# SCHOOL HEALTH PROGRAMMES

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## INTRODUCTION

**Health education** is a profession of educating people about health. Areas within this profession encompass environmental health, physical health, social health, emotional health, intellectual health, and spiritual health. It can be defined as the principle by which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance, or restoration of health. The Joint Committee on Health Education and Promotion Terminology of 2001 defined Health Education as "any combination of planned learning experiences based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions." The World Health Organization defined Health Education as "comprising of consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health."

### The Role of Health Education Specialists

- Assessing Individual and Community Needs for Health Education.
- Plan Health Education Strategies, Interventions, and Programs.
- Implement Health Education Strategies, Interventions, and Programs.
- Conduct Evaluation and Research Related to Health Education.
- Administer Health Education Strategies, Interventions, and Programs.
- Serve as a Health Education Resource Person.
- Communicate and Advocate for Health and Health Education.



### Health Education Code of Ethics

The Health Education Code of Ethics has been a work in progress since approximately 1976, begun by the Society of Public Health Education (SOPHE). Various Public Health and Health Education organizations such as the American Association of Health Education (AAHE), the Coalition of National Health Education Organizations (CNHEO), SOPHE, and others collaborated year after year to devise a unified standard of ethics that health educators would be held accountable to professionally. In 1995, the National Commission for Health Education Credentialing, Inc. (NCHEC) proposed a profession-wide standard at the conference: Health Education Profession in the Twenty-First Century: Setting the Stage. Post-conference, an ethics task force was developed with the purpose of solidifying and unifying proposed ethical standards. The document was eventually unanimously approved and ratified by all involved organizations in November 1999 and has since then been used as the standard for practicing health educators.

Health Education Code of Ethics full text

**PREAMBLE**: The Health Education profession is dedicated to excellence in the practice of promoting individual, family, organizational, and community health. The Code of Ethics provides a framework of shared values within which Health Education is practiced. The responsibility of each Health Educator is to aspire to the highest possible standards of conduct and to encourage the ethical behavior of all those with whom they work.

**Article I: Responsibility to the Public:** A Health Educator's ultimate responsibility is to educate people for the purpose of promoting, maintaining, and improving individual, family, and community health. When a conflict of issues arises among individuals, groups, organizations, agencies, or institutions, health educators must consider all issues and give priority to those that promote wellness and quality of living through principles of self-determination and freedom of choice for the individual.

**Article II: Responsibility to the Profession:** Health Educators are responsible for their professional behavior, for the reputation of their profession, and for promoting ethical conduct among their colleagues.

**Article III: Responsibility to Employers:** Health Educators recognize the boundaries of their professional competence and are accountable for

their professional activities and actions.

**Article IV: Responsibility in the Delivery of Health Education:** Health Educators promotes integrity in the delivery of health education. They respect the rights, dignity, confidentiality, and worth of all people by adapting strategies and methods to the needs of diverse populations and communities.

**Article V: Responsibility in Research and Evaluation:** Health Educators contribute to the health of the population and to the profession through research and evaluation activities. When planning and conducting research or evaluation, health educators do so in accordance with federal and state laws and regulations, organizational and institutional policies, and professional standards.

**Article VI: Responsibility in Professional Preparation:** Those involved in the preparation and training of Health Educators have an obligation to accord learners the same respect and treatment given other groups by providing quality education that benefits the profession and the public.

National Organizations for Public Health/Health Education

**American Public Health Association (APHA):** APHA is the main voice for public health advocacy that is the oldest organization of public health since 1872. The American Public Health Association aims to "protect all Americans and their communities from preventable, serious health threats and strives to assure community-based health promotion and disease preventions."

**Society for Public Health Education (SOPHE):** The mission of SOPHE is to provide global leadership to the profession of health education and health promotion and to promote the health of society through advances in health education theory and research, excellence in professional preparation and practice, and advocacy for public policies conducive to health, and the achievement of health equity for all.

**American School Health Association (ASHA):** The American School Health Association was founded in 1972 by a group of physicians that already belonged to the American Public Health Association. This group specializes in school-aged health specifically.

