



**SHE Autumn School**  
**State of the Art of School-based Health Promotion in Europe:**  
**Research-based and practice-based Knowledge**  
**University of Minho, 7-10 November 2013**  
**1-4 June 2005**

***Health Education in Schools:  
From learning to action***

**Graça S. Carvalho**  
**CIEC, Institute of Education**  
**University of Minho, Braga, Portugal**



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## *Health Education in Schools: From learning to action*

Health determinants

Health promotion

Health promotion approaches

School health education

School health promotion

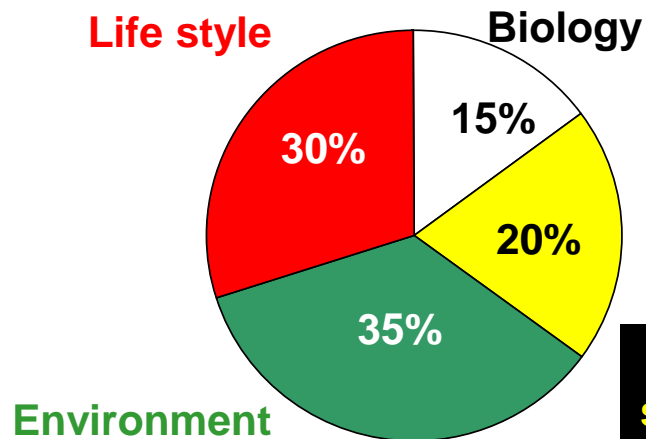


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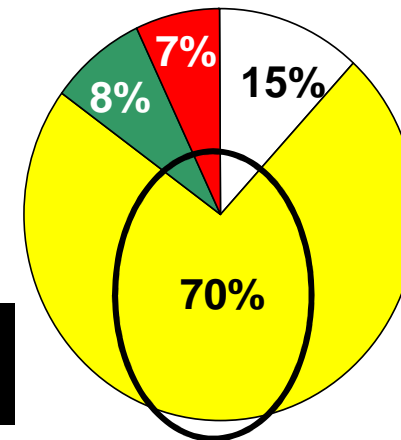
Health determinants

Lalonde (1974) in: *A new perspective on the Health of Canadians*

Health determinants



Public expenses



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# Health Education in Schools: *From learning to action*

## Health determinants

### < Years 40

- ❖ **Infecto-contagious diseases (epidemics):**
  - most common cause of death
- ❖ **Treatment of patients:**
  - lack of the Public Health notion
  - lack of policies for the prevention of diseases

### > Years 40

- ❖ **Discovery of antibiotics**
- ❖ **Beginning of the treatment of infecto-contagious diseases:**
  - beginning of vaccination



# Health Education in Schools: *From learning to action*

Health determinants

> Years 60: new technologies & new therapies

- ❖ **Cancer and cardio-vascular diseases:**
  - most common cause of death
- ❖ **Notion of the importance of Public Health:**
  - beginning of policies for the prevention of diseases
  - implementation of children's vaccination
- ❖ **Natural situations ("normal") become "medical":**
  - pregnancy, menopause, ageing, etc.
- ❖ **Control of health transferred to the specialists (doctors) and successively taken from the persons**

**Increase of Public Expenses**



# Health Education in Schools: *From learning to action*

Health determinants

> Years 80: Universal medical assistance

- ❖ **Increase of the Public Health importance:**
  - improvement of policies for the prevention of diseases
  - universal vaccination
- ❖ **Amplification of the Health Services**
- ❖ **Medical assistance:**
  - universal
  - patient/client free or at low cost

