECTIVE: Describes ways in which parents help children and youth to develop their masculine and feminine roles. CONTENT: (1) providing a father and mother image; (2) accepting a child regardless of its sex; (3) providing love and affection; (4) maintaining a happy family unit; (5) providing opportunities for exchanging viewpoints.</p>
<p>...preparation for marriage. ...with the opposite sex; (3) learning ...o family; (2) standards of behavior;</p>	<p>GRADE-LEVEL CONCEPT: Careful preparation enhances success in marriage. OBJECTIVE: Develops criteria for selecting a marriage partner. CONTENT: (1) love versus infatuation; (2) compatibility; (3) common interests; (4) attitudes toward parenthood; (5) values. OBJECTIVE: Discusses successive steps in preparation for marriage. CONTENT: (1) dating; (2) courtship; (3) engagement; (4) premarital health examination; (5) wedding ceremony. GRADE-LEVEL CONCEPT: Mature personal adjustments are necessary for a successful marriage. OBJECTIVE: Defines areas of adjustment necessary for a successful marriage. CONTENT: (1) personality; (2) roles; (3) race; (4) family income; (5) recreation; (6) in-laws; (7) religion; (8) children; (9) sexual relations; (10) education; (11) communication; (12) values. OBJECTIVE: Discusses useful approaches for resolving marital conflicts and preventing divorces. CONTENT: (1) better communication; (2) qualified counsel.</p>
<p>...uring process can be controlled. ... individual, the family, and society ... that can be prevented by sound ... for individual behavior; (3) showing</p>	<p>GRADE-LEVEL CONCEPT: The normal process of reproduction is affected by the health of the mother. OBJECTIVE: Interprets how factors influencing the health of the mother can affect the normal reproductive process, including the health of the child. CONTENT: (1) health aspects of pregnancy (Rh factor, German measles, use of alcohol, tobacco, and drugs); (2) care during birth process; (3) postnatal care.</p>
<p>AS EXAMPLES ONLY.</p>	<p>GRADE-LEVEL CONCEPT: Family planning may be helpful to marriage partners and other family members. OBJECTIVE: Summarizes important factors concerning family planning. CONTENT: (1) points of view; (2) right of children to be wanted and cared for; (3) problems of the childless; (4) sources of assistance in family planning; (5) adopting children.</p>

Oral Health, Vision, and Hearing – Overview

Problems associated with oral health, vision, and hearing affect nearly everyone in our society. In matters of oral health, consideration is given to health effects of oral neglect; factors that contribute to such disorders as tooth decay, malocclusion, and periodontal disease; and prevention and treatment of these disorders. Attention is given to fluoridation as an effective means of preventing tooth decay. In matters of vision and hearing, stress is placed on means of protecting one's vision and hearing; common defects of vision and hearing; factors that contribute to vision and hearing disorders; and the treatment and correction of vision and hearing disorders.

The major problems of oral health, vision, and hearing, upon which the development of this content area has been based, include the following:

- Lack of appreciation of the contributions of oral health, vision, and hearing to total health
- Prevalence of tooth decay, periodontal and orthodontic problems, and vision and hearing disorders
- Lack of fluoridation
- Poor practices relating to oral health, vision, and hearing
- Lack of provisions for those individuals who are afflicted with impairment of sense organs

Correlation with Other Subject Areas

Selected content in the area of oral health correlated most effectively with biological science, art, and physical education.

Interrelationships Between Oral Health and Other Health Areas in This Framework

Consumer Health: I – primary; II – primary high.

Nutrition: I – intermediate, junior high; junior high.

Diseases and Disorders: I – junior high; II –

Community Health Resources: I – primary;

Interrelationships Between Vision and Hearing and Other Health Areas in This Framework

Diseases and Disorders: I – primary, junior high; III – primary.

Environmental Health Hazards: III – senior

Community Health Resources: IV – junior

Oral Health, Vision, and Hearing – Overview

ociated with oral health, vision, and hearing affect nearly society. In matters of oral health, consideration is given to f oral neglect; factors that contribute to such disorders as malocclusion, and periodontal disease; and prevention and se disorders. Attention is given to fluoridation as an effective ating tooth decay. In matters of vision and hearing, stress is s of protecting one's vision and hearing; common defects of ig; factors that contribute to vision and hearing disorders; and d correction of vision and hearing disorders.

roblems of oral health, vision, and hearing, upon which the this content area has been based, include the following:

ppreciation of the contributions of oral health, vision, and total health

of tooth decay, periodontal and orthodontic problems, and hearing disorders

oridation

ices relating to oral health, vision, and hearing

provisions for those individuals who are afflicted with t of sense organs

Correlation with Other Subject Areas

Selected content in the area of oral health, vision, and hearing can be correlated most effectively with biological sciences, physical sciences, music, art, and physical education.

Interrelationships Between Oral Health and Other Health Areas in This Framework

Consumer Health: I – primary; II – primary, intermediate; III – senior high.

Nutrition: I – intermediate, junior high; II – primary, intermediate, junior high.

Diseases and Disorders: I – junior high; II – junior high; III – senior high.

Community Health Resources: I – primary; IV – junior high.

Interrelationships Between Vision and Hearing and Other Health Areas in This Framework

Diseases and Disorders: I – primary, junior high; II – junior high; III – primary.

Environmental Health Hazards: III – senior high; V – junior high.

Community Health Resources: IV – junior high.

ORAL HEALTH, VISION, AND HEARING

<i>Major Concept</i>	<i>Primary Level</i>	
<p style="text-align: center;">I</p> <p>Neglect of oral health affects individuals of all ages.</p>	<p>GRADE-LEVEL CONCEPT: Oral neglect reduces the effectiveness of baby teeth as well as that of permanent teeth.</p> <p>OBJECTIVE: Describes the purposes of baby teeth and permanent teeth.</p> <p>CONTENT: (1) maintain shape of face; (2) aid in eating; (3) assist in speech; (4) baby teeth maintain space for permanent teeth.</p>	<p>GRADE-LEVEL CONCEPT:</p> <p>OBJECTIVE: Identifies ways relationships.</p> <p>CONTENT: (1) unpleasant</p> <p>GRADE-LEVEL CONCEPT:</p> <p>OBJECTIVE: Classifies teeth</p> <p>CONTENT: (1) incisors</p>
<p style="text-align: center;">II</p> <p>Most oral disorders can be prevented.</p> <p style="text-align: center;">III</p> <p>Oral disorders can be treated.</p>	<p>GRADE-LEVEL CONCEPT: Tooth decay can be prevented or controlled.</p> <p>OBJECTIVE: Indicates parts of a tooth affected by tooth decay.</p> <p>CONTENT: (1) crown; (2) root; (3) nerve.</p> <p>OBJECTIVE: Lists ways of preventing tooth decay.</p> <p>CONTENT: (1) brushes teeth properly or rinses mouth after eating; (2) chooses proper foods; (3) visits dentist regularly.</p> <p>OBJECTIVE: Tells why one should go to a dentist.</p> <p>CONTENT: (1) early detection of tooth decay; (2) treatment of decayed teeth.</p> <p>GRADE-LEVEL CONCEPT: Practices harmful to oral health can be avoided.</p> <p>OBJECTIVE: Discusses practices that can be harmful to oral health.</p> <p>CONTENT: (1) thumb sucking; (2) pencil chewing; (3) nail biting; (4) careless behavior; (5) excessive eating of sweets.</p>	<p>GRADE-LEVEL CONCEPT:</p> <p>prevention.</p> <p>OBJECTIVE: Identifies factors</p> <p>CONTENT: (1) heredity; (5) sugar</p> <p>OBJECTIVE: Summarizes ways</p> <p>CONTENT: (1) by eating oral hygiene; (4) regular</p>
<p style="text-align: center;">IV</p> <p>Most disorders of vision and hearing, which may occur at any age, can be prevented or treated and corrected.</p>	<p>GRADE-LEVEL CONCEPT: One's vision and hearing can be protected.</p> <p>OBJECTIVE: Tells why vision and hearing should be protected.</p> <p>CONTENT: (1) one can enjoy his environment more; (2) learning is enhanced; (3) work tasks can be carried out more effectively; (4) recreation and play can be better enjoyed; (5) communication is improved.</p> <p>OBJECTIVE: Identifies practices that protect one's vision and hearing.</p> <p>CONTENT: (1) vision - seeking proper and sufficient light, using safety glasses when needed, protecting eyes from irritation or injury by foreign substances, avoiding direct visual contact with sun or bright lights, taking vision tests; (2) hearing - blowing nose gently, using care in diving, keeping foreign objects out of the ear, avoiding excessive noise, taking hearing tests.</p>	<p>GRADE-LEVEL CONCEPT:</p> <p>factors.</p> <p>OBJECTIVE: Identifies factors</p> <p>CONTENT: (1) heredity; (5) accidents.</p> <p>OBJECTIVE: Explains why hearing disorders are important</p> <p>CONTENT: (1) to avoid personal problems.</p>

ORAL HEALTH, VISION, AND HEARING

Primary Level

Intermediate Level

CONCEPT: Oral neglect reduces the effectiveness of baby teeth as permanent teeth.

describes the purposes of baby teeth and permanent teeth.
 (1) maintain shape of face; (2) aid in eating; (3) assist in speech;
 (4) maintain space for permanent teeth.

GRADE-LEVEL CONCEPT: Oral neglect affects appearance and social relationships.
OBJECTIVE: Identifies ways in which oral health influences appearance and social relationships.

CONTENT: (1) unpleasant breath; (2) unsightly teeth; (3) rejection by peers.

GRADE-LEVEL CONCEPT: Neglect of teeth interferes with their function.

OBJECTIVE: Classifies teeth according to type and function.

CONTENT: (1) incisors – cutting; (2) canine – tearing; (3) molars – grinding.

CONCEPT: Tooth decay can be prevented or controlled.

describes parts of a tooth affected by tooth decay.
 (1) crown; (2) root; (3) nerve.
 (1) ways of preventing tooth decay.
 (1) brushes teeth properly or rinses mouth after eating; (2) chooses
 (3) visits dentist regularly.
 (1) why one should go to a dentist.
 (1) early detection of tooth decay; (2) treatment of decayed teeth.

GRADE-LEVEL CONCEPT: Many factors contribute to tooth decay and its prevention.

OBJECTIVE: Identifies factors that contribute to tooth decay.

CONTENT: (1) heredity; (2) tooth structure; (3) the nature of saliva; (4) bacteria in the mouth; (5) sugar in the mouth.

OBJECTIVE: Summarizes ways in which tooth decay can be prevented.

CONTENT: (1) by eating properly; (2) fluoridation of drinking water; (3) proper oral hygiene; (4) regular visits to the dentist.

CONCEPT: Practices harmful to oral health can be avoided.

describes practices that can be harmful to oral health.
 (1) thumb sucking; (2) pencil chewing; (3) nail biting; (4) careless
 excessive eating of sweets.

GRADE-LEVEL CONCEPT: Vision and hearing disorders are caused by many factors.

OBJECTIVE: Identifies factors that contribute to vision and hearing disorders.

CONTENT: (1) heredity; (2) structure; (3) growth changes; (4) infections; (5) accidents.

OBJECTIVE: Explains why early detection and early treatment of vision and hearing disorders are important.

CONTENT: (1) to avoid complications; (2) to alleviate academic, social, and personal problems.

CONCEPT: One's vision and hearing can be protected.

describes why vision and hearing should be protected.
 (1) one can enjoy his environment more; (2) learning is enhanced;
 (3) can be carried out more effectively; (4) recreation and play can be
 (5) communication is improved.
 (1) identifies practices that protect one's vision and hearing.
 (1) vision – seeking proper and sufficient light, using safety glasses
 (2) protecting eyes from irritation or injury by foreign substances;
 (3) avoiding visual contact with sun or bright lights, taking vision tests;
 (4) blowing nose gently, using care in diving, keeping foreign objects
 (5) avoiding excessive noise, taking hearing tests.

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

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ORAL HEALTH, VISION, AND HEARING

Junior High Level

So

GRADE-LEVEL CONCEPT: Oral neglect may result in oral disorders, which, in turn, may affect other organs and systems.

OBJECTIVE: Identifies oral disorders that may result from neglect.
CONTENT: (1) dental caries; (2) abscesses; (3) periodontitis.

OBJECTIVE: Describes possible systemic effects that may result from oral disorders.
CONTENT: (1) infections in adjacent body parts (mouth and neck); (2) connective tissue damage to heart, kidney, and joints.

GRADE-LEVEL CONCEPT: Personal decisions are important in preventing and treating oral disorders.

OBJECTIVE: Describes personal decisions that are important in preventing or treating oral disorders.
CONTENT: (1) choice of foods; (2) choice and use of toothbrush and dentifrice, (3) utilization of qualified dental personnel.

GRADE-LEVEL CONCEPT: Use of fluorides is an effective way of preventing tooth decay.

OBJECTIVE: Describes the means of providing fluorides.
CONTENT: (1) public water supply; (2) topical application by dentist; (3) prescribed tablets; (4) bottled water.

OBJECTIVE: Compares claims made for and against fluoridation.

CONTENT: (1) claims made in favor of fluoridation: it is an inexpensive process, reduces tooth decay significantly, is safe, reaches all people, reduces cost of dental repair; (2) claims made against fluoridation: it forces people to drink fluoridated water against their will, is dangerous to health, is a type of socialized medicine.

GRADE-LEVEL CONCEPT: Persons of all ages can be afflicted with vision and hearing defects.

OBJECTIVE: Describes common defects of vision and hearing.
CONTENT: (1) vision - refractive errors, muscle imbalance, color deficiency, glaucoma; (2) hearing - conduction defects, nerve damage, brain damage.

