



FACILITATING DIALOGUE BETWEEN THE HEALTH AND EDUCATION SECTORS TO ADVANCE SCHOOL HEALTH PROMOTION AND EDUCATION



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INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION
UNION INTERNATIONALE DE PROMOTION DE LA SANTÉ ET D'ÉDUCATION POUR LA SANTÉ
UNIÓN INTERNACIONAL DE PROMOCIÓN DE LA SALUD Y EDUCACIÓN PARA LA SALUD

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A document of the International Union for Health Promotion and Education (IUHPE)

Available for download at our web pages on Promoting Health in Schools

<http://www.iuhpe.org/index.html?page=516&lang=en>

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This document is for policy makers and practitioners in the health and education sectors and for non-governmental organisations.

Schools are primarily places of learning and teaching. For over 100 years, aspects of health have been included in the curriculum of many countries. Yet the time allocated to it has always been small. The health content and issues explored have often been shaped by the health sector reflecting the current health issues of the country and/or region e.g. hygiene, disease transmission, weight management, sexually transmitted diseases (STDs), drugs etc. At the same time the education sector has usually attempted to develop an approach to health grounded in educational parameters e.g. enhancing students' knowledge and understanding, developing their analytical and evaluative competencies about individual and community health issues and providing opportunities for them to create ideas and strategies to address such issues.

There has always been a need for ongoing and constant dialogue between both health and education to enable school-based initiatives to be relevant to young people and for the goals of the initiative to have a very high chance of being achieved.

This document is designed to provide the stakeholders in school health with simple and practical insights into facilitating and improving dialogue between health and education.

It does this by

- Identifying the current dilemmas
- Exploring 'what are realistic outcomes for school health', and
- Indicating strategies that have a high degree of success.



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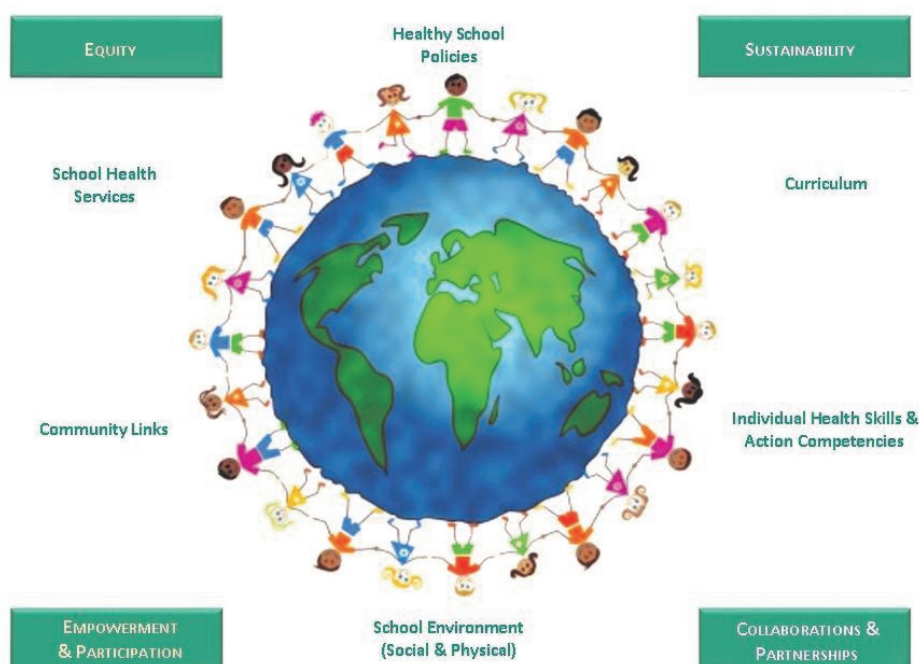
The dilemmas

1. *Different agendas and priorities.*

Traditionally the health sector saw schools as a setting where a very important population group (young people from approximately 5 to 17 years) could be accessed to provide them with information about health and appropriate behaviours that would improve and sustain their health status. Consequently the resources available were/are focused primarily on knowledge. There was/is an assumption that young people could access this knowledge and make relevant changes to their behaviours which impacted on their health.

