

Aims of the lecture

What is known about the impact of the health promoting school approach on reducing health inequalities or on related educational and health outcomes that are associated with health inequalities?

Sub questions...

- Which health outcomes and indicators on short, medium and long term are important to follow in order to reduce health inequalities?
- What counts as an evidence to evaluation the impact of school policy on health inequalities?
- Has the health promoting school approach already been applied in a way that targets health inequalities?

Sub questions...

- To what extend can the health promoting school approach contribute to reducing health inequalities?
- Which elements of the health promoting school approach have a positive impact on health outcomes and more specific on health inequalities?
- Are there any described effects of the health promoting school approach on health and learning outcomes related tot specific vulnerable groups, like ethnic groups and groups with low socioeconomic status?

• ...

Introduction

- 1. Inequalities, what are we talking about?
- 2. Policies and programs targeting inequalities
- 3. How to investigate/assess the impact of policies and programs on inequalities
- 4. What is the impact of the programs aiming at reducing the inequalities at the school level?
- 5. Broadening the spectrum: what do we know about inequalities from educational research

Conclusion

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Introduction

- « The effect size associated with most interventions were generally small to moderate in statistical terms but large in terms of real-world impacts »
- It doesn't work but... it works, we are sure.
- Further research is needed... good research i.e. RCT



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The social gradient in health.

•The lower a person's social position the worse is his or her health. Reducing health inequalities is a matter of fairness and social justice and action should be focussed on reducing the gradient. (Eurohealthnet, 2010; Marmot, 2010).

Various sources of inequalities

•Gender, origin, migration, urban/rural...

Various embedded levels

•International, national, regional, local

- Children who grow up in worse conditions get less opportunities in life and have a greater risk of poor health (Lee, 2009)
- Disadvantaged social circumstances are associated with increased health risks (WHO, 2015)
- Accumulation of socioeconomic risk factors (Nicholson et al. 2005)
- Common determinants of inequalities, (Marmot 2010)

- Inequalities in education and schools (Fletcher, 2015)
- « Significant inequalities in health and social indicators according to age, gender and SES are nevertheless evident. Self-reported health and life satisfaction decrease with age, and are poorer among girls and young people from less-affluent families. A substantial portion of young people engage in behaviours that compromise their health, such as smoking, alcohol use and low consumption of fruit and vegetables. These behaviours show increasing prevalence with age and with decreasing SES, and are more common among boys. Subjective health complaints also increase with age, but are more prevalent among girls." (WHO, 2012)

- Inequalities in education and schools (Fletcher, 2015)
- The link between education and health (see ref in Thomas and Aggleton, 2016)
- Factors influencing inequalities (school level, classroom level ... Moore at al. 2017)
- Socio-ecological factors (social relationships, family, peers, schooling and environment) are related to health behaviours (smoking, alcohol consumption, physical activity and diet) in adolescence (Aura et al. 2016)

- Some programs are increasing the inequalities (Grydeland 2017)
- Investment in education and health (early schooling, resource...) (OECD 2010)

Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap

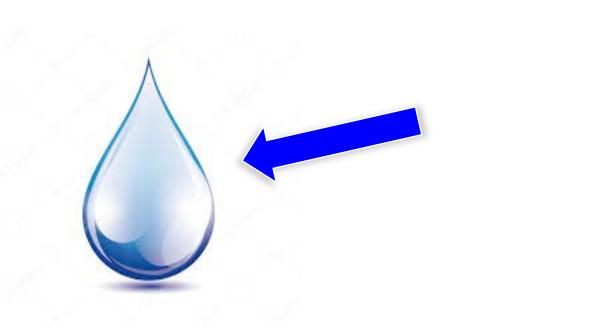
- Some programs are increasing the inequalities (Grydeland 2017)
- Investment in education and health (early schooling, resource...) (OECD 2010)
- Inequality as a social/political issue? Social awareness? Reducing guiltiness or reducing inequalities?

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• Policies at different levels are shaping education and schooling (national, regional, local, school) ...



