

Federal Centre for Health Education

**HEALTH
EDUCATION
AND
HEALTH
PROMOTION
IN SCHOOLS**

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The Federal Centre for Health Education (BZgA) is an authority in the responsibility of the Federal Ministry of Health, located in Cologne.

The task of the BZgA is to promote health at national level. To this end it implements educational campaigns on central health issues.

The BZgA also focuses on quality assurance, by designing scientific investigations into various fields, identifying needs and promoting transparency through market observation and market analyses. Qualification, co-operation and the development of concepts and innovative strategies are other areas of work on which the BZgA concentrates.

After “Health for Children and Adolescents”, the first volume of a series of concepts, the present volume “Health Education and Health Promotion in Schools”, provides further basic principles for a central field of work of the BZgA. It gives information on the overall conditions and describes the initial situation both as regards the state of health of children and young people and the situation of health education and health promotion in schools. Starting from more recent concepts of health education and health promotion in schools, the present activities of the BZgA in this field of work are depicted and strategies for implementation and future measures are described.

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(Federal Centre for Health Education)
Ostmerheimer Str. 220, 51109 Köln, Germany
Tel: +49-(0)221-8992-0
Fax: +49-(0)221-8992-300
E-mail: maslon@bzga.de

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Editing: Dr. Eveline Maslon
Translation: Bruce Collyns
Design and realisation: Salice-Stephan, Köln

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Outline conditions

The health of children and young people is the subject to which the Federal Centre for Health Education is at present directing its attention.

Childhood and youth form an important period in life for taking preventive measures, since this is the period when health-relevant behaviour and lifestyle have their beginnings and when health consciousness is first engendered. Health education, which starts in childhood and is carried on continuously, therefore has the best chance of long-term success in promoting health and preventing illness.

Health education for children and young people is closely connected with institutions and social environment. As well as the family, the kindergarten and youth leisure, a central area in which preventive measures can be taken is the school, where they live and learn. In school there is an organised form of learning in which all social classes of young people can be reached over a period of 12 to 13 years.

In its task of teaching and educating, the school has the duty of cooperating in health education. According to the report of the Standing Conference of the Ministers for Education and Cultural Affairs of the Länder in the Federal Republic of Germany (abbr.: Kultusministerkonferenz – KMK) of June 5th 1992, health education is part of the compulsory, selective and optional areas of education. Questions of health education are dealt with in different subjects and also across the curriculum. Health education also has an established place in the curricula of vocational schools.¹

¹ Cf. Sekretariat der Ständigen Konferenz der Kultusminister der Länder (Secretariat of the Standing Conference of the Ministers of Education and Cultural Affairs of the Länder in the Federal Republic of Germany) (Ed.) (1992): *Zur Situation der Gesundheitserziehung in der Schule*. Bonn.

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Initial Situation

2.1 The state of health of children and young people

In general a high health potential can be assumed for children and young people. However, despite significant improvements in material living conditions and the great successes in medical treatment – e.g. of infectious diseases – in other ways the health of children and young people is under a greater threat than ever before. The social changes and the different life styles of young people have to be seen as an important cause of this. Many more children and young people nowadays show less than satisfactory physical stamina, and physical strength and co-ordination which are not commensurate with their age. Lastly, abnormal behaviour, lack of concentration, posture damage, faulty nutrition, chronic diseases, allergic sicknesses and the spread of addictive and dependency diseases are being found to a greater extent.²

2.2 Schooling

In accordance with the federal principle on which the Federal Republic of Germany is based, school matters are the responsibility of the States. In the various States, there are therefore differences in the types of schools, their age ranges and the contents of guidelines and syllabuses.

Full time schooling is compulsory in mainstream schools for nine years, in four Federal States for ten years and subsequent part time attendance (compulsory attendance at vocational schools) lasts three years.

² Cf. BZgA (Ed.) (1999): *Child Health – Epidemiological Foundations*. Köln (Research and Practice of Health Promotion, Vol. 5).

2.3 Statistical data on schoolchildren and teaching staff

In 1996, around 11 million schoolchildren attended mainstream schools and a further 2.48 million went to vocational schools.

