## HEALTH ENHANCEMENT: A COMPREHENSIVE CURRICULUM FOR CLASSROOM AMD COMMUNITY

Peter R. Rehor Ph.D. Dean of Sport and Exercise Education Centre Pacific Institute for Sport Excellence Camosun College British Columbia, Canada

My contention in this presentation is that we in Health, Physical Education and Recreation, across all levels and especially in the professional preparation, desperately need to widen the window through which we view the world. While some of our values and beliefs are still of public importance some of our practices may need to be realigned with the immediate society needs and interests. We need to initiate a dialogue regarding the future, a dialogue that is sensitive to human needs as well as economic reality.

Health Educators have more to offer to our society in this regard than most other professionals. Our concern is quality of life. Quality of life is for all people, not just the sick, or elite, but all people. We have the opportunity to institute comprehensive programs that emphasize a holistic approach to a quality of life. The most dramatic implication for the future of Health Education is that there will be a need for professionals who are knowledgeable regarding holistic health/wellness. Neither the traditional health educators nor the traditional physical educators meet the needs of the future. We cannot any longer afford the luxury of arguing why our specific specialization is more relevant than some other. We must cooperate to redefine our goals and establish our contribution to the future.

The public is not unaware of the wellness/fitness movement. Parents will demand a more complete education for their children, but incorporating wellness principles into the public school arena will require a change in the manner in we approach health and physical education. We need a new approach to the old physical education and health curriculum: an approach that centers upon health enhancement through change of behavior and self responsibility; an approach that integrates lifestyle management through the curriculum and focuses on total self, not just activity and sport (Fig.1).

**Physical Education** Physical •Weight Fitness Control Nutrition •Life-time Sports Behavior

Stress

Health Enhancement – The Marriage of Health and

Figure 1. Health Enhancement Curriculum Model

The Health Enhancement program is an integration of three basic knowledge domains: Lifetime Sports and Fitness, Nutrition, Personal and Environmental Health. These knowledge areas serve as foundations for the selection of secondary content area identified in the Figure 1 by the overlapping segments of the Venn diagram symbolizing their integrated nature and the need for integrated teaching strategies. The "heart" of the Health Enhancement framework is a behavioral change, signaling the fundamental philosophical shift from traditional teaching practices focused on acquisition of knowledge and skills to practices structured around the behavioral change principals with the learning outcome being a change of behaviors.

The concept of Health Enhancement Curriculum is not entirely new. Ernest Boyer, president of The Carnegie Foundation, in his national bestseller "The Basic School – A Community for Learning" identified the eight curriculum areas (core commonalities) centered around the essential conditions of human existence that give meaning to our lives: The Life Cycle, The Use of Symbols, Membership in Groups, A Sense of Time and Space, Response to the Aesthetics, Connection to Nature, Producing and Consuming and Living with Purpose. Within these eight themes, every traditional subject or academic discipline can find a home. The goals of Health Enhancement are synonymous with The Life Cycle core commonality.

Rehor developed an original curriculum model intended not as a model for a complete K-12 Health and Physical education curriculum, but as a framework for planning instruction for a major curriculum segment, with a primary focus on long-term commitment to a personal active lifestyle. Although the Personal Meaning Fitness Education Model (PMFEM) was developed and validated in a university setting, it was designed primarily for K-12 school utilization. The contemporary view of exercise as a health promoting behavior rather than performance allowed for the modification and expansion of the of the PMFEM to include adoption and maintenance of other health promoting behaviors such as smoking cessation, informed food choices, transportation and personal safety and responsible use of alcohol. As a result the Health Enhancement Curriculum Framework is offered as a framework for planning instruction focused on long-term commitment to a personal healthy lifestyle (Figure 2).

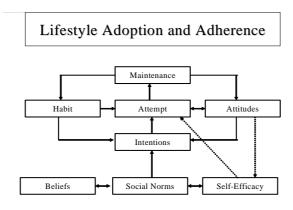


Figure 2. Health Enhancement Framework (HEF)

Unlike the traditional Health and Physical Education Curriculum Framework derived form the affective, motor or cognitive domains, the Health Enhancement Framework must follow a hierarchy of behavioral nature. The foundations for the model lie in social psychology and in a personal meaning philosophy of education. Social psychologists have provided a number of attitude-behavior models. The two key concepts of the HEF derived from these models postulate (1) a sequence of behaviors leading from intention to engage in healthy behaviors such as exercise to adherence to a personal exercise program and (2) three categories of factors that influence the intention to exercise. A basic assumption of the Health Enhancement Framework is that the development of a regular exercise pattern must begin with the individual's perception of some aspect of personal meaning leading to the intention to exercise. Intentions to exercise are influenced by personal beliefs, social norms, and self-efficacy.

Health Enhancement Framework builds on existing prominent theoretical models employed to study physical activity determinants and provides a curriculum design framework for the development of specific fitness education programs in schools and other educational settings. In implementing the HEF as a guide for selection of instructional goals and students learning outcomes, planners need to address the particular basic components of the model that are appropriate for the personal-wellness status and developmental levels of the students in choosing learning activities and instructional techniques. Much attention is given to self-assessment, self-monitoring, and other self-management skills. Learning activities are selected to develop the personal attributes that lead to self-motivation. A supportive learning climate is needed to ensure individual success and greater self-efficacy. Students need to develop goal-setting skills and require guidance in learning to set goals that are both realistic and challenging. A wide variety of self-assessment techniques are employed; self-assessment abilities need also to be supported by skills for self-reinforcement.

The Health Enhancement Curriculum is an attempt to positively influence healthy habits and prepare responsible citizens for the future. A comprehensive Health Enhancement Curriculum will foster healthy behaviors for daily living and prepare individuals for their roles in our culture. It will center the learning of all learning areas on the active lifestyle and social responsibility. Students will learn by sequence of activities encompassing daily fitness, learning games, nutritional relays, and other fitness based activities carefully designed to promote healthy lifestyles and social responsibility. Educators must guarantee that efforts are made to emphasize health as a value in life and reaffirm that social responsibility is an essential element in our culture. We must develop educational programs that nurture critical thinking skills and ethical decisions regarding personal and community health behaviors. A quality Health Enhancement Curriculum will motivate children to be daily active, will emphasize family and community involvement, will address social norms of society with regard to healthy lifestyles, assign physical activity and community involvement home work and summer break assignments. It will foster strong health beliefs and value in children to voluntarily take an active role in protecting, maintaining, and improving their health, at the same time, sanitizing them to critical and moral issues that confront our society.

As professionals, we must focus on common goals, rather than seeking identity in our uniqueness. The future lies in the united front. We must develop the notion of Health

Enhancement Curriculum in our schools and for the general public beyond school years; we must seek to educate our children regarding the self-responsibility and health promotion throughout their lives.