Experiences of the implementation process of Health Promoting School within the Salut Programme in Lycksele municipality

Lena Grundberg

2012

Supervisor: Eva Eurenius
Abstract

The Salut Child-Health Promotion Programme, targeting children and adolescents was launched in northern Sweden 2005. “Health Promoting School” is a concept within the Salut Programme to promote children’s health in the school arena. The municipality that first started with the programme in its schools will end the implementation process in the end of year 2012. The implementation process has been studied to increase the understanding of how Health Promoting School is disseminated and received. The school managements’ responsibility for the implementation, in collaboration with the Salut managements’, was highlighted in the process as a result of previous experiences and findings. The objective of the study was to explore the school managers’ and the Salut Programme representatives’ experiences of the implementation process of Health Promoting School in Lycksele.

Six in-depth interviews were conducted in March 2012 with three school managers from the municipality and three Salut representatives from the county council. Transcribed data was analysed with qualitative content analysis to explore the experiences of the implementation process.

Overall the implementation process was described to be proceeding well and the collaboration between the Salut representatives and the school managers was well functioning. Four categories were found to be recurring throughout the implementation process; the importance of leaders being responsible for the implementation process, designing the programme locally, school managers perceiving health promoting school as a part of the school’s assignment, and working systematic with health promoting efforts to facilitate integration and to reach sustainability. Both groups experienced an improvement of the collaboration but in different ways. The school managers experienced an improved understanding of the school’s specific conditions and the Salut representatives experienced an increased independency and taking on more responsibility by the school managers.

The results confirmed the importance of adjusting a health promotion programme to local community needs and the importance of local ownership. The leadership approach, making the school managers responsible for the implementation process of Health Promoting School in their municipality, was appreciated by both groups and seen as important for implementation and sustainability. Nevertheless, the results also showed how some staff groups were not involved, especially initially, and it is worth paying attention on how to involve those groups further.
Table of contents

1. Background .......................................................................................................................... 2
   Aim ........................................................................................................................................ 4

2. Methods ............................................................................................................................... 5
   Study design ........................................................................................................................ 5
   Informants ........................................................................................................................... 5
   Data collection procedures .............................................................................................. 5
   Interview guide and theoretical framework ....................................................................... 6
   Data analysis method ........................................................................................................ 7
   Ethical considerations ........................................................................................................ 7

3. Results ................................................................................................................................. 8
   Experiences related to the stage exploration and adoption ................................................. 8
   Experiences related to the stage programme installation .................................................... 10
   Experiences related to the stage initial implementation ..................................................... 10
   Experiences related to the stage full operation .................................................................. 11
   Experiences related to the stage innovation ...................................................................... 12
   Experiences related to the stage sustainability ................................................................. 12
   Experiences related to the collaboration ........................................................................... 15
     Identified experiences of the school managers ................................................................. 15
     Identified experiences of the Salut representatives .......................................................... 16

4. Discussion ............................................................................................................................ 17
   Methodological discussion .............................................................................................. 20

5. Conclusions ........................................................................................................................ 21
   Acknowledgements ......................................................................................................... 21

6. References ........................................................................................................................... 22
1. Background

The Västerbotten County Council, in the northern part of Sweden, initiated the Salut Child-Health Promotion Programme targeting children and adolescents, in year 2005. The intention of the Salut Programme is to create, develop and strengthen health promotion activities in antenatal care, child health care, dental services, social services and schools [1]. A good collaboration is both a prerequisite for the Programme but also a result of it [2]. Though Swedish children's health and well-being in general is good, there is a troubling development regarding their psychosocial health and lifestyle. The approach of the Salut Programme is “salutogenesis”, i.e. focusing on factors that support health and well-being. At first the programme was developed in four geographical pilot areas aiming to further implement it in all parts of the county [3]. The salutogenesis approach is guiding the programme by promoting processes that will provide children and their parents increased opportunities to have control over their own health and their ability to improve their health [4].

“Health Promoting School” is a concept the Salut Programme is working with. In collaboration with school managers, efforts have been made to promote children's health in the school arena. In the Salut Programme, the school is recognised as an arena which provides opportunities to improve the health of the children, youth and staff within the schools. All municipalities have been invited to work with the programme Health Promoting School and one of the pilot areas, Lycksele municipality, started first of all. During the last two years, the representatives from the Salut Programme and school leaders of Lycksele municipality have been working with the implementation process of Health Promoting School. The rationale for promoting the concept of Health Promoting School is the association known between good health and learning. The general strategy is to make health promoting efforts well integrated in all parts of the school, in all its activities and in its overall organisation. The Salut Programme has established following goal for Health Promoting School to contribute to learning and good health for the pupils, where parents and those responsible for the school are taking their share of responsibility: favourable conditions during childhood and adolescence, good dietary habits, good psychical activity habits, good dental health, a childhood without tobacco and other drugs, as well as a childhood with adults without high alcohol consumption [5].