Table 1 shows the distribution of schools, schoolchildren and teachers over the various levels of schools.³

	Primary area Classes 1 to 4	Secondary area I Classes 5 to 10	Secondary area II Classes 11 to 12 (13)
	Infant schools, Integrated comprehensive schools	Orientation stage, independent of school type, Secondary schools, technical schools, integrated compre- hensive schools, grammar schools and others	Grammar schools (from Class 11), integrated comprehensive schools and others (Information on vocational schools in brackets)
Number of schools	17,892	17,306	4,132 (7,641)
Number of pupils	3,642,300	5,113,500	690,700 (2,479,600)
Number of teachers	174,057	315,426	59,244 (101,200)

Table 1

Private schools providing general education have a further 500,200 pupils and there are another 145,100 at private vocational schools. There are also 398,600 pupils attending the 3,410 special schools. They were taught by 56,053 teachers.⁴

³ Ministerium für Bildung, Wissenschaft, Forschung und Technologie (Federal Ministry of Education, Science, Research and Technology) (Ed.) (1997): *Grund- und Strukturdaten 1997/98*, Bonn, pp. 46–53.

⁴ Ministerium für Bildung, Wissenschaft, Forschung und Technologie (Ed.) (1997) loc. cit. pp. 46–53.

2.4 Aims, basic principles, and topics of health education in schools

Health education in schools is part of comprehensive health provision and health promotion, consisting of all the efforts for the preservation and improvement of human health being made by individuals, families and public bodies. According to the definition of the Standing Conference of the Ministers for Education and Cultural Affairs of the Länder in the Federal Republic of Germany, health education is considered as “the task of promoting a healthy way of life and environment with regard to physical, mental and social health.”⁵

Health education in schools therefore has the aim of:

- empowering schoolchildren to make health promotional decisions and to take responsibility for themselves and their environment;
- contributing to making schoolchildren aware of their own behaviour and values and the behaviour and values of others;
- conveying to schoolchildren the knowledge and skills which promote the development of a healthy way of life;
- helping and promoting the development of schoolchildren's awareness of their own value.⁶

The following basic principles are derived from these aims:

“Health education in schools

- relates to behaviour and works within the schoolchildren's world of life and experience;
- is oriented towards action, by making possible the expansion of awareness through discovery and exploration, and preparing for the readiness to act and to make decisions;
- must seek the co-operation of parents and others bringing up children;
- is based on a concept of health, which concerns the person in his physical, mental, social, economic and ecological state of existence.”⁷

⁵ Sekretariat der Ständigen Konferenz der Kultusminister der Länder (Ed.) (1992): loc. cit., p. 7.

⁶ Sekretariat der Ständigen Konferenz der Kultusminister der Länder (Ed.) (1992): loc. cit., p. 8.

⁷ Sekretariat der Ständigen Konferenz der Kultusminister der Länder (Ed.) (1992): loc. cit., p. 9.

Health education in schools focuses on the following issues in accordance with the guidelines and syllabuses of all the Federal States:

- hygiene/care of dental health;
- nutritional education;
- sex education and AIDS prevention;
- addiction prevention;
- first aid;
- sport and movement education.

Syllabuses value cross-curricular or interdisciplinary work in health education very highly. This high regard is consistent with the fact that the contents of health education are as a rule spread over several subjects in the Federal States. Biology, social science and sport are to be mentioned as so-called leading subjects but other subjects such as home economics, chemistry, physics, religion/ethics and technology/careers also provide opportunities for health education.

Finally the spiral curriculum method is important. In this method, the topics recur several times at different stages during the course of school life, focussing on different aspects and with a complexity fitting the age of the class.

2.5 Health education and health promotion

2.5.1 Defining terms

Health education, which preferably aims at affecting behaviour, is only one aspect of the subject “Health and School”, although the term health education is used expressly in all syllabuses. Health promotion is a task at a higher level and initially consists of health education; however, it also includes the creation of healthy conditions in the everyday life of the school. This means measures by the governing bodies, the education authorities and the individual teaching staff which act in favour of the health of the pupils: ergonomic seating and desks, suitable lighting and ventilation, hygienic conditions,

attractive design of schoolrooms and school yard, a pleasant working climate, provision of healthy food etc. etc.

