Evaluating health promotion in complex adaptive school systems

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Valorization Addendum
This chapter discusses the valorization of the Healthy Primary School of the Future (HPSF), in which HPSF is considered with all its different aspects and strategies, such as creating a positive disruption, considering schools as complex adaptive systems, the specific focus on each context, and the combined top-down/bottom-up approach. It elaborates on the practical value of HPSF for the four participating schools, and the value for research and practice at a regional, national, and international level. Additionally, the chapter discusses the valorization of the contextual action-oriented research approach (CARA) that was applied to evaluate HPSF.

**Valorization of HPSF**

*Continued implementation in the four participating schools*

HPSF has been implemented in four primary schools in the Parkstad region in the southern part of the Netherlands. All four participating schools have committed to continued implementation in 2020, when funding is ended, to make the changes sustainable in their school. Meetings with parents, teachers, and external partners are held in each school to examine the best possible way how to sustain all changes. This focus on each specific school context and the bottom-up involvement to sustain the changes have already been important aspects during the development and implementation of HPSF. In each phase of HPSF, the people in the school are part of the process and each context is treated as a unique case. To fit the research to this, we have applied CARA, which aimed to have a specific focus on contextual differences and to support the schools during their process of change. CARA has contributed to the (continued) implementation of the schools by providing regular feedback about the evaluation results. The feedback helped the schools to optimize the health-promoting (HP) changes and to deal with perceived barriers. In addition, the research results showed the people in the four schools that HPSF had favourable effects in their school on the health and health behaviours of children, which increased their motivation to continue the implementation of HPSF. We used several channels to communicate the study findings to the different people in the four schools. Feedback to the school coordinators and the project team existed of, e.g., written summaries of the most important results of the interviews and overviews of the school-specific perceived barriers of the teachers and external pedagogical employees. We informed regularly all teachers and parents in the participating schools about latest developments and recent study findings by launching a website: [www.degezondebasisschoolvandetoekomst.nl](http://www.degezondebasisschoolvandetoekomst.nl). In addition, we developed short, easily understandable animated videos to inform all people in the schools about the most important results of the health and behavioural measures [171], and we developed an infographic to present the main findings after
two years of follow-up [172]. We also organized an interactive evening to provide an opportunity for all teachers and parents in the four schools to discuss the main findings directly with the researchers.

**Great interest in HPSF in the Netherlands**

The main findings in this dissertation have shown that HPSF was able to integrate health promotion in the school systems, which have resulted in favourable effects on children’s health and health behaviours. These positive results in the four participating schools have led to several concrete actions and decisions: The Province of Limburg has included the dissemination of HPSF in their agenda of 2019-2023 [173], Movare (the educational board of the four participating schools) intends to implement HPSF in 40 of their primary schools, another educational board in the province of Limburg decided to implement an adapted version of HPSF in some of their primary schools, and the municipality of Venlo (northern part of the province of Limburg) intends to implement HPSF in all of their 20 primary schools. On top of these concrete examples in the province of Limburg, many other people in the Netherlands have shown great interest in HPSF. People from other primary schools in the Netherlands, but also people from public health services, policy makers, other health promotion researchers, and even two ministers of the national government have visited the four Healthy Primary Schools of the Future. The high number of visit requests and the positive reactions after the visits indicate that it is an inspiration for many people. It has led to several meetings with local, regional, and national government to discuss the (national) dissemination of HPSF and potential funding for it.

The positive results of HPSF did not just lead to this great interest in HPSF. The whole project team have put a lot of effort in the valorization of HPSF in the Netherlands. The four schools were willing to receive visitors frequently in their school. All members of the project team presented at different conferences or meetings in the Netherlands about our experiences with HPSF. We organized a two-yearly conference about HPSF for all people who are involved and/or interested in HPSF. We invited journalists to publish about HPSF in local, regional, and national newspapers in the Netherlands, and have invited people from the news, including the news specifically for children, to make an item about HPSF. The broad interest in HPSF has resulted in that after a while we did not have to invite these journalists and news-reporters anymore, but they came to us. Furthermore, the website, the factsheet, and the animated videos were disseminated on social media to inform people in the Netherlands about the latest developments and the study results. A public-friendly book was written and disseminated, which describes from the start the whole process of change and its impact in the four schools [174]. In addition, to specifically reach other health
promotion researchers, we also presented the study findings on several national scientific conferences and have published in Dutch scientific journals.

**HPSF across the border**

The interest for HPSF exists also at an international level. The Schools for Health in Europe Network Foundation (SHE) and the UNESCO Chair ‘Global Health and Education’, have been following this initiative with great interest. We have put a lot of effort in these international networks as well. Not only by publishing the reported studies in this dissertation in international peer reviewed journals, but also by several work visits abroad, participation in SHE activities, and presentations about HPSF on international scientific conferences.

**Valorization of CARA**

CARA has been developed to deal with the complex and adaptive nature of school systems. By applying this research approach, we were able to support the participating schools in their process of change and to conduct a thorough evaluation of the process and its final outcomes which addresses the importance of the implementation context. Since we only recently published about CARA in an international peer reviewed journal, it is too early to say whether other (inter)national health promotion researchers have applied this approach also in their studies. However, different people from both research and practice have shown great interest in it and several researchers have the intention to apply CARA in their study and have asked for advice. The interest was not only restricted to Health Promoting School initiatives, but also researchers on studies related to, e.g., the worksite, were interested, which indicates that CARA is also applicable to other complex adaptive systems. Finally, CARA is also being incorporated in the master Health Education and Promotion at Maastricht University to teach future health promoters about this innovative research approach.