

Back-to-School Health Promotion

Abstract: *This review discusses school-based health promotion, including evidence-based perspectives on the school's feasibility as a venue for lifestyle risk reduction and disease prevention efforts. Future directions for inquiry and implications for empirically driven public policy initiatives are addressed.*

Keywords: school-based health promotion; lifestyle risk reduction; disease prevention

Health promotion has become a recurrent theme threading its way through school agendas transnationally.¹⁻¹¹ Intuitively, the concept of school-based health seems to shade seamlessly into the broader disease prevention landscape, considering schools' unequaled access to diverse youth (in proportions roughly comparable to population demographics) during some of life's most critical developmental periods (ie, early childhood to late adolescence). In addition to sheer access, schools wield considerable influence on students' emerging knowledge, skills, and values by virtue of the sustained immersion experience at schools' very core. Most campuses offer food (eg, breakfast, lunch, and/or snacks), material resources (eg, computer or sports equipment), and a panoply of other important social influences (eg, teachers, peers, media) that extend well beyond basic reading, writing, and arithmetic know-how.^{5,9,10,12-24} Indeed, in recognition of the potentially adverse impact of neglected health

concerns on student learning and achievement,^{5,12,13,18,25-28} health promotion has come to be construed as a natural part of the expanding spectrum of biopsychosocial wellness services increasingly available on campus (eg, ranging from innovative curriculum instruction to professionally staffed, school-based health care centers).^{4,12,13,16,18,27,29-32}

This relatively recent conceptualization of school as a health promotion venue has unleashed an explosion of social

Indeed, several decades' worth of accumulated data has accentuated the unforeseen complexities in pushing back the frontiers of school health promotion. Why has such an apparently good idea been so snarled in implementation difficulties?

In retrospect, efforts to dislodge the dissemination bottleneck have been hindered by a complex dynamic of interacting influences. Despite sufficient blame to go around, some of the

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policy initiatives to enhance student well-being. Although a complete discussion is beyond the scope of this review, an illustrative smattering of some recent school-based health projects has included cardiovascular risk reduction,¹⁴ early stroke identification,³³ hearing loss prevention,³⁴ mental health promotion,^{1,32,35-38} scoliosis screening,³⁹ weight control,^{3,17,20,22,29,40} physical activity enhancement,^{11,23,24,31,41-44} and tobacco abstinence,^{1,15,21,45} just to name a few. Unfortunately, over the years, all too many interventions have been short-lived, with some fading from view even before outcomes were fully assessed.

most commonly cited sticking points are (1) traditional school visions, missions, and mandates in a bleak resource environment; (2) divergent stakeholder perspectives; (3) gaps in effectiveness evidence; and (4) barriers to sustainability.

Visions, Missions, and Mandates

Schools' raison d'être has long been construed as essentially pedagogical, with a traditional focus on core academics such as reading, writing, and mathematics. In the current zeitgeist of accountability and

measured outcomes, this vision increasingly has been translated into an educational mission designed to boost standards in the service of improved student achievement outcomes, commonly in response to myriad top-down mandates (eg, the No Child Left Behind Act), many of which are unfunded.^{10,12,22,38} Accordingly, schools' limited resources necessarily are focused on supporting the educational mission at its most basic. Although some administrators may recognize health enhancement as a potential mediator of student achievement, health effects typically are too distal to fit within the contours of a no-frills budget already earmarked for other priorities.^{10,13,22,38} In such an austere environment, many administrators find health promotion out of reach without an infusion of additional resources (eg, grants, community partnerships).^{10,12,22,38}

Divergent Stakeholder Perspectives

Although, in principle, there is general consensus around the benefits of school-based health promotion, attempts to operationalize specific proposals have engendered controversy at virtually every turn. For instance, the selection of health promotion targets can become complicated when key stakeholders (eg, expert consultants, school staff, parents, students) view the task from different angles or use different "ways of knowing" for decision making.^{4-10,17,19,20,21,32,36,38} As an illustrative case in point, consider the dustup around obesity, with continuing debates on such basics as the extent and nature of the problem,^{46,47} the effects of modifying campus food environments,²² and the advisability of school-based body mass index (BMI) screening.²⁹ In addition, constituents may have difficulties agreeing on program goals when objectives are at odds with local values and other aspects of the social ecology, such as particulars of the school organizational climate and community context.^{4-10,17,19,20,21,32,36,38,48,49} Although multidisciplinary partnerships offer many advantages for school-based health, such alliances also require flexibility in negotiating diverse frames of reference rooted in divergent professional

socialization experiences, all of which may challenge stakeholder efforts to find common ground vis-à-vis primary goals, assessment methods, and other critical issues.^{11,15,28,30}

Gaps in Effectiveness Evidence

Very little is known empirically about the long-term impact of many school-based initiatives on specific student health outcomes. Critical aspects of some strategies have yet to be systematically evaluated. Research on others has yielded mixed results.^{10,14,17,18,22,23,35,38,39,44,45,50} In addition to basic questions about effectiveness, an evidence-based perspective on the scope and probability of unintended consequences has yet to emerge.⁴⁵ Without a firm empirical footing, wholesale dissemination of school-based programming cannot be championed as prudent social policy.^{14,17,22,35,44,45,50}

Sustainability Barriers

Despite strongly held beliefs that preventive health interventions eventually can bootstrap their way to self-sustainability, few school-based programs have realized the promise of this potential.^{12,15,32} As schools struggle under the weight of unfunded liabilities and tightening budgets, even successful health programs may find their resources reallocated to other priorities. As the Centers for Disease Control and Prevention (CDC)¹ has so aptly pointed out, "Schools by themselves cannot—and should not be expected to—solve the nation's most serious health and social problems."

Emerging Comprehensive Models

Consistent with the complex dynamic of biopsychosocial factors now known to mediate health processes and outcomes, comprehensive models extending beyond campus borders are gaining traction. In the United States, this sort of integrated approach is exemplified by the CDC's Coordinated School Health Program (CSHP)¹ that envisions schools as a first-step coordinating venue and galvanizing force

for health initiatives. The CSHP framework offers schools 8 interactive modules (ie, family/community involvement, health education, physical education, health services, nutrition services, psychological and social services, healthy school environment, and health promotion for staff) that can be used flexibly as a catalyst for ecologically sensitive programming tailored to local needs and objectives.^{1,2}

To be sure, comprehensive models for school-based health impress by the sheer audacity of their goals. Nevertheless, some cautions have been raised. For instance, as Wiefferink et al^{51(p144)} noted,

In recent years, various people have warned of the pressures imposed on schools and teachers by constantly changing learning-objectives and adding new ones. The introduction of social themes such as health education on top of those of multicultural education, environmental education, and so on means that the curriculum is in danger of becoming overfull.

In addition, the feasibility of fully implementing and evaluating broad-based plans with so many moving parts has yet to be conclusively demonstrated.^{8,9,25}

Future Directions

Momentum is building for multidisciplinary, biopsychosocial risk reduction strategies that tap multiple levels of influence (eg, individual, school, family, community) to inspire the initiation of salubrious habits and mobilize the cultures of connection in which healthy lifestyles are maintained. Piecemeal approaches have had their day and repeatedly have been found wanting. To fulfill health promotion's promise, future efforts must transcend campus boundaries, moving ever closer toward a holistic, ecologically informed model of public health.^{4,17,22,26,52-55} **AJLM**

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