

Dissonance and debates encircling 'health promoting schools'

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The Booth and Okely opinion piece purports to be challenging the truism that schools are "the setting of choice for child and adolescent health promotion". This objective highlights the confusion and gulf between the differing approaches of 'health promotion in schools' and the settings approach of 'health promoting schools'. Unfortunately, many researchers, policy makers and practitioners see these concepts as interchangeable, but they have very different epistemological and ideological bases. In presenting a case for looking beyond schools as intervention points for promoting physical activity, the opinion piece represents what can be labelled as "technocratic management approaches to health promotion in schools".¹ Such approaches are based on behavioural models illustrated in phrases used in the piece, such as students receive "education about healthy lifestyles"; students "learn about healthy eating behaviours"; and students "develop fundamental movement skills". The focus is on health-promoting (disease-avoiding) bodily practices.²

This disease prevention orientation is a necessary part of health care, but in this mode students are dependent on adults and the system for knowledge and consequently will not become critical thinkers about their health. They are cast in a passive role, vestiges of the medical model. This interpretation of 'settings' does not reflect the discourse of a settings approach in health promotion. Within that approach, the critical role of the social context is highlighted; attention is focused on the needs and conditions of the target population; and the organisational structure of the setting is a focus for action. Creating empowering conditions is absent in the Booth/Okely piece. These essential characteristics of a settings approach¹ for individuals and communities can be viewed as "a signal that the intervention

does not fall within the rubric of health promotion".¹ Articulation of debates in the field about a settings approach and their relationship to the opinion piece follows.

The why, what and how of health research in schools

The design and implementation of research has important outcomes for school health promotion. If you were to ask health researchers why they do research in schools, one of the reasons, as Booth and Okely explain, is that it is a highly favourable setting because there is a captive audience of an important target group. That is, it has little to do with the educational setting as the starting point. What then shapes this research? It is the pragmatics of the situation – funding sources for high-priority issues such as obesity (the discourse now linking physical activity as the panacea) and the potential impact factor of resultant publications. High impact factor public health research privileges specific research designs. The problems of such research designs for school settings have been delineated elsewhere.³⁻⁶

Two important points for health promoters working with schools about the outcomes of impact factor-driven research designs are worth noting. First, such designs contribute to the research/practice gap and problems with dissemination of research findings. Second, the education sector operates on different degrees of relationships and certainty. Awareness of the complexity of interacting factors that influence outcomes creates different levels of acceptability of evidence suited to the context.⁷ The focus of research designs that seek to achieve unequivocal outcomes for interventions in morbidity and mortality terms may not be achievable in a different setting. In health promotion,

Abstract

This critical commentary examines the differences between health promoting schools as a settings approach and health promotion in schools. The ideological and epistemological positions that these ways of working with or in schools represent have significant consequences in debates about implementation, evaluation, the nature of evidence and the criteria for success. This examination challenges some of the underlying thinking about health promoting schools demonstrated in statements in the Booth and Okely paper.

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Rootman and colleagues argue⁸ that we need a broad understanding of how evidence is gathered and appreciated in many different disciplines.

Cognisance of the educational research about how to bring about change in the school organisation facilitates the adoption of different research designs. Collaborative participatory research can assist in dissemination, as research is integrally linked to school practices. However, this does not fit the epistemological and ideological positions of many conducting health intervention research in schools. Neglect of the depth, breadth and magnitude of other related disciplinary research results in researchers not developing an understanding of the school context and the research methods that have proved efficacious within it.

Action research and participatory research have been extensively and systematically implemented in educational research. Some school health researchers' epistemological positions may preclude consideration of participatory research designs due to concerns about generalisability and contamination of data. In 'health promoting schools', action and research is about creating environments that support health. Change in schools is an expected outcome of this process. Michael Fullan, one of the leading researchers about school change, asserts that it is an ongoing and complex process, not just a single intervention or event,⁹ and that the role of teachers under the right conditions is crucial. The conditions include the role of external agents (imposing change or facilitating it); teachers' ability to work together; funding; and orientation of the school to external policies and resources. Health research in schools that is designed without acknowledgement of these factors may result in limited outcomes. This is more likely to indicate a design flaw than lack of effect.

The role of systematic reviews

In the health field, systematic reviews are used to establish if interventions have an impact. They provide evidence manifest in the form of health behaviour change. This evidence then has an impact on funding and practice. For many people in the health field, this is the scientific framework that health promotion practice sits in and is judged by. It is a framework that best suits medical investigations rather than those answering social or educational questions. Yet it is the framework that people continue to use to judge 'health promoting schools'.

To exemplify the divergence in judging what is evidence in 'health promoting schools', Lister-Sharpe and colleagues in England, in their systematic review of the evidence about schools and health in 1999, shaped their review around 'health promoting schools' and health promotion in schools.¹⁰ That is, they perceived a conceptual difference between these two approaches. The review on adolescent health commissioned

by the Victorian Department of Human Services¹¹ used controlled studies as one of the criteria for the selection of research for the report. But the advice provided in the introduction to the report put qualifiers on this process. These qualifiers were:

- Such reviews complement rather than replace the practical experience and critical judgement of planners and practitioners.
- Recommendations need to be carefully considered against the context for implementation.
- As available evidence is limited, we need to use intermediate indicators of organisational capacity.

These conditions – judgement of participants, context and organisational capacity – reflect a settings approach. While acknowledging the competing demands that have an impact on bringing about change in health status through school action, it is not just as Booth and Okely describe – the demands of time, curriculum issues and teacher competence – that create problems. The lack of clarity about a settings approach with schools also contributes. This is a result of the limited research designs employed and concomitant lack of understanding about factors that affect practice.

