



Kyrgyz Republican
Health Promotion Center

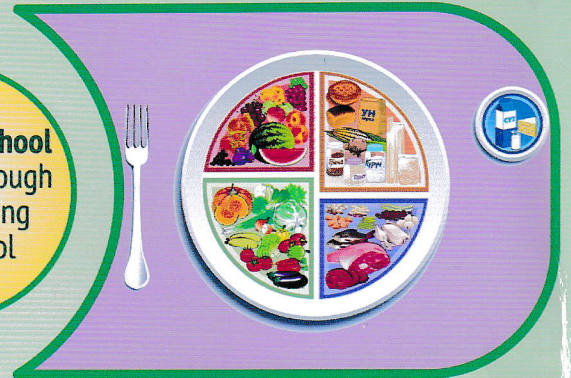


MSDSP KG
An Initiative of the Aga Khan Foundation

Programme "School Health and Nutrition" Leveraging the education system to reach children and adolescents with health services and life skills

2020-2026
Expanding access to comprehensive, high-quality and continuous medical services

2020
Improving **School Nutrition** through strengthening self-control system.



2019
Creating a video-based course "Adolescent Hygiene"



2019
Development and piloting teaching programme of **Skills for Health**



2018
Creating a video-based course "Main Mistakes in Adolescent Nutrition"



2018
Providing access to **save drinking water** to 1,133 (572 girls, 561 boys) school students



reached **4,898** adolescents (2,399 boys and 2,499 girls)

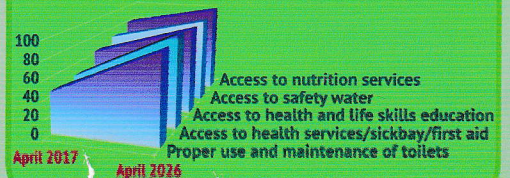
reached **442** parents (218M, 224F)

involved **280** members of the **School Health Committee** (students)

trained **20** promoters (teachers)

2017-2019
Establishing and supporting **20 School Health Committees**

in 20 targeted schools



Implemented by the Public Foundation Kyrgyzstan Mountain Societies Development Support Programme, an initiative of the Aga Khan Foundation, in partnership with the Ministry of Education and Science as well as the Ministry of Health of the Kyrgyz Republic.

IMPLEMENTATION OF THE PROJECT RUSSIAN NETWORK SCHOOL FOR HEALTH IN YEKATERINBURG

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Relevance

A school is an institution in which student health is also a priority. This requires specialized teaching and medical personnel training and methodological support.

Implementation of the Russian Health Schools project in the Yekaterinburg, is coordinated by the Medical Prevention Municipal Center, the Department of Education, the Ural State Medical University. Part of this project is to assess school activities that maintain and strengthen the students health, of the methodology of preparing school prevention programs, and the training of teachers and medical personal.

The aim of this work is to create conditions that to promote student health in municipal schools.

Methodology

In the first stage of the project, schools studied maintaining and strengthening students' health in six areas: the presence of an officially adopted school policy regarding the students' health maintenance, the creation of optimal conditions for the children to stay at school, and the socio-psychological climate at school which sustainable motivation children to lead a healthy lifestyle that results in learning relevant skills and abilities, and public relations protecting the health of children. The work was carried out in accordance with the recommended methodology, which scores studied parameters from 0 to 3. According to the school received the appropriate preventive work level. The study group consisted of 13 pilot schools. The assessment results were used to prepare schools' action plans, as well as to develop a support system for schools' preventive work at the municipal level from the partner organizations: the Education and the Health Departments, the Medical University, the Medical Prevention Center.

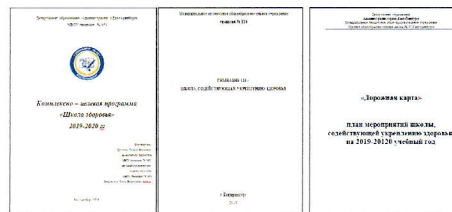
Stages of implementation of the project Russian network schools for health in Yekaterinburg

Stage I - Assessment of schools activities that maintain and strengthen the students health

Results of study showed the highest degree of implementation of preventive measures for the medical care for students (69.7%) and creating optimal conditions for children in school (60%). Less often preventive measures affected the socio-psychological climate at school (52.5%), developing and implementing school policies regarding the students health preservation (49.4%), forming students with sustainable motivation for a healthy lifestyle and training in relevant skills and abilities (48.3%) and external relations of schools with the public in child health issues (35%).

