

LOGIC MODEL OF THE HEALTHY SCHOOLS APPROACH AND ITS IMPLEMENTATION

Common logic model for health and social services, education and community stakeholders working in health promotion and prevention in schools

OBJECTIVES

- To promote the health, well-being and educational success of young people
- To take **integrated** action in **health promotion and prevention** efforts involving **young people, families, schools and the community**



AREAS OF INTERVENTION (FOR STAKEHOLDERS)

Mobilization and concerted effort

Awareness-raising

Knowledge transfer and stakeholder skill development

Support

Planning

Follow-up and evaluation



INTENDED EFFECTS ON STAKEHOLDERS TO ENSURE THE IMPLEMENTATION OF INTEGRATED ACTIONS

Understanding of health promotion and prevention and the importance of reaching out to all young people in their communities

Adherence and engagement of health and social services, education and community **stakeholders**

Development of mobilized stakeholders' collaboration and improved capacity to act (greater efficiency, effectiveness and impact of actions, knowledge of available resources, etc.)

Development of health promotion and prevention skills among stakeholders

Improvement and **harmonization of practices** associated with health promotion and prevention

Consistency of the messages conveyed

Stakeholder consultation and networking around the needs of young people and the realities of schools

Implementation of **integrated** and complementary health promotion and prevention actions based on **best practices**



INTENDED EFFECTS ON DETERMINANTS OF HEALTH, WELL-BEING AND EDUCATIONAL SUCCESS

Strengthening the development of personal and social skills in young people

Creating and maintaining healthy, safe and caring living environments for young people

Establishing and maintaining **organizational conditions** conducive to the synergy of actions with young people and in their living environments



ULTIMATE TARGETED IMPACTS

Improving young people's health and well-being, especially:

- Positive mental health
- Healthy lifestyle habits (healthy eating, physically active lifestyle, sleep, use of drugs or alcohol, etc.)
- Harmonious interpersonal relationships
- Safe, healthy behaviours

Improving:

- **Educational success**
- Graduation rates and qualification
- Student perseverance

Preventing and reducing health and psychosocial problems (violence, anxiety, sexually transmissible and blood-borne infections [STBBIs], unintentional injuries, etc.)

Reducing **social inequalities in health**

École en santé task force of the Table de coordination nationale en prévention et promotion de la santé (TCNPP)(2020). This logic model is inspired by the

Agreement for the Complementarity of Social Services Between the Education Network and the Health and Social Services Network, the [Healthy Schools Guide](#) and the [ÉKIP reference framework](#).

EXPLANATION OF TERMS USED IN THE LOGIC MODEL

TAKING INTEGRATED ACTION:

(see **Integrated actions** p. 3)

HEALTH PROMOTION:

Positively influencing the determinants of health in order to give individuals, groups and communities greater control over their health by improving their lifestyles and living conditions

PREVENTION:

Intervening as early as possible to reduce risk factors associated with illness, psychosocial problems and injuries as well as their consequences in order to detect early warning signs of problems and address them, where appropriate

YOUNG PEOPLE, FAMILIES, SCHOOLS AND THE COMMUNITY:

(See **Creating and maintaining living environments** p.3)

AREAS OF INTERVENTION:

These areas are considered continuously rather than chronologically in carrying out health promotion and prevention actions in schools. They are dynamic and complementary.

Mobilization and concerted effort

- Bringing together decision-makers and stakeholders interested in the health, well-being and educational success of young people in order to rally their expertise and resources around a common vision of health promotion and prevention in schools

Awareness-raising

- Expanding the number of concerned stakeholders and raising their awareness of issues and impacts associated with the health, well-being and educational success of young people
- Establishing the importance of developing a positive approach to health among school staff, parents and community stakeholders, as well as implementing concrete actions with young people according to their stage of development and in their living environments

Knowledge transfer and stakeholder skill development

- Establishing interaction mechanisms conducive to the dissemination, uptake and appropriation of new knowledge
- Promoting the development of knowledge on effective actions and evidence-based practices for health promotion and prevention in schools

Support

- Providing support and follow-up measures to stakeholders working in health promotion and prevention in schools, tailored to their needs and based on their realities and those of their communities

Planning

- Organizing integrated actions into a structured approach in order to be able to identify effective and recognized actions, in particular with respect to competency development and actions in young people's living environments

Follow-up and evaluation

- Putting in place the means to examine, validate and adjust actions, and adapt them as necessary

EXPLANATION OF TERMS USED IN THE LOGIC MODEL

STAKEHOLDERS:

Any individual, group or organization working in health promotion and prevention in schools

HARMONIZATION OF PRACTICES:

Process fostering the adoption of professional practices recognized as effective by the majority of stakeholders in order to promote the consistency and impact of actions. Harmonizing practices reduces disparities between practices and promotes equity in the services provided in response to the needs of young people.

INTEGRATED ACTIONS:

Set of actions promoting the health, well-being and educational success of young people by focusing on the development of their competencies throughout their schooling. These actions target the key factors in the development of young people, are integrated into the practices of schools, enable an optimal use of resources, and are deployed in young people's various living environments.

BEST PRACTICES:

Set of behaviours and actions that are agreed upon by most professionals and/or by research for quality reasons and in order to achieve targeted goals in health promotion and prevention in schools.

CREATING AND MAINTAINING LIVING ENVIRONMENTS:

Establishing, evaluating, adapting and supporting actions that provide young people with healthy, caring and safe environments conducive to their overall development. In the implementation of integrated actions, the three living environments to be considered are schools, families and communities.

ORGANIZATIONAL CONDITIONS:

Organizational conditions that support the planning and implementation of integrated actions to promote young people's health, well-being and educational success. These conditions are already present to varying degrees in schools. The organizational conditions to emphasize in order to promote the impact of actions are communication, leadership, coordination, collective knowledge and partnership.

EDUCATIONAL SUCCESS:

Educational success covers the threefold mission of Quebec schools: to provide instruction, to socialize and to provide qualifications. It includes success in school, but goes beyond obtaining a diploma or qualification by taking the person's overall intellectual, cognitive, affective, social and physical potential into account starting in early childhood. Educational success is also intended to instill values and attitudes, and to impart competencies that will help mould responsible citizens who are prepared to play an active role in the labour market, the community and society as a whole.

SOCIAL INEQUALITIES IN HEALTH:

A social inequality in health (SIH) is defined as a health difference between individuals linked to social factors or criteria of differentiation (social classes, socio-occupational categories, income categories, levels of education, etc.) (Aiach 2000). Generally speaking, SIH affect the whole of society and lie along a continuum according to socio-economic status (e.g. income, level of education). In other words, people with less favourable socio-economic status exhibit poorer health than those with more favourable status.¹

¹ <https://www.inspq.qc.ca/analyses-de-l-etat-de-sante-de-la-population/surveillance-des-inegalites-sociales-de-sante>