

Making Every School in the
Region of the Americas a

Health-Promoting School

Implementation guide for
educational institutions

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PAHO

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Introduction

• • • • • • • • • •

Every day, schools engage in numerous activities that help promote the health and well-being of students, families, and communities. There is clear evidence of the benefits of the health-promoting schools (HPS) approach (1, 2, 3), not only for improving overall health outcomes (physical, mental, and social) in the educational community but also for achieving better learning outcomes. The closure of schools during the COVID-19 pandemic highlighted these benefits, as well as the close links between health, wellness, and education.

Recognizing this potential, the Pan American Health Organization/World Health Organization (PAHO/WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), and the United Nations Children's Fund (UNICEF) have been promoting the HPS initiative (4) for over two decades so that educational systems can see the various ways that health and well-being can be promoted in the educational community as a whole, and can take a leading role in addressing them. The HPS initiative involves planned, systematic, participatory, multidimensional, and coordinated work between the educational community and other social institutions (health services, local governments, and other organizations).

Evaluation of the initiative around the world, and in the Region of the Americas in particular, has led to recommended standards to guide the process of transforming educational institutions. Based on these standards, practices, and evidence, this guide presents conceptual and methodological materials to help each school in the Americas progressively become a health-promoting school.

The term health-promoting school is used here to refer to institutions at all levels of schooling (preschool, primary, and secondary) that take a comprehensive approach to promoting health and school performance in their communities, using the organizational potential of schools to promote physical, socioemotional, and psychological wellness, all of which will contribute to better health and positive educational outcomes. Although this concept may go by different names (healthy schools, healthy educational environments, etc.), it is applicable to all health and wellness promotion initiatives in school settings that seek to implement a comprehensive, multicomponent approach.

It is expected that this guide will motivate educators, health workers, and other school-related workers, help them recognize each component of the initiative, and encourage them to promote its implementation, adapted and restructured for specific contexts.

Objectives

General objective

To facilitate implementation of the HPS initiative in educational institutions at all levels (preschool, primary, and secondary), taking a comprehensive approach in accordance with WHO and UNESCO global standards and indicators (3), and within the framework of the *Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030* (5) and the *Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030* (6).

Specific objectives

To introduce the conceptual and operational bases of the HPS initiative and help motivate the teams that coordinate its implementation, and to provide conceptual and methodological tools for the HPS initiative to be promoted in a critical and contextualized manner.

Target audience

This guide will be useful for all personnel in educational institutions, at the preschool, primary, and secondary levels, including management, teachers, school psychologists, support staff, and administrative workers, among others. It will also be useful for professionals from different sectors (e.g., education, health, and social development) whose activities are linked to health and wellness in educational institutions at all three levels.

How to use this material

This guide includes a section on concepts and one on methodology. The first section describes the conceptual basis of the benefits of promoting health in schools, the HPS initiative, how it is defined, and its characteristics and components. The second deals with methodological aspects of HPS implementation, including recommendations, requirements, and steps to be followed by the school team in charge of initiating the process, as well as educational activities for students at different levels. This makes it possible to design the HPS work plan in a participatory manner, involving family members, health workers, and other relevant local actors in each community.

It is suggested to read the section on concepts first, then the section on methodology. It should be clarified that the examples given here are only of some of the activities that can be adapted and recreated in each context, according to the needs of each educational community.

SECTION 1.

CONCEPTUAL FRAMEWORK



Links between health and education: why health should be promoted at school

It is widely understood that health and education are interdependent (3, 7, 8). Those who work in education know firsthand how important it is for students to be healthy in order to achieve good school performance, and that school attendance in itself improves the health of children and adolescents.

“ *Schooling is one of the main protective factors for the overall health of children and adolescents.* ”

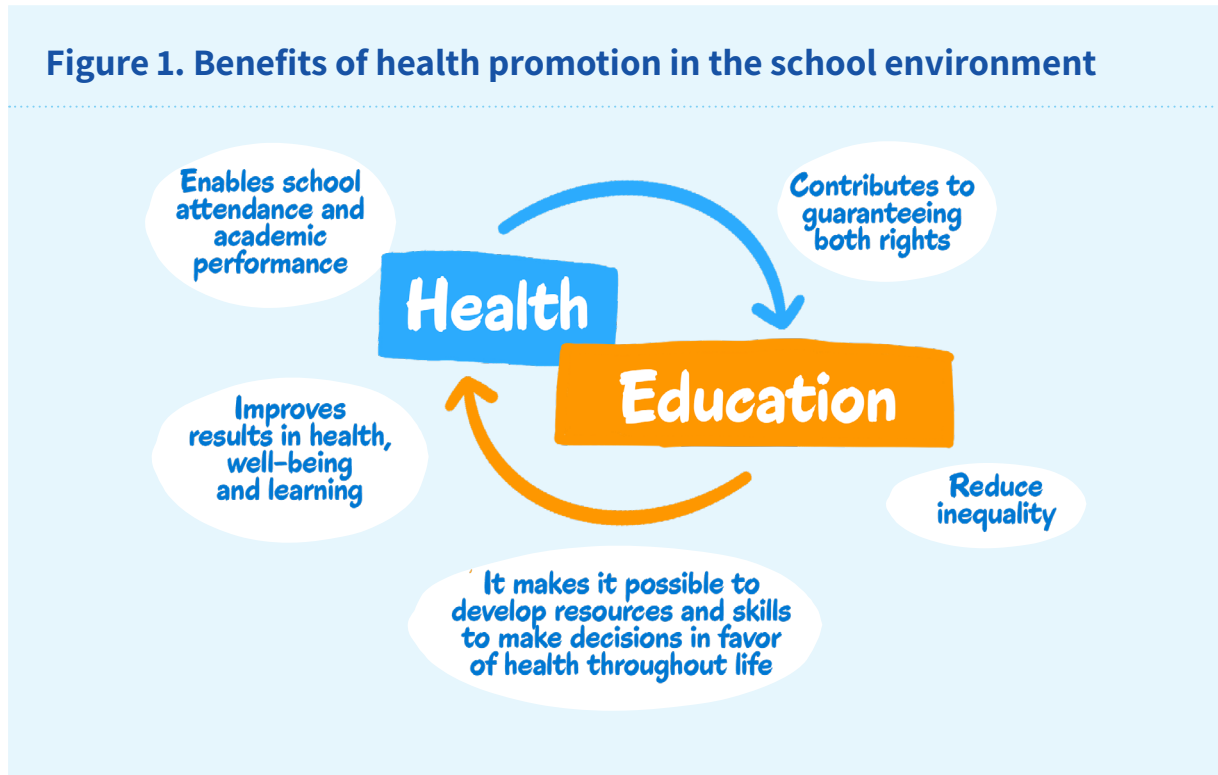
The COVID-19 pandemic and the difficulties in maintaining in-person schooling during periods of confinement further highlighted both the links between health and education and the importance of attending school, not only for learning contents but for the students' human development and to maintain their emotional and social well-being (9).

Health statistics show that people with higher levels of education tend to have better health compared to those with lower levels of education. This is because education is a social determinant of health (10) that plays an essential role in improving living and working conditions, as well as generating opportunities for people's health throughout their lives. Health, in turn, strengthens people's capacity to fully participate in the society they live in and, therefore, contributes to reducing social inequities in childhood, adolescence, and throughout life. Health allows individuals to strengthen their capacity to fully participate in the society they live in and therefore contributes to reducing social inequities in childhood, adolescence, and throughout life.



Something to consider: When we think about promoting health in schools, what images come to mind? And what ideas about health? Do we consider it a responsibility of teaching staff to deal with health issues? Who do we think should do it?

Figure 1 shows that health and education are rights of children and adolescents, and are closely related (11).



Health promotion in schools helps to contribute to ensuring the right to health and education of children and adolescents, and to achieve better health and learning outcomes. However, due to individual and societal perceptions, when we think about health, we are likely to do so from a limited perspective.

Although more comprehensive definitions of health are commonly mentioned, in practice it is observed that the traditional idea of health as opposed to illness continues to prevail. Associated with this is the idea that health issues should be mainly addressed by professionals and specialists in the field, and that it is basically a task of the health sector.

“ Health is a process in permanent construction. It is determined by social, cultural, economic, historical, environmental, and psychological factors, among others, and is developed daily in the settings where we live, work, and study. Health is strongly influenced by the opportunities that these settings provide us to choose behaviors that favor our physical and mental well-being (10, 12). ”

From this standpoint, health is not a matter separate from teaching; rather, it is intrinsic to teaching and, as such, must be integrated into daily activities. Indeed, teaching staff carry out daily activities that help improve the health and well-being of the educational community, such as transmitting meaningful content, promoting skills, and fostering healthy coexistence, participation, gender equality, nondiscrimination, respect for others and their rights, hygiene, and environmental care, among many others. Therefore, consciously or not, schools are settings in which health is built, and teachers and the educational community as a whole play a decisive role in promoting it.

Promoting health in the educational environment does not imply adding tasks to teaching staff and schools; rather, it mainly involves:

- Reviewing and rethinking the way everyday educational tasks are carried out and how school life is organized, to ensure that these tasks effectively help improve the health and well-being of students and the educational community as a whole;
- Increasing awareness of the importance of teaching to improve the current and future comprehensive health of children and adolescents, and enhancing it through intentional, systematic, and evidence-based actions.

On the path toward the creation of a health-promoting school, an in-depth review and analysis of our understanding of health and education is required, as well as an awareness of the important role of the teaching team and the educational institution in promoting and building health and well-being. Education is one of the main social determinants of health and, in order for the school system to actively promote it, all children and adolescents must have access to the benefits of education.

“ *In general, children and adolescents living in conditions of vulnerability are those who lack access to schooling or find it most difficult to sustain it. This situation worsened with the COVID-19 pandemic. While governments have a duty to address and prevent this problem, educational institutions that choose to become HPSs can also make a firm commitment to reduce absenteeism and dropout rates. To this end, they can act in coordination with other actors and sectors of the community and local government to identify students who are falling behind or not attending school and establish strategies to address this problem in a comprehensive manner. (This topic is further developed in the section on Learning resources.)*



Something to consider: To what extent do the educational institutions where we work offer an environment that promotes health and well-being? What options are offered to us to choose healthy practices and behaviors?

History



The HPS initiative emerged in Europe in the late 1980s, promoted by WHO. In 1991, the European Network of Health-promoting Schools was established, and in 1995, with the support of PAHO, it began to be disseminated and implemented in the Region of the Americas.

Its objective is to promote health in educational settings, with educational institutions taking an active leading role in building the health of their members. It also promotes the establishment of a comprehensive mechanism to coordinate multisectoral efforts and resources to improve the quality of life of the members of the educational community. Also, it fosters a change from the traditional paradigm of school health, focusing instead on a global approach to health in educational settings, based on the principles of health promotion.

Health promotion is based on a positive concept of health that seeks to understand and promote what produces health and not simply reduce the risks of getting sick or dying. In 1986, the Ottawa Charter defined health promotion as a global political and social process that, on the one hand, encompasses actions aimed at modifying social, environmental, and economic conditions to favor their positive impact on individual and collective health and, on the other hand, seeks to empower communities and individuals, and build capacities and conditions so that they can make healthy choices and reduce risks (12).

Considering the importance of the social context and its strong influence on the adoption of healthy behaviors, it is essential to enhance schools as a key healthy environment for health promotion and well-being. The HPS initiative is also underpinned by a whole-school approach “that goes beyond classroom learning and teaching to encompass all aspects of school life. It includes teaching content and methods, school governance, and cooperation with partners and the broader community, as well as campus and facility management. It is a cohesive, collective, collaborative approach by a school community to improve student learning, behavior and well-being and the conditions that support them” (3). Its implementation in public policies is strategic, given the high level of school enrollment of children and adolescents in the Region, and the capacity of the HPS to influence not only students but also their families and communities, while creating opportunities for public policies to reach people living in conditions of great vulnerability.

The HPS initiative promotes the creation of spaces for intersectoral coordination between health, education, and other sectors to be applied at all levels of government. This strengthens the links between education and health through integrated and coordinated actions and policies at the national, subnational, and local levels, with educational establishments as the main scenario for interventions.

Implementation of the HPS approach has been heterogeneous across the Region. However, several countries in Latin America and the Caribbean have developed policies and strategies for intersectoral collaboration that support health promotion initiatives in educational settings in line with the HPS framework. Many countries have also focused on implementing initiatives at different levels that adopt HPS principles with a comprehensive, intersectoral, and participatory approach to school health.

