Health in the context of education

2014

Preamble

The links between health and education are well established. [1] Healthy children are better able to learn. Higher educational achievement is strongly associated with better health outcomes[2].

Health promoting schools capitalise on this by embedding a range of health and wellbeing activities within the class room setting, as well as among the broader school community. Health and education professionals have a complementary role in securing better health and education outcomes for all Australian children and young people.[3] Other examples of cross sector collaboration include programs that facilitate collaboration between medical practitioners, registered nurses, school welfare staff and teachers, as well as among medical and education students, in order to develop and deliver health related education to children and young people.

Health literacy and the National Curriculum

Health literacy can be defined as the degree to which individuals can obtain, process and understand the health information and services they need to make appropriate health decisions.[4] Data collected by the Australian Bureau of Statistics suggest that almost 60 per cent of Australian adults have low levels of health literacy, which can result in a reduced capacity to engage in health related decision making.[5] While it is important to provide adults with opportunities to increase their health literacy, it may be more fruitful to focus on ensuring suitable levels of health literacy are achieved among all children and young people. This is particularly important given the increase in preventable disease and disability including associated health care costs. For example, obese children may be more likely to develop type 2 diabetes at increasingly younger ages (there is some evidence that this is already occurring[6]). Current estimates indicate that type 2 diabetes currently costs Australia $3 billion per year[7]. This figure will only increase as the incidence of type 2 diabetes increases. Costs associated with preventable health problems, along with reductions in quality of life (and length of life) provide a strong argument to support the need for health literacy to be a core part of national school curricula. Increasing healthy literacy among children and young people will also provide a solid foundation for a range of public health measures including immunisation and water fluoridation.

Today, both primary and secondary schools play an important role in the development of health literacy among children and young people through a range of initiatives. While it is important to recognise that the core business of schools is education, school attendance positively influences both education[8] and health outcomes[9]. Poor school attendance is often a multifaceted issue that can have a pervasive impact. Important initiatives such as the 'Close the Gap' campaign specifically include a focus on increasing school attendance among Aboriginal and Torres Strait Islander children as part of broader efforts to reduce disadvantage. According to The Lancet, access to education is among the strongest determinants of adolescent health.[10]

Schools which operate under a framework that acknowledges the importance of health literacy, are not only improving the health of the students at an individual level, but are also contributing to the achievement of many important public health goals[11] (such as healthy eating, engaging in appropriate amounts of physical activity and sun safe practices). Schools should be cognisant of the potential to undermine health literacy education by engaging in partnerships which see children and young people being exposed to, and developing positive attitudes towards, commercial enterprises that undermine health and wellbeing. Students are increasingly recognised as being a captive marketing audience. [12]

Health literacy and other health related education cannot be taught in isolation. Many aspects of health literacy rely on students having both literacy and numeracy as well as a basic understanding of scientific principles.

Early childhood education and care

The early years are a critical period when learning and development can be maximised. It is important that parents are made aware of their role in shaping their child's health and education from a young age, it is also important to acknowledge that out of home care can also have a lasting impact on many young children and their families. Recognising this, some jurisdictions have initiated cross agency partnerships to establish child and parents centres that improve access to a range of early learning, parenting and child health services to young families within their community. Children attending out of home care including long day care, family day care, and preschool, are often provided with opportunities to engage in play-based problem solving activities. These settings provide an important opportunity to identify children and families who would benefit from early intervention programs as well as generally establishing a lifelong interest in learning and healthy behaviours. University educated early childhood teachers are well placed to facilitate these activities, which may be particularly important for those young children deemed to be 'at risk' of poor developmental and health outcomes. The Australian Early Development Index is a population measure of young children's development that provides insight into early childhood development across communities. The information can help schools and communities target services and support for young children and their families.

Primary and Secondary education

Primary and secondary education settings are the main avenues for the delivery of health education and promotion for children and young people. A national curriculum that places an appropriate emphasis on the development of health literacy is important. Teachers and other professionals must be supported to deliver health literacy education in a developmentally appropriate and engaging manner.

