UNDERSTANDING SCHOOL IMPROVEMENT AND SCHOOL EFFECTIVENESS FROM A HEALTH PROMOTING SCHOOL PERSPECTIVE

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1. INTRODUCTION

Health offers a great deal to the enhancement and enrichment of our lives. Good health enables us to enjoy a life that reflects and respects the dignity of human life and the freedoms associated with full participation in society. In terms of education, health and learning are interdependent. Students have difficulty learning if they are sick, tired or afraid (Allensworth, 1993). Health is, therefore, part of readiness for learning. Additionally, health serves as a place or context in which to explore critical issues in our lives – the effects of poverty on quality of life, the relationship between student participation in health initiatives and students' satisfaction with school. Health, therefore, involves a deepening of how we understand health as a way to build leadership and responsible citizenry in the school and beyond, human relationships and their development in various settings – school, home, community. Schools which take health seriously are concerned about student health holistically – physically, mentally, spiritually, and socially. Health is, therefore, about the creation of environments in which students opportunities for learning are optimized. In this paper I examine what health has to offer the process of learning, school development and improvement. I hope to broaden readers' understandings of the benefits of taking health seriously in ways yet to be explored fully in schools by both educational reformers and health promoters. This paper serves, therefore to examine current and promising practices related to health promotion and better learning, and an advocate for great attention to health promotion as an inspiration and catalyst to school improvement.

Let me begin by stating that health promotion should be closely aligned with the key mandates of the education system. In other words, the methods and manners associated with health promotion should be marked by their contribution to school experiences that specifically address UNESCO's goal: the preparation of people prepared for change and to contribute to the betterment of society.

> *"Each individual must be equipped to seize learning opportunities throughout life, both to broaden his/her knowledge, skills and attitudes and to adapt to a changing, complex and interdependent world" Delores et al., (1996)*

Health promotion as it is presented here should consequently, not be thought of as an add-on but as an essential and fundamental part of the overall development of young people.

This article is divided into four sections. Section A present images and actions for health as a resource in schools. Section B describes the Health Promoting School as it is conceived by the World Health Organization as a way to operate and organize schools in with both health and learning in mind. In section C, Nussbaum's (1990) conceptual framework is presented as a theoretical model of health which portrays health as a fundamental human need which when coupled with the individual's inherent capacities and potentialities forms the core elements of what are needed for both survival and success. Section D synthesizes the above arguments and insights about health promotion into an

appeal for greater attention to health promotion as an integral part of efforts to develop exemplary methods of teaching, improve school environments for learning and ultimately the opportunities for student achievement.

2. SECTION A: WHAT IS HEALTH?

The Ottawa Charter defines health as "the complete state of mental, physical, and spiritual wellbeing." (WHO, 1986) Regardless of what academics and practitioners use as a definition of health, children and adolescents create their own definitions of health. Health like learning is an expressive, creative process that is build in relation to values, beliefs, experience, circumstances and location. The quality of the relationships children and adolescents experience at school, at home and in their communities determines how they feel about themselves, their prospects for the future, and how they cope with and adjust to challenges in their lives. Childhood and adolescence are a time of flux and new beginnings. Children grow physically, emotionally, intellectually, socially and spiritually. This growth affects relationships with parents, peers, and intimate others. Health for young people may be better understood as resiliency i.e., the ability to cope with the ups and downs in life and to learn from these experiences. Raphael (1996) presents a conceptual framework for adolescent health that relates the characteristics of the adolescent with his/her immediate environments, and aspects of adolescents' ongoing activities and aspirations. Accordingly, healthy adolescence can be defined as:

(a) Making a successful transition from childhood to adulthood. Transition involves achieving independence, adjusting to sexual maturation, establishing cooperative relationships with peers, preparing for a meaningful vocation, achieving a set of basic beliefs and values, increasing autonomy and industry (Conger 1991; Peterson, 1988) and participating in community life.

(b) Coping and well-being involves making healthy choices related nutrition, exercise, tobacco and alcohol and drug use, and sexuality.

(c) Absence of physical and mental illness focuses on mortality and morbidity indicators, for example, the physical (obesity) and mental disorders (depression) (Ontario Children's Health Study 1989).

(d) Healthy behaviours which includes health enhancing and risk avoidance behaviours addresses the concern that most adolescent health problems are due to injury and violence and emerging lifestyles that eventually affect health (US Department of Health 2000)

Educational experiences at school provide young people with specific knowledge, attitudes, and skills related to health and academic achievement that are vital to their physical, psychological, scholastic and social well being both in and outside school.

