SABBATICAL REPORT

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FALL SEMESTER, 1983-84

SUBMITTED TO: MOUNT SAN ANTONIO COMMUNITY COLLEGE

SALARY AND LEAVES COMMITTEE

JULY 27, 1984

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SABBATICAL LEAVE

The purpose of my sabbatical leave was to give me the opportunity to retrain in order to change my teaching assignment from physical education classes to health science classes.

Upon learning of my acceptance into the biology department, I began attending classes at California State University at Los Angeles to get a head start in my retraining program. When the sabbatical leave was granted, I chose to continue at C.S.U.L.A. during my semester leave. Since I had completed two health related courses prior to the sabbatical leave, I wanted to choose classes which would be of the greatest immediate benefit for my new teaching assignment.

I originally selected four classes; human nutrition, consumer health, sex information, and drugs, narcotics, tobacco, and alcohol. Consumer health was not available during the fall term so I was left with the three other classes. I did not wish to take too many classes because I wanted to absorb as much knowledge as possible and felt the benefits would diminish with additional courses.

Each of the courses I attended presented challenges not only in the content but in the make-up of the classes as well. Obviously I was hungry for information but I was also fascinated by the interaction of students within each class. Each of the instructors was unique which pleased me. I was able to observe very different approaches to teaching.

I took great pleasure in telling anyone who inquired that my sabbatical consisted of drugs and alcohol at 8:00 am, sexuality at 10:00 am, and nutrition after lunch.

The following is a brief review of the courses I attended:
H & S 456 (4 units) Health Studies on Dangerous Drugs and Narcotics, Alcohol, and Tobacco (Scientific data presented on effects of tobacco, alcohol, narcotics, and dangerous drugs. Lectures and discussions presented on current problems relating to control. Fulfills teacher certification requirements in California)

The course was valuable to me on many levels. First, I was able to update the multidimensional (social, psychological, and physiological) scientific knowledge necessary to conduct an effective drug use unit. Secondly, I was exposed to a variety of techniques for presenting this material. And last but not least, the experience of being a student gave me an opportunity to observe from the other side.

The vast majority of students in this class were satisfying their credential requirements and were in their fourth or fifth year of school. A basic understanding of various substances was expected of the students, but this particular class scored very poorly in a pre test administered the first day of class. As a result, a great deal of time was devoted to disseminating information rather than developing methods of presentation. I was a bit surprised at the lack of knowledge displayed by the class. Misinformation abounded and many of the students were reluctant to accept authoritated information. I was also surprised by the strong attitudes of the students toward the legalization of marihuana. Out of a class of 36 students, only two wanted marihuana legalized.

The instructor required the students to make four field trips to

various community programs dealing with drugs and alcohol. I found this aspect of the class to be very beneficial and incorporated it into my health science classes as an extra credit assignment. I was pleased at the response from my students.

H & S 455 (3 units) Sex Information for Health Education (Advanced sex information and education, physiological individuality and response, contraceptives and their health effects, selection and application of content in teaching sex education presented through lectures, discussion, and films)

I was relieved to learn that the emphasis of the class would be on anatomy of sexual organs, physiology of sexual functions, conception, pregnancy and birth, contraception, and sexually transmitted diseases. The biological approach would fit into my health science classes much better than the behavioral approach.

This class was a most interesting collection of students with a wide range in ages as well as ethnic backgrounds. It was quite a challenge for the instructor. His dedication was impressive. He did everything he could to help students understand the concepts he was trying to present. He spent a great deal of time devising study guides and chapter outline forms. It seemed like he was spoon feeding us but it was most effective. During this past semester when I was pressed for time in trying to cover so much material in a limited time span, I tried his methods on two of the chapters. My students responded well and showed gratitude.

The instructor (Dr. Harold Haughton) inspired me very much. He is

a retired physician who is a gifted teacher.

H & E 250 (4 units) Human Nutrition (Information is presented on nutrition, and its relation to health, behavior, growth, and development. This course is not available for credit to B.S. degree or teaching credential students in home economics, or majors in nursing or sciences)

In all my years of taking college classes, I never took a nutrition course. This was the class I was most anxious to attend. Probably the most pleasant outcome of the class was that I had my knowledge validated and enhanced.

The nutrition class was very different from the other classes. It was a lower division class and the emphasis was placed on presenting information exclusively by means of lectures. One assignment proved to be very valuable to me. We were to do an energy balance study. I found it so interesting that I adapted it to fit into the nutririon unit of my health science classes. Several of my collegues have asked for copies.

In observing the teaching methods of the nutrition instructor, I became very impressed with and envious of the instructor's skill at utilizing the chalk board in her lectures. It was obvious that she took great care in preparing her lectures, for she was able to co-ordinate what she wrote on the board and what she said in a seemingly effortless way. She never seemed to have to erase the board during her lectures. The material flowed from one point to the next which made note taking very simple and meaningful. I must confess her techniques have not rubbed off on me as yet.

In summary, the portion of my sabbatical devoted to taking classes and not teaching at the same time was most refreshing. I tried to compare my feelings of going to school with when I was an undergraduate. I found that my memories were not all that joyous. I realized that having to work my way through school (as do most of my students) took away some of the anticipation of learning. It is much easier to understand the student's attitudes of "What do I need to do to pass this class?".

In all honesty, being a student instead of being a teacher for one semester was a much needed change. I had spent so many years teaching, coaching, and serving in leadership roles in my profession, that the bloom was rather wilted. This semester break allowed me to completely cut off all old obligations and prepare for a new career. When the spring semester began, I had the same anticipatory excitment that I experienced as a young "wet behind the ears" teacher.

In addition to taking courses for the purpose of retraining, I felt it would be very beneficial for me to outline my teaching assignment in as much detail as possible. The Mt. San Antonio College course outline for health science needs no improvement from me. As you know, the authors of a widely distributed college health textbook are members of the biology department right here. With that built-in guidance, I decided to try to tailor the material into a form in which I would feel the most comfortable.

A PHILOSOPHY FOR HEALTH EDUCATION

INDIVIDUAL HEALTH

Healthy individuals are essential for an effective society. To achieve optimal health, an individual needs breadth of knowledge about health, and, more important, the motivation necessary to apply that knowledge to daily living. The individual needs to understand that information related to health is changing rapidly and must be validated continuously.

INDIVIDUAL RESPONSIBILITY

Individuals in today's society should realize that it is important to assume responsibility for their own health, as well as for the health of their family and community.

BASIC UNDERSTANDINGS

In order to cope intelligently with various health problems, certain basic understandings are needed:

Basic Understandings Regarding Health

1. Health is a state of physical, mental-emotional, and social well-being. It is dependent upon and is influenced by the interactions of these factors within the context of the individual's culture and ethnic background, values, life-style, and physical and mental make-up.
2. Health is dynamic, ranging over an ever-changing continuum from wellness to disabling conditions to death.
3. Health affects everything individuals do and the way they feel about themselves, others, and their environment.

Role of the School in Education for Health

1. The school shares responsibility for education about health

with the home and the community.

2. The curriculum for an effective health instruction program will:

   a. Emphasize health as a high value in one's personal life.

   b. Motivate individual development of critical and rational thinking, decision making, and problem solving.

   c. Support personal health as a means of enabling individuals to achieve their highest potential.

   d. Motivate the individual to seek health information as it is needed.

   e. Aid the individual in becoming aware of the many available resources that help protect and promote well-being.

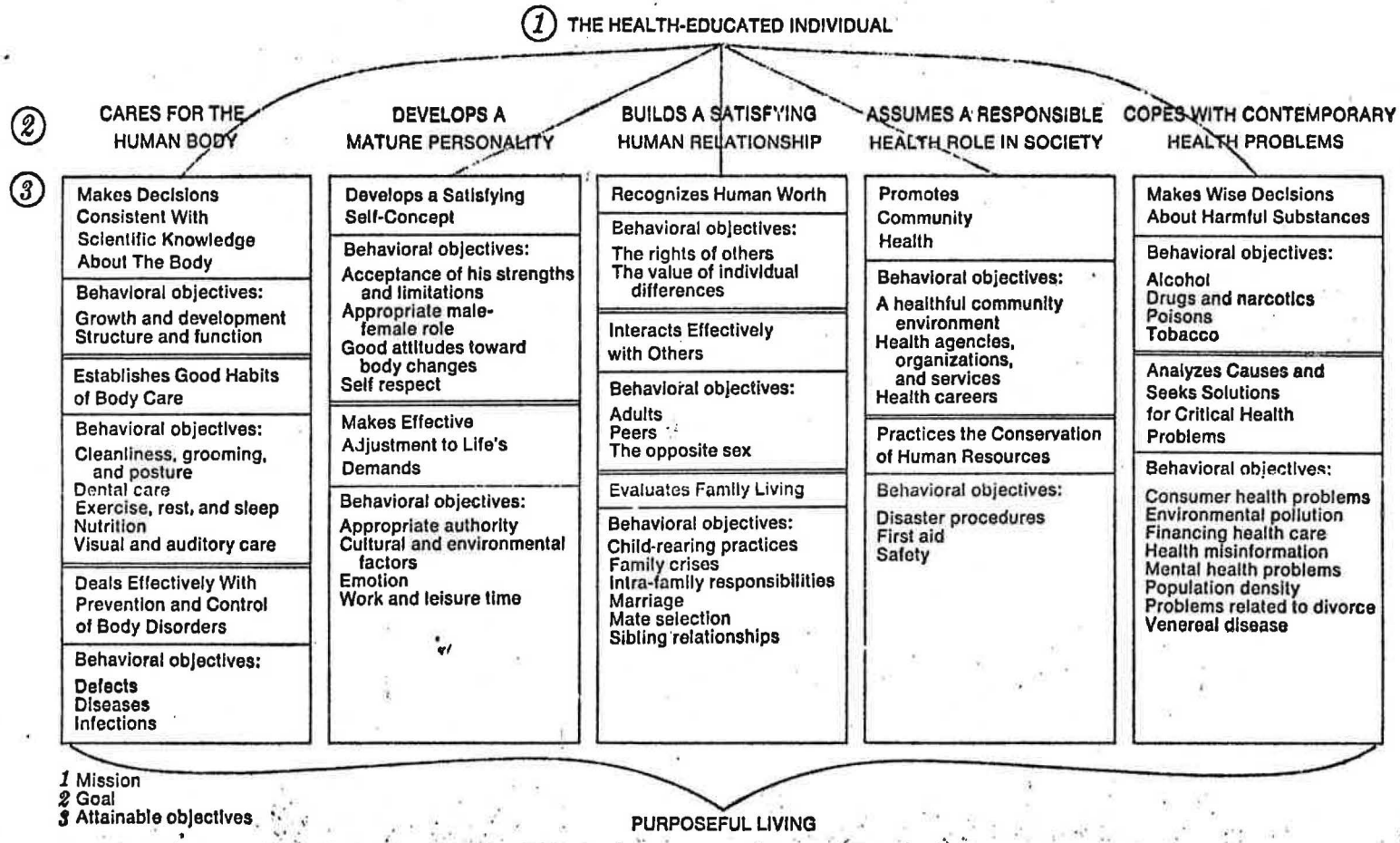
   f. Provide the students with sufficient information and resources pertaining to the functioning of their own body, mind, and environment to enable them to make rational and informed decisions.

   g. Increase skills in the selection and use of health products and services.

Mission of Health Instruction

The mission of the health instruction program is to enable students to become health-educated individuals. As informed individuals take the responsibility for incorporating scientific knowledge into their daily health practices, they may assume a responsible role in society, promoting community health and practicing conservation of human resources.[1]

[1]California State Department of Education, Health Instruction Framework, 1978, pg. 14-15.



SOURCE: Project Quest: Health Instructional Guide. Los Angeles County Superintendent of Schools, Los Angeles, California, 1968.

COURSE: Health Science (Bio 4)

INSTRUCTOR: ELIZABETH ENGER

CREDIT: 2 units

OFFICE: 14-3A HOURS: M-W 9
T-TH 9:30
F-11

CLASS HOURS: 2 per week

PHONE: (714) 594-5611 ext. 764

SYLLABUS

REQUIRED TEXTBOOK: Health Science, 5th edition, Jones, Shainberg, and Byer. 1984

GRADUATION REQUIREMENT: Successful completion of this course partially fulfills the Health and well-being requirement for graduation from this institution.

TRANSFER CREDIT: The units and grade points earned in this course are transferable to other colleges and universities.

ABSENCES: Six absences in this class during the semester will cause a person to be automatically dropped from the course (unless absences are authorized by the college).

TARDY: If a student appears in class after the roll has been taken, it is the student's obligation to notify the instructor before leaving class that day. Otherwise the tardiness will be recorded as an absence.

COURSE OUTLINE

UNIT:	CHAPTERS:	UNIT TEST:	WEEK OF:
I	1, 2, 3, 4, & 23	75 points	October 1
II	5, 6, & 7	75 points	October 22
III	8, 13, 14, 15, & 16	75 points	November 19
IV	9, 10, 11, 12, & 22	75 points	December 17
V	17, 18, 19, 20, & 21	75 points	January 14

GRADING: Grades in this course will be arrived at through a point system.

Unit tests - the highest four tests.....300 points
(tests may be made up within one week of test date)
Quizzes - be ready anytime (may not be made up)..... 50 points

Final examination.....200 points

EXTRA CREDIT: Donate blood..... 20 points

Complete CPR certification..... 10 points

Articles..... 10 points

Attend health related meeting..... 10 points

FINAL GRADE:

A = 495 points	90% of total points
B = 440 points	80% of total points
C = 385 points	70% of total points
D = 275 points	50% of total points

EXTRA CREDIT: Donate blood ..... 20 points

Complete CPR certification ..... 10 points

Articles ..... 10 points

Attend health related meeting ... 10 points

FINAL GRADE:

A = 630 points	90% of total points
B = 560 points	80% of total points
C = 490 points	70% of total points
D = 350 points	50% of total points

HEALTH SCIENCE INSTRUCTOR: ELIZABETH ENGER

Biology 5

RESEARCH PROJECT

You are to choose one of the following health areas:

Disease
Drugs
Contraceptives
Nutrients

After you have chosen an area of study, then choose a subject within that area to research.

Your research paper MUST BE typed, double spaced, and at least two pages in length. It should not have to be longer than three pages in length. Quality is more valuable than quanity.

If you choose to research a disease, the paper must include the following basic information:

1. Name of disease
2. Cause of disease
3. Symptoms of disease
4. Duration and/or prognosis of disease

If you choose to research a drug, the paper must include the following basic information:

1. Name of drug
2. Classification of drug
3. Scedule of drug
4. Effect on body (short and long term)
5. State of dependency of drug
6. State of tolerance and withdrawal

If you choose to research a contraceptive, the paper must include the following basic information:

1. Name of contraceptive
2. Describe how contraceptive is used
3. Side effects and possible problems
4. How effective is the contraceptive

If you choose to research a nutrient, the paper must include the following basic information:

1. Name of nutrient
2. Food sources
3. Function of nutrient
4. Deficiency symptoms
5. Toxic effects if over consumed
6. RDA recommendations

LAST BUT NOT LEAST: You must include your source of information. Be as complete as you can in your statement of source. (name of author, name of publication, date of publication, page numbers)

HEALTH VALUES LETTER

You are to write a letter to a young person who is very important to you. (your child, a younger brother or sister, a friend, etc.) In this letter you will share your values about various aspects of health. The areas to be included are:

Emotional and mental health
Nutrition and fitness
Drug use
Long term sexual partnership
Environmental responsibilities

The purpose of this letter is to try to help the person you have chosen to achieve self-actualization.

This assignment is to be typed.

ENERGY BALANCE STUDY

You will keep track of all food consumed and physical energy expended during a 24 hour period.

The purpose of this assignment is to compare the number of calories taken into the body with the number of calories expended by the body.

Much of this assignment will be done in class.

HEALTH SCIENCE INSTRUCTOR: ELIZABETN ENGER

Biology 4 & 5

EXTRA CREDIT ASSIGNMENTS

1. Donating Blood: Just show me card or receipt

2. C P R certification received during current semester

3. Attend a meeting concerned with some aspect of health (Alcoholics Anonymous, Alanon, Overeaters Anonymous, etc.)

    a. Hand in a summary of your thoughts about the meeting.
    b. Before attending a meeting, get summary sheet from instructor.
    c. See attached sample.

4. Current article: One point per article - maximum of 10 points

    a. If you choose a daily newspaper article or a weekly publication, the article must be dated within the week of handing in the article. If it is from a monthly publication, it must be dated within the month of handing in the article.
    b. The form for handing in the article shall be as follows:
        (1) Article taped onto 8 1/2 X 11 sheet of paper.
        (2) Your name in upper right corner of sheet of paper.
        (3) The date of the article right below your name.
        (4) Source of article right below the date.
    c. See attached sample.
    d. A <u>brief</u> summary of article shall be attached to article.

NO EXTRA CREDIT PROJECTS WILL ACCEPTED AFTER: January 18, 1985

FIELD TRIP REPORT FORM

Name: _____ Date: _____

Name of place visited: _____

Address: _____

Time arrived: _____ Time left: _____

Type of service: _____

Number of people in attendance: _____

Purpose of service: _____

Source of clients: _____

Cost to clients: _____

Summary of your impressions: _____

Elizabeth Enger
1/22/83
Tribune

97% Male Lung Cancer Linked to Smoking

SAN FRANCISCO (AP) — Tobacco smoking is linked to 97 percent of the lung cancer cases found among men in a major study of an industrial region along San Francisco Bay, the state Health Services Department said Friday.

"It turned out that by any analysis, cigarette smoking accounted for between 83 percent and 100 percent of the lung cancer," said Dr. Donald Austin, who conducted the study of 249 cancer victims and 373 other people in Contra Costa County, northeast of San Francisco.

The 15-month study was launched at the request of local officials, who wanted to discover if air pollution was responsible for an unusually high rate of respiratory illness in the county, which is dotted with oil refineries and chemical plants.

"We could find no evidence that any measured portion of air pollution was related to lung cancer," Austin said by phone from his Berkeley office. He is chief of the resource for cancer epidemiology for the state Department of Health Services.

He said the study looked at the effect of pollutants in the air compared with those in cigarettes: "The comparison is if you breathed 24 hours a day the air at its worst all year long, that would be approximately equivalent to a package and a half of cigarettes."

The federal Environmental Protection Agency and the state Department of Health Services helped fund the study, which looked at people in the prime cancer age group — 35 to 74 — who had cancer from May 1980 through July 1981.

Austin said that 97 percent of the male cancer victims were or had been heavy smokers, compared to 74 percent of the other males in the survey. Eighty-four percent of the female cancer victims were past or present heavy smokers, compared to 58 percent of the non-victims.

Although the lung cancer rate in a heavily industrial region was 27 percent above normal, Austin said the higher rate of smoking there "accounts for between 80 and 100 percent" of the higher rate.

The only other factor which was statistically significant, Austin said, was that men who ate lots of green vegetables had a lower cancer rate, about 80 percent of the rate for those who ate fewer greens.

The study also found tendencies for higher cancer rates connected with heavy drinking and asbestos exposure, but neither reached statistical significance.

Tribune 1-22-83

CHAPTER OUTLINE

UNIT I: Chapter 1 - Health: an individual responsibility

Chapter 2 - Emotional Health

Chapter 3 - Coping

Chapter 4 - Aging and Death

Chapter 23- Environmental Quality

A. Health: an individual responsibility

1. Discussion topics

a. Overview of health

b. Definitions of health

c. Goals for good health

d. Wellness scale

2. Classroom activities

a. Definitions of health Ask students to provide lists of words that refer to health or lack of health. From the pooled lists, develop a positive definition of health using only those words that have a positive connotation (e.g., energetic, joyous, salubrious). Then, in the same way, develop a negative definition (e.g., lack of infection, not sick) and a functional definition (e.g., able to communicate, able to walk.) End the presentation by showing how the World Health Organization definition of health is more comprehensive than other definitions.[1]

b. Health Concerns Ask students to prepare three lists. In the first list, have them arrange in order of ser-

[1]Marvin R. Levy, st al, Essentials of Life & Health (Instructor's Manual) (New York: Random House, 1984), p. 27

iousness their impressions of the top five health concerns in the country today. In the second, have them list the top five health concerns facing their family, and in the third, the top five health concerns facing them as individuals. If time permits, pool the information. Point out that we all have different health priorities as individuals, as families, and as communities or nations.[2]

c. Personal Wellness Inventory Have the students fill out a personal wellness inventory. This exercise allows the students to become aware of the many facets of health.

3. Educational objectives At the completion of this chapter, the student should be able to:

   a. List examples of why the health status of our country has changed since the turn of the century.

   b. Discuss the importance of lifestyles as they relate to health in the United States.

   c. Explain the concept of health implied implied in the World Health Organization definition of that term.

   d. List the seven health habits that prolong life.

   e. Discuss the concept of wellness.

4. Films - none

5. Student handouts

   a. Health Inventory Sheet

   b. Health Notebook Awareness Sheet

   c. Wellness Inventory

[2]Ibid., p. 27.

B. Emotional Health

1. Discussion topics

   a. Meaning of emotional health

   b. Personality

   c. Basic human needs

   d. Characteristics of sound emotional health

   e. Body's emotional mechanisms

   f. Establishing major emotional patterns

2. Classroom activities

   a. Building Awareness of Values[3]

   b. Building Awareness of Concerns[4]

   c. Self Description Have the students describe themselves in three words. Then describe a person they are attracted to. A class disscussion should follow on comparisons of personality traits.

3. Educational Objectives

   a. Discuss the importance of emotional health.

   b. List characteristics of the emotionally healthy person.

   c. Describe key body responses to emotions.

   d. Discuss the theories of Freud and Erikson as they relate to establishing major emotional patterns.

   e. List and describe the pyramid of basic human needs.

4. Films - We're OK

5. Student handouts

   a. Building Awareness of Values

   b. Building Awareness of Concerns

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[3] Ibid., p. 35.

[4] Ibid., p. 35.

c. Psychoanalytic Models

d. Erikson's Stages of Psychosocial Development

C. Coping

1. Discussion topics

a. Dealing with stress

b. Defense mechanisms

c. Developing assertiveness

d. Emotional dysorganization

e. Suicide

f. Treatment of emotional problems

2. Classroom activities

a. Type A questionaire

b. Influence of Friends[5]

c. Self-esteem questionaire

3. Educational Objectives

a. Discuss the role of love in early emotional development.

b. Describe the emotions of anxiety, depression, and angry feelings, and discuss ways of dealing with these emotions.

c. Discuss the role of defense mechanisms in an emotionally healthy individual.

d. Describe the various modes of treatment for emotionally troubled individuals.

e. Discuss the relationship of stress to disease, and give examples.

4. Films

a. Coping with Stress

b. You Bet Your Life

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[5]George B. Dintiman, et al, Instructor's Guide to Accompany Health Through Discovery (Reading: Addison-Wesley Publishing Co., 1980), p. 10

c. In Loveland: Story of a Teen-age Suicide

d. Suicide (But Jack was a Good Driver)

e. The Stress Mess

5. Student Handouts

a. Ego Defense Mechanisms

b. Symptoms of Stress Questionaire

c. Stress

d. Type A Questionaire

e. Suicide

D. Aging and Death

1. Topics of Discussion

a. Physical aging

b. Mental & emotional aging

c. The process of dying

d. Bereavement

2. Classroom Activities

a. Have students relate their experiences of visiting a retirement home or convalescent hospital.

b. Have students describe their grandparents.

