

# PPZ30

HEALTH FOR LIFE



LESSON 16

## Lesson 16 – Preventative and Emergency Health

### Safety Basics

Injury and violence are serious threats to the health and well-being of children and adolescents in Canada. Children and adolescents are at high risk for many injuries that can lead to death or disability.

### Sports Safety

#### What Are Sports Injuries?

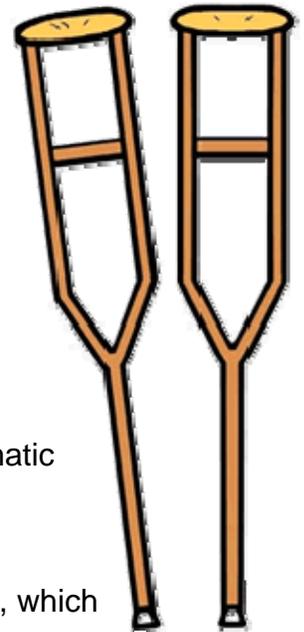
Sports injuries are injuries that typically occur while participating in organized sports, competitions, training sessions, or organized fitness activities. These injuries may occur in teens for a variety of reasons, including improper training, lack of appropriate footwear or safety equipment, and rapid growth during puberty.

There are two general types. The first type is called an **acute traumatic injury**. Acute traumatic injuries usually involve a single blow from a single application of force - like getting a cross-body block in football. Acute traumatic injuries include the following:

- a **fracture** - a crack, break, or shattering of a bone
- a bruise, known medically as a **contusion** - caused by a direct blow, which may cause swelling and bleeding in muscles and other body tissues
- a **strain** - a stretch or tear of a muscle or tendon, the tough and narrow end of a muscle that connects it to a bone
- a **sprain** - a stretch or tear of a ligament, the tissue that supports and strengthens joints by connecting bones and cartilage
- an **abrasion** - a scrape
- a **laceration** - a cut in the skin that is usually deep enough to require stitches

The second type of sports injury is called an **overuse** or **chronic injury**. Chronic injuries are those that happen over a period of time. Chronic injuries are usually the result of repetitive training, such as running, overhand throwing, or serving a ball in tennis. These include:

- **stress fractures** - tiny cracks in the bone's surface often caused by repetitive overloading (such as in the feet of a basketball player who is continuously jumping on the court)
- **tendonitis** - inflammation of the tendon caused by repetitive stretching
- **epiphysitis** or **apophysitis** - growth plate overload injuries such as Osgood-Schlatter disease



Often overuse injuries seem less important than acute injuries. You may be tempted to ignore that aching in your wrist or that soreness in your knees, but always remember that just because an injury isn't dramatic doesn't mean it's unimportant or will go away on its own. If left untreated, a chronic injury will probably get **worse** over time.

## Prevention of Sports Injuries

Most sports injuries can be prevented, even predicted! The first step in preventing sports injuries is finding out *why* sports injuries occur. Sports injuries are due to:

- Individual risk factors (such as medical conditions )
- Inadequate physical exams before participating (every child should get a sports-specific physical exam before each season)
- Lack of pre-season conditioning
- Lack of safety equipment , or poorly fitted, improper equipment
- Lack of proper eye protection
- Teaming up by age instead of size
- Unsafe playing fields, or surfaces
- Improper training or coaching , or lack of instruction
- Fatigue
- Not warming up or cooling down and stretching properly
- Playing while injured
- Stress and inappropriate pressure to win
- Temperature
- Poor nutrition or hydration



## Sports Injuries and Your Body

You may think of your back or your arms and legs as the only places where you could get hurt while playing, but you can get a sports injury anywhere on your body, including your face, neck, head, back, sex organs, hands, and feet.

### Head and Neck Injuries

Head injuries include concussions, contusions, fractures, and hematomas. A **concussion** is a violent jarring or shock to the head that causes a temporary jolt to the brain. If severe enough, or recurrent, concussions can cause brain damage but fortunately this is not common in teens. A **hematoma** is a bleeding or pooling of blood between the tissue layers covering the brain or inside the brain. All of these injuries can be caused by impact to the head from a fall, forceful shaking of the head, a blow to the head, or whiplash. **Whiplash** is an injury to the neck caused by an abrupt jerking motion of the head.

## Back Injuries

Back injuries include sprains, fractures, contusions, stress fractures, and strains and are caused by twists or overexertion of back muscles during bending or lifting movements. These injuries can occur in contact sports like football and ice hockey or in weight lifting, figure skating, gymnastics, dancing, baseball, and basketball.

## Sex Organs

When it comes to injuries to the sex organs, guys usually suffer more trauma than girls because the penis and testicles are outside the body and lack natural protection during contact sports. Guys should **always** wear athletic supporters, or in some sports a cup, to protect the genitals from serious injury.

Injuries to the uterus or ovaries are rare, but breast injuries are common complaints among teen girls. As the breasts develop, they can often be sore, and a blow from a softball or a jab from an elbow, for example, can be painful. Girls should wear supportive sports bras while playing sports or exercising.

## Hand and Wrist Injuries

Hand, finger, and wrist injuries include fractures, dislocations, and sprains and often occur in contact sports such as football, lacrosse, and hockey. Hand injuries can result from a fall that forces the hand or fingers backward, a forceful impact to the hands, or a direct blow.



## Foot Injuries

Foot injuries can include ligament strains, stress fractures, heel bruises, and swollen growth plates. Because your feet support all of your weight and must absorb a lot of force over and over again, they can be particularly susceptible to injury. Another reason some teens may suffer foot injuries, is because of differences in their feet. For example, some people have flat feet or high arches. These differences don't mean that sports should be avoided, but it does mean that precautions, such as a special shoe insert, may be needed.



### SUPPORT QUESTION – Sports Equipment

Choose a sport that you would like to learn and make a list of the proper equipment, clothing and safety precautions associated with that sport.

## Water Safety



Drowning is the second leading cause of injury death among children 14 years and younger. And for every child who drowns, three receive emergency department care for non-fatal submersion injuries. When the weather turns warm, everyone wants to be in or around the water. Hanging out at the pool or the beach on a hot day is a great way to beat the heat.

Between having fun and checking out the lifeguards, most people don't think much about water safety - but they should. For people between the ages of 5 and 24, drowning is the second leading cause of accidental death. It doesn't have to be that way, though. Most water-related accidents can be avoided by knowing how to stay safe and following a few simple guidelines.

### Swimming Smarts

**"Buddy up!"** That's what swimming instructors say. Always swim with a partner, every time - whether you're swimming in a backyard pool or in a lake.

**Get skilled.** Speaking of emergencies, it's good to be prepared. Learning some life-saving techniques, such as CPR and rescue techniques, can help you save a life.

**Know your limits.** Swimming can be a lot of fun - and you might want to stay in the water as long as possible. If you're not a good swimmer or you're just learning to swim, don't go in water that's so deep you can't touch the bottom and don't try to keep up with skilled swimmers.

**Swim in safe areas only.** It's a good idea to swim only in places that are supervised by a lifeguard.

**Be careful about diving.** Teens are more likely than any other age group to suffer diving injuries, many of which can result in permanent spinal cord damage or death. Only dive in areas that are known to be safe for diving, such as the deep end of a supervised pool.

**Watch the sun.** Sun reflecting off the water or off sand can intensify the burning rays. You might not feel sunburned when the water feels cool and refreshing, but the pain will catch up with you later - so remember to reapply sunscreen frequently and cover up much of the time.

**Drink plenty of fluids.** It's easy to get dehydrated in the sun, particularly if you're active and sweating. Keep up with fluids - particularly water - to prevent dehydration.

Dizziness, feeling light-headed, or nausea can be signs of dehydration and overheating.

**Getting too cool.** Speaking of temperature, it's possible to get too cool. How? Staying in very cool water for long periods can lower your body temperature. A temperature of 70 degrees Fahrenheit (20 degrees Celsius) is positively balmy on land, but did you know that water below 70 degrees will feel cold to most swimmers? Your body temperature drops far more quickly in water than it does on land. And if you're swimming, you're using energy and losing body heat even faster than if you were keeping still. Monitor yourself when swimming in cold water and stay close to shore. If you feel your body start to shiver or your muscles cramp up, get out of the water quickly; it doesn't take long for hypothermia to set in.

**Alcohol and water never mix.** Alcohol is involved in numerous water-related injuries and up to half of all water-related deaths. The statistics for teenage guys are particularly scary: One half of all adolescent male drowning are tied to alcohol use.

## Driving Safety

Have you or a friend ever received a ticket for speeding or even caused an automobile accident? Do you know of someone your age who was killed or seriously injured in a weekend car wreck? If so, you're not alone - teen driving accidents and fatalities are unfortunately all too common.

Motor vehicle crashes are the leading cause of death for 15- to 20-year-olds, and two out of three teenagers who die in car accidents are passengers in vehicles driven by



other teens. The fact is, automobile accidents are a serious problem for teenagers. Safety experts are trying to change that by educating teens about the choices they make when they get behind the wheel or ride in a vehicle with other teens.

Everyone needs to drive safely and defensively. But if you're an inexperienced or teenage driver, it's even more important

to understand your responsibilities on the road. Fortunately, being careful and getting more experience behind the wheel can help you become a safer driver.

### Driving Safety Basics

You can take steps to avoid these hazards and be safer on the roads. Most schools offer a driver-education program - in some schools it's even a mandatory course. These

programs are a great way to pick up driving skills. If your school doesn't have one, you can probably find a local business that offers driver-training courses. Ask your parents, a teacher, or a guidance counsellor for more information.

All drivers should follow these safety basics - whether they're experienced or just learning to drive:

- Wear a seat belt.
- Follow the speed limit.
- Don't drink and drive.
- Be extra careful at night and in bad weather.
- Stay calm.
- Choose a safe, sensible vehicle.
- Stock your car for emergencies.



## Cold Weather Safety

Cold weather offers many pleasures, whether you enjoy outdoor activities or just curling up with a book by a toasty fire. But unless you're prepared, you could wind up with anything from broken bones to frostbite.

Think layers when you venture outdoors into the chill of winter. Clothes filled with down, Polartec, or other man-made insulating materials offer the best protection. Wear a hat and use mittens if possible (they're warmer than gloves).

Want to go snowboarding or skiing? If you're new to a sport, it's always a good idea to take lessons. An experienced instructor can give you advice on choosing equipment, clothing, and accessories, and can also explain techniques to help you avoid (or reduce your risk of) injuries.

## Winter Emergencies

Teens who stay out in the cold too long may risk frostbite and hypothermia. With **frostbite**, your body tissue literally freezes. **Hypothermia** occurs when a person's body temperature falls below 95 degrees Fahrenheit (35 degrees Celsius) and his normal body functions start to fail. A person who is out in the cold too long, gets wet in the cold, or stays in water that is below body temperature too long may exhibit symptoms of hypothermia, which include chills, shivering, confusion, and difficulty with coordination. If you suspect that someone has hypothermia, get the person inside, out of wet clothes and into dry ones, and wrap him in warm blankets. Feed the person warm liquids, and call for emergency medical help.



## SUPPORT QUESTION – Personal Safety Outdoors

If you were planning a day at the beach, what supplies would you need for a safe and healthy outing? If you were planning a day on the slopes skiing, what supplies would you need for a safe and healthy outing?

## Responding To Common Emergencies

### Concussions

Sam banged his head hard when he was tackled, and he felt kind of weird afterward. He thought it was just another hit that he could shake off - and he wanted to stay on the field. After the game, though, he felt pretty sick. Should Sam have kept on playing? Probably not. Sam may have had a concussion - and it was actually a bad idea for him to stay in the game.



#### What Is a Concussion and What Causes It?

The brain is made of soft tissue and is cushioned by spinal fluid. It is encased in the hard, protective skull. When a person gets a head injury, the brain can slosh around inside the skull and even bang against it. This can lead to bruising of the brain, tearing of blood vessels, and injury to the nerves. When this happens, a person can get a concussion - a temporary loss of normal brain function. Most people with concussions recover just fine with appropriate treatment. But it's important to take proper steps if you suspect a concussion because it can be serious.

People can also get concussions from falls, car accidents, bike and blading mishaps, and physical violence, such as fighting. Guys are more likely to get concussions than girls. However, in certain sports, like soccer, girls have a higher potential for concussion.

#### What Are the Signs and Symptoms?

The signs of concussion are not always well recognized. And because of that, people may put themselves at risk for another injury - for example, players may return to a game before they should, or a skateboarder may get back on his or her board and continue skating, thinking nothing's wrong. That's a problem, because if the brain hasn't healed properly from a concussion and a person gets another brain injury (even if it's with less force), it can be serious.

Symptoms of a concussion may include:

- "seeing stars" and feeling dazed, dizzy, or light-headed
- trouble remembering things, such as what happened directly before and after the injury occurred (this can happen even with mild concussions)
- nausea or vomiting
- headaches
- blurred vision and sensitivity to light
- slurred speech or saying things that don't make sense
- difficulty concentrating, thinking, or making decisions
- difficulty with coordination or balance (such as being unable to catch a ball or other easy tasks)
- feeling anxious or irritable for no apparent reason
- feeling overly tired

After a concussion, the brain needs time to heal. It's really important to wait until all symptoms of a concussion have cleared up before returning to normal activities. The amount of time a person needs to recover depends on how long his or her symptoms last. Healthy teens can usually resume their normal activities within a few weeks, but keep in mind that each situation is different. A doctor will monitor the person closely to ensure everything's well.

### **Preventing Concussions**

Some accidents can't be avoided. But you can do a lot to prevent a concussion by taking simple precautions in situations where you might injure your head.

Wearing appropriate headgear and safety equipment when biking, blading, skateboarding, snowboarding or skiing, and playing contact sports can significantly reduce your chances of having a concussion. By wearing a bike helmet, for instance, you can reduce your risk of having a concussion by about 85%.

Always wear a seat belt in a car. If you drive, be attentive at all times, and obey speed limits, signs, and safe-driving laws to reduce the chances of having an accident. Driving rules and regulations were created to protect everyone. Never use alcohol or other drugs when you're behind the wheel - there's a reason it's illegal: Alcohol and drugs make your reaction time slower and impair your judgment, making you much more likely to have an accident.

Taking good care of yourself after a concussion is essential. If you re-injure your brain during the time it is still healing, it will take even more time to completely heal. Each time a person has a concussion, it does additional damage. Having multiple concussions over a period of time has the same effect on a person as being knocked unconscious for several hours.

Preventing concussions is mostly common sense. The best thing you can do to protect your head is to use it!

## Broken Bones, Sprains, and Strains

A **broken** (fractured) bone requires emergency care. A **sprain** occurs when the ligaments, which hold bones together, are overstretched and partially torn. Simply overstretching any part of the musculature is called a **strain**. Sprains and strains generally cause swelling and pain, and there may be bruises around the injured area. Most sprains, after proper medical evaluation, can be treated at home.

### What to Do:

#### For a Suspected Broken Bone:

- If the injury involves the neck or back, **do not** move him unless the child is in imminent danger. Movement can cause serious nerve damage. Phone for emergency medical help. If your child must be moved, the neck and back must be completely immobilized first. Keeping your child's head, neck, and back in alignment, move the child as a unit.
- If there is an open break (bone protrudes through the skin) and there is severe bleeding, apply pressure on the bleeding area with a gauze pad or a clean piece of clothing or other material. Do not wash the wound or try to push back any part of the bone that may be sticking out.
- If the patient must be moved, apply splints around the injured limb to prevent further injury. Leave the limb in the position you find it. The splints should be applied in that position. Splints can be made by using boards, brooms, a stack of newspapers, cardboard, or anything firm, and can be padded with pillows, shirts, towels, or anything soft. Splints must be long enough to extend beyond the joints above and below the fracture.
- Place cold packs or a bag of ice wrapped in cloth on the injured area.
- Keep your patient lying down until medical help arrives.

#### For a Suspected Sprain or Strain:

- If the injury involves the neck or back, **do not** move him unless the child is in imminent danger. Movement can cause serious nerve damage. Phone for emergency medical help. If your patient must be moved, the neck and back must be completely immobilized first. Keeping the head, neck, and back in alignment, move your patient as a unit
- It may be difficult to tell the difference between a sprain and a break. If there is any doubt whatsoever, phone your child's doctor or take your child to the nearest



hospital emergency department. An X-ray can determine whether a bone is broken.

- First aid for sprains and strains includes rest, ice, compression, and elevation (known as RICE).
  - **Rest** the injured part of the body.
  - Apply **ice** packs or cold compresses for up to 10 or 15 minutes at a time every few hours for the first 2 days to prevent swelling.
  - Wearing an elastic **compression** bandage (such as an ACE bandage) for at least 2 days will reduce swelling.
  - Keep the injured part **elevated** above the level of the heart as much as possible to reduce swelling.
- **Do not** apply heat in any form for at least 24 hours. Heat increases swelling and pain.
- Your doctor may recommend an over-the-counter pain reliever such as acetaminophen or ibuprofen.



## Bleeding

Most small cuts don't present any danger. But bleeding from large cuts may require immediate medical treatment. Depending on the type of wound and its location, there can be damage to tendons and nerves.

### What to Do:

#### For Minor Bleeding From a Small Cut or Abrasion (Scrape):

- Rinse the wound thoroughly with water to clean out dirt and debris.
- Then wash the wound with a mild soap and rinse thoroughly. (For minor wounds, it isn't necessary to use an antiseptic solution to prevent infection, and some can cause allergic skin reactions).
- Cover the wound with a sterile adhesive bandage or sterile gauze and adhesive tape.
- Examine the wound daily. If the bandage gets wet, remove it and apply a new one. After the wound forms a scab, a bandage is no longer necessary.
- Call your doctor if the wound is red, swollen, tender, warm, or draining pus.

### For Bleeding From a Large Cut or Laceration:

- Wash the wound thoroughly with water. This will allow you to see the wound clearly and assess its size.
- Place a piece of sterile gauze or a clean cloth over the entire wound. If available, use clean latex or rubber gloves to protect yourself from exposure to possible infection from the blood of a child who isn't your own. If you can, raise the bleeding body part above the level of your child's heart. Do **not** apply a tourniquet.
- Using the palm of your hand on the gauze or cloth, apply steady, direct pressure to the wound for 5 minutes. (During the 5 minutes, do **not** stop to check the wound or remove blood clots that may form on the gauze.)
- If blood soaks through the gauze, do **not** remove it. Apply another gauze pad on top and continue applying pressure.
- Call the doctor or seek immediate medical attention for all large cuts or lacerations, or if:
  - you're unable to stop the bleeding after 5 minutes of pressure, or if the wound begins bleeding again (Continue applying pressure until help arrives.)
  - you're unable to clean out dirt and debris thoroughly, or there's something else stuck in the wound
  - the wound is on your child's face or neck
  - the injury was caused by an animal or human bite, burn, electrical injury, or puncture wound (e.g. a nail)
  - the cut is more than half an inch long or appears to be deep. Large or deep wounds can result in nerve or tendon damage. (If you have any doubt about whether stitches are needed, phone your child's doctor.)

### Nosebleeds

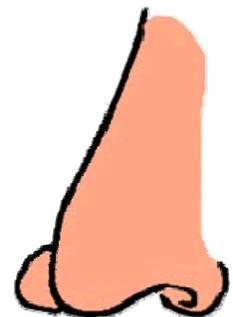
Sitting in science class one afternoon, you feel your nose begin to run. As you wonder if you're catching a cold, you swipe your nose with a tissue and are shocked to see blood! You have a nosebleed, and if you're like most teens, you may be embarrassed. You might hope no one will notice, and you might be a little scared, too.

Although nosebleeds are usually harmless and easily controlled, it may look like a gallon of blood is coming from your nose! Try not to worry; nosebleeds are almost always easy to stop.

### Stopping the Gush

Try these simple tips to stop your nosebleed:

- Get some tissues or a damp cloth to catch the blood.
- Sit or stand so your head is above your heart.
- Tilt your head forward and pinch your nostrils together just below



the bony center part of your nose. Applying pressure helps stop the blood flow and the nosebleed will usually stop with 10 full minutes of steady pressure - don't keep checking to see if the bleeding has stopped.

- Apply a cold compress, such as ice wrapped in a cloth or paper towel, to the area around the nose. Applying pressure with a cotton pad inside the upper lip may also help.

If you get a nosebleed, don't blow your nose. Doing so can cause additional nosebleeds. Also, don't tilt your head back. This common practice will cause blood to run into your throat. If you swallow the blood, you might throw up.

If you've tried the steps above twice and the bleeding continues after 10 minutes, you'll need to see your school nurse or your doctor. Once you've stopped the initial nosebleed, don't lift heavy objects or do other activities that cause you to strain, and don't blow your nose for 24 hours. Also, keep your head elevated above your heart.

### Preventing Nosebleeds

Whenever you blow your nose (especially when you have a cold), you should blow gently into a soft tissue. Don't blow forcefully or pick your nose.

Your doctor may recommend a humidifier to moisten your indoor air. You can also prevent your nasal passages from becoming too dry in winter months by using lubricants such as petroleum jelly (like Vaseline) before going to bed at night. Apply a pea-sized dab to a cotton swab and gently rub it up inside each nostril, especially on the middle part of the nose (called the nasal septum). Some doctors prescribe saline drops for the same purpose.

Wear protective athletic equipment when participating in sports that could cause injury to the nose.

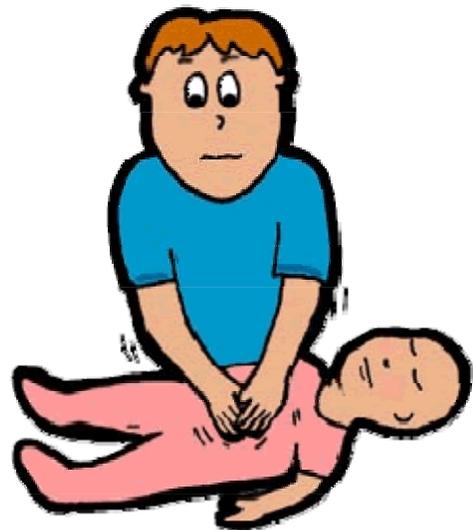
An occasional nosebleed can be alarming, but there's no need to panic - now you know what to do!

### CPR

Everyone should know how and when to administer CPR. When performed correctly, CPR can save a life by restoring breathing and circulation until advanced life support can be given by medical care providers.

#### What Is CPR?

The letters in CPR stand for **cardiopulmonary resuscitation**, a combination of rescue breathing



(mouth-to-mouth resuscitation) and chest compressions. If a child isn't breathing or circulating blood adequately, CPR can restore circulation of oxygen-rich blood to the brain. Without oxygen, permanent brain damage or death can occur in less than 8 minutes.

CPR may be necessary for children during many different emergencies, including accidents, near-drowning, suffocation, poisoning, smoke inhalation, electrocution injuries, and suspected sudden infant death syndrome (SIDS).

Reading about CPR and learning when it's needed will give you a basic understanding of the procedure, but it's strongly recommended that you learn how to perform CPR by taking a course. If CPR is needed, using the correct technique will give your child the best chance of recovery.

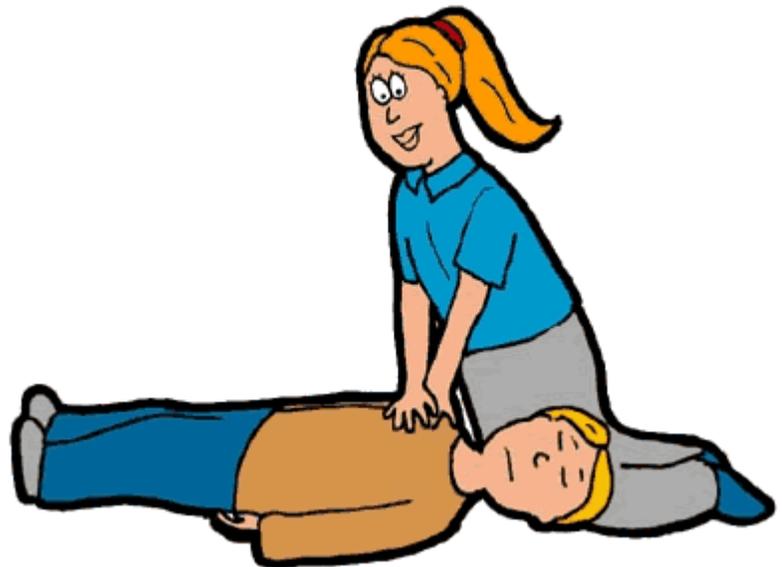
### **When Is CPR Needed?**

CPR is most successful when administered as quickly as possible, but you must first determine if it's necessary. It should only be performed when a person isn't breathing or circulating blood adequately.

**STEP 1** - The first thing to do is determine that it's safe to approach the person in trouble. For instance, if someone was injured in a motor vehicle accident on a busy highway, you'd have to be extremely careful about ongoing traffic as you try to help that person. Or, in the case of a child who touched an exposed wire and was electrocuted, you'd have to make sure the child was no longer in contact with the wire to avoid becoming electrocuted yourself.