The results of PAHO's analysis of school health promotion in Latin America and the Caribbean (2022) (14) are consistent with the findings of previous surveys (15, 16) that indicate that school health and the HPS initiative resonate strongly in the Latin American region. Most of the countries have legislative instruments and policies on school health that support the initiative; however, countries that formulate specific laws generally implement more plans and programs. Also, most Latin American countries have established intersectoral coordination mechanisms for HPS programs. The HPS initiative is applied mainly in primary school (for children from 5 to 12 years of age) and to a lesser extent in preschool and secondary school.

Box 1. The cases of Paraguay and Brazil



Paraguay's experience since 1998

In Paraguay, the Healthy School initiative was built on the political and conceptual foundations set out in the reform of the health and education sectors. In this context, technical staff from both ministries established the main lines of intervention, outlined in a 1998 framework agreement with PAHO for implementation of the initiative (17).



Brazil's experience with the Health at School Program

The Health at School Program (known by its Portuguese acronym, PSE) was created in 2007 through Presidential Decree 6,286/2007, with the aim of developing public policies for health promotion among children and adolescents in public schools. The program, implemented in collaboration with the ministries of education and health, proposes a new policy design that:

- Takes a comprehensive view of health and education;
- Increases access to health and education services for children and adolescents;
- Promotes the participation of the school community in policymaking;
- Fosters collaboration to address vulnerabilities and improve health;
- Closes gaps in school health programs that primarily focus on individual behavior change;
- Develops competencies in health promotion, such as advocacy, partnership management, communication, leadership, planning, and evaluation.

The PSE was incorporated into schools' policies and teaching plans and it is implemented through coordinated action between local health and education teams and other local stakeholders (sports, social development, etc.). Its implementation in Brazilian schools has made it possible to address essential school health issues and has led to successful experiences in areas such as nutrition, violence prevention, prevention of communicable and noncommunicable diseases, sexual and reproductive health, oral and dental health, and promotion of physical activities, among others.

Present

.....

The HPS approach has gained new momentum in the context of the Sustainable Development Goals (SDGs), as an equitable and effective initiative to simultaneously pursue several SDGs, particularly SDG 1 (no poverty), SDG 2 (zero hunger), SDG 3 (good health and well-being), and SDG 4 (quality education). It also helps achieve SDG 5 (gender equality), SDG 10 (reduced inequalities), SDG 11 (sustainable cities and communities), and SDG 17 (partnerships for the goals).

By training successive generations of committed, creative, health-conscious individuals, HPSs have much to contribute to a society capable of better addressing the challenges of the twenty-first century reflected in the remaining SDGs (climate action, responsible consumption, and peace and justice, among others). In fact, PAHO's *Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030* (5) includes the strengthening of key healthy settings as one of its four lines of action, as well as a specific objective on HPS.

Box 2. Some experiences of health-promoting schools in the Region



Argentina: The HPS initiative has been implemented since 1998. The province of Salta was one of the first to adopt and continue the project through the provincial interministerial HPS Program. Among the experiences carried out in different places, it is worth mentioning the Growing Together: Relationships, Sexuality, and Rights program of the municipality of Santa Rosa de Calamuchita. This program promotes healthy sexuality development with a focus on autonomy, knowledge, self-esteem, and self-care, emphasizing the establishment of healthy settings, awareness of signs of abuse and harassment, channels for reporting abuse, and greater solidarity.



Brazil: The Periscope Project, launched in 2007, arose from the need to prevent tobacco and alcohol use in the municipality of Tarumã. Its three lines of action are education, social assistance, and health. Actions included training for staff and families; policies to prevent children's access to alcohol and tobacco; early detection of risk factors; awareness-raising and social mobilization; and detection of cases, with referral to health and social services.

Box 2. (Continued)



Colombia: The Healthy School strategy has been implemented since 1999. Between 2012 and 2014, through coordinated work between the Ministry of Health and the Ministry of National Education, the *Guide for Joint Action for Healthy Schools and Healthy Lifestyles (18)* was developed and training activities were carried out in the country's 32 departments, with training resources and tools for local initiatives. Currently, the Healthy Educational Environment Strategy is being developed, with guidelines for implementation since 2006 updated in 2015 and 2018 (19).



Mexico: In 1996 the country joined the HPS movement; in 2001 it established the Healthy Education Program in primary schools; and in 2006 it created the School and Health Program, with an emphasis on transforming the social determinants of school health through education, prevention, social participation, and modifications to the physical and psychosocial environment. Based on these experiences, in 2017/18 the "Health in your school" pilot project was established, laying the foundation for the current National School Health Strategy. Since its implementation in 2019, it seeks to promote health and prevent disease in the educational community and to improve school environments, making them health-promoting spaces. The school health strategy sets its priorities according to the national epidemiological situation, in which excess bodyweight (overweight and obesity) and its consequences predominate. Its actions have improved the school environment through training and refresher courses for the school community; behavior change campaigns; participation free of conflicts of interest; referral to health services; measurement of students' biometric data; referral and healthcare procedures; and promotion of HPS certification, which confirms that a school has planned and implemented continuous actions to become a health-promoting school. For higher educational levels, implementation is spearheaded by the Mexican Network of Health-promoting Universities.^a



Paraguay: The Healthy Schools Strategy (EES, by its Spanish acronym), a participatory process that considers the needs and potential of each school, is implemented by local, regional, and national health and education departments, with the participation of other sectors and stakeholders. The ESS begins with a situation analysis carried out by educational authorities and the school community, including students. A management team is then established, including representatives of the educational community, the health sector, and other community members such as municipal officials and representatives of public institutions, the private sector, and nongovernmental organizations. A participatory evaluation is carried out in each school and an action plan is developed. Monitoring is based on the indicators defined in the strategy. The country's management guide was prepared by the Ministry of Public Health and Social Welfare, with indicators for accreditation. According to reports, this has contributed to the development of the EES in the country over the past 24 years (20).

Box 2. (Continued)



Caribbean Community (CARICOM): Since 1996, and with the approval of the Permanent Conferences of Ministers of Health and Education, the Health and Family Life Education (HFLE) project has been implemented, based on classroom teaching of the knowledge and skills needed to lead a healthy life, and on preparing children and adolescents to face life's challenges effectively. In this project, the curriculum focuses on six core themes: (1) health and human life; (2) personal development and interaction with others; (3) nutrition and adequate physical fitness; (4) management of sexuality; and (5) environmental management. The project has been adopted and implemented in most Caribbean countries and territories on various scales and remains an educational and health priority for the Caribbean Community. It is expected that a combination of life skills, knowledge about health, and a supportive environment will enhance the potential of young people to become healthy, productive, and engaged citizens.^{b, c}

^a From the Dashboard (19 January 2023). National Basic Health Information System (SIS-SINMA), 2022, closing on 11 May 2023. Pan American Health Organization, Caribbean Community.

^b Pan American Health Organization, Caribbean Community. Preparing teachers to implement health and family life education in schools of the Caribbean Community (CARICOM). [place unknown]: PAHO, CARICOM; [date unknown]. Available from: https://caricom.org/documents/11871-revised_curriculum_guide_for_caribbean_teachers.pdf.

^c UNESCO/EDC, UNICEF, CARICOM. Health and Family Life Education. Regional curriculum framework for ages 9–14. Available from: <https://healtheducationresources.unesco.org/library/documents/health-and-family-life-education-regional-curriculum-framework-ages-9-14>.

In 2018, WHO and UNESCO launched the Making Every School a Health-promoting School initiative, in collaboration with UNICEF and the United Nations Population Fund (UNFPA). The goal was to establish global standards, indicators, and implementation guidelines for educational systems to promote health and drive policy change at the national level in order to make every school an HPS. Paraguay was selected in 2020 to represent the Region of the Americas in the early adoption of these indicators.¹ In 2021, two key publications were developed as part of this effort: *Making every school a health-promoting school – Global standards and indicators (3)* and *Making every school a health-promoting school: Implementation guide*.

The global standards for HPS guide the implementation of the initiative by establishing that a complementary governance mechanism at different levels (from national governments to individual schools) is key to achieving successful and integrated HPS systems. They also establish a vision and general framework for action and propose flexible implementation that can be adapted to local contexts and resources that may condition the scope, priority actions, and other possible actions in each situation.

¹ The country has identified five schools with different characteristics, that are interested in early implementation of these global HPS guidelines and indicators.

The global standards are designed for implementation of the HPS initiative at the national and subnational government levels, and in schools. As will be seen in the next section, they serve as a basis for defining the necessary characteristics of programs based on this approach. This guide is based on them but proposes that the standards be adapted to specific contexts to facilitate their implementation in educational institutions in the Region of the Americas.

Box 3. Eight global standards



1. Government policies and resources
2. School policies and resources
3. School governance and leadership
4. School and community partnerships
5. School curriculum that supports health and well-being
6. School social-emotional environment
7. School physical environment
8. School health services

What is a health-promoting school?



WHO defines a health-promoting school as "a school that constantly strengthens its capacity as a safe and healthy setting for living, learning, and working." (3)

While this definition helps guide decision-making, institutional commitment, and an active role for schools in promoting health, it is necessary to provide greater specificity to make it more operational. The following definition is therefore proposed:

“ A health-promoting school is an educational institution that plans systematic and continuous actions in different dimensions of school life, generating an environment that promotes the health and well-being of the entire educational community. It creates conditions and opportunities, and fosters the acquisition of cognitive, emotional, and social competencies that enable its members to choose and make critical and conscious decisions in favor of their well-being and that of their communities. ”

The construction of an HPS is a progressive, permanent, and continuous process, not a one-time activity. It therefore, requires conscious, planned, and systematic work from all its members. It is an initiative and not a one-off project because it fundamentally involves reviewing and rethinking the educational institution and its practices on an ongoing basis in order to adjust and improve them for the health and well-being of all its members, thus enhancing learning outcomes.

The available evidence from the last two decades indicates that the most effective models of health promotion in the school environment are those that encompass different dimensions, components, and factors of the work done in educational institutions (21–24). These include policies, changing environments (physical and psychosocial), school plans, community and family participation, and coordination with health and social services.

Many schools carry out health promotion activities related to some of these components, (e.g., workshops on health topics, healthy snack bars, safe playgrounds) or they facilitate access to health services. However, in order to be considered an HPS, a school must address the different HPS dimensions or components simultaneously and continuously.



Something to consider: What is the role of the school according to this definition? Why do you think a school should plan systematic and continuous actions on different aspects of school life to become a health-promoting school?

Model for health-promoting schools in the Region

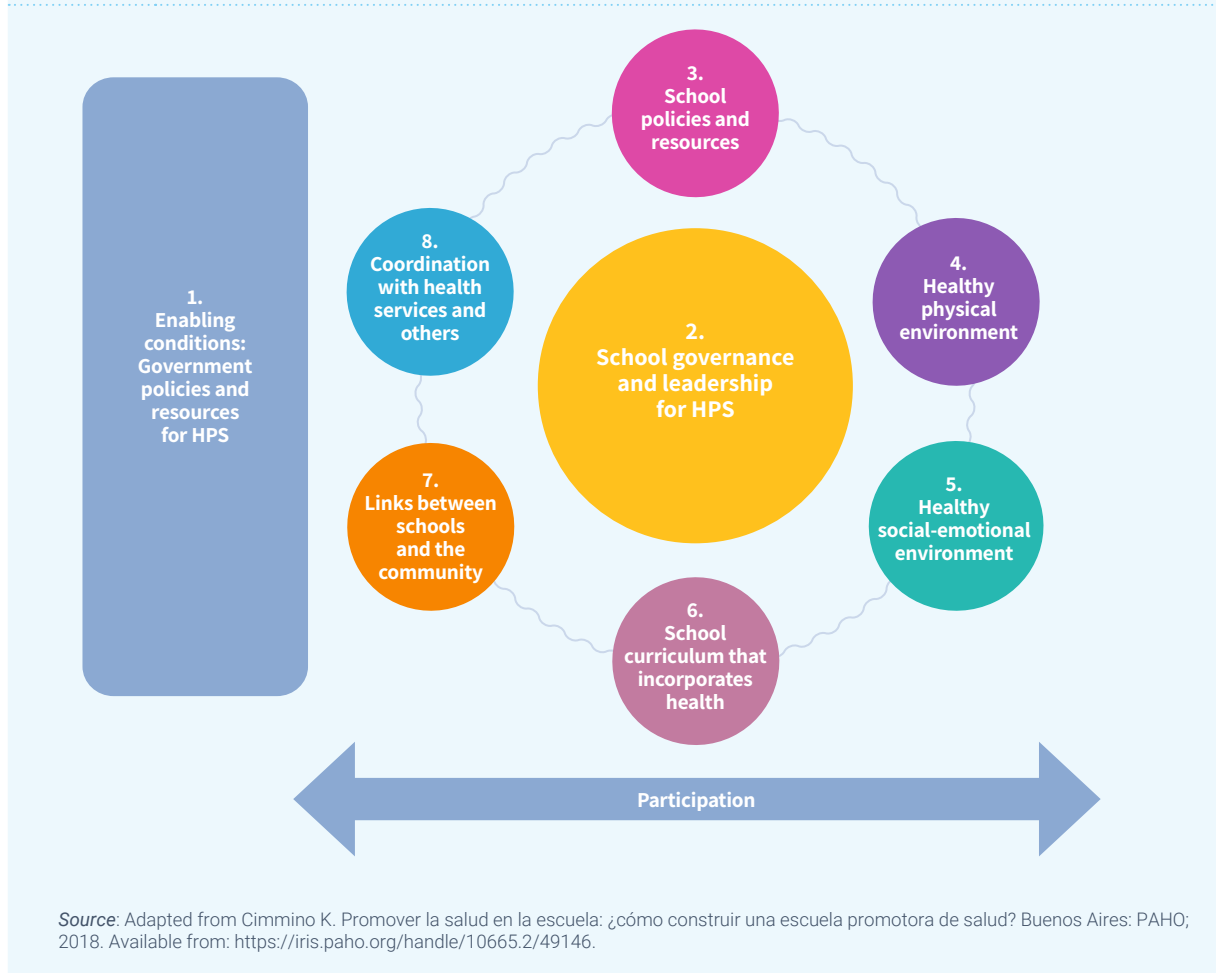


The HPS initiative is multidimensional or multicomponent (13, 25, 26). At the global level, and sometimes also within countries, there are different ways of categorizing the components that need to be addressed in school settings.

