

Democracy – The First Principle of Health Promoting Schools

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Submitted August 15, 2004; Revised and Accepted December 15, 2004

Abstract

English:

The authors examine the notion of democracy and how it can be portrayed in school settings where efforts to promote health are prominent. Democracy is considered relative to the educational opportunities presented in school, in general, and through the study of human experience as it is portrayed in health contexts. Threaded into the dialogue are the proposed implications these ideas and beliefs about democracy hold for the Health Promoting School as an integral part of overall efforts to improve schools for 'public' good i.e., the betterment of society, responsible citizenry, care for self and others. Finally, ideas are presented about how democratic thinking might impact programs of study in health education enroute to health living, social responsibility, and active citizenry.

Conceptually, democracy is examined as a stance or disposition towards learning, a way of being, a way of belonging, and an organisational model.

Spanish:

Los autores examinan la noción de la democracia y cómo puede ser retratada en los ajustes de la escuela donde los esfuerzos de promover salud sea prominente. La democracia se considera concierne a las oportunidades educativas presentado en escuela, en general, y con el estudio de la experiencia humana como se retrata en contextos de la salud. Se roscan en el diálogo propuesto las implicaciones estas ideas y creencia sobre democracia celebran para la salud que promueve la escuela como parte integral de esfuerzos totales de mejorar las escuelas para buen i ' público 'e., la mejora de la sociedad, ciudadanos responsables, cuidado para uno mismo y otros. Finalmente, las ideas se presentan sobre cómo pensamiento democrático pudo afectar programas del estudio en enroute de la educación de salud a la vida de la salud, responsabilidad social, y ciudadanos activos.

Conceptual, la democracia se examina como a postura o disposición hacia aprender, una manera de ser, una manera de pertenecer, y un modelo de organización.

Keywords: democracy, health, schools

Introduction:

In Canada, the Premiers of each province and territory recently forged a 10-Year Plan to Strengthen Health Care. Within that plan, they committed to “working across sectors through initiatives such as Healthy Schools”. This is excellent news. Leaders in the art and science of “health promotion” have long been advocating the need to go beyond the health care sector and build better partnerships with other sectors as one means of improving the health of populations and communities. “Healthy Cities” and “Healthy Schools” movements around the world are examples of efforts to improve health in its full sense – including physical, mental, social and spiritual components- through such collaboration. They have taught us, moreover, that partnerships need to be built at the highest as well as the grass roots levels.

Countries around the world have found that when their Ministers of Education and Health work in genuine partnership for the well-being of their citizens, reflecting and modeling partnerships at the local level, unprecedented progress can be made. Furthermore, Healthy Schools require roots in key principles such as democracy, equity, empowerment and active learning. Unfortunately, too little of the dialogue concerning Healthy Schools draws on this learning today. We hear mostly of issues such as vending machines in schools and time for supervised physical activity. While attention to such issues can be important starting places, little sustained improvement will result if these deep learnings from the Health Promoting School movement are ignored.

In this paper, democracy, the first principle of the European Network of Health Promoting Schools, will be examined in depth to illustrate how the

Healthy Schools initiatives in Canada can go beyond a narrow focus on physical health of students and become a leading force for school reform in its broadest sense. Democracy will be examined on a civic level as presented by Alexis de Tocqueville and Robert Putnam; and on a school and classroom level as presented in the more recent work of Glickman, Fenstermacher, Palmer, and Giroux. The work of Don Nutbeam and Katherine Weare on Health Promoting Schools will help to illustrate how democracy links to healthy citizens and schools. An organisational guide for Healthy Schools will be offered and examples of what healthy schools might look like will be presented. It is hoped that this paper will help to broaden the dialogue on Healthy Schools to take best advantage of the opportunities we now have to create lasting improvements in our schools. Our discussion of democracy is part of our ongoing research efforts to understand how health promotion might (a) appeal to wider audiences, (b) inform school operations such as governance, instructional practice, school climate and service delivery, and (c) contribute to the theory and practice of school improvement, specifically as a way to make schools smarter, stronger, and safer.