2.5.2 On the situation in health education in schools

Health education in schools has a long tradition but it is difficult to assess how effective it is and there is no uniform way of doing this, since not all efforts in health education can be evaluated, and the assessment of their long term effects is well nigh impossible.

Some results of the traditional health education of the fifties and sixties are known. At that time health education consisted mainly of conveying cognitive information, conveying knowledge of health risks. These measures had very limited success. It was found that the acquisition of essential knowledge and insights by no means led to the desired behaviour and skills. There is hardly a field in which the discrepancy between knowledge and behaviour, known to all teachers, is greater than in health education (cognitive dissonance).

A further reason for the lack of wide-ranging success in health education in schools is that the development and promotion of healthy behaviour is affected by a whole series of factors (e.g. family, kindergarten, school, peer group, mass media) among which the school is not the most important. It is beyond doubt that what the family sets out to do has the greatest influence. It affects children and young people more permanently, in more ways and more intensely than all other factors. Above all, the family affects the whole lifestyle of the child at an age in which habits form and become established. Health education in schools has therefore to act against behaviour which is damaging to health and which has already become habitual in the family home.⁸

⁸ Cf. Eschenhagen, D., et al. (2¹⁹⁹³): *Fachdidaktik Biologie*. Köln.

2.5.3 More recent concepts on health education and health promotion in schools

More recent concepts for health education and health promotion in schools attempt to take the above named influential factors into account. These concepts contain ideas of health education which are based on the concept of life style (“Lifestyle concept”). This provides a new way of looking at the health education situation and explaining it: human behaviour is seen as a complex of behaviour structures and sequences, which develop and become manifest under specific economic, ecological, social and cultural conditions. Healthy behaviour is a part of these structures; it is formed from them and also affects them reciprocally.⁹

These concepts thus have many components which lead further. The idea of the “healthy school”¹⁰ and the “holistic concept”¹¹ should be mentioned. Both approaches are based on a dynamic and comprehensive concept of health. The former concept in particular regards the school not as a place for providing education but as the living environment of the pupils (and the adults involved), in which a lifestyle which maintains and promotes health can develop. To this end it is necessary to design the environment and workplace, the school, in the way this concept requires.¹² The “holistic concept” has the aim of “consistently including the whole person with his affective, social, pragmatic and cognitive features of personality in the didactics of health education”.¹³

Similar ideas are the foundation of the “setting approach”. This is nothing less than a total change in the school: changing the lessons, school life and school environment, with the aim of holistic promo-

⁹ Cf. Gropengießer I. / Gropengießer H. (1985): „Gesunde Schule.“ *UB 9*, 106.

¹⁰ Gropengießer I. / Gropengießer H. (1985): „Gesunde Schule.“ *UB 9*, 106 and Gropengießer I. (1990): „Gesunde Schule gestalten.“ In: *Gesundheit*. Friedrich Jahresheft VIII. Seelze: Friedrich Verlag, pp. 35–38.

¹¹ Staack, L. (1990): „Gesundheitserziehung heute. Überwindung traditioneller Konzepte.“ In: *Gesundheit*. Friedrich Jahresheft VIII. Seelze: Friedrich Verlag, pp 25-29 and Hedewig, R. (1991): „Die Diskrepanz zwischen Wissen und Handeln im Gesundheitsverhalten – Ursachen und Möglichkeiten ihrer Überwindung.“ *BioS* 40, 3, 81–90.

¹² Cf. Eschenhagen, D., et al. (1993): *Fachdidaktik Biologie*. Köln.

¹³ Staack, L. (1990), loc. cit., p.27.

tion of the health of all in the school, those who teach, those who learn and those who are engaged in other activities. The setting approach is the basis of the concept of the “health promoting school”. It was tested in a model experiment, “Network of health promoting schools”, carried out across Europe from 1993 to 1997 and including 15 Federal States in Germany¹⁴ and will be continued until 2000 under the name OPUS – Offenes Partizipationsnetzwerk und Schulgesundheit (Open participation network and school health).

These ideas have been tested and are being tested only as models. There is no evidence at present of any campaign by the education authorities for implementing them over the whole country.

