Editorial

Advancing the science and practice of school-based health promotion

According to the United Nations Children’s Fund (UNICEF), >26,000 children under the age of 5 years die every day, mainly from preventable causes [1]. The causes of these deaths include worm infections, nutritional anemia and deficiencies and infectious diseases such as malaria, trachoma and schistosomiasis. Such diseases continue to be the scourge of infants and children throughout many of the poorest nations in the world.

In contrast, children and adolescents in countries with more advanced economies die or are increasingly harmed by alcohol and tobacco use, malnutrition and physical inactivity and unintentional injuries [2]. Moreover, the prevalence of asthma, obesity and type 2 diabetes has been rising in many countries. In the UK and particularly in the United States, the obesity epidemic threatens to reduce the life expectancy of the next generation [3]. And young people in almost all parts of the world face daunting choices involving sexual practices that place them at risk for unintended pregnancy and both HIV and other sexually transmitted infections. The World Health Organization (WHO) estimates that as much as 60% of new HIV infections alone will occur among young people ages 15–24 [2].

What can be done to improve child and adolescent health? Paradoxically, the answer to this question is both simple and complicated. We know that one of the fundamental conditions for health is investment in education [4]. In most societies, this investment is realized largely through schools. Schools are charged with the mission of advancing the cultural, economic and social capacities of a nation through their focus on educational attainment. But schools are also in a key position and increasingly viewed as a societal instrument to improve health status by providing a captive setting in which important knowledge, attitudes and skills can be transmitted in the service of preventing premature death, disease and disability. Because children and adolescents typically spend many hours at school, schools represent an important—indeed critical—community setting for the promotion of health and prevention of disease. Yet, despite what we know to be the potential value of schools in fostering both health and academic achievement, too many nations either fail to give schools the necessary resources with which they can achieve these outcomes or misdirect precious resources on efforts for which there is little evidence of impact.

The ideal model of the health-promoting school involves the comprehensive delivery of instruction, services and policies that strengthen the capacity of schools as a healthy setting for living, learning and working [5]. The components of health-promoting schools include the school ethos or environment, the curriculum and the involvement of family and community. But much remains to be learned about planning, implementing and evaluating the efforts undertaken by schools to use these components to promote the health of young people and that of their families.

This issue of Health Education Research contains a treasure trove of papers that not only reinforces the potentially important role that schools have to play in promoting child and adolescent health but also advances our scientific understanding of both the challenges and opportunities of doing so. Three of the papers in this issue describe school-based programs designed to address key health problems that are now seen with increasing frequency among children in schools globally, including asthma in the south of England (McWhirter et al., see pp. 917–930), mental health in Swedish schools (Kimber, Sandell and Bremberg, pp. 931–940) and child abuse and neglect in Australia (Goebbels et al., pp. 941–951).

In several studies of how schools can promote physical activity, Dyment and Bell (pp. 952–962) demonstrate how the school environment can either facilitate or provide barriers to children’s physical activity in Canada; Eyler et al. (pp. 963–975) report a study in which policies and other factors that influence physical activity were evaluated in seven states in the United States and Young et al. (pp. 976–986) report a process evaluation documenting the dose, reach and fidelity of a complex, multicomponent school-based approach designed to increase...
physical activity among adolescent girls in the United States.

In other papers that address key risk factors for child and adolescent health, Reinaerts et al. (pp. 987–996) and Wind et al. (pp. 997–1007) report studies that compare and contrast the effectiveness of school-based intervention approaches designed to increase fruit and vegetable intake among children across several countries and Baille et al. (pp. 1008–1015), Murnaghan et al. (pp. 1016–1028), Piontek et al. (pp. 1029–1038) and Ridout, Charlton and Hutchison (pp. 1039–1048) report on renewed efforts in school tobacco control.

Finally, Aldinger et al. (pp. 1049–1067) describe changes in attitudes, knowledge and behavior following the scaling up of the implementation of the WHO health-promoting schools model in China; Lewallen et al. (pp. 1068–1073) report on how the lack of water as a facilitating factor can limit the impact of a school-based curriculum for trachoma in Tanzania; Sinkinson and Hughes (pp. 1074–1084) report on the experience and perceptions regarding school health education among novice teachers in New Zealand and Wegner et al. (pp. 1085–1096) show how a process evaluation was used to adapt programmatic elements of a comprehensive approach to prevent risky sexual and substance use in South Africa.

Despite what these papers tell us about efforts around the globe to advance the science and practice of school health promotion to improve the health of children and adolescents, much remains to be done to convince policy makers in the health and education sectors of governments that the investment in such efforts pays dividends in terms of national economic progress, security and happiness. If we are to achieve the Millennium Development Goal [6] of reducing child mortality, the health promotion capacity of schools will have to be strengthened considerably beyond that which characterizes schools today. In many instances, we have the evidence and we already know what works; however, advancing the science and technology of health education and health services delivery in schools is not enough. What we need in addition to the state-of-the-art science you will find among the papers here is the political will of our leaders to implement it universally.

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References