A Worksite Health Promotion Model For Public Schools

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Article:

Over the past several decades worksite-based health promotion efforts have slowly evolved. Although there are no standard program components common to all corporate programs, it is generally accepted that comprehensive, effective health promotion programs include corporate culture modification, social marketing efforts, and health promotion programming activities. These programs are designed to help employees develop positive health behaviors to achieve corporate goals such as improving morale and productivity, and reducing health care cost and rates of absenteeism.

Similarly, all states have mandated some form of health education programming also designed to help students develop and maintain behaviors conducive to health. Although the ultimate goals of these programs are similar (to encourage the adoption or maintenance of healthy lifestyle behaviors), the methods used to achieve these goals are often quite disparate. The purpose of this article is to propose a different approach to school health education, one that implements the key features of the worksite health promotion model to improve student health.

A synopsis of general program characteristics for school health education and worksite health promotion programs is provided in Table I. These generalities explain differences in health promotion programs designed for these two settings. The School Health Based Promotion Model (SBHPM), outlined in Table 1, reflects the notion that the outcomes of improving health of students should be viewed differently. Instead of improved knowledge, attitudes, and behavior as outcomes of the health education program, the school based health promotion program would address goals such as improved student morale, increased productivity (in this case, learning as measured by grades), and reduced absenteeism. In essence, the SBHPM encourages health education and health promotion to be viewed from the micro and macro perspectives. Traditional school health education programs tend to view outcomes from a micro perspective, or knowledge gained by the student. The SBHPM encourages us to view health education and promotion from a macro perspective which mandate a careful examination of the social, organizational, and political factors that impact the health of children. Viewing school health from a macro perspective also encourages us to examine ways to include faculty and staff in health promotion programs and to develop programs that don't "blame the victim" for health problems of society.

Schools are uniquely suited to approaching health promotion in this manner. Four student related factors contribute to the potential validity of the school based health promotion model. First, most children and adolescents are enrolled in school so potential access to the group is a given. Second, the potential for successful implementation of a health promotion program exists simply because the participants tend to stay in school for a long period of time. Third, data collection, especially longitudinal data, is relatively easy and schoolsites provide opportunities to study specific problems of interest, track specific subgroups, and evaluate the effect of the entire program. Finally, students tend to be enthusiastic, willing participants in innovative, action oriented programming. Programs which deviate from the normal school routine are usually accepted by students.

Table 1. General Program Characteristics for School Health Education, Worksite Health Promotion, and a Model School Health Promotion Program

	School Health	Worksite Health Promotion	School Based Health Promotion Model
1. Proposed Outcomes	• Increased knowledge • Improved attitude • Maintenance and/or adoption of healthy behaviors	• Improved productivity • Reduced health care cost • Decreased absentee rate • Improved morale	• Increased average daily attendance • Improved student productivity 1. Academic performance 2. Extracurricular involvement • Decreased student health services utilization and need • Improved health knowledge • Improved healthy attitudes • Maintenance and/or adoption of healthy behaviors • Decreased incidence of accidents
2. Planning Process	• Minimum curriculum scope and sequence established by State Department of Education • Local curriculum designed and implemented by school district	• Needs assessment usually conducted at local level	• Student needs assessment administered regularly • Coordination by a Comprehensive School Health Education Committee
3. Mode of Implementation	• Classroom instruction	• Personal assessment & prescription • Incentives • Classroom instruction • Use of on-site and off-site facilities	• Classroom instruction • Multimedia messages • Health screenings • Incentives • Improvement of healthy school environment • Utilization of on and off-site facilities
4. Levels of Evaluation	• Outcome Evaluation - the majority of school districts evaluate through student knowledge evaluation, while a small percentage of schools use student attitude and behavior as evaluation criteria.	• Formative evaluation (Needs Assessment) • Process evaluation • Outcome evaluation • Cost benefit evaluation	• Formative evaluation • Process evaluation • Outcome evaluation • Cost benefit evaluation

The School Based Health Promotion Model

The School-Based Health Promotion model is founded on two notions: (1) students will voluntarily choose to participate and complete program activities, and (2) behavioral outcomes found in successful worksite programs will also occur in schoolsite interventions. The SBHPM is based on voluntary participation with students electing to become involved in various health promotion activities. The voluntary nature of such a program would put the onus on the administrator of the health promotion program to insure that the program meets the needs and interests of students.