Moreover, in order to illustrate the concept Health Promoting School, it consists of nine health promoting areas. These areas all includes criteria in form of a check list for what a health promoting school is. The nine health promoting areas are: organisation, staffs health, the physical environment in the school, school and home, psychosocial health, food habits, dental health, physical activity, and also tobacco and other drugs. The Salut Programme provides lots of criteria and suggested activities to perform for the schools to reach the criterion in each area. To exemplify the content of Health Promotion School, one of the health promoting area is psychosocial health and one of the criteria for it is: working with relations and strengthening the pupils self-esteem. A suggested activity for this is to have stress-coping groups and collaborating exercises. For the area food habits, an example of a
criterion is: *the school cafeteria is not selling sweets, candy and soft drinks*. A suggested activity is that fruit is sold to low cost in the school cafeteria [5].

The working process of the implementation of Health Promoting School is described in a manual provided via the Salut Programme. The manual gives an example of the implementation process which is going to vary between different municipalities according to their specific conditions. In this example the process is initiated by a meeting with the representatives of the Salut Programme and a school superintendent in a municipality. The school superintendent, who are the leader of the overall school organisation in a municipality, compose a local steering group of school leaders. The steering group and the representatives of the Salut Programme will meet regularly to plan and steer the municipality’s effort towards a Health Promoting School. The headmaster in each school will assign a local team. Initially the local teams evaluate their school by using the criteria for the health promoting areas and later on prioritising health promoting areas to work with. Seminars will then be given on topics related to the prioritised health promoting areas, to specific professional groups in the schools as well as seminars by two change process consultants. The total implementation process described above is estimated to last for about two and a half years [5].

The process of implementing Health Promoting School in Lycksele municipality included collaboration between a municipality and a county council. In Sweden there are two levels of provinces. On the lower level there are 290 municipalities and on the higher level there are 20 county councils. Both the municipality and the county council are multifunctional, however the county councils main responsibility is to provide health care services. The municipalities and the county councils are formally independent of each other. The county councils are not hierarchical superior over the municipalities and therefore have, for example, no possibility to give binding directives to the municipalities. The municipalities’ main responsibilities are to provide welfare services, including preschool, compulsory school, and upper secondary school, child care, elderly care, social services, culture and leisure activities and also public housing [6].

The Health Promoting School Programme in Lycksele municipality targets children in preschool and compulsory school. The Swedish compulsory school includes nine years of school, with school starting at age of seven. The national parliament and the government are responsible for the legal framework and the government determines the curriculums for the school. The municipality is responsible for the daily operations of schools. The preschool is a school form separated from the school with preschool teachers and its activities are regarded as teaching and education. The municipalities offer preschool to children from age of one [7,8].
In Lycksele municipality there are 10 compulsory schools and 35 preschool departments. All compulsory schools and preschools in Lycksele are included in the Health Promoting School programme. In the school year 2011/2012 there were about 700 children enrolled in the preschools and about 1000 pupils enrolled in the compulsory schools in Lycksele [9]. The upper secondary school, for pupils between sixteen and up to twenty years old [10] are not included in the programme.

Launching a large programme as Salut requires efforts of many actors in close collaboration between and within different organisations and sectors during a long period of time. Proving the effects of the programme can be difficult, therefore studying how the implementation process proceeds is a way to increase the understanding of how Health Promoting School is disseminated and received. The implementation process of the Salut Programme targeting the pregnancy period and the small children in the Pilot areas have been evaluated [1,3] but so far the part of the programme targeting preschool and school children has not been evaluated.

The process management of Salut has already recognised the importance of having managerial support in the implementation process of former Salut programmes and from results by Edvardsson [2]. In the launching of Health Promoting School in Lycksele, it has therefore been large focus on the school managers’ responsibility for the working process in the collaboration with the Salut management. Therefore, it would be very interesting to study the implementation process of Health Promoting School in the municipality of Lycksele, especially among those responsible for the implementation process, the school managers in the steering group and the responsible representatives for the Salut Programme. As Lycksele steering group has worked longest with the programme of Health Promoting School in the county, since the beginning of 2010 until the end of December 2012, it is most valuable to put attention on them. Moreover, a good collaboration is a prerequisite for the Salut Programme and therefore it would also be of interest to study the perception of collaboration across the two sectors involved.

Aim
The objective of this study was to explore the school managers’ and the Salut Program representatives’ experiences of the implementation process of Health Promoting School in Lycksele.
2. Methods

Study design
In this study the design was qualitative, using in-depth semi-structured interviews. In-depth interviews was considered a suitable data collection method since the aim was to give those responsible for the implementation process of Health Promoting School in Lycksele a chance to express their experiences of the implementation process with their own words [11]. Reasons for choosing a semi-structured or a more formal qualitative interview compared to a more informal interview type, were to facilitate comparisons between the informants' answers as well as facilitating that the experiences of the implementation process could be followed step by step. The study has a descriptive character and describes the experiences of involved actors of the implementation process.

Informants
Six informants were selected by using purposive sampling, an approach where informants are chosen based on that they have special characteristics or experiences, in relation to what is studied [12]. The basis on which the informants were selected was that those who had most experience and knowledge about the implementation process should be chosen, as that could enable detailed knowledge and understanding of the research objective. There were not a large number of informants to choose between, as the persons involved in the implementation process on this level were restricted to the local steering group. However, the informants' different positions and working arenas were also considered to ensure that all key persons were included and at the same time ensure some diversity among the experiences of the informants. All informants were selected in consultation with the steering group and the representatives of the Salut Programme. Even though not all formal members of the steering group and the Salut representatives were interviewed, those most involved in the implementation process were chosen as informants. Three school managers from the municipality in Lycksele and two health promotion officers and one change process consultant from the county council were selected as informants.

