

Health promotion and education in Portuguese schools: Links between the health and the education sectors

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Abstract

The purpose of the study is to analyse the links between the health and the education sectors in legal documents and in field practices, *i.e.* to compare the theory with the practice of implementing health promotion and education programmes in schools. In a first phase, a document analysis study on the organization of health services and education services regarding, respectively, the "School Health" and "Health Education" national programmes and guidelines was carried out in order to understand the contributions of both sectors to the health promotion and education in schools. A second phase will be carried out in the field by assessing the implementation processes of health promotion and education programmes in schools. The preliminary analysis of key documents showed that the partnership between Health and Education sectors exists formally since 1994, when Portugal joined the European Network of Health Promoting Schools (ENHPS). Later, in 2006, both Ministries of Health and Education signed a common protocol for the development of health promotion and education activities. The commitments assumed by both sectors aim at promoting active participation and interdisciplinary team of health and education professionals in order to build a common and structured health promotion and education programme with the contribution of different areas of knowledge (health and education). Both Ministries have developed measures and undergone structural changes that allow a deeper and more systematic cooperation between health and education sectors. Taking into account the documents produced by the Ministries of Health and Education, it can be concluded that the foundations for a successful interaction between these two sectors have been successfully set up. Future work in the field, by assessing the implementation processes of health promotion and education programmes in schools will demonstrate how the practices incorporate the theory.

Keywords: Health, Education, Promotion, Schools, Ministries

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Introduction

All Portuguese primary and secondary schools are currently considered "Health Promoting Schools" (HPS) since they are supposed to implement a structured and systematic plan for improving students', teachers' and other staff's health (SHE, 2013). The basic principles of the HPS are equity, sustainability, democratic participation, inclusive education and empowerment of the entire educational community towards health and well-being, which makes both health and education sectors sharing common goals (IUHPE, 2009).

The purpose of the general study is to analyse the links between the health and education sectors in legal documents and in field practices, i.e., compare the theory with the practice of implementing health promotion and education programmes in schools. Thus, in a first phase, a document analysis study on the organization of health services and education services regarding, respectively, the "School Health" and "Health Education" national programmes and guidelines was carried out, in order to understand the contributions of both sectors to the health promotion and health education in schools. A second phase will be carried out in the field by assessing the implementation processes of health promotion and education programmes in schools. The results of the first phase of the project are presented here and it concerns the analysis of legal documents published by both Ministries of Health and Education on the implementation of Health Promoting Schools.

Methodology

Initially, relevant documents available in the Ministries of Health and Education websites were identified. Then, content analysis of those selected documents was carried out, being the main targets the structure of health and education local services and data on the interactions between them.

The main aim was to fully understand the relationship between the regulations of both health and education local services in order to find out consistent as well as inconsistent aspects.

Results and discussion

The Health Promoting School (HPS) as fostering the partnership between the Ministry of Health and the Ministry of Education.

Taking into account the principles of EPS (equity, sustainability, participatory democracy, inclusive education and empowerment of the entire educational community to the health and well-being), health and education share common objectives that must guide the intervention of school health.

According to WHO (2013), a HPS:

- i.** Fosters health and learning with all resources at its disposal;
- ii.** Involves the sectors of health and education: teachers, students, staff, parents, health professionals and community leaders in an effort to make school a healthy place;
- iii.** Provides a safe and healthy environment and, in partnership with health services and the school community, it creates opportunities of mental health promotion, social support, advice, healthy eating and physical activity;
- iv.** Implements policies and practices which respect the welfare and dignity of the individual, providing multiple opportunities for success, recognizing the efforts as well as the personal achievements;
- v.** Strives to improve the health of students, the school team, families and community members and works with local authorities to help them understand how the community can contribute to the improvement of health and education.

Thus, a HPS encourages, through its nature, a partnership between the Health and Education sectors in order to help children and teenagers learn how to be healthy. With a wider and broader view of the student and the community, school develops practices and policies that meet the real needs of children and young people through the participation of different professionals from both sectors.

