

SANTIAGO CHRISTIAN SCHOOL

Health and Physical Education Curriculum

What is very clear is that education and health for children are inextricably intertwined. A student who is not healthy, who suffers from an undetected vision or hearing defect, or who is hungry, or who is impaired by drugs or alcohol, is not a student who will profit from the educational process. Likewise, an individual who has not been provided assistance in the shaping of healthy attitudes, beliefs, and habits early in life, will be more likely to suffer the consequences of reduced productivity in later years.

Michael McGinnis, Director of the Office of Disease Prevention and Health Promotion

MISSION STATEMENT

The mission of the Health and Physical Education curriculum is to create healthy, physically educated individuals who are intrinsically motivated to be involved in health enhancing decisions and physical activity for a lifetime.

Note: In order to carry out our mission, the SCS Health and PE curriculum content and skills are purposely taught to promote a wellness lifestyle. Additionally, sensitive topics are treated clearly, openly, and objectively.

GOALS

Involved in Health Enhancing Decisions

- Educate students to become wise consumers of health and fitness programs
- Give students the skills and information to make personal health choices leading to health-enhancing life styles
- Help young people become active participants in creating communities that make healthy choices more likely than unhealthy ones
- Engage students in exploring the influences of media and advertising on decisions
- Lead students to understand the long term effects of current decision making and life-style choices
- Provide students with a variety of social skills which include the ability to communicate points of view effectively, to solve problems peacefully, and to avoid risky situations and behaviors by using appropriate refusal skills
- Give students the tools to determine when a source is valid and credible, and when information is just quackery
- Help students understand that their bodies are temples to God; that they are “fearfully, wonderfully and uniquely made” by God, and that they can honor God with the choices they make

Involved in Physical Activity for a Lifetime

- Involve students in curricular experiences leading to competence and confidence in physical skills
- Provide regular physical activity for all students while giving numerous opportunities for students to succeed
- Lead students to experience, acknowledge, and celebrate health-enhancing levels of physical fitness through self-challenge
- Lead students to experience the joy of physical activity
- Provide activities that promote a positive self-image and a strong sense of belonging within multiple and diverse communities
- Provide opportunities for cooperative and collaborative experiences
- Help students develop an appreciation for the creativity and unique set of physical talents that God has blessed each of them with

CONTENT AND SKILLS COVERED BY THE HEALTH AND PHYSICAL EDUCATION CURRICULUM

There are Six Risk Behaviors learned by children and carried into adulthood. These are the primary areas addressed by our curriculum. The goal is to ensure that students have information and skills needed to avoid carrying these behaviors into adulthood.

1. **Use of tobacco**
2. **Use of alcohol and other drugs**
3. **Physical inactivity (fitness)**
4. **Intentional and unintentional injury (personal safety)**
5. **Poor nutrition (nutrition and hygiene)**
6. **Behavior that results in sexually transmitted disease, including HIV**

Other content areas covered, some of which fall under the 6 learned behaviors:

Family Dynamics
Human sexuality
Physical development
Safety (water, bicycle, traffic, home, school)
Sleep
Sun protection
Stress management
Physical, sexual and emotional abuse
Eating disorders & body image
Personal safety
Harassment and bullying
First aid (CPR, blood, basic first aid)
Personal hygiene
Suicide & suicide prevention - HS
Date rape – HS
Coping with loss – HS



Skills needed to avoid risk behaviors and reinforce positive behavior - these are interwoven into lessons

- Social, communication, and coping skills
- Responsible decision making
- Conflict resolution
- Problem solving
- Goal setting
- Sportsmanship
- How to help a friend
- Refusal skills

Four Themes for a Global Curriculum Framework

At the time that the national standards for health and physical education were written, parents, educators and business leaders were asked to give feedback about the abilities they believed young people graduating from high school should possess. Ideally, they agreed graduates would be:

- Critical thinkers and problem solvers
- Responsible, productive citizens
- Self-directed learners
- Effective communicators

Because of the importance of these global themes to all curricular areas, the health and physical education committee has purposely woven elements of the four themes into the mission, goals, standards, and benchmarks of this curriculum.