GRADE-LEVEL CONCEPT: Most vision and hearing disorders can be treated or corrected.

OBJECTIVE: Lists treatment and corrective procedures for vision and hearing disorders.
CONTENT: (1) vision - corrective lenses, eye exercises, treatment of infections, surgery; (2) hearing - removal of obstructions from outer ear canal, use of hearing aids, treatment of infections, surgery.

GRADE-LEVEL CONCEPT: Oral neglect can be controlled.
OBJECTIVE: Predicts potential effects of oral neglect.
CONTENT: (1) financial cost for repairs.

GRADE-LEVEL CONCEPT: Malocclusion can be controlled.

OBJECTIVE: Summarizes research findings on malocclusion.
CONTENT: (1) emotional problems; (2) tooth decay; (3) periodontal disease.

OBJECTIVE: Summarizes research findings on malocclusion.
CONTENT: (1) diet; (2) breathing habits.

GRADE-LEVEL CONCEPT: Professional dental services are available.

OBJECTIVE: Classifies dental and para-dental services.
CONTENT: (1) general practitioner; (2) dentist; (3) dental hygienist; (4) dental technician.

GRADE-LEVEL CONCEPT: Professional correction of vision and hearing disorders is available.

OBJECTIVE: Classifies professional personnel who correct vision and hearing disorders.
CONTENT: (1) vision - general medical practitioner; (2) hearing - general medical practitioner.

ORAL HEALTH, VISION, AND HEARING

<i>Junior High Level</i>	<i>Senior High Level</i>
<p>may result in oral disorders, which, in turn, may affect</p> <p>may result from neglect.</p> <p>(3) periodontitis.</p> <p>ects that may result from oral disorders.</p> <p>ody parts (mouth and neck); (2) connective tissue</p>	<p>GRADE-LEVEL CONCEPT: Oral neglect can have an effect on the family and on society.</p> <p>OBJECTIVE: Predicts potential effects of oral neglect on the family and on society.</p> <p>CONTENT: (1) financial cost for repair; (2) effect on productivity; (3) effect on interrelationships.</p>
<p>ons are important in preventing and treating oral</p> <p>that are important in preventing or treating oral</p> <p>and use of toothbrush and dentifrice; (3) utilization</p> <p>is an effective way of preventing tooth decay.</p> <p>ing fluorides.</p> <p>topical application by dentist; (3) prescribed tablets;</p> <p>against fluoridation.</p> <p>oridation: it is an inexpensive process, reduces tooth</p> <p>people, reduces cost of dental repair; (2) claims made</p> <p>to drink fluoridated water against their will, is</p> <p>rd medicine.</p>	<p>GRADE-LEVEL CONCEPT: Malocclusion and periodontal disease are major oral disorders that can be controlled.</p> <p>OBJECTIVE: Summarizes research findings on the possible problems associated with malocclusion.</p> <p>CONTENT: (1) emotional problems; (2) nutritional problems; (3) speech defects; (4) tooth decay; (5) periodontal disease.</p> <p>OBJECTIVE: Summarizes research findings on the factors that contribute to periodontal disease.</p> <p>CONTENT: (1) diet; (2) breathing habits; (3) malocclusion; (4) emotional tension.</p> <p>GRADE-LEVEL CONCEPT: Professional personnel are essential for maintaining good oral health.</p> <p>OBJECTIVE: Classifies dental and parodontal personnel.</p> <p>CONTENT: (1) general practitioner; (2) specialists (such as orthodontist, periodontist, pedodontist); (3) dental hygienist; (4) dental technician.</p>
<p>es can be afflicted with vision and hearing defects.</p> <p>ision and hearing.</p> <p>muscle imbalance, color deficiency, glaucoma;</p> <p>lamage, brain damage.</p> <p>earing disorders can be treated or corrected.</p> <p>rocedures for vision and hearing disorders.</p> <p>eye exercises, treatment of infections, surgery;</p> <p>om outer ear canal, use of hearing aids, treatment of</p>	<p>GRADE-LEVEL CONCEPT: Professional personnel are essential for the detection, treatment, and correction of vision and hearing disorders.</p> <p>OBJECTIVE: Classifies professional personnel qualified to detect, treat, or correct vision and hearing disorders.</p> <p>CONTENT: (1) vision - general medical practitioner, ophthalmologist; optometrist;</p> <p>(2) hearing - general medical practitioner, otologist, audiometrist.</p>



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Nutrition – Overview

As a content area in health science, nutrition is concerned with the nutritional needs of the individual to promote and maintain his health at an optimum level. Consideration is given to the importance of nutrition in the everyday functioning of the individual at different stages during his life. Included are guidelines intended to assist individuals in planning meals that provide required nutrients in recommended amounts and that, at the same time, ensure maintenance of weight at a normal level.

Discussion of food processing and preparation is limited to those aspects which have a direct bearing on health. Aspects of food faddism and quackery are included because of their effects on the nutritional status of individuals.

The major problems of nutrition, upon which the development of this content area has been based, include the following:

- Failure of individuals to understand the relationship of nutrition to general health
- Obesity
- Inadequate food intake
- Improper preparation of food

- Food faddism, special diets, and quackery
- Indiscriminate use of vitamin and food supplements

Correlation with Other Subject Areas

Selected content in the area of nutrition is correlated with home economics, biological sciences, and health education.

Interrelationships Between Nutrition and Other Health Areas in This Framework

Consumer Health: IV – intermediate, junior high, senior high

Mental-Emotional Health: I – primary; II – intermediate

Oral Health: I – primary; II – all grade levels

Exercise, Rest, and Posture: I – intermediate, junior high, senior high; III – primary.

Diseases and Disorders: I – intermediate, junior high, senior high

Community Health Resources: III – intermediate, junior high, senior high.

6

Nutrition – Overview

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- Food faddism, special diets, and quackery
- Indiscriminate use of vitamin and food supplements

Correlation with Other Subject Areas

Selected content in the area of nutrition can be correlated most effectively with home economics, biological sciences, physical sciences, and physical education.

Interrelationships Between Nutrition and Other Health Areas in This Framework

Consumer Health: IV – intermediate, junior high.

Mental-Emotional Health: I – primary; II – intermediate.

Oral Health: I – primary; II – all grade levels.

Exercise, Rest, and Posture: I – intermediate, junior high; II – junior high, senior high; III – primary.

Diseases and Disorders: I – intermediate, senior high; II – intermediate.

Community Health Resources: III – intermediate, senior high; IV – senior high.

NUTRITION

<i>Major Concept</i>	<i>Primary Level</i>	<i>Intermediate</i>
I Nutrition is important in the everyday functioning of an individual.	GRADE-LEVEL CONCEPT: Food has a variety of important functions. OBJECTIVE: Identifies purposes of food. CONTENT: (1) for energy; (2) for growth and repair; (3) for enjoyment.	GRADE-LEVEL CONCEPT: Good diet helps solve health problems. OBJECTIVE: Summarizes personal health and dietary practices. CONTENT: (1) skin problems; (2) growth and development; (5) constipation.
II Individuals throughout life require the same nutrients but in varying amounts.	GRADE-LEVEL CONCEPT: Developing a liking for a variety of foods at each meal helps to ensure that needed nutrients are provided. OBJECTIVE: Classifies foods into four basic food groups. CONTENT: (1) milk group; (2) meat group; (3) grain and cereal group; (4) fruits and vegetables. GRADE-LEVEL CONCEPT: Good breakfasts are as important as any other meal in providing required nutrients. OBJECTIVE: Tells why good breakfasts are important. CONTENT: (1) length of time since evening meal; (2) provides energy for morning activity; (3) contributes to total daily needs. GRADE-LEVEL CONCEPT: Snacks can contribute to good nutrition. OBJECTIVE: Identifies nutritious snacks that can supplement regular meals. CONTENT: (1) fruits; (2) vegetables; (3) protein foods.	GRADE-LEVEL CONCEPT: The "four food groups" are essential for the body. OBJECTIVE: Lists nutrients provided by each food group. CONTENT: (1) carbohydrates; (2) proteins; (3) fats; (4) vitamins; (5) minerals; (6) water. OBJECTIVE: Explains the primary role of each nutrient in body functioning. CONTENT: (1) carbohydrates and fats - promoting growth and repair; (2) proteins - building and repairing body functions. GRADE-LEVEL CONCEPT: The digestive system is essential for the absorption of nutrients from the food. OBJECTIVE: Specifies the function of each part of the digestive system. CONTENT: (1) converts ingested food into nutrients; (2) absorbs nutrients for use by the body; (3) eliminates waste products of digestion.
III Food processing and preparation influence the nutritional value and safety of foods.	GRADE-LEVEL CONCEPT: Foods come from a variety of sources. OBJECTIVE: Names sources of foods. CONTENT: (1) plants; (2) animals; (3) synthetic substances. OBJECTIVE: Tells where food is processed. CONTENT: (1) dairy; (2) cannery; (3) bakery; (4) meat packing plant; (5) frozen food processing plant; (6) home.	GRADE-LEVEL CONCEPT: Food value is affected by processing and preparation. OBJECTIVE: Indicates how processing and preparation affect food value. CONTENT: (1) destroys pathogenic organisms - canning, quick freezing, dehydrating; (2) adds nutrients - using additives.
IV Nutrition is a significant factor in weight control.	GRADE-LEVEL CONCEPT: Eating practices influence one's weight. OBJECTIVE: Identifies eating practices that can contribute to overweight or underweight. CONTENT: (1) eating too much or too little; (2) making poor choices of foods.	GRADE-LEVEL CONCEPT: Energy balance is important in weight control. OBJECTIVE: Indicates factors that influence one's weight. CONTENT: (1) caloric values derived from food; (2) calories required for maintenance; (3) type or build.
V Dietary fads and misconceptions can be detrimental to health.		GRADE-LEVEL CONCEPT: Special foods are needed to meet normal nutritional needs. OBJECTIVE: Lists reasons why special diets are required to meet normal nutritional needs. CONTENT: (1) regular foods contain nutrients; (2) special diets may be harmful; (3) special diets are needed for certain conditions.

NUTRITION

<i>Primary Level</i>	<i>Intermediate Level</i>
<p>FL CONCEPT: Food has a variety of important functions.</p> <p>Identifies purposes of food.</p> <p>T: (1) for energy; (2) for growth and repair; (3) for enjoyment.</p>	<p>GRADE-LEVEL CONCEPT: Good dietary practices can help prevent personal health problems.</p> <p>OBJECTIVE: Summarizes personal health problems that may result from poor dietary practices.</p> <p>CONTENT: (1) skin problems; (2) dental problems; (3) fatigue; (4) impaired growth and development; (5) constipation; (6) overweight and underweight.</p>
<p>FL CONCEPT: Developing a liking for a variety of foods at each meal ensure that needed nutrients are provided.</p> <p>Classifies foods into four basic food groups.</p> <p>T: (1) milk group; (2) meat group; (3) grain and cereal group; (4) fruits and vegetables.</p> <p>FL CONCEPT: Good breakfasts are as important as any other meal in required nutrients.</p> <p>Tells why good breakfasts are important.</p> <p>T: (1) length of time since evening meal; (2) provides energy for activity; (3) contributes to total daily needs.</p> <p>FL CONCEPT: Snacks can contribute to good nutrition.</p> <p>Identifies nutritious snacks that can supplement regular meals.</p> <p>T: (1) fruits; (2) vegetables; (3) protein foods.</p>	<p>GRADE-LEVEL CONCEPT: The "four food groups" provide all nutrients needed by the body.</p> <p>OBJECTIVE: Lists nutrients provided by the four basic food groups.</p> <p>CONTENT: (1) carbohydrates; (2) fats; (3) proteins; (4) vitamins; (5) minerals; (6) water.</p> <p>OBJECTIVE: Explains the primary contributions of different nutrients to normal body functioning.</p> <p>CONTENT: (1) carbohydrates and fats – supplying energy; (2) protein – promoting growth and repair; (3) vitamins and minerals – regulating body functions.</p> <p>GRADE-LEVEL CONCEPT: The digestive process enables one to utilize food.</p> <p>OBJECTIVE: Specifies the function of digestion in the utilization of foods.</p> <p>CONTENT: (1) converts ingested food to nutrients the body can use; (2) provides for absorption of nutrients from the digestive tract; (3) provides for elimination of body wastes.</p>
<p>FL CONCEPT: Foods come from a variety of sources.</p> <p>Names sources of foods.</p> <p>T: (1) plants; (2) animals; (3) synthetic substances.</p> <p>Tells where food is processed.</p> <p>T: (1) dairy; (2) cannery; (3) bakery; (4) meat packing plant; (5) frozen processing plant; (6) home.</p>	<p>GRADE-LEVEL CONCEPT: Food values are conserved and enhanced by proper processing and preparation.</p> <p>OBJECTIVE: Indicates how processing and preparation conserve and enhance food values.</p> <p>CONTENT: (1) destroys pathogenic organisms – pasteurization; (2) preserves foods – canning, quick freezing, dry freezing, and dehydrating; (3) restores lost nutrients – using additives.</p>
<p>FL CONCEPT: Eating practices influence one's weight.</p> <p>Identifies eating practices that can contribute to overweight or obesity.</p> <p>T: (1) eating too much or too little; (2) making poor choices of foods.</p>	<p>GRADE-LEVEL CONCEPT: Energy balance determines an individual's weight.</p> <p>OBJECTIVE: Indicates factors that influence energy balance and help to control one's weight.</p> <p>CONTENT: (1) caloric values derived from food; (2) calories expended through activities; (3) calories required for normal body processes; (4) illness; (5) body-type or build.</p>
	<p>GRADE-LEVEL CONCEPT: Special foods or supplements are not usually required to meet normal nutritional needs.</p> <p>OBJECTIVE: Lists reasons why special foods or supplements are not usually required to meet normal nutritional needs.</p> <p>CONTENT: (1) regular foods contain essential nutrients; (2) excess of supplements may be harmful; (3) special foods are more expensive.</p>