3. Educational Objectives

a. Discuss theories of what causes aging.

b. Describe senility and Alzheimer's disease.

c. Identify some of the problems elderly people face.

d. List and discuss the stages of dying according to Elisabeth Kubler-Ross.

e. Discuss bereavement and grief.

4. Films

a. Aging

b. Growing Old - Something to Live for.

5. Student Handouts

a. Death and Dying

b. Patient's Bill of Rights

E. Environmental Quality

1. Discussion topics

a. Our role as stewards of our planet

b. What cost progress

c. Types of pollution

2. Classrom activities - Have students give their opinions regarding progress verus conservation.

3. Educational Objectives

a. Define the term pollution.

b. Describe how the various pollutants endanger life.

c. Discuss the possible health consequences of nuclear plants.

4. Films - none

5. Student Handouts - none

UNIT II

A. Substance Use & Abuse

1. Discussion topics

a. Drugs and their effects

b. Prescriptions and Over-the-counter drugs

c. Substances with a potential for abuse

d. Commonly abused psychoactive substances

2. Classroom activities

a. Ask students to list ten reasons why people take drugs and ten reasons why people don't take drugs. When they have completed this task, ask them to place asterisks beside the reasons that led them personally to use or not use drugs.

You can then compile lists of these reasons, showing the percentage of respondents listing each reason. These lists can be used in a discussion of motives for drug use, but, more importantly, they can be used as the basis for a discussion of the alternatives that may be culled from the list of reasons for not using drugs.

b. Debate the legalization of marihuana.

c. Ask the class to bring in advertisements that tend to perpetuate indiscriminate drug use.

3. Educational objectives

a. Provide a workable definition of the term drug.

b. List and describe the routes of administration of drugs.

c. Discuss the forms in which drugs may be taken.

d. Define and give examples of tolerance, psychic dependence, and physical dependence.

e. Describe theories of how people become dependent on drugs.

4. Films

a. Reading, Writing, and Reefer

b. Angel Death

c. The Special Special

d. PCP - You Never Know

e. A Story about Feelings

5. Student handouts

a. Unit on Drug Abuse

b. Drugs - Basic Assumptions

c. Interactions of Drugs

d. Caffeine

e. Marihuana

B. Use and Abuse of Alcoholic Beverages

1. Discussion topics

a. Extent of alcohol problem in our society

b. Sources and types of alcohol

c. Alcohol - the drug

d. Short-term effects

e. Alcoholism

2. Classroom activities

a. Student discussion on attitudes toward alcohol in their families.

b. Ask students to suggest ways in which American society

subtly encourages alcohol use.

3. Educational objectives

   a. Describe the prevalence of alcohol use in American society.

   b. Describe how alcohol works as a drug.

   c. Describe the effects of alcohol on the central nervous system.

   d. Describe and give examples of the effects of mixing alcohol with other drugs.

   e. Define fetal alcohol syndrome and discuss the dangers of alcohol use during pregnancy.

   f. Differentiate between a problem drinker and an alcoholic.

   g. List several ways in which you can identify an alcoholic.

   h. Describe the components of alcohol treatment.

4. Films

   a. Alcohol, crisis of the Unborn

   b. What's Your Excuse

   c. Alcohol

   d. Alcohol, Drugs or Alternatives

   e. New Life of Sandra Blain

5. Student handouts

   a. Alcohol

   b. Problem drinker

   c. Alcohol Abuse

   d. Tenets of Alcoholics Anonymous

C. Smoking

1. Discussion topics

   a. Smoking statistics and trends

b. Components of tobacco

c. Smoking and health

2. Classroom activities - Class discussion regarding the rights of nonsmokers.

3. Educational Objectives

a. Discuss the role of smoking in American culture and its implications for image.

b. Describe the process whereby cigarette smoking may lead to dependence.

c. Discuss toxic gasses and solid matter in terms of their health consequences for cigarette smokers.

d. Discuss the role of smoking in the development of cancer and cardiovascular disease.

e. Describe the special risk for women who use birth control pills and smoke.

f. Discuss the effects on infant health of smoking during pregnancy.

4. Films

a. Femine Mistake

b. Last Minute to Choose

5. Student handouts

a. To smoke or not to smoke

b. Smoking and health

UNIT III

A. Foods and Diet

1. Discussion topics

a. Key nutrients

b. Digestion and metabolism

c. Balancing the diet

d. Energy balance

e. Malnutrition

2. Classroom activities

a. Have students conduct a one day energy balance study.

b. Have students design a one day diet that will range between 1200 and 1500 calories and will include the RDA minimum recommendations of all the nutrients.

c. Student discussion on the food choices offered in the school cafeterias.

3. Educational objectives

a. Identify the components of a nutritionally balanced diet.

b. Describe basic functions of major nutrients.

c. Explain the "Basic 7".

d. Classify foods into food groups.

e. Determine percentages of carbohydrates, protein, and fat in a diet.

f. Describe specific nutritional problems and their health implications.

g. Distinguish between overweight and obesity.

4. Films

a. Diets for all Reasons

b. Digestive System

c. Food for Life

d. Look Before You Eat

5. Student Handouts

a. Food facts

b. FDA Consumer Memo

c. One Day Basic Metabolic Requirements

d. Energy Balance Study

B. Fitness

1. Discussion topics

a. Health benefits of exercise

b. Components of physical fitness

c. Setting up a cadiorespiratory program

2. Classroom activities

a. Have students determine their target heart rate for exercise

b. Ask students to set up an exercise program that they can fit into their present life style.

3. Educational objectives

a. Discuss the health benefits of exercise in terms of physical and psychological well-being.

b. Discuss the importance of muscular endurance as opposed to muscular strength.

c. Discuss the importance of developing flexibility.

d. Outline a step-by-step procedure for setting up a personal exercise plan.

4. Films - none

5. Student handouts

   a. Physical fitness

   b. Fitness IQ

C. Consumer Health

1. Discussion topics

   a. Interacting with the Health Care Community

   b. Effective consuming

   c. Protection for the consumer

2. Classroom activities

   a. Class discussion on advertising industry

3. Educational objectives

   a. Describe the role of mass media in influencing health attitudes.

   b. Describe major medical specialties.

   c. Discuss problems in health care dlivery.

   d. Develop critical thinking habits based on awareness of subtle manipulation in advertisement.

   e. Discuss the reason for the emphasis on prevention in the health-care system.

4. Films

   a. Buy Buy

   b. Medicine and Money

5. Student handouts

   a. Patient's Bill of Rights

D. Accident Prevention

1. Discussion topics

a. Causes of accidents

b. Accident prevention

c. Responsibility of parents

2. Classroom activities - Student discussion on loved ones lost due to accidental death.

3. Educational objectives

a. Describe and explain "accident proneness".

b. Discuss extent of accidental deaths in our society.

c. List basic preventive measures to protect against home disasters.

4. Films - Get Out Alive

5. Student Handouts - none

UNIT IV

A. Sexual Behavior

1. Discussion topics

a. Sexuality through the life-cycle

b. Sexual orientation

c. Varient sexual behavior

2. Classroom activities

a. Sex knowledge - Write a question regarding an issue concerned with sex on the chalk board. Have the stu- answer the question on a 3 X 5 card and indicate whether they are female or male. The class will discuss the the various answers to the question.

b. Masculinity & Femininity - Have students list the advantages and disadvantages of being male and female. The class will discuss the lists.

3. Educational objectives

a. Identify components of a healthy sexuality.

b. Discuss the shifting views of sex and sexuality in our culture.

c. Discuss how we learn about sex.

d. Describe the aspects of varient sexual behavior.

e. Describe the problems of sexual dysfunction.

4. Films - none

5. Student handouts

B. Sexual Partnerships

1. Discussion topics

a. Maturity and readiness

b. Long term partnerships

c. Skills for happy marriages

d. Parenthood

e. Family violence

f. Divorce

2. Classroom activities - Marriage Attitudes Have students complete these sentences:

a. Marriage is...

b. Love involves...

c. Parents need to...

d. Most marriages fail because...

e. The most important part of a relationship is...

f. Divorce...

A class discussion of the answers should follow.

3. Educational objectives

a. Discuss reasons for marriage.

b. Describe ways to go about choosing the right mate.

c. List and describe skills necessary for a happy marriage.

d. Discuss factors involved in deciding to be a parent.

e. Discuss the issue of family violence.

f. Describe the impact of divorce.

4. Films - none

5. Student handouts - Thoughts Considering a Potential Mate

C. Human Reproduction and Conception Control

1. Discussion topics

a. Anatomy and physiology of reproductive organs

b. Stages of sexual response

c. Menstrual cycle

d. Conception and birth

e. Contraception

2. Classroom activities

a. Show class various contraceptive devices.

b. Class debate on contraceptive methods

3. Educational objectives

a. Identify and describe the function of the male and female reproductive organs.

b. Discuss the process of ovulation and the menstrual cycle.

c. Identify the stages of prenatal development.

d. Describe the importance of the mother's life style during pregnancy.

e. Define and discuss the various forms of birth control.

f. Discuss attitudes toward abortion.

4. Films

a. Modern Obstetrics: Labor and Delivery

b. Human Birth

c. When Life Begins

d. Birth Control, The Choices

e. Female Sterilization

5. Student handouts

a. Anatomy of Reproductive Organs

b. Menstrual Cycle

c. The Principal Endrocrines

d. Sex Determination

e. Fetal Development

f. Birth Control Methods

D. Population

1. Discussion topics

   a. Current trends in population growth

   b. Population and world resources

   c. Population control

2. Classroom activities - Class discussion on future conditions.

3. Educational objectives

   a. Discuss current world population growth.

   b. Describe the limitation of resources.

   c. List and describe ways of controlling world population growth.

4. Films - none

5. Student handouts - none

UNIT V Chapter 17- Cardiovascular Health

Chapter 18- Cancer

Chapter 19- Other Non-communicable Health Problems

Chapter 20- Communicable Diseases

Chapter 21- Sexually Transmitted Diseases

A. Cardiovascular health

1. Discussion topics

a. Heart and circulatory system

b. Heart attack

c. Other cardiovascular problems

d. Risk factors

2. Classroom activities

a. Assessing Risk Questionaire. Review Type A Behavior.

b. Magnitude of CVD - Ask students to share information on CVD in their families.

3. Educational objectives

a. Describe the relative impact of CVD on the United States population.

b. Discuss blood pressure.

c. Describe the process of atherosclerosis.

d. Describe angina.

e. Differentiate between atherosclerosis and arteriosclerosis.

f. Describe a stroke, showing how it is a CVD of the brain.

g. List CVD risk factors that cannot be controlled.

h. List and discuss CVD risk factors that can be controlled.

4. Films - Heart, the attack

5. Student handouts

a. Health

b. How to Understand your Doctor

c. Heart

d. Anatomy of heart

B. Cancer

1. Discussion topics

a. What is cancer?

b. Causes of cancer

c. Decreasing cancer risks

d. Detection and treatment

2. Classroom activities - Class discussion on the importance of the power of the mind in cancer cures.

3. Educaticnal objectives

a. Describe the common forms of cancer.

b. Describe the concept of multiple causation.

c. Describe and explain the relative importance of heredity and environment in the development of cancers.

d. Describe and explain the risk factors.

e. Discuss the importance of early detection and treatment.

f. List the seven warning signs of cancer.

g. Discuss the types of cancer treatment.

4. Films

a. One in five

b. Immune response

5. Student handouts - none

C. Other Chronic Diseases

1. Discussion topics

a. Respiratory health

b. Arthritis

c. Diabetes

d. Kidney health

e. Immune disorders

f. Neurological disorders

2. Classroom activities - Student requests for discussion of various diseases.

3. Educational objectives

a. Describe different forms of arthritis.

b. Discuss risk factors of diabetes.

c. Describe various neurological disorders.

4. Films - Osteoarthritis; two different diseases

5. Student handouts - none

D. Communicable Diseases and Sexually Transmitted Diseases

1. Discussion topics

a. Agents of infection

b. Defenses

c. Immunity

d. Major STDs

2. Classroom activities

a. Have students list their immuninization histories.

b. Have students discuss their remedies for common communicable diseases.

c. Assign students to phone the STD Hotline (1 800 227-8922) between 8:30 am and 10:30 pm.

3. Educational objectives

a. Differentiate between endogenous and exogenous micro-organisms.

b. Describe five forms of infectious agents, and give at least one example of a disease caused by each.

c. List and discuss six precautions against infectious disease.

d. Describe the inflammatory response.

e. Discuss the concept of natural immunity.

f. Discuss malfunctions of the immune system.

g. Discuss reasons for the increase in STDs.

h. Describe the symptoms of the major STDs.

4. Films

a. Unseen enemies

b. VD: Old Bugs, New Problems

c. VD: Prevent it

d. Herpes:The elusive Invader

5. Student handouts

a. Communicable Diseases

b. Sexually Transmitted Diseases

CONCLUSIONS

As I summarized early in this report, the benefits to me personally and professionally were significant. The classes I took added to my knowledge; being a student allowed me to remember back when I was trying to get an education under circumstances similar to those of my students; and finally, a complete change of routine after so many years gave me a fresh outlook.

As far as the college benefiting, I would have to say that anytime a teacher becomes revitalized, the college benefits. Also, I was exposed to up-to-date information which I readily shared with my colleagues.

REFERENCES

Curriculum Framework Criteria Committee on Health. Health Instruction Framework. Sacramento: Office of State Printing, 1978.

Dintiman, George B., and Jerrold S. Greenberg. Instructor's Guide to Accompany Health Through Discovery. Reading: Addison-Wesley Publishing Company, 1980.

Hamilton, Eva and Eleanor Whitney. Concepts and Controversies Nutrition. 2nd. edition. St. Paul: West Publishing Company, 1982.

Insel, Paul M. and Walton T. Roth. Core Concepts: Health in a Changing Society. Palo Alto: Mayfield Publishing Company, 1977.

Jones, Kenneth L., et al.. Health Science. 4th. edition. New York: Harper & Row, Publishers, 1978.

Levy, Marvin R., et. al.. Essentials of Life & Health. New York: Random House, 1984.

Read, Donald A. and Walter H. Greene. Creative Teaching in Health. New York: Collier MacMillan Publishers, 1980.

Rothenberger, James H. (prepared by). Instructor's Manual for Essentials of Life & Health. New York: Random House, 1984.

MT. SAN ANTONIO COLLEGE
Salary and Leaves Committee

APPLICATION FOR SABBATICAL LEAVE

Name of Applicant ENGER (Last) ELIZABETH (First) ALMA (Middle)

Address 5019 Reeder (Street) Covina (City) 91724 (Zip)

Employed at Mt. San Antonio College beginning July (Month) 1966 (Year)

Dates of last sabbatical leave:

From _____ (Month) _____ (Year) To _____ (Month) _____ (Year)

Department _____ Division PHYSICAL EDUCATION

Length of sabbatical leave requested:

One semester XXX
Fall XX Spring _____
Two semesters _____
Administrative _____

Purpose of sabbatical leave:

Study XX
Independent Study and Research XX
Travel _____
Combination (specify) _____

Effective dates for proposed sabbatical leave:

From September 1983 To February 1984

and (if needed)

From _____ To _____

Attach a comprehensive, written statement of the proposed sabbatical activity(ies) including a description of the nature of the activity(ies), a timeline of the activity(ies) an itinerary, if applicable, the proposed research design and method(s) of investigation, if applicable.

Attach a statement of the anticipated value and benefit of the proposed sabbatical activity(ies) to the applicant, his/her department or service area, and the College.

Any change or modification of the proposed sabbatical activity(ies) as evaluated and approved by the Salary and Leaves Committee must be submitted to the Committee for reconsideration.

Elizabeth A. Enger
Signature of Applicant

10-28-82
Date

Applicant's Name ELIZABETH ALMA ENGER

The acknowledgment signatures reflect awareness of the sabbatical plan for the purpose of personnel replacement. Comments requested allow for recommendations pertaining to the value of the sabbatical leave plan to the College. Applicants must obtain the signatures of acknowledgment prior to submitting application to the Salary and Leaves Committee.

ACKNOWLEDGMENT BY THE DEPARTMENT/DIVISION

Signature of Department Chairperson _____ Date _____

Comments:

Signature of Division Chairperson _____ Date _____

Comments:

ACKNOWLEDGMENT BY THE OFFICE OF INSTRUCTION

Signature of Vice President/Asst. Superintendent
Instructional & Student Services _____ Date _____

Comments:

****

FINAL ACTION BY THE SALARY AND LEAVES COMMITTEE:

_____ Recommend approval to the Board of Trustees

_____ Not recommend approval to the Board of Trustees

_____ _____
Signature - Chairperson, Salary and Leaves Committee Date

_____ _____
Signature - Authorized Agent for the Board Date

myw
10/21/82

October 31, 1982

Dear Members of the Salary and Leaves Committee:

I have been a full time physical education instructor since 1966 and am applying for my first sabbatical leave. For several years I've wanted to take a leave but hesitated due to the fact that I was coaching and felt that if I did go on sabbatical, my program would suffer.

As you know, this past summer the Board of Governors eliminated all my programs. Since that tramatic experience, Bill Hawkins and the biology department have very graciously accepted me into their fold for the 1983-84 school year.

In order to prepare myself for this assignment, I believe I need a comprehensive retraining program. I wish to apply for a sabbatical leave during the 1983 Fall Semester. My leave will be devoted to taking the following courses at California State University at Los Angeles:

Home Economics 250	Human Nutrition	3 units	Lower Division
Health & Safety360	Consumer Health	3 units	Upper Division
Health & Safety455	Sex Information	3 units	Upper Division
Health & Safety456	Drugs, Narcotics	4 units	Upper Division

If any of the above courses are not available, the following courses will be substituted:

Health & Safety 464	Community Health Care Programs	3 units	Upper Division
Health & Safety 467	Alcoholism	3 units	Upper Division
Health & Safety 468	Narcotics & Dangerous Drug Problems	3 units	Upper Division

In addition to taking classes, I will develop a course of study for my teaching assignment of Biology 4 - Health Science.

I am very excited by the prospect of joining the biology department next year and want to be a credit to their program.

Thank you for your guidance and support.

Sincerely,

Betsy

Elizabeth Enger

MT. SAN ANTONIO COLLEGE

COMMUNITY COLLEGE DISTRICT

1100 NORTH GRAND AVENUE • WALNUT, CALIFORNIA 91789

Telephone: 714/594-5611

January 25, 1983

Ms. Elizabeth A. Enger
Physical Education Division
Campus

Dear Ms. Enger:

The Salary and Leaves Committee has completed the review and evaluation of sabbatical leave applications for the 1983-84 school year. I am pleased to inform you that the Committee will recommend that the Board of Trustees approve your sabbatical at the February, 1983 Board Meeting. You will subsequently be informed of the Board's action.

As explained in the sabbatical leave orientation meeting and in the published materials developed by the Committee, the evaluation of sabbatical applications was based upon established criteria and thorough review by the Committee.

You are respectfully reminded that, upon granting and acceptance of the sabbatical leave, you are obligated contractually to fulfill your sabbatical plans as approved by the Committee. Any variation from the approved plan must receive prior approval from the Committee. Payment of salary and benefits is contingent upon this agreement.

Congratulations on the success of your application. I hope that your sabbatical will prove to be of mutual benefit to you and the College.

Sincerely,

Walter W. Collins, Chairperson
Salary and Leaves Committee

myw

cc Salary and Leaves Committee

MT. SAN ANTONIO COLLEGE

1100 NORTH GRAND AVENUE • WALNUT, CALIFORNIA 91789

Telephone: (714) 594-5611

March 3, 1983

Ms. Elizabeth A. Enger
Physical Education/Athletics
Campus

Dear Ms. Enger:

At the regular meeting of February 24, 1983, the Board of Trustees accepted the recommendation of the Salary and Leaves Committee to approve your sabbatical leave application for the 1983-84 school year.

It is the purpose of a sabbatical leave to improve instruction and other programs at the College. Any change in plans must be submitted in writing to the Salary and Leaves Committee for prior approval. The request for change must state the manner in which the revised proposed study and/or travel will result in benefit to the District. Unauthorized changes, except those beyond the control of the applicant, will constitute a breach of the sabbatical leave agreement.

Employees granted sabbatical leaves should review Article XI, Section K, of the existing agreement between Mt. San Antonio College/Faculty Association for contractual provisions regarding sabbatical leaves. You will be notified in the near future when the contract is ready for signature. Following the sabbatical leave, you must submit a comprehensive report of your activities to the Salary and Leaves Committee. The Committee strongly recommends that you refer to the Sabbatical Leave Report Guidelines developed by the Committee for your use.

We hope your sabbatical program will be an outstanding personnel and professional experience for you and will be of significant benefit to your students.

Sincerely,

Walter W. Collins

Walter W. Collins, Chairperson
Salary and Leaves Committee

myw

cc Salary and Leaves Committee

SIDE 2

45848
PERMANENT FILE NO.

MO.	DAY	YEAR

DATE OF BIRTH

ENGER ELIZABETH A
STUDENT NAME

46

PERMANENT RECORD CARD

MEMORANDA:

DEPT.	COURSE NO.	COURSE DESCRIPTION	UNITS ATTEMPTED	UNITS EARNED	GRADE	GRADE POINTS
183	045848	WINTER QUARTER 1983			0000	
H+S	150	01 BASIC H+S STUDIES 04	4	4	A	16
		TOTALS	4	4		16
		CSLA TOTALS	16	16		64
383	045848	SPRING QUARTER 1983			0000	
H+S	462	01 CHRONIC DISORDERS 03	3	3	A	12
		TOTALS	3	3		12
		CSLA TOTALS	19	19		76
783	045848	FALL QUARTER 1983			0000	
H E	250	01 HUMAN NUTRITION 04	4	4	A	16
H+S	455	02 SEX INFO HLTH ED 03	3	3	A	12
H+S	456	03 DRUGS,NAR,ALC,TOB 04	4	4	A	16
		TOTALS	11	11		44
		CSLA TOTALS	30	30		120

TRANSCRIPTS SENT:

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, AS AMENDED, PROHIBITS RELEASE OF THIS TRANSCRIPT INFORMATION TO A THIRD PARTY WITHOUT WRITTEN CONSENT OF THE STUDENT.

ENTITLED TO HONORABLE DISMISSAL UNLESS OTHERWISE INDICATED

* STUDENT NOT CHARGED FOR UNITS ATTEMPTED

certify that the above information is correct. REGISTRAR _____ DATE _____

HEALTH INVENTORY SHEET

Date _____

Heart Rate _____

Physical well being:	Excellent	Good	Poor
Mental well being:	Excellent	Good	Poor
Emotional well being:	Excellent	Good	Poor

Did you do the following:	Yes	No
Drink more than two cups of coffee?	____	____
Eat three balanced meals?	____	____
Eat "junk" food?	____	____
Take a prescription drug?	____	____
Take a nonprescription drug (illegal or legal)?	____	____
Drink alcohol?	____	____
Sleep well last night?	____	____

Did you exercise today? _____

If yes, list the type of exercise and the duration of the activity:

_____

_____

Additional Comments:

HEALTH NOTEBOOK AWARENESS SHEET

1. Write your definition of health and the date.

2. List bad habits you are aware of and the date you made the entry.

3. List changes you would like to make to improve your health and the date you made the entry.

WELLNESS INVENTORY

INSTRUCTIONS: Please put a mark on the line following each statement that is true for you. Total the marks in each section; then copy these subtotals at the end of the inventory.