(You'd need to use a wooden stick, like a broom handle, to move the wire away from the child.)

**STEP 2** - Once you can safely approach someone who needs help, quickly evaluate whether the person is responsive. Look for things like eye opening, sounds from the mouth, or other signs of life like movement of the arms and legs. In infants and younger children, rubbing the chest (over the breastbone) can help determine any level of responsiveness. In older children and adults, this can also be done by gently shaking the shoulders and asking if they're all right.



STEP 3 - The next step is to check if the victim is breathing. You can determine whether a person is breathing by watching the person's chest for the rise and fall of breaths and listening for the sound of air going in and out of the lungs.

Whenever CPR is needed, remember to call for emergency medical assistance. CPR courses teach you to **call first** (which means to call 911 or your local emergency number before providing treatment) for adult emergencies and **call fast** (which means to provide 1 minute of care and then call 911 or the emergency number) for emergencies in infants and children.

### Three Parts of CPR

CPR has three basic parts that are distinguished by these easy-to-remember letters:

**ABC.** **A** is for airway, **B** is for breathing, and **C** is for circulation.

- **A is for airway.** The victim's airway must be open for breathing to be restored. The airway may be blocked when a child loses consciousness or may be obstructed by food or some other foreign object. In a CPR course, participants learn how to open the airway and position the child so the airway is ready for rescue breathing. The course will include what to do to clear the airway if you believe an infant or child has choked and the airway is blocked.



- **B is for breathing.** Rescue breathing is begun when a person isn't breathing. A person performing rescue breathing is essentially breathing for the victim by forcing air into his or her lungs. This procedure includes breathing into the victim's mouth at correct intervals and checking for signs of life. A CPR course will review correct techniques and procedures for rescuers to position themselves to give mouth-to-mouth resuscitation to infants, children, and adults.

- **C is for circulation.** Sometimes, rescue breathing alone is enough to keep a child alive until help arrives. However, if you've properly administered rescue breathing, but still see no other signs of life, chest compressions are needed to start circulation. This procedure involves pushing on the chest to help circulate blood and maintain blood flow to major organs. Chest compressions should be coordinated with rescue breathing. A CPR course will teach you how to perform chest compressions in infants, children, and adults and how to coordinate the compressions with rescue breathing.

## Taking a CPR Course

Qualified instructors use videos, printed materials, and demonstrations on mannequins representing infants, children, and adults to teach proper techniques for performing CPR.

Because CPR is a skill that must be practiced, it's wise to repeat a course at least every 2 years to maintain your skills. Repeating the course also allows you to learn about any new advances or discoveries in CPR techniques.

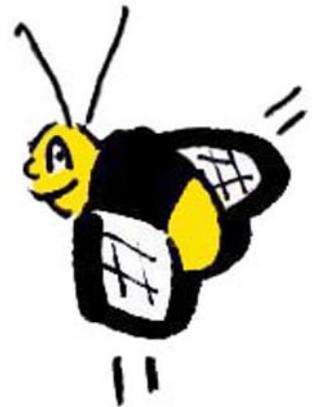
## Insect Stings and Bites

The two greatest risks from most insect stings and bites are allergic reaction (which may occasionally be fatal) and infection (more likely and less serious).

### What to Do:

#### Bee, Wasp, Hornet, and Yellow Jacket Stings

- A bee will leave behind a stinger attached to a venom sac. Try to remove it as quickly as possible. One way is to gently scrape it out with a blunt-edged object, such as a credit card or a dull knife.
- Wash the area carefully with soap and water. Do this two to three times a day until the skin is healed.
- Apply a cold pack, an ice pack wrapped in a cloth, or a cold, wet washcloth for a few minutes.
- Give acetaminophen for pain.
- For pain and itching, give an over-the-counter oral antihistamine, if your child's doctor says it's OK; follow dosage instructions for your child's age and weight. You could also apply a corticosteroid cream or calamine lotion to the sting area.
- A sting anywhere in the mouth warrants immediate medical attention. That's because stings in the mucous membranes of the mouth can quickly cause severe swelling that may block airways. You should seek medical care if you note a large skin rash, a large area of swelling around the sting site, or if swelling or pain persists for more than 72 hours. You should seek immediate medical care if you notice any of the following signs, which may indicate a serious or even potentially life-threatening allergic reaction:
  - wheezing or difficulty breathing
  - tightness in throat or chest
  - swelling of the lips
  - dizziness or fainting
  - nausea or vomiting

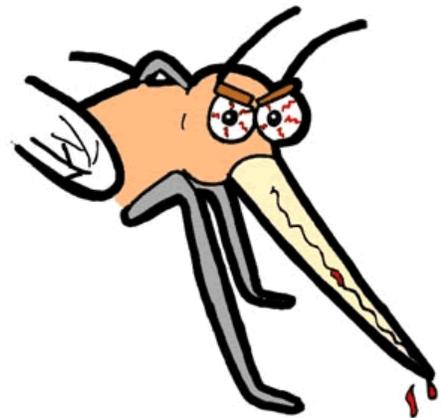


## Spider Bites

Most spiders found in the Canada are harmless.

- Wash the area carefully with soap and water. Do this two to three times a day until skin is healed.
  - Apply cool compresses.
  - Give acetaminophen for pain.
  - To protect against infection, apply an antibiotic ointment and keep hands washed.
  - If you have any reason to suspect your child has been bitten by a black widow or brown recluse spider, apply ice to the bite site and head for the emergency room.
- Symptoms include:

- a deep blue or purple area around the bite, surrounded by a whitish ring and a large outer red ring
- body rash
- muscle spasms, tightness, and stiffness
- abdominal pain
- headache or fever
- general feeling of sickness
- lack of appetite
- joint pain
- nausea or vomiting



## Tick Bites

Check yourself, your children and pets for ticks carefully after you've been in or around a wooded area. Common types of ticks include dog ticks and deer ticks (deer ticks may be carriers of Lyme disease).

If you find a tick:

- Use tweezers to grasp the tick firmly at its head or mouth, next to your skin.
- Pull firmly and steadily on the tick until it lets go, then swab the bite site with alcohol.
- **Don't** use petroleum jelly or a lit match to kill and remove a tick.

## Burns

Although some minor burns aren't cause for concern and can be safely treated at home, other more serious burns require medical care. But, many times, burns can be prevented by taking some simple precautions to make your home more safe.

## Common Causes

The first step in helping to prevent yourself from being burned is to understand the common causes of burns:

- scalds, the number-one culprit (from steam, hot bathwater, tipped-over coffee cups, cooking fluids, etc.)
- contact with flames or hot objects (from the stove, fireplace, curling iron, etc.)
- chemical burns (from swallowing things like drain cleaner or watch batteries or spilling chemicals, such as bleach, onto the skin)
- electrical burns (from biting on electrical cords or sticking fingers or objects in electrical outlets, etc.)
- overexposure to the sun

## Types of Burns

Burns are often categorized as first-, second-, or third-degree burns, depending on how badly the skin is damaged. Any of the injuries above can cause any type of burn. But both the type of burn and its cause will determine how the burn is treated. All burns should be treated quickly to reduce the temperature of the burned area and reduce damage to the skin and underlying tissue (if the burn is severe).

**First-degree burns**, the mildest of the three, are limited to the top layer of skin.

- *Signs and symptoms:* These burns produce redness, pain, minor swelling, but no blistering. The skin often turns white you press on the burned area.
- *Healing time:* Healing time is about 3 to 6 days; the superficial skin layer over the burn may peel off in 1 or 2 days.



**Second-degree burns** are more serious and involve the skin layers beneath the top layer.

- *Signs and symptoms:* These burns produce blisters, severe pain, and redness. The skin can appear blotchy white to cherry red.
- *Healing time:* Healing time varies depending on the severity of the burn.

**Third-degree burns** are the most serious type of burn and involve all the layers of the skin and underlying tissue.

- *Signs and symptoms:* The remaining surface can look waxy, leathery, or charred. There may be little or no pain at first because of nerve damage.
- *Healing time:* Healing time depends on the severity of the burn. Deep second- and third-degree burns (called full-thickness burns) will likely need to be treated with skin grafts, in which healthy skin is taken from another part of the body and surgically placed over the burn wound to help the area heal.

## What to Do

### Seek Medical Help Immediately If:

- You think you have a second- or third-degree burn.
- The burned area is large, even if it seems like a minor burn. For **any** burn that appears to cover more than 15% to 20% of the body, call for medical assistance. And don't use wet compresses because they can cause the child's body temperature to drop. Instead, cover the area with a clean, soft cloth or towel.
- The burn comes from a fire, an electrical wire or socket, or chemicals.
- The burn is on the face, scalp, hands, joint surfaces, or genitals.
- The burn looks infected (with swelling, pus, increasing redness, or red streaking of the skin near the wound).

### For First-Degree Burns:

- Remove clothing from the burned area immediately.
- Run cool (**not** cold) water over the burned area (if water isn't available, any cold, drinkable fluid can be used) **or** hold a clean, cold compress on the burn until pain subsides (**do not use ice, as it may cause the burn to take longer to heal**).
- **Do not** apply butter, grease, powder, or any other remedies to the burn, as these increase the risk of infection.
- If the burned area is small, loosely cover it with a sterile gauze pad or bandage.
- Take acetaminophen or ibuprofen for pain.
- If the area affected is small (the size of a quarter or smaller), keep the area clean and continue to use cool compresses and a loose dressing over the next 24 hours. You can also apply antibiotic cream two to three times a day, although this isn't absolutely necessary.

### For Second- and Third-Degree Burns:

- Seek emergency medical care, then follow these steps until medical personnel arrive:
  - Keep your patient lying down with the burned area elevated.
  - Follow the instructions for first-degree burns.
  - Remove all jewellery and clothing from around the burn (in case there's any swelling after the injury), except for clothing that's stuck to the skin. If you're having difficulty removing clothing, you may need to cut it off or wait until medical assistance arrives.
  - **Do not** break any blisters.
  - Put wet, sterile bandages on the burned area until help arrives.

### For Flame Burns:

- Extinguish the flames by having your patient roll on the ground.
- Cover him or her with a blanket or jacket.
- Remove smouldering clothing and any jewellery around the burned area.
- Call for medical assistance, then follow instructions for second- and third-degree burns.

**For Electrical and Chemical Burns:**

- Flush the burned area with lots of running water for 5 minutes or more. If the burned area is large, use a tub, shower, buckets of water, or a garden hose.
- **Do not** remove any of your child's clothing before you've begun flushing the burn with water. As you continue flushing the burn, you can then remove clothing from the burned area.
- If the burned area is small, flush for another 10 to 20 minutes, apply a sterile gauze pad or bandage, and call your doctor.
- Chemical burns to the mouth or eyes require immediate medical evaluation after thorough flushing with water.

**Preventing Burns**

Although you can't keep your family and children free from injuries all the time, taking some simple precautions *can* reduce the chances that you or your family will be burned unnecessarily in your own home.

**In General**

- Keep matches, lighters, chemicals, and lit candles out of your child's reach.
- Never leave a lit candle unattended.
- Put child-safety covers on all electrical outlets.
- Get rid of equipment and appliances with old or frayed cords and extension cords that look damaged.
- If you need to use a humidifier or vaporizer, use a cool-mist model rather than a hot-steam one.
- Don't use fireworks or sparklers.
- Choose sleepwear that's labelled flame retardant (either polyester or treated cotton). Cotton sweatshirts or pants that aren't labelled as sleepwear generally aren't flame retardant.
- Make sure you are especially careful when using irons or curling irons.
- Don't smoke inside, especially in bed.
- Prevent house fires by making sure that you have a smoke alarm on every level of your home and in each bedroom.

**Bathroom**

- Set the thermostat on your hot water heater to 120 degrees Fahrenheit (49 degrees Celsius) or lower, or use the "low-medium setting." You can be scalded in 2 to 3 seconds if the temperature is only 5 degrees higher than 120 degrees Fahrenheit (49 degrees Celsius). If you're unable to control the water temperature (if you live in an



apartment, for example), install an anti-scald device, which is relatively inexpensive and can be installed yourself or by a plumber.

- Always test bathwater with your elbow before putting your child in it.
- Always turn the cold water on first and turn it off last when running water in the bathtub or sink.

### **Kitchen/Dining Room**

- Turn pot handles toward the back of the stove every time you cook.
- Avoid using tablecloths or large place mats. A small child can pull on them and overturn a hot drink or plate of food.
- Keep hot drinks and foods out of reach of children.
- Screen fireplaces and woodstoves. Radiators and electric baseboard heaters may need to be screened as well.
- Block access to the stove as much as possible.
- **Never** hold a baby or small child while cooking.

### **Outside/In the Car**

- Apply a broad spectrum, SPF 15 or higher sunscreen 15 to 30 minutes before going out. Reapply every two hours, especially after vigorous activity or sweating.
- Use playground equipment with caution. If it's very hot outside, use the equipment only in the morning, when it's had a chance to cool down during the night.
- Before leaving your parked car on a hot day, hide the seatbelts' metal latch plates in the seats to prevent the sun from hitting them directly.

## **Poison Ivy**

Leaves of three - let them be! You've probably heard that little rhyme about poison ivy. But did you know that poison ivy, poison oak, and poison sumac all contain the same rash-causing substance? It's called **urushiol** (pronounced: yoo-roo-shee-ol), a colorless, odorless oil (called resin) contained in the leaves of the plants.

### **What Are the Signs and Symptoms of Poison Ivy?**

Urushiol is considered an allergen because it causes an allergic reaction - which takes the form of a rash, itching, and sometimes swelling. Not everyone gets a reaction to urushiol, but about 60% to 80% of people do. This reaction can appear within hours of coming into contact with urushiol or as late as 5 days later. Typically, the skin becomes red, itchy, and swollen and blisters will appear. After a few days, the blisters may become crusty and start to flake off. The rash that people get from poison ivy takes 1 to 2 weeks to heal.

## Should I See a Doctor?

It's a good idea to consult with your doctor if you have any kind of rash, especially if you have a fever too. If your doctor determines that a rash has been caused by poison ivy or a similar plant, he or she may tell you to take cool showers and to use a soothing lotion, such as calamine lotion. In more severe cases, doctors may prescribe pills or creams that contain antihistamines or steroids (not the same type of steroids that bodybuilders use!) to decrease itching and redness.

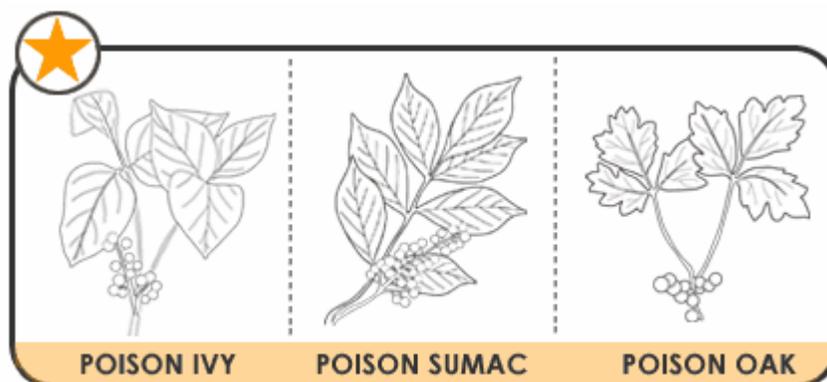
## Can I Prevent It?

Poison ivy can grow anywhere - from the woods to your own backyard. And it's hard to identify: Not only can the green leaves of poison plants blend right in with other plants and brush, but there are several types of poison ivy, and each one can look different depending on the time of year.

The leaves of poison ivy plants release urushiol when they're bumped, torn, or brushed against. (When the resin is released, the leaves may appear shiny or you may see black spots of resin on them.) Once the urushiol has been released, it can easily get on a person's skin. Here are some tips to help you avoid getting a rash from poison ivy:

- Learn to identify poison ivy, oak, and sumac, so you can steer clear of them. (Be especially careful of plants if the leaves look shiny.)
- Avoid areas where you know there's poison ivy.
- Wear long sleeves and long pants when you're in areas where poison ivy might grow.
- If your dog has been out exploring the woods, give him a shower to wash off any urushiol oil that may be on his coat.

If you come into contact with urushiol oil, try to wash it off your skin right away by taking a shower and using lots of soap. (Avoid taking a bath, though, because the oil can be transferred to other areas of your body through the bathwater).





### SUPPORT QUESTION – First Aid Quiz

1. Go to one of the following websites:

<http://www.mayoclinic.com/invoke.cfm?id=QZ00030>

<http://www.greatauk.com/wqfirstaid.html>

[http://www.keepkidshealthy.com/welcome/firstaid/firstaid\\_quiz.php](http://www.keepkidshealthy.com/welcome/firstaid/firstaid_quiz.php)

<http://www.firstaidquiz.com/cgi-bin/quiz/index.pl>

2. Complete the Quiz. Print and carefully read the results.



### Key Questions for Lesson 16 (100 marks)

Please answer these questions on your own paper. If you choose to word process your answers please use double spacing and at least 12 pt font.



#### KEY QUESTION # 96 – Lesson 16 ... Important Terms (18 marks)

Read through your class notes and write the definition for each of the following terms:

- |                    |                           |
|--------------------|---------------------------|
| 1. Sports injuries | 2. acute traumatic injury |
| 3. fracture        | 4. contusion              |
| 5. strain          | 6. sprain                 |
| 7. abrasion        | 8. laceration             |
| 9. chronic injury  | 10. stress fractures      |
| 11. tendonitis     | 12. epiphysitis           |
| 13. concussion     | 14. hematoma              |
| 15. whiplash       | 16. frostbite             |
| 17. hypothermia    | 18. CPR                   |



#### KEY QUESTION # 97 – Safety Basics (20 marks)

1. Why do sports injuries typically happen to teens (3 reasons)?
2. If left untreated, what will happen to a chronic injury over time?
3. List seven (7) factors sports injuries are due to.
4. (a) What types of back injuries common occur?  
(b) Which sports cause the most back injuries?
5. (a) What should men wear to protect sex organs from serious injury?  
(b) What should women wear to protect sex organs from serious injury?
6. What are three (3) common hand and wrist injuries?
7. What are four (4) common foot injuries?

8. What is the second leading cause of injury death among children 14 years and younger?
9. List and explain five (5) “Swimming Smarts”.
10. What are the leading cause of death for 15- to 20-year-olds?
11. What are the seven (7) driving safety basics?
12. What should you wear when you venture outdoors into the chill of winter?
13. Why is it always a good idea to take lessons when you are beginning a new sport?



### KEY QUESTION # 98 – First Aid Booklet (60 marks)

Directions: Design a booklet that will create awareness about First Aid that teenagers will understand. By using your class notes, the Internet or your local library gather information and create a multi-page booklet that includes the following information:

**Content: (56 marks)**

- a) Concussions (8 marks)
  - What is it?
  - What causes it?
  - What are the signs & symptoms?
  - What to do / first aid required?
  - Prevention
- b) Broken Bones, Sprains and Strains (4 marks)
  - What to do for a broken bone?
  - What to do for a sprain and strain?
- c) Bleeding (8 marks)
  - What to do for minor bleeding?
  - What to do for major bleeding?
  - List the steps to stopping a nose bleed.
  - How to prevent nosebleeds
- d) CPR (12 marks)
  - When is it necessary?
  - How can YOU learn it?
  - When is it needed?
  - Describe the 3 STEPS
  - When to call for emergency medical assistance
  - Describe the ABC method
- e) Insect Bites and Stings (8 marks)
  - What are the two greatest risks?
  - What to do for Bees, hornets etc.?
  - What to do for spider bites?
  - What to do for ticks?
- f) Burns (10 marks)
  - What are the common cause?
  - Describe the three types of burns (signs & symptoms, what to do and healing times for EACH)
  - Preventing Burns (in general, in the kitchen, in the bathroom, outside)
- g) Poison Ivy (6 marks)
  - What are the causes?

- What are the signs & symptoms?
- Prevention

**Style: (4 marks)**

-  Be sure that your BOOKLET has a cover page
-  Make sure you have used correct spelling, grammar and punctuation
-  Apply ALL knowledge & answers in a well-crafted booklet
-  Use subheadings, pictures, colour, desktop publishing etc.
-  Ask yourself before you submit it for marks “Is my booklet neat, colourful?” and “Is all the required information present?”

# PPZ30

HEALTH FOR LIFE



LESSON 17

## Lesson 17 – What is Vitality?

VITALITY is an integrated approach that promotes healthy eating, active living and positive self and body image. The VITALITY approach encourages individuals to make healthy choices and promotes environments that make healthy choices easier. The

VITALITY concept grew out of Health Canada's strategy to promote healthy weights. This strategy recommended focusing on health-enhancing behaviours to achieve and maintain a healthy weight, rather than focusing on weight itself.

VITALITY provides nutrition, fitness and other health professionals and leaders in schools, workplaces and communities with opportunities to take a more holistic approach by moving beyond weight control, calorie-restricted diets and prescriptive exercise regimes.

### The VITALITY Approach

VITALITY was developed as an initiative to encourage Canadians to adopt a positive and healthy approach to body weight.

VITALITY incorporated three key components:

1. healthy eating;
2. enjoyable physical activity/active living, and
3. a positive self and body image.

VITALITY also promoted supportive environments to enable individuals to adopt these three components.

### The Origin of VITALITY

A slim, strong, attractive body. Most Canadians want it; some Canadians spend years in repeated, self-defeating attempts to attain it.

There is nothing wrong with pursuing a healthy body. Indeed, people who take control of their health tend to have a lowered risk for chronic illnesses. The difficulty lies in the discrepancy between what weight is considered healthy and what many Canadians see as an ideal body weight. After decades of hearing the media and the fashion, food and fitness industries glorify unrealistic



images of feminine thinness and male muscularity, many Canadians over-value their body weight and size as keys to attractiveness, success, happiness and good health. However, the number of Canadians who are overweight is increasing

While a reduction in weight will improve the health of some overweight people, a fixation on weight reduction and an ideal body shape can lead to yo-yo dieting, weight cycling, restrictive eating, obsessive exercising and negative perceptions of body image. Furthermore, the pursuit of a rigid standard for size and shape inevitably fails for most people over the long term. One- to two-thirds of lost weight is usually regained within one year and almost all is regained within five years.

Rather than focusing on weight loss, VITALITY aims to enhance Canadians' physical, psychological and social well-being by encouraging them to enjoy eating well, being active and feeling good about themselves. VITALITY is also concerned with creating environments that support healthy choices. Homes, schools, workplaces and communities that support healthy lifestyles help empower people to make healthy choices about eating, being active and feeling good about themselves.

## **VITALITY Basics**

VITALITY's "feeling good about yourself" message draws attention away from society's preoccupation with weight and negative body image. Self-respect and acceptance of others are shown as the ways to enhance enjoyment and family life.

The slogan "Enjoy eating well, being active and feeling good about yourself. That's VITALITY" is designed to promote the spirit and meaning of this positive approach.

The "eating well" component emphasizes a lifetime eating pattern based on *Canada's Food Guide to Healthy Eating* (remember this from Unit 1). Healthy eating conveys a sense of wellbeing and the opportunity to feel, look and perform better. Former dieters can take control of their eating behaviour by learning to eat according to internal hunger cues and thus decrease overeating and binging. Because there is no rigid diet to follow, the guilt and the assault on self-esteem associated with a lapsed diet do not occur. Instead, the focus is on meeting the body's energy and nutrient needs by enjoying healthy eating.

The "being active" component reflects the shift to active living, a way of life that values physical activity and makes it a part of daily living. Active Living is based on a sound, scientific rationale in which studies have shown that moderate, everyday activities such as walking, dancing and yard work are important for health and longevity. Similarly, sustained, moderate energy expenditure is more effective than bouts of high-intensity exercise in managing body weight. VITALITY portrays daily activity as an achievable and enjoyable goal.

## Positive Self/Body Image

***Positive Self/Body Image promotes acceptance of a wider range of healthy body shapes and sizes, and encourages people to celebrate their own uniqueness.***

### Positive Self/Body Image: What is it?

There are incredible pressures on people, especially women, to buy into the idealized body image promoted by the media and fashion, diet and tobacco industries. Many of us set unrealistic goals for the way our bodies should look; we spend a lot of time worrying about our weight and analyzing what we eat and how much we eat and feeling guilty.



VITALITY challenges the idealized image of bodies as acceptable only if they're thin. It permits, even encourages, people to accept that healthy bodies come in a range of weights, shapes and sizes. It tells us we should appreciate our own uniqueness, including our strengths and abilities. It tells us to relax a little and enjoy life. Finally!

The first VITALITY component, *positive self and body image*, takes the emphasis away from a preoccupation with weight and negative self and body image. It promotes the fact that healthy, good looking bodies come in a range of shapes and sizes, not just the ones we see on the pages of fashion magazines or television.

### The Role Of The Media

The slim ideal is promoted vigorously through the mass media, particularly by the diet, cosmetic and fashion industries. Particularly damaging to body image, and potentially to health, is the implicit message that this ideal can be achieved by anyone willing to work hard enough for it. This is an assertion that not only promotes frustration and guilt but flies in the face of genetic realities.

