

*Submitted by Cheryl Vince Whitman, Senior Vice President, EDC, and Director, HHD*

Education Development Center, Inc. (EDC), is a nonprofit organisation dedicated to human development through education. Founded in 1958, EDC today has a staff of 450 people working with partners in the United States and in countries around the world. EDC applies research and education strategies to address challenges in health, education, and justice, especially in:

- early childhood education
- education reform and girls' education
- math, science, and technology
- language and literacy
- youth employment
- health promotion and disease prevention
- law enforcement and criminal justice

EDC is organised into a number of centres as administrative units, each with a distinctive mission and special focus. The largest division, which includes several centres, is Health and Human Development Programs.

## **Health and Human Development Programs – a Division of EDC**

### *Mission*

Health and Human Development Programs (HHD), with a staff of 85 people, is a division of EDC. HHD's mission is to **promote health and safety across the human life cycle** in settings where people live, learn, work, and play. HHD Programs spring from the belief that maximizing human potential at all stages in life has untold benefits for individuals, families, communities, and nations. Whether through prenatal care; nutrition interventions for young children; prevention of violence and alcohol, tobacco and other drug use for adolescents; reproductive health services for young adults; or programmes for healthy aging, people achieve their greatest potential when their health and safety needs are met.

HHD draws on expertise in EDC's other divisions to address issues related to health, such as teacher development, literacy, gender equity, and youth employment.

### *Goals*

HHD embraces WHO's positive view of health as a state of complete physical, mental, and social well-being, not merely the absence of disease. To achieve its mission, HHD works with institutions around the globe, strengthening their capacity to implement effective, health-promoting policies and programmes. At international, national, and local levels, HHD works to:

- **Generate new knowledge** through research and evaluation to determine the most effective strategies to promote health, prevent disease and high-risk behavior.
- **Synthesize and disseminate knowledge** by creating and distributing – through global channels – print and electronic products about effective policies, programmes, and strategies.
- **Apply knowledge** by designing and delivering professional development activities that enable others to implement effective strategies, with tools for assessment, planning, and evaluation.

## *History in School Health Programmes*

HHD's work in school health dates back to the mid-1970s. With funding and guidance from the U.S. Centers for Disease Control and Prevention (CDC), HHD created one of the first life skills curricula for adolescents, *Teenage Health Teaching Modules* (THTM). After its development and national evaluation, HHD and CDC's Division of Adolescent and School Health together created the national infrastructure to build state and local capacity to implement THTM and other programmes. The Comprehensive School Health Network, now known as The National Training Partnership, managed by HHD, designs and delivers team training and technical assistance to all state departments of education and 17 of the largest school districts in the U.S. The Partnership also creates products, assessment tools and materials to inform and support state and local efforts.

In subsequent years, HHD expanded its initial focus in two ways. First, activities moved beyond classroom life skills instruction to include research and capacity building for all components of a school health program. Second, we have expanded geographically to join a variety of international partners and other countries in school health projects around the globe. For the last few years, on behalf of CDC, HHD has collaborated with 70 national U.S. organisations to define a vision for the future of coordinated school health programmes. Based on this work, HHD produced the book *Health Is Academic*, published in 1998 by Columbia Teacher's Press. The 300-page text is designed to assist decision makers in coordinating and strengthening policies and components of a school health program, such as curriculum, health services, mental health and counseling services, nutrition services, and parental involvement, to improve students' well-being and learning. Through professional development activities, HHD is currently transforming these concepts into action at the state and local level.

Research to evaluate the effectiveness of individual and combined components of school health programmes is a major focus of HHD's work. Recent research and evaluation of school- and community-based interventions have shown that activities that engage young people in actively caring for others in their communities, combined with classroom instruction, are more effective in reducing aggressive and violent behaviour than instruction alone (1, 2). Similarly, HIV prevention programmes in community clinics that combine the strategies of equipping young men and women with communication skills and offering peer group support and easy access to condoms have demonstrated (through redemption of free coupons) an increase in condom use and a reduction in rates of new infection (3, 4).

