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Implementation of school health promotion: consequences for professional assistance

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Abstract

Purpose – This case study aimed to examine the factors influencing the implementation of health promotion (HP) policies and programs in secondary schools and the consequences for professional assistance.

Design/methodology/approach – Group interviews were held in two schools that represented the best and worst case of implementation of a health promotion program (“Schoolbeat”) in the Southern Limburg region. Both schools were represented by the school manager, the health care coordinator and their school health promotion (SHP) advisor. The main purpose of the group interview was to describe the organization of HP in the school.

Findings – Efforts to improve organizational aspects like change management, collaborative support and project management contributed to the implementation of HP.

Practical implications – Based on these results the authors advise SHP advisors to focus more on the organizational aspects of HP in schools.

Originality/value – This study contributes to the discussion about the tasks of HP professionals assisting secondary schools. Results show that effective assistance in shaping school health promotion requires competencies that go beyond organizing practical HP activities. HP professionals assisting schools need skills covering many aspects of the field, ranging from professional assistance for the process of implementing HP to organizational skills to advise and guide schools on the organizational changes needed for the implementation of HP.

Keywords School health promotion, Secondary schools, Schoolbeat approach, Collaboration, Health education, Project management, Change management

Paper type Research paper

Introduction

Children’s health is a frequently discussed topic in the educational setting (Aggleton *et al.*, 2000). Improving the health populations starts with improving that of the

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children. Nevertheless, interest in health promotion (HP) in schools is often limited (Davis and Cooke, 2007; Stewart-Brown, 2006).

This situation has led to the introduction of the concept of the “health promoting school”. The main focus of this new approach is to systematically embed HP in schools and school policies. This approach has been adopted in many countries (Clift and Jensen, 2005; St. Leger, 2004), and has been recognized by The World Health Organization (WHO) in its Global School Health Initiative. In the European region, a strong network has long existed (initially “the European Network of Health Promoting Schools,” ENHPS, succeeded by “Schools for Health in Europe”, SHE). Within this network thematic projects like Healthy Eating and Physical activity in Schools (HEPS, coordinated by the Dutch Institute of Health Promotion and Disease Prevention NIGZ) has produced supporting materials, e.g. guidelines (Boonen *et al.*, 2009), an advocacy guide (Bada *et al.*, 2009) and a tool for schools (Simovska *et al.*, 2010).

In The Netherlands, HP is not regarded as one of the main tasks of schools who feel primarily responsible for assisting students in developing academic competencies and learning skills (Turkenburg, 2008). Nevertheless, every secondary school has its own health care (HC) coordinator to guide students who encounter individual problems that affect their school achievements and behavior, backed up by a health care team of representatives of various health care organizations (in the domains welfare, crime, alcohol and drugs, mental health). This is an extra-curricular position, funded by the government. This approach is mostly health-care driven, with little attention for HP (Van Der Steenhoven and Van Veen, 2009).

The social function of schools has often been the subject of debate. Schools are seen as an important point of access to children as regards many social problems (such as criminality, parenting problems, low self-esteem and many more) (Turkenburg, 2008). As a consequence, many prevention organizations approach schools offering programs to solve such problems, so the educational system is swamped by requests. Due to this workload, schools often at best give some *ad hoc* attention to HP, but mostly focus on care (Bos *et al.*, 2010).

In response to this situation, all regional organizations in Southern Limburg (The Netherlands) specializing in health, welfare, safety, individual student care and youth care joined forces in 2002. This group, coordinated by the regional public health service (RHPS), aimed to improve the role of HP in schools (Leurs *et al.*, 2005). All organizations are able to offer services to the schools based on their government financing; schools only pay for materials that might be used in lessons and for their own staff time (e.g. for a HP-coordinator and a HP-team). The so-called “Schoolbeat” approach includes six steps to facilitate the development of a cyclic and structured approach to school HP. Step one determines the health needs of the school population, based on available epidemiological data on the students, as well as data on their academic performance, and information about the school community as a whole. Step two involves setting HP priorities based on the information gathered in the first step, using the opinions of the school team, parents and students. In step three, important and modifiable determinants of priority problems are identified to select possible activities focusing on students, staff, school, school policy and the community. In step four, a school health plan is written on the basis of all the previous steps. Step five

involves the implementation of the school health plan and activities and step six is a school-based evaluation.

