



S·H·E

Schools for Health in Europe

Schools for Health in Europe in the world of sustainability

Continuities, Changes and Challenges in research and practice

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Summary

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1. Evolution of the concept of health promotion before the formation of the European Network of Health Promoting Schools / Schools for Health in Europe Network Foundation (SHE)
2. Lessons Learnt from the European Conferences on Health Promoting Schools
3. Current Challenges for Health Promoting Schools
4. Final remarks

1978 (WHO)

Declaration of Alma-Ata on Primary Health Care: Health for all by the year 2000 (1)

Prior to the European Network of Health Promoting Schools

- First International Conference on Primary Health Care
 - The need for urgent action to protect **and promote the health of all people**
 - It is based on the values and principles of **social justice** and **equity**
 - **Advocates respect for diversity, dignity and human rights**
 - **Reaffirms the WHO definition of health** as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"
 - Advocates for reducing **health inequalities** within and between countries
- (World Health Organization [WHO], 1978)



1978 (WHO)

Declaration of Alma-Ata on Primary Health Care: Health for all by the year 2000 (2)

Prior to the European Network of Health Promoting Schools

- **Health as a socio-economic issue and as a human right**
- **The role of State:** is providing adequate health and social measures
- **Health systems:** need to incorporate the concept of primary health care



(WHO, 1978)

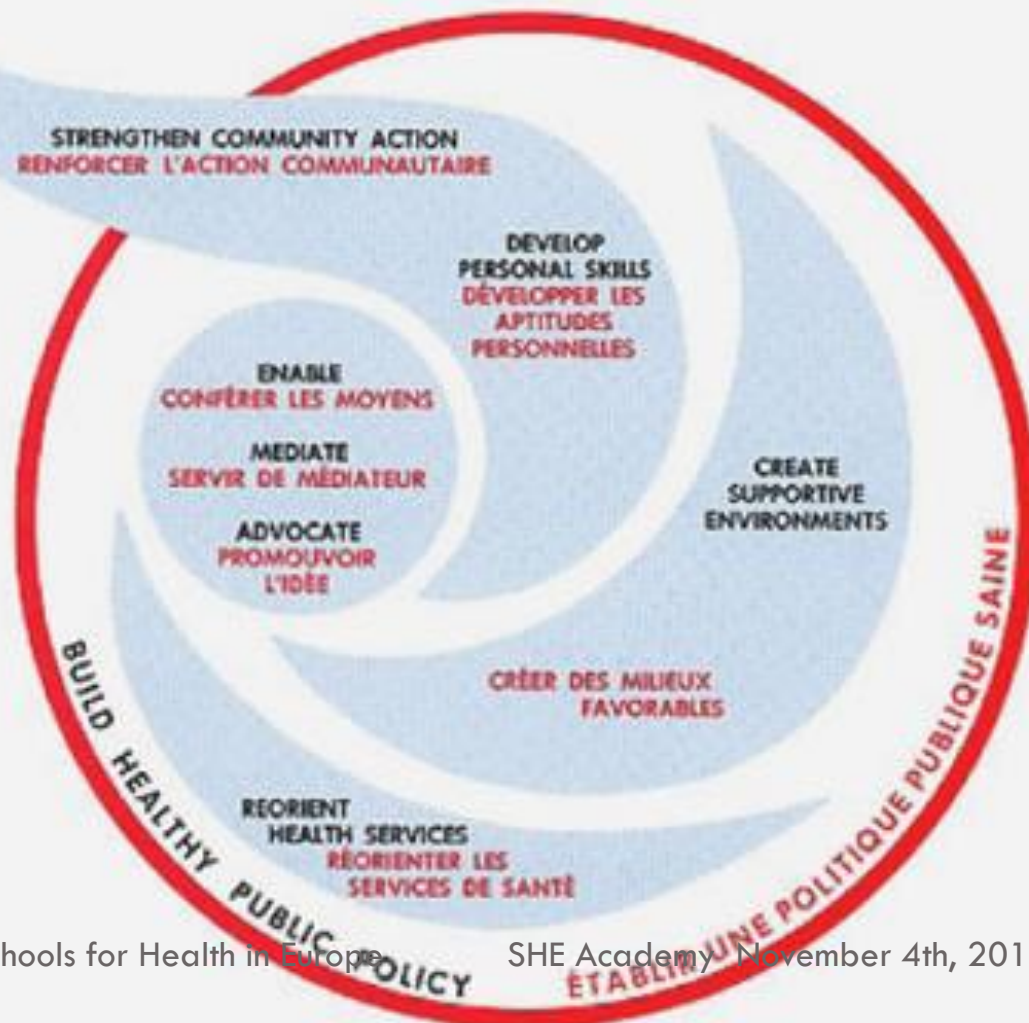
- This declaration is seminal milestone in global health.
- Forty years later, global leaders ratified the Declaration of Astana at the Global Conference on Primary Health Care which took place in Astana, Kazakhstan in October 2018.

(WHO,2018)

1986 (WHO)

The Ottawa Charter for Health Promotion (3)

Prior to the European Network of Health Promoting Schools



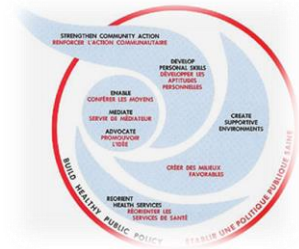
- **First International Conference on Health Promotion**
- **Ottawa, Canada, 21 November 1986**

1986 (WHO)

The Ottawa Charter for Health Promotion (4)

Prior to the European Network of Health Promoting Schools

- Aimed at creating guidelines for achieving health for all in the year 2000 and beyond
- Responding to rising expectations for a **new global Public Health movement**
- **Health promotion**



Health promotion is the process of **enabling people to increase control over, and to improve, their health**. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment.

□ **Health**

Is a resource for everyday life, not the objective of living.

Is a **positive concept** emphasizing social and personal resources, as well as physical capacities.