Data collection procedures
The method to get in contact with the respondents was firstly by participating in a video conference with steering group and the Salut representatives in the end of January 2012. At that time they were informed about the objective of the study and that participation was voluntary. The informants accepted on request to be interviewed before a certain date. The interviews were appointed via e-mail contacts and the purpose of the study was described again in the e-mail. The interviews with the three Salut representatives were conducted first and they were interviewed on separate days. Two of them were conducted face to face, and one were done via telephone as the informant is working in another town. All the three interviews in Lycksele were conducted at the same day because the geographical distance and the time limitations made it difficult to visit Lycksele more than once. All interviews were performed during March 2012, in the offices of the informants or in nearby meeting rooms and were digitally recorded. The interviews were conducted in the latter part of the
implementation process that started in the beginning of year 2010 and continue to the end of year 2012. Therefore the last part of the implementation process has not been studied.

Informed consent was established verbally before the interview started. The informants were also informed about the limited ability to secure their confidentiality due to their leading positions of their organisations before the interviews started. The interviews lasted between 43 and 77 minutes. A semi-structured interview guide was used in the interviews. Directly after all interviews ended notes were written about impressions, thoughts, content and atmosphere of the interview.

**Interview guide and theoretical framework**

The following section describes a model of implementation processes developed by Fixsen et al. [13]. The model formed the basis for the interview guide and was used as a structure for the analysis. The model by Fixsen et al. consists of six stages of implementation processes. These stages are noticeable in the process of implementing evidence based programmes [e.g. 14,15]. According to Fixsen et al. [13] it is so far not much research done on these six stages of implementation. Most of the research done on the stages are moreover on the two initial stages; the stage of exploration and the stage of initial implementation. This study about the implementation process of Health Promoting School, has aimed at including all the six stages of Fixsen’s model, even though the implementation process has not finished, but is in its end stage. To clarify what is meant by implementation process, Blase, Fixsen and Phillips [16] offers an explanation. They suggest that a distinction between the study of implementation outcomes and processes and intervention outcomes and processes should be done. Studying interventions and studying implementation are different issues. The definition of implementation used for this study is “a specified set of activities designed to put into practice an activity or program of known dimensions” [13, p.5]. Additionally implementation is seen as a process, not a one-time act or an event [13].

Fixsen et al. [13] defines the model of the stages of implementation as follows: 1) **Exploration and adoption** where the need for intervention is identified, the match between the intervention program and the community needs are assessed, resources are mobilized and organizational structures are prepared. The stage results in a clear implementation plan with tasks and time line for the intervention programme. 2) **Programme installation** is the stage in the implementation process where policy is developed, structural support is organized, strategies for training and educating the staff are being done and outcome expectations are stated. 3) **Initial implementation** is where the first steps of change because of the implementation occur. The new programme starts to be put into practice and staff is educated. This stage often includes a fear of change and includes the complexity of beginning with something new. 4) **Full operation** is the stage where the programme is fully operating and staff and consumers are practicing the programme. The stage includes that the content of the new programme has become integrated in the policies, practices and procedures of the practitioners, the organizations and the community. The programme is included in the usual activities of the organization and the managers and administrators support the programme. 5) **Innovation** is the stage when the programme could be changed or amended according to
the local and organizational practical experiences. 6) Sustainability is to maintain the implementation of a programme in the subsequent years and to manage the long-term survival of the programme [13].

The questions in the interview guide was formed on the basis of these stages and thus had a chronological structure. The interviews followed the respondents’ experiences of the implementation process by these stages. Additionally the implementation process also had a component of collaboration across two sectors in the society. Therefore literature on collaboration was as well applied in constructing the end part of the interview guide [17]. Separate questions about the experiences of the collaboration followed after the questions on the six stages of the implementation process.

**Data analysis method**

Interviews were transcribed verbatim and analysed with qualitative content analysis [18]. The procedure of the data analysis was inspired by Edvardsson [2]. The interviews were read thoroughly many times to get an idea of the whole of the content of the interviews. Notes of key concepts and thoughts of the informants’ experiences were taken during this process. The data was coded to capture the informants’ experiences. Codes with similar content were sorted into broad content areas. After that the codes were compared and put into categories. The software Open Code 4.0 was used for coding and categorising all interviews. Codes and categories were checked against the transcribed interviews. The model of stages of implementation provided by Fixsen et al. [13] was used and categories in the analysis were structured into the six stages. Quotations illustrate the experiences of the informants and how the interpretations in the analysis are grounded in the data. Quotations were also sent to the informants in order for them to confirm if their meanings and ideas were captured in a correct way.