The implementation of Schoolbeat requires organizational changes in schools and all regional partner organizations involved. To manage this, the diagnosis of sustainable collaboration (DISC) model was developed (Leurs *et al.*, 2008), a theoretical framework for the various concepts (external factors, change management, context, project management and collaborative assistance) that influence the collaboration between relevant parties to implement an innovation like coordinated HP. In the present study we used the DISC model to focus on the implementation of HP and the consequences for professional assistance in secondary schools in Southern Limburg.

The collaboration between parties has been managed by creating a “linking pin” system, in which each school has its own school health promotion (SHP) advisor employed by the RHPS, who represents all participating organizations and their professionalism and expertise. The SHP advisors advise schools on the implementation of activities and policies for specific themes, as well as assist them in implementing the six steps of the Schoolbeat approach (Leurs *et al.*, 2005). All 25 secondary schools in Southern Limburg currently have a trained SHP advisor.

Schools are asked to appoint a contact person. As a point of access for the SHP advisor, this person is responsible for the organization of HP at the school. This task is often assigned to the school’s HC coordinator, but has to be paid from internal funds.

After eight years of working with Schoolbeat in this region, but with highly variable progress in different schools, the degree of implementation made an interesting subject for research. The present study addressed the following research question: “What factors influence the implementation of HP policies and programs in secondary schools, and what are the consequences for professional assistance?”

Methods

Since there is a large variation in implementation within the Southern Limburg region, we decided to conduct a multiple case study (Yin, 2009) focusing on two extreme or outlier cases. Such a selection is recommended to explain diversity and breadth (cf. Berg, 2004). The study took place in June through September 2008.

Case selection

To get more insight in what factors influence the implementation of HP policies and programs in secondary schools we selected two extreme cases in terms of the degree of implementation, the “best” and the “worst” case. The selection was based on the results of a questionnaire study (the full study is reported in (Boot *et al.*, 2010)). In this previous study, the persons at each of the schools who were most knowledgeable about the Schoolbeat approach (the HC coordinator or a school manager) and the SHP advisors of 19 secondary schools filled out a questionnaire about the implementation of the Schoolbeat approach. The questionnaire consisted of 20 statements addressing the implementation of the six steps of this approach. Two examples of the statements are: “A school health plan has been implemented at our school” and “Priorities for HP have been set at our school”; (answer options: yes, no). A step was considered to have been fully completed if all statements regarding that step were answered affirmatively by

both the representative of the school and the SHP advisor. This article only describes the situation at these two outlier schools.

As the “worst case” in the present study we selected the school that had implemented the fewest Schoolbeat steps, while the “best case” was the school that had implemented the most steps. To validate the outlier case selection we first checked whether indeed our selection on the basis of earlier questionnaire results coincided with a general view of implementation completeness by the interviewees (Table I). The “best case” reported that all activities of the various Schoolbeat steps had been implemented, except the evaluation. The SHP advisor’s opinion differed slightly (to the negative) from the school’s point-of-view. The “worst case” school had not successfully implemented any of the six Schoolbeat steps. Only a few activities had been carried out. Activities to achieve systematic implementation, like establishing a framework for prevention activities and a school health plan, had not been carried out. The answers of the SHP advisor differed in some details.

Respondents

The case study was based on two group interviews, one in each school, involving the HC coordinator and a school manager to represent each school, and the school’s SHP advisor representing all regional public health services. The interviews were held by the manager of the department of HP of the regional public health service. During the interview questions were asked to the whole group and explicitly to individual informants. Due to this procedure, the answers could be reported by group and by individual according to the different functions represented in the group. During the open discussion, the panel chairman explicitly asked the opinion of the different members of the interview group. Both interviews were taped and transcribed.

