

Optimizing intersectoral collaboration in school health promotion : creating win-win situations and a systematic implementation based on the diagnosis of sustainable collaboration model

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Valorization Addendum



Relevance

Global health conferences have recognized the school as one of the settings where health is created and lived (WHO, 1986). They view comprehensive strategies as the most effective means to achieve health, and regard the school as an environment which offers plenty of opportunities for their implementation (WHO, 1997). Finally they urge the health sector to work across disciplines in order to implement such holistic approaches (WHO, 2005, 2009), an example of which is the approach discussed in this dissertation. These global health conferences provided the impetus for the development of various policies (IUHPE, 2009) and practices (Samdal & Rowling, 2013) for comprehensive school health promotion (CSHP), even though the evidence base for its effectiveness so far still seems weak or lacking (Langford et al., 2014; Lister-Sharp, Chapman, Stewart-Brown, & Sowden, 1999; Stewart-Brown, 2006). Samdal and Rowling (2013) reflected on the scarcity of evidence and related it to several implementation issues which need to be clarified, such as what should be implemented, why and how. In this respect, the studies presented in this dissertation fill important knowledge gaps and provide support for practices and policies promoted during the above-mentioned conferences.

The findings reported on in this dissertation support practices to encourage intersectoral collaboration for the implementation of CSHP, as well as identifying its success factors. They show that intersectoral collaboration enables opportunities for negotiation to be created between stakeholders involved in CSHP; this can enhance the formation of consensus on collaborative goals and necessary actions, and facilitate the formulation of commitments in the collaboration. Interaction between stakeholders can also lead to the identification of relevant policies for intersectoral collaboration, which can later be addressed. This dissertation also shows that such collaborative actions can improve the quality of the collaboration, as indicated by more favorable evaluations of the determinants of collaboration (Chapter 4, 5), and thereby contribute to further implementation of CSHP and to the sustainability of the collaboration (Chapter 5). In addition, this dissertation identifies several success factors of intersectoral collaboration. The success factors identified include a systematic approach, which holds the collaboration on track, and a full range of activities to manage the collaboration. This management comprises activities to involve and inform collaborating parties, to monitor and control the accomplishment of set tasks, and to enable the overall coordination of these tasks. These managerial behaviors were extracted from the full range of coordinators' management activities implemented during the trajectory. Instruments and processes used by coordinators to enact these behaviors were also identified. Another success factor identified is that of occasional professional assistance, including reflection on the planning, implementation and content of collaborative activities (Chapter 4, 5).

Finally, this dissertation raises another issue, which is the subject of extensive debate. This concerns whether or not schools should feel responsible for the implementation of health promotion (WHO & Regional Office for Europe, 2014). In the Netherlands, this debate is fueled by the fact that no legal obligation exists for schools to implement health promotion. When schools devote time to health education, they do so voluntarily (Boot, van Assema, Hesdahl, & de Vries, 2010; Boot, van Assema, Hesdahl, Leurs, & de Vries, 2010). It seems that providing them with a persuasive argument in line with their primary academic goals can induce the educational sector to feel more committed to implement health promotion.

Since comprehensive evidence on the causal relationship between school-based health promotion programs and children's academic performance was lacking when we became interested in this topic, the existing evidence on the above-mentioned causal relation has been systematically reviewed in this dissertation (Chapter 2). The evidence found in the systematic review suggests that health promotion interventions implemented in schools can enhance children's academic success. School-based programs targeting nutrition, physical activity or a combination of both were found to have small to large effects on academic performance across academic subjects. In addition, no negative effects were found, even when time from academic subjects was invested in the intervention. The evidence found provides additional arguments to implement health promotion in the educational sector.

Target populations

The results reported in this dissertation are relevant for actors shaping the context of CSHP implementation. In the Netherlands, school health promotion is initiated and promoted by the health sector. As shown in this dissertation, public health services (PHSs) can create region-wide support for CHSP among schools, municipal authorities and public service stakeholders (PSSs). Their task of functioning as a kind of linking pin between the sectors developed naturally from their legal obligations (Hirsch Ballin, 2008). Within PHSs, guiding collaborations is the job of CSHP coordinators. This dissertation offers concrete action perspectives for these coordinators, about which they should be informed, as well as trained and facilitated in their use. In this respect, the RIVM Centre of Healthy Living plays an important role. At the national level, it coordinates the development of CSHP by acting as a platform for knowledge exchange for health professionals and as an accreditation body certifying schools that employ CSHP (Ministry of Health of the Netherlands, 2013). The CSHP platform includes a website, a newsletter, network meetings, training courses, counseling opportunities and a support manual with a supplement on intersectoral collaboration, written in 2010, based on the preliminary results of the DISC study presented in this dissertation. This platform could be used to disseminate information from this dissertation. For instance, the supplement on intersectoral collaboration could be extended with action perspectives for

regional coordinators. How to act as a social entrepreneur in dynamic contexts could be illustrated by management activities, related instruments and processes identified in the DISC study. In addition, the importance of change management in the early stage of collaborations could be emphasized more in the supplement, as well as the benefits of a 'critical friend' participating in the collaborative process. Furthermore, the RIVM Centre of Healthy Living could facilitate knowledge transfer and skills acquisition among CSHP coordinators through training courses and network meetings organized in collaboration with the Netherlands School of Public and Occupational Health. Finally, the RIVM Centre of Healthy Living could explore possibilities to increase the suitability of DISC analysis in practice, for instance by constructing a digital tool to quickly assess and analyze relevant data.

