Promotion of heart health in schools

The Netherlands Heart Foundation is making a significant contribution to the education of primary and secondary school children on the prevention of cardiovascular disease, within a broad context of encouragement for healthy life-styles. Efforts are also being made to ensure that both schoolteachers and pupils enjoy a healthy working environment.

An integrated school health policy means a total concept of health promotion on both the macro- and micro-levels. It implies the combination of several components: not only health education lessons in the classroom but also a healthy workplace for teachers and a healthy school environment (see figure) (1).

Primary schools

In 1985 health education became compulsory in Netherlands primary schools. This was an important step towards the promotion of healthy life-styles. The Netherlands Heart Foundation decided to support the new subject by developing health education material for primary school children aged 4–12 (2).

Before the details of this project were decided, however, a questionnaire was sent to 800 schoolteachers. The replies showed that teachers needed additional health education material, such as puppets, storybooks and films for all age groups. Much material was being produced for children aged 10–12 years but there was a dearth of material for younger children. The teachers also suggested integration of the diverse ethnic elements.

The Netherlands Heart Foundation decided to develop a multi-media package, tailormade for the age groups 4–6, 7–9 and 10–12 years, with advice on parental participation and provision for different ethnic elements. The result was the “My ticker and I” project, based on a life-style approach with several health topics embedded in everyday situations. The risk factors for cardiovascular disease were not dealt with in an isolated way but were related to overall health behaviour. The main aim was to reinforce the healthy life-style that children often already had: non-smoking, abundant physical activity, and stable eating patterns. The main messages were “Be all you can be” rather than “Beware”, and “Take your health as your best friend” rather than “Take your heart as a potential enemy”. Fear is a bad motivation for long-term changes. So joy of life, not fear of dying, was the leading...
concept of this project. The approach was pretested in several primary schools.

In 1987, a year and a half after the introduction of the project, a questionnaire was sent to 500 primary school teachers and 50 school health educators. The results showed that the project was successful in the hands of teachers. They appreciated the life-style approach and the wide range of topics, among them eating habits, dental hygiene, sex, and mental problems. Many teachers were surprised that the Foundation developed and paid for a package in which the heart was dealt with in an indirect way.

The project involved maintaining a balance between the medical and communications sciences. In the past, health education materials have usually been developed and written by people with a medical background; in the present project, however, professional communicators and educational experts were employed.

### Secondary schools

Epidemiological research in Western Europe has shown that people of low socioeconomic background are the most likely to develop risky behaviour with respect to cardiovascular diseases. They smoke more and have a less healthy eating pattern, with a higher fat intake, than other groups. In the Netherlands a lot of young people in this category attend schools where they obtain a grounding for work in technical or domestic services. Health education is optional and is mostly received by girls, who tend to seek jobs in health care. For basic health education, most boys depend on what they hear at home or in the streets. The Foundation decided to give special attention to this type of school. Initially, the target group had to be analysed with a view to discovering how the project could meet its needs, values and standards.

A collaborative project was started by the Foundation and the Netherlands Health Education Centre. A project assistant was charged with discovering health education methods that would suit 12-16-year-olds in vocational schools. Over a two-year period the literature was studied, interviews were held with teachers, and experiments with various methods were set up. The results led to a programme consisting of:

- audiovisual materials;
- a heart action day, with activities including a running test, a health quiz and a simple test to simulate the effects of smoking on the lungs (by blowing cigarette smoke onto a filter-paper);
- cardiopulmonary resuscitation demonstrations;
- talks by former heart patients.

The Foundation developed a complete health education project for these schools, containing the following elements:

- a videotape called “Heartbreaker” lasting 30 minutes, and two tapes lasting ten minutes;
- two booklets with stills from the video and questions about the pupils’ own life-styles;
- a teachers’ manual with suggestions on handling the topic of cardiovascular disease;
— a complete manual and blueprint for a heart action day;
— additional material including posters and game charts.

Furthermore, the Foundation has started two experiments on implementation, with a view to helping teachers to use the methods and materials as effectively as possible. This is a cooperative project involving health educators and school doctors in two municipal health services. The results are being translated into an implementation strategy at national level.

Healthy school environment

A survey showed that pupils, teachers and school managers considered it important to have a school health policy (4). Managers realized that a healthy working environment could reduce absenteeism among both teachers and pupils and that schools had to be well run in order to survive and attract new pupils. They also considered the teachers' workload to be the most unhealthy factor. Teachers, however, said that this distinction was due to their negligible influence on important decisions made by managers and school boards.

Most pupils liked attending school, although more than 50% thought there were too many hours of lessons and too much homework. Two-thirds of the pupils were dissatisfied with the timing of test papers. Of importance to pupils were wall colours, furniture, the music played in canteens, and the climate in school buildings. Often it was too cold or too hot in classrooms; sometimes it was impossible to open windows because of noise coming from outside. Pupils disliked strict rules, such as a ban on leaving the school grounds during the lunch break.

They were not concerned about specific health questions, although an increasing number of pupils had mental and social problems.

The teachers and managers were concerned about gambling, alcohol and drug abuse, aggression, robbery and vandalism among pupils. They tried to prevent these problems by strengthening social control; some schools already had a social worker and some had installed safe deposits for personal property. It was hoped to discourage the indiscriminate daubing of graffiti by making certain walls available specifically for this purpose.

Clearly, a healthy school environment is important to all the people involved, although in different ways. Managers, teachers and pupils should reach agreement on this matter and on the consequences for everyday activities. The subject should exercise the minds of all who develop school health education projects.

An integrated school health policy remains for the future. Teachers and managers have to be encouraged to consider the matter. The Foundation has organized a symposium on the subject, and discussions have been held among pupils, teachers, managers, health educators, trade unions and the Ministry of Education. An integrated heart

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health promotion item was featured in some newspapers and educational magazines. As a follow-up to the symposium, the Foundation and some other organizations are examining the possibility of starting a pilot study on an integrated school health education project.
Health Promotion

It is important to involve parents. They can direct quite critical questions at school boards about the presence or absence of specific health policies. Of course, this is possible only if the parents believe that a school is not only a place for learning but also one where a healthy mental and physical condition can be developed.

Health education activities are interdependent and can be synergistic. At the workplace, in the media or at school, they can all help to prevent cardiovascular disease, provided that they are developed systematically and in accordance with professional standards of communication.

References


4. Vis, C. et al. (Healthily educated. an exploratory study on the (im)possibilities of developing and implementing a school health promotion policy in secondary schools.) The Hague, Heart Foundation, 1990 (in Dutch).

School health promotion components and outcomes. Adapted from Kolbe (1)