



Newsletter Fall 1983

Building Programs in Health Education

The ISHA Spring Meeting convened at Phillips Exeter Academy on Friday, May 6, 1983 and was well attended by physicians and nurses, counselors, athletic trainers and coaches, school administrators and students. John P. Allegrante presented the keynote address; his topic "Using Concepts and Strategies in Health Promotion and Disease Prevention as a Basis for Creating Effective Programs in Health Education." Dr. Allegrante is associate professor and chairman of the Department of Health Education and Co-Director of the Center for Health Promotion at Teachers College, the graduate school of education at Columbia University. A panel discussion on "The Reality of Health Education: Report on the scene at some member schools" followed. After lunch, participants broke into small group discussions.

Copies of Dr. Allegrante's keynote address can be obtained from Claudia Molinari at Choate Rosemary Hall. Further reading on the topic is an article by David Mechanic, "Disease, Mortality, and the Promotion of Health," which appeared in *Health Affairs* 1:3, Summer 1982.

Implementing Health Education Programs

by Judith LaFountain

"Implementing Programs in Health Education" workshop at the May 6 Conference was facilitated by Ann Bliss, R.N., with Dr. Allegrante and Leslie Goldman from the N.Y. Academy of Medicine as resource

people. It is evident that health education exists in each of our schools in forms that range from the informal one-to-one approach, to full-day health fairs with workshops, to formal classroom instruction. The content of these educational encounters is also varied and includes stress, alcohol, sexuality, peer counseling, health awareness and behavior and ethics.

Barriers to developing a program were discussed, with the most common being a lack of free time in the student's day that can be set aside for health teaching. An attitudinal barrier is the mostly unspoken belief that the affluent person doesn't need health education. A third barrier is that health education is seen as not a purely academic subject, and therefore has no place in a college prep curriculum.

How can these barriers be overcome? The two keys are: 1) the administration must want a health education program, and 2) the students must be allowed time off from other commitments to participate in health education. We must market a program to make health education acceptable to heads. Content that focuses on self-image and decision-making skills rather than risk factors would reinforce positive attitude development related to increasing the quality of life. This could be a very marketable approach.

We must educate our colleagues to the need and appropriateness of health education. Integrating health education into subjects already in

the curriculum, taught by current members of the faculty, will ease time and money constraints. The best health education will be that which students will do and we facilitate. A team approach to planning is desirable, and should include teachers, students, the food service director, administration and the head. "Ownership" means that those involved in the planning will feel a commitment to the program.

Sports Medicine/Athletic Training

by Lewis Flagg

Over a quarter of the registrants at the spring meeting of ISHA held at Phillips Exeter Academy attended the afternoon session on sports medicine/athletic training. Included were school physicians, trainers, nurses and coaches. Stan Zalenski, Exeter's resident authority on weight training and conditioning, reviewed current trends in technics and equipment, emphasizing values toward health and fitness. Using slides, he also offered comments about various equipment and economic considerations.

An excellent presentation by Dr. Stephen Minaudo, podiatrist of Sports Medicine Associates of Exeter, demonstrated gait evaluation, foot balance and discussed problems encountered by athletic participants providing suggested solutions. Dr. Sprague Hazard, as an evaluator, stated that Dr. Minaudo's presentation should be videotaped to enable

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Food for thought: Do independent schools have a legal and moral responsibility to provide adequate health insurance coverage? And if so, should coverage be required of all members of the student body?

Is it best to have the fee for coverage included in tuition? YOU can help by sharing your information and proposals with other ISHA members.

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Editorial

more member schools to take advantage of his expertise.

Exeter's head football coach, Dr. Edward Frey, himself a specialist in health education, discussed nourishment, diet, supplements, food facts and fallacies toward the promotion of good health. Many felt we should continue to consider this subject in light of concerns including "junk food," high salt and cholesterol consumption.

Returning the athlete to participation with adequate protection was the topic of a brief "hands-on" section by Lewis Flagg, also of PEA. Demonstrated was the use of C-splinting for protection of myositis ossificans traumatica, leg contusions and protection to the forearm, back and renal areas. Mouldable vinyl and the new Sorbothane were also demonstrated.

A question and answer period with the program participants and a special foot taping technic demonstration by Dr. Minaudo concluded the program. CEU's allowed for the day was .05.

John Allegrante referred in his introductory talk at the spring ISHA conference on "Building Health Education Programs," to "strategies and health promotion." Under this heading he referred to three categories of strategies: 1) preventive health services; 2) health protective legislation and regulation; 3) encouraging health-promoting behavioral and lifestyle changes.