**High increase of Public Expenses**

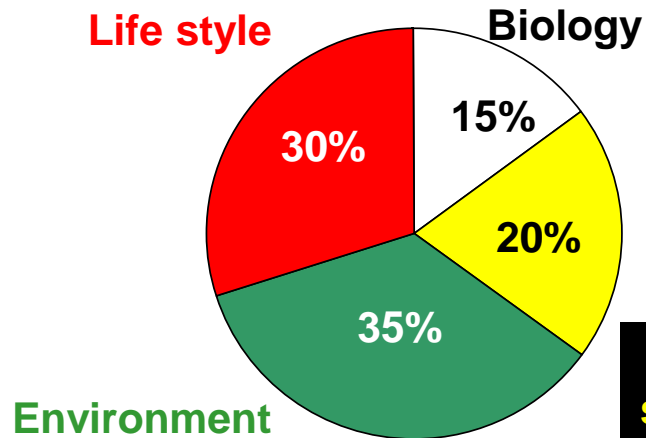


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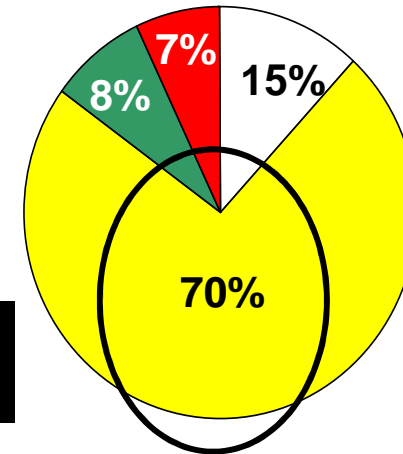
Health determinants

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Health determinants



Public expenses



Health services

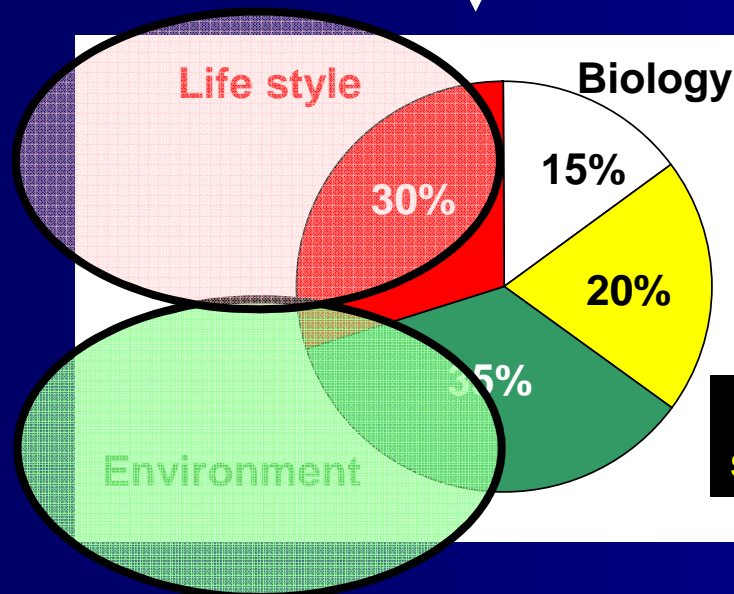


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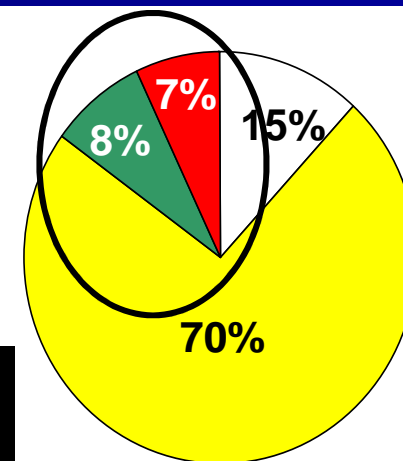
Health determinants

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Health determinants



Public expenses



**Health services**





# Health Education in Schools: *From learning to action*

## Health determinants

Years 50-60

### ❖ Environmental reforms:

- slum clearance
- sanitation improvement
- clean air

Years 60-70

### ❖ Individual lifestyle:

- family planning
- physical exercise
- weight control...

