



What is known about the relationship between school health-related interventions and health inequalities?



Background

Achieved educational level is strongly correlated with adult health and hence is a potent predictor of health inequalities.

The causes of the causes of health inequalities are the social determinants of health, early child development and education set the context for what happens through the rest of the life course; they influence opportunities and choices, work and social relationships...

Background

- If many papers and reviews have demonstrated the importance of education on health through the life course, few of them are focused on the educational practices that could contribute to reduce the gap and to give every child the means for health and well-being.
- Our question is not only “what works”, it’s first of all at what conditions schools could contribute to promote the health of all children and young people whatever their personal and social circumstances and then to narrow the health gap?

Initial question

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

Initial sub questions

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

Research strategy

- The first phase aimed at researching studies describing the link between health promotion schools and inequalities.
- The second was wider and aimed at identifying the relationship between health-related interventions in schools in general and inequalities.
- Finally, the third phase was focused on the factors having an impact on inequalities.

Method

- We used the methodological framework of scoping reviews as it can provide a relatively quick mapping of an area that is complex or that has not yet been subject to a comprehensive review.
- It maps the main sources and types of available evidence, as well as key concepts deployed in emerging research areas.
- We argue that scoping review methodology is appropriate for this study because the field combines education, public health, health education and health promotion interventions; it is characterised with high level of complexity and emerging evidence of differing characteristics.

Inequalities, equity, fairness and inclusion

Two dimensions.

- The first is fairness, which implies ensuring that personal and social circumstances – for example gender, socio-economic status or ethnic origin – should not be an obstacle to achieving educational potential.
- The second is inclusion, which implies ensuring a basic minimum standard of education for all – for example that everyone should be able to read, write, do simple arithmetic and be health literate.

School Health Promotion

Although the review focuses on school health promotion, this focus requires a wide-angle lens because this concept has great breadth and is inter-sectoral in its scope and ramifications.

Health promotion in a school setting is a broad concept which includes health education and is viewed as any activity undertaken to improve and/or protect the health and well-being of all school users.

It includes provision and activities relating to: health promoting school policies, the school's physical and social environment, the curriculum, family and community links, and health services.

Databases search
Scopus, ProQuest, Google scholar, Cochrane, Cairn, Medline
From 2000 to 2018

Search terms

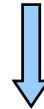
Keywords

School*

and "health promotion" or "health promotion" or "health education" or "whole school" "prevention" or "health promoting school*" or "Health" or "healthy eating" or "physical activity" or drug or tobacco or addiction or obesity or overweight or sexuality or sex or diabetes* or "dental" or teeth or tooth or obesity or sex*

And Children or adolescents or pupils or students

And Equality or equity or inequality or inequalities



Databases hits :
ProQuest : 2669
Scopus : 103
Google scholar : 40
Cochrane : 687
Medline : 593
Cairn : 0
Total : 2026



Abstract screening
cochrane 17
Pro Q : 47
Medline : 40
Scop : 19
Google scholar : 6 Total : 129



Final selection 15 articles

Results

- A total of 2026 publications were identified, none of them met the inclusion criteria after the first phase (health promoting school approach). This fact underlines the weakness of the work done on the relationship of the school health promotion interventions and health inequalities. It is because most studies do not search for differential effects in different socio-economic groups.
- Even if most of the literature focuses on approaches that provide information or targeting health behaviours, the second step only led to the selection of 15 articles.

Results

In addition to universal approaches i.e. concerning all kind of schools and student (studies providing data about outcomes between SES groups), there are many studies referring to targeted approaches i.e. concerning different kinds of vulnerable populations (aboriginal populations, low SES...).

Results: universal approaches

- Studies showed no impact or negative impact on inequalities.
- Some studies found more favourable intervention effects for participants from a low-SES background than for those from a high-SES background.
- In addition, a single intervention could have differential effects depending on the outcomes considered. There are also difference in the kinetics of the effects, the impact of a program is all the more quick and powerful since the school is in a privileged milieu.

Results: universal approaches

- When positive impact is found (reduction of the inequality gap) the studies are mostly focused on meal/fruit supply, universal access to services, physical activity promotion, obesity prevention and dental health. It seems the positive influence is easier to explore when the outcomes are related to basic need than for complex outcomes.
- Programmes targeting school environment are to the most effective.

Intervention practices: examples

- A programme based on medical and dental school examinations was effective in improving dental health among students with higher socio-economic status. No preventive effect could be found in low socio-economic status groups.
- Other types of interventions, supervised tooth brushing for 5-year-old school children, child/mother approaches, slow-release fluoride device and application of acidulated phosphate fluoride gel showed to be effective.
- Interventions limited to the school setting vs involving the community
- Interventions taking into account cultures and contexts vs top-down interventions

Intervention practices: examples

It's not always clear in the articles why some interventions had a negative impact on inequalities.

