

IMPORTANCE OF COMMUNITY FEATURES IN THE EDUCATION FOR HEALTHY NUTRITION AND HEALTHY LIFESTYLE IN PRIMARY SCHOOLS

Jana FIALOVÁ

Abstract: *Intervention prevention programmes aimed at health promotion highlight the necessity of cohesion and cooperation of schools with their surroundings as one of the main conditions for their successful functioning. Also in the programme Nutrition Friendly School Initiative - NFSI, community features constitute an integral part of programme criteria. The paper presents the results of research, during which questionnaire survey was carried out at primary schools in the district of Brno-City and Brno-Province using the methodology of the World Health Organization (WHO); qualitative analysis at selected schools was made. The results show how schools cooperate with parents, wider social environment and specialists, educating children for healthy nutrition and healthy lifestyle. The ability of schools to provide quality education in this area is also closely related to the level of knowledge of teaching and other staff and to the possibilities of their further education in the field of health and nutrition.*

Key words: *community features, Nutrition Friendly School Initiative - (NFSI), health education, school cooperation with families and experts*

Introduction

Given the ever-increasing problem of obesity of children and the development of the so-called civilization diseases related to lifestyle, education on healthy nutrition and healthy lifestyle should be part of health education not only as a school subject in higher classes of primary schools, but also as comprehensive education of children throughout their school attendance. In their efforts to fulfil this aspect of education, the schools are bound by the Framework Educational Programme; but according to various experiences as well as research it is obvious that they are not always able to do it at desirable levels. In these situations, the schools are offered a variety of prevention programmes, which may facilitate their task; some are highly specialized, others are more general. In order for the involvement of the schools in the prevention programme to really meet its objectives and help improve the education in a particular area, it is

imperative that schools are able to choose well from the programmes offered. Generally speaking, it is more likely that programmes and projects with a trusted supervisor, be it state, public or private institutions, will operate more reliably and efficiently. An important role is also played by duration; long-term programmes prove to be demonstrably more effective.

International organizations, such as the World Health Organization or UNICEF, offer - among others - extensive (global) intervention programmes based on initiatives to promote health, healthy lifestyle or healthy nutrition, such as FRESH - Focusing Resources on Effective School Health; Child – Friendly Schools; HPS - Health Promoting Schools; or NFSI - Nutrition Friendly Schools Initiative. In these prevention programmes designed for implementation through schools, community cooperation is strongly emphasized as a key element which the success of the programme is directly dependent on. The community cooperation of the school and its surroundings is based on the principle of openness to parents, former pupils and local residents, who wish to participate in school activities. In this respect the school should be the centre strengthening mutual ties within families and in the community, offering further educational as well as cultural, recreational and health-promoting potential to the wide community. From the perspective of education for healthy nutrition and healthy lifestyle, partners of the schools could be - in addition to committed parents and the school founding authority - also local businesses, organizations providing health or other services, but also local producers and food retailers.

In order for the school to be able to fulfil its role of a mediator in the community and also its educational function, it is necessary that its employees have adequate knowledge and education. Only a minimum of teachers are qualified for health education; the school should therefore provide additional training at least to those teachers who are directly involved in teaching this topic. Ideally, such training should be gradually delivered to all employees, including people working in food services (canteens and other food facilities) because of their educational and community activities.

In the prevention of childhood obesity and diseases related to obesity, providing contacts to children and families who have a need or interest in receiving care of specialists should constitute an integral part of community life of the school. In the context of healthy nutrition and healthy lifestyle, this area most often includes nutritional counselling, guidance in the sphere of physical activities and the care of medical specialists.

Research objectives and methodology:

Results published in this paper are part of a wider research conducted in six primary schools in the South-Moravian Region; the schools were selected on the basis of the required characteristics according to the methodology criteria of the prevention programme Nutrition Friendly School Initiative of the World Health Organization. The objective of a qualitative study of education for healthy nutrition and healthy lifestyle was to get to know in detail the current situation in schools, to analyze school curricula and the attitude to teaching the research topics, to identify differences between the schools already involved in prevention programmes (especially Health Promoting Schools) and schools without prevention programmes, and at the same time to examine

the conditions and prerequisites for the application of prevention programmes and the reasons, obstacles and problems that prevent the schools from meeting the requirements of intervention programmes or even from participating in these projects.

In the part devoted to community features, research focused on: the issues of cooperation with parents, founders and surrounding community; specific situations where this cooperation is reflected; how it touches the topics of healthy lifestyle and healthy nutrition; whether these activities are supported by the founders or other school associates (specialists - physicians, nurses, dieticians, or local businessmen or civic initiatives, etc.) and how. Education and insight into the issue is closely related to the ability of the school to promote community features; the research therefore included the question whether (and how) schools promote further education of its employees.

