

FEATURE

School Health Program: Essential for Building a Healthy Community

Evelyn V. Almocera

ABSTRACT — This paper deals with the importance of the most neglected program of the school —the school health program. The writer will help everybody get involved in educating young children to understand that there is a great correlation between health, learning effectively, and classroom performance. It will also help us to recognize that this is a very important time to teach children not only academic lessons but also to develop healthy behaviors that can affect themselves not only for a short time but even for a lifetime. This paper describes some of the benefits of investing in a school health program. The components, designs and its evaluation tools are also discussed.

Introduction

If asked to describe the school health program when you were in the elementary or secondary school, what images would come to your mind? Would you describe the lady with a white dress and a cap cleaning your cuts and wounds? Or would you remember more the teacher who taught the health classes, and whom you considered boring, ineffective, and uninteresting? Or would you say, “I cannot remember that we even had one? Yes, the school health program in the past was not the priority of the school.

Recently, WHO, UNESCO, and UNICEF combined their efforts in promoting the health of children through schools. Dr. Hiroshi Nakajima, the past Director-General of WHO said “health is inextricably linked to educational achievement, quality of life, and economic productivity. By acquiring health-related knowledge, values, skills, and practices, children can be empowered to pursue a healthy life and to work as agents of change for the health of their communities.” (WHO, 1997 p. 1). In Figure 1, McKenzie outlined the factors that influence a school aged child — of which the school health program has a great potential for impacting the health of these children. (McKenzie and Pinger, 1997).

Figure 1. A Concept of a Comprehensive Health Program

April 2002, Vol. 5, No. 1

What Is A School Health Program?

For the past 40 years, a school health program has been viewed as only school health services like caring for cuts and bruises, and headaches and stomach aches. In 1980s because of the changing roles, challenges and threats, the WHO made a comprehensive definition of what school health programs are composed of: school health services, school health education, school health environment (physical and psychosocial), health promotion for its personnel, school community projects and outreach, nutrition and food safety, physical education and mental health, counseling and social supports. (WHO, 1997 p.10) This is also the component designed by the U.S. Center for Disease Control. (CDC, 2002)

Why a Need for School Health Program?

There are several reasons why a school should push for a school health program aside from the traditional teaching of grooming and eating the right foods. These reasons include the following:

1. Lewis and Lewis concluded that the principal determinants of health status in adulthood are formed very early and can be influenced by those who care about the health of the children. (School Health, 1980, p.3).
2. Many of our young people become involved in behaviors that have negative effects on their health and well being. (Miller,1990 p. 10). These damaging behaviors include: use of tobacco, eating unhealthy foods, not being physically active, using alcohol and other drugs, engaging in sexual activity and engaging in behaviors that can result in violence or unintentional injuries such as motor vehicle crashes. (CDC) Studies have also shown that a carefully designed and implemented curricula can help children develop positive healthy behaviors and shun away from destructive behaviors.
3. There are ample evidence that better health improves academic performance (WHO, 1997, p. 13). The knowledge of health and the practice of positive health behavior reduces school absenteeism and thus improves academic performance. Due to economic reasons there are many children whom the only time they come in contact with health services is when they come to school. This is the time when their underlying problems are discovered such as poor nutrition, visual problem and domestic violence which can adversely affect their learning process.
4. Health problems can become a barrier to learning. Preparing a child to learn needs not only mental preparation but requires attention to his emotional, physical and psychosocial need. For a child to learn effectively he must be placed in an environment that is comfortable and where they feel well supported by parents, administrators, teachers and peers. Healthy learners are better learners.