An Overview of The Health Promoting Schools Movement

One of the most highly regarded and successful international educational endeavours is the concept of the Health Promoting School. The W.H.O. (1998) defines a health promoting school (HPS) as “a school that is constantly strengthening its capacity as a healthy setting for living, learning, and working”. In partnership with a range of human service providers, health promoting schools aim to provide the conditions that optimise opportunities for both students and teachers to learn. Underlying the concept of health promotion is the notion that to achieve good health persons must have some measure of control over the decisions and conditions they encounter over time and across circumstances. Decisions are the result of an interpretative process both in understanding what the needs are and what can and should to be done about them. Drawing on information, experience, goals, anticipated consequences, and ideally morals, we can make reasoned, responsible choices. At the heart of these choices are the feelings (values, motives, care) we have about the situation. Whether we are enthusiastic, troubled, outraged by a certain situation, or not, will have a bearing on our interpretation, reaction, and choice of action.

Dispassionate views of human functioning have been around for centuries. Vesalius (*de Humani Corporis Fabrica*, 1543) and Harvey (*Exercitatio De*

Motu Cordis, 1628) helped foster the emerging metaphor of the body as a machine, emphasising the lever-like action of muscles and joints and the analogy between circulation and pumps, valves and conduits. Newton’s *Principia* (1687), by describing the simple mechanical laws governing the universe, further entrenched the desire to understand all natural phenomenon, including health and disease in mechanical terms. Thus, theories of health and disease during the Renaissance followed other scientific movements of the era. Health and disease were explained either in terms of general mathematical or physical principles, in keeping with Copernicus, Kepler, Galileo, and Newton, or in accordance with chemical principles, as described by Boyle, Willis, and Mayow. Bodily functions were explained in terms of their chemical (iatrochemical) or mathematical (iatrophysical or iatromathematical) principles.

These efforts to understand bodily functioning and the mechanisms of disease continue today. The result of this work is a comprehensive knowledge that has led to the development of antibiotics, drugs, vaccines, and other procedures used to treat and prevent various illnesses. As we move into the 21st century, the focus of this research is becoming more microscopic with endeavours such as the Human Genome Project. Upon completion of this project, our understanding of the composition and functions of the human body will increase dramatically. This knowledge will result in a different approach to the prevention and treatment of disease.

Perhaps the greatest advance in health policy achieved as a result of scientific conceptions of health is the implementation of universal health care in many countries. The philosophy behind this service is that the health of the population will improve if all of its members have access to medical services rooted in scientific understanding.

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

The European Network of Health Promoting Schools, supported jointly by the World Health Organization, the Council of Europe and the

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

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

In the U.S., the Journal of School Health (1987) dedicated a special issue to comprehensive school health programs featuring an article by Allensworth and Kolbe which proposed eight components of a comprehensive program:

- Health education
- Physical education
- Health services
- Nutrition services
- Counselling, psychological, and social services
- Healthy school environment
- Health promotion for staff
- Parent/community involvement

Clearly, the responsibility for health promotion has been broadened and enriched to involve a wide spectrum of services and supports. With strong support from the Centre for Disease Control and Prevention, this model, like the Canadian model has endured. In 1995 the word "co-ordinated" replaced comprehensive because people tended to confuse

comprehensive school health Programs with comprehensive school Health Education (instruction) and felt that the term "comprehensive" might discourage an overburdened education system from implementing the model.

The Term "Co-Ordinated School Health" Now Predominates In The U.S.

At the heart of each school health promotion model are a number of principles which serve as a moral compass for decisions about the purpose, structure and engagement of people within organisations, institutions and programs of study. These principles are seen not only as central to campaigns for the health promotion in schools but also as fundamental rights and entitlements for children and youth leading to the formation of a just and civil society. Ten principles listed as fundamental to the W.H.O. Health Promoting Schools framework are: democracy, equity, empowerment, teacher development, collaboration, community development, curriculum, sustainability, school environment and measuring success. Like the Co-ordinated School Health Model, these education principles recognise schools as a key setting for health promotion because it is capable of providing universal access to knowledge, skills, services and supports, building within individuals and communities their capacity for change agency and growth. Further, health promotion 'works' when it is presented in a way that is consistent with the goals and mandates of the organisation and presented systematically. School experiences managed in relation to these principles are posed as a way to broaden and intensify students' involvement in what Habermas (1990) has termed the 'lifeworld' of schools: cultural traditions, ceremonial rituals, participation in clubs, and teacher-student relationships; and the 'systemworld' of the school: programs of study, school governance. Authentic involvement in school life can build feelings of affiliation and connectedness. Enriched student participation builds trust and a greater awareness of students' needs, interests, talents, values and goals as well as mutual understanding between teachers and students. When students feel like they are listened to, respected, and have a voice they are more likely to contribute to and comply with school mandates. In other words, following health promotion principles such as democracy should be thought of as a way to make schools stronger.

