How divergent conceptions among health and education stakeholders influence the dissemination of healthy schools in Quebec

MARTHE DESCHESNES¹,²*, YVES COUTURIER³, SUZANNE LABERGE⁴ and LOUISE CAMPEAU¹

¹Développement des individus et des communautés, Institut national de santé publique du Québec, Quebec, Canada, ²Département de médecine sociale et préventive, Université de Montréal, Montréal, Quebec, Canada, ³Département de service social, Université de Sherbrooke, Sherbrooke, Quebec, Canada and ⁴Département de kinésiologie, Université de Montréal, Montreal, Quebec, Canada

*Corresponding author. E-mail: marthe.deschesnes@inspq.qc.ca

SUMMARY
This paper focuses on dissemination of the healthy schools (HS) approach in the province of Quebec, Canada. Dissemination aims at raising awareness about HS and promoting its adhesion among actors concerned with youth health in school. As HS is a joint initiative based on agreement and collaboration between health and educational sectors, the positions of stakeholders that foster cooperation between these sectors were considered to be critical to optimize its dissemination. The study’s objectives were to: (i) examine and contrast the stakeholders’ conceptions of HS and (ii) understand how converging and diverging stakeholders’ positions on HS favourably or negatively influence its dissemination in Quebec. Gray’s analytical approach to collaboration and its focus on stakeholders’ mindframe about a domain served as a conceptual lens to examine stakeholders’ positions regarding HS. Collection methods included documentary analysis and semi-structured interviews of 34 key internal and external informants at the provincial, regional and local levels. The results showed consensual adhesion to fundamental principles of the HS approach. However, differences in conceptualization between provincial authorities of the two sectors concerning the way to disseminate HS have been observed. These differences represented a significant barrier to HS optimal dissemination. A dialogue between the two authorities appears to be essential to arrive at a negotiated and shared conceptualization of this issue in the Quebec context, thus allowing agreements for adequate support. The results may serve as the basis for a more fruitful dialogue between actors from the two sectors, at different administrative levels.

Key words: health promoting school; dissemination research; interorganizational collaboration; innovation

INTRODUCTION
The health promoting school (HPS) framework, endorsed by the World Health Organization, is a global, school-based approach advocated as an effective strategy to promote health-related behaviours and well-being among school communities (WHO, 2003). The approach requires a substantial change in the way schools and their staff practice school health. They involve moving away from practices that rely mainly on classroom-based health education models to a more comprehensive, integrated construct of health promotion that focuses both
on children’s attitudes and behaviours as well as their environment. The healthy schools (HS) approach, equivalent to the HPS model, was launched in 2004 in the province of Quebec, Canada. HS has been adopted by schools on a voluntary basis. At the time of data collection in 2007, 17% of Quebec schools had adopted HS (Ministry of Health and Social Services Quebec, 2008).

Despite the recognized potential of this innovative approach, studies that have evaluated the conditions making schools capable of implementing it effectively are still scarce (Rowling and Jeffreys, 2006; Inchley et al., 2007). More research on their diffusion is thus necessary to better assess its feasibility and efficiency in different contexts (Barry et al., 2005; Stewart, 2008). Diffusion of health promotion innovations encompasses five stages: (i) innovation development, (ii) dissemination, (iii) adoption, (iv) implementation, and (v) maintenance (Oldenburg et al., 1997). In this paper, we focused on the dissemination stage of the HS approach, which aims at raising awareness about it and promoting its adhesion among actors concerned with youth health in schools. Findings are drawn from a larger study that examined factors helping or hampering the dissemination and adoption of HS in Quebec. Results concerning factors most likely to predict HS adoption by schools have been published elsewhere (Deschesnes et al., 2010).

The HS in Quebec

The HS, a joint initiative offered by the Ministry of Education, Recreation and Sports (MERS) and the Ministry of Health and Social Services (MHSS), suggests combining education and health concerns by making the promotion of educational achievement, health and well-being central to the school’s educational project and success plan (Ministry of Education, 2005). As a setting approach (WHO, 1997), HS aims to create a health-enhancing environment for students and staff for living, learning and working. Considering the growing priority that the Quebec Government is giving to the promotion of healthy lifestyles among youth, HS in this context represents an integrative and coordinated approach, fostering complementary and effective health promotion interventions. Alongside HS, support measures have been offered to all Quebec regions to facilitate the dissemination of HS. Regional and local agents were designated and trained to accompany schools willing to implement the approach. A variety of tools were also developed by a provincial team to support HS dissemination and implementation (Ministry of Education, 2005; Rousseau, 2007).