We continue our quest for knowledge and learning with others around the world. With our international partners, we continue to explore the question of which prevention and intervention policies and strategies are most effective in promoting and supporting positive health behaviors for young people in the school and community setting.

Based on a decade-long relationship with the Health Education and Health Promotion Unit at WHO, in 1998 HHD was designated as the WHO Collaborating Center to Promote Health through Schools and Communities. The primary goal of the Collaborating Center is to deliver services that strengthen the capacity of schools and communities worldwide to promote the healthy development of students, school personnel, families, and surrounding communities.

Working with WHO, other UN agencies, Education International (the international union of education workers), and ministries, schools, and non-governmental organisations in other countries, the Collaborating Center at HHD is engaged in a variety of activities to advance school health initiatives around the globe and to serve the Mega Countries.

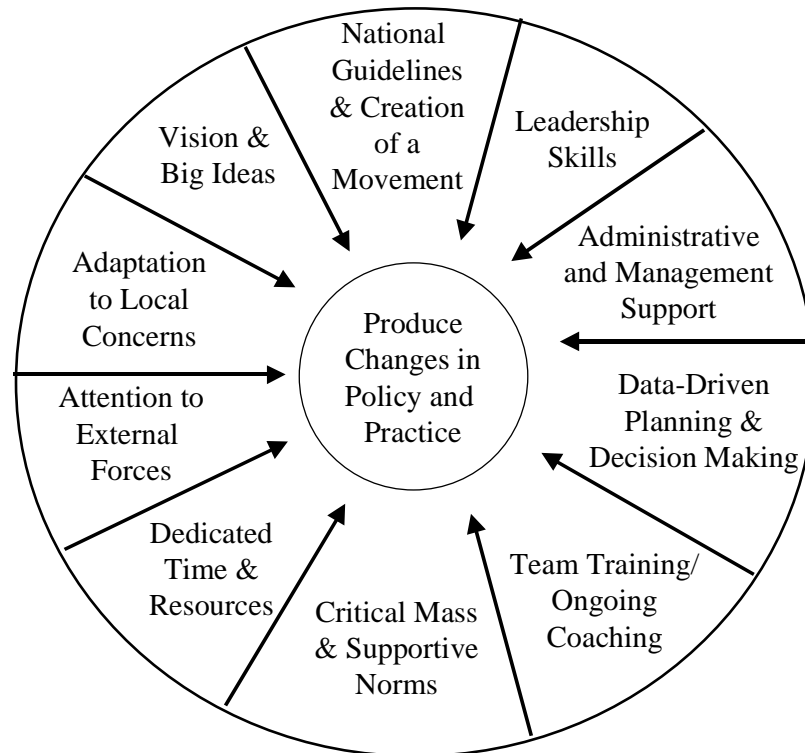
## *HHD's Approach to Facilitating Change*

Working with major sectors and institutions—education, public health and health care, law enforcement, civic groups, parents, industry, and the media—HHD designs and delivers programmes that bring about change in policies, systems, and everyday practice. In partnership and learning with others, HHD promotes change at three levels:

- At the individual level, to adopt healthy behaviors and safe practices
- At the policymaker and practitioner level, to advocate for policies and deliver effective intervention strategies
- At the organisational level, to adopt policies, create structures and operating systems, and dedicate resources to support delivery of intervention strategies

Figure 1 illustrates the critical factors that HHD has found make a difference in creating change at all levels:

Figure 1  
HHD's Experience:  
Key Factors in Changing Policy and Practice



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The more that program planners can address these factors, the greater the likelihood that they will produce the desired results in implementing new policies and programmes to promote health and prevent disease. Other researchers who have studied diffusion of innovation and technology transfer have found many of these same factors to be important (5, 6).

In the last year, the Mega Countries have come together to become part of a global community working to strengthen their own countries' policies and programmes that address the health needs of young people through schools. Consideration of some of these factors and the role of HHD as the Collaborating Center in facilitating the change process follows.