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

NUTRITION

Junior High Level

Senior High Level

<p>GRADE-LEVEL CONCEPT: Nutritional practices contribute to the development of diseases and disorders.</p> <p>OBJECTIVE: Describes chronic diseases and disorders which may be associated with nutritional practices.</p> <p>CONTENT: (1) obesity; (2) underweight; (3) diabetes; (4) cardiovascular disease; (5) acne; (6) allergies; (7) central nervous system disorders; (8) vitamin deficiency diseases; (9) dental disorders.</p> <p>OBJECTIVE: Identifies common disorders of the digestive system.</p> <p>CONTENT: (1) indigestion; (2) constipation; (3) ulcers; (4) appendicitis; (5) colitis; (6) hemorrhoids.</p> <p>OBJECTIVE: Discusses how nutritional choices and eating habits contribute to diseases and disorders.</p> <p>CONTENT: (1) overeating; (2) eating too many sweets; (3) eating too much fat; (4) omitting necessary nutrients.</p>	<p>GRADE-LEVEL CONCEPT: Levels of nutritional productivity of the nation.</p> <p>OBJECTIVE: Summarizes effects of nutrition on society.</p> <p>CONTENT: (1) life expectancy; (2) growth; (3) the nation's productivity.</p>
<p>GRADE-LEVEL CONCEPT: Lack of sufficient nutrients can lead to nutritional deficiency diseases.</p> <p>OBJECTIVE: Relates specific nutritional deficiencies to the diseases they cause.</p> <p>CONTENT: (1) vitamin D - rickets; (2) vitamin C - scurvy; (3) iron - anemia; (4) protein - kwashiorkor; (5) iodine - goiter; (6) vitamin A - night blindness.</p>	<p>GRADE-LEVEL CONCEPT: Decisions based on future nutritional needs of self, family, and community.</p> <p>OBJECTIVE: Specifies ways of meeting present nutritional needs of self, family, and community.</p> <p>CONTENT: (1) regulating caloric intake and meeting for nutritional needs of a pregnant woman; (2) those of the elderly; (3) those of the elderly; (4) improving food preparation.</p>
<p>GRADE-LEVEL CONCEPT: Control of commercial preparation and commercial processing of foods helps to protect consumers.</p> <p>OBJECTIVE: Specifies federal and state agencies that impose controls on purity and quality of foods.</p> <p>CONTENT: (1) the federal Food and Drug Administration; (2) U.S. Department of Agriculture; (3) California State Department of Public Health.</p> <p>OBJECTIVE: Describes control measures to protect consumers.</p> <p>CONTENT: (1) setting standards; (2) inspections; (3) testing.</p>	<p>GRADE-LEVEL CONCEPT: Preparation of food for nutrition of family members.</p> <p>OBJECTIVE: Summarizes food-preparation and nutrition of family members.</p> <p>CONTENT: (1) avoids overcooking, undercooking; (2) serves food attractively; (3) seasons food properly; (4) stores food properly; (5) stores food properly.</p>
<p>GRADE-LEVEL CONCEPT: Obesity is a social problem as well as an individual problem.</p> <p>OBJECTIVE: Presents examples of how individual weight problems can affect the individual and society.</p> <p>CONTENT: (1) affects self-image; (2) affects relationships with other individuals; (3) contributes to onset of chronic disease; (4) shortens life expectancy.</p>	<p>GRADE-LEVEL CONCEPT: A variety of factors affect health.</p> <p>OBJECTIVE: Identifies psychosocial and physical factors that affect health.</p> <p>CONTENT: (1) psychosocial factors (why people eat); (2) physical factors (metabolism, exercise, heredity).</p>
<p>GRADE-LEVEL CONCEPT: Individuals who follow the advice of food quacks and food faddists can endanger their health.</p> <p>OBJECTIVE: Summarizes food fads and misconceptions, particularly the ones listed as follows.</p> <p>CONTENT: (1) those concerning the processing of foods; (2) those about soil depletion; (3) those concerning the values of specific foods; (4) those having to do with organic versus inorganic growing practices.</p> <p>OBJECTIVE: Concludes, by identifying some of the resulting problems, that food faddism and food quackery may threaten optimal health.</p> <p>CONTENT: (1) individuals may fail to obtain a balanced diet; (2) following a quack's advice may delay necessary treatment of specific disorders.</p>	<p>GRADE-LEVEL CONCEPT: Self-treatment with vitamins may be dangerous.</p> <p>OBJECTIVE: Indicates reasons for avoiding the use of multiple vitamins.</p> <p>CONTENT: (1) use of multiple vitamins may be dangerous; (2) vitamins A, D, which accumulate and may cause toxicity; (3) regular food sources entail unnecessary expense; (4) naturally may not eat balanced diets.</p>

NOTE: OBJECTIVES AND CONTENT ARE

Exercise, Rest, and Posture — Over

An increasing amount of leisure time, mechanization that reduces physical activity in many jobs, and the stress of daily living make it essential for individuals to participate in a balanced program of exercise and relaxation. In this content area, consideration is given to the health benefits of regular physical activity along with adequate rest and sleep. Attention is focused upon the factors that influence the degree of fitness required for different activities and upon the fact that physical activity is beneficial for persons of all ages. Also included is a consideration of posture and its relationship to the effective functioning of the individual.

The major problems of exercise, rest, and posture, upon which the development of this content area has been based, include the following:

- Failure to understand the meaning of physical fitness
- Poor attitudes toward the role of activity in relation to total health
- Lack of well-planned activity programs

- Insufficient sleep, rest, and r
- Poor posture

Correlation with Other Subject Areas

Selected content in the area of most effectively with physical education, home economics, and drama.

Interrelationships Between Exercise and Other Health Areas in this Framework

Mental-Emotional Health: I — junior high.

Nutrition: I — senior high; II —

Diseases and Disorders: I — sen

Environmental Health Hazards

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Exercise, Rest, and Posture – Overview

amount of leisure time, mechanization that reduces physical jobs, and the stress of daily living make it essential for participate in a balanced program of exercise and relaxation. In a, consideration is given to the health benefits of regular along with adequate rest and sleep. Attention is focused s that influence the degree of fitness required for different on the fact that physical activity is beneficial for persons of luded is a consideration of posture and its relationship to the ning of the individual.

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des toward the role of activity in relation to total health
ll-planned activity programs

- Insufficient sleep, rest, and relaxation
- Poor posture

Correlation with Other Subject Areas

Selected content in the area of exercise, rest, and posture can be correlated most effectively with physical education, social sciences, biological sciences, home economics, and drama.

Interrelationships Between Exercise, Rest, and Posture and Other Health Areas in this Framework

Mental-Emotional Health: I – primary; III – intermediate; IV – primary, junior high.

Nutrition: I – senior high; II – primary; IV – junior high, senior high.

Diseases and Disorders: I – senior high; II – primary; III – primary.

Environmental Health Hazards: III – primary, intermediate.

EXERCISE, REST, AND POSTURE

<i>Major Concept</i>	<i>Primary Level</i>	
<p>I</p> <p>Physical fitness is one important component of total health.</p>	<p>GRADE-LEVEL CONCEPT: Play that includes physical activity is healthful as well as fun.</p> <p>OBJECTIVE: Lists the benefits of play and physical activity.</p> <p>CONTENT: (1) helps one to get along with others; (2) helps one to feel better; (3) helps one to grow in strength and agility; (4) helps one to sleep more soundly.</p>	<p>GRADE-LEVEL CONCEPT: K</p> <p>OBJECTIVE: Identifies benefits of play and physical activity.</p> <p>CONTENT: (1) aids in posture and coordination; (3) helps in breathing and respiration; (5) improves</p>
<p>II</p> <p>A balanced program of exercise and rest contributes to fitness.</p>	<p>GRADE-LEVEL CONCEPT: Individuals do better in physical activities when they have enough rest and sleep.</p> <p>OBJECTIVE: Tells how rest and sleep help one to perform physical activity more effectively.</p> <p>CONTENT: (1) permits recovery from fatigue; (2) improves alertness; (3) restores vitality; (4) improves efficiency.</p>	<p>GRADE-LEVEL CONCEPT: K</p> <p>OBJECTIVE: rest and sleep, contribute to performance of physical activities.</p> <p>OBJECTIVE: Summarizes the benefits of rest and sleep.</p> <p>CONTENT: (1) running, pushing, pulling – strength; (2) rest and sleep.</p> <p>OBJECTIVE: Discusses the effects of rest and sleep on energy.</p> <p>CONTENT: (1) energy is accumulated.</p>
<p>III</p> <p>Posture affects appearance and body function.</p>	<p>GRADE-LEVEL CONCEPT: Good posture helps one look and feel better.</p> <p>OBJECTIVE: Identifies the values of good posture.</p> <p>CONTENT: (1) makes one feel better; (2) makes one look better; (3) helps one carry out daily tasks.</p> <p>OBJECTIVE: Demonstrates good posture in a variety of situations.</p> <p>CONTENT: (1) standing; (2) sitting; (3) walking; (4) lifting; (5) reclining.</p> <p>GRADE-LEVEL CONCEPT: A variety of poor health practices contribute to postural defects.</p> <p>OBJECTIVE: Lists practices that contribute to poor posture.</p> <p>CONTENT: (1) improper nutrition; (2) lack of activity; (3) ill-fitting clothing and shoes; (4) poor walking, standing, sitting, and reclining habits.</p>	<p>GRADE-LEVEL CONCEPT: T</p> <p>OBJECTIVE: Describes how the skeleton supports the body and movement.</p> <p>OBJECTIVE: Describes how the skeleton supports the body and movement.</p> <p>GRADE-LEVEL CONCEPT: C</p> <p>OBJECTIVE: Describes how the skeleton supports the body and movement.</p> <p>OBJECTIVE: Provides reasons for poor posture.</p> <p>CONTENT: (1) defects are corrected; (2) early correction prevents the development of a better self-image.</p>

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NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES

EXERCISE, REST, AND POSTURE

<i>Primary Level</i>	<i>Intermediate Level</i>
<p>PT: Play that includes physical activity is healthful as well as fun. It provides benefits of play and physical activity.</p> <p>OBJECTIVE: Helps one to get along with others; (2) helps one to feel better; (3) helps one to grow in strength and agility; (4) helps one to sleep more peacefully.</p>	<p>GRADE-LEVEL CONCEPT: Regular physical activity is beneficial to one's body.</p> <p>OBJECTIVE: Identifies benefits of physical activity to one's body.</p> <p>CONTENT: (1) aids in personal appearance; (2) helps to develop strength and coordination; (3) helps to maintain weight control; (4) improves circulation and respiration; (5) improves muscle tone; (6) improves appetite.</p>
<p>PT: Individuals do better in physical activities when they get adequate rest and sleep.</p> <p>OBJECTIVE: Rest and sleep help one to perform physical activity more effectively and aid in recovery from fatigue; (2) improves alertness; (3) improves efficiency.</p>	<p>GRADE-LEVEL CONCEPT: A variety of physical activities, along with adequate rest and sleep, contribute to one's fitness.</p> <p>OBJECTIVE: Summarizes the contributions of a variety of physical activities to physical fitness.</p> <p>CONTENT: (1) running – endurance; (2) tumbling – agility; (3) lifting – pushing, pulling – strength; (4) stretching – flexibility.</p> <p>OBJECTIVE: Discusses the effect of physical activity on the need for rest and sleep.</p> <p>CONTENT: (1) energy is expended; (2) muscles tire; (3) fatigue products accumulate.</p>
<p>PT: Good posture helps one look and feel better. It emphasizes the values of good posture.</p> <p>OBJECTIVE: Helps one feel better; (2) makes one look better; (3) helps one to be more confident.</p> <p>CONTENT: Discusses good posture in a variety of situations: (1) sitting; (2) walking; (3) lifting; (4) reclining.</p> <p>OBJECTIVE: Identifies a variety of poor health practices that contribute to poor posture: (1) poor nutrition; (2) lack of activity; (3) ill-fitting clothing; (4) poor walking, standing, sitting, and reclining habits.</p>	<p>GRADE-LEVEL CONCEPT: The development of the skeletal and muscular systems plays a major role in establishing good posture.</p> <p>OBJECTIVE: Describes how the skeletal and muscular systems affect one's posture.</p> <p>CONTENT: (1) the skeleton provides the framework for supporting the soft tissues of the body; (2) the muscles provide strength for support and movement.</p> <p>GRADE-LEVEL CONCEPT: Correction of postural defects can best be accomplished before one completes his growth.</p> <p>OBJECTIVE: Provides reasons for correcting postural defects during the growth period.</p> <p>CONTENT: (1) defects are more difficult to correct when growth is completed; (2) early correction prevents complications; (3) early correction helps a person develop a better self-image.</p>

EXERCISE, REST, AND POSTURE

Junior High Level

GRADE-LEVEL CONCEPT: Regular physical activity can help reduce the risk of chronic disorders.

OBJECTIVE: Describes ways in which physical activity helps to delay or prevent chronic disorders.

CONTENT: (1) improved circulation and increased heart strength - against cardiovascular diseases; (2) increased vital capacity - against respiratory diseases; (3) weight control - against obesity.

GRADE-LEVEL CONCEPT:

OBJECTIVE: Describes ways

CONTENT: (1) helps one physical outlets); (3) use

GRADE-LEVEL CONCEPT: Different degrees of fitness are needed for various activities.

OBJECTIVE: Compares caloric demands for different types of activity.