Slimness in western cultures is associated not only with success and sophistication, but with character virtues. Conversely, obesity is the opposite of all these things and, particularly in the case of women, is associated with failure and a collapse of self-discipline.

These messages are picked up early in life. Research has found that children view good looking peers as smarter and friendlier, than unattractive peers - and assume them to be happier and more successful.

This typecasting affects not only body image but other aspects of self-esteem including, specifically, perception of character. In the western culture, slim is promoted not only as

beautiful, healthy and sexy but self-disciplined and good. Attractive people are perceived to be kind, interesting, outgoing and to have a variety of socially desirable character traits. The unmistakable sub-text of this message is that people who vary from the model are the opposite of all these things.

These negative perceptions continue into adulthood. The obese, and particularly females, are not only stigmatized but are psychologically, socially and economically punished. Fat can be construed as a symbol of power in men but always symbolizes weakness and inferiority in women.

People who are healthy and accept themselves on their own terms are in a stronger position to withstand the message. Canadian health promoters can help them do so by promoting the VITALITY program's approach of healthy eating, active living and a positive body image.

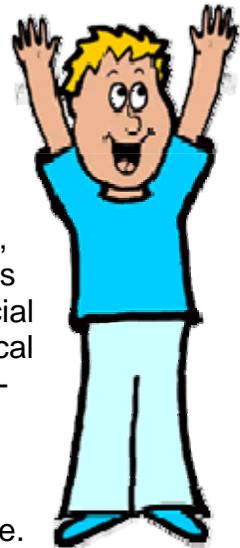
## Understanding Self-Concepts

**SELF-IMAGE OR SELF-CONCEPT** is the most inclusive "self" term. It describes how an individual perceives his or her characteristics and abilities and how an individual evaluates him/herself. Self-image is multifaceted and develops gradually as an individual matures and interacts with significant others. Understanding the self begins at a very young age, before language is developed. In adulthood, self-image is largely linked to job or career success and relationships with family and friends. Unemployment and marriage break-up make adults particularly vulnerable to feeling negatively about themselves.

**BODY IMAGE** is the picture an individual has of his or her body - what it looks like in the mirror and what he or she thinks it looks like to others. To the extent that body image helps form self-image, dissatisfaction with one's body can have a dramatic effect on how people feel about themselves.

**SELF-ESTEEM** is defined as the evaluative component (i.e., how worthy one feels) and is a part of self-image. While many researchers use the two terms interchangeably, most of the literature related to self concepts and health refers to the self-esteem component. To measure self-esteem, most researchers consider several interrelated parts. One theory suggests that the top level is general or global self-esteem. The other parts are social self-esteem (relationships with parents, peers and intimate others), physical self-esteem (physical ability and physical appearance) and academic self-esteem (reading, math and other intellectual abilities).

While one's self-image may change throughout life, one's fundamental sense of feeling worthy or unworthy (self-esteem) remains relatively stable. This points to the importance of ensuring nurturing, safe and loving environments for children and adolescents as the primary way to prevent low self-esteem and negative body image.

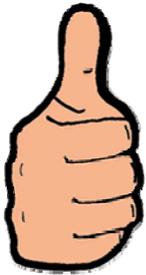


## Boosting Self-Esteem

Feeling good about yourself is an important part of VITALITY. Self-esteem is based on how you see your abilities and your worth as a person. People with low self-esteem are often shy, anxious, and depressed. They are negative about themselves and their abilities. Because they don't feel worthwhile, they are more likely to do things that are not good for their health, such as going on starvation diets and smoking. People with high self-esteem tend to be secure and confident. They see themselves and their abilities positively. Because they know it is important to take care of themselves, they are more likely to eat well and to stay active. Comparing yourself to the perfect men and women you see on television and in magazines and movies is hard on your self-esteem.

We all know these images. Ideal women handle their jobs, homes, and kids with ease, and continue to be thin, well-dressed and beautiful. Ideal men are big, strong and successful in life. When we compare ourselves to these "perfect" people, we forget how little appearance really matters in life. We may also believe that to be perfect we have to suffer - to go without enough food or rest or exercise. Then, when we do not develop the perfect body, we think we have failed and our self-esteem becomes even lower.

### The High Cost of Low Self-esteem



Self-esteem is the foundation of psychological well-being. Anxiety disorders, depression and suicide are strongly associated with low self-esteem. Studies link low self-esteem with disturbed body image, dropping out of physical activity, eating disorders, substance abuse, abusive relationships and interpersonal problems. It is important, however, to recognize that social and living conditions such as poverty, abuse, inequity and racism contribute to these problems, and that low self-esteem in itself is not the cause.

Distinguishing features that characterize individuals who possess high or low self-esteem (self-image) have been proposed. Individuals with high self-esteem characteristically:

- ☺ perceive themselves in a positive way and appreciate their own abilities, potential and limitations;
- ☺ present themselves with confidence and tend to deal with demands and stress in an assertive and effective way;
- ☺ perceive that they are loved and respected by significant others.

Individuals with low self-esteem generally:

- ☺ are more passive and dependent in reacting to stress and demands, and are more likely to conform to social pressures;
- ☺ are pessimistic about their abilities and tend to be shy, depressed and anxious about the future;
- ☺ tend to experience difficulties in relationships and rarely assume positions of leadership.

## Picking up social cues

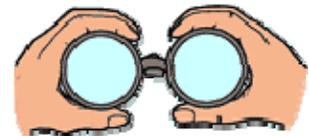
Health and well-being are linked to self-esteem and a positive body image. People who feel good about themselves and their bodies tend to lead more physically active lives, follow a pattern of healthy eating and are less likely to be smokers. Recent studies have demonstrated that people's self-esteem and body image are influenced by social interaction through two processes: "reflected appraisal" and social comparison.

### Reflected appraisal

**REFLECTED APPRAISAL** refers to a theory which goes back to the turn of the century. It suggests that we see ourselves as others see us, or as we think they do, using a sort of psychological radar to pick up perceived reactions. "Perceived" is the operative word because research has demonstrated that a person's reading of others' opinion is conditioned by self evaluation and may not necessarily be accurate.

Furthermore, some studies show gender differences in these perceptions, with females tending to attach more importance to their physical appearance than males. Both sexes use weight and body shape as the main criteria for physical attractiveness. Men primarily view their bodies ... as tools that need to be in shape and ready for use, women primarily see their bodies as commodities, their physical appearance serving as an interpersonal currency.

The research also suggests that the extent to which this perception of external appraisal shapes our judgment of ourselves, depends on the importance to us of the people providing it. Particularly influential are the reactions of "significant others," people whose opinions make a difference to us.



## How Can A Teen Build Self-Esteem?

The process is simple, but putting it to work is difficult. Self-esteem is built upon the experience of success. Think of it as a circular process. When people experience success, they grow in self-confidence. As self-confidence grows, they feel empowered to face new challenges. As they succeed in confronting each challenge, they develop the capacity to cope with whatever life throws their way. That feeling leads to further growth of self-confidence, self-reliance and self-esteem.

### To Maintain Healthy Self-Esteem...

- ☺ Celebrate your strengths and achievements.
- ☺ Forgive yourself for your mistakes.
- ☺ Don't dwell on your weaknesses, every human has them.
- ☺ Change the way you talk to yourself -- stop putting yourself down!
- ☺ Be sure that you are not judging yourself against unreasonable standards.
- ☺ Beating yourself for your weaknesses is self defeating. Use that energy for positive thoughts about you.

### Teens with High Self-Esteem Are...

- ☺ Able to accept and learn from their own mistakes.
- ☺ Confident without being obnoxious or conceited.
- ☺ Not devastated by criticism.
- ☺ Not overly defensive when questioned.
- ☺ Not easily defeated by setbacks and obstacles.
- ☺ Unlikely to feel a need to put others down.
- ☺ Open and assertive in communicating their needs.
- ☺ Not overly worried about failing or looking foolish.
- ☺ Not harshly or destructively critical of themselves.
- ☺ Not aggressively driven to prove themselves.
- ☺ Able to laugh at themselves, not taking themselves too seriously.

### Self-Esteem Boosters



How can you avoid the "ideal image trap" and boost your own self-esteem, as well as the self-esteem of those you care about?

#### Here are some suggestions:

- Be positive about yourself and accept compliments that point out your strengths and abilities.
- Be realistic about what you can do. Trying to be perfect and comparing yourself with other people can damage your self-esteem.
- Recognize that everyone makes mistakes. When you make a mistake, do not put yourself down. You can learn from your mistakes.
- Listen carefully to others, without judging.
- Respect people's differences. Recognize their strengths and accomplishments. Acknowledge the things others do that help your family, your workplace and your community.
- Support and encourage other people's efforts to learn new things.
- Give people in your family unconditional love. For example, when a child does something wrong, make it clear that you dislike the behaviour, but you still love the child.
- Spend time with people who make you feel good. Do things that make you feel worthwhile.

## A Shifting Vision of Beauty

Over the past century different body shapes have been projected by western culture and promoted as standards for fashion and sophistication.

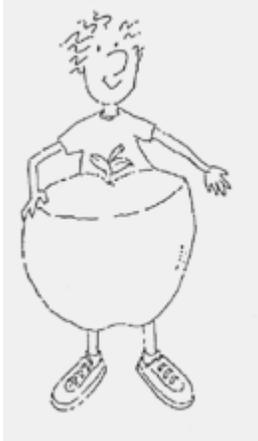
The other shaper of body image is social comparison, people rating themselves in relation to others, with points awarded for similarities and points forfeited for differences. This assessment is based on standards set by the popular culture. In many societies, physical attractiveness is defined to a significant extent by the shape and size of the body. But the specifications vary. In less developed countries where food is at a premium, the robust look is considered attractive for both sexes and all ages because it epitomizes status and wealth. In more affluent countries, including Canada, the currently prevailing beauty ideal is slim. The corresponding male ideal is the muscular mesomorph.

It has not always been that way. In the 1890s, the feminine ideal was plump and women worried about being too thin. This model was supplanted, early in the century, by the corseted, hour-glass ideal and, later by the flat-chested androgynous look - which women of the 1920s sought to achieve through starvation diets and strenuous exercise. The depression years saw the return to a body ideal which emphasized hips and bosom. Since Twiggy in the 1960s, the prevailing ideal in the west has been slim.

<b>A shifting vision of beauty</b>	
<b>The era</b>	<b>The look</b>
1890s	Plump, voluptuous.
Early 20th century	Corseted, hour-glass, "Gibson Girl" look.
1920s	Flat-chested, slim-hipped, androgynous with emphasis on heavy use of cosmetics.
1930s and 1940s	Full-bodied, with emphasis on legs.
1950s	Voluptuous and curvaceous.
1960s to date	Thin, uncurvaceous (waif look).

## Are You an Apple or a Pear?

Most people believe that excess weight is bad for your health. But now research has shown that it is where excess fat is stored on the body that is the key link to the risk of future health problems.



**Apple-shaped people** store body fat around the abdomen and chest, surrounding internal organs, such as the heart.

**Pear-shaped people** store fat on the hips and thighs, just below the surface of the skin.

The good news for Pears is that the excess fat they store in the lower body is not necessarily a risk to their health. Apples, however, have a higher risk for heart disease, stroke, diabetes, high blood pressure and gall bladder disease. Even when Apples and Pears have similar body weights, these diseases progress faster and more seriously in Apples than in Pears.



Does your body shape change when you lose weight? It depends on whether you are an Apple or a Pear. When Apples lose weight, they do reduce the fat in the upper body, so they look different (and reduce their risk of disease). Pears also tend to lose fat in the upper body, so even when they lose weight, their overall shape does not change much. In short, a Pear will always be a Pear.

The Waist/Hip Ratio (WHR) is a measure of trunk fatness. It is a good indicator of weight as a risk factor for diseases such as heart disease. The Body Mass Index (BMI) is another measure for assessing overall weight and risk to health. The BMI measures weight in relation to height. If you are concerned about your WHR, contact your local public health department to find out more about healthy weights and the BMI.



### SUPPORT QUESTION – What's Your Waist-Hip Ratio (WHR)?

To decide if you are an Apple or a Pear, try this simple waist-to-hip measurement.

1. Measure your waist at the smallest part.  
Waist = \_\_\_\_\_ inches.
2. Measure your hips at their widest.  
Hips = \_\_\_\_\_ inches.
3. Divide your waist measurement by your hip measurement.  
WHR = \_\_\_\_\_
4. Assess your health risk.

Lower Risk

- WHR less than 0.8 for women

- WHR less than 1.0 for men

#### Higher Risk

- WHR greater than 0.8 for women
- WHR greater than 1.0 for men

### ***The Bottom Line***

For most people, a few extra pounds is not harmful to their health. If you are an Apple with a higher WHR, consider talking to a dietitian about making changes to your eating patterns and talk to a fitness instructor about increasing your level of physical activity. If you are a Pear with a healthy weight, focus on eating well, being active and feeling good about yourself. Respecting your body the way it is, is a healthier alternative than dieting.

## **What I Like About Me**

Liking yourself and your body is an important part of VITALITY and can help you reach and stay at a healthy weight. Try saying positive things to yourself every day. For example:

- I accept myself and others.
- I am proud of the things I've done.
- I have a sense of humour.
- I enjoy my work.
- I am aware of my strengths and weaknesses
- I have a good outlook on life.
- I want to keep growing and changing to feel better about myself.
- I don't let fear keep me from doing all I want to do.
- I am realistic about the goals that I set.
- I know what is important for me.
- I look forward to the future.



\* Adapted from the Ontario Ministry of Health's "I Rate +" program, in The Healthy Weight Program, Nutrition Services, Halton Regional Health Department, 1994.

## Healthy Eating

***Research shows that most dieting programs don't work and can even have negative health impacts. Healthy eating encourages people to enjoy a wide range of foods.***

### Healthy Eating: What is it?

The old weight-centred approach to eating included restricting the types of food you ate, dieting and counting calories. The result? Giving up, weight cycling or "yo-yo" diets and eating disorders.

VITALITY encourages everyone to take pleasure in eating a variety of foods, and to emphasize lower-fat foods, grain products, and vegetables and fruit. By listening to the body's internal (rather than external) hunger cues, we can eat to meet the body's energy and nutrient needs over the long term.



### Making the Links: Healthy Eating and Positive Self/body image

There is a strong link between unhealthy nutritional practices, eating disorders and people's perceptions, accurate or otherwise, of their bodies. The relationship is particularly evident among adolescents but it is also strong in the adult population.

Research into the complex relationship between self-image, body image, body weight and eating practices has been carried out against the background of a rising concern among adolescents (particularly girls) about diet, weight and physical appearance. Also on the increase is the use of extreme measures to control weight. According to studies from the 1960s, adolescents of that era dieted or exercised to reach their "ideal" weight. Their counterparts of the 1980s were more likely to be supplementing such measures with induced vomiting, fasting and the use of diuretics, laxatives and appetite suppressants. Nutrition experts find these trends particularly disturbing since these patterns of behaviour are often precursors of severe eating disorders such as anorexia nervosa and bulimia.

Researchers seeking insights into these trends have noted an equally sharp increase in young people's preoccupation with body image. These worries are virtually twice as prevalent as they were 20 years ago and they are taking hold at an earlier stage. Studies indicate that, in general, girls begin to worry about weight and diet between the ages of nine and eleven. Some studies focus specifically on the link between body image and various unhealthy behaviours including excessive dieting, overeating and preoccupation with weight.

Dissatisfaction with weight and body size is relatively common among adult women. This can lead to chronic patterns of restrictive eating and sometimes to excessive exercising to control weight. Prolonged calorie restriction, in turn, can result in a negative self-image and a distinctive personality whose traits are "passivity, anxiety and emotionality."

Healthy eating is an important part of promoting well-being, although its direct relationship to self-esteem is unclear. While it stands to reason that individuals who feel good about themselves would make healthy food choices more often, studies have not been done to verify this common sense assumption. It is clear, however, that low self-esteem is linked to negative eating behaviours such as dieting, bingeing and purging.

## Ideas for Healthy Eating

Healthy eating means eating a wide variety of foods you enjoy, especially grains, vegetables and fruit. It also means choosing lower-fat foods more often and cutting down on the amount of fat you use to prepare foods. *Canada's Food Guide to Healthy Eating* has lots of tips and suggestions to help you make healthy eating a part of your everyday life.

Add less fat, and lots of flavour and eye appeal to the foods you eat. Here are a few suggestions:

- Treat your taste buds, try Italian, Chinese, Middle Eastern or any of the other delicious ethnic food Canada has to offer.
- Serve smaller portions. Offer seconds to those who want more.
- Make soups or stews a day ahead and refrigerate. Skim off any fat that hardens on top.
- Use only a little of high-fat salad ingredients such as: salad dressings, avocado, bacon bits, olives, high-fat cheeses, nuts and croutons.
- Traditional dippers like potato chips and taco chips are high in fat. Try raw vegetables for a change, they're tasty and easy to prepare.
- Instead of frying, try a lower-fat cooking method, such as broiling, baking or grilling. Basting with wine, lemon juice or broth will keep food moist and add flavour. Poaching and braising are also good cooking methods.
- For a stir-fry, try steaming food in a little tomato juice, bouillon or chicken stock rather than using oil.
- Serve vegetables plain or sprinkle them with chives or parsley or a little lemon juice.
- Angel food cake contains only a trace of fat. Serve it with fresh fruit or a sauce made with plain yogurt and frozen berries.





### **SUPPORT QUESTION – Food for Thought\***

What about adding some of your own ideas for healthy eating?

The choices are endless! Stay positive and remember:

- Healthy eating and great taste go hand in hand.
- There are no "good" or "bad" foods.
- Everything tastes better when you enjoy it with family and friends.

\* Adapted from "Tips for Low-Fat Cooking," Halton Regional Health Department, in *The Healthy Weight Program*, Nutrition Services, Halton Regional Health Department, 1994.

## **VITALITY and Healthy Weights: a Natural Connection**

In 1988, Health and Welfare Canada introduced the healthy weights strategy, promoting healthy eating (not dieting), regular physical activity (not necessarily intense exercise) and social acceptance of a wider range of healthy weights and body sizes. Working with health professionals, the university community and the voluntary sector, the Department conducted an in-depth investigation on the effects of weight, both underweight and overweight, on physical and psychological health.

The outcome of this investigation resulted in the development of the VITALITY approach. An indispensable tool for Leaders, VITALITY can help individuals to accept a variety of body shapes and sizes, and to achieve and maintain a healthy weight through the adoption of a healthy lifestyle.

### **Weight Extremes**

Contrary to common beliefs, obese people do not necessarily eat more than non-obese people and fatness is not simply a matter of willpower. In fact, the multiple causes of obesity reflect differences in genetic backgrounds, the efficiency of energy use and environmental, cultural, socioeconomic and psychological conditions.

Obesity is associated with adverse changes in blood lipids, gall bladder disease, gout and osteoarthritis. Most studies show a strong association between excess weight and hypertension (especially in men) and between excess weight and diabetes (especially in women). Some indicate that there is an association between excess weight and endometrial cancer and breast cancer among postmenopausal women.

However, some of the basic assumptions about the health risks of obesity are now being challenged. Some of the risks attributed to obesity, such as hypertension and cardiovascular disease may in part be influenced by dieting rather than by obesity itself. The psychosocial effects of being overweight may be as serious as the hazards to physical health. Currently society has a strong bias against overweight people who are typically stigmatized as "bad," "lazy" and "lacking willpower."

Eating disorders (anorexia and bulimia) are the extreme result of weight dissatisfaction and dieting. Five to 15 percent of hospitalized anorexics die in treatment by literally starving themselves to death. Bulimia is characterized by binge eating followed by guilt, self-induced vomiting or the use of laxatives, excessive exercising, shame and depression. Eating disorders affect females mainly; only 5 percent of cases occur in males. The (Canadian) National Eating Disorders Information Centre estimates that anorexia nervosa occurs in approximately 1 to 2 percent of young women, and clinically significant bulimia nervosa occurs in approximately 2 to 3 percent of young women.

## The Shift to VITALITY

The VITALITY approach calls for a shift from negative to positive thinking about how to achieve and maintain healthy weights.

### From a weight-centred approach...



#### DIETING

- ✓ Restrictive eating
- ✓ Counting calories, prescriptive diets
- ✓ Weight cycling (yo-yo diets)
- ✓ Eating disorders

#### EXERCISE

No pain, no gain  
 Must be done three times a week in your target heart rate zone  
 Burns calories  
 High attrition rates for vigorous exercise programs

#### DISSATISFACTION WITH SELF

Unrealistic goals for body size and shape  
 Obsession and preoccupation with weight  
 Fat phobia and discrimination against overweight people  
 Striving to be a perfect "10" and to maintain an impossible "ideal" (thin or muscular) body size  
 Accepting the fashion, diet and tobacco industries' emphasis on slimness

## ...to the VITALITY approach

### HEALTHY EATING

Take pleasure in eating a variety of foods  
Enjoy lower-fat and complex-carbohydrate foods more often  
Meet the body's energy and nutrient needs through a lifetime of healthy, enjoyable eating  
Take control of how you eat by listening to your hunger cues



### ACTIVE LIVING

Value and practice activities that are moderate and fun  
Be active your way, every day  
Participate for the joy of feeling your body move  
Enjoy physical activities as part of your daily lifestyle

### POSITIVE SELF AND BODY IMAGE

Accept and recognize that healthy bodies come in a range of weights, shapes and sizes  
Appreciate your strengths and abilities  
Be tolerant of a wide range of body sizes and shapes  
Relax and enjoy the unique characteristics you have to offer  
Be critical of messages that focus on unrealistic thinness (in women) and muscularity (in men) as symbols of success and happiness

### ***VITALITY and smoking***

The VITALITY message, which promotes a holistic approach to feeling good about yourself, eating well, and being active, can provide people with positive alternatives to smoking. Regular physical activity is a valuable asset for those who are trying to quit smoking. Healthy eating practices can combat weight gain, help those who may gain a few pounds return to a healthy weight, and contribute to their overall well-being. Encouraging people to feel good about themselves and their bodies is an important part of any smoking prevention or cessation program. As self-esteem increases, people/individuals are able to take on the really tough challenges such as quitting smoking.

## Active Living

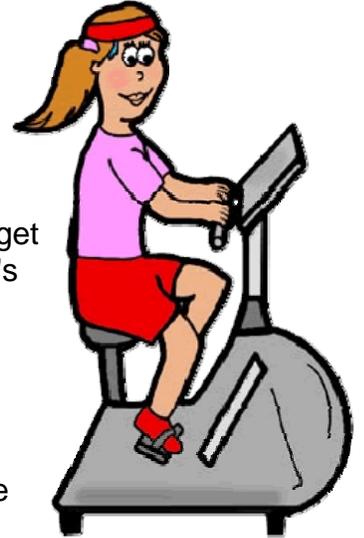
**Active living is an essential component of VITALITY. It is a way of life in which physical activity is valued and integrated into daily life. Active living moves away from traditional prescriptive exercise programs that either turned people off, or encouraged them to overdo.**

### Active Living: What is it?

Traditional approaches to exercise told people there was no gain without pain. To be any good at all, exercise programs had to be three times a week and vigorous enough to keep your heart rate up in the target zone. The goal of exercise was to burn calories. Given this approach, it's not surprising that many people dropped out of exercise programs altogether.

VITALITY's approach to active living stresses the importance of doing activities that feel good for you and that are moderate and fun. This approach reflects *Canada's Physical Activity Guide to Active Living*. The goal isn't to burn calories, but to enjoy the feeling of movement and to make it part of your everyday life.

Active living is more than just physical fitness or exercise. It means making physical activity a part of daily living, whether it's gardening or taking the dog for a walk or taking the kids out to fly a kite. Active living encourages everyone, not just people who are young and fit, to get up and get moving.



### Risks of Prescriptive Exercise

Specific exercise programs are useful for motivated Canadians who wish to improve their fitness levels. However, an approach that focuses on high intensity and cardiovascular exercise alone may not be enjoyable for some Canadians and can turn off those who are unwilling or unable to engage in strenuous exercise. Some of these people (many of whom have other risks for heart disease, such as smoking) have given up on physical activity altogether.

At the other end of the spectrum, some people who engage in extreme levels of exercise may have a disorder similar to anorexia nervosa. Exercise addicts use activity as an end in itself rather than as a means to physical fitness, and develop the same dependence on exercise as dieters have on diets.

Prescriptions for weight loss through exercise (e.g., calorie-burning charts) may negatively affect other aspects of wellness, especially self-esteem and body image. Focusing on weight and body size in an exercise program may also, in susceptible individuals, increase the likelihood of developing an obsessive attitude toward exercise.

Research is demonstrating that excessive exercisers tend to have negative body images and weight preoccupations.

## Making the Links: Physical Activity and Body Image/self-esteem



Is there a link between a physically active lifestyle and a positive body image? And if so, which comes first, the chicken or the egg? According to a recent review of the literature, the answer to the first question is yes; and to the second, neither, they go together.

