



بسم الله الرحمن الرحيم



KINGDOM OF SAUDI ARABIA
MINISTRY OF HIGHER EDUCATION
KING SAUD UNIVERSITYCAMS \ HEALTH
EDUCATION

JohaliCHS485SCOOHE2015_2018 SCHOOL HEALTH EDUCATION

Traditional SCOOHE
Unhealthy_
_Inequity
Disparity



Millennium ZD SCOOHE
Perfect Healthy_ Equity

Strategies for Reducing Health Disparities



Johali APCHER QUALITY SCOOHE 2015_ 2017

EISA ALI JOHALI عيسى بن علي الجوالي

JOHALISCOOHE:
5_2018

<http://fac.ksu.edu.sa/ejohali/courses>

Think DeepWrite 5 Questions from This Cover Page



بسم الله الرحمن الرحيم

EISA ALI JOHALI

عيسى بن علي الجوهلي

A Lecturer

- *Bachelor A. M. Sc. Heath Education, KSU 1407 /1987*
- *Short Fellowship Planning Health Professions Education, UIC, USA 199*
- *MA (Ed.) Philosophies and Sciences of Teaching, Learning and Curriculum in Nursing, UK 1995*
- +
- *PhD Health Sciences By Accrediting Prior Experiences, Hill University Sept. 2011*

Author of Two Published Books & 3 Projected



<http://fac.ksu.edu.sa/ejohali/course/163772>

<http://faculty.ksu.edu.sa/JOHALI/default.aspx>

Johali59@hotmail.com

WL Messengers Ready

<http://sa.linkedin.com/pub/eisa-johali/31/3a6/896>

<https://twitter.com/TheNature2011> Eisa Johali

■ لأن الجودة من الحرص والاجتهاد ولأن "الإحساس والشعور بمرض ومشكلات ومتاعب الآخرين" هي غاية كل مسلم مؤمن وهي غايتنا في عملنا وتعليمنا طلباً للحسنين، وهي في "التقوى"، نستهل مقدمتنا هذه بآيات من الذكر الحكيم في التقوى:

[وَمَنْ يَتَّقِ اللَّهَ يَجْعَلْ لَهُ مَخْرَجًا * وَيَرْزُقْهُ مِنْ حَيْثُ لَا يَحْتَسِبُ] [الطلاق/2، 3]

[إِنْ تَتَّقُوا اللَّهَ يَجْعَلْ لَكُمْ فُرْقَانًا] [الأنفال/29].

■ وقول رسوله الكريم نبينا "محمد" عليه أفضل الصلاة والسلام، عن أنس بن مالك رضي الله عنه:

(لا يؤمن أحدكم حتى يحب لأخيه ما يحب لنفسه) أخرجه البخاري

■ وقوله صلى الله عليه وسلم (كان الله في عون العبد ما كان العبد في عون أخيه) رواه مسلم وأبو داود والترمذي

**These Islamic Calls are our Evidences to assure Quality of Profession;
Quality of Healthful life for Today and for the Day after.**

:Meanwhile, do not forget the most common Arab Proverb

" Nothing Itching Your Skin Like Your Nail "

" ما يحك جلدك مثل ظفرك "

- Who can itch your skin! Effectively? You or other eg. teacher ?

□ When you will feel better &

□ Who can understand better: the Passive student who taught or filled by other the teacher? Or the active student who learn by himself or at least participate /share learning with teacher?.

Thus, what do you prefer /recommend for your patients ?:

Be Passive Student & Patient? Or Be Active ? – How

OUR Overall Aim



The Way Ahead Towards

***APCHE'R QUALITY OF
SCOHE Student Centred HEP***

The

“Assertive Student Centred HE”R

Course Teaching and Learning Objectives & Outcomes

King Saud University \ College of Applied Medical Sciences

Department of Community Health Sciences \ Quality Committee

- <http://colleges.ksu.edu.sa/AppliedMedicalSciences/CommunityHealthSciences/Pages/HEcdis.aspx>

Course description – Health Education program

- **Course number:** CHS 485
- **Course title:** School Health Education
 - **Level/semester:** Level 8
 - **Credit hours:** 2 hours
 - **Thereof lecture hours:** 2 hours
 - **Thereof practical hours:** -
 - **Language** English

In addition to short historical overview, this course covers the KSA school health system. Priority areas in school health, rationale, components of comprehensive school health program, school health services, sequential developmentally appropriate health education, curriculum development, promoting healthy school environment. Nutrition and exercise program, mental health program, integration between family-community and school, presenting some health problems of school age and school policies and measure for control: intentional &unintentional injuries, smoking , drug abuse, sexually transmitted disease

<http://cams.ksu.edu.sa/en/node/1057>

During this course be ready and willing to :

- Be introduced to the school system in KSA, priority areas in school health, rationale, components of comprehensive school health program.
- Recognize different health problems that concerns students through their school years in all levels
- Identify health policies in the Kingdom schools as regard prevention and control health and behavioral problems
 - Discuss characters of authentic learning
 - Define quality standards of school health education program
- Define roles of school health educator, school nurse, teachers, school personnel, families and community in promoting school health .
- Define services provided by school health services.
- Recognize aspects of healthy school environment, nutritional services, physical education, psycho-social services.
- Recognize both ethical responsibilities and conduct of school health education and promotion.

Source : CHS 487 CHS Quality Committee Syllabus

Content of the course:

In addition to the general introductory and historical overview, the written official topics are:

- Introduction/Rationale/CDC priority areas of school Health education
- The quality criteria of the eight components of the comprehensive of school health program
- The role of health educator, school nurse, teacher, and other team members in school health Sequential developmentally appropriate health education program and authentic learning
- School health services/Emphasis on health appraisals
- Preventive aspects, emergency programs, remedial aspects
- School nutrition and food services/ - School physical education Community resources and support; school, family and community health Psychosocial skills for school children/Emotional health
- Smoking, Drug abuse in schools-
- Intentional /Unintentional injuries
- Sexual health and-Sexually transmitted diseases
- Dealing with chronically ill students: epilepsy, diabetes, asthma
- Health promotion school /Safe school environment

Examination:

Written 2 Midterms exam (40%) and final examination (40%) [Objective written examination: true false, multiple choice, matching, short- answer questions] Topic preparation and Presentation (10%), Attendance + participation+ visit (10%)

| Notes | Units/Subjects | Weeks 3 hrs/week |
|--|---|-------------------------------------|
| <i>Interactive Lecture/Group Discussion/Role Playing /Ego Reflective Exercise & Research</i> | <ul style="list-style-type: none"> Introductory – Course Description – objectives and teaching plan Reasoning with historical Overview & Defining Terms | 1 st & 2 nd |
| = | <ul style="list-style-type: none"> Important of SCOHE Brief History of School HE in Saudi Arabia | 3 rd & 4 th |
| = <i>Smart Exam1 _Aparcipation Plan</i> | School Health Education Defining terms, goal and levels Services | 5 th & 6 th |
| | School Health Education Themes, Principles, Dimensions | 7 th & 8 th |
| = | CDC School Health Disparities & Inequalities | 9 th & 10 th |
| | CDC School Health Guidelines\ CDC's Physical Education Curriculum Analysis Tool (PECAT) | 11 th & 12 th |
| = <i>Smart Exam2 _Presentation</i> | School Health Profileswith Health promotion school /Safe school environment | 13-14 |
| = | Students Presentations | 15 th - 16 th |
| | | |

ASSESSMENT: 2 Monthly Creative Exams + Participation_ Reflective Assignment (20 Marks Each)

**" All the Learners will success; Except the one Who DO NOT Like
..... Don't Be Ready & Welling to Success – Don't Attend – Be Active**