Stage II - Preparation and implementation of schools' preventive programs (Roadmaps); formation of the action plan with the participation of the partner organizations

The schools preventive programs (Roadmaps)



Stage III - Training of teachers and medical staff of schools

Additionally, the results of the evaluation of the schools were taken into account to prepare professional development programs (FSBEI HE «USMU», 72 hours):

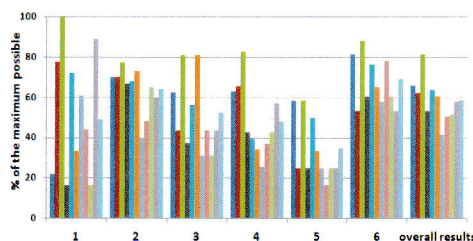
«Organization of medical care for children in the schools» - for medical staff

«Health promotion technologies in the schools» - for teachers

26 teachers were trained under the program «Health promotion technologies in the schools» in September-October 2019

The program «Health promotion technologies in the schools» (thematic plan)

- ✓ Children's health and factors forming it
- ✓ Strategies to promote children's health in schools.
- ✓ Experience in the implementation of health saving technologies
- ✓ Psychological climate as a strategy of health preservation
- ✓ Hygienic basis of the day. Hygiene of educational process
- ✓ Hygienic problems of computerization of education and leisure
- ✓ Preparation for school. Organization of the initial stage of training
- ✓ Physical activity and health. Hardening
- ✓ Basics of healthy eating
- ✓ Sanitary and hygienic regime in school
- ✓ Forms and methods of hygienic education
- ✓ Prevention of substance use in childhood
- ✓ Medical and psycho-physiological aspects of vocational guidance of schoolchildren
- ✓ Basics of personal hygiene. Hygiene of clothing and footwear
- ✓ Teacher health promotion and protection
- ✓ Prevention of diseases of the musculoskeletal system / vision / dental diseases
- ✓ Prevention of infectious diseases
- ✓ Organization of control over compliance with sanitary legislation



- Criterion 1. PROMOTION HEALTH POLICY
- Criterion 2. CONDITIONS IN SCHOOL
- Criterion 3. SOCIO-PSYCHOLOGICAL CLIMATE
- Criterion 4. HEALTH AND LIFESTYLE EDUCATION
- Criterion 5. PUBLIC RELATIONS
- Criterion 6. MEDICAL SUPPORT. STATE OF HEALTH

Note: schools are marked with different colors

THE RESULTS OF THE SCHOOLS EVALUATION (72 INDICATORS)

SCORE	STATUS	NUMBER OF SCHOOLS
< 111	-	1 SCHOOL
111-148	THE SCHOOL OF THE HEALTH PROMOTION	8 SCHOOLS
149-178	THE SCHOOL OF HEALTH LEVEL I	-
179-200	THE SCHOOL OF HEALTH LEVEL II	1 SCHOOL
> 200	THE SCHOOL OF HEALTH LEVEL III	-

The results of the study show the availability of the schools to maintain and promote the students' health, but educational is carried out at various levels. We determined areas of work that need to be improved at the each school and in general in all educational organizations.

Resources of MAI «Center for Medical Prevention»

- Printed material
- Educational activities (lectures, seminars, interactive classes, trainings) for children and adolescents
- Organization and carrying out of mass preventive actions, competitions
- Classes at the Museum of hygiene



«The health week» in the schools 23-27.09.2019, FSBEI HE «USMU»

- «Ecological and hygienic quest» (Station game)
- «Move more, live longer» (Quest)
- «A dazzling smile for life» (Classroom)
- «Proper posture-secrets of princesses and knights» (Classroom)
- «The ABC of nutrition» (Classroom)
- «Take care of yourself and your health» (Classroom for teachers)