The results of this dissertation are also relevant for the educational sector. In the Netherlands, schools follow national educational policies established by the Ministry of Education. These policies specify primary educational goals for academic subjects, but unfortunately they do not include targets on health promotion. In addition, schools can implement other policies of their own choice. With regard to health promotion, desirable policies would be those that stimulate schools to attain a CHSP certificate. Other important actors shaping the educational agenda are the Inspectorate of Education, which supervises the quality of education in schools, the Education Council of the Netherlands, which promotes the interests of schools at national level, and school boards, which create the preconditions for schools to attain educational goals. It is important that the findings concerning the benefits of school health promotion to attain educational goals reach these actors, are discussed by them, and lead to new priorities for action. One priority should be to decide whether it is desirable to include health promotion in primary educational goals. Another priority should probably be to broaden the evidence base for the effectiveness of CSHP in terms of health and educational outcomes in cooperation with the health sectors. As discussed in this dissertation, it seems that close cooperation between the educational sector and the health sector is needed to strengthen the current evidence base.

Finally, the findings from the DISC study should encourage other countries to work with the DISC model to systematically develop intersectoral collaboration in CSHP. The Schools for Health in Europe (SHE) network could function as an intermediary for European countries in this respect. SHE is a network of national CSHP coordinators of 43 countries in Europe. It aims to support organizations and professionals in developing and sustaining school health promotion in each country (CBO, 2015). Furthermore, SHE could promote research initiatives in and among European countries, particularly on the following topics: (1) the effectiveness of school health promotion in terms of academic outcome – as this topic is underinvestigated in European countries compared with America – and (2) the net-benefits of CSHP compared to single-issue school-based programs – since international research seems promising to overcome limitations caused by the small number of schools working with CSHP

and the different subcategories of programs generally used to compare intervention effects (e.g. physical activity programs, nutrition programs, and programs combining physical activity and nutrition). In this respect, SHE could also function as an intermediary between countries to explore any opportunities to use cohort data on health and academic performance collected on a regular basis, in order to study these outcomes. The Health Behavior in School Aged Children initiative and the Programme for International Student Assessment probably offer opportunities.

Activities and products

The main product of this dissertation was a two-year DISC-based trajectory for health professionals working with CSHP. The trajectory included an assessment of facilitators and barriers in six CSHP collaborations at baseline and at follow-up in five CHSP collaborations. To this end, the DISC questionnaire by Leurs et al. (2008), which was developed for the situation of CSHP in the southern parts of the Netherlands, had to be adapted to fit the situation in different Dutch regions. The trajectory resulted in regional reports at baseline and at follow-up, which were used to provide feedback to regional coordinators in the form of the results of the questionnaire, together with recommendations for each DISC factor. The content was further clarified in individual meetings with each of the coordinators. Finally, the trajectory resulted in the formulation of a DISC-based strategy to improve collaboration, and included professional assistance for regional coordinators in the implementation of the strategy. This support was provided monthly by telephone for the period of one year. A standardized interview protocol was developed, which was used during monthly phone calls for critical reflection on the collaborative process. Contacts also comprised the exchange of expertise between regions, occasional peer review of documents and a joint training session for regional coordinators. In addition, regions were informed about their progress in a newsletter published every four months. For the advisory part of the trajectory, an experienced facilitator was hired, who was an expert on CSHP implementation. The collaborative process was monitored for an additional follow-up period of one year using the same method, except that contacts took place bimonthly and that there was no provision of professional support.

Products for research purposes were a longitudinal dataset with quantitative information on determinants of intersectoral collaboration at the individual, organizational and policy levels, resulting from the DISC analyses. In addition, the monitoring program generated qualitative data on the management of the collaborative process. Research results were the strategies which were developed to analyze the data on intersectoral collaboration. The results of this study were documented in scientific journals and presented at national and international conferences to the relevant audience for CSHP implementation. Furthermore, a workshop was co-organized with the Netherlands School of Occupational and Public Health

for Dutch health professionals who had not participated in the DISC study. Finally, the preliminary results of the DISC study were used to write the supplement on collaboration included in the practitioner guide published by RIVM Centre of Healthy Living.

Innovation

The innovative aspect of this study is the utilization of the DISC model to guide strategic decisions regarding intersectoral collaboration. The DISC model was specifically developed to diagnose facilitators and barriers in the collaborative structure for CSHP (Leurs, Mur-Veeman, van der Sar, Schaalma, & de Vries, 2008). Leurs et al. (2008) suggested that the results of the diagnosis could also be used to determine strategies to further guide the collaboration, but this was never investigated before our project. This dissertation confirms that DISC analyses can give guidance to collaborations and thereby contribute to their success, their sustainability and the actual implementation of CSHP. Another innovative aspect of this study is that DISC analyses were successfully applied in six Dutch collaborations with various starting situations and characteristics. Before this, DISC analysis had only been used for one collaborative project in the southern parts of the Netherlands, the project for which the DISC model was developed (Leurs et al., 2008). This dissertation shows that DISC analyses are widely applicable to various types of collaborations in the educational domain. Extension to other fields seems well possible. Finally, as far as we know, no other study has investigated the effects and processes of a systematic approach to intersectoral collaboration in CSHP.

Planning and realization

It seems that external motivation is needed to encourage schools to strive for an objective such as health, in order to promote health and academic achievement among school-aged children. Therefore, the educational sector will probably need to include the attainment of a CSHP certificate in the primary educational goals. This dissertation shows how actors involved in CHSP can join forces by engaging PHSs, and though them extend CSHP to other stakeholders. It is now the task of the above-mentioned actors to work on this.

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