A multi-component school-based intervention (*classroom component, including dietary behaviour lessons, computer tailoring, fruit/vegetable and PA breaks, and posters, and an environmental component including active transport campaigns, equipment, suggestions for easy improvements of schoolyards, inspirational courses for teachers, and fact sheets to parents*) showed a beneficial effect in participants of parents reporting a high level of education, a negative effect was found in participants with parents reporting a low level of education.

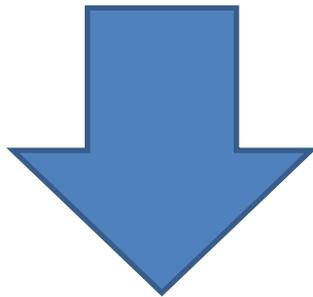
Results: targeted approaches

- Most of the research work done about inequalities is focused on socioeconomic inequalities. Some studies investigated the potential contribution of health related interventions in school on handicap or gender.

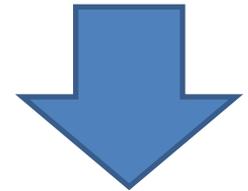
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**School
Management**



**School
environment**



**HP Intervention
practices**

The real world...



The real world...



The real world...

“a detail”

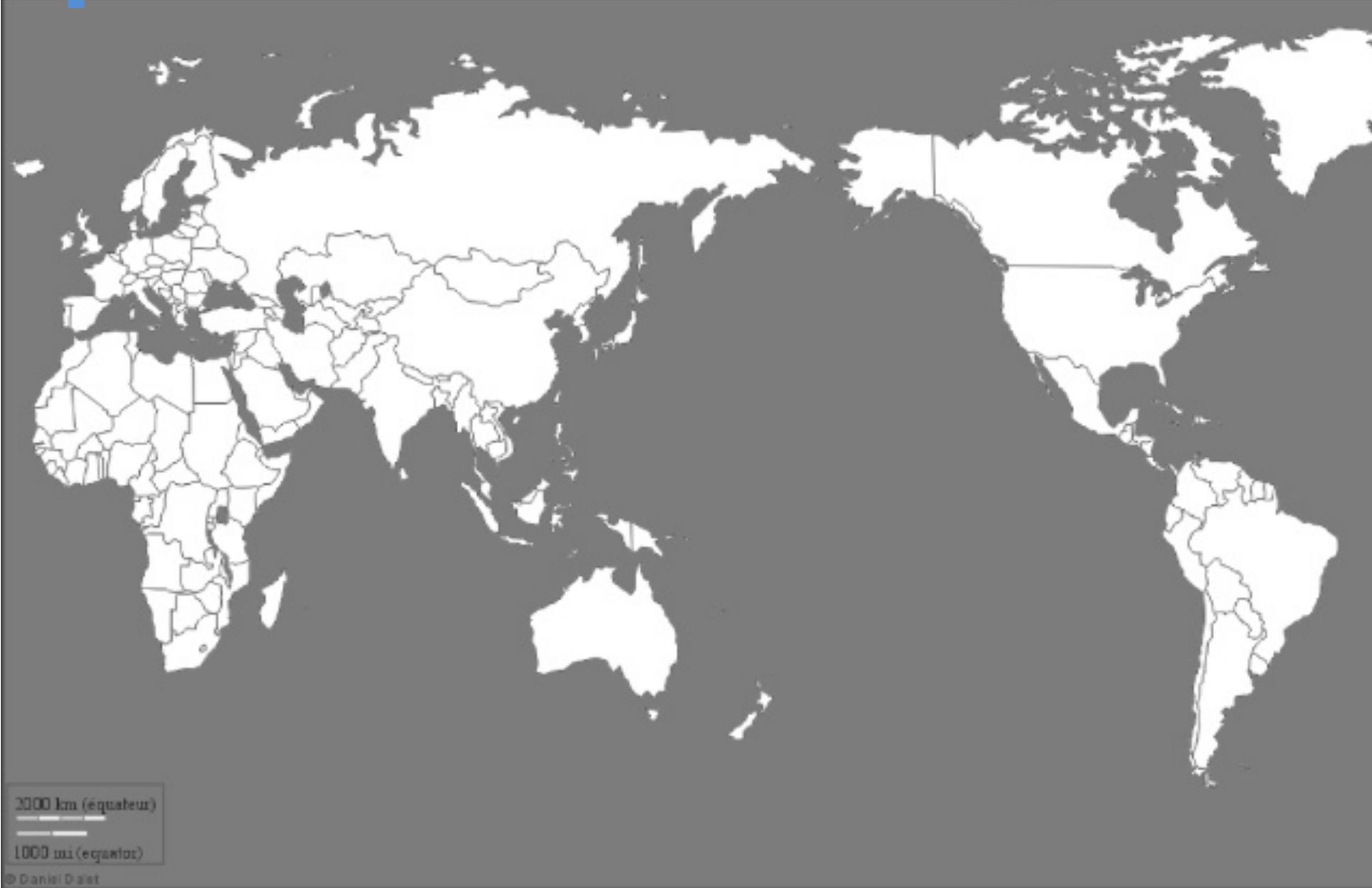


Schools' role...



PS: Black boys attending California schools are 3.6 times more likely to be suspended than the all-student average (2018)

Epistemological and ethical issues...



2000 km (equator)
1000 mi (equator)

Epistemological and ethical issues...



An educational point of view

The developmental process is linked to many determinants on which it is possible to act in two ways:

- creating the conditions for an optimal development through action on the life ecosystem of the children, i.e. the living conditions such as: the physical and social environment, access to appropriate services...
- providing to all children an education that fits with its need whatever her/his personal or social circumstances.

An educational point of view

- In fact, the priority to reduce health inequalities is to contribute to the improvement of the quality of education especially in its capacity to promote educational achievement for all children and adolescents.
- Not all educational practices are equal in terms of inclusiveness and promotion of educational achievement for all.

