

2.3.1 COMPREHENSIVE VIEW OF HEALTH: CROATIAN NETWORK OF HEALTH PROMOTING SCHOOLS

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European Network of Health Promoting Schools (ENHPS)

In 1992, supported by the World Health Organization, Regional Office for Europe, the European Commission and the Council of Europe, the European Network of Health Promoting Schools (ENHPS) was set up to establish a group of model schools that should demonstrate the impact of health promotion in the school setting (1). The idea was that this model schools would disseminate their experience and information to the health and education sectors, influencing policy and practice in school health promotion, both nationally and internationally.

The ENHPS has expanded rapidly. Many countries have entered, through the creation of national networks of schools. The health promoting schools set out to create a means for all who live and work within it to take control over and improve their physical and emotional health. Participating schools adopt an integrated, holistic approach to health, prioritising it within the curriculum, school management and healthy lifestyle practice. It does this through changes in its internal and external relationship, the teaching and learning styles it adopts and the methods it uses to establish synergy with its social environment (2).

The concept of a European Network of Health Promoting Schools was conceived at a 1990 conference on health education sponsored by the European Commission, the Council of Europe and the WHO Regional Office for Europe. These three organizations agreed to work together to organize such a network. They started in 1991 with pilot schools in four countries of central and eastern Europe: the Czech Republic, Hungary, Poland and Slovakia. The network has since expanded to 41 countries with over 5,000 schools, 10,000 teachers and 500,000 pupils involved (3).

Countries wishing to join the network are required to have support from both their Ministers of Education and of Health and ten designated pilot schools willing and able to collaborate. Most networks have grown considerably, with other schools in the country joining and learning from the practices of the model pioneering schools.

To join the ENHPS each country produces:

- a signed commitment from people at the highest political level of the ministries of health and education
- the name and curriculum vitae of a designated national coordinator approved by both ministries
- a list of about 10-20 pilot schools, representing all levels of education and ensuring equal representation from different parts of the country
- a project plan for a period of at least three years a national support centre for the project plans for evaluation; and
- a fundraising strategy

Croatian Network of Health Promoting Schools (CNHPS)

In 1993, Croatia was still in the war, suffering and trying to solve many essential problems:

refugee and displaced children represented 11,4% of primary school children and 7,2% of secondary pupils, total number of 74,636 pupil over – classes were much larger, funding was not available to hire additional teachers, quality of education suffered, psychological and physical problems – the children as victims and witnesses of war, malnutrition, etc. were present. Development of the program based on the principles of health promoting schools has not being on the list of priorities.

However, both ministries – Croatian Ministry of Health and Ministry of Education and Sports recognized the value of the investment in health to children and youth and a great need to act immediately. Because of this, both ministers signed the official document (agreement) to join European Network of Health Promoting Schools, accepting their concepts and principles and promising to do the best in extremely difficult political and economic circumstances. Croatian Network of Health Promoting Schools (CNHPS) formally inaugurated in September 1993 with 11 primary Croatian schools, located mainly in the first-front-line cities and in Zagreb.

Besides war and post-war situation, there were (and still present) many other problems influencing the great need to initiate programme for health promoting school development in Croatia as follows:

- *Rational approach to health and health education:*

Professionally dominated educational and health care sector working FOR the benefit of children. The cognitive approach to the subject matters of health and disease is still present in subject teaching syllabi. Similarly, school health physicians see as their educational task the lecturing on specific topics for pupils or parents. Hence, the health-FOR-children approach has been one of the leading problems in the approach still present. It should be replaced by the partnership approach of health-With-children, and with the health-BY-children initiative and activities.

- *“Sectoral isolationism”:*

One of the example in which the gap between the intentions and realities, rhetoric’s and deeds, declaration and practice is the widest.

- *Absence of a holistic approach to health and a failure to perceive school as a health promoting setting*

While school is oriented toward “subjects and marks”, health is oriented to “problems and their solving”. Creation of targets subsuming the responsibility of those who live and work in a school setting have not been properly recognized nor adequately used. Besides, the public does not fully recognized the potential and the power possessed by school as an element of local community. In Croatia, the emphasis is on the role of family in forming the knowledge, attitudes and behaviour of children and youth.

- *Inadequate qualifications of health workers and educationalists:*

Lack of undergraduate and vocational training as well as continuous education on the subjects related to health and innovative learning-teaching methods.

- *Lack of teaching materials and teaching aids (manuals) to facilitate work with children and youth.*
- *Health systems reform*

The new Health Care Act re-constructed the system of health care and provided for privatisation of primary health care. At present, school health physicians are responsible only for preventive measures (no more curative care). Health care workers are more likely to provide anthropometrics measurements, vaccination, examination, than health promotion and health education.