Section A PRODUCTIVITY, RELAXATION, SLEEP

1. I usually enjoy my work. _____
2. I seldom feel tired and rundown (except after strenuous work). _____
3. I fall asleep easily at bedtime. _____
4. I usually get a full night's sleep. _____
5. If awakened, it is usually easy for me to go to sleep again. _____
6. I rarely bite or pick at my nails. _____
7. Rather than worrying, I can temporarily shelve my problems and enjoy myself at times when I can do nothing about solving them immediately. _____
8. I feel financially secure. _____
9. I am content with my sexual life. _____
10. I meditate or center myself for 15 or 20 minutes at least once a day. _____

Section A Total _____

Section B PERSONAL CARE AND HOME SAFETY

11. I take steps to protect my living space from fire and safety hazards. _____
12. I have a dry chemical fire extinguisher in my living quarters. _____
13. I regularly use dental floss and a soft toothbrush. _____
14. I smoke less than one pack of cigarettes or equivalent cigars or pipes per week. _____
15. I don't smoke at all. _____
16. I keep an up-to-date record of my immunizations. _____
17. I have fewer than three colds per year. _____
18. I minimize my exposure to sprays, chemical fumes, or exhaust gases. _____

38. I set my thermostate at 68 or lower in winter. _____

39. I use air conditioning only when necessary and keep the thermostate at 76 or higher. _____

40. I am conscientious about wasted energy and materials both at home and at work. _____

41. I use nonpolluting cleaning agents. _____

42. My car gets at least 18 miles per gallon. _____

43. I try not to drive my car any more than is necessary. _____

44. If I see litter lying on the ground, I usually will pick it up and place it in a trash can. _____

Section D Total _____

PHYSICAL ACTIVITY

Section E

45. I climb stairs rather than ride elevators. _____

46. My daily activities include moderate physical effort. _____

47. My daily activities include vigorous physical effort. _____

48. I run at least 1 mile twice a week (or equivalent aerobic exercise) _____

49. I run at least 1 mile four times a week or equivalent. _____

50. I regularly walk or ride a bike for exercise. _____

51. I participate in a strenuous sport at least once a week. _____

52. I participate in a strenuous sport more than once a week. _____

53. I do yoga or some form of stretching-limbering exercise for 15 or 20 minutes at least twice per week. _____

54. I do yoga or some form of stretching exercise for 15 or 20 minutes at least four times per week. _____

Section E Total _____

EXPRESSIONS OF EMOTIONS AND FEELINGS

Section F

55. I am frequently happy. _____

CREATIVITY, SELF EXPRESSION

Section H

75. I enjoy expressing myself through art, dance, music, drama, sports, etc. _____

76. I enjoy spending some time without planned or structured activities. _____

77. I usually meet several people a month who I would like to get to know better. _____

78. I enjoy touching other people. _____

79. I enjoy being touched by other people. _____

80. I have at least five close friends. _____

81. At times I like to be alone. _____

82. I like myself and look forward to the future. _____

83. I look forward to living to be at least 75. _____

84. I find it easy to express concern, love, and warmth to those I care about. _____

Section H Total _____

AUTOMOBILE SAFETY

Section I

85. I never drink when driving. _____

86. I wear a lap safety belt at least 90% of the time that I ride in a car. _____

87. I wear a shoulder-lap belt at least 90% of the time that I ride in a car. _____

88. I stay within 5 miles per hour of the speed limit. _____

89. My car has head restraints on the front seats and I keep them adjusted high enough to protect myself and passengers from whiplash injuries. _____

90. I frequently inspect my car tires, lights, etc., and have my car serviced regularly. _____

91. I have disc brakes on my car. _____

92. I drive on belted radial tires. _____

93. I carry emergency flares or reflectors and a fire extinguisher in my car. _____

94. I stop on yellow when a traffic light is changing. _____

BUILDING AWARENESS OF VALUES

1. What things, activities, and experiences in life are most worthwhile and important to you? List as many as you can think of. Which five would you keep if you could have only five?

2. If you had an entire day in which you could do a few things that you wanted to do above all others, what would you do?

BUILDING AWARENESS OF CONCERNS

1. What most people don't know about me is....

2. Most of all, I value...

3. I would like my obituary to read...

4. When someone cries, I feel...

5. Death is...

6. I feel I belong when...

7. When someone is angry with me, I...

8. Home is...

9. Authority makes me feel...

10. I am most alone when...

11. I find it unusually difficult to...

12. Some are givers, others are takers; I am...

13. I get depressed when...

14. I feel guilty about...

15. I am dependent on...

16. I am good at...

Psychoanalytic Models

Age	Phychosexual Stage (Freud)	Important Persons	Phychosocial Crisis (Erikson)
0-1	Oral	Mother	Trust vs. Mistrust
1-3	Anal	Parents	Autonomy vs. Shame
3-5	Phallic	Family Unit	Initiative vs. Guilt
5-12	Latency	Neighborhood and School	Industry vs. Inferiority
12-17	Adolescence	Peer Groups	Identity vs. Confusion
17-22	Genital	Close Friends; Sex partners	Intimacy vs. Isolation
17-Adult (Freud)			
Middle Adult		Work Associates; Shared Household	Generativity vs. Self absorption
Older Adult		Mankind	Integrity vs. Despair

Freud's 5 stages of psychosexual development:

1. The oral stage

   Sucking the mother's breast satisfies the need for food and pleasure. The mouth and lips are sensitive erogenous zones during this period. The infant experiences erotic pleasure from sucking. The infant does not have a developed ego or superego, but only an id that needs, demands, and pushes for instant gratification.

2. The anal stage — The focus of pleasure shifts from the mouth to the sphincter muscles. Urinating and defecating are the most erotically pleasurable activities.

3. Phallic stage

   Pleasure becomes more centered on touching the genital organs, on masturbation, and sex play.

   The basic conflict of the phallic stage centers on the unconscious incestuous desires that children develop for the parent of the opposite sex. Because these feelings are of such a threatening nature, they are typically repressed; yet they are powerful determinants of later sexual development and adjustment.

4. The Latency stage

   The sexual turmoil of earlier years fades and the child, now in school, learns to make his or her way in the world and to conform to the demands of a larger social unit. Sexual repression continues to become stronger during this stage.

5. The genital stage

   Begins at puberty. The child becomes an adult sexually, attention refocuses on the genitals and genital pleasure. The genital stage lasts throughout life.

ERIKSON'S STAGES OF PSYCHOSOCIAL DEVELOPMENT

Birth to 1 year	Trust vs. Mistrust - Infants learn about the basic trustworthiness of the environment. If their needs for nourishment, attention, and affection are met, they will perceive the world as trustworthy and secure. If these needs are not met, they will come to view the world as inconsistent, stressful, and threatening.
1-3 years	Autonomy vs. Shame - Children learn about their own bodies and how to control them. They explore feeding, dressing, toileting, and walking. When successful at these things, they gain a sense of self-confidence and self-control. When they fail continually and are labelled messy, inadequate, or bad, they learn to feel shame and self-doubt.
3-5 years	Initiative vs. Guilt - Children begin to explore the world, they discover how it works and how they can affect it. If their activities are successful, they learn to deal with the world in a constructive way and gain a sense of initiative. If they are criticized and punished, they learn to feel guilty for many of their own actions.
5-12 years	Industry vs. Inferiority - Children develop many skills and competencies in school, at home, and in the outside world of their peers. Comparison with peers becomes increasingly important. They can gain a sense of inferiority if negatively evaluated compared to others at this time.
Adolescence	Identity vs. Confusion - The adolescent must sort out and integrate various roles--such as older sister, student, friend, Christian--into one consistent identity. Adolescents are also seeking out basic values that cut across these roles. If a child fails to integrate a central identity and cannot resolve major value conflicts, the result is ego diffusion.
Early Adulthood	Intimacy vs. Isolation - Young adults seek not only sexual intimacy but social intimacy in which they can share themselves with another person without fear of losing their own identity. Success at this task depends on how well the person has solved the five earlier conflicts.
Middle Adulthood	Generativity vs. Self-Absorption - Having solved their earlier conflicts, adults can now attend more fully to assisting others. Parents find themselves by helping their children. Others may help solve social issues or do other constructive work. Failure to solve earlier conflicts results in self-preoccupation with health, psychological needs, comfort, and so on.
Late Adulthood	Integrity vs. Despair - People look back over their lives and judge them. If they are satisfied that their life has had meaning and involvement, then they have a sense of integrity. If they see their life as a series of misdirected energies and lost chances, they have a sense of despair.

INFLUENCE OF FRIENDS

1. List 5 people you like.

2. List 5 people you dislike.

3. What traits do the 5 people you like have in common?

4. What traits do the 5 people you dislike have in common?

5. How many of each set of traits do you posses?

6. Are you more similar to those people you like or to those people you don't like?

SELF-ESTEEM INVENTORY

OVERVIEW The purpose of the Self-Esteem Inventory is to help you determine attitudes you have toward yourself. Such attitudes are an important part of emotional well-being.

DIRECTIONS Read each statement. Then decide if you Strongly Agree, Agree, Disagree, or Strongly Disagree with the statement. Circle the number in the column that corresponds to your response.

		Strongly Agree	Agree	Disagree	Strongly Disagree
1.	I feel that I'm a person of worth, at least on an equal plane with others.	4	3	2	1
2.	I feel that I have a number of good qualities.	4	3	2	1
3.	All in all, I am inclined to feel that I am a failure.	1	2	3	4
4.	I am able to do things as well as most other people.	4	3	2	1
5.	I feel I do not have as much to be proud of as others.	1	2	3	4
6.	I take a positive attitude toward myself.	4	3	2	1
7.	On the whole, I am satisfied with myself.	4	3	2	1
8.	I wish I could have more respect for myself.	1	2	3	4
9.	I certainly feel useless at times.	1	2	3	4
10.	At times I think I am no good at all.	1	2	3	4

SCORING Add all the numbers you circles. Then divide the total by 10.

Total_____ divided by 10 = _____

INTERPRETATION _ 4.0 = Highest self-esteem level

3.5- 3.9 = High self-esteem

3.0- 3.4 = Above-average self-esteem

2.0- 2.9 = Below-average self-esteem

<2.0 = Low self-esteem

1. Repression- A form of selective forgetting. Anxiety is reduced by forgetting things that are unpleasant to think about.

2. Supression- A mild form of repression. Temporarily remove something from the conscious mind but can recall it at any time.

3. Displacement- Kick the dog when you mad at your boss. Reduce anxiety(stress) by unconsciously substituting one goal or object for another.

4. Sublimation- A form of displacement. Socially constructive displacements, i.e. pull weeds or play football rather than kicking the dog.

5. Projection- Blaming others for what you are responsible for. Percieving ones own unacceptible thoughts, feelings and impulses in others.(you lie but excuse your own behavior because everyone else lies) Lustful, aggressive, or other impulses are seen as being possessed by others. Thus, a man who is sexually attracted to his daughter may maintain that it is <u>she</u> who is behaving seductively.

6. Rationalization- Closely related to projection. Excuse behavior by giving it socially acceptable motives and disguising unacceptable motives.False or partly false excuses for ones conduct, i.e. "I flunked the course <u>but</u> the instructor was a jerk".

7. Regression- When a person acts more childish or primitive. Occurs in times of acute stress when people unconsciously try to return to an earlier stage of development, i.e. going home to mama after a maritual argument.

8. Fixation- Closely related to regression. Rather than regress from a certain stage of development you do not reach it, (emotional immaturity).

9. Avoidance- Avoid situations that produce anxiety(public speaking, flying, etc.). Can become intense.

10. Denial- Refusing to perceive a stressful situation. Similar to repression but operates at preconscious or conscoius levels.

11. Introjection- "swallowing the values or standards of others". Reducing the threat of external values by incorporating them into one's own ego structure. Includes some positive forms such as incorporation of parental values or the attributes of the therapists, (if critically evaluated before accepted).

12. Identification- Gaining a sense of self-worth by identifying oneself with an esteemed person, group or institution.

13. Compensation- Counteracting a weakness by emphasizing a desirable characteristic.

STRESS

Signs of stress that could eventually lead to diseases of adaptation such as a nervous breakdown, peptic ulcers, or a heart attack:

1. General irritability, hyperexcitation, or depression
2. Increase in heart rate
3. Dryness of the throat and mouth
4. Impulsive behavior emotional instability
5. Overpowering urge to cry or run and hide
6. Inability to concentrate
7. Feelings of unreality, weakness, or dizziness
8. Tendency to become fatigued
9. Floating anxiety
10. Emotional tension and alertness
11. Trembling, nervous ticks
12. Tendency to be easily startled
13. High-pitched, nervous laughter
14. Stuttering and other speech difficulties
15. Grinding of the teeth
16. Insomnia
17. Hypermotility or hyperkinesia - increased tendency to move about without any reason
18. Sweating
19. Frequent need to urinate
20. Diarrhea, indigestion, queasiness in the stomach, and sometimes even vomiting
21. Migraine headaches
22. Pain in the neck or lower back
23. Loss of or excessive appetite
24. Increased smoking
25. Increased use of drugs and alcohol
26. Nightmares
27. Neurotic behavior
28. Psychoses
29. Accident proneness

From Hans Selye (1976) The Stress of Life

MT. SAN ANTONIO COLLEGE

STRESS, CORONARY HEART DISEASE, AND TYPE A BEHAVIOR

The work of Friedman and Rosenman (1964, 1969) shows the relationship between everyday behavioral patterns and their susceptability to coronary heart disease CHD.

Type A - High Risk Personality characterized by extremes of competitiveness, striving for achievement, aggressiveness, haste, impatience, restlessness, hyperalertness, explosiveness of speech, tenseness of facial musculature, feeling of being under pressure of time and under the challenge of responsibility.

Below is a questionnaire based on work by Bortner and Rosenman, 1967 which will give you a rough idea of the extent of your type A behavior. Type A score is obtained on items 2, 5, 7, 11, 13, and 14 when circling numbers on the right-hand side of the scale and for items 1, 3, 4, 6, 8, 9, 10 and 12 on the left hand side.

To score the questionnaire, for items 1, 3, 4, 6, 8, 9, 10 and 12 give yourself a score of 10 if you circled 5 on the left-hand side, 9 for number 4, and so on with 0 if you circled number 5 on the right-hand side. Calculate the opposite way for the remaining items (2, 5, 7, 11, 13, and 14) that is, 0 for number 5 in the left-hand side, 1 for number 4, and so on until number 5 on the right hand side is scored 10. Then add up all the items for a total score - maximum score = 140. The higher the score the greater your type A behavior.

YOUR TYPE-A BEHAVIOR

Please circle the number which you feel most closely represents your own behavior.

Never late	5	4	3	2	1	0	1	2	3	4	5	Casual about appointments
Not competitive	5	4	3	2	1	0	1	2	3	4	5	Very competitive
Anticipates what others are going to say(nods, interrupts, finishes for them)	5	4	3	2	1	0	1	2	3	4	5	Good listener
Always rushed	5	4	3	2	1	0	1	2	3	4	5	Never feels rushed (even under pressure)
Can wait patiently	5	4	3	2	1	0	1	2	3	4	5	Impatient while waiting
Goes all out	5	4	3	2	1	0	1	2	3	4	5	Casual
Takes things one at a time	5	4	3	2	1	0	1	2	3	4	5	Tries to do many things at once; thinks what he is about to do next
Emphatic in speech (may pound desk)	5	4	3	2	1	0	1	2	3	4	5	Slow, deliberate talker
Wants good job recognized by others	5	4	3	2	1	0	1	2	3	4	5	Cares about satisfying himself no matter *what others* may think
Fast (eating, walking, etc.)	5	4	3	2	1	0	1	2	3	4	5	Slow doing things
Easy going	5	4	3	2	1	0	1	2	3	4	5	Hard driving
Hides feelings	5	4	3	2	1	0	1	2	3	4	5	Expresses feelings
Many outside interests	5	4	3	2	1	0	1	2	3	4	5	Few interests outside work
Satisfied with job	5	4	3	2	1	0	1	2	3	4	5	Ambitious

SYMPTOMS OF STRESS QUESTIONNAIRE

Below is a list of different troubles and complaints which people often have. For each one please tick the column which tells how often you have felt like this during the last three months.

	I feel like this:			
	A lot	Quite often	Occasionally	Never
1. Do you ever have any trouble getting to sleep or staying asleep?				
2. Have you ever been bothered by nervousness, feeling fidgety or tense?				
3. Are you ever troubled by headaches or pains in the head?				
4. Are there any times when you just don't feel like eating?				
5. Are there times when you get tired very easily?				
6. How often are you bothered by having an upset stomach?				
7. Do you find it difficult to get up in the morning?				
8. Does ill-health ever affect the amount of work you do?				
9. Are you ever bothered by shortness of breath when you are not exercising or working hard?				
10. Do you ever feel 'put out' if something unexpected happens?				
11. Are there times when you tend to cry easily?				
12. Have you ever been bothered by your heart beating hard?				
13. Do you ever smoke, drink, or eat more than you should?				
14. Do you ever have spells of dizziness?				
15. Are you ever bothered by nightmares?				
16. Do your muscles ever tremble enough to bother you (e.g., hands tremble, eyes twitch)?				
17. Do you ever feel mentally exhausted and have difficulty in concentrating or thinking clearly?				
18. Are you troubled by your hands sweating so that you feel damp and clammy?				
19. Have there ever been times when you couldn't take care of things because you just couldn't get going?				
20. Do you ever just want to be left alone?				

To the remaining questions please answer 'yes' or 'no'

	Yes	No
21. Do you feel you are bothered by all sorts of pains and ailments in different parts of your body?		
22. For the most part do you feel healthy enough to carry out the things you would like to do?		
23. Have you ever felt that you were going to have a nervous breakdown?		
24. Do you have any particular physical or health problem?		

Source: Slightly adapted version of Gurin's Psychosomatic Symptom List, in G. Gurin, J. Veroff, and S. Feld, *Americans View Their Mental Health* (New York: Basic Books, 1960).

THE HOLMES-RAHE LIFE STRESS INVENTORY

THE SOCIAL READJUSTMENT RATING SCALE

Instructions: Check off each of these life events that has happened to you during the previous year. Total the associated points. A score of 150 or less means a relatively low amount of life change and a low susceptibility to stress-induced health breakdown. A score of 150 to 300 points implies about a 50 percent chance of a major health breakdown in the next two years. A score above 300 raises the odds to about 80 percent, according to the Holmes-Rahe statistical prediction model.

LIFE EVENT	MEAN VALUE
1. Death of spouse	100
2. Divorce	73
3. Marital separation from mate	65
4. Detention in jail or other institution	63
5. Death of a close family member	63
6. Major personal injury or illness	53
7. Marriage	50
8. Being fired at work	47
9. Marital reconciliation with mate	45
10. Retirement from work	45
11. Major change in the health or behavior of a family member	44
12. Pregnancy	40
13. Sexual difficulties	39
14. Gaining a new family member (e.g., through birth, adoption, oldster moving in, etc.)	39
15. Major business readjustment (e.g., merger, reorganization, bankruptcy, etc.)	39
16. Major change in financial state (e.g., a lot worse off or a lot better off than usual)	38
17. Death of a close friend	37
18. Changing to a different line of work	36
19. Major change in the number of arguments with spouse (e.g., either a lot more or a lot less than usual regarding child-rearing, personal habits, etc.)	35
20. Taking on a mortgage greater than $10,000 (e.g., purchasing a home, business, etc.)	31
21. Foreclosure on a mortgage or loan	30
22. Major change in responsibilities at work (e.g., promotion, demotion, lateral transfer)	29
23. Son or daughter leaving home (e.g., marriage, attending college, etc.)	29
24. In-law troubles	29
25. Outstanding personal achievement	28
26. Wife beginning or ceasing work outside the home	26
27. Beginning or ceasing formal schooling	26
28. Major change in living conditions (e.g., building a new home, remodeling, deterioration of home or neighborhood)	25
29. Revision of personal habits (dress, manners, associations, etc.)	24
30. Troubles with the boss	23
31. Major change in working hours or conditions	20
32. Change in residence	20
33. Changing to a new school	20
34. Major change in usual type and/or amount of recreation	19
35. Major change in church activities (e.g., a lot more or less than usual)	19
36. Major change in social activities (e.g., clubs, dancing, movies, visiting, etc.)	18
37. Taking on a mortgage or loan less than $10,000 (e.g., purchasing a car, TV, freezer, etc.)	17
38. Major change in sleeping habits (a lot more or a lot less sleep, or change in part of day when asleep)	16
39. Major change in number of family get-togethers (e.g., a lot more or a lot less than usual)	15
40. Major change in eating habits (a lot more or a lot less food intake, or very different meal hours or surroundings)	15
41. Vacation	13
42. Christmas	12
43. Minor violations of the law (e.g., traffic tickets, jaywalking, disturbing the peace, etc.)	11

Source: Thomas Holmes and Richard Rahe, "Holmes-Rahe Social Readjustment Rating Scale," *Journal of Psychosomatic Research*, vol. II, 1967.

HEALTH SCIENCE: INSTRUCTOR: ELIZABETH ENGER

A PERSONALITY SELF EVALUATION INVENTORY

The following is a list of items that individuals adjust to when facing perplexing problems or situations. As you read each item, ask yourself to what degree, if any, the adaptation describes your consistent behavior response pattern.

ITEMS	ALWAYS	MOST OF TIME	SOME TIME	DON'T KNOW	RARELY	NEVER
1. I accept compliments from others without embarrasment.						
2. I have difficulty making decisions.						
3. I am willing to take reasonable risks.						
4. I begin to express my anxiety when nothing goes wrong.						
5. I resent people who tell me when I am wrong.						
6. I often get angry over little things.						
7. I generally work well with others.						
8. I really like competition.						
9. I usually hope for the best and expect the worst.						
10. I appreciate what others do for me by telling them so.						
11. I have problems expressing my needs.						
12. I tend to be superstitious in my actions.						
13. I like being alone and prefer being alone.						
14. I hate to go anywhere by my self.						
15. I like to assume leadership roles.						
16. I rarely volunteer for anything.						
17. I am very tolerant of others' attitudes and practices.						
18. I dislike having to conform to anything.						
19. I enjoy other persons' company.						
20. I delight in being a "free-loader."						
21. I would never leave my date unattended for any length of time.						
22. I can express my emotions and concerns without fear.						
23. I am willing to ask for help when needed.						
24. I usually join the gang and do what my friends do.						

SUICIDE

Approximately 200,000 suicides are attempted in the U. S. each year. 25,000 of those attempts are successful. The actual number may be as high as 80,000 because of the many deaths that are suicides and cannot be established as such.

Suicide is more common than people would like to admit and rates for males between 20 and 24 years of age have almost tripled since 1970. Suicide rates for females in that age group have almost doubled. Depression is the most likely pattern of behavior associated with suicide although less than half of all suicides are believed to have suffered from depressive symptoms.

Factors that influence suicide patterns include:

1. Previous suicide attempts - The presence of a previous attempt is a primary factor in predicting the risk of a successful subsequent attempt.
2. Age - Studies indicate that the older the individual the more likely a suicide will occur. The peak age for successful suicide is between 55 and 65 years of age. However, suicide attempts are much more likely in the 24 - 44 age range. Suicide is the second leading cause of death of people under the age of 20.
3. Marital status and social support - The risk of suicide is higher for divorced persons than either single, widowed or married individuals. The lowest suicide rate is found among married people.