Interviews

The six steps in implementation of the Schoolbeat approach were used as guidelines for the interviews at the schools (Table I). Our case study further used the Diagnosis of Sustainable Collaboration (DISC) model as a theoretical framework (Leurs *et al.*, 2008), to study whether this could essentially pattern the process of implementing HP. The main interview topics, derived from the DISC model, were: external factors, change management, context, project management and collaborative support (Table II).

The interviews had two goals: understanding the organizational aspects of the implementation of the Schoolbeat approach in these two schools, and identifying factors that influence the implementation process. Beside these two goals it was important to distinguish the opinion of the HC coordinator, the school manager and the SHP advisor. Contradictions in opinions were discussed. Since participants freely brought up issues and views whenever they wanted, the interviewer used a checklist to make sure all constructs had been discussed. The last item on the checklist concerned the number of steps of Schoolbeat that had been implemented by the schools.

Analysis

Both interviews were typed out verbatim. The answers were first categorized by source, from the HC coordinator, the school manager and the SHP advisor. The interviews were then analyzed using Nvivo 8. Text fragments were initially coded using the interview protocol as a categorization system (Table II).

Table I.
Implementation of the
Schoolbeat-approach

Schoolbeat approach	Statements for each step of the Schoolbeat approach (at our school ...)	Prevention coordinator of the school		School health promotion advisor	
		Case one 0 = no 1 = yes	Case two 0 = no 1 = yes	Case one 0 = no 1 = yes	Case two 0 = no 1 = yes
Schoolbeat approach					
Step 1 Determining the health needs of the school	Attention is being devoted to health and safety There is a prevention team in place There is a framework for prevention activities	1 1 1	0 1 0	1 1 1	1 1 0
Step 1 completed					
Step 2 Setting health promotion priorities	Priorities for health promotion have been set Priorities are based on research Priorities have been discussed at team meetings	1 1 1	0 1 0	1 1 1	1 1 0
Step 2 completed					
Step 1 + 2 completed					
Step 3 Identifying important and modifiable determinants	There is a working group to examine the priorities Activities are coordinated within the team	1 1	0 0	1 1	0 0
Step 3 completed					
Step 1 + 2 + 3 completed					
Step 4 Designing the school health plan	There is a school health plan Health needs have been described Research results have been described Priorities have been described Strategies have been described Activities have been described	1 1 1 1 1 1	0 0 0 0 0 1	1 1 1 1 1 1	0 0 0 0 0 1
Step 4 completed					
Step 1 + 2 + 3 + 4 completed					
Step 5 Implementing the school health plan	A school health plan is being implemented Activities are being implemented Priorities are being incorporated in routine practice Planned activities are being discussed at team meetings	1 1 1 1	0 1 0 0	0 1 0 0	1 1 0 0
Step 5 completed					
Step 1 + 2 + 3 + 4 + 5 completed					
Step 6 School-based evaluation	The implementation of the school health plan is being evaluated The quality of the implementation of the school health plan is being evaluated	1 0	0 0	1 0	0 0
Step 6 completed					
Step 1 + 2 + 3 + 4 + 5 + 6 completed					

		Implementation of school health promotion	
Topic interview	Sub items	Case 1	Case 2
External factors	Legal obligation	No	No
	Assistance by SHP-advisor	Yes	Yes
Change management	Satisfaction assistance SHP-advisor	Yes	Yes
	Leadership for health promotion in school	Yes	No
	Involvement of the health care coordinator	Yes	Yes
Context	Collaboration with health care team	Yes	No
	School structure for health promotion	Yes	No
Project management	Prevention team	Yes	Yes
	Representatives of teachers	Yes	No
	Representatives of students	Yes	No
	Representatives of parents	Yes	No
	Involvement of school direction	Yes	Yes
Collaborative support	Task hours for health promotion	Yes	No
	Finance for health promotion	Yes	No

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Table II.