مع حجز مدرسة من الآن تطبيق 2_3 أنشطة فيها تعتبر مميز

الحد الأدنى لنشاط Guideline For Full Mark LinkedIn_Facebook_Twitter Eisa Johal

- *More connections at least 25 new _ 50 with old*
- *Join others related groups in LinkedIn at least 5 new groups in health and education plus ' health education and promotion' Minimum 10 Groups*
- *At least 10 discussions from the course*
- *Follow at least 10 pioneers people, companies, organizations include 3 health education and promotion*
- *Like 50 at least*
- *Twitter: 50 New Twits from the course with 25 retwite with short survey*
- **Facebook:** عشر مواضيع من المقرر / التخصص بما لا يقل عن 50 متابع مشارك و معجب لكل موضوع
- **الحد الأدنى تويتر_فيس:** لازم 10 منشور من المقرر، 50 مشارك _متابع_ صديق نشيط معك، 50 تعليق، 50 تفضيل_إعجاب، و 25 رتويت مع استطلاع الكتروني مصغر هنا في تويتر , وفيس سهل ومتاح

خطة وخيارات المشاركة البحثية الذاتية الذكية وهناك فرص مشاركات بحثية مميزة كثيرة أهمها :

- مقال صحفي بلأي صحيفة او برسالة الجامعة وساعد من يرغب ويبدأ
- فتح حساب مجاني وطرح موضوع نقاش او سؤال أو أكثر مع متابعة للحصول على تفاعل
- مشاركات من الآخرين لا تقل عن عشر مشاركات وذلك في:
- LinkedIn : all should learn by " LinkedIn; Twitter; Face book with minimum standard below
- بوابة البحث غالبا يطلب بريد رسمي بريدك الجامعي *
- <https://www.researchgate.net/application.Login.html>
- قووووقل _ ياهو
- منتديات الجامعة او أي منتدى حول المقرر
- فتح قروب واطساب - تيليقرام - انستقرام .. سناپ شات...يو تيوب... مع تفاعل الجميع وصور وكل الوسائط حول المقرر
- فتح مجموعة تعلم الكتروني في مسنجر وتنسيق مراجعة وتعلم وتفاعل لا يقل عن ثلاث محاضرات مع تقارير
- فتح صفحة أو قروب فيسبوك وتويتر صفحة او هشتاق..... مع ضم الجميع ونشاط من المقرر شرط
- فتح قناة فيديو باسم المقرر في موقع يوتيوب و تسجيل واعدا فيديوهات على الأقل خمسة
- تنظم لقاءات دردشة ومراجعة للجميع لا يقل عن 3 لقاءات في أي موقع
- استطلاعات حول مفاهيم المقرر متفق عليها ... يتطلب نموذج استطلاع مصغر بالتشاور او احد نماذج المحملة في موقعي
- بحث الكتروني إحصائي حول مكانة مفاهيم المقرر في القرآن الكريم (بحث ذاتي إحصائي)
- أعداد ذاتي فيديوهات
- أخرى وفق الخطة وتعليماتها بدقة و وفق مفاهيم المقرر التي تم التركيز عليها (بالتشاور اولاً)
- **جميع المشاركات يشترط أن تكون مبتكرة وتسلم تقاريرها في الأسبوع 11 قبل التقييم 2 بأسبوع)**
- ضوابط وتعليمات تنفيذ الاستطلاعات كخيار مشاركة بحثية
- اختيار استطلاع المتفق عليه وفق عنوانه وعلاقته بالمقرر (أقصى حد لاختيار واتفاق الأسبوع الحادي عشر) بعد لا استطلاع
- ارتباط الاستطلاع بمفاهيم المقرر
- الاتفاق على كان التنفيذ عام لعامة الناس او اكايمي لجهات تعليمية هيئة تدريس فقط او هيئة تدريس و طلاب او طلاب فقط أو مهني في مرافق صحية
- تحديد عينة المجتمع المستهدف عام لاي عمر في أي مجتمع او حي او مدينة او أصدقاء ..
- ممكن عبر مواقع التواصل مثل واطساب او فيس و تويتر ولينكدان أو أي موقع تواصل مع تجديد إجمالي العدد و عدد المستهدفين وعدد النماذج المرسله والمعدة لا تقل عن 60 من الإجمالي مثال امن كان معك 100 متصل او صديق لابد تغطية 60 منهم

The Most Recommended Reference & Source

- ***** Your Smart Lecture Notes, in the Class**
- ****Johali, E A (2015) School Health Education *Johali SCOHE - The First Creative Lecturer's Note* (Ready min My Academic Site)**
- Bruce G. Simons-Morton et al (1995) Introduction to Health Education and Health Promotion". Waveland Press, Inc..
- Helen Chapin Metz, ed. (1992) *Saudi Arabia: A Country Study*. Washington: GPO for the Library of Congress,.

Further

- **Anderson and Creswell (1980) School Health Practice, The C. V. Mosby Company (My Studying Reference 1983)**



Centers for Disease Control and Prevention [tion](#)
CDC 24/7: Saving Lives. Protecting People™

- **School Health Historical Timelines Worldwide _ USA_ SA**
<http://sph.unc.edu/hb/hb-department-overview/historical-timeline/>

- **[Journal of School Health - Wiley Online Library](#)**

American **School Health** Association. Cover image for Vol. 86 Issue 3. Edited By: ... Volume 85, Issue 11.
Special Issue: The Whole School, Whole Community, .

- [onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1746-1561](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1746-1561)

REASONING WHY CHS485 SCoOHE 2015 ?

&

In TWO GROUP DISCUSSION

Read the Next Slide

Write Three Reasons ?

Remember Its Different than early reasoning

Students Conclude:

- Part of My JD Duties No 1 and 3***
- Assure quality of SCOoHE***



Health Educator Job Description

Job Title : Health Education Specialist

Scientific Degree : Bachelor Degree AMS .

Job requirements : A Competent Graduate Bachelor in his / her Profession's **Specific Knowledge & Skills**:

- Knowledge of health and educational issues,
- Effective teaching methods and technologies
- Effective Communication and Counseling

Reported to: the Health Education Consultant *Master\PhD*

Job Definition (Summary) :

Health Education and Promotion job is a focal point for all allied health professions and health issues. Thus, HE have to work effectively with health teams, with community and organization representatives, they have to facilitate, teach and promote clients to learn how to improve and maintain healthy behaviors.

Major Job Duties:

As a part of the Health team and under the above "Reported" health personnel; HE will be in charge in the following "Duties and Responsibilities":

1. *Assessing patients, **school** and community health education needs*
2. *Managing and organizing health education activities.*
3. *Participate in providing health education in the local community (Inside Health Services and outside organizations such **schools** and industries..);*
4. *Select health education methodology appropriate to the target clients taken in consideration cultural interests and needs.*
5. *Prepare and participate in designing, evaluation and development of health education materials*
6. *Supervise and participate in process of designing and implementing health education plans.*
7. *Give Special Patients Counseling eg; diabetic patient education*
8. *Implement and monitor personal and professional knowledge and skills.*

WHY

SCOHE School Health Education Is Important ?

Much of this format follows the excellent resources available in Rhode Island, from the www.thriveri.org.

- Why should I care about Health education?
- I'm a parent; where do I go for parent information or resources about Health education?
- I'm school administrator; what tools for schools are available on Health education?
- I'm a teacher; what resources are available on Health education?
- What are New Hampshire's State requirements for Health education in schools?
- What are some of the best practices for schools around Health education?
- What data are available about Health education in New Hampshire?

Why should I care about Health education ?

Because;

Health education builds students' knowledge, skills, and positive attitudes about health.

It help students to learn bout moral, physical, mental, emotional and social health. It motivates students to improve and maintain their health, prevent disease, and reduce risky behaviors.