1986 (WHO)

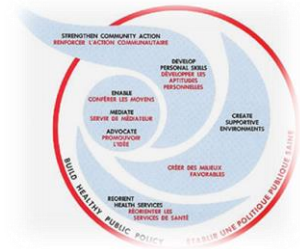
The Ottawa Charter for Health Promotion (5)

Prior to the European Network of Health Promoting Schools

Prerequisites for Health

- peace
- shelter
- education
- food
- income
- **a stable eco-system**
- **sustainable resources**
- social justice, and equity

(WHO, 1986)



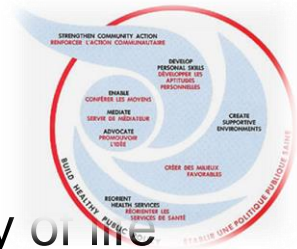
1986 (WHO)

The Ottawa Charter for Health Promotion (6)

Prior to the European Network of Health Promoting Schools

Advocate

- **Good health** is a major resource for social, economic and personal development and an important dimension of quality of life
- Factors that can be favor or be harmful to health
 - Political
 - Economic
 - Social
 - Cultural
 - Environmental
 - Behavioural
 - Biological (WHO, 1986)



1986 (WHO)

The Ottawa Charter for Health Promotion (7)

Prior to the European Network of Health Promoting Schools

Enable

- Health promotion focuses on achieving **equity in health:**
 - Reducing differences in current health status
 - Ensuring equal opportunities and resources
- **This includes:**
 - A secure foundation in a supportive environment
 - Access to information
 - Life skills
 - Opportunities for making healthy choices.
- People cannot achieve their fullest health potential unless **they are able to take control of those things which determine their health. This must apply equally to women and men.** (WHO, 1986)



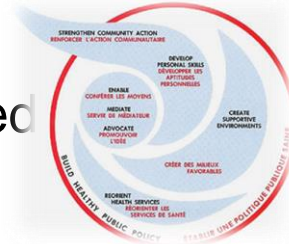
1986 (WHO)

The Ottawa Charter for Health Promotion (8)

Prior to the European Network of Health Promoting Schools

Mediate

- The prerequisites and prospects for health cannot be ensured **health sector alone.**
- **Health promotion demands coordinated action by all concerned with health promotion:**
 - Governments
 - Health and other social and economic sectors
 - Nongovernmental and voluntary organizations
 - Local authorities
 - Industry
 - Media
 - People must be involved as individuals, families and communities.
 - Professional and social groups and health professionals have a major responsibility to mediate between differing interests in society for the pursuit of health.

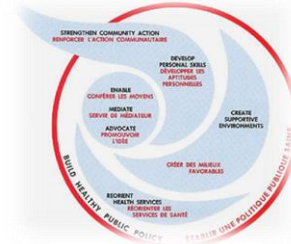


1986 (WHO)

The Ottawa Charter for Health Promotion (9)

Health Promotion Intervention

- Build Healthy Public Policy
- Create Supportive Environments
- Strengthen Community Actions
- Develop Personal Skills
- Reorient Health Services
- ***Moving into the Future***
 - Health is created and lived by people **within the settings of their everyday life**
 - Caring, holism and **ecology** are essential issues in developing strategies for health promotion
 - In each phase of planning, implementation and evaluation of health promotion activities, **women and men should become equal partners**



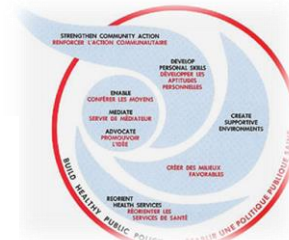
1986 (WHO)

The Ottawa Charter for Health Promotion (10)

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Prior to the European Network of Health Promoting Schools

Health Promotion Intervention



An Introduction to Health Promotion and the Ottawa charter. Retrieved from:
<https://www.youtube.com/watch?v=G2quVLcJVBk>

The Ottawa Charter is the base of the
 whole school approach

Essential Elements of a Health Promoting School (11)

◆ **Healthy school policies**

These are **clearly defined in documents** or in accepted **practices** that promote health and well-being (e.g. policies that enable healthy food practices at school; policies which discourage bullying).

◆ **The school's physical environment**

▪ **the buildings, grounds and equipment** in and **surrounding the school** (e.g. the building design and location; the provision of natural light and adequate shade; the creation of space for physical activity and facilities for learning and healthy eating).

▪ **basic amenities** (e.g. maintenance and sanitation practices that prevent transmission of disease; safe drinking water availability; air cleanliness; as well as any environmental, biological, or chemical contaminants detrimental to health).

(IUHPE, 2009)

Essential Elements of a Health Promoting School (cont.) (12)

◆ **The school's social environment**

is a combination of the **quality of the relationships** among and between **staff** and **students**. It is influenced by the relationships with **parents** and the wider **community**.

◆ **Individual health skills and action competencies**

formal and informal curriculum and associated activities, where students gain age-related knowledge, understandings, skills and experiences, which enable them to build competencies in **taking action** to improve the health and well-being of themselves and others in their community, and which enhances their learning outcomes.

◆ **Community links**

participation with these stakeholders enhances the HPS and provides students and staff with a context and support for their actions.

◆ **Health services**

(IUHPE, 2009.)

1988 (WHO)

The Adelaide Recommendation on Healthy Public Policy (13)

Prior to the European Network of Health Promoting Schools

- 2nd International Conference on Health Promotion, Adelaide, South Australia, 5-9 April 1988
- **Identified five health promotion action areas:**
 - Build Healthy Public Policy
 - Create supportive environments
 - Develop personal skills
 - Strengthen community action
 - Reorient health services.



1988 (WHO)

The Adelaide Recommendation on Healthy Public Policy (14)

□ Priority areas for immediate action in public health policies



(1) Supporting the health of women

- Women are **the primary health promoters** all over the world, and most of their work is performed without pay or for a minimal wage.

- This Conference proposes that countries start developing a national women's healthy public policy in which **women's own health agendas are central** and which includes proposals for:
 - equal sharing of caring work performed in society
 - birthing practices based on women's preferences and needs
 - supportive mechanisms for caring work, such as support for mothers with children
 - parental leave, and dependent health-care leave.

1988 (WHO)

The Adelaide Recommendation on Healthy Public Policy (15)

Prior to the European Network of Health Promoting Schools

□ Priority areas for immediate action in public health policies



(2) Food and nutrition

Adelaide 1988

- The elimination of hunger and malnutrition is a fundamental objective of healthy public policy.
- The Conference recommends that governments take immediate and direct action at all levels to use their purchasing power in the **food market** to ensure that the food-supply under their specific control (such as catering in hospitals, schools, day-care centres, welfare services and workplaces) gives consumers ready access to nutritious food.

(3) Tobacco and alcohol

(4) Creating supportive environments

Policies promoting health can be achieved only **in an environment that conserves resources** through global, regional, and local ecological strategies.