**A clear vision or big idea** can be instrumental in successfully moving education and health workers away from daily practices that can benefit from improvement to adopt new, more effective ones. Change, often resisted at first, takes time. It often requires the development of new working relationships and can involve changes in role or authority. More often than not, institutional change occurs as a result of outside influences.

A vision or big idea about the ways in which schools can improve student health and learning is an important factor in galvanizing human interest and motivation. Research has shown that big ideas requiring large changes are more likely to be embraced than small, incremental changes. According to several large education studies, the larger the scope and personal demand of the change – such as new organisational arrangements and behavior – the greater the chance for success. Or in other words, the greater the practitioner effort and energy expended in implementing a new practice, the greater the potential outcome (7).

Compared to the more narrow and traditional view of school health as classroom instruction, the broader vision of the entire school as “health-promoting” has begun to take hold in countries around the world. The vision of the Health-Promoting School is one that “fosters health and learning with all measures at its disposal” (8).

To assist Mega Countries as they develop a shared vision and promote it at home, HHD contributes by participating in technical meetings to define the terms and by creating materials to advance the idea of the Health-Promoting School and its practical application. Building on its 1995 role as secretariat for the WHO Expert Committee Meetings on School Health Education and Promotion (September 1995), HHD has created such products as *Promoting Health Through Schools* and accompanying slide shows and PowerPoint presentations for countries to adapt and use. Mexico, for example, drawing from and adapting the basic idea, has created its own comprehensive package of materials to market the idea of Health-Promoting Schools.

**National guidelines and creation of a movement** can stimulate and support action. Although local schools decide whether to adapt and deliver program innovations, there is little doubt that local efforts are often sparked by and rely on the presence of national policies and guidelines from ministries of education and health. Studies of physician behavior in the United States, for example, have shown that dissemination of national guidelines about proven clinical practices has produced a 10 percent increase in the number of physicians who adopt the recommended practice (9). In HHD's work, time and time again, schools and health agencies have attributed their participation in the implementation of innovative programmes to the desire to be part of a national or international movement, rather than taking part in a single, isolated activity.

The very creation of the Mega Country Initiative provides senior-level officials across ministries of education and health with access to peers in other countries to shape and energize a movement. There is a forum for countries to consider and discuss which international guidelines and recommendations they might use. For example, at the Mega Country meeting in June 1999, countries began to consider focusing their efforts on the recommended basic package of interventions for schools. They also considered the value of having all countries adopt policies for tobacco-free schools and communities.

HHD synthesizes research findings from hundreds of studies to inform policy makers and practitioners as they make decisions about how to address important health issues. Products such

as *Violence Prevention: An Important Element of a Health-Promoting School* for WHO's Information Series for School Health present findings and case studies of violence prevention programmes from around the world. *Reproductive Health Programs for Young Adults: School-Based Programs*, developed by HHD for the Focus on Young Adults Reproductive Health Project with USAID and Pathfinder International, presents similar information for all aspects of reproductive health programmes for schools.

**Leadership skills** move people in a direction that is genuinely in their long-term best interest. Leadership provides the inspiration and ability to galvanize and motivate people to achieve a mission and a goal; it does not waste scant resources (10). For complex programmes such as the Health-Promoting School to succeed, leadership talent in schools and communities must be developed across levels in ministries and in local schools

Representatives from the Mega Countries have assumed leadership roles at the senior level in their respective ministries, and they have committed themselves to ongoing participation in the years ahead. Their role in their own countries is not only to cultivate leadership within their ministries, but also throughout the education and health systems. Providing tools for this process, HHD has created a manual for local school administrators, and education and health workers in developing countries: *Local Action: Creating a Health-Promoting School*. This product provides activities to develop a shared concept of a Health-Promoting School and outlines how to involve all sectors of the school and community, as well as parents. Case studies provide exciting examples of changes made by leaders from individual schools in countries around the world.