Effective projects, technologies, methods and programs of prevention and master classes given by specialists were presented at the session of the interdepartmental conference "Scientific and methodological bases of health of children and young people. Modern interactive resources of preventive work" (October 28 - November 8, 2019)

Stage IV - Evaluation of the effectiveness of preventive work of schools

Expected results:

- Reduce morbidity
- Improvement of indicators of physical development, physical fitness, performance, adaptive abilities of pupils
- Improvement of well-being and the emotional state of pupils
- Positive attitude to school
- Increasing parents' satisfaction with the quality of preventive work in schools and medical, psychological and pedagogical support of children
- Raising awareness among students and parents about risk factors and ways to promote health
- Increase motivation of students, parents, teachers to maintain and promote health

M.I. Stepanova, I.E. Aleksandrova, N.O. Berezina
Digital devices and their role in shaping children's health in kindergarten and school

National Medical Research Center for Children's Health of the Russian Federation Ministry of Health.
Research institute of hygiene and health care for children and adolescents



Background. The rational use of digital teaching aids in training sessions helps to activate learning activities. Along with its unique capabilities, the digital educational environment often has a negative impact on the style and lifestyle of children and adolescents. Currently, the educational potential of digital gadgets in relation to the formation of a healthy lifestyle and the skills of safe use of these funds is not used enough.

Aim. To establish the risks of health problems when teaching children with the active use of digital gadgets, the formation of skills for their safe use and substantiate recommendations for reducing risks.

Methods. A survey of 182 students in grades 7-8 and 637 parents of children 3-7 years old on the use of gadgets. Assessment of the state of the central nervous system, vision, psychoemotional state in training sessions using digital gadgets in children 6-15 years old.

Results. According to the frequency of daily use, smartphones are the leaders - 97.5% of schoolchildren. More than half of students use different gadgets for more than 4 hours a day and more than 2 hours are continuously busy with a smartphone. Complaints about health when working with gadgets are presented by 7.8% to 40.2% of students. Complaints prevail: eye fatigue - up to 68.1%, difficulty falling asleep - 22.4%, noise and stuffiness in the ears after using the audio player - 78.2%.

According to 51.4% of adolescents surveyed, they comply with the rules of safe work with gadgets for health, which contradicts their data on the excessive duration of their use.

A smartphone is used by every sixth child 3-4 years old and every fourth child 5-7 years old, and 82.1 - 89% of children play continuously for more than 15 minutes. On working days, 15.0% of children 3-4 years old and 25% of children 5-7 years old play on a computer, 28.9% and 41.7% respectively on a tablet. On weekends, 23.1% of children 3-4 years old and 40.2% of children 5-7 years old use a computer, and half of preschoolers use a tablet.

It has been established that the long-term use of digital gadgets in the lessons is accompanied by a more pronounced general and visual fatigue of children compared to lessons without their use.

Conclusion. Among the main risk factors for children's health associated with the use of digital gadgets are information, audio and visual overload, inactivity, and Internet addiction. To prevent violations of children's health, it is necessary: to optimize the learning environment, to form the skills of safe use of gadgets among teachers, parents and children.

Statement. The rules for the safe use of digital gadgets in the classroom for different age groups are justified. It is necessary to expand the possibilities of using digital devices in the formation of a healthy lifestyle for children.





M. Stepanova
*Health of children, welfare and school
building design*



National Medical Research Center for Children's Health
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Research institute of hygiene and health care
for children and adolescents



Background. School construction is crucial national task, but the majority of buildings do not consider the trends in the education development or environment influence on child progress and well-being. School spaces should be comfortable, safe, and beneficial to the child harmonious development.



The aim. To assess the impact of school building design on students' well-being.

Methods. We conducted analysis of architectural design of standard school buildings, literature review on the impact of school design on students' health and well-being; questionnaire survey on psycho-emotional state of children in schools with different design solutions.