5. Many of the active and growing children present various kinds of health issues which could either be major or minor. These school children spent most of their waking hours in the school and thus the school is the best place to learn and form health behaviors and codes of conduct.
6. Teachers have great impact on their student's health because personal beliefs and attitudes underlie almost everything adults say and do. Children can not fail by the influence of teacher's statements and observation. Every member of the faculty and staff of a school serve as a role model for the children. The effects of harmful health habits that adults exhibit go unnoticed by children. It will be difficult to persuade youngsters to quit whatever harmful behaviors they are adopting if they see their teachers engage in it. (Pollock, 1994, p. 15)
7. For the school staff, a well planned wellness program will improve teaching performance, decreases absenteeism and reduces stress (Comprehensive School Health Model). WHO mentions that it also improve the moral of the school staff. (WHO, 1994, p15)
8. For the family and community. There is great evidence that school health programs reach more people through their families and communities than any other form of health education approaches.
9. Half of the world's population is below the age of 25 years old and 29 % of which are between 10 and 25 years old. There is a great need to nurture their health to provide a stronger basis for economic development. "Children are our most valuable resource, and schools represent an opportunity to provide our children with valuable health skills" (CDC)

School Health Programs

The school health program is a range of activities that is directed at improving, protecting and promoting health not only to the student but also to his family. It is concerned with the whole being of the school child. A child who comes to school as a well child poses a challenge to the school health team to protect and maintain that condition. These activities are identified by the CDC as the eight components of a coordinated health program which includes the following:

Health Education

A comprehensive school health program include those planned, organized and integrated curriculum activities that focus primarily not only on knowledge acquisition but also attitude formation and behavioral impact. The teacher should remember to focus on all the dimensions of health namely the physical, mental, social and spiritual. (Miller, 1992, pp. 6-7). Most often the classroom teacher will be expected to provide this instruction. On some occasion, the other members of the team comes to carry out this instruction. The barrier to this program is the lack of

adequate background of the teacher and the confidence to teach the subject. This weakness can be strengthened by providing in service training opportunities. The concerned teacher may also take advantage of the teachable moments like when there are issues that arise in the community.

Physical Education

CDC reported that in 1999, only 29% of the American high school children participated in the daily physical education classes compared with 42% in 1991. (CDC Report) These leads to an increase risk for obesity than ever before. School physical education program should focus on physical fitness and the development of skills, the likelihood for development of lifelong activity patterns. As individuals learn and develop various physical motor skill patterns, it is important that formation of attitudes that will result in improved health status occur. (Miller et al, p. 18) The American Health Association recommended requiring physical education classes five days a week in each school year. If there is a need to impact on fitness and well being of a student, it is necessary to participate in vigorous, aerobic activity that will be of lifelong value. Research have shown that that physical education programs overemphasized competitive team sports which may be unattractive to some students who may have some physical restrictions. School physical education programs should be developed to emphasize individual fitness and skill development, not major emphasis on team sports participation.

Health Services

These services are carried out by the members of the school health team in most cases by the physician or the nurse. Certain activities include: preventive, curative and referral services; nutritional and food safety services; counseling, psychological and social services; safe water and sanitation services and health promotion services for the staff. (WHO, 1997, p.11). Health appraisals include medical examination, vision screening test, hearing screening test and test for scoliosis. Scoliosis is an abnormal curvature of the spine that may result to slow, steady change in the back or chest causing pressure on the heart or lungs.

Nutrition Services

In the developing countries there are three major nutritional problems that is encountered. These are protein-energy malnutrition, micronutrient deficiency and short term hunger. In developed countries like the U.S., almost three-fourths of young people do not eat the recommended five servings of fruits and vegetables each day. Obesity is a threat to the young people in the developed countries. A height census is the most commonly used method for assessing the nutritional status of primary school children. (WHO, 1997, p47). Nutritional education,

micronutrient supplementation programs, school feeding program using fortified foods and a deworming program are means of addressing this problem.

Counseling, Psychological, and Social Services

The mental, social and emotional well being of the student and the teacher is very crucial in the learning process. Many of the young people today are affected by various stress related disorders stemming from parental divorce, abuse or alcohol; suicidal attempts and depression. Affected school children may manifest this in many ways like failing academically, being socially rejected and poor self image. Some of these children may exhibit relationship problems with their peers and adults. They may even lack respect to the authorities.(WHO, 1997 p. 49). Teaching children how to cope with life stresses and identifying early signs and symptoms will be a big step towards making a difference in a students healthy development and optimal performance.