How do these apply to the life of our New England independent boarding school communities? The last of these strategies depends on voluntary changes made by students and faculty. Many recent changes that we have seen are the results of fashion. For example, jogging has now become fashionable. "To be thin is to be beautiful" is a slogan believed by many of our teenage female students. It has become fashionable to go on crash diets and many other forms of diets. Along with this last fashion have appeared two diseases which have become much more common; namely, bulimia and anorexia nervosa. However, most of the new interest in good, nourishing, unprocessed

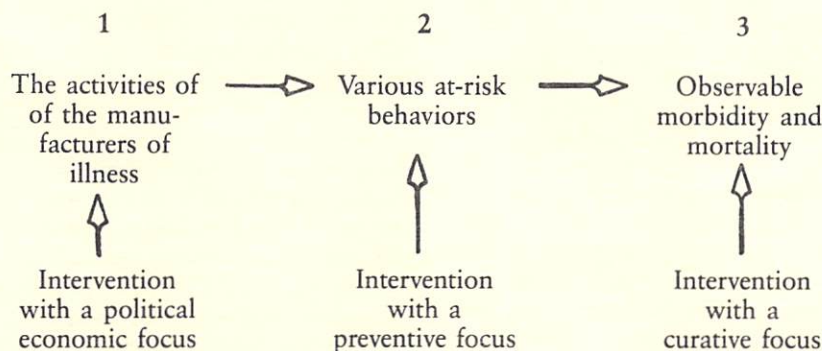
food and in holistic health care is a useful change.

Under the second strategy heading might be considered school rules. What school rules do we have that are helpful from a health point of view. Some that immediately leap to mind are those connected with cigarette smoking and alcohol consumption. On health grounds, is there any justification for continuing to permit students to smoke cigarettes on campus? Are there any other rules or regulations that we could enact at school which would help increase the health of our communities?

Under the first heading of strategies, namely "preventive health services" we can consider such things as health education and the school's medical services. These include regular physicals (perhaps) for both students and faculty. There is also the question of such areas as the school food service. It is recognized that additives to prepared food can cause problems to the health of some individuals. For example, sulphites used to preserve salads, fried potatoes and various other foods, and dyes used as colorings in drinks and jellies cause some people to react adversely. Monosodium glutamate is used as a taste enhancer in many prepared meats and gravies. Are these substances and others appearing in your school foods? Has anyone talked over the use of additives with the director of the school food service?

Professor Allegrante showed a diagram describing levels of intervention in a flow from 1 through 3, 1 being the activities of the "manufacturers of illness," 2 being "various at-risk behaviors," 3 being "observable morbidity and mortality." Under 3 are the downstream

Figure 3: Levels of Intervention



Source: John B. McKinlay, "A Case for Refocusing Upstream—The Political Economy of Illness," *Applying Behavioral Science to Cardiovascular Risk*, ed. Allen J. Enelow and Judith B. Henderson (Dallas: American Heart Association, 1975), p. 13, Figure 1.

Food for thought: How do you educate faculty with regard to drug use and abuse; their own health and their responsibility as role models; when and how not to panic?

Food for thought: What is the health services staff's responsibility with regard to: messy rooms; kitchen cleanliness and food services practices?

The Evolution of CRSNA

factors and under 1 are the upstream factors. Dr. Allegrante pointed out that most of our energies in focus have been on the downstream factors. Now we should be considering the upstream factors. This necessitates an intervention on a political and economic level and involves the empowering of disadvantaged population groups, often, but not always, minorities. For example, are medical services for the elderly equally available to all Americans? Do we adequately empower the minority students in our independent schools? If you can think of additional initiatives after reading this, write to the ISHA Newsletter editor.

David Connell

St. Joseph College Workshops

St. Joseph College presents two weekend workshops of interest to ISHA members. January 27-29, 1984, "Child Abuse: Investigation and Initial Management" and March 2-4, 1984, "Child Sexual Abuse: Treatment for the Victim, Offender and Family." For information and registration, contact Sr. Marjorie Fallon, St. Joseph College, 1678 Asylum Avenue, West Hartford, CT 06117 (203) 232-4571, ex. 217.

Head Nurse Vacancy

The head nurse position at Choate Rosemary Hall will be open for fall, 1984. Candidate must have a B.S. degree and experience in working with adolescents. An interest in gynecology and nutrition would be useful. This is a fulltime, faculty status position, with faculty privileges and accommodations available. For further information, please contact: Medical Director, Choate Rosemary Hall, P. O. Box 788, Wallingford, CT 06492.

by Theresa Malchodi, R.N.

In 1972, a group of residential school nurses, under the leadership of Shirley Jefferson, R.N., B.S., met to share the mutual interests and concerns of rendering health care to boarding school students.