Its curricula and instruction help students to learn skills they will use to make healthy choices throughout their lifetime. Effective curricula result in positive changes in behavior that lower student risks around:

- ***Alcohol, tobacco, and other drugs, injury prevention, mental and emotional health, nutrition, prevention of diseases and ; sexuality and family life.***

More

http://www.education.nh.gov/instruction/school_health/health_coord_education.htm

Probe

HISTORY & DEFINE TERMS

Looking for

SCOOHE_SCOOHEP !

Probe SCOOHE History & Define Terms

SCOHE Historical Timelines Worldwide _ USA_ SA

<http://sph.unc.edu/hb/hb-department-overview/historical-timeline/>

Ancient to Western

Before Egypt there where Hammurabi Assyrians 2000 B. C more

Students have to make summary and present ? Who ?

*To read 1973
study Ref.*

old 185 x

In darkness dwells the people which
knows its annals not.

Ullrich Phillips

CHAPTER 1

Introduction: Development of school health and health education

Paraphrasing Ralph Waldo Emerson, "We think the practice of school health is near its meridian but we are yet only at the cock-crowing, and the morning star." Although humanity's attempt to promote health is of ancient vintage, only in relatively recent times has the school been incorporated into the general program of health promotion. Even more recently has the school health program demonstrated a positive, measurable effect on the health of citizens. However, the present-day school health program falls short of realizing the opportunities afforded it, and new concepts are developing rapidly.

Health in the school is an outgrowth of the universal search for more effective and more enjoyable living. This has been the central, dominant purpose of humanity from the beginning of recorded history. To attain this goal, individuals have studied the phenomena of the universe, controlled the forces of nature, developed languages, invented various devices, instituted new practices, written laws and regulations, established institutions, and even sought to improve genetic endowment.

Civilization has advanced most during those periods in which major progress has

been made in the promotion of health. Progress in health has always been associated with advancement in the various pursuits of learning and with improvement in providing for material needs. When health has been neglected, civilization has declined and humanity has retrogressed.

THE QUEST FOR HEALTH

Certain periods in the history of the health movement serve as landmarks of progress in health promotion. Increased understanding of health and changing concepts of health promotion are reflected in the pertinent contributions of the various periods. The school became one of the principal agencies for health promotion, and health education developed a history of its own. To understand the role and position of the school in the health field, it is necessary to understand the background from which school health emerged.

Egyptian health practice. Before the year 1000 B.C. the Egyptians stressed personal cleanliness, compounded pharmaceutical preparations, built earth closets, and laid public drainage pipes—all in the interest of better health.

Hebrew health code. The Hebrews ex-

Male 1983 Ref.
SCHOOL HEALTH PRACTICE

ded the Egyptian health ideas when they
ulated the first formal health code in the
law. Of interest to the health student
oday are nine of the basic areas covered
the law:

- Personal and community responsibility
for health
- Maternal health
- Control of communicable diseases
- Isolation of lepers (*Leviticus*, Chapter
XIII, gives an interesting account of
procedures for control of leprosy)
- Sanitation of camp sites
- Fumigation
- Disposal of wastes
- Protection of water supplies
- Protection of food

asons based on health and cleanliness
e secondary to the basic approach of a
em of taboos and a philosophy of holi-
s. However, the Jewish practice of con-
ring pork unclean probably grew out of
observation that people became ill from
ng pork. Trichinosis doubtless existed
as it does today.

Islam G. J.
Greek approach to health. At the height
Corinthian prosperity and achievement,
nary emphasis was placed on the indi-
al, and secondary emphasis on the state.
his philosophy the state existed to serve
individual. Consequently, stress was
ed on individual grace, beauty, dexter-
skill, and ability. It was believed that the
elopment of the individual depended on
d health and a sound body, which were
ined through exercise. Using but the one
of exercise for the promotion of health,
Greeks attained but a limited level of
th. General requirements, such as con-
of disease, proper nutrition, protection of
r supplies, proper waste disposal, and
r community health measures, were of
concern to them. For example, each fam-
or group of families, had its own supply
ell water. Because of the lack of a com-

munity responsibility or concept, none of the
cities of illustrious Greece was large. Corinth
had a population of only 35,000. This civiliza-
tion produced the renowned Hippocrates
(460-377 B.C.), whose observations on health
and whose teaching and practice of medicine
have influenced the science and practice of
health knowledge for more than 2,000 years.
He is still considered to be the father of medi-
cine (Fig. 1-1).

Roman health promotion. During the
time of Julius Caesar the state was paramount
and the individual was subservient to the
state. The Romans provided public water
supplies by constructing aqueducts that car-
ried water from distant points to the cities.
Sewerage systems provided for disposal of
community waste. Street pavement and
street cleaning were regarded as health mea-
sures. Their emphasis on the community ap-
proach to problems enabled the Romans to
build large cities. At the time of Julius Cae-
sar, Rome had a population of 800,000. Yet,
because of their restricted approach to health
matters, the Romans did not enjoy a high
level of health.

Dark ages. From about A.D. 400 to 1000,
the influence of the church caused all em-
phasis to be placed on the spiritual aspects of
life. The physical was neglected; the body
was ignored or abused in order to stress the
spiritual values. In such an atmosphere the
level of health was low.

Middle Ages. Between the years A.D. 1096
and 1248, during the time of the six great
Crusades, the soldiers and followers of the
Crusades had to be physically strong to with-
stand the rigors of the expeditions. For mili-
tary purposes, the sound body again became
esteemed. Disease and malnutrition took
their toll, and general knowledge concerning
health promotion was lacking.

Health from 1500 to 1800. Even with the
revival of learning, health knowledge and the
promotion of health practices were limited.

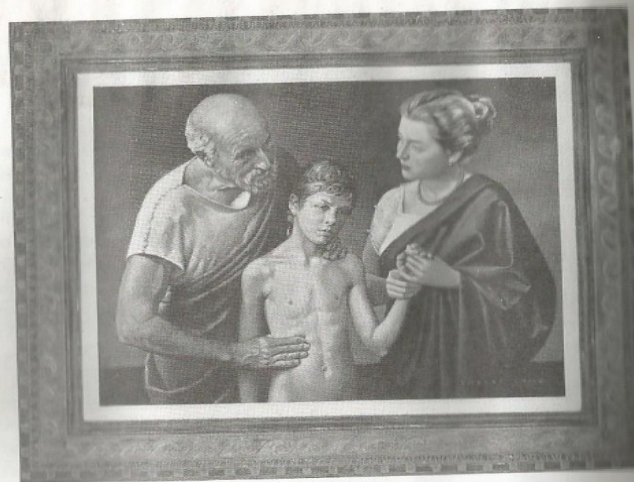


Fig. 1-1. Hippocrates. His aphorism "Where there is love for mankind, there is love for the art of healing" is reflected in the face of this revered physician, scientist, and teacher. (Copyright, Parke, Davis & Company, and reproduced by special permission of Parke, Davis & Company, who commissioned the original oil paintings for the series "A History of Medicine," a project written and directed by George A. Reisch and painted by Robert A. Thom.)

The mysticism that had surrounded health
survived, and sickness was believed to be of
demoniacal origin. In the middle of the sev-
enteenth century, in western Europe 75% of
the infants born failed to reach the age of 10
years. Pandemics wiped out large segments
of the population. The cyclical waves of the
great killer, bubonic plague, illustrate this. It
had attacked the Philistines and was the first
great pandemic in the sixth century in Eu-
rope. It reappeared in the 1300s and afflicted
two thirds of the population in Europe and
then smoldered until the 1600s. In Septem-
ber 1665, during the Great Plague of Lon-
don, the City of London's weekly Bills of
Mortality showed that more than 30,000
people had died. The bubonic plague

changed age-old attitudes toward disease.
Since the plague infected all it touched,
young and old, good or evil, it became clear
that sickness was something more than a
punishment. The first concepts of germs
appeared, and such terms as "poisonous
pors," and "pestilential air" began to be
blamed for disease rather than a lack of
faith.