2.1. Health in Schools

Health in schools is much more than a course of study. Health is evident in the curricular, extracurricular, social and civic life of students. Schools through their structure and operational procedures, curricula and teaching methods, and the manner in which student progress is assessed has a direct effect on self-esteem, educational achievement, and, therefore, the health of its students and staff (Hopkins, 1987; Rutter *et al*, 1979; Sammons, Hillman & Mortimor, 1994) As health promoting organizations, schools are well positioned to enable students and teachers to grow, to assume leadership roles, and to interact with families and communities to create environments and opportunities for health and learning.

2.1.1. School Culture

School cultures are complex webs of traditions and rituals that build up over time that affect every part of the enterprise from what faculty talk about in the lunch room, to the type of instruction that is valued, to the importance of learning for all students. Culture is evident in the architectural layout of the building, displays of students' learning, music in the corridors, and greetings in the hallways. A group of grade one students were asked the question: "What makes you happy at school?" Their response, "when the teachers smile at us" speaks volumes about the little things that make a big difference. Within the school setting, students are presented with a host of social cues about which programs to watch on television, which clothes to wear and how to wear them, which music and video games to play, which brand of cigarettes to smoke, the kind of language to use - at home, on the street, at school, who to hate and tease, and whether to complete homework and to make an effort to learn. Instructional methods that encourage dialogue with the content and other points of view i.e., focus on a search for meaning rather than correct answers, and the use of cooperative learning activities provide opportunities for students to critically examine life at school, at home and in the streets. Strong, positive, collaborative cultures have powerful effects on the academic and behavioural functioning of young people (De Wit, Offord, Rye, Shain and Wright, 2000). Effective schools create cultures that share visions and goals with stakeholders, are devoted to creation of learning environments for everyone, set and work hard to reach high expectations, value good teaching, and attend to the rights and responsibilities of students' as leaders and partners. Teachers and students succeed in cultures that focus on participation and involvement; meaning and moral purpose, leadership and advocacy (Sammons, Hillman & Mortimor, 1994).

2.1.2. Relationships at school and health

Children are deeply affected by how well they get along with their friends and teachers. Rejection or ridicule by friends, harassment by peers and older students, teasing and rumors can leave emotional scars that last a life time. Those who have difficulty forming and maintaining relationships with peers also have difficulties at school because so much of what happens at school involves social and academic interaction with other students. Acceptance, sense of belonging, and self worth are closely linked to friendships, school success, and physical and mental wellbeing, therefore, it important to think about how friendships and other interactions in schools contribute to both health and learning.

With over 1000 and as many as 3000 students attending a single secondary school and as many as 1500 students attending a single elementary school it is not hard to image the myriad of social dynamics that can occur on any given day. Large enrolments present enormous problems in terms of safety, supervision, timetabling, resource and facility management. In small schools (less than 400 students) teachers have a positive attitude about their responsibility for students' learning and students learn more (Lee and Loeb, 2000). Briefly, small schools are better not only for students but the teachers as well. The critical concern is that students can become lost in the crowd. It is easy to be overlooked in the melee of day to day activity unless administration and teachers make concerted efforts to know students as people and to ensure that all students feel like they belong and contribute. Resnick, Harris and Blum (1993) noted that adolescents who feel that their schools care about them and who feel that they belong at their school, are less likely to engage in risky activities than those who feel disconnected from their school.

School is in many instances a safe haven. As poverty, family troubles, neighbourhood violence, drugs, prostitution, and toxic environments increasingly plague many communities, a greater

percentage of children become reliant on the school as the only stable influence in their lives (Dryfoos, 1990; Valpy, 1993). School connectedness according to Resnick, Harris and Blum (1993) was the most salient protective factor for both girls and boys against acting out behaviours, and second in importance after family connectedness for quietly disturbing behaviours such as bulemia and suicide. Finding ways to create smaller schools – tribes, families, houses, buddy programs – within big schools affords more opportunities for leadership along with enhanced social and supportive interaction.