**Ethical considerations**

The informants are by their leading or otherwise prominent positions in their organisations known to many people in their setting and it would not be difficult discover whom are working with this implementation process within these organisations. Thus, informant confidentiality can not be fully ensured. The interviews and study results have been be coded and de-identified. Only the author and the supervisor have access to the transcribed interviews. The informants were informed that participation was voluntary and that confidentiality not could be ensured before the interview started, with the intention to enable for them to determine if they were comfortable or not in participating.
3. Results

Overall the informants described the implementation process of Health Promoting School in Lycksele as to be proceeding well and the collaboration between the Salut representatives and the school management was described as well functioning. In the analysis four categories were identified as recurring throughout the implementation process and relevant for the whole process. Those were firstly, the importance of leaders being responsible for the implementation process. Secondly, the importance of designing the programme locally to get all involved and make it adjusted to the local conditions. Thirdly, the school managers were perceiving health promoting school as a part of the school’s assignment by the National Education Act. Perceiving it a part of their assignment was seen as a facilitator for sustainability of the programme and at the same time it was seen as a challenge to show coworkers that health promoting efforts was a part of the school’s assignment. Fourthly, working with health promoting efforts systematic, to make it integrated and sustainable was described as important throughout the process. The recurring observation in the analysis was that both groups experienced an improvement of the collaboration but in different ways. The school managers experienced an improved understanding of the school’s specific conditions and the Salut representatives experienced an increased independency and taking on more responsibility by the school managers as the implementation process went by.

Table 1 gives an overview of all the categories describing the experiences of the implementation process, displayed in the model of the six stages of implementation by Fixsen et al [13]. Table 2 gives an overview of the categories relating to the collaboration between the two sectors. Below, the categories for each stage and the categories relating to the collaboration are described together with quotations from each specific category.

Experiences related to the stage exploration and adoption

During the analysis several reasons for accepting the offer to participate in the programme were identified. A facilitator was the former collaboration as a pilot municipality within the Salut Programme. Through that the school managers had knowledge about the programme and knew what working with Health Promoting School could entail and also relations with those working with the Salut Programme had been made.

“It felt easier to start when you knew someone in the Salut group.” (School manager 3)

“I think it was that we were already in it, we were a pilot municipality and had seen the advantages of taking part of it.” (School manager 2)

Designing health promoting school locally was experienced as important for the implementation process. The informants described that the Salut Programme offered knowledge and a working process for Health Promoting School, but the municipality designed Health Promoting School locally. The importance of deciding over the programme
themselves was underlined by the school managers. They compared it to the pilot phase when they experienced the county council deciding more.

“You don’t come with fixed concepts and say do like this. The offer is that we have a role together to create health for children and youth in the society.” (Salut representative 3)

“Before (the pilot) it was the county council who decided now this is important […] This has given us an opportunity to work with what we find is important now and forward, what we want to be better at.” (School manager 1)

Another reason for accepting the offer from the Salut Programme was that a need to work with health promoting efforts was identified. A national survey of children’s psychosocial health in school grade 6 and 9, by the Swedish national institute of Public Health, showed unsatisfying results for pupils in grade 9 in Lycksele. The offer from the Salut Programme was then experienced as a good opportunity to work for an improvement of the pupils’ health.

“From the national institute of public health’s study we had a result that we had to do something. This doesn’t look good for Lycksele’s part and then it is maybe easier to start a big work where we should do a lot of things in another way, with the help from Salut.” (School manager 1)

The school managers all expressed that working with health promoting efforts is an assignment the school has as a part of the democratic assignment in the National Education Act. The Salut Programme was seen as a valuable support to work with health promoting efforts they viewed the school is assigned to do.

“So it was somehow just a help for the work we in fact should do, we have this assignment in the school today to work with the social goals or the democratic goals, as you say sometimes, in parallel with the knowledge goals.” (School manager 2)

Moreover the leadership approach was experienced as an important factor throughout the implementation process. The school organisation’s highest leaders being responsible for implementing Health Promoting School was seen as positive factor. It was expressed as a way to reach the entire school system. The change process consultants’ support was also seen as valuable as they had specific competence about leadership. It was described that the school superintendent took the decision to work with Health Promoting School and it was described as a positive that there were not any hesitation. However it was also experienced that the decision to accept the offer was made too quick when looking back.

“I think we should have sat down and discussed the approach to this more clearly, both within the management, with the headmasters and with the heads of preschools. Maybe it was a little too quick, bang now we should take part of it, because at the same time it was many other reforms to be introduced.” (School manager 2)
Experiences related to the stage programme installation
The school managers addressed that a clearer long term plan for the implementation process would have been helpful later in the process. A plan for the work year by year would have helped to make it more clear and could also been used for communicating the programme to the schools.

“There when thinking back, it was a little bit uncertain, when have been doing it once now, I think you should be very clear with the frames, that now we should do a plan for each school year so that we already now from the beginning [...] so we have a clear overview of it”. (School manager 2)

Moreover, the informants expressed that the headmasters did not become advocates of the programme in the beginning. The headmasters should have been introduced to the programme at a seminar together with other professions, but few came, so it was difficult to establish the idea of working with Health Promoting School among them. The informants expressed that the headmasters not being advocates of the programme as a shortcoming throughout the implementation process.

“That was a shortcoming, that we didn’t have better check on the headmasters, because they didn’t become advocates of the programme, and the idea we have now is that we should not meet any but the headmasters in the beginning.” (Salut representative 1)

Experiences related to the stage initial implementation
Committed staff was seen as an enabling factor for the programme by the informants. The school leaders were perceived as being clear about that the schools had to work with the programme and succeeded in establishing this among the staff. The practice of teams bringing forward the working method of Health Promoting School in the school was also seen as a suitable way in the implementation process of the programme.