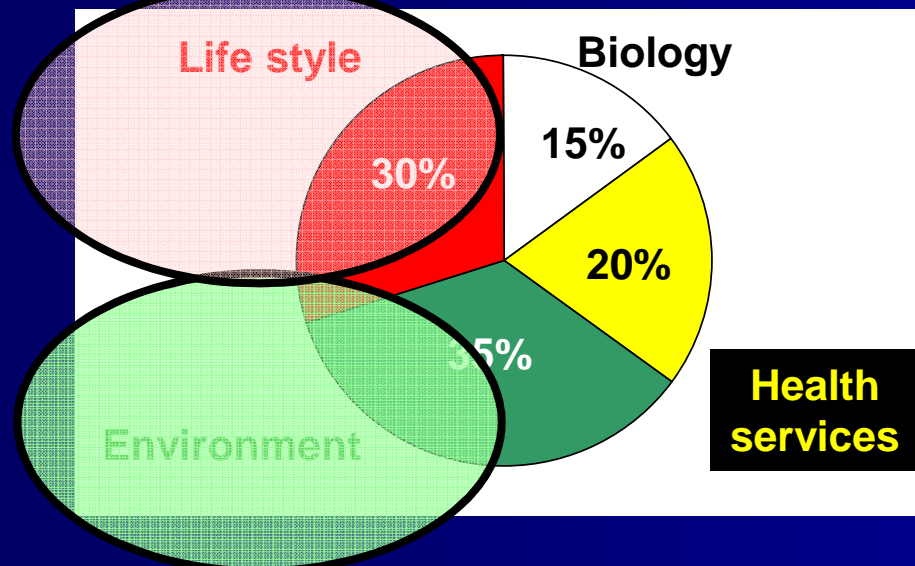


Years 70

### ❖ Criticism:

- too much emphasis on behavioural changes
- blaming individuals for their ill-health

**"Victim blaming"**



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## Health determinants

Years 50-60

❖ Environmental reforms:

- slum clearance
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Years 60-70

❖ Individual lifestyle:

- vaccination
- family planning
- weight control...

Years 80...

❖ **Needs for Health Education**

❖ **Needs for political and social action**

Years 70

❖ **Criticism:**

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- blaming individuals for their ill-health

**"Victim blaming"**

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# Health Education in Schools: *From learning to action*

## Health promotion

Ottawa Charter ( I Conference on Health Promotion, 1986 )

“ Health promotion is the process of enabling people to increase control over, and to improve, their health”.

“ ... an individual or group must be able to identify and to realize aspiration and satisfy needs, and to change or cope with the environment”.

- ❖ **Needs for Health Education**
- ❖ **Needs for political and social action**

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Health promotion

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“ ... an individual or group must be able to identify and to realize aspiration and satisfy needs, and to **change or cope** with the **environment**”.

**Change individual behaviour and lifestyles**

**and / or**

**Change the socio-economic and physical environment**

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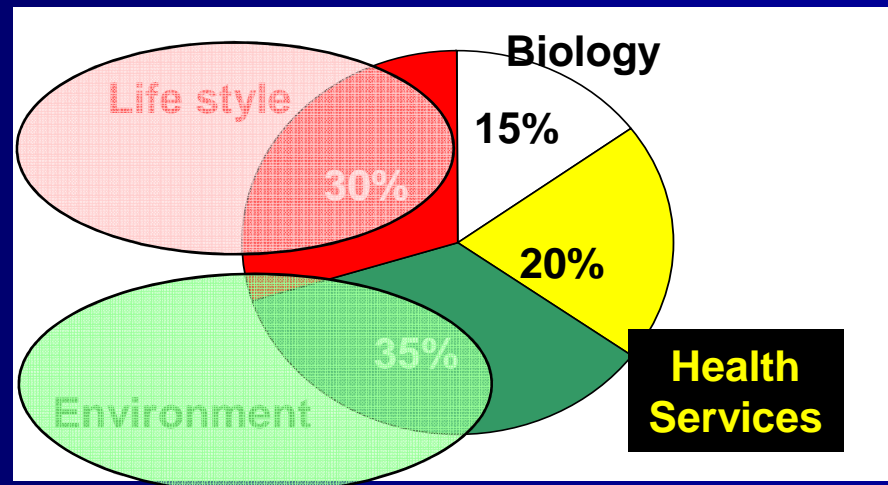
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Health promotion