During times of social protest, such as those regarding the war in Vietnam, statistics indicate that suicides decrease in number. A similar condition existed during both world wars. When people develop a sense of community, regardless of the cause, they feel less alone and are less likely to take their own lives.

REFERENCES

Feifel, Herman. New Meanings of Death. San Francisco: McGraw-Hill, 1977.

Kubler-Ross, Elizabeth. On Death and Dying. New York: MacMillan, 1969.

I. Introduction

A. Why include this topic?

1. Help others deal with their death (terminal patients)
2. Develop an acceptance of your own death
3. Understand reactions of others as well as your own

B. Elizabeth Kubler-Ross

Listed 5 stages to dying process

1. Denial and isolation
2. Anger
3. Bargaining
4. Depression
5. Acceptance

II. Past vs. Present: A contrast in confronting death

Present	Past
Death removed or unexpected for all age groups except elderly	Infant mortality high. Common for women to die in childbirth.
Families fragmented due to mobile society	Family a cohesive unit.
Deritualization of grief. Dying and death now in care of "professionals".	19th century households were often the ones to prepare the body, etc.
Death is a taboo topic. Many older people want to share their feelings about death and dying and are often prohibited.	Death was a common and accepted part of life.
Many people die in hospitals. The dying patient is often left to die emotionally and spiritually alone.	Many people died in own homes. Had chance to say farewells and last wishes.

III. A view of death: Different age groups

A. Children

1. Research indicates that death is a common topic among children.
2. Most parents discourage questions and expressions of feeling from children. (Possibly a factor contributing to our inability to deal with death today)

B. Middle Age

1. Birth and death both appear to be distant points along the psychological horizon.

2. If a parent dies

a. Society does not encourage intensive displays of grief or prolongued periods of mourning. The deceased was "only an old person" whose "time had come".

b. For that particular individual -- it was still their mother or father. Grief is a normal and necessary reaction to the loss or separation from a loved one.

c. The death of a parent can also arouse conflicting feelings of guilt and liberation.

3. Pecking order of death -- Sense of mortality

C. Old Age

1. What is "old age"?

2. Death often takes one partner. The other is left to mourn, get on with life, and contemplate his/her own death.

a. Normal mourning lasts for at least one year.

b. Most survivors are befeft of support after the first month.

3. Death intensifies loneliness

4. The older person is less likely to find distractions through work or travel.

IV. Death and the Physician

A. Technology and death

B. California 1976 Keene Bill (AB 3060)

C. Terminal patients

D. Discussing diagnosis with the patient

V. The Hospice Concept

A. Care rather than "cure" emphasized

B. St. Christopher's Hospice - Founded in 1948

UNIT ON DRUG ABUSE

SOME NECESSARY DEFINITIONS:

1) DRUG: Any substance that, by its chemical nature, alters structure or function in the living organism (foods, vitamins, hormones, medicines, etc.)

   THE MEDICAL PROFESSION defines drug as: "Those substances intended for use in the diagnosis, cure, treatment or prevention of disease or in the relief of pain or discomfort."

2) MEDICAL USE of a drug: is the use which is indicated for generally accepted medical reasons, whether under medical supervision or not, (aspirin)

3) NON-MEDICAL USE: is the opposite of above. Non-medical use is not the same as illegal use (i.e., alcohol)

4) DRUG MISUSE: When we take drugs for the intended purpose, but we do not follow directions (appropriate amount, frequency, etc.)

5) CHEMOTHERAPY: is the use of drugs in treating diseese.

6) PSYCHOACTIVE or PSYCHOTROPIC DRUGS: are drugs that alter sensations, mood, consciousness or other psychological or behavioral function. (stimulants, depressants, tranquilizers, etc.) Their primary effect is in the human mind.

7) DRUG ABUSE: The deliberate use of chemical substances for reasons other than their intended purposes; use that can result in damage to personal health.

8) DRUG DEPENDENCE: "A state of psychological or physical need or both." Drug dependence can occur in a person who uses psychoactive drugs periodically or on a continuous basis.

9) PSYCHOLOGICAL DEPENDENCE on a particular drug: when there is a strong desire to repeat the use of that drug either intermittently or continuously for emotional reasons (no physical complications follow the discontinuance of the drug)

10) PHYSICAL DEPENDENCE: is a physiological state of adaptation to the drug. The cells need the drug to operate normally. If the drug is removed abruptly, produces withdrawal sickness or what is called the "abstinence syndrome."

11) TOLERANCE: It implies that the amount of drug necessary to produce certain desired response must be increased with the passage of time.

MAIN CATEGORIES OF DRUGS:

a) Narcotics
b) Depressants
c) Stimulants
d) Hallucinogens

Note: Cocaine is officially classified as NARCOTIC even though it is a stimulant. (Cocaine is used sometimes as a local anesthetic)

DRUGS - BASIC ASSUMPTIONS

A. Not all drugs are "dope". Most drugs are beneficial when used correctly.

B. Americans are multiple drug users - we live in a drug saturated society.

C. We will constantly have to make decisions about our own use of drugs - licit and illicit - challenge is for more constructive use, less destructive use.

D. There is no single reason for the abuse of drugs. Motivation can be as the result of need for relaxation, recreation, rebellion, curiosity, experimentation, boredom, pain, escape, acceptance, addiction. The single most important factor in individual levels of resistance to drug abuse seems to be a strong and healthy personality - a person with a good self-image, aboe to cope with stresses, strains and frustrations is not likely to become drug dependent.

E. Some Cardinal points on the effect of drugs on the body:
1. All drugs are poison - capable of killing cells at certain levels.
2. The body was not designed for drugs - it will immediatly attempt to change and eliminate drugs on ingestion (vomit, liver, etc.) Drug is active as long as 1/2 life will meet purpose.
3. Drugs will not create new functions in the body (will depress, stimulate natural functions).
4. Drugs seldom act the same way on different subjects, or even on the same subject - varies with host (enzymes, age, weight, sex), route of administration and dosage form, time of administration, body rhythms, genetic variables, psychological set, chemistry of drug with chemistry of the body.
5. Drugs affect multiple body systems - for example, aspirin can be used as a) an analgesic, b) an anti-pyretic (lowers body temperature, c) anti-inflammatory (for arthritis, bursitis), d) can also affect blood clotting mechanism. Also, Benedryl (anti-histamine) will cause dryness of the mouth, blurred vision, sedative affect.
6. Combinations of drugs can be extremely dangerous.
   a) non-lethal doses of barbiturates plus alcohol can be fatal. Two depressants should not be taken together (need to check with physicians).
   b) tetracycline binds with calcium - should never be taken with milk products (will render it useless) - should not be taken near mealtime, or with antacids - should not be prescribed for children since it causes mottling of teeth (some conditions make it necessary).
   c) antabuse and flagyl react with alcohol to cause illness (convulsions of the digestive tract).
   d) erythromycin taken with fruit juice will lose much of its anti-bacterial action (destroyed by the acidity).
   e) antiseptic soaps such as Irish Spring, Lifebuoy, Phase III, Dial, Safeguard, or Zest can induce a photosensitivity reaction after the skin has been exposed to direct sunlight (also some foods - figs, celery, carrots, some cosmetics, some drugs like tetracycline).
   f) etc.

F. Drug abuse is often a group phenomenon - there is a significantly high correlation between personal use and friends' use of drugs.

G. Education may have an effect on "rational decision-making processes" concerning drugs - educators may be able to demythologize some areas of drug use and abuse - may effect positive attitudes that will ultimately aid understandings and affect behavior.

INTERACTIONS OF DRUGS WITH THE NERVOUS SYSTEM

A. Norepinephrine synapse
   1. Impulse carried down axon of presynaptic neuron
   2. Impulse triggers release of NE from synaptic vesicles into synaptic cleft
   3. Movement of NE across synaptic cleft
   4. Stimulation of postsynaptic receptors
   5. Release of NE from post synaptic recepters back into synaptic cleft
      a. Metabolism of NE by enzymes in synaptic junction
      b. Uptake of some NE back into presynaptic nerve

B. Specific Transmitter Substances
   1. Acetylcholine ACh
      a. Parasympathetic neurotransmitter
      b. Acetylcholine esterase (AChE) enzyme that destroys ACH
         (1) AChE Inhibitors
             -- Malathion
             -- Parathion
      c. Released in synapses between neurons and muscles
   2. Epinephrine, Norepinephrine, and Dopamine
      a. Epinephrine:
         (1) Mainly found within peripheral nervous system
         (2) Sympathetic neurotransmitter
         (3) Not commonly found in brain
         (4) Inactivated by MAO
      b. Dopamine and Norepinephrine
         (1) Found in significant quantities in the brain
         (2) Inactivated by MAO
   3. Serotonin (5-hydroxytryptamine or 5-HT)
      a. Neurotransmitter in brain
      b. Hallucinogenic compounds have been found to resemble the 5-HT structurally
         -- Hypothesis that some drug-induced hallucinations are due to alterations in the functioning of 5-HT neurons

a. Activation of intracellular metabolism
   (1) Caffeine
b. Stimulation of certain acetylcholine synapses
   (1) Nicotine (tobacco)

E. Classification of Psychedelic Drugs
   1. Acetylcholine psychedelics
      a. Physostigmine
      b. DFP, Sarin, Soman, Malathion, Parathion
      c. Atropine
      d. Scopolamine
      e. Muscarine
   2. Norepinephrine psychedelics
      a. Mescaline
      b. DOM (STP), MDA, MMDA, TMA
      c. Myristicin, elemicin
   3. Serotonin psychedelics
      a. Lysergic acid diethylamine (LSD)
      b. Dimethyltryptamine (DMT)
      c. Psilocybin, psilocin, bufotenine
      d. Ololiuqui (morning glory seeds)
      e. Harmine
   4. Psychedelic anesthetics
      a. Phencyclidine (Sernyl)
      b. Ketamine (Ketalar)

Caffeine content of hot beverages

Coffee, instant	66
Coffee, percolated	110
Coffee, dripolated	146
Teabag - 5 min. brew	46
Teabag - 1 min. brew	28
Loose tea - 5 min.	40
Cocoa	13

Caffeine content of cola beverages

Coca Cola	65
Dr. Pepper	61
Mountain Dew	55
Diet Dr. Pepper	54
TAB	49
Pepsi Cola	43
Diet RC	33
Diet-Rite	32

Caffeine content of OTC drugs (per tablet)

Anacin	32 mg.
Aqua-ban	100
Bivarin	200
Caffedrine	200
Dristan	16
Emperin	32
Excedrin	64
Midol	32
No Doz	100
Pre-mens Forte	100
Vanquish	33
Prolamine	140
Quick pep tablets	150
Dexatrim	200
Appedrine	100
Anorexin capsules	100
Quarana (Zoom)	800

Caffeine is a member of the chemical family called the xanthines. Similar compounds include theobromine (cocoa and chocolate) and theophylline (tea). The xanthines stimulate the central nervous system and the heart, increase urine production and relax smooth muscle tissue. Caffeine is a particularly potent CNS and cardiac stimulant - 2-3 cups of coffee can increase blood pressure by as much as 14%. It causes a dramatic increase in muscle tension and secretion of stomach acid. It also produces a marked increase in the basal metabolic rate. It reduces the amount of oxygen available to the brain and has been implicated as a possible contributing factor in birth defects and fibrocystic breast disease. An Ohio State researcher has recently found that many women with fibrocystic breast disease (benign breast lumps) could shrink or eliminate their lumps by eliminating xanthines from their diets. The breast lumps of 65% of the women studied disappeared entirely within two to six months after quitting coffee, etc.

Heavy caffeine users develop a tolerance and many experience withdrawal symptoms if they go without caffeine for 24 hours. The first symptom is usually a headache - cerebral fullness, diffuse throbbing. It's not unusual for these to appear on weekend mornings - cut consumption on days off. These headaches are frequently made worse by exercise - are relieved by taking more caffeine. Constipation, nausea, sluggishness, depression and irritability may also be experienced.

When one consumes an amount of caffeine that is above one's individual limit, caffeinism occurs. Caffeinism, a condition with symptoms indistinguishable from those of anxiety neurosis: extreme nervousness, irritability, tremulousness, chronic muscle tension, difficulty falling asleep, trouble sleeping soundly, sensory disturbances, rapid heartbeat, extra heartbeats, increased frequency of urination, frequent loose stools, gastrointestinal upsets and palpitations, alarmingly strong and rapid heartbeats. One wonders how many prescriptions of valium and other tranquilizers have been handed out to clients suffering from undiagnosed caffeinism. Clinicians should routinely inquire about caffeine intake whenever symptoms include anxiety, heart disease, ulcer, and high blood pressure, and whenever increased frequency of urination, irregular heartbeats, headache, insomnia or heart palpitations.

Various researchers have used values ranging from 200 mg. to 750 mg. of caffeine per day as a presumed danger point. Most surveys of U. S. coffee drinkers agree that about 25% consume at least 5 cups/day = 500-600 mg.

MARIHUANA

Active ingredient - delta-9-tetrahydrocannibinol (THC) - THC was not isolated and defined until 1964 - no U. S. marihuana grown in known stregnth for experimental use until 1970. Actual clinical experimentation is very recent - 1970 until now. Federal government has spent several million dollars and presented 8 Annual Marihuana and Health reports to Congress. Over 1,000 researchers have been supplied with THC and/or government marihuana.

Human Effects and Health Implications - Eighth Annual Report: Marihuana and Health.

A. Acute Effects of Marihuana:

1. Impairment of intellectual performance - especially new material and complex task requirements. Definite impairment of short term memory. Marihuana appears to interfere with the transfer of material from immediate to longer term memory storage. Material learned while "high" is significantly less well recalled than that learned in a nondrugged state. It's use interferes with classroom performance and knowledge acquisition.

2. Marihuana use at typical social levels impairs driving ability and related skills (limited surveys showed that from 60% to 80% of users questioned indicated that they sometimes drive while high). Flying also impaired - performance decrements may persist for some time (possibly several hours) beyond the the period of subjective intoxication. Ability is impaired even though the user no longer feels "high".

3. Pulmonary Effects: A study comparing smoking cigarettes with smoking marihuana showed that smoking less than one "joint" per day decreased vital lung capacity as much as smoking 16 cigarettes/day.
   Analysis of marihuana smoke has found evidence that it contains larger amounts of carcinogenic hydrocarbons. For example, benzopyrene has been reported to be 70% more abundant in marihuana smoke.
   Cilia have been found to be adversely affected by marihuana smoke.
   Anti-bacterial defense systems in the lung are less effective with marihuana.
   Chronic users experience such symptoms as laryngitis, cough, hoarseness, bronchitis, and cellular change similar to heavy tobacco smokers. Lung cancer is not proven at this point, but expected.

4. Reproductive Effects: At high doses, cannibis causes decreases in the weight of organs such as testes and ovaries, as well as altering various hormone levels that are involved in reproduction and lactation. In males, lower levels of testosterone have been found - still within normal ranges.
   Decreases of sperm count and motility found at high doses.
   Concern would be with marginal fertility.
   Among females, no pattern of fetal abnormality evident, but rate of reproductive loss among female rhesus monkeys was 4 X greater than controls.
   There is a distinct possibility that use during pregnancy might result in abnormal fetal development - recommended that it not be used during pregnancy.

5. Cardiovascular Effects: A significant increase in heart rate found.
   There is evidence that in patients with already impaired heart function, use of marihuana may precipitate heart pain more rapidly and following less effort than tobacco cigarettes.

6. Reddening of eyes due to vasodilation (effects in 10 min. lasts 3-4 hrs.).

7. No new conclusive evidence on immune response, chromosome abnormalities, brain damage, alterations in cell metabolism.

B. Therapeutic Aspects: Control of nausea in cancer chemotherapy, glaucoma, bronchodilation.

ALCOHOL

Dose Response Relationship

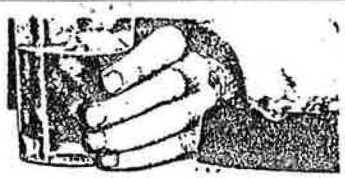
The influence of alcohol on behavior changes with the dosage (B.A.C. = Blood Alcohol Content).

Amt Consumed by 150 lb person	B.A.C.	Effects
1 oz	.03%	Slight changes in feeling
2 oz	.06%	Feeling of warmth. Mental relaxation. Mild sedation. Driving ability impaired.
3 oz	.09%	Exaggerated emotion and behavior. Talkative, Noisy or morose
4 oz	.12%	Clumsiness, unsteady. Legally drunk.
5 oz	.15%	Gross intoxication
10 oz	.30%	Extreme intoxication. Coma or death may occur.
20 oz	.50%	Heart action and breathing slowed. Death occurs.

Note: Alcohol is soluble in both water and fat, therefore it is distributed throughout all body tissue. An obese or muscular person will have lower blood levels than a lean person with an identical dose.

Alcohol Abuse

/ Barbara Voser P.H.
irector of Health ucation
JA and Ross Loos Healthplans
arol Hutchinson. R.D., M.A.



There are an estimated 100 million Americans who drink alcohol. Approximately 10 million of these people are alcoholics. They are "addicted" to alcohol and are unable to control when or how much they drink. An estimated 20 million Americans are heavy social drinkers. The latter may drink too much from time to time but never become "addicted" to alcohol.

Drinking and Driving

Whether a person is "addicted" to alcohol or not, it is definitely unwise to mix drinking and driving. Every year 50,000 persons are killed on American highways. In one half of these accidents a significant amount of alcohol has been found in the blood of the driver or the victim. One to two million people are injured every year on our highways. In 25%-40% of these accidents a significant amount of alcohol has been found in the blood of the driver or victim. These injuries and deaths can be stopped if each of us does our part to not mix drinking and driving. Encourage friends to do the same.

Alcoholism

Alcoholism is an illness that results in uncontrolled drinking of alcoholic beverages. It is one of America's biggest health problems and may result in serious problems for the alcoholic, his family, and on the job. Some of the problems faced by the alcoholic may include divorce, loss of work, crime, suicide, bankruptcy and physical and mental illness. Alcoholism can affect anyone regardless of age, ethnic background, race and income. The long term abuse of alcohol may result in physical problems such as:

1. **Nutritional deficiencies:** Metabolic effects of alcoholism involve decreased absorption of sugar, amino acids, calcium, folic acid, Vitamin B-12 and other nutrients. Lack of these proper nutrients may weaken the body and make it more susceptible to illness.
2. **Damage to the body:** Liver damage (cirrhosis), enlarged or weakened heart, nerve damage resulting in the "shakes" or hallucinations and permanent brain damage are among the risks of alcohol abuse. Alcohol aggravates ulcers and may cause cancer of the mouth and stomach. Long term heavy drinking may shorten life 10-12 years.

What Causes Alcoholism

There is no one cause for alcoholism. Generally, alcoholics use alcohol to escape from boredom, tension and personal problems. Alcohol is used as a "crutch" in dealing with fears and frustrations. Often the alcoholic's family and friends will not admit or are not aware that there is a serious drinking proble

The following are some e symptoms of alcoholism:

Early Symptoms:

1) making promises to quit drinking and breaking them
2) drinking more often to "relax"
3) drinking more
4) more irritable and more forgetful (possible blackouts)

More Serious Symptoms:

1) denying and hiding drinking
2) drinking in the morning or drinking alone
3) signs of drinking becoming more noticeable at home and at work
4) taking more alcohol to "feel good"
5) needing to drink everyday

Can Alcoholism Be "Cured"?

The only "cure" for alcoholism is for the alcoholic to completely stop drinking. There are many treatments for alcoholism. In order for these treatments to be successful the alcoholic must want to be cured. There are several treatments available:

- **Physical treatments**— given under the doctor's supervision on an outpatient basis and sometimes in the hospital. The purpose is to eliminate alcohol in the body while keeping the alcoholic comfortable. In addition, treatments may correct the damage done to the body by alcohol.
- **Emotional treatments**— help the alcoholic learn to solve problems without the "help" of alcohol. They may include counseling with a psychologist, psychiatrist or social worker, as well as group therapy with other alcoholics.
- **Self Help Groups**— found to be very important to the alcoholic and the family. Alcoholics Anonymous (A.A.) is a worldwide selfhelp organization whose members are all alcoholics. Family and friends of the alcoholics attend special meetings, learning to understand alcoholism and how they can best help the alcoholic.
  One of the most important aspects learned is that accusations, threats and criticisms do not help the alcoholic to recover. There is no membership fee to join, you need only attend a meeting. For meeting schedules contact your local A.A. chapter listed in the phone book.
- **Dietary treatments**— as a cure for alcoholism has been unsuccessful. Nutritional therapy and recovery, however, emphasizes optimal food intake and the inclusion of certain "protective foods". The importance of eating breakfast is stressed, the possibility of vitamin supplements (thiamin, pyridoxine, Vitamin C), and the limitation of coffee and tea.

Hazards of Drinking During Pregnancy

Alcohol is definitely dangerous to the fetus during and after conception, even in moderate amounts! The effects are dose-related and seen in babies of women who drank as little as 1 oz. of absolute alcohol a day early in pregnancy. This is equal to 2 or 3 ordinary cocktails. e effects of alcohol during pregnancy may include such complications as birth defects and fetal alcohol syndrome. It is recommended that women stop drinking as soon as they plan to become pregnant.

Teenage Drinking

Most teenagers will at some time or another engage in alcoholic drinking. Some will become alcohol abusers. Teenagers run a greater risk of becoming alcoholics than adults who drink. The reasons for this are numerous:

1. Because most teens are physically smaller than adults, the effects of alcohol are greater.
2. Dependence on alcohol may be greater for a teenager once the teenager begins to drink because alcohol may be used as a "crutch" in dealing with many problems young people face.
3. Teenagers are more likely to become ill from drinking due to lack of information about alcohol and lack of experience with its effects on the body.
4. Teenagers who drink are more likely to have accidents since they tend to take more risks, especially when driving.
5. Alcohol abuse among teenagers may be related to juvenile crime and is often a symptom of delinquent behavior and emotional disturbance.

Parents can help by: 1) openly discussing alcohol use and the effects of alcohol with their teenagers 2) inviting them to discuss school and personal problems 3) encouraging them not to drive after drinking, but to call home for a ride and 4) by setting a good example for alcohol use, since teenagers often imitate adult drinking behavior!

Alcohol abuse is a serious health problem. We can all help to solve this problem by understanding the dangerous effects of excessive use. For those who drink alcohol, and are not pregnant, do so in moderation.

INA and Ross Loos Healthplans
700 North Brand Boulevard
PO Box 2125, Glendale, CA 91209
213 500-6662

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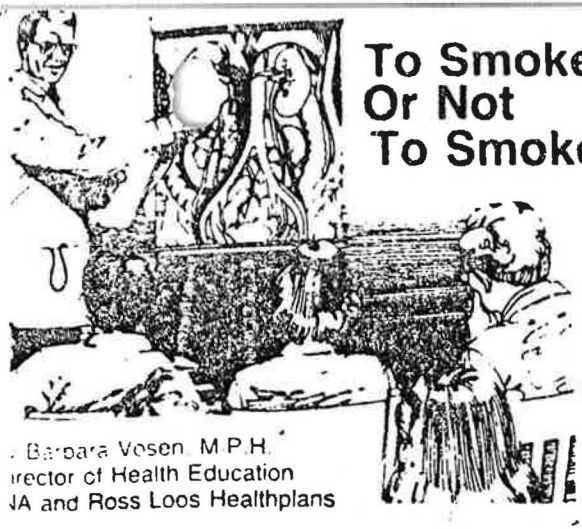
The 12 Steps of A.A.