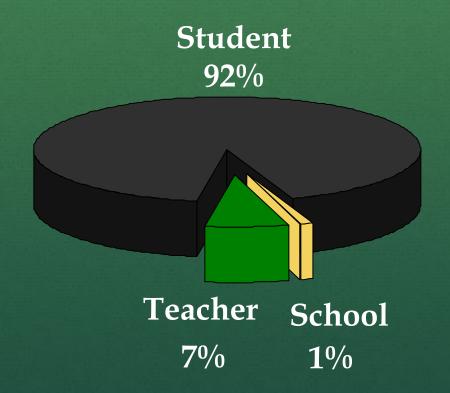




- Policies at different levels are shaping education and schooling (national, regional, local, school) ...
- School's contribution of student's well-being...

Contribution of school variables to Health Determinants

(example: school climate)



Two approaches to intervention:

- •Selective: targeting vulnerable groups (aboriginal populations, low SES, urban minority youth, migrants...)
- •Universal approaches aiming at reducing the gap.

Two focus

- Implementation of a program
- Acting as a catalyst of change

- The whole school approach (WHO 2014): School management, School physical environment, School social environment, Curriculum, Community links, Health services
- Health-promoting Schools: a "dynamic process of contextual interpretation rather than a static result of the implementation of global principles" (Simovska, 2012)
- What do we know about HPS effectiveness? Few studies are analyzing the impact on inequalities...

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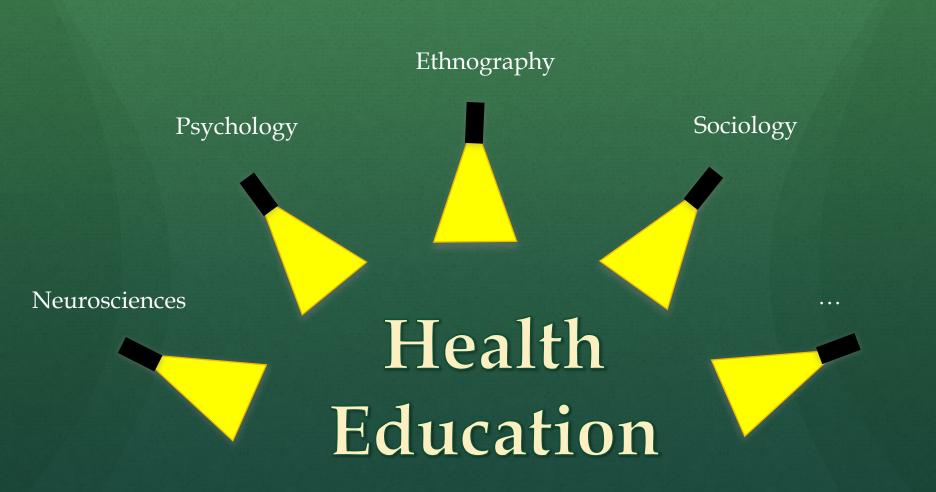
Conclusion

- What to assess?
- What inequalities? Health, social, education inequalities?
- Evidence: what are we talking about?

Research and health education

- A variety of paradigms, approaches, methods
- •Unlike others research domains (such as social psychology, sociology...) research in HE is not rooted in a particular theoretical and methodological framework but in a field.

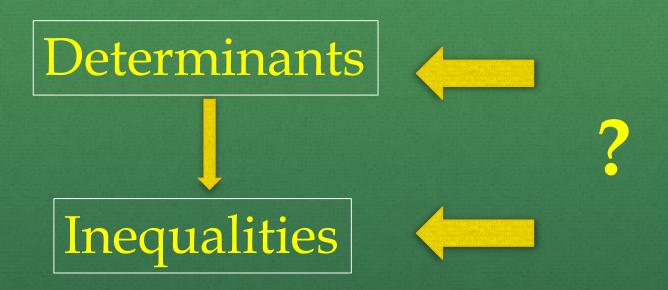




Paradigms

- Positivism (identify and assess the causes that influence outcomes)
- Social constructivism (a research focused on what people say, on the meaning they have of their experiences)
- Participatory (research inquiry needs to be intertwined with politics and a political agenda)
- Pragmatic (what works)

• Considering the link between the inequalities, the sources, determinants and impacts (Taras & Potts-Datema 2005)





Intermediate outcomes

?



