

# Implementation of Health Promoting Schools in Europe and associated determinants

## Summary of a qualitative explorative study amongst researchers and professionals

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### Introduction

The Health Promoting School (HPS) approach has become the main strategy for health promotion (HP) in schools. A one-size-fits-all HPS approach does not exist; the approach should be adapted to a school's context by tailoring it on seven spectra on which schools can navigate (Figure 1-7). Little is known about the implementation of the HPS on these spectra in SHE member countries<sup>1</sup>. We expect that, for each context (i.e. country or region), generalizations can be made of the place of schools on the spectra. This study aimed to qualitatively explore the place of schools in a SHE-member country or region on the spectra and the perceived barriers and facilitators of implementation.

### Methods

From April to June 2020, in-depth online interviews were conducted with 15 HPS researchers and public health professionals from 10 European countries about their perceptions of the spectra in their country or region and perceived barriers and facilitators. Interview data were transcribed and analysed thematically.

### Results

The section below elaborates on the navigation on the seven spectra and barriers and facilitators associated with the spectra.

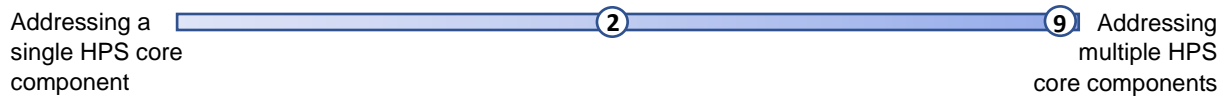
**Spectrum 1:** Involvement of stakeholders in the decision-making and implementation of the HPS approach



*Figure 1* Participants' perceived country/region navigation on the first spectrum (n=14)

- Most participants perceived their country or region as navigating somewhere in the middle of the first spectrum because a combination of both approaches was often used (Figure 1).
- All interviewees explained that not just a single approach was used in their countries, though a certain approach was sometimes predominant.
- Factors that contributed to a more top-down or bottom-up approach being used were cultural norms, existing national HPS policies, the amount of time that schools or teachers had, and their motivation. Countries navigated more towards the left if existing policies were strict and not open to bottom-up participation, but navigated more towards the right if bottom-up involvement was emphasized in existing policies. Lack of time was perceived an important barrier for bottom-up approaches, since these required stakeholders to invest more time in communication. Motivation of stakeholders was expected to play a more important role for a bottom-up approach as well.

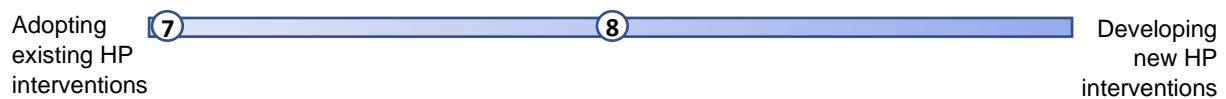
**Spectrum 2:** The number of HPS core components that are targeted



*Figure 2* Participants' perceived country/region navigation on the second spectrum (n=11)

- Most participants indicated that schools in their country or region that worked with the HPS approach were targeting multiple core components (Figure 2).
- Core components that were most often addressed were (1) schools' social and physical environments and community links; (2) healthy school policies; and (3) health services and individual health skills and action competencies, respectively.
- Factors that contributed to how many HPS core components were targeted were existing HPS policies, financial resources and support from other stakeholders. If HPS core components were included in (national) policies or school inspection frameworks, this helped schools navigate more towards the right. Generally, in case sufficient funding was available more core components were implemented. If schools received support and help from other stakeholders such as health professionals, parents, children and teachers, they were more likely to navigate towards the right side.

**Spectrum 3:** Development of HP interventions resulting from the HPS approach



*Figure 3* Participants' perceived country/region navigation on the third spectrum (n=15)

- Most participants perceived the HPS approach in their country or region as a combination of adopting existing health promotion (HP) interventions and developing new ones (Figure 3). They often considered schools in their country or region as navigating in the middle because schools never adopted interventions with complete fidelity and interventions were typically adapted to fit the school's context.
- Many participants also claimed that schools mainly adopted existing interventions (Figure 3), because it was easier, less time-consuming and they were sure that the intervention would work.
- Factors that contributed to the adoption of existing or new interventions were time available, perceived difficulty of the approach and the degree to which HP interventions would fit with the existing school context.