Healthy School Environment

The environment is a crucial factor in individuals health. A clean and safe environment help prevent diseases and injuries. It also facilitates development of positive health behaviors through consistent enforcement of restrictions on tobacco, alcohol and drug use and support for proper nutrition .An absolute requirement for school health program is safe water and sanitary facilities. Illumination, noise levels, hazards either chemical, physical or chemical are also important factors to consider.

Health Promotion for Staff

Students are not the only one who need to be healthy. School personnel who are important role models need to be healthy. It has been well documented that successful schools have healthy , highly motivated staff and performs at peak level. Seminars on stress management, healthy lifestyle and health screenings fosters a health-promoting living environment.

Family/Community Involvement

When the parents and the community serve on a school health advisory council or planning committee, their insights can be especially helpful in policy making.. Different community based groups like government health agencies, health professional groups, youth groups, religious leaders and service clubs can be very good representative in assisting the school in maintaining health.

Designs of a School Health Program

In 1987 Linda Edwards classified the different organizational models involved

in school health programs. The first model is one that is established and administered by the school district. The staff is employed by the district and the health facility is either in the school building or in its school property. The second model is when the clinic is under the local public health department. The facility may be in the school building or in close proximity to the school. The third model is where the facility is operated by an outside contacting agency like a hospital. A fourth model is one where the facility is located adjacent to the school property and function as an out-patient operation. This model serves others in the community like the families of students. (Miller, 1990, p.16) The operation is almost always under the control of the school through its designated committee unlike the other three models whose staff are not employees of the school, hence the school has less input in the improvement of the services.

Because of the divergent activities involved in the school health programs, different concepts have evolved. One of these is the concept designed by Nader and is illustrated in Figure 1. This concept explains that the student is at the center surrounded by school, family and the community. Community means people involve in health promotion who are not a part of the school system. Activities revolves either as a school based or as a community based. Though it works in different capacities it works as an aligned team. An aligned team suggest that its team members are working with certain degree of coherence and a common purpose sharing a common vision and mission.(Keuter,et al,1997, p.9).

Figure 2 is another model called ACCESS which is an acronym for Administration, Community, Curricula, Environment, School, and Services features the five major building blocks that provide an organizational structure.

The only difference between the two models is the matter of changed placement and emphasis on the parts than of innovation.

Figure 2. The ACCESS Model

Foundation of a School Health Program

The challenges faced by most of the young people fall at different points from predominance of mortality due to infectious diseases to lifestyle diseases brought about by changing patterns of consumption, the rise of smoking especially in Asia and the Western Pacific regions has shifted its school children's risk factors. The

International Forum

increasing risk of being infected by sexually transmitted diseases and HIV have also been alarming. All of these health risking behaviors are preventable if school health programs are given the opportunity to work it out before such behaviors are established.

A school health program does not come in a capsule as a finished product, but instead it is a process that can improve year after year. McKenzie wrote that the foundation of any school health program lies in the following:

A Well-organized School Health Team

People are the most important resource of any country (on being in charge, 1992, p.43). Teamwork is very central in planning and implementing a school health program since the quality of the program depends largely on these group of persons. Financial resources as well as equipments may be well advanced but without a person or a team these will not do much since these resources require people to initiate the action. The team must be able to have a customized plan because each school has different needs, resources and financial capabilities. The team should consist of people who have great burden for the health of the children and is willing to contribute his/her skill and competence in accordance with the functions of others, not just because the circumstance dictates them to be a part of the team. WHO mentions that some of the barriers in implementing the school health program includes inadequate vision and strategic planning, inadequate collaboration and coordination among responsible parties and lack of trained, knowledgeable personnel to plan, manage and evaluate school health programs. (WHO, 1997, pp.23-25)

A School Administration That Supports Such an Effort

A highly supportive administrators play a major role in the quality of the program because the administration controls the resources.(McKenzie,1997, p.143). The provision of resources for health and education of children and adolescents is often given a low priority. Even minimum facilities for latrines and safe water are not available in many schools, a situation rendering both health and education impossible. (WHO, 1997, p.24) In many developing countries there still exist the following problems like: insufficient, classrooms and furnishings, hazardous school buildings or grounds unhealthy staff, lack of safe water and sanitary facilities.

