|  |
| --- |
| **Disparities in availability of health-promoting interventions in public schools in Québec** |
| **Background/Objectives**  Schools can influence health behaviors in all youth, regardless of socioeconomic status (SES). However, little is known about disparities in availability of school-based health promoting interventions (HPI) and extra-curricular activities (EA). Our objective was to determine if, in Québec elementary and high schools, there are social disparities in the presence and/or types of HPIs and EAs.    **Methods**  In *Project PromeSS, w*e conducted a cross-sectional survey of school principals in 83 elementary and 21 high schools. Principals completed structured telephone interviews on the availability of HPIs (including tobacco control interventions) and EAs in their schools. HPIs are those offered during class hours requiring mandatory participation, but are separate from the Ministry-mandated curriculum. EAs provide opportunities for students outside class hours; participation is voluntary and there can be an extra cost. Data were also collected on the process of adoption and implementation of HPIs and their sustainability. School SES was classified according to Ministry of Education deprivation indicators.  **Results**  Low SES schools had fewer students, and lower principal turnover compared to moderate and high SES schools. There were few differences by SES across schools in the number of HPIs. However 34% of low SES schools offered mental health programs compared to 54% of moderate SES schools and 53% of high SES schools. Further 31% of low SES schools offered tobacco control interventions compared to only 21% of moderate and 6% of high SES schools. There was no difference in the proportion of schools offering most types of EAs by SES, except for special interest clubs (ex: lego, robotics) which were offered primarily by moderate SES schools (67% vs. 34% of low SES and 47% of high SES schools; p=0.015).  **Discussion**  Our data document the current landscape of HPIs and EAs in Québec public schools, which will help build an evidence-base for planning programs and policy. Similar proportions of Québec public schools, regardless of school SES, offer HPIs and EAs. One important exception is the differential availability of mental health programs across school SES. In addition, the relatively low proportion of schools offering tobacco control interventions may be cause for concern. Program and policy makers may need to reflect on the possible consequences of these two issues in terms of social disparities.  **Keywords**  Health equity, school-based health-promoting interventions, child and adolescent health |