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Change individual behaviour and lifestyles

and / or

Change the socio-economic and physical environment



# Health Education in Schools: *From learning to action*

## Health promotion approaches

### *Approach*

### *Aim*

**Medical** Get free from medically-defined diseases and disabilities.

**Behaviour Change** Individual behaviour leading to get free from disease.

**Educational** Improve knowledge & understanding, enabling well-informed decisions.

**Client-centred** Working with clients on the clients' own terms.

**Societal change** Physical & social environment which enables choice of healthier lifestyles.

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# Health Education in Schools: *From learning to action*

## Health promotion approaches

### *Approach*

### *Health promotion activity*

#### **Medical**

Medical intervention to prevent illness.

#### **Behaviour Change**

Attitude and behaviour change to encourage adoption of healthier lifestyles.

#### **Educational**

Info about cause & effects of health-demoting factors.  
Exploration of values & attitudes.  
Development of skills required for healthy lifestyles.

#### **Client-centred**

Working with healthy issues, choices & actions which clients identify. Empowering the client.

#### **Societal change**

Political/social action to change physical/social environment.

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# Health Education in Schools: *From learning to action*

## Health promotion approaches

### *Approach*

### *Important values*

**Medical** Patient compliance with preventive medical procedures.

**Behaviour Change** Healthy lifestyles as defined by the health promoter.

**Educational** Health promoters' responsibility for identifying health educational contents and pedagogic methods.

**Client-centred** Clients as equals.  
Self-empowerment of client.

**Societal change** Right and need to make environment health-enhancing.

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# Health Education in Schools: *From learning to action*

Health promotion approaches

## *Approach*

---

**Medical**

There is no one "right" approach  
for Health promotion

**Behaviour  
Change**

It depends on your professional setting

**Educational**

**Client-  
centred**

**Societal  
change**

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# Health Education in Schools: *From learning to action*

Health promotion approaches

*Approach*

**Educational**

*Aim*

Improve knowledge & understanding, enabling well-informed decisions.

*HP activity*

Info about cause & effects of health-demoting factors.  
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*Values*

Health promoters' responsibility for identifying health educational contents and pedagogical methods.

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Health education

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“**Health Education** is any intentional activity conducting to health and disease learning, producing changes in knowledge and understanding as well as changes on the way of thinking.

- It may (or may not) clarify and influence values
- It may (or may not) promote beliefs and change attitudes
- It may (or may not) enable acquisition of personal skills
- It may (or may not) conduct to healthier behaviours and lifestyle changes

Tones (2001)



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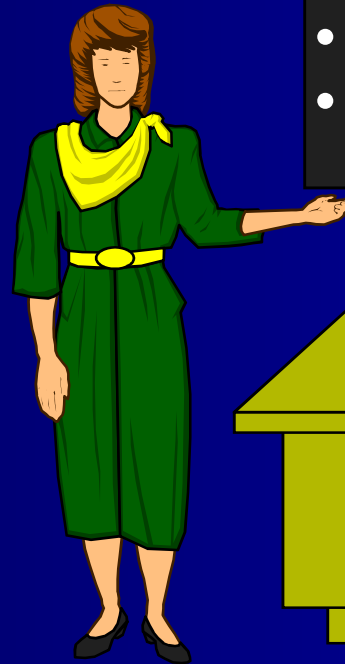
## Health education

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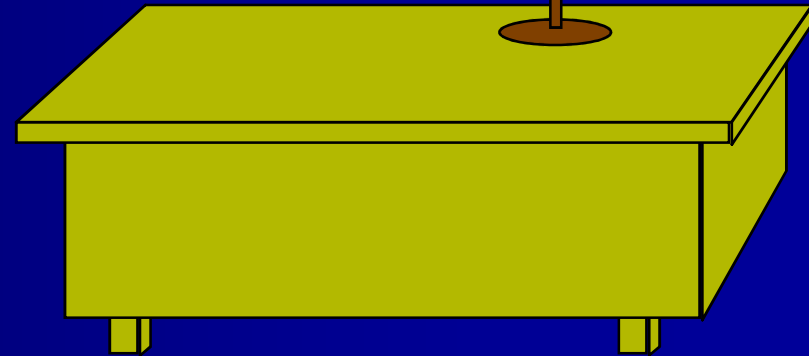
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The goal of HE is not **only transmission of information on health issues and health rules.**

