

# Health Promoting Schools in Health Promoting Communities in Iceland

Implementation of school health promotion  
and the use of SHE materials in the time of  
COVID-19

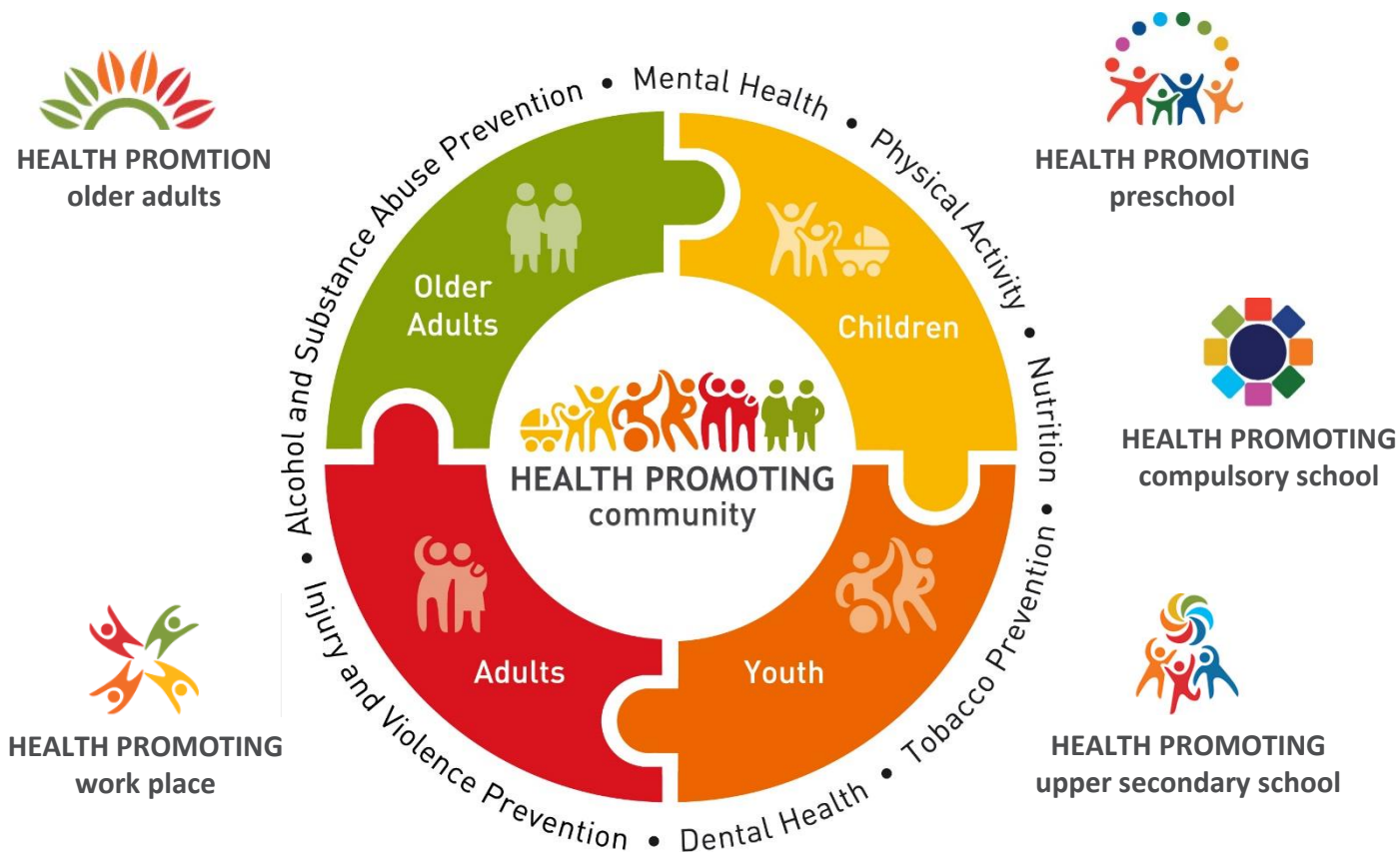
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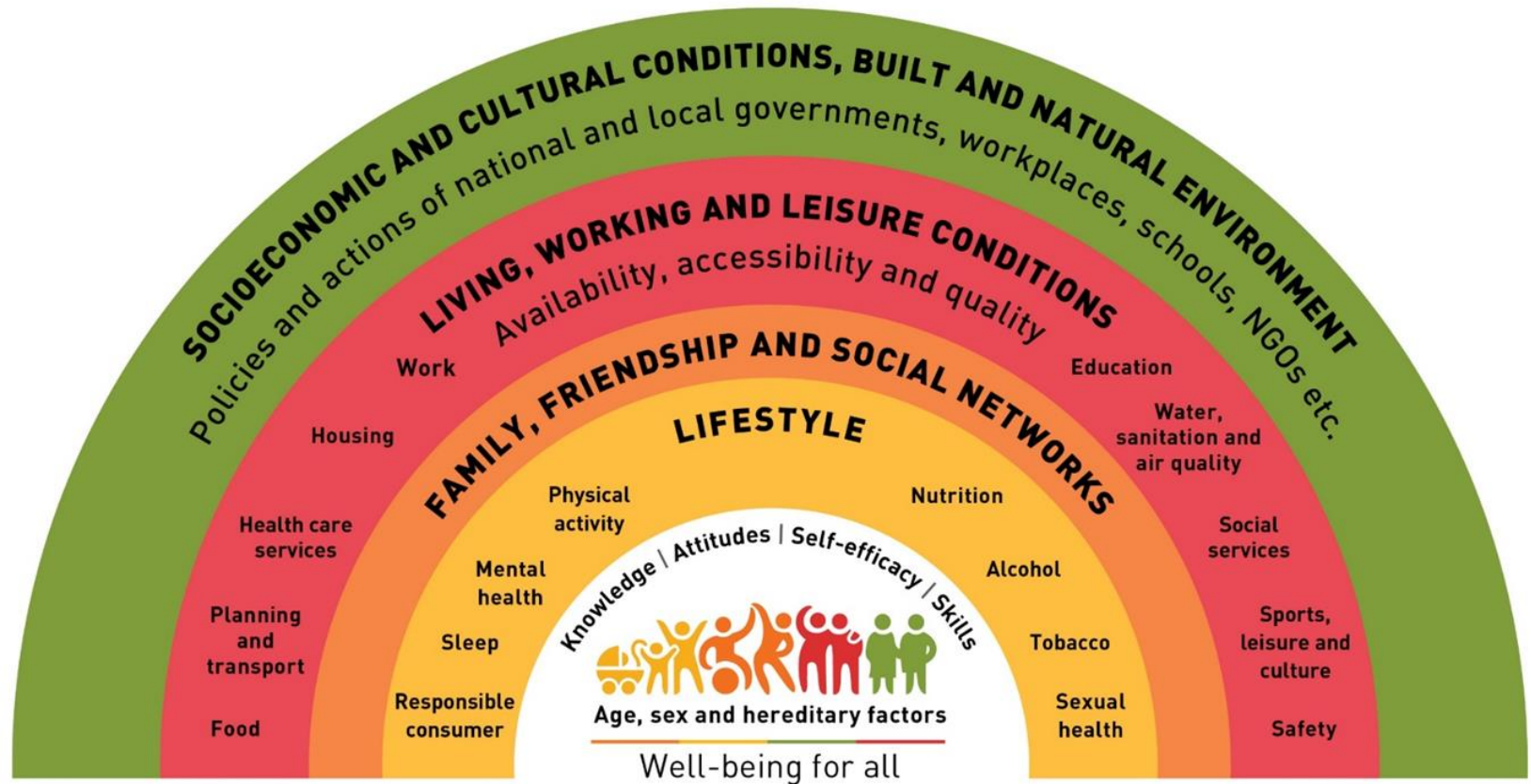
# The foundation for: Health Promoting Schools and Health Promoting Communities in Iceland

