

Full Length Research Paper

Health promotion education politics and schooling: The Greek case

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This paper seeks to explore the politics of health promotion as a continual process of public health globally and locally. Our main objective in this study is to present the health promotion education initiatives taken by the World Health Organization (WHO) at an international level and also to examine the politics of health promotion in Greece, putting emphasis on the school system. In this approach, the possible influences of the WHO's politics are going to be sought. Available data point out that several efforts have been done over the last three decades by international organizations and national governments, including Greece, to establish the appropriate policies for the achievement of better health conditions. These initiatives have resulted to the significant improvement of the quality of health promotion provided in Europe. However, systematic health promotion programs and policies are still required to further improve the current situation of health education promotion in the European countries. On the other hand, health promotion and health school education policies in Greek schools are still being implemented in the extracurricular activities. The fundamental conditions for health promotion are thus constantly expected to include socioeconomic and environmental factors that can influence the level of health and quality of life. Investing on health should increasingly be seen by the European countries, including Greece, as a target towards the socio-economic development, the improvement of the environment and, finally, the upgrading of peoples' quality of life.

Key words: Health promotion politics, education, school, WHO, Greece.

INTRODUCTION

Hippocrates, the Greek ancient physician and father of medicine, is considered to be the first person who constantly argued that disease is neither a superstition nor a punishment inflicted by the gods, but it is rather caused naturally as a result of environmental factors, diet, and living habits. To support his view and establish medicine as a distinct profession and discipline independent of other fields, such as theurgy and philosophy, he expressed the famous dictum: "a healthy mind in a healthy body" (Jacques, 1999; Grammaticos and Diamantis, 2008).

The aforementioned idea obviates that, thousands years ago, health was perceived as one of the most valuable benefits, which individuals were called to protect by all means. However, the fundamental conditions for health have been evolved through time to include several health prerequisites. Nowadays, good health is a major resource for social, economic and personal development, thus being able to significantly influence the level of an individual's quality of life (QOL).

Health promotion is the process of enabling individuals to increase control over their health and improve it. Its actions aim at reducing differences in current health status and at ensuring equal opportunities for all people in order to achieve their highest health potential (Mechanic, 1999). As such, the advocacy for health through health promotion should not be just the responsibility

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of the health sector. It should go beyond healthy life styles in order to achieve a good health and well-being for everyone through coordinated actions conducted by governments, social and economic sectors, voluntary organizations, local authorities, industry and media (WHO, 1995).

Furthermore, health promotion through education is often addressed to students to ensure the development of healthy attitudes, skills and practices so as to maintain the health of young people (McCall et al., 2005). In this regard, several significant efforts have been made by international organizations and national governments, the Greek state included, to establish the appropriate health promotion education policies for the achievement of a better health.

We herein examine the politics of health promotion as a continual process of public health globally and locally. Our main objective is to present the health promotion education initiatives taken by the World Health Organization (WHO) at an international level and also to examine the politics of health promotion in Greece, putting emphasis on the school system. In this approach, the possible influences of the WHO's politics are going to be sought.

CONCEPTUAL FRAMEWORK OF HEALTH PROMOTION

In 1977, the world set for itself the visionary goal of "Health for All" (HFA), which was formally put forth in the 1978 WHO-UNICEF Alma-Ata declaration. The Alma-Ata declaration emerged as a major milestone of the 20th century in the field of public health, thoroughly emphasizing the need for broad intersectoral collaboration towards the protection and promotion of health of all people over the world (Hall and Taylor, 2003). During that conference, health was defined as a state of complete physical, mental and social wellbeing, and not merely the absence of a disease or infirmity. Furthermore, health was prominently affirmed as a fundamental human right. It was also pointed out that primary health care (PHC) was the way to attain the goal of HFA, namely to maintain a level of health to permit people to lead a socially and economically productive life (Banerji, 2003).

The spirit of the Alma-Ata declaration was carried forward in 1986 during the first international conference on health promotion, widely known as the Ottawa Charter for health promotion. The Ottawa Charter was produced by the WHO in the face of ever increasing health costs to opt for an alternative approach to health delivery (WHO, 1986). It was then defined that an improvement in health requires a secure foundation in the following three basic prerequisites (Carlisle, 2000):

(i) To advocate health as a resource for social and

developmental means. WHO defined advocacy for health as the "combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme" (WHO, 1995).