School Health Policies

These are written statements that will serve as a guide for those who are working in the school health program. It describes the program and how it is going to be implemented. It gives a sense of direction, credibility and accountability for the program. (McKenzie, 1997, p144) Before the policy is distributed to all of those who are involved, it is wise to have this policy being approved to make it credible

and for legal protection. These policies need to be approved by the following: health team, school administration and to some extent by the local board of education.

Evaluating School Health Programs

According to Hockbaum “the task of health education is to equip people intellectually and emotionally sound decision on matters affecting their health, safety and welfare.” (Cornacchia, 1996 p.454). These tasks requires an evaluation to determine the impact of such programs on the lives of the students and their families hence evaluation is always important in every program created. It has been observed though that because of the focus of the authorities to gain acceptance of the program, evaluation has been given little attention. A quantitative as well as qualitative evaluation is necessary to be able to identify both the strong and the weak aspects of the program and because there is accountability to measure, evaluate and report on policies, procedures and learning outcomes to pupils, parents, school health coordinators and other concerned persons. (Cornacchia). Though the comprehensive school health program is made up of several components the criteria for evaluating school health program are classified into 4 groups: administration, health instruction, health services and healthful school environment. The following are some samples of criteria for each component as designed by the Department of Education. (Cornacchia p. 576)

Administration

- The policies of the district's governing board provided for a school health program designed to help pupils achieve the degree of health their potentialities permit through health instruction, health services, healthful school environment - essential of the program.
- A health committee will a membership that includes school personnel, representatives of community health services, and representatives of the other important segments of the community is assigned advisory responsibilities for the district's school health program.
- A health council committee with a membership that includes an administrator, teachers, health personnel, and when possible, counselor, custodians, and school lunch personnel is assigned advisory responsibilities for the school health program.
- School nurses are available in a ratio of 1 nurse for each 1000 to 1400 pupils. (Distances traveled to visit homes and types of terrain should be considered in determining the desired ratio).

- The professional library and the school library are well supplied with health materials.
- Each classroom is supplied with health materials, in addition to adopted textbooks, that cover each phase of health.
- The in-service education program for school personnel provides for study of the school health services.

Health Instruction

- A course of study for health, a course of study and a teacher's guide, or a combination of study and teacher's guide is provided by the school district or the office of the county superintendent of schools for use in the school.
- The course of study contains statements of the purposes of health instruction and the objectives to be sought; and outline of the contents that shows both scope and sequence; units of instruction, lists of material and sources of materials, and recommended means and procedures of evaluating pupils' progress.
- Instruction is enriched through the use of the up-to-date information that is made available by official and voluntary health agencies and professional associations.

Health Services

- Guidance and assistance are provided in securing an appraisal of each pupil's health status.
- School health personnel encourage and guide teacher observation of pupils' health characteristics are unlike those of the child.
- Parents of preschool children are advised by the school to protect their children as early as possible against communicable diseases for which immunization is available.
- Updated written policies and procedures for first aid emergency care are provided to all school personnel.
- Phone numbers of parents and of physicians to call in emergencies on file for each pupil.
- Parents are notified immediately in instances of serious injury or illness.
- Teachers are prepared to render first aid.
- First-aid kits are available in each classroom and in the principal's office.