# The Department of Public Health and Wellbeing at the Directorate of Health in Iceland is in charge of the Health Promoting Communities and Schools Comprehensive, data driven, settings approach



# Determinants of health and wellbeing

How the adapted model of Dahlgren and Whitehead is used in Iceland with Health Promoting Schools and Communities



Determinants of Health and Well-being, Dahlgren and Whitehead (1991).  
Adapted version, the Directorate of Health Iceland 2019 (3.0).



# Participation



- 93,5 % of the population in Iceland lives in Health Promoting Communities (municipalities)

## Participation in HPS program:

- 32% of Preschools (age 2-5 years)
- 63% of Compulsorily Schools (age 6-15 years)
- 100% of Upper secondary schools (age 16-19 years)





HEALTH PROMOTING  
preschool



HEALTH PROMOTING  
compulsory school



HEALTH PROMOTING  
upper secondary school

# The foundation for: The Health Promoting School programs in Iceland



# National Curriculum Guide with emphasis on health and wellbeing

Health and wellbeing is one of six fundamental pillars of education on which the curriculum guidelines are based



- The fundamental pillars are meant to accentuate the principle of general education and encourage increased continuity in school activities as a whole.
- **The Ministry of Education promotes the Health Promoting School Program as a suggested means towards success in the health and wellbeing pillar.**

Six fundamental pillars of education: Literacy, Sustainability, **Health and wellbeing**, Democracy and human rights, **Equality**, Creativity.





