

# Education and Health



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## A new perspective?

**Education and Health** represents a unique venture in health-education publications, since it is intended to be a forum for the exchange of ideas and practices in health education from both the professional perspectives encompassed in that term. Furthermore, it promises to be a record of debate in what is a lively and constantly-evolving area of knowledge and practice.

Historically, a journal provides an interesting overview of how a field is developing — within, at least, the limitations of the audience it is meant for, and its own editorial policy. Thus, the **Health Education Journal**, originally published in 1943 by the Central Council for Health Education (CCHE), provides a fascinating glimpse into thirty or forty years of the growth and development of health education — including more recent developments since 1968, when the Health Education Council came to replace the CCHE.

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Towards a health strategy

Social and Personal Education: Part 1

Developing the Health Related  
Behaviour Questionnaire



The Health Education Council

Paul Gardner

### A new perspective?

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Recently, I undertook a content analysis of the **Health Education Journal** for the period from 1943 to 1973, and looked at some 696 articles in terms of who wrote them, the topic with which they were concerned, and what type of article they were — for example, whether they were anecdotal, or presented research results from original investigations.

During the early years, the majority of articles were written by medically qualified personnel, notably Medical Officers of Health. At this point it may be worth digressing, to note that the impetus for the creation of the CCHE came substantially from the Society of Medical Officers of Health — an influential figure being Sir Allen Daley, Medical Officer of Health for Blackburn, who presented a paper to the Society entitled "The Organisation of

Propaganda in the interests of Public Health". This was in 1924, and one year later the 1925 Public Health Act gave the right to any local authority or county council to "arrange for the publication within their area, of information on the questions related to health or disease, and for the delivery of lectures and the display of pictures in which such subjects are dealt with, and may defray the whole or a portion of the expenses incurred for any of the purposes of the Section". Encouraged by this, the Society approached the associations of local authorities and the inaugural meeting of the CCHE was held in September 1927.

Returning to authorship of the articles in the **Health Education Journal**, contributions from MOHs became less common, with an increasing amount of material coming from nurses, health visitors, and academically qualified authors at both the undergraduate and postgraduate levels. Contributors to the Journal were more diverse than during the initial "public-health" orientation.

### A change of emphasis

Initially, a larger proportion of the articles were anecdotal in style – in other words, they expressed an opinion without recourse to formal supportive evidence. Over the years, however, and particularly from the 1960s, there was an increasing emphasis upon the survey method, as well as upon the experimental approach to research design. Although anecdotal articles still retain a place and have some value, it is clear that during the later years research methods have been increasingly applied to health-education practice as a means of contributing to it as a body of knowledge including methodology.

As research style goes, however, there are large and interesting gaps in the health education field. There are still very few experimental studies that would be relevant to answering such questions as "What is the best way to put across such-and-such a topic?" (assuming that we know and agree as to why it is worth putting across the topic in the first place). Similarly, there are very few ethnographic studies, which examine an individual, or a small group, and the reasons why a person acts in a particular way: this can be related to the "culture" within which the individual exists and from which cues, norms, and beliefs are referenced. Perhaps it is here that the health educator can best learn **from** the pupil or client about the salient characteristics of health information **for** the pupil or client. Each method has advantages and disadvantages, and the body of knowledge relating to health education must call upon all available strategies both for the provider and the receiver of information. Note that these roles are reversible!

The continuing social-class gradients for a whole range of health-related indices may reflect the redundancy of much present health-education research. They may also demonstrate the need for other methodologies to understand the context and culture within which much health-related behaviour occurs.

### Topics and trends

The topic analysis of the **Journal** articles

illustrates a trend in popularity over the period 1943-73. For the first nine years, a majority of articles were concerned with infection and immunity, with particular reference to diphtheria and tuberculosis immunisation. Nutrition was the next most popular subject. For the years 1958-62, fluoridation and dental health came to the fore, again followed by nutrition. It was in 1962 that smoking appeared in the ranking of the five most common topics, being ranked first in 1973. However, these results must be interpreted with care, since trends in publication may have little relationship with what is going on in the field; on the other hand, what is being published may influence attitudes in the field! Furthermore, topics analysed in this way seem to have a certain transience related to the concerns of the day. This relates very much to the rationale of school-based health education – should it be topical, of importance today, or are we dealing with concepts and skills for life – self-image, holistic health, assertiveness training... What will be the health-related behaviour profile thirty years from now?

Staying with this theme, what will **Education and Health** contribute for the next few years, or even thirty years from now? Certainly it should contribute to the debate surrounding the whole field of health education. I hope it will be multi-disciplinary, including examples of practice and, where possible, the results of practice, since these can provide the most valuable insights.

### Seeking involvement

Taking the issue of a multidisciplinary approach, I should be interested to know how NHS staff and other agencies relate to school health education programmes. How are they integrated into such programmes – if at all? Are they seen as teachers or advisers? As teachers, do they become part of the "one-off" session? As advisers, are they part of the planning team which devises the health education or care programme? Does it make a difference if the person is peripatetic or attached?

Personally, having a foot in both camps — the school and the NHS — I should like to see more involvement of the people in the following list:

Health visitor  
 Midwife  
 School nurse  
 District nurse  
 School medical officer  
 Hospital consultant  
 Chiropodist  
 Pharmacist  
 Community physician  
 Nursing officer  
 Occupational health sister  
 Staff nurse  
 Ward sister  
 Community psychiatric nurse  
 Hospital social worker  
 Practice nurse  
 Medical records officer  
 Dental hygienist  
 Practice manager  
 Dietitian  
 Training officer  
 Unit administrator

.... to name but a few! Involvement could be at many levels, as adviser and teacher, or with teachers on joint in-service training sessions, or even on Health Education Certificate courses. What is important is to create the **opportunity** to meet and exchange views and perspectives — that, to me, is one of the prime aims of health education.

I should like to conclude by giving one example of a result of practice. At the end of the day, the Schools Health Education Project (in this case 5-13 years) is about what the pupils have made of the teacher's presentation of the curriculum package. I plainly recall one 8-year-old's drawing of a visit to the dentist, and the whole exercise had been just one spin-off from using SHEP. On a huge expanse of almost blank paper, there was the isolation of this youngster sitting in the dentist's chair with a huge bright light shining down on her, and the dentist and nurse some distance away. That picture said so much more than any article, resource sheet, or curriculum package. It was an education in itself.

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A forum for **DEBATE**  
**IDEAS**  
**LETTERS**  
**NEWS. . . .**

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 concerned with the healthy development  
 of young people