In the PAHO/WHO conceptual framework for Latin America and the Caribbean (27) (2003), the model of health-promoting schools was organized around three main interrelated components: health education with a comprehensive approach; a healthy physical and psychosocial environment; and access to health services, diet, and physical activity. School engagement and healthy school policies were considered cross-cutting components. Subsequently, with the expansion of the initiative over time in Latin America and other regions such as Asia, it has become necessary to break these down into five or six components to give greater visibility to each one (28–30).

Based on the eight global standards for HPS (3), these components have been adapted for Latin America and the Caribbean. The proposed model is shown in Figure 2.

Figure 2. Proposed components of a health-promoting school in Latin America and the Caribbean



The figure presents the eight global standards, with the school-level components integrated into the standards directly linked to the institution. The standard on government policies and resources is considered an enabling and facilitating condition for health-promoting schools. Among the other seven standards, school leadership and governance is presented as the key component of an HPS, allowing work to be planned for the other six standards that an educational institution must address in order to become an HPS.

Below are presented the different components of a health-promoting school.

Component 1. Enabling condition: government policies and resources for HPS

Based on the global HPS standards and available evidence, **having government policies and resources** constitutes a necessary enabling condition for schools, which need to receive programmatic support for training and accompaniment for effective performance.

Governments must ensure the sustainability of HPS-related policies and initiatives, and the education sector must take a leadership role, with continuous support from the health sector and other sectors. Intersectoral work should be clearly established, with well-defined roles and responsibilities.

To be truly effective, these initiatives must be accompanied by the allocation of human and financial resources. Many countries implement HPS initiatives at the national, subnational, and local levels; with different names and formats, these initiatives are coordinated across education, health, and other sectors.



Something to consider: Is there any program or initiative for HPS or education-related health promotion in your locality? What laws support HPS initiatives in your country or locality? Is there a committee or other mechanism for intersectoral work between health and education to implement school health programs?

After establishing the existence of government policies and resources as an enabling condition, Figure 2 presents the seven components of an HPS that allow it to be characterized as such, differentiating it from other strategies. An educational institution must exercise governance and leadership to promote the comprehensive health of the entire school community and carry out planned actions in an articulated, participatory, and simultaneous manner on the following components: healthy school policies and resources, healthy physical environment, healthy socio-emotional environment, a curriculum that incorporates health, linkages between the school and the community, and coordination with health services and others.

The creation of a health-promoting school is a gradual process. It requires time and is continuous and non-linear. The different HPS components help guide its implementation. The HPS model is essentially participatory and each of its components is cross-cutting.

Component 2. School governance and leadership

School governance and leadership occupy a central place in this scheme, since an HPS is only possible when an educational institution assumes these functions to support the health and well-being of its members. This is an essential condition of every HPS, differentiating this school health model from others.

School administrators should have extensive information about HPS, understand the concept of comprehensive health and health promotion and its benefits for education, and take on the commitment to drive the initiative, which involves reviewing and adapting how the school functions and is organized.

A school team with well-defined roles should be set up to lead the initiative. The team should include one or more members of the school's administration, teachers, and others (e.g., administrative employees, cleaning and cooking staff, school psychologist). This team should organize and lead the different HPS actions, such as informing the rest of the school, carrying out the participatory health diagnoses, designing the HPS plan and monitoring and evaluating its progress, encouraging the participation of students, families, and other community actors, including health services. Part of their task is to establish participation mechanisms that spark the interest of the various members of the educational community at all stages of the process (see the steps to implement the initiative). Depending on the characteristics of the institution, the team may include representatives of students, families, and the community.

To achieve the comprehensive, whole-school HPS model, the school team should ensure that the HPS plan covers all aspects of the educational system shown in Figure 2.

The school team should receive HPS training (in-person, virtual, or other), have access to the corresponding conceptual and learning resources, and update their training as needed. Government HPS programs should facilitate this training, but each educational institution can also establish partnerships with local health services, universities, or civil society organizations to collaborate in the training process.



Something to consider: In your opinion, does your educational institution ensure governance and leadership to promote the health of the educational community? What are the potentialities and difficulties for your school in adopting this leading role?

Component 3. School policies and resources

An HPS should review, adapt, and define **institutional regulations, policies, and resources** to promote the well-being, health, and quality of life of all its members (students, families, teachers, and school staff).

As part of the process of progressively building a health-promoting school, policies should establish a school plan, allocate human resources to lead the initiative (school team members who can devote time to these activities), and ensure the necessary resources and budget to implement the plan. While budgets are usually limited, this is not an impediment to becoming an HPS: as progress is made, partnerships can be established with other community members and institutions.

Box 4. School policies and regulations

Establish positive linkages

- Student and family participation, and the creation of mechanisms to ensure participation;
- Healthy coexistence, prevention of all types of violence, harassment, and discrimination;
- Respect, nondiscrimination, and integration of cultural, ethnic, sexual diversities, etc;
- Inclusion of people with disabilities;
- Promotion of gender equality;
- Appreciation and consideration of the culture and knowledge of the members of the educational community.

Health promotion and disease prevention

- Promotion of human rights that protect all children and adolescents, including comprehensive sexuality education according to the developmental stage;
- Physical and mental health care;
- Hygiene, personal care, environmental care, and proper management of natural resources;
- Promotion of physical activity;
- Promotion of healthy eating and provision of healthy food in the school (cafeteria, school lunch, snack bar, etc.);
- Disease prevention;
- Accident prevention;
- Disaster prevention and management;
- Access to social and health services.

Box 4. *(Continued)***Establishment of institutional mechanisms for the development of HPS**

- Inclusion of the initiative in the institution's educational plan, with the topic and its approach included in the different components of the HPS model;
- Mechanisms to ensure school access and student retention, and reintegration strategies for students who drop out of school;
- Clearly defined mechanisms for interinstitutional and intersectoral coordination (with whom, what, how, and when).

HPS policies should be based on the needs and priorities of the different members of the educational community, who should actively participate in the review, design, implementation, and evaluation of these policies. Consideration should be given to the existing education-related policies and programs in each country (school meals, violence prevention, etc.).



Something to consider: What weaknesses and strengths do you see in your school's policies and regulations on health promotion? How do they align with the above-mentioned criteria?

Component 4. Healthy physical environment

As the physical environment in which the educational community lives, grows, and works, schools can provide opportunities for their members to experience and adopt lifestyles that promote their well-being.

It must be ensured that the school's **physical environment is healthy**, safe, and inclusive, in line with national and subnational policies. The space where teaching and learning take place must guarantee adequate conditions of infrastructure, safety, hygiene, accessibility for people with disabilities, safe water, lighting, appropriate places for play, physical activity, food preparation, environmental sanitation, supplies for disaster management and evacuation, and care for the environment.

The physical environment includes institutional-related regulations and practices, such as hygiene practices, smoke-free spaces, safe storage and handling of the food provided by the institution, safe use of digital technologies, compliance with norms and regulations of the physical environment, etc. It also encompasses the area surrounding the institution, (e.g., safe crossings and paths, signage, adequate lighting, elimination of dumpsites, food sales at the school exit). The educational community should be aware of these aspects and how they affect health and should act and make changes accordingly.

Educational establishments often lack adequate infrastructure, access to water, and sanitation. This should not be an impediment to starting the process of implementing an HPS. In these cases, the initiative is an opportunity to identify, together with members of the community, the aspects that need to be improved, and to facilitate coordinated work with other organizations, government bodies, and the community, to implement an improvement plan.



Something to consider: To what extent do you think your institution offers a healthy physical environment? What adjustments and modifications could be proposed?

Component 5. Healthy social-emotional environment

A **healthy socio-emotional environment** requires a school climate and learning environment that is healthy, safe, inclusive, and conducive to emotional well-being. This encompasses the norms, values, behaviors, and attitudes that individuals adopt in the institution, as well as the interpersonal relationships that are established daily among all members of the educational community, and the way in which conflicts are communicated and resolved.

“ A health-promoting school works daily to provide socio-emotional well-being to students, their families, and the community in general. ”

A positive social-emotional environment also affects students' academic performance. There are several sources of evidence in this regard (31). A healthy social-emotional climate fosters positive interpersonal relationships, trust, self-esteem, communication, and engagement of the educational community, which facilitates learning.

Promoting a healthy socio-emotional environment involves creating a school environment and climate that fosters:

- participation of all members;
- communication;
- positive, non-violent interpersonal relationships, healthy coexistence, and nondiscrimination;
- self-esteem, cooperation, and solidarity;
- promotion and protection of rights;
- gender equality;
- respect for diversities (physical, cultural, social, sexual, etc.) and the creation of an inclusive environment;
- nondiscrimination and prevention of stigmas associated with disabilities, cultural group, physical or mental health issues, gender identity, sexual orientation, etc.;
- recognition and appreciation of personal, social, and cultural differences;
- prevention of bullying and all types of abuse and violence, including on social media;
- promotion of life skills and competencies;
- identifying, supporting, and caring for populations in situations of greatest vulnerability;
- creation of protocols and standards to address mental health problems and situations of violence;
- creation of favorable working conditions for staff at the educational institution, along with training activities that promote a healthy socio-emotional climate;
- participation of all staff to reach agreements on the ideal socio-emotional environment they expect from their institution;
- regular tracking and monitoring of the socio-emotional environment and activities to improve it;
- fostering favorable conditions for remote education and the safe use of information and communication technologies.

Component 5. *(Continued)*

The greater the interest of educational authorities in improving the working climate for staff, the greater the opportunities to promote the health of students and the community.

Teachers play a fundamental role in promoting a healthy socio-emotional climate. They establish positive relationships with students, identify their needs, foster positive interaction among students and encourage their participation in educational initiatives, thus helping to improve their well-being (32), sense of belonging, and learning outcomes.



Something to consider: To what extent do you think your educational institution promotes a healthy emotional environment? What kind of relationships are fostered among students, school staff, and families? Is participation and respect for diversities encouraged?

Component 6. School curriculum that incorporates health

Educational institutions are environments conducive to promoting knowledge, practical skills, attitudes, and values that enable all members to actively participate in the pursuit of their well-being and in decisions that promote health and quality of life.

The curriculum should provide explicit training in holistic health and well-being (as part of different school subjects) and promote health both in practice and in day-to-day classroom and institutional activities (the "hidden" or "implicit" curriculum). It is also essential to maintain coherence between what is taught (the curriculum) and what is done and experienced in the school environment.

