



Examining School Health Systems

Bonni C. Hodges, PhD

Donna M. Videto, PhD, MCHES

Aimee E. Greeley, MST

Session Objectives

- Plan an assessment process
- Access existing information and data related to health and academic performance
- Examine factors that enhance or compromise the process of health education

Building Capacity for School Health Systems Change

- Partnership between SUNY Cortland Health Department & NYSED
- Facilitate school health systems change
 - develop sustainable school health infrastructure and systematic processes for improving health and academic outcomes



Moving districts toward

- Including health in school improvement plans
- Using academic & health data to explore contributions & solutions to educational challenges
- Evidence-based programs and policies
 - Using systematic planning & process models
- Increased involvement of a wide variety of stakeholders
- Identifying and establishing effective sustainable partnerships

SHSC Step 1: Comprehensive School District Health & Wellness Profile

- General
 - Big picture
 - Engage stakeholders
 - Baseline data
- Specific
 - Illustrate connections health & academic performance
 - Reveal assets
 - Platform upon which to build systems

Framing the Profile

- Ecological Systems Theory
 - Necessary to look beyond confines of school district
- Precede-Proceed
 - Identification of specific data points

Data Points-Phase 1

Social Assessment-Community

- Demographic Trends
- SES Trends
- Employment Trends
- Crime Rate & Trends
- Housing Characteristics
- Land area & geographic characteristics
- Local government structure
- Community Resources: health, educational, other
- Community Engagement: e.g. voting rates, civic org. membership, community event attendance

Social Assessment-School District

- Student demographic info
- District & school building NYSED "needs" designation
- Free/reduced lunch enrollment and trend
- Academic performance & trend
- Students with disabilities classification rates and trend
- Students with special rates & trend
- Graduation and college enrollment & trend

Data Points Phase 2: Epidemiological, Behavioral, Environmental

- Community morbidity and mortality data
 - Including school data
- BRFSS and YRBS data
- Environmental contributors to morbidity and mortality priorities

Data Points Phase 3: Educational & Ecological

- Predisposing
 - Knowledge of school health
 - Attitudes toward school health
 - Perceptions role of schools in health of youth
 - Perceptions of role of schools in health of community
 - Strength of belief of ties between health and academic performance

Data Points Phase 3: Educational & Ecological

- Reinforcing
 - Attitudes of school administrators and staff, community organizations & staff, and community members toward health
 - Support of school administrators, school staff, parents, community members of school health initiatives

Data Points Phase 3: Educational & Ecological

- Enabling
 - Resources designated for school health
 - Intra-school and extra-school communication systems and efficacy
 - School health coordination skills
 - Enforcement of existing school health-related policies and procedures

Data Points Phase 4: Administrative & Policy

- School district structure
- School health structure and leadership
- CSH implementation and function
- Integration level of school health with academic mission & planning
- School health resources: faculty/staff, funding, collaborations, educational resources
- Related policies

Components of a School Health & Wellness Profile

1. Community Understanding
2. Wellness Policy Review
3. CSH Function Review
4. School Health Function Assessment



1: Understanding the Community

Data Component	Data Sources/Gathering
<u>General Community Characteristics:</u> <ul style="list-style-type: none">•demographics•vital statistics•crime rates•local government structure•community issues & initiatives•general epidemiological data•health & human services resources	Public domain and existing document review
Community & School Physical/Environmental	Windshield Tour

1: Understanding the Community

Data Component	Data Sources/Gathering
<u>Youth Health Status:</u> <ul style="list-style-type: none">•age specific epidemiological data•YRBS•youth risk factors	Public domain and existing document review
<u>School District Characteristics and Performance</u> <ul style="list-style-type: none">•district structure and organization•graduation rates•college enrollment•absenteeism rates•drop-out rates•NYSED state school report card data	Public domain and existing document review

Identifying Existing Documents

Possible Organizational Sources

- Local/state health department
- Chamber of Commerce
- CBOs
- Health care facilities
- Office of local gov't head
- Public Safety Dept.