Health outcomes

Effectiveness of interventions to improve lifestyle behaviors among socially disadvantaged children in Europe

Anne I. Wijtzes, Vivian M. van de Gaar, Amy van Grieken, Marlou L.A. de Kroon, Johan P. Mackenbach, Frank J. van Lenthe, Wilma Jansen, Hein Raat

European Journal of Public Health, Volume 27, Issue 2, 1 April 2017, Pages 240–247, https://doi.org/10.1093/eurpub/ckw136

Published: 27 March 2017

Adiposity measures? Life style behaviours?



- Considering the link between the inequalities, the sources, determinants and impacts (Taras & Potts-Datema 2005)
- The epistemological and methodological issues
- Limitations of the studies (vertical: policies vs horizontal: needs, demands of communities, reductionism/complexity)
- Limitations of the reviews

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What is the impact of the programs aiming at reducing the inequalities at the school level?

- The available data on the programs at the school level
- Quantitative studies
- Qualitative studies

What is the impact of the programs aiming at reducing the inequalities at the school level?

Effects of a 20-month cluster randomised controlled school-based intervention trial on BMI of school-aged boys and girls: the HEIA study

May Grydeland, ^{1,2} Mona Bjelland, ² Sigmund Alfred Anderssen, ¹ Knut-Inge Klepp, ² Ingunn Holden Bergh, ³ Lene Frost Andersen, ² Yngvar Ommundsen, ³ Nanna Lien ²

• Beneficial effect was found for BMI in participants of parents reporting a high level of education, a negative effect was found for waist-to-height ratio in participants with parents reporting a low level of education.

Are physical activity interventions equally effective in adolescents of low and high socio-economic status (SES): results from the European Teenage project

- I. De Bourdeaudhuij¹*, C. Simon², F. De Meester¹, F. Van Lenthe³, H. Spittaels¹, N. Lien⁴, F. Faggiano⁵, L. Mercken⁶, L. Moore⁶ and L. Haerens¹
 - Results from the first study showed an increase in objective PA in the low SES group (P = 0.015) compared with no significant effects in the high SES group.
 - In the second study, larger effects were found in adolescents of high SES (increase of 11 min day(-1) P < 0.001), compared with adolescents of lower SES (increase of 7 min day(-1), P = 0.02) at the longer term.
 - The third study showed a positive effect on school-related PA in adolescents of high SES (P < 0.05) and on leisure time transportation in adolescents of low SES (P < 0.05).
- To conclude, we were not able to show a significant widening or narrowing of inequalities in European adolescents