Although no concerted, unified program of
health promotion distinguished this period,
certain scientists made discoveries fun-
damental to health progress. During the
portion of this period, William Harvey dis-
covered the circulation of blood, and Edward Jenner
introduced scientific vaccination. The
invention of the microscope was to play an im-

Students have to search and present ? Who ?

No work no active students ?!!!

Still you have to search

Is there School Health Education in Islamic
Golden Age 700 to 1600 ?

**Who Search Find There or There is not with Proof
Have 20 Marks With Presenter It in a School**

هل فيه صحة مدرسية و تثقيف صحي مدرسي في العصر الاسلامي الذهبي
من يجيب حواب له 20 درجة مع عرضها في مدرسة ؟

B Hist: Islamic _late 188s_1932_



Saudi Arabia's education system has gone through an astonishing transformation. When the **Kingdom was established in 1932**, , education was available to very few people, mostly the children of wealthy families living in the major cities.

Today, Saudi Arabia's education system includes 25 public and 27 private universities, with more planned; some 300,000 schools; and a large number of colleges and other institutions. The system is open to all citizens, and provides students with free education, books and health services.

While the study of Islam remains at its core, the modern Saudi educational system also provides quality instruction in diverse fields of arts and sciences. This diversity helps the Kingdom prepare its citizens for life and work in a global economy

Education is a requirement for every Muslim, both male and female. The Holy Qur'an and the Hadith [teachings and practices of the Prophet Muhammad] repeatedly emphasize the importance of learning. In the centuries after the birth of Islam (632 AD), Muslim states established schools, universities and libraries that were unique in the world.

At a time when Europe was mired in the Dark Ages, the Islamic world became a center for learning, making major contributions in the areas of astronomy, physics, art, philosophy, and medicine – a period known as the “Golden Age.”

Methods pioneered by Muslim scholars and scientists during the Golden Age became the foundation of modern sciences, and were taught in European universities up to the 18th century.

Formal primary education began in Saudi Arabia in the 1930s. By 1945, King Abdulaziz bin Abdelrahman Al-Saud, the country's founder, had begun an extensive program to establish schools in the Kingdom. Six years later, in 1951, the country had 226 schools with 29,887 students.

The first university, now known as **King Saud University**, was founded in Riyadh in 1957. *In 1954, the Ministry of Education was established*



Schools Overseas





The objectives of the Saudi educational policy are to ***ensure that education becomes more efficient, to meet the religious, economic and social needs of the country and to eradicate illiteracy among Saudi adults. There are\were several government agencies involved with planning, administering and implementing the overall governmental educational policy in Saudi Arabia.***

The Ministry of Education (1344 Center – MOE 1373) sets overall standards for the country's educational system (public and private) and also oversees special education for the handicapped. Early in 2003 the General Presidency for Girls' Education was dissolved and its functions taken over by the Ministry, to administer the girls' schools and colleges, supervise kindergartens and nursery schools and sponsor literacy programs for females.

The General Organization for Technical Education and Vocational Training (**GOTEVT**) was established in **1980** to coordinate and implement the kingdom's manpower development plans and supervise all related training centers and institutes.

The Ministry of **Higher** Education was established in **1975** to implement the Kingdom's higher education policy in the rapidly expanding sphere of post-secondary education.

Prior to 1975, higher education was under the supervision and administration of the Ministry of Education.



Schooling and Education in Saudi Arabia

All you need to

The school system in Saudi Arabia was supervised by the Ministry of Education and the Ministry of Higher Education.

While now its under revision to reform from two to one System, to return to early 1954s . During my membership of the Committee of Reconstruction Education Systems,, at 1423 it is suggested to be under one ministry.

The Ministry of Education is divided into two divisions for male education and female education (in Arabic).

Teaching in state schools follows the Saudi General Curriculum, which is primarily offered in Arabic and places a great emphasis on Islamic education. In state-run public schools, English is taught from the beginning of the fourth grade. In private schools, it is taught from kindergarten.

However, it is not normally possible, or desired, for foreign nationals to attend state-run schools. Instead, expatriates usually tend to enroll children in international schools teaching curriculum from the home country of the student or from the International Baccalaureate programme. At these schools, the standard of education is generally much higher than in state-run schools, making them also popular with affluent Saudi families.



Schooling and Education in Saudi Arabia

MOE Ministry of Education, Saudi Arabia

History:

A formal education system took shape in the Kingdom of Saudi Arabia when the General Education Management **Center** was established in Ramadan, 1344H, which laid out the **first plan** for a complete educational system. On 27 Muharram, **1346H**, an Education Management Committee was formed which established a single system of education, with different educational levels. The **first primary curriculum** was designed by **1354H**. During 1357 H a private school system was also formalized.

The Ministry of Education was formed in **1373H\1954 G**. The first education minister in the Kingdom was the late Custodian of the Two Holy Mosques, Fahd Bin Abd AlAziz

The most significant achievements of the Ministry in its initial days were:

- 1. Creation of an administration plan for the Ministry of Education.***
- 2. Construction of schools and continually improving the standards of Education.***
- 3. Laying the foundations of higher education with the inauguration of the King Saud University in Riyadh***

WHAT IS THE MOST INTEREST POINT ? (3)



- **Pre-Primary Education**

Pre-primary education is not a prerequisite for students entering primary education, but it receives great attention from expatriate parents in Saudi Arabia. This is because almost all international schools require a placement test for students to be admitted into the Kindergarten and Primary levels.

Options for pre-primary school include:

Pre-school. Many private and international schools offer the option of pre-school care, which are like nurseries or play groups for children of three years of age and over

Kindergarten. This level consists of two years: the first year is called KG1 or Lower KG (LKG) and is for four year olds; the second is known as KG2 or Upper KG (UKG) and is for five year olds

Children entering the first year of kindergarten (KG1) should be no younger than three years and nine months at the start of the school year. Children being accepted into pre-school and KG1 should be potty or toilet trained. A nanny is usually provided for both pre-schoolers and children in KG1 to care for any additional needs of this young age, depending on the school itself.

Some schools have recently begun to offer the choice of keeping children until between 15:00-17:00 for working mothers, but this depends on the school itself and the provision of a nursery section in the school. Parents in need of such a service should contact potential schools about this and will most likely be able to find some in the local area providing this option. If an employer offers a package that includes education for an employee's children, it is not common for this to include pre-school care or education



- **Primary Education**

This starts with grade one for children of the age of six years old (no younger than five years and nine months at the start of the school year), up until grade six, which is for students of 11 years of age.

- **Intermediate and Secondary Education**

Intermediate education lasts for three years after primary education, for the ages of 11-14, with secondary education lasting for another three years from 14 to 18 years of age. In some cases only first grade is governed by age, the rest of the grades require that students complete tests in the previous grade before advancing, irrespective of age.

Students finishing intermediate education have the choice of either going into general secondary education or specialised secondary education offered through technical schools. Students are awarded a Secondary Diploma Certificate upon completing the official tests provided and managed by each school. Applying for the Secondary Diploma is available in all schools, public, private and also international.

Some expatriate students, depending on the country of origin, are obliged to undertake further placement exams in the home country in order to compete for university education with students who have studied in the home country

- **Technical & Vocational**

- **Higher Education**



Riyadh (AFP) - Saudi Arabia's new King Salman has tightened his hold on power, firing two sons of his predecessor and replacing the heads of intelligence and other key agencies in a sweeping shakeup.

