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IECHYD MEWN YSGOLION

SCHOOL HEALTH
RESEARCH NETWORK

School commitment to health and implementation of health improvement activities

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It is well accepted that the availability of health care tends to be lowest in less affluent areas with the greatest health care needs, but this theory, known as the Inverse Care Law, has not been tested in schools. Do less affluent secondary schools in Wales (i.e. those with more students from less affluent homes) deliver less health improvement activity and are they less committed to health?

What we already know...

Students attending schools in less affluent areas report lower standards of health. The school environment can have both positive and negative effects on young people's health, but schools vary in how much health improvement activity they deliver. Previous research suggests a number of factors explain the variation in health improvement activity in schools, including preparation and planning, student participation, partnership working and a senior figure in the school to champion health.



What we did...

- In 2013/14 we asked 82 secondary schools to complete a School Environment Questionnaire on health delivery and improvement actions in their school. 67 schools in Wales did so.
- We looked for a link between school health improvement activities and schools' commitment to health, affluence (free school meal entitlement) and size. Finding a link could help explain why health improvement activity varies between schools.
- Questions on health improvement activities covered school policies and practices on nutrition, physical activity, substance use, emotional health and wellbeing, sexual health and PSE.
- Commitment to health was measured by whether senior management team priorities included students' physical and emotional health and whether a written health action plan was in place and reviewed annually.

In a nutshell

- **Less affluent schools undertake more health improvement activity and are no less committed to health than more affluent schools.**
- **Schools vary widely in their commitment to health and only one third were found to prioritise both the physical and emotional health of their students.**
- **Commitment to health was strongly and consistently linked to school health improvement activity.**



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What we found...

Affluence - the Inverse Care Law

- In less affluent schools we found there was *more* school health improvement activity. Therefore we found no evidence to support the Inverse Care Law in schools in Wales.
- Furthermore, commitment to health did not vary according to a school's affluence, so less affluent schools were not less committed to health.

Commitment to health

- There were large differences between schools' commitment to health.
- **52%** of schools identified student emotional health as a priority and **43%** student physical health. **34%** identified both as priorities.
- Almost half of schools reported they had a written action plan for student health.
- In schools reporting greater commitment to health, there was more school health improvement activity.

School size

- There was a consistent trend toward more health improvement activity in larger schools, but this was not statistically significant.
- Of the three factors we investigated (affluence, commitment and size), commitment to health was the factor most strongly and consistently linked to school health improvement activity.



Issues to consider

This study included a large number of schools that are representative of secondary schools in Wales as a whole.

No checks were made on schools' questionnaire answers.

We only considered quantity of health improvement activity, not its quality.

All the data was collected at the same point in time (a cross-sectional survey) so we cannot say with certainty that stronger commitment to health led directly to increases in health improvement activity.

The study was funded by Welsh Government as part of the World Health Organization's Health Behaviour in School-aged Children (HBSC) study. A Medical Research Council grant supported the data analysis.

What does this mean for my school?

- **Senior management team commitment to student health and wellbeing is likely to be an important driver for school health improvement activity.**
- **Inequalities in student health between more and less affluent schools are unlikely to be explained by quantity of school health improvement activity as less affluent schools tend to have more comprehensive health improvement actions in place.**

Read the research paper in full. Download for free here:

<http://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-2763-0>

Moore G et al (2016) Variations in schools' commitment to health and implementation of health improvement activities: a cross-sectional study of secondary schools in Wales. BMC Public Health 16:138