CONTENT: (1) running - 3.7 cal./lb./hour; (2) ping pong - 2.5 cal./lb./hour; (3) walking - 1.1 cal./lb./hour.

OBJECTIVE: Discusses factors that influence the degree of fitness required for different types of activities.

CONTENT: (1) amount of physical contact called for; (2) energy demanded; (3) endurance required; (4) agility and coordination needed.

GRADE-LEVEL CONCEPT: Fatigue is influenced by physical, emotional, and environmental conditions.

OBJECTIVE: Summarizes factors that contribute to fatigue.

CONTENT: (1) physical activity; (2) tension; (3) noise; (4) heat, humidity; (5) disease; (6) inadequate rest and relaxation.

OBJECTIVE: Discusses means of preventing and treating fatigue.

CONTENT: (1) adequate rest periods; (2) adequate caloric intake; (3) change of activity; (4) length of work periods; (5) level of enjoyment of activity; (6) prevention, early detection, and care of disease; (7) control of the environment - noise, heat, humidity.

GRADE-LEVEL CONCEPT:

OBJECTIVE: Plans a personal

CONTENT: (1) recreational periods - frequency; (2) caloric requirements.

OBJECTIVE: Demonstrates

CONTENT: (1) swimming.

OBJECTIVE: Summarizes data

CONTENT: (1) possible strength muscles, bones, and joint activity.

GRADE-LEVEL CONCEPT: Good body posture contributes to effective functioning.

OBJECTIVE: Describes how good posture contributes to effective functioning.

CONTENT: (1) increases efficiency of movement; (2) lessens fatigue; (3) improves circulation and respiration; (4) assists the functioning of internal organs; (5) decreases the danger of later chronic disorders; (6) affects mental outlook and vice versa.

GRADE-LEVEL CONCEPT:

OBJECTIVE: Describes common

CONTENT: (1) kyphosis - protruding abdomen; (2) flatfeet.

OBJECTIVE: Discusses procedures

CONTENT: (1) corrective

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NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES

EXERCISE, REST, AND POSTURE

<i>High Level</i>	<i>Senior High Level</i>
<p>activity can help reduce the risk of chronic</p> <p>activity helps to delay or prevent chronic</p> <p>increased heart strength - against cardiovascular</p> <p>against respiratory diseases; (3) weight control -</p>	<p>GRADE-LEVEL CONCEPT: Physical fitness contributes to mental health.</p> <p>OBJECTIVE: Describes ways in which physical fitness contributes to mental health.</p> <p>CONTENT: (1) helps one to relax; (2) helps to relieve tension (through diversified activity; physical outlets); (3) used as therapy for mentally ill; (4) promotes a good self-image.</p>
<p>Fitness are needed for various activities.</p> <p>erent types of activity.</p> <p>(2) ping pong - 2.5 cal./lb./hour; (3) walking -</p> <p>he degree of fitness required for different types of</p> <p>called for; (2) energy demanded; (3) endurance</p> <p>ed.</p> <p>ced by physical, emotional, and environmental</p> <p>se to fatigue.</p> <p>on; (3) noise; (4) heat, humidity; (5) disease;</p> <p>reating fatigue.</p> <p>adequate caloric intake; (3) change of activity;</p> <p>of enjoyment of activity; (6) prevention, early</p> <p>of the environment - noise, heat, humidity.</p>	<p>GRADE-LEVEL CONCEPT: A balanced program of physical exercise is beneficial at all age levels.</p> <p>OBJECTIVE: Plans a personal program to meet individual needs for fitness.</p> <p>CONTENT: (1) recreational activity - amount and type; (2) sleep - amount; (3) rest periods - frequency; (4) work - time and effort required; (5) nutrition - nutrient and caloric requirements.</p> <p>OBJECTIVE: Demonstrates competencies in at least one carry-over activity.</p> <p>CONTENT: (1) swimming; (2) tennis; (3) golf, (4) bowling; (5) badminton.</p> <p>OBJECTIVE: Summarizes dangers of sporadic participation in strenuous activities.</p> <p>CONTENT: (1) possible strain on circulatory and respiratory systems; (2) possible injury to muscles, bones, and joints; (3) poor performance, causing loss of interest in physical activity.</p>
<p>se contributes to effective functioning.</p> <p>tributes to effective functioning.</p> <p>ment; (2) lessens fatigue; (3) improves circulation</p> <p>ng of internal organs; (5) decreases the danger of</p> <p>outlook and vice versa.</p>	<p>GRADE-LEVEL CONCEPT: There are corrective procedures for a variety of postural defects.</p> <p>OBJECTIVE: Describes common postural defects.</p> <p>CONTENT: (1) kyphosis - rounded upper back; (2) lordosis - swayback; (3) ptosis - protruding abdomen; (4) scoliosis - lateral curvature of the spine; (5) pronated ankles - flatfeet.</p> <p>OBJECTIVE: Discusses procedures for correcting defects in posture.</p> <p>CONTENT: (1) corrective exercises; (2) supporting devices; (3) surgery.</p>

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

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8

Diseases and Disorders — Overview

Chronic diseases are the leading causes of mortality in the developed countries of the world. Even though most communicable disease rates have been decreasing, infectious diseases continue to be a serious threat to mankind. In this content area, consideration is given both to communicable diseases and to chronic diseases and disorders. Major emphasis is placed upon the effect of heredity and environment on the occurrence and distribution of diseases and disorders; personal and economic effect of diseases and disorders on the individual and society; and the extent to which diseases and disorders can be prevented and controlled.

The major problems of diseases and disorders, upon which the development of this content area has been based, include the following:

- Gradual shift in major health problems in the United States from communicable diseases to chronic diseases
- Insufficient understanding of the nature of communicable and chronic diseases and the problems they may cause
- Failure to control factors that are known to be or suspected of being contributing causes of communicable and chronic disease
- Lack of understanding, as well as lack of acceptance, of handicapping conditions in oneself and in others
- Problems of the aging members of our population

- Failure to utilize most effectively the chronically ill

Correlation with Other Subject Areas

Selected content in the area is correlated most effectively with biological and physical education.

Interrelationships Between Diseases and Other Health Areas in This Field

Consumer Health: I — intermediate high; IV — junior high.

Mental-Emotional Health: III

Drug Use and Misuse: I — all levels

Family Health: I — intermediate

Oral Health: I — junior high

Vision and Hearing: IV — junior high

Nutrition: I — junior high; junior high.

Exercise, Rest, and Posture: high.

Environmental Health Hazards:

Community Health Resources:

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8

Diseases and Disorders – Overview

ases of mortality in the developed
ost communicable disease rates have
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tion is given both to communicable
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disorders, upon which the develop-
include the following:

blems in the United States from
diseases

ature of communicable and chronic
cause

known to be or suspected of being
e and chronic disease

ack of acceptance, of handicapping

ur population

- Failure to utilize most effectively the resources available for rehabilita-
tion of the chronically ill

Correlation with Other Subject Areas

Selected content in the area of diseases and disorders can be correlated
most effectively with biological sciences, social sciences, home economics,
and physical education

Interrelationships Between Diseases and Disorders and Other Health Areas in This Framework

Consumer Health: I – intermediate; II – primary, junior high; III – senior
high; IV – junior high.

Mental-Emotional Health: III – senior high; V – junior high, senior high.

Drug Use and Misuse: I – all grade levels; III – junior high, senior high.

Family Health: I – intermediate; IV – senior high.

Oral Health: I – junior high; II and III – senior high.

Vision and Hearing: IV – junior high.

Nutrition: I – junior high; II – junior high; III – intermediate; IV –
junior high.

Exercise, Rest, and Posture: I – junior high; II – junior high; III – junior
high.

Environmental Health Hazards: II – junior high; IV – primary.

Community Health Resources: I – junior high; III – senior high.

DISEASES AND DISORDERS

Major Concept	Primary Level	
<p>I</p> <p>The occurrence and distribution of diseases and disorders are affected by man's heredity and environment.</p>	<p>GRADE-LEVEL CONCEPT: Children are susceptible to a variety of diseases and disorders.</p> <p>OBJECTIVE: Describes common childhood diseases and disorders.</p> <p>CONTENT: (1) communicable diseases; (2) vision and hearing disorders; (3) orthopedic problems.</p> <p>OBJECTIVE: Identifies factors contributing to diseases and disorders.</p> <p>CONTENT: (1) lack of sanitation; (2) individual susceptibility; (3) heredity; (4) exposure; (5) poor nutrition.</p>	<p>GRADE-LEVEL CONCEPT: Diseases and disorders.</p> <p>OBJECTIVE: Interprets the effects of diseases and disorders.</p> <p>CONTENT: (1) prevalence; (2) changing environment; (3) increase of medical knowledge.</p> <p>GRADE-LEVEL CONCEPT: Identifies the causes of disease.</p> <p>CONTENT: (1) natural causes; (2) how they cause disease.</p> <p>OBJECTIVE: Traces the effects of diseases and disorders.</p> <p>CONTENT: (1) sources of diseases.</p> <p>GRADE-LEVEL CONCEPT: Summarizes the effects of diseases and disorders.</p> <p>CONTENT: (1) hereditary factors; (2) mental factors; (3) physical factors.</p>
<p>II</p> <p>Diseases and disorders have both a personal and an economic effect upon individuals and society.</p>	<p>GRADE-LEVEL CONCEPT: Diseases and disorders influence the way one feels and acts.</p> <p>OBJECTIVE: Lists ways in which diseases influence one's feelings and actions.</p> <p>CONTENT: (1) getting along with others; (2) missing school; (3) restricting play activities; (4) leading to additional and future health problems; (5) disrupting family routine.</p> <p>GRADE-LEVEL CONCEPT: Children can help handicapped individuals to feel accepted.</p> <p>OBJECTIVE: Tells how a child can help another child who is handicapped to feel accepted.</p> <p>CONTENT: (1) being friendly; (2) inviting him to play; (3) avoiding making fun of anyone who is handicapped.</p>	<p>GRADE-LEVEL CONCEPT: Long-range effects on society.</p> <p>OBJECTIVE: Identifies the effects of diseases and disorders on society.</p> <p>CONTENT: (1) immigration; (2) academic achievement; (3) parent and as worker.</p> <p>GRADE-LEVEL CONCEPT: Reports the effects of diseases and disorders on the productivity of the Canal region, major result of chronic diseases.</p>
<p>III</p> <p>There is variation in the extent to which diseases and disorders can be prevented and controlled.</p>	<p>GRADE-LEVEL CONCEPT: Children can take personal action to prevent or control diseases and disorders.</p> <p>OBJECTIVE: Describes how one prevents or controls diseases and disorders through individual actions.</p> <p>CONTENT: (1) maintaining personal cleanliness; (2) keeping the environment clean; (3) staying home when ill; (4) receiving protective immunization; (5) following the advice of parents and doctors; (6) following the health practices of proper nutrition, exercise, and rest; (7) wearing corrective devices when needed.</p>	<p>GRADE-LEVEL CONCEPT: Combination of medical advances that prevent diseases and disorders.</p> <p>OBJECTIVE: Discusses the effects of diseases and disorders on society.</p> <p>CONTENT: (1) immunization; (2) radiation; (3) surgery; (4) antibiotics; (5) vaccines.</p> <p>OBJECTIVE: Identifies the medical advances that prevent diseases and disorders.</p> <p>CONTENT: (1) reporting risk factors.</p>

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NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

DISEASES AND DISORDERS

<i>Primary Level</i>	<i>Intermediate Level</i>
<p>...susceptible to a variety of diseases and disorders.</p> <p>...; (2) vision and hearing disorders;</p> <p>...to diseases and disorders.</p> <p>...individual susceptibility; (3) heredity;</p>	<p>GRADE-LEVEL CONCEPT: Through the years man has been faced with a variety of diseases and disorders.</p> <p>OBJECTIVE: Interprets how diseases affecting man have changed over the years.</p> <p>CONTENT: (1) prevalence of various diseases and disorders over the years; (2) changing emphasis from communicable disease to chronic disease; (3) increase of mental and emotional disorders.</p> <p>GRADE-LEVEL CONCEPT: Communicable diseases are caused by microorganisms.</p> <p>OBJECTIVE: Identifies the role of microorganisms as the cause of communicable disease.</p> <p>CONTENT: (1) nature of microorganisms; (2) factors influencing their growth; (3) how they cause disease.</p> <p>OBJECTIVE: Traces the process of infectious disease.</p> <p>CONTENT: (1) source; (2) transmission; (3) susceptible host.</p> <p>GRADE-LEVEL CONCEPT: Many factors contribute to chronic disorders.</p> <p>OBJECTIVE: Summarizes factors contributing to chronic disorders.</p> <p>CONTENT: (1) hereditary factors and predisposition to disease; (2) environmental factors (contamination of environment, overexposure); (3) health status of individual (physical and mental); (4) communicable disease; (5) accidents.</p>
<p>...disorders influence the way one feels and influence one's feelings and actions.</p> <p>...; (2) missing school; (3) restricting play and future health problems; (5) disrupting</p> <p>...to help handicapped individuals to feel</p> <p>...another child who is handicapped to feel</p> <p>...ing him to play; (3) avoiding making fun</p>	<p>GRADE-LEVEL CONCEPT: Diseases and disorders can have immediate and long-range effects on individuals.</p> <p>OBJECTIVE: Identifies immediate and long-range effects of diseases and disorders.</p> <p>CONTENT: (1) immediate (effects on body system and ability to perform academically and physically); (2) long-range (longevity and productivity as parent and as worker).</p> <p>GRADE-LEVEL CONCEPT: The course of history has been changed by disease.</p> <p>OBJECTIVE: Reports how diseases have influenced history</p> <p>CONTENT: (1) effects of epidemics (outcomes of wars, of population growth, of the productivity of people); (2) delay of progress (yellow fever in Panama Canal region, malaria in tropical countries, premature deaths of leaders as a result of chronic disease).</p>
<p>...take personal action to prevent or control</p> <p>...or controls diseases and disorders through</p> <p>...cleanliness; (2) keeping the environment</p> <p>... (4) receiving protective immunization; and doctors; (6) following the health</p> <p>...and rest; (7) wearing corrective devices</p>	<p>GRADE-LEVEL CONCEPT: The control of diseases and disorders depends upon a combination of medical advances and individual action.</p> <p>OBJECTIVE: Discusses contributions that have been made to protect individuals from diseases and disorders.</p> <p>CONTENT: (1) immunizations; (2) modern sanitation; (3) chemotherapy; (4) radiation; (5) surgery; (6) prosthetics.</p> <p>OBJECTIVE: Identifies actions which should be taken by an individual to support medical advances that help protect people from diseases and disorders.</p> <p>CONTENT: (1) reporting illness; (2) improving health practices; (3) understanding risk factors.</p>

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OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

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DISEASES AND DISORDERS

Junior High Level

GRADE-LEVEL CONCEPT: Even though most communicable disease rates have been decreasing, infectious diseases are still serious threats.