**The SHE material has been the main resource in the developing process of the material for HPS in Iceland over the last two decades**



## Whole-school approach

- Health school policies
- School physical environment
- School social environment
- Health services
- Individual health skills & actions competencies
- Community links

The Ottawa Charter for Health Promotion (1986)

## SHE 10 principles:

- 1. Democracy**
- 2. Equity**
- 3. Empowerment and action competence**
- 4. School environment**
- 5. Curriculum**
- 6. Teacher training**
- 7. Measuring success**
- 8. Cooperation**
- 9. Communities**
- 10. Sustainability**

Thessaloniki Principles (1997)

Acting for better schools, leading to better lives





HEALTH PROMOTING  
community

Wellbeing for All

**An important factor is also:  
The Health Promoting Community program  
(municipalities) in Iceland  
and the SGD's**



# HEALTH IN THE SDG ERA



The process of connecting Health Promoting Community check-lists and the SDG's has started. Becoming a HPC supports the work municipalities need to do to meet the SDG's



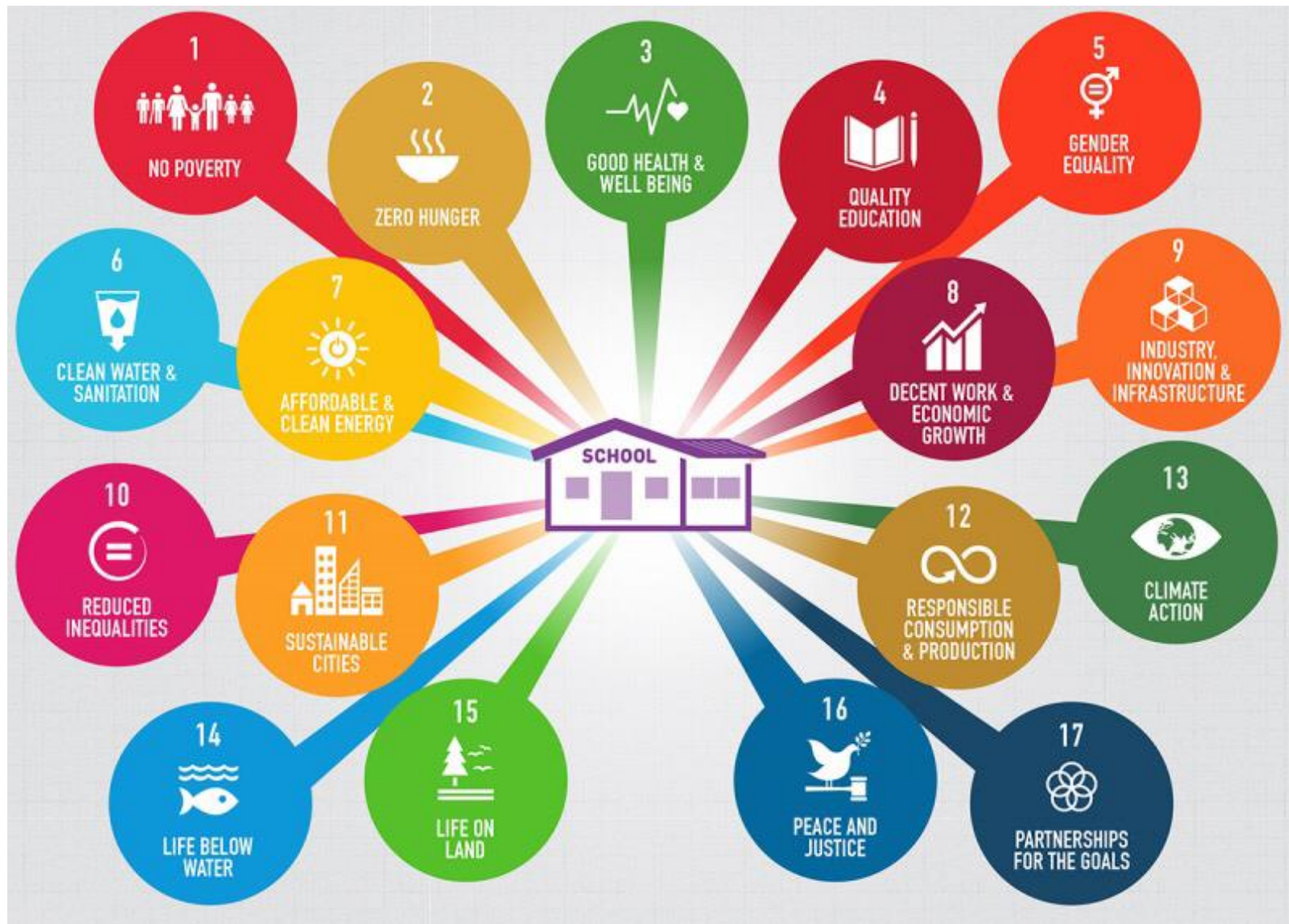
## Health-promoting Community and the SDGs

Health-promoting Community (HSAM) is a holistic, interdisciplinary program managed by the Directorate of Health in collaboration and consultation with local authorities and other stakeholders. Its primary goal is to support communities in creating an environment and conditions that promote healthy lifestyles, health and well-being of all residents. This is consistent with SDG 3, good health and well-being, and fits in well with the key focus of the SDGs, that no one should be left behind in their implementation.



# HPS and the SDG's

connection with the check-lists are in preparation



**Example** – Make the healthy choice the easy choice:  
***What is needed to promote cycling to school?***



**The child**

- Interest and the skills needed to cycle.

**Parents**

- Knowledge (importance of PA, safety issues), will and financial capacity to buy bike and helmet.
- Motivate and educate the child.

**Schools**

- Rules must allow cycling.
- Safe place to store the bike and helmet.
- Motivate and educate parents and children.