What impact has the recent growth of the fitness industry had on women's body image?

On the positive side, more women are enjoying increased opportunities and encouragement to be active. Women who are active tend to have more positive body images, and hence higher levels of self-esteem. On the negative side, the trend toward ultra-thinness may be reinforced in fitness advertising and by instructors who overemphasize weight control through exercise.

In general, men are less concerned about weight than women. Men, in contrast to women, seem to be more concerned with physical fitness and physical success than with physical attractiveness. When men do describe what affects male attractiveness, they say that upper body appearance, strength and overall muscularity are most important. Recent studies of young men have associated

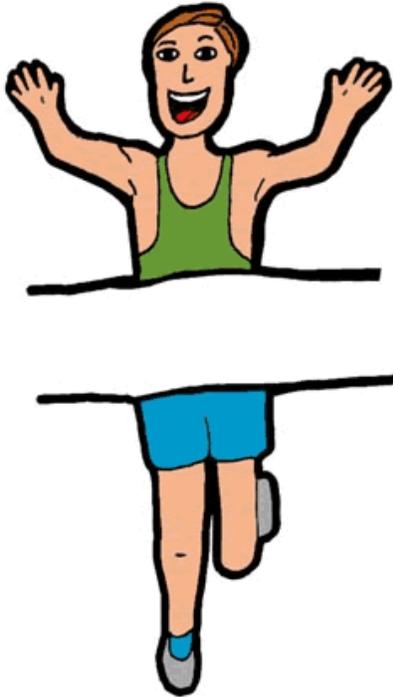
body image dissatisfaction with undesirable body building practices such as the use of anabolic steroids.

Evidence suggests that participation in various types of physical activity (e.g., sports, aerobic activities, dance, weight lifting) leads to an increase in self-esteem for most people. Psychological gains seem to be greatest for those who are unfit, a justification for the approach which encourages sedentary people to enjoy daily activities in which they will succeed.

Individuals who engage in physical activity are more likely to follow a pattern of healthy eating which includes eating lower fat and higher complex carbohydrate foods more often and eating breakfast. People of all ages who are active have a better image of themselves than those who are not active.

Results of studies with children also show an increase in self-esteem with physical activity. However, a few studies suggest that physical activity sometimes promotes a

distorted body image and an unrealistic desire to lose weight. In addition, participants in certain sports may be at risk for nutritional or weight management problems. Many gymnasts, skaters, dancers and marathon runners, for example, tend to have a greater preoccupation with their weight and diet. Recent increases in steroid use, aimed at building a muscular body, point to yet another form of dissatisfaction with the body.



There is a link between physical activity including sports and exercise, and other health related behaviours. Those who are regularly physically active:

- ☺ tend to manage their weight;
- ☺ follow a healthy eating pattern, consume less fat, more complex carbohydrates and fibre. This relationship is particularly marked among the very active;
- ☺ tend to be non-smokers, because they recognize it as an unhealthy behaviour with a negative impact on energy levels.

Simple physical fitness and aerobics programs seem to do more for the self-esteem of children than complex activities. And one study indicates that exercise is particularly good for the self-esteem of children with a disability.

## Active Living - No Excuses

Active Living encourages everyone, not just people who are young and fit, to make enjoyable physical activity a part of their everyday life. Active Living includes just about anything, from gardening and walking to badminton and golf.



### SUPPORT QUESTION – The Vitality Quiz

Healthy eating. Active Living. Positive self and body image. See how much you know about the healthy pleasures of VITALITY.

1. Losing weight is a good way to improve your health.  
 True    False
2. Dieting is the best way to lose weight.  
 True    False

3. Canada's Food Guide to Healthy Eating recommends complex carbohydrates as our main source of food energy.  
 True    False
4. Almost half of Canadian women who have a healthy weight or are underweight are trying to lose weight.  
 True    False
5. Calisthenics or "spot-reducing" exercises are the best way to reduce body fat and tone muscles.  
 True    False
6. Self-esteem - how worthwhile you feel - is strongly affected by the people around you.  
 True    False
7. Women tend to score higher than men on measures of self-esteem.  
 True    False
8. Almost half of young males who use steroids say they are using them to change their appearance.  
 True    False
9. Physical activity has a positive effect on self-esteem.  
 True    False
10. VITALITY promotes a vigorous, disciplined approach to improving your lifestyle.  
 True    False

**(source: Health Canada)**

**SUPPORT QUESTION – The Vitality Quiz Answers**

1. **False.** Losing weight will not necessarily improve your health. If you are at a healthy weight, losing and regaining weight (yo-yo dieting) is more harmful to health than maintaining a steady weight. Eating well, being active and feeling good about yourself is a good way to stay healthy.
2. **False.** Dieting is seldom successful in keeping lost weight off. Most people gain back about half of what they have lost within one year and they regain most lost weight within five years.
3. **True.** Canada's Food Guide to Healthy Eating recommends eating more complex carbohydrates such as starch and fibre. These foods include cereals, breads, rice, pasta and other grain products, vegetables and fruit. The Food Guide suggests that you eat less fat and replace your food energy by eating foods with more complex carbohydrates.
4. **True.** Four out of ten Canadian women with a healthy weight and one in ten women who are underweight are still trying to lose weight. Even though 35% of men are overweight (compared to 26% of women), men do not demonstrate the same desire to lose weight.
5. **False.** Calisthenics exercises do not "spot reduce" body fat. Aerobic activities such as brisk walking can help reduce your body fat, but it is lost throughout your body, not from one place. Exercises for a specific body part, for example sit ups, will tone and strengthen underlying muscles but they will not reduce the layer of fat on top of the muscles. So enjoy being active, your way, everyday.
6. **True.** Self-esteem (how worthwhile you feel) is strongly affected by people in your life. When your partner, family and friends communicate love and respect, you will maintain a good sense of self-worth. And by helping and accepting others, you can encourage self-esteem in them.
7. **False.** Studies have shown that males have higher self-esteem than females at all ages. The difference is especially great during the teenage years.
8. **True.** One study found that as many as 83,000 young Canadians between the ages of 11 and 18 have used steroids in the last 12 months. Fifty-four per cent of male users say they use steroids to be better in sports; almost half say that they use steroids to improve their looks.
9. **True.** Studies have shown that active people have higher self-esteem than people who are inactive. Improving your level of physical activity helps you feel strong and capable.
10. **False.** VITALITY does not urge you to "go for the burn," restrict the foods you eat or give up television forever. VITALITY is about eating tasty, nutritious meals, staying active, sharing happy times with people you care about and believing in your own self-worth.



## Key Questions for Lesson 17 (100 marks)

Please answer these questions on your own paper. If you choose to word process your answers please use double spacing and at least 12 pt font.



### KEY QUESTION # 99 – What is Vitality? (15 marks)

- Explain what Vitality is in five (5) sentences.
- Why was Vitality developed?
- What are the three (3) key components of Vitality?
- What does Vitality aim to enhance?
- What is Vitality also concerned with?
- (a) What is Vitality's slogan?
- (b) What is the slogan designed to promote?
- What does the "eating well" component emphasize?
- What does the "being active" component reflect?



### KEY QUESTION # 100 – Positive Image (20 marks)

1. What does Vitality challenge?
2. What does Vitality tell us?
3. What does Vitality take the emphasis away from?
4. What does Vitality promote?
5. What is self-concept?
6. What is body image?
7. What is self esteem?
8. How do individuals with high self-esteem perceive themselves? (list 2)
9. How do individuals with low self-esteem perceive themselves? (list 2)
10. What is reflected appraisal?
11. What is the relationship between self-esteem and success?
12. List three (3) tips to maintain healthy self esteem.
13. List five (5) characteristics of teens with high self esteem.
14. List five (5) suggestions to boost your own self esteem.



### KEY QUESTION #101 – Self Esteem Affirmations (15 marks)

Complete the following statements:

- (1) There are many things I do successfully, such as ...
- (2) I can improve my self-esteem by meeting **my own** expectations, such as ...
- (3) I don't have to strive for perfection to approve of myself, instead I can ...
- (4) My worth as a human being does not depend on achieving a perfect weight, or by being the smartest, or the most popular, or the fastest, or having the highest

- grades, or being the funniest, or having the coolest friends, or getting into the best school, or...
- (5) I alone am responsible for the decisions I make, such as ...
  - (6) I am a unique individual who ...
  - (7) Persistence will help me succeed by ...
  - (8) Every mistake I make can be an opportunity to learn. I can't be afraid to make mistakes, this is how I learn to improve. Mistakes I have learned from are ...
  - (9) I deserve support and will ask for help when I need it, especially from ...
  - (10) I have the power to forgive myself for ...
  - (11) I will treat myself as someone special ...
  - (12) To me, success means ...
  - (13) When I see "perfect" people on TV and in the media, I will remember ...
  - (14) I am proud of ...
  - (15) I am realistic about ...



### KEY QUESTION # 102 – Self-Esteem Poetry (15 marks)

Several poems have been written which can help boost one's self-esteem. The following poem has worked for many people:

#### What is Success?

Ralph Waldo Emerson (1803-1882)

To laugh often and much;  
 To win the respect of intelligent people and the affection of children;  
 To earn the appreciation of honest critics  
 And endure the betrayal of false friends;  
 To appreciate beauty,  
 To find the best in others,  
 To leave the world a bit better; whether by a healthy child,  
 A garden patch, or a redeemed social condition;  
 To know that one life has breathed easier because you have lived.  
 This is to have succeeded.

#### Part 1 (5 marks)

1. List all the positive self-esteem boosters in this poem.
2. In your opinion, what is the central message of the poem?

#### Part 2 (10 marks)

Find a poem that always makes you feel better about yourself. If you don't already have one, find one.

1. Cut out or write out your poem & mount your article on a piece of blank paper. Write the authors name under the poem. (5 marks)

***(Note: If you do not include a copy of the poem for this assignment you will receive a mark of “zero” for the key question. The poem must be included with your answer.)***

3. Explain how this poem boosts your self esteem and make you feel better about yourself. (5 marks)



### **KEY QUESTION # 103 – Healthy Eating (15 marks)**

1. Recall from Lesson 2: (2 marks)
  - (a) What are the four (4) food groups in Canada’s Food Guide?
  - (b) What are the recommended servings of each?
2. What does Vitality encourage? (1 mark)
3. Describe the relationship between self-image, body image, body weight and eating practices. (1 mark)
4. What can dissatisfaction with weight and body size lead to? (1 mark)
5. What can prolonged calorie restriction result in? (1 mark)
6. What eating behaviours is low self-esteem is linked to? (1 mark)
7. Create a poster that encourages teens to adopt healthful eating habits. Use pictures cut from magazines, computer graphics or your own drawings to illustrate your poster. (8 marks)



### **KEY QUESTION # 104 – Active Living (4 marks)**

1. What does Vitality’s approach to active living stress?
2. What does active living encourage?
3. What are individuals who engage in physical activity are more likely to follow?
4. What are three (3) characteristics of people who are regularly physically active?

**KEY QUESTION # 105 – Fitness Myths (16 marks)**

The following is a list of common myths about working out, exercise and fitness. Read each statement and write a correct statement using the information from Vitality. Identify at least one (1) injury that could result from this myth.

1. NO pain, NO gain.
2. Exercising in the heat will make me sweat more and lose weight faster.
3. If 30 minutes is good for weight loss, 90 minutes would be even better.
4. This is my first time out this year, but it feels so good I'll just keep going.
5. I golf three times a week; therefore, I am in great shape!
6. I am in an intense weight-training program to lose weight.
7. If I eat just before exercising, I'll have more energy.
8. I missed my workout yesterday, so I'll do twice as much today.

# PPZ30

HEALTH FOR LIFE



LESSON 18

# Lesson 18 – Behavioural Change Theory & Careers in Health Care

## Healthy Living And Behaviour Change

Today, as never before, healthy living, well being and longevity have become everyday expectations. At the same time, lifestyle-related disease and injury account for an increasing number of health problems.

During the past twenty years, the developed world has spent much time, money and effort trying to influence health behaviours. Many different approaches have been tried, but there is little evidence that any approach has been effective in achieving long-term results.

A major reason for this lack of success is that practitioners and researchers alike do not fully understand or apply the *key principles of effective behaviour change* when developing healthy living programs.

### What Works?

It is clear that single interventions, such as mass media campaigns or public education programs, cannot create lasting change. “One-shot” programs, even if multi-faceted, most often do not work. Programs must provide people with guidance and community support in their efforts to change.

The following examples demonstrate the range of factors that must be considered when promoting healthy behaviours:

- analysis of *unhealthy* behaviours
- targeting *clusters* of related behaviours
- assessing *readiness to change* factors
- *active participation* of the target group
- stimulating *community influences*
- planning for *potential negative* effects
- ongoing and comprehensive *evaluation*



Access to the principles of behaviour change and application of effective strategies will significantly increase the success of behaviour change programs over time.

# Behavioural Change Theory

## *Promoting Health Behaviour Change*

Health-related habits develop early in life. The period during high school is especially important for developing these habits and also presents a window of vulnerability for initiating behaviours related to smoking, drug use, and sexual risk taking. Because adolescent behaviours may be better predictors of disease after age 45 than adult health behaviours, interventions with children and adolescents are important. Few of us emerge from adolescence with ideal health habits. Thus, mastering behaviour change is critical to our quality of life.

Several theories and models have been developed to explain how people change their behaviour, one popular one is the Transtheoretical Model.



### ***How do people successfully change their own behaviours?***

Countless individuals have initiated behaviour changes only to relapse after a few weeks, months, or years. To be successful, behaviour change must be maintained, and this requires considerable time, effort, and energy. Behaviour change is typically regarded primarily in terms of getting started. The struggle to overcome inertia often seems so great that people assume it must get easier from that point on. This is seldom true. To accomplish permanent changes in habits, many tools are needed.

### ***What do you mean by "Stages of Change?"***

The "Stages of Change" consist of different stages which help identify where a person is regarding the change of behaviour. It may relate to several different things such as smoking, exercise, etc. It consists of several different processes but it is divided into six main stages that are: precontemplation, contemplation, preparation, action, maintenance, and termination. Each one of these phases or "stages" describes an individual's attitude toward behaviour change. Each individual may not be in the same stage for each behaviour because the transtheoretical model is specific to each behaviour.

#### ***STAGE 1 - Precontemplation Stage***

This stage represents those individuals who have no desire to change their behaviours in the immediate future. The immediate future usually refers to a six month time period. This is used because this is about as far in the future that most people plan a specific behaviour change. It is also because most people are concerned with the present and

don't plan far in the future so a six month time frame is used. Individuals in this stage usually have a lack of awareness about the specific behaviour. Some individuals in this stage are very aware of the consequences of their behaviour but may avoid getting involved in behaviour change programs because of rationalizing their behaviour to make sense to them. Individuals may also be tired of trying and failing at the desired behaviour change. Individuals in this stage do not believe they have a problem and have often constructed defences that aid in denial of the problem.

It may be possible for the individual to move from precontemplation to the contemplation stage by increased awareness. Mass media on certain behaviours can influence awareness. Also, by setting goals that can easily be attained can ensure that the individual is successful and increase self-efficacy or the individual's confidence in themselves to make the desired behaviour change.

### ***STAGE 2 - Contemplation Stage***

This stage is where the individual has the intent to change his/her behaviour within the next six months. Just as in the precontemplation stage, the six month figure is used because this is about as far in the future that most people plan a specific behaviour change. This individual is already aware of the benefits and barriers of the desired behaviour and plans change their behaviour based on their interpretation of the benefits and barriers.



While the benefits of specific behaviour change maybe somewhat obvious, the barriers may be different for each individual. One person may not have the finances to perform a certain behaviour change, while another may have family problems that prohibit the behaviour change, and yet another may not make the desired behaviour change because they don't have access to the necessary things. Individuals acknowledge having a problem and begin to deliberately increase awareness and knowledge related to the problem.

The individual in this stage needs extra attention. Everything needs to be at his/her own pace and he/she doesn't need to be rushed into a behaviour change that he/she is not ready for. Encouragement and motivational techniques can be used to persuade this individual to the next stage. This may be done by going beyond the awareness by using mass media but by using things that are "tailor-made" for the individual.

### ***STAGE 3 - Preparation Stage***

Individuals in this stage intend to make a behaviour change within the next month (30 days) and have made at least one previous attempt to make a behaviour change.

It is in this stage that the individual is most ready for a change. It is the job of the health promotion professional to help manipulate the environment in order to make it conducive to the desired behaviour change, therefore promoting the change.

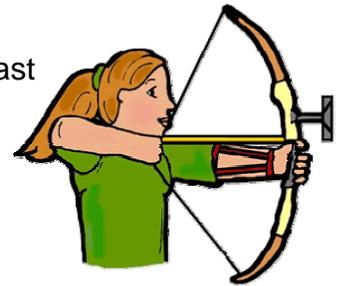
Before initiating behaviour change, individuals should re-evaluate themselves with respect to the problem, develop commitment to change, and construct a detailed plan for change. By the time they reach this stage, individuals begin to perceive greater benefits than barriers to change.

### ***STAGE 4 - Action Stage***

The action stage is a period of time anywhere between 0 and 6 months that involves a sufficient change of behaviour. This stage of change reflects a consistent behaviour pattern, is usually the most visible, and receives the greatest external recognition. When measuring the pros and cons of the desired behaviour change, the individual's perceived cons of the behaviour should outweigh the perceived pros of the behaviour if it is an attempt to abstain from certain behaviours such as drug abuse or smoking. The individual's perceived pros should outweigh the perceived cons if the individual is making an attempt at a positive behaviour change such as exercise adherence. If the individual making the behaviour change continues his/her pattern of behaviour, he/she will move into the fifth stage, called maintenance.

### ***STAGE 5 - Maintenance Stage***

This stage is one that starts six months after the action stage and can last for several years. The behaviour being changed is the key factor in determining how long this stage will last. It is in this stage that the self-efficacy (one's confidence in oneself to make a behaviour change) of the individual is at its highest, especially when compared to the four preceding stages.



Relapse prevention "is a self-control program designed to teach individuals who are trying to change their behaviour how to anticipate and cope with the problem of relapse" and is probably the biggest concern of the health promotion professional in this stage. Since the Transtheoretical model is cyclical, the individual may relapse back several stages instead of just one. The individual needs to be prepared for relapse by knowing exactly what to do about it.

Though change is maintained more easily now, some vigilance is still required to avoid slips or setbacks. If and when the change becomes so automatic that there is no possibility of reverting to a former behaviour, the goal—"Termination"—is reached.

### ***Cyclical Model***

It was once thought that the movement through the stages of change was linear. However, for most health behaviour problems the majority of people relapse and return to the precontemplation and contemplation stage of change, before eventually succeeding in maintaining change. In this model, relapse is not extraordinary, but a natural part of the change cycle. Because relapse is part of the change cycle, the model

is represented as a spiral. This suggests that most people learn from their relapse episodes instead of going in circles and making no progress toward change.

### **Current Diet Status**

1. I am not currently modifying my eating habits to lower cholesterol and am not thinking of doing so in the coming month.
2. I am not currently modifying my eating habits to lower cholesterol but I have thought about dietary changes to so.
3. I am not currently modifying my eating habits to lower my cholesterol but I plan to do so within the next month.
4. I am currently modifying my eating habits to lower my cholesterol but have only been doing so for the past six months or less.
5. I am currently maintaining a change in my eating habits to lower my cholesterol and have been doing to for 7 or more months.

### **Current Physical Activity Status**

1. I am currently not physically active, and do not intend to start being physically active in the next six months.
2. I am currently not physically active, but I am thinking about becoming physically active in the next six months.
3. I currently am physically active, but not on a regular basis.
4. I currently am physically active regularly, but I have only begun doing so within the last six months.
5. I currently am physically active regularly, and have done so for longer than six months.

### **Current Smoking Status**

1. I am currently a smoker, and do not intend to stop smoking in the next six months.
2. I am currently a smoker and am seriously considering quitting in the next six months.
3. I seriously plan to quit smoking within the next thirty days and have made at least one attempt to do so within the past year.
4. I am a former smoker and have continuously quit for less than six months.
5. I am a former smoker and have continuously quit for longer than six months.



### SUPPORT QUESTION – Behavioural Change Theory

Go to the following website: [http://www.lifegevity.com/test\\_changeIQ.htm](http://www.lifegevity.com/test_changeIQ.htm)

Take the quiz ...Are YOU ready to change?

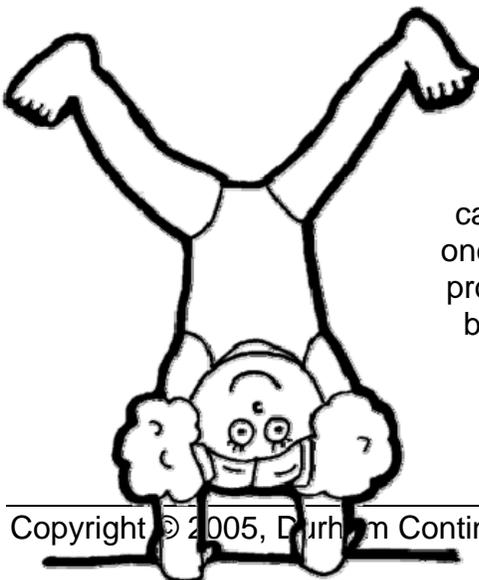
## Why is understanding of the stages of change important for those who will be attempting behaviour change?

1. Having a realistic view of the work involved in behaviour change may better prepare individuals for the effort and vigilance needed to avoid setbacks.
2. Individuals may better understand how progress toward change occurs even in the absence of action. Gaining awareness about one's self, experiencing the emotions that awareness of the problem may trigger, and changing beliefs, attitudes, and thoughts constitute progress.

It helps to distinguish between a lapse, that is, an isolated mistake or temporary slip, versus a relapse, that is, a complete setback. Knowing the factors that often precipitate a lapse or relapse, such as emotional distress, may help people recognize where work is needed in their lives.

Only a small percentage of any group is ready for change at a given time. Some of the processes that are most helpful in the early stages of change are:

1. **Consciousness raising**—Providing information and giving feedback to increase awareness of a particular problem and its triggers, consequences, and cures.
2. **Emotional arousal**—This may occur as a result of observing a vivid case history or personal testimony of someone who has solved a problem shared by others; role-playing can also help.



3. **Self Re-evaluation**—envisioning one's self with and without the unhealthy habit.

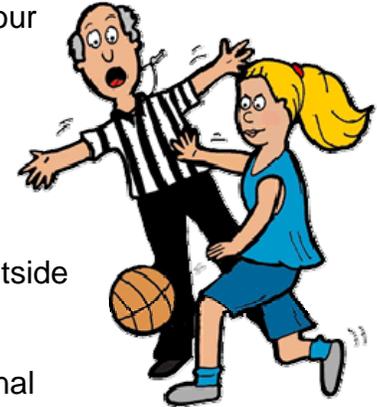
4. **Commitment**—accepting one's personal responsibility for change and truly believing that one can make the change. Self-efficacy, "the conviction that one can successfully execute the behaviour required to produce the outcomes" relates to commitment and can be improved in a number of ways. For example, mastery experiences can be used to improve perceived self-efficacy. Rank-ordering situations

from easiest to most difficult and working to master behaviour change in situations of increasing difficulty.

## Skills for Behaviour Change

"Self-monitoring" is an essential skill for increasing self-awareness. Students can practice keeping records of their behaviours and the antecedents and consequences of those behaviours. Antecedents and consequences may be internal, such as self-talk or certain feelings, and/or external, such as tempting cues or the presence or approval of certain individuals. Behavioural analysis involves studying behaviour records to discern patterns that relate to the target behaviour.

**"EFFECTIVE GOAL"** setting also can help students plan for change. Students need practice in setting realistic and specific goals that, when possible, are measurable. Long-term goals should be divided into short-term goals. Students should focus on behaviours they can change rather than outcomes that may be outside their control.



**"RELAPSE PREVENTION SKILLS"** are critical. Because emotional distress is a primary factor in lapses and relapses learning to cope effectively with stress is invaluable for the individual trying to effect a major change in behaviour, which is a major stressor unto itself. Stress management skills may minimize counterproductive negative emotions. For example, cognitive restructuring or modifying self-talk to decrease negative thinking can be learned with practice. Other relevant skills worth developing relate to time management, conflict resolution, assertiveness, and decision making. An individual planning to change behaviour should practice recognizing high-risk situations for a lapse or relapse and specific coping skills for those situations. Plans for effectively responding to a lapse or relapse are advisable. Mental imagery to help picture one's self in the future with healthier habits may help maintain the hope needed to get back on track and continue to pursue change.

Developing **"ASSERTIVENESS SKILLS"** can be helpful in a number of ways. Assertiveness may help a teenager refuse peer demands. Skills in assertiveness may help us to ask others for feedback about our unhealthy habits and guidance in making changes. As we become more aware of our strengths, weaknesses, and needs, we can be assertive in recruiting others' support for our change efforts.