In an effective curriculum that incorporates health:

- Teaching staff know the characteristics of their group, and they adapt health content according to the group's needs and interests;
- Health education promotes gender equity, rights, empowerment, and an inclusive approach;
- Health topics are addressed comprehensively, covering aspects of physical, social, environmental, and psychological health;
- Health education not only offers scientifically relevant content but also develops psychosocial competencies and skills;
- Comprehensive health education employs participatory and experiential teaching methodologies that encourage critical analysis, promote collaborative learning, and consider students' family and social context (i.e., culturally relevant teaching);
- Health content is developed continuously, sequentially, and systematically to achieve effective results.
- Health issues are addressed both in the classroom and in outreach activities to reach all members of the school, families, and community. They must go beyond the classroom setting. Activities that address the different components of HPS should be included;
- Teaching staff receive support and training, and have access to teaching materials on health topics;
- Student participation is key in defining the health topics to be addressed and in multiplying health activities in the school and in the community.

Component 6. (Continued)

“ A comprehensive health education initiative will achieve good results if it is developed systematically and continuously, and if it is integrated with the school's objectives, initiatives, and learning plans, with the participation of the entire educational community. ”

To facilitate a comprehensive and multidimensional approach to health education, it is advisable to work on health topics in a cross-cutting manner (11), i.e., across different subjects and curricular areas (language, social sciences, natural sciences, physical education, art education, computer science, etc.), not focusing on a single subject, if possible.

The project-based approach helps teachers of different topics – in the same cycle, grade, or year – to organize their approach to the different topics. This is particularly useful at the secondary level, where organizational considerations make cross-cutting work more complex. The progress of HPS initiatives shows how different health topics can be integrated into classroom activities. Other relevant methodologies include those that promote participation, cooperative learning, and service learning, along with others that promote personal and social development.

“ Health professionals can complement and strengthen the comprehensive health education work done by the teaching team, but not replace it. Health topics are part of the content that needs to be addressed both by the teaching team and the educational institution in order to prepare students for life and ensure quality education. ”

The need to incorporate health education offers teachers the opportunity to work from a new perspective, in coordination with local social and health services. Given the active role of teaching staff and their need for training on health topics, it is important for a school to request that local health services provide training courses for teachers instead of isolated interventions with students, or to invite them to participate in activities of broader projects in the classroom or with families and the community.

Component 6. *(Continued)*

At school, the teaching team should work on the content with their students, but it is essential to strengthen coordination between the school and local social and health services, since common priorities can be addressed as needs emerge. Healthcare workers can also be involved in the preparation of the HPS plan.



Something to consider: Are health topics included in the curriculum? What topics are included? How and in which subjects? To what extent are health topics addressed according to the criteria outlined in this section? Do professionals from outside the school help determine health-related content? How?

Component 7. School and community partnerships

To establish a health-promoting school, the educational institution must **interact and cooperate with the local community**, understood in its broadest sense. The participation of families, caregivers, and legal guardians, as well as different community members (local government, civil society organizations, and other relevant actors) should be encouraged and included in the activities of the HPS plan. This can range from identifying health problems and priorities to implementing, monitoring, and evaluating the work plan.

Due to the complexity and multidimensional nature of health, an educational institution needs to work with other sectors and organizations in the community in order to undertake these processes in an integrated manner. The mechanisms and procedures for effective participation must be clearly defined in the institution's policies and in the EPS work plan.

“ Schools should periodically review how they approach community and family involvement in their HPS initiative. ”

Box 5. Family and community participation

To engage families and the community, schools can:

- Identify key actors in the community who can contribute to the work plan of the HPS initiative. The involvement of government and local health services (primary care health professionals) is important;
- Foster competencies that allow the participation of families and other community members (e.g., workshops on health topics). It is also possible to reach families through relevant information that students bring to their homes or through activities in the community that have a multiplying effect. In many cases, local health workers and civil society organizations can provide information to families;
- Generate concrete opportunities and establish institutional spaces and channels that enable systematic and continuous participation of families and the community. This can be done through the creation of school health committees, assemblies, interviews, surveys, frequent or ongoing activities with families and the community, etc., or in other formal municipal spaces (e.g., commissions, local councils) that already exist to address educational issues;

Component 7. (Continued)

Box 5. (Continued)

- Plan and jointly organize community health campaigns and events for families and the community;
- Partner with families and the community to improve the physical and socio-emotional environment of the institution and its surroundings;
- Propose student projects and activities that involve families and the community (e.g., neighborhood history, nature, science, identifying resources for a specific topic, biographies of grandparents or community leaders, organized visits in the municipality, dialogues with the mayor or student representatives, visits to markets, agreements to supply fruit, etc.);
- Participate in projects to improve aspects of the community that promote health and well-being;
- Enable spaces in the school (e.g., playground or gymnasium) for extracurricular activities that enhance physical activity and recreation;
- Identify children and adolescents who are not attending school and think of strategies to facilitate their enrollment and retention in school.



Something to consider: Are families and the community involved in the school? How? Why do you think it happens that way? How do you think it could be improved?

Component 8. Coordination with health services and others

Coordination between health and education is important in HPS initiatives. However, it is necessary to consider how this should happen, so that it is most effective and in line with the HPS model.

Local health services should cooperate with the HPS initiative; however, they should not act "in the school" but rather "with the school" (see Table 1, below, which compares the traditional model and the HPS model). It is advisable to carry out planned work jointly and in accordance with the priorities and needs of the educational institutions (3). Activities carried out by health workers and personnel of other services must also be framed within the HPS work plan.

Health workers and personnel from other school-related sectors should also receive training in the HPS approach in order to carry out quality work that meets HPS criteria.

Educational institutions can act in coordination with the local health sector to ensure access to preventive services, healthcare, and social protection for students and the educational community as a whole.

The following is suggested for effective coordination with the community:

- As part of its work plan, the school can identify and contact nearby health services to address the diverse health needs of students;
- Educational institutions can establish cooperation agreements with local health services or local government programs to address physical, mental, and social health needs;
- These agreements should be explicitly stated and should be part of the school's HPS policies. They should clearly define service delivery procedures, referrals to specialized services that students may need, and service delivery and communication during emergencies;
- Together with health professionals, the school community defines the priorities and modalities of health service delivery. The participation of the educational community should be encouraged, in order to define these priorities and preferences;
- Health personnel should ensure that the services and actions carried out within the HPS framework take into account the criteria for participation, while respecting the school's schedules and organization.
- Educational institutions should request the collaboration of health professionals to support HPS training for staff and provide information on relevant health topics;
- Local health services should include promotion, prevention, and assistance activities;
- Health services should consider physical, mental, emotional, and social health, and the promotion and protection of rights. They should implement programs to prevent and treat different situations of violence, abuse, and addiction, among others.

Component 8. (Continued)

- Health workers can help promote and organize programs for healthy eating and physical activity in schools;
- The educational institution should keep records of its planning and monitoring of activities related to the provision of health services. These activities should be jointly evaluated by both sectors annually;
- Health services and schools should work together to identify students and families in situations of greatest vulnerability (social, economic, psychological, etc.), and plan actions to facilitate their access to education and to social and health services.

“ Given that countries have different definitions and classifications of the components of a health-promoting school, all types of health promotion in schools are considered valid even if they have different names, as long as they are based on multidimensional initiatives and take into consideration most of the aspects discussed here. ”



Something to consider: Does your educational institution work in coordination with local health services? How does it do this? Do these services – and how they are delivered – meet the criteria described here?

What a health-promoting school is **not**



There is often confusion about what defines a health-promoting school. It is a mistaken idea that a school is a health promoter simply because it provides workshops or talks on health-related topics or offers vaccination or medical examinations.

The following table shows the differences between the traditional approach to school health and the HPS approach. By comparing these approaches, we can better understand and refocus the corresponding practices.

Both approaches are conceptual constructions and while the table presents them as two extremes, in practice they are often mixed and non-exclusive. In fact, schools already committed to health through current school health activities can use their experience, learning, and partnerships to become HPSs.



Something to consider: After reviewing Table 1, which model do you think predominates in your institution?

Table 1. The traditional approach to school health and the HPS approach

Traditional approach	HPS approach
Concept of health	
Limited, health as absence of disease (biomedical perspective)	Integral and multidimensional (health as a social construct)
Focus	
Disease prevention, healthy lifestyles, and health services	Creation of conditions and opportunities for development and quality of life
Role of the educational institution	
Passive: captive population	Active: leading role
Leadership in implementation	
Led by professionals from outside the educational community	Led by members of the educational community with support from other sectors or actors
Social representation	
External professionals are considered possessors of health knowledge	Education workers recognize their ability to influence the quality of life and well-being of members and consider that they have a role to play
Interventions	
Sporadic and not integrated into educational plans or institutional policy	Systematic, continuous, and integrated into the educational plan and institutional policy
Dimensions of work	
One-dimensional (e.g., provides workshops or preventive services)	Complex and multidimensional Interventions seek to influence different dimensions of the school
Intersectorality	
Work is done "in" the environment	Work is done "with" the environment
External actors define priorities and ways of working	School workers are trained to lead the initiative and define priorities and modalities
Professionals from outside the school implement the initiative and the educational community collaborates	Members of the educational community implement the initiative and request collaboration from other actors according to their needs

Source: Cimmino K. Promover la salud en la escuela: ¿Cómo construir una escuela promotora de salud? Buenos Aires: PAHO; 2018. Available from: <https://iris.paho.org/handle/10665.2/49146>.

Table 2 below presents concrete examples that highlight the difference between carrying out health actions in a school and being a health-promoting school.

Table 2. Differences between isolated health promotion actions and a truly health-promoting school

What DOES NOT make a health-promoting school	What DOES make a health-promoting school
Having a healthy snack bar.	Having a broader HPS plan and working on its different components, including establishing a healthy snack bar.
Holding workshops on health topics or addressing them in certain classroom subjects.	The curriculum addresses health topics in conjunction with the HPS initiative, but also incorporates them into school policies and regulations, the school's physical and socio-emotional environment, institutional practices, and ways of organizing school life in coordination with families and the community, while promoting access to health services and other services.
Having safe and accessible schoolyards, and facilities that foster play and sports.	In addition to working on the school's healthy physical environment, all of the above components are addressed simultaneously.
Organize health fairs once a year and invite families and the community.	Health fairs can be part of an activity that helps raise awareness among families and the community, but their impact is limited if they are not framed within a systematic and continuous health promotion process throughout the year and if the different dimensions or components of an HPS are not addressed (partnership with families and the community, school curriculum, physical and psychosocial environment).
Teachers only implement the health promotion plan at school with their classes.	The HPS approach implies having made an institutional decision supported by a governance and leadership model. Authorities, teachers, and other school staff members must commit to the initiative.

Source: Adapted from Cimmino K. Promover la salud en la escuela: ¿cómo construir una escuela promotora de salud? Buenos Aires: PAHO; 2018. Available from: <https://iris.paho.org/handle/10665.2/49146>.

An analysis of the differences shown in Table 2 guides us in the steps to follow. Clearly, when specific health promotion actions are already being carried out in the school, it is easier to transition to a comprehensive model. In these cases, it is advisable to take advantage of the fact that there are already motivated individuals who can be added to the team. Their experiences can serve as examples of what can be accomplished through collaboration. The actions must be framed within the school's work plan.

“ It is essential to involve the entire educational community. Having a decisive commitment from the school will give sustainability to the initiative and amplify the impact of the actions, which can be monitored and evaluated as part of the work plan. ”

SECTION 2.

METHODOLOGICAL ASPECTS OF IMPLEMENTATION OF A HEALTH-PROMOTING SCHOOL



How to implement an HPS initiative



While there are many ways countries can implement an HPS initiative at the national, subnational, and local levels, successful experiences in the Region have the following characteristics (33, 34):

At the national, subnational, or municipal level

- Formal agreements or commitments between health and education at the national, provincial, or local levels;
- An intersectoral or multisectoral structure (health, education, and other sectors) that supports implementation of the initiative in schools;
- Personnel and resources allocated to this task in both sectors (health and education), and sometimes also in other sectors;
- Training of health personnel and personnel from other sectors involved;
- Training of personnel from educational institutions;
- Support for HPS;
- Monitoring and evaluation of HPS;
- Creation of HPS networks that promote the exchange of knowledge and experiences.

At the school level

- Creation of HPS networks that promote the exchange of knowledge and experiences. At the school level, voluntary adherence and commitment;
- Formation of a school-based HPS team made up of teachers, administrators, and staff (in some cases, other sectors of the community may be included);
- HPS training for new teams;
- Development and implementation of a school work plan that engages all members of the educational community;
- Internal monitoring and evaluation (of the school itself) and external monitoring and evaluation (by personnel from national, provincial, or local HPS programs);
- Participation in HPS networks.

Requirements and steps to implement the HPS initiative

There are no universal criteria for building a health-promoting school. Good practices indicate that each school must adapt to its specific characteristics and context. While each HPS experience is unique and unrepeatable, schools that have taken this approach show the importance of considering the following requirements and steps.