1. We admitted we were powerless over alcohol -- that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God, as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of cha character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and practice these principles in all our affairs.

The 12 Traditions of A.A.

1. Our common welfare should come first/ personal recovery depends upon AA unity.
2. For our Group purpose there is but one ultimate authority -- a loving God as He may express Himself in our Group Conscience.
3. The only requirement of AA membership is a desire to stop drinking.
4. Each group should be autonomous, except in matters affecting other groups of AA as a whole.
5. Each group has but one primary purpose -- to carry its message to the alcoholic who still suffers.
6. An AA Group ought never endorse, finance or lend the AA name to any related facility or outside enterprise lest problems of money, property and prestige divert us from our primary spiritual aim.
7. Every AA Group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.
9. AA,as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the AA name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.
12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles above personalities.



To Smoke Or Not To Smoke

. Barbara Vosen, M.P.H.
irector of Health Education
JA and Ross Loos Healthplans

very cigarette smoker at some time or other will consider uitting. Whether the suggestion to quit comes from a octor, a member of the family or from the smoker himself. ie decision is a very personal one. This decision will de- end upon how convinced the smoker is that the hazards f smoking outweigh the pleasures.

he smoker's success in giving up the habit permanently ill also depend upon how certain he or she is that the ec sion to quit is the right one. This article is intended to ccomplish two objectives:

To assist the cigarette smoker in making the decision to quit.

To assist those smokers who decide to quit to do so successfully.

Smoking and Health

n the past 5 years a great deal has been written about the ealth hazards of cigarette smoking. The following are ome of the answers to the questions smokers most com- nonly ask about the effects of cigarette smoking on health.

What are greatest hazards to health from smoking igarettes?

igarette smoking contributes to death and disability due o heart disease, stroke, stomach ulcer, bronchitis, em- hysema, hypertension (high blood pressure) and cancer f the lungs, mouth, larynx, esophagus and lips.

re there more heart attacks among smokers than on-smokers?

mong middle aged men, heart attacks occur two times ore often in heavy cigarette smokers (more than 1 pack day) than in non-smokers.

o cigarette smokers die more often from heart at- acks than non-smokers?

eath rates due to heart attacks in men are from 50% to 00% higher among cigarette smokers. Women between ie ages of 45 and 55 who smoke a pack or more a day ie 2 times more often from a heart attack or stroke than on-smoking women.

Can smoking during pr ancy be dangerous for the unborn child?

Yes.

Harmful gases from the cigarette smoke enter the women's blood and through the placenta into the baby's blood. These gases narrow the baby's blood vessels which reduces the amount of food and oxygen delivered to the developing child. About 1 out of every 7 premature births are related to maternal smoking. Babies born to mothers who smoke weigh an average of seven ounces less than babies born to non-smokers.

Smoking during pregnancy increases the risk of stillbirths, miscarriage and death in infancy especially during the first 28 days.

The more a pregnant women smokes the greater the risks.

Is it proven that cigarette smoking can cause lung cancer?

Yes, and the chances of developing lung cancer increases in men with the number of cigarettes smoked and the number of years smoking.

Does lung cancer occur more often in women smokers than in women non-smokers?

The number of new cases of lung cancer in women is on the increase. The increase is explained by the growing number of women within the last 20 years who are heavy cigarette smokers. Women who smoke more than 1 pack of cigarettes a day are 5 times more likely to die of lung cancer than women who do not smoke.

Is smoking a health hazard for teenagers?

Yes, the earlier in life regular smoking begins and the longer it continues the greater the risk of developing diseases linked with smoking. Teenagers who smoke regularly may experience reduced physical endurance, chronic cough and more frequent bronchitis. Although the number of boys between the ages of 12 and 18 who smoke regularly has gone down, the number of girls in this age group who are regular smokers has increased. It is predicted that if this increase in women smokers continues, this group will contribute to a rising number of women who will develop lung and pregnancy-related problems which will have been linked with smoking.

Does smoking filter cigarettes or not inhaling reduce the health hazards of smoking?

Yes. Filter cigarettes are safer than unfiltered cigarettes but no cigarettes are completely safe. Also, deaths from lung cancer are less when less smoke is inhaled, however, most smokers inhale some smoke.

How do the chemicals in tobacco affect the body?

Nicotine usually makes the heart beat faster, raises the blood pressure and narrows the blood vessels in the skin. Tars are chemicals that may cause lung cancer. In addition, they irritate the tubes that lead to the lungs and this may result in chronic bronchitis and emphysema.

Giving Up Cigarette Smoki

For some individuals giving up smoking not difficult wh for others it may be. The following are some suggestions from the American Cancer Society to make quitting a little easier.

1. Make a list of your reasons for and against smoking.
2. Change to a lower tar and nicotine brand.
3. Select the day you are going to quit smoking (at least two weeks away).
4. Chart your smoking habits for a least two weeks — how many cigarettes, when you smoke, which cigarettes are the most and least important.
5. Repeat each night, at least ten times, one of the reasons for not smoking cigarettes.
6. Eliminate one category of cigarettes: the most or the least desired.
7. Keep a supply of cigarette substitues on hand raisins, chewing gum, carrots, mints, ginger root, whole cloves
8. Quit on the day you selected. Keep busy, go to the movies, exercise, take long walks, eat well and use substitutes as the wish to smoke recurs.

Here are telephone numbers that you can call for support and assistance if you are in the process of quitting or if you are thinking of quitting and want helpful suggestions, including dates of Stop Smoking classes:

Los Angeles–American Cancer Society	213 386-6102
Long Beach–American Cancer Society	213 437-0791
Orange County–American Cancer Society	714-752-8600
American Heart Association	714 547-3001
U.C.L.A. Ex-Smokers Stay Quit	213 825-0044
San Fernando Valley—	
American Cancer Society	213 987-3701
Los Angeles County—	
American Lung Association	213 484-9300
Orange County—	
American Lung Association	714 835-5864

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SMOKING AND HEALTH

Approximately 34% of the adult population smoke cigarettes containing 1,200 chemicals (gases, ash, nicotine, tar, etc.) - in 1979 37.5% men, 29.6% women and 20% teenagers smoked. Only 5% of smokers started smoking after 21 years of age. Stopping is difficult for many even though they want to quit - addicting.

A. Reasons people smoke and continue to smoke: feel it's a sign of maturity, sophistication; feeling of belonging with other smokers; improvement of self-image; identification with "models" who smoke; ease in social situations; something to do with the hands; symbol of male virility or female sex appeal; rebellion against authority; gratification of oral needs; relaxation and ease of tension; enhance "good feelings and good times"; reduce anxiety of "bad feelings"; pleasure of taste, smell, inhalation; anti-obesity effect; stimulating effect of active ingredient - nicotine, etc.

B. Miscellaneous disadvantages of smoking: dependence/habituation; dulling of smell, taste, appetite; fires in homes (25%); litter of ashes and butts; smoker's cough; tobacco breath; stains on teeth and hands; offensive to others (sidestream smoke); limits romantic relationships; major source of air pollution; higher insurance rates in some companies; accelerated degenerative aging process (wrinkles); work days lost; eye irritation, etc.

C. Effects on the respiratory system (lung cancer, bronchitis, emphysema, etc.)
1. paralysis of cilia 20 minutes (partly from heat?)
2. stimulates over-production of mucous
3. deposits tars in lungs (50%)+
4. irritates bronchioles (bronchitis #1 respiratory ailment)
5. injures air sacs, resulting in emphysema

D. Effects on cardiovascular system (coronary artery disease)
1. increases heart rate (nicotine - 15-25 beats more/minute)
2. increases free fatty acids and platelet stickiness
3. raises blood pressure
4. constricts small arteries - arterioles
5. robs red blood cells of oxygen (hemoglobin attracted 200X more to CO than O_2) (carbon monoxide and nicotine are the major villians in heart disease)

E. Other health related problems
1. cancer of larynx, mouth, esophagus, bladder and kidneys significantly higher
2. incidence of stomach ulcers higher
3. periodontal disease greater
4. night vision reduced (blood vessels smaller, not as much oxygen)
5. more premature babies and stillbirths among smoking mothers
6. lowered athletic ability (Hammond Study showed higher mortality rates among smokers who exercise heavily than among sedentary non-smokers)
7. Women on the pill who smoke raise risk of heart disease significantly (10X in 40's)

F. Damage is dependent upon:
1. number of cigarettes smoked
2. duration of smoking
3. depth of inhalation
4. brand
5. social environment

G. Reasons for quitting:
1. health 2. exemplar role 3. economics 4. aesthetics 5. mastery

H. Ways to minimize danger if an individual cannot stop: smoke 1/2 of cigarette, inhale less or not at all, choose a brand low in tar and nicotine, cut down.

"The single most important health measure for prevention of disease among smokers is to stop smoking." Public Health Dept.

LIFELINE

Mt. San Antonio College

by Linda Garrison

FOOD FACTS

What do you know about food? Can you tell a misconception from a fact? Food is basic to our very existence and is so fundamental to our physical, mental and emotional needs that many misconceptions about it have developed over the years. While you probably realize that an apple a day really doesn't have anything to do with your doctor, you may not score so well when it comes to knowing the principles behind a balanced meal. Yet trying to eat correctly without this knowledge is like parachuting out of an airplane without a chute! Test yourself by answering True or False to the questions that follow; then check your answers with the correct ones on the other side of this page:

_____1. Carbohydrates have more nutritional value than starches.
_____2. Eating less food makes the stomach shrink.
_____3. Exercise makes you hungry.
_____4. You will lose weight more quickly if you don't eat any fats.
_____5. Whether you eat fast or slow is irrelevant to your diet.
_____6. It is impossible to develop low-calorie recipes.
_____7. You just cannot drink too much milk.
_____8. Fresh fruit is more nutritious than canned or frozen fruit.
_____9. Heating or toasting food increases its calories.
_____10. It is inevitable that as people get older they put on weight.
_____11. Brown eggs have more nutritional value than white eggs.
_____12. Calories in protein are burned more quickly then calories in carbohydrates which makes protein less fattening.
_____13. Too much meat tends to add extra pounds.
_____14. Dieting will make you feel weak and tired because you are cutting calories.
_____15. Drinking less water will relieve that bloated feeling and rid the body of water weight.
_____16. Grapefruit and grapefruit juice burn fat due to their chemical reaction in the large intestine during digestion. Therefore they can and should be consumed in unlimited quantities.
_____17. Being overweight generally does not affect health adversely.
_____18. If you take vitamins it is not important to balance your meals.
_____19. Beer has little or no nutritional value.
_____20. The most important nutrient in a diet is protein
_____21. High or all-protein diets are considered the most healthful way to lose weight.
_____22. Diet pills are helpful aids to losing weight.
_____23. Diet pills are not harmful to your health.

Now, test yourself by looking at the answers. If you missed any, you need to pay close attention to the LifeLines to come. They will feature nutrition and exercise. They will be based on fact not fiction! Read them and learn.

(answers on other side)

FDA Consumer MEMO

CURRENT AND USEFUL INFORMATION FROM THE FOOD AND DRUG ADMINISTRATION

NUTRITION LABELING — TERMS YOU SHOULD KNOW

NUTRITION

Nutrition is the process by which living organisms obtain and use nutrients from food for the maintenance of their functions, for the growth and repair of tissues, and for reproduction. The science of nutrition includes understanding the composition of foods and knowledge of proper food selection to obtain an adequate diet.

NUTRIENT

A nutrient is an important chemical substance in foods that performs one or more of the following functions:

1. furnishes body fuel needed for energy.
2. provides materials needed for the building or maintenance of body tissues.
3. supplies substances that function in the regulation of body processes.

NUTRITION INFORMATION PANEL

The nutrition information panel appears on food labels to the right of the principal display panel. It provides information on the nutritional composition of the food.

Under FDA regulations, this information must appear on foods that are enriched and fortified and foods for which a nutritional claim is made. Other food labels may voluntarily contain nutrition information.

All nutrition information must follow a standard format. The information includes the size of a serving and the total number of servings in the container.

The number of calories and the weight in grams of protein, carbohydrate and fat are listed per serving. Optional information is the fat content by degree of saturation and the amount of cholesterol. The sodium content may also be listed.

Every nutrition information panel gives the percentage of the U.S. Recommended Daily Allowance (U.S. RDA) for protein, five vitamins and two minerals. Percentages of the U.S. RDA for an additional 12 vitamins and minerals may be listed.

CALORIE

A calorie is a measure of energy reported in terms of heat. Food contains calories, which means that if the food were burned, the food would yield that specific amount of energy. Food energy is obtained from three nutrients: fat, carbohydrate, protein. People need energy for physical activity and maintaining body processes. Calories in excess of needs are stored as fat.

ENRICHED WHITE BREAD

NUTRITION INFORMATION, per serving
Serving Size = 2 Slices (Approx. 2 oz.)
Servings per Container = 8

	2 Slices per serving	6 Slices per day
CALORIES	140	420
PROTEIN, grams	4	12
CARBOHYDRATE, grams	27	81
FAT, grams	2	6
PERCENTAGE OF U.S. RECOMMENDED DAILY ALLOWANCES (U.S. RDA)		
PROTEIN	6	15
VITAMIN A	0	0
VITAMIN C	0	0
THIAMINE	15	45
RIBOFLAVIN	10	30
NIACIN	10	30
CALCIUM	6	20
IRON	8	25

INGREDIENTS: Flour, water, sugar, vegetable shortening, yeast, salt, yeast nutrients, niacinamide, iron, thiamine chloride, and riboflavin, calcium propionate (a preservative).

NET WT. 16 OZ. (1 LB.)

DISTRIBUTED BY D. C. CORPORATION, Chicago, Illinois 60605, U.S.A.

PROTEIN

Protein is the main nutrient responsible for building and maintaining body tissues; protein forms a part of enzymes and hormones which regulate body processes, and supplies energy.

High Quality Sources: Meat, poultry, fish, seafood, milk (milk products) and eggs.

Good Quality Sources: Legumes (dried beans, peas, soybeans) peanuts and other nuts.

CARBOHYDRATE

Carbohydrate is a nutrient which supplies energy. It helps the body use fats efficiently and decreases the need for protein by furnishing energy so that protein is used for more important functions.

Important Sources: Starches—cereal grains, rice and vegetables such as potatoes. Sugars—honey, molasses, table sugar, syrups, candies.

Iron

A mineral needed in small amounts, is a vital part of hemoglobin, the red substance of blood which carries oxygen from the lungs to all body tissues; assists the body cells in releasing energy from food.

Important Sources:

Liver, kidney, heart, meats, dry beans, whole grained and enriched breads and cereals, raisins, dark green leafy vegetables.

ENRICHED

Enriched is a term which refers to the addition of specific nutrients to a food *as established in a federal standard of identity and quality* (for example: enriched bread). The amounts added generally are moderate and include those commonly present at even lower levels.

FORTIFIED

Fortified is a term which refers to the addition to foods of specific nutrients. The amounts added are usually in excess of those normally found in the food because of the importance of providing additional amounts of the nutrients to the diet. Some foods are selected for fortification because they are an appropriate carrier for the nutrient. Example: Milk is frequently fortified with vitamin D.

MINIMUM DAILY REQUIREMENT (MDR)

The MDR's of five vitamins and four minerals were amounts suggested for daily consumption to prevent demonstrated signs of deficiency. They were established by the Food & Drug Administration in 1941 and have become obsolete and have been revised and replaced by the U.S. Recommended Daily Allowances.

RECOMMENDED DIETARY ALLOWANCES (RDA)

The RDA's are amounts of 15 vitamins and minerals plus protein and calories estimated to be needed for both sexes throughout the life cycle. The allowances will maintain good nutrition in essentially all healthy persons in the United States under current living conditions. They are designed to afford a margin of safefy above average physiological requirements to cover variations among individuals in the population. They were established by the Food & Nutrition Board of the National Academy of Sciences-National Research Council first in 1943 and revised several times since as new research data has become available.

UNITED STATES RECOMMENDED DAILY ALLOWANCES (U.S. RDA)

The U.S. RDA's are amounts of protein, 19 vitamins and minerals set by the Food & Drug Administration in 1973 as a revision of the MDR and utilizing the NAS/NRC Recommended Dietary Allowances as a base. The RDA table has been condensed to four categories: infants, children under four, adults and children over four years of age, and pregnant or lactating women.

Generally, the highest values on the NAS/NRC RDA table were selected for use within each U.S. RDA category. Considering the margin of safety already built into the NAS/NRC's RDA, the U.S. RDA values are frequently higher than the needs of most people. Individuals may only need ½ or ⅔ of the U.S. RDA for some nutrients. Except for infant foods or special dietary foods, the nutritional information on labels will be expressed for the U.S. RDA values for adults and children over four.

SERVING SIZE

The term "serving" means that reasonable quantity of food suitable for consumption as part of a meal by an adult male engaged in light physical activity. The label statement regarding a serving shall be in terms of a convenient unit of food or unit of measure that can be readily identified as an average or usual serving and can be readily understood by the consumer.

Examples: Slices, number of units, ounces, teaspoonfuls, cupfuls, or fractions thereof.

GRAM

The gram is the basic unit of weight in the metric system, equal to about 1/28 of an ounce. Multiples of the unit are indicated by suitable prefixes.

Kilo = 1,000 times the basic unit

THUS

1 kilogram = 1,000 grams

Milli = one-thousandth of the basic unit

THUS

1 gram = 1,000 milligrams

Micro = one-millionth of the basic unit

THUS

1 milligram = 1,000 micrograms

INTERNATIONAL UNIT (IU)

The International Unit was established as a unit of measure to provide a standard upon which the actual biological value of a vitamin can be measured. The biological value represents a specific effect on a living test animal under defined experimental test conditions. Only vitamins A, D & E are now measured in IU's.

Each vitamin has a different weight requirement to meet the standard of one International Unit because vitamins are inherently different in the function they perform in the body and the amount needed to perform the function. The weight equivalent to an International Unit for each vitamin is specific for that particular vitamin.

Directions for:

ONE DAY BASIC METABOLIC REQUIREMENTS

1. You are to plan a one-day food plan (menu) that will satisfy the following requirements:

   a. The total number of kcalories should range between 1200 and 1500.

   b. Include the proper number of servings from the basic seven food groups. (see attached sheet)

   c. Specify serving sizes in ounces, teaspoons, tablespoons, 1/4 cups, 1/2 cups, cups, etc.

   d. List the total kcalorie value for each food item.

   e. List the key nutrients in each food item.

2. At the bottom of the page, total the kcalories and indicate the number of servings of each food group.

3. The project must be written in ink or typed.

4. The project is due on the day of the nutrition test.

5. The project is worth 25 points.

ONE DAY BA METABOLIC REQUIREMENTS

NAME _____

CLASS DAY_____ HOUR_____

	SERVING SIZE	KCALORIES	FOOD GROUP	KEY NUTRIENTS
MEAL 1				
1.				
2.				
3.				
4.				
5.				
6.				
MEAL 2				
1.				
2.				
3.				
4.				
5.				
6.				
MEAL 3				
1.				
2.				
3.				
4.				
5.				
6.				

TOTAL NUMBER OF SERVINGS:

TOTAL KCALORIES _____

GROUP 1_____ GROUP 3_____

GROUP 2_____ GROUP 4_____ GROUP 5_____ GROUP 6_____ GROUP 7_____

MT. SAN ANTONIO COLLEGE
BASIC 4, REVISED TO BASIC 7

1.	Breads and Cereals	4 servings
2.	Meats	2 servings
3.	Milk	2 servings
4.	Fruits & Vegetables	4 servings

Revised
4. Vitamin A every other day
5. Vitamin C everyday
6. Two other fruits and/or vegetables
2 TBS. 7. Fat (essential Linoleic acid) for myelin sheath (spine & brain)

SERVING SIZES

1. Breads & Cereals - 100 kcal
   a. one slice of bread
   b. 3/4 cup or 1 oz. dry cereal
   c. 3/4 cup cooked cereal
2. Meats - 100 kcal
   a. 3 oz.
   b. Size of palm of hand
3. Milk - 8 oz. fluid
   a. 1 cup
   b. 1½ oz. cheese
   c. 1½ inch cube of cheese
4. Fruits and Vegetables
   a. ½ cup
   b. 1 medium

NUTRIENTS

Group 1 - Vitamin B, carbohydrates, iron

Group 2 - Protein, fat, Vitamin B, iron

Group 3 - Vitamin A, Calcium, Vitamin D, protein, Fat

Group 4 - Vitamin A & C, Fiber, Water, carbohydrate

Nutrient	Sources	Energy Production	Major Physiological Function
Protein	Meat, poultry, fish, dried beans and peas, eggs, cheese, milk	Supplies 4 calories per gram.	Constitutes part of the structure of every cell, such as muscle, blood, and bone; supports growth and maintains healthy body cells; constitutes part of enzymes, some hormones and body fluids, and antibodies that increase resistance to infection.
Carbohydrate	Cereal, potatoes, dried beans, corn, bread, sugar	Supplies 4 calories per gram. Major source of energy for central nervous system.	Supplies energy for movement and for the growth and maintenance of body cells. Unrefined products supply fiber—complex carbohydrates in fruits, vegetables, and whole grains—which aids in regular elimination. Assists in fat utilization.
Fat	Shortening, oil, butter, margarine, salad dressing, fatty meats	Supplies 9 calories per gram.	Constitutes part of the structure of every cell. Stored energy. Supplies essential fatty acids. Provides and carries fat-soluble vitamins A, D, E, and K.
Vitamin A (retinol)	Liver, carrots, sweet potatoes, greens, butter, margarine		Assists formation and maintenance of skin and mucous membranes that line body cavities and tracts, thus increasing resistance to infection. Functions in visual processes and forms visual purple, promoting healthy eye tissues and eye adaptation in dim light.
Vitamin C (ascorbic acid)	Broccoli, orange, grapefruit, papaya, mango, strawberries		Forms cementing substances such as collagen that holds body cells together, thus strengthening blood vessels, hastening healing of wounds and bones, and increasing resistance to infection. Aids utilization of iron.

Figure 5.1 Chart adapted from *Guide to Good Eating: A Recommended Daily Pattern*, developed by the National Dairy Council, Rosemont, Illinois. Reprinted with permission of the publisher.

