

THE CONCEPT, MODEL AND HISTORY OF HEALTH PROMOTING SCHOOL IN POLAND

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Abstract. *The article presents historical development of the Health Promoting School project in Poland and mentions some events crucial for development of this project. Moreover, the focus on the issue mentioned in the topic is driven by a concern to introduce the concept, strategy and model of Health Promoting School and to indicate how important for the health of society is development and practical implementation of the abovementioned project.*

The concept of health promoting school is based on the general principles of health promotion. There is no one generally accepted definition of such a school. It is defined as a place where all members of school community undertake common activities to improve their health and well-being by means of changing their health behaviors and creating healthy physical and social environment as well as encourage other people in their environment, in particular parents, to undertake similar activities.

Keywords: *health education, health promotion, health promoting school.*

Introduction

Pace of civilization transformations and constant change of living conditions force people to adapt to quickly changing reality. To cope with that it is necessary to develop some abilities that improve quality of life and develop healthy attitude and habits. Health and education are closely related to one another. The model worked out by M. Shurcke, C. de Paz Nievies, shows that appropriate condition of health determine significantly achievements and education successes. Better health enables better education. Whereas, education helps people to acquire knowledge and skills necessary to take care of their health (Shurcke & de Paz Nievies, 2011, p. 3).

It poses a new educational and didactic challenge for today's school. Because, as indicated by many researchers, school health education may be an effective tool to take care of healthy population in the future (Williams, 1988; Storn, 1985; Keirle & Thomas, 2000). School is a universal, mass organization, which enables systemic health education of children and their closest environment (Woynarowska, 2000). It makes it possible to reconcile civilization development with human health (Kulik & Szymczuk, 2001). It has been said for long about the need for "education for change", which has an advantage over the traditional

model of education, because it aims at comprehensive changes in the creation of a humanitarian, democratic, healthy and just society. This education takes into account all determinants of the state of human health, among others, behavioral, social, economic and political. It strives to build educational programs that take into account the needs of individuals, communities and society. It uses various strategies to increase the effectiveness of undertaken actions and aims to introduce changes in health policy (Słońska & Misiuna, 1993).

It should be underlined that “basic tasks of modern health education is, above all, supporting conditions for change, in other words, taking efforts for the benefit of increasing competences of individuals and groups (capacity building, empowerment) in the sphere of self-reliant actions for the benefit of health at various levels of social life organization” (Słońska, 1999). These changes are very important in relation to school and pre-school health education because it is a foundation for general system of health promotion in each country. It covers childhood and early youth period when the process of socialization is most intensive. Therefore, school health education may be the most effective way in striving for development of individuals who take care of their health and health of other people. If it is to meet its requirements, it cannot focus only on individuals and their health and behaviors that threaten their health. It is necessary to perceive health in a holistic perspective and strengthen its potential, which means focusing on people and environment. Basic principle of this approach is that people from specific environments participate in identifying own health problems and undertake actions aiming at improvement of the health of individuals and community. Essential principle of this model is constructing and implementing programs of health education in these environments that are especially significant for promoting health, for example school, place of work, important groups such as old, unemployed people or ethnical minorities. (Tannahill, 1990). These assumptions are reflected in the Health Promoting School project, which was born in Europe in the middle of the eighties and was implemented since 1991 – it was the second after “Healthy cities” program of health promotion. At the beginning it was entitled “Healthy school”.

Concept and model of Health Promoting School

Particular models of Health Promoting School¹ in various countries differ a little bit, but all of them aimed at making health promotion an integral part of health policy of the state with the use of experience of particular country. Concept and model of health promoting school evolved and was modified with years, but

¹ For the transparency and non-duplication of the name Health Promoting School in the article, the abbreviation HPS will be used.

its essence is whole school approach to health promotion, that is much wider than realization of educational programs concerning various aspects of health.