Initial requirements

A. Awareness-raising and information activities for the staff of the educational institution, and institutional commitment.

First of all, it is advisable to organize information meetings and to exchange ideas with the management team and all school staff about what HPS is and what it means to become a health-promoting school. It is important that school staff know the requirements of the initiative, and that the authorities and some teachers are willing and able to guarantee their commitment to implement it (see Sheet 1, which will facilitate this process).

Once the school decides to participate in the experience, it is necessary to inform and raise awareness among the students, families, and other community stakeholders, so that everyone understands that they are part of the initiative and the ongoing work involved (see Section 4, Stage 1 activities: Information and awareness-raising for HPS).

When there are national, subnational, or local HPS programs, the institution usually must provide a written commitment to initiate the process and support it. For example, in Aragon, Spain, one of the requirements is to meet a three-year commitment to HPS.

B. Forming a school-based team to lead the initiative

It is often helpful to establish a coordinating team made up of staff from the educational institution who are motivated to organize and lead the process by progressively involving the whole school, families, and the community. This aspect is highly developed in various countries that have decided to establish these teams.

The composition of each team should be based on the possibilities and characteristics of each school, taking into account the particularities of each educational level. They must be made up of at least one administrator, some teachers, and other school staff. To be operational, these teams must be small. In many cases, they include only staff from the institution, with larger HPS committees or councils called to meetings periodically, but less frequently, to promote participatory leadership of the strategy.

In the case of high schools, it is essential that student representatives from the different grade levels take part in the team. However, it is advisable for the team to have some meetings only with staff, and others that include students or other members of the educational community. The names, positions, and working hours of the people who make up the teams should be recorded and this information should be made known to the rest of the institution.

C. Creating opportunities for training and joint planning with the school-based HPS team

The school administration should allocate time and space for the HPS team to meet during school hours. These moments should be used for training and for the planning of classroom activities, at the school and in coordination with families, the community, and health services (see the section on methodology for HPS team activities that serve this purpose).

The educational institution should organize training in health promotion for the school team, in collaboration with local government programs, health and well-being services, or other local organizations.

The school team should have access to HPS conceptual materials and learning resources to facilitate their work. To begin with, it is useful to read the Conceptual Framework section and carry out the group activities proposed for the HPS school team in the methodology section. Opportunities for reading, reflection, and exchange between teachers and other staff members on this topic – along with the completion of exercises to jointly identify areas for improvement, and the development and implementation of the work plan by the groups – are key to establishing HPS, as they facilitate institutional buy-in.

D. Defining an HPS implementation strategy in schools

The school-based HPS team is responsible for planning the implementation of the initiative. For example, the team may decide to start working with one grade level and with some interested teachers from different grades, then gradually include the others. It is not essential for all members of the educational community to participate in the entire process; however, as will be seen in the following section, it is advisable to use different strategies and activities to promote the engagement of the various actors in the design of the HPS plan. The process should be developed endogenously in each school, should reflect the school's prior experiences and identity, and should be adapted to its needs and resources.

The following section describes the standards and steps to be followed to facilitate the design of the HPS work plan, with the participation of the different members of the educational community. It is suggested that the plan be annual and that it be evaluated and adjusted each year, according to the aspects that need further development.

Steps in the participatory design of an HPS plan

There are many ways to become a health-promoting school, but to facilitate the process, this section offers sample steps that a school can follow and adapt, based on the experiences of many educational institutions in the Region.

After forming the school team and taking the initial steps described above (requirements for implementing HPS), it is necessary to begin designing the work plan in a participatory manner. The school team that leads the strategy can carry out the activities listed in the section on methodology, planning activities that will involve students, families, and other members of the educational community, to receive their opinions and contributions. To facilitate participatory development of the work plan, the section on activities for students offers some examples at each educational level and each planning stage.

The work plan can be designed in a variety of ways and based on different experiences. Figure 3, below, shows the steps to follow.

Figure 3. Steps in participatory implementation of the HPS plan



Step 1. Information and awareness-raising about HPS for the entire educational community

Active participation requires that all members of the educational community be informed and motivated. The first step therefore consists of activities that strengthen motivation. At this stage, ideas about health should be reviewed, discussed, and expanded to include the concept of comprehensive health on which the HPS initiative is based, and to allow the implementation of a corresponding work plan (see the learning activities for students).

Step 2. Participatory diagnosis for HPS

At this stage, a simple participatory diagnosis is carried out, in which the different members of the educational community identify problems related to comprehensive health and well-being in the school (physical and social school environment, school policies and regulations, curriculum, etc.). These will be included in the work plan in order to progressively improve them with a view to becoming an HPS. It is advisable for the school team leading the initiative to be able to carry out some of these diagnostic activities before raising them in their groups (see some examples in the section Activities for the school team).

As part of the diagnosis, the school team should survey the institution's current health-related projects and actions and see what resources can be allocated to the work plan.

Educational institutions generally have various projects and activities related to health and well-being (e.g., food, physical activity, sex education, coexistence). The HPS initiative should be seen as a big umbrella that integrates and reorients these activities within a common framework. Therefore, the first step is for the school team to identify the activities and see how they could be enriched with this approach, while also integrating and contributing to the progressive construction of the HPS (see Mapping of internal resources).

These exercises – as well as the proposals of the different members of the educational community regarding the aspects to be improved – promote greater awareness and involvement in the initiative (see the activities for students and families at this stage). The results of the diagnosis are essential inputs for the design of the work plan and for defining the aspects that need to be improved in the institution, as well as the health-related issues that should be prioritized in the proposal.

In some cases, the national or subnational HPS program, the municipality, or the school may have already prioritized needs and problems in terms of their relevance to the community, and work on them could begin. For example, preventing gender-based violence or obesity may already have been defined as a priority issue. Likewise, in these cases, it is suggested to carry out a participatory diagnosis to determine how these problems manifest themselves in the institution, as this will make it easier to address them with a comprehensive, multicomponent HPS approach. In all cases, it is important to redefine the identified problems and address them from a health promotion perspective, avoiding a focus on disease and risk prevention. For example, if the problem is violence, it should be renamed and addressed from the perspective of healthy coexistence.

The results of the participatory diagnosis also serve to draw a baseline and evaluate the institution's improvements over time. This way, the achievements obtained since the beginning can be measured, and aspects that need improvement can be defined.

Step 3. Designing the HPS work plan

Based on the problems identified in the diagnosis, the school team leading the strategy should design a participatory work plan. The activities section contains proposals that include student and family participation.

The work plan should stipulate that the prioritized problems and topics be addressed with the different components of HPS (multicomponent approach): healthy policies and resources, healthy physical environment, healthy psychosocial environment, school curriculum that includes health topics, linkages with families and the community, and coordination with health services and others. It is necessary to define how each HPS component should be addressed in order to solve these problems. What resources are needed? What are the objectives and desired results? (See the sample HPS planning matrix in the section on activities for the school team.)

For example, if the problem is peer violence, the work plan should consider:

- Promoting violence prevention regulations and policies that foster positive interactions;
- Including peer violence prevention in the curriculum (conceptual activities to understand and identify different types of violence, defense of rights and nondiscrimination, strategies to strengthen psychosocial competencies and life skills related to conflict resolution, empathy, positive interpersonal relationships, etc.);

- The way the physical space fosters positive interactions during recess (space and materials for group games that foster healthy coexistence);
- Activities to encourage family and community participation in the institution;
- Coordination of activities with health services that can provide advice and assistance regarding mental health situations or cases in which students or families are experiencing violence.

In order to design the plan in a participatory manner and consider the viewpoints of different members of the educational community on aspects that need improvement, it is advisable to include actions that involve participation and consultation with students and their families (see activities for students). At this stage, the school team should hold meetings to share the results of the activities in order to complete the planning matrix of the health promotion plan, taking into account different perspectives and opinions.

An annual HPS work plan is suggested, to enable a systematic and in-depth approach. Priority issues should be addressed with a multi-component approach, both in classroom activities and at the institutional level through policies, the physical and socio-emotional environment, and in coordination with families, the community, and health services.

The work plan should consider the school's institutional project in order to facilitate implementation, with clear actions included in the curriculum and in the teaching planning for each grade. Curriculum planning should also include health education on prioritized topics, with a comprehensive approach that not only transmits information, but also develops psychosocial competencies and life skills.

Health topics should not be addressed in a prescriptive manner (dictating what should or should not be done), but in a way that is reflective, participatory, and constructive (see the curriculum component that includes HPS). The proposed activities should reflect a participatory, playful methodology that is based on students' knowledge, wisdom, and realities, and that promotes curiosity and investigation (see the resources section for ideas about how to address certain health topics with an HPS approach).

In order to comprehensively address the various topics in the curriculum, activities should include the different components of HPS (school policies and healthy resources; physical and socio-emotional environment; partnership between school, families, and the community; and coordination with health services).

Step 4. Community activities for HPS

The work plan should include different activities for families and the community on the prioritized health topics. Channels should be built to encourage the participation of families and other community members in the organization of these activities (e.g., art exhibits, family workshops, health fairs, theater or puppet shows, games and sports days), where awareness is raised and information is provided on the prioritized health topics.

It is not always necessary to hold specific events to address these topics since families and the community can take part in events that the school has already planned throughout the year. This facilitates coordination between the HPS plan and the school's institutional project. Organizing these events offers opportunities for coordinated work with health services and other community institutions, involving them in the implementation of the prioritized activities. It is advisable to invite these actors to participate in the organization or implementation of the activities, if they are available and able to do so.

Step 5. Systematization and evaluation of the activities in the HPS plan

It is essential that the activities carried out within the framework of the HPS work plan be recorded, documented (photographs, summary of work, opinions, etc.), and evaluated. This allows for systematization of the experience, evaluation of its results, and necessary adjustments.

In addition to the process evaluations carried out by the team leading the HPS initiative at the school, the results of the work plan should be evaluated annually to determine to what degree the anticipated changes have been achieved with respect to the problems in different areas of the institution. Based on this evaluation, the areas that need further work and improvement in the following year can be determined.

Process and outcome indicators should be identified in the work plan. It is important that diverse members of the educational community participate in the evaluation and that the results are disseminated.

The HPS planning process should be dynamic and continuous, like the implementation of the strategy itself. Continuous evaluation makes it possible to learn, adapt, update, and make any necessary adjustments in the annual HPS work plan, incorporating new topics and goals.

Self-assessment is a very useful and simple tool used in some countries to help the school team monitor and evaluate the process of implementing the strategy (for example, using the "self-assessment of health-promoting schools" tool available [in Spanish] at: *Promover la salud en la escuela. ¿Cómo construir una escuela promotora de salud?*) (11, page 76). It is advisable that resources of this kind be used by the school team when implementation of the HPS strategy begins, in order to draw a baseline that allows each institution to evaluate its results over time. This should be done once a year.

Certification of health-promoting schools: the experience of Paraguay



In some countries that have implemented the initiative, HPS accreditation and certification systems allow educational institutions to request validation from the respective government ministries. In Paraguay, for example, the Ministry of Public Health and Social Welfare accredits schools that implement the program, verifying that they have met the established criteria for a specified period of time. Each school has the authority to decide whether to implement the strategy as a school program. Currently, there are 285 schools implementing HPS in the country's 18 departments; of these, 96 have been accredited by the Ministry of Public Health and Social Welfare, including one indigenous school.

SECTION 3.

EXAMPLES OF HEALTH-PROMOTING SCHOOLS ACTIVITIES



Activities for the school team



In order to guide participatory planning of the work plan, this section describes activities that facilitate the formation of HPS teams in schools. The section of this material that deals with concepts should be consulted before implementing these activities, which should be carried out in groups (in regular meetings of the school team) and recorded in writing.

HPS information and awareness-raising activities

A) After reading the section on HPS concepts, the school team should answer the following questions and record their main conclusions in writing:

- When we think about promoting health at school, what images come to mind? What ideas about health come to mind? Do we think teachers are responsible for addressing health issues? Who do we think should do this?
- To what extent does our educational institution provide an environment that promotes health and well-being? What options does it offer in terms of choosing practices and behaviors favorable to our health?

B) As a group, read the section on the concepts and characteristics of HPS. Then discuss the following questions and make a written summary of your answers.

- What is a health-promoting school? What role does the school play in defining this? Why should a school plan systematic and continuous actions in different areas of school life in order to become an HPS?
- What components does an institution need to work on to be considered a health-promoting school?

Initial HPS diagnosis

After reading the following components of HPS, the group should complete the following table. This will define a baseline and provide an initial view of what needs to be progressively improved to become a health-promoting school.