“The staff from the schools have come to the seminars and been committed, so it has worked with the establishment, that this is something we are going to work with and the staff have come and worked.” (Salut representative 2)

The school managers described an ambivalent attitude towards the programme among headmasters and staff. At one hand the informants described that all staff agree that health promoting efforts are important and agree that it is a precondition for learning, at the other hand they find it difficult to find time for it. Some negative attitudes towards the programme from the headmasters were described by the informants as it was seen as extra work in a busy schedule. The new national curriculum for the school launched recently was mentioned as matters demanding time and competing with working with health promoting efforts.

“This is the precondition for the pupils and the children to develop in their learning, and everyone agree on that, but still there is a little frustration over oh, Salut, is it Salut again, like that. It is subordinated, those matters, even if they are important. And it’s not always you are able widen your gaze and see this helps me in what I anyway shall do.” (School manager 2)
“The headmasters thought it was difficult many of them. I don’t know if they want to stand for it today, but it’s because they had so much, and Salut was just seen as a pressure.”
(School manager 3)

A conflict between reaching knowledge goals and working with health promoting efforts were expressed by the school managers. They reported how the new Education Act focus on knowledge goals and that of the two assignments the school have, the knowledge assignment and the democratic assignment, the knowledge goals are currently been given more attention in schools. This was described as a difficulty for working with health promoting efforts and a challenge described by the school managers was to help staff to see the relationship between health and learning.

“It can be much negative publicity from the inspections of the School Inspection with focus on the knowledge goals, and then I think it so much to do, so you are not able to widen your gaze, that is where the leadership should help, to widen the gaze and see beyond, can we do something differently compared to what we always have done.”
(School manager 1)

Experiences related to the stage full operation

The informants expressed it as difficult to say how far the implementation process of health promoting school had reached and some mentioned they were awaiting a quality evaluation from the schools including an evaluation of health promoting school. It was described as a beginning of an attempt to systematically work for a health promoting school. Moreover it was experienced that structures for health promoting efforts were being constructed in the organisation. It was also expressed as a start of change.

“We have the first beginning of systematic, and it must always develop and continue [...] I think we with the help of Salut have dared to do a first attempt and then we know that this has to be developed and revised continuously.”
(School manager 1)

The informants described a positive attitude to the programme in general. A change in attitude to the programme was also expressed by the informants. It was described how there is more reasoning around health promoting issues now and that headmasters and teachers think more about it. They also expressed that the headmasters were more involved in the programme now and special seminars had been held for them. The informants also shared the experience that the participants in the seminars had been satisfied. A positive experience related to Salut was regarding the school meal staff:

“They thought it was so good that all got the education [...] It is so much that have made it more positive between the departments and the kitchen staff and they have seen that as a large benefit from it all, you talk more with each other.”
(School manager 3)

An experience shared among the school managers were that health promoting efforts had become more evident because of the programme. The school managers experience were that the school always had worked with health promoting activities as it is a part of their assignment, but working with Salut and Health Promoting School made it more evident.
“Before health promotion was very general, it was really all should feel well, all should have friends and everything. I think that it has become more evident with Salut that it can be rather specific things, but so important, before it was more this typical pedagogic general formulation, that maybe don’t say that much.” (School manager 1)

Experiences related to the stage innovation
In the implementation process of Health Promoting School the innovation stage did not follow the stage of full operation in time as the model by Fixsen et al. proposes. The approach was instead that the programme was adjusted to local conditions from start. The locally adjusted and different content of Health Promoting School according to the local needs were seen as positive by the informants.

“I even think that in some schools you have introduced fluoride rinse, where it’s needed […] but it is very different and not general. And that it what I think is so positive, that it happens from local preconditions.” (School manager 1)

Experiences related to the stage sustainability
The implementation process of Health Promoting School is still ongoing so the informants were asked to describe what factors could lead to sustainability and if and how they currently are working with factors for making the programme sustainable over time. The school leaders expressed the importance of requesting results and including health promotion efforts in the systematic quality work as a significant factor for sustainability. The school managers underlined that when asking for results you create expectations on the schools and the work for health promoting school is more likely to develop.

“To request results, then things happen, because if you request results then you have some expectations too and demands on that you want something to happen, but it you don’t ask after anything, then it will develop in some places and become better and more sustainable, but then it might disappear in other places.” (School manager 1)

Another factor for sustainability seen by the informants was the leaders’ commitment. It was expressed that all leaders in the school, from head of preschools, headmasters, politicians and the school managers ought to have this on their agenda and stand up for the message in order for it to be sustainable. The commitment of the school managers was especially seen as the key to sustainability.

“If we succeed in having them built this into their structure, but also into their heart on the leadership level, the highest leadership level, then there will be good preconditions for it to be sustainable.” (Salut representative 3)

Moreover a factor for sustainability was seen to be the leaders supporting the relation between health and learning. Leaders should support and stand up for the association between health and learning, meaning that good health conditions contribute to reaching
knowledge goals. It was found that a key to sustainability was that the schools recognise that health promoting work is a precondition for the pedagogical work.

“If the preconditions for good health for the pupils, that it is such an important part and a founding condition for the pedagogic work, if you make that connection [...] Then I think that is the key, if you understand that, and not just understand but realise the importance of keeping this health promoting work on a high level, that it is a foundation for the other work, then I think it will be sustainable.” (Salut representative 2)

Follow-up after the implementation process ends were also seen as important for sustainability. To continue to have seminars on the topics with the Salut representatives the coming first years was pointed out as something needed for keeping the efforts ongoing and was seen as a way to make it more sustainable.