Where to Look

- Official Websites
- Local news outlets
- Meeting minutes
- State departments of health, education
- Can snowball by asking key leaders & others

Windshield Tour



School Health Systems Change

Windshield Tour:

General Impressions:

School:

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School:

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Area:

School:

School:

Downtown:

Neighborhood:

*

Neighborhood:

Park:

Healthcare facility/Hospital:

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Healthcare facility/Hospital:

*

Reflection Questions:

Pictures

Healthy Students, Strong Learners

School Wellness Policies

- 2004 WIC Reauthorization Act
 - Required by the 2006-2007 school year
- Created by a representative committee
- Required to address:
 - Goals for nutrition education
 - Nutrition standards for all foods in school
 - Goals for physical activity
 - A plan for measuring implementation

2. Wellness Policy Review

- Created by Rudd Center for Food Policy & Obesity at Yale University
 - Funding from RWJF
- Policy Coding Tool
 - 0 if item not addressed, 1 if vague, 2 if clear
- Personalized “scorecard”
 - C & S in 5 sections
- 30 to 45 minute online process- 50 items



Connecticut State Department of Education School Wellness Policy Report

School District: Regional School District 1

Policy Date: 1/8/07

Participated in Healthy Food Certification¹

Comments Section: Yes

2006-2007: No 2007-2008: No

Summary of School Wellness Policy Scores						
Policy Category	Comprehensiveness			Strength		
	District Score	State Score ²	DRG Score ³	District Score	State Score ²	DRG Score ³
Nutrition Education	67	65	70	11	44	45
School Meals	38	40	37	15	30	27
Other School Food and Beverages	55	67	65	24	48	45
Physical Education	40	44	47	20	31	33
Physical Activity	22	50	49	11	31	30
Communication and Promotion	67	45	45	17	31	26
Evaluation	33	59	61	0	38	35
Overall Policy Score	46	53	53	14	36	34

3. Coordinated School Health Implementation



Could also use ASCD's
Healthy School Report Card

School Health Index

- Assesses degree of implementation of 8 components
- Used existing if < 3 years old
- Facilitated if hadn't been done
- Buildings and district

4. School Health Function Assessment

- Looking at
 - Policies
 - Procedures
 - Accessibility
 - Communication

4. School Health Function Assessment

Existing Report Review

- Healthy School Team minutes
- BOE minutes
- School health related policies
- SHI if already completed

Key Informant Interviews

- School District Personnel
- Parents
- Community Leaders

Focus Groups

- School District Personnel
- Parents
- Community Members
- Community Organization representative

Possible Key Informants

- School District Superintendent
- School Nurse
- Principals
- Faculty Union Officer or other faculty leader
- Head of School Nutrition (Food) Services
- PTA/PTO Officers from different levels
- Athletic Coaches
- Arts Director/Advisor (e.g. music department head, theater director, secondary art teacher)
- Mayor/head local government official
- Non-profit organization representative (e.g. executive director)
- Business community representative
- Head of the Chamber of Commerce
- Local health care representatives
- Local Public Health Director

Key Informant Interviews: Process

- KI identified 3 ways
 1. List of categories & titles to Project liaison to id specific people
 2. Snowball sampling from KIs
 3. CBO & local gov't webpage review

Key Informant Interviews: Process

- Letter of support/introduction sent from Superintendent and/or school district liaison
- Interview scheduled & conducted by project personnel

Key Informant Question Examples

When I say the term “school health” what do you think I am referring to?

What policies does the District have that support a broad range of health and wellness programs and services?

Does the District and/or your school building use a shared decision-making process? If yes, is shared decision-making done around school health issues? Describe how that might be done.

Does the district actively plan and build partnerships with the community (groups)? If so, would you consider it systematic planning? Why or why not? If so, are there any partnerships that are associated with school health? What are they?

Can you point to, and share, examples of how the current school health system contributes to positive health outcomes for students? Faculty/staff? Parents? Greater community?

Focus Groups: Process

School-Based

- Participants identified
 - School directories
 - PTA/PTO lists
 - Afterschool/evening program participant list
 - District liaison
- Ltr support from district-level Adm
- Invitations by letter and email

Community-Based

- Participants identified
 - CBO & local gov't webpage review
 - Snowball
 - District liaison
- Invitations by telephone and/or email

SUNY Cortland IRB approved protocols.

Focus Group Question Examples

With regard to school health in this district/building, what works particularly well? What is in particular need of improvement?

Does the District and/or specific building have leadership teams that meet on a regular basis to address health, mental health, and safety issues? How does this leadership group differ from any health/wellness council? What types of issues do they address?

Do health/wellness school teams write annual and/or five year program plans that contain goals and objectives? If so, describe how goals and objectives are selected.

Data Analysis

- Transcripts
- Independent holistic review and analysis to identify key themes
 - Assets and needs
- Group discussion
- Re-review
- Final determination by group of priorities
- Validate with key district personnel

Using the Data

- Moves health & academic link from abstract to real
- Identify assets to use as building blocks
- Priority setting to address needs
- Making connection to build a school health system

Your Turn

- 3 questions you would want to have answered about school health in your district
- How would you get the data to answer your questions?



Healthy Students, Strong Learners