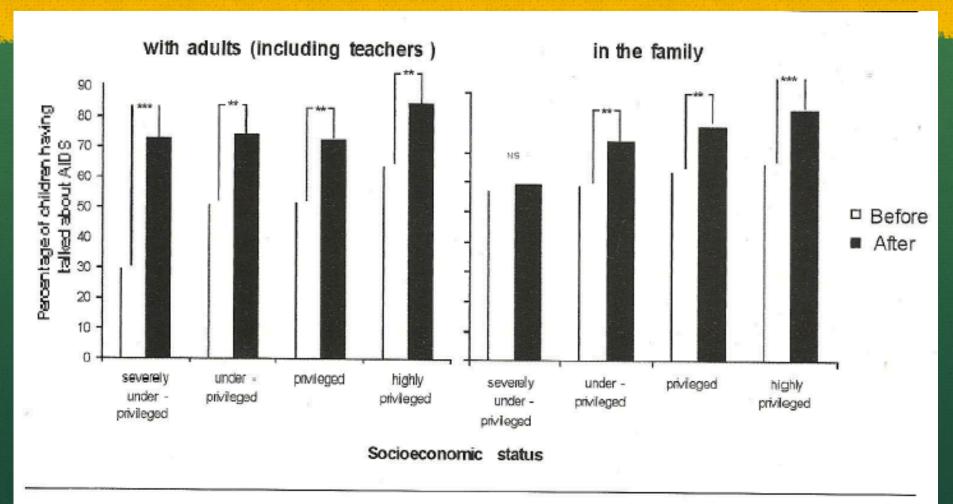
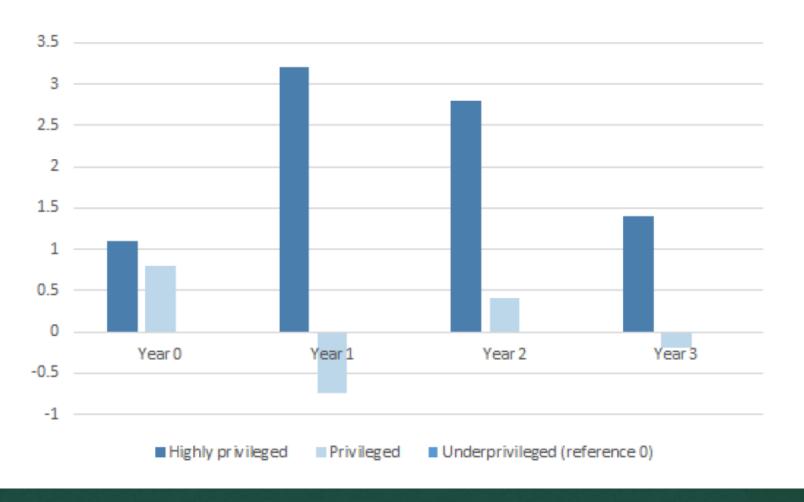


Figure 2. Influence of Socioeconomic Status on the Impact of the Intervention on Communication about AIDS. $(*\underline{p}. < 0.05 **\underline{p}. < 0.01, ***\underline{p}. < 0.001).$

Fig 3.6.5. Differences in scores on school climate between schools (three groups of schools by family SES)



What impact?

- •Meals (Greenhalgh et al. 2007)
- •Dental health (Tubert et al., 2012)
- Mental health/well-being (Weare and Nind, 2011)

• . . .

Conclusion

- Basic need
- Complex outcomes
- Vulnerability/universal approach

Inequalities in Health and Schooling: Key Issues

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ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT

Ten Steps to Equity in Education

Broadening the spectrum: what do we know educational research

- School management: clear influence on inequalities (Day et al., 2009)
- School physical environment: yes on basic needs (Higgins et al. 2005)
- School social environment: yes, high impact (school climate, connectedness, teachers practices) (see ref. In Weare and Nind, 2011)
- Curriculum: differential impact of health education
- Community links: yes, parents and communities
- Health services: yes, access to health care

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Conclusion Research approaches

- Thinking outside the box, new epistemologies
- Strengthening evidence-base
- Fine-grained understanding of the contexts
- The translation processes

Conclusion Review methodologies

- What counts as an evidence? (Simovska, 2011)
- Taking together intensive and extensive data (Guevel, Pommier and Jourdan, 2016)
- Scoping reviews (Arksey and O'Malley 2005), metaintegration (Frantzen and Fetters, 2015)

A confluence of evidence

What lies behind a "whole school" approach to health education in schools?

Felicity Thomas

European Centre for Environment and Human Health, University of Exeter Medical School, University of Exeter, Exeter, UK, and Peter Aggleton

Centre for Social Research in Health, UNSW Australia, Sydney, Australia

Conclusion From evidence to action

- Four levels: global, national policy, local and school policy, practices
- To be understood in a social context, schools are porous (Leahy et al., 2016)
- Proportionate universalism

Conclusion From evidence to action

- Being aware and being able to act as an "inequality reducer": the challenge of staff training
- Intersectorality
- A renewed understanding of well being
- Sustainable development as a framework

Conclusion a UNESCO chair



Inequalities in Health and Schooling: Key Issues