

<b>HEALTH PROMOTION AND DISEASE PREVENTION</b> <b>A Handbook for Teachers, Researchers, Health Professionals and Decision Makers</b>	
<b>Title</b>	<b>Health Promoting Schools</b>
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<b>Key words</b>	Health Promoting Schools, healthy schools, European network of health promoting schools
<b>Learning objectives</b>	After completing this module students and public health professionals should:: <ul style="list-style-type: none"> <li>• be able to define the idea of Health Promotion Schools and describe the development of health promoting schools</li> <li>• understand the comprehensive view of health in school as a setting for health</li> <li>• differentiate health education and health promotion in schools from health promoting schools</li> <li>• be able to define the criteria for Health Promoting Schools</li> <li>• improve knowledge about the European Network of Health Promoting Schools and Health Promoting School Network in his/ her own country be aware of preventive medicine for improvement of school children health;</li> <li>• recognise the role of school physician in preventive medicine;</li> <li>• increase knowledge of evidence-based health promoting schools and effectiveness of work</li> <li>• critically compare the experience of Health Promoting Schools Network in own country with others</li> </ul>
<b>Abstract</b>	The school, in conjunction with the family, is one of the key setting where individual and social development occurred. The health promoting school is based on a social model of health. This emphasizes the entire organization of the school, as well as focusing upon the individual. Paper describes the development of health promoting schools movement (from practice to policy), main principles and concepts, differences between school health promotion and health promoting schools. Special emphases is given to the criteria and set of guidelines towards which schools aspiring to the status of health promoting school were required to work.

<b>Teaching methods</b>	The module will comprise interactive lectures, field visits, small group discussions and individual work.
<b>Specific recommendations for teachers</b>	Use also the Case study Croatian Network of Health Promoting School as a stimulus for group discussion about similarities and differences between countries.
<b>Assessment of Students</b>	Written essay, case problem presentations.

## HEALTH PROMOTING SCHOOLS

Gordana Pavlekovic, Lidia Georgieva

*Educating children at school on health should be given the highest priority, not for their health per se, but also from the perspective of education, since they are to learn their need to be in good health.*

*Hiroshi Nakajima, WHO former president*

### School as a setting for health promotion

School is natural and favourable environment for health promotion. Health promotion in schools sets out from the need to create a setting in which pupils, teachers and parents work and live in a healthy manner. The health promoting activity in schools takes the well being of children and youth for a starting point by developing their self-respect and a respect of others, in a setting of peace and security, understanding and support, and one of healthy social and physical surroundings with the conservation of a healthy environment.

Since the 1950s, schools have been a popular setting for health promotion and health education (1). Early programmes focused on teaching children about health and its determinants, but the importance of enabling them to develop the skills to resist unhealthy lifestyles was soon recognized. Most programmes now teach these skills.

The development of school health promotion programmes has been influenced in general by developments in health promotion policy. The Declaration of Alma-Ata in 1978 (2), which aimed to provide a framework for the development of health strategies in WHO Member States, called for multisectoral approaches to health promotion and for public participation in developing and providing health programmes.

The Ottawa Charter for Health Promotion (3) drew attention to the effect of the environment on health and health promotion and to the importance of developing personal skills. The latter, developing personal skills, advocated the settings approach to health promotion and formed the basis for the development during the 1990s of the health promoting schools initiative, led by WHO in collaboration with the European Commission and the Council of Europe. The Health Promoting School movement is aligned with similar movements supported by the WHO such as Healthy Cities and Healthy Communities, Health Promoting Hospitals, Healthy Prisons, Healthy Workplaces, Agencies, T

It was clear that the school, in conjunction with the family, was one of the key setting where individual and social development occurred. It was also clear that school as a setting must move from school health promotion and education towards health promoting school.

In the 1990s, many countries in the European Region started to introduce radical changes to their education and health system. These rapid changes, particularly in the countries in transition, presented challenges and new opportunities and started to address such issues as:

- How the school setting can be conducive to the development of healthy lifestyles;
- How it contributes to creating and maintaining the health of its staff, pupils, parents and local communities;
- Which school procedures and environments require change to make the social and physical environment more health enhancing?

