

Modeling Healthy Behavior

**Actions and Attitudes
in Schools**

Judy C. Berryman, MA
and Kathryn W. Breighner

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Introduction

The health issues facing children today are dramatically different from those of a few decades ago. Not too long ago, communicable diseases that were unpredictable and unavoidable were the most prevalent causes of concern.

Today, however, many of the threats to children's health and well-being are known to be linked to specific behaviors. Unhealthy eating habits, inadequate physical activity, substance use (including tobacco, alcohol and other drugs) and early sexual activity—all of these behaviors not only pose a major threat to children's health, but increase the possibility that children will develop chronic problems when they reach adulthood.

These kinds of health risks are not healed by an injection or prescription. Greater emphasis on health promotion and prevention is needed. Clearly, children in our society receive mixed messages about health. For example, we teach children that smoking is harmful; but cigarettes are widely available, and smoking is still allowed in many public places.

Yet, we do have some control over our immediate social environment and over our own behavior when it comes to health-related activities. Adults, especially parents and educators, act as models in children's lives. As models, we are highly influential in creating the health habits that will be prevalent in the next generation of adults. We need to increase our awareness of this role and its influence on children.

Parents and educators can work together to model healthy behaviors, but we need to be aware of our own health habits, values and beliefs. A look at our own foundations gives us an idea of the behaviors and beliefs we sometimes unwittingly demonstrate. To be able to provide the best possible modeling, we may need to bolster a shaky foundation.

This book is designed to help you examine your foundation. It was written especially for educators and, through them, for parents. The health beliefs, attitudes and practices of both educators and parents are powerful models for children's behavior.

Note: For simplicity, we have chosen to use the term *parents* throughout this book to refer to children's primary caregivers, although we are well aware of the diversity of family structures in today's society. We have used the term to refer to the generic role of a parent, and thus to whomever is filling that role.

How to Use This Book

The chapters in this book focus on vital health issues for children. Each chapter provides background information on the topic, then asks you to use self-assessments to reflect on your own attitudes, beliefs and actions. As you work through the self-assessments, be honest with yourself. You don't need to write out the answers to these questions. Just think of an honest answer and try to imagine how your behaviors

and habits are observed by your students and the other people in your life.

The chapters also contain suggestions for connecting with families, with suggested self-assessments for parents. Appendix B contains sample letters on each topic, which can be sent home to families. Parents and other family members can do their own self-assessments to help them reflect on what they may be communicating and modeling to their children, intentionally or unintentionally.

The self-assessments can be used in a variety of ways. They might be used simply to open a dialogue on the potentially sensitive subject of what we model for children. For example, some of the self-assessment questions might be good discussion material for a school staff meeting or a parent/teacher gathering. Providing some of this information to the school board so members can inspect their own foundation might also be helpful.

Whether you are a parent or an educator, knowing what kinds of behaviors are modeled in both the home and the school can help you with your own modeling. As parents read the self-assessment questions in the chapter on fitness, some of which focus on the value of promoting lifetime skills such as running, walking, skiing or swimming, they may be encouraged to talk to the school about the kinds of skills being taught. Similarly, self-assessment questions for parents that ask if children eat breakfast or get enough sleep may prompt educators, who know that well-fed and well-rested children perform better in the classroom, to ask these same questions of their students' families.

The information in each chapter may be relevant across a number of health issues. For example, some of the questions you ask yourself in the self-esteem assessments may also apply to discussions about stress. Some actions, such as complimenting children as they complete tasks, not only help build self-esteem but also reduce stress.

The area of communication also applies to many different health issues. Communication skills are modeled daily by educators, parents and other adults. Communication is not only important in daily life and relationships, it also assists in building self-esteem and reducing stress.

The book begins with a discussion in Chapter 1 of why models matter and why educators and parents need to become partners in assessing the messages they give children. It also considers some of the silent messages we convey to children and the relationships we have with others.

Chapter 2 looks at the development of self-esteem. The self-assessments in this chapter can serve as guides to modeling behavior that promotes children's self-esteem.

Chapter 3 discusses children's eating habits and the messages about food that are conveyed to children in their school and home environments. It explores feelings and beliefs about food, along with some of the unhealthy behaviors and serious problems such as eating disorders that develop as a result of these feelings. The chapter includes suggestions for creating positive, healthy attitudes toward food and developing healthful eating patterns.

Ways of assessing how well your school and family environments support regular exercise and the modeling of physical fitness are presented in Chapter 4. Self-assessment tools offer suggestions for how to incorporate exercise and fitness into children's everyday life—both inside and outside the classroom.

