

Health Promoting School in Lombardia (Italy)



Who we are



Population

10 million (Italy 60 million people)
the most densely populated region in Italy

Student population

2.214 primary schools (aged 6-11)
437.415 students

1.118 middle schools (aged 11-14)
260.854 students

729 high schools (aged 14-19)
376.301 students



School system

- **Ministry of Education, Universities and Research:**
 - responsible for all schools (private and public)
 - sets economic resources
 - gives national directives about educational process: e.g. specific learning objectives, mandatory subjects taught, etc.
- **Regional School Office:**
 - territorial body of the Ministry
 - verifies that the national educational directions are observed
 - collaborates with Regions and Local Administrative Offices
 - manages schools' financial and human resources
 - has local offices in each city and collaborates with school networks
- **Schools:**
 - define Triennial Educational Offering Plan and curriculum
 - do a Self-Evaluation Report and define an Improvement Plan

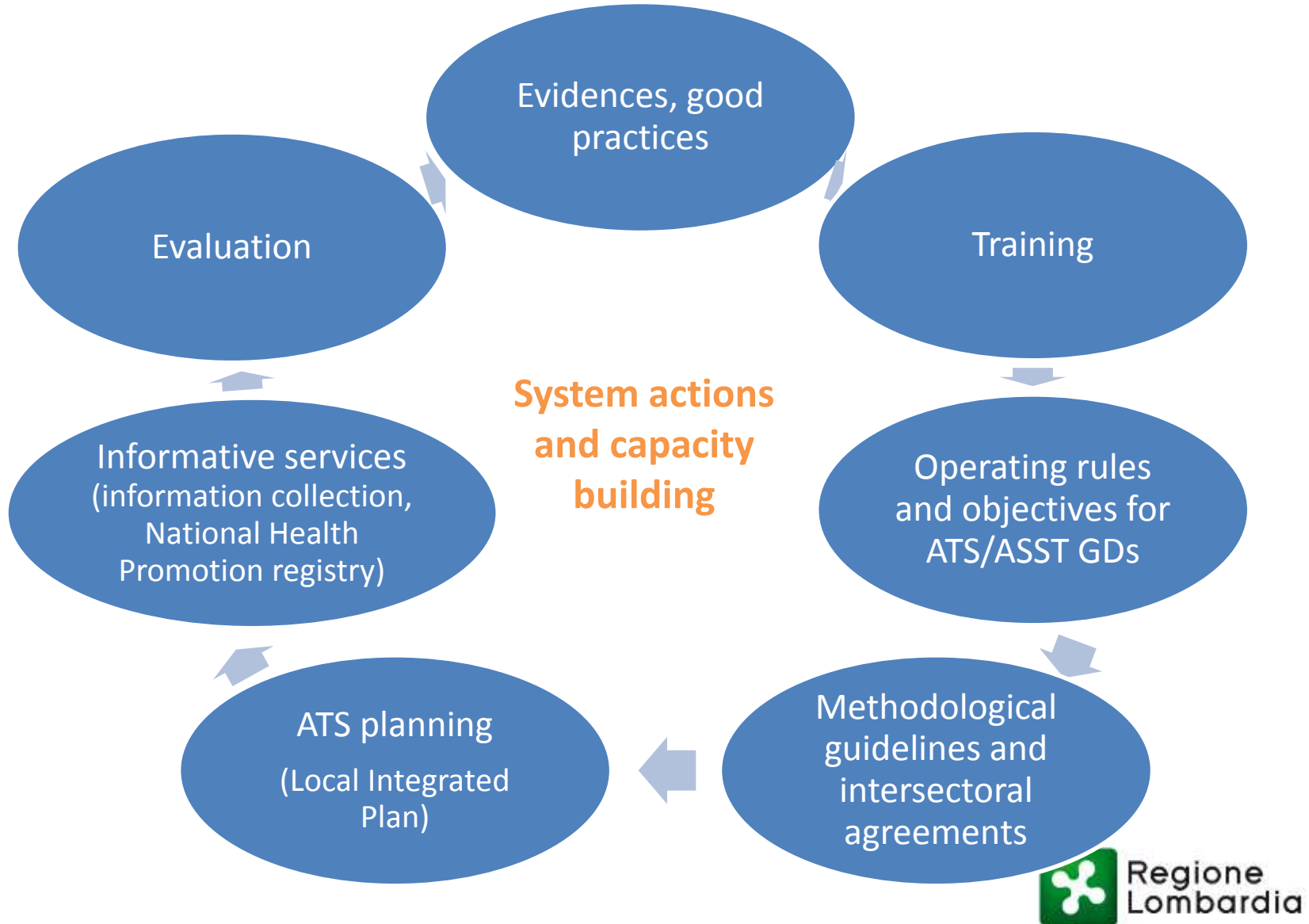


Health system

- **Ministry of Health:**
 - decides the allocation of financial resources to the Regions
 - sets general recommendations about health care and health promotion (National Prevention Plan)
 - defines the essential tasks of each Regional Health System
- **Regions:**
 - decide their organizational structure
 - apply national directives into a regional operational plan (Regional Prevention Plan)
- **Local Health authorities:** responsible for managing the health care and health promotion services
 - 8 **ATS** (Health Protection Agency): manage and plan regional health system and promote prevention and health promotion programs
 - 27 **ASST** (Local Health and Social Authorities): manage both territorial treatment and hospital care; collaborate with ATS



Health Promotion in Lombardy





Regional Prevention Plan

P1. Networks for health promotion in workplaces

P.2 Health Promoting Schools

P.3 Health Promotion for PCPNC (pregnancy, childbirth, postpartum and newborn care)

P.4 Health promotion in communities

P.5 Cancer Screening

P.7 Addiction Networks



Health promoting school in Lombardy

- Intersectoral collaboration between health system and school system
- School responsibility for health promotion
- Lombardian Model of Health Promoting School
- Network of schools
- Good practices, evidence-based programs and policies
- Link with literature evidences, guidelines and research

Milestones

- 2009-10: definition of **Lombardian Model of Health Promoting School**
