ITALIAN JOURNAL OF PUBLIC HEALTH

20 Years of Health Promotion Research in and on Settings in Europe - the case of School Health Promotion

Peter Paulus

Institute of Psychology, Leuphana University, Lueneburg, Germany

Correspondence to: Peter Paulus, Institute of Psychology, Leuphana University of Lueneburg, Scharnhorsts, 1D-21335, Lüneburg Germany, E-mail: paulus@uni-lueneburg.de

Abstract

This article presents an overview of the conceptual development of school health promotion over the last twenty years. It also reflects on the changing inter-reaction between education and the health sector. It will show that the approach to school health promotion has become more setting-oriented, more complex in its intervention, more salutogenetic in its direction and more evidence based. The Health Promoting School as a setting approach has emerged and been recognised by several reviews as the most successful and therefore most recommended. In reality however, everyday school-life health-intervention of this type occurs rarely. It will be shown that after more than 10 years of piloting school health promotion, a paradigm shift has evolved in reaction to such disappointing developments. School health promotion today is linked directly to school educational development and school´s educational goals, at least in some European countries. Health intervention is conceptualized as a promoter of education in schools. The good and healthy school is the new core concept

Key words: school health promotion, setting approach, health promoting school, good and healthy school

Introduction

A charter was passed at the 1st International Conference of the World Health Organization (WHO) on Health Promotion in Ottawa, Canada in 1986 pointing the way ahead for health promotion [1]. It has taken some years and although the school as a health-promoting setting started in Europe in the late 1980s, it only became an influential concept after the European Network of Health Promoting Schools (ENHPS) was established in 1992. Today the ENHPS is a partnership between school networks in over 40 European countries, with support from the European Commission, the Council of Europe and the World Health Organization Regional Office for Europe. The Institute for Prevention and Health Promotion in the Netherlands (NIGZ) took over the Technical Secretariale of the ENPS in January 2007

Two major ENPHS conferences were instrumental in furthering the Health Promoting School approach. The first, held in Thessaloniki (Greece) in 1997, gave the message that health promoting schools are an investment in health, education and democracy, the outcome of which was a set of 10 principles, focusing on values such as equity, democracy, partnership, and on methods for the development of health promoting schools.

In 2002, the second conference of the ENHPS took place, this time in Egmond-aan-Zee (Netherlands). Participants from 43 European countries including representatives from national ministries joined the conference. As a result of this conference the "Egmond Agenda" was published [2]. It was influential in many European countries in creating a form of action plan containing steps considered essential in building successful health-promoting school programmes.

There are a growing number of new perspectives on school health promotion emerging today. One such perspective is the linking of health promotion and education more directly with the core business of schools. Health is seen here as no longer merely an aim or product of schools but more importantly a means or process for education. The health promoting school is replaced by the concept of the "good healthy school" [3].

Previous developments: From health-promotion in schools to health-promoting schools and their networks

In the 1990s the „Health Promoting School" became the main concept of WHO strategies for health- promotion within the education system. Compared to traditional health education and approaches of training "life-skills", this strategy seems to be more effective, since it integrates health topics

in schools in a more holistic way [4-7]. This development may be summarized in eight trends [8]:

1) *From „health education" to „health promotion"*. Health education in the traditional sense is no longer spoken of. Modern health education cannot be described without the term „health promotion".

2) *From the biomedical to a bio-psycho-social model of health*. Today, health is no longer conceptualized as physical wellbeing alone but seen also as encompassing several other aspects such as mental, social, ecological and spiritual wellbeing, thus integrating biological, psychological and social facets of health and their determining risk and protective factors.

3) *From school children to school community and school development*: Instead of focusing merely on school children in matters of health education and life-skills training approaches, the health promoting school emphasizes the importance of all participating groups.The emphasis is on health concerning everyone involved.

4) *From the setting school to an open network of schools and cooperation partners*: Health-promotion as a setting approach does not apply merely to an individual school and resources made available by the networking of schools and external cooperation partners are becoming increasingly apparent.