Description of the main topics of the interviews

As mentioned above, the main interview topics, derived from the DISC model, were external factors, change management, context, project management and collaborative support, external factors, change management, context, project management and collaborative support. In the presentation of results we also follow the DISC-concepts and only present a summary of views and interpretations of the participants, leaving our own interpretations for the discussion.

In the lively group interviews, high consensus appeared to exist between participants, so although remarks are attributed to a certain person often similar views were expressed by the others.

Results

External factors

According to the DISC model, external factors are those factors that influence the collaboration process but are beyond the control or influence of the collaborating organizations (school and SHP advisor) themselves.

Schools have no legal obligation to implement HP. Both schools stated that their legal obligation was to offer high quality education to children (Table II). In addition, they were already faced with many extra tasks. Schools felt overloaded with work, and teachers and school managers already felt stretched to the limit. To reduce this load and ensure the quality of education, they were very apprehensive about taking on extra tasks. Although the schools might feel responsible for the health of their students, they could no longer count on the willingness of individual teachers to help improve student health, and without the cooperation of teachers, it was difficult to implement HP:

Enthusiasm, flexibility and voluntary efforts are being replaced by a business-like attitude (manager, school 2).

It is hard from the managers' point of view. There are financial problems. It is difficult to make choices. School health promotion is not always in to the top five of priorities (manager school 1).

In this respect, there was no difference between the best and worst cases.

Change management

The DISC model describes that the implementation of HP requires management. Leadership skills are necessary to stimulate school managers and teachers, and to guide the implementation process.

The respondents reported that the leadership of the SHP advisor had encouraged them in their task of implementing HP:

The SHP advisor stimulates us. If she wasn't there, nothing would happen (HC coordinator school 2).

Both schools reported being satisfied about the assistance offered by the SHP advisor (Table II).

I'm very pleased with our SHP advisor. She is very accessible and accurate. So I could not do without her (manager school 2).

Yes, I'm very satisfied with our SHP-advisor. I cannot do without her. I think the prevention team will fall apart without her (HC coordinator school 1).

As regards the leadership skills in the schools, the best case had explicitly assigned the task of coordinating HP activities to one of its team members, the health care (HC) coordinator (Table II). This person was in frequent contact with the school manager to report on the most important activities. The coordinator was responsible for overseeing the process as a whole, as well as for the coordination and implementation of the Schoolbeat steps. The SHP advisor guided the coordinator in fulfilling this task:

Someone has to be responsible for the implementation of HP at the school. Otherwise it will fail. We cannot depend entirely on people's voluntary efforts (manager school 1).

The worst case had not explicitly assigned to anyone the task of coordinating HP activities at the school (Table II). There was no strong leader at the school with time for HP:

We did not assign hours to a specific person for supporting HP activities. We have planned to, and create a function just like the coordinator for working conditions, but [...] (manager school 2).

Context

According to the DISC model, the collaborative process evolves in a context which can be influenced by the collaborative partners themselves. If parties have had positive experiences with each other in previous collaborative processes and feel supported, they have a more open attitude towards the sustainable collaborative process supporting inter-sectoral HP.

In the best case, the task of coordinating HP activities was combined with the function of HC coordinator (Table II). There is a strong link between these two task fields:

HC coordinators have a crucial signaling function. They know what happens at the school (manager school 1).

The HC coordinator already cooperated with various health care organizations participating in the Schoolbeat approach. The HC coordinator had a strong sense of

responsibility for the health of the students. Whereas HC focuses on individuals, HP is primarily aimed at the collective. Individual students who are at risk or have problems were discussed in the HC team, and the input of the HC team was essential for setting HP priorities.

In the worst case, there was no link between HC (individual pupil care) and HP (Table II).

HC and HP are often seen as one task, but I think it is difficult to combine these two tasks in one job (HC coordinator school 2).

The HC coordinator was not involved in HP, and there was no interaction between the two task fields, due to a lack of structure.

Project management

The DISC model describes how during the development and initial implementation phase, the collaborative process is dealt with as a project in a project management structure.

