



Providing context to the implementation of health promoting schools: A case study



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ABSTRACT

Purpose: Issues related to program context are important components of population health interventions and particularly among complex, adaptive initiatives in schools. Health Promoting Schools (HPS) is a global approach to support early development of healthy behaviors among children and youth. The purpose of this study was to explicate the practical and contextual processes that influenced implementation of HPS in schools in Nova Scotia (Canada).

Methods: Using a case-study approach, data was collected using interviews ($n = 14$) with principals, teachers and parents, observations collected during school visits and document review in five diverse schools.

Results: Case study schools reported a variety of HPS practices and three key themes emerged that provided context to the processes that facilitated their implementation. The results suggest that although *school characteristics* (theme 1), like staff allocation, physical location and resources, are important, these barriers can be mitigated by building *organizational capacity* (theme 2) and establishing a supportive *school community culture* (theme 3).

Conclusions: The study provided insight to the variability in implementation by describing how contextual barriers were experienced and mitigated by schools. Establishing a broad system to support HPS, with collaboration across health and education sectors, could help to progress adoption, implementation and sustainability of HPS.

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Globally, school jurisdictions have adopted health promotion policies and programs as part of a comprehensive strategy to address the emerging health concerns of obesity and chronic disease (Story, Kaphingst, & French, 2006; Tang et al., 2009). Schools serve a large number of students with diverse backgrounds for many of their waking hours and they have inherent opportunities to support the development of healthy behaviors (Story, Kaphingst, Robinson-O'Brien, & Glanz, 2008; United Nations Educational, Scientific and Cultural Organization Institute for Statistics, 2015). Existing school-based policies related to health promotion offer an opportunity to evaluate the implementation and impact of these “natural experiments” through population health intervention research (Petticrew et al., 2005). In Canada, the province of Nova Scotia (NS) offers a unique population-level case study to understand how policy actions may have stimulated uptake of school health promotion

activity. Our recent published research has reported on factors influencing health promotion initiatives (McIsaac, Read, Veugelers, & Kirk, 2013) and described implementation using theoretical components in the literature (McIsaac, Storey, Veugelers, & Kirk, 2014). We have also reported on the trends in dietary behavior following the introduction of a nutrition policy (Fung, McIsaac, Kuhle, Kirk, & Veugelers, 2013) and the extent to which the implementation of health promotion policies and practices may have influenced diet quality, physical activity and weight status of students (McIsaac et al., 2015). This research builds on our previously published research by further explicating the *context* of implementation. Elucidating context of health promotion initiatives in schools will contribute to the broader understanding of the complex nature of school health interventions to allow for scaling-up in other jurisdictions (Chang, Gertel-Rosenberg, & Snyder, 2014).

1. Background

Health Promoting Schools (HPS) is an internationally recognized approach that connects health and education in a planned,

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holistic and integrated way (International Union of Health Promotion and Education, 2009; Stewart-Brown, 2006; St. Leger, Young, Blanchard, & Perry, 2009; World Health Organization, 2012). HPS offers an adaptable approach with key pillars that guides implementation by allowing tailoring to varying contexts of school communities. The pillars vary depending on the framework adopted in the specific jurisdiction (i.e., HPS, comprehensive or coordinated school health) (Veugelers & Schwartz, 2010) but the overarching emphasis of these initiatives focus on supportive policies and environments, alignment between curricula and involvement from the community (International Union of Health Promotion and Education, 2009). School jurisdictions internationally have developed policies and guidelines to support adoption of HPS approaches across schools (Denman, 1999; Gugglberger & Inchley, 2012; Tang et al., 2009; Veugelers & Schwartz, 2010); however, achieving and sustaining system-wide implementation continues to pose a challenge to advancing this field of work (Mohammadi, Rowling, & Nutbeam, 2010).