NAME_____

CLASS DAY & HOUR_____

ENERGY BALANCE SHEET

I. Total activity expenditure for one day _____kcal.

II. Basal Metabolic Rate:

A. Surface area:_____sq. meters.

B. B M R factor:_____kc/sq. meter/hr.

C. Multiply surface area X BMR factor X 24 hr/day:

(_____sq. meters) X (_____kc/sq. m/hr) X (24 hr/day) =

_____kc/day.

III. Calculate specific dynamic energy of foods:

A. Add together expenditures for Muscular-Physical Activities and BMR:

(_____kc/day) + (_____kc/day) = _____kc/day

B. Take 10% of the above (multiply the above figure by .10) _____kc/day

C. Specific dynamic energy of food:_____kc/day

IV. TOTAL ENERGY EXPENDITURE

A. Add Activities + BMR + SDE

B. (_____) + (___) + (_____) = _____kc/day

Total Energy Expenditure per Day

V. ENERGY BALANCE:

A. Total of calorie intake for the day_____kc/day

B. Total of energy expenditure for day_____kc/day

C. Difference between intake and expenditure_____kc/day

FOOD COMPOSITION

NAME _____

Food	Serving size	# of servings	Energy (kcal)	Prot.	Fat	Carb.	Ca.	Fe.	Vit. C	Vit. A	Thio.	Ribo.	Niacin

TOTAL # kcal _____

1 Day Diet Record (Form A)

NAME: _____

AGE: ____15-18 yr; ____19-50 yr; ____51+yr
HEIGHT: _____in.
WEIGHT: _____lbs

Food--Amount & Description | Food--Amount & Description

I. Milk, Cheese, Milk Products:

II. Eggs:

III. Fats, Oils, Dressings, Bacon, Creams:

IV. Fish, Shellfish, Meats, Poultry:

V. Fruits & Fruit Products:

VI. Grains, Breads, Cereals, Pasta, Pizza:

VII. Legumes, Nuts, Seeds, Peanut Butter:

VIII. Sugar, Sweets (cake, candy, cookies, pie, desserts), Snack Foods:

IX. Vegetables & Vegetable Products:

X. MISC. (beverages, soups, sauces,etc.) Include all VITAMIN/MINERAL Supplements:

NAME _____

CLASS HOUR _____

PHYSICAL ACTIVITY EXPENDITURE

Time of day From-To	Total Minutes	Activity	Minutes at each energy level							
			a	b	c	d	e	f	g	h
TOTAL MINUTES		TOTAL MINUTES								
1440 =	24 hrs.	AT LEVEL	a	b	c	d	e	f	g	h

Table 4. Energy Levels and Their Energy Cost

Energy Level	Type of Activity	Energy Cost (cal/kg/min)[a]
a	Sleeping	0.000
b	Lying still, relaxed	0.002
c	Sitting or standing still (include activities such as sewing, writing, eating, reading)	0.005
d	Very light activity (include driving a car, walking at moderate speed on level ground)	0.015
e	Light exercise (include light housework like sweeping the floor, walking at moderate speed on level ground carrying books)	0.025
f	Moderate exercise (include activities such as fast walking, dancing, bicycling at moderate speed)	0.040
g	Heavy exercise (include activities such as fast dancing, walking at almost-run, or fast uphill walking)	0.065
h	Severe exercise (include tennis, running)	0.105
i	Very severe exercise (include wrestling, rowing, boxing, racing)	0.140

Energy Level	Energy Spent (cal/kg/minute)		Number of Minutes Spent at That Level		Energy Spent (per 1 kg body weight)
a. Sleeping	0.000	×		=	
b. Lying awake	0.002	×		=	
c. Sitting	0.005	×		=	
d. Light activity	0.015	×		=	
e. Light exercise	0.025	×		=	
f. Moderate exercise	0.040	×		=	
g. Heavy exercise	0.065	×		=	
h. Severe exercise	0.105	×		=	
i. Very severe exercise	0.140	×		=	
Stairs (down)	0.012	×	(number of flights)	=	
Stairs (up)	0.036	×	(number of flights)	=	
		Total minutes	(should be 1440)	Total energy per kg/24 hours	cal

Total energy spent on muscular activities for the day equals the figure per kilogram you just derived, times the total kilograms of your body weight. (To get your body weight in kilograms, divide your weight in pounds by 2.2.)

Energy spent on muscular activities in 24 hours = ___ cal/kg × ___ kg = ___ cal.[b]

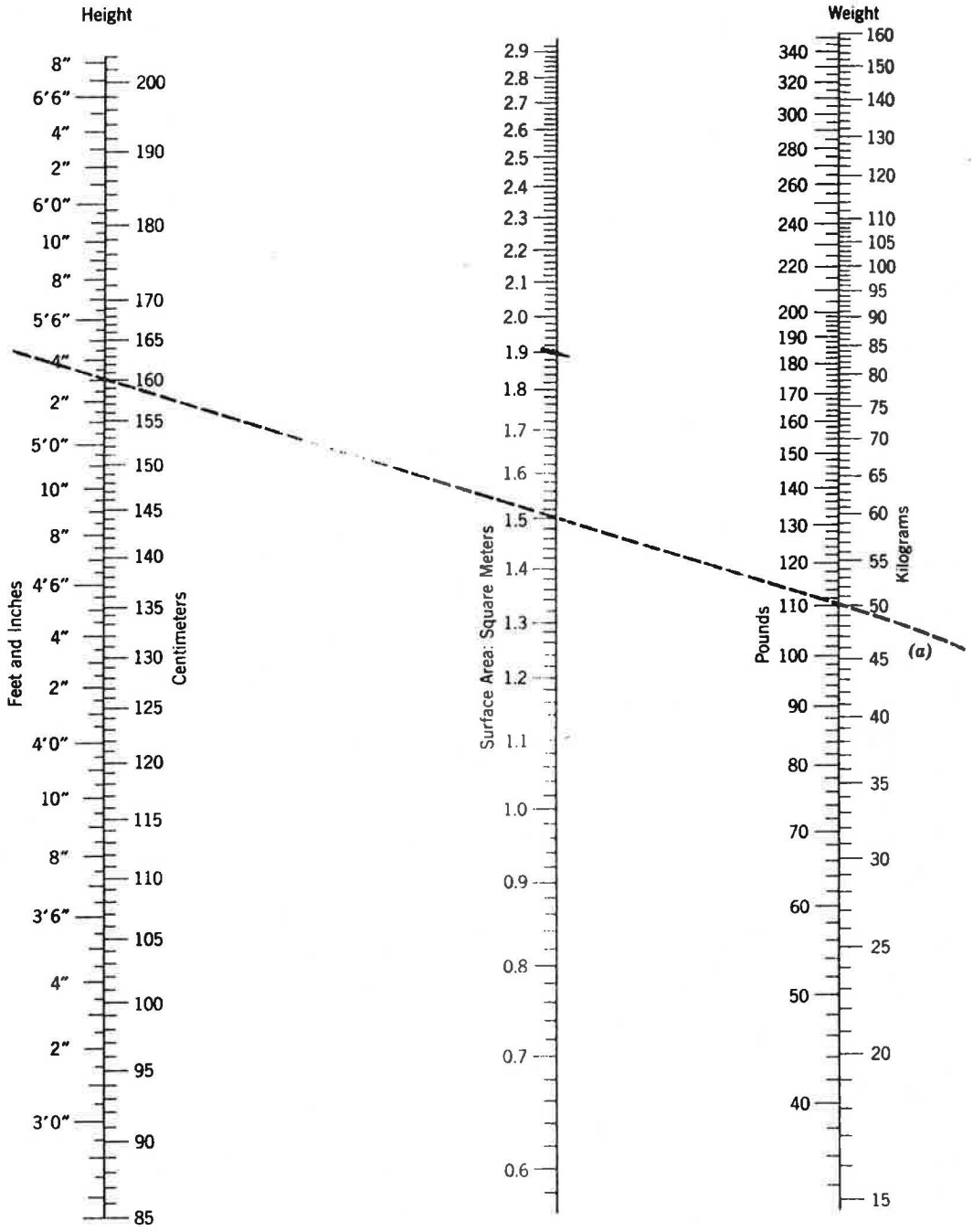

Figure 8.1. Chart for determination of surface area. Dotted line (a) represents the line that would be drawn to determine the value of 1.5 square meters used in the sample calculation in the text. (From Boothby, Berkson, and Dunn in "Studies of the Energy Metabolism of Normal Individuals, a Standard for Basal Metabolism, with a Nomogram for Clinical Application." *Am. J. Physiol. 116*: 468–484, 1936. Courtesy of the authors and publishers.)

Table 2. Basal Metabolic Rate Factors for Males and Females of Various Ages

Age (yr)	Males (cal/sq m/hr)	Females (cal/sq m/hr)	Age (yr)	Males (cal/sq m/hr)	Females (cal/sq m/hr)
3	60.1	54.5	26	38.2	35.0
4	57.9	53.9	27	38.0	35.0
5	56.3	53.0			
6	54.0	51.2	28	37.8	35.0
7	52.3	49.7	29	37.7	35.0
			30	37.6	35.0
8	50.8	48.0	31	37.4	35.0
9	49.5	46.2	32	37.2	34.9
10	47.7	44.9			
11	46.5	43.5	33	37.1	34.9
12	45.3	42.0	34	37.0	34.9
			35	36.9	34.8
13	44.5	40.5	36	36.8	34.7
14	43.8	39.2	37	36.7	34.6
15	42.9	38.3			
16	42.0	37.2	38	36.7	34.5
17	41.5	36.4	39	36.6	34.4
			40–44	36.4	34.1
18	40.8	35.8	45–49	36.2	33.8
19	40.5	35.4	50–54	35.8	33.1
20	39.9	35.3			
21	39.5	35.2	55–59	35.1	32.8
22	39.2	35.2	60–64	34.5	32.0
			65–69	33.5	31.6
23	39.0	35.2	70–74	32.7	31.1
24	38.7	35.1	75+	31.8	
25	38.4	35.1			

PHYSICAL FITNESS

I. Effects of training on organs and organ functions

A. Neuromuscular-Skeletal effects

1. Increased strength of bones and ligaments
2. Increased muscle mass (hypertrophy)
3. Increased muscular strength
4. Increase in blood supply to muscles (muscle capillary density)

B. Cardiovascular effects

1. Increased blood volume and hemoglobin
2. Increased maximal cardiac output (C.O.)

   C.O. = heart rate x stroke volume

   Stroke volume = amount of blood pumped with each beat
3. Decrease in resting heart rate
4. Decrease in heart rate during submaximal work

II. Other effects of fitness

A. Blood pressure and weight are likely to be average or less than average

B. Feeling good about one's self

1. Maintaining healthier habits
2. Looking and feeling more energetic

C. Development of endurance

D. Sleep more soundly

E. Lower stress levels

F. Maintaining a higher level of wellness

Physically fit individuals have

1. Maximized the capability of their body to withstand disease
2. Established a positive sense of awareness

III. Fitness training guidelines: intensity, duration, frequency

A. Intensity is based upon one's maximum calculated heart rate

1. h.r. max. = 220 - (one's age)
2. To achieve training effect, one's target h.r. must be at least 70% of calculated max.
3. Heart rate greater than 70% of calculated max. will give faster results.
4. 80% of calculated h.r. max. is often cited as an

Fitness Test

Are you interested in evaluating your physical fitness? Here is a simple, reliable test you can do by yourself or in a group. Also, you can repeat the test whenever you want to check your progress. Look at the table below, and you will see how it is done. Simply time yourself as you run 1½ miles and use that time to find your fitness category.

Before you rush out to the track, though, please answer the following questions:

1. Are you doing anything at the present time to keep yourself physically fit?
2. If not, how many years have passed since you were physically active?
3. Do you have a physical disability that might be worsened by running?
4. Are you over age 30?

The point is: The purpose of the test is to run the 1½-mile distance as fast as you can. If you are unfit, you might over-exert; or you might have disabilities you don't know about. To be on the safe side, you should have a complete physical check-up -- especially if you are over 30. At the very least, you should undertake a beginning level conditioning program and work gradually up to more strenuous efforts.

Are you ready to take the test? Put on your most comfortable shoes. Stretch and loosen up. Run several warm-up laps, and go for it! When finished, cool down gradually and stretch again.

(These tables give running times in minutes and seconds for running 1.5 miles.)

1.5-Mile Test—Men

Fitness Category	13-19	20-29	30-39	40-49	50-59	60+
I. Very Poor	15:31+	16:01+	16:31+	17:31+	19:01+	20:01+
II. Poor	12:11-15:30	14:01-16:00	14:44-16:30	15:36-17:30	17:01-19:00	19:01-20:00
III. Fair	10:49-12:10	12:01-14:00	12:31-14:43	13:01-15:35	14:31-17:00	16:16-19:00
IV. Good	9:41-10:48	10:46-12:00	11:01-12:30	11:31-13:00	12:31-14:30	14:00-16:15
V. Excellent	8:37-9:40	9:45-10:45	10:00-11:00	10:30-11:30	11:00-12:30	11:15-13:59
VI. Superior	<8:37	<9:45	<10:00	<10:30	<11:00	<11:15

1.5 Mile Test—Women

Fitness Category	13-19	20-29	30-39	40-49	50-59	60+
I. Very Poor	18:31+	19:01+	19:31+	20:01+	20:31+	21:01+
II. Poor	16:55-18.30	18:31-19:00	19:01-19:30	19:31-20:00	20:01-20:30	20:31-21:00
III. Fair	14:31-16:54	15:55-18:30	16:31-19:00	17:31-19:30	19:01-20:00	19:31-20:30
IV. Good	12:30-14:30	13:31-15:54	14:31-16:30	15:56-17:30	16:31-19:00	17:31-19:30
V. Excellent	11:50-12:29	12:30-13:30	13:00-14:30	13:45-15:55	14:30-16:30	16:30-17:30
VI. Superior	<11:50	<12:30	<13:00	<13:45	<14:30	<16:30

Figure 2.1 Adapted from *The Aerobics Way* by Kenneth H. Cooper, M.D., p. 89. Copyright 1977 by Kenneth H. Cooper. Reprinted by permission of the publisher, M. Evans and Company, Inc., New York, New York.

Fitness IQ

To each question, answer either *true* or *false*.

_____ 1. In fitness, consistency is important. To get the most from exercise, you should exercise each day for at least two weeks consecutively before moving up to the next level.

_____ 2. The human body is, after all, an organic machine. And like a machine, the more you use your muscles, the faster they'll wear out.

_____ 3. The human body is infinitely adaptable. You can't overexerise; the more work you give the body, the better.

_____ 4. If your exercise session is to be valuable, you should be gasping for oxygen at the end of the session.

_____ 5. By using certain long-established precautions, you can exercise as well in the heat as in the cold.

_____ 6. You can become fit and stay that way by exercising just a few minutes a week.

_____ 7. Calisthenics are the best all-around warm-up exercises.

_____ 8. Many women who contemplate a regular exercise program are concerned about developing muscles that would frighten Conan the Barbarian. It is a real consideration; if you exercise vigorously on a regular basis, you will develop bulky muscles.

_____ 9. It is a fact of life and exercise that, to improve your conditioning, you must continually increase your exercise load.

_____ 10. If you have injured yourself and the injury is painful while at rest, you should refrain from resuming your regular exercise regimen.

_____ 11. The risks of weekend-only exercising far outweigh the benefits.

_____ 12. Even though you are burning more calories, your sustained, strenuous exercise will tend to surpass your appetite.

_____ 13. It is possible to develop tennis elbow without ever touching a tennis racket.

_____ 14. Physical exercise often relieves mental stress.

_____ 15. Regular facial exercise can restore a wrinkled face to its former smooth self.

_____ 16. It is possible to relieve pain with strenuous sustained exercise.

_____ 17. If you have had an electrocardiogram taken within the last six weeks and it was normal, you can safely engage in vigorous exercise on a regular basis.

_____ 18. Regular participation in any sport will develop cardiovascular fitness.

_____ 19. Regular aerobic exercise is excellent for lowering cholesterol in the blood.

_____ 20. Like drugs, regular aerobic exercise is addictive.

_____ 21. It has been proven that it is not a good practice to ingest liquids while going through an exercise session.

_____ 22. There is no medical treatment for sore muscles. It just takes time and rest for them to heal.

_____ 23. Regular, sustained exercise will eventually begin to enlarge your heart muscle.

_____ 24. Muscle cramps are a sure sign that your body is running low on fats.

_____ 25. Regular, strenuous exercise tends to dampen the sexual drive and actually causes a weakening of sexual prowess.

Turn page for answers.

Fitness IQ

1. False. Your muscles need time to recover from strenuous exercise. It's best to set up your week's schedule with one hard day followed by one or two easy (recovery) days before getting to your next hard day.
2. False. Muscles are improved and strengthened through use.
3. False. Overtraining leads to injuries.
4. False. Never exercise so hard that you are gasping for air.
5. False. Hot weather saps strength and endurance; your heart must work harder to achieve the same results.
6. False. You must exercise for at least 30 minutes a session, with three to four sessions a week.
7. False. About 10 minutes of stretching before and after exercising will loosen up the muscles.
8. False. Only resistance exercises result in bulky muscles.
9. True. It's known as the training effect.
10. True. Listen to your body and maintain your fitness by performing exercises that do not involve the injured part(s).
11. True. When you exercise once a week, you greatly increase the chances of injury.
12. True. Chemicals released in the brain during sustained strenuous exercise sessions dull the appetite.
13. True. Any motion that turns the wrist or stresses the elbow can result in tennis elbow.
14. True. Activity prompts the release of morphinelike substances, endorphins, in the brain. These have a calming effect.
15. False. Only plastic surgery can turn a wrinkled face into a sleek one.
16. True. The euphoria that results from strenuous exercise masks any pain.
17. False. It's an electrocardiogram taken while you're exercising that will indicate if you're ready to hit the exercise trail.
18. False. Some sports, such as bowling, do not raise your heartbeat to the levels necessary for cardiovascular fitness.
19. True. Cholesterol's harmful elements, low-density lipoproteins, are scrubbed away by development of high-density lipoproteins that exercise fosters.
20. True. You can get hooked on exercise.
21. False. The exercising body is constantly losing fluids, and you should regularly drink water to replenish them.
22. False. There are ways to encourage the body to heal itself faster. One of them is massage. Another is the Electro-Acuscope, a machine that uses electricity to repair muscle tears.
23. True. Your heart is a muscle and like other muscles, the more it is exercised the larger and stronger it will become.
24. False. Muscle cramps are caused by the depletion of minerals.
25. False. Those who engage in regular exercise develop greater stamina to make love longer and more often.

PATIENT'S BILL OF RIGHTS

The American Hospital Association presents a Patient's Bill of Rights with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, his physician, and the hospital organization. Further, the Association presents these rights in the expectation that they will be supported by the hospital on behalf of its patients, as an integral part of the healing process. It is recognized that a personal relationship between the physician and the patient is essential for the provision of proper medical care. The traditional physician-patient relationshp takes on a new dimension when care is rendered within an organizational structure. Legal precedent has established that the institution itself also has a responsibility to the patient. It is in recognition of these factors that these rights are affirmed.

1. The patient has the right to considerate and respectful care.

2. The patient has the right to obtain from his physician complete current information concerning his diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person in his behalf. He has the right to know by name, the physician responsible for coordinating his care.

*3. The patient has the right to receive from his physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent, should include but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.

*4. The patient has the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of his action.

5. The patient has the right to every consideration of his privacy concerning his own medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in his care must have the permission of the patient to be present.

6. The patient has the right to expect that all communications and records pertaining to his care should be treated as confidential.

7. The patient has the right to expect that within its capacity a hospital must make reasonable response to the request of a patient for services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible a patient may be transferred to another facility only after he has received complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.

8. The patient has the right to obtain information as to any relationship of his hospital to other health care and educational institutions insofar as his care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, who are treating him.

(OVER)

*9. The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.

10. The patient has the right to expect reasonable continuity of care. He has the right to know in advance what appointment times and physicians are available and where. The patient has the right to expect that the hospital will provide a mechanism whereby he is informed by his physician or a delegate of the physician of the patient's continuing health care requirements following discharge.

11. The patient has the right to examine and receive an explanation of his bill regardless of source of payment.

12. The patient has the right to know what hospital rules and regulations apply to his conduct as a patient.

No catalogue of rights can guarantee for the patient the kind of treatment he has a right to expect. A hospital has many functions to perform, including the prevention and treatment of disease, the education of both health professionals and patients, and the conduct of clinical research. All these activities must be conducted with an overriding concern for the patient, and, above all, the recognition of his dignity as a human being. Success in achieving this recognition assures success in the defense of the rights of the patient.

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HS - Crary

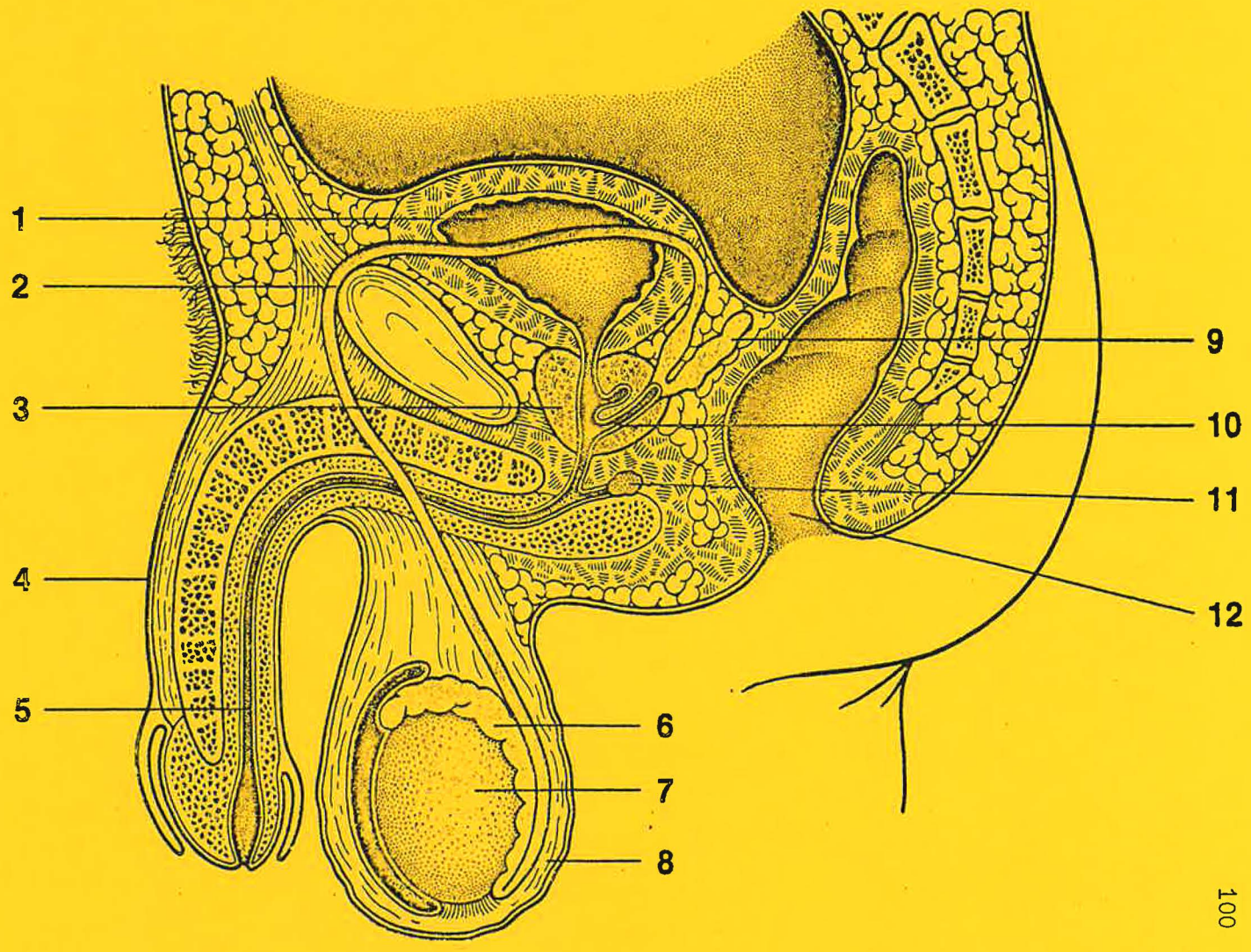
THOUGHTS CONSIDERING A POTENTIAL MATE

1. Are both confident the marriage will be successful?
2. Does the relationship survive loss of glamour?
3. How is conflict handled? Buried by mutual physical attraction? or do conflicts teach insight and better understanding of each other?
4. Is conversation easy? Is long silence endurable?
5. What happens when in a group? Does one embarrass or criticize the other?
6. How are decisions made?
7. Are hobbies going to be bearable for 50 years?
8. What is the home life (background) like? How do they treat parents?
9. What are best friends like - can you tolerate them?
10. What is the physical health of the partner?
11. How self-sufficient is the other - or dependent?
12. What role does one expect the other to play (attractive appendage, housewife)?
13. Has the relationship frequently been broken off and renewed?
14. Is the partner compassionate? Can they say "I'm sorry"? "I love you"?
15. Does he/she have self-esteem?