In the community cooperation in the sphere of health and healthy nutrition, an important element is the so-called area of support health services - the direct cooperation of the school with health professionals; and this was another topic of the research.

Basic parameters for selecting schools included the involvement/non-involvement of the school in the intervention programme, size and location of the school in conurbations - for example, a large urban school in a traditional built-up area and a school in a newly-developed area; a small school in a small town; a small rural school; etc. - and combinations of these parameters.

In addition to studying available materials (SVP, information and documents on the websites of schools), the following was used as the main source of information: semi-structured interviews with the school headmaster or his/her deputy; local surveys in schools; the information was also supplemented from teachers involved. Evaluation of the interviews and materials was conducted using qualitative methods of analysis and interpretation.

Questionnaire survey at state primary schools in Brno was performed to supplement the qualitative research; in processing the results, schools in Brno-City were evaluated separately from schools in Brno-Province for us to have an opportunity to compare the situation in urban and rural schools. Schools from Brno-City were addressed by the Department of Education of the Brno City Municipality; of 65 schools approached, 43 filled in the questionnaire. The schools from Brno-Province were addressed individually, electronically or by phone; of 37 approached, 19 responded.

In the following text, I do not distinguish quotations from individual schools to preserve their anonymity; the statements should only serve as an illustration from a general perspective.

Analysis of community features according to the criteria of the Nutrition Friendly School Initiative prevention programme

The research focused on the functions and application of community features, their importance for education for healthy nutrition and healthy lifestyle and on the situation in the Czech Republic in exploiting community cooperation in primary schools as a tool of education for healthy lifestyle. Individual areas of community cooperation

were analyzed, as well as possibilities and problems of its functioning at the Czech primary schools.

COOPERATION WITH PARENTS

This narrower area of community cooperation at schools undoubtedly exists at least formally through basic contacts and information which, however, are more often directed from the school to parents. This means that all schools inform the parents of their activities by holding regular class meetings, discussion meetings and individual consultations, on notice boards, school web sites, and mostly also by using local media. In the framework of self-evaluation, schools that are involved in the network of Health Promoting Schools send to parents feedback questionnaires to be filled in. The headmasters of all schools surveyed consider the interest of the parents in the education and results of children as sufficient; but according to them, it decreases with the age of the children: *“Cooperation with parents works well, but not in the same way with everyone; some parents do not want to hear that their child has a problem that should be dealt with. But these are individual cases. Then there is a more general phenomenon - which probably applies to all schools - the higher the grade, the lower the interest of parents, except when a child wants to proceed to a secondary school”*. The situation is different when parents are interested in issues and activities outside the official lessons. The parents do not want to engage in any common after-school activities themselves; they are more interested in a possibility of placing children in different hobby groups - besides the usual after-school care centres. Headmasters of large schools in the City say that the parental interest in after-school activities in general is very low; parents themselves do not wish to be engaged: *“We are a school in the centre of a large City, many things are anonymous; if the school organizes an event, some parents come - but this concerns only the parents of the youngest children; otherwise it is unrealistic”*. In smaller schools headmasters gave a better evaluation of the situation: *“Parents of younger children are involved a lot; I see it as optimal. In terms of older children, parents get involved less. They do not come up with any initiatives themselves, but when the school requests, they all help”*. Only one village school of all those monitored had a network of relationships, but it was almost exclusively with parents (mothers) of young children, and it was not for reasons of organizing events to promote healthy lifestyle: *“We have established very good relationships with parents of the children; there are many mothers who are trying to engage. They have set up a civic association; we cooperate with parents both via the kindergarten and via the school. Other mothers of young children have established a Family Centre for children of young children aged up to 3 to 4. We organize joint events with all these mothers: Christmas workshops, Earth Days, or autumn events for children; we try to do everything together so that people do not do things just for themselves. For example, we united the Children’s Day to avoid simultaneous organization of the same event.”*

None of the schools surveyed gave the information that the parents would be directly engaged in activities promoting healthy nutrition; in some cases schools reported that the parents had expressed their negative attitude towards the range of food (or rather snacks) and drinks sold in the school cafeteria or in vending machines: *“We used to have a vending machine for snacks - sweets, crisps, chewing gum, etc.; I was very happy to*

remove it - also following the pressure from parents. In this we were in full agreement with the parents: we did not want children to gorge on crisps and wash them down with Coca-cola during breaks”.