The best case had organized the project management structure by appointing a special prevention team under the supervision of the HC coordinator, who also had the extra task of coordinating the HP activities (Table II). This prevention team assisted the HC coordinator in implementing HP activities in the school as a whole. The school staff was organized in year teams, one team for each school year. The year teams were responsible for the coordination of teaching and other activities in their year. Every year team had its own representative in the prevention team, who was responsible for the coordination between the prevention priorities and activities of their own year team and the prevention priorities and activities of the other year teams:

The representatives of the teams have to say: our team needs this, what can the prevention team offer to meet this need? That's where the input for priorities comes from (HC coordinator school 1).

The prevention team, which met every three months, included not only teachers but also representatives from the student council and the parents' council. In addition to the meetings of the prevention team, there were monthly meetings between the HC coordinator and the coordinator of each year team, at which various HP-related aspects were discussed and coordinated.

The worst case had started its own prevention team in 2002, under the supervision of the school manager. The team consisted of a biology teacher, a PE teacher, parents and students. After a period of reorganization, HP activities were given lower priority, and the prevention team ceased to exist:

When we started we had a strong group. In time, the priorities changes and the interest faded (manager school 2).

In 2008, a new prevention team was started, again under supervision of the school manager. This team consisted of the school manager and two other people: the HC coordinator and the SHP advisor. There was no interaction with the greater part of the school's teaching staff, students or parents, and there was no organizational structure for HP at the school (Table II).

Collaborative support

The DISC model specifies collaborative support at three levels: perceptions (what is the opinion of the parties about collaboration?); intentions (do the parties plan to collaborate?) and actions (are the parties going to collaborate?).

In the best case, the school manager was positive about the collaboration and had taken action to organize the collaboration between the SHP advisor and the school. The HC coordinator had been allocated extra time for the coordination of HP activities (Table II). Although the government does not provide structural funding for HP activities in schools, the school manager had given a small working budget of 2000 euros to each year team for HP activities. In addition to the standard teaching hours, each teacher had extra-curricular hours allocated for tasks like organizing the school theater, student counseling or prevention activities. The team coordinator was responsible for assigning these extra tasks, one of which was to represent the year team in the prevention team and assist the HC coordinator in the coordination and implementation of HP activities:

We trust that the team coordinator will allocate one person in their team to do the HP (manager school 1).

In the worst case, the school manager was positive about collaboration, and did intend to initiate action to organize systematic collaboration between the SHP advisor and the school, but had not succeeded in the action phase. The school manager himself was taking care of the coordination of HP activities, but he did not have extra time available for this task (Table II). There was no working budget for HP activities. Most of the school's population of teachers, students and parents were not involved. Initially, there had been a positive atmosphere at the school, as all teachers were willing to assume extra tasks besides teaching. By now, however, everybody had such a high workload and the positive attitude had turned negative. HP had no priority at this school. According to the school manager, the enthusiasm for HP would not return as long as no extra time was allocated to HP activities:

Last year all efforts have faded due to reorganizations. It's sad but in times of reorganization, HP is no longer a priority (manager school 2).

Discussion and conclusion

This case study tried to analyze the implementation process of health promotion (HP) in secondary schools, and the consequences for professional assistance. We compared two schools in the Southern Limburg region of The Netherlands, the "best case" and "worst case, in terms of the implementation of the steps of the Schoolbeat approach, by describing how the implementation of HP at the schools was organized, based on the concepts of the DISC model. Our findings from the group interviews showed differences between the two cases in the organizational aspects of the implementation of HP.

The two cases differed in terms of all concepts of the DISC model, except for that of external factors. The best case had a strong prevention team with representatives of every sector of the school (staff, students, parents), whereas the worst case had only a small team of three people planning activities for the whole school. The best case had an internal leader who regarded HP as her task, in the worst case school, no particular

person was responsible. Embedding HP in the school management structure also appears to have a positive impact on the implementation. The worst case had a manager who did not play an active role as she did not have enough time. The staff and management of this school had the best of intentions but it appears that schools need to see the opportunity to act upon such intentions, positive perceptions and intentions are not enough.