5) *From risk orientation to a concept focused on salutogenesis*: Traditional health education concentrates on risks, health promotion in schools is orientated towards chances, focusing on health resources and salutogenesis (as opposed to pathogenesis) as described by Aaron Antonovsky [9].

6) *From individual health behavior to healthy lifestyles related to socio-cultural factor*s: Health-promotion in schools understands itself as a social and socio-political project. For this reason health-promotion in schools is rapidly becoming an approach which shows solidarity linking people within schools, thus avoiding the common strategy of accusing the needy ("blaming the victim").

7) *From individual health behaviour to a setting related healthy lifestyle*: Health promotion in schools increasingly takes the environment and people´s life circumstances more into consideration. This orientation favours a rejection of a health education which is based on the individual behaviour of school children and negates psychological, medical and social causes of health problems.

8) *From a concept of norms and disciplines to an explicitly democratic emancipatory concept, to participation and empowerment*: Health promotion in schools is based on supporting self-determination over the conditions of health, thereby strengthening same. It rejects traditional paternalistic training concepts.

International experience with this setting approach has led to an all encompassing description of the field of action and the complex system principles [10-14]. The following illustration shows an overview (Table 1).

The fields of action may be characterized as follows:

1) *Teaching and learning*: health as both a topic and health promoting didactic and methodology of teaching and learning: (e.g.

Table 1. Field of action (inside) and principles (outside) the health promoting school

<table>
<tr><td colspan="3">Salutogenesis
(E)</td></tr>
<tr><td rowspan="3">Self- Determination, Participation/ Empowerment/ (C)</td><td>Teaching, learning
Curriculum
(1)</td><td>School culture
Environment of schools
(2)</td></tr>
<tr><td colspan="2">Health Promoting School
Internal/ external networking (D)</td></tr>
<tr><td>Services
Cooperation partners
(3)</td><td>Health management
in schools
(4)</td></tr>
<tr><td colspan="3">Integral concept of health and determining factors
(B)</td></tr>
<tr><td colspan="3">Sustainable initiatives for school development
(A)</td></tr>
</table>

movement and learning).

2) *School life and school environments*: health as both a principle of school culture and of structural modifications in schools (e.g. psychosocial climate).

3) *Cooperation and services*: the integration of external partners and psychosocial, respectively, medical services, in order to strengthen health promotion (e.g. psychological services in schools).

4) *Health management in schools*: the development and application of principles and health promotion strategies in school organizations. Management style, school culture and climate, working attitude and satisfaction as well as organizational learning are some of the most important fields [15].

The principles of the outer circles can be briefly described as follows:

A) *Sustainable development initiatives of school development*. Health promotion in schools must be understood as an impetus for school development. Its aim is to be an integral part of this development rather than a collection of merely pin-pointed "events" lacking in long-term influence

B) *Integral idea of health*. According to the health definition given by the WHO in 1948, health within the health promoting school is considered to be integral; a physical, psychological, social, ecological and spiritual balance of well-being. Wellbeing is determined by various factors. It is not just influenced by behaviour, depending also on genetic factors, socio-cultural conditions (e.g. the school ´s education system) and on the health system.

C) *Self-determination, participation and empowerment*. The school itself decides which health problems it chooses to deal with. Ideally, each group within a school (school children, teachers, parents, personnel outside the classroom) is involved with its pertinent requirements and expectations.

D) *Networking in- and outside the school*. Building up partnerships and cooperation is an important synergetic means of linking the various school initiatives under one umbrella concept; important both within the school and with external partners

E) *Salutogenesis*. The orientation towards salutogenesis sensu Aaron Antonovsky [9] is a further vital aspect of the health promoting school: Working from a salutogenic perspective means strengthening people within schools, supporting them in finding and keeping self-confidence, making their lives worth-while, meaningful, and helping them (re-)discover the world they are part of.