COOPERATION WITH WIDER SURROUNDINGS

In prevention programmes of international organizations, the term community cooperation is defined not only as a cooperation of the school with parents of the children who attend it, but also as a wider cooperation aimed at both close and more distant surroundings. This includes the cooperation with people and institutions the child comes into a frequent contact with, who have an educational influence on the child or shape the way how the children behave or what they produce. In addition to family, friends and classmates, this category also includes companies, state institutions or civic associations based or operating in the same location. From the perspective of prevention programmes, extensive involvement of schools and their ability to engage parents and the wider environment in active cooperation is very important. Headmasters at schools surveyed speak about reluctance of parents to engage in cooperation; they are even surprised - and regard it as extremely positive - if at least some parents get involved in some voluntary work to improve the school environment or help to organize some school events: *“We reconstructed the school garden; we wanted to convert it into a multi-purpose ‘classroom’ in the nature, we did not want it to remain just for some digging or sowing. We contacted the parents from the whole school with request for physical help; my colleagues warned me that nowadays the parents would be hardly willing to do anything like that, but many parents came and we did a lot of work. Some parents even gave financial gifts, so we had funds for the reconstruction. It was a very pleasant surprise”.*

In health and healthy lifestyle education, the school can effectively operate mainly through cooperation with relevant practitioners and dentists, be in contact with them and if necessary, cooperate with them not only when children already have health problems, but especially in the field of prevention. In this context, prevention programmes recommend - in accordance with local conditions - to involve also other medical professionals in the cooperation, to organize talks or project days with them and mediate counselling for children, their parents as well as school employees. In terms of healthy nutrition and healthy lifestyle, the experts include nutritionists and food professionals and specialists in the area of physical activities, sports, physiotherapy, etc. This form of cooperation has not yet been developed in any school surveyed. Another suitable activity is to agree with companies that near schools or even at schools they avoid advertising alcohol, tobacco products and high-energy, sweet and salty foods and drinks. It is also possible to try to arrange with local sellers and food producers that in their shops, restaurants, canteens and bars near schools they avoid using marketing strategies (such as placing a certain type of goods near the cash register or to the most visible places) promoting unhealthy foodstuffs and drinks and observe the ban on the sale of alcoholic and tobacco products to adolescents. The compliance with these principles should be quite obvious on the premises of the schools, but as it showed during the survey, even this basic principle is not fulfilled: *“A snack bar is operated by the school caretaker; we have had a long struggle with an offer there. Some time ago a wave of resistance came from parents concerning the range of products available. We wanted the parents to tell us what they did not want to*

be sold there and to suggest what they wanted. The parents agreed on not wanting puffs and crisps, but did not know what they wanted. So puffs and crisps were removed, but jelly snakes and sweets remained. Children do not buy one snake, but even ten of them instead of their snack; they have the money and the parents do not care. There are also sweet drinks available; the parents only wanted water there, but the shopkeeper said that nobody would buy it. It just was not followed through to the successful end”.

1. Health promoting activities

Broadly focused cooperation can be supported by regular common activities, which may include a variety of events such as a Healthy Nutrition Day, Sports Day and other thematic projects, involving as many persons as possible, participating in various forms: the school, parents and grandparents, businesses and organizations, the school founding authority, etc. In the NFSI programme, the requirement for organizing such events is highlighted as one of the community features: ***The school should at least once a year organize or co-organize an event for health and promoting healthy nutrition, designed for both families and the wider public.***

But the research results in selected schools suggest that schools are more concerned with teaching for health within the meaning of following the school curriculum, and virtually do not organize recreational or educational events to promote health that would go beyond the curriculum. The exception is sports days that are accessible also to the wider public; but nobody but the pupils currently attending the school and their parents participate in such days. The involvement of the parents in these activities is rather low; most of them are the parents of the youngest pupils. According to the school managements, the reason is not only the lack of funding from the school founding authority and the absence of sponsors, but also the unwillingness of school employees to engage beyond the workload required (especially for financial reasons; teachers feel inadequately remunerated, and many have an extra job); this even applies to the schools involved in prevention programmes: *“... here individualism and selfishness are obvious... This is not to offend anyone or complain, it is just a statement; there are multiple causes, it is again more widespread in large cities; there is lack of money, people, time, energy, enthusiasm...”*

Cooperation with school founding authorities seems to be better in the country; all schools, however, talk mainly about the cooperation in the form of financial support or publishing information in the local press and radio if the school requests. The community cooperation between the schools involved in the Health Promoting School network works only to a certain extent; headmasters complain that central coordination of the programme does not work very well and the cooperation is rather on an individual level: *“This project unfortunately does not work too well on the national level; it is not that people who are in charge of it would not work well, but Mrs. Havlinová, who established the project in the CR, died, and her successors have not worked so well so far. We actually handle it a little bit our way; we wrote a programme for next year and sent it to Prague, but there has been no response.”*