The school managers mentioned that the assignment of health promoting school never ends, something that by it self was seen as a factor for sustainability. It was expressed that the school has an assignment to work with health promotion and therefore the work will continue and hopefully will become more integrated in the daily activities.

“We have an assignment so it will never disappear. We can never stop doing it, but what I hope is that we can, with help of the Salut Programme maybe have more [...] We must in some way make more of the democratic assignment and not just when it is some national drive or so, but it becomes more a part of the daily work.” (School manager 1)
Table 1 Categories describing experiences of the implementation process of “Health Promoting School” in Lycksele municipality displayed in a theoretical scheme inspired by Fixsen et al. [13].

<table>
<thead>
<tr>
<th>Stage 1: Exploration and adoption</th>
<th>Stage 2: Program installation</th>
<th>Stage 3: Initial implementation</th>
<th>Stage 4: Full operation</th>
<th>Stage 5: Innovation</th>
<th>Stage 6 Sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Former collaboration facilitated initiating cooperation</td>
<td>Missing a long-term and clear plan for the entire process</td>
<td>Committed staff – an enabling factor</td>
<td>Systematic approach for health promoting school</td>
<td>Adjustment to local conditions seen as positive</td>
<td>The importance of requesting results</td>
</tr>
<tr>
<td>Designing Health Promoting School locally</td>
<td>The headmasters not advocates of the programme</td>
<td>Ambivalent attitude towards the programme among headmasters and staff</td>
<td>Developed positive attitudes to the programme in general</td>
<td>Importance of leaders commitment</td>
<td>Leaders advocating the relation between health and learning</td>
</tr>
<tr>
<td>Identified need of health promoting efforts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Follow-up after implementation process ends</td>
</tr>
<tr>
<td>School has a national assignment to work health promoting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>The assignment never ends</td>
</tr>
<tr>
<td>Leadership approach – an in important factor throughout the process</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Categories related to the six stages of implementation processes
Table 2 Categories describing experiences of the collaboration between the school managers and the Salut representatives in the implementation process of “Health Promoting School” in Lycksele municipality

<table>
<thead>
<tr>
<th>The school managers’ experiences</th>
<th>The Salut representatives’ experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding of each other’s roles</td>
<td>Understanding of each other’s roles</td>
</tr>
<tr>
<td>Improved understanding of the school organisations conditions from the Salut representatives</td>
<td>School managers seen as committed</td>
</tr>
<tr>
<td>Salut representatives seen as eligible</td>
<td>Improved independency of local steering group</td>
</tr>
<tr>
<td>Valuable feedback of the process status from Salut representatives</td>
<td>Small local steering group vulnerable</td>
</tr>
</tbody>
</table>

**Experiences related to the collaboration**

Both groups expressed an understanding of each others roles in the collaboration. The groups had lived up to the expectations they had on each other. In the beginning they also wrote an agreement that stated expectations and responsibilities of the two organisations. The informants also described how the school managers ownership of the process was discussed from the initial part and onwards. It was also mentioned that the Salut representatives had a role of moving the process forward, taking initiatives and getting all involved on board. Both groups shared the view that the school managers were the group responsible for implementing Health Promoting School in Lycksele.

“The responsibility is on the school management, on the school superintendent and the management group, they are responsible for the implementation. I think that is clear.” (Salut representative 3)

“It is us, Salut they have tried to implant this and it has started well, but now I think it is on us.” (School manager 3)

**Identified experiences of the school managers**

The school managers perceived an improvement in the understanding of the conditions of the school from the Salut representatives. They found that there was better understanding for the schools’ other functions now compared to the previous collaboration. Improvements in synchronising the planning with those concerned were also experienced. It was also expressed that the communication between them had improved now compared to the initial phase. However, one informant felt that the health promoting work already done in the organisation was not considered in the beginning of the implementation process.
“That was a little bit in the beginning, I think that then they talked as like nothing had happened here in Lycksele and then I got a little bit angry [...] They talked a little like as if you nothing knew. That is the only thing I can say I was bothered about in the beginning.” (School manager 3)

The school managers expressed that they saw the Salut representatives as eligible. It was appreciated how the Salut representatives had inspired and driven them forward. The resources they provided was valued, as well as how the Salut representatives had listened to their wants and also proposed own suggestions.

“It is the resources that they have been able to supply that have been outstanding, I mean great seminars. They have taken in and listened to our wishes and come with own proposals and have had good quality in their seminars.” (School manager 2)

The meetings with the Salut representatives were overall highly valued among the school managers. They found that the meetings had an important function and the contact with them was needed. The feedback they got from them of the process status was mentioned as important. Issues coming forward during seminars were brought up by the Salut representatives during the meetings and gave the school managers a wider picture of the status of the implementation process in the school organisation.

“I have my picture of how it is in the organisation and then I get the picture from the Salut-functions that are here and have meetings and sessions, they also get a picture of how it all is, and maybe ‘this doesn’t work at all and how did you think here, do you work with this question?” (School manager 1)

Identified experiences of the Salut representatives
The informants representing Salut reported the commitment of the school managers as an enabling factor for the implementation process. The informants described a feeling of being useful when working together with the school managers and they also found that they had met committed leaders in Lycksele.