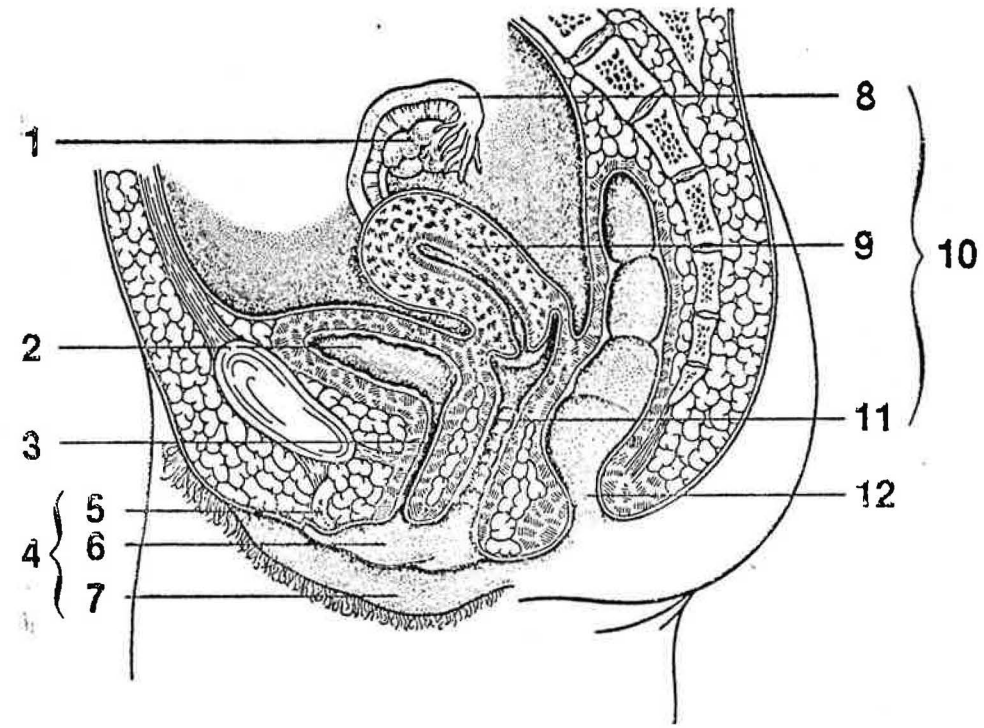
SOME MOTIVES FOR SEX:

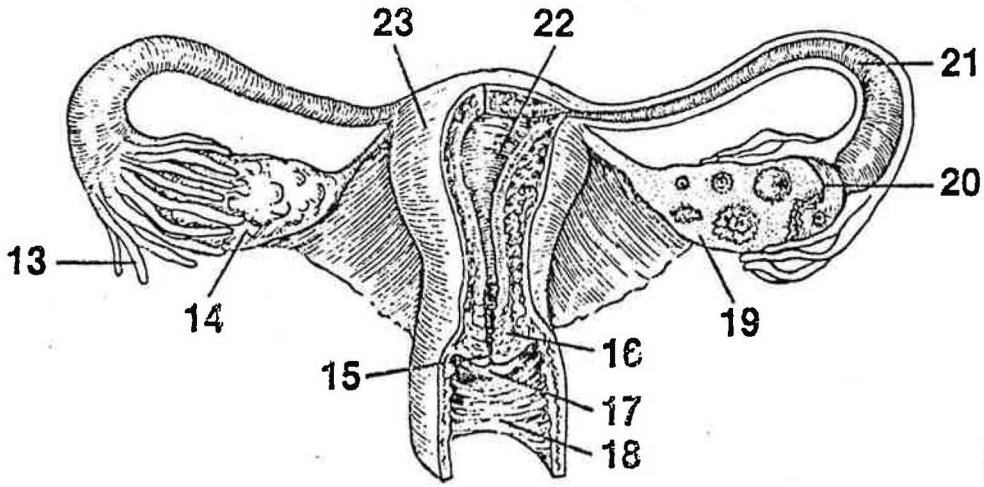
1. for affection (longing for love)
2. hostility (to degrade another)
3. anxiety (temporary diversion)
4. boredom (enhance life)
5. a duty
6. mend wounds (make up)
7. accomplishment
8. adventure
9. recreation (fun and games)
10. lust (sensual arousal)
11. self-affirmation
12. altruism (giving pleasure)
13. substitution of needs not met in other areas
14. desire for spiritual purposes

1. Urinary bladder
2. Vas deferens
3. Prostate gland
4. Penis
5. Urethra
6. Epididymis
7. Testis
8. Scrotum
9. Seminal vesicle
10. Ejaculatory duct
11. Bulbourethral gland
12. Rectum



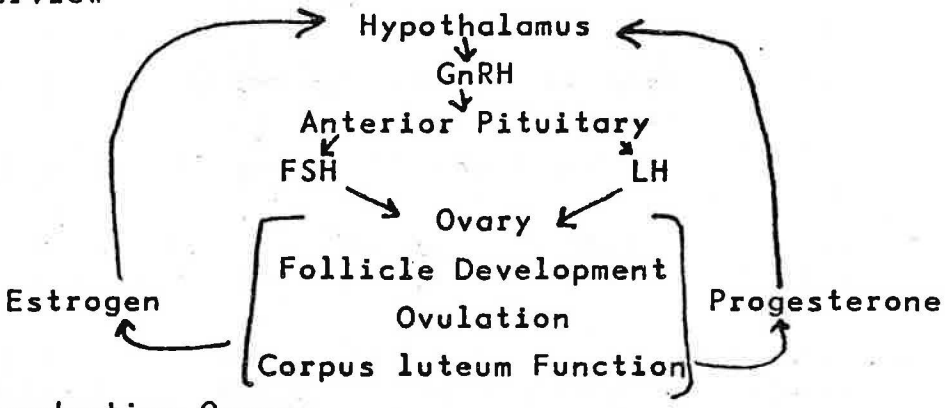
1. Ovary
2. Urinary bladder
3. Urethra
4. External reproductive organs
5. Clitoris
6. Labium minor
7. Labium major
8. Uterine tube
9. Uterus
10. Internal accessory organs
11. Vagina
12. Anus
13. Fimbriae
14. Ovary
15. Cervical orifice
16. Cervix
17. Fornix
18. Vagina
19. Ovary
20. Infundibulum
21. Uterine tube
22. Uterine cavity
23. Body of uterus





THE MENSTRUAL CYCLE

I. Overview



II. Reproductive Organs

A. Pituitary

Releases two hormones which affect the menstrual cycle

1. FSH - Follicle stimulating hormone

--Stimulates maturation of the follicle with its potential ovum.
--Stimulates the ovary to produce estrogen.

2. LH - Luteinizing Hormone

--Necessary for the follicle to burst open and release its egg.
--Causes the ruptured follicle to turn into the <u>corpus luteum</u> which produces progesterone.

At high estrogen levels the pituitary stops releasing FSH.

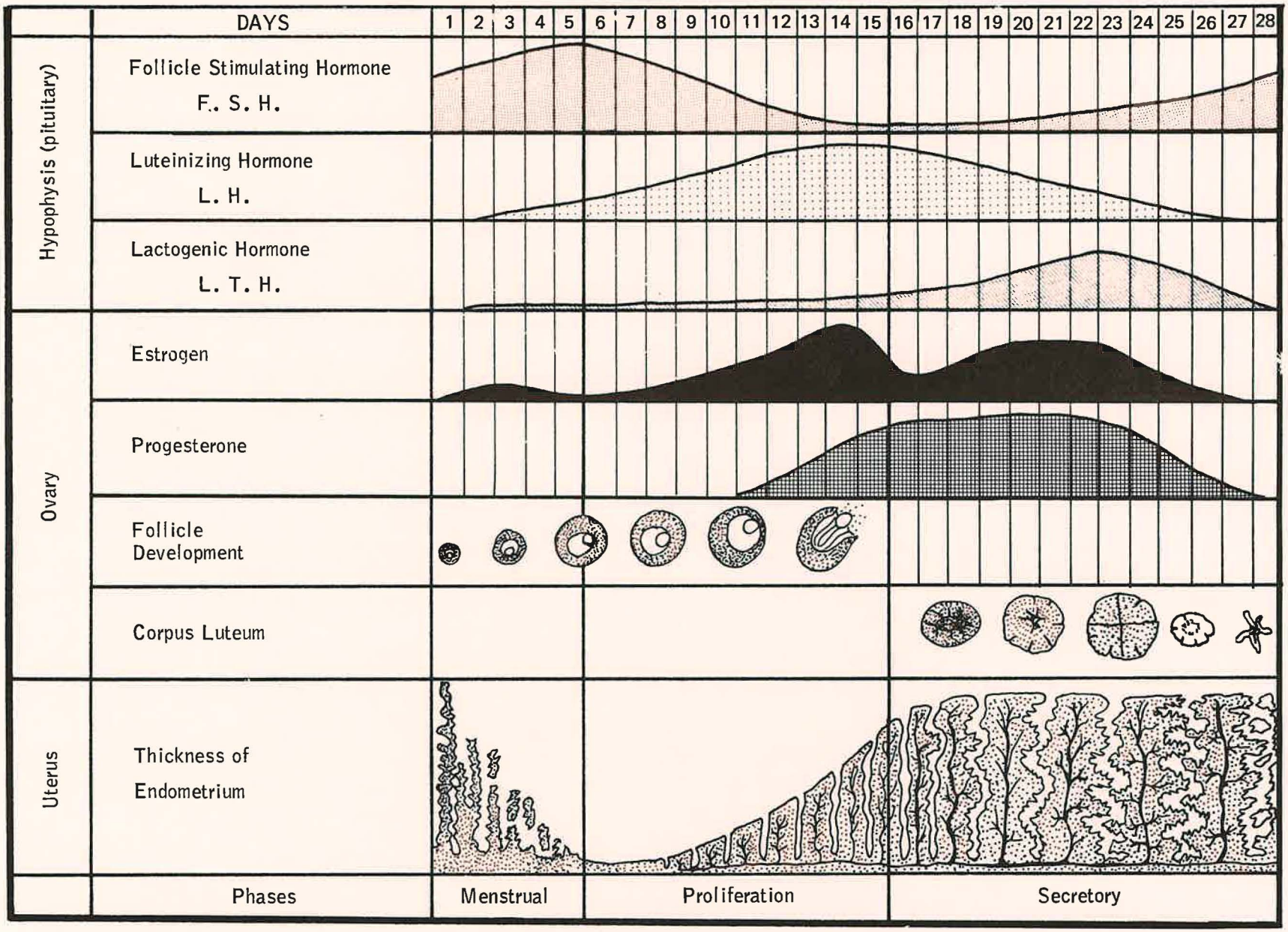
After ovulation when progesterone levels increase the pituitary stops releasing LH.

B. Ovaries

1. Sensitive to pituitary hormones
2. Produce estrogen
   a. Necessary for ovulation
   b. Causes endometrium to develop and thicken
3. Corpus luteum
   a. Develops from ruptured follicle
   b. Produces progesterone
      (1) Important for continued development of the uterine lining
      (2) Responsible for a small increase in body temperature

C. Uterus

1. The endometrium is the inner lining of the uterus
   a. Sensitive to ovarian hormones



THE MENSTRUAL CYCLE

THE PRINCIPAL ENDOCRINES AND THEIR HORMONES

Gland	Hormones	Chief functions	Disorders Too much/too little
Pituitary Anterior Pituitary	Thyroid stimulating (TSH, thyrotropin)	Stimulates thyroid	See thyroid
	Adrenocorticotropic (ACTH)	Stimulates adrenal cortex	See adrenal cortex
	Gonadotropic Follicle stimulating (FSH) Leuteinizing (LH)	Stimulates gonads Egg and sperm Sex hormones	See gonads
	Lactogenic (prolactin)	Milk production	None known/inadequate supply
	Growth (GH, somatotropic)	Growth	Giant, acromegaly/ midget
Posterior Pituitary	Antidiuretic (ADH, vasopressin)	Water retention by kidneys	None known/diabetes insipidus
	Oxytocin	Uterine contraction	None known
Thyroid	Thyroxin	Increases metabolic rate (cellular respiration)	Exophthalmic goiter/ simple goiter, myxedema, cretinism
Parathyroid	Parathormone	Plasma levels of calcium and phosphorous	Weak bones/tetany
Adrenal (cortex)	Glucocorticoids (cortisol)	Gluconeogenesis	
	Mineralocorticoids (aldosterone)	Sodium retention; potassium excretion by kidneys	Cushing's syndrome/ Addison's disease
	Sex hormones	Sex characteristics	
Adrenal medulla	Adrenalin (norepinephrine)	Fight or flight	None known
Pancreas	Insulin	Lowers blood sugar	Shock/diabetes mellitus
	Glucagon	Raises blood sugar	None known
Testes	Androgens (testosterone)	Secondary male characteristics	None known/Eunuch
Ovary	Estrogen (by follicle) Progesterone (by corpus luteum)	Secondary female characteristics	None known/Masculinization

SEX DETERMINATION--"how to get the one you want"
This procedure was formulated by Dr. Shettles, (LOOK April 21, 1970)

PROCEDURE FOR FEMALE OFFSPRING:

1. Intercourse should cease 2 or 3 days before ovulation. Timing is the most important factor in obtaining female offspring.
2. Intercourse should be immediately proceded, on each occasion, by an acidic douche consisting of 2 tablespoons of white vinegar added to 1 quart of water. The timing might be enough to ensure a female offspring, but, the douche makes success all the more likely, since the acid environment immobilizes the Y-carrying sperm.
3. If the wife normally has an orgasm, she should try to avoid it. Orgasms increase the flow of alkaline secretions, and these could neutralize or weaken the acid environment that enhances the chances of the X-carrying sperm.
4. The face-to-face, or "missionary," position should be assumed during intercourse. Dr. Shettles believes that this makes it less likely that sperm will be deposited directly at the mouth of the cervix, where they might escape the acid environment of the vagina.
5. Shallow penetration by the male at the time of male orgasm is recommended. Again, this helps make certain that the sperm are exposed to the acid in the vagina and must swim through it to get to the cervix.
6. No abstinence from intercourse is necessary, until after the final intercourse 2 or 3 days before ovulation. A low sperm count increases the possibility of female offspring, so frequent intercourse prior to the final try 2 or 3 days before ovulation cannot hurt and may actually help. This is why Dr. Shettles says that--"having girls is more fun."

PROCEDURE FOR MALE OFFSPRING:

1. Intercourse should be timed as close to the moment of ovulation as possible.
2. Intercourse should be immediately preceded, on each occasion, by a baking-soda douche, consisting of 2 tablespoons of baking-soda added to 1 quart of water. The solution should be permitted to stand 15 minutes before using. This allows the soda to become completely dissolved.
3. Female orgasms are not necessary but are desirable. If a woman normally has orgasm, her husband should time his orgasm to coincide with hers or let her experience orgasm first.
4. Vaginal penetration from the rear is the recommended position. This, Dr. Shettles says, helps ensure deposition of sperm at the entrance of the cervix. This is desirable because the secretions within the cervix and uterus will be highly alkaline, more so than in the vagina, in spite of an alkaline douche, and an alkaline environment is most favorable for Y-carrying sperm.
5. Deep penetration at the moment of male orgasm will help ensure deposition of sperm close to the cervix.
6. Prior abstinence is necessary; intercourse should be avoided completely from the beginning of the monthly cycle until the day of ovulation. This helps ensure maximum sperm count, a factor favoring Y-carrying sperm.

I hope you get want you want.

terms associated with sperm determination:
androsperm are male producing or Y-carrying sperm.
gynosperm are female producing or X-carrying sperm.

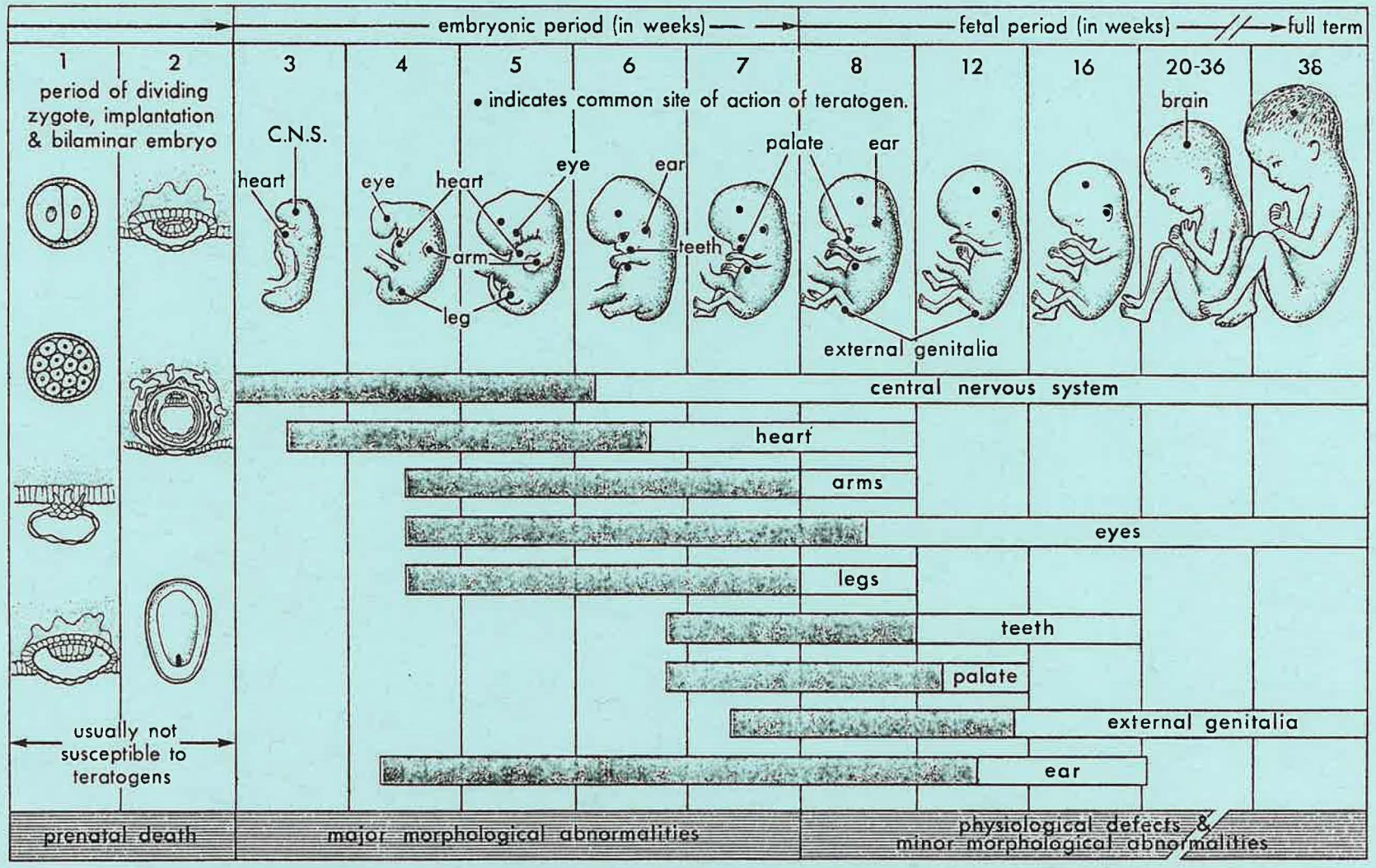


Figure 8–12 Schematic illustration of the sensitive or critical periods in human development. Red denotes highly sensitive periods; yellow indicates stages that are less sensitive to teratogens.

Take notice . . .

- Withdrawal is when the man pulls his penis out of the woman before he climaxes ("comes"). It is better than nothing, but it is an unreliable method of birth control. A man leaks sperm in the fluid on the end of his penis before he climaxes, and this can make a woman pregnant.
- You can get pregnant while nursing your baby. It depends on individual women, but a woman *can* start ovulating and get pregnant if she's having intercourse.
- Vaginal douching is *not* a method of birth control—not with Coca-Cola, not with lemon, not with anything! Any liquid put into the vagina may push the sperm into the uterus (womb).
- Suppository tablets will *not* prevent pregnancy—not Norforms, not aspirin, and not vaseline!
- Female orgasm (coming) is *not* necessary to get pregnant!
- Urinating after intercourse will *not* prevent pregnancy!
- Standing and jumping up and down after intercourse will *not* prevent pregnancy!
- Sperm swim very quickly!

If you are worried about V.D., a condom can protect you from infection or reinfection. Reinfection from V.D. can cause sterility.

Signs of pregnancy

It is important to find out if you are pregnant as soon as possible—for the baby's health if you choose to have a child, or for your health if you wish to have an abortion. A pregnancy test is quick, simple and painless. Different women experience different signs of pregnancy. Some signs of pregnancy are:

- missing your menstrual period
- having a strange period (darker color, shorter in length)
- feeling sick in the morning
- having low back pain
- urinating more frequently than usual
- having a full feeling in your lower belly
- breast tenderness
- feeling unusually tired

If you are pregnant and want to be . . .

Get a pregnancy test as soon as possible (42-44 days from the first day of your last normal menstrual period is the earliest)—a pregnancy test is quick, simple and painless—call any of the programs listed for further information. Go early for a pre-natal check-up from a clinic or doctor. Good nutrition is very important in the early weeks of a baby's development. Seek doctor's advice before taking any drugs or medicines—some can harm a developing baby.

Stop or cut down on excessive alcohol and smoking—either can harm a developing baby.

If you are pregnant and don't want to be . . .

Get a pregnancy test as soon as you can (42-44 days from the first day of your last menstrual period is the earliest). Counseling is available and often helpful. Call any of the agencies listed.

You can have the baby and give it up for adoption.

You can have an abortion (it's legal). Abortion is usually safe, but it is important to have an abortion as early as possible. Abortion is safest the first twelve weeks of pregnancy.

ASIAN WOMEN'S HEALTH PROJECT

The Asian Women's Health Project was established to develop a family planning and women's health service delivery system which could be used as a model for other projects throughout the United States. The Project is based in Los Angeles County.

The Asian Women's Health Project provides:

*interpretation and translation services

*basic health education in conjunction with clinic staff

*follow-up services

*service as a resource on specific Asian/Pacific ethnic groups to family planning providers throughout Los Angeles County.