Conceptual framework

Diffusion studies have brought to light a complex array of factors likely to affect the success of an innovation (Wejnert, 2002; Rogers, 2003; Greenhalgh et al., 2004). Among the conditions seen to foster the dissemination of an innovation are exchanges among innovation developers and users (Berwick, 2003), interorganizational collaboration (Goodman et al., 1996; Oldenburg and Parcel, 2002), strong leadership within the system (Greenhalgh et al., 2004; Fajans et al., 2006) and common language alongside a similar set of values and reference systems (Gray, 2004; Greenhalgh et al., 2004). The literature also sheds light on the dynamic and interactive nature of the innovation process. To explain dissemination, it considers political, technological and ideological contexts as well as different meanings and values of the innovation for different social groups (Gray, 2004; Greenhalgh et al., 2004). As emphasized by some authors, an innovation must have a large support base among the system of actors to be transformed into effective and sustainable practice (Maguire et al., 2004). For this to occur, actors must share the meaning of the innovation, usually by reconciling discrepancies about it (what, why, when, how), through a process of negotiations and compromises (Callon and Latour, 1986; Gray, 2004). As HS is a joint initiative based on agreement and collaboration between two sectors, i.e. health and education, the stakeholders’ positions that foster cooperation between these sectors are therefore critical for efficient dissemination. Gray’s analytical approach on collaboration, conceptualized as a socially negotiated order, and its focus on the stakeholders’ mindframe about a domain, that would explain collaborative success or failure (Gray, 2004), served as a conceptual lens to examine stakeholders’ positions regarding HS. Moreover, Greenhalgh’s model (Greenhalgh, 2004) on different modes of innovation diffusion in health organizations appeared to be very relevant for depicting the different stakeholders’ positions about HS.
dissemination. This model places the different conceptions of innovation diffusion on a continuum where we find at one pole an emergent, un-programmed, adaptive and self-organizing mode (let it happen) and, at the opposite pole, a regulated, programmed and system-managed mode (make it happen). In the middle, there is the help it happen mode, which is negotiated, influenced and enabled. Against this background, our study aimed to: (i) examine and contrast the stakeholders’ conceptions of HS and (ii) understand how converging and diverging stakeholders’ positions about HS favourably or negatively influence HS dissemination in Quebec.

METHODS

Data collection

Data collection methods included documentary analysis and semi-structured phone interviews with key informants. Documentary analysis refers to two sets of documents. The first set pertained to policy incentives in regard to HS and healthy lifestyles for children. We systematically researched policies published between 2000 and 2007 on these topics in Quebec Government websites. A total of 39 official documents were selected. The priority given to HS in government documentation and the nature of links between policies on healthy lifestyles and HS were analyzed. The second set of documents concerned the infrastructure implemented to support the dissemination of HS since its beginning in 2004. Documents related to training and technical support up to 2007 were provided by team developers of HS at the provincial level.

Individual interviews were conducted with 34 out of 35 key informants selected on the basis of their strategic place in regard to the dissemination of HS. The sample included internal stakeholders directly involved in dissemination of the approach at the provincial, regional and local levels of both sectors (health and education). External actors participated in the dissemination of four healthy lifestyle non-governmental programmes within schools, at the provincial and regional levels (Figure 1). Regional and local participants were respectively from one metropolitan, one urban and one peripheral region.

An interview guide was constructed to cover subjects around four general areas: (i) participants’ viewpoints about healthy lifestyle programmes for youth; (ii) participants’ understanding and experiences with regard to HS and its current dissemination; (iii) participants’ exchanges with the stakeholders involved in dissemination of the approach; and (iv) participants’ experiences with training and technical support offered for HS dissemination. Confidentiality was guaranteed to key informants. Interviews were recorded and transcribed verbatim. Data were then organized according to the interview guide and coded using NVivo 7 software. The themes, their inter-relationship and interpretation were refined without the software. Content analysis was pursued to identify emerging and recurring themes. Matrixes and thematic summary tables were then produced, by stakeholder category, to compare their viewpoints according to their place in the structure.