Related Stories

[Saudi King Salman cements power with appointments](#) AFP

[Saudi king appoints Mohammed bin Nayef second crown prince](#) AFP

[New generation enters line to Saudi throne as king mourned](#) Associated Press

[A Smooth Saudi Succession, but a Rough Road Ahead](#) The Wall Street Journal

[Saudi King Abdullah dies, Salman is new ruler](#) AFP

The appointments, which analysts said supported signs the kingdom will chart a steady course on foreign and oil policy, came a week after Salman, 79, took the throne following the death of King Abdullah.

Top officials from the Ports Authority, the National Anti-Corruption Commission and the conservative Islamic kingdom's religious police were among those let go late Thursday

First Declaration Saudi Education in One System under One Ministry
Make A Summary

New One MOE 2015

MOHE 1975

GOTEVT Technical E Vocational 1980

MOE Male \ Presidency of GE

Preprimary – Preschool _ Nursery_ Kindergarten

**Start MOI Department \ Center 1344 \ One MOE
1373\1954**

Our Concise Model of History of SCOHE in Saudi Arabia

Define SCOOHE

School Health Education see also: **Health Promotion** is *the process of transferring health knowledge during a student's school years (K-12)*. Its uses are in general classified as Public Health Education and School Health Education.

(Remember this is SCOOHE Health Promotion Def)

What is School Health Education?

With the myriads of powerful theories and ideas surrounding the words school, health, and education; it is imperative first to define school health education, its targets and general practice.

The definition of school health education has evolved much throughout the 21st century. *In general, it is regarded as classroom teaching on the subject of health/hygiene in a k-12 setting.*

The major trend regarding changing definitions of school health education surrounds the ever increasing notion that *school education influences adult behavior*. In the 70's health education was viewed mostly as a means of *communicating healthy medical practices to those who should be practicing them*; *“Health education attempts to close the gap between what is known about optimum health practice and that which is actually practiced.”^[1]*

Define SCOOHE

In the 80's definitions began to incorporate the understanding that education is a means of **empowerment** for the individual, *allowing, enabling* the individual to make educated health decisions. Health education then became *“the process of assisting individuals ... to make informed decisions about matters affecting their personal health and the health of others.”*^[2]

This definition also spawned during the year of the first national-scale investigation of health education in schools, which eventually led to a much more aggressive approach to educating the nation's youth on matters of health.

Today school health education is seen as a ‘*comprehensive health curricula*’. It is a blend of community, schools, and patient care practice;

School Health education covers the *continuum from disease prevention and promotion of optimal health to the detection of illness to treatment, rehabilitation, and long-term care.*^[3] This concept is recently prescribed in current scientific literature as ‘health promotion’, a phrase that is used interchangeably with health education.

Compare to our early National Definition the ***Ideal 16 HE Dimensions & Create Yours Ideal National SCOOHE ?***



THINK_PRACTICE_REFLECT

THINK_PRACTICE_REFLECT

Place of SCOHEP in HE Services - School Health Services

- School H Services provided for students to appraise, protect, and promote health.

Health education implies a belief in the right of all people to be as healthy . and safe as science plus human endeavor can make them

By Lucy S. Morgan, PhD, founding ch

<http://sph.unc.edu/hb/hb-department-overview/historical-timeline/>



UNC
GILLESPIE SCHOOL OF
GLOBAL PUBLIC HEALTH

What Students\ Children \ Kids Say About SCOHE

Everyone have to write and submit a paper

(there were no high active response !!)

- What do you need ? If there ..do you like help ?; what
- Are You Happy 25%_50%_75+%



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- **A⁺ = Perfect**
- **A = High healthy level, but *not perfect*, may have occasional cold or other minor infection..they have *high vigor and buoyancy* ‘ optimism, good spirit...’**
- **B = Normal high level but *less vigor and buoyancy***
- **C = Pass normality as well, but *lack the vitality for a dynamic mode of living***
- **D = Can attend regularly but *not well, may with chronic infection they must be treated***
- **E = Not normal, *obviously ill and should not e in school***

“Not a barrier” of disability and can attend regularly

It can be a draw or matching

CHS485

!!What about YOU

What Kids Say About School

(****You Can Conduct Survey Ask Kids in Saudi Schools ?!**)

It's that time of year. The new school year is getting going — or already has — for millions of kids.

We know everyone likes summer vacation more, but when we asked kids if they liked school,

would you believe many of them said ...YES ?!

No, they **don't** love each second, every pop quiz and art project gone wrong. But on most days, **65% of kids said they liked school, a lot (25%) or some (40%).**

But what about the other 35% ?! We asked 965 kids, so that means about 337 kids were **not happy on schooldays**. On most days, **13% of those kids said they disliked it some**, and **22% said they disliked school a lot**. That's a problem considering many kids spend 180 days a year in school.

Boys Are Less Happy

Girls were generally happier than boys, with **29% of girls saying they liked school a lot compared with 21% of boys**. Similarly, **44% of girls said they liked school some**, while **only 35% of boys said that**.

When it came to disliking school, here's how kids answered:

I dislike school **some: 14% boys; 13% girls**

I dislike school **a lot: 30% boys; 14% girls**

If kids aren't happy at school, it's usually because of some problem — or a group of problems. It could be **low grades, trouble with friends, or problems at home**. Kids can find help by talking to a counselor, teacher, or another adult at school. But **more than half of the kids** said they would find it **difficult or impossible to use this kind of help**.

Without seeking help, kids are **less likely to solve the problems** they're having. Grades may get worse, a bully may keep on bullying, and worry over a family situation could keep getting in the way.

It Can Be Hard to Ask for Help

Boys, who are *more likely to dislike school*, also are *the least likely to seek out help from a school counselor or staff member*.

Overall, about 60% of kids said it would be at least a little hard to talk to a school official about their problems. But twice as many boys as girls said they would never talk to an adult at school about their problems.

Doctors and other experts say that kids might not seek help for the following reasons:

“I don’t want to talk to a stranger.”

“I don’t think anyone can help me.”

“I don’t want my friends to know

School Health Education Themes

1. Education and health are interrelated, Interconnected.
2. The biggest threats to health are “social morbidities.”
3. A more comprehensive, integrated approach is needed.
4. Health promotion and education efforts should be centered in and around school.
5. Prevention efforts are cost-effective; the social and economic costs of inaction are too high and still escalating.

(Excerpted from Chapter 15 of “Introduction to Health Education and Health Promotion” by Bruce G. Simons-Morton, W. H. Green, and Nell H. Gottlieb, Waveland Press, 1995)

Quality Classroom Instruction Goals

- Students embrace health as a value
- Students be provided with the knowledge, skills, and empowerment needed to choose and maintain healthful personal behaviors
- As a lifetime learner, students be able to obtain, evaluate, and use new information for future health-related decisions.

SCOOHE Objectives part of others

| Setting | Objectives |
|-----------------------------|---|
| School | <p>Increase to at least 75% the proportion of the nation's elementary and secondary schools that provide planned and sequential kindergarten through twelfth-grade quality school health education.</p> <p style="text-align: center;">Can we increase moreto 100% !?</p> |
| Worksite | Increase to at least 50% the proportion of postsecondary institutions with institution-wide health promotion programs for students, faculty and staff. |
| Health care provider | Increase to at least 90% the proportion of hospitals, and health maintenance organizations, that provide patient education programs, and to at least 90% the proportion of community hospitals that offer community health promotion programs addressing the priority health needs of their communities. |
| Community | Increase to at least 50% the proportion of counties that have established culturally and linguistically appropriate community health promotion programs for racial and ethnic minority populations. |

Comparison of H Services – Settings Mission – Who

| Setting | Primary Mission | Who is Served? |
|-----------------------------------|--|--|
| School | Education | Children/adolescents |
| Worksite | Produce goods and services; Make a profit (if applicable) | Consumers of products and services |
| Hospitals | Treat illness and trauma | Patients |
| Community primary care setting | Prevent, detect, and treat illness and trauma | Patients |
| Health Department | Chronic and infectious disease prevention and control | Public |
| Voluntary health agencies | Prevention and control targeted disease/condition | Public |

*** Go back to definition, goal and topics and decide the final mission ?**

Major **Principles** and **Challenges** in HS-SCOHE

1. For **schools** and worksites health education is *less central* to the primary mission of the organization than it is in health-related organizations
2. In **schools**, the primary focus is on *students' cognitive performance and education achievements*.
3. Health education supports the **central mission of the school** in that a *health, well-nourished child is better able to learn*
4. In the worksite, health education *supports the primary mission of making a profit by encouraging a healthy workforce*.
5. All HE settings can be considered **channels for the delivery of health education and health promotion to senior citizens, adults, adolescents, and young children, in the community**.