**American Association of Health Education/American Alliance for Health, Physical Education, Recreation, and Dance**



**(AAHE/AAHPERD):** The AAHE/AAHPERD is said to be the largest organization of professionals that supports physical education; which includes leisure, fitness, dance, and health promotion. This organization was first stated in November 1885. William Gilbert Anderson had been out of medical school for two years and was working with many other people that were in the gymnastic field.

**Health Education Career Opportunities**

**Health Care Settings**: these include hospitals (for-profit and public), medical care clinics, home health agencies, HMOs and PPOs. Here, a health educator teaches employees how to be healthy. Patient education positions are far and few between because insurance companies do not cover the costs.

**Public Health Agencies**: are official, tax funded, and government agencies. They provide police protection, educational systems, as well as clean air and water. Public health departments provide health services and are organized by a city, county, state, or federal government.

**School Health Education**: involves all strategies, activities, and services offered by, in, or in association with schools that are designed to promote students' physical, emotional, and social development. School health involves teaching students about health and health related behaviors. Curriculum and programs are based on the school's expectations and health.

**Non Profit Voluntary Health Agencies**: are created by concerned citizens to deal with health needs not met by governmental agencies. Missions include public education, professional education, patient education, research, direct services and support to or for people directly affected by a specific health or medical problem. Usually funded by such means as private donations, grants, and fund-raisers.

**Higher Education**: typically two types of positions health educators hold including academic, or faculty or health educator in a student health service or wellness center. As a faculty member, the health educator typically has three major responsibilities: teaching, community and professional service, and scholarly research. As a health educator in a university health service or wellness center, the major responsibility is to plan, implement, and evaluate health promotion and education programs for program participants.

**Work site Health Promotion**: is a combination of educational, organizational and environmental activities designed to improve the health

and safety of employees and their families. These work site wellness programs offer an additional setting for health educators and allow them to reach segments of the population that are not easily reached through traditional community health programs. Some work site health promotion activities include: smoking cessation, stress management, bulletin boards, newsletters, and much more.

**Independent Consulting and Government Contracting**: international, national, regional, state, and local organizations contract with independent consultants for many reasons. They may be hired to assess individual and community needs for health education; plan, implement, administer and evaluate health education strategies; conduct research; serve as health education resource person; and or communicate about and advocate for health and health education. Government contractors are often behind national health education programs, government reports, public information web sites and telephone lines, media campaigns, conferences, and health education materials.

**School Health Education**

School health programs are said to be one of the most efficient strategies that a nation might use to prevent major health and social problems. Next to the family, schools are the major institution for providing the instruction and experiences that prepare young people for their roles as healthy, productive adults. Schools can–and invariably do–play a powerful role in influencing students' health-related behaviors. Elementary, middle, and secondary schools are therefore prime settings for public health programming. Appropriate school interventions can foster effective education, prevent destructive behavior, and promote enduring health practices.

**Characteristics of Effective Programs**

There are eight elements that characterize high-quality school health programs. These elements are described below.

**A focus on priority behaviors that affect health and learning:** School health programs were initiated early in the twentieth century, in large part to address the numerous infectious diseases afflicting children. At the beginning of the twenty-first century, the etiology of health risks facing young people–and the adults they will become–are most often social or behavioral. The Division of Adolescent and School Health (DASH) of the Centers for Disease Control and Prevention (CDC) documents that six



health-risk behaviors account for nearly two-thirds of the morbidity and mortality in adolescents. These behaviors are tobacco use; unhealthful dietary behaviors; inadequate physical activity; alcohol and other drug use; sexual behaviors that may result in HIV infection, other sexually transmitted diseases, or unintended pregnancy; and behaviors that may result in intentional injuries (i.e., violence and suicide) and unintentional injuries (e.g., motor vehicle crashes).The leading causes of death among adults–including cardiovascular disease, cancer, and diabetes–are closely linked to these health-risk behaviors. In addition, these behaviors tend to co-occur, they tend to be established in youth, and they are preventable. Children and adolescents need to learn, and to practice, making health-enhancing choices before health-damaging behaviors are initiated or become ingrained.