Healthful School Environment

- The school environment is protected by employing personnel whose health is good, requiring all personnel to have regular health examinations, and providing measures that encourage good health practices.
- The moral of teachers is at a high level.
- A teamwork approach is used in the prevention and solving of staff problems.
- The teachers adapt learning experience to each child's developmental pattern of growth and needs.
- Opportunities are provided for each child to release tension by participating in various types of esthetic and physical activities.
- The teacher-pupil ratio permits the individualization of instruction to the extent required for maximal learning.
- The school food services are conducted so that each pupil has opportunity to have a wholesome and nutritionally adequate lunch in an environment that is pleasant and sanitary, and pupils are helped to learn the importance of good eating habits, eating well-balanced meals, and using good table manners.
- The school site meets the standards established for school as set forth by state/provincial law.
- Essential provisions have been made to secure in each classroom the conditions needed for eye comfort.
- The classrooms and the library are heated or cooled and ventilated as required to provide good working conditions for teachers and pupils.
- Drinking fountains in the building and on the school grounds are sufficient in number, of desirable design, of proper height, conveniently located, and cleaned daily.
- The hand washing and toilet facilities are sufficient in number and kept clean.
- Fire prevention equipment is conveniently located and inspected at regular intervals.
- The procedures to be followed in the case of various types of disasters are known by all school personnel and pupils.
- Fire drills are held monthly.

Who Will Evaluate the Programs?

The total school health program will be evaluated not by the school teacher alone but should be shared by a group of people who has a burden for the program.

Like other program evaluation it should consist of an internal evaluator (one who already is involved in the program) or an external evaluator (one from outside the program). MCKinzie p. 129. The internal evaluator may include the school administrators, board members, health team and the parents. The external evaluator may include district health or curriculum specialist, health professionals from the community, local university or the education department of districts, unions and conferences. Since the student is the important customer of this program, information and reaction maybe gathered from them in an informal setting and in various ways like one –to-one interviews, diaries or record books for the student to keep and informal group discussion. (Cowley, 1981 p. 284) Change in attitudes as well as students progress is a very important indicator of the success of the program yet it is particularly difficult and more complex to evaluate because of its subjectivity.(Cornacchia, 19).

Summary

School children are fast growing not only physically but also intellectually, emotionally and morally thus it is important to recognized that their potential for growth and development be encourage and promoted by those concerned in educating children. A well designed school health program is a very cost effective approach to health education. It does not only address the health needs of the young people but also the whole school community. It is reduces absenteeism both among students and teachers as well. It is also an appropriate program to guide children to choose healthy behaviors by integrating it into the school curriculum and internalizing it through examples from mentors. Behaviors formed during early years are helpful in decision making regarding pressures with risky behaviors encountered through the stages of growing. A well designed school health program will help produce healthy children and healthy learners and better social capital.

Reference List

- Lewis, C. & Lewis, M. (1980). *Child Initiated health care*, School Health 5:3, March
- Miller, Dean (1990). *The case for School-based Health clinics*. Indiana: Phi Delta Kappa Educational Foundation.
- Pollock, M. & Middleton, K. (1994). *School Health Instruction*. Missouri: Mosby - Year Books.

[http:// www.cdc.gov/nccdphp/dash/ataglanc.htm](http://www.cdc.gov/nccdphp/dash/ataglanc.htm)

Comprehensive School Health: An Integrated Approach to Promoting Healthy Students in Healthy Schools Retrieved May 21, 2002 from

<http://www.hc-sc.gc.ca/hppb/children/english/sec1-1.htm>

Keuter **et al**, (1997). *Community Health Promotion Ideas That Work*. Massachusetts: Jones and Bartlett Publishers.

Miller, D. & Telljohann, S. (1992). *Health Education in the Elementary School*. U.S.A.: Wm.C. Brown WHO (1997). *Promoting Health Through Schools*. Geneva: WHO

McKenzie, J. & Pinger, R. (1997). *Introduction to Community Health*. U.S.A.: Jones and Bartlett. WHO (1992): *On being in charge*: Geneva: WHO

Cornacchia, H.; Olsen, L & Ozias, J. (1996). *Health in Elementary Schools*. Missouri: Mosby – Year Book.

Cowley, J.; David, K. & Williams, T (1981). *Health Education in Schools*. London: Harper and Row.

*Evelyn V. Almocera, MD, MPH
Assistant Professor, School of Graduate Studies
Adventist International Institute of Advanced Studies*