There could be changes in schools, which are at present being promoted in some Federal States, in the context of the process of school development of school profiling. One of the many possibilities expressly mentioned is an emphasis on “health promotion”.

In implementing and realising all the concepts described, the schools must be given the support they need. In view of the increasing claims made on education combined with continuing reductions in teaching staff and the increase in time spent on compulsory subjects, education committees, school inspection authorities and governing bodies must first create the financial, staffing and organisational conditions for the required re-design of schools.

¹⁴ Cf. Meierjürgen, R. (1997): „Gesundheitsförderung im 'Netzwerk Gesundheitsfördernde Schulen'.“ *Gesundheitswesen* 59.

Previous actions by the BZgA for health education in schools

In the past the BZgA has contributed to the support of health education in schools with numerous media publications and measures. The series of booklets „Gesundheitserziehung und Schule“ (G+S) (*Health Education and School*), which started in 1975 has been a central feature. In this series, the BZgA produced educational material on the basic subject of health education, for all types and age-ranges of schools.

The provision of teaching materials was always in consultation with the Ministers of Education and Cultural Affairs of the States, who also agreed to the distribution of the material in schools. All the schools concerned received the materials free of charge. They are also on sale through the publishers, Ernst Klett Verlag,

The educational materials are primarily for use by teachers in carrying out health education. They contain modules for continuous health education following the spiral curriculum method. Where the opportunity arises, they can be used both in cross-curricular teaching and in specialist teaching.

The teaching staff select the part of the material they want to use for the lesson. Lesson preparation requires only a minimum time since all materials contain factual information with specialist scientific facts, suggestions for lesson design, which have been successfully tested in practice in schools, and media which are suggested for use in the lesson (e.g. overhead projector transparencies, games, posters). The majority of the materials are designed for the pupils to use by themselves (e.g. worksheets, games, questionnaires, puzzles).

All teaching materials also contain suggestions for work with parents.

Regular analyses of syllabuses and evaluation of policy decisions concerning health have formed and continue to form the working basis of the series of publications.

The educational material was evaluated in the years 1978 and 1986.

There have been regular further-training events for multipliers in further teacher training, using selected topics and with the participation of the States. These will continue in future.

Prospects of the BZgA for health education and health promotion in schools

The conditions described in the Initial Situation (*Chapter 2*) make it necessary to reconsider the BZgA's approach to health education and to update the aims or topics.

4.1 Aims

The paramount aim for all measures in the school field is the strengthening of the health skills of children and young people.

This is to be achieved by:

- conveying knowledge relating to health;
- motivation towards behaviour which promotes health;
- practising correct healthy procedures.

Teaching staff must therefore be empowered to teach independent and self-responsible health behaviour.

In school they have the tasks of:

- conveying information specific to various topics;
- showing the importance of correct healthy behaviour and conditions which promote health;
- practising health promoting measures;
- promoting awareness of the relationship between coping with development tasks and health;
- supporting skills of recognition and assessment, for taking up opportunities for health promotion.

4.2 Topics

The central field of topics of the BZgA is also important for the “school” field of action.

- AIDS education;
- addiction prevention;
- sex education.

In addition, several topics are becoming increasingly important:

- avoidance of stress, coping with stress;
- recognising and coping with conflict;
- prevention of environmentally affected diseases (including noise damage, allergies, skin cancer);
- prevention of infectious diseases (e.g. hepatitis B);
- promotion of good nutritional habits;
- avoidance of accidents;
- dealing with the chronically sick;
- promoting non-smoking;
- prevention of abuse of medicaments/performance enhancing drugs.

Present syllabuses provide drugs for all the fields mentioned above.

Implementation strategies

If measures to achieve the aims are to be successful, they must take into account the initial situation which has been described, in particular conditions in schools as institutions. They must however also be designed in such a way that they support the development of a healthy lifestyle in school, in which the children and young people fully develop their own potentials and are able to develop health skills in the widest sense (“School as Workplace”). The school is also to be involved as a “place of learning”, since it is essential to the strengthening of the health skills of children and young people that they acquire knowledge and information on basic health subjects as well as currently topical health issues.