And we have felt, when we have been there, that we have been able to contribute. Our feeling has been that it’s fun to work with Lycksele because we have felt appreciated.” (Salut representative 1)

“Here you can say that we have met leaders who stand up for what they believe in [...] and then it becomes much easier if you are going to have a collaboration, when we come there from outside we can trust that they dare, are able and want to stand up for this, so that it not just end up in words.” (Salut representative 3)

The Salut representatives described an improved independency of the steering group later on in the process and described them as less dependent in the initial phase. They perceived them taking on the role of steering the process more and requesting seminars and knowledge more and more later on in the process.
“It’s been a change that they have, especially the last half-year, taken this responsibility much more apparent, also when it come to standing up for the issues and for how it should be done” (Salut representative 3)

A concern the Salut representatives shared was that the steering group was quite small which could make it vulnerable. They have meet three persons in Lycksele. A problem with a small group was identified to be that it could be a smaller spread of the concept within the organisation.

“It has been a quite small steering group in Lycksele, it possibly that I can see[...] so you could have some more I could say, it’s a little vulnerable when it’s few persons. (Salut representative 2)

4. Discussion

The results showed that the experiences of the implementation process differed at different stages of the process and both the attitude of the programme and the collaboration were seen as developed through the process. The results also indicated suggestions of what could have been done to improve the implementation process further. Four categories were found to be recurring throughout the implementation process; the importance of leaders being responsible for the implementation process, designing the programme locally, school managers perceiving health promoting school as a part of the school’s assignment, and working systematic with health promoting efforts to facilitate integration and to reach sustainability.

The results showed that the informants emphasised the importance of the school management being responsible for the implementation process of Health Promoting School. In previous research findings on programme implementation, top management support has been found to be highly related to positive outcomes, as overall positive consequences and perceived positive outcomes for consumers. Top management support has shown to be important throughout the whole implementation process for positive outcomes to occur [19]. In the implementation process of Health Promoting School in Lycksele the top management was responsible for the implementation process, and that could according to these findings be related to positive outcomes of the implementation of the programme. Other research findings similarly explains how a controlled leadership structure, like the steering group in Lycksele, possibly will be more able to implement its agenda, compared to a more open leadership structure. A more open structure could for example allow representatives from any organisation related to the collaboration to attend steering group meetings [20]. However a controlled leadership structure could also according to these previous findings exclude key stakeholders’ access to the agenda [20]. The Salut representatives did also mention the vulnerability of the small steering group they had in Lycksele. It can be interesting to consider in further implementation of Health Promoting School if there are any advantages of including more sectors in the decision making of the implementation process,
as for example other sectors in society than the school sector, or other levels in the organisation as for example headmasters, as the results showed that it was difficult to get the headmasters’ support for the programme’s initial phase.

The importance of designing the programme locally was also described as an important part of the overall implementation process. The school managers described how the local design was a reason for joining as it gave them opportunity to decide what they wanted to work with in their municipality and it was seen as positive that it could be adjusted to the needs of each school. Previous findings have shown how important it is that the organisations involved in collaboration like this feel ownership at the community level, of the programme implemented. A way to ensure such ownership is clear processes and structures of decision-making [21]. On the other hand, in other research findings of implementation of evidence-based programmes, it has been found that modifying a programme from its’ tested evidence-based form, will have negative impact on implementation success as the programme is not followed [19]. This difference between the findings, between the importance of following a tested programme and the importance of adjusting to local conditions has been identified in previous literature [22]. A difference has been described between health promotion programmes focusing on aspects as participation and multidisciplinary collaboration and evidence-based decision making focusing more on measuring health outcomes [22]. The need for evidence-based interventions that seek to promote health is generally agreed upon, however arguments has been stated that to succeed with an intervention it has to suit the community needs. It has further been argued that health promotion programmes that are flexible and responsive to local need are most likely to accomplish its aims [22]. The results of this study of Health Promoting School support the arguments from the literature on the importance of adjusting a programme to community needs and the importance of local ownership of a programme. It was highlighted by the school managers how important they found the local decision making and the adjustment to local needs for them to join and proceed with the programme.

The school managers perceived working for a health promoting school as a part of the school’s assignment included in the democratic goal of the National Education Act. The county council has their agenda of improving the health of the population in Västerbotten. Previous research on collaboration across sectors has shown that it is important for the sectors to have a common problem or a common purpose to work with an issue for the collaboration to be initiated [17]. It has also been found that collaboration between sectors is more likely to succeed if there is general agreement on the problem or the issue when starting working together [17]. The results from this study showed that the municipality and the county council in this collaboration had a common purpose to work with health promoting school, as the school also saw it as a part of their assignment. According to the previous literature [17], that could be a factor related to positive outcomes for their collaboration.
Working with health promoting efforts systematic, to make it integrated and sustainable was described as important for the implementation process. Especially asking the schools for results was seen as important for the continuing work of implementing the programme. Previous research findings support the informants’ view of the importance of leaders asking for results. In a study on implementation, the results showed that performance monitoring, watching what is happening with the activities as the programme is being implemented, had high correlations to implementation outcome and monitoring was found to be increasing the chance of the success of a programme [19]. Other research findings show that monitoring the implementation process is a way to ensure development to the goals of the programme [15]. It seems according to these findings important that the managers within Health Promoting School continue to ask for results as a way to continue to develop the programme and make it sustainable. It is also known from previous findings how important it is to plan for sustainability early in the implementation to make the programme sustainable [2].