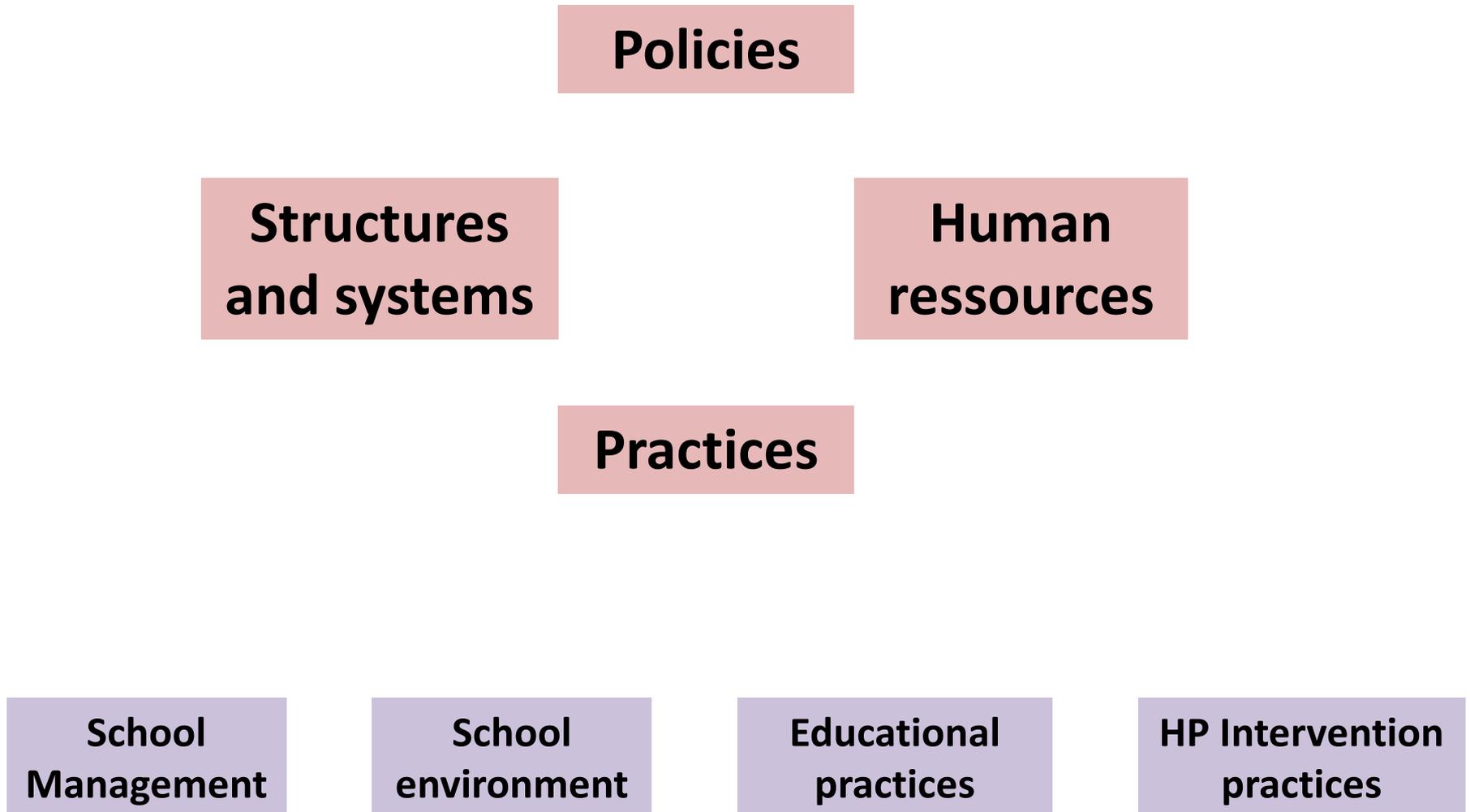
A process of change

- A programme implementation cannot be limited at a “plug and play” process.
- Depending on the context, the programme or the development stage of the process, professionals are coping with the numerous stimulations, trying to make the most of the situation, defining