**A foundation of support for every child and adolescent:** Whether a student engages in health-debilitating or health-enhancing behaviors depends on the interplay of assets and deficits in the influential support systems surrounding the student, including friends, peers, family, community, and schools. Three protective factors have been found to frequently help young people overcome stress and adversity to become healthy competent adults with a sense of purpose: (1) caring and supportive relationships, (2) high expectations for success, and (3) active participation in school and community activities. For example, the ongoing National Longitudinal Study of Adolescent Health has found that students who feel "connected" to schools are more likely to adopt health-enhancing behaviors (respectful and caring teachers are among the factors related to students feeling connected).

**A complete set of program components:** Many national organizations and membership associations, as well as CDC's DASH, promote a school health program model consisting of eight mutually reinforcing components that communities can shape to fit their needs and circumstances. These eight basic components are health education; school health services; a healthy school environment; physical education; school nutrition services; counseling, psychological, and social services; health-promotion programs for staff; and family and community involvement.

**Multiple interventions:** A health promotion model that uses a variety of interventions in addition to instruction to promote the adoption of health-enhancing behaviors among children and youth is needed. Interventions

that have been successful include policy mandates, environmental changes, direct interventions (screening, referral, and treatment), social support/role modeling, and media. The number of interventions necessary to address any one problem is unknown. Larry Green and Marshall Kreuter suggest that a minimum of three interventions be employed for each behavior that is targeted, and John Elder states that "true progress will be realized by using multi-component packages which include multilevel and multiple-channel generalization efforts and appropriate evaluation criteria"

**Program coordination and oversight:** The value of a coordinated approach has been noted by numerous individuals. A variety of options have been proposed to implement and manage a coordinated school health program, including school health coordinators, school health advisory councils, interdisciplinary work committees and work teams, and interagency coordinating councils or networks.

**Systematic program planning:** Every organizational group that is part of the school health program (e.g., school work teams, school health committee, and school-community coordinating council) needs to use a programming process to assure continuous improvements in programming. Included in the process is the need to involve all stakeholders, define the problem from a local perspective (a needs assessment), set realistic goals and objectives, identify priority strategies to be used in the action plan to attain goals and objectives, implement the plan, evaluate the results, and use the results to start the process over again.

**Ongoing staff development:** To assure effective programming, there is a need for staff development programs. Many teachers received their training at a time when the problems and issues facing students were much different. Staff development increasingly is approached as the day-to-day fostering of continuous improvement in one's professional practice, and not as a workshop that occurs in isolation. Phyllis Gingiss has identified five concepts that those planning staff development need to consider:

- Teachers respond to innovations in developmental stages.
- A multiphase approach to staff development is necessary to assist teachers during each stage.
- Staff development requires opportunities for teacher collaboration.
- Approaches to staff development must fit the stage of teacher development.



- The organizational context for staff development is critical to its success.

To ensure that students are taught by well-prepared and well-qualified teachers, health education and physical education professional associations suggest that state licensure agencies should: (1) establish separate teaching licenses for health education and physical education; (2) offer licenses for different levels (e.g., preschool and early elementary school, elementary school, middle school, high school); (3) require that all generalist teachers (pre-school, elementary school, middle school) pass courses or demonstrate their competence at applying the skills required to effectively teach health education; and (4) allow schools to assign teachers to courses they are not properly certified to teach only when a licensed teacher cannot be found and only on a temporary basis with the stipulation that such teachers receive the necessary training if they are to continue teaching the class.

## Conclusion

Because the health of students is inextricably linked to educational achievement, it is critical that schools promote health. Schools can provide the nurture and support needed to facilitate the adoption of health-enhancing behaviors. This helps assure that the educational gains achieved by a student will be maximized by a long and healthy life as an adult. A comprehensive, well-coordinated school health program can promote the optimal physical, emotional, social, and educational development of students. This shows that the Health education can play a vital role in the development of wholesome personality of an individual.

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