In 1995, WHO produced a set of guidelines towards which schools aspiring to the status of health promoting school were required to work (4). The guidelines covered six areas:

- school health policies
- the physical environment of the school
- the social environment of the school
- school/community relationships
- the development of personal health skills
- school health services.

Schools that aspire to be health promoting schools will focus on developing programmes that promote health, extending the teaching beyond health knowledge and skills to take account of the school social and physical environment and to develop links with the community.

The concept of whole school approaches has been emphasized so-called hidden curriculum in either reinforcing desirable attitudes or contradicting undesirable attitudes to health taught in the explicit (or formal) curriculum. This hidden curriculum includes the following:

1. the ethos (culture) established by the atmosphere of the school
2. the school's code of discipline
3. the prevailing standards of behaviour
4. the attitudes adopted by staff towards pupils
5. the values implicitly asserted by its mode of operation.

Subsequent guidelines on health promoting schools have emphasized related issues, such as the following (5):

- development of good relationships within the school
- the promotion of staff health and well-being
- promotion of self-esteem among pupils
- consideration of staff exemplars in health-related issues.

### **Main principles and criteria to be a health promoting school**

From WHO Health Promotion Glossary, "a health promoting school can be characterized as a school constantly strengthening its capacity as a healthy setting for living, learning and working" (6).

The health promoting school is based on a social model of health. This emphasizes the entire organization of the school, as well as focusing upon the individual. At the heart of the model is the young person, who is viewed as a whole individual within a dynamic environment. Such an approach creates a highly supportive social setting that influences the visions, perceptions and actions of all who live, work, play and learn in the school. This generates a positive climate that influences how young people form relationships, make decisions and develop their values and attitudes. Healthy, well educated young people can help to reduce inequities in society, thus contributing to the health and wealth of the population at large.

The health promoting school is constantly strengthening its capacity as a healthy setting for living, learning and working. Furthermore, a Health-Promoting School (7):

- Fosters health and learning with all the measures at its disposal.
- Engages health and education officials, teachers, teachers' unions, students, parents, health providers and community leaders in efforts to make the school a healthy place.
- Strives to provide a healthy environment, school health education, and school health services along with school/community projects and outreach.
- Implements policies and practices that respect an individual's well-being and dignity,

provides multiple opportunities for success, and acknowledges good efforts and intentions as well as personal achievements.

- Strives to improve the health of school personnel, families and community members as well as pupils; and works with community leaders to help them understand how the community contributes to, or undermines, health and education.

The health promoting schools' principles are based on the Resolution of the First Conference of the European Network of Health Promoting Schools held in Athens in 1997. The principles are (8):

#### *Democracy*

The health promoting school is founded on democratic principles conducive to the promotion of learning, personal and social development and health.

#### *Equity*

Healthy schools ensure that the principle of equity is enshrined within the educational experience. This guarantees that schools are free from oppression, fear and ridicule. Healthy schools provide equal access for all to the full range of educational opportunities. The aim of healthy schools is to foster the emotional and social development of every individual, enabling each to attain his or her full potential free from discrimination.

#### *Empowerment and Action Competence*

Health promoting schools improve young people's abilities to take action, cope and generate change. It provides a setting within which they, working with their teachers and others, can gain a sense of achievement. Young people's empowerment, linked to their visions and ideas, enables them to influence their lives and living conditions. This is achieved through quality educational policies and practices, which provide opportunities for participation and critical decision-making.

#### *School environment*

Health promoting schools place emphasis on the school environment, both physical and social, as a crucial factor in promoting and sustaining health. The environment becomes an invaluable resource for effective health promotion, through the nurturing of policies and practices that promote well-being. This includes the formulation and monitoring of health and safety measures and the introduction of appropriate management structures.

#### *Curriculum*

A healthy schools curriculum provides opportunities for young people to gain knowledge and insight and to acquire essential life skills. The curriculum must be relevant to the needs of young people, both now and in the future, as well as stimulating their creativity, encouraging them to learn and providing them with necessary learning skills. The curriculum of a healthy school also is an inspiration to teachers and others working in the school. It also acts as a stimulus for their own personal and professional development.

