

REVIEW PAPER**Health Promotion and School Health: the Health Visiting Role in Greece****Venetia Notara, RHV, BSc, MSc**

Lecturer, Department of Health Visiting, Technological Educational Institute of Athens, Greece

Evanthia Sakellari, RHV, BSc, MSc, PhD (c)

Lecturer, Department of Health Visiting, Technological Educational Institute of Athens, Greece

Correspondence: Notara Venetia, Thivon Av. 274, Aigaleo, Athens, Greece

E-mail address: venotara@yahoo.gr

Abstract

Background: Health promotion is the process of enabling people to increase control over, and to improve their health. Schools intend to help pupils acquire the knowledge and develop the skills they need to participate fully in adult life. School is regarded as constituting a very important arena for health education among children and young people and furthermore, it is seen as an important context for health promotion, mainly because it reaches a large proportion of the population for many years.

A large body of evidence strongly support the fact that education and health are two concepts purely interdependent in many ways and children cannot make the most of educational opportunities if their health is impaired. One of the core elements of Health Visiting profession should be safeguarding children by conducting school visits and implement screening tests, health education programmes and school health programmes in general. Some of the best opportunities for positively influencing the health of young people and preventing the initiation of the health risk behaviors are found in the school setting.

Conclusions: A whole school approach and community development work can be particularly effective in building the health capacity of communities.

Keywords: health promotion, health visitors, school health, health promoting schools

Introduction

The concept and the factors that define the overall health remain one of the most controversial and complex source of active debate since the determinants of health have been changing in recent decades. The term acquires wider dimensions among health care workers, i.e. doctors, nurses, health visitors, social workers, psychologists, among other scientists such as sociologists, teachers, etc. and among lay people (Blaxter, 2010; Alaszweski, 2003).

According to convergent estimates, (Tountas, 2000; Tountas et al., 2007) only 10-20% of individual's or population health depends on the provision of health care services compared with other factors, i.e. biological 20%, physical and social environment 20-

30% and personal behaviour 40-50%. Thus, it is obvious that building a health care system to make it more effective or efficient is not enough to achieve higher levels of good biopsychosocial health and well-being. Encouraging individuals to develop and maintain healthy lifestyles is the key component of health promotion practices, which target at individual's knowledge, attitudes and behaviour in matters concerning health, and at the influences of the social environment on certain behaviours (IHPE, 2002).

Furthermore, several times teachers have to deal with accidents or illnesses that occur either at school or during school activities and it appears that accidents at school, in recent years have increased and in Greece is the second leading cause

of childhood morbidity (Georgiakodis & Vozikis, 2004; Tsoumakas 2006; American Academy of Pediatrics (AAP) Grand Rounds, 2006).

The growing recognition of the importance of behaviour to health, has led to a broad range of research addressing the interaction of the school environment and the health-related behaviour (Hosman & Jane-Llopis 2005; Mäenpää & Åsterdt-Kurki, 2008a).

As reported by WHO (2006), school-based programmes that promote mental health, healthy eating and physical activity are amongst the most effective of school health promotion programmes.

All children and young people have a right to be safeguard and their welfare promoted (Appleton & Clemerson-Trew, 2008).

National governments worldwide work to improve education and health outcomes for children and youth and influence their behaviors (Potts-Datema et al., 2005).

The biological, psychological, chemical, physiological and social environments like home and school influence health which is one of the primary resources for children's well-being and development (Mäenpää & Åsterdt-Kurki, 2008a). School services are effective because children spend a major part of the day at school (Mäenpää & Åsterdt-Kurki, 2008b).

Health Visitors, through health promotion programmes, can empower students to adopt a lifestyle conducive to "good health" which-among others- seems that contributes to the improvement of school performance (Naidoo & Wills, 2000; NSW Health Department, 2000).

Health promotion in schools

Health and education are linked and children cannot make the most of educational opportunities if their health is impaired (Smith & Sherwin, 2009). Health promotion is the process of enabling people to increase control over, and to improve their health (WHO, 1998a). Schools intend to help pupils acquire the knowledge and develop the skills they need to participate fully in adult life (Burgher, Barnekow Rasmussen & Rivett, 1999). School is regarded as constituting a very important arena for health education among children and young people (Hagquist & Starrin, 1997) and furthermore, it is seen as

an important context for health promotion, mainly because it reaches a large proportion of the population for many years (Naidoo & Wills, 2000). One of the aims of the "whole-school" approach should be the support of learning and the promotion of health and well-being.