2.1.3. All Teachers contribute to school health

Teachers interact with dozens if not hundreds of students each day. They see them at their best, their worst and in between and they see them usually five days of the week. During that time, teachers are expected to do more than teach. In the lieutenant governor's speech to award winning teachers, she used the following descriptors to praise recipients, "teachers are guardian angels, counselors, coaches, confident and friends, wiper of tears both seen and unseen and wiper of runny noses and cuts". Teachers comfort students in times of sorrow and celebrate with them in times of happiness. In between, they try to teach them to read and write, master logarithms, analyze poetry, appreciate music, art, and physical activity, and value themselves as learners and people. Approaches to teaching that promote active learning give students opportunities to interact with the content - develop understandings about the content that related to their own experiences, and to think critically and alternatively about their own situations. Every teacher is a health educator. Not only what they teach, but how teachers teach impacts opportunities for learning. Investments in the development of high quality teachers, pays dividends in classroom instruction and student achievement. According to Anderson and Ronson, 2005, good teachers:

- treat all students with respect
- empower students to become life long learners by teaching not only content but strategies for interacting with concepts and ideas e.g., develops the ability to reason independently, consistency and complexity of ideas; communicate ideas and information based on personal knowledge and experiences; organizes information and ideas (Reaching Higher, 2000)
- set and maintain high expectations for themselves and students
- work creatively and collaboratively with students, colleagues, parents, and professional communities to attain these high expectations
- related research (their own and others) to practice with the aim of improving it
- are enthusiastic about teaching and student achievement
- Next to parents, teachers are considered one of the most influential adults in a child's life.

2.1.4. Readiness to learn

Nutritional deficiencies and poor health attributed to sedentary living habits among school aged children are among the causes of low school enrolment, high absenteeism, early dropout, and poor class performance. Health is a key factor in school entry as well as continued participation and attainment in school (Anderson, 2003). Educational programs and services that address these concerns are vital to physical, social, and psychological well being. Moreover, these programs and services lay the foundation for children's healthy development through adolescence and across the entire life span.

Many schools in collaboration with community service groups provide breakfast, lunch and snack programs to ensure students are properly nourished. All students regardless of income can benefit from these nourishment programs. Students often leave for school before they are ready to eat. Childhood is a period of rapid growth and children especially need to eat several small portions a day. School nourishment programs fuel students for learning and growth.

Children are not as active as they once were, nor are they as active as various guidelines recommend (Pate, Long and Health, 1994). Physical activity programs both curricular and extra curricular offer students protection from cardio vascular disease, diabetes, osteoporosis, some cancers, hypertension and obesity. The school physical education may be the only opportunity all children have to engage in a balanced educative program. Quality physical education programs presented by qualified and enthusiastic teachers ensure that students are vigorously active in age and developmentally appropriate experiences that enable them to progressively develop the knowledge and skills associated with leading a healthy active life.

2.2. Green schools

School naturalization programs have become an important part of campaigns to blend the appearance of school yards with surrounding neighbourhoods, provide sun protection, and promote environmental citizenry. Originally school campuses and playing fields were treeless open areas that allowed students to march as a part of cadet and military training. Today, trees and shrubs add a new look to the school landscape. Young children are planting and harvesting pizza gardens (tomatoes, peppers, onions). Butterfly and herb gardens enable older children to study the relationship between plant and human life (e.g., how can gardens create quiet spaces, add beauty and civic pride, and accommodate the need for relaxation).

2.2.1. Curriculum for Health

A health curriculum has always been offered in schools. Early programs focused on hygiene, sanitation, good manners and character development. Students were expected to passively consume knowledge for health that was presented largely from a biomedical perspective. Over time emphasis in both health promotion and learning shifted from concerns about disease prevention to concerns about the quality of the relationships between people and their environments. Current, health promotion programs focus on the development of life skills, negotiating, problem-solving, decision-making, and coping skills, as well as self esteem training to empower students to think critically and analytically in relation to social and health issues. More dramatically on the educational scene was the shift in thinking from about what to teach to what students should know, be able to do and feel as a result of instruction and learning experiences. Educational psychologist urged educators to take into account students' thinking formed in relation to backgrounds, experiences, beliefs, and goals. Case studies, role playing activities, reflective journal writing, and portfolios replaced textbooks. Increasingly students are widening the scope of their discussions about health include determinants of health and well being such as peace, the economy, and the influence of policy and government.

Common to all health education programs is a strong emphasis on health literacy, defined as "the capacity of individuals and groups to obtain, interpret and understand basic health information and services and the competence to use such information and services in ways that enhance health" (National Health Standards, 1997). Four dimensions identified as essential to health literacy include: critical thinking, effective communication, self-directed learning, and responsible citizenry. These four dimensions constitute not only education for health, but an education that generally prepares students to think carefully and responsibly.