- 2011: **Institutional agreement** between Regional Education Office and Regional Government – DG Welfare; foundation of Regional Health Promoting School Network
- 2012: **Network agreement** signed by 68 schools
- 2012: development of **School Health Profile** tools
- 2013: “Iseo Charter”: **methodological guidelines** for health promoting schools
- 2014: Health Promoting School Network is included in the **Regional Prevention Plan** and it becomes a framework for all health promotion policies in school setting
- 2015: task groups (Good practices, Health Profile, LST extension)
- 2019: **National agreement** “Guidelines for integrated “policies” for Health Promoting School”
- **Meetings**: 2014, 2016, 2019

Intersectoral collaboration between health system and school system

- **Institutional agreement** between Regional Education Office and Regional Government – DG Welfare
 - School takes responsibility for health promotion and considers its educational mission globally
 - Both authorities commit to develop and sustain Lombardian Model of Health Promoting School
- **Intersectoral policy planning** about all issues in school settings (e.g. gambling, drug emergencies, cyberbullying)
- The Network is managed by **bodies** made up by both sectors
- Process and documents are planned through **participatory processes** involving schools principals, teachers, school office representatives and health professionals
- Schools and ATS collaborate for **local planning** and for **HPS development**



School responsibility for health promotion

- The **Institutional agreement** between Regional Education Office and Regional Government – DG Welfare states that:
 - *“The HPS assumes ownership in the management of health process, and therefore in the definition of priorities, objectives, tools, methods, which are determined in its own context - on the didactic, environmental-organizational, relational level - so that wellness and health become real "experience" in the life of school communities.”*
 - *“THE HPS fully interprets its educational mission: health is not a thematic content, delivered to the school by various external experts, but an aspect that significantly influences educational success, related with a complete dimension of well-being, and so it must constitute a characterizing element of the curriculum, drawn up within the autonomy reserved for educational institutions and with reference to regional addresses.”*
- Some task groups have worked to value the link between health promotion and **National school standard/directions**