**Municipalities – local governments**

- Priorities funds for cycle lanes, lighting, cleaning + guards with streets with heavy traffic.
- Active police actions, speed limits etc.

**National government**

- Traffic law and regulations.
- Policies and actions support active travel (↑cyclists ⇒ ↑safety).

**Comprehensive approach, across sectors  
and levels is the Key to Success**

- **Schools and communities have to work together to aim at the goal**



HEALTH PROMOTING  
preschool



HEALTH PROMOTING  
compulsory school



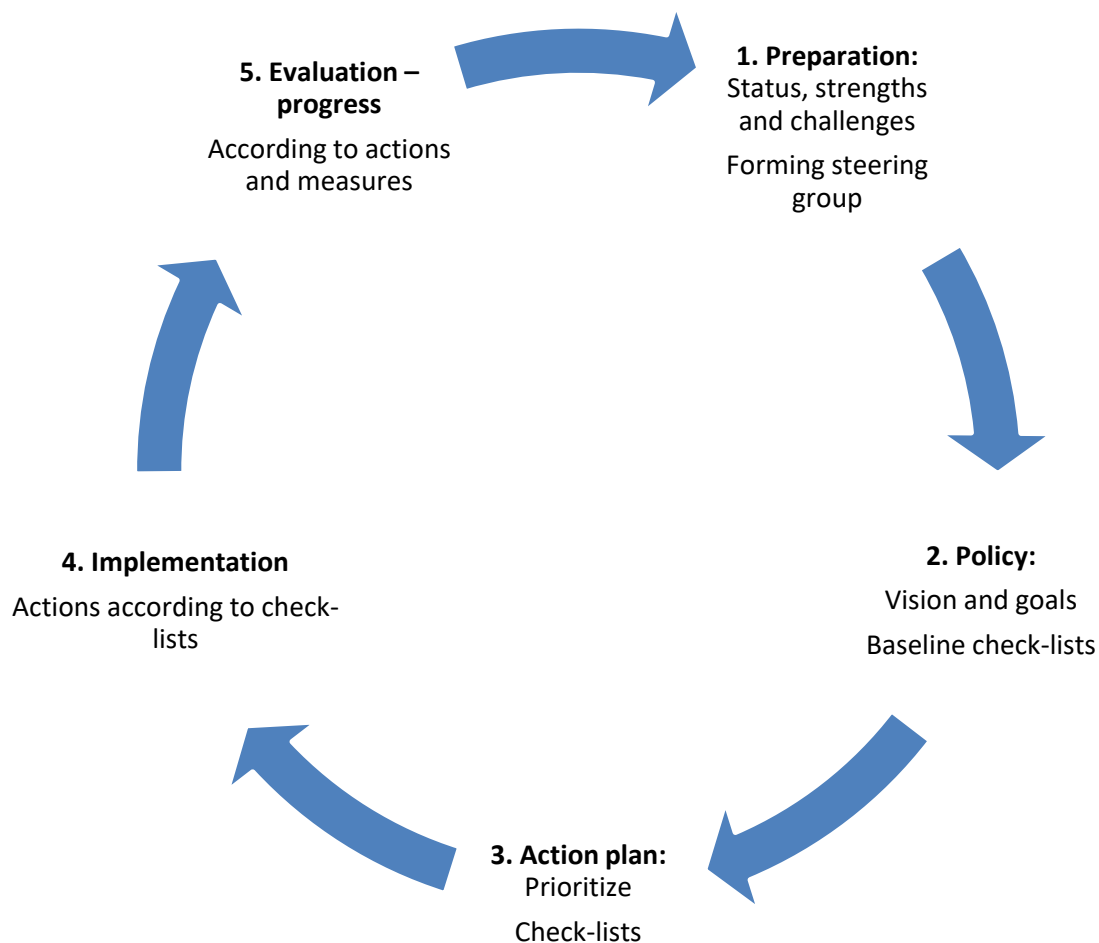
HEALTH PROMOTING  
upper secondary school

**The Icelandic development progress for HPS  
program:**

**The material and support provided to the HPS  
based on the aforementioned factors**



# The process of implementation in HPS



## Status – how?

- Public health indicators, other indicators and data
- Own data and inside knowledge of the school community.

## Interactive working area, [heilsueflandi.is](http://heilsueflandi.is)

- Information, steering group, coordinator etc.
- Check-lists (baseline and action plan)
- Measures/ indicators
- Reports
- In development – connecting check-lists to SDG's

# Health Promoting Schools



HEALTH PROMOTING  
upper secondary school

- Municipalities run the Pre- and Compulsory Schools.
- State runs the Upper Secondary Schools

## Schools are provided:

- Online information and manual
- Online working area ([www.heilsueflandi.is](http://www.heilsueflandi.is))
- Guidance, checklists and support
- Teaching materials and working tools
- Workshops and conferences
- HPS Sign - Posters and/or Flag

## After base-line

- Schools choose themes from the check-lists to work with as an action plan



# Check-lists/ themes for Health Promoting Preschools



HEALTH PROMOTING  
preschool



## Safety

Safety observation regularly, e.tc.