Health is usually taught as part of the physical education program, family studies or guidance program. Education for health may also been offered cross-curricularly through thematic studies (e.g., friendship, multiculturalism) or as interdisciplinary studies (e.g., HIV/AIDS – history, economics, biology, sociology, health).

The health nurse has been always been a welcomed partner in health education, but due to cutbacks, fewer are available and their job descriptions no long provide for as much interaction with students in the classroom, parents and teachers. Police and fire departments, the criminal justice system, citizenry and social service departments have also worked for and with educators to develop and implement a wide range of prevention policies and programs related to smoking, violence, suicide, substance abuse, and pollution. In some instances there are too many interested groups developing materials. For example, there are currently over 100 different organizations that have developed smoking prevention resource materials. To be effective, these materials must be aligned with curricular mandates and linked to teacher development services.

2.2.2. Youth Action for Health

Increasingly, teachers understand that students can play roles as activists for social change, health, and school improvement. By creating opportunities for youth to put their skills into action, they become recognized as valued and effective community members. Student involvement strengthens the overall capacity of the school and surrounding community for ongoing and sustained improvement.

Students can be an important source of data for understanding more about school life from their perspective. Surveys, interviews, photography, drama, music, and visual art can be used to create an ethnographic profile – a story about their world from the point of view of those who live there. These profiles contain insight and information that can be used in a process of valuation i.e., determining what students value about life at their school, what qualities and characteristics they recognize as strengths and in what areas improvement is needed.

Students Against Impaired Driving is one of many student lead efforts to alert fellow students to the dangers of driving while impaired. Students also organize outreach programs that help the homeless, help each other through peer support study and counseling programs, and raise funds for research and community improvement projects. Many schools provide training for C.P.R. and host health awareness seminars related to the prevention of diabetes, cancer, heart disease, HIV/AIDS. In one school a student was diagnosed with cancer and was undergoing radiation treatments. After his hair fell out, all his male classmates shaved their heads in support of his courage and determination to fight for life. Youth driven social action is a way for young people to participate as change agents, health activists and contributing members of their society.

Health is one of the essential resources that when activated in school settings provides the conditions that enable students and teachers to reach their potential. Said differently, health promotion builds the overall capacity of a school to nurture a particular kind of student achievement and teacher development.

3. SECTION B: WHAT IS A HEALTH PROMOTING SCHOOL?

One of the most highly regarded and successful international educational endeavours is the concept of the Health Promoting School. The WHO (1998) defines a health promoting school (HPS) as "a school that is constantly strengthening its capacity as a healthy setting for living, learning, and working". In partnership with a range of human service providers, health promoting schools aim to

provide the means/conditions/ environments that optimize opportunities for both students and teachers to learn. Underlying the concept of health promotion is the notion that to achieve good health persons must exercise agency or at least some measure of control over the decisions and conditions they encounter over time and across circumstances.

Contemporary versions of health which cast humans as constructivists and creationists, having determination over their well-being, focus on building within people their capacity to 'make a life' by enhancing their ability to learn – cope, adapt, and make sense of their environments and relationships. Subsequently, health promotion is defined as "the process of enabling people to increase control over and to improve their health. To reach a state of complete physical, mental, and social wellbeing, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change and to cope with the environment". (WHO – Ottawa Charter 1986).

The European Network of Health Promoting Schools, supported jointly by the World Health Organization, the Council of Europe and the European Union, consists of approximately 500 schools from 41 countries reaching 8-10,000 teachers and 500,000 students. In Canada and the United States, the conceptual roots of health promotion in school settings date back to the 1980's where there was a strong call for continuous "Comprehensive School Health Education" (CSH) from kindergarten to school leaving. Proponents of CSH argued that health habits and knowledge acquired early in life could impact lifelong health status. Health education portrayed simply as a course of study was not considered effective. Rather, the curriculum should be part of school-wide and community efforts to promote healthy living. The curriculum for health education should address, therefore, a wide array of topics, every year, that developmentally built the skills and habits of mind needed to cope with divergent needs and evolving circumstances related to health and well-being. Health education, like other subjects offered in school, should prepare young people to be lifelong, autonomous, and responsible learners and as such represent an important area of study related to human development.