- *Low general economic hardship (salaries of teachers and doctors), affecting their motivation.*
- *Present psychological problems arising from the war; including deviant and delinquent behaviour; drug addiction, etc.*

Comprehensive View of Health: Health Promoting Primary Schools in Croatia

With support given by UNICEF Office for Croatia (1996-2000), the Croatian Network of Health Promoting Schools (CNHPS) was extended. Since 2002 the number has been raised to 40 model schools and the work enriched by new contents and activities. Croatian Network of Health Promoting Schools added “Comprehensive View of Health”, trying to distinguish those eleven schools who participated in European project and point out the need to enlarge the idea and develop new strategies (4).

All those schools were NOT the members because they are “THE BEST” or “EXCELLENT” schools. They were members because they expressed the need and accepted the challenge to face with many school and health problems in their local settings. They are model-schools perceived the need to be aware of the commitment needed and time it involves. These schools have a great level of responsibilities; they are small and large (in size), located in different parts of Croatia (continental, cost, Slavonia-Istria-Dalmatia, rural and urban areas, etc.), active in local community activities variously.

The main task of the programme “Comprehensive View of Health” was to promote healthy life styles in primary schools and school settings. It intended to achieve this by encouraging and promoting healthy habits and attitudes and by fostering a more responsible stand toward one’s health.

The objectives were as follows:

- To develop holistic and comprehensive approach to health;
- To reinforce intersectoral collaboration between educational and health sectors;
- To utilize all opportunities (resources) within and out of schools;
- To involve children as active participants and to support self-help and mutual aid skills (“youth-for-youth program”);
- To act: school as a source of information and motivation for the family and for the community.

The first step was to make a clear difference between traditional health education in schools and health promoting schools (Table 1).

Table 1. Differences between the traditional health education and health promoting school

Traditional health education	Health promoting school
<p>Concerned with health education.</p> <p>Emphasizes personal hygiene and physical health while excluding the broader aspects of health.</p> <p>Focuses on health information and the adopting of facts.</p> <p>Lacks a holistic and continuous approach, which would take account of pupils.</p> <p>Strives to respond to serious problems or crises.</p> <p>Considers that psychosocial factors have a limited influence in relation to health issues.</p> <p>Recognizes only a limited importance for the school and school setting.</p> <p>Does not consider active direct action on health and well being of the school staff as essential.</p> <p>Does not include parents directly into the health educational program development.</p> <p>Recognizes the role of school as being limited only to preventing diseases.</p>	<p>Concerned with the wider aspects and views of school life and relations with the community.</p> <p>Based on a health model, which includes an interaction between physical, mental and environmental conditions.</p> <p>Based on active pupil participation and having a wide range of methods for the development of pupil skills.</p> <p>Recognizes a broad spectrum of influences on health, pupils' influence and endeavours to take share in pupils' current beliefs, values and attitudes.</p> <p>Admits that because in many health issues basic observation skills and procedures are customary they should be planned as part of curriculum.</p> <p>Views the development of positive self-awareness and gives people who aspire to more control over own life's a central role in health promotion.</p> <p>Recognizes the importance of the school setting to be proportionate to its aesthetic and direct psychosocial impact on pupils and staff.</p> <p>Views health promotion as important for the school staff's well being, recognizes that school staff has a role model.</p> <p>Considers having the parent's support and cooperation essential.</p> <p>Wants the School Health Services to take not only a broader view and role, including screenings and the prevention of diseases, but as well as make efforts to create an integrated services within which both curriculum and pupils' help become equal participants.</p>

Adapted from: Pavlekovic G, Kuzman M, Juresa V, 2001 (4)

Working methods and activities

Members of the working group represented health (Andrija Stampar School of Public Health and National Institute of Public Health) and educational (Ministry of Education and Sports) sector. Each school has a School program team (8 to 12 members), including main coordinator and responsible person. School director and school physician is always a regular member of the team.

Individual school health promoting project

Each primary school in the Network and the accompanying school health team develop health programme they selected themselves. They followed the aim and objectives of the programme as a whole, while specific objectives and tasks were selected according to local needs. Additionally, each school developed (by children) their own LOGOTYPE and SLOGAN. The list of individual schools' projects titles, aims, objectives and activities are printed in two publications: "Our first successful stories" and "Our new successful stories". Their main task is to stimulate and motivate others to follow good experiences from the model-schools (5,6).

Annual workshops

It was recognized that at least two workshops per year for the representatives of health promoting schools and their school physicians must be held as a prerequisite for mutual collaboration and development of common tasks. Each workshop has been attended by 80 – 90 persons (teachers, pupils, medical doctors) but also representatives from media, ministries and scientific community. Workshops usually had three main objectives: (a) assessment of development and plan for individual future school activities; (b) decision on common project activities and (c) professional theme – usually one important topic related to school health, prepared by different experts and guests. The themes covered mental and emotional children health, puberty, self-esteem, how to work with youth, how to work with parents, health risk behaviour, primary prevention in smoking, alcohol and drugs, healthy environment, active learning and innovative teaching methods, family planning, violence in schools, etc.