## Local community

Involve the local community.



## Nutrition

Healthy choices in food and drink.  
Education about nutrition and healthy choices.



## Physical activity

More physical activity incorporated in the whole school program.



## Dental health promotion

Tooth brushing in some schools, education about dental health.



## Mental health promotion

Well-being, caring environment.



## Parents and family

Involvement and information.



## Staff

Positive motivation, support, dedication to health promotion.





HEALTH PROMOTING  
compulsory school

# Check-lists/ themes for Health Promoting Compulsory schools



## Students

Their rights and involvement in the school community.



## Local community

Involve local community.



## Nutrition and dental health

Healthy choices in food and drink.  
Education about nutrition and healthy choices.

Dental health promotion.



## Physical activity and safety

Transport, recess and physical education  
More physical activity incorporated in the whole school program.

Safety observation regularly, etc.



## Life Skills

Critical thinking; tobacco, alcohol and drug prevention.  
Sexual health, sleeping and use of new media in a safe and positive way.



## Mental health promotion

Well-being, building strong identity, bullying prevention, etc.



## Parents and family

Involvement and information.



## Staff

Positive motivation, support, dedication to health promotion.





HEALTH PROMOTING  
upper secondary school

# Check-lists/ themes for Health Promoting Upper Secondary schools

- Physical activity
- Nutrition
- Mental health promotion
- Tobacco, e cigarettes, alcohol and drug prevention
- Equality and sexual health
- Safety – injury and violence prevention
- Staff



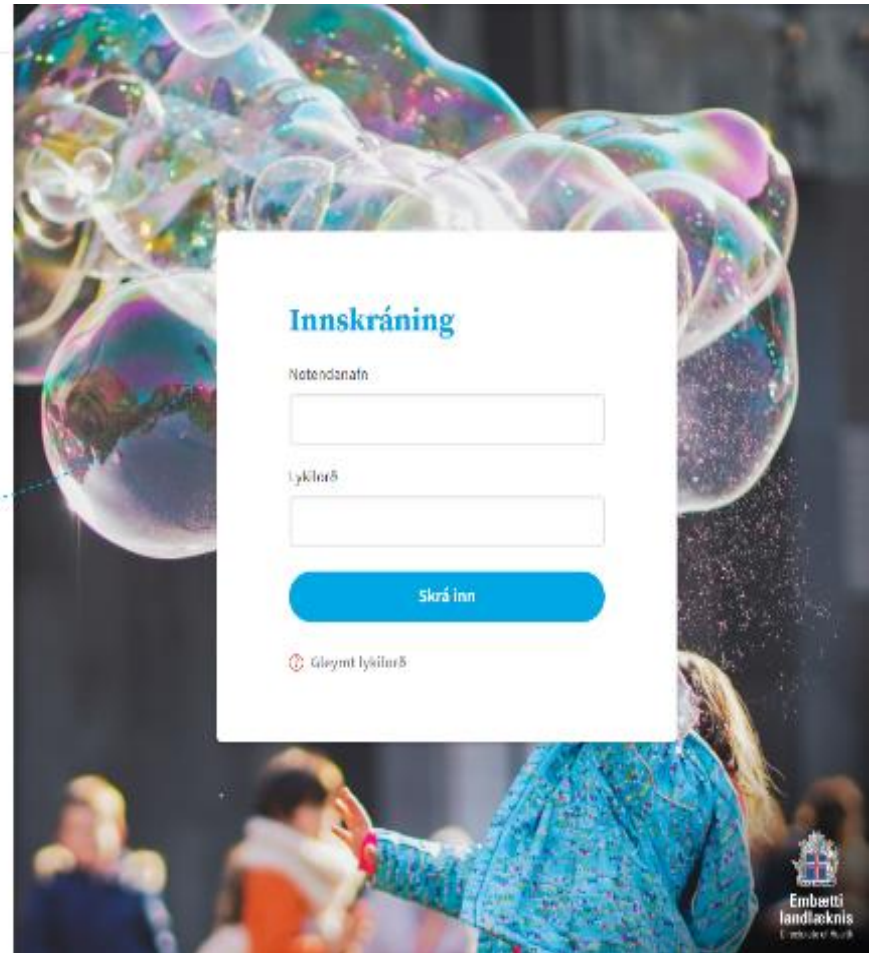
# Interactive website (working area) for HPS. The front page, HPS need to sign in to get to their own area.

Um starfð | Lýðheilsuvisar | Helmsmarkmið

## Heilsueflandi.is

Heilsueflandi er vettvangur fyrir markvisst lýðheilsustarf í sveitarfélögum, skólum og vinnustöðum. Meginmarkmiðið er að skapa **umhverfi og aðstæður** sem stuðla að heilsusamlegum lífnaðarháttum, heilsu og vellíðan allra.

Skráðu þig inn á vinnusvæði Heilsueflandi ef þitt sveitarfélag, skóli eða vinnustaður er þátttakandi.




### Innskráning

Notendanafn:

Lýklur:

**Skrá inn**

[Gleymt lýklur?](#)



# About the interactive website

## heilsueflandi.is



### Main aim:

Make it easier for schools and DOHI to organise and evaluate the progress of the work.