The measures of the BZgA are primarily addressed to teaching staff (multipliers), who have direct access to children in schools. The multipliers can convey information and behaviour relevant to health and integrate them into the school day. They thus have essential importance for the development of the target group's attitudes and behaviour relevant to health.

The BZgA therefore planned publications and measures to give teaching staff assistance and ideas for carrying out their educational tasks in accordance with the syllabus, within specialist teaching or using cross-curriculum methods. The publications and measures are designed so that they convey information and insights to pupils within lessons but also provide support and skill promotion in the development and modification of attitudes and behaviour.

Finally the BZgA also stimulates discussion on school as a “workplace” and supports concrete proposals for teaching, for project days or project weeks supporting the idea of the “healthy school”.

One particular current subject, which can be treated in any school subject, concerns the promotion of social behaviour in children and young people. Lack of social confidence is an important reason for aggression in school, which is increasingly to be observed (both within and outside of lessons) and in the leisure field. The social competence of children and young people is to be reinforced by a training programme yet to be developed, which empowers children and young people to recognise tension and conflicts at an early stage, to work out means of avoiding them or coping with them and to practise these (e.g. using conflict games). This makes a contribution to improving the social climate and to reducing aggression.

Other topics are also important but can only be named as examples here. They can be worked out in specialist teaching and within projects. The school subjects in which they may be accommodated are given in brackets:

- practising techniques for coping with stress, such as relaxation, concentration and movement exercises (biology, sport, social studies);
- attractive design of classroom (any subject);
- carrying out a “week of healthy eating” (biology, home economics);
- making healthy snacks for break times (biology, home economics, social studies);
- working out suggestions for the “active break” including design of rooms to spend breaks in with zones for rest and play (biology, technology/woodwork/metalwork, sport);
- redesigning the school yard possibly combined with noise reduction measures (biology, physics, geography, technology/woodwork/metalwork);
- posture training (biology, sport, social studies);
- projects on addiction prevention (biology, social studies, religion/ethics).

In the provision of all school materials the BZgA uses proven educational methods and methodical strategies which may be summarised by concepts such as school orientation, learning experience, behaviour orientation and relevance to the world in which we live.

Media and measures

6.1 Media for teaching

Promoting health skills in children and young people must be carried out in a way appropriate to their age and in accordance with their phase of development. The BZgA has therefore developed teaching material appropriate to the target groups, ensuring a continuous health education and health promotion in schools of all types, starting early (at elementary school age) and continuing into youth (up to the end of compulsory school attendance)

In future the BZgA intends to support teaching staff even more in their health education tasks, by providing a greater range of media.

6.1.1 Series of BZgA texts „Gesundheitserziehung und Schule“ (G+S) (“Health Education and Schools”)

The teaching material in the G+S series of publications which have been produced up to now, are greatly accepted by teaching staff because:

- they take account of the current syllabuses;
- they have the approval of the Ministers of Education and Cultural Affairs of the States for use in teaching;
- they contain only suggestions for teaching which have been tested many times in practice when they were being produced;
- they facilitate further specialist training for teaching staff;
- they facilitate lesson preparation.

In this series of texts, the BZgA has created an opportunity for spreading tested ideas, suggestions and concepts for health education and

health promotion uniformly in all schools throughout the country. There is no other comparable provision in Germany. The BZgA therefore intends to maintain this important and widely known instrument in future.

To ensure that the materials will continue to be used in lessons and lesson planning in future, they must be continually revised or re-planned. The BZgA will pay as much attention to more recent educational plans, such as sex-specific approaches in health education or project work, as to the aim of designing schools for health, mentioned at the beginning. Numerous attractive media are to provide motivation for dealing with the proposed topics in lessons.

6.1.2 Media packages

Suitable media are to be provided to schools increasingly in the form of packages. In the ideal case these consist of film, film accompanying material and assistance for teaching staff, with pupil material and parent information. In this way the topics can be dealt with in several and various teaching situations and/or school subjects. Such an attractive package of media is to encourage teaching staff to deal with health-related topics in lessons.

The material for the pupils should not only be informational but should be attractively designed so that the students show it or lend it to their friends in other classes at school. The students thus become multipliers and help to make the material known and distribute it throughout the school.

