

School Health Promotion from Ottawa to Today: Opportunities and Challenges

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Introduction

After more than 35 years of health promotion, beginning with the 1st International Conference on Health Promotion by the World Health Organization (WHO) in Ottawa (Canada) and the adoption of the still pioneering Ottawa Charter, as well as after 30 years of school health promotion in Germany, it is worthwhile to look back at the developments and also to examine the current situation and the opportunities and challenges in the field of school, health, and education. This article will successively consider the practical field, the research field, and the policy field of school health promotion. Throughout, the term "school health promotion" will be used consistently. It serves as an "umbrella term" that encompasses both school prevention as well as health education and health literacy. This consideration is not the first of its kind. The development of school health promotion has been accompanied in various publications from this perspective and assessed in its behavioral or structural-systemic manifestations of organizational development aspects [1-5], but also from a sociological perspective (see also the contribution by Bittlingmayer and Okcu in this thematic issue), from a biopolitical perspective [6], and from youth welfare perspective.

School Health Promotion as a Field of Practice

The field of practice of school health promotion is enormous. According to the latest school statistics¹, there were approximately 10.735.347 students in Germany in 2020/2021. A total of 940.560 teachers were employed full-time, part-time, or on an hourly basis in 40.565 general and vocational schools.

In this field school health promotion is confronted with a variety of health conditions and problems affecting students and their families as well as school staff. In recent years, increasingly reliable data have become available on these issues, which will be briefly mentioned here: Mental and psychosocial issues among children and adolescents have been on the rise since the 1980s, and gender-specific differences in these issues have been repeatedly highlighted, as well as their social gradient [9]. Overweight and obesity appear to have stagnated at a high level among adolescents, while alcohol and tobacco consumption have significantly and continuously decreased over the years [10, 11]. Initial data on the latest health developments following the COVID-19 pandemic are also available (including [12]; overview in [13]). The available data on teachers' health indicate a psychologically strained situation in this

¹ <https://www.destatis.de/DE/Service/Bibliothek/fachserienliste-artikel.html>; (Fachserie 11, Reihe 1 und 2); Access date: 25 April 2022.

professional group for years. The majority of studies speak of a high risk of psychological and psychosomatic stress among teachers [14]. The well-being of school principals has also significantly increased in recent years according to available data. Principals, similar to teachers, often suffer from emotional-motivational exhaustion syndromes [15, 16].

School health promotion has grown into a complex system over the years. The diversity of actors in the field of school prevention and health promotion is remarkable. With initiatives, projects, programs, and approaches related to nutrition, exercise, life skills, addiction, and behavioral issues, they develop and implement preventive and health-promoting measures. The measures range from simple structured interventions (e.g., teaching units) to project-oriented approaches focused on individual health topics, which are widespread in schools, to complex setting projects that affect the entire school, extend beyond it, and result in school networks. Depending on the size and complexity of the interventions, both individual-oriented and environmental strategies are used or combined. This often occurs within a tightly limited project framework and sometimes with limited evidence-based justification for their effectiveness assumptions.

The measures often originate from different disciplines and research fields and are directed at various target groups (usually students, educational staff, and parents) with often diverse understandings of health, health promotion, and prevention, as well as with different goals and varying quality. In addition to the traditional school cooperation partners from youth welfare, public health services, school psychology, child and adolescent psychiatry, and pediatrics, representatives from health professions such as speech therapy and occupational therapy are increasingly entering the field of school health promotion. In Germany, school health nursing with school health professionals has also been gaining importance for about 10 years. However, such approaches are still predominantly implemented as projects [17-19]. Despite this diversity, which is only briefly outlined here and shared with prevention and health promotion overall [20], three fundamental forms of implementation of school health promotion can currently be derived: the "Behavioural Approach", the "Health-Promoting School Approach", and the "Good Healthy School Approach" ([21]; see Table 1), which will be discussed in more detail below.

	Behavioral Approach	Health-Promoting School	Good Healthy School
Starting Point	Health issue	Health issue	School pedagogical issue
Target Group	Specific groups of individuals (e.g., pupils)	All school groups	All school groups
View of School	School as a place where the target group can be reached	School as a setting that can be health-promoting	School as an educational institution
Concept	Health promotion in the school	Health promotion through the school	Promoting education at school through health
Motto	Making health a topic for specific target groups	Making health a topic for the school	Developing a good school through health
Strategy	Changing personal determinants of health	Changing structural-systemic and personal determinants of health	Changing structural-systemic and personal determinants of education through health interventions
Outcomes	Health-related knowledge, attitudes, behavior of the target group(s) Health-related lifestyles Health-related life skills	Health-promoting school conditions, processes, and structures Health-competent school	Educationally favorable school conditions, processes, and structures

Table: School Health Promotion from Ottawa to Today: Opportunities and Challenges, Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz 7-8 · 2022, Peter Paulus, June 2022