In the questionnaire survey supplementing the qualitative study, more than one third of urban schools and almost one fourth of rural schools (see diagram 1, 2) indicate

that they do organize events to promote health and nutrition or participate in their organization. However, the interviews with the management of the schools surveyed show that these events are almost exclusively sports events, which undoubtedly contribute to raising awareness of children and adults about the importance of exercise for healthy lifestyle, but the aspect of proper nutrition is not taken into account. The majority of school headmasters were unable to describe the form of an event that would focus on healthy nutrition.

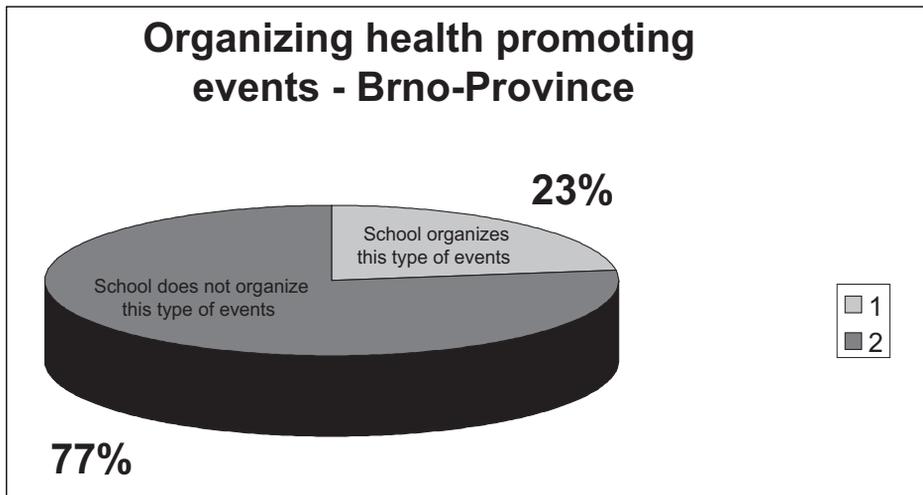
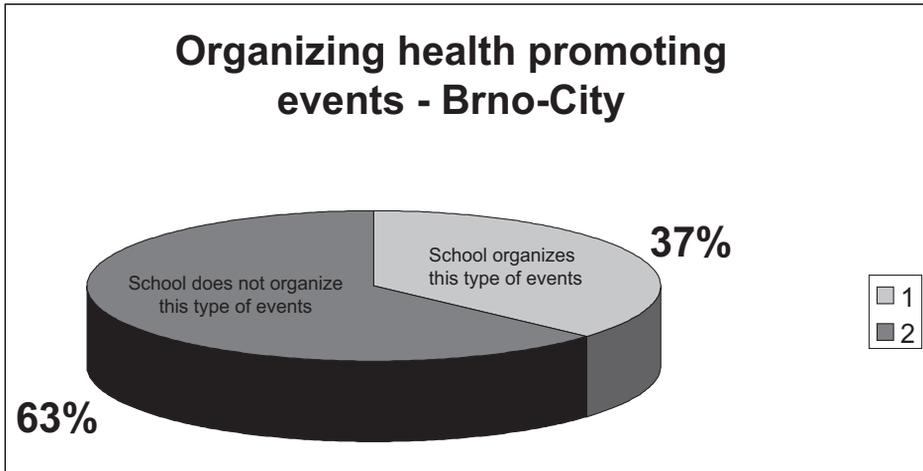


Diagram 1, 2:

2. Further education of school staff

Another criterion of the NFSI programme - Nutrition Friendly School, is to provide education to teachers and other staff in the field of nutrition and healthy lifestyle.

The opinion of the World Health Organization is that only educated school staff may well and responsibly participate in the upbringing of children for health and healthy lifestyle, and one of the main requirements of the intervention programmes (including the Nutrition Friendly School programme) therefore is to ensure further education of employees.