#### *Teachers' training*

Teacher education (pre-service and in-service) is an investment in health as well as education. Legislation, together with appropriate incentives, must guide the structures of teacher learning using the conceptual framework of the health promoting school.

*Measuring success*

Health promoting schools assess the effectiveness of their actions upon the school and the community. Measuring success is viewed as a means of support and empowerment, and a process through which health promoting school principles can be applied to their most effective ends. In other words, assessment and evaluation are an integral part of instruction and planning.

*Collaboration*

Shared responsibility and close collaboration between schools, parents and communities is a central requirement in the strategic planning of healthy schools. Roles, responsibilities and lines of accountability must be established and clarified for all parties.

*Communities*

Parents and the school community have a vital role to play in leading, supporting and re-enforcing the concept of school health promotion. Working in partnership, schools, parents, NGO's and the local community, represent a powerful force for positive change. Similarly, young people themselves are more likely to become active citizens in their local communities. Jointly, the school and the community will have a positive impact in creating a social and physical environment conducive to better health.

*Sustainability*

All levels of government must commit resources, both financial and human, to health promotion. This commitment will contribute to the long-term sustainable development of the wider community.

The health promoting school is "healthy" in the way it functions as a community and organisation. There is a dynamic inter-relationship between the health of individual members of the school and the health of the school as a community (9).

The criteria for health promoting school are (10):

Active promotion of self-confidence of all pupils by demonstrating that everyone can make a contribution to the life of the school.

- Development of good relations between staff and pupils and between pupils in everyday school life.
- Understanding and evaluation of aims of HPS by staff and pupils.
- Provision of stimulating challenges for all pupils through a wide range of activities.
- Using every opportunity to improve the physical environment of the school.
- Development of good links between school, home and community.
- Development of good links between pupils from first, secondary and higher educational school grades for planning of a uniform health educational curriculum.
- Active promotion of the health and well being of the staff.
- Consideration of the role of staff exemplars in health-related issues.
- Consideration of the complementary role of school meals (if provided) to the health education curriculum.
- Realisation of the potential of specialist services in the community for advice and support in health education.
- Development of the education potential of the school health services beyond routine screening towards active support for the curriculum.

Four main themes highlighted factors that facilitated translation of health promotion principles into practice are (11):

### *Ownership and empowerment*

A sense of ownership was considered crucial to the success of the project. O'Hara 2001 draw attention to the need to empower staff through «shared ownership» of change and innovation, an a framework enabling each member to take a much fuller role in strategic planning and professional decision-making.

The teachers are the key «agents of change» within schools (Turunen 1999, O'Hara 2001).

A sense of own.. was facilitated through various means. The initial needs assessment allowed schools to identify issues relevant to them and the local community. This was reinforced through the flexibility with which they were able to interpret the results, develop aims and objectives. Identifying a member of school staff as a project coordinator, as well as involving teachers, the catering team, pupils and parents helped to reinforce the message that all members of the community had a role to play.

The funding was not crucial – it simply provided the impetus for change.

### *Leadership and management*

Each school was required to appoint project coordinator and typically a head teacher or member of senior management took on this role. It gave the project status and their involvement. Nonetheless, it is important to recognize that although effective leadership is critical, and an enthusiastic «driver for change» particularly so, responsibilities need to be shared among a larger group of staff.

### *Collaboration*

Collaboration means to use intersectorial approach but also involvement of parent and pupils that pupils can share the perception that school did «listen» and act on their views, parental involvement

### *Integration*

Integrating new initiatives into ongoing life of the school is considered crucial to sustainability in the longer term.

Aims and target groups in health promoting schools are (12):

### *For children and young people:*

Helping children achieve a healthy and creative growth with the development of self-respect, self-reliance and security, a positive acceptance of the reality and the development of personal attitudes and skills for healthy life and communication with adults. This requires:

1. Development of self-reliance and self-respect;
2. Recognition of the importance of personal health;
3. Development of healthy lifestyle skills;
4. Development of the feeling of personal responsibility;
5. Development of communication with peers;
6. Development of good communication with adults;
7. Personal feeling good at school.