Analysis

Results from the different collection methods were integrated to obtain a global portrait of the dimensions. The following procedures were applied to increase the validity of the findings: triangulation of methods; saturation of data based on the principles of redundancy and repetition; interpretation stability throughout situations; interpretation confrontation by the four authors; and restitution of the results to the stakeholders involved (Silverman, 1993; Miles and Huberman, 2003).

RESULTS

Documentary analysis shows that healthy lifestyles represent a health priority in the documents of both ministries concerned. The HS approach also seems to be a privileged governmental health promoting intervention, although links between the approach and measures concerning healthy lifestyles are tenuous. Interviews corroborate the idea that healthy lifestyles and HS are at the centre of government health promotion guidelines. However, the participants’ views reveal dissonance between the priority of principle according to HS, such as noted in government guidelines and concrete commitments of support.
There is always verbal and general support, but when it comes time to move into action... at the ministry level, we feel that there isn’t strong will. (Education, Regional 3)

Our results from documentary analysis and interviews reveal that training and coaching activities have been at the core of strategies used to promote HS and facilitate its deployment between 2004 and 2007. Most internal actors feel that these activities are essential, despite content that is considered to be too theoretical and insufficiently focused on concrete ways to integrate it into school operations. Several actors at the local level have also mentioned that the tools proposed are too complex for school practitioners: ‘It is so heavy that we think that we might overwhelm them [HS tools].’

Our data sources show, however, that support of the training team diversified during the period 2004–2007 (Figure 2) and was able to provide answers increasingly adapted to the needs of the participants.

What is interesting in all trainings is that the trainers adapt them gradually with evolution in time and they are very open to the particularities, problems and needs of each region. (External actor, Regional 1)

**Consensual adhesion to fundamental principles of the HS approach**

Interviews disclosed consensual adhesion to principles underpinning the approach, and this, from provincial to local, as much among external as among internal actors. The global and concerted perspective of HS aims to avoid work ‘in silos’ and the duplication of interventions represents one of the principles that wins over the majority. Alongside this adhesion to the principles, major barriers to its dissemination have been underscored. Among these barriers, divergent views between provincial authorities of the two sectors concerning the approach and its mode of dissemination appear to be determinative.

**Divergent inter-ministry conceptions regarding the mode of dissemination of the HS approach**

The first difference concerns the primacy given to HS as a reference framework in the promotion of health, well-being and educational success in the Quebec school context. Educational sector authorities recognize the value of the HS approach as a way to intervene, but see less of its relative benefit as opposed to other approaches already present in the school milieu, or even in the light of current
educational reform. As a provincial education informant pointed out: ‘...if one understands the spirit that permeates educational reform, a school which applies it very well would adopt HS.’ In contrast, health sector authorities and HS designers consider it as THE frame of reference to be implemented in prevention and health promotion in schools. Health sector actors bemoan the fact that the health promotion measures offered in the school setting do not always fit the HS framework.

The second difference refers to the financial support required to sustain its deployment. While all agree that financial support is necessary to implement the approach and that sustainable coaching is important to favour its absorption by the milieus, the two central authorities have divergent conceptions about the way it should be done. The educational authorities consider support in terms of a ‘different way of working’ with actors in the field, which would not require adding resources to those already granted in prevention and health promotion. According to them, it is up to the schools to decide whether or not to invest resources in this particular approach.

Overall, financial support is, however, sufficient and correct because what is most important is that the milieus change their mentalities. Even if training teams are doubled, people would not have more time to devote...they should accept to take the time and it is often a question of generation. (Education, Provincial)

In contrast, provincial health authorities consider current funding insufficient to support deployment of the approach in schools. They report a lack of coaches and little time available in schools to implement it, hence, the importance of increased investment. This viewpoint is shared by several actors in the two sectors who are close to the field. They have raised concerns about this subject, anticipating an overload of work for school stakeholders if no additional resources are injected to support the approach in schools.

