

School health promotion – Good effort, but could do better; keep up the good work!

Jo Mitchell, Polly Price and Yona Cass

Introduction

The purpose of this short paper is to present an argument from the perspective of the health sector in favour of school health promotion and to address some of the issues raised in the article by Booth and Okely in this issue of the Journal. The paper will also touch on some of the recent debates about the value of schools as a setting for health promotion.

Settings approaches are fundamental to contemporary health promotion theory and practice. As well as considering the behaviour of the individual, a settings approach also focuses on the social, physical and economic environments in which people live, learn and work.

The Health Promoting Schools framework is the basis of recommended practice for health promotion in the school setting.¹ The framework recognises that schools have the potential to have an impact on the health and well-being of students, staff and parents and provides a comprehensive approach to school health promotion. It includes the formal curriculum, the informal curriculum (including the school ethos and the social, physical and organisational environment) and links with the school community.

Although a useful setting, schools are not the only avenue for promoting the health of young people. And, since children and adolescents are not a homogeneous group, health promotion with this population group will require a variety of entry points and strategies to be successful.

Why bother promoting health in the school setting?

Schools have often been targeted for health promotion action because of their ability to reach high numbers of students over prolonged periods of time. Since most children attend school for at least 10 years regardless of their socio-economic status or ethnic background, schools are an important setting from a social justice perspective. As argued by Booth and Okely, schools also have the infrastructure to support health promotion programs, offer skilled personnel and have effective lines of communication between health personnel, staff and students. There are, however, many other cogent reasons for working with schools.

Education and health are interconnected

Education and health are interconnected – poor health impedes students' learning, while poor educational outcomes have been shown to have an impact on individuals' long-term health.¹ The physical, social and psychological environments of schools also affect students' health and can have an impact on their ability to learn. Thus, the health sector can contribute to the core business of education, and the education sector can contribute to the core business of health.

There is commitment and synergy between the health and education sectors

Further to this, the education systems have had a long-term commitment to students' health through student welfare/pastoral care policies and through the personal development, health and physical education key learning area. More recently, health

Abstract

There are many reasons to focus on schools as a setting to promote the health of young people, including the inter-relationship between health and education, the commitment to health and synergy between the health and education sectors, the existence of evidence to support school health promotion, and the access to large numbers of students that schools provide. There remain, however, many challenges for school health promotion, including the potential to overcrowd the curriculum, the difficulty of engaging parents and community partners, issues of school or health ownership of programs and the practical dilemmas of evaluation. It is argued that rather than being reasons to avoid work in this setting, these challenges should inform intervention and broader program design.

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and education bureaucracies in several States have established policies to guide joint action to improve health, which demonstrates a readiness to work together on issues of mutual interest. There is also synergy between the guiding principles of school health promotion and educational approaches – for example, the Health Promoting Schools framework is consistent with the education sectors' whole-school approach and the components of the New South Wales (NSW) Department of Education and Training Student Welfare policy.²

There is evidence to support this work

There is evidence to support the effectiveness of health promotion in the school setting.³ For example, the results of the Wessex Healthy Schools Award showed positive effects of a grant scheme on students' uptake of smoking and drug use.⁴ In NSW, changes to the physical and social environments in a girls' high school had a positive impact on students' levels of physical activity.⁵ Similarly, a nutrition project implemented in 10 schools led to improvement in primary students', staff and parents' knowledge and attitude towards fruit and vegetables.⁶

School-based health promotion can build capacity

Working in partnership using a comprehensive approach can also build the capacity of school communities through enhancing knowledge, skills, resources and management support for school health promotion. Thus, school communities are better equipped to identify and address issues of concern in the future.

What are the challenges and practical implications for school health promotion?

Having identified schools as an important setting for health promotion, there are still many practical challenges that need to be considered. However, criticisms of schools as settings for health promotion such as overcrowded curriculum, teacher skills, school ethos or organisational issues should not be seen as a reason for avoiding that setting but rather inform intervention and broader program design.