### *For teachers and other school staff:*

Helping teachers and other school staff (headmasters, psychologists, pedagogues, dialectologists, etc.) to cope with their personal problems effectively and constructively, and develop an awareness of special needs of children, their parents and other professionals from the society coupled with the

development of attitudes, knowledge and skills by communicating with them. This means:

1. Recognizing the importance of personal health;
2. Learning the facts about health and disease;
3. Developing good communication with other school staff;
4. Developing a better communication with pupils and their parents.

*For parents:*

Helping the parents face effectively and constructively their personal problems by developing attitudes, knowledge and skills in communication with children and professionals from the school and local community.

*For school doctors:*

Helping physicians to effectively and constructively cope with the problems in daily work by developing a realization of children's needs and by developing the communication between children, adults and health promoting sites (schools and local community).

*For local authority representatives:*

Helping in the realization of current programs in schools and the local community basing oneself on the precepts of active cooperation and participation of young people and adults.

### **Effectiveness of health promoting schools**

Over the last years, several research studies have been conducted with the aims to assess levels of effectiveness of health promotion practice in schools, to monitor health outcomes, to ascertain the needs of those involved, to indicate areas for development and to highlight indicators of success (13,14,15,16).

The IUPHE had developed a report on the evidence of health promotion effectiveness, which described effective health promotion in schools as follows (17):

The evidence indicated that programs were most effective when they were comprehensive, linking the school with other partners in the community. The results also showed that effectiveness and sustainability are governed by how closely the health promotion programs are linked to the primary role of schools in developing educational skills, on cognitive and social outcomes, rather than concentrate on achieving specific behavioural outcomes. One of the most important conclusions is that health promoting school practice depends on healthy policy framework and contextual factors influenced by decision-makers.

Selected results from the European analysis of evaluation practice present many challenges in methodology of evaluation and measurement of effectiveness. Health indicators at national and school's levels are still in doubt. The answers to questions why, to whom, what and who should be involved in assessment required more discussion and support. There is a variety in needs and competences. Therefore, a tailored approach based on experience in practice seems the best way to help in further development in the field of evaluation.

School health promotion interventions could be effective in transmitting knowledge, developing skills and supporting positive health choices. But the evidence indicated that programmes were most effective when they were comprehensive and "holistic", linking the school with agencies and sectors dealing with health, and where they continued for several years. Attention needed to be given to training teachers for health promotion.

School had been shown to be cost-effective sites for HP interventions. The effectiveness and sustainability of school health interventions were governed by how closely the HP interventions were linked to the primary business of school in developing educational skills and the knowledge base of young people. Evidence showed that programmes should focus primarily on cognitive and social outcomes, rather than concentrate on achieving specific behavioural outcomes.

### **Instead of conclusions**

There is no doubt that health promoting schools have the potential to empower pupils, parents, teachers and health professionals to achieve and have control over their health, but the setting's approach still has many challenges to be discussed and managed. The evidence is clear that schools could not be expected to solve health and social problems in isolation from other forms of public health action. The Bangkok Declaration supports this need to move from practice to policy and the crucial roles and responsibilities in this process belong to governments and states.

There are many different programs in schools, mainly focused on disease prevention and health interventions, including intensive health educational programs. In further development, more attention should be paid to relationship between different programs running in particular school – this is the time for cooperation, not competition. Special attention must be done in health sector-educational sector-civil society relationships. Creation and availability of opportunities for sharing information at local, national and international levels must be supported. It is a prerequisite for harmonisation, not unification, in planning, implementation and evaluation of health promoting schools.

Further participatory research is crucial in development and sustainability of health promoting schools. Both sharing methodology experiences and information dissemination in monitoring and evaluation of the program at local, national and international levels should encourage participatory approaches to evaluation that provide meaningful opportunities for involvement by all those with a direct interest in health promotion initiatives.