Research on school health promotion has shown the whole school approach of the Health Promoting School as the most promising, although none of the programmes hitherto implemented has integrated all approach components. So programmes that were effective were likely to be complex, multifactorial and involve activity in more than one component of the health promoting school. Whole school approaches for mental health promotion (including conflict resolution, reduction of violence and aggression) and those promoting healthy eating and physical activity are the most effective. Programmes aimed at preventing substance misuse or promoting safe sex or oral hygiene were least effective. Those effective healthy eating and physical activity programmes had more extensive interventions and better trained teachers than others and effective healthy eating programmes were those that provided healthy food in canteens and involved parents. In general it seems that those interventions that involved parents and included environmental approaches are more likely to be successful. The analyses also show that improvements in health knowledge are easier to achieve than changes in attitudes and health behaviour. [13, 16-18].

While the above mentioned overview focuses more on conceptual changes, Young [19] in his description of the development of the Health Promoting School approach, emphasised mainly the integration of school health promotion into school as an educational system. He differentiates three phases in this process. (a) Initial experimental, (b) Strategic developmental and (c) Establishment phase (see Table 2 for a stage three description). Young comes to the positive conclusion, that nowadays school health promotion is more integrated in and in line with the educational agenda of the school system. If only to a certain degree, schools have adopted the health promoting school approach in their daily school life and curriculum.

This is a rather optimistic view and may only be true for some countries such as Scotland. Recent research on the dissemination and implementation of the setting based approach of school health promotion in Germany paints a different picture [20]. Only 13 % of all German schools could be identified as working in accordance with this approach, documenting it by membership in pilot programmes, writing

Table 2. Stage three of the development of the Health Promoting School approach [16]

•	Policy statements at national level for the most part initially in the health sector, feed into the education sector.
•	Policy statements on specific school initiatives relating to health are increasingly placed in the context of health promoting schools, for example curriculum policy statements, food provision policy in schools.
•	The education sector takes on greater responsibility for health promotion in schools and integrates health promotion into mainstream education.
•	At the level of the individual school, health promotion becomes institutionalised, that is it becomes integral to the school´s core values and normal working.

guidelines into their own school programmes etc. These seem however, to be statements of intention, while the reality of school health promotion in schools is something different. Random sampling shows a far less prominent whole school approach in every day school life.

This raises some questions as to the evidential basis of this often unchallenged approach. While considering its improvement and investigating perspectives that promise greater long-term success without renouncing previous developmental achievements, two clear and obvious deficits become apparent:

- *Sparse distribution of health promoting schools:* It seems that not only in Germany but all over Europe, most schools are unable to cope with the challenge offered by implementing the concept and further, that the concept has so far not had the expected effect. Although required by the resolution of Thessaloniki (1997) the target has not yet been reached, i.e. that each child within Europe should have the right to visit a health promoting school [21, 22]. In the face of existing health problems in schools [23, 24], the stage achieved remains far removed from the desired goal.
- *Lack of attention given to health promotion in current debates on educational policy and theory:* Current debate on educational policy and theory in reforming and improving schools is notably lacking in references to health promotion. This debate raises important questions of strategy in implementing more efficient, modern, innovative schools and already provides a basis for concrete implementation programmes. Such initiatives however, proceed largely without reference to the experience already gained in the development of health-promoting schools.

This unfortunate development cannot be explained by blaming superficial phenomena, such as an inadequately developed approach to advocating health promotion. The reasons are more profound, the main reason being that the health-promoting school approach did not originate from the school sector itself in response to demands for improving education. Rather, it was initiated by external health-focused interests, seeking alliance in the school sector. The main impetus for development came from concerns among health professionals as to ways to secure better population health. At the European level, the main driving forces were the WHO, which has run the Technical Secretariat of the European Network of Health Promoting Schools in Copenhagen, the Council of Europe and the European Commission. These promote the international network and projects, through activity programmes mainly concerning the community in matters of public health, but also advocating partnership with the education sector. The key targets focused on were health, partly referring to epidemiological knowledge of the health status of children and young people, and to the results and challenges of research on disease prevention and health promotion. In this respect, schools are considered to be institutions reaching young people across all social strata. Socially disadvantaged groups that are often burdened with higher health risks may thus be appealed to without counterproductive stigmatization.