(ii) To enable health equity so as individuals can be able to reach the highest attainable QOL.

(iii) To mediate that the success of health promotion is dependent upon the collaboration between health sector and other governmental sectors and independent organizations, such as media and industry.

Finally, delegates declared that specific priority policies are needed to improve public health of individuals and societies around the world, that is, to create supportive environments, to strengthen community action, to develop personal skills, and to reorient health services (Hall and Taylor, 2003; Breton and de Leeuw, 2011).

The outcome of the declaration of Ottawa Charter on health promotion has significantly developed during future similar conferences. The first update occurred in 1988 with the Adelaide conference on public health policies (WHO, 1988); follow by the Sundsvall conference on supportive environments for health in 1991 (WHO, 1991), the Jakarta declaration on leading health promotion into the 21st century, held in 1997 (WHO, 1997), and the Bangkok 2005 Charter for health promotion in a globalised world (WHO, 2005). Overall, in these conferences, it was highlighted that health promotion is placed among WHO's main commitments, because it represents one of the most viable processes to ensure equitable health development and to prevent a number of mental or physical diseases (Scriven and Speller, 2007).

However, some research studies on public health promotion have emerged the drawbacks in progressing from a statement of intention to the implementation of public health policies. The fact that the rules established for the purposes of this implementation are not sufficiently constraining for those responsible of enforcing the law might be mostly responsible for this difficulty (Wait and Nolte, 2006).

The Advocacy Coalition Framework (ACF), generated by Sabatier, intended to influence the decision process affecting public health policies. According to Sabatier, an advocacy coalition consists of actors from various sectors of society, such as agriculture, market, state and civil state institutions, who share a set of common policy goals, causal models and other perceptions. The main goal of actors is to manipulate the rules, budgets and personnel of institutions in order to influence policy formulation and implementation within a given policy area over a period of more than a decade (Sabatier and Jenkins-Smith, 1999). A policy broker, having duties to compromise coalition members in case of conflicts, plays a significant role in the political theory of ACF. The ACF is mainly based on five principal assumptions relative to

the following aspects:

- (i) The role of technical information.
- (ii) A period of at least 10 years is required for an improved comprehension of a policy change.
- (iii) The policy subsystem in a given sector is the basic unit of analysis.
- (iv) The variety of actors, making up the subsystem can be either governmental or private.
- (v) The belief system of priorities and perceptions that are formed from a common belief with the intention to advocate their cause (advocacy coalitions).

Overall, ACF is a political model that provides theoretical insights on the role of knowledge, values or beliefs in the formulation and adoption of public policies. Nevertheless, further studies are needed to foster the adaptation of its elements to fit the characteristics of public health policy in the modern era.

PROMOTING HEALTH THROUGH SCHOOL EDUCATION

It is currently acknowledged that schools can significantly promote health and well-being of young people, whereas every child has the right to education, health and safety (WHO Europe, 2009). In September 1995, WHO organized an experts committee on comprehensive school health education and promotion to encourage educational and other institutions and organizations to improve school health. Through this global school health initiative, WHO sought to support health promotion and education activities around the world and to increase the number of health-promoting schools, mainly those constantly fostering health and learning (WHO Europe, 2009). The United Nations' (UN) convention on the rights of a child, the Council of Europe's European convention on the exercise of children's rights, and the Schools for Health in Europe (SHE) network have recently established the view that every child has the right to be educated in a health promoting school (SHE, 2008).

The objectives of health-promoting schools (HPS) are concerned with caring for itself and others, taking healthy decisions, creating conducive conditions to health, preventing leading causes of death, disease and infirmity and developing health-related beliefs, skills and attitudes. HPS should also implement a structured and systematic plan for the health, well-being and development of the social capital (Kolbe, 2005). Guidelines to promote health education have to date been released by the International Union for Health Promotion and Education (IUHPE), on the basis that integrated and strategic school programmes are more likely to produce better health and education outcomes than those which are mainly information-based in the classroom. Moreover, HPS should be able to enhance educational outcomes and to

provide health knowledge and skills in the cognitive, social and behavioral domains (IUHPE, 2008).