Lombardian Model of Health Promoting School

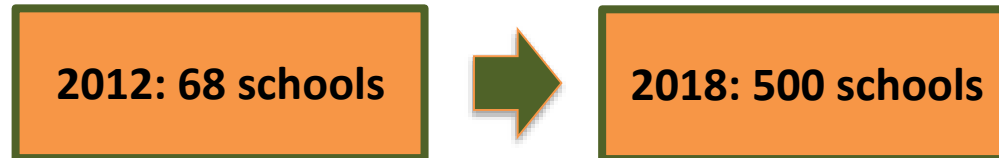
- Approach: whole school approach
- Pillars: equity, inclusion, participation, sustainability
- Components:
 - Promote individual competencies: curriculum, methodologies, inter-disciplinarity, knowledge, skills
 - Qualify social environment: climate and relationships
 - Improve structural and organizational environment: physical space, use, services and policies
 - Reinforce community collaboration: families, municipalities, health services, other associations/stakeholders

Lombardian Model of Health Promoting School

- **Strategies and actions:**
 - School programming
 - Curriculum definition
 - Health profile and improvement process
 - Evidence-based actions and good practices
 - Monitoring
 - Collaboration with external stakeholders
- **Evaluation / self-evaluation:**
 - Standards and health profile
 - Good practices collection
 - Health system surveys about impact

Network of schools

- SPS is a regional network of schools made up by 12 provincial networks (one for each city):
 - 1 regional school leader
 - 12 provincial school leaders



- The SPS is coordinated by a regional committee made up by:
 - 12 provincial school leaders
 - 1 representative for each ATS (8 Health Units)
 - 1 representative for each local School Office
 - Regional school leader
 - Regional School Office
 - Regional Government – DG Welfare
- LOCAL BOARD
- REGIONAL BOARD

Network of schools: impact

% 6 – 14 years old students SPS of the total

ATS	Bergamo	Brescia	Insubria	Valpadana	Brianza	Milano	Pavia	Montagna	RL
%	16,8	25,9	24,5	70,5	30,7	27,8	45,7	40,2	30,5
Students SPS 6-14 yo	17.499	27.985	30.155	45.145	32.806	81.710	19.418	11.127	265.845
Total 6-14 yo	104.346	108.097	123.293	64.060	106.875	293.548	42.463	27.653	870.335

% 15 – 18 years old students SPS of the total

%	26,3	26,2	20,1	21,6	35,7	36,7	20,6	31,5	29,5
Students SPS 15-18 yo	11.868	12.052	10.645	6.019	16.298	45.159	3.785	4.007	109.833
Total 15-18 yo	45.198	46.037	53.088	27.841	45.660	123.007	18.377	12.722	371.930

Data School-year 2016-17



Network of schools: tools and resources

- Regional guidelines (e.g. Iseo Charter)
- Health profile tools
- Website
- Documents and reports
- Task groups:
 - Health profile
 - Good Practices
 - LifeSkills Training extension
- Regional meetings
- Regional and local assemblies
- Regional and local training

Health profile

- **History:**
 - Developed in 2012 taking inspiration from the Scottish model (School Health Profiling Tool. Guidance Notes. Learning Teaching Scotland, NHS Health Scotland)
 - Reviewed in 2017 to link it to the new National Self-Evaluation Report
- **Aim:**
 - To guide schools in reflecting on 4 HPS components: promote individual competencies, qualify social environment, improve structural and organizational environment, reinforce community collaboration
 - To support need assessment, priority identification and improvement plan definition
- **Tools: on-line software**
 - Questionnaire to define health profile
 - Benchmarking with other schools of the network
 - Report, tables and graphs