In Chapter 5, the issue of substance use is discussed. Many children are apt to encounter greater inconsistencies between what is taught and what is modeled in this area than in other areas. This chapter is designed to help you uncover hidden messages children may be receiving, to offer support and resources for treating substance use problems, and to give you ideas for positive modeling and prevention.

Chapter 6 covers the topic of stress. The chapter's self-assessments provide ways to examine your own stress levels. The chapter also identifies positive ways of coping with everyday stressors in our lives—and ways to model these coping techniques for children.

Chapter 7 guides you through the contemplation of your own attitudes and actions relating to health habits, injury prevention and safety and the evaluation of the impact they might have on children.

As you work through the book, think of the assessments as a journey of self-exploration. In writing this book, we were surprised to find that the two of us, who considered ourselves attuned to health education issues, had some shaky areas of our own. You may also discover some new things about the social environment at school or at home that affect what is modeled for children.

Reflecting on your own attitudes and behaviors and trying to imagine the way others perceive you can be difficult. But as you do so, you'll see the positive impact you can have as you expand your storehouse of skills for modeling healthy behaviors. Remember, there is no single "right" way to behave. The goal of these assessments is to increase your sensitivity about the impact of modeled behavior on children. This knowledge can help guide your future actions. Only through careful inspection of our own health behaviors and how these behaviors are modeled for children will we begin to provide today's young people with the proper foundation for long, healthy lives.

The authors wish to thank the W.K. Kellogg Foundation, Battle Creek, Michigan, for their commitment to health and health education.

Chapter 1

The Models That Matter

TODAY'S MODELS CONTRIBUTE to the development of tomorrow's healthy adults. The health habits adults "model" affect many of the health behaviors children learn. Modeling refers to habits or behaviors that are actually demonstrated. For example, adults may tell children to wear their safety belts but then forget to fasten their own. Children hear the words, but their observation of the actions has more impact.

Children's lives are filled with models—parents, teachers, family members, next-door neighbors, school administrators, school nurses, clergy and many others. Beyond the adults who are part of children's everyday lives are other models. The media—newspapers, magazines, television and movies—present powerful models that shape behavior, influencing what we eat or drink, what we drive, what we buy.

Celebrities are powerful models, too. Athletes who demonstrate commitment to their sports through hard work and sound nutrition may be forceful teachers for young athletes. However, celebrities may not always model healthy behaviors.

Actors or others who are sexually promiscuous do not offer healthy models for safer sexual behavior. Popular songs by rock music groups

may model the use of drugs or alcohol. Television programs that portray only thin teenagers suggest that fat teenagers are abnormal. Cigarette ads often feature glamorous and exciting lifestyles. Liquor commercials often display lush and elegant settings.

Everywhere children look, there are models. A role model can be someone special whom children look up to, but a model can also be anyone in children's lives. These models help instill good health habits as well as bad ones. While adults may not have the ability to change the attitudes and beliefs fostered by external models such as the media, they can examine their own lives to see what kinds of messages they are delivering to the children in their care.

Just Like Dominoes

Everything we do affects others around us. Each and every day, the actions we take and the words we say are observed and perhaps, learned, by others. We are like dominoes—each of our actions creates a wave of reaction. A happy, cheerful educator can inspire a happy, cheerful classroom. An unhappy, critical educator may prompt children to feel unsure of themselves.

Many schools have addressed the issues of health education in the past few years, and many have added health education curricula. But the curriculum areas—nutrition, fitness, health and safety, stress, self-esteem, substance use—may be modeled in an entirely different fashion than they are taught.

This conflict between teaching and practice confuses children. Children trust the adults around them and strive to act as these adults do. The actions we model are critical to establishing patterns of healthy behaviors, attitudes, values and beliefs in children.

Studies show that most of the behaviors we exhibit as adults we learned at young ages. If these behaviors include, for example, eating

nutritionally poor foods, ignoring safety rules and being critical of others, then our children may internalize and pass on to their children the same behaviors.

What if these same children could watch adults eat healthy foods, exercise regularly, offer compliments for good performance, encourage participation, communicate with others and treat everyone with respect? What kinds of behaviors would these children model when they reach adulthood?

The most important risk factors for health problems in adulthood stem from behaviors learned while young. Childhood is the prime time for the development of healthy behaviors. For example, it is much easier to prevent the use of alcohol and other drugs than to intervene once these habits are in place.

The same holds true for healthy behaviors involving fitness, diet and hygiene. Children who enjoy biking, skiing or walking with their families and who eat balanced meals low in salt and fat will adopt these health habits as part of their daily lives. Children who have never exercised outside physical education classes and who have a diet of fast foods will find it difficult to adopt healthier lifestyles.