Results. Most school buildings in Russia did not meet current educational requirements. According to official statistics, 2% of schools did not provide all the public amenities, 15% of schools had no gymnasium. More than half of Russian schoolchildren evaluated educational classes as uncomfortable, over 80% indicated the lack of storage for personal belongings, almost 60% — lack of private resting places, 67% — lack of parking for bicycles and scooters, and almost 50% — poor placemaking. The majority of schools were characterized by color uniformity and featureless interiors. Analysis of school architectural design demonstrated that one of the most significant problems was environmental — lack of space for physical. The study defined that appealingly designed schools with atriums, airy classes and recreation facilities, comfortable toilets, sufficient number of gyms, lounge suites, and indoor gardens promote emotional well-being, increase academic motivation. We registered an increase in children attending school with pleasure by 2.5 times and significantly less number of children with uncomfortable emotional state comparing with students from ascetic designed schools (13.2% versus 26.5%, $p < 0.001$).



Conclusion. We revealed that school design influence significantly on the reducing risks of health disorders, maintaining emotional well-being and academic progress.



Statement. Construction and reconstruction of school buildings should provide attractive, safe, sufficient educational and recreational facilities, comfortable canteens, and lavatories. The design of the educational space should contribute to psychological comfort and the implementation of health-saving educational technologies



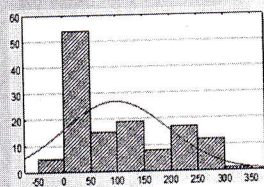
*Dear colleagues, if you have any questions, please don't hesitate to contact
us through e-mail: mi_stepanova@mail.ru*

RAILY USE OF MOBILE PHONES AND ITS IMPACT ON THE HEALTH IN YOUNGER SCHOOL-CHILDREN.

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Valid N=135
Mean=97,85
Median=72,2
Lower Quartile=3,50
Upper Quartile=183,0

Figure 1. Statistical distribution of PFD ($\mu\text{W}/\text{cm}^2$)

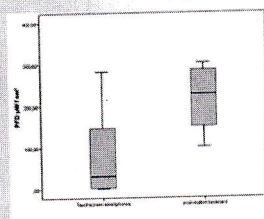


Figure 2. The differences in PFD between smartphones and push-button phones

Background: Currently, one of the important environmental factors that adversely affect the health of schoolchildren is electromagnetic radiation (EMR) of mobile communications. The vast majority of modern schoolchildren constantly use mobile phones (MPs), the radiation of which is recognized by WHO as potentially carcinogenic [1]. Due to age morphological and physiological features and high rates of maturation of the nervous system, children and adolescents are most sensitive to EMR of MPs [2], the use of which is associated with various health disorders in children [3]. Correction of the everyday use regimes of MP can be one of the ways to reduce the adverse effects of EMR of MP on the health of schoolchildren.

The purpose of this study was to assess the effect of the radiation level of MPs and everyday modes of MP use on the health of younger students.

Materials and methods: In a cross-sectional study, 135 Moscow modern junior schoolchildren we measured the power flux density (PFD) of individual MPs. By the questionnaires of parents and children we determined everyday regimes of MP use (call duration (CD), daily number of calls (NC), the total call duration (TCD) per day, the location of the MP in the daytime and nighttime, night calls), neurological history of children and individual frequency of health symptoms (colds, headaches, dizziness, anxiety, fatigue and low mood, as well as sleep, memory and attention disorders). In 80 children with a normal neurological history there were determined the levels of Spearman correlation between the parameters of MP usage and health indicators, as well as the health risks (increase the frequency of symptoms up to several times a week), associated with MP use.

NC	Sample size	%
1-2	57	71.25
3-5	19	23.75
6-10	2	2.5
> 10	2	2.5

CD (min)	Sample size	%
<1	20	24.69
1-2	40	49.38
3-5	16	19.75
6-10	3	3.70
> 10	2	2.47

TCD (min)	Sample size	%
<2,25	45	57.69
2,25-6	19	24.36
> 6	14	17.95

Figure 3. The regimes of MP use

Health symptoms	NC	CD (min)	TCD (МИН)	PFD ($\mu\text{W}/\text{cm}^2$)	Night calls	The distance from MP to the head at night
Headaches	$r=0.24$ $P=0.04$		$r=0.26$ $P=0.02$			
Dizziness				$r=0.24$ $P=0.04$		
Anxiety		$r=0.22$ $P=0.046$			$r=0.28$ $P=0.013$	
Sleep disorders						$r=-0.30$ $P=0.007$

