

AUG 1 1 1979

## FAMILY

# U.S. schools soft on exercise, health habits

By PATRICIA McCORMACK

Some Johnnies and Janies in U.S. schools munch junk food, drive too fast, drink too much alcohol, test narcotics, become mothers and fathers before graduation or marriage, get venereal disease — and even kill themselves.

Many also sit too much, eat too much, grow fat and predispose themselves to heart ailments and strokes in adulthood.

In public health circles, all events like those listed above are called "self-destructive habits."

Which gives rise to the question:

"Why aren't schools warning kids that the payoff for self-destructive behavior is a shorter, disease-riddled life?"

Well, some schools are trying — within limits.

But a lot of school bosses are saying they don't have money for health promotion on the scale really necessary to make an impact.

Ofters say no one really asked them to get into this part of health in a big way.

Now Dr. Julius B. Richmond, Assistant Secretary for Health, U.S. Department of Health, Education and Welfare (HEW), wants the nation's schools to do more to help students control destructive habits.

Say health promoters: give kids the facts about alcohol, smoking, etc., and let them make the decision to stay on or get off a self-destructive path.

### Pleads for health promotion

In a new report, "Healthy People," U.S. Surgeon General Richmond pleads for, among other programs, hyped-up health promotion and disease prevention in the academic setting.

Health education and disease prevention is the nation's second health revolution, then HEW Secretary Joseph Califano Jr. said when releasing the Surgeon General's report before he left office at the end of July.

The first health revolution was the control of infectious diseases.

Young, middle-aged and old can get with this new revolution, say Califano and Richmond, by taking more responsibility on themselves for what happens to their health. They must recognize, in old-fashioned terms, that if they burn the candle at both ends, the wick won't last as long.

Here are mini-descriptions of Richmond's health action plan applying to schools:

— Smoking: Special efforts should be directed

to children and adolescents. School health education curricula should help a child make intelligent decisions about smoking, as well as about other behavior that affects health.

— Nutrition: Nutrition should be an integral part of the school curriculum.

— Physical fitness: For children and adolescents, exercise too often involves an emphasis on team sports in which much of the time a player is inactive. More valuable would be properly conducted physical education programs that could help promote lifetime habits of physical exercise as well as contribute to child growth and development.

— Physical education: Since the late '60s many school physical education programs have had to cut back for lack of adequate state and local funding. Many states today have only limited requirements for physical education and no requirements at all for some grade levels.

TIMN 0151783

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