Health/ Education Partnership Framework

The partnership between health and education sectors formally exists since 1994, with Portugal adhesion to European Network of HPS (ENHPS) (Loureiro, 1999; Faria & Carvalho, 2004; Carvalho 2012). In 1998, under Order n° 271 of 23 March, schools along with health centres have taken additional responsibilities on the promotion of health within the school community. Two years after, in 2000, a new joint structure was published (*Despacho Conjunto n° 734/2000*, 2000), in which both formalized the mutual commitment to encourage a sustainable process of the enlargement of the national network of Health Promoting Schools and reaffirmed the commitment previously assumed. In all documents commitments are made by both in order to foster and stimulate the promotion and health education in schools.

Structural changes and measures adopted by Ministries of Health and Education aiming at the promotion and health education

In 2001, by Decree-Law No. 210/2001 of 28 July School Health becomes under the Ministry of Health, moving all the health professionals involved from the Ministry of Education to the Ministry of Health. The Ministry of Education, in 2004, by Decree-Law No.74/2004 of 23 March which "*establishes the guiding principles of the organization and curriculum management and*

learning assessment in secondary education", in Article 8 – School Health Promotion, states that:

"I – Taking into account the promotion of the academic success of students of secondary level courses of education, are held at school:

(...)

*c) Actions aimed at supporting growth and personal and social development of students as well as **the promotion of health and risk behaviours prevention.***

With the second Amendment to the "Basic Law of the Educational System" (Law 49/2005 of 30 August) "Instilling hygiene and defence of personal and collective health" is approved as one of the objectives for the pre-school.

In Chapter VII - Development and Evaluation of the Educational System, Article 50 - Curriculum Development, in paragraph 2:

"The curriculum of basic education will include in every cycle and in an adequate way an area of personal and social education, which can have as components ecological education, consumer education, family education, sexual education, prevention of accidents, health education, education for participation in institutions, civic services and others of the same level. "

In 2005 the Order No. 25,995 / 2005 of 16 December was published and determined that schools had to include in their educational project the health education subject. On February the 7th, in 2006, the two ministries, Health and Education, signed a protocol aimed at the development of activities in order to promote health education in schools. In this Protocol, the Ministry of Education took over as commitments:

a) Study, reorganization and revitalization of the curricula of pre-school, primary and secondary education, in the perspective of curriculum development of health education in school projects and class.

b) Awareness of the regional offices and the senior management of schools/ groupings for the inclusion of health promotion in the Educational Projects;

c) Adoption of policies and practices in schools consistent with the Health Promotion particularly in mental health issues, interpersonal relationships, food education, sexual education, prevention of the use of licit and / or illicit substances, prevention of HIV / AIDS and other STIs, the security level of facilities and equipment and physical activity;

d) Addressing health promotion in the form of project subject to evaluation in non-subject areas;

e) Designation by the boarding school members of a team, coordinated by a teacher responsible for the promotion and health education, in articulation with the other school health structures and the rest of the community;

f) Maximization in school groupings of the Specialized Educational Support Services,

integrating Health Promotion technical support for students;

g) Creation, in secondary schools, of a Students Support Office in the context of sexual education;

h) Implementation in primary and secondary schools of a sexual education program.

The Ministry of Health took over the promotion of the National School Health Program implementation in health services through the following:

a) Awareness of regional health administrations for the implementation of the national school health program;

b) Awareness of local health structures for the inclusion of health promotion in schools in their plans of activities and the establishment of enough school health teams to respond to the schools of their area and the designation of a person responsible for this area, who coordinates and articulates with the school structures and the rest of the community;

c) Promotion of global health examinations to 6 years and 13 years for detection of health problems that may require the support of school inclusion to students with special health needs;

d) Compliance with national vaccination and school avoidance legislation program;

e) Promotion of the assessment of safety and hygiene conditions and health education in schools;

f) Strengthening of the promotion of protective factors related to lifestyles, within the educational community, in the priority areas of health, such as mental health, oral health, healthy eating habits, physical activity, environment and health, safety, sexual and reproductive health, licit and illicit substances, communicable diseases and violence in schools taking into account the guidelines of the priority programs in the National Health Plan.