OBJECTIVE: Portrays graphically changes in the incidence of selected communicable diseases.

CONTENT: (1) measles; (2) poliomyelitis; (3) diphtheria; (4) smallpox; (5) venereal disease.

OBJECTIVE: Describes the causes and effects of certain major communicable diseases that are still threats to mankind.

CONTENT: (1) bacterial (venereal disease, tuberculosis, streptococcus infection); (2) viral (influenza, hepatitis, colds); (3) fungi (athlete's foot, ringworm); (4) protozoa (dysenteries, malaria); (5) parasitic (worm infestations).

OBJECTIVE: States reasons why communicable diseases are still threats to man.

CONTENT: (1) increased international travel; (2) increased population; (3) disregard for sanitary procedures; (4) failure to be immunized.

GRADE-LEVEL CONCEPT: Chronic disorders are increasing as threats to man.

OBJECTIVE: Identifies the major chronic disorders and their incidence among various age groups.

CONTENT: (1) cardiac and circulatory diseases; (2) cancer; (3) diabetes; (4) mental illness; (5) allergies; (6) orthopedic defects; (7) vision and hearing impairment; (8) neurological disorders; (9) dental disorders.

GRADE-LEVEL CONCEPT: Communicable diseases affect both the individual and society.

OBJECTIVE: Summarizes effects of venereal diseases on the individual and on the community.

CONTENT: (1) interpersonal relations; (2) family relationships; (3) cost of diagnosis and treatment; (4) loss of man-hours from work; (5) possibility of chronic disease.

OBJECTIVE: Identifies prevalent communicable diseases that affect the individual and society.

CONTENT: (1) tuberculosis; (2) common cold; (3) influenza; (4) skin diseases; (5) infectious hepatitis; (6) mononucleosis; (7) venereal diseases.

GRADE-LEVEL CONCEPT: Chronic disorders affect individuals of all age groups.

OBJECTIVE: Describes chronic disorders that affect the school-age child.

CONTENT: (1) allergies; (2) congenital disorders; (3) skin disorders (acne); (4) epilepsy; (5) emotional disorders; (6) dental caries.

GRADE-LEVEL CONCEPT: Individuals can adjust to handicaps and contribute to society.

OBJECTIVE: Cites examples of individuals who contribute to society despite their handicaps.

CONTENT: (1) Helen Keller - blind, deaf, dumb; (2) Beethoven - deaf; (3) Franklin D. Roosevelt - crippled by poliomyelitis.

GRADE-LEVEL CONCEPT: Many diseases and disorders that are primary threats to youth can be effectively prevented and controlled.

OBJECTIVE: Illustrates how specific diseases and disorders can be effectively prevented and controlled.

CONTENT: (1) diagnosis; (2) case finding; (3) early detection; (4) prompt medical treatment; (5) sanitation and environmental controls; (6) immunizations.

OBJECTIVE: Discusses the importance of early diagnosis and treatment.

CONTENT: (1) remove the abnormal tissue before it spreads; (2) destroy microorganisms; (3) restore normal function of vital organs; (4) restore chemical balance in the body, (e.g., insulin).

GRADE-LEVEL CONCEPT: ...

OBJECTIVE: Analyzes ... among various age groups

CONTENT: (1) hearing ...

OBJECTIVE: Describes ... among various age groups

CONTENT: (1) improvement ... (5) aging.

GRADE-LEVEL CONCEPT: ... the world.

OBJECTIVE: Interprets ... selected communicable diseases

CONTENT: (1) concept of health services; (4) ...

GRADE-LEVEL CONCEPT: ... disorder may have a ...

OBJECTIVE: Describes ...

CONTENT: (1) economic ... (4) family functioning

OBJECTIVE: Compares ...

CONTENT: (1) disorders of respiratory system; ...

GRADE-LEVEL CONCEPT: ... and in all parts of the world.

OBJECTIVE: Cites common ...

CONTENT: (1) malaria ... (4) smallpox.

GRADE-LEVEL CONCEPT: ... the control and prevention

OBJECTIVE: Describes ... diseases and disorders.

CONTENT: (1) support community water supply programs.

GRADE-LEVEL CONCEPT: ... control of chronic disorders

OBJECTIVE: Illustrates ... disorders.

CONTENT: (1) discovery ... (2) developing and ... (3) educating the public

GRADE-LEVEL CONCEPT: ... necessitates international

OBJECTIVE: Discusses ... world.

CONTENT: (1) education ... (6) travel restrictions.

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

DISEASES AND DISORDERS

Senior High Level

<p>es have been decreasing,</p> <p>communicable diseases.</p> <p>(5) venereal disease.</p> <p>communicable diseases that are</p> <p>pus infection; (2) viral</p> <p>protozoa (dysenteries,</p> <p>tion; (3) disregard for</p> <p>man.</p> <p>among various age groups.</p> <p>etes; (4) mental illness;</p> <p>irment; (8) neurological</p>	<p>GRADE-LEVEL CONCEPT: Chronic disorders occur in and are a problem to all age groups.</p> <p>OBJECTIVE: Analyzes from graphic data the changes in incidence of major chronic disorders among various age groups.</p> <p>CONTENT: (1) heart disease; (2) cancer; (3) diabetes; (4) rheumatic disease.</p> <p>OBJECTIVE: Describes the causes of chronic disorders that are the greatest threats to health among various age groups.</p> <p>CONTENT: (1) improper eating; (2) smoking; (3) lack of exercise; (4) environmental hazards; (5) aging.</p> <p>GRADE-LEVEL CONCEPT: Communicable diseases vary widely in their occurrence in nations of the world.</p> <p>OBJECTIVE: Interprets reasons for differences in morbidity and mortality with respect to selected communicable diseases in developed and developing countries.</p> <p>CONTENT: (1) concentration of population; (2) availability of health services; (3) use of health services; (4) application of sanitary techniques.</p>
<p>idual and society.</p> <p>d on the community.</p> <p>cost of diagnosis and</p> <p>isease.</p> <p>individual and society.</p> <p>iseases; (5) infectious</p> <p>groups.</p> <p>rs (acne); (4) epilepsy;</p> <p>tribute to society.</p> <p>pite their handicaps.</p> <p>deaf; (3) Franklin D.</p>	<p>GRADE-LEVEL CONCEPT: Although chronic disorders have similar general effects, each chronic disorder may have a unique effect upon the individual and upon society.</p> <p>OBJECTIVE: Describes general effects of chronic disorders upon the family and upon society.</p> <p>CONTENT: (1) economy; (2) the elderly in our society; (3) productivity and life expectancy; (4) family functioning.</p> <p>OBJECTIVE: Compares and contrasts the unique effects of selected chronic disorders.</p> <p>CONTENT: (1) disorders of the heart and the circulatory system; (2) disorders of the respiratory system; (3) malignancies; (4) diabetes; (5) arthritis.</p> <p>GRADE-LEVEL CONCEPT: Communicable diseases affect individuals in all segments of society and in all parts of the world.</p> <p>OBJECTIVE: Cites communicable diseases prevalent in different parts of the world.</p> <p>CONTENT: (1) malaria; (2) water-borne diseases (cholera and dysentery); (3) tuberculosis; (4) smallpox.</p>
<p>threats to youth can be</p> <p>ffectively prevented and</p> <p>ompt medical treatment;</p> <p>destroy microorganisms;</p> <p>dance in the body, (e.g.,</p>	<p>GRADE-LEVEL CONCEPT: Individuals have a responsibility to assist in community efforts for the control and prevention of diseases and disorders.</p> <p>OBJECTIVE: Describes the individual's role in community efforts that control and prevent diseases and disorders.</p> <p>CONTENT: (1) supports immunization projects; (2) supports fluoridation programs for community water supplies; (3) supports insect control programs; (4) cooperates in antipollution programs.</p> <p>GRADE-LEVEL CONCEPT: Research and education play a major role in the prevention and control of chronic disorders.</p> <p>OBJECTIVE: Illustrates ways in which research and education prevent and control diseases and disorders.</p> <p>CONTENT: (1) discovering immunizing agents and educating the public to use them; (2) developing and using synthetic body parts (e.g., heart valves and blood vessels); (3) educating the public on danger signs of diseases and disorders.</p> <p>GRADE-LEVEL CONCEPT: The extent of diseases and disorders throughout the world necessitates international control measures.</p> <p>OBJECTIVE: Discusses international measures that have helped to control diseases throughout the world.</p> <p>CONTENT: (1) education; (2) early detection; (3) reporting; (4) quarantine; (5) immunization; (6) travel restrictions.</p>
<p>PLES ONLY.</p>	

Environmental Health Hazards - 0

The content area of environmental health hazards is concerned with problems in man's environment that pose threats to his health. Accidents, air pollution, water pollution, soil pollution, noise, pesticides, radiation, and food additives are among the common hazards which have been included in this area. Means of solving these environmental health problems are suggested. In addition, consideration is given to the aesthetic characteristics of man's environment.

The major problems of environmental health hazards, upon which the development of this content area has been based, include the following:

- The growing number of environmental health hazards in our society
- Failure to appreciate the aesthetic characteristics of a healthful environment
- Increasing incidence of injury and death due to accidents
- Lack of concern on the part of the public regarding environmental health, safety, and first aid

Correlation with Other Subjects

Selected content in the area is correlated most effectively with the social sciences, and physical education.

Interrelationships Between Environmental Health and Other Health Areas in The Curriculum

Consumer Health: III - senior high
Mental-Emotional Health: III - senior high
Drug Use and Misuse: II - junior high
Oral Health: II and III - junior high
Vision and Hearing: IV - senior high
Nutrition: III - junior high
Exercise, Rest, and Posture: III - senior high
Diseases and Disorders: III - senior high

Community Health Resources: III - junior high, senior high

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Environmental Health Hazards – Overview

Environmental health hazards is concerned with those factors that pose threats to his health. Accidents, air pollution, noise, pesticides, radiation, and other environmental hazards which have been included in environmental health problems are suggested. The aesthetic characteristics of man's

Environmental health hazards, upon which the curriculum has been based, include the following:

Environmental health hazards in our society

Aesthetic characteristics of a healthful

and death due to accidents

of the public regarding environmental

Correlation with Other Subject Areas

Selected content in the area of environmental health hazards can be correlated most effectively with physical sciences, biological sciences, social sciences, and physical education.

Interrelationships Between Environmental Health Hazards and Other Health Areas in This Framework

Consumer Health: III – senior high.

Mental-Emotional Health: I – intermediate, junior high.

Drug Use and Misuse: II – senior high; III – senior high.

Oral Health: II and III – intermediate, junior high.

Vision and Hearing: IV – primary.

Nutrition: III – junior high; V – junior high.

Exercise, Rest, and Posture: II – junior high.

Diseases and Disorders: I – all grade levels; III – primary, junior high, senior high.

Community Health Resources: I – intermediate; II – primary, intermediate; III – junior high, senior high.

ENVIRONMENTAL HEALTH HAZARDS

Entry Level	Intermediate Level
<p>findings affect his total health. surroundings that influence human health. ss; (3) attractiveness; (4) climate.</p>	<p>GRADE-LEVEL CONCEPT: A clean and safe environment is healthful and can be enjoyed. OBJECTIVE: Describes the value of a clean and healthful environment. CONTENT: (1) provides clean air and water; (2) prevents accidents; (3) helps to develop pride in the environment. OBJECTIVE: Discusses the relationship between the environment and how one feels. CONTENT: (1) the peacefulness that is characteristic of a natural setting; (2) contentment with a well-kept home and neighborhood.</p>
<p>be reduced but not always completely in the environment and lists possible ways ; (3) going to and from school; (4) at play; tools and appliances.</p>	<p>GRADE-LEVEL CONCEPT: New discoveries and inventions create hazards in man's environment. OBJECTIVE: Summarizes hazards that are the results of new discoveries and inventions. CONTENT: (1) air pollution and the automobile; (2) water and soil pollution and burgeoning technology; (3) noise and industry; (4) ionizing radiation and nuclear advances; (5) contamination and space exploration.</p>
<p>ould be cared for immediately. re of injuries is important. prevents further injury; (3) saves lives. ould be provided for simple injuries. s; (2) applying band-aids to protect minor l joints. ould provide care for the injured. (3) qualified first-aid personnel.</p>	<p>GRADE-LEVEL CONCEPT: Environmental conditions in the community can be safe or unsafe. OBJECTIVE: Explains practices that reduce the potential for accidents. CONTENT: (1) pedestrian safety; (2) bicycle safety; (3) fire safety; (4) home safety; (5) recreational safety, such as camping, hunting, boating, and swimming.</p>
<p>ould be cared for immediately. re of injuries is important. prevents further injury; (3) saves lives. ould be provided for simple injuries. s; (2) applying band-aids to protect minor l joints. ould provide care for the injured. (3) qualified first-aid personnel.</p>	<p>GRADE-LEVEL CONCEPT: Understanding first-aid procedures helps one to act quickly and correctly in emergencies. OBJECTIVE: Traces sequence of steps in providing first aid for the injured. CONTENT: (1) administer urgently needed first aid; (2) keep injured persons comfortable; (3) call or send for help.</p>
<p>s well as adults, have responsibilities for nment. sponsibility for maintaining a healthful and clean and free from litter; (2) keeping t injuries; (3) refraining from playing with t) reporting unsafe conditions at home and</p>	<p>GRADE-LEVEL CONCEPT: Healthful and safe recreational areas enhance the enjoyment of the environment. OBJECTIVE: Presents examples that show how recreation areas can be made safe and enjoyable. CONTENT: (1) keeping lakes and streams pure; (2) preventing forest fires; (3) protecting natural resources; (4) maintaining campsites.</p>

OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

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ENVIRONMENTAL HEALTH HAZARDS

Junior High Level

GRADE-LEVEL CONCEPT: Conservation of the nation's resources protects the total health of its citizens.