Consequences: health promotion in schools revised – a new paradigm

In the face of insufficient developments in implementing the concept of Health Promoting Schools, not only in Germany, the time has come to propose a new approach. The rest of this paper outlines just such a new approach, by examining school health promotion from an educational perspective and proposing appropriate strategies for action on that basis. The starting-point is no longer the question of how schools can promote health or become healthier. Rather, the question is whether health promotion can contribute to improving the quality of education, enabling schools to fulfil their primary tasks in learning, teaching and managing themselves. Whereas the

previous approach expected schools to be responsible for health, the revised view presented here considers health as a factor that can offer added value to schools and, in a specifically educational sense, help make good schools. It promises therefore to be helpful in managing the main task of schools. Should health promotion in schools fulfil this promise it would earn respect, since it contributes substantially to the central objective [25, 26] Increasingly, research shows that this link exists. An overview on recent results is presented by Murray et al [27- 29].

As an interim conclusion of the previous explanations, the following illustration compares the fields of activity of health promoting schools with dimensions of the good school (Table 3)

In comparison with the fields of action of a health promoting school, the dimensions of a good school, show many similarities. The setting approach of health promotion in schools, and the good schools work, for the most part, in the same field. The main difference is that they are based on different outlooks, striving for different targets. The health promoting school has as its target, bringing health to school at all levels of the organization. This includes the health education of school children, but also teachers´ health targets and the organizational structure and daily routine

Table 3. Activity fields of the health promoting school and dimensions of the exemplary school – a comparison

Dimensions of a health promoting and good school		
Health promoting school		**Good school**
Teaching, learning, curriculum		Teaching and education outcome
		Learning and teaching
Health management in schools	**School**	Leadership and management
Services, cooperation partners		
School culture, scholar environment		School climate and school culture
		Satisfaction

of the school (see table 2 above). As a long-distance target, improvement of the educational quality of schools is loosely linked. In this way both health and educational targets are pursued. During planning and implementation it is often not clear just how targets are related to each other, which explicit health targets are set, or what the dependent or independent educational targets might be. Targets often do not seem very clearly defined.

In comparison, in order to achieve an improvement in quality, the good school pursues targets in the field of education directly and explicitly within the demonstrated dimensions. Roughly speaking, the five dimensions of the good school can be circumscribed by their criteria: (1) Fulfillment of Educational Tasks: academic achievement, social skills, learning skills, individual and creative thinking skills etc. (2) Learning and teaching process: Learning and teaching strategies, balance in teaching, assessment (3) Leadership and management process: Vision, decision making, communication, operational management etc. (4) Climate and culture: School climate, promoting positive behaviour, support for students; (5) Satisfaction: Fulfillment of students needs, teachers´ satisfaction with their work.

Although obvious similarities have been stated, only little cooperation exists between the approaches and their representational persons or groups. The different perspectives are clearly accompanied by different points of view on schools and school requirements, leading to a divergence of research approaches, differing implementation practice and of research promotion institutions. These are on national and international levels, operating independently of each other.

The good and healthy school

In the good school approach, these two different developments must be harmonized. The good and healthy school is clearly committed to the quality dimensions of a good school, applying those special health interventions for implementing such tasks in the field of education and teaching that result from this commitment. The target is the long-lasting, efficient increase in the quality of teaching and education in schools. It also illustrates the considered evaluation criteria. A greater orientation towards educational targets is manifest in this approach. Health targets remain intermediary [3]

Two examples illustrate this approach

Dimension: Leadership and Management; Criteria: Operational Management

In the good, healthy school…

- an optimal supply of suitable types of sports activities is offered, fulfilling pupils requirements for movement, sufficient accessible games and sports apparatus,

ergonomically designed furniture
- attention is paid to correct lighting, good ambience (e.g. ventilation), protection from toxins, reduction of noise, to cleanliness and hygiene (e.g. toilet facilities)
- the school administration ensures the existence of a well-functioning security system (health-care, safety at work, fire-prevention, evacuation plans, fittings and equipment)

Dimension: Climate and Culture; Criteria:

Promoting positive behaviour

In the good, healthy school…
- rules of behaviour governing social interaction of all school participants are developed together with pupils
- modes of coping with crises and conflict are offered for all members of school (moderators, mediators, psychological advice/ guidance)

Conclusions

In future, each school must be a "good healthy school". In order to improve educational work, health will become obligatory for schools. The evaluation of experience gained from pilot tests on health promoting schools, not only in Germany but also in the „European Network of Health Promoting Schools" [5,23, 24], justifies these expectations. Health makes a difference and means an increase in quality. In Germany, in the context of a pilot test, the project „Anschub.de" will be able to give important impetus within the association of various partner organizations working nationally. The requested cooperation with the Federal Office of Public Health in Switzerland, intended to be followed by further international cooperation, will also strengthen the idea of an exemplary healthy school at international level. The second conference of the „European Network of Health Promoting Schools", that took place in Egmond in the Netherlands in September 2002 has already cleared a path towards a new definition of the „Alliance of Education and Health" [5] in the international network. The concept of health promoting schools will then be reserved for schools committed to the health topic. As such they will differ specifically from other schools, e.g. be in competition with others on the educational market. They will follow the traditional basic idea of Health Promoting Schools, propagated at the beginning of the 90´s by the WHO, which has subsequently been considered the most innovative form of health education in schools for a very long time [30, 31]. Schools however, are constantly confronted with new eras and challenges, and for this reason health promotion in schools demands constant new development [32]. The good healthy school is an approach promising higher quality pedagogical work than could probably be achieved with the good school, still based on the traditional approach of health promoting schools.

References

1) World Health Organization. Die Ottawa-Charta zur Gesundheitsförderung. [The Ottawa Charta for the health promotion]. In: Paulus P ed. Prävention und Gesundheitsförderung. Perspektiven für die psychosoziale Praxis. [Prevention and health promotion. Perspectives for the psychosocial praxis]. Köln: GwG-Verlag, 1992: 17-22.

2) Young I. Conference report: Education and health in partnership. A European conference on linking education with the promotion of health in schools, Egmond aan Zee, the Netherlands, 25-27 September 2002. Copenhagen: WHO Regional Office for Europe, 2002.

3) Paulus P. From the Health Promoting School to the Good and Healthy School: new developments in Germany. In: Clift S., Jensen BB. editors. The health promoting school: international advances in theory, evaluation and practice. Copenhagen: Danish University of Education Press, 2005: 55-74.

4) Canterbury Christ Church College, Centre for Health Education and Research. The implementation of ENHPS in different national contexts. Copenhagen: WHO, 1997.

5) Stewart Burgher M, Barnekow-Rasmussen V, Rivett D. The European Network of Health Promoting Schools. The alliance of education and health. Copenhagen: World Health Organization, 1999.

6) International Union for Health Promotion and Education. The evidence of health promotion effectiveness Part two. Evidence book. Brussels: ECSC, 1999.

7) Denman S; Moon A; Parsons C, Stears D. The Health Promoting School. Policy, research and practice. London: Routledge, 2001.

8) Paulus P. Gesundheitsförderung in der Schule. [. School health promotion]. In: Merke K. ed. Umbau oder Abbau im Gesundheitswesen? Finanzierung, Versorgungsstrukturen, Selbstverwaltung. [Reorganization or reduction in the public health system? Financing, structures of supply, autonomy]. Berlin: Quintessenz Verlag, 1998: 510-21.

9) Antonovsky A. Salutogenese. Zur Entmystifizierung der Gesundheit. [Demystifying of health]. Tübingen: dgvt-Verlag, 1997.

10) Weare K. Promoting mental, emotional and social health. A whole school approach. London: Routledge, 2000.

11) St. Leger L. Developing indicators to enhance school health. Health Education Research 2000;15:719–28.

12) St. Leger L. Schools, health literacy and public health: possibilities and challenges. Health Promotion International 2001;16:197-205.