NFSI Criterion: *The school should at least once a year provide educational courses or seminars on healthy nutrition and related topics to its employees (teachers as well as non-teaching staff working in food services).*

Schools themselves are aware of shortcomings in this area and indicate problems with qualification and competence of teachers. Despite this, the schools surveyed - with a few exceptions - do not send their employees on the courses of further education; they justify it by little time capacity of teachers and by a low offer of courses on the topic of proper nutrition and healthy lifestyle. *“Further education of teaching staff is subject to accreditation by the Ministry of Education; its providers must have projects, courses and seminars approved. There is, for example, the School Service Centre, the NIFE - National Institute for Further Education, where individual projects can be found if you try, but - as far as I know - there is nothing in the field of nutrition!”*

In contrast, in the supplementing questionnaire survey the majority of schools (80 % of urban and 73 % of rural schools) stated that they did send their employees on courses (Diagram 3, 4).

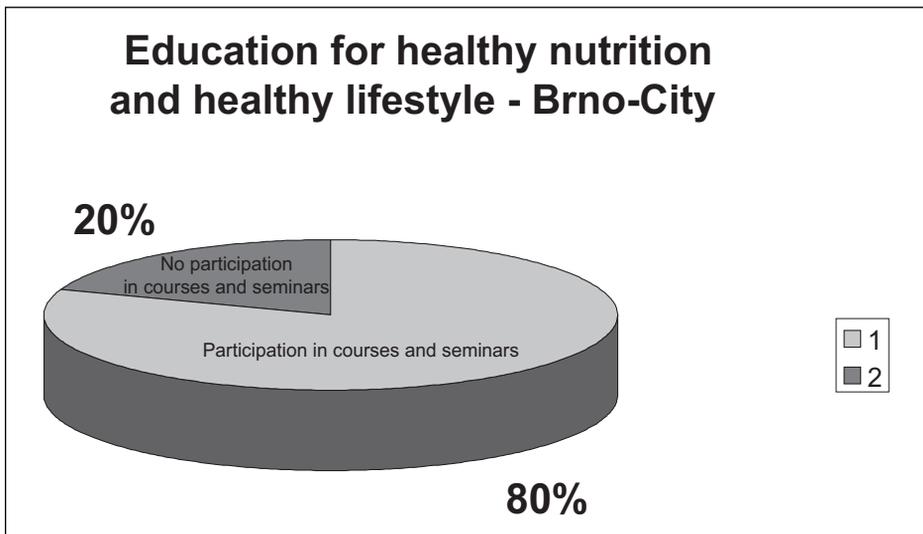


Diagram 3

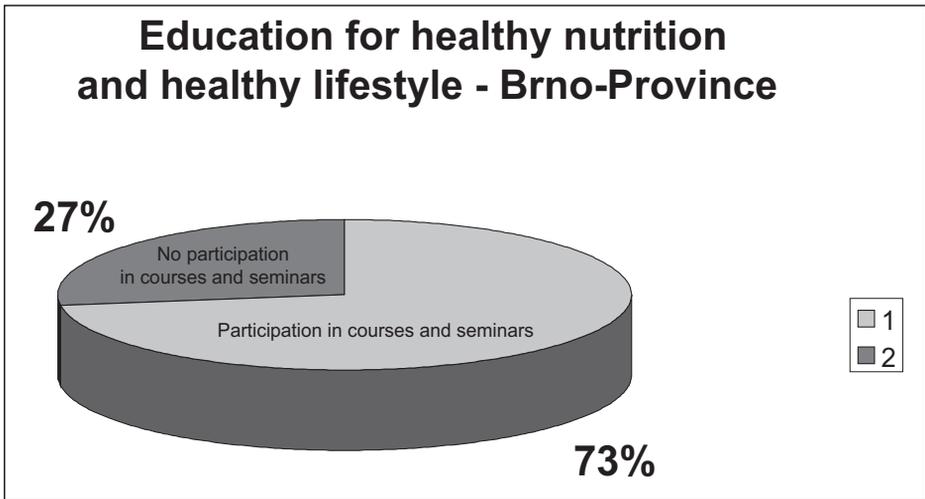


Diagram 4

3. Securing the so-called supportive health services on the basis of monitoring children’s growth and development

Preventive health promotion programmes assume that currently the school must fulfil also the formative function in addition to its educational function. In the case of globally increasing problems with obesity, it is necessary - according to the World Health Organization - that the schools provide the children and their families basic health service in addition to the theoretical teaching for health. The schools should provide this service on the basis of the evaluation of information on health, growth and development of the children acquired by regular measuring and weighing or by supplementing tests.

NFSI Criterion: The school should ensure at least once a year regular monitoring of growth and development of children by measuring height and weight of children, and perhaps by monitoring other indicators (blood pressure, blood fat levels, etc.), and to provide the results to the children and their parents, if they so request.