Later, Comprehensive Health Programs sought to include health services and school environments – hallways, playgrounds, cafeterias - that were considered equally important for children's and youths' health. Perhaps the classic example of incongruence between health education and school environments has been the tension between nutrition education aimed at promoting healthy food choices and the sale of junk food in vending machines and school fund raising campaigns. Unless the 'school' is committed to healthy eating the effects of the health education program are undermined.

Clearly, the responsibility for health promotion has been broadened and enriched to involve a wide spectrum of services and supports. At the heart of each school health promotion model are a number of principles which serve as a moral compass for decisions about the purpose, structure and engagement of people within organizations/ institutions and programs of study. These principles are seen not only as central to campaigns for the health promotion in schools but also as fundamental rights and entitlements for children and youth leading to the formation of a just and civil society. Ten principles listed as fundamental to the WHO Health Promoting Schools framework are: democracy, equity, empowerment, teacher development, collaboration, community development, curriculum, sustainability, school environment and measuring success. These education principles recognize schools as a key setting for health promotion because it is capable of providing universal access to knowledge, skills, services and supports, building within individual and communities their capacity for change agentry and growth. Further, health promotion 'works' when it is presented systematically and consistent with the goals and mandates of the organization in which it is presented. School experiences managed in relation to these principles are posed as a way to broaden and intensify students'

involvement in what Habermas (1990) has termed the 'lifeworld' of schools: cultural traditions, ceremonial rituals, participation in clubs, and teacher-student relationships; and the 'systemsworld' of the school: programs of study, school governance. Authentic involvement in school life can build feelings of affiliation and connectedness. Enriched student participation builds trust, greater awareness of students' needs, interests, talents, values and goals and mutual understanding between teachers and students. When students feel like they are listened to, respected, and have a voice they are more likely to contribute to and comply with school mandates. In other words, following health promotion principles such as democracy should be thought of as a way to make schools stronger.

The health promoting school is also celebrated as a way to forge stronger links between the community – local culture, context, customs – and approaches to health promotion. In this way, health promotion builds on resources unique to each school community. Community characteristics are viewed as assets to be developed not problems to be overcome. Lerner and Benson's *Developmental Assets and Asset-Building Communities* (2003) provides a review of programs and research that make a convincing argument for the notion of growth change in relation to community resources – strengths, imagination, hopes. Increasingly, community service groups such as the Lion's International and taking up this challenge through programs such as the Lion's Quest program which is used in thousands of schools across America and Canada. Accordingly, principles of health promotion activate community involvement which enables schools to get ***smarter*** about the specific needs and opportunities that exist within communities.

In school environments that work to respect the right everyone has to enjoy school attendance, to share ideas and insights openly, to challenge the status quo and question existing practices and power relationships foster rich opportunities for critical and alternative thinking. Under these conditions, it is proposed that schools are ***safer***. (Anderson, 2003)

The HPS as an integral part of overall efforts to improve schools for 'public' good i.e., the betterment of society, responsible citizenry, care for self and others (Anderson and Ronson, 2005) are conceptually represented as

- a stance or disposition towards learning, e.g. openness to ideas, respect for alternative views and realities, acknowledgement of learning as a social process linked to time, place, and context;
- a way of being in the classroom, community or world, e.g., actively pursuing meaning from multiple texts, protecting and promoting opportunities for everyone to learn by creating environments that are inviting and safe;
- a way of belonging, e.g. relating learning to citizenry, contribution to the betterment of society, relating knowing and doing to community participation – communities of scholarship, communities of care;
- an organizational model, e.g., how people, programs, policy and partners interrelate and work together in relation to common values and principles such as equity and empowerment.

Table 1. Health promoting schools chart

Constantly strengthens	Capacity as a healthy setting for living, learning, working
Fosters	Health and learning with all the measures at its disposal
Engages	Health and education officials, teachers, teachers' unions, students, parents, health providers and community leaders in efforts to make the school a healthy place.
Strives to	Provide a healthy environment, school. Health education, and school health services along with school/community projects and outreach, health promotion programs for staff, nutrition and food safety programs, opportunities for physical education and recreation, and programs for counseling , social support and mental health promotion
Implements	Policies and practices that respect an individual's well being and dignity, provide multiple opportunities for success, and acknowledge good efforts and intentions as well as personal achievements
Strives to	Improve the health of school personnel, families and community members as well as pupils; and works with community leaders to help them understand how the community contributes to, or undermines, health and education
Health promoting schools focus on:	Caring for oneself and others
MAKING	Healthy decisions and taking control over life's circumstances
Creating	Conditions that are conducive to health (through policies, services, physical/social conditions)
Building	Capacities for peace, shelter, education, food, income, a stable ecosystem, equity, social justice, sustainable development
Preventing	Leading causes of death, disease and disability: helminths, tobacco use, HIV/AIDS/STDS, sedentary lifestyle, drugs and alcohol, violence and injuries, unhealthy nutrition
Influencing	Health-related behaviours: knowledge, beliefs, skills, attitudes, values, support