OBJECTIVE: Identifies resources which should be conserved to protect health.

CONTENT: (1) recreational areas; (2) sources of food and water; (3) air.

GRADE-LEVEL CONCEPT: A well-being.

OBJECTIVE: Identifies aesthetic of

CONTENT: (1) beautiful scenic surroundings; (4) attractive an

OBJECTIVE: Discusses ways in emotional well-being.

CONTENT: (1) family happiness

GRADE-LEVEL CONCEPT: Man's environment can detract from his health.

OBJECTIVE: Summarizes selected hazards that detract from a healthy environment.

CONTENT: (1) polluted air, water, and soil; (2) excessive noise; (3) pesticides; (4) misuse of antibiotics; (5) other chemicals and radiation.

OBJECTIVE: Reports on the physiological effects of environmental health hazards.

CONTENT: (1) cardiovascular; (2) respiratory; (3) intestinal; (4) neurological; (5) genetic.

GRADE-LEVEL CONCEPT: Man's

OBJECTIVE: Summarizes how man

CONTENT: (1) population growth exploration; (5) space travel; (

GRADE-LEVEL CONCEPT: Accidents are caused — they don't just happen.

OBJECTIVE: Lists those accidents most likely to occur to the junior high school student and how they can be prevented.

CONTENT: (1) while riding bikes or motorbikes; (2) while using shop equipment; (3) while participating in recreational activities.

OBJECTIVE: Interprets the interrelationships of factors that cause accidents.

CONTENT: (1) human behavior; (2) equipment; (3) physical environment.

GRADE-LEVEL CONCEPT: Emot

OBJECTIVE: Interprets the relat

CONTENT: (1) risk-taking beha (+) drinking and driving; (5) d

GRADE-LEVEL CONCEPT: Accid

OBJECTIVE: Identifies hazards and

CONTENT: (1) construction an eye injuries.

GRADE-LEVEL CONCEPT: Prompt care that is given in emergencies can save lives and prevent further injury.

OBJECTIVE: Demonstrates the basic skills of emergency first-aid care.

CONTENT: (1) controlling bleeding; (2) restoring breathing; (3) administering first aid in the case of poisoning.

OBJECTIVE: Discusses methods of avoiding further injury.

CONTENT: (1) securing proper transportation; (2) obtaining competent medical care.

GRADE-LEVEL CONCEPT: Appl

CONTENT: (1) protective mea

OBJECTIVE: Explains appropriate

CONTENT: (1) control of bleed setting a fracture; (3) keeping

GRADE-LEVEL CONCEPT: Community control activities protect the health and safety of individuals.

OBJECTIVE: Describes the responsibilities of the individual and those of governmental agencies regarding their roles in health and safety.

CONTENT: (1) control of air, water, and soil pollution; (2) reduction of noise; (3) control of the use of pesticides and other chemicals; (4) fluoridation of water supplies.

GRADE-LEVEL CONCEPT: Safety procedures are valuable only if they are used.

OBJECTIVE: Explains the responsible use of safety equipment and the sound application of safety procedures.

CONTENT: (1) motor vehicle (using seat belts and auto accessories; observing traffic laws); (2) industry (using safety goggles, protective devices, safety guards; following safety regulations); (3) recreation (knowing correct firearm usage); (4) home (using power equipment, storing inflammable materials and poisons, handling garden supplies).

GRADE-LEVEL CONCEPT: Estab

OBJECTIVE: Explains the interrelat

CONTENT: (1) total commun

CONTENT: (1) total commun

CONTENT: (1) total commun

CONTENT: (1) total commun

CONTENT: (1) total commun

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NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY

ENVIRONMENTAL HEALTH HAZARDS

Senior High Level

<p>cts the total health of its health. r.</p>	<p>GRADE-LEVEL CONCEPT: A clean and attractive environment contributes to emotional well-being. OBJECTIVE: Identifies aesthetic characteristics of the environment. CONTENT: (1) beautiful scenery; (2) clean and orderly community; (3) serene and quiet surroundings; (4) attractive and functional architecture. OBJECTIVE: Discusses ways in which aesthetic characteristics of the environment influence emotional well-being. CONTENT: (1) family happiness; (2) enjoyment of leisure time; (3) pride in community.</p>
<p>th. rironment. pesticides; (4) misuse of hazards. logical; (5) genetic.</p>	<p>GRADE-LEVEL CONCEPT: Man's expanding environment is adding new hazards to his health. OBJECTIVE: Summarizes how man's changing environment creates new health hazards. CONTENT: (1) population growth; (2) substandard housing; (3) new technology; (4) undersea exploration; (5) space travel; (6) radiation.</p>
<p>n. school student and how p equipment; (3) while</p>	<p>GRADE-LEVEL CONCEPT: Emotional factors contribute to the occurrence of accidents. OBJECTIVE: Interprets the relationship between emotional factors and the occurrence of accidents. CONTENT: (1) risk-taking behavior; (2) loss of concentration; (3) failure to accept limitations; (4) drinking and driving; (5) drug use and driving.</p>
<p>its. out.</p>	<p>GRADE-LEVEL CONCEPT: Accidents occur in all occupational fields. OBJECTIVE: Identifies hazards and accidents associated with various occupational fields. CONTENT: (1) construction and falls from heights; (2) mining and cave-ins; (3) welding and eye injuries.</p>
<p>n save lives and prevent nistering first aid in the t medical care.</p>	<p>GRADE-LEVEL CONCEPT: Applying emergency procedures increases the chances for survival when major disasters occur. OBJECTIVE: Explains appropriate emergency procedures for accident and disaster situations. CONTENT: (1) protective measures; (2) healthful living in disaster situations; (3) immediate emergency care, including that for childbirth; (4) care of the sick and injured. OBJECTIVE: Compares and contrasts the legal differences between first aid and treatment. CONTENT: (1) control of bleeding versus suturing a wound; (2) immobilizing a limb versus setting a fracture; (3) keeping victim in appropriate position versus use of drugs for shock.</p>
<p>s: health and safety of f governmental agencies of noise; (3) control of pples. re used. re sound application of observing traffic laws); ards; following safety 4) home (using power n supplies).</p>	<p>GRADE-LEVEL CONCEPT: Establishing effective environmental controls necessitates the consideration of all factors involving man's environment. OBJECTIVE: Explains the interrelationship of factors that must be controlled in improving man's environment. CONTENT: (1) total community planning; (2) refraining from the solution of one health problem at the expense of another (a new hospital that takes up needed recreational area); (3) wise use of pesticides so that they do not upset the balance of nature; (4) removal of contaminants from one source in such a way that contamination in other sources does not result; (5) the value of industry versus the contamination produced by that industry; (6) values of antibiotics versus the dangers of their misuse.</p>

EXAMPLES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

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Community Health Resources —

A variety of community health resources are available in our society. It is important that individuals know what these community resources are and how to use them. This content area encompasses the benefits of such resources to the individual and society; responsibilities that should be shared by individuals and communities in providing health resources; the solving of international health problems through cooperative efforts; and health science personnel that are needed to help solve community health problems. Consideration is given to factors that influence the effective utilization of available health resources.

The major problems of community health resources, upon which the development of this content area has been based, include the following:

- Lack of understanding of community health resources, the extent to which they are available, and how to utilize them most effectively
- Failure to understand and accept individual responsibility for community health
- Inadequate community efforts to meet specific health needs
- Inadequate coordination of community agencies and organizations
- Failure to support an international approach to community health

Correlation with Other Subjects

Selected content in this area is correlated most effectively with business and economics.

Interrelationships Between Community Health and Other Health Areas in the Curriculum

Consumer Health: I — secondary
III — senior high.

Mental-Emotional Health: I — secondary

Family Health: V — senior high

Oral Health: II and III — secondary

Vision and Hearing: IV — secondary

Nutrition: III — primary

Diseases and Disorders: I — secondary

Environmental Health: I — secondary

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Community Health Resources – Overview

Resources are available in our society. It is these community resources are and encompasses the benefits of such responsibilities that should be shared using health resources; the solving of cooperative efforts; and health science solve community health problems. Influence the effective utilization of

health resources, upon which the based, include the following:

community health resources, the extent to utilize them most effectively individual responsibility for com-

meet specific health needs community agencies and organizations approach to community health

Correlation with Other Subject Areas

Selected content in the area of community health resources can be correlated most effectively with social sciences, home economics, and business and economics.

Interrelationships Between Community Health Resources and Other Health Areas in This Framework

Consumer Health: I – senior high; II – primary, intermediate, senior high; III – senior high.

Mental-Emotional Health: V – junior high; senior high.

Family Health: V – senior high.

Oral Health: II and III – junior high, senior high; IV – senior high.

Vision and Hearing: IV – senior high.

Nutrition: III – primary, senior high.

Diseases and Disorders: I – senior high; III – primary, senior high.

Environmental Health Hazards: IV – primary; V – senior high.

COMMUNITY HEALTH RESOURCES

Major Concept	Primary Level	
<p>I</p> <p>Utilization of community health resources benefits the health of the individual and the community.</p>	<p>GRADE-LEVEL CONCEPT: Children, as well as adults, can use community health services.</p> <p>OBJECTIVE: Identifies and describes community resources that affect health.</p> <p>CONTENT: (1) fire department; (2) police department; (3) school nurse; (4) physician; (5) dentist; (6) hospital; (7) health department.</p> <p>OBJECTIVE: Tells how to obtain help from selected community resources.</p> <p>CONTENT: (1) telephoning for help; (2) asking school personnel; (3) asking parents and other adults.</p>	<p>GRADE-LEVEL CONCEPT</p> <p>OBJECTIVE</p> <p>CONTENT</p> <p>OBJECTIVE</p> <p>CONTENT</p>
<p>II</p> <p>The health of the community is a shared responsibility of the individual and the community.</p>	<p>GRADE-LEVEL CONCEPT: Cooperating with local health helpers protects an individual and his family.</p> <p>OBJECTIVE: Tells how one can cooperate with policemen, firemen, the school nurse, physicians, and dentists.</p> <p>CONTENT: (1) obeys laws; (2) reports fires and fire hazards; (3) follows instructions.</p> <p>OBJECTIVE: Explains how cooperation affects the individual and the community.</p> <p>CONTENT: (1) being immunized and staying home when sick are ways of protecting oneself and others; (2) keeping the home and the community clean helps to prevent disease; (3) following rules and regulations helps to prevent accidents.</p>	<p>GRADE-LEVEL CONCEPT</p> <p>OBJECTIVE</p> <p>CONTENT</p> <p>OBJECTIVE</p> <p>CONTENT</p>
<p>III</p> <p>Nations need to cooperate with one another to identify and solve international health problems.</p>	<p>GRADE-LEVEL CONCEPT: Nations need to cooperate with one another to identify and solve international health problems.</p> <p>OBJECTIVE: Identifies and describes international health problems.</p> <p>CONTENT: (1) international health problems; (2) international health problems; (3) international health problems.</p> <p>OBJECTIVE: Identifies and describes international health problems.</p> <p>CONTENT: (1) international health problems; (2) international health problems; (3) international health problems.</p>	<p>GRADE-LEVEL CONCEPT</p> <p>OBJECTIVE</p> <p>CONTENT</p> <p>OBJECTIVE</p> <p>CONTENT</p>
<p>IV</p> <p>A variety of opportunities exist for careers in the health sciences.</p>	<p>GRADE-LEVEL CONCEPT: A variety of opportunities exist for careers in the health sciences.</p> <p>OBJECTIVE: Identifies and describes careers in the health sciences.</p> <p>CONTENT: (1) careers in the health sciences; (2) careers in the health sciences; (3) careers in the health sciences.</p> <p>OBJECTIVE: Identifies and describes careers in the health sciences.</p> <p>CONTENT: (1) careers in the health sciences; (2) careers in the health sciences; (3) careers in the health sciences.</p>	<p>GRADE-LEVEL CONCEPT</p> <p>OBJECTIVE</p> <p>CONTENT</p> <p>OBJECTIVE</p> <p>CONTENT</p>