Concept of HPS is connected with principles of health promotion presented in Ottawa Charter, according to which it is a process that enable people to control their health for the purpose of their improvement. From the point of view of realization of HPS project, it is important to be aware that undertaken actions are a long-term process. Realized undertakings are neither a one-time events nor a single actions. Moreover, their goal is to increase control over one's health, which is connected with increasing awareness of health (defining own health problems), making decision and undertaking actions to improve the health.

We distinguish two main pillars that HPS is based on. These are habitat approach and approach "from people to the problem". The first one assumes that school is a habitat, where many people learn and work, and specific obligations, rules and norm apply there. At the same time, the school is part of a system in which other habitats are located, such as, for example, church, workplaces, various organizations operating in particular area, which should support and complement each other's actions for the benefit of health. In this approach, the object of intervention is the habitat of people (social systems), not a single person. The approach "from people to the problem" peoples' values, attitudes and interests are in the center of interest. In this approach people identify their own problems, choose those that are priority and take actions to solve them. The external environment supports these solutions, but does not impose any methods of implementation (Woynarowska 2000: p. 444).

At the beginning, literature defined three main feature of HPS: health education as directive part of teaching program; ethos of health in school treated as hidden program of the school; all elements of the physical and social environment as well as the policy and organization of school life that support healthy lifestyle and good well-being of the school community, as well as broadly understood health education. HPS was considered to be created at three levels: class, school, parents and local community. These elements complement each other creating a health-friendly environment (Woynarowska, 2000: p. 444-445).

In the document of the European Network of Health Promoting Schools it was written that priority goal of HPS is healthy lifestyle of all members of school community. To achieve this goal the school:

- “won a good reputation as a sound investment to safeguard and promote the health and safety of young people;
- provided the right framework for addressing health promotion needs of schools' teaching and non-teaching staff;
- resulted in a more democratic style of management and teaching in schools;

- inspired teachers to find new teaching methods that reflect this new democratic spirit;
- helped to build consensus and cooperation at a European level, generating an important sense of unity; and
- began to set the agenda for education and health promotion” (Stewart Burgher, Barnekow Rasmussen, & Rivett, 2000: p.8).

Summing up, according to Woynarowska HPS means „a school that in cooperation with pupils’ parents and local society: creates social and physical environment systematically and according to plan, which supports health and good well-being of school community; supports development of pupils’ competences and competences of employees within the scope of taking care of health for the whole life” (Woynarowska, 2015: p. 12.).

Poland adopted a model of health promoting school worked out by professor B. Woynarowska (which was also modified due to necessity to include changes in the system of education and recommendation of Schools for Health in Europe).

The basis for HPS model were conditions that should be created to make the actions effective. Then main directions of activity and expected results were defined. The model was a foundation to prepare standards, methods and tools to examine the degree of achievements. Important elements of HPS actions included in the new model is taking into consideration activities for the benefit of health and well-being of teachers together with other members of school staff. Good health and well-being of teachers, administration employees and other employees is connected with good functioning of school and achieving better results of teaching. Moreover it influences economic and social aspects – lower rate of sick leave. It increases employees’ involvement, their efficiency and satisfaction from work. Promoting health of the employees is distinguishing feature of HPS (Woynarowska-Soldan, 2016).

Creation and development of HPS is a long processes that requires changes in all spheres of school life and involvement of the whole school community along with support of external institutions. Positive changes are often visible no sooner than after several years. Implemented transformation may cause various behaviors in some spheres of school functioning (e.g. resistance expressing in various form, lack of interest) and emotions (positive and negative) of members of the school community.

It is possible to distinguish some most important factors that determine effectiveness of HPS project realization:

- Knowing and understanding of health promoting school concept.
- Participation and involvement of school community.
- Activity of school coordinator of health promotion and health promotion team.

- Planning actions and their evaluation.
- Attempting to combine actions within the scope of health promotion with basic goals and tasks of the school.
- Cooperation with local community and other schools.