**"COUNTER CONDITIONING, STIMULUS CONTROL, AND REWARD SKILLS,"** three processes of change that are especially important in the action stage, can also be practiced. Finding a healthy behaviour that works well as a substitute for an unhealthy behaviour may require some trial and error. The same is true for stimulus control and reward; we may not immediately recognize the most powerful cues for our behaviours or the most rewarding consequences.

## Conclusion

While behaviour change seems simple and straightforward, rarely do people find it either. Before attempting behaviour change, it is wise to develop a realistic perspective regarding the time, attention, and effort that will be involved. Knowing and having skills in the various processes of change is akin to having, and knowing when and how to use, a full set of tools for building a house. As we work toward behaviour change, we are, in effect, building a new self.

## Your Health While On Vacation

It's always important to take care of your health, whether you're at home or on the road, but there are some additional concerns that are important to keep in mind when you're traveling.



Whether you're taking a trip with your family or plan to live abroad for several months for a study program, it's easier to get sick when you're in a new place because your body hasn't had a chance to adjust to the food, water, and air in a new environment. Traveling can bring you in contact with things that your body

isn't used to.

## Don't Take a Vacation From Health

The stress and excitement of travel can make you more likely to get sick, but if you follow a few simple tips, you're more likely to stay healthy throughout your trip - and your trip will definitely be more enjoyable. The good news is that as a teen, your immune system is as strong as an adult's, but lack of sleep and a poor diet can make it easier for you to become sick.

The first thing you should do if you're heading overseas is to find out what kinds of vaccinations you'll need in advance because different countries have different requirements. Contact your doctor for a list of necessary vaccinations. You'll want to allow plenty of time for this step in case you need to get vaccines that require more than one dose.

## Common Travel Troubles

Three of the most common health problems that you may experience when traveling are jet lag, altitude sickness, and diarrhea. When you fly across time zones, the differing amounts of light can change your internal body clock, resulting in a condition known as

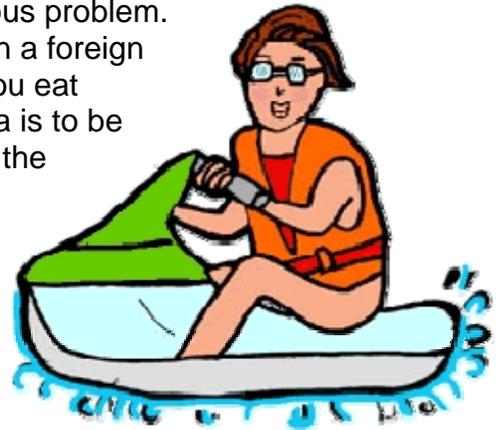
**JET LAG.** Jet lag may cause some symptoms that are bummers on a fun trip, including upset stomach, insomnia, and tiredness.

There are some things you can do to combat jet lag; for example, if you're traveling from west to east, you should stay out of the sun until the day after your arrival. If you're flying from east to west, go for a brisk walk as soon as possible after you arrive.

**ALTITUDE SICKNESS** is caused by dry air, a decrease in oxygen, and low barometric pressure when you travel to a higher altitude than you're used to. As a result, you may have problems, such as headaches, dehydration, and shortness of breath. Some people are affected at 5,000 feet (1,524 meters), but others aren't affected until they reach altitudes of 10,000 feet (3,048 meters) or more. Find out what altitude you're traveling to before you go to see if altitude sickness could be a problem.

The topic of diarrhea may seem gross, but it can be a serious problem.

Traveler's diarrhea, known as **TURISTA**, often occurs when a foreign type of bacteria enters your digestive tract, usually when you eat contaminated food or water. The best way to prevent turista is to be very careful of the food you eat and the water you drink on the road.



### SUPPORT QUESTION – Healthy Traveling Quiz

1. Go to one of the following websites:

<http://www.healthatoz.com/healthatoz/Atoz/hl/sp/trvl/traquiz.jsp>

<http://www.prevention.com/quizleadin/0,,s1-6-79-227-342-1,00.html>

2. Complete the test. Print and carefully read the results.

### Safe Eats and Drinks

So what foods are safe to eat? Any foods that have been boiled are generally safe, as well as fruits and vegetables that have to be peeled before eating. Avoid eating uncooked or undercooked meat or meat that is not cooked just prior to serving.

Stay away from foods that require a lot of handling before serving. Here's an example: Nine friends ate at a restaurant when on a school trip overseas; eight had diarrhea the next day. The one who didn't get sick was the only one who had ordered a dish that didn't need to be touched by human hands right before serving.

One of your favorite foods at home is on the safe list on the road - pizza! Pizza dough, sauce, and cheese are foods that are less likely to spoil than others, and the high heat of a pizza oven tends to kill any harmful bacteria in the food. Remember the "Hazardous" and "Less Hazardous" foods from Lesson 9?

You've probably heard that you shouldn't drink the water in some countries overseas, but did you know why? Water supplies in many developing countries are not treated in the same way as water supplies in developed countries; various bacteria, viruses, and parasites are commonly found in the water. Many experts suggest you drink only bottled water when traveling. If you need to use tap water, you should boil it first or purify it with an iodine tablet. Even if you're brushing your teeth, rinsing contact lenses, drinking a small glass of water to wash down pills, or adding ice to your drink, first take precautions to ensure the water is safe.

## What to Take With You When Traveling



When you're packing, you'll want to include any medications and other medical supplies you use on a daily basis because they may be hard to find in another country if you run out. Even if you can find them, there's a good chance the formulations will be stronger or weaker than the ones you're used to. These may include any prescriptions you already take, such as inhalers, allergy medication, and insulin, as well as contact lens cleaners and vitamins.

Packing an over-the-counter pain medication like acetaminophen and diarrhea medication is also a good idea. It's a good idea to pack some over-the-counter allergy medication even if you don't take it at home. People sometimes unexpectedly develop allergic reactions to the pollens and other allergens found in a new environment. Those with asthma or other allergies can unexpectedly react to these new substances.

### Write It All Down

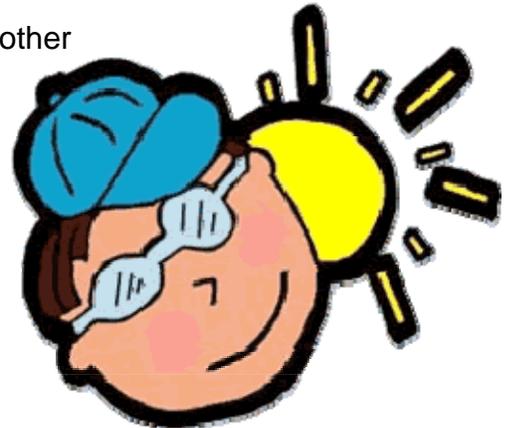
Even if you watch what you eat and drink and get enough rest while you're traveling, you may still get sick. The good news is that you'll probably be able to find competent medical care. The key is knowing where to go. Most travel guides suggest you go to a hospital where English is spoken or U.S.-trained doctors can be found. For this reason, it's a good idea to always carry a written copy of your medical history with you.

Having such important information available in one place can help health care workers make appropriate decisions, and you won't have to worry about forgetting important information at a time when you're likely to be upset and not thinking clearly.

Before you leave your home sweet home, create a medical history form that includes the following information:

- your name, address, and home phone number as well as a parent's daytime phone number
- your blood type
- immunizations
- your doctor's name, address, and office and emergency phone numbers
- the name, address, and phone number of your health insurance carrier, including your policy number
- a list of any ongoing health problems, such as heart disease, diabetes, or AIDS
- a list of current medications you are taking and pharmacy name and phone number
- a list of allergies to medications, food, insects, and animals
- a prescription for glasses or contact lenses
- the name, address, and phone number of a relative other than your parent

It also helps if you have some basic emergency medical knowledge, not only for yourself but for helping others you may be traveling with. A great way to prepare for your trip is to take a first-aid or basic life support course before you go; if you're traveling with a group, you should know where the first-aid kit is and what's in it.



### **Basic Safety When Visiting another Country**

It's easy to let your guard down when you travel. After all, you're more relaxed and there are so many new sights to focus on. In addition to paying attention to your personal safety (avoiding secluded places and not walking alone after dark), you'll need to reset your thinking.





## SUPPORT QUESTION – Careers in Health Care

Brainstorm a list of ALL the health care careers you can think of.

## Careers in Health Care

### Health & Medical Specialists

As medical knowledge has become greater, doctors have formed various specialties. In addition, other health professional fields have been created. Here is some information about physician specialists, and other specialists, and what they do.

#### Physician Specialists

Physicians that choose to train for a specialty complete additional training. After (typically) 4 years of medical school, they go on to internship and residency, which can take anywhere from 1-5 years (depending on the kind of residency training). Then, they go on for still more training in a specialty, which adds several more years.

Below is a listing of specialties and subspecialties that physicians enter, and descriptions of what the specialists do.



#### Adolescent Medicine

Treat the unique healthcare concerns of adolescents, including physical, psychological, and social issues. Subspecialty of Internal Medicine or Pediatrics.

#### Allergy and Immunology

Treat disorders of the immune system such as asthma, eczema, nasal allergies, food allergies, and immunodeficiency diseases.

#### Anesthesiology

Provide relief from acute and chronic pain and help stabilize a patient's condition during and after an operation or other medical procedure.

#### Blood Banking/Transfusion Medicine

Manage the safety and supply of a blood bank, supervise testing to ensure compatibility before blood transfusions, and prepare special blood components such as platelets for transfusion. Subspecialty of Pathology.

#### Cardiology

Study the heart and treat disorders of the heart and blood vessels.

**Cardiovascular Disease**

Diagnose and treat diseases of the heart, lungs, and blood vessels and manage cardiac conditions such as heart attacks. Subspecialty of Internal Medicine.

**Child and Adolescent Psychiatry**

Diagnose and treat children and adolescents with mental, addictive, or emotional disorders. Subspecialty of Psychiatry.

**Chiropractor****Colon and Rectal Surgery**

Diagnose and treat diseases of the intestinal tract, colon, rectum, anal canal, and perianal area.

**Critical Care Medicine**

Diagnose and treat patients with multiple organ dysfunction or life-threatening disorders such as shock, coma, heart failure, and respiratory arrest, primarily in intensive care or critical care units. Subspecialty of Anesthesiology, Internal Medicine, or Obstetrics and Gynecology.

**Dentist****Dermatology**

Diagnose and treat disorders of the skin, mouth, external genitalia, hair, and nails, such as skin cancers, moles, allergic disorders, and scarring.

**Emergency Medicine**

Make immediate decisions and take action to prevent death or disability in an acutely ill or injured person, usually in a hospital emergency department.

**Family Practice (Family Doctor / General Practitioner)**

Prevent, diagnose, and treat a wide variety of ailments in patients of all ages, incorporating training in surgery, psychiatry, internal medicine, obstetrics and gynecology, pediatrics, and geriatrics.

**Geriatric Medicine**

Diagnose and treat disorders common in older people. Subspecialty of Family Practice or Internal Medicine.

**Hematology**

Diagnose and treat diseases of the blood, spleen, and lymph glands, such as anemia, sickle cell disease, hemophilia, and leukemia. Subspecialty of Internal Medicine or Pathology.

**Hospitalist**

Stand in for primary care doctors, when their patients are in the hospital. (Some primary care doctors take care of their patients in their offices, and also in the hospital, when the patients need to be hospitalized. However, in recent years, some primary care doctors have had trouble getting in to the hospital in a timely fashion, because of the busy schedule in their offices. When hospitalists care for a hospitalized patient, they remain in close touch with the patient's primary care doctor.)

**Infectious Disease**

Diagnose and treat infectious diseases and practice preventive medicine. Subspecialty of Internal Medicine.

**Internal Medicine**

Provide long-term comprehensive care, manage common illnesses and problems of adolescents and adults, treat mental health and substance abuse problems, and educate patients on disease prevention and wellness.

**Medical Genetics**

Diagnose and treat patients with genetic-linked diseases and provide genetic counseling.

**Microbiology**

Isolate and identify agents that can cause disease such as viruses, bacteria, fungi, and parasites that are found in specimens from patients. Subspecialty of Pathology.



support them.

**Midwife****Neurological Surgery**

Diagnose and surgically treat problems of the nervous system (including the brain, spinal cord, and nerves) and the blood vessels and structures that support that system.

**Neurology**

Diagnose and treat all disorders of the nervous system, including the brain, spinal cord, nerves, and the structures that

**Nuclear Medicine**

Diagnose and treat diseases using radioactive materials called radionuclides, using images of the body taken by means of positron emission tomography (PET) and single photon emission computed tomography (SPECT) scans. Subspecialty of Radiology.

**Obstetrics and Gynecology**

Diagnose and treat disorders and conditions of the female reproductive system, including pregnancy.

**Oncology**

Diagnose and treat all types of cancer, often with chemotherapy, and consult with radiologists and surgeons on other treatments. Subspecialty of Internal Medicine.

**Ophthalmology**

Diagnose and treat problems related to the eyes and vision, including vision correction with glasses or contact lenses and treatment of diseases such as glaucoma.

**Orthopedic Surgery**

Diagnose and treat problems related to the form and function of the muscles and bones of the arms, legs, shoulders, hips, and spine, including disorders present at birth, injuries, and infections.

**Otolaryngology**

Diagnose and treat diseases, including cancer, that affect the ears, respiratory system, and head and neck. Has expertise in plastic and reconstructive surgery.

**Pain Management**

Treat people experiencing acute and chronic pain. Subspecialty of Anesthesiology.

**Pathology**

Explore the causes and nature of diseases through examining body tissues and fluids, using microscopic examination and other laboratory tests.

**Pediatric Surgery**

Surgically treat diseases and disorders of infants and children. Subspecialty of Surgery.

**Pediatrics**

Provide a broad spectrum of health care for children from infancy to young adulthood, including physical, emotional, and social health; provide preventive health care; and treat disease.

**Physical Medicine and Rehabilitation**

Diagnose and treat impairments or disabilities involving muscles, nerves, and other body systems, focusing on restoration of physical, psychological, social, and vocational function.

**Plastic Surgery**

Repair or reconstruct parts of the body, including the face, hands, breasts, and trunk.

**Podiatry**

Focuses on the preventive care (for example, for diabetics) and treatment of the feet

and legs. Podiatrists are doctors that receive four years of training and are licensed to independently diagnose and treat (both medically and surgically) conditions of the feet and legs.

### **Preventive Medicine**

Focus on the health of individuals and groups to maintain health and prevent disease, disability, or premature death; may work in public health agencies and large health care systems or with employee groups.

### **Psychiatry**

Diagnose and treat mental, addictive, and emotional disorders such as depression, anxiety disorders, substance abuse, sexual dysfunction, stress, and developmental problems; order diagnostic laboratory tests; and prescribe medications.

### **Pulmonary Disease (Pulmonology)**

Diagnose and treat diseases of the lungs and airways such as lung cancer, pneumonia, pleurisy, asthma, sleep disorders (which often affect breathing), and emphysema. Subspecialty of Internal Medicine.

### **Radiology**

Diagnose using radiology methods, such as x-rays, ultrasound, and nuclear medicine, or treat disease using radiation.

### **Reproductive Endocrinology**

Diagnose and treat complex problems related to hormonal aspects of the reproductive system, especially fertility problems.

### **Rheumatology**

Diagnose and treat diseases of joints, muscles, bones, and tendons such as arthritis, back pain, and common athletic injuries. Subspecialty of Internal Medicine.

### **Sports Medicine**

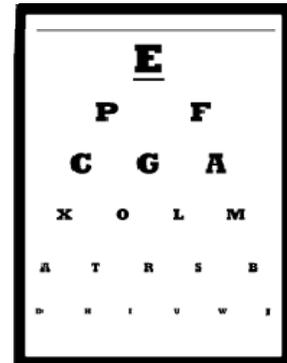
Promote wellness, health, fitness, and the prevention of injuries using exercise physiology, nutrition, psychology, and physical rehabilitation. Subspecialty of Emergency Medicine, Family Practice, Internal Medicine, or Pediatrics.

### **Surgery**

Surgically treat all areas of the body and provide care before, during, and after surgery.

### **Surgical Critical Care**

Treat critically ill people, including injury victims and those who have had surgery, in the emergency department, burn unit, and intensive care unit. Subspecialty of Surgery.



**Thoracic Surgery**

Surgically treat patients with disorders of the chest such as coronary artery disease, lung cancer, and chest tumors.

**Toxicology**

Treat people who have been poisoned by household or industrial toxins, environmental toxins, and prescription and nonprescription drugs. Subspecialty of Emergency Medicine, Pediatrics, or Preventive Medicine.

**Undersea Medicine**

Diagnose and treat disorders, such as decompression illness and diving injuries, caused by lower- or higher-than-normal barometric pressures. Subspecialty of Preventive Medicine.

**Urology**

Diagnose and treat disorders of the urinary tract in men and women and the genital tract in men.

**Other Healthcare Specialists**

Other healthcare specialists who are not doctors work with doctors in the care of patients. They all receive special training, take examinations, and receive certification in their professions.

**Emergency Medical Technicians (EMTs)**

Provide emergency care and transport seriously ill people to hospitals. Various levels of training, with the most highly trained being called paramedics.

**Home Health Aides**

Perform personal services such as cooking, housekeeping, or help with bathing for homebound people.

**Nursing (Practical and Registered)****Medical Technicians**

Perform laboratory tests.

**Nurse Practitioners**

Nurses who receive special additional training to perform physical examinations, make diagnoses, and prescribe treatment, often under the supervision of a physician.

**Occupational Therapists**

Help patients learn the skills needed for daily activities.

**Opticians**

Fit people with glasses and contact lenses.

**Optometrists**

Measure vision and prescribe corrective lenses.

**Orthotists and Prosthetists**

Fit braces and artificial limbs.

**Paramedics**

The most highly trained emergency medical technicians (EMTs): provide emergency care for people who have accidents or life-threatening medical emergencies outside of the hospital.

**Pharmacists**

Mix and dispense medications.

**Physical Therapists**

Work to prevent patients' loss of function and to restore function.

**Psychologists**

Diagnose and treat mental health problems.

**Radiology Technicians**

Take and develop x-rays.

**Social Workers**

Help patients with matters such as finances, insurance, and family problems.

**Speech Pathologists**

Measure and treat speech disorders

**What Pathway will YOU Take?**

Have you given any thought to a career in the health care industry or health business? WORK is defined as doing something productive with your time. Work is an expectation in our society. Work offers many benefits and the career paths you take will greatly affect your life. Look around, there are many fascinating careers and particularly in health areas.

To understand what your possibilities are, you need to look at yourself. The more you know about your skills and interests, the easier it is to pick your career path. INTERESTS are the things you like to do. SKILLS are the things that come easier to

you. You either have a natural talent or you have practiced them enough to conquer them quite easily. Remember, skills and interests are two different things. One can be interested in an occupation, but not willing to invest the time and energy to develop the skills necessary for the job. Another person may have the skills but not the interest in using the skills for paid employment.

The best way to learn about health careers is to try them out, if possible. You can also learn about jobs through a guidance department, classified ads, the Internet, family & friends, job-shadowing or employment agencies.

If you're a high school student considering a career in healthcare, congratulations! The healthcare field is full of exciting opportunities for people of all education levels and abilities. Read on for key factors to keep in mind as you weigh the pros and cons of a career in healthcare, as well as snapshots of several healthcare jobs and links to additional resources.

## Is Healthcare for YOU?

Healthcare isn't right for everyone. Although the work can be highly rewarding, it can also be physically and mentally exhausting. Here are some things to keep in mind when deciding if this field is for you.

1. Almost all healthcare positions require a high school diploma, and most require additional education. To best prepare for a healthcare career while you're in high school, you should get a solid grounding in the sciences.
2. Before you make up your mind about a specific healthcare profession, consider shadowing a person who is in the line of work you've chosen. Contact a professional organization in your area or talk to your school guidance counselor about how to set up such an experience.
3. Usually, your earning potential as a healthcare professional will increase along with your level of education. However, money isn't the main reason most people decide to work in healthcare. Salaries aren't as high in healthcare as in other industries, and most healthcare workers say they chose to enter the field because they like helping others.
4. Many healthcare professions require you to pass a certification or licensure exam before you can work. Your educational program should prepare you for the exam, but the test could still be difficult for you.
5. Patients need attention 24 hours a day, seven days a week, so the action never stops in healthcare. This means healthcare workers have to be flexible. For example, you may have to work shifts in the middle of the night. You also have to be adaptable to rapid change in the healthcare industry. You may work in several different settings during the course of your career, from hospitals to clinics to community-health agencies.

## Which Job Would YOU Like Most?

Everyone is familiar with the work of doctors and nurses, but there are many other kinds of healthcare practitioners who make a difference to patients as well. There are many careers in the health industry that may be of interest to you.



### Key Questions for Lesson 18 (100 marks)

Please answer these questions on your own paper. If you choose to word process your answers please use double spacing and at least 12 pt font.



#### KEY QUESTION # 106 – Lesson 18 ... Important Terms (7 marks)

Read through your class notes and write the definition for each of the following terms:

- |                        |                           |
|------------------------|---------------------------|
| 1. Stages of Change    | 2. precontemplation stage |
| 3. contemplation stage | 4. preparation stage      |
| 5. action stage        | 6. maintenance stage      |
| 7. termination         |                           |



#### KEY QUESTION # 107 – Making a Change in Your Behaviour (8 marks)

1. What five (5) factors would you consider before starting a healthy living program?
2. How do people successfully change their own behaviours?
3. What four (4) processes are most helpful in the early stages of change?
4. What is an essential skill for increasing self-awareness?
5. What can also help students plan for change?
6. Why are relapse prevention skills critical?
7. How are assertiveness skills helpful?
8. What is counter conditioning?



#### KEY QUESTION # 108 – Having a Healthy Vacation (15 marks)

1. Why is it easier to get sick when you're in a new place?
2. What can make you more likely to get sick?
3. What is the first thing you should do if you're heading overseas?
4. Briefly describe each of the following:
  - (a) altitude sickness
  - (b) jet lag
  - (c) turista
  - (d) Have YOU ever suffered from any of these ailments? If so, describe your experience.
5. What foods are considered safe to eat?

6. What foods are considered hazardous?
7. (a) Should you drink the water when traveling abroad?  
(b) What other water precautions should you take?
8. What should you take with you when traveling?
9. (a) What should you do if you get sick while on vacation?  
(b) What information should you keep with you just in case you get sick?



### **KEY QUESTION # 109 – Careers in Health Care (70 marks)**

Directions: Using the list of health-related careers, you are to research THREE (3) careers in a health related field.

#### **PART A - Career Profiles (20 marks each = 60 marks total)**

Choose three (3) health-related careers from the list in your class notes.

Write a two-page career profile for each of the three health-related careers chosen. Each career profile will include the following:

- a) Name of the career
- b) Work environment
- c) Description of work done
- d) Education required
- e) Salary range
- f) Skills needed
- g) Related occupations
- h) Career outlook
- i) Would you follow this career path? Why or why not?
- j) What skills do you already have that relate to this career?
- k) What skills would you need to develop or improve before going into this career?

#### **PART B – Job Searching (10 marks)**

The second part of this assignment involves looking into the classified section of a major newspaper or Internet job site to find health-related career advertisements. Cut out or photocopy the ads. Try to find at least 10. Glue the ads onto a blank sheet of paper and then answer the following questions:

- a) What careers/jobs seemed to have the most postings? What was the career or job title?
- b) What newspaper(s)/website(s) had the MOST health-related job ads? The LEAST?
- c) After completing this assignment, what career/job area related to health do you feel will be very “hot” and have the most jobs available in the future? Why?

***Try these websites to get started:***

<http://www.careers.org/reg/cxcan-on.html>

[http://www.jobscanada.com/job\\_medical\\_canada.html](http://www.jobscanada.com/job_medical_canada.html)

<http://library.thinkquest.org/15569/index.html>

# PPZ30

HEALTH FOR LIFE



LESSON 19

## Lesson 19 – Evidences of Good Health & All about Organ Donation

### Evidences of Good Health

- clear skin
- good skin colour
- glossy hair
- bright eyes
- good nails
- sound teeth
- good posture
- sweet breath
- alert expression
- calm, sunny disposition

### You Are Well Groomed If ...

- ✓ your face, hair, hands, feet & body are clean
- ✓ your nails are neat & well shaped
- ✓ your hair is clean, neatly combed, lustrous & becomingly arranged
- ✓ your make-up is applied neatly & appropriately
- ✓ your clothes are in good repair, neatly pressed & well chosen
- ✓ your shoes are polished & the heels are straight
- ✓ your accessories are neat, clean, in good repair & well chosen

### Hygiene Basics

We all want to look our best, it makes us feel good and gives us confidence. The key to an overall attractive appearance is projecting a positive, friendly attitude. On a more cosmetic level, you'll look your best enhancing your best features. You may have a great smile, big gorgeous eyes, fab hair, or long legs. Learn how to use those assets to look your best; to feel good and confident too.