The nature and scope of Comprehensive School Health Education programs is established by teachers, parents, local administrators, or state agencies. In the SBHPM, the needs and interests of the consumer (students) would set the agenda. (It should be noted that state mandated health instruction would continue and serve as a social marketing effort.) (See discussion below.) Pre-assessment of student needs allows for participant ownership in the program and would serve to enhance student involvement. In addition, student needs assessments provide direction and emphasis for program activities and the foundation upon which post participation evaluations can be measured to determine program success and efficacy.

For many school districts, state and district guidelines mandate the scope and sequence of an instructional program. In the school based health promotion model, each school district would determine their program by student need and would be subject to modification on a regular basis. In essence, while it is a laborious process to modify a statewide health education instructional mandate, in this model program, change at the local school district level would be encouraged and mandated.

In order to achieve the desired benefits from implementation of a school-based worksite health promotion program, a meaningful intervention program should be designed and implemented. Ideally, a school-based health promotion program would include social marketing, education and program activities, and environmental/corporate cultural support.

Social Marketing

Social marketing is the marketing of ideas. Social marketing includes design, implementation, and control of programs seeking to increase the acceptability of a social idea or practice in a target audience. In the context of the public schools, social marketing activities contained within the SBHPM would include activities designed to provide students with health information and to change attitudes in regard to the acceptability of a health behavior or concept. In a public school setting, social marketing activities would include, but not be limited to:

(1) Health education instructional courses required by state mandate

(2) Health newsletter

(3) Pamphlets, brochures, fact sheets

(4) Video spots on closed circuit TV

(5) Bulletin boards, posters

(6) Existing community-based health screening, health fairs, and related activities.

It is important to note that in this paradigm the traditional health education class would support the interventions included within the school-based health promotion model. For example, information disseminated in a mandated health education class on stress would provide background information that may encourage students to participate in targeted stress management program offered in the school-based health promotion model.

Program and Educational Activities

Program and educational activities refer to structured interventions designed to maintain and improve health or decrease health risks. These interventions can take a variety of forms: screening activities (BMI, blood pressure, percent body fat), incentive programs (safety belt use, healthy weight loss, fitness competition), and educational programs targeted at specific health risk behaviors (physical fitness to reduce percent body fat, weight reduction through diet management, medical self-care procedures). Again, it should be noted that these program and educational activities should be based on the needs and interests of the target population. The SBHPM requires that specific programs be developed for segments of the target audience. For ex-ample, physical activity programs would vary based on the desired benefits of the target audience. The programs for students who want to engage in various forms of physical activity for social reasons would differ from those designed for students seeking competition.

Environmental/Cultural Factors

Environmental and cultural factors refer to a composite of all factors which influence the school-based health promotion programs. The key component is the development of an expanded "healthy school" environment. The school environment and culture are shaped by policies, procedures, and attitudes, both written and

unwritten, that are established at the building and district level. Development of an environment of this type is clearly tied to:

* Study/learning conditions (class size, lighting);

* Opportunities for student participation in decision making and problem solving situations;

* Student/Teacher/Administrator/ Parent relations;

* Opportunities for students to succeed in health promotion activities of their choice; and,

* Well-managed change with appropriate opportunities for feedback. In essence, a student-based health promotion program would influence and be influenced by the school environment. These factors cannot be isolated from the success or failure of the program.

Summary

The purpose of this article was to outline a different approach to improving the health of school age children. The basic premise of the School Based Health Pro-motion Model is that a program designed to meet the problems, needs, and interests of the target audience and one that includes social marketing, program and educational activities, and environmental/cultural support would be an effective way to enhance the health of students and improve educational outcomes. This notion is similar to procedures and outcomes proposed for worksite health promotion programs. We believe that if this model were used in public schools, it would enhance the feeling of local ownership and reduce the level of controversy that often surrounds school health education. Clearly, a carefully constructed ongoing assessment process which includes input from students, teachers, staff, and parents should ameliorate much of the controversy that surrounds some school health programs. In addition, this model would strive for goals that are perceived as a common good by most people; improved attendance, improved grades, and enhanced health behaviors. We hope that this Personal Perspective initiates a dialogue that will advance the notion of implementing the worksite health promotion model in schools.