Important element of health promoting school is the work of school coordinator of health promotion and school health promotion team, which comprises all representatives of school community (pupils, teachers, parents, support staff). The coordinator of health promotion should be a person with features that support implementation of changes (such as strategic and creative thinking, readiness to develop and undertaking new initiatives) and should be committed to the idea of HPS and motivated to undertake actions for it. Moreover, the person should have a partner relationship with people and communication skills, be a good team player and be able to manage and motivate a team.

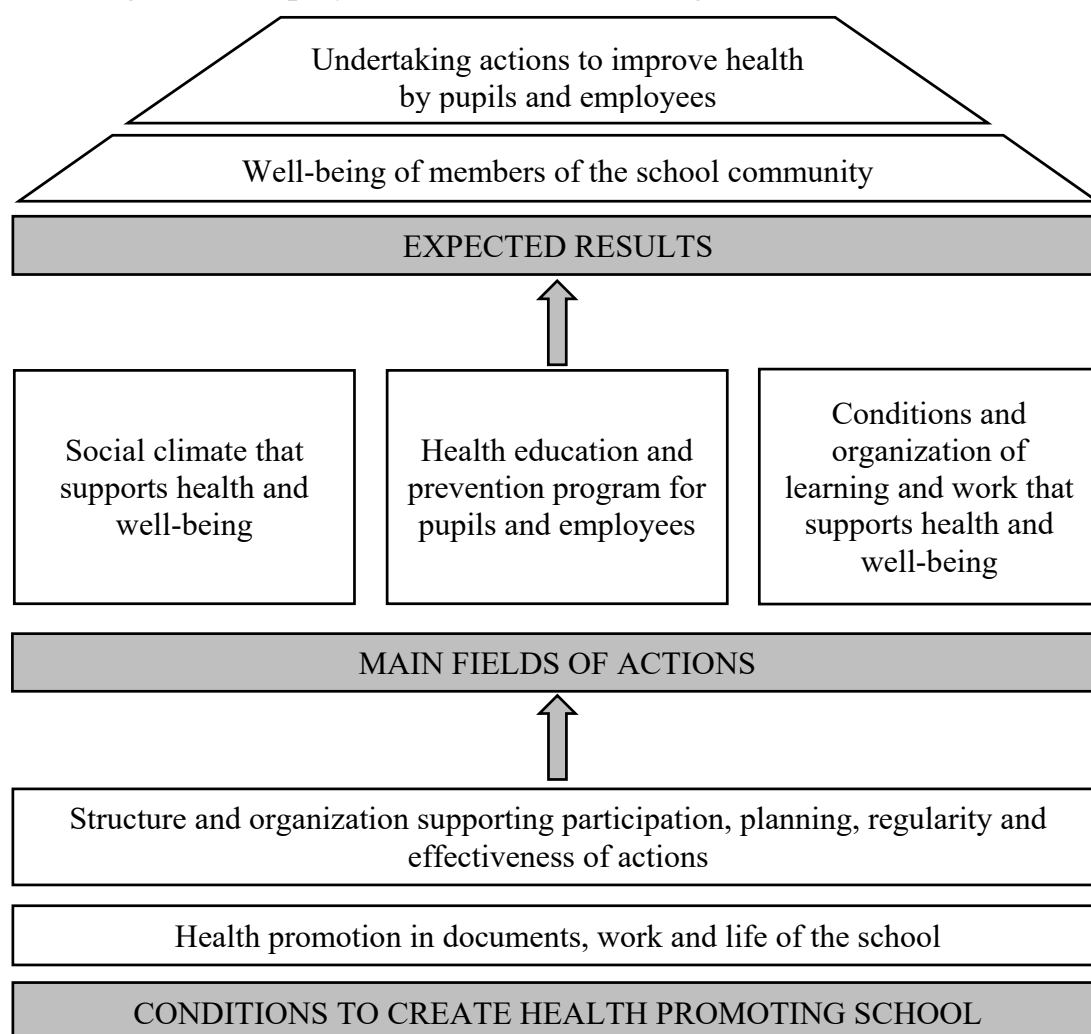


Figure 1. Model of Health Promoting School in Poland (Wojnarowska, 2016: p. 12)