The Behavioral Approach. From the 1970s and 1980s onward, cognitive-behavioral interventions that characterize the behavior-based approach were developed. Such measures are widespread in schools. They are often standardized, of low complexity, aimed at short-term actions, focus on individual topics, and do not involve affected individuals in terms of participation. Interventions used more frequently today are of a more complex nature, as they are aimed at structured, relatively stable patterns of life management, through which individuals cope with the demands of their sociocultural environment. Predominantly, such measures today follow a resource-based participatory approach oriented towards empowerment² and life skills promotion (Life Skills), with elements of self-regulation of health behavior based on scientifically founded health models. "Klasse 2000" [22], "Erwachsen werden" [23], "Be smart, don't start" [24] are large, nationally widespread, partially extensively evaluated

² Empowerment: Strategies and measures to strengthen autonomy and self-determination in individuals.

theme-centered programs that have originated and developed in this context. However, these measures have had, as far as can be seen, little contact with health didactic and methodological developments and positions in health education in their planning and implementation. These are currently discussed more intensively in the school-pedagogical context in the approach of "Health Literacy" or "Health Competent School" [25–27].

The "Health-Promoting School" Approach. From 1993 to 2000, two large-scale health-promoting school model trials in Germany initiated significant changes in school health education and helped popularize the concept of school health promotion. Despite often encountering uncoordinated actions and parallel structures, these trials successfully focused health promotion on the school as a setting. Building on these efforts, the "Good Healthy School" concept emerged between 2003 and 2008, involving over 40 national partners in the model project "Anschub.de – National Alliance for Sustainable School Health and Education" [7].

The core element of the "Health-Promoting School" approach is its setting-based methodology. This approach is guided by principles of participation, empowerment, and networking, a holistic understanding of health, and a resource-oriented, salutogenic perspective. The aim is to enable all members of a school community to manage their own health and the health of others responsibly [1].

The "Good Healthy School" Approach. The "Good Healthy School" approach advances beyond the "Health-Promoting School" concept and represents the most current and sophisticated development in school health promotion. It specifically targets measures at the educational mandates of schools, supporting them in their crucial mission to deliver high-quality pedagogical work. This approach focuses on creating conditions that promote education through health interventions, thereby reversing the traditional focus of school health promotion. It is now centered on promoting education through health [3]. An example of a program that follows this path is "MindMatters – Developing Good Schools with Mental Health" [31].

Since the mid-2010s, the concept of "Health Literacy" has also gained traction.. Known as "Health Competence," it has become a significant topic in the German-speaking discourse on school health promotion, although its practical implementation is still pending [32].

School Health Promotion as a Field of Research

School health promotion, with its project-based approach requiring the demonstration of intended effects, naturally lends itself to evaluation as a research field. However, it faces the same challenges as general health promotion: the potential for evaluating interventions is often not fully utilized. Many measures are evaluated, but they are frequently underfunded and rely on simple study designs and evaluation methods that cannot fully reveal causal relationships. Often, control groups of schools, which a randomized controlled trial (RCT)³ design requires, are missing. In many project-oriented field studies, it is generally not possible to randomly assign schools to health promotion and control groups, leading to potential result distortions due to inadequate control of confounding variables or small sample sizes, which is often the case in school setting projects.

More results from international studies, supported by reviews or meta-analyses, now exist for measures that evaluate school programs and multidimensionally capture behavioral health outcomes. However, in the German-speaking area, such systematizations are largely lacking. There is, though, information on effective individual measures available in resources like the "Green List Prevention" or "die initiative – Gesundheit – Bildung – Entwicklung," a Lower Saxony state initiative to disseminate quality programs and measures for health promotion in schools and daycare centers (www.dieinitiative.de).

Another research field involves learning from evaluation results to design future projects or integrate insights into the regular operations of schools. This includes the transfer, dissemination, and implementation of such experiences, and understanding how to sensibly plan complex processes in setting projects within an intervention plan framework ("logical models"). Significant progress has been made in this area over the years, benefiting both project and evaluation planning (e.g., Deming cycle, Precede-Proceed model, Intervention Mapping). However, practice still lags behind these possibilities.

School Health Promotion as a Policy Field

School health promotion has been given new opportunities for development by prevention legislation at the end of the 1980s and by the nearly simultaneous WHO initiative of the "Health-Promoting Schools". The Health Reform Act of 1989 laid the foundation for funding by health insurance funds with Section 20 of the Fifth Book of

³ RCT: Randomized controlled trial

the Social Code (SGB V), which assigned responsibility for health promotion to statutory health insurance funds. However, in 1996, this was reversed or significantly restricted by the Contribution Relief Act, with severe consequences for project-based work in schools. It was not until 2000 that the possibilities were expanded again, most recently, after several unsuccessful attempts, with the 2015 Act to Strengthen Health Promotion and Prevention. Also significant is the specialist concept "Developing Good Schools with Health" by the German Statutory Accident Insurance (2013;), one of the important supporters of school health promotion alongside the health insurance funds. Based on Section 14 of the Seventh Book of the Social Code (SGB VII), it follows the approach of integrated health and quality development, forming the framework for the work of the "Schools" department and thus keeping pace with current conceptual developments. Walter et al. [42] provide a comprehensive overview of these developments and implementations, including the public health service laws as well as the implementations in education policy at the state level for schools.