4. SECTION C: HEALTH AND FUNDAMENTAL NEEDS AND CAPACITIES

Much of the literature on health promotion has its roots in disease prevention or lifestyle promotion. In other words action for health stems from health concerns – teen pregnancy, bullying, illegal drug use. To what extent are actions for health rooted in educational matters? An examination of curriculum documents from across the country suggests that education for health is concerned primarily with the adoption of certain behaviours e.g., being physically active on a regular basis, along with the acquisition of coping strategies such as assertiveness skills, conflict management skills, coupled with the development of certain dispositions towards risk situations – questioning the status quo, seeking alternative perspectives, and setting goals in relation to values and beliefs. This investigation, however, reveals attention to aspects of health promotion that go deeper and broader than smoking prevention, the fight against obesity, and encouraging students to wear bicycle helmets. Although vitally important, the dis eases educators take aim at are nested in the culture of the school and beliefs about the contribution educational experiences make towards optimizing human functioning – socially, morally, spiritually, cognitively and physically. Towards these educational goals health promotion fosters the development of two critical capacities: practical reasoning and affiliation.

As a theoretical framework Nussbaum (1990) proposes that, irrespective of culture and situation, all humans have fundamental human needs

- need for clean water supply, food, warmth, shelter
- need to address medical and human concerns that focus on years of life and to provide health care for the sick and/or injured
- need to facilitate the development of skills in order to be able to make appropriate choices concerning health related behaviours

- need to have pleasurable experiences and opportunities for sexual satisfaction
- the need to be able to move freely from place to place ….
- and inherent capacities or potentialities
- capacity to imagine, think, and reason and thus to be able to form a conception of the good and engage in critical reflection about the planning of one's own life
- capacity to have concern for other humans, to live for others, to have familial and other interactions and attachments
- capacity to love, grieve, feel longing for, and be grateful
- capacity to laugh and play
- capacity to be able to live one's own life in one's own context
- capacity to have concern for the world of nature
- capacity to be aware of all the senses.

The fulfillment of these fundamental needs and the realization of these essential human capacities is a pre-condition for autonomy and for a person to be in a position to choose to function well and flourish, which serves as a pre-requisite for health – the ability to enjoy the important possibilities in a person's life.

Nussbaum (1990) acknowledges that the list of essential capacities is not exhaustive, rather it is open to revision. However, once fundamental human needs are met, a person who had sufficiently developed all the capacities in this list would, theoretically, be in a position to be autonomous, and to choose to function well. Such a person would also fulfil his/her need to be human (Nussbaum, 1990). The two capacities are, Nussbaum reasons, over-arching and organize all others. The first of these focuses on practical reasoning i.e. to imagine, think and reason. The second concerns affiliation i.e. to have concern for other humans, to live for others, to have familial and other interactions and attachments. Nussbaum argues these two capacities are overarching because everything a person does is planned and organized by her/his ability to reason and is done with or to other humans.

Nussbaum emphasises that the realization of the capacity for practical reasoning is evidenced by the ability to critically reflect while the realization of the capacity for affiliation is evidenced by mutuality (co-operation for mutual benefit) (Nussbaum, 1990). Underlying Nussbaum's arguments is notion that the ability to critically reflect and have mutually satisfying reciprocal attachments with others are also dependent on the realization of the other essential capacities. Thus, once the fundamental human needs are met, the full realization of the essential capacities, as is evidenced by the ability to critically reflect and mutuality, largely defines and makes autonomy possible.