Note: At the time of the creation of this curriculum (March 2006), Santiago Christian School is not currently teaching health education at the elementary or middle school levels. Components of health education have been incorporated into the elementary science curriculum, and additional recommendations have been identified by the health curriculum committee.

HEALTH AND PHYSICAL EDUCATION

WHAT DOES THE LATEST RESEARCH TELL US?

Research overwhelmingly supports the importance of physical activity and its relationship to good health. The surgeon general's first-ever report on physical activity and health amassed a mountain of evidence supporting the link between physical activity and healthy living. Given these issues, health and physical education must be viewed as critical to the total education of all students.

FINDINGS FROM THE SURGEON GENERAL

The U.S. surgeon general's report on physical activity and health, published in 1996, brought recognition from the federal level concerning the lack of physical activity and the relationship of physical activity to health. Major conclusions from the report were as follows:

- People of all ages benefit from regular physical activity.
- Significant health benefits can be obtained by including a moderate amount of physical activity on most, if not all, days of the week.
- Physical activity reduces the risk of premature mortality.
- Physical activity declines dramatically during adolescence.

The surgeon general's report also found regular physical activity has positive effects on health.

- Reduces the risk of dying prematurely.
- Reduces the risk of dying from heart disease.
- Reduces the risk of developing diabetes.
- Reduces the risk of developing high blood pressure.
- Helps reduce blood pressure in people who already have high blood pressure.
- Reduces the risk of developing colon cancer.
- Reduces feelings of depression and anxiety.
- Promotes psychological well being.

Source: Adapted from *Physical Activity and Health: A Report of the Surgeon General*, by the U.S. Department of Health and Human Services, 1996, Atlanta, GA.

Why do we need such a commitment to health and physical education at our school? Really, aren't these subjects less important than the core subjects of reading, science, mathematics, and social studies?

The U.S. Center for Disease Control and Prevention (CDC), identified these six adolescent risk behaviors with the suggestion that health and physical education curriculum be organized around these themes:

- Tobacco use.
- Dietary patterns that contribute to disease.
- Sedentary lifestyle.
- Sexual behaviors that result in HIV infection, other sexually transmitted diseases, and unintended pregnancy.
- Alcohol and other drug use.
- Behaviors that result in intentional and unintentional injury.

Often, schools respond to health problems thrust upon them by crisis school planning, crisis curriculum development, and band-aid approaches. The result is that students never have the benefit of sustained learning for reducing health-risk behaviors and health-promoting behaviors.

To neglect health and physical education is to neglect the opportunity to help students, and in the long term, to safeguard the health of the larger community. The ability to take care of oneself and not burden society with the outcome of poor choices ... this is what responsible citizenship is all about. Schools have a responsibility to help students by providing the content and skills to promote responsible decision-making leading to universal health.

Charles Deutsch, Director of the National Committee on Partnerships in Children's Health, states it well.

- Active learning is as essential in health as it is in biology and social studies. Students need accurate knowledge to critically examine existing attitudes, strengthen positive but often invisible social norms, and enhance skills. We must teach and inspire students to take charge of their learning and their health. (Charles Deutsch, 2000).
- For schools to set, enforce, and realize high expectations and standards for academic achievement, they must join with allies (e.g., Drug Enforcement Agency, health workers, Red Cross) who set comparably high expectations for addressing health impediments to learning (e.g., not enough sleep, improper diet, high levels of stress, substance use/abuse, etc.). (Charles Deutsch, 2000).

Other Indicators on the Health Status of Our Children

Obesity

There are worrisome signs surrounding the health status of children. Health risks are increasing and obesity among children is rising. Childhood obesity has more than doubled over the last three decades. Currently, about 10% of American children are overweight. A child who falls above the 95th percentile on the body mass index chart is considered overweight.

