

Implementation of a Health Promotion Programme: A 10 Year Retrospective Study

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Conference:ECER 2017

Network:[08. Research on Health Education](#)

Format:Paper

Session Information

08 SES 12 A, Implementation, Methodology, Integration - Lessons Learnt

Paper Session

Time:2017-08-25
09:00-10:30

Room:K3.24

Chair:Catriona O'Toole

Contribution

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Implementing health promotion programmes in school settings (I.U.H.P.E. 2009; SHE network 2013; Safarjan et al. 2013; Simovska et al. 2011) is key to address health inequalities and improve children's health and well-being. Nonetheless, the core business of schools is focused on educational outcomes, rather than the reduction of health problems. From an educational point of view, schools contribute to health by: i) creating the conditions for pupils' achievement through **improvement of** the school environment; and ii) acquiring health competencies **to empower** young and future generations to make healthy decisions. Promoting health in schools means developing a policy at the school level, which remains difficult. As Don Nutbeam (2013) stated, despite "innovation, energy and enthusiasm, achieving successful implementation and sustaining the positive benefits for school students of school health programmes has proven to be challenging". Achieving expected results in school settings is laborious and requires to understand discrepancies between expected and actual outcomes. Focusing on the implementation process itself is critical to inform potential further development of practice (Samdal & Rowling 2013).

Such discrepancies are due to the embedded variability in contexts, which quite often differ from what had been foreseen during programme design, which to some extent, was undertaken out-of-context. When considering the variability embedded in contexts, it seems paradoxical to wish for and strive for programme fidelity, which in the end resembles more enforcement than it does co-construction, especially in multi-level and ecological approaches (Pettigrew et al. 2014). Instead, programmes may be considered added ingredients, "something extra" brought to and introduced to local ecology.

When this added opportunity, or sometimes constraint, enters the context, interactions occur to result in short to long term outputs and outcomes on different levels of the local ecology (Trickett & Beehler 2013). Programme implementation is thus an enabling (or constraining) process towards a combination of expected achievements: (1) a potential impact on the targeted health issue; and potential outputs, i.e. (2) health capacity building, which materializes through the development of health-related actions and projects, and last but not least, (3) settings' and communities' capacity to promote health, which includes the development of local level policy (St Leger & Young 2009).

Our proposal is to understand and question the implementation process in school settings. The strong idea, and almost advocacy conveyed through this work, is the belief that a strong anchoring in the differences and potentialities of contexts has to also show in research designs. It is crucial to hope to upscale practice and provide support to professionals, starting where people are, and potentiating existing resources.

For the purpose of acquiring a detailed and complex understanding of what is at play during implementation, the focus was set on what kind of outputs are created by the implementation of single programme over time, as well as what factors and combinations of factors can be deduced to influence implementation, from a long-term perspective. The format of this study is retrospective in order to capture potential outputs and processes that are not accessible on a short-term basis. Two types of outputs shall be considered: the development of health-related policy on a school level, and actions implemented by staff after participation to the programme; and potential health capacity building outputs. Three leads were undertaken for this research (1) pinpointing outputs of implementation on a staff and school level from a long-term perspective, and (2) understanding what key factors and combinations of key factors are involved in the effects observed, (3) and also identifying putative recurrences in combinations of contextual factors (Pommier et al. 2010).

Method

The selected programme, supported by the Regional Educational Authority and which is still ongoing, is a childhood obesity prevention project, based on the training and support of school professionals and community stakeholders. The underlying objective is to promote health education activities and projects on healthy eating and physical activity. In this study, realist evaluation (Pawson & Tilley 1997; Ridde et al. 2012) was used to design the study and also collect data, however not in a programme evaluation perspective (i.e. did the programme work as expected). The concept of realist evaluation enabled to understand links between programme outputs and contextual factors embedded in the context. Instead of considering programme impact on children's health, which would have been appropriate in a programme evaluation perspective, outputs were explored on the level of school staff and school policy. Outputs were not necessarily anticipated, keeping an open mind as to what could have resulted from programme implementation. Searching for outputs was in fact a way to ensure stability of definitions, and links, making sure that what was in focus was the process of programme implementation and not some other kind of unexpected phenomenon. As the delivery of the programme was similar in the different contexts, we argue that differences in programme outputs across sites, were inferable to differences in context-specificities. Definitions from the CMO triad were provided to fit our initial framework in a transformational change perspective. Outputs considered included changes in school policy and health capacity building (Crisp et al. 2000; World Health Organization 2008; I.U.H.P.E. 2009), i.e. changes initiated by the implementation process in the people and their life ecosystem. Assessment of programme outputs included individual, team, school, and institutional levels (Pommier et al. 2010).

Data collection includes 2 sets of data in 8 high schools having participated to the programme between 2006 and 2016, one to ten years after introduction of the programme: written documents and interviews with school staff. Drawing from Realist Evaluation, Context-Mechanisms-Outcomes (CMO) configurations in each school present an overview of the implementation process and programme outputs on different implementation levels. Key combinations of contextual factors were deduced from salient elements in the CMO's. Complex interactions between factors were modelled using the causal loops framework (Hirsch et al. 2007). Analysis of the dataset as a whole, contributed to identifying recurrences in combinations of contextual factors.

Expected Outcomes

Results highlight the limited outputs of the programme in terms of the development of healthy eating (HE) and physical activity (PA) actions and projects. 3 different output situations were identified: no project implemented after participation, a new project was implemented or an existing project was extended and upscaled. 3 recurrent combinations of contextual factors were identified to have been influential.

In terms of school policy development, unsurprisingly, in schools where no project was implemented after the training, staff report no change in HE and PA related school policy. No traces of changes could be identified in institutional documents either. In schools where new projects started after the training, needs analysis were carried out, objectives were set, existing actions were coordinated together to some extent. Staff also reported the development of new competences and skills, as well as enhanced motivation and relationships among staff. In schools which extended existing projects after training, staff report a beneficial effect on self-confidence, teamwork, and coordination of projects.

Differences in outputs between schools originate from the status of existing HE and PA school policy prior to participation,

the existence of a project team, the identification of HE and PA as priority issues, and last but not least, staff turn-over. Staff turn-over, which was substantial in most of the schools, considered in this work, had a differentiated impact on the development of projects and their sustainability, depending on other factors (e.g. existence of a team, support of the management team, capacity to report on the project). Staff turn-over increased inequities between schools in relation to the stages of development of school policy. Also, this work has highlighted that development of school policy and practice comes in a chronology of steps (Meyers et al. 2012). Prioritization often comes first, creation of a team second and so on.

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