The formal and informal curriculum

Health education is an obvious way of addressing health issues in schools as it is mandated in the curriculum. While there are dangers in overcrowding the curriculum, teachers do have skills and experience in identifying those opportunities across curriculum areas where learning about health issues can be maximised. The role of the health sector can be to resource and support teachers with professional development, thus building their skills and confidence to teach students about health.⁷

In addition, since we know that health education in the formal curriculum is not enough to facilitate changes in students' behaviour, the health sector should also encourage, support

and resource interventions to influence the informal curriculum i.e. the physical and social environments of the school. Such environmental changes can have an impact on risk and protective factors as well as enhance student satisfaction with the school and positively influence their health and learning outcomes.⁸

Parent and community links

Successful school health promotion requires partnerships beyond health and education. Links with parents, while identified as posing difficulties,⁹ are, nevertheless, very important, given the crucial influence parents have on their children's behaviour. Parents can also facilitate links with local organisations to provide valuable resources and enhance schools' capacity to address health issues. The challenge is to identify a range of realistic and effective ways to engage parents in supporting this work.

Taking a holistic or health issue approach

Although a focus on specific health issues provides a tangible focus for school health promotion, a more holistic approach, which considers the role of the school in creating health, may be a more realistic and ongoing way for schools to promote health.³ Rather than targeting specific health behaviours, this approach might see a greater emphasis on creating a place in which students feel happy and safe and with positive relationships and connections. As well as having an impact on the school climate, this can also positively influence health behaviour. The Gatehouse project in Victoria, for example, has shown that a focus on general cognitive skills and changes to the social environment of the school can have a positive impact on students' smoking and alcohol intake.¹⁰

Diversity within and between schools

Not only is there diversity within student populations, individual schools also have their own culture. Consequently, school health promotion may need to be tailored to meet the needs specific to each school and its student population, both in terms of program focus and strategies used. One size seldom fits all. This, for example, was recognised in the Mind Matters program, where each school's needs assessment informed strategies selected from a menu of options.¹¹

Ownership and sustainability

In order to maintain a sense of ownership and increase the chances of sustainability, it is important for schools to define the priorities or health issues they wish to address. However, the health sector often decides on an issue and then engages the education sector to implement interventions within schools. Thus, health promotion can be seen as something that is imposed on and done to schools, rather than something that is negotiated and worked on jointly. Further to this, interventions identified by outside agencies may bring short-term resources for the

duration of the intervention. Yet when schools commit to an issue they see the need for, they often manage to find the resources to make it a priority and integrate it into an ongoing program. Developing programs in partnership is considered a key condition for successful school health promotion,¹² but this may require health services to support schools to address school-identified rather than health service-identified priorities.

Logistics

Children and young people attend school for around six hours per day over approximately 40 weeks per year. This limits the time available and presents logistical challenges for health workers (for example, difficulty in contacting teachers and periods of high and low activity because of school holidays). School health promotion, therefore, needs to be planned within the context of limited time, be adequately resourced and supported for long enough to have an impact.^{3,12}

Evaluation

There has been much discussion about the evaluation of school health promotion, including what should be evaluated and the appropriate measures for assessing changes to the formal and informal curriculum and students' physical and emotional well-being.³ Another important aspect of this debate is how to ensure that evaluation provides both school communities and the health sector with the information they need to assess the benefits stemming from both the intervention and the evaluation. Participatory approaches to evaluation could provide a way forward here.

Conclusion

The Health Promoting Schools framework provides a useful, holistic structure for working with schools in line with current health promotion theory and practice. There are many compelling reasons for school health promotion, however schools should be seen as a component of a broader portfolio

of programs to improve the health of children and adolescents. Like all successful health promotion, it is essential for work with schools to be well planned, implemented and evaluated, with good partnerships, adequate resources and for interventions to be appropriate to the context. There are specific challenges and limitations for working in this setting; nevertheless, there have been many examples of successful initiatives. The report card on school health promotion might therefore read: "Good effort, but could do better; keep up the good work!"

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Authors

Jo Mitchell, Polly Price and Yona Cass, Health Promotion Service, South Eastern Sydney and Illawarra Area Health Service, New South Wales

Correspondence

Ms Jo Mitchell, Health Promotion, South Eastern Sydney and Illawarra Area Health Service, Division of Population Health, Locked Mail Bag 9, Unanderra, New South Wales 2526. Tel: (02) 9350 2273; fax: (02) 9350 1839; e-mail: mitchj@sesahs.nsw.gov.au