The health promoting school is also celebrated as a way to forge stronger links between the community – local culture, context, customs – and approaches to health promotion. In this way, health promotion builds on resources unique to each school

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

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

In this paper we examine the first principle of a health promoting school: democracy. Initially, we consider democracy relative to the educational opportunities presented in school, in general. We thread into this dialogue the implications these ideas and beliefs about democracy hold for the HPS as an integral part of overall efforts to improve schools for 'public' good i.e., the betterment of society, responsible citizenry, care for self and others. Finally, we present ideas about how democratic thinking might impact programs of study in health education to promote healthy living, social responsibility, and active citizenry.

Conceptually, we examine democracy as,

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

Understanding Democracy From A Social Perspective

The Greeks tell us that the early meaning of the word democracy was "strength of the people". Most people today think of democracy in terms of its dictionary definition:

"government by the people, rule of the majority, government in which the supreme power is vested in the people and exercised by them directly or indirectly through a system of representation, usually a political unit that has a democratic government [with] absence of hereditary or arbitrary class distinction (Webster's New Collegiate Dictionary).

Alexis de Tocqueville suggests democracy was meant to provide greater and more equitable access to the informational and intellectual resources that enable everyone to participate in the affairs and decisions that affect our lives. In his sociological study, *Democracy in America*, first published in 1835, he describes how greater equality in America was evident through the independence of the judiciary, freedom of the press, the rule of law, and also through the habits, opinions, manners and morals, families and religion of the people. One of the most recent well known writers on this subject is Robert Putnam, Director of the Harvard Centre for International Affairs. Putnam's (1993) seminal work, *Making Democracy Work: Civic Traditions in Modern Italy* puts forward the idea that prosperity is related more to democratic traditions and civic engagement than to the acquisition of material goods. His conclusions are in agreement, he says, with hundreds of empirical studies in a wide range of disciplines that have shown that higher civic engagement and social connectedness produce better schools, faster economic development, lower crime as well as more effective government. Researchers in such fields as education, urban poverty, unemployment, the control of crime, drug abuse, and health have discovered that successful project outcomes are more likely in civically engaged communities. Civic societies have denser networks of social connectedness and there is general agreement on basic values, consensus is valued, and the power structure is more democratic and less hierarchical or authoritarian. (Wilkinson, 1996)

In Putnam's later work, *Bowling Alone*, he painstakingly documents the decline in "associational memberships", community engagement and "social capital" in the U.S. He says, for example:

The voting rate has declined by nearly a quarter between the 1960's and 1990. Church association

has decreased from 48% in the late 50's to 41% in the early seventies and has remained steady or further declined since then. The number of people reporting attendance at a public meeting on town or school affairs in the previous year decreased from 22% in a 1973 survey to 13% in 1993. The number of those in the non-agricultural workforce who belonged to a union declined from 32.5% in 1953 to 15.8% in 1992. 12 million people belonged to Parent Teacher Associations in 1964 compared to 5 million in 1982 and approximately 7 million now. Membership in civic and fraternal organizations has come down since the mid-sixties, along with the general level of volunteerism in such organizations. As well, the number of people who socialize with neighbours more than once a year has declined from 72% in 1974 to 61% in 1993. (Putnam, 1995)

Though there may be some counter-trends, such as an increase in participation in "support groups", the paid workforce and cause-related organizations, the over-all tendency towards increased isolation and splintering of families and groups is difficult to dispute. Putnam calculates that at all educational (and hence social) levels of North American society, and counting all sorts of group memberships, the average number of associational memberships has fallen by about a fourth over the last quarter century.

Kellner (1990) in *Television and the Crisis of Democracy* laments, "The commercial system of television sells television advertising to corporations and political candidates who can afford to purchase highly expensive airtime, thus ensuring control of the economic and political system by the wealthy and powerful. It is precisely this system of corporate-controlled and television mediated elections that has "turned-off" the electorate, giving the United States the lowest rate of participation in major elections among major capitalist democracies. And it is the paucity of information provided by commercial television that renders the electorate highly uninformed and thus incapable of intelligently participating in the political process." (p. 180)

Kellner pleads for a critical theory of television which "conceptualises both sides of the existing society and culture – namely the forces of domination and those that prefigure and struggle for a better society." Increases in the formation of street gangs are often considered the result of alienation, displacement and loneliness experienced by young people. The need for affiliation and affection provided by gang membership can often undercut concerns about personal health.