Table 3. Questions for the initial diagnosis of health promoting schools

Components	Questions	Current situation
School leadership and governance for HPS	<p>Do you think your educational institution has the governance and leadership needed to promote the health of the educational community?</p> <p>What potentialities and difficulties can you identify for your school to take this leading role?</p> <p>What key partnerships should be established locally to address key structural factors?</p>	
Healthy policies and resources	After reading the list of types of school policies and regulations that an HPS should have, analyze the weaknesses and strengths of your school's policies and regulations aimed at promoting health. How do they fit the HPS criteria? Are there policies for student reintegration and retention?	
Healthy physical environment	To what extent do you think your institution offers a healthy physical environment? What adjustments and modifications are required in order for the institution to provide a healthy physical environment?	
Healthy social-emotional environment	To what extent do you think your educational institution promotes a healthy emotional environment? What kind of relationships are fostered among students, school staff, and families? Is peer support and psychosocial support promoted by school staff? Is student and family participation encouraged? Are diversities valued and respected? Is the identification and prevention of mental health problems promoted?	
School plan that incorporates health	Are health topics included in the curriculum? Which ones? How and in which subjects? To what extent are health topics addressed, according to the criteria in this section? Do professionals from outside the school participate in teaching health content? How?	
School and community associations	<p>Is family and community participation in the school facilitated? How? Why do you think it is done this way? How do you think it could be improved? How does the school help improve the health of the community?</p> <p>Is there collaboration with local government or other stakeholders?</p>	
Coordination with health services	Does your school act in coordination with local health services? How does it do this? Do these services – and how they are delivered – meet the criteria described here?	

Mapping resources for HPS

Mapping internal resources

Most schools have various programs, projects, and actions that promote well-being and the promotion of comprehensive health, including sexuality, coexistence, nutrition, school retention and reintegration, environmental care, ecology, and school health.

The HPS never starts from scratch. The school team should identify existing programs, projects, actions, and resources related to well-being and comprehensive health (physical, mental, social), and review how they can contribute to the HPS initiative. Completing the following table as a group will help clarify the different health promotion activities that can be included.

It is important not only to encourage reflection on what each of the existing actions and experiences can contribute to the initiative, but also to identify how each one can benefit from the implementation of HPS.

Table 4. Mapping of internal resources

Programs, projects, actions, and resources for comprehensive health and well-being that already exist in our school	What actions do they involve?	Who carries them out and when?	How can they contribute to the HPS plan?

Mapping community resources

Mapping community resources involves a simple inventory of the goods and services available to strengthen the HPS initiative in each locality.

Box 6. Community resources

A community resource is a good or service that can be used to improve the quality of life of the people in a community.^a These include:^b

- Resources of organizations: services provided by organizations, institutions, and associated spaces;
- Resources of associations: formal (groups, associations, volunteers) or informal (informal networks of caregivers, sports, etc.);
- Physical resources (local): pedestrian streets, bike lanes, paths, green spaces, transportation, nearby natural spaces;
- Economic resources: local businesses;
- Cultural resources: music, drama, art, and opportunities for creative expression;
- Individual resources: skills, knowledge, networks, interests, available time, etc.

^a University of Kansas Work Group for Community Health and Development. Chapter 3 Assessing Community Needs and Resources. Lawrence, KS: University of Kansas; 2007. Available from: <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources>.

^b Improvement and Development Agency. A glass half-full: how an asset approach can improve community health and wellbeing; 2010. Available from: <https://www.local.gov.uk/sites/default/files/documents/glass-half-full-how-asset-3db.pdf>.

It is suggested that the following table be completed as a group in a school team meeting. If there is insufficient information, it may be necessary to make some inquiries. If so, the team should split into smaller groups to gather missing data for future meetings. The table can be expanded with input from students and their families when the proposed diagnostic activities are carried out. To facilitate dissemination, they can be written on a flip chart and displayed in the school's main office or in the teachers' room.

When community mapping is complete, it is important to carefully consider, together with the school team, what each institution and organization can contribute to the HPS initiative.

Table 5. Mapping community resources

Mapping community resources	Answers
Which community institutions does the school collaborate with? On which topics?	
What health services exist in the community? What services do they offer? What are their hours of operation? What contact persons are available?	
What social programs or services are there in the community? What services do they offer? What are their hours of operation? What contact persons are available?	
What services or programs are there for children and adolescents in the community? What services do they offer? What hours do they operate? What contact persons are available?	
What other local organizations or people can collaborate on the HPS initiative? On what topics?	
What other health-related resources and practices are there near the school?	

Activities to integrate student and family participation in the development of the HPS work plan

Examples are given below of possible activities with students at the primary and secondary levels at the different stages of the initiative, with a view to participatory construction of the HPS plan. These activities can be used, adjusted, or recreated according to each group's characteristics, in order to encourage student and family participation in the work plan.

In school team meetings, the proposed activities to be carried out with each group should be selected and planned jointly. In the following meetings, it is also important to analyze the results of these activities with students and their families.

Note should be taken of the activities and their results in order to systematize the process. It is suggested to save or photograph the completed work and keep records together. It is also useful to keep a record of the opinions of the various actors regarding the activities.

Table 6. Example of a planning matrix

Stages and objectives	Grade	Activities	Results
HPS information and awareness-raising			
Participatory diagnosis			
Construction of the HPS work plan			

HPS work plan

The annual work plan should include the activities for each component, who will carry them out and when, what resources are needed, and what results are expected. The prioritized health issues (based on the identified problems) should be indicated. These will be addressed in the plan, incorporating activities with a multicomponent approach.

In order to monitor and evaluate progress, it is essential to plan and systematize the preventive actions carried out within the HPS framework. It should be kept in mind that becoming an HPS is an ongoing, systematic process; therefore, the work plan should be evaluated and adjusted annually, based on results and emerging needs. It is suggested to include the HPS initiative in the institution's institutional educational project.

The following matrix of components can be used by the school team to work on health issues with a comprehensive perspective.

Table 7. Component matrix

Component	Activities	Who?	When?	Resources	Expected results
Leadership and governance for HPS					
Healthy school policies					
Healthy physical environment					
Healthy social-emotional environment					
School plan that incorporates health					
Partnerships with families and the community					
Coordination with health services					

SECTION 4.

EXAMPLES OF ACTIVITIES AT DIFFERENT EDUCATIONAL LEVELS



Examples of activities at different educational levels



The following proposed activities are differentiated by educational level (elementary, middle - high school) for the different stages of HPS. Some can be used at both the elementary and middle - high school levels.

The activities for each stage are presented as sequences of learning over one or more days, depending on teachers' availability. For each stage, the objectives of the activities are presented, as well as variations at each level. In several cases, the activities for elementary grades are the same as for the middle - high school level: these are flexible proposals for either level.

The teaching team should carry out these activities across different school subjects (English, social sciences, natural sciences, history, geography, art, foreign languages, physical education, etc.), considering the opportunities to link health content with other content.

As was mentioned earlier, the initiative can be cross-cutting, with teachers from the same grade working together to plan how each one will approach a topic, based on the contents of the subject they teach.

Based on these examples, each teacher can recreate, adapt, and establish new activities. The reference to school grades is also relative, since each group of students has different characteristics and each teacher should determine which are most relevant to their students' development.



Section 4.

STAGE 1

Activities: Information and awareness-raising for HPS

Objectives

1

Inform and raise awareness about HPS in the educational community.

2

Find out students' ideas about health and work on the concept of comprehensive health.

STAGE 1

Activities: Information and awareness-raising for HPS

❖ PRESCHOOL LEVEL

1. Our school promotes health

FROM 3 TO 5 YEARS OLD

Resources Sheet 1. Activities.

- Instructions**
- To introduce the topic (based on sheet 1), the teacher tells the students that the school is working to become a health-promoting school and that they will try to build a better place to learn and play together.
 - The teacher asks them what they would like to change to feel happier at school. After talking with the group, the teacher suggests making individual drawings, which they can hang on the classroom walls.
 - Home activity: each student takes home a copy of worksheet 1 with the following instructions: "Dear families, please be informed that we are starting the Health-promoting Schools Plan, in which it is important for everyone to participate from the beginning. Please read information sheet 1 (attached) and then draw or make a collage with your children about this idea: What do you think a health-promoting school looks like?"
 - In the next class, students show the drawings or collages that their family made and they display them in the classroom or on a bulletin board.

Recommendation for teachers It is important to involve families and caregivers from the beginning of the plan. This is why it is suggested to invite them to do the homework together at home.

2. Our ideas about health and well-being

FROM 3 TO 5 YEARS OLD

Resources Sheet 2. Cut-out images of health and wellness. Annex of activities.

- Instructions**
- The teacher plays music and invites students to move or dance. After a few seconds, they mute the music and show drawings from sheet 2, one at a time. The teacher asks students to use their face or body to express whether the object in the drawing makes them feel good, happy, sad, or angry.
 - The music continues and is interrupted several times to show them the images and invite them to express themselves with their face and body.
 - Finally, they have a group conversation about what they felt when looking at the different drawings.
 - The teacher displays the drawings on the wall in groups: on one side those that are good for health, and on the other, those that are not. In each case, the students explain why this is true.

Recommendation for teachers In addition to the drawings on sheet 2, different objects that represent a wide range of health-related situations can be used (e.g., items from the first aid kit, dolls, toys).

3. The right to health

FROM 3 TO 5 YEARS OLD

Resources Puppets and disposable materials to make puppets with students.

- Instructions**
- The teacher tells a short story with puppets, in which at least one of them is a girl or a boy, and another one is an adult. The story should show situations in which a family member or caregiver helps to ensure a child's comprehensive health: e.g., playing with a child, preparing their meals, teaching them how to brush their teeth, asking what's wrong when they're sad and trying to help them solve the problem, taking them to the doctor, showing affection, conveying the importance of going to school.
 - The teacher asks students the following questions: What things does the character do to take care of their health? What does the adult character do to take care of the health of the child/children? How do families and teachers help us stay healthy? Ask for examples of situations that help illustrate the answers. It should be emphasized that while children do many things to take care of their health, they have special needs due to their age and they need adults to help guarantee their right to health.
 - The teacher asks each student to make a puppet and give it a name. In a joint meeting, they introduce their character and talk about situations in which they do things to feel healthy or things that make them feel good, and other things adults do to help them stay healthy.
 - As homework, the students are asked to show the puppet to their families and to create a short story together in which the character does things at home to take care of their health, and other things that could be risky. In the next class, they are asked to share their work.



STAGE 1

Activities: Information and awareness-raising for HPS

❖ ELEMENTARY SCHOOL

1. Our school promotes health

FROM 6 TO 10 YEARS OLD

Resources

Sheet 1. Annex of activities. Flipchart and markers.

Instructions

- Based on worksheet 1, and to introduce the topic, the teacher tells the students that their school is working to become a health promoter and that, for that reason, they are going to work together to make it a place where they can feel good, learn, and have fun.
- Next, the teacher asks them what they think a health-promoting school is and uses a chart paper to write down the ideas that arise.
- Then the teacher asks them to individually write or draw how they imagine their health-promoting school and what things they would like to change.
- The teacher proposes working in small groups, sharing and discussing the individual writing and drawings, and creating a poster about how they imagine their health-promoting school.
- The students' work is then displayed on classroom walls or on a school bulletin board.
- As homework, the teacher asks students to take home information sheet 1, and to show it to their family or caregiver and discuss the initiative with them. They also ask the people they live with what they imagine a health-promoting school is like, and they give answers in writing, a drawing, or a short video filmed on their phone.

2. Our ideas about health and well-being

FROM 6 TO 10 YEARS OLD

Resources

Flipchart; markers.

Instructions

- Groups of 5–6 students are formed, and the teacher asks them to think of a person who, in their opinion, is healthy and feels healthy. These can be people they know (e.g., family members or friends) or public figures (e.g., artists, athletes, politicians).
- Next, the teacher asks each group to invent a comic strip and draw it on a flip chart or poster, based on the following question: What do you imagine your chosen person does in a day, from when they wake up until they go to bed? Where do you imagine they live? What is their neighborhood like? To facilitate group production, they can agree on ideas, and then each child can draw a moment in that person's day.
- Each group shows their poster with the comic strip to the whole group and the topic is discussed. To facilitate discussion, the teacher asks if they think the people they chose are healthy and feel healthy and why, and asks for examples that explain the answer. What things in the neighborhood where the person lives help him/her feel healthy?
- As a closing activity, students can collectively build their own definition of what health (or being healthy) means to the group.