However, scientific evidence about behaviour change and the development of young people's bodies and their capacity for processing information has changed the ways many in the health sector think and act about school health. The Ottawa Charter for Health Promotion, drafted in 1986, set out a wider concept of health about school health promotion and offered five key planks of action for promoting health. This document played a significant role in influencing how the health sector thinks. The very widely used and accepted framework of the Health Promoting School (HPS) is an outcome of this. The HPS has six areas where action takes place. These are:

- Healthy school policies
- The school's physical environment
- The school's social environment
- Individual health skills and action competencies
- Community links
- Health services



The dilemmas

- 1 *Different agendas and priorities*
- 2 *Time*
- 3 *Different models*
- 4 *Different cultural, social and political systems and resources*

At the same time the education sector had been developing its own sophisticated view of learning and teaching. For example a large body of evidence about how young people learn, curriculum theories and models, teaching approaches and styles, school leadership and management, have all shaped how the education sector thinks and acts about the purposes of school education. The competencies schools aim for, seek to empower young people with abilities to enter the adult world and also to have skills about, and insight into their own learning needs. Health education in schools has changed significantly in the last 20 years. Its outcomes are nearly always based on ensuring students have high levels of cognitive skills in the following areas:

- Remembering
- Understanding
- Applying
- Analysing
- Evaluating
- Creating

Rarely does education seek to measure its health initiatives by assessing health outcomes such as biometrics related to obesity, levels of disease transmission or the prevalence of substance use/misuse.

Meanwhile the health sector, not surprisingly sees its role to reduce levels of morbidity and mortality in the community and to access the 5 to 17 year old population group with *interventions* (a term alien to the education system). These interventions would often be based on information transfer to achieve these goals.

The HPS framework has encouraged close collaboration between health and education but there is still misunderstanding between the sectors on the language, concepts and purposes of school health. Is the goal improved health behaviours to reduce morbidity and mortality or an increased set of cognitive attributes that are fundamental to being empowered throughout life?

2. Time

Teaching about literacy and numeracy, involves many learning experiences over all the years of schooling. The time allocated to these areas and others such as science, historical and social studies, culture and the arts etc., is always in excess of the time available for health. Simply, there is very little time in the curriculum to achieve many of the educational goals of health education, let alone the wishes of the health sector for the adoption of practices conducive to better health. In addition, health is one of several subject areas or sectors, which believe that they are under-represented in the basic school curriculum. It is unlikely this 'time poor' dilemma for school health will change in the foreseeable future.

3. Different models

Public health achieved considerable health improvements in the 19th Century with for example, treatment and legislation relating to water supply, sewage disposal and safer food. In the last century this legacy was extended with improvements in nutrition, the introduction of antibiotics and the sulphonamide drugs, early childhood vaccinations, the introduction of legislation on the compulsory use of seat belt and tobacco controls and taxation etc. While many countries retain a school health service, in other countries a public health intervention approach is not deemed appropriate or relevant for schools, except as a site for mass vaccinations of children as appropriate.

The primary role of education in schools is learning and the social development of young people. Schools focus mainly on building a body of knowledge and competencies in all areas of the curriculum. Their task is not to solve the problems of society, including public health issues, but ideally to take a positive approach to nurturing, encouraging and challenging children and adolescents in ways that are appropriate to their age and levels of psychological development across a range of curriculum areas.

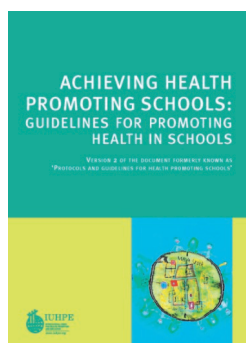
4. *Different cultural, social and political systems and resources*

The Ottawa Charter for Health Promotion and many of its subsequent charters and declarations e.g. The Bangkok Declaration, talk about equity, social justice, democratic rights, individual rights etc. However, not all countries uphold these principles and beliefs. Sadly, in many parts of the world, young people are overtly denied opportunities for education that may be influenced by poverty, civil unrest, beliefs about the roles of males and females and other social determinants of health. There are also less overt roles of education systems. Schools are vulnerable to distortion of the curriculum content and methods for extreme political or other ends. As a consequence of all of this, the curriculum of schools is a product of the history, culture, political climate, economic pressures and social judgements of a society or country.