The schools surveyed do not perform the monitoring of growth and development of children except for one school, which - however - does not do it for all the children, but only in the framework of the subject Health Education in higher classes of the primary school. Overall and regular measurement of height, weight and possibly other parameters is refused by the schools due to the necessity of consent from the parents, time workload of teachers and due to the fact that according to them, such acts are within the competence of doctors. *“These things very much depend on the attitude of parents, and we must respect it. We also need to be careful to avoid forcing obese children and their parents in an inappropriate way to deal somehow with the situation; this should be left to doctors. We can raise awareness and teach the children prevention, but nothing more.”*. In the Czech healthcare system, preventive examination of children is performed by a registering practitioner for children and adolescents; the contents and frequency of these examinations are laid down by Decree No. 3/2010 Sb. (Coll.) of Ministry of Health of the CR. In the framework of preventive

examination, data are collected, needed to assess health condition and health risk to people. An integral part is a detailed clinical examination, including necessary laboratory tests. It means that during regular preventive examinations, doctors also measure and weigh the children, and only then - based on an overall examination and interview with parents - consider the need for additional care. In terms of schools, they usually proceed individually; in cases of evident obesity of a child, they offer consultation with the school educational counsellor to the parents.

In the supplementing questionnaire survey, 7 % of urban and 32 % of rural schools stated that they did monitor the growth and development of children. (Diagram 5, 6)

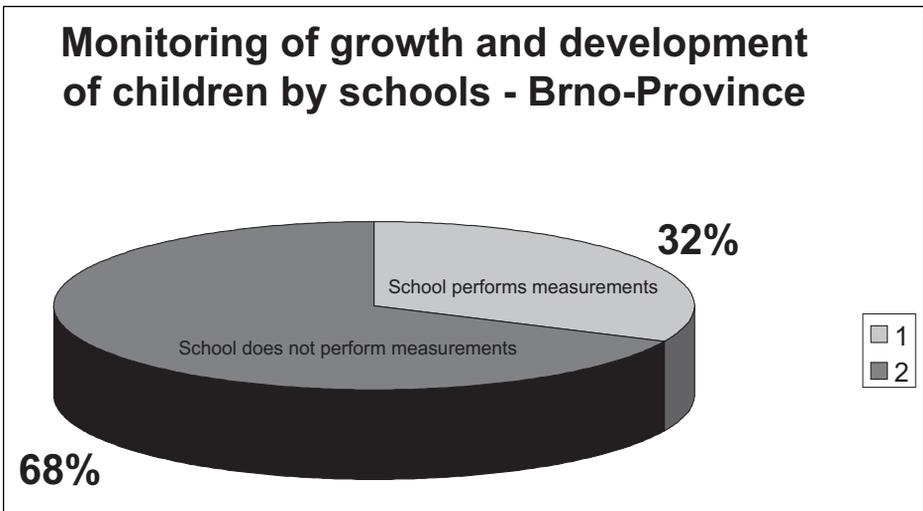
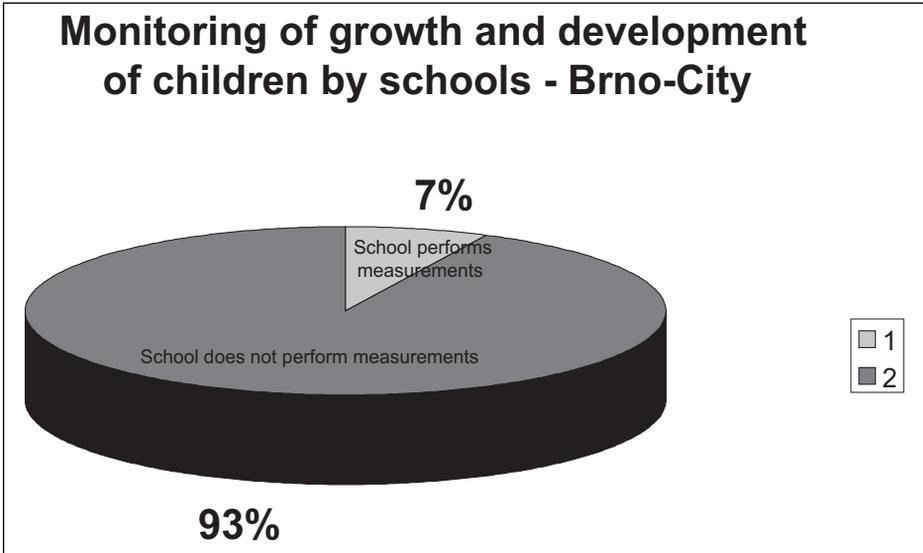


Diagram 5, 6

4. Possibilities of school cooperation with specialists (doctors, consulting services):

In the framework of community work, schools should have links to health services, which they would recommend and refer to the families of the children according to the needs and on the basis of the knowledge of problems faced by individual pupils.