These differences could be either causes or effects of the difference in implementation between the two schools. The following factors might be considered most important in explaining the difference in implementation of the Schoolbeat steps.

The first is the difference between the two cases in terms of change management. Implementing a new idea requires an effective change agent, someone who can convince the school of the benefits and who guides the process of change (Leurs *et al.*, 2008). The two schools we studied differed in terms of organization. The best case had a strong leader, who was willing to guide the team, whereas the worst case had allocated this task to the school manager, without however allocating extra time.

The second factor was the difference between the two cases in terms of collaborative support. The DISC model states that introducing school health promotion cannot succeed without collaborative support (Leurs *et al.*, 2008); which is also reflected in the HEPS Tools for Schools (Simovska *et al.*, 2010). The school has to have at least the intention to collaborate, and there has to be consensus about priorities, commitment and formalization to bring about action. In the best case, there was a prevention team with a strong leader, the HC coordinator. Each of the school's "year teams" had its own representative on this team, with dedicated hours for their contribution to the prevention team. The priorities that had been set were decided by the year teams, and there was clear commitment. The worst case, by contrast, had no link between the prevention team and the school's population of teachers, students and parents. Priorities were set by only three people, and there was no commitment to HP. Also, there was no explicit relation between pupil care and health promotion had been established; linking the tasks of the HC coordinator to HP activities (as the other school did) seemed to have a positive influence on the implementation of HP. The best case had implemented nearly all steps of the Schoolbeat approach, whereas the worst case was lagging far behind.

Thirdly, there was a difference between the two schools in terms of project management. Project management is based on the interaction between three important factors: who (actors); what (tasks and roles); and how (structure and meetings) (Leurs *et al.*, 2008). This project management is necessary for the structural implementation of an innovation. Whereas the best case had regular meetings at different levels of the organization, the worst case only had regular meetings between the three members of the prevention team.

The fourth potential factor, satisfaction with the SHP advisor, did not seem to make any difference. Both schools were satisfied with the assistance provided by the SHP advisor. They are glad that there is a person who assists them in implementing HP, and quality of implementation is of secondary importance.

Limitations

The results of this study should be interpreted while bearing some limitations in mind. Firstly, although these two cases showed clear differences in terms of the

implementation of HP, these results were found retrospectively. The results are based on the subjective impressions of the SHP advisors and the representatives of both schools.

Secondly, the results are based on only two secondary schools in Southern Limburg. However, the selection was based on the results of a survey among 19 secondary schools in the region, from which we selected outlier cases in terms of the implementation of the steps of the Schoolbeat approach. We therefore think that the results of this study reflect process differences that are more general.

Thirdly, the interviews were held with multiple staff members of one school present at the same time, which may have elicited socially desirable answers. We tried to minimize the consequences of this for the conclusions by validating the interview results with the opinions of the SHP advisors, including their opinions as external advisors for the organization of HP at both schools.

This study shows that change management, collaborative support and project management have a positive impact on the implementation of the Schoolbeat approach. These findings support the applicability of the DIS-mode in analyzing the development of collaboration. As a practical implication, we recommend that SHP advisors explicitly focus on these organizational aspects. The task of HP professionals assisting schools goes beyond organizing practical HP activities. This has also been argued for a settings approach in general (see, e.g. Poland *et al.* 2009). HP professionals need skills covering many aspects, ranging from knowledge of interventions through professional assistance in the process of implementing the Schoolbeat approach to organizational skills needed to advise and guide schools through the organizational changes needed for the systematic implementation of HP.

This conclusion contributes to the discussion about the tasks and required competencies of HP professionals (e.g. by the International Union for Health Promotion and Education, IUHPE, see Battel-Kirk *et al.*, 2009). Whereas in the past, these professionals focused on carrying out practical HP activities, their focus is now shifting to more organizational aspects like project management, collaborative support in professional networks and change management.

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