*health education presentations to community organizations and agencies

*assistance in outreach and media activities to inform the community about our project

*assistance in the development and translation of culturally sensitive health education materials

ASIAN WOMEN'S HEALTH PROJECT

3660 West Santa Barbara Avenue • Los Angeles, California 90008 •

Telephone: (213) 295-6571

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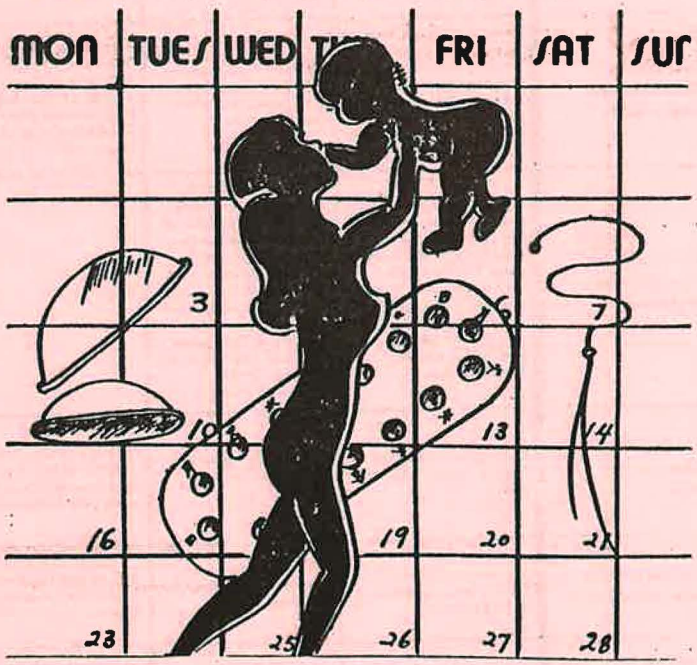
BIRTH CONTROL METHODS



CONTRACEPTION

A. Biological Birth Control

1. Any method dependent on abstinence from coitus when a woman is fertile
2. Depend on an understanding of the menstrual cycle
3. The following factors must be considered:
   a. Menstruation to ovulation
      (1) Highly variable
      (2) 6-20 days
   b. Ovulation occurs about 14 days before the next menstrual period
   c. Progesterone is released from the corpus luteum after ovulation
   d. Basal body temperaure (BBT) is raised due to high progesterone levels from the time following ovulation, until the next period.
   e. Cervical mucus is scant, thick and opaque when a woman is infertile. It becomes abundant, thin, and transparent when she is fertile.
4. Four methods of calculating fertile period
   a. Calendar method - Assumes ovulation will occur approximately 14 days following ovulation
   b. Basal Body Temperature method (BBT) - During ovulation BBT drops 0.3°F followed by a 0.5°F to 0.9°F temperature rise.
   c. Cervical mucus method - During ovulation cervical mucus is abundant, thin, and transparent.
   d. Combined method.

WHAT YOU SHOULD KNOW ABOUT BIRTH CONTROL PILLS

GENERAL INFORMATION

The pill is the most successful method for preventing pregnancy if it is taken properly. It contains a combination of chemicals or hormones much like ones your own body makes. These hormones regulate your menstrual periods. They have an effect on almost every part of your body. Most women have no trouble while taking the pill.

1. When you begin taking the pill, you may get sick to your stomach, like morning sickness during pregnancy, but this lasts a few months at most.
2. You may get a yeast infection----a white cheesy looking discharge from the birth canal (vagina), but this can be cured easily.
3. A few women develop brown colored spots on the skin which disappear if the pill is stopped.
4. The pill keeps you from getting pregnant only as long as you take it.
5. A very small risk of blood clotting disorders exist, while on the pill, but the risk is less than getting these disorders from pregnancy.
6. There is no evidence that the pill causes cancer or sterility.

NO WOMAN SHOULD TAKE THE PILL UNLESS SHE HAS THOROUGHTLY DISCUSSED IT WITH A DOCTOR

The pill may be dangerous to your health and you may need another method, if you have any of the following conditions:

1. Liver trouble, such as jaundice, inflammation (hepatitis), swollen liver.
2. Past history of breast or female trouble.
3. Inflammation of the veins--- (thrombophlebitis).
4. High Blood Pressure.
5. Migraine Headache.
6. Blood clots in the lung.
7. Nervous breakdown, particularly if after the birth of a baby.
8. Heart trouble.
9. Sugar Diabetes.

WOMEN WHO MAY HAVE TO STOP THE PILL

A few women may develop the following symptoms when they take the pill. In some cases they may have to change their birth control method.

1. If you get depressed and sad, and feel like crying more than usual and for no reason.
2. If you get frequent sick headaches that are not relieved by aspirin.
3. If you get swollen legs, gain a great deal of weight, or have trouble with shortness of breath
4. If, after you have taken the pill for three months, you bleed more heavily than usual at the time of your menstrual period or between periods (many women experience this the first 2 or 3 months they take the pill).
5. If you miss two periods, one after the other.
6. If your skin or the whites of your eyes become yellow.
7. If your breasts continue to be tender constantly or milk or yellow fluid comes from them.
8. If at any time you begin to see double or lose sight in one or both eyes.
9. If you get a sudden pain in your chest.

CALL THE CLINIC IF YOU HAVE ANY OF THESE CONDITIONS WHILE TAKING THE PILL: 224-3264

HEALTH

The number one health problem in the United States is chronic illness.

The commission on Chronic Illness defined chronic illnes as any impairment or deviation from normal that has one or more of the following characteristics:

* It is permanent;
* Leaves residual disability;
* Is caused by nonreversible pathological alteration;
* Requires special training of the patient for rehabilitation;
* Or may be expected to require a long period of supervision, observation, or care.

Chronic health problems are the major obstacles to significant gain in increasing the life span.

Chronic health problems extend across the life span. From infancy to old age staying healthy is a continual challenge.

Heart disease, stroke, and cancer are more commonly found in the adult population, but the roots of these diseases may be found in early life in several simple health habits: Diet, sleep, exercise, wearing seatbelts in automobiles, excessive smoking, excessive alcohol use, and exposure to cancer causing substances. Other conditions such as: Mental illness and arthritis are also leading health problems in the United States; even though they are not reflected as mortality statistics, they do provoke considerable sickness disability, and economic loss. Mortality statistics convey little about the quality of life. Information that life expectancy is high in a given population does not convey whether the population is predominately well or heavily burdened with chronically ill or disabled individuals.

To assess the extent of chronic health problems is difficult, since chronic illness may be a slow, insidious process with mild or unnoticed beginnings. Some persons may be more aware of their symptoms than others. In addition, the chronic health problem may not be diagnosed due to vagueness of symptoms. Also, most chronic illnesses and disabilities are not reportable; therefore accurate statistics on the incidence and prevalence of chronic illness in the United States are difficult to obtain.

Incidence, the number of new cases, and prevalence, the number of new and old cases, refer to the way in which disease is measured relative to a specified period of observation.

The goals are not only to treat the disease and achieve compliance to a prescribed regimen but also to foster self-respect in the chronically ill individual, to improve family and social adjustment, and to minimize or eliminate despair, frustration, bittnerness, and grief.

The goal of a chronically ill person is not just to stay alive or keep symptoms under control, but to live as normally as possible despite the symptoms and the disease.

Health professionals can assist in the normalization process by caring for the whole person and not concentrating on the pathological part; for example, they can avoid referring to people with arthritis as "arthritics".

Chronic Health Problems, Concepts and application; Sandra Van Dam Anderson and Eleanor E. Bauwens; The C.V. Mosby Company, 1981.

How to Understand Your Doctor

Medical terms seem complicated, but if they are broken up into their Greek and Latin parts they become comparatively simple. The following list includes the elements of almost all the terms that will be mentioned by your doctor, or that will be met with in your reading. All of these terms, whether complete words or combining forms, are either directly or eventually from the Greek, with the single exception of *denti-*, which is of Latin origin.

–ALGIA means "pain." It occurs in *neuralgia*, the technical term for "pain" along the course of a nerve. (*neuron*, "nerve")

ARTHRO– means a "joint."
*Arthr*itis is an inflammation of the "joints." (*-itis*, "inflammation")

CARDIO– means "heart."
*Cardi*ac refers to the state of the "heart."
A *cardio*graph is a device that makes a graph of the heartbeat on paper. (*grapho*, "write")
The man who is expert in the diagnosis and treatment of disorders of the "heart" is a *cardi*ologist. (*-logy*, "science of")

CYSTO– means a "sac" or "bladder."
*Cyst*itis is inflammation of the "bladder."
A *cysto*scope is an instrument that enables the doctor to examine the interior of the "bladder." (*skopeo*, "look")
*Cysto*tomy refers to cutting into the "bladder." (*-tomia*, "cutting")
A *cyst* is a "sac" containing morbid matter within the body.

DENTI– means "tooth."
*Dent*ure is a word that describes false "teeth."
A *denti*frice is the powder or paste with which we clean our "teeth." (*frico*, "rub")
*Dent*ine is the ivory-like material of which "teeth" are made.

–DERM, DERMAT– means "skin."
Epi*derm*is is the name for the outermost layer of "skin," so called because it is on top. (*epi-*, "on")
A *dermat*ologist is a "skin" specialist. (*-logy*, "science of")

DYS– means "disordered," "difficult," "faulty."
*Dys*pepsia is "faulty" digestion. (*peptos*, "cook")
*Dys*entery is a "disorder" of the intestines. (*enteron*, "intestine")

–ECTOMY means a "cutting out" and comes from the Greek *ek*, "out," and *-tomia*, "cutting."
Append*ectomy* is the "cutting out" of the appendix.
Tonsill*ectomy* is the "cutting out" of the tonsils.
Gastr*ectomy* is the "cutting out" of the stomach. (*gastros*, "stomach")

ENTERO– means "intestine."
*Entero*stomy is the surgical term for making an opening in the small "intestine." (*stoma*, "mouth")
*Enter*itis is the inflammation of the "intestine." (*-itis*, "inflammation")

GASTRO– means "stomach."
*Gastr*ic juices operate upon the contents of the "stomach."
*Gastr*itis is inflammation of the "stomach."

HEMO– means "blood."
*Hemo*globins are the coloring matter in the red "blood." (*globus*, "globe")
*Hemo*philia is a hereditary condition characterized by a tendency to excessive "bleeding" from the slightest wound. (*philia*, "fondness")

HEPATO– means "liver."
*Hepat*itis is inflammation of the "liver." (*-itis*, "inflammation")
A *hepat*ic is a medicine one takes for the "liver."

HYPER– means "excessive."
*Hyper*acidity is a condition of "excessive" acidity.
*Hyper*tension is a state of overtension.
A *hyper*thyroid condition is caused by overactivity of the thyroid gland.

HYPO– means "under" or "insufficient."
*Hypo*acidity is a "lack" of acid in some part of the body.

HYSTERO– means the "uterus."
*Hyster*ectomy: an operation performed on women for the removal of the "uterus." (*-ectomy*, "a cutting out")

–ITIS means "inflammation."
Appendic*itis* is an "inflammation" of the appendix.

NEPHRO– means the "kidney."
*Nephr*itis is the medical name for Bright's disease, which, of course, is an inflammation of the "kidneys." (*-itis*, "inflammation")

Table 1. Your Risk for Heart Disease

H E A R T

Everyone plays the game of health whether he wants to or not. What is your score? Add up the numbers in each category that most nearly describe you.

Heredity	1 No known history of heart disease	2 One relative with heart disease over 60 years	3 Two relatives with heart disease over 60 years	4 One relative with heart disease under 60 years	6 Two relatives with heart disease under 60 years
Exercise	1 Intensive exercise, work, and recreation	2 Moderate exercise, work and recreation	3 Sedentary work & intensive recreational exercise	5 Sedentary work & moderate recreational exercise	6 Sedentary work & light recreational exercise
Age	1 10-20	2 21-30	3 31-40	4 41-50	6 51-65
Lbs.	0 More than 5 lbs below standard weight	1 ±5 lbs standard weight	2 6-20 lbs overweight	4 21-35 lbs overweight	6 36-50 lbs overweight
Tobacco	0 Nonuser	1 Cigar or pipe	2 10 cigarettes or fewer per day	4 20 cigarettes or more per day	6 30 cigarettes or more per day
Habits of eating fat	1 0% No animal or solid fats	2 10% Very little animal or solid fats	3 20% Little animal or solid fats	4 30% Much animal or solid fats	5 40% Very much animal or solid fats

Your risk of heart attack:

4-9 Very remote
10-15 Below average
18-20 Average
21-25 Moderate
26-30 Dangerous
31-35 Urgent danger—reduce score!

Other conditions—such as stress, high blood pressure, and increased blood cholesterol—detract from heart health and should be evaluated by your physician.

Courtesy of Loma Linda University

Three factors have emerged as the major predictors of risk:

- Smoking.
- High serum cholesterol.
- High blood pressure.

A. Anatomy of the Heart.

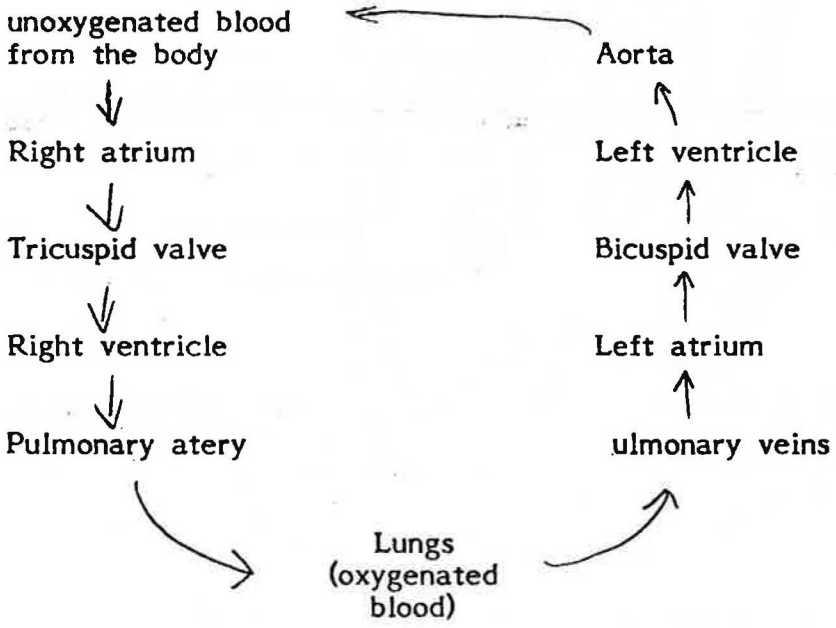
The heart is composed of four chambers. A wall of muscle through the middle (the septum) divides the heart into a left side and right side. Each side has two chambers; an upper chamber called an atrium and a lower chamber called a ventricle.

On each side of the heart blood flows from the atrium to the ventricles. Valves act as doors between the chambers and prevent backflow of blood. The valve between the right atrium and the right ventricle is the tricuspid valve. The valve between the left atrium and the left ventricle is the bicuspid valve.

Label the following parts of the heart on your diagram of a heart in systole and diastole.

1. Right ventricle
2. Right atrium
3. Tricuspid valve
4. Left ventricle
5. Left atrium
6. Bicuspid valve

The pathway of blood through the heart is listed below.



B. **Determination of pulse rate.**

The average pulse rate (number of times the heart beats in one minute) is 72 beats per minute. To determine your pulse rate locate the artery that lies in front of the large ventricle muscle in your neck (sternocleidomastoid muscle). This is the **carotid** artery. Count the number of beats in 10 seconds and multiply this number by 6 to determine your pulse rate.

Resting pulse rate: _____

The heart rate increases with exercise to meet additional oxygen demands made by the body. Run in place for two minutes. **Immediately** determine your pulse rate. Then determine your pulse rate after 2, 5, and 10 minutes.

Pulse rate immediately following exercise: _____

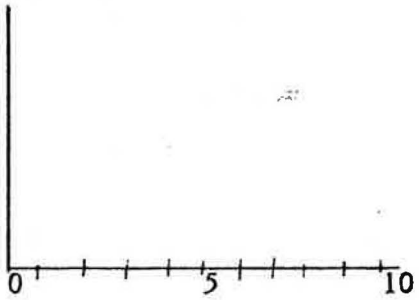
Pulse rate 2 minutes after exercise: _____

Pulse rate 5 minutes after exercise: _____

Pulse rate 10 minutes after exercise: _____

Construct a graph that shows how your pulse rate changes over time followng exercise.

Pulse rate

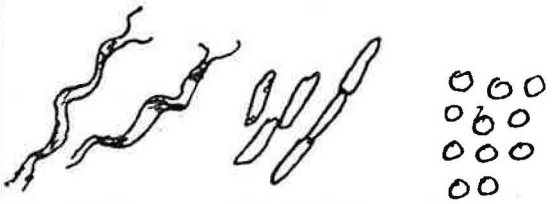


minutes following exercise

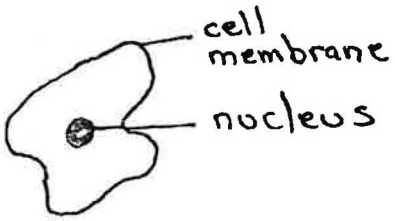
What are your conclusions?

Communicable Diseases

I. Types of Pathogens
   A. Bacteria
   B. Viruses
   C. Protozoans
   D. Parasitic worms
   E. Fungi



Bacterial Types



Protozoan (single cell animal)

Virus

II. Types of Immunity

Type	Stimulus	Result
ACTIVE		
1. Naturally acquired active	Exposure to pathogen	Symptons of disease and stimulation of an immune response
2. Artificially acquired active	Exposure to a vaccine with weakened or dead pathogens	Stimulation of immune response without disease symptons
PASSIVE		
1. Artificially acquired passive	Injection of gamma globulin containing antibodies	Immunity for short time without stimulating immune response
2. Naturally Acquired passive	Antibodies passed to fetus from mother	Short term

SEXUALLY TRANSMITTED DISEASES

I. Infectious Disease Cycle
   A. A typical infectious disease cycle for any communicable disease includes the following elements:
      1. Infectious Agent: A disease causing organism such as a bacterium, virus, or protozoan.
      2. Resevoir: A place for survival and growth of the infectious agent. (Humans, animals, insects)
      3. Mode of Transmission: Means in which pathogen enters or exits from the body.
      4. Incubation period: Time interval between exposure to a pathogen and the onset of disease.
      5. Period of Communicability: The time during which an infectious agent may be transferred from one person to another.
      6. Susceptability: A susceptible host is an individual who is unable to resist the pathogen and its effects.
      7. Resistance: The sum total of body mechanisms that enable the body to ward off a particular disease.

   B. Gonorrhea
      1. Infectious Agent: Gonococcus bacterium.
      2. Resevoir: Human
      3. Mode of Transmission:
         a. Almost exclusively through intimate sexual contact.
         b. From an infected mother to the eyes of her newborn infant as the baby passes through the birth canal.
      4. Incubation Period: 1-30 days (usually 2-6 days).
      5. Period of Communicability: Indeterminate unless interrupted by treatment.
      6. Susceptability and Resistance:
         a. Susceptability is universal
         b. Immunization is not yet available

   C. Syphilis
      1. Infectious Agent: Spiral-shaped bacterium - "spirochete"
      2. Resevoir: Humans
      3. Mode of Transmission:
         a. Almost exclusively through intimate sexual contact.
         b. May be passed from bloodstream of mother to unborn child after 18th week of pregnancy.
         c. May occasionally be spread from the use of hypodermic needles contaminated by an infected person.
      4. Incubation Period: 10-90 days. (Usually 3-4 weeks).
      5. Period of Communicability:
         a. Through sexual contact, usually about six months, occasionally up to 2 years.
         b. Through the blood stream, up to 5 years.
      6. Susceptability and Resistance:
         a. Susceptability is universal
         b. Immunization is not yet available

D. Non-Specific urethritis (N.S.V.)
   1. Incubation: 5-28 days
   2. Symptoms: Local discharge, frequent urination
   3. Infectious: degree unknown
   4. Complications: None
   5. Treatment: Tetracycline

E. Trichomonas vaginalis
   1. Incubation: 4-28 days
   2. Symptoms
      a. Women: Copious discharge, intense itching, burning and redness of genitals, painful intercourse
      b. Men: often no symptoms
   3. Infectious: degree unknown
   4. Complications: Damage to cells of cervix may increase incidence of cervical cancer if infection untreated
   5. Treatment: Flagyl (may cause nausea)

F. Monilial Vaginitis (Yeast)
   1. Incubation: Unknown
   2. Symptoms: Thick, cheesy, offensive discharge, itching, skin irritation
   3. Infectious: degree unknown
   4. Complications: Secondary infections by bacteria to mouth and throat.
   5. Treatment: Antibiotic called nystanin (mycostatin) in form of vaginal tablets.

G. Venereal warts
   1. Incubation: 30 days or more
   2. Symptoms: similar to ordinary skin warts in dry areas. Cauliflower like appearance, in moist areas
   3. Infectious: degree unknown
   4. Complications: Highly contagious: can spread enough to block vaginal opening
   5. Treatment: Application of podophyllin or surgical removal

H. Pubic Lice ("crabs")
   1. Incubation: 4 weeks
   2. Symptoms: Intense itching, pin-head blood spots on underwear; small eggs or nits on pubic hair
   3. Infectious: Degree unknown
   4. Complications: No medical complications
   5. Treatment: Soap lotion or cream with gamma benzene hexachloride (Kwell)

I. Scabies
   1. Incubation: 4-6 weeks
   2. Symptoms: Severe nighttime itching; raised grey lines in skin where mite burrows
   3. Infectious: Degree unknown
   4. Complications: May infest elbows, breasts, and buttocks as well as genitals.

MT. SAN ANTONIO COLLEGE
COMMUNITY COLLEGE DISTRICT
1100 NORTH GRAND AVENUE • WALNUT, CALIFORNIA 91789
Telephone: 714/594-5611

November 30, 1984

Ms. Elizabeth Enger, Instructor
Natural Sciences
Campus

Dear Ms. Enger:

The Salary and Leaves Committee has completed its review and evaluation of your sabbatical leave report as initially presented.

After careful review, the Committee is requesting that you complete the following modifications and submit the revised report (2 copies) to the Personnel Office by Friday, December 14, 1984. Such modifications must be completed before your report can be submitted to the Board of Trustees for final approval.

Your cooperation will be appreciated in making the following changes:

1. Explain why you enrolled in H-S 462 and H-S 150 without prior approval of the Salary and Leaves Committee as provided in your contractual sabbatical agreement.

2. Items in the Appendices should be identified by title and referenced in the Table of Contents.

3. Please check report for misspellings or typos. (Pp. 4, 5, 6 misspellings)

4. Consider placing handouts for class units in Appendix (would require page numbering).

Thank you!

Sincerely,

Walter W. Collins

Walter W. Collins, Chairperson
Salary and Leaves Committee

myw
cc Salary and Leaves Committee

Walter W. Collins, Chairperson
Salary and Leaves Committee

Dear Mr. Collins:

In regard to item #1; the first two courses listed on the transcript were not a part of the sabbatical leave. When the University sent the transcript, they were on the page. California State University @ Los Angeles routinely sends transcripts with all class work completed.

I have made all corrections and changes you requested and hope they meet with the approval of the committee.

Sincerely,

Betsy

Elizabeth Enger