Nevertheless, the link between education and health was robustly established in 2007, in a meeting organized under the auspices of WHO and with the participation of other international organizations, such as UN, UNICEF, the World Bank, and other experts from all over the world. The delegates declared that the investment in the quality of education and the increased participation of children and young people in school education represent effective approaches and strategies that can be adopted by schools to promote health, education and development (Tang et al., 2009).

Current research has shown that a health education approach, focusing on healthy eating and on mental health promotion, is the most effective way to influence the overall health attitudes and well-being of the whole school community, including students, teaching and non-teaching staff (Stewart-Brown, 2006). Additionally, health education in schools facilitates the development of health-related knowledge and the improvement of health, whereas it encourages students to reduce health-related risk attitudes. However, available data have pointed out that several health inequalities exist across Europe, particularly in the areas of eating, exercise, alcohol use, mental and sexual health (WHO Europe, 2008).

The existence of significant inequalities in the school system was also recently supported by the international report for Health Behavior in School Children (HBSC) (WHO Europe, 2008). This report presented data on the characteristics of health among young people in several industrialized countries of Europe and North America, whereas a status report on health attitudes and the social context of young people's health during 2005-2006 was additionally released. Furthermore, considerable differences amongst countries were evident in this report with boys and those children coming from low income families to be overweight and obese, particularly in North America and Western Europe. Poverty, discrimination, youth unemployment, job insecurity and housing problems have been proposed to be the major factors holding responsibility for the presence of inequalities. Promoting health through adequate education in schools appears to be the most effective strategy to change these inequalities across countries and nations with an obvious positive impact on the health and well-being of children and young people (WHO Europe, 2008).

In Europe, several actions have been launched towards the solution of issues relating to children's deficiency of good health and well-being. These actions are mainly represented from the European Union's "Council Resolution on the health and well-being of children" (European Union, 2008; European Parliament Resolution C319 of 20 November, 2008) and a Council's of Europe project called "Building a Europe for and with children" (Council of Europe, 2009).

In any case, current trends in Europe dictate that

schools should be regarded as important settings for promoting a healthy lifestyle (WHO Europe, 2009). As such, school health policies should include a clear set of objectives depending on the national level as well as on the individualized health conditions of each country. Therefore, the Ministries of Health and Education in collaboration with the financial sector, youth organizations and media are expected to put together the national plan for developing school health programmes (Barnekow, 2006).

Finally, taking into account the cultural diversities on health attitudes among European and other countries around the world, a successful networking for exchange of ideas and sharing the experiences about school health promotion is also warranted for the implementation of effective, innovative and possibly aligned health promotion politics worldwide (Buijs, 2009).

HEALTH PROMOTION AND HEALTH EDUCATION POLITICS IN GREECE

Health promotion politics

The National Health Care system was established in Greece in 1983 by the Law 1397/1983. This system was originally created to provide free health care for Greek citizens and for people coming from EU and non-EU countries through both the health care branches of the various social insurance funds and the National Health System (NHS). Within the NHS context, Primary Health Care (PHC) services in rural areas are provided through rural health centres, whereas in urban areas are offered at the outpatient departments of regional and district hospitals, the day clinics of the social insurance organizations and by the general practitioners. Secondary care is provided at public prefectural hospitals and clinics or at hospitals funded by social insurance agencies, whereas tertiary health care is provided at University hospitals staffed by specialized medical and paramedical personnel (Tountas et al., 2002; Mariolis et al., 2008). The levels of health care in Greece are presented in Figure 1.

The content of the founding Law of NHS, in 1983 and that of subsequent laws that followed later on, that is, in 1992 (Law 2071/1992), in 1994 (Law 2194/1994), in 1997 (Law 2519/1997) and in 2001 (Law 2889/2001), described health promotion as an activity of PHC that should remain solely focused on the prevention of illness. On a national basis, the public PHC services are nowadays provided through the PHC centres, the outpatients units of public hospitals, and through 350 primary care units that belong to the largest social insurance fund in Greece, called Institute of Social Services-IKA with over five million beneficiaries (Tountas et al., 2002).