In a democracy that is flourishing we would probably experience less central control and greater community and neighbourhood involvement in the decisions and actions taken to provide what the

community values in health, education and community life. Arrangements would be in place that would enable people to take care of each other, support efforts to grow, and deal directly with the obstacles and threats to peace and good order. For example, in communities with high social cohesion people feel that the community is looking out for their best interests, they believe their children are safe in the streets and playground areas, and in troubled times the community will rally to support them. Feelings of belonging extend beyond families and neighbourhoods to include business and industry, faith communities, and municipal agencies. Clearly, these adages would represent a sense of community – "We're all in this together." "Nothing about us without us." "It takes a whole village to raise a (whole) child."

Democracy From An Educational Perspective - What Giroux Has To Say!

In Henry Giroux's 'Stealing Innocence' (2000) and later in *The Abandoned Generation: Democracy Beyond the Culture of Fear*, (2003) critical arguments are presented about democracy in education which can be traced to constructivists' beliefs about learning. Learning is a sense-making process. Accordingly, individuals consciously strive for meaning, to make sense of their environment in terms of past experience and their present state in an attempt to create order, resolve incongruities, and reconcile external realities with prior experience.

Giroux emphasizes that knowledge is mainly acquired through social processes wherein culture, context and community are logically and philosophically active. He concludes politics and pedagogy are subsequently, inseparable. Hence Giroux pushes for an approach to education that engages students in not only critical analysis of the context but of the implications this knowledge has for how we think, behave and participate in our life experiences. Content is not neutral; rather it is located in a social-political and cultural milieu. Giroux makes it clear that for full participation in a democratic society, students must be prepared to examine knowledge in relation to the 'knower', how ideas are never without interpretation tempered by the knowledge, beliefs, and experiences of the examiner. Consider, for example, health in relation to knowledge, beliefs and experiences of the person. The idea of health then becomes more than just views about health that center largely on disease avoidance, prevention and treatment. Views about health that focus on what is happening in a person's life i.e., level of income, relationships with close and intimate others, participation in social and civic life,

employment stability, to name a few, are seen as determinants of health which impact the capacity one has to live to the fullest.

The links between democracy and education, Giroux argues, are rooted in the notion that learning is a journey toward self-knowledge, self-mastery, thus liberation. Accordingly, education is not a matter of handing out “encyclopedic knowledge” but of developing and disciplining awareness which the learner already possesses. To educate means to bring out but also intensify and enlarge one’s perception of the larger social order versus simply gathering information. He complains that assessment and standardized testing, for example, aimed at mastery of discrete skills and bodies of knowledge have little to do with teaching students to develop critical thinking skills, socio-cultural maps and an awareness of the powers that enable individuals to locate themselves in the world and to effectively intervene and shape it.

Giroux portrays the classroom as a place where students think critically about the world around them but also offer a sanctuary and forum where they can address their fears, anger and concerns about events such as 9-11 and how it affected their lives. He pushes for discourse within academic study which discusses the meaning of democratic values, the relationship between learning and civic engagement and the connection between schooling and public ‘good’ versus private interests. The learning of skills, disciplinary knowledge, rigor are not valuable in and of themselves. One of the principal aims of education, therefore, is to develop a critical awareness of the values and ideologies that shape the form of received knowledge. This aim suggests a constant probing and criticism of received knowledge as part of civic and social engagement in community affairs.

Accordingly, school work must be linked to larger purposes e.g., creating more equitable and just public spheres within and outside educational institutions - exercising rights and entitlements – as a part of active citizenry. Giroux draws on the work of Friere who argues that it is through the sort of critical and moral engagement with subject matter that educators build a sense of hope, not despair and disappointment. He encourages progressive educators and their students to stand at the edge of society, to think beyond existing configurations of power in order to imagine the unthinkable in terms of how they live with dignity, justice and freedom. (p. 146) Within acts of “moral imagination” students are posing problems that begin with “What if?” and “Why not?”. This approach to pedagogy in general is based on the idea that there is more hope in the world when teachers and students can question what is

often taken for granted in their text books, classrooms and larger social order versus memorization of pre-digested information.

The key point here is that learning is seen as essentially a social process. Knowledge because of its relative nature is dependent upon communication among learners, teachers, and others. In order to be effective, therefore, health promoters must find their inspiration in not only understandings of health but of the fundamental purposes of school and beliefs about learning.