Issues related to program context are an important feature of population and public health interventions (Clavier, Gendron, Lamontagne, & Potvin, 2012; Potvin, Haddad, & Frohlich, 2001) and are also important to consider with complex, adaptive initiatives like HPS (Keshavarz, Nutbeam, Rowling, & Khavarpour, 2010; Kremser, 2011). Program implementation represents a complex interaction between characteristics of the innovation (i.e., HPS), the providers (i.e., school stakeholders involved) and various aspects of organizational context or functioning (Clarke, O'Sullivan, & Barry, 2010; De Meij, van der Wal, van Mechelen, & Chinapaw, 2012; Durlak & DuPre, 2008). Research has shown that educators, the essential supporters of HPS, are often concerned with seeking practical solutions and gaining new knowledge that meets their situational needs, organizational circumstance and stage of growth (Boot, van Assema, Hesdahl, & de Vries, 2010; Butler et al., 2008; Mohammadi et al., 2010; Rowling & Jeffreys, 2006). Features related to organizational context, such as capacity and school culture, have also been cited as critical to HPS success and sustainability (Rowling & Jeffreys, 2006; Rowling & Samdal, 2011). Therefore, it is essential to understand the interaction between the practical features (i.e., what is being done), the functional processes (i.e., how it is being done) and the contextual environment of schools in relation to HPS implementation. This alignment between practice and process has been evaluated in previous health research (De Meij et al., 2012) but further inquiry relating specifically to the context of HPS implementation will help to advance understanding of this issue.

2. Purpose of research

Population health intervention research offers a framework to learn from current actions related to HPS and an opportunity to understand how to support and expand allied policies and practices; this knowledge can help to increase the potential of HPS to improve health at the population level (Government of Canada, 2012) Hawe & Potvin, 2009. NS is a densely populated province of Canada that is located on the east coast with many rural communities. In response to concerns of poor nutrition, physical inactivity and unhealthy weights among children (Veugelers & Fitzgerald, 2005; Veugelers, Fitzgerald, & Johnston, 2005), the provincial government introduced a HPS initiative in 2006 to support the adoption of health promotion strategies according to local assets and needs across schools (Province of Nova Scotia, 2009). The initial focus of HPS was to enhance physical activity and support healthy eating practices, based on directives from a provincial nutrition policy (Province of Nova Scotia, 2008). Provincial funding is distributed each year to all school boards based on a regional partnership that includes both education and

health stakeholders. Each partnership develops a yearly plan to outline the actions for the year based on their assets and needs. Provincial funding is used in different ways for each partnership but often includes support coordination, leadership and health promotion initiatives at the school level (Province of Nova Scotia, 2009). The purpose of this study was to explore the practical and contextual processes surrounding the implementation of HPS at the school-level. Furthermore, although we observed some positive trends in nutrition and physical activity over time in our previously published research, we did not find consistent or significant favorable benefits resulting from schools that reported higher implementation levels of HPS policies and practices, relative to schools reporting lower levels (Fung et al., 2013; McIsaac et al., 2015). Therefore we sought to “unpack” these findings in this study to explore the contextual experiences across schools.

3. Methods

This study was situated within the context of the Children's Lifestyle and School-performance Study (CLASS), a province-wide research project in NS that studied the relationships between health, nutrition, physical activity and school performance of grade 5 children (aged 10–11 years) in 2003 (CLASS I) and 2011 (CLASS II). Data collection included the completion of student and parent surveys, a self-report school survey to measure aspects of the school environment, and qualitative research to learn more about the experiences of schools in relation to these HPS practices. Full details of the quantitative and qualitative methods employed are available in earlier publications (Fung et al., 2013; McIsaac et al., 2015; McIsaac et al., 2013; McIsaac et al., 2014) and at the project website (www.nsclass.ca). The Health Research Ethics Boards at the University of Alberta and Dalhousie University provided ethical review and participating school districts in NS granted permission to access schools with informed consent obtained prior to data collection.

3.1. Data collection

This paper focuses on qualitative phase of the study. Data were collected using a collective case study approach (Yin, 2009). Selection of cases was guided by the objective to understand the experiences of HPS implementation across the school districts and the varying degrees of implementation. Following preliminary analysis of the quantitative phase of the research, nine schools ($n = 9$) across the seven ($n = 7$) Anglophone public school districts were purposively selected to take part in the qualitative phase based on their results, recommendations from school districts and the interest expressed by the school. The size and region of the school (i.e., urban/rural and school board) was also considered to ensure there was appropriate representation of communities across NS.

All invited school principals agreed to take part and a meeting was held with the school principal, school staff or HPS school team to discuss the results from CLASS II and potential contextual factors that may have influenced their results. As part of the broader knowledge translation strategy, participating schools were provided with a confidential report comprising individual school results as compared to provincial averages and information and strategies to support HPS practices. By working with schools to help understand the results in their report, the researcher had the opportunity to build relationships, enabling data collection and increasing understanding about school context. Further visits, interviews and meetings with other key stakeholders were based on recommendations following this visit. Principles of saturation (Patton, 2002) were used to determine the number and type (i.e., principal, teacher or parent) of interviews that needed to take place

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