

Tools and materials for school health promotion: Italy – Lombardia

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Schools for Health in Europe Network Foundation



Lombardy Region



Population

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

Student population

773 Comprehensive Institutes
2.205 primary schools (aged 6-11)
430.362 students

1.187 middle schools (aged 11-14)
265.256 students

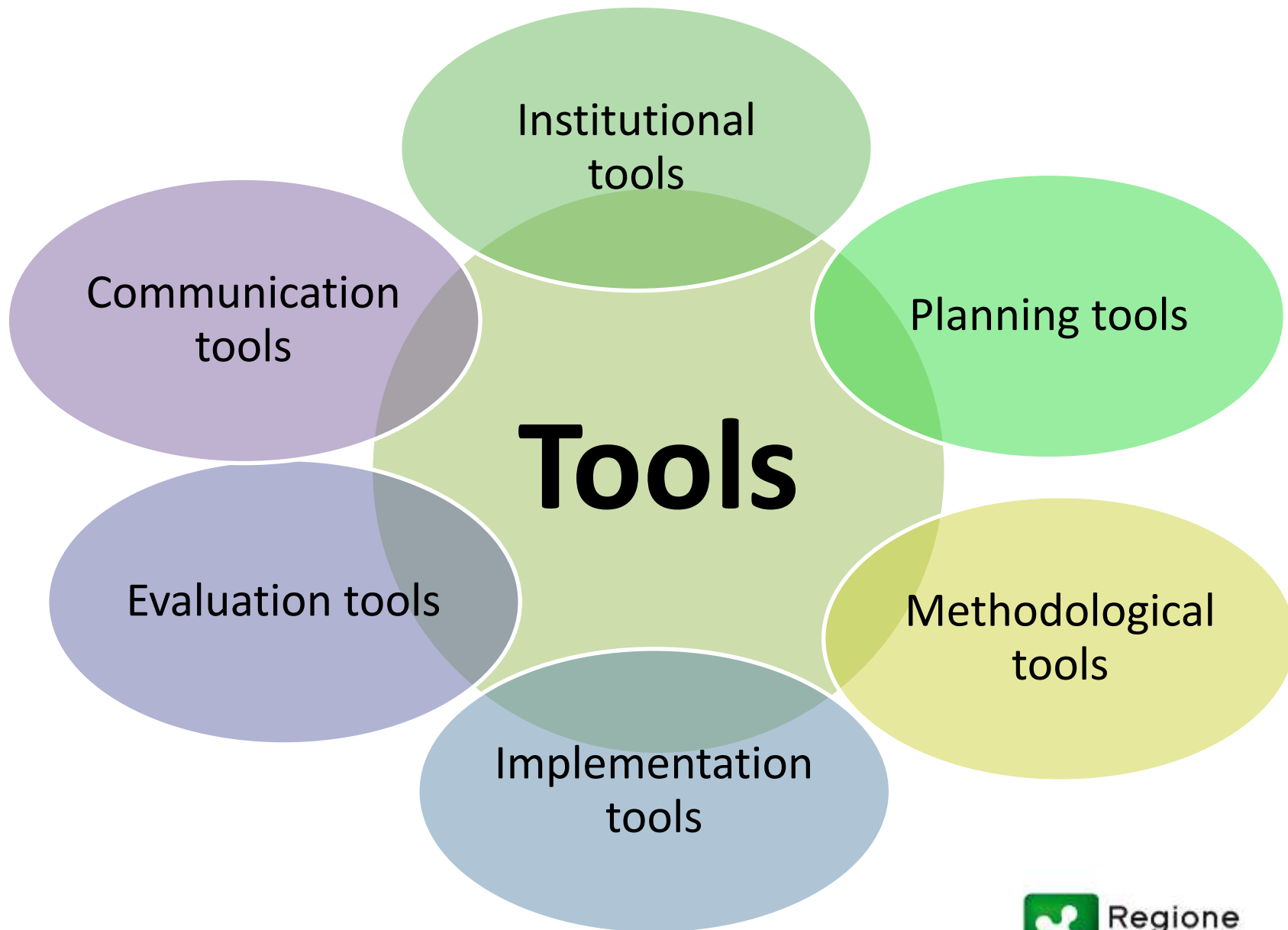
344 High Schools (aged 14-19)
748 schools locations
382.469 students