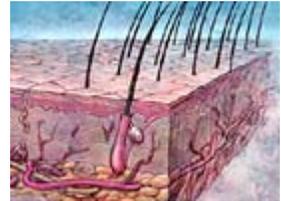
This is a great time of your life to experiment with makeup, hair styles and clothes. Discover which styles best accentuate your coloring and features. Magazines can be a source of inspiration, but can make many teens feel inadequate about their looks. The media bombards us with images of super models who are often too thin and too "perfect" to be true. Keep in mind, you want to look like "you" and not someone else.

When you are in good health and take care of yourself on the inside, it's bound to radiate to the outside!

## Your Skin and Dermatology

The skin is the largest organ of the body and yet most of us don't do enough to maintain our skin's health. Canadians spend millions on body products every month, but are they buying the right ones?

How much do you really know about what your skin needs, what type of skin you have, what kind of soaps and lotions are the best for your skin? What about those products that promise younger-looking, wrinkle-free skin, do they work?



One of your skin's functions is to eliminate a portion of the body's waste products through sweating. If toxins escape through the skin they disrupt the skin's health integrity. This is one of the key factors behind many skin disorders including acne and possibly eczema and psoriasis.

**DERMATOLOGY** is the study of the skin. A **DERMATOLOGIST** is a skin doctor. If you have acne, boils, blisters, or any other skin diseases, you may want to see a doctor who can help you. A dermatologist is exactly who you should see.

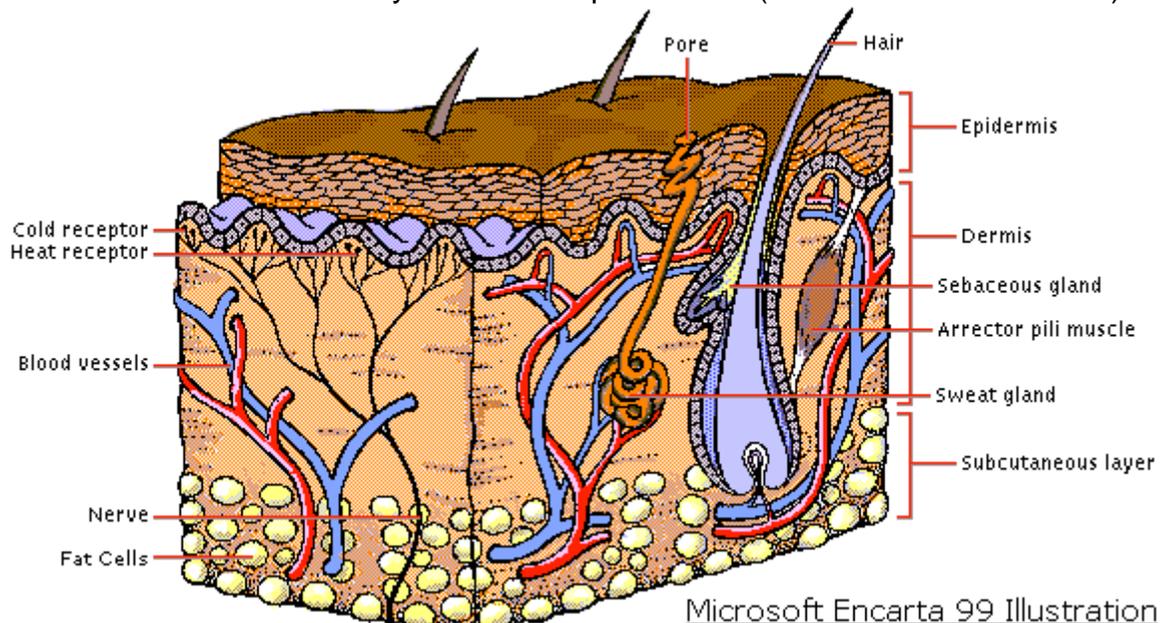
### Importance Of The Skin

1. It forms a shield against water.  
Without skin, water and other liquids could get into your body.
2. Skin forms protection against disease.  
If someone you knew ever had a cold, your skin helped to protect you from catching the cold. Otherwise, the germs could get through your skin into your body.
3. It maintains your body temperature.  
Your normal body temperature is 98.6° F. Your skin makes sure that your body temperature stays near there. When your body temperature goes up or down too much, you may be sick.
4. Your skin is also a sense organ.  
That means that when something touches your skin, you can *sense* it there without knowing it. When you touch something that is hot, you can feel the heat on your skin. If your skin didn't tell you that, then you might be burned without even knowing.

## Parts of the Skin

- The **EPIDERMIS** is the top layer of the skin. It is the layer that we see. In the epidermis, melanin is made.
  - *Parts found in the epidermis include:*
    - Pores, which are microscopic holes in the skin where sweat comes out of the body
    - Hair exits through the epidermis and starts in the dermis
- The **DERMIS** is the middle layer of the skin. It is the thickest of the three layers, even though it would look small to you and me. Many important things happen in this layer. The root of your hair begins here. Also, there are two glands in this layer.
  - *Parts found in the dermis include:*
    - Heat and cold receptors sense the temperature and react (for instance, sweating when hot and pulling hair up (goose bumps) when it is cold)
    - Sebaceous glands produce sebum, which gives hair (including body hair) a soft feel.
    - Arrector pili muscles pull on body hair to cause it to stick up producing "goose bumps."
    - Sweat glands produce sweat to cool you off. It is not actually the sweat that cools you off- the evaporation of the sweat takes body heat away from your skin, causing you to cool down.
- The **SUBCUTANEOUS LAYER** is the bottom layer of your skin. It is mostly made up of fat cells. It is also the hardest to pronounce!
  - *Parts found in the subcutaneous layer include:*
    - Nerves, which tell the brain when you touch something
    - Fat cells

This diagram shows the locations of the parts of the skin as described above. The epidermis and dermis are actually less than a quarter inch (around half a centimeter).



## PROBLEMS OF THE SKIN

Name	Description	Treatment
	<p>When you are in your teen years (ages 13 to 19), it is very common to get acne. A substance called sebum can clog your pores. When they clog, they can form acne.</p>	<p>Washing your face every day can help reduce acne, though usually a special medicine is required.</p>
<b>Acne:</b>	<p>Of course, if you are a young adult or teenager ACNE is a main concern for you. Adults struggle with acne too at times, but most people do outgrow acne. A pimple starts when the pores in the skin become clogged with a type of oil called <b>sebum</b>, which lubricates the skin and hair. Acne is common during puberty when hormones go into overdrive, causing the skin to overproduce sebum.</p> <p>Because many oil-producing glands are on the forehead, nose, and chin, this area - the <b>T-zone</b> - is where a person is most prone to pimples.</p>	
	<p>Warts are small growths on the skin. They are usually painless and harmless. They are caused by a virus.</p>	<p>If a wart changes in color, shape, or begins to bleed you should see a doctor.</p>
<b>Warts:</b>	<p>Warts are tiny skin infections caused by viruses of the human papilloma virus (HPV) family. There's no way to prevent warts from occurring (other than avoiding contact with people who have warts already), but if you do get them, don't rub, pick, or scratch them because you can spread the virus and get new warts.</p>	<p>Some over-the-counter medications containing special acids can help get rid of warts, but it's always a good idea to see your doctor before trying one. If you find warts in your genital area, you should see your doctor, who can recommend the best treatment method for that sensitive area.</p>

<b>Boils:</b>	Boils are infections on the skin. You can usually tell if it is a boil if it is red and swells up on your skin. It is actually a build-up of pus. If you have a boil, you should see a doctor. Boils can spread if you scratch them.	If you have a boil, you should see a doctor.
<b>Herpes Simplex (Cold Sores):</b>	Herpes Simplex looks like a little sore on the sides of your lips. It is a blister and can spread if scratched or damaged.  Cold sores are caused by a type of herpes virus (HSV-1, which most often is not sexually transmitted) so they're contagious from person to person. Once you get this virus it stays in your body, meaning you'll probably get cold sores every now and then throughout your life.	Using a medicated lip balm usually stops and prevents Herpes Simplex.
<b>Skin and Sun:</b>	Sunburn occurs when you stay out in the sun too long.  When we're outdoors, we all know we need to protect our skin from the sun's harmful rays. Of course, it's impossible to avoid the sun - who wants to hide indoors all summer when it feels so great to get outside and be active? And the sun's not all bad, anyway: Sunlight helps our bodies create <u>vitamin D</u> .	To prevent sunburn, simply use suntan lotion when going out in the sun for a long time.

Two decades ago skin cancer was rarely discussed, and was usually a problem mainly for older people. Today, the threat and reality of skin cancer is very real. Approximately one out of every five Americans will develop skin cancer in the course of his or her lifetime. In fact, skin cancer is the most common cancer that doctors see. **Skin cancers** represent fifty percent of all new cancers. Learn how to stay safe in the sun and protect your health and your looks! Even dark skin can get cancer.



## SUPPORT QUESTION – Acne Quiz

[http://kidshealth.org/teen/your\\_body/take\\_care/skin\\_tips.html](http://kidshealth.org/teen/your_body/take_care/skin_tips.html)

<http://www.ibx.com/gen-y2/kids/yourhealth/article1.html>

<http://www.proactiv.com/about/quiz.php>

<http://dermatology.about.com/cs/acnebasics/l/blacnequiz.htm>

the sun - who wants to hide indoors all summer when it feels so great to get outside and be active? And the sun's not all bad, anyway: Sunlight helps our bodies create vitamin D.

## Eczema

Eczema is a condition that causes skin to become red, itchy, and dry. If you have eczema, you might notice that you are prone to getting itchy rashes - especially in places like where your elbows and knees bend or on your neck and face. The symptoms of eczema can vary from person to person. Though you can't cure eczema forever, there are things you can do to prevent it from flaring

## Psoriasis

Psoriasis is an immune-mediated disease. This means that your immune system causes your skin cells to reproduce in 3 to 4 days instead of 28 to 30 days, as is the case for skin without psoriasis. Whereas normal skin cells are shed from people unnoticed, skin cells affected by psoriasis build up and form raised, scaly lesions. Skin with psoriasis becomes red from the increased blood supply to the rapidly dividing cells, and the white scale is composed of dead skin cells. Psoriasis goes through an unpredictable cycle: flares, improvement, remission and recurrence. It is not contagious.

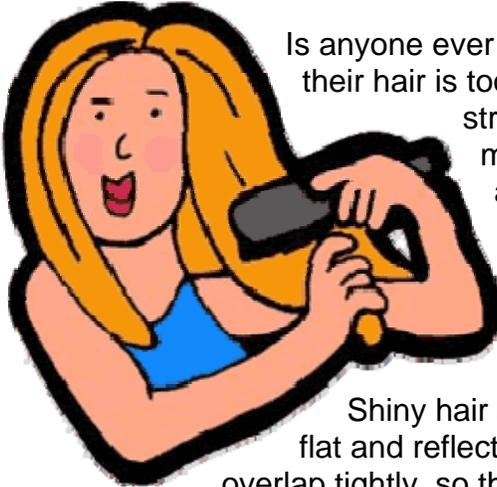
## Stretch Marks

Fine white or purplish lines on the skin called stretch marks are pretty common in most teens. Stretch marks are formed when the tissue under your skin is pulled by rapid growth or stretching, like during puberty. Stretch marks usually fade on their own over time.

## Hair

### ***DID YOU KNOW?***

***When a person dies, their nails and hair continue to grow for a long time after his or her death***



Is anyone ever happy with their hair? It doesn't seem like it! Either their hair is too wavy, too straight, too thin, too brittle, or some strange combination of those factors. Then, to make matters worse, the things people do to their hair to solve a problem often seem to create another hair crisis.

We have about 100,000 hairs on our heads. Each hair shaft has three layers, with the **CUTICLE**, or outside layer, protecting the two inner layers.

Shiny hair is a sign of health because the layers of the cuticle lie flat and reflect light. When the scales of the cuticle lie flat they overlap tightly, so the inner layers are well protected from heat, sun, chlorine, and all the other hazards that can come from living in our environment. When hair is damaged, though, the scales may separate and hair can become dry. Because the scales on dry hair don't protect the inner two layers as well, hair can break and look dull.

The type of hair a person has - whether it's straight or curly - can also affect how shiny it is. **SEBUM**, which is the natural oil on the hair, covers straight hair better than curly hair, which is why straight hair can appear shinier.

Depending how long a person's hair is or how fast it grows, the end of each hair shaft can be a couple of years old. So the hair at the end of the shaft could have survived a few summers of scorching sun and saltwater and winters of cold, dry air. How well you care for your hair from the time it emerges from the root plays a role in how healthy it looks.

The first step to sanity is to accept reality. Most hair characteristics, such as texture and color, are genetic. You can't do much to change them, so you just have to learn to live with them -- at least for a while. What you can do is to make some decisions about the way you treat your hair. Learn about common hair problems and do whatever you can to keep your hair healthy and in good condition. FYI... Shampoos today are very effective, but the manufacturers instruct you to wash and repeat simply so you use more of their product.

The good news about hair is that it is programmed and designed to battle the elements. The cells in your hair shaft's thin outer layer, or cuticle, overlap like scales to protect the

shaft's inner mass of fibre, called the cortex. This shaft is usually covered with a lubricant called sebum; that is the oily stuff.

The bad news is that you're in a constant state of combat with the environment. Sun, salt and chlorinated water draw moisture from the hair, strip away the sebum and damage the cuticle of the hair. If the cuticle scales crack or warp, the roughened hair surface loses its natural sheen and the fibre of the cortex frays, creating frizzy, dry hair.

## Hair Care

Action:	Notes:
<ul style="list-style-type: none"> <li>○ Brushing helps to stop dirt from building up in your hair by cleaning much of the dirt out. It also makes it easier for the sebum to go down the shafts of your hair.</li> </ul>	Brushing too much can damage your hair. You should only brush once or twice a day.
<ul style="list-style-type: none"> <li>○ Washing helps clean your hair of germs and dirt better than brushing alone. Washing keeps your hair healthy.</li> </ul>	Try not to blow-dry your hair too much. The heat can damage your hair.

**Your hairstyle.** Heat styling products like curling and straightening irons can dry out even oily hair if they're used too much. Follow the instructions carefully, and don't use them on wet hair or high settings, and give your hair a vacation from styling once in a while.

**Relaxers.** Relaxers (straighteners) work by breaking chemical bonds in curly hair. Relaxers containing lye can cause skin irritation and hair breakage.

Although "no lye" relaxers may cause less irritation, both types of relaxers can cause problems if they are used in the wrong way (for example, if they're mixed incorrectly or left on the hair for too long). Scratching, brushing, or combing your hair right before a chemical relaxing treatment can increase these risks. And don't use relaxers - or any hair treatment - if your scalp is irritated.



**Colour.** There are two types of color: permanent (which means the color stays in your hair until it grows out) and semi-permanent (the color washes out after a while). Some semi-permanent coloring treatments, like henna, are fairly safe and easy to use at home. Some people get a condition called contact dermatitis (an allergic reaction with a rash) from henna and other "natural" products, so be sure to test a small area first.

## Problems of the Hair

Name	Description	Treatment
<b>Dandruff:</b>	<p>Dandruff is the flaking of dead skin from your scalp. It doesn't hurt at all. Dandruff is caused by a dry scalp. Dandruff looks like white flakes, and you can usually see it when it falls from your hair onto your shoulders.</p> <p>No one really knows what causes dandruff, although recent studies seem to show that it may be caused by a type of fungus. Dandruff isn't contagious or dangerous.</p>	<p>Many times, you can simply wash it out with a good shampoo. However, sometimes a special shampoo is needed. You should talk to your doctor if it becomes serious.</p>
<b>Head lice:</b>	<p>Lice are very tiny insects that live in your hair. It is commonly passed from person to person when they share things like hats or combs.</p>	<p>You should talk to a doctor if you have lice. He or she will give you a prescribed shampoo to stop lice.</p>

## Hair Breakage

Hair can break when points in the hair thicken or weaken. Sometimes this happens near the scalp so a person's hair never grows very long. When hairs break at the ends, they're called "split ends," and the splits can travel up the hair shaft. A major cause of hair breakage is improper use of chemical hair treatments, like the treatments described above. But brushing or combing hair too frequently or in the wrong way (such as using a fine-toothed comb on very thick, curly hair or teasing hair) can lead to breakage. Hair extensions and braids can also cause breakage.



## Eyes

Everything you look at is constantly reflecting rays of light. The rays enter your eyes and fall on the lining at the back of your eye, which is called the retina. Your retina contains receptors cells which are stimulated by the light. (The retina is like the film in a camera.) They send impulses to your brain, which interprets them so you can see!

One of the best things you can do for your baby blues (or greens, or browns, or hazels, or whatever color your eyes are) is to have them checked by your doctor whenever you have a physical examination. If you're having trouble seeing or you've been getting frequent headaches at the end of the day, tell a parent so that you can have your eyes examined by an eye specialist. It's a good idea to have your eyes checked at least every 2 years or even more frequently if you have a family history of eye problems. An **OPHTHALMOLOGIST** (pronounced: ahf-thuh-**mah**-luh-jist) is a medical doctor who specializes in examining, diagnosing, and treating eyes and eye diseases. An **OPTOMETRIST** (pronounced: ahp-**tah**-muh-trist) has been trained to diagnose and treat most of the same eye conditions as ophthalmologists, except for treatments involving surgery.

## Importance of the Eyes

As you know, your eyes are important. Without eyes, you couldn't see anything at all. You couldn't see a wall until you walked into it. You couldn't watch television. You couldn't even read these words! This is why you must keep your eyes healthy.

The eye itself is very complex. There are many different parts of the eye working together to give you vision. They are, therefore, also one of the most sensitive areas on your body. You must be very careful to keep your eyes safe and healthy.

Wearing glasses or contacts is one of the simplest ways to correct problems with your vision. It is important to understand that a person who wears glasses needs them to see clearly, and should not be parts of a joke. Also, if you need glasses or contacts, keep in mind that they are for your benefit and should not be neglected; and if you ever feel awkward about wearing them, remember that much of the world is in the same situation you are.

## Parts of an Eye

Have you ever wondered how your eyes are able to see? Well when you look at something, there are things in your eyes called cones and rods that help you see.

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**Cones** Cones are small nerve endings that, when you look at something, figure out how much red, green, and blue is in each part of what you are looking at. Why red, green, and blue? Because with those three colors, you can mix them in different ways to get any other color! Now the cones know the color of what you are looking at.

**Rods** Rods are much like cones, but they have a different shape and instead of detecting color, they detect light and dark. They tell how much gray is in a picture. If you didn't have cones, you would see in black and white! When you "see" at night, since there is no color, you are seeing only shades of black and white. Without rods, when the light goes out you would be blinded!

***The cones and rods make a great team. However, there are other parts of your eye that help out a lot!***

**Sclera** The sclera (pronounced "ska-le-ra") covers your eye and protects it. It is the white of the eye.

**Cornea** The cornea is like the window of the eye. It is what you see through.

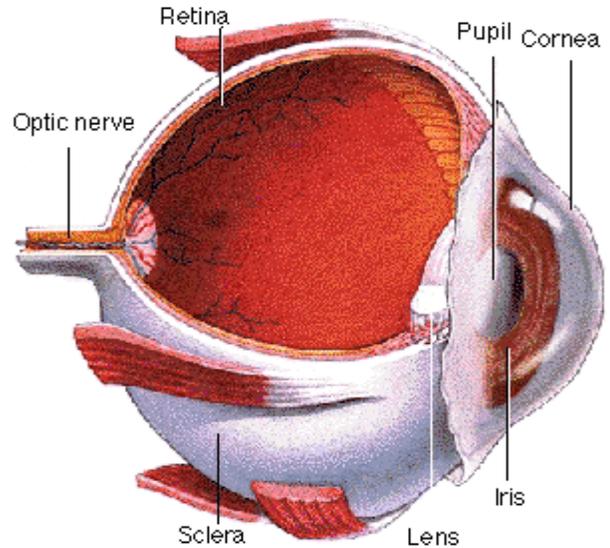
**Iris** Your iris is the coloured part of the eye. If you have blue eyes, you have blue irises.

**Optic Nerve** The optic nerve transmits the image to the brain. The brain then understands what you are looking at.

**Retina** The retina is the part along the back of the eye that changes the image to a message for your brain to interpret after the rods and cones have done their part.

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The parts of the eye as described above are all labelled on this image, except for the **cones** and the **rods**, which are part of the **retina**.



ADAM Software Illustration

## Problems of the Eyes

### Common Vision Problems

Someone with perfect 20/20 vision has eyes that are basically round like a baseball. Someone who needs corrective lenses to see usually has eyes that are shaped differently. All healthy eyes will change naturally and predictably with the passage of time. If the visual status of an eye changes, it does not indicate deterioration. If your eyes are healthy and clear, your eyesight can be restored to its original level by simply making a change in your eye prescription. Your new visual correction will assist your eyes so that they can function at their maximum level of comfort and clarity.

### Myopia (my-O-pee-ah) or Nearsightedness

Myopia is caused by an eye that is naturally too strong in refractive power and or an eye that is deeper or larger in size than average. Since the nearsighted eye requires less power to see clearly, the eyes' natural focusing ability cannot help correct this condition.

Nearsightedness is when you see things that are close very well, but objects that are far away seem blurry.

Nearsightedness can be easily corrected with prescription eye wear and or contact lenses that make the rays of light diverge (bend outwards) before they enter the eyes. When a teen has myopia, he or she is unable to focus properly on things that are far away. People with myopia have eyes that are a little longer than normal, measuring from the front of the eyeball to the back.

## **Hypermetropia (hi-per-me-TRO-pee-ah) or Farsightedness (also known as Hyperopia)**

Farsighted people usually have short eyeballs and the image of near objects falls behind the retina.

Farsightedness is when you see things that are far away very well, but objects that are close seem blurry.

This can be corrected by wearing prescription eye wear and or contact lenses which make the rays of light converge (bend inwards) before they enter the eye. This condition may also be genetic in nature.

## **Astigmatism (a-STIG-ma-tizm)**

An astigmatism is caused by an irregularity of the lens or cornea in the eye. It may also be inherited. This condition causes images to be out of focus and produces slightly distorted vision without correction.

If you have astigmatism, what you see is distorted and may look off center. If you are wondering what this situation feels like, touch very gently on your lower eye lid over the eye.

It is easily corrected with corrective lenses or now even contact lenses.

## **Taking Care of the Eyes**

**PREVENTIVE CARE** is concerned with avoiding situations where an accident may occur. In the Teeth section, you learned that brushing helps clean the teeth plaque and tarter that builds. There is no real way to prevent plaque and tarter from forming altogether.

The eyes, however, are different: we must try to prevent problems instead of fixing them after they have occurred. This is because the eyes are so sensitive and complex that every problem can be very serious. On this page we will learn about ways to easily prevent eye problems. Remember, if you have a lasting eye problem, check with an eye doctor to be safe.

***Prevent Eye Strain***

When you watch television or use a computer, use it in a well-lit room. This keeps your eyes from straining to see in a dark area.

***Avoid Direct Light***

When you read, make sure a light is shining onto what you are reading as opposed to into your eyes.

***Avoid Rubbing Eyes***

Do not rub your eyes often. If your eye does itch, it will go away when you don't rub them. Blinking and tearing are ways your body cleans your eyes; rubbing only interferes.

***Rest Your Eyes***

If you watch television, use a computer, or read for a long time, be sure to take a break at least every hour or so for ten or fifteen minutes to rest your eyes.

***Be Safe***

Lastly, protect your eyes by wearing goggles to avoid an accident during those activities that are more likely to cause eye injuries. Such activities include science experiments when using chemicals and certain fast moving sports (such as racquetball). . It only takes a second for something to hit an unprotected eye and cause serious damage.

**Caring for Your Eyes**

Just as you wear a seat belt to protect yourself when you're in a car, it's a good idea to protect your eyes before something happens to them.

Wearing sunglasses is high on the list of ways you can care for your vision. Buy a pair of sunglasses with ultraviolet (UV) protection to use whenever you're in the sun. UV light causes long-term damage to the inner structures of the eye, but wearing sunglasses whenever you're in the sun can help prevent conditions such as cataracts and macular degeneration. A **CATARACT** is an eye condition in which the lens of the eye becomes clouded, impairing vision. **MACULAR** (pronounced: mah-kyuh-lur) **DEGENERATION** is an eye disease in which the macula, a structure within the eye that allows you to see, gradually deteriorates, leading to decreased vision or blindness. (Need one more reason not to smoke? Smoking puts you at greater risk for developing macular degeneration.)



## Nails

The nail is made of a hard protein called **KERATIN**. A protein is one of the building blocks which make up the body. The nails help protect the ends of the fingers and toes from trauma and also help us pick up small objects. Nails grow out of deep folds in the skin of the fingers and toes. As epidermal cells below the nail root move up to the surface of the skin, they increase in number, and those closest to the nail root become flattened and pressed tightly together. Each cell is transformed into a thin plate; these plates are piled in layers to form the nail. As with hair, nails are formed by **KERATINIZATION**. When the nail cells accumulate, the nail is pushed forward.