NFSI Criterion: In the event of identifying health problems of children (based on regular monitoring), schools should provide a contact to a specialist; i.e. to make recommendation or arrange a visit of a doctor or other specialists (nutritional counselling, educational and psychological counselling, etc.).

All schools surveyed indicated a possibility of providing contacts to a general practitioner, dentist and pedagogical-psychological counselling. They were directly asked whether they considered it appropriate that the school would have a possibility to also provide contacts to specialists in nutrition counselling or in physical activities; they replied yes, but did not know of anyone, had no contacts in this respect, and did not refer to other types of advice or specialists. As with the previous issue, the reason for it is the belief that it is the responsibility of the practitioner, dentist or psychologist to refer the children-patients to other specialists, so the schools do not have the knowledge of where to direct children and their parents.

In the questionnaire research, 61 % to 64 % (Diagram 7, 8) schools indicate that they do provide contacts to health specialists if needed.

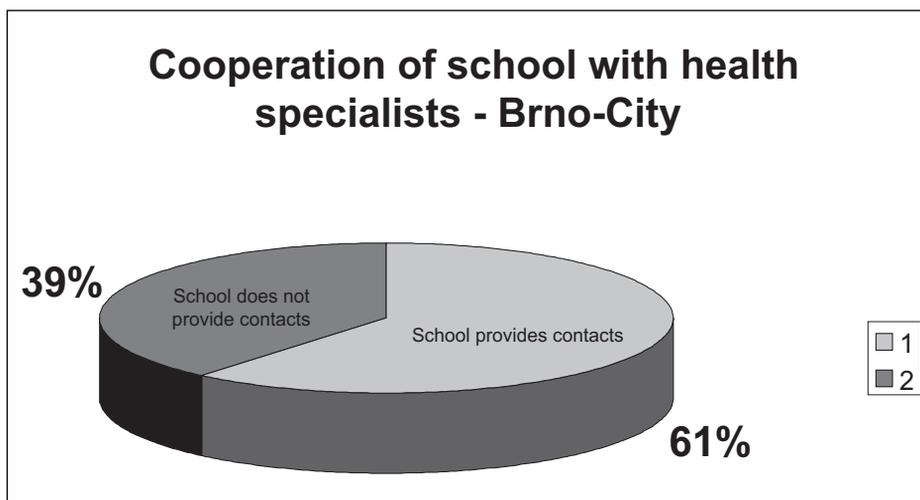


Diagram 7

Cooperation of school with health specialists - Brno-Province

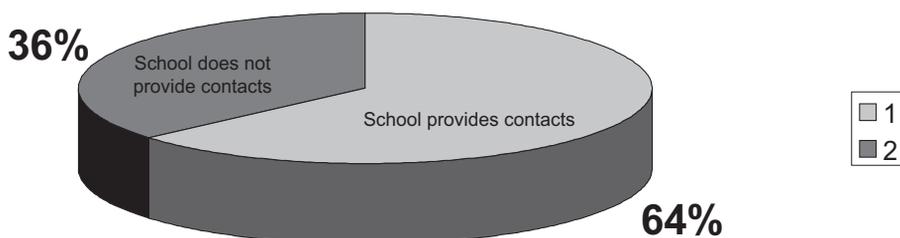


Diagram 8

Conclusion

In the Czech Republic, as in other EU countries, the support of community education exists, as well as “the promotion of the school transformation into cultural and educational centres of municipalities, able to respond to the needs of local people, ... which will access education as a lifelong process and actively involve members of local communities in the decision making process about local issues.”. However, the problem is the prevalent tendency to distinguish (both in a positive and negative sense) between the community school, taken as an “alternative” school, and between the so-called “normal” schools. But in order for schools to effectively fulfil their educational role in prevention programmes and beyond, it would be desirable to strengthen community features wherever it is needed.

Schools are trying to develop mutual communication with parents of the pupils in the framework of the **cooperation with parents**; it is, however, still more on an individual level. The fact that schools consider it unusual if at least some parents get involved, leads to the shyness in approaching the parents and the wider surroundings with requests for their engagement in the school life, and to the feeling of pressure imposed on the parents, which the schools tend to avoid and which results in the lack of initiative for the formation of desirable community contacts.