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES

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COMMUNITY HEALTH RESOURCES

Primary Level	Intermediate Level
<p>Children, as well as adults, can use community health resources that affect health.</p> <p>Content: (1) police department; (2) school nurse; (3) hospital; (7) health department.</p> <p>Objective: Explains how using services offered by the health department can be beneficial.</p> <p>Content: (1) preventing disease; (2) protecting the health of mother and child; (3) protecting food and water; (4) providing health information.</p>	<p>GRADE-LEVEL CONCEPT: Utilizing the services of the health department promotes good health.</p> <p>OBJECTIVE: Identifies services offered by the health department.</p> <p>CONTENT: (1) immunization; (2) maternal and child health; (3) morbidity and mortality statistics; (4) environmental inspections; (5) health education.</p> <p>OBJECTIVE: Explains how using services offered by the health department can be beneficial.</p> <p>CONTENT: (1) preventing disease; (2) protecting the health of mother and child; (3) protecting food and water; (4) providing health information.</p>
<p>Cooperating with local health helpers protects and promotes good health.</p> <p>Content: (1) cooperate with policemen, firemen, the school nurse; (2) reports fires and fire hazards; (3) follows instructions; (4) cooperation affects the individual and the community; (5) staying home when sick are ways of preventing disease; (6) keeping the home and the community clean; (7) following rules and regulations helps to prevent disease.</p>	<p>GRADE-LEVEL CONCEPT: Supporting health department regulations is one way of promoting individual and community health.</p> <p>OBJECTIVE: Cites examples of laws and regulations affecting the health of the community (local, state, national).</p> <p>CONTENT: (1) pet control laws; (2) sanitation regulations; (3) insect control laws; (4) restaurant inspections.</p> <p>OBJECTIVE: Summarizes factors that influence the effectiveness of health regulations.</p> <p>CONTENT: (1) knowing health regulations; (2) following health regulations; (3) encouraging others to follow health regulations; (4) reporting violations of laws and regulations involving health and sanitation.</p>
<p>Cooperative efforts within the World Health Organization help to improve international health.</p> <p>Content: (1) provides publications; (2) reports on communicable diseases; (3) provides direct services to control disease.</p> <p>Objective: Explains why cooperative efforts to solve world health problems are necessary.</p> <p>Content: (1) communicable diseases can spread from country to country; (2) developing countries need outside assistance; (3) health problems of one country can affect other countries.</p>	<p>GRADE-LEVEL CONCEPT: Cooperative efforts within the World Health Organization help to improve international health.</p> <p>OBJECTIVE: States examples of services offered by the World Health Organization to individual nations.</p> <p>CONTENT: (1) provides publications; (2) reports on communicable diseases; (3) provides direct services to control disease.</p> <p>OBJECTIVE: Explains why cooperative efforts to solve world health problems are necessary.</p> <p>CONTENT: (1) communicable diseases can spread from country to country; (2) developing countries need outside assistance; (3) health problems of one country can affect other countries.</p>
<p>Through careers in health science, individuals have contributed to mankind for many years.</p> <p>Content: (1) Pasteur - germ theory; (2) Reed - pioneering efforts against yellow fever; (3) Lister - antiseptic conditions; (4) Curie - radium; (5) Roentgen - X ray; (6) Fleming - penicillin; (7) Salk - polio immunization; (8) Nightingale - nursing.</p>	<p>GRADE-LEVEL CONCEPT: Through careers in health science, individuals have contributed to mankind for many years.</p> <p>OBJECTIVE: Identifies health workers who have made major contributions to society.</p> <p>CONTENT: (1) Pasteur - germ theory; (2) Reed - pioneering efforts against yellow fever; (3) Lister - antiseptic conditions; (4) Curie - radium; (5) Roentgen - X ray; (6) Fleming - penicillin; (7) Salk - polio immunization; (8) Nightingale - nursing.</p>

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

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COMMUNITY HEALTH RESOURCES

Junior High Level

GRADE-LEVEL CONCEPT: Community health agencies make their greatest contribution when citizens take advantage of available services.

OBJECTIVE: Identifies various community health agencies and their sources of financial support.
CONTENT: (1) governmental - taxes; (2) voluntary - contributions; (3) professional - dues; (4) commercial - profits.

OBJECTIVE: Classifies services offered by community health agencies and the value of these services when utilized.

CONTENT: (1) education - offering the help of resource persons and materials; (2) research - solving community health problems; (3) service - preventing disease.

GRADE-LEVEL CONCEPT: Community health agencies effectively health resources.

OBJECTIVE: Identifies various community health agencies and their sources of financial support.
CONTENT: (1) available - concerning health.

OBJECTIVE: Discusses various community health services.

CONTENT: (1) community health services.

OBJECTIVE: Explains the value of health services.

CONTENT: (1) the effect of religious belief; (2) the effect of superstition.

GRADE-LEVEL CONCEPT: Maintaining community health depends upon each citizen's cooperating with and supporting local and state health agencies.

OBJECTIVE: Cites ways in which the student can serve agencies, hospitals, schools, and other health organizations.

CONTENT: (1) engaging in volunteer service as nursing and clerical aides; (2) serving on school safety committees; (3) helping to conduct health surveys.

GRADE-LEVEL CONCEPT: Community health agencies and supporting community health services.

OBJECTIVE: Illustrates various community health services.

CONTENT: (1) support resources to voluntary health services.

GRADE-LEVEL CONCEPT: Community health agencies to avoid duplication of effort.

OBJECTIVE: Identifies the value of health services.

CONTENT: (1) prevent through duplication of effort.

GRADE-LEVEL CONCEPT: United States agencies extend help to other countries in solving their health problems.

OBJECTIVE: Identifies specific agencies and the help which they provide to other countries.

CONTENT: (1) U.S. Public Health Service - medical care and information; (2) CARE - food and clothing; (3) AID - communicable disease control and education; (4) Peace Corps - improvement of environmental conditions.

GRADE-LEVEL CONCEPT: Community health agencies solve health problems.

OBJECTIVE: Summarizes various community health services.

CONTENT: (1) major diseases; (2) inadequate health services.

OBJECTIVE: Identifies agencies and their functions.

CONTENT: (1) WHO (World Health Organization); (2) UNICEF (United Nations Children's Fund); (3) UNICEF (United Nations Children's Fund); (4) Agency for International Development.

OBJECTIVE: Suggests means of solving health problems.

CONTENT: (1) effective health services; (2) development of health services; (3) providing more facilities.

GRADE-LEVEL CONCEPT: Health science personnel are required to meet the needs of a growing population.

OBJECTIVE: Compares and contrasts career opportunities in health sciences.

CONTENT: (1) medicine; (2) dentistry; (3) nursing; (4) public health; (5) health education; (6) other paramedical and parodontal fields.

GRADE-LEVEL CONCEPT: Community health agencies opportunities.

OBJECTIVE: Describes development of health services.

CONTENT: (1) space exploration; (2) food technology.

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NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES.

COMMUNITY HEALTH RESOURCES

Senior High Level

<p>reatest contribution when</p> <p>ources of financial support. s; (3) professional - dues;</p> <p>ies and the value of these</p> <p>nd materials; (2) research isease.</p>	<p>GRADE-LEVEL CONCEPT: A variety of factors within the community determine how effectively health resources are utilized.</p> <p>OBJECTIVE: Identifies those factors which determine how health resources are utilized. CONTENT: (1) availability of resources; (2) public knowledge of resources; (3) points of view concerning health.</p> <p>OBJECTIVE: Discusses ways in which communities organize to meet various health problems. CONTENT: (1) community councils coordinate public health efforts; (2) individual agencies solve specific health problems.</p> <p>OBJECTIVE: Explains the influence of cultural and social factors that shape beliefs about utilizing health services. CONTENT: (1) the effect of custom on the choice of health advisers; (2) the influence of religious beliefs prohibiting or encouraging the use of certain foods and medicines; (3) the effect of superstitions on health care.</p>
<p>upon each citizen's cooper-</p> <p>ospitals, schools, and other</p> <p>lades; (2) serving on school</p>	<p>GRADE-LEVEL CONCEPT: Individuals contribute to the health of the nation by planning for and supporting community health services.</p> <p>OBJECTIVE: Illustrates various ways in which individuals can plan, organize, and support community health services. CONTENT: (1) supporting needed health legislation; (2) contributing time, abilities, and resources to voluntary health organizations; (3) supporting state and national community health services.</p> <p>GRADE-LEVEL CONCEPT: Coordination of the work of community health agencies is necessary to avoid duplication of effort.</p> <p>OBJECTIVE: Identifies the need for coordinating community health efforts. CONTENT: (1) prevent overlap in community health services; (2) prevent financial loss through duplication; (3) make the best use of professional and volunteer staffs.</p>
<p>her countries in solving their</p> <p>vide to other countries.</p> <p>ormation; (2) CARE - food ducation; (4) Peace Corps -</p>	<p>GRADE-LEVEL CONCEPT: Nations are dependent upon one another to promote health and to solve health problems.</p> <p>OBJECTIVE: Summarizes major world health problems. CONTENT: (1) major diseases; (2) overpopulation; (3) malnutrition; (4) environmental hazards; (5) inadequate health services.</p> <p>OBJECTIVE: Identifies agencies that cooperate in solving major world health problems. CONTENT: (1) WHO (World Health Organization); (2) FAO (Food and Agriculture Organization); (3) UNICEF (United Nations International Children's Emergency Fund); (4) AID (Agency for International Development); (5) PAHO (Pan American Health Organization).</p> <p>OBJECTIVE: Suggests measures that might resolve major world health problems. CONTENT: (1) effective use of immunization; (2) family planning; (3) control of insect vectors; (4) development of new food sources; (5) stricter controls to avoid pollution; (6) providing more facilities for training personnel.</p>
<p>o meet the needs of a growing</p> <p>sciences.</p> <p>health; (5) health education;</p>	<p>GRADE-LEVEL CONCEPT: Man's quest for knowledge is opening up new health career opportunities.</p> <p>OBJECTIVE: Describes developing scientific fields in which health career opportunities exist. CONTENT: (1) space exploration; (2) undersea exploration; (3) electronics; (4) cryogenics; (5) food technology.</p>

OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

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APPENDIXES

Appendix A

HEALTH ADVISORY COMMITTEE TO THE CALIFORNIA STATE BOARD OF EDUCATION

Mrs. J. Everett Barr
Yreka

Robert L. Black, M.D.
Monterey

E. H. Christopherson, M.D.
Chief, Bureau of Maternal and Child Health
Berkeley

Clifton Dummett, D.D.S.
Dental Director
University of Southern California
Los Angeles

Roberta Fenlon, M.D.
San Francisco

Harry M. Jennison, M.D.
Stanford Children's Convalescent Hospital
Palo Alto

Mrs. Martin Kantor (*Chairman*)
San Diego

Richard Mayers
Deputy Attorney General
Sacramento

D. Russell Parks
Superintendent
Fullerton Elementary
Fullerton

Russell Purcey
District Health Coordinator
Alhambra City High School
Alhambra

Marvin Stark, D.D.S.
Professor, School of Dentistry
University of California
San Francisco

Allen F. Sterling, M.D.
San Bernardino

STAFF

C. Carson Conrad, Chief
Bureau of Health Education, Physical
Education, Athletics, and Recreation
California State Department of Education
Chairman, Pro Tem, December 19, 1967

Patricia J. Hill
Consultant in School Health
California State Department of Education
Staff Liaison

* Positions listed are those held at the time of service on the Committee.

APPENDIXES

Appendix A

COMMITTEE TO THE CALIFORNIA STATE BOARD OF EDUCATION*

arr	Richard Mayers Deputy Attorney General Sacramento
M.D.	D. Russell Parks Superintendent Fullerton Elementary School District Fullerton
erson, M.D. Maternal and Child Health	Russell Purcey District Health Coordinator Alhambra City High School District Alhambra
, D.D.S. thern California	Marvin Stark, D.D.S. Professor, School of Dentistry University of California Medical Center San Francisco
M.D. n, M.D. n's Convalescent Hospital	Allen F. Sterling, M.D. San Bernardino
or (<i>Chairman</i>)	

STAFF

Chief Education, Physical Education, and Recreation Department of Education December 18, 1967	Patricia J. Hill Consultant in School Health Education California State Department of Education Staff Liaison
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*are those held at the time of service on the Committee.

Appendix B
CONSULTANTS – HEALTH NEEDS*
(NORTHERN CALIFORNIA)

Glen Austin, M.D.
Chairman, School Health Committee
Northern California Chapter
American Academy of Pediatrics
Los Altos

Herbert Bauer, M.D.
Public Health Officer
Yolo County Health Department
Woodland

William B. Beach, Jr., M.D.
Deputy Director
Division of Local Programs
California State Department of Mental Hygiene
Sacramento

Doris Bryan, R.N.
Supervisor of Nursing Services
Oakland City Unified School District
Oakland

E. H. Christopherson, M.D.
Chief, Bureau of Maternal and Child Health
Berkeley

B. Otis Cobb, M.D.
Assistant Health Officer
Yolo County Health Department
Woodland

John Hall
Regional Director
National Safety Council
San Francisco

Patricia J. Hill
Consultant in School Health Education
California State Department of Education
Sacramento

Fred Hodges, M.D.
Contra Costa County Health Department
Walnut Creek

Ruth L. Huenemann
Professor, School of Public Health
University of California
Berkeley

Mrs. Cheryl Kleinhammer
Director of Health
California Congress of Parents and Teachers, Inc.
Albany

Edwin J. Ropes, D.D.S.
Northern California State Dental Association
Woodlake

David Schieser
Bureau of Food and Drugs
California State Department of Public Health
Berkeley

Howard J. Weddle
Professor, San Francisco State College
San Francisco

* Positions listed are those held at the time of service on the Committee.