Educational kits

Additionally to individual projects, CNHPS decided to develop, apply and evaluate the Educational Kits on jointly selected topics. The first Educational Kit "A Steady Step and Right to Air: The Youth, Smoking and Alcohol" were printed in 1998 and disseminated in all primary schools in Croatia (7).. Two others – "Promoting the Health in Primary Schools" and "How to grow up and become an adult?" were published in year 2001 (4,8).

Differently from other recommendations, useful subjects and texts for the youth prepared by various experts, these Educational Kits are result of experiences of those who have been working with youth day by day and by youth themselves. Authors of the publications are engaged in direct everyday practice. There are pedagogies, psychologists, class teachers, etc. Methodologically, the Educational Kits are an innovation not only for us but also in the ENHPS.

Lessons learnt

The prerequisite to encourage the formulation of policy, including legislation, is to have a "hard" data to indicate what needs to be put in place by way of enabling mechanisms.

However, after different models developed and reported, there are still two main questions to be addressed:

1. What does it mean to be a health promoting school? What does it mean in everyday school-life, to achieve twelve recommended criteria?
2. What are (minimal) prerequisites at school-level that one school should develop a comprehensive health-promoting programme – does it possible in all schools in present national (both educational and health) circumstances?

Some preliminary results of our investigation/evaluation are listed below. 1040 teachers from 38 schools in CNHPS were involved in this research, answering on questions about factors influencing health promoting programme and their own perception and expectation of school as a setting for health promotion.

Table 2. What does it mean “the health promoting school?”

What does it mean «the health promoting school»?	Teachers' response, means*
Pupils' self-respect is developed.	3,6
Good relationships are valued between teachers and pupils and among pupils themselves	3,6
The school's role is pedagogical and social, and not only educational	3,7
Pupils' affirmation is encouraged through different extracurricular activities	4,1
Health of the environment is promoted	3,6
School, family and community are closely related	3,4
Primary and secondary schools are linked	2,6
Health of teachers is promoted to set an example to pupils	2,9
Healthy nutrition is promoted and taught	3,6
School physician and the school cooperate	4,0
School physician is encouraged to teach on health and illness	3,5

*means from 1 – not at all, to 5 – very much

Table 3. Factors influencing program implementation

Factors influencing program implementation	Teachers' response, means*
General climate at the school	4,9
School Director's attitude	4,9
Stimulation of other school staff	4,7
Past activities at the school	4,8
Teachers' readiness to accept innovations	4,5
Training at the Network workshops	4,6
Other (additional) forms of education	4,0
Material resources	2,8
Knowledge and skills of new working methods	4,8
Stimulation of school physician	4,1
Personal motivation	4,7
Pupils' satisfaction and interest	4,2
Awards and acknowledgements	3,5
Official appointments of a school	4,8
Challenge of innovativeness	3,9
Ideas by others	4,6

*means from 1 – not at all, to 5 – very much

Table 4. Ten prerequisites for health promotion programme to be implemented in all schools

Ten prerequisites for health promotion programme to be implemented in all schools	Rank*
Complete revision of primary school curriculum (task of the Ministry of Education and Sports)	1
Complete revision of standards and norms in the work of school physicians (task of the Ministry of Health)	2
Development of final design at the school level (local authorities)	8
Development of additional methodological manuals and educational kits for program implementation	3
Availability of additional audio and visual aids for program implementation	7
Availability of additional material resources for program implementation	9
Additional training of teachers in health and illness related topics	4
Additional training of teachers in innovative teaching and educational methods (creative learning)	5
Additional training of physicians in innovative teaching and educational methods	6
Motivation and stimulation of pupils for active participation in the activities «the youth for the for the youth»	10

*rank from 1 – most important, to 10- least important

After one decade of international experiences and many years of our national experiences it is well recognized that health-promoting education must be the essential part of social and economic development. The overall aim in our future development is to move from project to policy.

Exercise

Task 1.

Make your own comments on resultants from the Croatian Health Promoting Schools Network. Compare these results with the main principles in health promoting schools and factors facilitating and influencing development of the program. Develop proposal how to move from program towards policy.

Task 2.

Visit one of health promoting school in your community and make a structured interview with teachers, pupils and parents. Write critical essay on situation, using the guidelines for health promoting school.

Visit your national coordinator or visit Website WHO/EURO to be informed about current situation in your country. Discuss the available data and a real situation with other participants. Make a list of priorities to be done to improve the situation.

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Recommended readings

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