For particularly suitable topics, it should be considered whether peer group approaches can be established in the school outside class lessons, using specially designed material. Possible working methods within schools are: peer education (instruction and education) and peer projects (group work such as drama, shows, animation, interactive exhibitions).

6.1.3 New media

The changing face of media and the efforts of school supervising authorities and governing bodies to include media, such as the personal computer and the Internet, in schools presents all concerned in health education with new challenges but also opens up opportunities.

Internet and CD-ROM provide schools with the basis for quick access to data, independent research in the data base and the use of interactive self-instruction programmes. They thus provide educational methods in which the students are more intensely bound into the action than in conventional lessons and are challenged to use their own initiative more. This could significantly increase the efficiency of teaching – including health education.

Unfortunately not all teaching staff have a PC of their own and few are connected to the Internet at home. As a result, the new methods are unlikely to displace the print medium in the short or medium term.

To encourage readiness to use the new media in lessons, the advantages and opportunities must be demonstrated to the teaching staff:

- the advantages of work with the new media are to be explained;
- the educational rationale of the new media is to be given;
- practical methods are to be illustrated by giving examples;
- the ways of integrating new methods into traditional lesson forms and procedures are to be demonstrated clearly.

Students on the other hand have extensive experience of the new media and are highly motivated towards working with them. If they are given an attractive, interactive medium, the learning process becomes for them:

- independent learning;
- project orientation;
- co-operation and teamwork;
- cross-curriculum forms of working and learning;

- promotion of cross-curricular thinking;
- individual procedures as regards speed and content of learning;
- checking their own behaviour and deriving strategies for action.

It is important in teaching to have a constant alternation between self-learning phases (with the new media) and social phases, since social belonging and social learning will continue in future to be important aims of education in school.¹⁵

6.1.4 Means of distribution

The numerous provisions for teaching health education and health promotion can only be used in schools if the BZgA materials actually reach the teaching staff.

When material was sent in the past, particularly to large schools, there were often distribution losses. Although up to five copies were sent to schools, the material did not always reach the specialist staff in charge of health education.

To avoid or minimise distribution losses in future, the BZgA will initially provide one inspection copy and prospectus material (leaflet, poster) for teaching staff with particular responsibilities (head of department, heads of department section, staff member with responsibility for health education or head teacher), for the information of other staff. Further copies can then be ordered from the BZgA if required.

The official periodicals of the Federal States are also to be informed of all future teaching materials and the BZgA will also advertise the materials in large-circulation specialist periodicals.

¹⁵ Cf. Sekretariat der Ständigen Konferenz der Kultusminister der States (Secretariat of the Permanent Conference of the Regional Ministers of Education and Cultural Affairs) (Ed.) (1997): *Neue Medien und Telekommunikation im Bildungswesen. Medienpädagogik in der Schule*. Bonn.

6.2 Measures

Changes in the range of illnesses suffered by children and young people and the definitive effect of parents and guardians on health behaviour make it sensible to undertake other supportive measures in schools.

6.2.1 Short term measures

The BZgA will work out ways for rapid implementation of current health topics in schools. The aim of this is to remedy lack of information among teaching staff and to help them react appropriately to student initiatives or problems.

The BZgA is planning measures such as:

- targeted distribution of short didactic leaflets for schools;
- publications in large-circulation periodicals or;
- sending health circulars with instructions on use in teaching.

6.2.2 Involvement of parents

The family, particularly the parents or those in charge of bringing up the children, have a central part to play in promoting the health of children and young people. As shown in *Section 2.5.2*, the family affects the child at an age when habits are being formed and becoming established. Effective health education and promotion in schools must take account of these influences. It should use the family experiences of the students (relevance to the world in which they live) and should try to include parents, or those in charge of bringing up children, in the school's actions for health education and health promotion.

The BZgA will pay more attention to both these aspects in producing their teaching materials. While the materials in the G+S series of

texts included notes on work with parent in the past, these mainly concerned proposals for having parents' evenings at school. These suggestions will also be a fixed part of the teaching material in future, since such school events are generally attended by all parents of children of elementary school age.