Nussbaum maintains education, and in this paper I argue, education that centers on health concerns, is the key to functioning well because education focused on health and wellness can result in the realisation of most, if not all, the essential capacities especially, the capacity for practical reasoning. Furthermore, the influence of institutions to which a person develops a sense of attachment and connectedness, further fulfils the realisation of a person's capacity for affiliation. The role of schools in promoting the ability to function well is, consequently, potentially profound in this theoretical account. She did not, however, consider how schools should be organised to promote human functioning. In the accounts of health presented here, it is proposed that, the major focus of a

health promoting school should be the facilitation of the realisation of these essential capacities; primarily the capacities for practical reasoning and affiliation.

Practical reasoning

- reason with care in mind
- critically perceive reality
- view problems and solutions from different perspectives
- see beyond the messages of lived experience
- make pro-active choices which are not restricted by external factors
- make adaptive choices which are restricted by external factors
- view proactive choice as having the potential to transform reality by changing the world in which a person lives through invention, creation and recreation - pedagogy of hope
- be objective about their own subjective thoughts and that when seeking solutions to problems they need to explore alternative possibilities that are not solely based on lived experience

Capacity for affiliation

- depends on shared values and empathetic understanding of others orientations to meaning
- those who have realized the capacity for affiliation would have mutually satisfying reciprocal interactions and attachments with others and consequently would experience a sense of belonging and feel socially supported
- they would also be in a position to create a socially valued identity through for example being involved in socially valued decision-making
- this leads to higher self-esteem and the notion that self-esteem is socially constructed rather than solely derived from the individual
- a key developmental task of adolescence is the development of a well defined sense of identity which involves defining social roles within different contexts (Erikson, 1968)
- according to Cooper, Grotevant and Condon (1983) development of strong sense of identity is most likely to occur when self-assertion and freedom(separateness) are encouraged within an atmosphere of responsiveness to the needs of others and sensitivity and respect for others (mutuality)

4.1. Health promotion as a way to realise the capacities for practical reasoning and affiliation

Practical reasoning enables a person to critically perceive reality and view problems and solutions from different perspectives. People in this position have insights into the potential for multiple realities and elaborate orientations to meaning, rather than restricted orientations to meaning which focus on lived experience.

In the same way the realization of the capacity for affiliation depends on shared values and empathetic understanding of others' orientations to meaning. People who have sufficiently realized the capacity for affiliation would have mutually satisfying reciprocal interactions and attachments with others and, consequently, would experience a sense of belonging and feel socially supported. They would also be in a position to create a socially valued identity through, for example, being involved in socially valued decision making. This, in turn, promotes the development of characteristics such as self-esteem. This statement recognizes that characteristics such as self-esteem are socially constructed, rather than solely derived from the individual. This interpretation of the realization of the capacity for affiliation resonates with Erikson's view that a key developmental task during adolescence focuses on the development of a well defined sense of identity which involves defining social roles within different contexts (Erikson 1968). Cooper, Grotevant & Condon (1983) reported that developing a strong sense of identity is most likely to occur when self assertion and freedom (separateness) are encouraged within an atmosphere of responsiveness to the needs of others and sensitivity and respect for others (mutuality).

This analysis of Nussbaum's account of human functioning, therefore, describes what the full realization of the capacities for practical reasoning and affiliation would entail. This realization largely defines autonomy, makes possible the potential to function well, and is a pre-requisite for maximizing a person's health potential. A person in such a position is able to make choices that are based on a fully developed ability to critically reflect and fully developed mutual affiliations. The world is better understood and can be adapted to suit him/her further. People in this position have mutually satisfying reciprocal interactions and attachments and consequently experience a sense of belonging and feel socially supported. They would perceive that they had a socially valued identity and would, consequently, have high self-esteem.

5. SECTION D: HEALTH AND EXEMPLARY PRACTICE

Health minded teachers are encouraged to adopt methods of instruction that enable students to connect course content to their lives, and to real world problems i.e., issues and concerns that are on people's minds now, in their community. Health minded educators do this because they are ultimately interested in knowledge and skill development in relation to culture, context and conviction – beliefs and values. Knowledge and skill development linked to the development of certain qualities of character, behaviour and attitude implicate students in the development of certain kinds of thinking. Consider, for example, the thinking that is associated with knowing about plants in relation to environmental protection, knowing about human needs in relation to acts of kindness, knowing addition in relation to the amount of television students' watch. Health mind educators focus learners' attention on knowledge transfer, i.e., resources and relationship management in the service of others, and the betterment of society.