In recent years, the 2012 resolution of the Standing Conference of the Ministers of Education and Cultural Affairs (KMK) "Recommendation on Health Promotion and Prevention in Schools" has become a guiding document for school prevention and health promotion. It directly addresses the latest conceptual developments from an educational and school policy perspective and states: "Health promotion and prevention are integral parts of school development. They are not additional tasks for schools but are part of the core of every school development process"[43] . This recommendation also connects to the 1992 KMK recommendation "On the Situation of Health Education in Schools". It stated: "Health education is considered an essential part of the educational and upbringing mission of schools in the different states" [44] . For the first time, it also presented the connection of the various topics and areas of school health education in a concept of the "Healthy School". The bridge to the setting approach was thus established, but it was not deepened and expanded again until 20 years later.

Not insignificant in this context are the little-noticed resolutions of the 336th meeting of the KMK School Committee from March 9-10, 2000. Important decisions were made here. It was determined that the School Committee currently sees no need to revise the report of the Conference of Ministers of Education (KMK) from November 5-6, 1992, even though two large nationwide school model projects based on the setting-approach, funded by the Federal-State Commission for Educational Planning and Research Promotion (BLK), had since been successfully completed (see above). It was decided that the KMK should approach the Federal Ministry of Health (BMG) with a

request for an exchange of experiences between the federal and state governments on health education and that the Federal Centre for Health Education (BZgA) should take on the role of central information dissemination. This led to the exchange of experiences among state representatives in the Ministries of Education and Senate departments, which has since met several times a year, coordinated and moderated by the BZgA. Finally, a resolution was passed on the question of establishing a separate subject "Health Education," which remains valid to this day. It states: "It [the School Committee] agrees with the vote of the state experts on health education issues that the establishment of a separate subject 'Health Education' should be rejected" (p. 10).

The status and development of the topic of health in schools in Germany can be seen in the school laws of the federal states, but particularly in the concepts of "good schools" that the Ministries of Education and top Senate authorities of the states have documented in their respective reference frameworks for school quality. This shows more clearly than in the school laws how and to what extent the topic of health is linked to the quality and quality development of schools in the states. A systematic analysis of this has been provided by Paulus and Petzel (2021; [45]).

Without delving into the details of this analysis of the quality reference framework of the 16 German states on the topic of health, the following results can be noted:

- The understanding of health to which the respective reference framework of the states refers is rarely explicitly explained in the reference frameworks.
- The main player is often broadly referred to as "the school."
- In half of the reference frameworks, the school management is also named as an actor, emphasizing the central role of school management as the "Change Agent."
- Several reference frameworks refer to Ditton's (2002; [46]) multidimensional, theoretically and empirically validated model of school quality.
- At the school level, without specifying specific recipients, prevention and health promotion are explicitly mentioned as measures in nearly half of the federal states.
- Behavioral and structural orientations are mentioned only to a limited extent at the level of the reference frameworks.
- The health of students is represented in its subjective or objective forms, in the dimensions of health, in the measures with topics and fields of action in the

reference frameworks in half of the states. However, no discernible trend or systematic profile is evident.

- The same applies to the reflection of the health situation of teachers. Here, too, no systematics can be recognized in the comparison of the states, except for the mentions of "safety, work, and health protection; risk assessment." Here, 9 out of 16 states can be recorded with a corresponding entry.
- School management as affected parties (rather than as actors) appear to a very limited extent in the frames of reference.
- The same applies to other school personnel, which generally refers to additional pedagogical staff (e.g., school psychologists, school social workers). This listing clearly shows that at the level of the federal states' concepts of the quality of school health promotion, no uniform picture of its design and implementation can (yet) be discerned. Beyond this general summary, in-depth analyses of the quality concepts of the states reveal connections with the pedagogical quality development and quality management of schools (e.g., Thuringia, Rhineland-Palatinate, Hesse), which provide starting points of reference for further developments.