Nevertheless, there is currently little relevant research

on the topic and innovative health promotion politics are still pending. Several reasons, such as the restricted financial resources, the limited authority support, and the short-term programmes for the implementation of health promotion, may account for this gap in the health promotion politics in Greece. However, the most important reason is related to the fact that the Greek government, regardless the political party in power, does not really promote integrated PHC policies. Integration in contemporary primary health care is defined as the actual provision of services one needs at the time they are needed and its contribution in promoting health and preventing diseases is considered significant (Thomas and While, 2007). A large project on public health, known as the Primary Health Care and Nutrition Program was initiated in Crete Island, but it was early terminated due to restricted governmental and legislative support (Lionis et al., 2004).

As such, most health promotion activities are conducted within the framework of general public health services (Presidential Decree-95/2000) and concern the Ministry of Health and Welfare. In 2001, according to the Law 2889/2001, 17 health regions were created in Greece for the operation of public health and welfare services. In each region, the departments of public hygiene, protection and health promotion, in collaboration with the regional health services, have to provide public health activities and develop actions, such as the prevention of physical and mental diseases through the promotion of healthy behaviors. All policies, which are concerned with public health, epidemiology and disease prevention, are centrally formed by the Ministry of Health and Welfare and are implemented by the relevant services on a regional and prefecture level. Here, it is worth mentioning that the Greek administration system is traditionally centralized; although some attempts for decentralization took place in the mid 1980s (by Law 1566/1985), it constantly retains its centralized features.

The Hellenic Center for Disease Control and Prevention (HCDCP/KEELPNO) was established in 1992 (Law 2071/1992) and among its main objectives was to promote public health through implementation of public briefing relating to the prevention of diseases, mostly infectious diseases, such as HIV/AIDS. Today HCDCP has a wide range of activities, including support for immigrants, refugees and other minority groups, prevention and control of viral hepatitis, hospital infection (infection as a result of treatment in a hospital or a healthcare service unit), and development of research and control measures, travel medicine consultation and issuing of guidelines. It is also responsible for the public health and the epidemiological surveillance in Greece. These activities are carried out by the Department of Surveillance and Intervention. HCDCP is directly supervised by the Ministry of Health and Welfare, and its funds are being fully derived from public resources.