1988 (WHO)

The Adelaide Recommendation on Healthy Public Policy (16)



Prior to the European Network of Health Promoting Schools

Health Promotion International, Vol. 23 No. 1
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EDITORIAL

Adelaide revisited: from healthy public policy to Health in All Policies

Increasingly countries are looking for mechanisms and strategies to implement a Health in All Policies Process. In the following, we give a short overview of the recent experiences in the State of South Australia—a process in which all three authors of this editorial were fully involved. These developments have led—20 years on—to a rediscovery and revisiting of the Adelaide Recommendations on Healthy Public Policy, adopted at the Second International Conference on Health Promotion in Adelaide in 1988 (WHO, 1988).

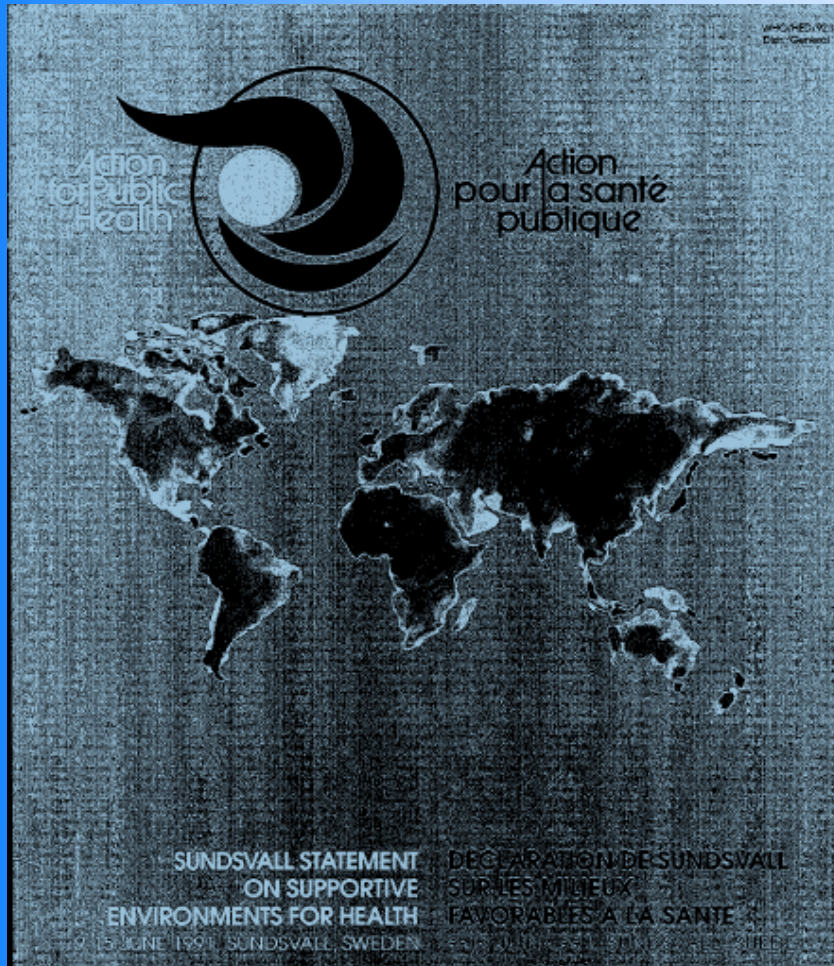
mainly developed countries. The conference confirmed that equity and accountability were key issues for health (Svensson, 1988).

Public policies in all sectors influence the determinants of health and are a major vehicle for actions to reduce social and economic inequities, for example by ensuring equitable access to goods and services as well as health care. The Adelaide Recommendations on Healthy Public Policy called for a political commitment to health by all sectors (see below). Policy-makers in diverse agencies working at various levels (international, national regional and local) were

Kickbusch, I., McCann, W., & Sherbon, T. (2008). Editorial. Adelaide revisited: from healthy public policy to Health in All Policies. *Health Promotion International*, 23(1), 1-2. doi:10.1093/heapro/dan006.

1991 (WHO) Sundsvall Statement on Supportive Environments for Health (17)

The European Network of Health Promoting Schools was born in 1991



- 3rd International Conference on Health Promotion: **Supportive Environments for Health**, Sundsvall, Sweden, 9-15 June 1991
- The concept of **Healthy Settings** has been reinforced (WHO, 1991)

Setting for Health

The place or social context in which people engage in daily activities in which environmental, organizational, and personal factors interact to affect health and wellbeing.

Health Promotion Glossary (1998)

1991 (WHO) Sundsvall Statement on Supportive Environments for Health (18)

The European Network of Health Promoting Schools was born in 1991

- It calls on people around the world to actively strive to make **environments healthier**
- It analyzed **health and environmental issues** and underlined the existence of millions of **people living in conditions of poverty** and deprivation making the Health for All Goal difficult to achieve
- Reversing reality is making the **physical, social, spiritual, economic and political environments more favorable** to human health rather than contributing to its deterioration.



1991 (WHO) Sundsvall Statement on Supportive Environments for Health (19)

The European Network of Health Promoting Schools was born in 1991

Proposals for action

- **Equity**
- Recognizing **the interdependence of all living beings**, and must manage all natural resources taking into account the needs of coming generations



(WHO, 1991)

Key public health action strategies to promote the creation of supportive environments at community level

- **Strengthening advocacy** through community action, particularly through groups organized by women
- **Enabling communities and individuals** to take control over their health and environment through education and empowerment
- **Building alliances** for health and supportive environments in order to strengthen the cooperation between health and environment campaigns and strategies
- **Mediating between conflicting interests** in society in order to ensure equitable access to supportive environments for health

1997 (WHO)

The Jakarta Declaration on Leading Health Promotion into the 21st Century (20)

The European Network of Health Promoting Schools was born in 1991

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The Jakarta Declaration on Leading Health Promotion into the 21st Century

.....

Adopted at the Fourth International Conference
on Health Promotion, July 21-25, 1997
Jakarta, Republic of Indonesia

Health promotion is a key investment

Health is a basic human right and is essential for social and economic development. Increasingly, health promotion is being recognized as an essential element of health development. It is a process of enabling people to increase control over, and to improve, their health. Health promotion, through investment and action, has a marked impact on the determinants of health so as to create the greatest health gain for people, to contribute significantly to the reduction of inequities in health, to further human rights, and to build social capital. The ultimate goal is to increase health expectancy, and to narrow the gap in health expectancy between countries and groups.

The Jakarta Declaration on Health Promotion offers a vision and focus for health promotion into the next century. It reflects the firm commitment of participants in the Fourth International Conference on Health Promotion to draw upon the widest possible range of resources to tackle health determinants in the 21st century.