Following standards of a health promoting school were also defined:

1. Concept of the school work, its structure and organization supports participation of the school community in performing tasks within the scope of health promotion and effectiveness and sustainability of these actions.
2. Social climate of the school supports health and well-being of pupils, teachers and other employees of the school as well as the pupils' parents.
3. The school carries out health education and prevention program for pupils, teachers and other employees of the school and attempts to improve effectiveness of the actions within this scope.
4. Conditions and organization of learning and work support health and well-being of pupils, teachers and other employees and help to cooperate with parents (Wojnarowska, 2015)

A specific feature of HPS is regular planning activities and their evaluation. All undertaken actions result from diagnosis comprising various spheres of school life and all members of the school community. Based on the result of the research appropriate actions are planned, which are adjusted to needs and possibilities of particular school environment.

History of Health Promoting School development in Poland

HPS project was being developed in Poland for the first 15 years within the framework of European Network of Health Promoting Schools, which was established in 1992 as a result of agreement between WHO, the Council of Europe and the European Commission. Since the 1st of January 2008 the European Network of Health Promoting Schools was transformed into Schools for Health in Europe SHE (www.schools-for-health.eu/shenetwork). Poland is a member of this network along with other 45 countries.

Concept of "Health Promoting School" was born in Europe in the eighties. Its genesis originates from actions undertaken at international conferences about „Health Promoting School”. First one took place in 1984 in England, second in 1985 in Belgium, following ones in 1986 in Scotland. Another important event was publication of the report „Healthy school” written by I. Young and T. Williams. In Polish literature, the first publication about health promoting school appeared in the year 1989: T. Williams „Health promoting school – Reality and Myths”

From the initiative of the World Health Organization Regional Office for Europe, Poland was offered in 1991 (same as Czech Republic, Slovakia, Hungary, which was starting their political transformation) to participate in the project entitled initially “Healthy School”. In the year 1992 the European Network of

Health Promoting Schools (ENHPS) was established by WHO/EURO, European Commission, Council of Europe and World Health Organization, which Poland joined under the leadership of professor Barbara Woynarowska. At that time an agreement of the Minister of National Education and Health was concluded on project realization (1992-1995) and Polish Committee was established for Health Promoting School project in Mother and Child Institute. Among 382 schools that applied for the project only 14 school were selected to start realization of three-year Health Promoting School project. These schools were characterized by activity, enthusiasm, openness to people and looking for new solutions (Woynarowska, 2000: p. 453). In 1992 the first network of Health Promoting Schools was established in Ciechanów. This project had its own organization structure both at the national as well as school level. As it was mentioned before, a coordinator of health promotion operated in each school together with health promoting team that included teachers, parents and pupils (Woynarowska, 2000: p. 453).

At that time numerous publications written by domestic experts was published: Z. Cendrowski, B. Wonyarowska, M. Kawecki, and by foreign ones: H. McDonald (WHO), H. Scicluna (Council of Europe), T. Williams, N. Wetton, G. Gray, K. Weare (University of Southampton), L. Barič (University of Salford). They concerned health promotion and health education in school. Experience of the schools that promoted health became popularized, among others, by the magazine „Lider”, and in the year 2000 a new magazine was published entitled “Health Education and Health Promotion in School”.

In the year 1995, the first 3-year long HPS project was completed. Then 23 voivodship networks of Health Promoting Schools were operating, which included around 350 school and preschools. Also actions at universities started to be undertaken and two-year postgraduate studies entitled “Health Promoting School” were organized in cooperation Institute of Psychology at the University in Poznań. In 1996 first national conference Health Promoting School took place in Leszczyna and the second one took place in 1998 in Gdańsk. At that time there were 31 HPS networks operating in voivodships, which comprised more than 600 schools and preschools and regional networks were established. In addition, annual “summer schools” were organized for members of voivodship teams for health promotion, which have been organized up to now.