Health Promoting School Network in Lombardy Region

- It started in **2009** and it is now renewing several aspects
- Both **School sector** and **Health sector** are involved
- It consists in an **intersectoral agreement** to implement and disseminate SHE model
- It includes a **regional network of schools** made up by 12 provincial networks (one for each city): about 500 schools involved in 2018
- It is related to **policies development** in health promotion area
- It is a programme included in the **Regional Prevention Plan**:
 - **Funding** are stable
 - HPS implementation and dissemination is a **health units objective**
 - Planning, guidelines and evaluation are managed at a **regional level**





Tools presentation



Tools used



Lessons learned



Challenges

Institutional tools



- ✓ Agreements define common background
- ✓ School responsibility for health promotion is central point
- ✓ Agreements development should use participatory processes
- ✓ It's necessary to link intersectoral policy planning about all issues in school settings
- ✓ From agreement to implementation
- ✓ From intentions to real collaboration
- ✓ Institutional changes



- **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
- **Schools Network pact:**
 - Aims, actions, obligations and tasks are defined
 - Organization, regional and local bodies are established
- **National policies guidelines**



Planning tools

- **Regional and local bodies:** made up by both school and health representatives
 - **Assemblies and meetings:** at a regional and local level
 - **National health monitoring system:** regional coordination and samples
 - Okkio alla salute: obesity monitoring; 8 years old
 - HBSC: 11,13,15 years old
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- ✓ Involve both school and health representatives always
 - ✓ Maintain both regional and local level
 - ✓ Promote leaders identification
 - ✓ Consider data and evaluation as part of a circular process
 - ✓ Define some keywords: efficacy, sustainability, multidisciplinary, equity, intersectoriality, accountability
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- ✓ Equity
 - ✓ Reinforce school leaders



Methodological tools



- ✓ Use participatory processes for tools development
- ✓ Focus on topics/tools relevant for schools
- ✓ Reinforce the importance of international literature review
- ✓ Translate research into practice
- ✓ Value SHE membership
- ✓ Better define actions and standards



- **Dissemination of scientific documents and news:** translation of documents, newsletter, reports, etc.
- **Lombardian Health Promoting School model (2009-10)**
- **Carta d'Iseo (2013):** methodological guidelines
- **Regional task groups:** Health profile, Good Practices, LifeSkills Training extension
- **Documents and reports**
- **Training to teachers**

Implementation tools



- ✓ Define common standards and selection criteria
- ✓ Refer to both health and educational literature
- ✓ Integrate good practices/evidence-based programs with a whole school approach
- ✓ Development and dissemination

- **Good practices:**

- Regional Task group: collection of good practices and new form
- Local collections

- **Evidence-based regional programs:**

- Pedibus (walking bus): primary school (26% of all Lombardian schools)
- LifeSkills Training: middle school (23%) (+experimentation in primary sc.)
- 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)
- Policies about drug use or bullying case management

- **Technical assistance and consulting** by health professionals to school principals and teachers



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) and 114 **PROMISING PRACTICES**
- ✓ Common **criteria** and new **form and assessment tool**

Extension LST: task group

- **Focus:** LifeSkills Training Lombardia program
- **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)



Evaluation tools

- Self-evaluation: **health profile assessment**
- **Standards**
- **Good practices database**
- **Regional survey about policies impact**



- ✓ Health profile is linked to school planning
- ✓ Standards should be sustainable
- ✓ Standards should help schools with HPS implementation
- ✓ Indicators about involvement should consider not only formal involvement but real implementation



- ✓ Value health profile
- ✓ From standard definition to monitoring
- ✓ Better standard definition

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 School 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



Communication tools

- **Websites:**
 - Health Promoting School website
 - Lombardy region website
- **Videos:**
 - Regional
 - Local
- **Meetings/conferences:**
 - Regional Meetings/Conferences every 2-3 years
 - Presentation of schools initiatives/practices



- ✓ Communication tools require time and resources
- ✓ Public and private areas in website are necessary
- ✓ Meeting/conferences should involve all school leaders and single schools



- ✓ Develop
- ✓ Who?

Thank you!

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