HE must not focus on the specific goal of **behaviour change** – *'Behaviourism'*



- *Don't drink ; don't smoke*
- *Don't get involved with drugs*
- *Don't have sex without a condom*
- *Brush your teeth after meals*
- *Behave yourself...*





# Health Education in Schools: *From learning to action*

Health education

Health Education



Traditional  
Health education

Transmission of information / knowledge



Supposed to be enough  
to make changes to healthier behaviours

**K** implies **B**

K – Knowledge

B – Behaviour

A – Attitudes

**K** – is a necessary condition  
but not sufficient to make **B** occurring

**K** – **A** – **B**

In addition to the acquired **Knowledge**,  
changes in **Attitudes** must happen,  
so that healthier **Behaviours** can occur.

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# Health Education in Schools: *From learning to action*

Health education



Health Promoting  
School

Transmission of information / knowledge



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# Health Education in Schools: *From learning to action*

Health education

Transmission of information + **posit. attitudes**



Health Promoting  
School



Supposed to be enough  
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Learning must focus on **positive attitudes**  
regarding one's **health** and **life** in general

**K – A – B**

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Health Promoting  
School

Supposed to be enough  
to make changes to healthier behaviours

Learning must focus on **positive attitudes**  
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It is not just centering learning in diseases or infirmity  
(biomedical model)

an agent



a disease

an agent



~~No disease~~

**Prevention**

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# Health Education in Schools: *From learning to action*

Health education

Transmission of information + **posit. attitudes**



Health Promoting  
School



Supposed to be enough  
to make changes to healthier behaviours

Learning must focus on **positive attitudes**  
regarding one's **health** and **life** in general

A **positive attitude** facilitates:

- one's *empowerment*
- decision-maker towards healthier life styles
- The propensity to avoid risk behaviours
- and, indirectly, the prevention of diseases.

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# Health Education in Schools: *From learning to action*

School health promotion

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Education  
sector



Health  
sector



# Health Education in Schools: *From learning to action*

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**IUHPE**

**International Union for Health Promotion and Education**

- **Over half a century old;**
- **A unique worldwide, independent and professional association of individuals and organizations committed to improving the health and wellbeing of the people through:**
  - **education**
  - **community action**
  - **development of healthy public policy.**

**The mission of the IUHPE is to promote global health and to contribute to the achievement of equity in health between and within countries of the world.**



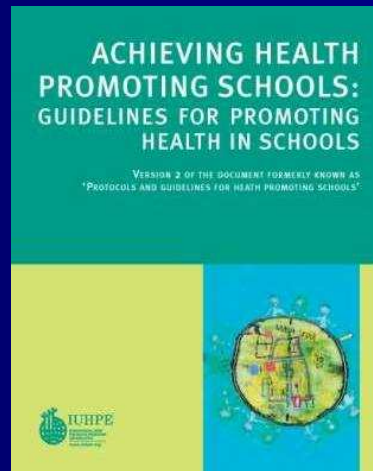
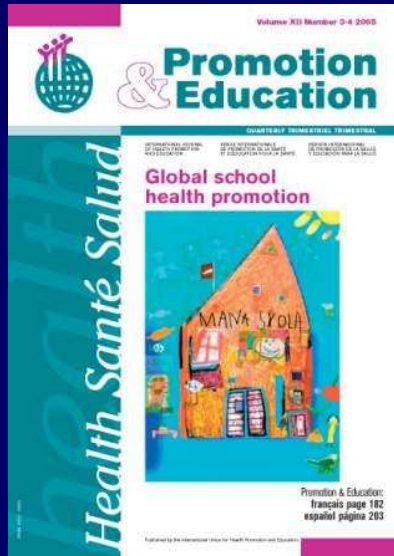
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## School health promotion