Concerning **administrative and management support**, several Mega Country reports later in this publication illustrate how senior policy makers from the education and health sectors, working with Education International, have created new coordinating mechanisms to work together at the national level. Because the Mega Country Initiative requires the participation of both ministries, either new coordinating mechanisms are beginning to take shape or existing ones are being strengthened. In July 1998, with WHO and CDC, HHD hosted in its Washington, D.C. office a meeting of representatives from ministries of education in the Mega Countries with leaders from Education International to consider joint school health activities and how to strengthen the role teachers play in health promotion. HHD's own coordinating mechanism has involved the secondment of a staff person from HHD at WHO headquarters for almost two years. This HHD secondee is the liaison from WHO headquarters to HHD and to specific countries.

HHD's focus on **data-driven planning and decision making** has produced the *Rapid Assessment and Action Planning Process (RAAPP)* in partnership with Indonesia and WHO. Seminal work took place with the Pan-American Health Organization (PAHO) in Bolivia and Costa Rica. The RAAPP is a set of data collection instruments and strategic planning processes that is being used with key informants from the national to the local level. Adapting the questions to suit its specific conditions, the Indonesian team is working with HHD and WHO to train Indonesian officials across ministries to collect and analyze the data on five core elements of infrastructure to foster Health-Promoting Schools: **policy, concept diffusion/marketing, management and coordinating mechanisms, technical expertise, and tracking and evaluation**. The Indonesia team will transform the findings into an action plan, using a national conference to share the plan and create a critical mass of people to advocate for its adoption. HHD will assist with technical sessions to impart knowledge and skills on how to address specific health issues.

**Critical mass and supportive norms** create new thinking and practices. People in groups tend to conform to normative behavior, the actions they believe – and see – that most people are carrying out. It is important to consider the social norms of practitioners in a ministry, as well as practitioners in a school. What are their beliefs, their daily practices, their view of the value of health to learning? Change cannot happen in ministries or in local schools, clinics, and

communities without enough people to create a critical mass – people who share the same beliefs and who are trained to carry out new practices. Professional development, therefore, needs to be delivered to teams of people who work together in an ongoing way.

Professional development of just one person from an institution is unlikely to produce change on the job. Returning from a one-time workshop to perform his or her role, enthusiastic and equipped with new knowledge and skills, the person may find few or no colleagues who have gained the same experience and who can support the change process.

**Team training and ongoing coaching** are important ways to create capacity within institutions. HHD believes that if training is to result in change, it must be based on an assessment of current capacity. Further, the experiences and wisdom of the trainee should contribute to the learning process through case studies and active problem solving. Ongoing coaching and mentoring are essential to support and guide people as they experiment with new practices.

To advance such training, HHD will develop a series of modules for educators and health workers. Each will cover specific prevention and intervention strategies; strategic planning and implementation methods with techniques to select, adapt, and deliver prevention and intervention strategies; leadership and management skills; evaluation and tracking procedures; and use of technology. Following face-to-face seminars, HHD will use multimedia and information technologies to extend delivery of these modules and sustain learning within and across countries.

### **Conclusion**

Knowledge is the commodity for generating solutions to seemingly intractable problems. Knowledge and skills are the tools to facilitate change in individual behaviours and in policies, practices, and organisational systems. As a recent publication of the World Bank has so beautifully expressed, “Knowledge is like light. Weightless and intangible, it can easily travel the world, enlightening the lives of people everywhere. Yet billions of people still live in the darkness of poverty – unnecessarily. Knowledge about how to treat such a simple ailment as diarrhea has existed for centuries – but millions of children continue to die from it because their parents do not know how to save them” (11).

Schools, in partnership with parents and communities, can be powerful agents to promote health and prevent disease. In doing so, they also improve learning and the social capital of nations. By launching the Mega Country Initiative, by applying techniques in the change process, and by using new technologies to share and apply knowledge, WHO, HHD, and their partners aim to address some of the most pervasive health problems and “enlighten the lives” of more children, adolescents, teachers, and school staff around the world.

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