Old Model of Comprehensive School Health Program



*** Place of SCOHE in HEHS - To redraw Your Self Smart SCOHE Model**

Health Education



- *A planned, sequential, K-12 curriculum that addresses the physical, mental, emotional and social dimensions of health (what other dimensions)*
- *The curriculum is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors.*
- *It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices.*
- *The comprehensive health education curriculum includes a variety of topics.*

Physical Education

- *A planned, sequential K-12 curriculum that provides cognitive content and learning experiences in a variety of activity areas.*
- *Quality physical education should promote, through a variety of planned physical activities, each student's **optimum** physical, mental, emotional, and social development, and should promote activities and sports that all students enjoy and can pursue throughout their lives.*

Health Services



- Services provided for students to *appraise, protect, and promote health*.
- Qualified professionals such as physicians, nurses, dentists, health educators, and other allied health personnel provide these services.

Nutrition Services



- Access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students.
- The school nutrition services offer students a learning laboratory for classroom nutrition and health education, and serve as a resource for linkages with nutrition-related community services.

Counseling and Psychological Services



- Services provided to improve students' mental, emotional, and social health. These services include individual and group assessments, interventions, and referrals.
- Organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students but also to the health of the school environment.

Healthy School Environment



- Building and its place
- The Class
- The physical and aesthetic surroundings and the psychosocial climate and culture of the school.
- The psychological environment includes **the physical, emotional, and social conditions** that affect the well-being of students and staff.

Health Promotion for Staff

- Opportunities for school staff to improve their health status through activities such as health assessments, health education and health-related fitness activities.
- This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling.
- Health promotion activities have **improved productivity, decreased absenteeism**, and reduced health insurance costs

Family/Community Involvement

- An integrated school, parent, and community approach for enhancing the health and well-being of students.
- School health advisory councils, coalitions, and broadly based constituencies for school health can **build support for school health program efforts.**
- Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

Disparities = differences \ dissimilarity \ Inequalities = discrimination لا لاء للتمييز والاعنصرية

JOHALISCOOHE



JOHALISCOOHE

Free Disparity _ Inequality Health Education _ Healthcare نحو تثقيف ورعاية صحية بلا تمييز خلالية من العنصرية و
واسطة

ve

+ve -



Centerpiece واسطة lie courtesy

CDC School Health Disparities & Inequalities Report - United States, 2013



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CDC and its partners work to identify and address the factors that lead to health disparities among *racial, ethnic, geographic, socioeconomic, and other groups* so that *barriers to health equity must be removed*.

The first step in this process is to shine a bright light on the problems to be solved. Providing accurate, useful data on the causes of illness and death in the United States and across the world is a foundation of CDC's mission and work.

The *CDC Health Disparities and Inequalities Report - United States, 2013*, published in CDC's *Morbidity and Mortality Weekly Report (MMWR)*, is the second consolidated assessment that highlights health disparities and inequalities across *a wide range of diseases, behavioral risk factors, environmental exposures, social determinants, and health-care access by sex, race and ethnicity, income, education, disability status and other social characteristics*. It provides new data for 19 of the topics published in 2011 and presents 10 new topics.



The report provides analysis and reporting of recent trends and *ongoing variations in health disparities and inequalities for selected social and health indicators*. This is **important** for *encouraging action and facilitating accountability to reduce modifiable disparities by using interventions that are effective and scalable*. The report also underscores the need for more consistent data on population characteristics that have often been lacking in health surveys such as disability status and sexual orientation.



Disparities تباین تفاوت **Examined**

The latest report looks at disparities in deaths and illness, use of health care, behavioral risk factors for disease, environmental hazards, and social determinants of health at the national level. This year's report contains **10 new topics** including *activity limitations due to chronic diseases, asthma attacks, fatal and nonfatal work-related injuries and illnesses, health-related quality of life, periodontitis in adults, residential proximity to major highways, tuberculosis, access to healthier foods, and unemployment*.

Report Supports National Disparities Elimination Efforts



The information provided in the report is of vital importance in achieving the goals of *Healthy People 2020 (SA Vision 2030)* and the *National Partnership for Action (NPA) to End Health Disparities*

CDC's report also complements the annual *National Healthcare Disparities Report*; and the periodic reports related to *Healthy People 2020 (SA HP Vision 2030)*



Action to Reduce Disparities

The data presented throughout the report provide a compelling argument for action. Some articles identify promising programs and interventions for reducing the burden of disease or risk factors for a specific health problem

Reducing disparities requires national leadership to engage a diverse array of stakeholders; facilitate coordination and alignment among federal departments, agencies, offices, and nonfederal partners; champion the implementation of effective policies and programs; and ensure accountability (2).

CDC and its partners can use the findings in this report to raise awareness and understanding of which groups are most vulnerable. The findings also can help motivate increased efforts to intervene at the state, tribal, and local levels to best address health disparities and inequalities.

More

http://www.cdc.gov/DisparitiesAnalytics/topic_table.html

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Student Centered _ Everyone Have To Present Topic Table

<http://www.almaany.com/en/dict/ar-en/%D8%AA%D9%8E%D8%A8%D9%8E%D8%A7%D9%8A%D9%8F%D9%86/>

Translation and Meaning of تَبَايُن in Almaany English Arabic Dictionary

تَبَايُن (فعل) : اِخْتَلَفَ

be different ; conflicting ; contradictory ; contrary ; differ ; disparate ; dissimilar ; incompatible ; incongruous ; inconsistent ; opposed ; vary ; varying

تَبَايُن : اِخْتِلَاف

clash ; conflict ; contradiction ; contrast ; difference ; disagreement ; discrepancy ; disharmony ; disparity ; dissimilarity ; incompatibility ; incongruity ; inconsistency ; nonconformity ; opposition ; unlikeness ; variance ; variation

تَبَايُن :

contrariety ; contrariness ; disproportion ; dissimilitude ; distinction ; divergence ; inequality ; unevenness