Settings and quality health promotion practice

The importance of recognising the different ideological bases of 'health promotion in schools' and 'health promoting schools' is that it indicates the need to differentiate evaluation and research studies on disease prevention in practice and research that is evaluating quality health promotion practice in settings. Quality health promotion is contextual, participatory, multi-strategic and dynamic.¹² It is clear that the authors, while they use the phrase "a whole school approach", are not talking about creating 'health promoting schools'. In their introduction to the disadvantages of schools as a setting they focus on what is in the "control of school staff". This signals the focus on teachers and ignores the conditions that have an impact on health and the participatory role for students and parents, fundamental aspects of quality health promotion practice. 'Health promoting schools' action recognises schools as open living systems where context and the individual affect each other, define each other and belong to the same configuration of factors. They create a dialectic to inform, produce and reproduce each other.¹³ It is the composite that the school community members interact with, not the component parts.

Doing harm

Finally, the opinion piece, in proposing to abandon school settings as a focus for physical activity and suggesting other avenues for action, may spread some of the dangers inherent in their technocratic management approach. Lister-Sharpe and

colleagues¹⁰ offer warnings about how health promotion in schools activities can be coercive, an outcome at odds with the health promotion aim of providing the conditions for empowerment of young people. "Schools are settings where the recipients of health promotion are uniquely vulnerable to misinformation."¹⁰ It is not uncommon to come across resources that distort the health problems attributable to unhealthy behaviours to scare young people. In linking body image, gender and obesity with physical activity, Booth and Okely run the risk of doing harm, lowering self-esteem and putting undue emphasis on body size, particularly for young people going through puberty. That is, the linking of content might be at odds with the outcomes desired by other health promoters such as those in mental health promotion. If we believe that 'health promoting schools' is a way of delivering good health promotion practice, then 'doing no harm' to participants and maximising the conditions for empowerment of students and teachers will be objectives of action. We do need to be alert to any of our practice, research and evaluation that may 'do harm'; for example, asking girls in a study on body image to weigh themselves when many of their peers are present to watch. We need to be reflective about our practice and challenge the assumptions it is based upon.

Conclusion

The difficulties delineated by Booth and Okley about working with schools are not in question here; they are the reality of dynamic and complex organisations. Rather, the focus is the underlying philosophy of interventions by the health sector in schools. The opinion piece does not describe "schools as a setting for physical activity", but health promotion in schools, an issues approach.¹ If it was truly articulating 'health promoting schools' then the final suggestion about linking schools with activities with families, active transport, policy development and environmental change would be totally appropriate and in keeping with a settings approach. These are strategies already

being employed by 'health promoting schools' which, in their planning, are able to look at the fundamental determinants of health and with the participation of parents implement activities such as the 'walking bus'. As it stands, the opinion piece has not justified embedding physical activity in wider fields.

References

1. Poland BD, Green LW, Rootman I, editors. The settings approach to health promotion. In: *Settings for Health Promotion. Linking Theory and Practice*. Chapter 1. Thousand Oaks (CA): Sage Publications; 2000. p. 1-43.
2. McLaren P, Leonardo Z, Perez X, Commentary. The school as a setting for health promotion. In: *Settings for Health Promotion. Linking Theory and Practice*. Chapter 3. Thousand Oaks (CA): Sage Publications; 2000. p. 127-37.
3. Speller V, Learmonth A, Harrison D. The search for evidence of effective health promotion. *Br Med J* 1997;361-3.
4. Stewart-Brown S. Evaluating health promotion in schools: reflections. In Rootman, I. Goodstadt, M. Hyndman, B. et al. (eds). *Evaluation in health promotion. Principles and perspectives*. Chapter 12. [Information sources on the Internet.] Denmark: WHO Regional Office for Europe; 2001. Available from: http://www.euro.who.int/eprise/main/WHO/InformationSources/Publications/Catalogue/20040130_1 [cited 2005 March 8].
5. Mukoma W, Flisher AJ. Evaluations of health promoting schools: a review of nine studies. *Health Promotion Int* 2004;(19):357-68.
6. Denman S, Moon A, Parsons C, Stears D. *The Health Promoting School. Policy, Research and Practice*. London (UK): Routledge Falmer; 2002.
7. Hillage J, Pearson R, Anderson A, Tamkin P. *Excellence in Research on Schools* [reports and publications on the Internet]. London (UK): Department of Education and Employment; 1998 [cited 2003 June 10]. Available from: <http://www.employment-studies.co.uk/summary/summary.php?id=exceled>
8. Rootman I, Goodstadt M, Potvin L, et al. A framework for health promotion evaluation. In Rootman I, Goodstadt M, Hyndman B, et al. (eds). *Evaluation in health promotion. Principles and perspectives*. Chapter 1. [Information sources on the Internet.] Denmark: WHO Regional Office for Europe; 2001. Available from: http://www.euro.who.int/eprise/main/WHO/InformationSources/Publications/Catalogue/20040130_1 [cited 2005 March 8].
9. Fullan M, Stiegelbauer S, editors. *The New Meaning of Educational Change*. New York: Teachers College Press; 1991.
10. Lister-Sharpe D, Chapman S, Stewart Brown S, Sowden A. Health promoting schools and health promotion in schools: two systematic reviews. *Health Technol Assess* 1999;(3):1-201.
11. Health Development Section. Adolescent Health. In: *Evidence Based Health Promotion: Resources for Planning*. No 2. Melbourne (AUST): Public Health Division, Department of Human Services; 2000.
12. Ritchie J, Rowling L. Grappling with complexity: shifting paradigms in health promotion research. *Health Educ Aust* 1997;Autumn: 7-10.
13. Eakin J, Roberston A, Poland B, Coburn D, Edwards R. Towards a critical social science perspective on health promotion research. *Health Promotion Int* 1996;(11):157-65.

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