In 1999 change in voivodship network of HPS took place due to reorganization of administrative structure of Poland, which decreased number of voivodships to 16. Simultaneously, the Studio of Health Education and Health Promotion was established in National Centre for Supporting Vocational Education (coordinating center in the resort of education). In the year 2000, an agreement is concluded for the years 2000-2002 between Minister of National Education and Health (2000-2002) on supporting health education in schools and

development of the network of health promoting schools. In 2009 status of health education changed; for the first time its importance was clearly underlined in the preamble of Core Curriculum for elementary schools, gymnasiums upper secondary schools, where it was written as follows: “Important task of school is also health education realized by teachers of many subjects, whose aim is to develop in pupils the ability to take care of their own and other people’s health” (Regulation of the Minister of National Education of 23rd December 2008 on the core curricula for pre-school education and general education in individual types of schools (Journal of Laws as of 2009, No. 4, item 17)

In the curriculum that is currently binding (Regulation by the Minister of National Education of the 14th February 2017 on the core curricula for pre-school education and general education in individual types of schools; Journal of Laws as of 24th February 2017, item 356) this regulation has been changed and replaced by the following: “Important role in teaching and education of pupils in elementary school is played by health education. The task of school is to develop pro-health attitudes of pupils, including formation of hygienic behaviors that are safe for their and other people’s health and to consolidate knowledge about healthy diet, benefits of physical activity and prevention”. Just at the stage of pre-school education children are gradually introduced in the world of values, which health surely belongs to. The basis formed in preschool will surely have a positive impact on adulthood. (Nazaruk, 2017).

One of the elements influencing efficiency of health education process is establishing education law regulation that are as good as possible and enable effective realization of health education in preschools and schools. Pedagogic activity must be conducted in intentional and planned way and according to the curriculum. The core curriculum is a set of teaching contents that is compulsory at particular stage of education, which specifies skills that have to be included in the teaching program and enables to establish criteria for school grades and examination requirements. Therefore it is justified that health should receive respectable place. It is justified to include such educational aims and contents in the core curriculum that can reflect educational needs of children within this scope. It is also necessary to precise which competences within the discussed scope should be possessed by children completing particular stages of education (A. Leszcz-Krysiak, p. 66).

Since the year 2006, the “National Certificate of Health Promoting School” has been established, which is awarded by the Minister of National Education as a prestigious title for a school. The goal of this certificate is, among others, to recognize and appreciate the long-term systemic activity of schools, according to the concept and standards accepted in Poland, as well as to popularize experience and achievements of HPS and examples of good practices at the whole territory of Poland and to initiate cooperation between schools within this scope. Its goal

is also to support HPS program in Poland as an important element of state policy and bottom-up actions for improvement of quality of education, state of people's health and building of a democratic society (The procedure for granting National Certificate of Health Promoting School)

Currently voivodship HPS networks are present in all 16 voivodships; they include around 3500 schools of various types with the majority of elementary schools. In most voivodship networks there are also health promoting preschools. Currently national certificate of HPS has been obtained by 246.

In the year 2017, M. Woynarowska-Sołdan and B. Woynarowska worked out a model, definition and standards of health promoting preschool (Guidelines for preschools and people supporting their activity within the scope of health promotion "Health promoting preschool" M. Woynarowska-Sołdan & B. Woynarowska)

Practical aspects of Health Promoting School project implementation

In practice, joining the network of HPS requires extensive documentation, which often makes it difficult and discourages teachers from realizing the project. School/preschool activities are coordinated by voivodship leaders for health promotion who usually work in, so-called, voivodship teacher training centers. All activities are supported by the Center for Education Development in Warsaw. Implementation of HPS project is monitored by voivodship coordinators in accordance with their principles and needs. Therefore, research results concerning project implementation are mostly qualitative. There are no research results collected by means of standardized tools on the national level. On the way to achieve national certificate of HPS we can distinguish three periods.