Research has shown a direct link between physical activity and the prevention of degenerative disease and mortality. The early signs of these diseases are being seen in children as young as 8 years old, and obesity is continuing to increase.

Inactivity and poor diet cause at least 300,000 deaths a year in the United States; only tobacco causes more preventable deaths.

Adapted from: *Health and Physical Curriculum Handbook*, ASCD, Alexandria, Virginia, 2000.

U.S. Department of Health and Human Services and Centers for Disease Control (CDC).

Smoking

Despite massive public health campaigns and millions of dollars poured into counter-advertising, kids are still picking up that first cigarette. There are immediate health consequences to teenage smoking.

Smoke Statistics (USA):

- 12.8% of middle school students use tobacco in some form.
- 45.8% of high school students use tobacco in some form.
- 9.2% of 11- to 13-year-olds have smoked cigarettes in the past 30 days.
- 6.1% of 11- to 13-year-olds have smoked cigars in the past 30 days.

Teens are the latest victims of the cigar craze. In 1997, 31.2% of boys and 10.8% of girls in high school reported having a cigar at least once in the past month. Many students believe that smoking cigars are safer than cigarettes, when in fact:

- The rate of lung cancer in cigar smokers is 300% that of non-smokers.
- Smoking one cigar is equal to smoking 3 – 8 cigarettes
- Cigar smokers are 4 – 10 times more likely than cigarette smokers to develop cancer
- of the mouth, larynx, and esophagus.
- Cigars have nicotine and tar, just like cigarettes.

Alcohol and Other Drugs

According to a major study conducted by the Partnership for a Drug-Free America, baby boomer parents seriously underestimate the presence of drugs in their children's lives. The gap in perception is even greater when comparing the realities reported by teenagers with those of their school principals. A survey from Columbia University's National Center on Addiction and Substance found that while 78% of teenagers say their schools are not drug free, only 18% of school principals concur. In another finding, 50% of high school students say that the drug problem is getting worse in their school; only 15% of principals agree.

Adapted from: FCD Update: "*What Kids Tell Us*," Winter 1999 issue, and "*Quit It: Teens and Tobacco*," Winter 2000. FCD Educational Services, Inc., Needham, MA.

Recent research conducted by the Harvard School of Public Health reveals an alarming rate of binge drinking among college students. Until now, media attention and intervention efforts have focused on the harm binge drinkers cause for themselves: hangovers, accidents, academic troubles, unplanned or unprotected sexual activity, etc. Recently, however, attention has been drawn to the serious problems binge drinkers create for others: having one's property damaged, having one's sleep or studying disturbed, getting into a fight or argument, being a victim of sexual assault or unwanted advances, having to "baby-sit" a drunken friend or roommate.

According to a Carnegie Foundation study, college presidents cite alcohol abuse as the number one problem of campus life.

Source: *Alcohol, Tobacco, and Other Drug Education*, FCD Educational Services, Inc. Needham, MA. 1999.

Physical Activity

Research shows a positive relationship between physical activity and academic achievement. In one study, begun in 1951 in an elementary school in France, the school day was divided so that four hours were devoted to academics and one to two hours to physical education, art, music, and supervised study (Bailey 1976). By 1960, not only were health, fitness, discipline, and enthusiasm superior in the experimental program, but academic performance also surpassed controlled classes. Similar experiments in Belgium and Japan produced comparable results (Carlson 1982), illustrating the importance of physical education to a successful academic program.

A study was conducted in Trois Rivières, Ontario, Canada, with 546 primary school students who received an additional five hours per week of physical education (additional time was taken from academic subjects, with exception of English). At the end of six years and throughout the last five years of study, the children in the experimental group (extra P.E.) had consistently better academic grades and achievement in physical education as compared to their counterparts in the control group.

Source: Shephard, R.J. et al, *Children and Sport*, Verlag, Berlin, 1984.