Determinants of health: new challenges

The prerequisites for health are peace, shelter, education, social security, social relations, food, income, the empowerment of women, a stable eco-system, sustainable resource use, social justice, respect for human rights, and equity. Above all, poverty is the greatest threat to health.

Demographic trends such as urbanization, an increase in the number of older people and the high prevalence of chronic diseases pose new problems in all countries. Other social, behavioural and biological changes such as increased sedentary behaviour, resistance to antibiotics and other commonly available drugs, increased drug abuse, and civil and domestic violence threaten the health and well-being of hundreds of millions of people.

- ❑ 4th International Conference on Health Promotion: New Players for a New Era - Leading Health Promotion into the 21st Century,
- ❑ Jakarta from 21- to 25 July 1997
- ❑ There are new challenges in the **determinants of health** (WHO, 1997)

1997 (WHO)

The Jakarta Declaration on Leading Health Promotion into the 21st Century (21)

The European Network of Health Promoting Schools was born in 1991

Determinants of health: new challenges

- The **prerequisites for health** are peace, shelter, education, social security, social relations, food, income, the empowerment of women, a stable eco-system, sustainable resource use, social justice, respect for human rights, and equity. Above all, **poverty is the greatest threat to health**

- **Threaten the health and well-being of hundreds of millions of people:**
 - Demographic trends such as urbanization, an increase in the number of older people and the high prevalence of chronic diseases
 - Increased sedentary behavior
 - Resistance to antibiotics and other commonly available drugs
 - Increased drug abuse
 - Civil and domestic violence

1997 (WHO)

The Jakarta Declaration on Leading Health Promotion into the 21st Century (22)

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The European Network of Health Promoting Schools was born in 1991

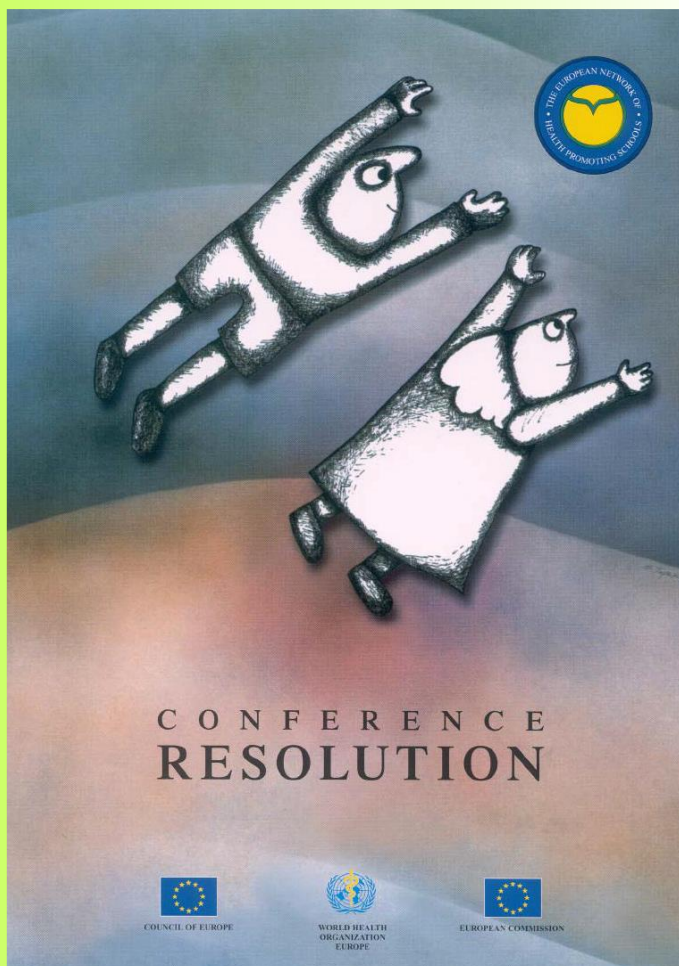


Social Determinants of Health - an introduction. Retrieved from:
<https://www.youtube.com/watch?v=8PH4JYfF4Ns>

What is the framework for reaching healthy people 2020 goals?

1997 (ENHPS,WHO Regional Office for Europe) Conference Resolution (1)

The European Network of Health Promoting Schools was born in 1991



1991

The European Network of Health Promoting Schools was born as a WHO supported network

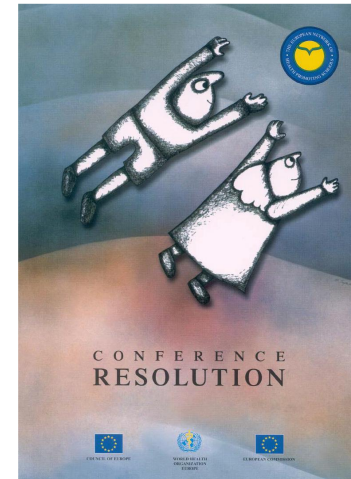
- 1st International Conference on Health Promoting Schools – **an Investment in Education, Health and Democracy**, Thessaloniki-Halkidiki, Greece, 1–5 May 1997
(ENHPS,WHO Regional Office for Europe, 1997)

1997 (ENHPS,WHO Regional Office for Europe) Conference Resolution (2)

The European Network of Health Promoting Schools was born in 1991

Conference Resolution

- Every child and young person in Europe has the right, and should have the opportunity, to be educated in a health promoting school.
- Evidence shows us that the determinants of both education and health are indivisible linked



Principles to be put into practice

1. Democracy
2. Equity
3. Empowerment and action competence
4. School environment
5. Curriculum
6. Teacher training
7. Measuring success

(ENHPS,WHO Regional Office for Europe, 1997)

1997 (ENHPS,WHO Regional Office for Europe) Conference Resolution (3)

The European Network of Health Promoting Schools was born in 1991

1. Democracy

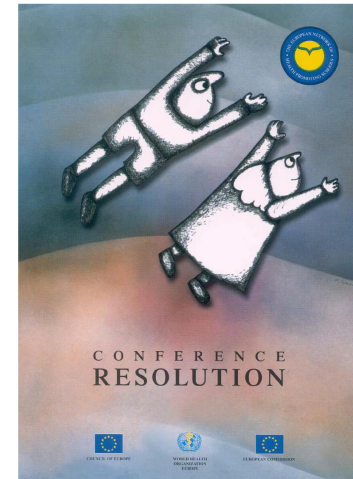
The health promoting school is founded on democratic values conducive to the promotion of learning, personal and social development and health.

2. Equity

Equal access for all children and young people to education and health.