The skin below the nail is called the **matrix**. The larger part of the nail, the **nail plate**, looks pink because of the network of tiny blood vessels in the underlying dermis. The whitish crescent-shaped area at the base of the nail is called the **lunula**.

Over the last hundred years, the nails have become more important for cosmetic reasons and less important for protection. Manicuring is the care of the hands and nails. Basic manicuring should be done once a week. Every 4-6 weeks it is a good idea to seek the services of a professional manicurist. A professional manicurist best knows how to keep your nails looking healthy and beautiful.

Fingernails grow about three or four times as quickly as toenails. Like hair, nails grow more rapidly in summer than in winter. If a nail is torn off, it will re-grow if the matrix is not severely injured. White spots on the nail are sometimes due to temporary changes in growth rate.

## Nail Care

Action:	Notes:
<ul style="list-style-type: none"> <li>○ Cleaning keeps the dirt and germs out from under your nails. Without cleaning, your nails could become infected.</li> </ul>	<p>You should clean your nails with soap and water. If they are very dirty, you could use a brush.</p>
<ul style="list-style-type: none"> <li>○ Trimming your nails makes them cleaner and look better.</li> </ul>	<p>You should use a nail file or a nail clipper to trim your nails. Fingernails should be rounded, but toenails should be cut straight across.</p>

## Problems Of The Nails

Name	Description	Treatment
<b>Hang Nails:</b>	Hang nails are splits in the cuticle along the edge of the nail. They can be very painful.	Cut away the splintered edge of the cuticle with a nail clipper.
<b>Ingrown Toenail:</b>	An ingrown toenail is a toenail that pushes against the skin along the sides of the toe. Sometimes, the nail grows into the skin, or sometimes the skin can grow over the edge of the nail. In either event, the area becomes swollen and painful.	When you cut your toenails, be sure to cut them straight across (but not too short). If it becomes red, this is a sign that you should see a doctor.

**BACTERIA** - Often referred to as mould though the infection is actually caused by a bacteria called pseudomonas (also known as Greenies) which makes a green, greenish-black or yellowish-green color stain on the nail bed. This bacteria thrives in a warm and moist environment, especially in between the artificial nail and natural nail where moisture can be trapped if the artificial nail has not been fixed properly.

**BITING HABIT** - One popular way is to paint awful tasting nail polishes or liquids to the nail. This method is suitable for children. Another alternative is to go for a professional manicure to get your nails looking really good and so perhaps that will refrain you from giving in to that biting urge.

**BLACK OR PURPLISH COLOUR** - May be due a traumatic injury to the nail (e.g. smashing) and would recover to it's original color after healing is completed. Also linked to liver disease.

**BLUISH COLOUR** - May be due to poisoning (arsenic) and lack of oxygen in the blood. Get a doctor's attention.

**BRITTLE NAILS** - Other names : dry nails, onychoschisis, onychochizia, onychorrhexis. Caused by frequent immersion of fingers in water, exposure to harsh chemicals found in cleaning agents or a lack of zinc or EFAs (essential fatty acids) in the diet can cause brittleness. Symptoms include easy peeling at the nail edge, breakage and layering.

Consume EFA-rich foods such as cold water fish (salmon, herring, halibut and mackerel), seeds and zinc-rich foods such as whole grains, egg yolk, seafood and meat.



Certain health conditions could also turn nails brittle.

**PALE COLOUR** - If nails look much lighter than the accompany skin, it may be due to a lack of iron or an under active blood circulation. Consume more whole grains and green leafy vegetables.

**THICK TOENAILS** - A variety of causes which includes fungal infection, psoriasis and injury.

**WHITISH SPOTS** - Other names : Leukonychia. Caused by a lack of zinc or excess consumption of sugars. Cut back on sugar intake and opt for zinc-rich foods such as whole grains, pumpkin seeds, egg yolk, seafood, pecan and meat.

**YELLOW STAINS** - The 2 common culprits are nicotine stains from smoking and overuse of nail polish which can still penetrate through a clear base coat. A very easy solution is to stop smoking and give your nails a polish-free break once in a while. It is also associated with diabetes, liver problems and lymph disorders.

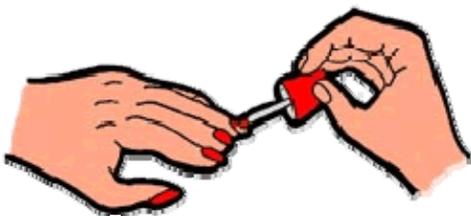
## Good Nail Grooming

Wear gloves when washing the dishes or scrubbing dirt because immersing hands in water and coming into contact with chemicals found in most cleaning agents can make nails brittle.

Apply a good hand and nail lotion on your hands and nails to protect and moisturize them. Dry nails tend to crack and split.

File your nails instead of clipping them (unless you need to shorten a big part) at a 45-degree angle.

A good clipping moment would be after a shower or bath where nails are much softer or you can also soak your hands in a bowl of lukewarm water first before you clip.



Avoid harsh metal files.

File every nail tip from the corner to center. Avoid filing deep into the corners.

Leave the cuticle alone. Cutting it invites infection on the nail's tissue.

Short nails are easier to maintain.

Don't torture nails by using them to scrap, pick, scrub, pull or open things. Try using something else.

## Teeth

Thanks to fluoride in toothpaste and drinking water, better nutrition and improved dental care, Americans' teeth are healthier than ever. But that doesn't mean you can neglect yours.

Decay is still one cause of tooth loss, but gum disease is responsible for most tooth loss in adults age 35 and older. The best way to prevent these and other problems is to master the basics of daily dental care, especially the proper ways of brushing and flossing.

A great looking smile is often the first thing that people will notice about you and it is an easy thing to maintain if you take proper care of your teeth.

## Tooth Growth & Development

Have you ever counted your teeth? If you did, you would find you had 32! Of course, that is after your baby teeth are all out and your permanent teeth are in!

### What's the difference between "baby" teeth and permanent teeth?

At between six and ten months of age, most infants begin to get their "baby" teeth. The central Incisors (front middle teeth) usually come in first, and then teeth begin appearing on either side and work their way back to the second molars. By the time a child has reached three years old, most of the "baby" teeth should be present. The process begins to repeat itself when the child is about seven years old.



The central Incisors fall out first and are replaced by permanent teeth. By the age of 21, most people have all of their permanent teeth. **"BABY" TEETH** are important because they hold the place for permanent teeth and help guide them into correct position. "baby" teeth play an important role in the development of speech and chewing. Are there different types of teeth? What do they do? Your teeth look different from one another because they are designed to do different things. The **INCISORS** are the teeth in the very front. They're the sharpest teeth, built to cut food and shaped to shovel the food inward.

The **CANINE** teeth are in the corners of your mouth. Because they're meant for grasping and tearing food, they have very long roots. Premolars are located just behind your Canine teeth. Premolars have a more flat chewing surface because they're meant for crushing food.

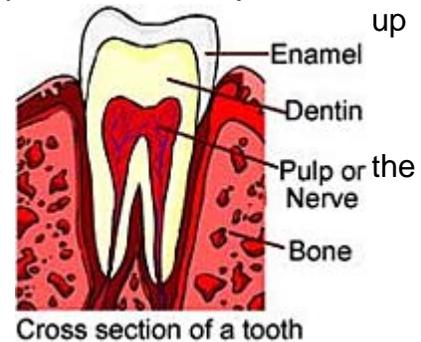
The **MOLARS** are the last teeth towards the back of your mouth. Molars are much bigger than the Premolars and have bigger, flatter chewing surfaces because their job is to chew and grind the food into smaller pieces.

## The Parts of a Tooth

A tooth is basically made up of two parts: the crown and the root. The **CROWN** is what you see when you smile or open your mouth. It's the part that sits above your gumline. The root is below the gumline. The **ROOT** of the tooth is 'planted' into the jawbone to keep the tooth steady while it is doing its job. It makes up about 2/3rds of the tooth's total length.

Four different tissues/layers make up each tooth. The enamel is the durable, white covering. **ENAMEL** protects tooth from the wear and tear of chewing.

**DENTIN** supports the enamel on your teeth. It's a yellow bone-like material that's softer than enamel and carries some of the nerve fibres that tell you when something is going wrong inside your tooth.



The **PULP** is the center of the tooth. It's a soft tissue that contains blood and lymph vessels, and nerves. The pulp is how the tooth receives nourishment and transmits signals to your brain.

**CEMENTUM** is what covers most of the root of the tooth. It helps to attach the tooth to the bones in your jaw. A cushioning layer called the Periodontal Ligament sits between the cementum and the jawbone. It helps to connect the two.



**Dental Fact:** Did you know that the enamel on your teeth is the hardest substance in your body?

## Looking after Your Teeth, Gums and Mouth

It is important to look after your first and permanent teeth. Keeping your teeth, gums and mouth clean and healthy can prevent disease and infection, and can help to avoid pain and sickness. Also a clean healthy mouth feels nice, looks good and keeps your breath fresh.



Your teeth need to be cleaned really well every day. This is because germs or bacteria in your mouth grow on your teeth and around the gums every day. It is called *dental plaque* and it makes acids that attack the teeth and gums and cause disease.

If you keep your teeth clean and healthy, you will avoid problems like tooth decay, toothache, bleeding gums, yellow teeth and bad breath

<p style="text-align: center;"><b>Mouth Rinsing</b></p> <p>Mouth rinsing is simple. You can swish water in your mouth or use a special mouth wash to kill bacteria. This removes the bigger pieces of food trapped between your teeth. You should always spit out the liquid after swishing it around.</p>	<p style="text-align: center;"><b>Brushing</b></p> <p>You should always brush at least twice a day with a soft toothbrush. This helps remove much of the food and plaque which is stuck to your teeth.</p>
<p style="text-align: center;"><b>Flossing</b></p> <p>Floss is a special, thin string. You should hold the floss between your two middle fingers and rub it up and down each side of each tooth in your mouth. This removes the stuff that a toothbrush can't get.</p>	<p style="text-align: center;"><b>Fluoride</b></p> <p>Fluoride is found in most kinds of toothpaste and even in water in some communities. It hardens your teeth and reduces the amount of tooth decay you can get.</p>
<p style="text-align: center;"><b>Your Diet</b></p> <p>Lastly, your diet, or what you eat, is important in keeping your teeth healthy. Eating too much sugar can increase the amount of plaque you have. You should brush and floss after eating candy.</p>	

## Brushing Tips

Brushing removes food particles and plaque from your mouth, making your teeth look cleaner and breath feel fresher. Brush at least twice a day with a fluorinated toothpaste. Use a toothbrush with soft, rounded bristles and replace it every three months. Follow these steps to clean all surfaces...

### First...

To clean outer surfaces, tilt the brush so its bristles point toward the gums. Use short, side-to-side strokes, moving across your teeth in a circular motion. Also clean the gums.

### Next...

To clean chewing surfaces of the molars, hold the brush flat. Gently scrub your teeth by moving the brush back and forth.

### Then...

To clean inner surfaces of your back teeth brush in a circular motion at a 45-degree angle. And don't forget the gums. To clean the inner surfaces of your front teeth, hold the brush vertically and use gentle up and down strokes.

## What's in a Toothpaste?

Toothpastes contain abrasives, detergents, and foaming agents. Fluoride, the most common active ingredient in toothpaste, is what prevents cavities. So you should always be sure your toothpaste contains this ingredient.

About one in 10 people has a tendency to accumulate tartar (another word for plaque) quickly. Using anti-tartar toothpastes and mouthwashes, as well as spending extra time brushing the teeth near the salivary glands (the inside of the lower front teeth and the outside of the upper back teeth), may slow the development of new tartar.



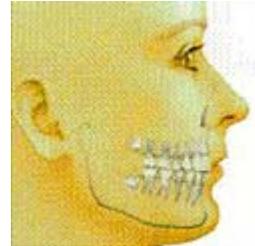
## Common Problems Of The Teeth

Name	Description	Treatment
<b>Plaque:</b>	Plaque is a sticky film that forms on teeth. It is always there, but you can rarely see it. The bacteria that causes tooth decay lives under the plaque. When you eat sugary foods, the bacteria uses the sugar as a food and releases an acid which damages your teeth.	Brushing and flossing should help to stop and prevent plaque. When the plaque is hardened on your teeth it is called tartar or calculus. Then you need a Dental Hygienist or Dentist to remove it by "scaling" the tartar off.
<b>Tartar:</b>	If plaque goes on untreated (if you don't brush and floss well enough), tartar can form. Tartar, also known as calculus, is similar to plaque but much harder.	Brushing and flossing alone usually can not stop tartar. With a check-up at your dentist, however, the tartar can be removed quickly and easily.
<b>Abscess:</b>	When a lot of tartar forms, gums can get infected, producing an abscess. When the bacteria under the plaque can get enough sugar over a long period of time then the acid they produce can damage the tooth by producing a <b>CAVITY</b> (decay). If this decay gets large enough it can injure the nerve of the tooth that resides in the center of the tooth. If the nerve dies from the injury this can also produce an abscess. It can be painful.	A dentist's check up is needed quickly to repair the tooth.
<b>gingivitis:</b>	Gingivitis is a disease of the gums. It is caused by plaque and tartar forming between teeth and along the gums. The gums can swell or even bleed.	A dentist can identify gingivitis during your checkup, but if it does form, he or she may treat the problem or prescribe a special mouth wash or toothpaste.
<b>Malocclusion:</b>	Some people are born with malocclusion. This is a situation in which the teeth do not line up correctly.	An orthodontist can help correct malocclusion with wires, or braces. Braces are worn to slowly correct tooth position.



## Wisdom Teeth

Wisdom teeth or third molars usually appear around the age of 17 - 20. Wisdom teeth are an asset to the mouth when they are healthy and properly positioned. Often, however, problems develop that require their removal. When the jaw isn't large enough to accommodate wisdom teeth, they can become impacted (unable to come in or misaligned). Wisdom teeth may grow sideways, get stuck under adjacent teeth, emerge only part way from the gum or remain trapped beneath the gum and bone, develop cysts and cause other kinds of problems. A large proportion of the population does not have enough room for wisdom teeth to assume a normal position.



Extraction of wisdom teeth is generally recommended when:

- ❑ Wisdom teeth only partially erupt. This leaves an opening for bacteria to enter around the tooth and cause an infection. Pain, swelling, jaw stiffness and general illness can result.
- ❑ There is a chance that poorly aligned wisdom teeth will damage adjacent teeth. A cyst (fluid-filled sac) forms, destroying surrounding structures such as bone or tooth roots. Patients should ask the dentist about the health and positioning of their wisdom teeth.
- ❑ The dentist may make a recommendation for removal or send the patient to an oral surgeon for further evaluation.

## Breath

Bad breath, or **HALITOSIS**, can be a major problem, especially when you're about to snuggle with your sweetie or whisper a joke to your friend. The good news is that bad breath can often be prevented with some simple steps.

Bad breath is caused by odour-producing bacteria that grow in the mouth. When you don't brush and floss regularly, bacteria accumulate on the bits of food left in your mouth and between your teeth. The sulphur compounds released by these bacteria make your breath smell.

Certain foods, especially ones like garlic and onions that contain pungent oils, can contribute to bad breath because the oils are carried to your lungs and out through your mouth. Smoking is also a major cause of bad breath.

Have you ever been talking to someone and had to turn away because their breath smelt really bad? Has anyone done that to you?

Most healthy people have unpleasant smelling breath sometimes, especially when they wake up, but only a few people have bad breath most of the time. If people have really

bad breath, it can have a big effect on their social life and what other people think about them, but many people worry unnecessarily about their breath.

## **Causes of Bad Breath**

The usual cause of bad breath is sulphur compounds made by bacteria when they break down the remains of food in the mouth.

Most people have large numbers of bacteria in their mouth, and they have even more if they have dental plaque because they have not cleaned their teeth well enough. These bacteria usually do not cause infections or illness.

Bacteria can also form a white, grey or yellowish coating on the tongue in some people.

Infections in the gums (gingivitis), tonsils, sinuses and nose mean there are even more bacteria to cause the bad smell.

Having a very dry mouth means that there is less saliva to wash away bacteria.

People who are on extreme diets (such as people on very high protein diets or who have anorexia nervosa) have bad breath. Some of the popular low carbohydrate, high protein diets cause bad breath in almost everyone who follows them.

Some foods, such as garlic, onions and curry will cause a change in the smell of your breath for a short time.

Smokers have unpleasant smelling breath.

People who need to breathe through their mouth most of the time (perhaps due to sinusitis) will have a dry mouth, and may have bad breath.

Some medicines can cause bad breath.

Some health problems, such as liver disease, kidney disease, lung diseases and diabetes can change the smell of breath.

## **Signs of Bad Breath**

It is not really possible to smell your own breath, so you need to listen to what other people say about your breath.

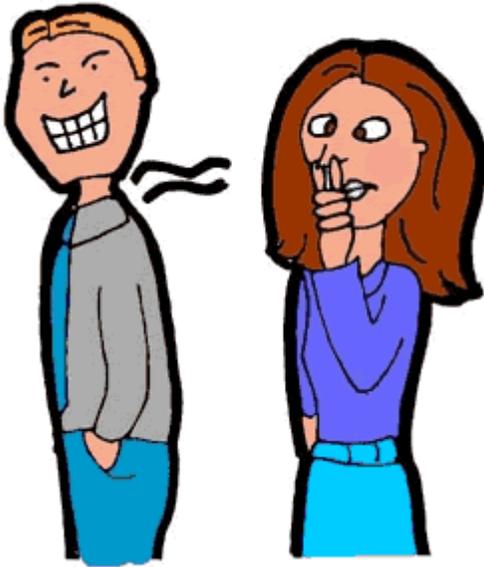
Some people say they have an unpleasant, metallic taste when they have bad breath.

Some people with bad breath have a white or greyish coating on their tongue. Not everyone with this coating has bad breath.

Remember that most people have 'bad breath' when they wake up, so don't worry about that. A drink of water will help clean your mouth.

## What to do if YOU have Bad Breath

Make sure that you clean your teeth well. Use fluoride toothpaste and a soft toothbrush to clean your teeth twice a day. You could brush your tongue at the same time.



Floss between your teeth (get your dentist or dental therapist to show you how to do this).

Avoid foods that are sticky and high in sugars. Bacteria love sugary food that sticks to your teeth!

Have a drink of water after eating, and whenever your mouth feels dry.

Mouth washes and breath fresheners can hide bad breath for a little while, but they don't get to the cause of the problem and their effects do not last. They are also rather expensive.

If you are a smoker, try to kick the habit! Smelling like a dead ashtray can be rather off-putting!

## Posture & Body Shape

### Perfect Your Posture



We all know that standing tall rather than slouching makes a better first impression. But good posture is about more than impressing others; it's about putting on a display of self-confidence, (even if you're bluffing and don't feel confident inside). Good posture is about puffing out your feathers and saying 'Here I am, here's what I've got and I'm happy with it'.

Plus:

- Standing tall gives your crumpled internal organs more room, especially your lungs, which means you can take deeper, energizing breaths.
- Good posture supports your head and back, so you're less likely to experience joint and muscle pain.
- Standing straight is slimming and makes your clothes look better, too.

Here's how to stand tall:

- Your head should feel like it's holding up your body - so no drooping.

- Your neck should feel elongated and your chin should be about 20cm above your collarbones.
- Your shoulders should be back and down - not hunched.
- You shouldn't feel any tension or discomfort.
- Your knees should be slightly bent.
- If you've got it right, you should be able to 'draw' a straight line from your ears down to your ankles.

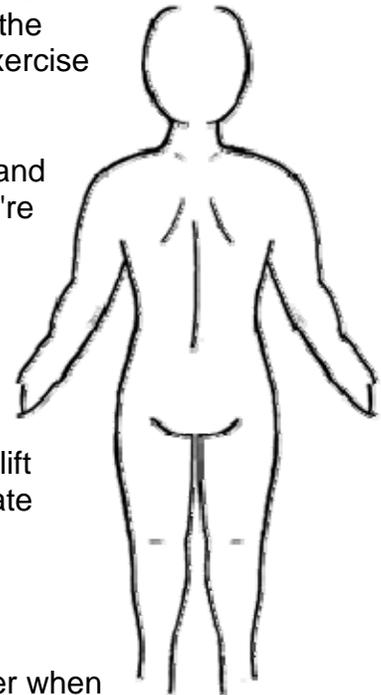
## Get in shape

All the diets in the world can't change the body shape you're born with, so instead of fighting it, why not work with it? There are three basic body types:

- **ECTOMORPHS** are tall and thin with long limbs, small bones and a narrow upper body. They aren't naturally muscular. (Think Gwyneth Paltrow)
- **ENDOMORPHS** tend to be rounder with wide hips and large bones. They're prone to gaining weight. (Think Oprah Winfrey)
- **MESOMORPHS** tend to be short with broad shoulders, average bone size and well-developed muscles. (Think Tom Cruise)

Most people are a mixture of two body types. For instance, a meso-endomorph might have upper body strength, but gain weight on the lower body. Once you know what you are, you can choose an exercise routine to enhance your body shape. Here are some ideas:

- Ectomorphs lose weight easily, so avoid hectic workouts and stick to gentle aerobic exercise, such as swimming. If you're paranoid about being puny, gain muscle mass through regular all-round weight training.
- Endomorphs put on weight easily, so regular aerobic exercise, such as swimming, fast walking or cycling, will help you stay trim. Plus, gentle upper body weight training will help balance your body shape.
- Mesomorphs find it easy to build muscle, so only need to lift light weights. Stretching, yoga and Pilates will help elongate your muscles and improve flexibility.



## SAFETY IN HEALTH & GROOMING

1. Take care when getting into & out of the bathtub or shower when there is not a handgrip or handrail.
2. To avoid slipping, place a rubber mat on the floor of the shower stall or in the bathtub.

3. Avoid touching an electric appliance or an electric-light switch while taking a bath, using the lavatory or standing on a wet floor.
4. Have labels on all drugs and medicines in the medicine chest. Label poisonous ones in an easily distinguishable way and put them out of the reach of children.
5. Turn on the light in the bathroom at night before taking medicines from the cabinet.
6. Test temperature of water before slipping into a bath or shower.
7. Always place the bathroom soap in a soap dish or other container.
8. Never plug in an electrical appliance – and this includes a record player – while taking a bath.

## ORGAN & TISSUE DONATION

Deciding to become an organ or tissue donor is a very important personal decision. It is one that takes a lot of thought, discussion and consideration ... and one that can have extraordinary results.

By making the choice to be a donor, you may someday give someone the gift of life. Once you've decided to give that gift, it's important to share your decision with your family.

### Why Become a Donor?

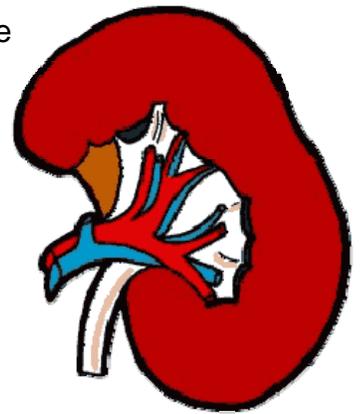
Young or old, rich or poor, any one of us might one day get the chance to save or enhance someone's life by becoming an **organ or tissue donor**.

Your gift might give one of the thousands of Canadians desperately waiting for transplants a second chance - the chance to be healthy again, to watch their children or grandchildren grow, to go back to jobs they love, to enjoy all of life's simple pleasures.

Your gift will help your family feel some consolation in a time of terrible loss, some sense that their loved one's death was not in vain.

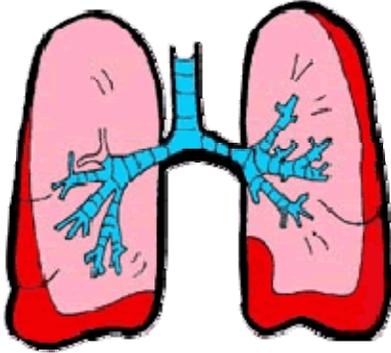
### Who Can Be a Donor?

Any one over the age of majority can decide to become a donor. Each province and territory has a slightly different process for signing up: Driver's License, Health Card or Registry.



Age is not the determining factor in deciding whether or not a person can become a donor – it is the health of the organs. Babies can donate organs and tissues as can those who are advanced in years.

Donated organs can come from several sources:



1. someone who donates an organ -- usually a kidney or part of a liver -- while still living a healthy life (living organ donation)
2. someone who has suffered tragic, often sudden "brain death," but whose vital organs are maintained artificially by a ventilator (cadaveric organ donation)

3. someone who has died from causes other than primary "brain death" (tissue donation )

Living donation is increasing as a way to close the gap between the number of people on transplant waiting lists and the number of available organs, but cadaveric donation is still the most typical source for organ transplants. At this time, organs from non-breathing cadaveric sources or from animals (xenotransplantation) are not used.

Nearly everyone can become a **tissue donor**, however, because corneas, bones, muscles, pancreatic and nerve cells, for example, can survive for a limited time after the body stops breathing and the heart stops beating.