Immunisation

School enrolment is an opportune time to document a child's immunisation status. Those children who are not fully immunised should be referred on to their general practitioner or an appropriate immunisation clinic for a program of catch up immunisations. This may be particularly important for students arriving from overseas, as they may not have been vaccinated according to the Australian National Immunisation Schedule. Ideally these inconsistencies should be identified and rectified. During outbreaks of vaccine preventable disease schools should be easily able to identify those children who have not been immunised (for a particular condition) and those children should be excluded from school, where appropriate, for period of time in order to reduce their chances of being infected, and in turn infecting others. The AMA believes the best way to capture immunisation status is through the development of a 'whole of life immunisation register'.

Schools are an important setting for the delivery of some immunisations. The current Year 8 School Based Immunisation Program offers vaccination against pertussis (whopping cough), tetanus, diphtheria, human papillomavirus (HPV) and varicella (chicken pox). However, it is unfortunate that coverage goals are lower for schools than for immunisation programs they are delivered through general practice. School based immunisation programs must be supported by appropriate education and opportunities for parents and young people to discuss any concerns. There may be some families who will feel more comfortable having vaccines administered by their family doctor. Current arrangements mean that these parents are likely to incur additional costs.

Nutrition and Physical Activity

Appropriate nutrition and opportunities for physical activity can directly impact on a child's brain development including their ability to concentrate and learn, making schools a very important setting for the promotion of good nutrition and regular physical activity. The World Health Organisation acknowledges that certain school based interventions concerned with diet and physical activity show consistent improvement in student knowledge, attitudes, and behaviour as well as physical and clinical outcomes.[13]

While some of this education will be delivered by teachers who have particular expertise (especially in the secondary schools), in those instances where general class room teachers are expected to provide this type of education they must be supported by appropriate resources and training opportunities. This type of education needs to be consistent with the relevant national guidelines / recommendations. It is also important that school canteens do not undermine efforts that encourage children to eat a balanced diet. School based nutrition programs, which provide students with breakfast and lunch, may also be important in schools and communities deemed to be at risk.

Physical activity at school happens largely through active play and sport. Sensible measures must be taken in order to minimise the occurrence of injury, including the use of appropriate education, safety equipment and modified activity (where appropriate). It is increasingly recognised that flat screen time can displace physical activity among children and young people[14]. Schools should endeavour to provide periods of time during the day when children and young people can have a break from technology and engage in physical activity.

Alcohol and illicit drug education

Secondary school years are commonly linked to initiation of alcohol and illicit drug use. Schools are an important venue for the provision of information and education about the harms associated with drug and alcohol use for young people. School based programs should aim to inform and enhance decision making skills, including increasing social resistance to abstain or delay initial use.[15] School based program around drugs and alcohol should be comprehensive, relevant and informed by research around what works. School based programs should be complemented by broader education campaigns as well as increased communication between young people and their parents and carers.

Sexual health and relationship education

Comprehensive, age appropriate, sexual health and relationships education should cover the biology of reproduction, relationships, sexuality, contraception and sexually transmissible infections (STIs). While some of the focus should be on reducing rates of unintended pregnancy and STIs among young people, education about biology and physical development may have a positive impact on body image. Education focusing on protective behaviours should be provided to all students with the aim of providing skills and strategies that prevent and reduce child abuse and violence. Education around relationships that includes enhancing interpersonal communication skills may also reduce rates of bullying as well as domestic violence. Ideally this type of education should cover issues relating to media and technology that may have an impact on healthy sexual development. In Australia the standard of sexual health and relationships education is highly variable, with some schools providing children and young people excellent opportunities to learn more about sexual health and relationships, while other schools provide little or no opportunities for learning in this area. Increasing rates of STI among young people[16] should provide added impetus to ensure adolescents receive specific education around STI prevention. Surveys of young people highlight a preference for peer education in this area. [17] This may not always be practical but efforts should be made to incorporate aspects of peer education where appropriate.

Mental health and wellbeing

There is an increasing awareness of how mental health problems can have an impact on well-being, socialisation and learning among children and young people. Schools are a critical setting for the promotion of resilience, awareness and identification of mental health issues. This should include developmentally appropriate education around bullying (both interpersonal and cyber bullying). The teaching of media literacy skills may help children and young people critically evaluate media content (and its underlying messages).