3. Empowerment and action competence

Health promoting schools improves young people's abilities to take action and make the change.



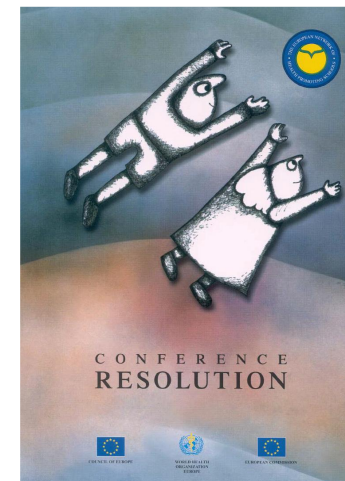
(ENHPS,WHO Regional Office for Europe, 1997)

1997 (ENHPS,WHO Regional Office for Europe) Conference Resolution (4)

The European Network of Health Promoting Schools was born in 1991

4. School environment

The health promoting school places emphasis on the school environment, both physical and social, as a crucial factor in promoting and sustaining health. This includes the formulation and monitoring of health and safety measures, and the introduction of appropriate management structures.



5. Curriculum

- opportunities for young people to gain knowledge and insight, and to acquire essential life skills
- relevant to the needs of young people
- stimulating their creativity, encouraging them to learn and providing them with necessary learning skills.

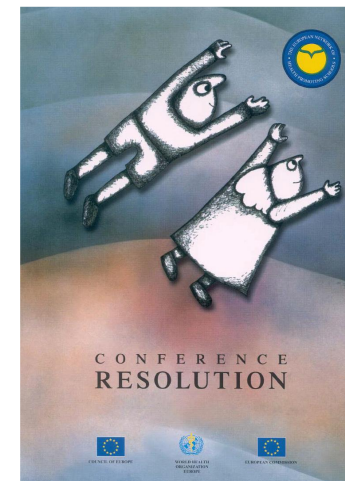
(ENHPS,WHO Regional Office for Europe, 1997)

1997 (ENHPS,WHO Regional Office for Europe) Conference Resolution (5)

The European Network of Health Promoting Schools was born in 1991

6. Teacher training

The training of teachers is an investment in health as well as education. Legislation, together with appropriate incentives, must guide the structures of teacher training, both initial and in-service, using the conceptual framework of the health promoting school.



7. Measuring success

Health promoting schools assess the effectiveness of their actions upon the school and the community. Measuring success is viewed as a means of support and empowerment, and a process through which health promoting school principles can be applied to their most effective ends.

(ENHPS,WHO Regional Office for Europe, 1997)

1997 (ENHPS,WHO Regional Office for Europe) Conference Resolution (6)

The European Network of Health Promoting Schools was born in 1991

8. Collaboration

Collaboration between the Ministry of Education and the Ministry of Health
And other ministries (Sports, Social Affairs, Environment...)

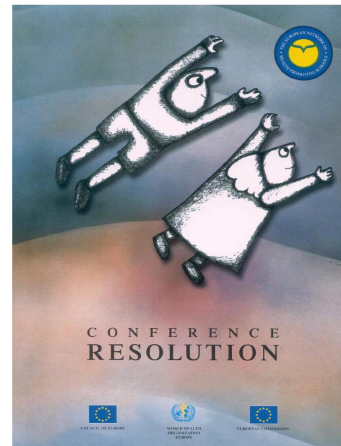
9. Communities

Parents and the school community play a vital role. Working in partnership, schools, parents, NGO's and the local community, represent a powerful force for positive change. Similarly, young people themselves are more likely to become active citizens in their local communities.

10. Sustainability

All levels of government must commit resources to health promotion in schools. This investment will contribute to the long-term, sustainable development of the wider community. In return, communities will increasingly become a resource for their schools.

(ENHPS,WHO Regional Office for Europe, 1997)



2002 (ENHPS,WHO Regional Office for Europe) The Egmond Agenda(7)

The European Network of Health Promoting Schools was born in 1991



THE EGMOND AGENDA

A new tool to help establish and develop health promotion in schools and related sectors across Europe



EUROPEAN
COMMISSION



EUROPE



COUNCIL OF EUROPE

- 2nd European Conference on Health Promoting Schools— **a European Conference on linking education with the promotion of health in schools, Egmond aan Zee, the Netherlands, 25-27 September 2002**
- The Egmond Agenda "A new tool to help establish and develop health promotion in schools and related sectors across Europe"

(ENHPS,WHO Regional Office for Europe, 2002)

2002 (ENHPS,WHO Regional Office for Europe) The Egmond Agenda (8)

The European Network of Health Promoting Schools was born in 1991

The core principles

- Partnership
- Equity and access
- Empowerment and action competence
- Health knowledge and understanding
- Safe and supportive environments
- **Health promoting teaching and learning methodologies**
- **Curriculum based health promotion**
- Democratic practices and participation
- **Involvement of stakeholders, communities and parents**
- **Evaluation for building on success**



THE EGMOND AGENDA
A new tool to help establish and develop health promotion in schools and related sectors across Europe



(ENHPS,WHO Regional Office for Europe, 2002)

2002 (ENHPS,WHO Regional Office for Europe) The Egmond Agenda(9)

The European Network of Health Promoting Schools was born in 1991

Conditions

1) Situation analysis collected through assessments of:

- knowledge, attitudes, skills, competencies, behaviour and
- health status of young people
- the contributions of health and education sectors to health
- promotion
- involvement of other agencies and related sectors
- financial resources needed
- available experience of other countries
- the “functional health” status of schools as organizations

(ENHPS,WHO Regional Office for Europe, 2002)



THE EGMOND AGENDA
A new tool to help establish and develop health promotion in
schools and related sectors across Europe



2002 (ENHPS,WHO Regional Office for Europe) The Egmond Agenda (10)

The European Network of Health Promoting Schools was born in 1991

Conditions

2) Partnership

- ❑ Ministries, their institutions
- ❑ Pupils, teachers
- ❑ NGOs
- ❑ Stakeholders and interested parties in relevant communities

3) Advocacy

4) Theoretical base

- Create safe and supportive environments
- Establish a health education curriculum
- Foster relationships with families and communities
- Prepare young people to cope with demands of everyday life

(ENHPS,WHO Regional Office for Europe, 2002)



THE EGMOND AGENDA
A new tool to help establish and develop health promotion in
schools and related sectors across Europe