What Fenstermacher Says

In the educational literature, democracy is more often discussed in terms of learning environments where students are encouraged to contribute their understandings and reasonings about the subject matter as part of a process of making sense of the concepts and ideas in relation to students’ lives and real world problems. The goal, therefore, of democratic education is for students to participate actively in the construction of knowledge rather than simply consume it. As an educational principle, democracy should run deeply throughout the school informing organizational culture, personal and interpersonal associations, and the pursuit of knowledge from the classroom level up to the highest levels of decision-making.

Fenstermacher (1999) refers to democracy as “a way of living wherein each individual holds an entitlement to envision an ideal future for him or herself and is ensured sufficient freedom to pursue that vision”. In a democratic classroom the content students learn should in some way connect to or resonate in the lives they are living. Fenstermacher encourages involvement in the many disciplines of human knowledge and understanding “so that children become acquainted with these in ways that not only permit their understanding of them, but also lay the groundwork for the eventual contribution to these disciplines.” Student involvement i.e., the experience of connecting and contributing to an understanding of the subject matter, and then applying and relating it to real world problems is democratic education. Specifically, learners who are actively engaged in the learning process are more likely to understand the material, i.e., know why, know how, and know when the material relates to situations and problems that affect their lives.

Content becomes knowledge as a result of individuals in some way putting that information to ‘good’ use, i.e., applied responsibly to real world problems. Information has educational value relative to the impact it can possibly have on our quality of life. We might, therefore, want to consider how educators help students transform information into

knowledge through a process of putting what we know and value to ‘good use’, that is, making a positive difference in people’s lives. Knowing in a democracy should have implications. Knowing that thousands of people will die of HIV/AIDS unless medical supplies are available must be accompanied by consideration of the social, political and economic forces that interact to allow this situation to occur. What does it take to provide medical services to countries financially unable to buy expensive medical supplies? Why is the delivery of soft drinks to these desperate areas of the world more efficient than the delivery of essential medical supplies?

What Glickman Says

Democratic learning is “a set of purposeful activities always building toward increasing student activity, choice, participation, connection, and contribution. It always aims for students individually and collectively to take on greater responsibility for their own learning.” (Glickman, 1999). In practice, democratic learning involves:

- Students actively working with real world problems, ideas, materials, and people as they learn skills and content.
- Students having escalating degrees of choices, both as individuals and as groups, within the parameters provided by the teacher
- Students being responsible to their peers, teachers, parents, and school community to ensure that educational time is being used purposefully and productively
- Students sharing their learning with one another, with teachers, and with parents and other community members i.e. “function as a community of learners”
- Students deciding how to make their teaming a contribution to their community
- Students assuming responsibility for finding places where they can apply and further their learning i.e. attend to process, how knowledge is obtained, whose knowledge counts?
- Students working and learning from one another individually and in groups at a pace that challenges all (Glickman, 1999)

What Palmer Says

What sort of curriculum and instruction would enable students to learn democratically? Palmer describes a curriculum that has as its subject matter practical public problems and citizen action (Palmer, 1998). These matters of civic importance and the process by which they are carefully examined should be the subject of classroom study. Discussions are studied for their content but also for who is speaking and

who is not. Whose ideas count? Who gets air time? Who doesn’t? Whose voice is missing? Palmer, like Giroux tells us that there is a need for democratic discussion that examines not only what is said, but who is saying it and, who’s voice is left out.

What Nutbeam Says

Democratic approaches to the study of subject matter aligns with what Nutbeam has described in health education as “critical literacy” (Nutbeam, 2000). The health literate citizen is concerned not only about knowledge and interpersonal relationships but social justice, equity and involvement – Whose interests are being served? Who dominates? Who is silent? How do determinants of health interact with decisions for health? For example, why are the smoking rates double among First Nation adolescents? Why are people in upper income households half as likely to require hospital care as people living in low income households? Why are white women most likely to become anorexic? How do speech patterns and clothing present subtle barriers to participation in certain activities?