With the encouragement and help of Ms. Elizabeth Ahern, infirmiry licensing inspector for the Connecticut Department of Health, two experimental meetings were planned to establish the need of a statewide organization. Notices were sent to all schools in the state, and the first meeting was held in November, 1972. The day-long program included a presentation by Dr. Louis Hochheiser of the University of Connecticut Health Center, concerning the "Role of the School Nurse and Primary Care in the Health Field," and an afternoon workshop with discussion of continuing education for nurses. Future meetings were planned for spring and fall.

In the spring of 1973, the election of officers was held and dues were established. A guest speaker presented a seminar on "Counseling Techniques and the School Nurse Role." At a later meeting the name of the organization, Connecticut Residential School Nurses Association (C.R.S.N.A.) was adopted by the group.

Discussions at the meetings indicated that the lack of educational opportunities relating directly to this kind of nursing was one of the common difficulties encountered by the residential school nurse. This thought was incorporated into the objectives of the Association by-laws which were adopted in May, 1975.

As a result of this concern, the first

20-hour course in physical assessment was offered in spring, 1974 with part two in 1975. Since that time this course has been repeated three times for new members. C.R.S.N.A. has sponsored other courses—in sexuality (6 hours); counseling Part I (18 hours), with Part II (18 hours) in progress.

Some of the programs presented at the semi-annual meetings have been "Record Keeping and Problem Oriented Medical Records," "Child Abuse," "Epilepsy," "New Legislation Involving Nurses," "Sexuality Counseling" and "Nutrition." Two dinner meetings have proven popular, providing an other opportunity for exchanging ideas.

Salary and benefit surveys have been conducted twice, with the results used as a tool for salary negotiations. Tours of health care facilities on the campus where Association meetings are held have also been of value. Membership in C.R.S.N.A. now numbers fifty with eighteen schools in Connecticut represented.

Useful Publications

Brittanica films introduces a new series of videocassettes on sports medicine, averaging 24 minutes long. These videocassette workshops feature practical demonstrations and guidance by nationally known coaches, trainers and physicians. Designed to assist coaches, physical educators and health personnel in developing a safe, healthy sports program, emphasis is on diagnosis, treatment and prevention of injuries, as well as on pretraining and training practices that effectively minimize injuries. Specify ¾" U-matic or ½" VHS format. Each title \$15.00.

Counseling Skills Workshop—December 2

ISHA will sponsor a *Counseling Skills Workshop* at Choate Rosemary Hall on December 2.

Program

1. The initial interview: to enable the client to tell his/her story
2. Interviewing a student with grades that have suddenly dropped
3. Interviewing a student who is suspected of using drugs
4. Recognizing depression
5. Assessment of suicide risk
6. Possible pregnancy

Presentations will be made by members of the Choate Rosemary Hall counseling team, and there will be ample time for questions and answers. Workshop registration is limited to 30—please contact Claudia Molinari at Choate Rosemary Hall, 203-269-7722, ex. 203, if you are interested in attending. (A limited mailing will be organized.)

Sports Medicine Conference—January 20

ISHA announces a Sports Medicine Conference, co-sponsored with the Connecticut State Medical Society, to be held January 20, 1984 at Choate Rosemary Hall in Wallingford, Connecticut. This conference, which will take place from 9 a.m. to 3 p.m., is aimed at coaches, school nurses, athletic trainers in private and state high schools and colleges. Please save the date: a conference registration form will be sent to you under separate cover.

ISHA Spring Conference

The Dodge Study: A Study of How Females Make Choices

April 27, 1984 at Emma Willard School, Troy, NY

Dr. Nona Lyons will make a presentation on the results of the Dodge Study, a research project undertaken by Dr. Carol Gilligan and her team of psychologists at Harvard, funded by the Geraldine R. Dodge Foundation, and conducted at Emma Willard School.

The study, still in progress, focuses on the adolescent female, and the definition of "herself" and the choices she makes regarding all aspects of her life, particularly those choices involving moral dilemmas. The evaluation of how these two topics are interrelated will be the central theme of the conference.

Following Dr. Lyons' keynote address, participants will view the film *Jury of Her Peers*. After lunch, small discussion groups will be lead by Jack Stewart—athletics; Mr. Parker—counseling; Cathy Adair-Steiner—nursing; and Trudy Hanmer and Mr. Parker—administration.

Emma Willard is in Troy, New York and is 3 hours' driving time from Boston and New York City, 2 hours from Hartford and 1½ hours from Springfield. Situated in the Hudson River Valley, the drive guarantees unmatched scenery. Please reserve April 27, 1984 for a day at Emma Willard; a conference registration

flyer will be sent under separate cover. For homework reading, please refer to "The Ethic of Justice, The Ethic of Care" by Trudy Hanmer in the December 1982 issue of *Independent School*.

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