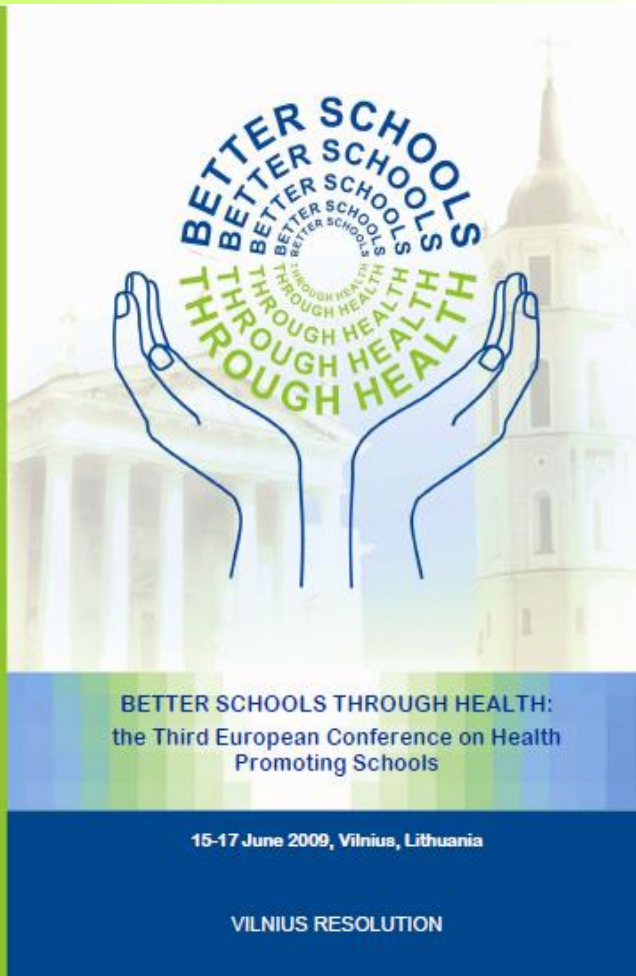


2009 (SHE)

Vilnius Resolution Better Schools through Health (11)

The European Network of Health Promoting Schools was born in 1991

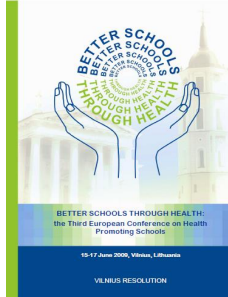
- 3rd European Conference on Health Promoting Schools– **Better Schools through Health**, 15-17 June in Vilnius, Lithuania
- The Egmond Agenda "A new tool to help establish and develop health promotion in schools and related sectors across Europe"



(Schools for Health in Europe [SHE], 2009)

Schools for Health in Europe (SHE) core values

- ◆ **Equity:** Equal access for all to education and health
- ◆ **Sustainability:** Health, education and development are linked, with activities and programmes implemented in a systematic way over a prolonged period
- ◆ **Inclusion:** Diversity is celebrated; schools are communities of learning in which all feel trusted and respected
- ◆ **Empowerment:** All members of the school community are actively involved
- ◆ **Democracy:** Health promoting schools are based on democratic values



(SHE, 2009)



Schools for Health in Europe (SHE) pillars

- ◆ **Whole school approach to health:** Health education in the classroom is combined with development of school policies, the school environment, life competencies and involving **the whole school community**
- ◆ **Participation:** A **sense of ownership** exists among students, staff and parents
- ◆ **School quality:** Health promoting schools create better teaching and learning processes and outcomes, with **healthy pupils learning better** and **healthy staff working better**
- ◆ **Evidence:** New approaches and practices **based on existing and emerging research** are developed
- ◆ **School and community:** Schools are seen as active agents for community development

(SHE, 2013)

- ◆ 4th European Conference on Health Promoting Schools— **Equity, Education and Health**, 7-9 October 2013, Odense, Denmark
- ◆ At the last SHE European Conference all participants:
 - ◆ re-affirmed that the principles, **values, aims and objectives** of the SHE remain strong
 - ◆ reinforced **the commitment to broaden and strengthen relevant research** to enable the development and implementation of health promoting schools **between 2014 and 2020** (SHE, 2013)



What is a Health Promoting School? (15)

- ◆ is a **whole-school approach**
- ◆ it is more than a school that has health promoting school activities
- ◆ addresses **health** and **well-being** in a **systematic and integrated** way and has **a written school plan or policy**
- ◆ is **action-oriented** and **participatory** including whole school community:
 - students
 - teaching/non-teaching staff and
 - parentstakes an **active role** in the decision making and activities.
- ◆ is focused on **capacity building** which relates to developing the **knowledge**, **skills** and **commitment** of all school community members to promote health and well-being

SHE online school manual



SHE online school manual

5 steps to a health promoting school



(Safarjan, Buijs, & Ruiter, 2013)

What is the concept of health used? (16)