Opportunities and Challenges of School Health Promotion

The following points are compiled based on the achievements so far and are significant for the further development of school health promotion:

- A systematic inventory and analysis of preventive and health-promoting measures in the school context is necessary to ensure the quality development of school health promotion. While various databases of offers⁴ already exist and the annual prevention report of the GKV (Federal Association of Health Insurance Funds) (2021; [39]) provides data, this is far from sufficient.
- In the dissemination and implementation of project results or measures, it must first be ensured that "models of good practice" are also transferred into a "practice of good models". Many good projects do not continue beyond their end and do not become programs that find their way into practical implementation in regular operation.
- For sustainable, quality-assured effectiveness of school health promotion, multimodal and multi-thematic measures that can be related to each other through structured school health management and integrated into the

⁴ Examples of offer databases include the practice database of the Cooperation Network Health Equity (www.gesundheitliche-chancengleichheit.de/praxisdatenbank/) and the database of Germany's Initiative for Healthy Eating and More Physical Activity (www.inform.de).

educational management of the school are preferred [45]. Schools need support in these endeavors.

- Interventions affecting the entire school setting must, given the great diversity of school forms and types (e.g., special schools, vocational schools, all-day schools), be more tailored to the individual school and its teaching and student body ("tailored interventions") or enable them to develop a specific fitting design [47].
- The approach to promoting "health literacy" needs to be examined to what extent its understanding of competence is compatible with that discussed within the framework of competence-oriented pedagogy of the school [48] to avoid misunderstandings and mis developments. This also applies to clarifying its similarity to the approach of the "health-promoting school" or the "good healthy school" when the understanding of health literacy is extended to an organizational "health-literate school"⁵. It may also need to be clarified whether promoting health literacy can be understood as an integral part of school educational work, justifying the demand for the establishment of a school subject "Health" and the reformulation of contemporary health pedagogy and didactics.
- The implementation of the "Sustainable Development Goals" adopted in 2015 in the school context is also highly relevant for school health promotion, especially for contemporary health education [25]. Some of the 17 goals explicitly address relevant topics, such as Goal 1: No poverty, Goal 4: Quality education, Goal 11: Sustainable cities and communities.
- In connection with Article 25 "Health" of the United Nations Convention on the Rights of Persons with Disabilities adopted in 2007, it is still necessary to work towards implementing inclusion in the school system and ensuring the development of health potentials of all pupils within an inclusively designed pedagogy [49].
- Standards and indicators, as currently being systematized by the WHO at the European and global levels, could, if introduced and adapted in Germany, make an important contribution to the structured quality development of school health promotion [50].
- Due to the prevailing project orientation, there is a lack of overarching concepts that connect the various topics and trends from the school education and health sector and theoretically deepen this interface. There are also a lack of

⁵ Compare the model project "Health Competent School: Organizational Development for Strengthening Health Competence in the School Setting" (GeKoOrg-Schule, <https://gekoorg-schule.de/>)

concepts addressing the gap between evidence-based practice for the school and practice-based evidence in the school.

- A stronger linkage of school health promotion with developments in school pedagogy, especially with the emerging field of health education distinct from traditional health education, could represent such a connection, as it can link with approaches to pedagogical school development [25, 26].
- School health promotion also needs a platform for exchanging ideas on concept, theory, and empirical development, which can also allow for political positioning. An annual congress where practitioners, researchers, policymakers, media representatives, and civil society can come together could be such a venue. The exchange could lead to an annually updated "master plan" to guide the further development of school health promotion.
- For school prevention and health promotion, the mandate to reduce socially determined health inequalities, which are partly linked to migration issues, remains a challenge. Secondary schools, special schools, and vocational schools, which are usually attended by a higher number of socially disadvantaged students, are significantly underrepresented in measures. It remains important to note that this mandate is also a societal task. Only through joint and coordinated efforts, including relevant actors from various societal levels and the pupils themselves, does it seem possible to achieve such a balance with the involvement of schools.

Conclusion

Against the background of the 30-year development outlined here, with its individual opportunities and challenges, one thing becomes clear: there is a lack of a framework for school health promotion that theoretically guides and connects research and practice. An understanding of school-related health management, integrated and linked with the pedagogical quality management and the pedagogical quality development of the school, could form a unifying perspective that combines resources and specifically promotes progress for individual schools as well as for networks of schools, which, as learning organizations, move closer to the goal of a good school.

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Footnotes

1 <https://www.destatis.de/DE/Service/Bibliothek/fachserienliste-artikel.html>;
(Fachserie 11, Reihe 1 und 2); Access date: 25 April 2022.

2 Empowerment: Strategies and measures to strengthen autonomy and self-determination in individuals.

3 RCT: Randomized controlled trial

4 Examples of offer databases include the practice database of the Cooperation Network Health Equity (www.gesundheitliche-chancengleichheit.de/praxisdatenbank/) and the database of Germany's Initiative for Healthy Eating and More Physical Activity (www.in-form.de).

5 Compare the model project "Health Competent School: Organizational Development for Strengthening Health Competence in the School Setting" (GeKoOrg-Schule, <https://gekoorg-schule.de/>)

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