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2005



2009



2010

2012

FACILITATING DIALOGUE BETWEEN  
THE HEALTH AND EDUCATION  
SECTORS TO ADVANCE SCHOOL  
HEALTH PROMOTION AND  
EDUCATION





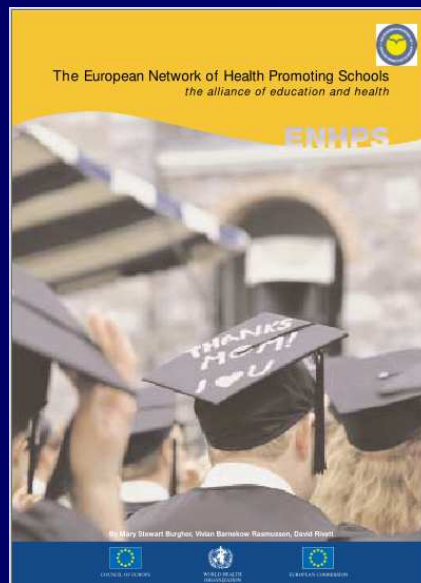
# Health Education in Schools: *From learning to action*

School health promotion



**European Network of Health Promoting Schools  
(The) the alliance of education and health**

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**In 1991, three international agencies in Europe launched the innovative ENHPS:**

- **European Commission (EC)**
- **WHO Regional Office for Europe**
- **Council of Europe (CE)**

**ENHPS Intended to help pupils**

- **acquire the knowledge**
- **develop the skills they need to participate fully in adult life.**



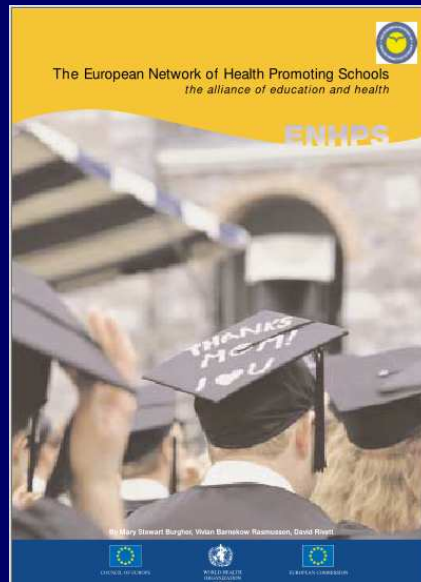
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School health promotion



## Schools for health in Europe

<http://www.schoolsforhealth.eu/>

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SHE Network is the  
Schools for Health in  
Europe network





# Health Education in Schools: *From learning to action*

## School health promotion

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2005



Health promotion in a school setting is important because **health** and **education** are intrinsically linked:

- healthy children are more likely to learn effectively;
- education plays an important role in economic prosperity and health outcomes later in life;
- Promoting the health of school staff can lead to greater work satisfaction and reduced absenteeism;
- actively promoting health in schools can aid schools and policy-makers alike in reaching their academic, social and economic targets.



# Health Education in Schools: *From learning to action*

School health promotion

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Education  
sector



Health  
sector

**Health promotion in schools aims at  
empowering children  
to make healthier choices**

## **Empowerment approaches:**

- view children as social actors who act on the world around them.
- engage with children about their worlds, involving them in decision making and action about issues that are important to them.

Glenn Laverack (Odense 2013)



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## Essential skills for promoting other's empowerment:

- **Self-awareness** (know yourself and others): identify feelings, be responsible, recognize strengths;
- **Self-management**: manage emotions, understand situations, set goals and plans, solve problems creatively;
- **Social awareness** (care for others): show empathy, appreciate diversity;
- **Relationships skills**: communicate effectively, build relationships, negotiate fairly, refuse provocations, seek help;
- **Responsible decision making**: act ethically, appropriate social norms, respect.

Margaret Barry (Odense 2013)



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School health promotion

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**In this way it is possible to promote responsible citizens with skills :**

- ✓ **To be able to decide and act (informed action)**
- ✓ **To make well informed choices**
- ✓ **To participate actively in citizenship issues.**



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**Thank you**

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