NEGATIVE

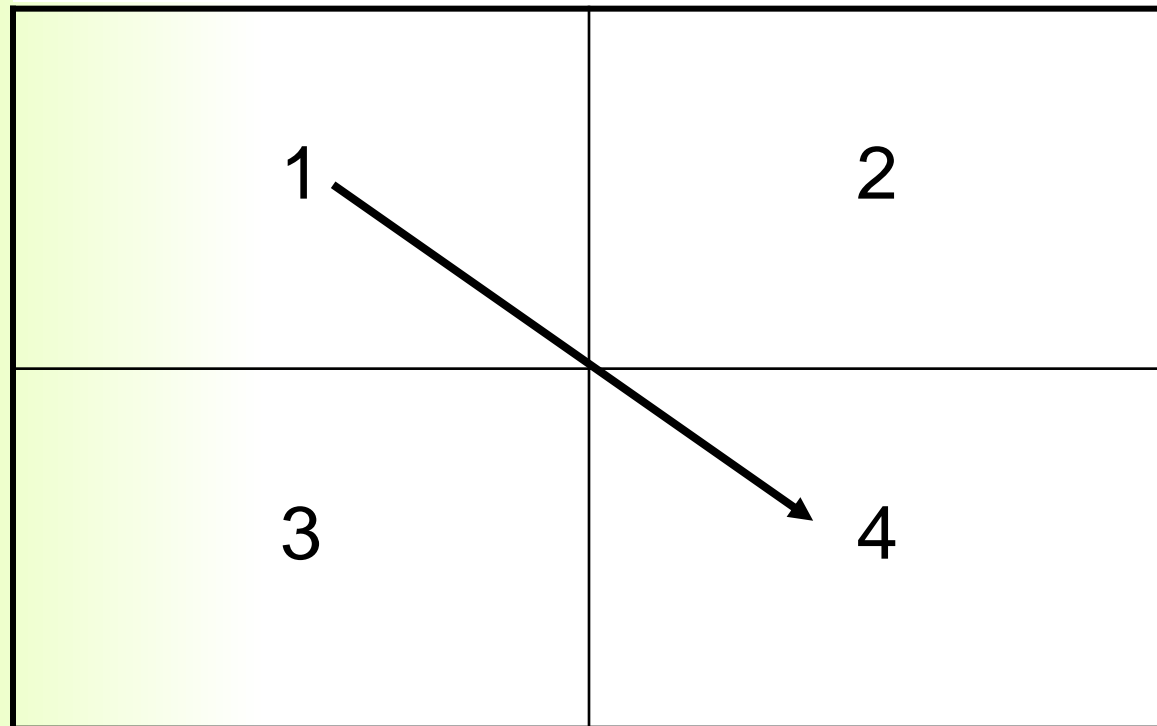
Absence of disease

POSITIVE

Absence of disease
and wellbeing

NARROW
Lifestyle

BROAD
Lifestyle
and living
conditions





S·H·E

Schools for Health in Europe

41 New Challenges

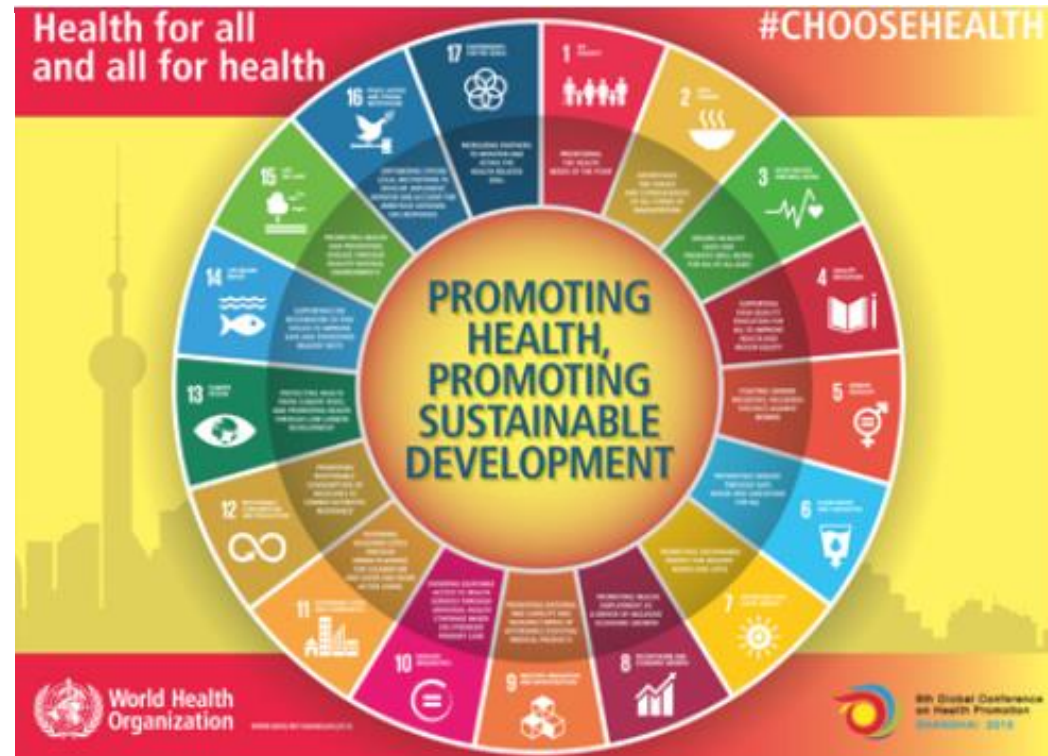
Promoting health, promoting sustainable environment (1)

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Promoting healthier populations

The Sustainable Development Goals (SDGs) provides a bold and ambitious agenda for the future. WHO is committed to helping the world meet the SDGs by championing health across all the goals. WHO's core mission is to promote health, alongside keeping the world safe and serving the vulnerable. Beyond fighting disease, we will work to ensure healthy lives and promote well-being for all at all ages, leaving no-one behind.

Our target is 1 billion more people enjoying better health and well-being by 2023.



Health promotion. Retrieved from: <https://www.who.int/healthpromotion/en/>

Education is the core of sustainable societies (2)

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- **Education** contributes to the creation of **resilient, healthy and sustainable** societies through a **systemic and integrated approach** that helps societies to address different priorities and issues related with health risks and health promotion, food crises, social vulnerability and insecurity, water, energy, climate change, disaster and risk reduction and loss of biodiversity (UNESCO, 2006, 2009)
- Following the challenge launched by 2030 Agenda for Sustainable Development (United Nations, 2015), I argue that **the school, like other institution, can help to achieve the goals of sustainable development; but cannot do this alone.**
- Therefore **partnerships** with other local, national and international initiatives and programs are particularly important.
- Not less important are the supporting structures **and practices within the school**, for example collaboration between teachers of different subjects and the support by the school leadership.

Health education vs. education for sustainable development (3)

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Are interconnected in different ways, and therefore is relevant to be examined together. Some of the **common points** include:

- a) are seen as global social challenges that the school needs to engage with
- b) are mandatory but cross curricular issues that need to be integrated in different subjects
- c) are related to broader educational aims, such as the development of critical competences of pupils to deal with the “real life” issues of societal relevance

(Fullan, 2005, 2010; Fullan, Bertani, & Quinn, 2004)

Health education vs. education for sustainable development (cont.) (4)

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- The critical health education approach within the paradigm of health promoting schools (e.g. Clift & Jensen, 2005; McNamara & Simovska, 2015)
- The principles set up by UNESCO (2006) for education for sustainable development.

common

- they employ a multidimensional view on health and sustainability addressing not only individual skills and behaviours but also the environment, society, culture and economy
- they are interdisciplinary and holistic
- they aim at promoting critical thinking, problem solving and participatory and action oriented education approach to both health and sustainability education