- Comprehensive: policy – objectives/indicators – actions – progress  
→ Activate data and translate into action.
- Increased access to data (cost, knowledge ...).
- Easier to disseminate information about the work.
- Automatic annual reports → minimise paper work
- Central storage of data → Sustainability of the work

heilsueflandi.is

# Basic information



- Steering groups and other stakeholders – roles, e-mail.
- Vision and goals for the future - health policy for the school.
- What is emphasised this year.

## Information and files are kept at the website:

- Guidelines for the work.
- Files for meeting minutes.
- Annual reports about the school work.

# heilsueflandi.is

## Check-lists

1. Base-line
2. Actions and progress – prioritising and themes are chosen



Mínar upplýsingar

Gátlistar

Mælikvarðar

Skjalasafn

Sækja gögn

### Gátlistar

Upplýsingar um útfyllingu gátlista

<b>Nemendur</b> 97% komið til framkvæmda	<b>Starfsfólk</b> 95% komið til framkvæmda	<b>Heimili</b> 86% komið til framkvæmda
<b>Mataræði</b> 85% komið til framkvæmda	<b>Hreyfing</b> 80% komið til framkvæmda	<b>Geðrækt</b> 77% komið til framkvæmda
<b>Lífsleikni</b> 70% komið til framkvæmda	<b>Nærsamfélag</b> 50% komið til framkvæmda	<b>Öryggi</b> 50% komið til framkvæmda
<b>Tannheilsa</b> 40% komið til framkvæmda		



Mínar upplýsingar

Gátlistar

Mælikvarðar

Skjalasafn

Sækja gögn

### Geðrækt

Síðast uppfært þriðjudagur, 17. september 2019 09:41

Valin viðmið

Hvert viðmið

Velja viðmið tímabils

### Viðmið 1 - Stefna skólans og vinnureglur 79%

Mörkuð er stefna um geðrækt í skólanum til að efla alhliða velliðan, öryggiskennd og árangur nemenda og starfsfólks.



Skrá stöðu/aðgerð  Viðmið á ekki við

Stefnumótun á sviði geðræktar er gerð í samráði við þá sem hlut eiga að máli, þ.e. foreldra, starfsfólk skólans, nemendur og nærsamfélag.



Skrá stöðu/aðgerð  Viðmið á ekki við

Í skólanum er leitast við að virkja nemendalýðræði og virka þátttöku nemenda við skipulag og uppbyggingu skólastarfsins eins og kostur er miðað við aldur og þroska.



Skrá stöðu/aðgerð  Viðmið á ekki við

### Skrá stöðu/aðgerð

Um stöðuna Rökstuðningur á núverandi stöðu

Aðgerðir Hvað á að gera, hvenær, hvernig og hvernig metið

Ábyrgð og eftirfylgni

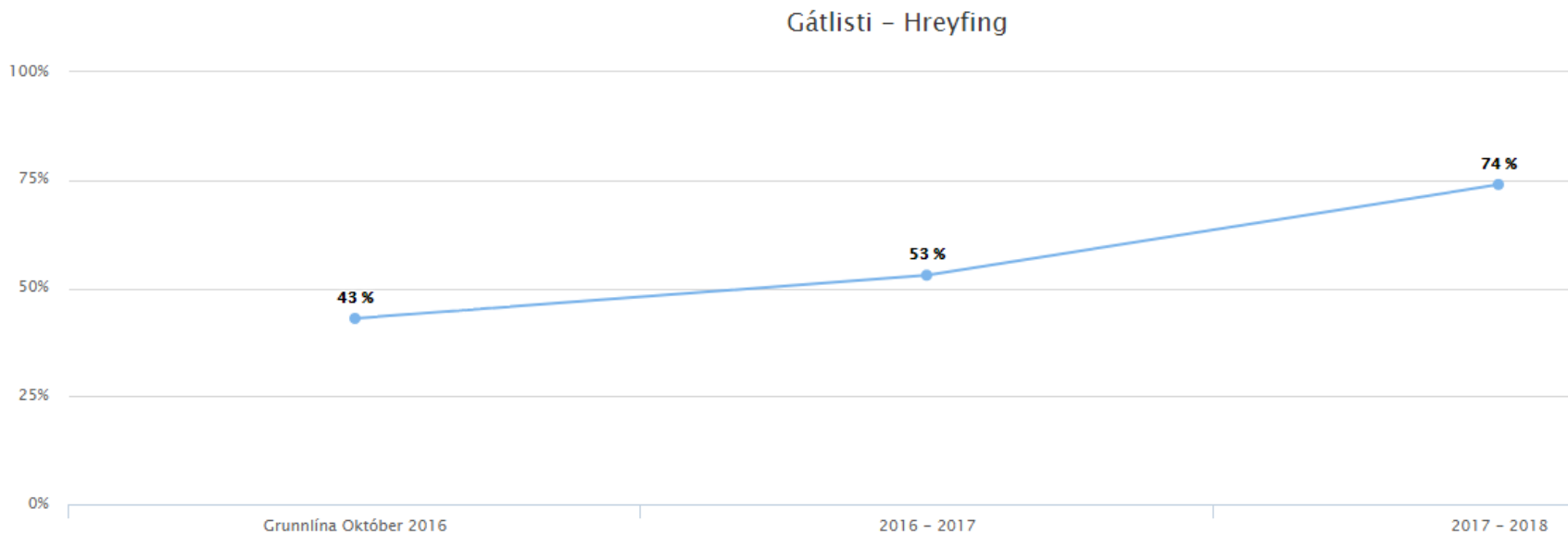
Vista

# heilsueflandi.is

## Check-list in graph

(example physical activity)