A third difference concerns the pace of deployment adopted by one or the other sector. While health sector authorities want relatively rapid and large-scale deployment, those of the educational sector feel that it should be progressive and not imposed. Several actors at both the regional and local levels agree that the process should be done in accordance with the capacity of the milieus to implement the approach, especially in the context of educational reform and limited resources.

Each district has deployment plans; deployment will therefore take place gradually over the years because we cannot initiate it in all schools at the same time; it is impossible. (Health, Regional 2)

Finally, a fourth divergence concerns the mode recommended by the two provincial authorities to deploy HS. Thus, several actors at different external and internal levels perceive that, for provincial health authorities, this mode is prescriptive and normative, requiring compliance with the approach recommended for its implementation. For provincial educational authorities, the discourse would emphasize the
flexibility and adaptation of HS by schools. The prescriptive mode is not unanimous, even among actors in health at the regional and local levels:

*If HS is still a policy that is very prescriptive and we are trying to implement a very strict approach... we again return to traditional models that are not the most effective.* (Health, Regional 3)

Figure 3 summarizes the position of different categories of internal actors regarding HS dissemination, as inspired by the model of Greenhalgh et al. (2004). The sector of affiliation, that is, health and education, and the administrative level—provincial, regional and local—have been taken into account. External actors are not included here because of very large differences in their viewpoints. The positioning of actors here reflects trends and not accurate, quantified measures.

The above visual representation highlights the polarized positions of the two provincial health and education authorities regarding the way to conceptualize HS dissemination. Thus, educational sector actors are more to the left of the continuum, reflecting a *let it happen* type of diffusion mode, whereas health sector actors are positioned very close to the *make it happen* pole. This trend is, however, modulated by taking into account the administrative level of participants from both sectors. The viewpoints of regional and local authorities tend to be less polarized than at the provincial level, approximating the *help it happen* mode. This representation of the results has been validated with actors of both sectors, who have considered it to be consistent with their way of conceiving the positioning of the two sectors relative to HS.

For several participants from both sectors, the inter-ministry differences mentioned above give rise to doubts about the viability of the approach. These doubts are accentuated by anticipated fear of changes in government priorities, which are frequent according to some, and which would be likely to impede deployment of HS, known to happen in the long term. 

*...because what is heard is: Ah! Yet a new program, yet something new, yet a project that will fail in 5 years.* (Health, Local 2)

**Inter-ministry collaboration: a will that is difficult to transpose into practice**

Interviews also disclose a lack of linking between the two ministries concerning many ministry programmes offered to schools in an independent and compartmentalized way. Several participants felt that lack of collaboration at this level leads to an unnecessary waste of energy for stakeholders in the field which must then make the interventions coherent.
Although the will to work together has been expressed by participants from the two ministerial authorities, the mechanisms put in place do not appear to encourage communication and collaboration. These mechanisms were under revision at the time of the interviews. According to participants from the two sectors, collaboration between the central authorities should be strengthened to most efficiently support deployment of the approach. Some have also questioned the leadership capacity of ministry authorities, to rally different actors concerned with HS and to mobilize them for practical support of its deployment.

If there was a real willingness of senior managers, all other management levels would be given expectations and priorities and would be mobilized. Here, it is the opposite: it is the base that is pushing for HS. (Education, Regional 3)

Furthermore, it is apparent from the interviews that collaboration efforts are more visible at the regional and local levels. Thus, we can see the development of regional negotiation structures and agreements aimed at acquiring shared action plans.