Recommendation for teachers

It is important to convey that all people have both healthy and unhealthy behaviors, and there are times when we feel good and completely healthy, and others when we feel unwell. No one is a hundred percent healthy. Health is a process and not something static: we build it daily and it depends on the opportunities that our environment provides. This should invite reflection on how the place we live, play, and study determines and influences our health and well-being. It is critical to determine whether or not the stories reflect a comprehensive concept of health, taking a perspective that incorporates physical, mental, and social aspects, and questioning examples where health is identified with beauty, fame, material possessions, etc.



STAGE 1

Activities: Information and awareness-raising for HPS

❖ ELEMENTARY SCHOOL

2. Our ideas about health and well-being

FROM 6 TO 10 YEARS OLD

Resources

Flipchart; markers.

Instructions

- Groups of 5–6 students are formed, and the teacher asks them to think of a person who, in their opinion, is healthy and feels healthy. These can be people they know (e.g., family members or friends) or public figures (e.g., artists, athletes, politicians).
- Next, the teacher asks each group to invent a comic strip and draw it on a flip chart or poster, based on the following question: What do you imagine your chosen person does in a day, from when they wake up until they go to bed? Where do you imagine they live? What is their neighborhood like? To facilitate group production, they can agree on ideas, and then each child can draw a moment in that person's day.
- Each group shows their poster with the comic strip to the whole group and the topic is discussed. To facilitate discussion, the teacher asks if they think the people they chose are healthy and feel healthy and why, and asks for examples that explain the answer. What things in the neighborhood where the person lives help him/her feel healthy?
- As a closing activity, students can collectively build their own definition of what health (or being healthy) means to the group.

Recommendation for teachers

It is important to convey that all people have both healthy and unhealthy behaviors, and there are times when we feel good and completely healthy, and others when we feel unwell. No one is a hundred percent healthy. Health is a process and not something static: we build it daily and it depends on the opportunities that our environment provides. This should invite reflection on how the place we live, play, and study determines and influences our health and well-being. It is critical to determine whether or not the stories reflect a comprehensive concept of health, taking a perspective that incorporates physical, mental, and social aspects, and questioning examples where health is identified with beauty, fame, material possessions, etc.



STAGE 1

Activities: Information and awareness-raising for HPS

❖ ELEMENTARY SCHOOL

3. The right to health

FROM 6 TO 10 YEARS OLD

Resources Blackboard and marker or chalk, cards with drawings. Activity sheet 3.

Instructions

- The teacher asks the students to imagine they are traveling to another planet and they have to take along everything they need to live and feel good (objects, people, etc.). Together, they make a list on a whiteboard.
- In small groups, they select four or five objects from the list, as well as the people they couldn't leave behind to feel good on the other planet. Explain why they are important.
- Present the productions to the whole group and discuss them together. Ask why they chose them and what happens when the characters lack these things. How do they get them? Who can provide them? Introduce the topic of health as a right of people (and specifically, a child's right), and discuss the importance of adults and state institutions (schools, hospitals, etc.) helping to fulfill this right.

Recommendation for teachers In the early grades of primary school, instead of making a list on the board, you can use sheet 3. The activity is done in small groups. Each group selects three or four drawings that show what they would take to another planet. It is important to emphasize that when they choose, they should also consider the importance of relationships and the people who help them feel good. Although each child helps take care of their own health, adults (family members, teaching staff, health personnel, different levels of government, etc.) are responsible for guaranteeing their rights, including the right to health.



STAGE 1

Activities: Information and awareness-raising for HPS

❖ MIDDLE TO HIGH SCHOOL

1. Our school promotes health

FROM 11 TO 17 YEARS OLD

Resources Sheet 1. Annex of activities. Paper, pencils.

Instructions Based on sheet 1, and to introduce the topic, the teacher tells the students that their school has a work plan to promote health and invites them to work together for that purpose.

- Then the teacher asks them what they think a health-promoting school is like and uses a flip chart to write down the ideas that arise.
- The teacher then asks students to draw how they imagine their health-promoting school, and their dreams or desires for improving it.
- Then they form small groups to share and discuss the individual works and make a poster about "My Health-promoting School."
- The students' work is then displayed on classroom walls or on a school bulletin board.
- As homework, students share information sheet 1 with their family, conduct a brief interview with a family member about how they imagine a health-promoting school, and record the answers in writing or in a video. Also as homework, they interview someone from the community (neighbor, well-known person in their area, someone from a local institutional, etc.).
- In the next class, students share their answers and discuss differences and similarities.
- The teacher proposes making a list of all the ideas from the interviews and classifying them in categories that make sense for the class (e.g., ideas on how to improve the physical environment, how to improve relationships, how to feel better).

Recommendation for teachers It is suggested to identify which ideas associated with health-promoting schools help to understand the concept of comprehensive health (physical, social, emotional, and related to well-being).



STAGE 1

Activities: Information and awareness-raising for HPS

❖ MIDDLE TO HIGH SCHOOL

2. Our ideas about health and well-being

FROM 11 TO 17 YEARS OLD

Resources

Paper and pencils.

Instructions

- Divide the students into small groups and ask them to create a short, scripted story where the protagonist takes great care of their health and the other group members have a role in their life (e.g., classmates, friends, partner, family members, bosses, teachers). The script should detail everything the protagonist does during their day, from waking up to going to bed. It should also explain what makes them feel healthy when they are alone or with each of the other characters. The following guiding questions may be helpful in developing the story:
 - Where does the person live and with whom? What is their house like? What is their neighborhood like?
 - What things about the place they live (the house or neighborhood) make the protagonist of the story feel good and healthy?
 - What do they do during the day to feel good and healthy?
 - What activities do they do? (study, work, exercise, etc.)
 - What positive things happen to them during the day?
 - Did they experience any situation during the day that made them feel uncomfortable or uneasy? What did they do about it?
- Based on this script, students rehearse a role play that they then present to the other groups, with each member of the subgroup assigned a role based on the script.
- There is a joint discussion of each group's presentation, and a plenary discussion of the role plays. The teacher may ask questions that guide the debate to ensure that the discussion revolves around what it means to be healthy; for example: Why do you think that what XX does makes him feel healthy? Why does the character act in a certain way when XXX...? Do you think that the character is always healthy and always feels healthy? Can a person be and feel completely healthy? What things in the place they live (home, neighborhood, or community) help them feel good and healthy? How do you think the context or the place they live, study, or work helps them feel good and healthy? What would happen if character XX moved to another house or neighborhood where they didn't have healthy conditions (e.g., lack of safe water, poor environmental hygiene, lack of parks, schools)? In each case, students have to explain their answers.
- As a closing activity, small groups can make a poster that expresses the concept of health. Then each group shares its work and the teacher can ask questions that help expand the concept.
- A suggested task is to research what people in the past did to take care of their health (in the historical period being studied) and then analyze the similarities or differences with what people do now. Students could also ask their family members these questions to find out what care was like when they were young. In the next class, the students' work is shared with the whole group. In each case, they describe the social, economic, and cultural context to see to what extent it influenced health and the ways people took care of it.

Recommendation for teachers

Transmit the concept of comprehensive, multidimensional health (including physical, mental, social health), which not only depends on the decisions we make but also on the opportunities that our surroundings provide us, in order to choose healthy behaviors. Emphasize that being healthy or feeling healthy is not static, but is a continuous process, and that health is built every day. Help students understand that we all have both healthy and unhealthy behaviors, and that sometimes we feel healthy and other times we don't. And that, every day, we can choose positive healthy behaviors that make us feel good. However, it should be emphasized that our social, economic, and cultural context (neighborhood, community, school) determines our health and conditions our choices.



STAGE 1

Activities: Information and awareness-raising for HPS

❖ MIDDLE TO HIGH SCHOOL

3. The right to health

FROM 11 TO 17 YEARS OLD

Resources Sheet 3. Annex of activities.

- Instructions**
- The teacher discusses the following questions with the students:
 - Why do we say that health is a right?
 - When is the right to health not fulfilled? When is it violated?
 - What other rights do you know about?
 - Who is responsible for helping us protect our health?
 - What can we do to take care of our health every day?
 - The teacher divides students into small groups and asks them to read the definition of the right to health presented in sheet 3, then asks them if they agree with it, and why or why not. Next, the teacher asks them to make a poster based on the following questions: How is the right to comprehensive health guaranteed in our school? What should be done to improve the fulfillment of this right at school? To conclude, the work is presented and explained to the whole group.
 - As homework, the teacher asks the students to observe their neighborhood and describe actions or situations that guarantee the right to health, and others that do not consider that right. In both cases, they have to explain why. As homework, they can also ask their families or caregivers this question, and record the answers in writing or drawings.
 - In the next class, students present their work to the rest of the group and point out similarities and differences. As a final product, they produce an agreed list of things that should be improved, both at school and in the neighborhood, in order to properly fulfill the right to health.

Recommendation for teachers Stimulate a thoughtful group discussion on the right to health and the responsibility of adults, governments, and institutions (schools, health services, etc.) to ensure that it is fulfilled. It is suggested to create an environment in which students can freely express their feelings about the violation of rights.





Section 4

STAGE 2

PARTICIPATORY HEALTH DIAGNOSIS

Objectives

1

Identify health risks and opportunities at school and in the community.

2

Prioritize problems and aspects that need to be changed to become a health-promoting school.

STAGE 2

Activities: Participatory health diagnosis

❖ PRESCHOOL LEVEL

1. Participatory diagnosis

FROM 3 TO 5 YEARS OLD

Resources Paper, glue, markers.

Instructions

- A tour of the entire school is conducted for the students to indicate what should be changed in order for them to be and feel better. The students are asked to carefully observe classrooms, the school cafeteria, and playgrounds.
- The students are then invited to a group discussion about each of the school spaces that should be changed or improved in order for them to feel good, healthy, and happier. Then they are asked to express themselves through drawings, either individually or in small groups, and then share their proposals with the whole group.
- As a homework assignment, students can ask their families the same question, and write or draw their answers. The answers are shared in the next class.
- Families can be invited to take a short tour of the neighborhood to identify spaces or institutions that promote health and suggest what needs to be changed to feel better (streets, safety, hygiene, etc.). Students can bring along a simple map of the neighborhood to mark locations with happy or sad faces.
- As a closing activity, they are asked to create a drawing or collage, either individually, in groups, or with their families or caregivers. Their work is shared and discussed, and they try to find similarities and differences.

Recommendation for teachers In the various activities, it is important for teachers to guide the group and help point out problems related to comprehensive health (physical, social, emotional) and well-being.



STAGE 2

Activities: Participatory health diagnosis

❖ ELEMENTARY SCHOOL

1. Participatory diagnosis

FROM 6 TO 10 YEARS OLD

Resources Sheet 4. Annex of activities.

Instructions

- The teacher proposes a research project on actions and situations that promote health at school, and what should be changed to help students feel better. Students form small groups; each group is assigned a section of the school to investigate (e.g., playground, classrooms, library, bathrooms, the block where the school is located, etc.), and students are asked to think about the questions on sheet 4.
- Depending on the place they chose, each group makes comments, interviews teachers or classmates, takes photos, takes notes, etc. In addition to observing the physical environment, groups should pay attention to interactions among students and with teachers and administrative staff (e.g., whether there are fights or arguments, what type of games are played). Then they are asked to write or draw their conclusions on a flip chart or poster.
- Interviews with adult role models, community leaders, or representatives of local governments can also be suggested, inviting students to think about what they like about their neighborhood, what they would like to change, and how they think their school can help to improve the neighborhood and vice versa.
- Sharing: each group shares the problems identified in the aspect of the school they investigated. Students are encouraged to share and compare the similarities and differences they find. To conclude, the flip charts with their conclusions are posted in the classroom.

Recommendation for teachers Sheet 4 should be adapted to the needs and possibilities of each group. Questions can be added or left out; the important thing is that as students gain more complete information from this activity, the more tools they will have to generate alternative ideas and solutions to the identified problems.



STAGE 2

Activities: Participatory health diagnosis

❖ MIDDLE TO HIGH SCHOOL

1. Participatory diagnosis

FROM 11 TO 17 YEARS OLD

Resources Flip charts, markers, cell phones or cameras.