In order to consolidate the accompanying work of parents, the BZgA will in future provide special media for parents, or those in charge of bringing up children (brochures, folders, copy masters etc.). One copy of these parent media will be included with the teaching material. The required extra copies can be ordered by the teachers from the BZgA and distributed at the parents' evening.

It has been found that parents become less interested in participating in parents' evenings as the children get older. These parents too can be included in health education and health promotion in schools through the parent material being given to the children to take home.

6.2.3 Qualifications: Teacher training and further training of teachers

Teacher training

Those studying to be teachers and those waiting for employment as teachers are important contacts for the BZgA because:

- they are particularly open to new subjects and media;
- they have great need of media and material with ideas and practical assistance in planning and implementing lessons and;
- they work as multipliers in schools and universities by distributing materials and media.

For these reasons the BZgA will provide more material to the universities and the study and teacher training colleges in future. The current addresses of the teacher training colleges are provided by the Ministries of Education and Cultural Affairs of the States.

Further training of teachers

The appropriate State Institutes have the basic responsibility for further training of teachers. The BZgA has in the past run seminars for multipliers from further training of teachers, especially including the newly-formed Federal States [the former East Germany]. The multipliers were made familiar with differential didactic problems in health education, using examples from teaching material. Events of this type will also be carried out in future with the Federal States contributing to the costs. The BZgA will also involve the health officers who are available in many school areas.

The BZgA will also address teaching staff themselves in their further training measures. Increased need for information and explanation has been found, in view of the changes to the range of illnesses affecting children and young people. Many teachers find themselves ill equipped or unable, for lack of information, to deal appropriately with sick or chronically ill students. Often they do not even know the counselling offices or the self-help groups in the immediate neighbourhood.

A guide for dealing with chronically ill children in school will be an important contribution to further teacher training. In particular class teachers are to be better informed on the following questions:

- are there any sick or even chronically ill children in my class?
- what should be looked out for during the school day?
- in what cases must the other students in the class be told?
- what counselling offices or self-help groups are available to me or the class in the neighbourhood?
- what services do the counselling offices provide?
- which self-help groups can act as discussion partners?

The BZgA will provide teaching staff with printed copies containing the appropriate information. Lists of type and service of counselling offices and self-help groups are to be provided on the Internet in the medium term and are to be continually updated.

6.2.4 Health counselling

Even though they may need information, have symptoms or are ill, many children and young people do not go to the doctor or go unwillingly. The threshold of reluctance to go to a surgery is particularly high in the 12 to 18 year-old range. Offers of health counselling by doctors in school or in a room near school – as described in an expert report commissioned by the Federal Ministry of Health (BMG)¹⁶ – could remedy this.

Such provision will however only be effective if it is always available and can be integrated into the organisation of the school in the long term. Finally it is necessary to provide a clear plan for financing the counselling.

The BZgA will first evaluate the many experiences of health counselling already made by the Federal States so that it will then be able to formulate guidelines and quality criteria for implementing such counselling offices.

6.2.5 Market overviews

As well as the collection and evaluation of epidemiological data, market observation and market analyses are important bases for all activities in health education in schools.

Numerous institutions provide an incomprehensible multitude of media and materials for health education in schools. In future the BZgA will pay more attention to the provision of subject-specific nationwide market overviews. Market overviews give insight by showing up deficits and over-provision. If the market overviews are finally evaluated for the schools and made accessible to them, they would give teaching staff great assistance in acquiring information on what is available and making a proper selection for the target group.

¹⁶ Prognos Cologne (1997): *Situation der Gesundheitsberatung im Jugendalter*. Commissioned by the Federal Ministry of Health (BMG). Köln.

Market overviews for schools are only useful if the various materials and media are available nationwide and if their quality is checked. The following questions play an important part in this:

- do the materials provide teaching staff with an adequate amount of factual information?
- does the factual content conform with current scientific knowledge?
- are the teaching suggestions suitable for the age group? For what target group (including type of school) are they suitable?
- are media provided which make it possible to deal with the subject in class?
- do the suggested measures conform with the applicable basic principles of health education and health promotion (conveying information, motivation for behaviour conducive to health, practising correct healthy measures)?
- do the media and educational measures come up to current principles in education and method?
- have the media and measures been evaluated?