Figure 4. Correlations between health symptoms and MP use

Mode of MP use	Health symptom	OR	CI 95%	RR	EF (%)	
NC	$\geq 3-5$	Anxiety	7,86	1,26-31,77	6,33	84
	≥ 6	Dizziness	5,5	1,50-7,05	3,25	69
TCD (min)	≥ 6	Dizziness	4,45	1,14-8,49	3,11	68
PFD ($\mu\text{W}/\text{cm}^2$)	>100	Dizziness	4,45	1,14-8,49	3,11	68

Figure 5. Health risks, associated with MP use

Results. The maximum values of MP PFD (fig.1) in 43.5% of children exceeded $100 \mu\text{W}/\text{cm}^2$ (the norm for adults in Russia), which was associated with the use of MP with a push-button keyboard (fig.2). For most children, TCD did not exceed 6 minutes, NC 1-4 and CD 1-4 minutes (fig.3). Positive correlations ($p \leq 0.04$) were found between the use of MP and the frequency of headaches (NC, $r = 0.24$, TCD, $r = 0.26$), dizziness (PFD, $r = 0.24$) and anxiety states (CD, $r = 0.22$) (fig.4). The frequency of night calls was correlated with the frequency of anxiety states ($r = 0.28$, $p = 0.013$), and the distance from MP to the head of a child at night - with the frequency of sleep disorders ($r = -0.30$, $p = 0.007$) (fig.4). With intensive use of MP in children, the risk of increased frequency of anxiety states (with $\text{CR} > 3-5$) and dizziness appearance (with $\text{TCD} \geq 6$ minutes and with $\text{PFD} > 100 \mu\text{W}/\text{cm}^2$) was increased (fig 5).

Conclusion. The obtained results testify to the negative impact of MP EMR on the health of younger schoolchildren and require hygienic control over the level of radiation and the parameters of MP usage in children. To reduce the adverse effect of EMR of MP on the health of younger students, we can recommend not to use old models of MP with a keyboard, reduce the number and duration of calls, use headphones or loudspeaker, replace conversations with SMS messages, and to turn off MP overnight.

1.21

Psychophysiological indicators of schoolchildren with physical

development disorders

Galina Goncharova¹, Natalia Skoblina²



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Introduction

If we identify impairments in the child's physical development we need to pay more attention to the development of their psychophysiological indicators.

The purpose of this study was to analyze psychophysiological indicators in schoolchildren with impairments in their physical development.

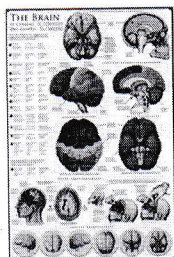
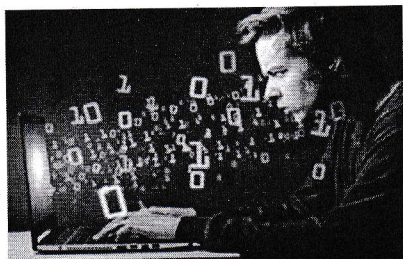


Figure 1. Fear of self-expression



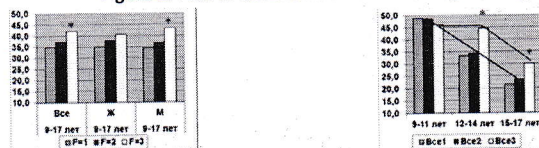
Fear of self-expression is reliably higher with excess body weight, but especially in boys.

In the process of growing up, fear decreases, but much slower it decreases in individuals with excess body weight.

Research methods

We made comprehensive longitudinal study of 200 Moscow schoolchildren from 1 to 11 grade in the dynamics. The physical development of children was studied by a standardized anthropometric method. We interviewed teachers to assess disadaptation in educational activities; We also use Phillips test to assess main factors of school anxiety. We used Statistica 10.0 for data processing. The work done does not impair rights or endanger the well-being of research subjects.

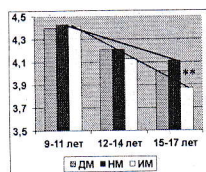
Figure 2. Fear of the situation of knowledge testing



The fear of a knowledge-testing situation is the same picture: reliably higher with excess body weight, and especially in boys.