Health minded educators are interested in students habituating certain approaches or dispositions towards situations. For example, students learning about physical activity experience the joy of movement enroute to knowing about the benefits and processes associated with active living. Exemplary practitioners will challenge students to consider the conditions and problems of access to activity in their communities. In other words, students relate knowing and doing to citizenry, participation in community live, and social activism. Are there safe places to play outdoors in our community? Do people who have mobility problems have a chance to enjoy physical activities in our community? If user fees are too high, lower income families can't join in. Health minded educators recognize the importance of 'valuing' physical activity as both a private and public good.

The curriculum for health has been well-documented. The instructional methods which bring the content to life, promote the use of methods of instruction which engage students in learning actively, experientially, and expressively. What this means is that students' ideas and interpretations about the content become the subject of study. What students *make* of the content will determine what they *do* with it when they leave school. It is important, therefore, to adopt the use of methods of instruction which *educe* or bring out students' ideas, views, ways of expressing concern and leadership which build onto or reshape existing student thinking.

Much of what students learn about life is determined by the people around them, their family members, friends, and of course the media has a powerful impact on beliefs and behaviours. For example, much of what children learn about violence has been taught by the media. According to the National Policy on Healthy Lifestyles in Jamaica, "all youngsters admitted to copying or modeling violence seen on television" because "it was similar to "real-life experience". The principles of social learning can work both ways. Students can also support each others' decisions to lead healthy lives

through physical activity pursuits, building responsible and caring relationships with friends and intimate others and so on.

Health is about human development and relationships that nurture growth e.g., independent thinking and imagination. As such, health promotion is about identity formation and the preparation of individuals for engagement in social and civic affairs. The Ottawa Charter refers to health as a resource for living – a way to enliven and enrich our lives. Accordingly, health can be a way to enliven (relate to life outside school) and enrich (broaden and deepen understanding) students' understanding of all areas of academic study in relation to the betterment of society. Health topics and concerns can be the center of transdisciplinary studies e.g., the impact of racism and poverty as it is understood through history and social studies, biographies, and television documentaries. Health topics can be occasions for putting knowledge and skills to 'good' use e.g., human rights advocacy and social justice.

The chart that follows outlines some of the ways health might enrich the learning environment, support efforts to integrate health and other areas of curricular study, promote active citizenry and involve students' in the kind of thinking associated with care for self and others.

Health promotion activities can be a way to:

- Reduce boundaries between school and the outside world.
- School values reflect/share/converge values, beliefs and interests of the school and the wider community (reduce bullying, naturalization of school yards, healthy lunches).
- Reduce boundaries to promote the realization of the capacity for affiliation amongst students because those susceptible to being alienated or detached would share school values as these would be based on general principles (treat people with respect, fairness, equity) and as a result they would feel more at ease with the school.
- Reduce boundaries between teachers and student - increase student involvement in decision-making processes to increase insights into each other's realities and potential for greater insights into multiple realities (form wellness councils to identify and address students needs, goals, priorities; examine how economic decisions affect health) - facilitate capacity for practical reasoning especially amongst students susceptible of being alienated or estranged (students involved in campaigns to reduce drinking and driving, relationship violence) - greater understanding of values (kindness, honesty, empathy) facilitates realization of the capacity for affiliation especially amongst alienated or detached students.
- Reduce boundaries between students - shared tasks, greater communication, opportunities for cooperative ventures (part of a community wide appeal to pass anti-smoking by-laws, clean up park areas or start an urban farm) - enhance development of insights, potential for multiple realities and realization of capacity for practical reasoning (develop strategies and solutions that show how a community can work).
- Reduce boundaries between subjects - education in depth should also include education in breadth - promote understanding of how knowledge is socially constructed (What are local folk remedies for health – herbal teas, meditation? Where did these understandings of health originate?) - to view knowledge as a range of equally valid and sometime conflicting realitie - enriched opportunity for practical reasoning.
- Promote active learning - students are involved in the management of their own learning, - managing choices and mobilizing resources to cope and thus facilitate the capacity for practical reasoning - use of student centered techniques: mind maps, brainstorming, role-play - develop tools for learning how to learn in a wide range of situations (use of technology, surveys) - develop self reflective techniques - arts based learning - reduce the threat of values not shared and realization of capacity for affiliation.

In this article an image of health is presented that originates in fundamental beliefs about human nature, learning, and the purpose and value of education in society. It is rooted also in beliefs

about the develop within people and organizations of an intellectual character, one that is associated with critical and practical reasoning, life long learning, and active and responsible citizenship.

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