Both ministries assumed the implementation of partnership models through the:

a) Creation of partnership supporting structures at national, regional and local levels;

b) Joint assessment of the implementation of health promoting school dimensions;

c) Development of a national strategy for the implementation of the Health Promoting Schools principles taking into account the contribution of the education system, the health system and the community;

d) Definition of suitable intervention models for a functional share of responsibilities that enhances the maximization of the available resources in the Ministries of Education and Health, which mobilizes the bodies they have protected and other community partners.

In this way the partnership between these two sectors has, once again, been officially assumed so that an effective promotion and health education could be implemented in schools, based on an interdisciplinary work between professionals of both sectors.

After the agreement formalization there were several structural changes, particularly in the Ministry of Health, which influenced the relationship between these two sectors, with regard to the promotion and health education.

With the creation of health centre groupings (HCGs) and their functional units, through Decree-

Law No. 28/2008 of 22 February, a fundamental change in the health sector has occurred, particularly in primary health care, regarding the promotion and health education in school. In figure 1, the organization of health centre groupings is explained schematically.



Figure 1 - Functional Units of HCGs

The FHUs and the PHCUs are Functional Units whose mission is *"the provision of personalized health care to the population registered in a given geographical area, ensuring accessibility and their quality and continuity"* (Decree-Law No. 298/2007 and Decree-Law No. 28/2008, p.1184).

The CCUs' mission is to provide *"health care and psychological and social support at home and to the community, especially to people, families and vulnerable groups in situations of higher risk or physical and functional dependence or illness that requires close monitoring and also act in health education, in family support by networks of integration and implementation of intervention mobile units"* (Decree-Law No. 298/2007 and Decree-Law No. 28/2008, p.1184).

On the other hand, the PHUs are functional units whose aim is to work *"as health observatory of the area in which the health centre grouping operates, being responsible for developing information and plans in the fields of public health, carrying out epidemiological surveillance, managing intervention programs in the prevention, promotion and protection of the general population or specific groups health and collaborate, in accordance with the respective legislation, in the exercise of health authority functions"* (Decree-Law No. 28/2008, p.1184).

With this reorganization the PHU becomes responsible for the monitoring and evaluation, and the CCU for its implementation.

The CCU is a multidisciplinary team of nurses, social workers, doctors, psychologists, nutritionists, physical therapists, speech therapists and other professionals depending on the needs and availability of resources (Decree Law 28/2008), which ensures its activities through a portfolio of services. The CCUs' activities should include, among others, *"interventions in programs within the protection and promotion of health and prevention of disease in the community, such as the National*

Program of School Health" (Order No. 10143/2009 of 16 April, Article 9, paragraph 4, b, p.15440).

The creation of CCUs fostered the promotion and health education in schools, due to the creation of units whose main activities are health promotion and the implementation of the National School Health Program (NSHP) and also to the allocation of health professionals to perform this activity.

One of the important milestones in the Promotion and Health Education occurred with the publication by the Assembly of the Republic of Law No. 60/2009 establishing the enforcement regime of sexual education in schools and by Executive Order No. 196-A / 2010 of 9 April making the cited regulatory law and defining the respective appropriate curriculum guidelines for the different levels of education.

This law established the implementation of sexual education in primary and secondary schools, as well as defined, among others, the workload for the different cycles. Thus, *"the hours devoted to sexual education should be adapted to each level of education and every class and should not be less than six hours for the 1st and 2nd cycles of basic education, not less than twelve hours to the 3rd cycle of basic and secondary education, evenly distributed through the various periods of the school year"* (Law No. 60/2008, p.5097).