The transition between primary school and high school is a known time of increased stress and pressure on adolescence. It is also a period where spikes in bullying have been observed. Schools and state education departments should work towards introducing programs that aim to reduce any associated anxiety and harmful behaviours. In the senior schooling years, exam preparation can be a significant source of stress. Students must be supported and in some instances referred on to medical practitioners for additional support and advice. Increasing students' skills to enhance their support for peers may also be beneficial.

Students with chronic medical and mental health conditions and special needs

Some students have chronic health conditions or disabilities. These students may require additional supports and interagency cooperation to ensure that they engage with the education system in a meaningful way[18]. This provision of support should be based on medical need, as identified by a clinician, as opposed to the requirement of a formal diagnosis. The current approach to providing support based on diagnosis fails to recognise that some disorders occur on a spectrum, so children and young people with the same diagnosis may have very different support needs. For some students there might be added complexities which make a formal diagnosis difficult. In these instances advice should be sought from treating medical practitioners and other health professionals in collaboration with schools and their support services to determine appropriate adjustments and supports. [19]

Along with students who have ongoing support needs, an increasing number of students may be affected by medical emergencies, such as those with asthma, epilepsy and anaphylaxis. In order to maximise the safety of these children and young people guidelines should be introduced that encourage:

- Mandatory training for all school staff involved in the treatment, management and administration of medication for conditions such as anaphylaxis and asthma (such as an auto injecting, pre filled adrenaline delivery system, often referred to as an EpiPen);
- The development of an individual management strategy, including a treatment plan;
- Training for school staff involved in a student's individual management to fulfil reasonable duty of care
- An appropriate avenue to pre-authorise school employees to administer medication (as per the child's treatment plan); and
- Protection for school employees who administer medication to a student they believe is experiencing a medical emergency.

All teachers should be provided with basic training in the provision of appropriate levels of medical care.

Some students may experience extended or regular periods in hospital. Hospital schools can partner with health teams, enrolled schools and parents to provide these children and young people with appropriate opportunities to maintain connection to their enrolled school, continue with their education and support transitions between school and health settings[20]. Hospital school teachers can play an important role in assisting with school reintegration programs for students returning to school after prolonged absence.

Medical practitioners in the school setting
Many GPs are engaged with local primary or high schools. A number of State AMA's facilitate or provide support for these sorts of activities through programs such as Youth Friendly Doctor, Dr YES and Teach the Teacher programs.

Arrangements vary from GPs and medical students doing presentations on specific health topics, to GPs actually providing medical care to students. GPs who engage in these important activities should receive appropriate training in both child and adolescent health care. School nurse programs (with appropriate referral pathways) may also be appropriate. These programs familiarise children and young people with medical professionals and may reduce anxiety associated with seeking medical attention and or advice.

The AMA Position

- That health and education sectors should work together to ensure the best health and education outcomes for all children and young people;
- All levels of Government should support ongoing dialogue and collaboration (where possible) between the health and education sectors that aims to improve education and health outcomes;
- Health literacy should be included in all school curricula. Delivery of this education should be well supported and informed by the latest evidence;
- Research that identifies evidence based and cost effective interventions that improves the health and wellbeing of students must be supported. This research should be collated and promoted by a national clearinghouse for school health research;
- School canteens should support efforts that encourage children and young people to eat a well-balanced diet;
- Immunisation status should be collected as part of the preschool and school enrolment process;
- Comprehensive, age appropriate sexual health and relationships education should be available to all students;
- Schools should be well supported in the delivery of resilience and mental health identification and awareness education;
- Chronic medical conditions and special needs should not prevent children and young people from engaging with education;
- Educational opportunities should be available to children and young people who spend significant periods of time in hospital of those who are absent from school for health reasons;
- Teachers should be educated and well supported in appropriate levels of medical care, particularly if they are responsible for students who are at risk of significant medical emergencies, such as anaphylaxis, asthma and epilepsy. Management plans informed by the child or young person's treating doctor should help inform appropriate management and responses to these situations as they arise;
- Training and support should be available to medical practitioners and medical students who engage with school students in programs that aim to help improve student health and wellbeing;

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