### Hreyfing



**Base-line**



- Minur upplýsingar
- Gátlistar
- Heiliskerfur
- Skiptastuð
- Seljaþing

#### Gátlistar

vefritun um atvikaþáttir

<b>Nemendur</b> 87% komið til framkvæmda	<b>Starfsfólk</b> 93% komið til framkvæmda	<b>Heimili</b> 88% komið til framkvæmda
<b>Mataræði</b> 85% komið til framkvæmda	<b>Hreyfing</b> 80% komið til framkvæmda	<b>Geðrækt</b> 77% komið til framkvæmda
<b>Lífisleiðni</b> 70% komið til framkvæmda	<b>Nærsmíðag</b> 50% komið til framkvæmda	<b>Öryggi</b> 50% komið til framkvæmda
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# heilsueflandi.is

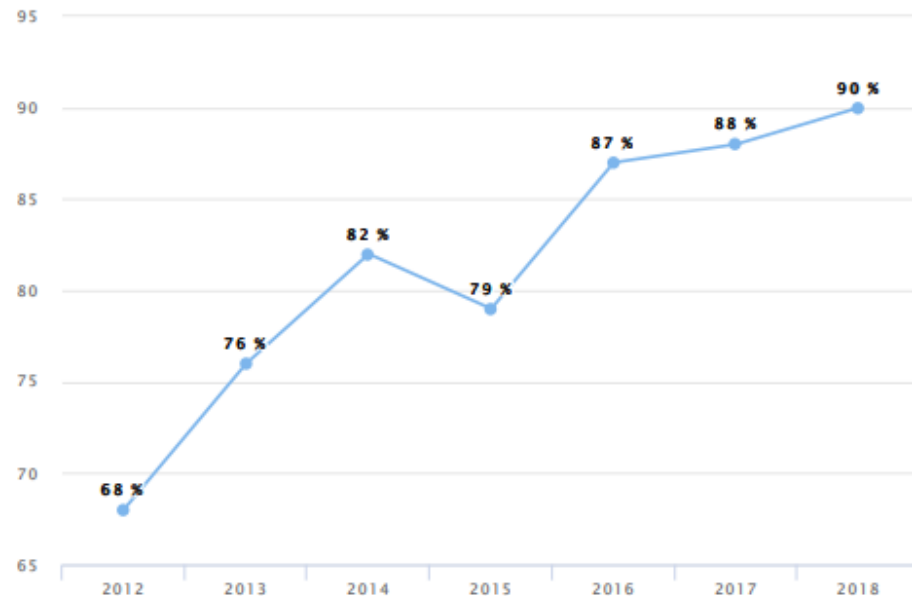
## Indicators



1. Own indicators and data.
2. Indicators defined by DOHI – schools/ communities register data.
3. Indicators defined by DOHI – data loaded in by DOHI (not ready yet).

**Example of data and indicators provided by user:**  
**Percentage of the staff that feel good at work**

Hlutfall starfsfólks sem líður vel í vinnunni



heilsueflandi.is

# Annual report - automatic

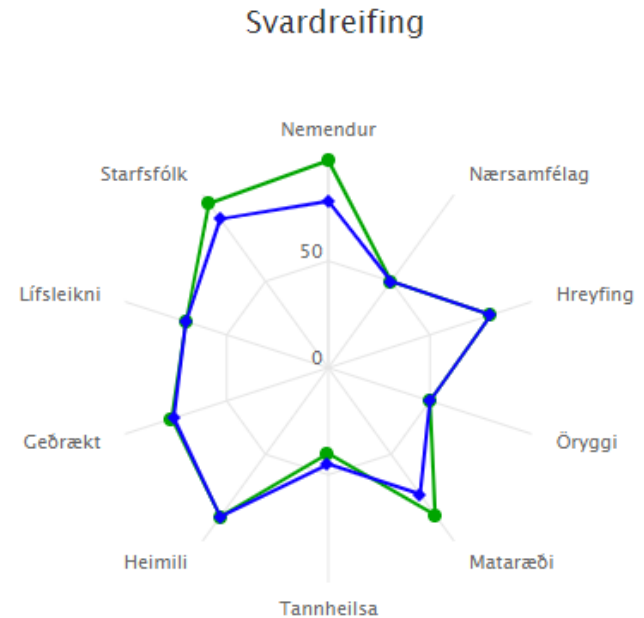
- Summary from the system: groups, future vision, emphasis this year, number of meetings, check-lists, actions, indicators.