In the process of growing up, fear decreases, but much slower it decreases in individuals with excess body weight.

Figure 4. Success of educational activity



With age, the performance of all schoolchildren decreases on average. However, it decreases much faster in schoolchildren with excess body weight. Thus, the regression rate of school performance by age in schoolchildren with excess body weight reliably higher than normal. For this reason, at an older age, their value is reliably below normal.

Figure 3. Problems and fears in relations with teachers



Problems and fears with teachers are reliably higher with excess body weight, and especially in girls.

In the process of growing up, fear decreases, but much slower it decreases in individuals with excess body weight.

Results. We identified deviations in physical development in schoolchildren due to the lack of body weight - 15% and overweight - 14%. We also found significant differences in prenosological indicators of health between schoolchildren with impairments in physical development and schoolchildren with normal physical development.

Schoolchildren with an overweight, compared with schoolchildren with normal physical development, had a significant decrease in the number of psychomotor indices, cognitive functions, critical flicker fusion rates and academic performance, which is associated with increased fatigue of the nervous system.

The analysis of psychosocial characteristics revealed a significantly greater maladjustment in educational activities, and a significant decrease in the sociometric status index by 49.9%. This is a consequence of the reduced level of development of cognitive functions and greater fatigue of schoolchildren with excess body weight. We found significantly greater indicators of anxiety in boys with obesity and overweight compared with those of boys with normal physical development. Such indicator as "General anxiety at school" was above the norm by 9.3% ($p < 0.05$), and "The experience of social stress" was higher than the norm by 15.8% ($p < 0.05$). We found significant differences in older boys: the "Fear of self-expression" indicators were higher by 46.5% ($p < 0.05$), "Fear of the situation of knowledge testing" by 63.1% ($p < 0.05$), "Fear is not meet the expectations of others" by 65.0% ($p < 0.05$), "Problems and fears in relations with teachers" by 18.0% ($p < 0.05$).

While children are growing up, anxiety indicators in a body weight deficit and normal physical development decrease among them. But schoolchildren with an overweight have the indicators increase or remain significantly higher than in persons with normal physical development.

Statement. A comprehensive study should provide a decrease in psychomotor indicators, cognitive functions, academic performance, sociometric status in conditions of increased fatigue of the nervous system and disadaptation during learning. Boys with overweight have a significant increase in the values of the indicators of the main forms of school anxiety, especially with increasing age.

The identified deviation in the physical development of the child makes it necessary to give him more attention, consider the amount of necessary diagnostic, preventive, health measures, recommendations for a healthy lifestyle, and, possibly, the volume of therapeutic and preventive measures.

Psychophysiological view on the mental health problems and development of school students



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Introduction

The number of schoolchildren with learning difficulties is increasing. In order to organize the educational process, which allows to preserve the students' health at high information loads, to promote optimal socialization with high efficiency and purpose, it is necessary to study psychophysiological characteristics that ensure their adaptation while maintaining and strengthening students' health.

Therefore, it is interesting to study the dynamics of age-related changes and sexual differences in the psychophysiological status, mental health problems and learning difficulties of students during their growing up.

Research methods

The assessment of the students' psychophysiological status is based on a comprehensive approach. It includes psychophysiological, psychological, and socio-psychological methods, which allow to obtain a coherent characteristic of health in the context of functional diagnostics.

The information about the symptoms of mental health problems, including students' health features, self-perception and various behavioral manifestations of social functioning, was gathered by a survey of three questionnaires: for students, their parents and teachers.

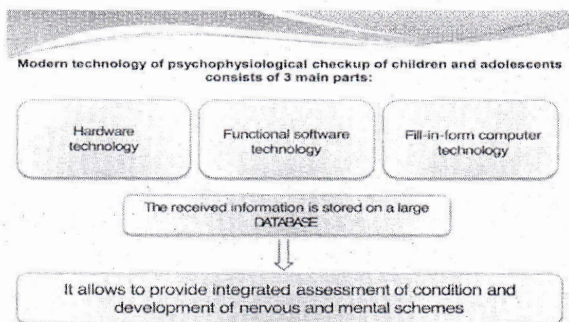


Table 1. Identification frequency of the symptom complexes. Boys and girls, 1-11 grades

Symptom Complex	All	Girls	Boys	Student's t-criterion
OFSC	44.7	47.5	42.0	P-0.001
ASC	33.9	34.6	33.2	-
CSC	29.6	32.4	27.0	P-0.001
VSC	26.2	29.2	23.5	P-0.001
AFSC	25.8	24.6	26.9	P-0.05
EPP	23.5	20.6	26.7	P-0.001
PALP	22.7	13.3	31.8	P-0.001

Results.