13) Stewart-Brown S. What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? Copenhagen: WHO Regional Office for Europe, 2006 Health Evidence Network report. Available from www.euro.who.int/document/e88185.pdf [Accessed, December 2007]

14) Clift S, Jensen BB eds. The health promoting school: international advances in theory, evaluation and practice. Copenhagen: Danish University of Education Press, 2005.

15) Bertelsmann Stiftung, Hans Böckler Stiftung. Erfolgreich durch Gesundheitsmanagement. Beispiele aus der Arbeitswelt. [Successful with health management. Models of good practice from the word of employment]. Gütersloh: Verlag Bertelsmann

Stiftung, 2000.
16) Weare K, Markham W. What do we know about promoting mental health through schools? Prom Ed 2005;12,3-4:118-22.
17) Lister-Sharp D, Chapman, S , Stewart-Brown S Sowden A. Health promoting schools and health promotion in schools: two systematic reviews. Health Technol Ass 1999;3(22):1-207.
18) Evans DL, Foa EB, Gur RE, Hendin H, O'Brien CP, Seligman MEP, Walsh BT eds. Treating and Preventing Adolescent Mental Health Disorders What We Know and What We Don't Know. A Research Agenda for Improving the Mental Health of Our Youth. Oxford: Oxford University Press, 2005.
19) Young, I. School health promotion – a historical perspective. Prom Ed 2005:12:112-7.
20) Paulus P, Witteriede H. Bilanzierung der Aktivitäten zur Gesundheitsförderung im ganzheitlichen Konzept einer gesunden Schule. [Taking stock out of the activities in school health promotion within the concept of the healthy school]. Dortmund/Berlin: Bundesanstalt für Arbeitsschutz und Arbeitsmedizin, 2007.
21) WHO. The Health Promoting School – an investment in education, health and democracy. Conference report. WHO: Copenhagen, 1999.
22) Paulus P. Gesundheitsfördernde Schulen als Gegenpotential zum Leben? [Health promotion schools as counter potential to real life?] In: Altgeld Th., Hofrichter P. editors. Reiches Land – kranke Kinder? [Rich country – ill children?]. Frankfurt: Mabuse-Verlag, 2000:235-59.
23) Currie C, Hurrelmann K, Settertobulte W, Smith R, Todd J. eds. Health and health behaviour among young people. Health Behaviour in School-aged Children: a Cross-National Study (HBSC). International Report. Copenhagen: WHO, 2000.
24) Hackauf H, Winzen G. Gesundheit und soziale Lage von jungen Menschen in Europa. [Health and social situation of young people in Europe]. Wiesbaden: VS Verlag für Sozialwissenschaften, 2004.
25) Paulus P, Gröschell M, Bockhorst R. Anschub.de – Allianz für nachhaltige Schulgesundheit und Bildung. [Anschub.de – Alliance for sustainable school health and education]. Prävention 2002;25:75-7.
26) Barkholz U, Gabriel R, Jahn H, Paulus P. Offenes Partizipationsnetz und Schulgesundheit. Gesundheitsförderung durch vernetztes Lernen. [Open anticipatory network and school health. Health promotion through netbased learning]. Norderstedt: Libri, 2001.
27) Murray B, Low BJ, Hollis CH, Cross AW, Davis SM. Coordinated school health programs and academic achievement: A systematic review of the literature. J School Health 2006;77:589-600.
28) Bailey, R. Physical education and sport in schools: A review of benefits and outcomes. J School Health 2006;76:397-401.
29) Sigfusdottir ID, Kristjansson AL, Allegrante JP. Health behaviour and academic achievement in islandic school children. Health Ed Res 2007;22:70-80.
30) Barnekow V, Buijs G, Clift S, et al. Health-promoting schools: a resource for developing indicators. Copenhagen: WHO Regional Office for Europe, 2006.
31) Paulus P. Die Gesundheitsfördernde Schule. Der innovativste Ansatz gesundheitsbezogener Interventionen in Schulen. [The health promoting school. The most innovative approach of health related interventions in schools]. Die Deutsche Schule 1995;87:262-81.
32) St Leger L., Nutbeam D. A model for mapping linkages between health and education agencies to improve school health. J School Health 2000;70:45–50.