The earlier children learn and practice healthy behaviors, the more likely they are to establish these behaviors as healthy habits.

A Firm Foundation

Childhood is the perfect time to build a firm foundation for a healthy lifestyle through the promotion and maintenance of healthy behaviors. Even young children begin to show the effects of poor health habits. As much as 40 percent of children ages five to eight are obese. A poor diet and lack of exercise may contribute to higher risk of cardiovascular disease for these children as they grow older. The time to learn behaviors that will bring about healthier living is during childhood.

The American Medical Association suggests that there is an adolescent health crisis in this country. As noted in *Code Blue: Uniting for Healthier Youth*, “For the first time in the history of this country, young people are less healthy and less prepared to take their places in society than were their parents. And this is happening at a time when our society is more complex, more challenging, and more competitive than ever before” (National Commission on the Role of the School and the Community in Improving Adolescent Health, 1990).

These health behaviors have a direct link to academic performance. Students who are tired, ill, poorly nourished or live in households where there is little support and encouragement will not be in a position to learn at school.

As Dr. Michael McGinnis, director of the Office of Disease Prevention and Health Promotion, has said, “A student who is not healthy, who suffers from an undetected vision or hearing defect, or who is impaired by drugs or alcohol, is not a student who will profit from the educational process. Likewise, an individual who has not been provided assistance in the shaping of healthy attitudes, beliefs, and habits early in life, will be more likely to suffer the consequences of reduced productivity in later years” (Cohen, 1992).

The Models We Live By

Children’s beliefs, standards and values give direction to their lives, and those standards and values are modeled by those around them. Models not only teach habits and behaviors but are checkpoints along the way. Children can look to their models to check their behavior, to see if they are on track or need some assistance.

Reynold Bean (1992) observed that being able to refer to models is one of the conditions for developing high self-esteem. Models enable children to make sense of the world. The ability to refer to models to

help set goals and develop values, personal standards and ideals has been called a “sense of models.”

We use several different types of models to make sense of the world. *Human models* include real people—such as parents or teachers—and fictional characters—perhaps a hero in a book or a character in a television program. *Philosophical models* include ideas, values and beliefs that guide behavior. *Operational models* are mental constructs learned through repetitive behavior, such as covering the mouth when yawning or shaking hands when greeting someone.

Children with a high sense of models are able to refer to human, philosophical and operational models that help them make sense of the world and their place within it. Using these reference points helps these children gain satisfaction from setting goals and create personal standards and ideals.

What does all of this mean for children’s health? In order to develop healthy behaviors, children need to have adults in their lives (*human models*) who embody characteristics of a healthy lifestyle that children can emulate. When *philosophical models* are positive health-related beliefs or principles, they help children develop healthy lifestyles. The *operational models* children then develop can give them a set of concrete healthy behaviors to practice in their everyday lives.

Educators and Parents as Partners

As educators, we must examine our own habits, beliefs and attitudes, since these are the habits we model for the children in our lives. We must be aware that we model these habits and beliefs each and every day, and this modeling is a powerful lesson.

The concept of modeling in the school setting is not new. Listen to

Horace Mann in *On the Art of Teaching*:

The school and its playground, next to the family table, are the places where the selfish propensities come into most direct collision with social duties. Here, then a right direction should be given to the growing mind. The surrounding influences which are incorporated into its new thoughts and feelings, and make part of their substance are too minute and subtle to be received in masses like nourishment; they are rather imbibed into the system unconsciously by every act of respiration, and are constantly insinuating themselves into it through all the avenues of the senses. If, then, the manners of the teacher are to be imitated by his pupils, if he is the glass at which they 'do dress themselves,' how strong is the necessity that he should understand those nameless and innumerable practices in regard to deportment, dress, conversation, and all personal habits that constitute the difference between a gentleman and a clown.

When did Mr. Mann make this observation? In 1840!

Educators may not be aware of the health habits they model to children. Schools, for example, might place little emphasis on physical education, serve vending machine lunches that are nutritionally weak, and do little to encourage teachers to be fit and healthy. Students then see that daily exercise, good food and fitness are not values promoted by the school. Educators may not eat the school lunch, suggesting to students that these lunches are not desirable or appropriate for adults, or they may demonstrate excessive concern about weight, communicating to children that being thin at all costs is important.

Educators model habits and beliefs for a good portion of the student's day. Educators need to know how important they are in instilling healthy habits in their students. They also can play an important role in educating parents and families.

Open lines of communication with families not only educate parents and other family members, but allow for the sharing of valuable information about children. Newsletters about nutrition, safety, self-esteem or fitness can be sent home.