What We Say

Engagement, participation, expression, equality, justice, responsibility, individual rights to liberty and freedom – these all represent democratic collaboration well done, not only in school but in all areas of life. Teachers must ask themselves: What would teaching and learning for democracy look like? What would students achieve and demonstrate in classrooms if democracy were practiced as the most powerful pedagogy of learning for all students? Our attempt to answer this question follows:

- Students are involved in setting some of the formats, structures and rules of learning
- Textbook material and worksheets are emphasized less while reference materials, electronic media, technology and hands-on activities are relied on more
- Students are sometimes contracted for work to be done with a final demonstration, subject to peer, parent and community review
- Students tutor other students and contribute to school wide projects
- Students are provided with opportunities to work in the field
- Homogenous groupings, including age groupings, are minimised

Education for democratic learning means involving students in varied and alternative discussions about the subject matter, presenting opportunities to see the subject matter from their perspective, the perspective of others, different places of understanding, different cultures, different times in

history, different locations and positions of power or lack of outlooks. The example we present later proposes the question: what might be the implications of changing our eating habits to include the recommended daily consumption of fresh fruits and vegetables outlined by National Food Guides? Imagine the number of different points of view/concerns expressed about this proposition. Imagine what students can learn about the politics of promoting policy for public good.

What Weare Says

In her paper “The health promoting school – an overview of the concept, principles and strategies and the evidence for their effectiveness,” Katherine Weare writes that democracy needs a balance between participation, warm relationships, clarity and autonomy (Weare, 1998).

“Participation” and the closely aligned concept of empowerment underlie the famous definition of health promotion by the Ottawa Charter as “the process of enabling people to increase control over, and to improve, their own health.” Empowerment, she explains further, aims to be genuinely democratic by ensuring that the action or process is done with, rather than to, people. There is overwhelming evidence, she writes, that the level of democratic participation in schools is a key factor in producing high levels of both performance and satisfaction in teachers and pupils. Therefore a key strategy for a health promoting school is to ensure that its organisation, management structures and ethos are empowering and encourage participation. Her description that follows is apt:

Empowerment and participation take many interlinked and mutually supportive forms: They include consultation of staff and students, a democratic, “bottom up” approach to decision making, and open communication. The role of the head teacher in an empowering school is as facilitator rather than a despot, the leader of a team of staff rather than the apex of a rigid hierarchy, a team that genuinely collaborates with pupils and parents in the running of the school, is responsive to their needs and wants, and attempts to create a sense of common ownership of the school’s processes, policies and decisions. Such schools see themselves as accountable to parents, to pupils, to local education authorities, and to the local community. Pupils’ parliaments, parents’ councils, and school planning groups that include members of the local community are just some of the ways in which empowering and democratic intentions can become reality (Weare, 1998).

The importance of “warm relationships” to learning is also well documented, she says. Poor

relationships between pupils and staff and between teachers and their colleagues is one of the most commonly cited causes of staff stress, while high levels of support reduce the likelihood of staff “burnout”. Better achievement of outcomes, both cognitive and affective, are found in classrooms with “higher levels of cohesiveness” and “less social friction”. Competencies that underpin our ability to make good relationships include the capacity for empathy, genuineness and respect.

The third element for effective schools she defines is “clarity”, which is related to the word “transparency”, a term frequently referred to in the health promoting school literature. Clarity involves structure and boundaries, having people know what is expected of them and what they can expect of others, understanding what their role is, and what the norms, values and rules of the organisation are. Students can form better relationships, have higher attainments, enjoy learning and attend better when there is clear leadership by teachers and they are certain of what they are doing. Teachers also perform better when goals are clear. They become better motivated and more effective in their job performance. Clear, timely feedback to pupils and teachers about their performance is also important.

The fourth element she describes is “autonomy” which she defines as “self determination and control of one’s own work and life, thinking for oneself and being critical and independent, while able to take full responsibility for one’s own actions.” This, she says, is essential if pupils are to be prepared to become full citizens in the democracies of the free world. Students need to learn to think for themselves and to work independently as their age, stage and personality allows.

Democracy in schools requires each of the four elements in the right proportion. She explains that: too much emphasis on warm and supportive relationships, participation and individual autonomy without clarity can lead to a “laissez faire” environment in which people have an unrealistic sense of their own personal importance, everyone competes, no-one knows what the rules and boundaries are, and little is achieved or learned. But an emphasis on clarity alone leads to an authoritarian, inflexible, over regimented and autocratic environment, in which people may know the rules but may not care about following them, and can feel unvalued and alienated. The third way that achieves the right balance between these extremes has been described as “democratic.” It is one in which people feel cared for, part of the organisation and able to act with a degree of personal control, but know too that there are clear boundaries, that they are but one

among many, and their needs have to be set alongside everyone else's (Weare, 1998).