**DISCUSSION**

The results showed that, in regard to its fundamental principles, the HS approach gives rise to consensual adhesion among internal and external participants. They also highlighted the importance of training and coaching offered to support the proposed change. According to several participants, despite these positive aspects, the asymmetry observed at the central level concerning the diffusion mode for HS constitutes a barrier that can compromise optimal deployment. They expressed the need for a genuine, concerted commitment between these authorities, particularly in financial matters, to guide the action and ensure the feasibility of the approach. Regional and local level participants emphasized the limits of an approach on which the deployment strategy is based, above all, on the goodwill of actors in the field. In this regard, other studies have shown that commitment at the central level is essential to encourage change within the system (Joffres et al., 2004; Hoyle et al., 2008). Furthermore, lack of resources and time were repeatedly stressed in the literature as barriers to the implantation of HS type initiatives (Waggie et al., 2004; Viig and Wold, 2005; Leurs et al., 2007; Stewart, 2008). This situation highlights the tension between relevance of HS principles and its feasibility in environments that are already strongly solicited, particularly in the context of educational reform, which already demands significant adjustment. Participants closer to the field also raised the fact that health promotion is not seen as a priority practice field in schools. This situation reinforces the idea that such an approach should clearly demonstrate its support for the educational objectives of schools (Paulus, 2005; Young, 2005) as well as its relative advantage over what is already offered to schools. It emphasizes the importance of shared understanding of the approach—at all levels—and joint exploration of efficient strategies to incorporate its components in school operations. Better inter-ministry management of multiple programmes ‘in silos’ offered to schools also appears to be necessary to avoid needlessly complicating the work of stakeholders in the field.

Interviews have, however, shown that the inter-ministry management structures developed for HS deployment do not seem to foster communication and concerted action at the provincial level. As emphasized by Gray (2004), differences in conceptualization relative to some issues may explain the lack of cooperation between the various bodies involved, which appears to be the case here. Furthermore, these differences in conceptualization seem to partly obey two institutional cultures specific to each of these sectors. According to some authors, to overcome these differences, the players must proceed to a shared re-conceptualization of problems and solutions (Gray, 1989; Fullan, 2001), in relying on a common reading of the organizational reality of each of the parties. The results lead us to conclude that to enable optimal deployment of HS, compromises will likely be necessary between the two sectors, especially at the central level. A dialogue, based on reflection and negotiation, therefore appears to be required to promote an open exploration of the best avenues to incorporate this type of approach in school functioning. Clear mechanisms and rules of governance, established jointly by the two parties, are desirable to facilitate this dialogue within the system.

Given the importance of collaboration in the deployment of an inter-sectorial approach such...
as HS, strengthening the capacity of stakeholders in joint work, at different administrative levels, also appears to be a condition that deserves more attention to increase the chances of success (El Ansari and Phillips, 2001; Canadian Health Services Research Foundation, 2006).

STUDY LIMITATIONS

The present study was performed at a specific time of HS dissemination, and as such, we cannot presume its outcome. The viewpoints of participants retrospectively reflect their experiences in a period ranging from 1 to 4 years, according to each case, sometimes changing since the beginning of HS deployment in 2004. The various interactions that we had with people involved in deployment of the approach during the study, as well as documentary analysis of training and coaching, which cover 4 years of deployment, have demonstrated a positive evolution of strategies used by the trainers. Our results also indicate some progress in collaboration regionally and locally for deployment of the approach. On the other hand, they provide evidence of some lack of progress in collaboration between ministry authorities having to support HS deployment. Here again, it is important to stress that it is an ongoing process. Several experiments have shown that intersectoral collaboration is a major challenge and it can take several years to develop (Lawson, 2004). In this context, our results may help to clarify current practices and serve as the basis for a more fruitful dialogue between actors of the two sectors at different administrative levels.

RESEARCH AVENUES

Future research should pay special attention to intra- and inter-ministry mechanisms implemented to support a shared vision of this type of approach and its dissemination. Observed differences regarding the normative versus the adaptative character of HS raise the issue of its transposition into practice. It is important that research study the tension created by the inevitable adaptation of an innovation to its context, on the one hand, and compliance with its essential components, which are the foundations known for its potential effectiveness, on the other hand. Research into the organizational capacities that facilitate transposition of these basic tenets in school life in general is also essential to support its optimal diffusion.

ACKNOWLEDGEMENTS

We thank all participants for generously giving their time to this study.

FUNDING

This work was supported by a grant from Fonds québécois de la recherche sur la société et la culture, in collaboration with Fonds de la recherche en santé du Québec, the MHSS of Quebec and the Centre de recherche en prévention de l’obésité [2006-HV-111721].

REFERENCES