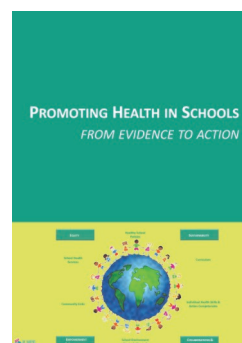
One of the international challenges is to actually create an infrastructure in many countries that constructs schools and equips them with trained teachers so children can experience a basic education. The UN millennium development goals reflect this and great progress is being made on access to a universal basic education. However it is a modest goal that, for example, doesn't necessarily apply to teenagers. It therefore follows that school health promotion and education is a very low priority in many parts of the world, where the important issues of basic literacy have not been solved and young women are denied access to educational opportunities. Although an irony of these higher priorities, is that the evidence is unequivocal that better literacy for young women would also have a huge impact on the public health of such countries.

What is realistic?

Evidence from the large amount of research from both the education and health fields and from the many evaluative studies of school health programs and practices, has provided us with a solid information base about what we can collaboratively in School Health. The IUHPE has produced two documents, which are strongly evidence based, and which have been reviewed by researchers and practitioners. They are:



Achieving Health Promoting Schools: Guidelines for promoting health in schools
(available in 9 languages)



Promoting Health in School: from evidence to action
(available in 9 languages)

The two documents summarise succinctly the evidence and provide clear guidelines to support effective school health initiatives. They also identify what the research tells us about the conditions for success.

In summary, it is possible to address the intentions of both the health and education sectors providing health and education work together and if the expectations of the school based initiatives are realistic, well resourced and take place over a considerable time, at least 5 to 7 years.

Evaluation of many collaborations between health and education have identified a number of key components for successful dialogue between the two sectors that contributes to effective school health promotion and education.

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Components of Successful Dialogue and Collaboration

a. Developing and maintaining partnerships and commitment between health and education policy makers

This is essential. It is important that it be at the highest level of the jurisdictions in the first instance and that there be continuous and active commitment and support to the ongoing implementation, renewal, monitoring and evaluation of the program initiatives. A signed partnership document between senior personnel from health and education ministries has been an effective way of formalizing this commitment. In some countries this partnership has even been formalized in legislation with for example nutritional standards being set up for school food and a requirement being set out for education inspectors to monitor this health issue.

b. Providing resources that complement the fundamental role of the teacher and which are of a sound factual and theoretical base

Resources for students complement the learning strategy, which is shaped and guided by teachers. Developing such resources requires on-going dialogue between health agencies and those with knowledge and experience in curriculum design and implementation and learning styles.

c. Ensuring that funding supports a health promotion approach and is not focused mainly on morbidity and mortality reduction

Evidence strongly supports a focus on health promotion and addressing all six areas of the Health Promoting School. All six areas need to be part of school health planning. Evidence suggests both health and education outcomes are enhanced if this holistic strategy is used.

d. Having a shared understanding of concepts and language

The education sector has certain language and concepts that have different meanings to those in health and other sectors and vice versa. Evidence has shown that understanding, time, and mutual respect are necessary to sustain successful partnerships. It also shows that regular contacts between members of joint working parties/committees plus continuity of membership are essential for success.

e. The necessity to provide the education sector with evidence about the advantages a health promoting strategy can offer schools in improving educational outcomes

Schools are becoming more accountable to their communities e.g. parents and their School Board/Council and their own education ministry. Their prime focus is to maximise educational outcomes. It is essential that dialogue between health and education addresses how the health initiative contributes to the school achieving its education and social goals.

f. Valuing partnership working and reflecting this in staff development and promotion structures

If the education and health sectors really value partnerships then this will be reflected in the training and promotion opportunities for staff in both sectors. For example the funding of joint posts between the sectors and ensuring this is a career choice for a professional that could lead to further valued work in either or both sectors.

g. Focusing on the area of Social and Emotional Wellbeing as the most important and influential health issue/topic

Evidence from many studies shows that this area of health is the fundamental building block for young people. Social and emotional health and wellbeing need to be at the centre of a collaborative dialogue as the two sectors react to what is appropriate for schools on addressing issues such as drugs, body image, sexuality. Such a dialogue will reveal the extent to which apparently different topics are united when an educational and psychosocial perspective is taken. Social and emotional factors are pivotal to the way young people learn and to the way Health Promoting Schools operate. Taking this approach can help schools achieve their health and education goals without the curriculum being overloaded with new topics.

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