Appendix B (Continued)
CONSULTANTS – HEALTH NEEDS
(SOUTHERN CALIFORNIA)

Mrs. Lillian Casady
Director of Nursing
Los Angeles Unified School District
Los Angeles

Dale Garell, M.D.
Director, Adolescent Unit
Children's Hospital
Los Angeles

Wilbur Y. Hallett, M.D.
Associate Professor of Medicine
University of Southern California
Los Angeles

Patricia J. Hill
Consultant in School Health Education
California State Department of Education
Sacramento

Addie Klotz, M.D.
Director, Health Services
San Fernando Valley State College
Northridge

John Knutson, D.D.S.
Professor of Preventive Dentistry
University of California
Los Angeles

Benjamin A. Kogan, M.D.
Director, Bureau of Medical Services
Los Angeles County Health Department
Los Angeles

D. Russell Parks,
Superintendent
Fullerton Elementary School District
Fullerton

Tom W. Robinson, M.D.
School Committee
California Medical Association
Newport Beach

Martin Shickman, M.D.
Chairman, Public Education Committee
Los Angeles County Heart Association
Beverly Hills

Harry Sobel
Chief, Aging Research
Veterans Administration Hospital
Sepulveda, California

Rodney Stillion, M.D.
Physician, Palmdale High School
Palmdale

J. Albert Torribio
Los Angeles County Mental Health Department
Los Angeles

Gordon Wood
Director, Los Angeles District
U.S. Food and Drug Administration
Los Angeles

Appendix C

CONSULTANTS – FRAMEWORK DEVELOPMENT*

Richard Bonvechio
Professor; and Chairman,
Department of Health Science
San Jose State College
San Jose

Mrs. Margaret Cate
Coordinating Nurse
Fullerton Elementary School District
Fullerton

Gus Dalis
Health Education Consultant
Office of the Los Angeles County Superintendent of Schools
Los Angeles

Mrs. Marian Duckworth
Instructor
Modesto Junior College
Modesto

Gary Estep
Teacher
Chico Junior High School
Chico

James Fryer
Teacher
Roosevelt High School
Fresno

Lucille Gansberg
Consultant in Education
Office of the Sacramento County Superintendent of Schools
Sacramento

William Higgins, Jr.
Audiovisual Consultant
Beverly Hills Unified School District
Beverly Hills

Paul Hillar
Director of Health, Physical Education, and Recreation
Office of the Stanislaus County Superintendent of Schools
Modesto

Vern Horton
Director of Instruction
Kings Canyon Unified School District
Reedley

Kenneth Jones
Instructor
Mt. San Antonio College
Walnut

Burt Kebric
Director, School Health Program
San Joaquin Delta College
Stockton

James Lindberg
Teacher
Emery Park Elementary School
Alhambra

Richard Luckensmeyer
Teacher
Lake Arrowhead Elementary School
Lake Arrowhead

*Positions listed are those held at the time of service on the Committee. All locations are in California.

Appendix C (Continued)

CONSULTANTS – FRAMEWORK DEVELOPMENT

Mrs. Ina Lundh Assistant Director of Instruction (Health and Safety) Long Beach Unified School District Long Beach	Robert Sanders Teacher Savannah High School Rosemead
Gordon McKay Assistant Principal Starbuck Intermediate School La Habra	Douglas Smith Teacher Sequoia Junior High School Reseda
Mrs. Sarah Meriwether Teacher May Scott Marcy Elementary School San Diego	Carol Snell Teacher Garfield Elementary School Alhambra
Mrs. Joanne O'Dea School Nurse Bowers Elementary School Santa Clara	Frances Todd Supervisor of Health Education San Francisco Unified School District San Francisco
Beverly Pennock Teacher Monroe High School Sepulveda	William Tognolini Elementary School Teacher Piedmont Intermediate School San Jose
Victor Petreshene Instructor College of Marin Kentfield	Charles Wagner Teacher San Bernardino High School San Bernardino
Russell Purcey District Health Coordinator Alhambra City High School District Alhambra	Gloria Wallace Teacher Citrus Heights Elementary School Citrus Heights

Appendix D
CONSULTANTS – FRAMEWORK
(CALIFORNIA)

Doris Bryan
 Supervisor of Nursing Services
 Oakland City Unified School District
 Oakland

Cliver E. Byrd, M.D.
 Professor of Health Education
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Lulamae Clemons
 Director of Health Education
 and Intergroup Relations
 Office of the Riverside County
 Superintendent of Schools
 Riverside

Harold Cornacchia
 Professor of Health Education
 San Francisco State College
 San Francisco

Henry Fricker
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Ralph Grawunder
 Professor of Health Education
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Joseph Langan
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 Los Angeles Unified School District
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Joseph E. Lantagne, Jr.
 Professor of Physical Education
 University of California
 Santa Barbara

William Leathy
 Coordinator, Physical Education, Health
 Education, and Safety
 Office of the San Bernardino County
 Superintendent of Schools
 San Bernardino

*Positions listed are those held at the time of service on the Committee.

Appendix D

CONSULTANTS – FRAMEWORK EVALUATION* (CALIFORNIA)

Edward B. Johns
Professor, School of Public Health
Health Science Center
University of California
Los Angeles

Mrs. Ruth Kennedy
Consultant in Health
Office of the Ventura County Superintendent
of Schools
Ventura

Joseph Langan
Supervisor of Health Education
Los Angeles Unified School District
Los Angeles

Joseph E. Lantagne, Jr.
Professor of Physical Education
University of California
Santa Barbara

William Leathy
Coordinator, Physical Education, Health
Education, and Safety
Office of the San Bernardino County
Superintendent of Schools
San Bernardino

Sidney R. Ottman
Director, Pupil Personnel and Special Education
Office of the Santa Barbara County
Superintendent of Schools
Santa Barbara

Elizabeth A. Pellett
Consultant in Social Sciences
Office of the Los Angeles County
Superintendent of Schools
Los Angeles

Ruth Rich
Supervisor, Health Education
Division of Instruction Planning
Los Angeles Unified School District
Los Angeles

Ben Strasser
Consultant in Science
Office of the Los Angeles County
Superintendent of Schools
Los Angeles

Jack A. Torney, III
Professor of Health Education
Long Beach State College
Long Beach

on the Committee.



Appendix D (Continued)
CONSULTANTS – FRAMEWORK EVALUATION
(NATIONAL)

Ruth Abernathy, Chairman
Department of Physical Education for Women
University of Washington
Seattle, Washington

Mary K. Beyrer
Professor of Health Education
Ohio State University
Columbus, Ohio

Robert S. Cobb
Division of Health, Physical Education, and Recreation
Tennessee State University
Nashville, Tennessee

Robert Kaplan
Associate Professor of Health Education
Ohio State University
Columbus, Ohio

Bernice Moss
Professor of Health Education
University of Utah
Salt Lake City, Utah

Robert Oberteuffer
Professor Emeritus
Ohio State University
Columbus, Ohio

J. Keogh Rash, Chairman
Department of Health and Safety Education
Indiana University
Bloomington, Indiana

Charles E. Richardson
Associate Professor of Health Education
Southern Illinois University
Carbondale, Illinois

Elsa Schneider
Consultant in Health, Physical Education, and Recreation
Office of Education
U.S. Department of Health, Education, and Welfare
Washington, D. C.

John S. Sinacore
Professor of Health Education
State University College
Cortland, New York

Sara Louise Smith
Professor of Health Education
Florida State University
Tallahassee, Florida

Marian K. Solleder
Associate Professor of Health Education
University of North Carolina
Greensboro, North Carolina

C. Harold Veenker
Professor of Health Education
Purdue University
West Lafayette, Indiana

Wallace Ann Wesley
Assistant Director
Department of Health Education
American Medical Association
Chicago, Illinois

Appendix E

CALIFORNIA SCHOOL DISTRICTS -- CURRICULUM DEVELOPMENT AND FRAMEWORK EVALUATION

The *Framework* was utilized for local curriculum development and evaluated during the 1968-69 school year by the following school districts, under the supervision of those persons named.*

Alhambra City Elementary School District and Alhambra City High School District

Russell Purcey, Health Coordinator

Fullerton Elementary School District

Mrs. Margaret Cate, Coordinator, Health Services

Hermosa Beach City Elementary School District

James R. Boston, Principal, Pier Avenue Elementary School

Hughson Union High School District

Reynold Franca, Dean of Boys

Manhattan Beach City Elementary School District

J. Byron Burgess, Assistant Superintendent, Instruction

Modesto City Elementary School District and Modesto City High School District

Henry D. Meyer, Director, Health, Physical Education, Recreation, Safety, and Civil Defense

Pasadena Unified School District

Gertrude Fox, M.D., Director of Health Education and Services

Solveig Partou, Nurse Specialist

Esther E. Smith, Teacher and Health Specialist

Patterson Joint Unified School District

Eugene Maxwell, Superintendent

Redondo Beach City Elementary School District

James K. McDonald, Coordinator, Curriculum and Research

South Bay Union High School District

Douglas W. Swartz, Assistant Superintendent,

Instruction and Special Services

* Positions shown for the personnel listed here are those held at the time the services were rendered.

Appendix F
CALIFORNIA SCHOOL DISTRICTS – EVALUATION*

School District

Big Creek Elementary School District
 Buckeye Union Elementary School District
 Cajon Valley City Elementary School District
 Carpinteria Unified School District
 Chowchilla Union High School District
 Coronado City Unified School District
 Del Norte County Unified School District
 El Dorado County – Office of the Superintendent
 of Schools
 Elk Grove Unified School District
 Enterprise City Elementary School District
 Glendale Unified School District
 Glendora Unified School District
 William S. Hart Union High School District
 Healdsburg Union Elementary School District
 Hemet Unified School District
 Hollister Elementary School District
 Lakeside Union Elementary School District
 La Mesa-Spring Valley City Elementary School
 District
 Lemoore Union High School District
 Liberty Union High School District
 Lodi Unified School District
 Los Nietos Elementary School District
 Marysville Joint Unified School District
 Mill Valley Elementary School District
 Modesto City Elementary and City High School
 Districts

County

Fresno
 El Dorado
 San Diego
 Santa Barbara
 Madera
 San Diego
 Del Norte

 El Dorado
 Sacramento
 Los Angeles
 Los Angeles
 Los Angeles
 Los Angeles
 Sonoma
 Riverside
 San Benito
 Kern

 San Diego
 Kings
 Contra Costa
 San Joaquin
 Los Angeles
 Yuba
 Marin

 Stanislaus

School District

Mojave Unified School District
 Murray Elementary School District
 Napa Valley Unified School District
 Newhall Elementary School District
 Orange Unified School District
 Patterson Joint Unified School District
 Petaluma City Elementary and City High
 School Districts
 Placenta Unified School District
 Porterville Union High School District
 Red Bluff Union Elementary and Union High
 School Districts
 Richland Elementary School District
 San Anselmo Elementary School District
 San Bernardino City Unified School District
 San Rafael City Elementary and City High
 School Districts
 Santa Clara Unified School District
 Santa Monica Unified School District
 Santa Rosa City Elementary and City High
 School Districts
 Sonoma Valley Unified School District
 Stanislaus Union Elementary School District
 Sweetwater Union High School District
 Ventura County – Office of the Superintendent
 of Schools
 Wheatland Elementary School District
 Whisman Elementary School District

* This list includes two offices of county superintendents of schools.

Appendix F

CALIFORNIA SCHOOL DISTRICTS – EVALUATION*

	<i>County</i>	<i>School District</i>	<i>County</i>
ool District	Fresno	Mojave Unified School District	Kern
y School District	El Dorado	Murray Elementary School District	Alameda
ary School District	San Diego	Napa Valley Unified School District	Napa
. District	Santa Barbara	Newhall Elementary School District	Los Angeles
hool District	Madera	Orange Unified School District	Orange
ool District	San Diego	Patterson Joint Unified School District	Stanislaus
School District	Del Norte	Petaluma City Elementary and City High School Districts	Sonoma
e of the Superintendent	El Dorado	Placentia Unified School District	Orange
District	Sacramento	Porterville Union High School District	Tulare
r School District	Los Angeles	Red Bluff Union Elementary and Union High School Districts	Tehama
istrict	Los Angeles	Richland Elementary School District	Kern
istrict	Los Angeles	San Arselmo Elementary School District	Marin
t School District	Los Angeles	San Bernardino City Unified School District	San Bernardino
ary School District	Sonoma	San Rafael City Elementary and City High School Districts	Marin
istrict	Riverside	Santa Clara Unified School District	Santa Clara
ol District	San Benito	Santa Monica Unified School District	Los Angeles
y School District	Kern	Santa Rosa City Elementary and City High School Districts	Sonoma
Elementary School	San Diego	Sonoma Valley Unified School District	Sonoma
ool District	Kings	Stanislaus Union Elementary School District	Stanislaus
. District	Contra Costa	Sweetwater Union High School District	San Diego
ct	San Joaquin	Ventura County – Office of the Superintendent of Schools	Ventura
ool District	Los Angeles	Wheatland Elementary School District	Yuba
hool District	Yuba	Whisman Elementary School District	Santa Clara
ool District	Marin		
nd City High School	Stanislaus		
ces of county superintendents			

Appendix G

PROFESSIONAL EDUCATION AND HEALTH ORGANIZATIONS –

Advisory Committee to the State Department of Education on Public School Health	Health Coordinator, Office (Area VI – Southern C
California Academy of Pediatrics	Los Angeles County Medi
California Dental Association	Magan Medical Center (Ph
California Medical Association (School and College Health Committee)	Project Quest (Los Angele

Appendix G

PROFESSIONAL EDUCATION AND HEALTH ORGANIZATIONS – EVALUATION

the State Department of Education on Public	Health Coordinator, Offices of County Superintendents of Schools (Area VI – Southern California Counties)
diatrics	Los Angeles County Medical Association
tion	Magan Medical Center (Physician and School Committee)
ation (School and College Health Committee)	Project Quest (Los Angeles County)