A comprehensive prospective study traced 230 students from several Moscow schools, from grades 1 to 11. It followed their development throughout the school ontogenesis (7-18 years old).

It found high prevalence of various mental health problems in primary schoolers, indicating increased vulnerability and sensitivity of this age to various adverse factors.

The age dynamics was following: decreasing as the functional systems mature in the 5-6 grades and increasing with puberty in the 7-8 grades.

The largest number of complaints was of obsessive-phobic (45%), asthenic (34%), and cerebrastric (30%) spectrum.

The maladjustment in educational activities showed that deviations increased with age, especially among boys. The highest growth was observed in grade 8, which is due, in our opinion, to pubertal changes occurring in adolescents, disharmonious mostly in boys.

OFSC - obsessive-phobic (Symptom Complex); ASC – asthenic; CSC - cerebro-asthenic; VSC – vegetative; AFSC – affective; EPP - early perinatal pathology; PALP - poor adaptation in learning performance.

Conclusion. A comparative analysis of the obtained data showed that the decisive importance in the children's and adolescents' state of mental health is the level of adaptive mechanisms that make a person adapt to living conditions. Psychophysiological measures should be started from an early age. When the foundations of socially adaptive behavior are laid and cognitive abilities are formed, it becomes the most important period for applying preventive measures in order to protect mental health.

In further studies, it is proposed to use the identified early signs of impaired psycho-physiological health to optimize the conditions of students' training and education, to create a supportive educational environment and to prevent or limit adverse environmental effects on the personality of a child or adolescent in learning and socialization, as well as to develop and conduct preventive and correctional measures.

EVALUATION OF EFFECTIVENESS OF HBSC 2018 DATA AND SHE TOOLS IN THE SCHOOL-BASED HEALTH PROMOTION

MSc. Sanja Prosheva, Prof. Elena Kjosevska, MD, Ph.D.
Institute for Public Health of Republic of North Macedonia

Introduction:

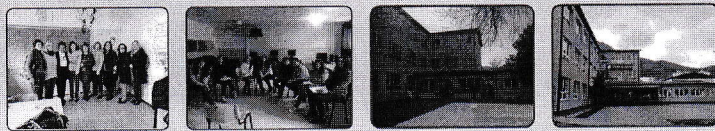
According to the need for continuous monitoring of the adolescents health, wellbeing and education, the world recognizes the need for an organized activity to improve the health of pupils. A lot of countries implement the international projects: Study for health behavior in school-aged children (HBSC study) and SHE network - Schools for health in Europe. In order to improve student's health, Republic of North Macedonia started an implementation of the international projects about 30 years ago.

Objective:

Evaluation of the effectiveness of the international and national data of the HBSC study and SHE tools that should contribute in assessing of health and well-being in schools.

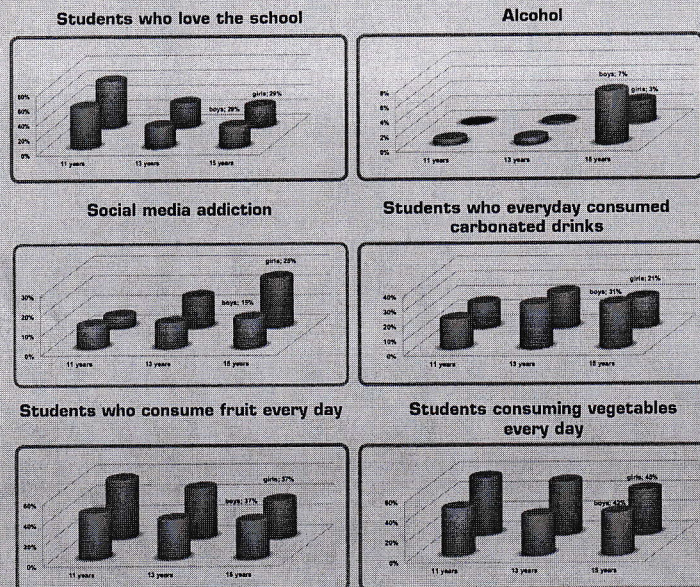
Method:

Data from the Macedonian HBSC 2018 study were used and presented to the 13 years old students (100 students) from 2 primary schools. The second phase was with selected focus groups with students and teachers. SHE tools (SHE Manual, SHE Rapid Assessment Tool and SHE School Action Plan) were presented to the groups and it was developed a discussion. Also, psychologists from two schools answered the HBSC School Questionnaire.



Results from the HBSC - SHE pilot project, 2018/2019

HBSC 2018 data - Health and risk behavior



Conclusions:

- Health topics are not sufficiently processed during the implementation of the curriculum.
- Students and parents are not involved in the planning and preparation of health activities according to the needs of the school community.
- Students and teachers expressed readiness to use HBSC data and to apply the SHE tools when assessing and evaluating the current state of health promotion at the school

References:

1. Health Behavior in School-aged Children <http://www.hbsc.org/>
2. School for Health in Europe <https://www.schoolsforhealth.org/>

SHE Opinions

Students:

Agree that the data from the surveys conducted in the country would be useful for further activities related to health topics and health problems

SHE RAPID ASSESSMENT TOOL - SCHOOL „KRUME KEPESKI“

	Current			Priority		
	Does not exist	Partially	Totally	Low	Middle	High
Orientation	37%	44%	19%	17%	27%	56%
Health policy	22%	50%	28%	21%	36%	42%
Physical environment	36%	38%	26%	19%	26%	55%
Social environment	15%	42%	43%	29%	30%	42%
Health Skills	17%	24%	59%	40%	17%	43%
Community connection	15%	44%	41%	23%	31%	46%
Healthy school staff	22%	51%	27%	22%	34%	44%

SHE RAPID ASSESSMENT TOOL - SCHOOL „KUZMAN JOSIFOVSKI PITU“

	Current			Priority		
	Does not exist	Partially	Totally	Low	Middle	High
Orientation	72%	23%	5%	16%	37%	47%
Health policy	43%	52%	5%	6%	29%	65%
Physical environment	65%	31%	4%	6%	18%	76%
Social environment	40%	45%	15%	7%	29%	64%
Health Skills	36%	40%	24%	10%	27%	63%
Community connection	23%	43%	34%	9%	38%	53%
Healthy school staff	44%	40%	16%	8%	28%	64%

Teachers:

HBSC study and SHE tools are very useful and should be starting point for making an action plan connected with the health of students

Swot analysis

STRENGTHS

1. Legislation
2. Annual school programs
3. Activities in the chapter " Health Care "
4. HBSC 2018/2019 study
5. School staff and students with the desire for changes in the educational process

WEAKNESSES

1. Insufficient implementation of the contents and health activities of the programs and plans for work in the schools (boring, stereotyped, emphasis on other subjects)
2. Pupils and parents are not involved in the planning of health activities
3. The capacities for proper nutrition, physical activity, communications with the social environment are obsolete and insufficient or insufficiently used in their leisure time
4. Inappropriate conditions in the physical environment
5. Insufficient information about the health of students and school

OPPORTUNITIES

1. Support from WHO and SHE network (HBSC questionnaire and SHE tools, experts, scientific studies)
2. Education Reform Initiative and support from MOE and MOH
3. Existence of organizational structures in the school: Teachers' Council, Parent Council, Student Parliament
4. Motivated health professionals in public health to cooperate with staff in the school
5. Motivated parents with financial opportunities to donate funds to improve the conditions in the school

THREATS

1. Insufficient financial support from the budget of the municipalities and the Government of the Republic of Macedonia for improving the physical environment in and out of school
2. Slow and incomplete education reforms
3. Insufficient number of school staff
4. Low salaries of school staff as a reason for insufficient motivation
5. Insufficiently educated staff to implement the concept of health promotion in schools