

## **Health Matters at BB&N** By Henri André, Director of Health & Fitness

Good health gives life to our potential. Throughout the centuries, great visionaries voiced this insight. In ancient Greece, Herophilus declared, “When Health is absent, Wisdom cannot reveal itself; Art cannot become manifest; Strength cannot be exerted; Wealth is useless; and Reason is powerless.” In this country, Thomas Jefferson asserted that, “Exercise and recreation...are as necessary as reading. I will rather say more necessary, because health is worth more than learning.”

Fortunately in 2008 at BB&N, no one has to choose between learning and health. In respecting the indivisible link between mind and body, we are connecting to our full potential through an exciting new initiative – the development of a comprehensive and coordinated health education program for all our students.

The nationwide trend to recognize the vital role of health education is prompted less by a love of wisdom or art and more by the alarming health status of the population. Unfortunately, BB&N is not immune to the health challenges of our contemporary culture. Our primary concerns include stress, lack of sleep, poor nutritional habits, and destructive decisions. Student surveys reveal that many Upper Schoolers start with little or no breakfast and then rush to school for a day packed with classes, athletics, lessons, rehearsals, meetings, and homework. The rush of commitments often continues until after 11 p.m. As a way of venting pressure, many students indulge in unhealthy behaviors. Eating well and at regular times is challenging. Sleep is often sacrificed. While more obvious health issues appear in the Upper School 's students' lives, their roots are formed in the Lower and Middle School years.

In 1998, following the New England Association of Schools and Colleges recommendation, BB&N's Athletic Review Committee proposed that an All-School committee be formed to develop a B-12 health education program. In 2001, the Health Education Program (HEP) Committee was created. (Current members are: Henri Andre (Chair), Leah Cataldo, Debbi Dzierzak, Libby Kenney, Catherine Leary, Deborah Maher, Doug Neuman, and Bill Rogers.)

After researching materials from the U.S. Department of Education, the Center for Disease Control and Prevention, and the most successful health education models nationwide, it became evident that to influence children's and adolescents' health, traditional health courses were not sufficient, knowledge alone does not change behavior. Instead, as health educator J.L. Kuethe states, “Health education must focus on attitudes, beliefs, and feelings as well as facts if behavior is to be influenced.” These factors, as well as ethics, values, and judgment, must be integrated into a comprehensive, sequential, and developmentally appropriate health education curriculum. Schools must also look beyond the curriculum and create a health-promoting environment overall.

To accomplish its mission, the Committee, after in-depth research, adapted and integrated the guidelines of several successful models. A ***comprehensive*** and ***coordinated*** health education program creates interdependence among the following eight modules: Health

Education; School Policies and Environment; Physical Education; Nutrition Services; Health Services; School Counseling, Psychological and Social Services; Health Promotion for Staff; and Family/Community Involvement. The specific content of the health curriculum represents the *comprehensive* aspect of the program. The other modules make up the *coordinated* dimension. Eventually, each module promotes health activities that model and reinforce what is taught in the classroom. By cultivating good health habits and reflective judgment, the whole HEP seeks to strengthen the student's personal well-being, achievement, and ability to contribute to the community. Prevention of avoidable health problems is emphasized throughout.

The HEP Committee mapped out a three-phase strategy for a *comprehensive* and *coordinated* B-12 Health Education Program: Phase I – conceptualization; Phase II – development; and Phase III – implementation. In Phase I, research, study, and extensive assessment clarified the vision to meet BB&N's specific needs. Drafts of the Philosophy, Rationale, Objectives, Scope, Guiding Principles, and Priorities were created. With support of the Administration, formal presentations to the faculty and staff took place on each campus in February. With their input, the Foundation was refined. In June, the Committee began focusing on the development of health-promoting activities and curriculum based on identified priorities. A phase-in implementation of the program will be the third stage. This fall the HEP Committee will present the program in progress to parents.

Continuing in the tradition of academic foresight and deep commitment to the education of the whole child, the *comprehensive* and *coordinated* health education program at BB&N builds on the work of many dedicated administrators, faculty, staff, and parents who are involved in our current efforts to teach and promote healthy choices. Students will have the opportunity to create a pattern of deliberate choices and habits in an environment that supports their total health and well-being. By launching this campus-wide initiative, BB&N intends to prepare students to the fullest extent possible for a lifelong appreciation of “Wisdom...Art...Strength...Wealth...and Reason...” all in good health!

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