Good practices, evidence-based programs and policies

- **Good practices:**
 - 2014-15 Task group: collection of good practices
 - Local collections
 - Aim for the future
- **Evidence-based regional programs:**
 - Pedibus (walking bus): primary school
 - LifeSkills Training: middle school (+ experimentation in primary schools)
 - Unplugged: high school
 - *Peer education* (local programs towards regional program)
- **Regional policies and agreements:**
 - Vending machines
 - Canteen terms (less salty bread, healthy menus, snack time)



Good practices: task group

- The team included school staff and health professionals
- The aim was to collect practices implemented at school and analyze them
- Some tools were used:
 - common form to present the practice
 - assessment tool developed by the team and based on approved documents (DORS, 2011)
- Double blind analysis of each practice by two team members (one belonging to school and one to health system)



- ✓ 373 practices collected (36 of these were removed because already known as good practice - LifeSkills Training and walking bus)
- ✓ 337 practices analyzed with double-blind procedure
- ✓ 114 **PROMISING PRACTICES**

Evidence-based programs

- **Pedibus**: walking bus in primary schools *26% of all Lombardian schools*
- **LifeSkills Training**: adapted program for middle school (+ primary school); Lombardy coordinator *23% of all Lombardian schools*
- **Unplugged**: secondary school; Piemonte coordinator

- ✓ Life Skill education programs
- ✓ Highly recognized by international literature (WHO, NIDA, EU, etc.)
- ✓ Selected by both health and school system after a need assessment and shared criteria definition
- ✓ Integration between individual competencies programs and a whole school approach

- **Peer education**: local programs and regional training



Extension LST: task group

- **Group:** school principal, teachers, Local School Offices representatives and health professionals from different sectors
- **Aims:**
 - To integrate LST program with school planning, core standards, school curriculum, EU core competencies for learning
 - To extend behavioural areas targeted by the program
- **Results:**
 - Alignment between EU core competencies, core standards, life skill and LST objectives
 - LST experimentation in primary schools
 - Collection of generalization practices
 - Guidelines to transfer competencies learnt through LST about drug use and violence to other health areas (nutrition, physical activity, bullying/cyberbullying and sexual health)



Policies

- **Nutrition:**
 - Vending machines
 - Canteen terms (less salty bread, healthy menus, snack time)
- **Substance use:**
 - Tobacco free schools
 - Agreement with prefecture to manage drug use at school
- **Bullying:**
 - Bullying case management

Link with literature evidences, guidelines and research

- SHE membership
- Dissemination of documents and news: translation of documents, newsletter, reports, etc.
- Publication: papers, national and international congresses
- National health monitoring system: regional coordination and samples
 - Okkio alla salute: obesity monitoring; 8 years old
 - HBSC: 11,13,15 years old
 - From 2007 at a regional level
 - Scientific committee made up by representatives of all lombardian universities with different backgrounds

- ✓ Regional coordination: Regional Government + Regional School Office
- ✓ Regional samples
- ✓ Health professionals are involved in questionnaire administration
- ✓ Training, reports and data presentations



Documents

- **Institutional agreement** between Regional Education Office and Regional Government – DG Welfare (2011)
- **Network agreement** (2012 – renewing at the moment)
- “Iseo Charter”: **methodological guidelines** for health promoting schools (2013)
- **Health Profile** (2012; 2017)
- Towards **Good Practices**: first collection and analysis of Health Promoting Schools practices (2016)
- **LifeSkills Training** reports
- **Unplugged** reports
- Definition of criteria and methods to **extend LifeSkills Training Program** (2019)

Regional Coordinators



Liliana Coppola

- Position: Head of Health Promotion and NCDs Prevention Division, DG Welfare, Lombardy Region
- Tasks: health promotion and NCDs prevention governance, intersectoral collaborations, policy development, stakeholder involvement, collaboration with policy-makers



Veronica Velasco

- Position: Regional coordinator
- Tasks: scientific and operative coordination, contacts with school and local leaders, tools development, international collaborations

Health Promotion and NCDs Prevention Division,
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