- Instructions**
- The teacher proposes field work to determine the existing opportunities and risks for health in the school, identifying the things that need to change in order to become a health-promoting school.
 - Small groups are organized to identify problems in classrooms and in different areas of the school: playground, bathrooms, cafeteria, library, etc., and around the school (entrance and exit, streets, etc.)
 - Each group makes comments and conducts interviews with teachers and students. They can take photos, notes, etc. In addition to observing the physical environment, it is important to take note of interactions between students and with teachers and administrators (e.g., if there are fights or arguments, what type of games are played, etc.).
 - Each group uses a flipchart or poster to draw the layout of the places they observe, with one color for the identified health problems and risks, and another color for opportunities.
 - Finally, their work is shared and the problems they found are included in a single map of situations that are risky for health, as well as the opportunities found in each area.
 - As homework, students are asked to interview their families about the health problems and risks they identified at school and in the neighborhood or community. Their responses are recorded in writing or drawings. This is followed by a group discussion of the answers and an analysis of the similarities and differences.
 - As fieldwork, students interview members of the health services or other community organizations to learn their opinions about the most common health problems in the neighborhood/community and the possible causes. They can also inquire about the available resources for health. Record and share the questions and conclusions.

Recommendation for teachers Pre-organize the interview questions with the group, splitting them among the subgroups to avoid overlaps during the fieldwork. These activities can be carried out in several sessions. Family members and other community members can also be invited to a joint work session to identify the risks and opportunities for health in the school and in the neighborhood.





Section 4

STAGE 3

SCHOOL PLAN FOR HEALTH PROMOTING SCHOOLS

Objectives

1

Select issues related to comprehensive health that need to be improved, in order to address them in the HPS school plan.

2

Develop proposals for solving the prioritized problems, with the involvement of families, caregivers, and the community (including local government).

3

Implement the HPS work plan and delve into the prioritized topics in different school subjects throughout the year.

STAGE 3

Activities: School plan for health promoting schools

❖ PRESCHOOL LEVEL

1. Proposals for addressing problems

FROM 3 TO 5 YEARS OLD

Resources Activities during the participatory diagnosis. Adhesive tape, whiteboard, and chalk or markers.

Instructions

- The teacher displays the drawings on a whiteboard, grouped thematically. Everyone discusses the health issue that each student drew.
- Each student votes for the problem they want to solve by placing an X next to the chosen drawing. The votes are counted and the topics to be addressed in the class are selected for the HPS initiative.
- Families and caregivers are invited to participate in a workshop on the topics and problems selected for the HPS initiative. Then, mixed groups of students and families think about the selected problems and make a poster with their ideas for solving them.
- Each group is then invited to present their proposals to the whole group. To systematize each group's contribution, the teacher can use the following table as a model (copy it on the blackboard and complete it as students present their proposals):

Example:

Problem	Proposal	Activities	Participants
Schoolyard hygiene	Improve schoolyard hygiene	<ul style="list-style-type: none"> • Put trash in bins • Make or put out more trash bins • Carry out a school cleanup campaign • Recycle trash • Organize an event to show the results to the community • Inform the local government about the prioritized activity and propose a similar activity in the neighborhood. 	Students Families School staff

- After this activity, the teacher thoroughly analyzes the selected topics with students throughout the year, and occasionally asks families to join students in activities to solve the problems in the school. For each topic, proposals are developed to address problems within the framework of the different components of HPS: school policies, physical and socio-emotional environment, partnerships with families and the community, and coordination with health services.

Recommendation for teachers

It is important to share the work done in HPS team meetings and to plan joint activities in order to integrate the topics into the curriculum in a cross-cutting manner, across different subjects. It is also important to plan actions on the different components of HPS and school life that go beyond the curriculum and the classroom, in order to include changes at the institutional and community levels.



STAGE 3

Activities: School plan for health promoting schools

❖ ELEMENTARY SCHOOL

1. Proposals for addressing problems

FROM 6 TO 10 YEARS OLD

Resources

Participatory diagnostic activities. Whiteboard and chalk or markers

Instructions

- The objective of the activity is explained and the results of the diagnosis are displayed for careful consideration. Next, on the whiteboard, with all students present, the teacher makes a list of the problems identified in the school and, with the help of the students, groups the problems thematically.
- Each student votes for the problem they want to solve by placing an X on the list. Then the votes are counted to see which problems received the most votes.
- Once the main problems have been chosen, the students are asked to create a brochure for their families, illustrating the problems to be addressed in the HPS initiative.
- As homework, they share the brochures with their families.
- In the following class, small groups of students complete a written table, identifying ways to improve each selected problem.
- Later, families and caregivers are invited to visit the classroom to learn about the proposals and see if they can come up with others. They are asked to comment on actions they could help with. Some proposals require identifying actors in the community or local government who could make contributions.
- The teacher plans the activities and deploys them in several classes throughout the year, for in-depth analysis of the topics selected by the group. The teacher may call on families, caregivers, health personnel, or other community members to help with some of the activities. It is important to guide the group as it designs and implements proposals on the different components of HPS (school policies, physical and socio-emotional environment, partnership with families and the community, and coordination with health services).

Recommendation for teachers

Choose two or three topics to delve deeper into in class. Formulate guiding questions about specific actions for improving different components of HPS (regulations, physical environment, socio-emotional aspects, engagement with families and the community, curriculum, etc.). It is useful to share the work done in meetings of the HPS school team and to plan the activities together. This will help ensure coordinated integration of the different HPS components within the framework of the various school subjects.



STAGE 3

Activities: School plan for health promoting schools

❖ MIDDLE TO HIGH SCHOOL

1. Proposals for addressing problems

FROM 11 TO 17 YEARS OLD

Resources Whiteboard/large sheets of paper. Participatory diagnostic activities.

- Instructions**
- Working together, students use a whiteboard or paper to write down the health problems they identified in the diagnostic activities.
 - The problems to be improved are selected by voting (choosing two or three main problems). Students are asked to explain their choices.
 - An informative campaign is carried out at school to inform everyone about the prioritized problems. To do this, students create messages and decide how to spread the word (e.g., posters, brochures, talks).
 - Then they are asked to select a way to invite students from other grades, families, and other community members to contribute ideas and suggestions on how to improve the identified problems. To do this, they can design different proposals depending on who the recipients are in each case (e.g., a suggestion box, interviews recorded with a cell phone and uploaded to an online drive, private social media page for the HPS initiative, etc.).
 - Depending on the possibilities, families, health workers, or other community actors could be invited to classroom for interviews.
 - Students then classify and group the ideas (for example, into proposals for the classroom, for the school, and for the neighborhood). Then, in small groups, they consider what actions they should take to implement each proposal, who can do this and when, and what things they will need.

Problems in each area	Actions	Who takes action	Resources	When (dates)
Classroom				
School				
Neighborhood				

- After this activity, the teaching team plans and carries out activities in various classes throughout the year for in-depth analysis of the selected topics, and sometimes to promote the participation of families, caregivers, health workers, and other community members.

Recommendation for teachers

Choose two or three main problems, which are often related, and ask the group to think about actions that improve the different components of HPS for each topic: school policies, physical and socio-emotional environment, curriculum, partnership with families and the community, and coordination with health services. It is important to encourage the participation of families, the community (including local governments), and health services. During school team meetings, the work should be shared and joint actions should be planned with teachers from other grade levels and other school members who help to address the different components of HPS. To facilitate cross-curricular integration, year-long, grade-based, or area-based projects can be designed to integrate different subjects toward a common goal.



ACTIVITY SHEETS



Sheet 1



OUR SCHOOL PROMOTES HEALTH

Did you know that **our school** is working to become a health-promoting school?

Being a health-promoting school requires that all members of the educational community (teachers, students, families, support staff, etc.) work daily to build a safer and healthier physical, emotional, and social school environment, where we feel good, happy, and respected.

It also means that school can be a place where we learn to take care of our own health and our community's health.

We understand that health is not just about not being sick, but about building a way of life every day that depends on the opportunities offered by the environment in which we live (school, community, families), and also on the decisions we make.

Health is built daily in the places where we play, study, and move around, and that is why school is the ideal place to promote health and increase both our own well-being and that of our community.

To accomplish this, we will be doing different activities in different grades, with the whole school, with families, and with the community.



We will build our health-promoting school together



Sheet 2



OUR IDEAS ABOUT HEALTH AND WELL-BEING

Cut out these images and use them for the activity with the 3–5 year-old group. One illustration should be shown at a time. Ask the children whether what they see makes them feel good and healthy, or the opposite.



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Sheet 3



THE RIGHT TO HEALTH

Health is a right for all people.

The different institutions (municipality, school, health center) and all the adults in the community where we live are responsible for helping us take care of it and protect it. Each one of us and our communities build health every day with the things we do and choose.



Sheet 4



PARTICIPATORY DIAGNOSIS

CLASSROOMS	OUR CONCLUSIONS
1. What are the classrooms like? (size, furniture, seating, lighting, etc.)	
2. How is classroom hygiene taken care of?	
3. Do the classrooms have ventilation?	
4. Do the classrooms have systems to protect against cold and heat?	
5. Do students have contact with neighborhood health professionals? Do health professionals come to the school?	
6. What are the interactions among students like? How is the relationship between students and teachers? Is female/male equality encouraged in classroom activities?	
7. Are health-related topics discussed or worked on? Which ones?	
8. Are there situations of violence or discrimination in the classroom? Are all people respected?	
9. How and to what extent is student participation classroom activities promoted?	
10. Are there other physical, mental, or social health risks in the classroom? What are they?	

RECREATION AREA (PLAYGROUNDS)	OUR CONCLUSIONS
1. Are there places for recreation? What are they like?	
2. What kind of activities are carried out during recess?	
3. Is there aggressive behavior or fights during recess?	
4. If the school has a cafeteria: what type of food is offered? Is the food varied and healthy (vegetables, fruits, meats, chicken, pasta, etc.)?	
5. If the school has a snack bar, what type of food is offered? Are there healthy options? What are they?	
6. What type of food is eaten during recess?	
7. Does the playground have safe spaces and equipment for play and recreation? What are they?	
8. During recess, are there games or activities that exclude or discriminate against students? What are the reasons for this?	
9. Are there fights or other violent situations during recess? What are they?	
10. Are there any rules or regulations that must be followed during recess? What are they? How appropriate are they?	
11. Are there situations that are risky for physical, mental, or social health? What are they?	

BATHROOMS	OUR CONCLUSIONS
1. Are the bathrooms clean?	
2. Do the bathrooms have soap, trash cans, paper, etc.?	
3. What is the water supply like?	
4. Are there health risks or possible risky situations in the bathrooms? What are they?	

LIBRARY, LABORATORY, DINING ROOM, AND OTHER COMMON SPACES	OUR CONCLUSIONS
1. What is the place like?	
2. What is the water supply like? Is there access to safe water?	
3. What type of activities are there and who participates?	
4. Are there specific rules there? What are they? Are they adequate?	
5. Is the place clean and who is responsible for keeping it clean?	
6. Are there aspects or situations that pose a health risk (situations of violence, risk of accidents, etc.)?	

AREAS NEAR THE SCHOOL	OUR CONCLUSIONS
1. How does the trash collection system work? Are there trash dumps near the school?	
2. Are there stray animals in the area that pose a health risk?	
3. Are there noises that disturb people?	
4. Are there nearby hospitals, health centers, or health posts? Are appointments easily available? What is the quality of care like?	
5. How is the lighting in the neighborhood?	
6. Are traffic rules respected in nearby areas? Are there dangerous areas for traffic accidents? Where and why?	
7. Are there clubs or sports centers in the area?	
8. Are there parks or recreational areas nearby? What are the conditions like there?	
9. What health risks are there in the neighborhood?	
10. Is there access to safe water? Is there a sewer system?	
11. Are there situations of violence? What forms of violence? Is it safe there?	

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Health is built daily in the places where people live, study, and grow up. Among these places are schools, which are a key environment for building health and well-being for the entire educational community. In accordance with this premise, the Health-Promoting Schools (HPS) strategy fosters a broad and comprehensive approach that encompasses how school life is organized, institutional policies and regulations, curricular activities in the classroom, the physical and socio-emotional environment, and coordination with families and community institutions. The HPS strategy promotes planned, systematic, and continuous work to improve the different dimensions of school life and the opportunities that the school environment offers all its members (staff, students, families, and the community) to experience and develop behaviors for personal and community health and well-being.

The proposed strategy makes it easier for school staff members to understand, identify, integrate, and rethink the various projects and actions that are carried out every day for health and well-being. It also fosters coordinated work with community actors and sectors to influence the determinants of health and well-being in each context.

International evidence and experience show that the implementation of HSP improves both health and learning outcomes, thus helping to guarantee children's and adolescents' right to health, comprehensive development, and education.

This guide is aimed at those working in educational institutions at all levels. It lays the conceptual groundwork for an understanding of the HPS concept and the implications of becoming a health-promoting school. It also offers methodological strategies and practical activities to guide implementation at the institutional and classroom levels, with families and community actors.



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