Face book & AMA

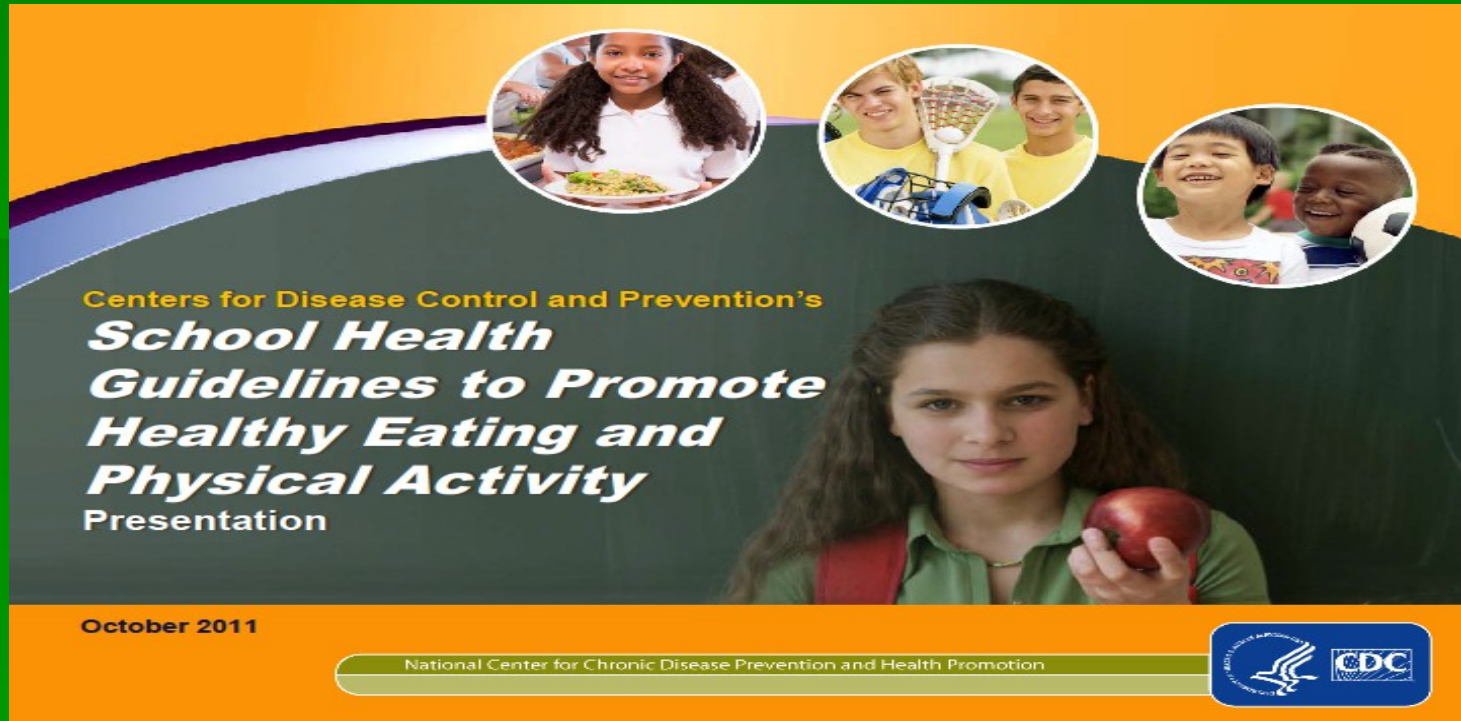
American Medical Association (AMA)

November 5,

"If we want to reduce inequalities in health, *we have to act not only on the poor health of the poor but on the whole of society.*" -- Sir Michael Marmot MD in an interview with Modern Healthcare, where he and Ardis Dee Hoven, MD discussed efforts to reduce health disparities such as the AMA's Improving Health Outcomes initiative. <http://goo.gl/BepRKA> More in [#AMAWire](#)

An AMA Viewpoints post by AMA President Robert M. Wah, MD

https://www.facebook.com/search/str/disparities%20and%20inequalities%20in%20quran/keywords_top



Every One Have To Present Live

<http://www.cdc.gov/healthyyouth/npao/pdf/presentationslides.pdf>

School Health Guidelines

1. Policies and Practices
2. School Environments
3. Nutrition Services
4. Physical Education and Physical Activity
5. Health Education
6. School Health Services
7. Family and Community
8. School Employee Wellness
9. Professional Development

Guidelines of School Health Guidelines to Promote Healthy Eating and Physical Activity

Use a coordinated approach to develop, implement, and evaluate healthy eating and physical activity policies and practices .

Establish school environments that support healthy eating and physical activity

Provide a quality school meal program and ensure that students have only appealing healthy food and beverages choices offered outside of the school meal program.

Implement a comprehensive physical activity program with quality physical education as the cornerstone.

Implement health education that provides students with the knowledge, attitudes, skills, and experiences needed for **lifelong** healthy eating and physical activity

Provide students with health, mental health, and social services to address healthy eating, physical activity, and related chronic disease prevention.

Partner with families and community members in the development and implementation of healthy eating and physical activity policies, practices, and programs.

Provide a school employee wellness program that includes healthy eating and physical activity services for all school staff members.

Employ qualified persons, and provide professional development opportunities for physical education, health education, nutrition services, and health, mental health, and social services staff members, as well as staff members who supervise recess , cafeteria time, and out-of-school-time programs

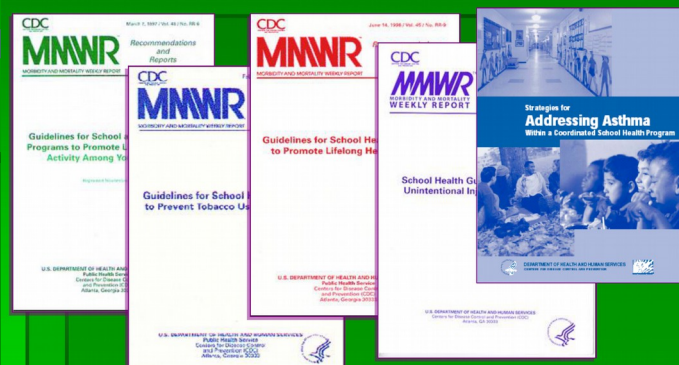
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CDC's Physical Education Curriculum Analysis Tool (PECAT)¹

CDC Guidelines & Strategies for School Health Programs



¹ Centers for Disease Control & Prevention. Physical Education Curriculum Analysis Tool. 2006

Coordinated School Health Programs



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Making a Difference

- Created school health team
- Moved healthier options to front of lunch line
- Increased time for physical education
- Started staff and student walking clubs
- Added healthy choices to vending machines
- Offered access to gym outside of school hours
- Provided parent education through newsletters and healthy activity nights
- Replaced fried foods with baked items
- Offered health screenings for staff
- Planted school garden
- Incorporated health lessons/messages into classroom lessons



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

<http://www.cdc.gov/HealthyLiving/>

Adolescent & School Health

Food Safety

Healthy Weight

Overweight & Obesity

Smoking & Tobacco Use

Vaccines & Immunizations

Student Centered _ Everyone Have To Present Topic_Table

Staying Healthy

[Alcohol and Public Health](#)

[Antibiotic Resistance](#)

[Arthritis](#)

[Birth Defects](#)

[Body Mass Index](#)

[Breast Feeding](#)

[Calcium and Bone Health](#)

[Cancer Prevention](#)

[CDC Health Disparities & Inequalities Report \(CHDIR\)](#)

[Colorectal Cancer Control Program](#)

[Diabetes Prevention](#)

[Disability and Health](#)

[Environmental Health](#)

[Folic Acid](#)

[Healthy Communities Program](#)

[Food Safety](#)

[Healthy Weight](#)

[Heart Disease](#)

[High Blood PressureWISEWOMAN](#)

Staying Healthy

Injury, Violence and Safety

Insure Kids Now!

Mental Health

Nutrition

Oral Health

Overweight and Obesity

Physical Activity and Exercise

Public Health Genomics

Pregnancy

Reproductive Health

Sexual Health

Sleep and Sleep Disorders

Smoking and Tobacco Use

Stopping the Spread of Germs

Stroke Prevention

Swimming/Recreational Water

Travel Healthy

Vaccines and Immunizations



School Health Profiles

The School Health Profiles *is a system of surveys assessing school health policies and practices in states, large urban school districts, territories, and tribal governments.*

Profiles surveys are conducted every 2 years by education and health agencies among middle and high school principals and lead health education teachers.