**Spectrum 4:** Disruptiveness of the HP interventions as part of the HPS approach



*Figure 4* Participants' perceived country/region navigation on the fourth spectrum (n=12)

- Several participants found it difficult to elaborate on this spectrum because they found it hard to define disruptive and non-disruptive. For example, a few participants indicated that every intervention is disruptive, because something new is being done within the current situation.
- Several participants mentioned that a school's current situation contributed to whether a HP intervention could be seen as disruptive or non-disruptive. If schools were already incorporating health in the school context to a certain extent, deciding to implement HP interventions or the HPS approach was considered less disruptive than if they would start from scratch.
- The more HPS core components were being addressed, the more disruptive the approach was considered.

- Factors that contributed towards a disruptive or non-disruptive approach in schools were time and financial resources available, and support from relevant stakeholders. Disruptive interventions were considered more time-consuming, costlier and more dependent on stakeholder support.

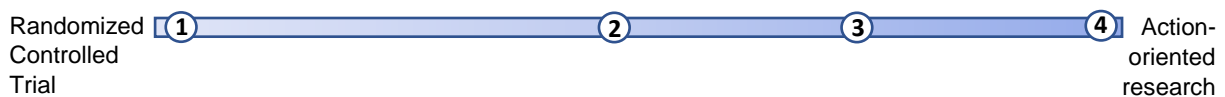
**Spectrum 5:** Compatibility of HP interventions with the school curriculum



*Figure 5* Participants' perceived country/region navigation on the fifth spectrum (n=13)

- Though most participants considered schools in their country or region to mainly implement HP interventions in addition to their existing curriculum, several also described that a combination of both approaches was used and it differed per school (Figure 5).
- Integrating HP interventions in the curriculum was seen as the ultimate goal to build a sustainable HPS approach by most participants.
- Factors that determined whether HP interventions were added in or added on to the curriculum were available time, perceived difficulty of the approach and existing HPS policies. Time was seen as an impeding factor for both approaches. It was often perceived easier to opt for an add-on approach than an add-in approach. If the HPS approach was part of the existing curriculum, this facilitated an add-in approach.

**Spectrum 6:** Type of research design used to evaluate the HPS approach



*Figure 6* Participants' perceived country/region navigation on the sixth spectrum (n=10)

- Most participants considered their country or region as navigating towards the right side of this spectrum, indicating that action-oriented research is mostly used to evaluate the HPS approach (Figure 6).
- Most participants mentioned that we should stop considering RCTs as golden standard in HP.
- Several participants indicated that often no evaluation was done at all, which was said to be due to a lack of resources (e.g. time, financial or human resources).
- Factors that influenced which evaluation design was used were compatibility with the school context, willingness of schools to cooperate in the evaluation approach and traditions. For RCTs, incompatibility with the school context and difficulty finding schools willing to cooperate were barriers. In some countries it was standard practice to use action-oriented research, whereas in others RCTs were still considered the golden standard.

**Spectrum 7:** Dissemination of the HPS approach



*Figure 7* Participants' perceived country/region navigation on the seventh spectrum (n=9)

- Though several participants found it difficult to answer questions about this spectrum, most perceived their country or region as navigating towards nationwide dissemination of the HPS approach or towards a combination of local and national dissemination (Figure 7).

- When a combination was used, there was often a national curriculum or national policies that integrated the HPS approach, and it was then decided on a local level how this curriculum or these policies were translated into practice.
- Only disseminating at a national level was perceived to cause friction because one size does not fit all and interventions or policies may need to be adapted to the local context.
- Factors that influenced whether local or national dissemination was mainly done were the organization of support (i.e. centralized or decentralized), financial resources available, and the degree to which the dissemination approach fit with the school context.

### **Conclusion**

Countries and regions were perceived to navigate on different points of each spectrum depending on several determinants. Most spectra showed overlapping determinants. Though many factors can influence which position on the spectra is taken, the place on the spectra often depended on existing policies, financial resources, time and compatibility with existing work procedures in schools. Though generalizations could be made, the participants also confirmed that schools navigated on different places on a spectrum, depending on their specific context. Combinations of approaches were often used. These varied from an equal distribution between both approaches to one approach predominantly being used. All in all, this study confirmed that context matters: there is no one size fits all HPS approach, and the approach should be adapted to a school's unique context by making choices regarding the seven HPS spectra.

### **References**

1. Bartelink, N. and Bessems, K. (2019) Health promoting schools in Europe: State of the Art. [https://www.schoolsforhealth.org/sites/default/files/editor/fact-sheets/she\\_factsheet\\_no.\\_5\\_-\\_english.pdf](https://www.schoolsforhealth.org/sites/default/files/editor/fact-sheets/she_factsheet_no._5_-_english.pdf).