**Example of checklist status,  
appears in annual report.**

**Themes of the check-lists.**

**Blue line: Base-line**

**Green line: Current position**



# Health promoting schools in general

## Opportunities

- National curriculum
- Nation wide reach
- High percentage attend preschools and upper secondary schools
- Small nation and closeness
- High participation in sports and other leisure activities
- High internet access

## Challenges

- Schools are independent
- Lack of resources
- Overload of projects in schools
- Staff turnover (specially in preschools)
- Issues of external evaluation
- Co-run pre- and compulsory schools

# Health promoting schools

## Challenges and Opportunities in the time of COVID-19

### What has been available to support work with children and adolescent:

- [Covid-19 website](#) – information provided by the Directorate of Health and the Department of Civil Protection and Emergency Management, in several of languages about e.g. hygiene, disinfection, quarantine etc. There are also special sites for [children, schools and youth activities](#) and [well-being](#)
- [Good advice in times of the coronavirus](#) – prepared by DOHI
- The Ministry of Education has been providing information about the importance of resilience, compassion and tolerance. Instruction have been provided about how schools should implement schooling in accordance to laws and regulations about Covid-19.
- The Icelandic Teachers' Union, the Icelandic Association of Local Authorities and the University of Education have been providing information for schools.
- The Ministry of Education, the Icelandic Teachers' Union and the University of Education have been providing several of online meetings/ talks about schools and Covid-19 with specialists, teachers and older students.



# Health promoting schools

## Challenges and Opportunities in the time of COVID-19

### What has changed in health promotion for children and adolescent:

- Schools have tried new positive ways of schooling e.g. turn off the school bell, integrate subjects in a different way, more flexibility, more outdoor activities etc. But has been very different between schools.
- Leisure centers for adolescents are run by the municipalities. Most of them are only open during the school year (Sept – May) but many of them were open this summer. Also they tied out electronic leisure centers.
- More support has been provided for children according to domestic violence that has sadly increased during the pandemic.
- Young people 18+ (and adults) are sleeping longer, before a high % did not meet recommendations. Maybe this is also applying for children and adolescent but we don't have statistics to proof that.
- Statistics are being collected among adolescents according to Covid-19.



# Health promoting schools

## Challenges and Opportunities in the time of COVID-19

### **During the first wave (March/April 7 weeks):**

- The main challenge was to keep the pre- and compulsory schools open (students age 2-15 years).
- There were smaller class groups (max 20), appropriate distance between students tables (for 6-15 years), schedule changes (keeping one class in the same classroom for the whole day with physical activity breaks outside).
- Shorter school day and/or school every other day. Older students in compulsory schools had more online/distance learning from home.
- Great emphasis on hygiene, hand washing and disinfection, both for students and teachers.
- Upper secondary schools (students age 16 – 19 years) were closed, only online/distance learning from home and teachers working from home.



# Health promoting schools

## Challenges and Opportunities in the time of COVID-19

### **During the third wave (September - ? Still going on):**

- Great emphasis on keeping the pre- and compulsory schools open (students age 2-15 years).
- In compulsory schools, students (6-15 years) have normal schedule except no swimming lessons (from 8 Oct) and all physical education and activities have been outside.
- There has been more insecurity and dissatisfaction among teachers this fall.
- Upper secondary schools (students age 16 – 19 years) have mostly been closed since the beginning of school this fall. Most schools did try to mix half and half lessons at school and online/distance learning from home and teachers mostly working from home.
- For the first time in the pandemic masks are used in upper secondary schools for those attending the schools. Masks are not required in pre- or compulsory schools.
- There has been a restriction on children's sports and leisure activities.

# Health promoting schools

## Challenges and Opportunities in the time of COVID-19

### The status in late October 2020:

- Among the population there is epidemic fatigue.
- There is a need for consideration and discussion of resilience, compassion and tolerance. Many schools and teachers are aware of that and are bringing it forward or it is already part of the school work.
- Many children have been in quarantine, some of them not only once or twice but up to seven times or maybe more.
- Some schools have made the effort to implement good things that were brought out in the first wave. E.g. electronic options, flexible timetable schedule etc.
- The work at DOHI supporting the schools has not changed much during Covid-19, but this fall the interactive website has been updated. There has been a closer online conversation with schools and will continue throughout the school year.
- According to the interactive website schools are able to keep track of their internal evaluation. DOHI has been reviewing the SHE Standards & Indicators and sees an opportunity to use the material for external evaluation of HPS.
- Schools are still following the material provided for HPS as before and new schools are applying for participation.



# Guiding principles for HPS & HPC

- **Active participation of all stakeholders** across sectors and levels.
- Work is based on **best knowledge and experience** available.
- ***Do no harm.***
- **Equity** in health, universal measures and additional effort to meet the needs of vulnerable groups.
- **Sustainability.** Long term approach.

...if we measure the right thing, we might end up doing the right thing



# Thank you

[ingibjorg@landlaeknir.is](mailto:ingibjorg@landlaeknir.is)



HEALTH PROMOTING  
preschool



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Wellbeing for All

