BACKGROUND:
Health promotion is a modern concept for public health improvement applied in different fields of community life. According to the Ottawa charter Health promotion is a process of enabling people to improve their health. It identifies new priorities for health activities aimed at integrated approach to health, building personal and social responsibility and intersectoral cooperation for its formation and preservation [1]. The school is a common and natural environment to promote health. By the international network of Health promoting schools the school community acquires a main role to reach the potential of this concept [2, 3].

The various approaches exist to promote health in schools. Schools that use a traditional approach to health consider the concepts of health and education as separate and unrelated to each other. They focus on the wellbeing of students above all other members of the school community, teach health as a compulsory part of the curriculum and implement ‘one-off’ health related policies which have been developed by a few key people in the school. In comparison schools that use a health promoting school approach recognise and value the important and integral relationship between education and health. They take on responsibility to educate and enable all members of school community to adopt and advocate for health promoting activities. Their main task is to ensure that the physical and social environment consistently support what is being learned in the classroom. Partnership for health promotion is carried out by involving parents and community experts in health promotion activities at school, developing policies, role modelling etc. [4].

The concept of Health Promoting schools based on the holistic vision of health as a state of physical, mental and social well-being and emphasized on the positive as well as negative influences on health [5, 6].

According to the international literature a coordinated school health program (CSPH) model consist of eight interactive components. (Fig 1).

BACKGROUND:
Health promotion is a modern concept for public health improvement applied in different fields of community life. By the international network of Health promoting schools the school community acquires a main role to reach the potential of this concept.

The aim of this paper is to draw a parallel between the main principles of the concept and its actual fulfilment in Bulgarian school.

MATERIAL AND METHOD:
A comprehensive medico-social survey over representative sample of schools in Plevens district has been conducted. Data were collected by self-administered questionnaire among 78 school nurses, 30 health promotion experts, 279 teachers, 519 students, 374 parents; interview with school principals and documental review. Data analysis and interpretation were consistent with the concept of Health Promoting School.

RESULTS:
The study found safety school environment with strict control over its physical components. There is a necessity of better opportunities for sports and nutrition services in about of two thirds of schools. Over 90% of school staff and about two thirds of students report high level of stress which requires attention to the emotional and social well-being at school. A correlation between higher satisfaction of staff with their career and occupational settings and evaluation of school environment as safety has been established (p<0.005). School health education doesn’t correspond with information needs of students according to 80% of the respondents. Behavior risk factors are widely distributed among students (48.2% tobacco smoking; 36.6% physical inactivity) and start at early age. There is positive attitude for family-school partnership but there are some difficulties to fulfill it.

CONCLUSION:
The study results like the international experience show both success and difficulties to put this concept into practice.

Keywords: behavior risk factors, health education, health promotion, school health promotion model

The AIM of this paper is to draw a parallel between the essential elements of the model and its actual fulfilment in Bulgarian school.
improve academic performance of students and reduce the risk of musculoskeletal, cardiovascular and mental diseases. The goal of physical education is to provide students with the knowledge, skills and motivation for active lifestyle and life long physical activity [7, 8].

In Bulgarian school a planned curriculum provides learning experience in a basic movement skills. Qualified teachers teach physical activities. On the other hand in 10% of schools there is not a gymnasium. In more than 50% of schools it does not meet the needs of the curriculum which decrease student’s motivation. Its absence is compensated by appropriate classrooms and the schoolyard.

Nutrition services aims to establish nutrition policy that enhances the school classroom, cafeteria and community environment and support lifelong healthful eating habits. Nutrition services, complied with the requirements for feeding children in different age groups, have been found in two thirds of schools.

School health services are designed to ensure appropriate use of primary health care, prevention and control on communicable and noncommunicable diseases, health education and counseling opportunities for promoting and maintaining individual, family, and community health, optimum sanitary conditions, emergency care etc [5, 6, 7]. Qualified professionals such as physicians, nurses, dentists, health educators provide these services. There are variations in organization of school services in different countries [9]. In Bulgaria school health services are provided by school health offices, managed by a school nurse. At about a quarter of schools (mainly rural) the functions of a school health professional be performed by the medical officer in the settlement, taking into account existing disadvantages of this. Responsibilities of school health professionals continuously increase and their knowledge and skills have to correspond with professional standards for health promotion capacity building [10]. The results show that school nurses have a high self-assessment of their health promotion competencies which help them to deal with their diverse responsibilities. They consider that they understand and put into practice health promotion principles (Fig. 3).
The assessment of health promotion experts from Regional health authorities of school nurses work is generally “good” (Fig. 4).

Health education. Lack of health knowledge and behavioral problems of school-age people hinder their physical development, social maturity and classroom performance. School health education aims to assist students motivation to lifelong healthy behavior directed to multi-dimensions of health [6, 7, 11]. According to the study results at about 80% of school health education is based on traditional methods which are not attractive to students or don’t always correspond to their health information needs. Three quarter of students define their role in the process of health education as “passive audience” which decrease its effectiveness. Study results are confirmed by the results of similar studies of health education in Bulgaria [11]. Because of inefficiency of health education behavioral risk factors are widely distributed among students (48,2% tobacco smoking; 36,6% physical inactivity) and start at early age.

Health promotion for staff. Health promoting school must offer opportunities for school staff to improve their health status through activities such as health assessments, health education and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to their improved health status and creates positive role modeling for students. Health promotion activities have improved productivity, decreased absenteeism, and reduced health insurance costs [6, 7].

The highest part of the school staff, participant in our study, define their work environment as healthy but with relatively high level of psychosocial stress. Reasons of stress in school environment are noise (95,4%), limited time to fulfill duties (44,5%), conflict situations with students and colleagues (19,9%) and poor organization of working time (13%). A variety of studies have given similar results, in confirmation of our finding, that physical environment, except noise, is not hazardous for employee’s health. Most of risk factors are in relation with organization of work and unhealthy behavior [12]. A correlation between higher satisfaction of staff with their career and occupational settings and evaluation of school environment as safety has been established (p<0.005); (fig. 5).

Family/community involvement. An integrated school, parent, and community approach aims to enhance students health and well-being. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students [6, 7].

Study results show that there is positive attitude for family-school partnership but there are some difficulties to fulfill it. More than two third of parents express a willingness to participate in school cultural and health educational activities. In fact only about 10% of them realize their intention.
CONCLUSION:

The study results like the international experience show both success and difficulties to put this concept in practice.

Traducere: Dr. Mihaela Gălăon

In Bulgaria a variety of requirements must be done to reach the aims of Health Promoting school:

- Pay special attention for mental and emotional well-being of students and staff
- Provide better opportunities for sports and nutrition services
- Use more attractive and interactive methods of health education
- Enhance family and community involvement in school health promotion activities

References:

1. WHO. 1986. The Ottawa Charter for Health Promotion