CDC *promotes the health and well-being of children and adolescents to enable them to become healthy and productive adults.*

Selected School Health Topics By States _ Regions

http://www.cdc.gov/healthyyouth/profiles/topic_facts.htm

.....Do We Have Facts as others ?!! Just Try and Say



Profile monitors the status of :

School health education requirements and content

Physical education and physical activity

School health *policies* related to HIV infection/AIDS, tobacco-use prevention, and nutrition

Asthma management activities

Family and community involvement in school health programs

School health coordination

<http://www.cdc.gov/healthyyouth/profiles/index.htm>



Turn Comprehensive to Whole \ Holistic _Wellness
Whole School, Whole Community, Whole Child (the WSCC)
A collaborative approach to learning and health Model

Establishing healthy behaviors during childhood is easier and more effective than trying to change unhealthy behaviors during adulthood.

*Schools play a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behavior patterns. Research shows a link between the health outcomes of young people and their **academic success**. To have the most positive impact on the health outcomes of young people, government agencies, community organizations, schools, and other community members must work together through a collaborative and comprehensive approach.*

The Whole School, Whole Community, Whole Child (WSCC) model **expands on the eight elements** of CDC's coordinated school health (CSH) approach and is combined with the **whole child framework**

What is ASCD

Founded in 1943, ASCD (doing business as the Association for Supervision and Curriculum Development) is the global leader in developing and delivering innovative programs, products, and services that *empower educators to support the success of each learner*



**Turn Comprehensive to Whole \ Holistic _Wellness
Whole School, Whole Community, Whole Child (the WSCC)
A collaborative approach to learning and health Model**

Recently the CDC and the ASCD turned the old eight school dimensions model into an “Applied Integrated Whole \Holistic; Wellness and Happiness Model” as show in the centre I called it “Johali 5 Star SCOOHE” to *overcome all the barriers, the disparities, assure equity and quality .*

Add **physical activity** with physical education, nutrition **environment** , **social and emotional climate**, **physical environment** !!, **employee wellness** , **separate family engagement** and **community involvement** &

It integrates all previous themes and topics with policies and procedures...

The CDC and ASCD developed this expanded model—in collaboration with key leaders from the fields of health, public health, education, and school health—to strengthen a unified and collaborative approach designed to improve learning and health in our nation’s schools.

A collaborative approach to learning and health Model



Johali 5 Star SCOHE

JOHALISCOOHE2

<http://www.cdc.gov/healthyyouth/images/schoolhealth/wscmodel.png>



Place of SHP in Our Saudi School – A Self Field Smart Assignment - Who can do it with

Disabilities Education Act US

:The Planning and Placement Team includes

- Parents and when appropriate, the student;
- At least one regular educator if the child is or may be placed in regular education;
- At least one special educator or service coordinator for the child;
- District representative who is knowledgeable of general education curriculum and can allocate resources;
- Someone who can interpret evaluations; and
- Others who have knowledge or expertise related to the child.



PLANNING AND PLACEMENT TEAM MODEL

Parent

Student

Attend
Share visions & priorities
Ask questions

Attend & Participate – when ready
Self-advocate

PPT

Share information
Communicate to resolve differences
Acknowledge differences

Observe the child
Review/monitor progress

School

Commit resources
Follow procedural safeguards
Deliver services

Roles and responsibilities at the PPT



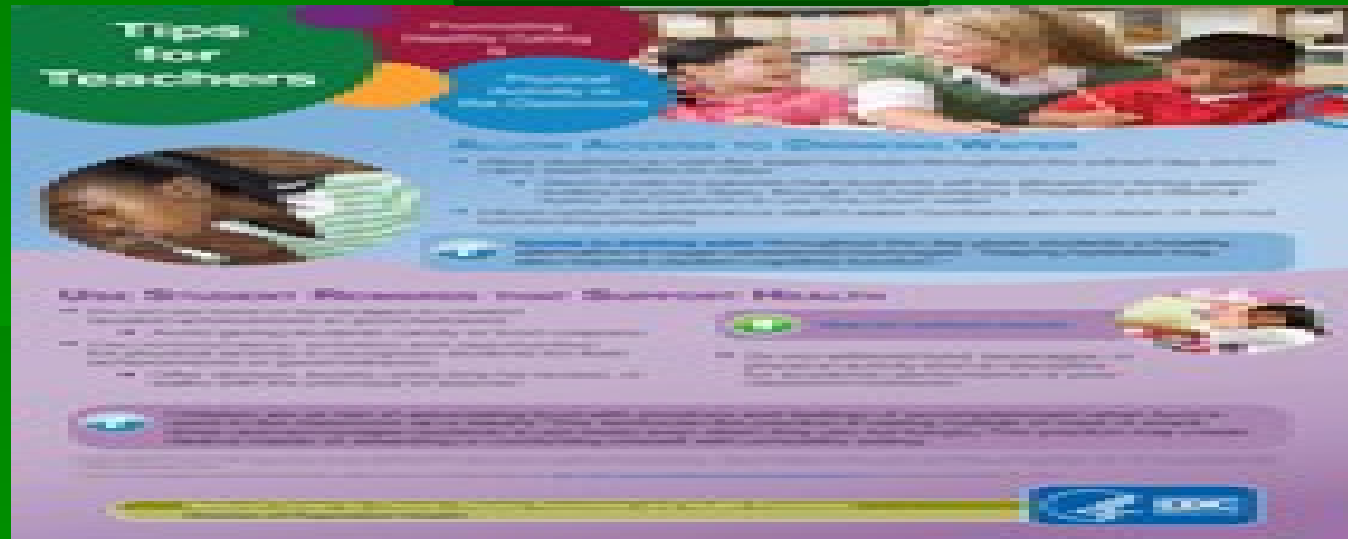
The 12 Actions for Schools Health Promotion

1. Provide leadership and administrative support for creating and sustaining a healthy school environment
2. Conduct a site assessment of the schools physical and social environment to determine the school's needs
3. Establish a set of measurable goals and objectives and design activities around improving the school's physical and social environment
4. Develop and use a data collection system for assessing and monitoring the school environment
5. Create a school environmental health and safety team, that includes PTA members, school officials, teachers, custodians, business and community leaders, and law enforcement officials
6. **Develop, implement and enforce policies and a plan for creating and sustaining a healthy school environment** that clearly define acceptable and unacceptable school conditions



12 Actions for Schools Health Promotion

7. **Designate or hire a coordinator to handle school safety and school building issues**
8. Help teachers develop activities for students that emphasize the **importance of an overall healthy school environment**
9. **Involve the parents and community** about any school construction or renovation plans and/or policies regarding school safety
10. Emphasize the importance of **communication between teachers and students** which includes issues of listening to feelings and physical ailments
11. **Empower students** by involving them in planning, creating, and sustaining a school culture of safety and respect
12. **Evaluate healthy school activities** periodically to assess progress toward achieving your goals and objectives and use results to revise, improve and strengthen your program



Allow Access to Drinking Water

Use Student Rewards that Support Health

Make Celebrations and Fundraisers Healthier

Create A Physically Active Classroom

Make Recess Part of Each School Day

Do Not Use Physical Activity as Punishment

Include Healthy Eating and Physical Activity Topics in Health Education

Watch Out for Student Weight Concerns and Stigma

Encourage Students to Participate in School Physical Activity Program

Be a Healthy Role Model

Become Familiar with Your School's Health Policies

Further Sources _ References

Role of an Elementary School Counselor

<https://www.youtube.com/watch?v=aN0Q-R6Ruw8>

<https://twitter.com/school1health>

<https://twitter.com/sbh4all>

FINALLY

كن مثقف صحي مدرسي مبدع

My Best Wishes to be:

Positive Smart “Real Muslim” SCOOHE

Eisa Ali Johali

the lecturer; Riyadh August 2016