In addition, there are three national networks related to

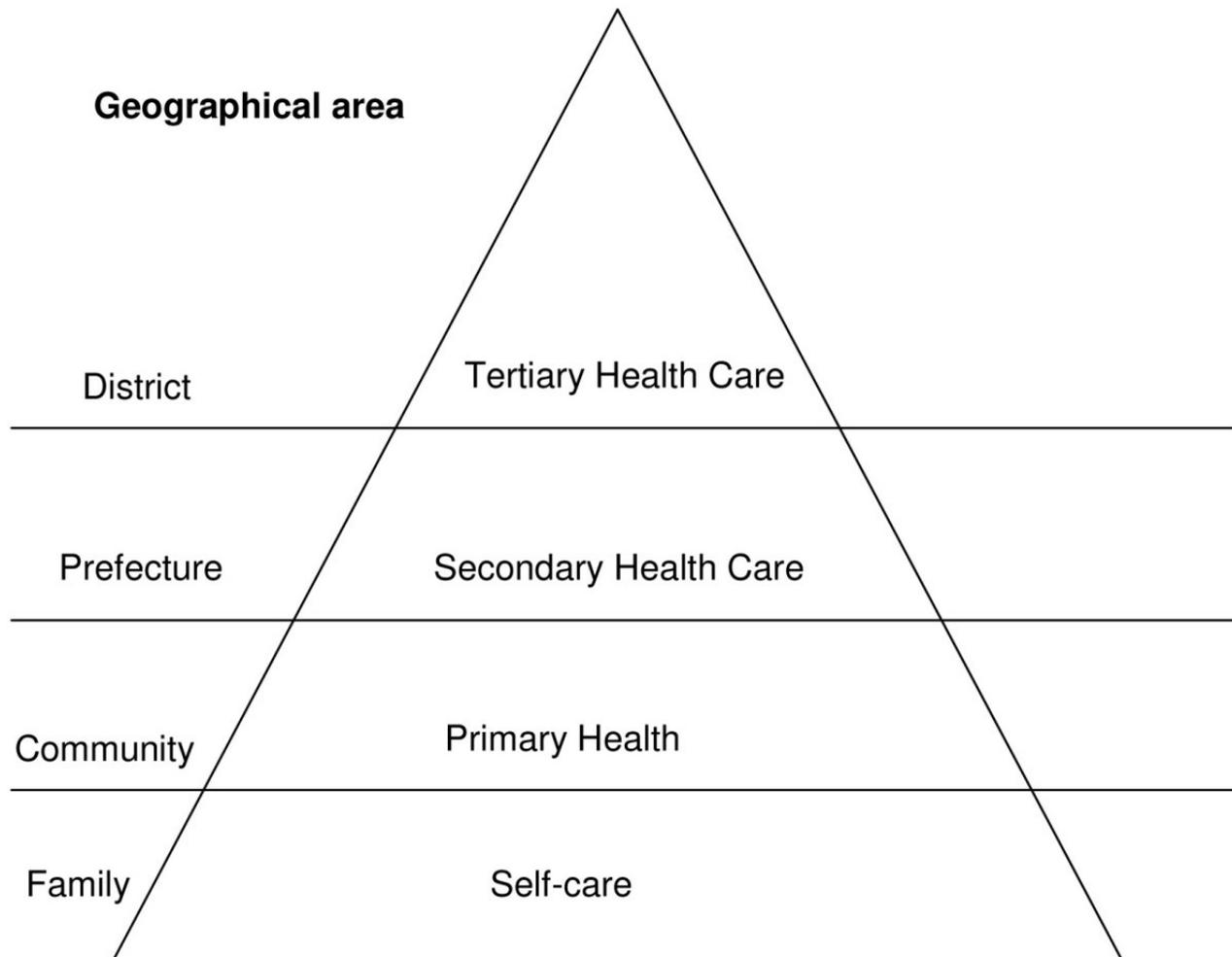


Figure 1. Levels of health care in Greece.

health promotion initiatives in Greece, that is, the National Network of Health Promoting Hospitals (HPH), the National Network for Workplace Health Promotion and the National Network of Health Promoting Municipalities. The National Network of HPH, which is a member of the International Network of Health Promoting Hospitals (initiated by WHO Europe in 1993), aims at promoting the health of patients and employees, at improving the organizational environment in hospitals and at developing cooperation with local communities (Pelikan et al., 1998). The National Network for Workplace Health Promotion is supervised by the European Network for Workplace Health Promotion (ENWHP), and its main objective is to develop supportive substructures for workplace health promotion at a national level. The National Network of Health Promoting Municipalities aims at assisting each municipality to protect and improve the health of residents through the implementation of health promotion and education policies.

Health promotion activities are also practised in national academic faculties and organizations. The national governmental organization called "Friends of Adolescents-Centre for the prevention and Healthcare of Adolescents (KEPYE)", functions under the auspices of the University of Athens, and its main goal is to promote health by providing advice, diagnosis, preventative and curative treatment to adolescent girls in cases of pregnancy and abortion, contraception, sexually transmitted diseases and psychogenic eating disorders.

Regarding mental health, the concept of its promotion is derived from the 1999 policy framework entitled "Development and Modernisation of the Mental Health Services" (Karastergiou et al., 2005), which explicitly indicates that the state has the responsibility for the promotion of mental health and the prevention of mental disorders (Marshall, 1999). The last national plan for mental health was initiated in 2001 with the name "Psyhoargos", in association with other activities, such as the "Act on organization and operation of the Services for

Public Health” and the White Paper on the “Quality of Health Services and the National Health Information System”. These initiatives were created with the anticipation to significantly contribute to the promotion of mental health.

Overall, no systematic data on health promotion are officially available in Greece. Comparable data on health are primarily available from outside sources, such as that collected by the WHO, the World Bank and Eurostat. Several reasons, such as the central politics, the Greek language, and transcription differences, may account for this deficiency, thus hindering comparisons with relevant international data.