*“Every child and youth in Europe has the right should be educated in school promoting health”*(8).

### **References**

1. WHO Expert Committee on School Health Services: Report on the first session, Geneva, 7-12 August 1950. Geneva: World Health Organization, 1951 (Technical Report Series, No. 30)
2. WHO. Primary health care. Report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978. Geneva: World Health Organization, 1978 (Health for All Series, No 1; WHO. Ottawa charter for health promotion: an International Conference on Health Promotion, the move towards a new public health, November 17–21, 1986, Ottawa, Ontario, Canada. Ontario, Canada, Health and Welfare Canada, 1986; or Geneva, World Health Organization, 1986.
3. WHO. Ottawa Charter for Health Promotion. Geneva: World Health Organization, 1986.
4. WHO Regional Office for Europe. Regional guidelines: development of health-promoting schools: a framework for action. Manila: WHO Regional Office for the Western Pacific, 1996 (Health Promoting Schools, Series 5)
5. Parsons C, Stears D, Thomas C. The health promoting school in Europe: conceptualising and evaluating the change. *Health Education Journal* 1996; 55:311–21.
6. Nutbeam D. Health Promotion Glossary. Geneva: World Health Organization, 1989. (WHO/HPR/HEP/98.1)
7. WHO Expert Committee. Promoting Health through Schools. Copenhagen: World Health Organization, Regional Office for Europe, 1998.
8. ENHPS Technical Secretariat. The Health Promoting School - an investment in education, health and democracy. Case study book. First Conference of the European Network of Health Promoting Schools, Theealoniki-Halkidiki, Greece, 1-5 May 1997. Copenhagen: World Health Organization, Regional Office for Europe, 1998 (EUR/ICP/IVST 06 01 02).

9. World Health Organization, Regional Office for Europe. The European Network of Health promoting Schools. Joint WHO/EURO, Commission of the European Communities and Council of Europe Project. Copenhagen: WHO/EURO, 1993.
10. The European Network of Health Promoting Schools – Resource Manual. Copenhagen: WHO/EURO, 1993.
11. Inchley J, Muldoon J, Currie C. Becoming a health promoting school: evaluating the process of effective implementation in Scotland. *Health Promotion International* 2007; 22 (1): 65-71.
12. Pavlekovic G, Kuzman M, Juresa V. Promoting health in schools [in Croatian]. Zagreb: UNICEF, Croatian Network for Health Promoting Schools and A. Stampar School of Public Health, 2001.
13. Parsons C, Stears D, Thomas C. The health promoting school in Europe: Conceptualising and evaluating the change. *Health Education Journal* 1996; 55: 311-21.
14. Inchley J, Currie C, Young I. Evaluating the health promoting school: a case study approach. *Health Education* 2000; 100: 200-206.
15. Lister-Sharp D et al. Health promoting schools and health promotion in schools: two systematic reviews. *Health Technology Assessment*, 1999, 3(22):1-207.
16. St Leger LH. The opportunities and effectiveness of the health promoting primary school in improving child health – a review of the claims and evidence. *Health Education Research* 1999; 14:51-69.
17. IUHPE. The evidence of health promotion effectiveness – Shaping public health in an New Europe. A Report by The International Union for Health Promotion and Education for the European Commission. Vanves: IUHPE and EC, 2000.

### ***Recommended readings***

1. Nutbeam D. The health promoting school: closing the gap between theory and practice. *Health Promotion International*, 1992, 7:151-153.
2. Parsons C, Stears D, Thomas C, Thomas L, Holland J. The implementation of ENHPS in different national contexts. Copenhagen: World Health Organization, Regional Office for Europe, The European Network of Health Promoting Schools, 1997.
3. Deschesnes M, Martin C, Jomphe Hill A. Comprehensive approaches to school health promotion: how to achieve broader implementation? *Health Promotion International* 2003; 18: 387-96.
4. Thomas C, Parsons C, Stears D. Implementing the ENHPS in Bulgaria, the Czech Republic, Lithuania and Poland: vision and reality. *Health promotion International* 1998; 13: 329-38.