In cases of **cooperation with wider surroundings**, the schools have developed hardly any ties to health professionals; they are usually only able to provide the families of the children with contacts to general practitioners for children and adolescents, to dentists and pedagogical-psychological counsellors. It would be desirable to add contacts to specialists in the field of nutritional education and physical activities guidance. The offer in the Czech Republic is limited; there are private companies, which, however, are mostly unavailable to schools for financial reasons (here sponsorship would have to be used). Also, there are few civic associations and non-governmental organizations that

would deal with such activities, and those that exist are fully utilized. Schools do not organize events promoting healthy nutrition and healthy lifestyle accessible to the public. They justify it by the lack of interest of parents and other members of the community and by the impossibility of their own involvement due to extensive workload of the school staff and their insufficient financial reward. In many cases, however, they do not know what exactly they should do; in such situations, the schools would undoubtedly benefit from information, guides and manuals for prevention programmes. At present, schools are at least beginning to realize the importance of physical activities of children as one of the prevention factors influencing the healthy development of children and the occurrence of obesity and diseases associated with obesity. Sports days, which from a more general point of view could be included among the actions that promote health, are mostly organized only for pupils, sometimes also for parents, but other participants are not invited. Schools are not able or willing to stop marketing or selling unhealthy food and beverages at school and in the proximity of the school. If they do so, they do it to satisfy the pressure of active parents. They justify this approach by the demand of children for these products, sometimes by the financial benefit for the school, and by the reluctance or inability to negotiate the range of the products with the sellers. Schools participating in the network of Health Promoting Schools are not satisfied with the coordination of the project, even though they see it as an asset; they rely more on themselves. On the contrary, they regard the community cooperation between schools as functioning. The schools surveyed do not meet even another criterion: the education of the school staff. They do not send their employees to courses specialized in healthy nutrition, mostly due to lack of time and insufficient offer of the courses. In contrast, however, in the global survey it was ascertained that the majority of schools meet the criterion of the prevention programme; but it is rather by misunderstanding of what the schools imagine under the topics of healthy lifestyle. It is very often possible to come across the conviction that this field includes, for example, first aid courses or the environmental education. The schools mostly refuse to monitor the growth and development of the children by their measurement and weighing; some justify this attitude by lack of time and employees who would perform the measurement; some assume that they need parental consent to measure and weigh children and that such consent would be withheld. In addition, they quite legitimately refer to the Czech health system, where children visit their general practitioner in regular two-year intervals; in the framework of their preventive check, the above measurements are performed. The GP makes records and assesses them, and on the basis of this assessment recommendation is made in terms of further examinations and treatment procedures for undernourished or obese children. Rather than performing the measurements, schools should therefore appeal to parents and the surroundings not to neglect preventive checks of children, and to familiarize the children as well as parents with the importance of prevention for all areas of health by providing them overall education and raising their awareness.

In conclusion it can be added that the majority of schools underestimate the community features and do not utilize all possibilities of involving the wider community in raising the children. The research showed that there was no major difference between urban and rural schools, or between the schools engaged in the prevention programme and those not engaged in it. This suggests that the influence of prevention programmes

on the community and the impact on building the relationships between the school and its surroundings are still rather low. However, a quality and well-established prevention programme could help schools deal with many problems they face.

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Rozhovory s vedením zkoumaných škol

VÝZNAM KOMUNITNÍCH PRVKŮ PŘI VÝCHOVĚ KE ZDRAVÉ VÝŽIVĚ A ZDRAVÉMU ŽIVOTNÍMU STYLU NA ZÁKLADNÍCH ŠKOLÁCH

Abstrakt: V intervenčních preventivních programech zaměřených na podporu zdraví je zdůrazněna nutnost provázanosti a spolupráce školy s okolím jako jedna z hlavních podmínek jejich úspěšného fungování. Také v programu Škola zdravé výživy (Nutrition Friendly School Initiative - NFSI) jsou komunitní prvky nedílnou součástí programových kritérií. Příspěvek představuje výsledky výzkumu, při němž bylo s použitím metodiky Světové zdravotnické organizace (WHO) uskutečněno dotazníkové šetření na základních školách v okrese Brno-město a Brno-venkov a byla provedena kvalitativní analýza na vybraných školách. Výsledky ukazují, jak školy spolupracují s rodiči, širším sociálním okolím a s odborníky při výchově dětí ke zdravé výživě a zdravému životnímu stylu. Schopnost školy zajistit kvalitní výchovu v této oblasti také úzce souvisí se znalostmi učitelských i ostatních pracovníků a s možnostmi jejich dalšího vzdělávání v oblasti zdraví a zdravé výživy.

Klíčová slova: komunitní prvky, škola zdravé výživy (NFSI), výchova ke zdraví, spolupráce školy s rodinou a odborníky