Program, Policy, Partnerships, People

In this section we outline an organisational guide for health promotion in school communities with democracy in mind. Underlying this proposed guide are key concepts related to democracy and health promotion presented earlier:

- the process should involve those directly involved or concerned about the health issue, especially students,
- the process by which decisions are made and actions are carried out should be egalitarian,
- throughout the process, participants should be encouraged to examine the change process itself, the factors that interact to stimulate change, stages of change, and obstacles to change,
- the process should clearly reflect the notion that health is more than a course of study – it is a way of thinking about and interacting with others to produce sustainable improvements that reflect local needs and citizenry.

Four elements comprise the guide: program, policy, partnerships and people. To demonstrate the confluence of curricular, pedagogical and political dialogue that teachers and students might address in the study of health promotion as an in-depth exploration of the way various bodies of knowledge inform decision-making, we propose students address a real-world contemporary issue. Around this question, educators and students are invited to bring to bear creative, divergent and innovative thinking: What are the implications of converting our dietary habits in North America to include fresh fruit and vegetable consumption as per recommendations by National Food Guides (Canada's Food Guide recommends that about 5-10 servings of our daily food consumption should be made up of fresh fruits and vegetables; current consumption patterns indicate Canadians consume about one-half the recommended amounts - www.dieticians.ca).

Program: A program of study must be in place, suitably, resourced, and timetabled to ensure students have regular and sufficient class time to participate in a planned sequence of study including topics that are suitable and relevant to the age group involved and are presented by a qualified and effective educator. Effective teachers ensure all students have a chance to explore the topic from a wide range of views, to enter into debates, discussions, and dialogue about the material, to explore alternative realities related to the topic and to consider the reasoning behind opposing perspectives. In-class study is an opportunity to present how knowledge is created,

reasoned, fathomed in a democratic society – the effects of culture, climate, and economics. Under these conditions students begin to realize that knowledge resides in the individual studying it. Truth is not absolute, existing in some independent form, rather its' existence is embodied in the lives, minds, behaviours of those who experience it – cognitively, affectively, metacognitively. In-class study is an opportunity to participate in a community of scholarship activities: posing questions, looking deeply and broadly at the underlying factors, looking at propositions from the perspective of other disciplines, questioning authority and status quo, probing for meaning, asking critically important questions such as who's interests are being served? Who's voice is not present in this discussion?

A health promotion inspired curriculum would be alert to opportunities to put content knowledge and skills to 'good use' i.e., relate knowing to doing the 'right' thing. For example, a class might use their addition skills to calculate the weight of their daily garbage and then graph the results over a period of several days. The success of a classroom campaign to reuse, recycle, reduce their waste will become evident in the numbers and charts that portray the results of their concerted actions to be environmentally responsible.

Senior classes might begin a unit of study by brainstorming the possible outcomes of a nation converting to a diet rich in fresh fruit and vegetables. Determine why fruits and vegetables are such an important part of a healthy diet – what's in them that's good for us! Encourage students to their communication skills to gather information about this proposal from the perspective of beef, pork and chicken farmers, restaurant owners, fast food chains, and advertisers. Challenge students to work in small groups to consider the economic prospects and pitfalls associated with a major change such as this. Another group might consider the environmental benefits of reducing the production of beef. Students might interview agricultural experts and visit a website such as www.ecohealth.org to obtain information about the importance of conservation-minded land use. Students interested in examining this issue from a business perspective might interview the manager of a fast food chain restaurant to find out how menu changes would impact profits, the business's image and marketing strategies. Medical researchers would also have important insights to add to this discussion in terms of health benefits such as reductions in some forms of cancer, weight management and heart disease, as well as the health care savings that would accrue from diets that emphasise fresh fruits and vegetables.

The opportunity to debate the issue gives students a chance to put forward ideas in a reasoned, logical, persuasive manner. The sides of the debate can also be presented in the form of marketing campaigns and journalistic reports published in school newsletters. Letters to legislators give students a chance to construct their arguments and present them as conscientious members of society.

Policy: Policy underpins the overall school environment, the school culture or ethos that permeates the life and times at school. Policy statements (formal and informal) are often a way to look for the degree to which schools nurture the democratic values e.g., rights to access, expression of ideas discussed in their classrooms. Students need to understand that policies are statements of beliefs and values. A class, a family, or an individual can create policies and then try to live by them. An increasing number of people have a no smoking policy in their home, their vehicles, and their workplace. Considering our question re food consumption habits, examine school and district policies related to food consumption in schools, vending machines and cafeteria menus. Define policy. Who forms policy? Under what conditions does policy become a reality? Consider the implications of a policy that would affect what can be sold in the cafeteria and vending machines, consumed by students and teachers during lunch breaks or sold for fundraising. Try to write a policy that could be defended and presented to the school administration that would encourage fresh fruit and vegetable consumption. Track student, teacher, parent, school nurse, health educator, and administrative responses to policy proposals to see how power struggles emerge.