The partnership between health and education was further strengthened since "... the health education and sexual education should be monitored by the health professionals of health units and local community" (Law No. 60 / 2008, p.5098).

Programs developed by the ministries of health and of education for health promotion and health education in schools

In August 2015 the National School Health Program (NSHP) is approved by Order of the General Directorate Health (DGS 2015b) of the Ministry of Health with the purpose of contributing

to better health, more education, more equity and greater participation and accountability for all with the children and young people's well-being and quality.

In the academic year 2014/2015 the General Directorate of Education of the Ministry of Education developed the Health Education and health Promotion Support Program (HEHPSP), in order to help schools, incorporate the concept of HPS (DGE, 2014). Its aims are the following:

- i. Encouraging schools to improve health literacy
- ii. Promoting attitudes and values that support healthy behaviours
- iii. Valuing behaviours of healthy lifestyles

- iv. Creating environmental conditions for a health promotion school.

These programs have well-defined specific areas of intervention. The complementarity of these two programs based on the intervention areas is evident. They are similar in their entirety, complementing each other. However, NSHP sets out three areas that are not mirrored in HEHPSP: body hygiene and oral health; sleeping habits and resting; and postural education. Furthermore, some areas are considered as priorities in the NSHP. Table 1 shows the comparison between both health and education sector programmes.

Ministry of Health NSHP	Ministry of Education HEHPSP
<ul style="list-style-type: none"> • Mental health and socio-emotional skills; • Education for the affections and sexuality; • Healthy eating habits and physical activity; • Body hygiene and oral health; • Sleeping habits and resting; • Postural education; • Smoking, alcohol and other psychoactive substances, as well as addictive behaviour without substances prevention. 	<ul style="list-style-type: none"> • Mental health and violence prevention; • Nutrition education and physical activity; • Additives and behaviour dependencies prevention; • Affections and responsible sexuality education.

Table 1 – Intervention areas of national Health and Education Programmes

As to the objectives, the NSHP is more ambitious than HEHPSP as the former objectives are wider, ranging from the school environment to the educational community in order to increase health literacy, promote health and prevent disease and it

still incorporates research and professional skills through the creation of partnerships. The HEHPSP focuses mainly on the implementation of health education in schools. Table 2 shows the objectives of both programmes.

Ministry of Health NSHP	Ministry of Education HEHPSP
<ul style="list-style-type: none"> • Promoting healthy lifestyles and raising the educational community health literacy level ; • Contributing to improve the quality of the school environment and to minimize the risks to health; • Promoting health, preventing disease in the educational community and reducing the impact of health problems on the students school performance; • Establishing partnerships for professional training, research and innovation in promotion and health education in schools. 	<ul style="list-style-type: none"> • Universalizing access to health education in schools; • Qualifying the health education offer in schools; • Consolidating support for projects in schools;

Table 2 – Objectives of national Health and Education Programmes

The NSHP implementation uses the methodology of project, as recommended by the manual proposed by the School for Health in Europe, which serves as a guide for the building of health education projects in schools. This methodology consists of different stages: identification of needs,

priority setting, development of actions and evaluation process (DGS, 2015a), It is applied from pre-school (3 years old children) up to secondary education (17 years old students) and must be implemented by health professionals, education and other partners.

Final Considerations

Taking together the documents produced by the Ministries of Health and Education, it can be concluded that the foundations for a successful interaction between both sectors have been successfully set up. Both Ministries have developed measures and undergone structural changes that allow a deeper and more systematic cooperation between health and education sectors.

Based on the deep understanding of government policies, a study in the field is now being carried out in order to analyse how health promotion and education activities take place effectively in the schools of Braga Municipality and to learn about meeting points and impairments regarding the links between the health and education sectors in comparison with the assumption in the ministerial official guidelines. The ultimate goal is to find the best conditions of coordination between the two sectors so that children and young people are more likely to develop their health skills, in a more effective way.

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