The first candidacy period, which lasts 6 months, is the time when the school director appoints a team and a coordinator of health promotion (the leader). The next step is application prepared by the director to include the school/center in the voivodship network of HPS. Then workshop (training) concerning the project is organized for the teachers' board. The teachers' board has consultations and classes with pupils and parents informing about principles of HPS project. Health promotion team performs a diagnosis on the basis of which the program of health promotion is created for the school, which is then realized, monitored and evaluated.

The second candidacy period (it lasts 1 year) is the time when the school submits following documents to voivodship coordinator: school program of health promotion, schedule of the program implementation, written declaration of accession to the HPS project. After the candidacy period and after a visit (observations) of voivodship coordinator of health promotion and submitting all

requested documents, the school receives the certificate of voivodship network of HPS.

After minimum three years of possessing voivodship certificate of HPS, the school can apply, after self-evaluation, for National Certificate of HPS. The aim of self-evaluation is to check to which extent the school achieves its goals specified in the Polish concept of Health Promoting School. The data achieved in the course of self-evaluation should serve as a basis for reflection and planning further actions for the development of HPS and selection of further priority issues. The certificate is granted for the period of 5 years. After this time the school can apply for it again.

The analysis of 37 applications for National Certificate of HPS submitted in the school year 2016/2017 to the Center for Education Development reveals that the most frequent (recurring) priority problems which are diagnosed by schools are as follows: verbal aggression among pupils during breaks between lessons and improper (unsatisfactory) interpersonal relations between some pupils, communication disturbances in a group and noise in the school during break times. Moreover, the issue is: lack of adjustment of the health classes to the needs and interests of the pupils, breaking principles of healthy diet, low physical activity of members of school community, too few actions promoting health of employees who are not teachers, atmosphere and cooperation among teachers.

To solve the diagnosed priority problems, the schools most often undertake actions focused on: organization of health promoting workshops for all members of school community, culinary workshops for pupils, common breakfasts and dinners for pupils and teachers, additional movement-related exercises, active breaks between lessons, organization of hikes and cycle tours and other actions to promote health according to the needs and possibilities of particular school community.

Conclusions and recommendations

The concept of health promoting school is based on general principles of health promotion. There is no one, generally adopted definition of such a school. It is defined as a place, where all groups of school society undertake common actions to improve their health and well-being by changing their health behaviors and creating healthy physical and social environment as well as encourage other people, in particular parents, to similar actions. Summing up, the HPS project gives school broad autonomy, creates its own vision and strives for it. Actions are focused on individual priorities of schools, which are based on the diagnosis of the need of pupils and whole school community. It is an approach from people to the problem. Achieved educational results are regularly evaluated, which allows to define changes and determine ways of modifying the activities. Action plan and

school preventive-educational program is coherent with principles of HPS. Realization of school program of health education is to be based on active methods of work that involve all members of school and local community. It may be helpful for this purpose to use, for example, the project method and other pupil-activating methods. The whole process is supervised by the coordinator of health promotion.

Following achievements can be noticed in this field: stability of school interest in HPS, development of bottom-up movement of the schools, continuation of activities, establishing in the Ministry of Education at the central and voivodship level some structures that support health education and health promotion in schools. Achieved results of the evaluation indicate the project has been successful and many positive changes have been taken place in school health promotion. In Poland the concept of health promoting school is constantly being developed and modified to meet the requirements of changing social and economic reality and be able to cope with current health problems.

Among various aspects of human life, health seems to be one of the most important. It impacts quality of human life, physical and mental fitness and is subject to constant external and internal influence. Health is the greatest human capital. Bearing in mind the results of research on the relations between education and health, the priority task for each country should be establishing coherent health protection and care policy both at central, regional and local levels. The discussed Health Promoting School project is a response for social needs and expectations within this scope.

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