Health education

Since its establishment, the Centre for Health Services Research (CHSR), which acts under the authority of the Department of Hygiene, Epidemiology and Medical Statistics of Athens University, has been intensively involved in developing health education programs and providing services. CHSR actively provides training in health promotion and education in nutrition, smoking, cancer, cardiovascular diseases, etc. It functions in collaboration with national public health authorities and international institutions and organizations, that is: the Ministry of National Education and the network of European Master for Health Promotion.

Health education in schools

Research studies have pointed out that health education programmes in Greek schools should promote healthier lifestyles and prevent chronic and infectious diseases (Vardavas et al., 2009). Greece was one of the seven “pioneer” countries, who joined the European network for school health promotion in 1992. Since then, the Greek Ministry of Education established a school health education system, created a national coordinating centre and developed in each prefecture an office for health promotion education in schools. This office coordinates training programmes and school activities and calls teachers to become actively involved in health education with the purpose to support their mental and physical health and to develop healthy social behaviour towards their students.

Health promotion in schools is currently implemented in the extra-curriculum activities at the secondary education level. Post-compulsory secondary education (15-18 years of age) consists of two school types: Unified Upper Secondary Schools (UUSS) and the Technical Vocational Educational Schools (TEE). The duration of studies is three years. The main topics of the national health education policies for secondary education, as they have been defined by the Ministry of Education in 2002, include

the establishment of surveillance services for use of legal and illicit substances, e.g., drugs, alcohol, smoking, as also for nutritional habits, sexual health, dental hygiene, mental health, cancer, cardiovascular diseases, HIV, hepatitis, etc. On the other hand, five objectives, which are cited below, have been set by the Ministry of Education to be accomplished by the national health education system:

- (i) To promote the physical and mental health.
- (ii) To provide links between health, school education and society.
- (iii) To diminish the rates of young peoples’ disqualifications in the society and the labour market.
- (iv) To provide opportunities for students to decide about their intellectual, physical and emotional development.
- (v) To minimize the rates of students’ early dropping out from compulsory education.

Overall, one can argue that some health promotion education policies have been implemented in Greek schools during the last two decades, although further efforts are still being expected in order to reach the health promotion education status met in other European countries. To our opinion, the main reason for such a slow moving of the health promotion education politics in the Greek schools is that the relevant school health promotion subjects have not yet been included in the core curriculum.

CONCLUSION

Since the Ottawa Charter, several health promotion initiatives have been generated, thoroughly resulting to the significant improvement of the quality of health promotion provided in Europe. The experience gained over these years has showed that the health education promotion should be based on intersectoral working. However, there is evidence that the current organizational, legislative and institutional mechanisms in the majority of the EU member states are not conducive to intersectoral action for promotion politics, health education interventions and maintenance of health. Therefore structural innovation of systematic health promotion programmes and policies are demanded to further improve the health promotion education in the European countries.

On the other hand, the establishment of health promotion and health school education in Greece is still at its infancy, requiring further reconstruction of the current NHS, influential plans and organizational culture changes. Furthermore, to open new prospects, the design and development of new school curricula, which would contribute to the overall school improvement, is demanding. In addition, the adoption of new teaching and learning methods, the enhancement of teachers’ profes-

sionalism and the modernization of school management practices together with the reinforcement of parental intervention in the school work might also be regarded as significant factors for the fulfilment of the aforementioned aids. It is anticipated that the implementation of such a modern health policy-based model would further develop the quality of health promotion and education in our country. Health promotion through school education may finally prevent and diminish the prevalence rates of serious mental and physical illnesses in the Greek population, thus minimizing the direct healthcare costs.

In conclusion, sustained and rigorous efforts should be done for health promotion, whereas an ongoing evaluation process on the existing situation is necessary to provide evidence about the effectiveness and applicability of health promotion education policies. Overall, elaborated health programmes should increasingly be treated by European countries, including Greece, as an approach to optimize the health-promoting impact of relevant policies. The fundamental conditions for health promotion are thus constantly expected to include socioeconomic and environmental factors that can influence the level of health and the quality of life.

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