### The Donation Process

While the number of organ transplants from living donors -- either related or anonymous -- is increasing, organs for transplant usually come from patients in hospital who have been declared **brain dead**. These patients have unfortunately sustained catastrophic and irreversible injuries to the brain such as stroke, severe head trauma or other oxygen-depriving insults. Brain death is determined only after two doctors who are not involved in the transplantation process perform a series of rigorous tests. A potential **organ donor** is maintained on a ventilator (artificial respiratory support) so that oxygen-rich blood still circulates through the body, keeping vital organs -- heart, liver, kidneys, pancreas, lungs, bowel and stomach -- viable and suitable for transplantation.

If a patient has succumbed to **clinical death**, in which case the heart stops beating, organs cannot be used for transplantation because cells deteriorate quickly without blood circulation. These patients can still become **tissue donors**. Corneas from eyes, heart valves, bones, skin and bone marrow, to name just a few, can survive up to 24 hours after death under certain conditions.

**Brain death is not a coma.** It is irreversible and permanent. When a brain-dead patient is on artificial respiratory support, the chest rises and falls and the heart continues to beat only because the ventilator is doing the work. If the ventilator were turned off, the heart would eventually stop beating and organs that could save someone else's life would be lost. When a patient is declared brain dead and the family has agreed to organ and tissue donation, ventilator support is continued while transplant personnel work quickly to find the most suitable organ recipients. One organ and tissue donor can save or improve the lives of many other people.

Organs and tissues are removed in an operating room, with the same respect and dignity as in any other surgical procedure. The donor's body is then released for funeral arrangements.

### **Three Simple Steps to Becoming an Organ and Tissue Donor**

Step 1: Discuss organ and tissue donation with your family.

Step 2: Ask your family to support your decision.

Step 3: Register your decision to become a donor.

### **Confidentiality**

The donation process is strictly confidential, anonymity legally protected by the Human Tissue Gift Act. The families of organ and tissue donors are not told the names of recipients and recipients are not told the identity of the donor. Many recipients, though, write heartfelt letters of gratitude - signed only with a first name or "organ/tissue recipient" - that are forwarded to the donor's family through the transplant program. These letters are treasured by donor families as a great consolation during their grief.

### **In Ontario:**

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?openform&ENV=WWE&NO=014-3750-84>

**or**

<http://www.health.gov.on.ca/english/public/pub/ohip/organdonor.html> (English)

Ontario has a new registry of organ donors. Fill in the Organ Donor Consent form, (available online) then send it to your local ministry health office, or to:

### **Organ Donor Consent Information Processing Unit**

49 Place d'Armes, 4<sup>th</sup> Floor

PO Box 48

Kingston, ON K7L 6J3

If you have a photo Health Card, you will get a new one in the mail that has your consent registered on it. If you have a red and white Health Card you will get a sticker

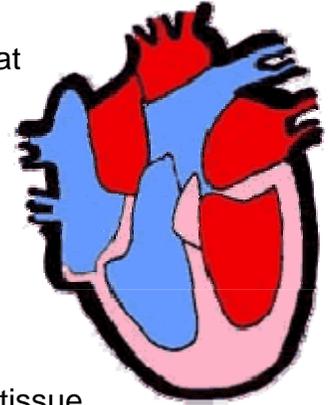
that says "Donor" to put on the back of your card. Please talk to your family about your decision to be an organ donor

### **Cost of the Donation Process**

Transplants reduce the cost to the health care system. For those with kidney disease, for example, the average cost of dialysis treatment is \$50,000 per year. By comparison the cost for a kidney transplant is approximately \$20,000 with an additional yearly cost of about \$6,000 for anti-rejection medications.

### ***There are never enough donors***

- Nearly 3,700 Canadians are waiting for organ transplants that could enhance, even save their lives.
- People are far more likely to need an organ or tissue than they are to donate them
- Last year, 195 Canadians died on waiting lists when no organ became available.



### ***Organ Donation Facts***

- The Green Ribbon is the international symbol for organ and tissue transplantation.
- The need for organs and tissues continues to exceed supply.
- One donor with healthy organs can save the lives of up to eleven people; and their tissues can help up to 40 people improve their quality of life.
- A poll undertaken for Health Canada by Environics tells us that over 90% of Canadians agree with the concept of organ and tissue donation, but less than half of Canadians have signed-up to be a donor.
- Canadians are far more likely to need an organ or a tissue than they are to donate them.
- You are never too young or too old to give the gift of sight. More than 2,500 corneal transplants are done each year and over 3,000 people remain on waiting lists.
- Transplant medicine is very successful. In general, one year after a transplant, 70 to 95% of recipients are living healthy and active lives.
- Canada is a world leader in transplant medicine research. TransNET, Canada's network of transplant scientists, is a world first. Pancreatic islet cells may be the answer to curing diabetes, and the research on early detection of organ rejection will contribute to even more transplantation success.
- Health partners in organ and tissue transplantation include the provinces and territories, the Canadian Council for Donation and Transplantation, the Canadian Association of Transplantation (CAT), the Canadian Cystic Fibrosis Foundation, the Canadian Liver Foundation, the Juvenile Diabetes Research Foundation, the Kidney Foundation of Canada, and the networks of eye banks and tissue centres across Canada.

- It is illegal to buy or sell organs or tissues in Canada.

### ***What Canadians think about organ and tissue donation?***

- 78% of Canadians believe there is a great need for organs.
- 71% are willing to donate any organs needed for transplantation.
- More than 90% of Canadians are aware of organ and tissue donation and how to sign up to be considered as a donor.
- Of the more than 90% of Canadians who approve of organ and tissue donation, less than half (46%) have signed their donor card. Forty-five per cent remain undecided.
- The decision to donate is higher than average among women, middle-aged Canadians, those with higher levels of education and income, and Quebecers.

Some regions of Canada are more willing to donate than others.		<b>Any organs needed</b>	<b>Only certain organs</b>	<b>Prefer not to donate</b>
• Canadians list the following as important reasons for being a donor:	Québec	76%	6%	15%
○ Saving the life of a person needing an organ transplant;	BC	75%	7%	14%
○ Improving the quality of life of someone who needs a tissue transplant; and,	Prairies	69%	11%	15%
○ Helping as many as 11 people through organ donation.	Ontario	68%	12%	14%
	Atlantic	66%	14%	16%

### ***Recipient demographic information***

- Most common recipient is a middle-aged Caucasian male
- 87% of recipients are 18-64 years old
- 65% of all recipients are male
- 84% of heart transplant recipients are men

### ***Recipient medical information***

#### *One-year survival rates*

<b>Transplanted organ</b>	<b>Survival rate</b>
Living-related kidney	98%
Cadaveric kidney	95%
Liver	90%
Heart	85%
Pancreas	79%
Small intestine	70%
Multi-organ	70%
Lung	65%
Heart-lung	65%



## Key Questions for Lesson 19 (100 marks)

Please answer these questions on your own paper. If you choose to word process your answers please use double spacing and at least 12 pt font.



### KEY QUESTION # 110 – Lesson 19 ... Important Terms (30 marks)

Read through your class notes and write the definition for each of the following terms:

- |                       |                          |
|-----------------------|--------------------------|
| 1. dermatology        | 2. dermatologist         |
| 3. epidermis          | 4. dermis                |
| 5. subcutaneous layer | 6. eczema                |
| 7. psoriasis          | 8. cuticle               |
| 9. sebum              | 10. ophthalmologist      |
| 11. optometrist       | 12. myopia               |
| 13. hypermetropia     | 14. astigmatism          |
| 15. cataract          | 16. macular degeneration |
| 17. keratinization    | 18. incisors             |
| 19. canine teeth      | 20. molars               |
| 21. crown             | 22. root                 |
| 23. enamel            | 24. dentin               |
| 25. pulp              | 26. cementum             |
| 27. wisdom teeth      | 28. Ectomorph            |
| 29. Endomorph         | 30. Mesomorph            |

**KEY QUESTION # 111 – Evidences of Good Health Pamphlet (50 marks)**

Directions: Design a pamphlet that will create awareness about Good Hygiene that teenagers will understand. Write your pamphlet as though you are a Health Teacher from the 1950's. By using your class notes, the Internet or your local library gather information and create a three fold pamphlet that includes the following information:

**Information (45 marks):**

- (a) Skin Grooming (importance, parts & problems) (8 marks)
- (b) Hair Care (style, treatments, types & problems) (7 marks)
- (c) Healthy Eyes (importance, parts, problems & care) (8 marks)
- (d) Nail Care (problems & grooming) (7 marks)
- (e) Healthy Teeth (growth & development, parts, care, problems, breath) (8 marks)
- (f) Posture and Body Shape (perfect posture & getting in shape) (7 marks)

**Style (5 marks):**

- Be sure that you pamphlet has a title & cover page
- Make sure you have used correct spelling, grammar and punctuation
- Apply ALL knowledge in a well-crafted pamphlet
- Use subheadings, pictures, colour, desktop publishing etc.
- Ask yourself before you submit it for marks "Is my pamphlet neat, colourful?" and "Is all the required information present?"

**KEY QUESTION # 112 – Organ & Tissue Donation in Ontario (20 marks)****PART 1 (15 marks)**

1. Why is it a good idea to be an organ donor?
2. Who can be an organ donor?
3. What three (3) sources do organs come from?
4. What is the difference between living donation and cadaveric donation?
5. What does it mean to be "brain dead"?
6. Why are potential organ donors maintained on a ventilator?
7. (a) What is clinical death?  
(b) What can these patients still become?
8. What are the three (3) steps to becoming an organ donor?
9. Approximately how many Canadians are waiting for organ transplants?
10. What is the international symbol for organ and tissue transplantation?

11. How many people can one donor with healthy organs save?
12. Is it LEGAL to buy or sell organs or tissues in Canada?
13. Which organ has the highest transplant survival rate after one year?
14. Which organ has the lowest transplant survival rate after one year?

**PART 2 (5 marks)**

1. Go to the following website and print the Donor and Tissue Donation Form:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?openform&ENV=WWE&NO=014-3750-84>

or

[http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/AttachDocsPublish/014-3750-84~1/\\$File/3750-84E\\_.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/AttachDocsPublish/014-3750-84~1/$File/3750-84E_.pdf)

or

<http://www.health.gov.on.ca/english/public/pub/ohip/organdonor.html>

2. Would you donate needed organs or tissues for transplant only or for transplant and medical research?
3. Which organs or tissues would you NOT wish to donate?
4. After reading and learning about organ donation, have you decided to actually become an organ and/or tissue donor? Why or why not?

# PPZ30

HEALTH FOR LIFE



LESSON 20

## Lesson 20 – Promoting Vitality

### Making Vitality Work For You!

***Physical, psychological and emotional health are closely linked. Improving body image, as well as attitudes and behaviours with respect to physical activity and healthy eating requires action at both the micro- and the macro-cultural levels. Parents, teacher, friends and significant others have a role to play in providing reassurance, positive reinforcement and appropriate models.***

The goal should not simply be to sharpen individual competence, where that goal is realistic, but self-acceptance where it is not. The message from parents, teachers, friends and other significant others should be that people are worthy in their own right. Self-image, self-esteem and attitudes towards health are highly influenced by social and environmental factors. This means that promoters of the VITALITY approach need to focus beyond the individual and make an effort to create environments that reinforce positive self-esteem and healthy lifestyle choices. We must reject societal values that devalue people because of body size or shape. At the macro level, the health and well-being movement should work, through mass communication, educational and other means, to counteract the negative effects of "commodified body" propaganda. Health promoters have a persuasive and positive message for the public: "enjoy eating well, being active and feeling good about yourself. That's VITALITY."



### Vital Strokes

One way to think about how we deal with ourselves and other people, is to think about giving and getting "strokes". Some strokes are positive and make us feel good; others are negative and make us feel bad. For example, we give ourselves positive strokes when we like how we look, when we feed ourselves healthy food and when we share active times with family and friends. We give ourselves negative strokes when we hassle ourselves about our weight, or when we don't eat well, or when we hurt ourselves with too much or too little physical activity

**VITALITY** means feeling positive about how you look, how your body moves and how you choose to eat well and stay active. You no longer need to spend time trying to be perfect and searching for the right diet or muscle-building plan.



**Decide** that you deserve to live life to its fullest and enjoy giving yourself some positive strokes. Some of the best strokes are small, everyday things: physical activities that are fun and easy to do, eating experiences that nourish your spirit as well as your body, and telling yourself good things that boost your self-image.

## Strengths of the Vitality Program

Strengths included the uniqueness of *VITALITY*, the support by many health professionals for the *VITALITY* concepts and the incorporation of these into community programs. Support for *VITALITY* as an integrated, positive and prevention-oriented approach was strong, although the need for it to be recognized as a 'program' or 'brand name' was questioned. Public opinion research conducted in the early 1990s showed an acceptance by Canadians for government programs such as *VITALITY* that convey health messages.

Since its inception, *VITALITY* has been promoted through networks across Canada and integrated into existing and new programs to promote healthy weights and good health in general. It is difficult, therefore, to assess the overall leverage of the initiative. However, evaluations conducted to date indicate that *VITALITY* has not gained the recognition and reach that was planned. This lack of success may be due in large part to lack of sustained funding.

## *VITALITY* for the 21<sup>st</sup> Century?

*VITALITY* provides a unique and integrated approach for addressing issues related to body weight and body weight problems - although this has been an implicit not explicit objective of the initiative. With the rising prevalence of overweight in Canada as well as the on-going social pressure on women to be unrealistically thin, renewed efforts will be needed that incorporate concepts such as those included in *VITALITY*. Whether the weight message should be made explicit in new endeavours is one consideration. Whether new efforts should be launched under the *VITALITY* banner is another.

Nevertheless, much has been learned from the *VITALITY* experience. There is general agreement that a comprehensive and integrated approach to the promotion of healthy body weights is needed and that a systematic and sustained effort will be required. We would be interested in your thoughts and experiences with *VITALITY* generally as well as the concept of an integrated approach to healthy body weight.

## Excuses for Not Following the *VITALITY* Program

Common excuses given for not exercising and following the Vitality program:

- "I hate the idea of exercise."
  - Try it, you'll like it (though maybe not the first time out).
- "I'm too tired to exercise."
  - Start out by doing just a little bit, then gradually build it up, you'll end up feeling less tired.
- "A person my age would look ridiculous jogging."

- Who said you have to jog? Would you look ridiculous walking? (Anyway, people of all ages jog.)
- "I feel fine, I don't need to exercise."
  - You may not be ill, but that's not the same as being positively fit and well. And if you don't exercise, your heart and circulatory system cannot be in tip top shape.
- "I'm too heavy to exercise."
  - That's an excellent reason to start.
- "I don't have time."
  - There are exercises you can do while shopping, reading and watching TV., sit-ups and stretching, for example. enjoy eating well, being active and feeling good about yourself. That's VITALITY!
- "Exercise will make me hungrier. I'll eat more and put on weight, not lose it."
  - Exercise doesn't have to increase your appetite. Moderate exercise before a meal can even curb an appetite. Add any other excuses you've made for not being active, as well as good reasons for being active.

## **The 12 Warning Signs Of Good Health**

(If Several Or More Appear, You May Rarely Need To Visit A Doctor.)

- 1. Regular flare-ups of a supportive network of friends and family.**
- 2. Chronic positive expectations.**
- 3. Repeated episodes of gratitude and generosity.**
- 4. Increased appetite for physical activity.**
- 5. Marked tendency to identify and express feelings.**
- 6. Compulsion to contribute to society.**
- 7. Lingering sensitivity to the feelings of others.**
- 8. Habitual behaviour related to seeking new challenges.**
- 9. Craving for peak experiences.**
- 10. Tendency to adapt to changing conditions.**
- 11. Feelings of spiritual involvement.**
- 12. Persistent sense of humour.**



## Key Questions for Lesson 20 (100 marks)

Please answer these questions on your own paper. If you choose to word process your answers please use double spacing and at least 12 pt font.



### KEY QUESTION # 113 – Vital Strokes (6 marks)

1. List three (3) ways you can make healthy eating more pleasurable (e.g., I can add variety by trying new recipes or eating ethnic foods I haven't tried before).
2. List three (3) types of activities that you enjoy. These include:
  - a. everyday activities such as walking for errands or gardening;
  - b. some activities you can enjoy with others, such as dancing, bowling and playing at the park with the kids; and
  - c. some activities that are strenuous enough to make your heart rate beat faster, such as cycling and roller skating.
3. Affirmation means declaring that a certain thing is true. Write down three (3) positive statements about yourself (e.g., I am a loyal friend; I learn quickly; I am an attractive person). Repeat these statements to yourself every day and affirm them as true.
4. Read over what you have written in this exercise and choose one or two things from each list that will give you positive strokes. Start now!

Giving yourself, your family and your friends' positive strokes that will help you make the VITALITY lifestyle a reality. All you have to do is eat well, stay active and feel good about yourself.



### KEY QUESTION # 114 – Excuses, excuses (4 marks)

List four (4) excuses you've given for not exercising. Beside each, list why they are not-so-good reasons.

**KEY QUESTION # 115 – Are YOU Ready for Change? (10 marks)**

Change doesn't just happen. As you read in Lessons 17 and 18, there are several stages to change. During change a person moves from precontemplation, contemplation, preparation, action into maintenance.

1. Which of these categories do you fall into?

**Precontemplation**-I can't or won't change, or I'm not even thinking of a change.

**Contemplation**-I might make a change in the next six months or I'm planning on making a change in this time frame.

**Preparation**-I'm committed to making a change in the next month.

**Action**- I am taking steps in making the change happen.

**Maintenance**-I've been working on the behaviour for at least six months.

2. The behaviour I most want to change is:
3. The reasons I want to make this change in my behaviour is:
4. There are many obstacles in the way of my changing this behaviour. The biggest is:
5. Other obstacles to my changing this behaviour are:
6. I have some tactics I use in defeating these obstacles. They are:
7. I try to work on this behaviour each day. The efforts I made in the last week are:
8. My goal(s) for the next week are:

**KEY QUESTION # 116 – The Shift to Vitality Summative Assignment (80 marks)**

You have now become familiar with the Vitality approach to healthy living. As you know Vitality means making proper nutrition choices, incorporating physical activity into your lifestyle and maintaining a positive self-concept.

You are now going to use the knowledge and understanding you have learned and developed throughout the course to convince someone else to adopt a plan of action for better health. You are going to use your knowledge of nutrition, physical activity, self-esteem and behavioural change to coach and support someone else in using the Vitality approach.

Your assignment is to find someone to become your Vitality partner, to develop and action plan together and to act as your partner's coach for a week as he or she implements the plan.

Directions: Read over the ENTIRE ASSIGNMENT before you begin. The assignment is divided into SIX (6) PARTS. Make sure you complete and submit ALL six (6) parts!

Part 1 – Why Start? (5 marks)

Part 2 – Esteem Boosters (7 marks)

Part 3 – Action Plan (6 marks)

Part 4 – Personal Vitality Record (21 marks)

Part 5 – Progress Responses (21 marks)

Part 6 – Vitality Reflection (20 marks)

### **Part 1 – Why Start? (5 marks)**

1. Make a list of reasons you would give to convince a friend or family member to adopt the Vitality approach to healthy living by participating in a one-week program.
2. Write a script word-for-word explaining why you want your friend or family member to be your Vitality partner.
3. Find and name the person who is willing to participate in this one-week activity with you.

### **Part 2 – Esteem Boosters (7 marks)**

Help your partner discover some facts about him or herself by completing the following statements. This exercise will aid in helping your partner see the positive side of his or her character. Ask your partner the following questions and record his or her answers:

- Three (3) things I value about myself are ...
- Three (3) things that make me interesting are ...
- Three (3) things I am good at are ...
- Three (3) things I believe about myself are ...
- Three (3) things that are important to me are ...
- Three (3) things that make me feel good are ...
- My friends can count on me because ...

### **Part 3 – Action Plan (6 marks)**

Copy the following chart. Make TWO copies, one for you and one for your partner. List one (1) goal for each component. Your goals do not have to be the same. Be conscious of your action plan and attempt to implement your goals on a daily basis.

<b>HEALTHY EATING BEHAVIOUR to change</b>	<b>Strategies to assist in making positive behavioural change.</b>
<b>PHYSICAL ACTIVITY BEHAVIOUR to change</b>	<b>Strategies to assist in making positive behavioural change.</b>
<b>SELF-CONCEPT BEHAVIOUR to change</b>	<b>Strategies to assist in making positive behavioural change.</b>

#### **Part 4 – Personal Vitality Record (21 marks)**

For ONE WEEK keep track of EVERYTHING you eat, do and feel. You will have to make two (2) copies of the food diary chart, one for you and one for your partner. Be sure to include all the following information on your daily food diary:

- (a) What you ate for breakfast (make sure you list the quantity and the food group it belongs to)
- (b) What you ate for lunch (make sure you list the quantity and the food group it belongs to)
- (c) What you ate for dinner (make sure you list the quantity and the food group it belongs to)
- (d) Snacks you ate (make sure you list the quantity and the food group it belongs to)
- (e) Physical activity you did
- (f) How you feel/felt emotionally
- (g) How you encouraged your Vitality partner

**MY PERSONAL VITALITY RECORD**

Name: \_\_\_\_\_ Week of : \_\_\_\_\_ to \_\_\_\_\_

	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Snacks</b>	<b>Physical Activity</b>	<b>Emotionally I feel ...</b>	<b>I encouraged my partner by ...</b>
<b>Sunday</b>							
<b>Monday</b>							
<b>Tuesday</b>							

	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Snacks</b>	<b>Physical Activity</b>	<b>Emotionally I feel ...</b>	<b>I encouraged my partner by ...</b>
<b>Wednesday</b>							
<b>Thursday</b>							
<b>Friday</b>							
<b>Saturday</b>							

**Part 5 – Progress Responses (21 marks)**

Interview your Vitality partner at the end of the week. Read over their Vitality Action Plan and their Vitality Record. Record their responses.

***Self-Concept***

1. What did you accomplish this week to increase your self-concept?
2. What do you like about yourself?
3. Who have you spent time with this week that has made you feel good about yourself?
4. Whose self-concept did you support this week?
5. How did you cope with stress?
6.
  - (a) What was your Action Plan behaviour to change?
  - (b) What were your strategies to assist in making the change?
  - (c) What your Action Plan successful, why or why not?

***Healthy Eating***

7. Did you enjoy eating a variety of foods from the four food groups this week?
8. Did you make an effort to eat breakfast? How did it affect your mood and energy level?
9. Did you skip any meals? If so, which ones and why?
10. Are you eating MORE than the required number of servings in any of the food groups?
11. Did you select lower-fat foods more often?
12. Which eating behaviours have started to change?
13. How did your thoughts and feeling affect your eating?
14.
  - (a) What was your Action Plan behaviour to change?
  - (b) What were your strategies to assist in making the change?
  - (c) What your Action Plan successful, why or why not?

***Physical Activity***

15. Have you been physically active for 30 minutes each day?
16. How did your thoughts and feelings affect your participation in physical activity?
17. What did you notice about your moods / energy levels when you participated in physical activity?
18.
  - (a) What was your Action Plan behaviour to change?
  - (b) What were your strategies to assist in making the change?
  - (c) What your Action Plan successful, why or why not?
19. In your opinion, was the Vitality approach successful in bringing positive change to your life? Why or why not?
20. What did you enjoy most about the experience and your coach?
21. What did you enjoy least about the experience?

**Part 6 – Vitality Reflection (20 marks)**

Describe your experience of coaching a friend or family member in the Vitality approach to healthy living by answering the following questions;

1. How did YOU encourage and coach your Vitality partner? What techniques did you use to get him or her to start the program and stay with the program for the week?
2. How did YOU monitor your Vitality partner's progress? How often were you in contact? What did you do to keep him or her on track?
3. What did you learn about yourself and your coaching style as a result of this activity?
4.
  - (a) How successful were YOU in making the Shift to Vitality?
  - (b) How successful were YOU in achieving your Action Plan?
  - (c) Which area of your Action Plan was most successful? Why?
  - (d) Which area of your Action Plan was least successful? Why?
  - (e) Describe your experiences in trying to complete the Personal Vitality Record
5.
  - (a) How successful was your partner in making the Shift to Vitality?
  - (b) How successful was your partner in achieving his or her Action Plan?
  - (c) Which area of your partner's Action Plan was most successful? Why?
  - (d) Which area of your partner's Action Plan was least successful? Why?
  - (e) Describe your partner's experiences in trying to complete the Personal Vitality Record
6. Which area of your Action Plan was most successful? Why?
7. Describe the barriers (such as time constraints, budget, weather conditions, food availability, athletic facilities, and costs) that affected your Action Plan and Personal Vitality Record.
8. In your opinion, was the program a personal success?
9. Will you continue to follow the Vitality program? Why or why not?
10. What would you do differently if you were to coach someone else in using the Vitality program?

**You are now FINISHED Unit 4. Congratulations!!!**

**It is now time to write your Final Exam.**