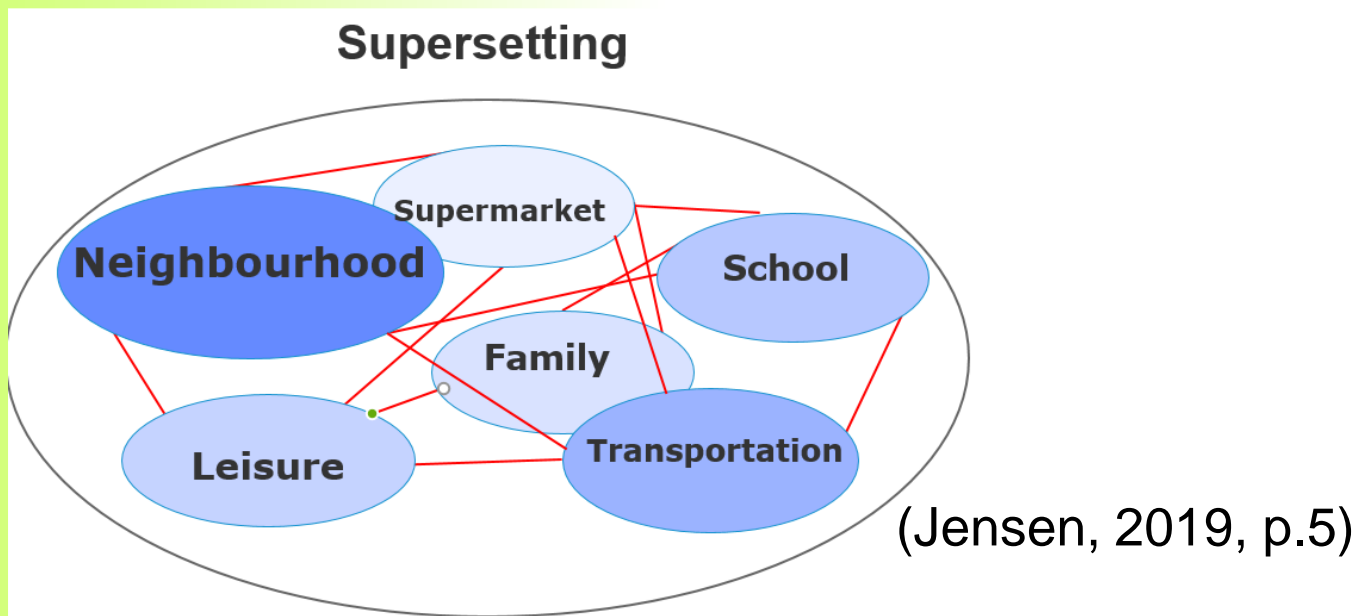
(Henderson, & Tilbury, 2005; Reid, Jensen, Nikel, & Simovska, 2008; Tilbury, & Wortman, 2004; Tilbury, 2011)

Health Promotion – version 2.0 (5)

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Health Promotion Intervention: A few key principles

- ❑ Participation & co-creation
- ❑ A positive & broad health concept
- ❑ Setting & synergy



Health Promotion – version 2.0 (cont.) (6)

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Traditional Prevention

- “Top down”
- Expert driven
- Individualistic
- Quantitative eval.
- “RCT”
- Health outcomes
- Effects – but not transferable to real life contexts

Health Promotion Version 2.0

- Dialogue
- “Co-creation”
- “The equation”
- Quanti. + quali.
- Complex interventions
- Health, social and QoL
- Evidence appearing from studies in real life

Traditional Health Promotion

- “Bottom up”
- User driven
- Structure
- Qualitative eval.
- Case studies etc.
- QoL, wellbeing
- Realistic – but limited health effects demonstrated

Health Promotion – version 2.0 (cont.) (7)

Scientific Methods Available

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Educating school principals (8)

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- Educational research has been highlighting the importance of leadership and management practices for the improvement of the school, often referring to the key role of the school principal
(Fullan, 2005, 2010; Fullan, Bertani, & Quinn, 2004)
- Recently, there has been a proliferation of research pointing to the critical role of both school leadership (Rasberry, Slade, Iohrmann, & Valois, 2015; Rowling, 2009; Samdal and Rowling, 2011) and school principals in successful implementation of whole school approaches to health education / promotion (Dadaczynski, & Paulus, 2015; Simovska & Prøsch, 2015), and in education for sustainable development (Veronese, & Kensler, 2013).



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Schools for Health in Europe

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Final remarks

A framework for reaching healthy people 2020 (1)

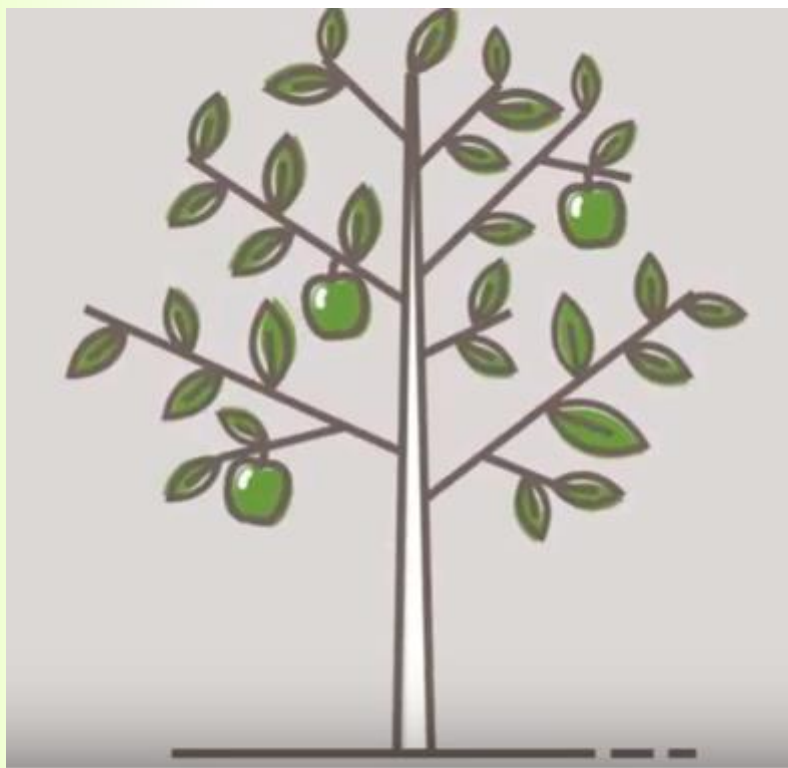
51



Healthy People 2020 – Determinants of Health (ODPHP). Retrieved from:
<https://www.youtube.com/watch?v=5Yb3B75eqbo>

Fight against inequality in health (2)

52



Schools for Health Introduction to Factsheet. Retrieved from:
https://www.youtube.com/watch?time_continue=107&v=QuLUWtIYiEw



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Applying Health Promotion, Version 2.0 (3)

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Health Promotion, Version 2.0 - Key principles and challenges



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November 4th, 2019

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Thank you!