Healthy behaviours that are adopted by young people can have long term effects, while the active participation of all within the school community can lead to successful outcomes (Licence, 2004). Healthy behavior is associated with educational attainment outcomes such as school grades (International Union for Health Promotion and Education, 1999a; 1999b). In addition, healthy children have more chance of becoming healthy adults, many diseases that occur in adulthood and many emotional and psychological difficulties may have their roots in childhood (Porter, 2005).

Health promoting interventions encourage students-pupils to develop life skills, capabilities, knowledge and attributes necessary for physical, mental, emotional and social wellbeing. It is well stated that children and young people during their school career are faced with many challenges that are supposed to deal with them effectively. As a prerequisite is the development of a positive attitude towards life, high self esteem so as to refrain from risk taking and risky behaviours (Nasheeda, 2008).

Moreover, Leary (2005) indicated that that low self esteem is related to a number of psychological difficulties and personal problems, including depression, loneliness, substance abuse, teenage pregnancy, low academic performance and criminal behaviour. Helping children to cope with stressful situations which occur between childhood and adulthood it will enhance and promote their psychological and emotional well-being.

Research has shown that health-risk behaviours are often established during childhood and adolescence persist into adulthood and contribute to the leading causes of diseases, deaths, disability and social problems, such as tobacco and alcohol use, unhealthy eating, physical inactivity, vehicle injuries and violence, sexually transmitted diseases, etc. (Eaton et al., 2010). Additionally, there is increasing evidence that

chronic disease risks begin in fetal life and continue into old age, therefore, lifetime exposures to health-damaging environments are more likely to engage health-damaging behaviors.

Therefore, ensuring good health at school age requires a life cycle approach to intervention, starting in utero and continuing throughout child development. It is also stated that, high blood pressure in childhood and childhood obesity increase the risk of CHD, stroke and diabetes in the later stages of life (Barker et al., 2000; Eriksson et al., 2000; Yajnik, 2002, Holland et al., 2000).

Certainly school by itself cannot solve the nation's most serious health and social problems but it has a critical role to play in collaboration with other community services so as to help students to make health-enhancing choices and learn healthy lifestyles. According to the theory that "prevention is better than cure", is more effective to encourage children to adopt healthy lifestyle patterns rather than attempting to change unhealthy behaviors during adulthood (Trichopoulos et al., 2001).

Thus, school-based prevention programmes should be considered essential components of the school curriculum. Along with families, schools have an important responsibility for providing the framework that prepares young people for their roles as healthy and productive adults. Additionally, research demonstrates that health and success in school are inextricably intertwined. Good health facilitates children's growth, development, and optimal learning, while education contributes to children's knowledge about being healthy (Hamidd et al., 2011). Several studies have concluded that nutritional and socio-economic status have a potential influence in the children's cognitive function and educational achievement implying that students from more disadvantaged backgrounds exhibit the poorest performance. Certainly, variations in students' performance can have a variety of causes including poverty, immigration, structural and institutional factors (Al-Mekhlafi et al., 2011; Kaplan et al., 2000).

Therefore, school health programmes can help children and adolescents attain full educational potential and good health by providing them with the skills, social support,

and environmental reinforcement they need to adopt long-term, healthy behaviours.

Healthy schools - Health Promoting Schools

Healthy school is an initiative particularly designed to take the opportunity to encourage healthier lifestyles in children (Porter, 2005). A whole school approach and community development work can be particularly effective in building the health capacity of communities (U.K. Department of Health, 2001a). Moreover, WHO (2012) claims that an effective school health programme can be one of the most cost effective investments a nation can make to simultaneously improve education and health.

Health improvement activities within schools include:

- immunization and vaccination programmes
- support and advice to teachers and other school staff on a range of child health issues
- support to children with medical needs
- • support and counseling to promote positive mental health in young people
- • personal health and social education programmes and citizenship training
- identification of social care needs, including the need for protection from abuse
- providing advice on relationships and sex education by building on their clinical experience and pastoral role
- aiding liaison between, for example, schools, primary care groups, and special services in meeting the health and social care needs of children
- contribute to the identification of children's special educational needs
- working with parents and young people alongside health visitors to promote parenting (U.K. Department of Health, 2001a).

Health promotion is an essential factor in raising awareness among the school community (Sherwin & Smith, 2009). WHO (1998a) claims that health promoting school can be characterized as a school constantly strengthening its capacity as a healthy setting for living, learning and working. Health promoting schools have a substantial impact

in reducing inequities in society, thereby contributing to the health and wealth of the population at large. They aim at achieving healthy lifestyles for the whole school population by developing supportive environments conducive to the promotion of health (Burgher, Barnekow Rasmussen & Rivett, 1999). The health-promoting schools approach integrates health promotion into the whole context of the school and explores how the school can reach out to the community to facilitate health-promoting processes (Barnekow et al., 2006). WHO (2012) promotes school health programmes as a strategic means to prevent important health risks among youth and to engage the education sector in efforts to change the educational, social, economic and political conditions that affect risk.