The school managers experienced low understanding in the collaboration for the school’s specific condition in the initial phase. The Salut representatives on their hand expressed low independency of the school managers group initially. It is possible that the trust that was built along the process led to improved understanding and independency in the collaboration. Ways to build trust in collaboration could be by sharing information and knowledge, by showing competence and good intentions [17]. Other research show how trust building can lead to the involved parties can taking a bigger part in the collaboration [20]. Having a good communication, as the results show the informants experienced, has also in previous research findings been found to be important for empowering and encourage actors to become involved in the collaboration [23]. Collaboration between organisations in literature has been described as challenging because of the difficulty to reach the intended outcomes as it is challenging to get all parties involved, committed and able to have a good communication [20,23]. It has been stated that success in collaboration, achieving the purpose, is normally not what to expect as it is so difficult [17]. Therefore the results from this study of the implementation process of Health Promoting School that showed that the collaboration in general was described as well functioning is somewhat unexpected.

The whole implementation process from the beginning until the present situation has been explored in this study. Previous findings show that most research on implementation processes have been done on the initial stages [13]. The study could have benefited from being conducted later, preferable after the whole implementation process finished in the end of 2012. However the experiences of those responsible for implementing Health Promoting School was studied as far the process had reached at the present. Both the school managers and the Salut representatives clearly expressed the advantages of school managers being responsible for the implementation process and had positive experiences of the leadership approach. Further studies and evaluations can show whether the other actors involved agree on this and it remains to be seen whether the programme will become integrated and sustainable.
**Methodological discussion**

The theoretical model of implementation stages presented by Fixsen et al. [13] was found to be applicable for constructing the interview guide and structuring the results in this study. The interview guide had the advantage that it could encourage informants to in detail describe how they experienced the process step by step. Their answers could also be compared. A more informal interview based on more open themes could have given other answers and allowing the informants to more freely evolve around questions relating to the implementation process. However, the informants were given an opportunity to add issues in the end of the interview. The interview guide built on existing research [13] was a help to be able to ask questions that would be relevant for the experiences of the implementation process. For the analysis, qualitative content analysis was used as it was found feasible with the aim of the study. As the purpose was to get knowledge of and understanding of the experiences of the implementation process it was found to be an appropriate method to analyse the content of the data and to construct the categories [24].

The trustworthiness of the study was considered [25]. To increase credibility, the supervisor has read transcribed interviews to ensure that the categories are found in the data. Member checks were also done with to increase the credibility. Data was systematically analysed and coded and categorised. The systematic data analysis could help in increasing the dependability as the process of analysis is easier to follow more in detail. To increase the transferability and the confirmability the study has aimed at giving a detailed description of the setting, the selection of informants, data collection methods and data analysis method.

The study could have benefited by a more narrow scope of what to investigate, for example looking more into a specific part of the implementation process instead of all stages. However, that approach might have excluded many important experiences during the whole implementation process. The broad research objective can provide a wide representation of experiences of an implementation process and the data obtained can add knowledge of experiences of an implementation by following the process step by step. This study is limited as it only describes the experiences of the two health promotion officers, one change process consultant and three school managers. It would be of additional interest to study the experiences among the other groups involved, such as headmasters, teachers and other staff in schools and preschools. It would be particularly interesting to explore the headmaster’s experiences as the results from this study showed initially the problem of making the headmasters advocates of the programme. It would further be interesting to study how the recipients of the programme, i.e. the school children, experienced the activities belonging to Health Promoting School.
5. Conclusions

The experiences of working with the implementation process of Health Promoting School, as an overall well functioning collaboration and overcoming initial problems, is somewhat unexpected. Collaboration across sectors is usually followed by many challenges, as conflicts, difficulties of communication and getting involved actors committed [17,20,23]. The leadership approach, the locally designed working process, the shared purpose by seeing health promoting school as part of the schools assignment and the start to work systematic was important throughout the implementation process and for the collaboration success. The results supported arguments on the importance of adjusting health promotion programmes to community needs and the importance of local ownership of a programme. The leadership approach, making the school managers responsible for the implementation process of health promoting school in their municipality was appreciated by the school managers and the Salut representatives and seen as important for integration and sustainability. Nevertheless the results also showed how some staff groups were not involved especially initially, and it is worth paying attention to how to involve those groups further.

Acknowledgements

I would like to express my thankfulness to the school managers and the representatives for the Salut Programme for taking their time to participate in the interviews and sharing their experiences of this process. I would also like to thank Kristina Edvardsson for her assistance with my work and for valuable feedback. Finally, I would like to thank my supervisor Eva Eurenius for all motivating support and guidance throughout the process of this study.
6. References


9. The Swedish National Agency for Education: Comparative numbers. Total number of children enrolled in preschool and in preschool class, total number of pupils in compulsory school, number of schools and preschool departments by 15 October 2011, in Lycksele municipality. (http://www.jmftal.artisan.se/databas.aspx#tab-0)