the status of programmes, selecting what fits, customizing what could be used, and discarding what doesn't suit and often following their own path.

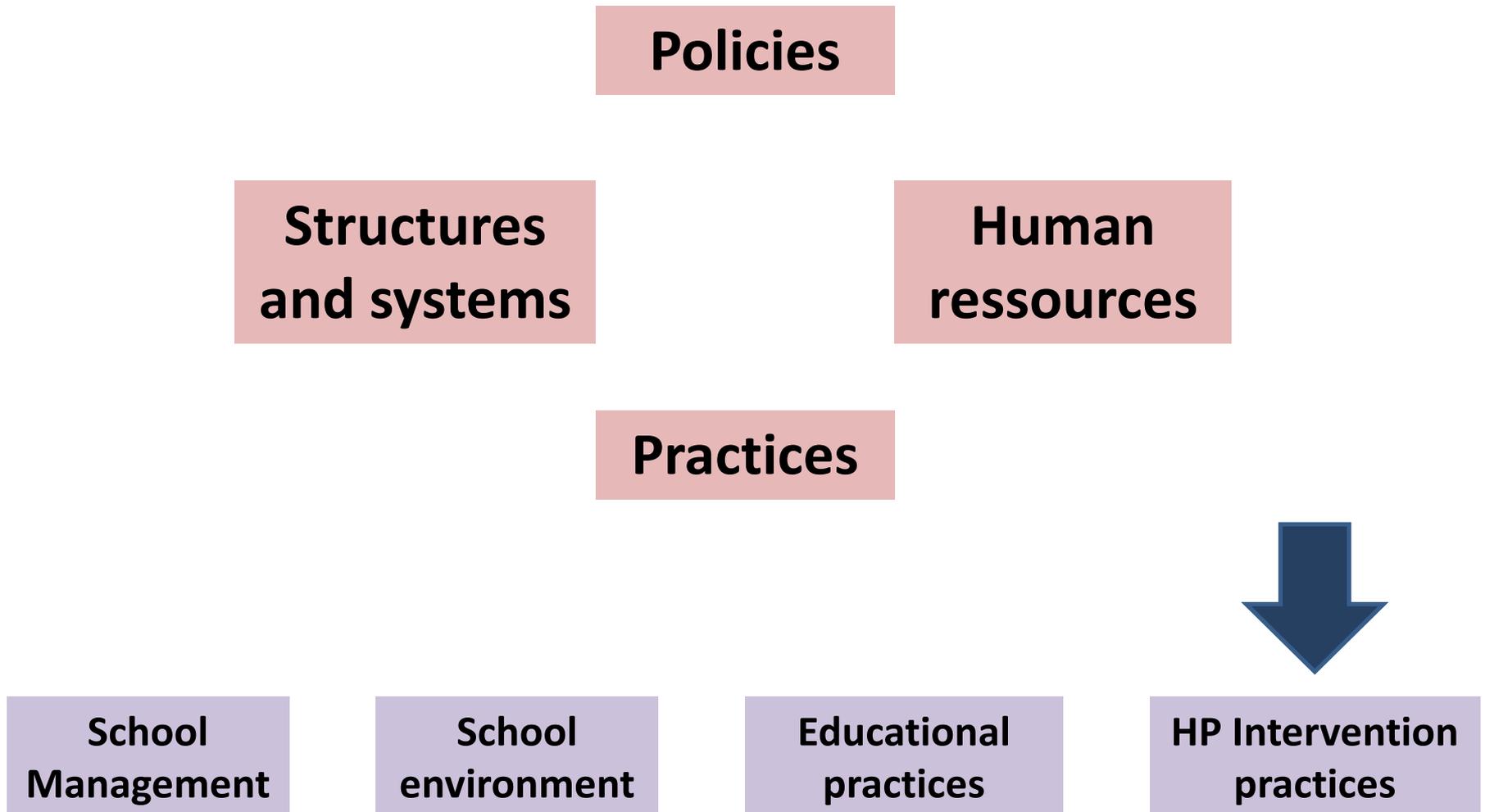
A process of change

- People build something new with available resources including, but not limited to health programmes.