WHO's Global School Health Initiative launched in 1995 and it is designed to improve the health of students, school staff, families and other members of the community through schools (WHO, 1998b). A Health-Promoting School views "health" as physical, social and emotional wellbeing. It strives to build health into all aspects of life at school and in the community (WHO, 2000).

A Health-Promoting School is distinguished by six key features (WHO, 1997):

1. engages health and education officials, teachers and their representative organizations, students, parents, and community leaders in efforts to promote health,
2. strives to provide a safe, healthy environment,
3. provides skills-based health education,
4. provides access to health services,
5. implements health-promoting policies and practices,
6. strives to improve the health of the community.

In Europe, the European Network of Health Promoting Schools (ENHPS) is a practical example of a health promotion activity that has successfully incorporated the energies of three major European agencies in the joint pursuit of their goals in promoting health in schools. The ENHPS had its conceptual origins in the 1980s, but since 1991, the initiative has been a tripartite activity, launched by the European Commission, the

Council of Europe and the WHO Regional Office for Europe (Barnekow et al., 2006). The Health Promoting Schools strategy must guarantee the direct participation of the school community, from the definition of the main needs and priorities, to the development and evaluation of interventions (Becker, 2005).

School health and Health Visitors in Greece

School health service is to enhance healthy growth and development in every pupil and to create a foundation for a healthy adulthood (Mäenpää, Paavilainen & Åsterdt-Kurki, 2007). It is implemented with the cooperation of pupils, teachers and parents (Finnish Ministry of Social Affairs and Health, 2004). It is claimed that one of the core elements of Health Visiting should be safeguarding children (Lowe, 2007). The interest in school hygiene, a more modern predecessor of school health promotion, has its origins in the 19th century with the growing interest in public health in general (Leurs, 2008), thus, the Health Visitors play a central role.

Health Visitors using the approach of Public Health, assess the health needs of school population with the aim of tackling health inequalities (U.K. Department of Health, 2001b). A systematic assessment of school age health needs helps to identify where services should be focused (U.K. Department of Health, 2001a). Schools and school health services obtain information that when combined would provide a very clear evidence based picture of the health needs of the school age group of children and young people, and thus, this will aid to inform the provision of health education within the curriculum (Sherwin & Smith, 2009). Thus, both health visiting and school health services to promote health for all children and to reduce health inequalities (U.K. Department of Health, 2004).

In Greece, school health services began in 1910 (Alexandropoulou, Sourtzi & Kalokerinou, 2010). According to the Law 2519/1997 school health services are established staffed by Health Visitors and other health professionals. The directorate and offices of school health are in cooperation with the schools' teaching staff and the local authorities of education, health and local

governors in order to conduct school visits and implement screening tests, health education programmes and school health programmes in general.

According to the Health Visitor's Professional Rights (Presidential Decree 351/1989) "Health Visitors focusing at the Primary Health Care, give emphasis, among others, on the provision of health care at the school setting and they exercise school health". More specifically, Health Visitors (among other health visiting objectives):

1. Practice school health with the cooperation of the doctor.
2. Assess, study and evaluate of the health needs of every population groups.
3. Plan, implement and evaluate health education programmes.
4. Plan, implement and evaluate primary, secondary and tertiary prevention programmes. Within this framework, they conduct screening tests with the aim of early diagnosis of diseases in schools (and other primary health care settings). They conduct physical development measurements, vision and hearing tests, spirometry, health checks for skeletal disorders (e.g. scoliosis), blood pressure, oral and personal hygiene.
5. Implement immunization and skin tests (e.g. TB mantoux test).
6. Conduct epidemiological surveillance and implementing measures in order to prevent the outspread of infectious diseases.
7. Participate in follow-up programmes.

Discussion

A main part of the children's and young adolescents' lives happens at school where the cognitive, motor, social and emotional development of the students is influenced over years. The school settings can enhance the development and strengthening of health promoting (life) competences of students.

It is evident that Health Promotion and Health Education have an important part to play in today's school community. International Organizations such as the World Health Organization, the Council of Europe and the

European Community agree that the development of health promotion programmes in schools is the most appropriate method for preventing and improving children's environmental health.

The valid transmission of knowledge, the personality enhancement and the development in decision-making skills are the main issues raised by the modern approach of programmes and help to have control and improve the quality of life and human health. Therefore, Health Promotion interventions are inextricably linked with schools, students, teachers, parents and community environment since the effective promotion of health is an inclusive and participatory process. It is important to safeguard student's physical and mental well-being and to transform knowledge into practice through the student's active participation.

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