Partnership: Access to community resources is a critical and integral part of school organisation and student health. Health promoting schools seek to coordinate and optimise access to community services: immunisation, vision/hearing tests, family and youth counselling, protective services, health services, career services, mentoring programs. Consider the resources available through public health, food and agriculture, and environmental groups to help students sort through the various issues related to this dietary proposition.

People: At the centre of efforts to promote health is the development of a certain kind of person rather than a person who knows certain things. In schools where democracy is evident, resources and relationships are mobilised such that the development of young people – socially, morally, spiritually, physically, intellectually is paramount. This commitment is aimed at an overall institutional capacity to prepare young people for participation in a just and civil society.

Students are perhaps the most under-utilized resource in school reform, yet have the most to gain or lose in the process. Health promotion that listens to the voice of students is the first step. The voice and involvement of students is essential to school improvement: to increase their motivation and educational productivity; for the valuable feedback they can give about their learning; because it is their learning; because they can be powerful partners in school improvement as co-researchers; because their involvement in responsible debate about their education should reflect the level of responsibility that many have in their lives outside school; and because school must work with and reflect the students' world (Pickering, 1997)

Students must consider their participation in the exploration of this dietary change question as part of a process aimed at preparing them to work through an issue with information that is biased, hence the need to develop knowledge, skills, and attitudes such as:

- Critical thinking skills: the ability to assess viewpoints and information in an open-minded and critical way and to be able to change one's opinions, challenge one's own assumptions and make better judgements as a result.
- An understanding of sustainable development: recognition that the earth's resources are finite, precious, and unequally used.
- Co-operation skills: the ability to share and work with others effectively, to analyse conflicts objectively and to find solutions acceptable to all sides.
- Ability to argue effectively: to find out information and to present an informed persuasive argument based on reason.
- Belief that people can make a difference – individuals can act to improve situations and a desire to participate and take action
- Respect for diversity – everyone is different but equal and we can learn from each other.

Challenges

Health promotion should be studied as a way to link theory and practice, knowing and doing what's right. The Greeks tell us the early meaning of the word democracy was 'strength of the people'. Health promotion initiatives should help students find their talents, put their imaginations and insights to good use, and enable them to be part of on-going efforts to make the world a better place for everyone. Health promotion could be thought of as a way to work together to understand ourselves, our ambitions, and to turn our aspirations into realities.

In one community, the school is near a minimum security prison where families come for periods of time and then return to their communities. Turnover is the highest of any school in the province. The school, however, ensures each child who attends this school will take with them a scrapbook containing pieces of their work, a story about the school, pictures of the child involved in activities at the school, and a personal note from the teacher about the time they spent together. In another school children make friendship bracelets they take to the senior citizens in a nearby home for the elderly. And in yet another community, students give their labour to people and organisations in the community in return for monetary donations which are then used to buy supplies and services to send to people in the Caribbean who are victims of recent hurricanes.

These activities are the heart of democracy.

Conclusion

Democracy as the first principle of a health promoting school can be viewed as a moral compass used to navigate the struggles of school management and curricular reform. Thinking about health promotion in schools as part of a democratic process challenges educators to consider the importance of:

- student involvement in the way schools operate and improve,
- classroom study that addresses real-life issues
- creating school environments that are open to discussion and debate about human events to help prepare young people for involvement in community and civic affairs
- the school as a setting for experiencing the attributes of a democratic society.

Learning about democracy through health promotion initiatives is proposed in this paper as an important way for students to put their knowledge, skills, beliefs and convictions to 'good' use, to feel like they are a part of their school's ethos and progress, and to enjoy the freedom to be deterministic and expressive about the meanings they are making relative to course content, world events, and personal experience. Education with democracy in mind should ultimately heighten students' awareness of the relationships between knowing and being, the links between behaviour and beliefs, the importance of character development (care for others, honesty, trust, responsibility, sacrifice) honed through scholastic endeavours, and the value of participation in communities of learning and service in schools, neighbourhoods and beyond.

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