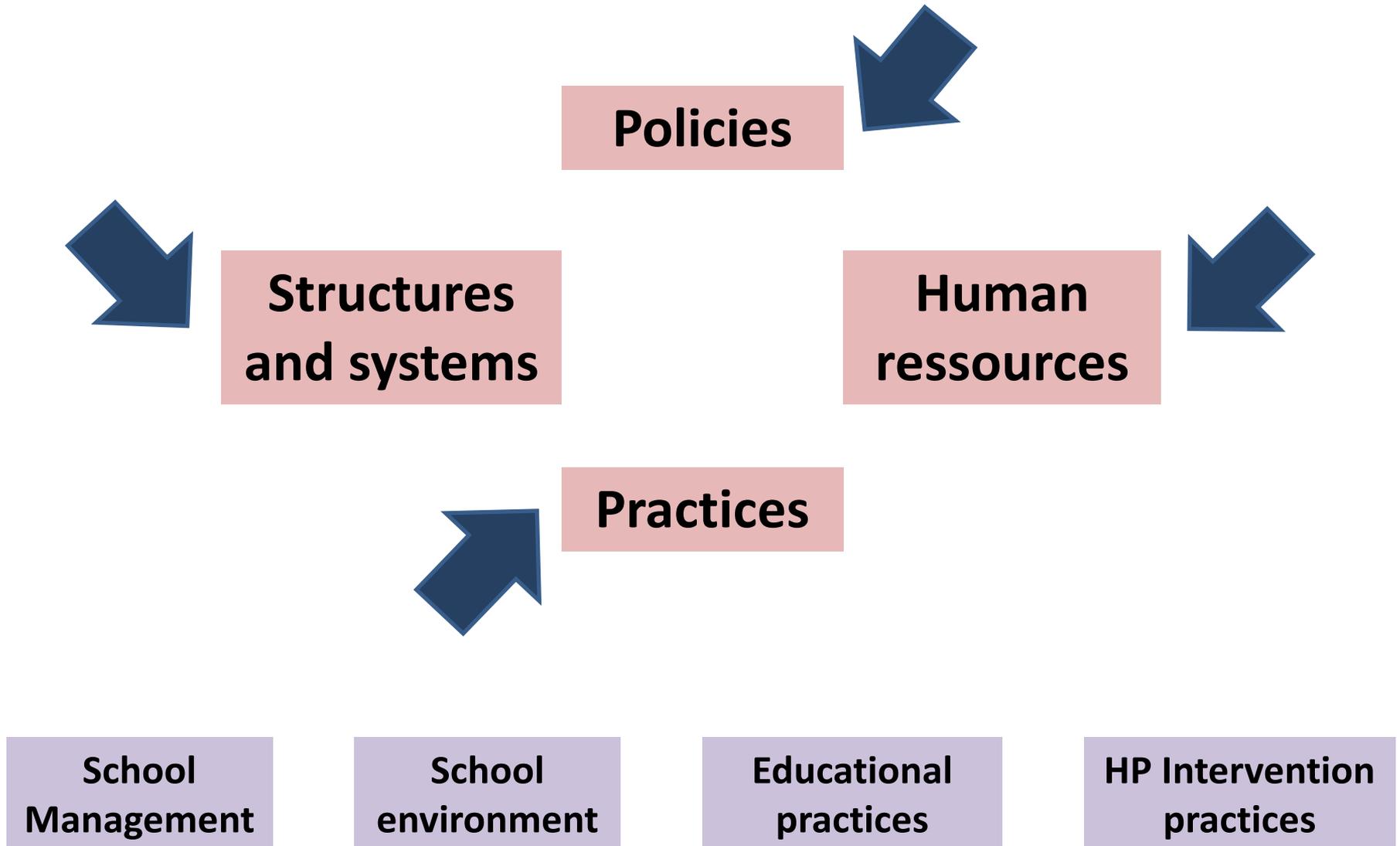
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An open conclusion

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There is still much to be done!

What could be the contribution of health promotion in schools?

A catalyst of change...

Among others...

Building capacities of the people...

In a given culture and a context...



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