

**“SCHOOL HEALTH EDUCATION: A BRIEF OVERVIEW ON AMERICAN PUBLIC SCHOOLS ”****Vishal Gupta**

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Abstract

The School Health Education is a crucial field for transforming health education as experienced in American public schools. It has been entitled, "the most significant school health education initiative of the 1960s" and was largely responsible for establishing the value and importance of comprehensive health education rather than separate disease-specific units and in introducing the concept-based approach to education in general. Most health curricula developed since have followed the model set by the School Health Education Schools in its School Health Curriculum Assignment. In 1960 millionaire distiller and philanthropist Samuel Bronfman asked Dr. Granville Larimore, then Deputy Commissioner of the New York State Department of Health and a member of the Joint Committee on Health Problems in Education of the American Medical Association(AMA) and the National Education Association(NEA), to recommend several schemes in health or education that should receive funding but were being neglected by governmental and private funders. Dr. Larimore advocated three priorities:

- (a) Graduate medical education
- (b) Effectiveness of the mass media for health education
- (c) School health education.

Key words: - Curriculum, Philanthropist, Philosophy, Utilization of health, cooperation, Food selection

The Study was projected as an independent, two-year-long investigation, affiliated with the American Association for Health, Physical Education and Recreation (AAHPER) and the National Education Association. Bronfman pursued the advice of Delbert Oberteuffer, professor at the Ohio State University and widely regarded as the leading figure in health education at that time, regarding who could best lead the study. Oberteuffer recommended one of his young Ohio

State University associates, Elena Sliepcevic. Dr. Sliepcevic accepted the appointment and moved to Washington, DC where the School Health Education studies rented office space on Dupont Circle in the building next door to the National Education Association. During his first year of the tenure, the Study evaluated the state of health education offerings in a total of 135 school systems covering 38 states and involving some 1101 individual elementary schools and 359 secondary schools. This survey remains the broadest of its type ever completed in the United States. In the second year test instruments were administered to students in grades 6, 9, and 12 of the participating schools. Of 17,634 usable answer sheets returned to the researchers, a weighted sample of 2000 scores for each of the three grade levels representative of the makeup of the school sample was selected for analysis. Analysis of the results required a third year of Bronfman Foundation backing and led to the conclusion that the state of health education in the nation's public schools was "appalling". The Corporation funded School Health Education Studies for a further six years (1963–1969) to develop a model curriculum—the School Health Curriculum Project that was later known as SHCP. Ann E. Nolte, of Ohio State University, joined SHES as associate director of the study and a curriculum writing team was assembled, consisting of: William H. Creswell, Jr., professor of health education at the University of Illinois; Gus T. Dalis, of the Los Angeles County Schools; Edward B. Johns, professor of school health education at the University of California, Los Angeles; Marion B. Pollock, assistant professor of health education at California State College, Long Beach; Richard K. Means, professor of health education at Auburn University; and Robert D. Russell, associate professor of health education at Southern Illinois University. Prof. Russell recommended as the initial point of view for the School Health Curriculum Project that health was a unified concept of well-being. This was expressed in the curriculum as follows, "Health is a quality of life involving dynamic interaction and interdependence among the individual's physical well-being, his (or her) mental and emotional reactions, and the social complex in which he (or she) exists". From this starting point, the School Health Curriculum Project writers recognized ten key concepts. After these ten major concepts of school health education Sub concepts were also developed in the physical, mental, and social dimensions for each of the ten concepts. .

The ten concepts developed by the School Health Education Studies as the basis for the SHCP were:

1. **Growth and development** influences and is influenced by the structure and functioning of the individual.
2. **The family** serves to perpetuate man (humanity) and to fulfil certain health needs.
3. **Protection and promotion of health** is an individual, community, and international responsibility
4. **Use of substances** that modify mood and behaviour arises from a variety of motivations.
5. **Personal health practices** are affected by a complexity of forces, often conflicting
6. There are **reciprocal relationships** involving man (humanity), disease, and environment.
7. **Utilization of health** information, products, and services is guided by values and perceptions.
8. **Food selection** and eating patterns are determined by physical, social, mental, economic, and cultural factors.
9. The potential for hazards and accidents exists, whatever the **environment**.
10. Growing and developing follows a **predictable sequence**, yet is unique for each individual.

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