Those media and materials for schools which meet the stated quality criteria are to be summarised for teachers in a brochure or in the medium term on the Internet. In this way the BZgA can make a contribution to high quality teaching material and media becoming more widely distributed.

7 Cooperation and quality assurance

If health education and health promotion are to be successful, they need close co-operation with specialist scientists. As well as the results of expert reports and investigations on the target group, specialist scientific insights and proven innovative educational ways and means must be put into the development of all media and materials.

A particular co-operative relationship derives from the federal principle of the Federal States. Because of their sovereignty in educational matters, mentioned above, the Federal States are the central partners in all health education measures in schools. The mutual exchange of information and the knowledge of States-specific measures in health education and health promotion in schools (e.g. of the “State Institutes for School and Further Education”) provide the necessary insight into identifying need (and avoiding duplication of work) and the basis for action in subsequent planning and realisation of uniform national projects.

However, the central co-operation partners for all measures in health education and health promotion in schools are the teaching staff (multipliers) who have direct access to the target group. 14.5 million school students can be reached through the approx. 770,000 teaching staff.

Further co-operation is available with partners within and outside of the health services. In its teaching materials, the BZgA will in future lay more stress on the possibility of involving local associations and organisations (e.g. addiction counselling offices, AIDS counselling offices, self-help organisations, assistance services, Pro Familia). The addresses are to be provided to the teachers through the Internet.

More concentration on evaluation of health education in schools is necessary in future for quality assurance. The following are the principal questions on this:

- do the media and measures reach the teaching staff? Is the method of distribution efficient?
- are the media (printed media, CD-ROM, Internet) used by the teachers?
- is the factual information adequate for your own teaching preparation?
- are the media and materials suitable for achieving the formulated aims and intentions?
- is there adequate provision for the accompanying parent work?
- have the teaching staff suggestions or requests for improvements?

The answers to these questions are an important pre-requisite for the development of guidelines and quality criteria for teaching materials and media; but they are also important because health education, in the field of intervention which is the school, is done by the multipliers. That means that all measures and media for the target group, the school students, must be designed in such a way that it first meets acceptance by the multipliers. Aspects such as integration into the syllabus, practicability, usefulness, pupil-orientation and also attractiveness play a decisive part.

When all is said and done, measures in health education and health promotion in school will only be implemented in schools if they take adequate account of the needs of the multipliers. The BZgA will pay particular attention to their co-operation by organising exchange of information and experience and by work participation procedures in implementing measures.

8 Prospects

The present concept contains a broad description of the field in which health education and health promotion in schools operates. In view of the available resources, priorities must be established within the annual work programmes.

For the next few years, concentration will be focused on:

- market overviews of media and materials for schools;
- evaluation of distribution routes;
- production of material for use on the Internet;
- developing materials for promoting solidarity when dealing with chronically ill children in school;
- testing possible ways to establish availability of health counselling in schools;
- provision of materials for prevention of environmentally affected illnesses (e.g. noise damage).

Selection of media on the subject of “Children and Young People”

A series of further materials on the focus subject of “Children and Young People” is available from the BZgA. A selection of these publications is given below. They can be obtained free of charge, stating the order numbers, from: BZgA, 51101 Köln, Germany, or on the Internet at <http://www.bzga.de>

Media Overview

Gesundheit von Kindern und Jugendlichen

(Health for Children and Adolescents)

(in German) Order No. 95 006 000

Concepts

Sex Education for Youths

Order No. 13 006 070

Concept 1: Health for Children and Adolescents

Order No. 60 401 070

Concept 3: Health Promotion and Health Education in the Kindergarten

Order No:60 403 070 (in preparation)

Specialist booklet series “Research and Practice of Health Promotion”

Gender-related Drug Prevention for Youths

(Volume 1) Order No. 60 802 070

Child Health – Epidemiological Foundations

(Volume 5) Order No. 60 805 070

Sex education and family planning

Sexual abuse

(Forum Sex education and family planning, 1/2, 1997) Order No. 133 230 70

Intercultural

(Forum Sex education and family planning, 2, 1999) Order No. 133 290 27

Sex Education, Contraception and Family Planning – Research and Model Projects commissioned by the BZgA

Order No. 133 021 70

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