



Use of University/School Partnerships for the Institutionalization of the Coordinated School Health Program

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ABSTRACT

Background: Health educators have discussed the importance of the eight component Coordinated School Health Program (CSHP) approach to facilitate the success of school health education.¹ Conducting a School Health Index (SHI) assessment of the CSHP is an important early step for improving the health, environment and academic success of youth. **Purpose:** To: (1) provide process evaluation data to improve a University-school partnership designed to assist in assessing the current state of the CSHP in 25 area schools and (2) to assess the level of institutionalization of the resulting SHI generated action plans. **Methods:** A 27-item questionnaire was used to conduct follow-up interviews with the project schools following the completion of the SHI assessment. **Results:** Data supported the continuation of the university-school partnership model for facilitating the SHI assessment. Only moderate institutionalization of SHI action plans for advancing the CSHP was shown, mostly related to policy and school environment changes. **Discussion:** Findings indicated the need for health coordinators taking a strong role in the assessment, for developing administrative support, for expanding parent and community involvement and for a formal process evaluation monitoring system to increase accountability. **Translation to Health Education Practice:** Additional recommendations for improving the partnership and the CSHP institutionalization following an SHI assessment are presented.

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BACKGROUND

Since 1998, health education professionals have discussed the importance of a Coordinated School Health Program (CSHP) approach to facilitate the success of health education in the K-12 schools.¹ The CSHP consists of eight interactive components: comprehensive health education; physical education; health services; nutrition services; counseling, psychological and social services; a healthy school environment; health promotion for faculty and staff; and

family and community involvement. A CSHP allows schools to work within a coordinated and planned framework to provide the students, the school and the community with health strategies and activities as a means to improve the health, environment and academic success of youth.^{2,3}

Due to the increasing focus on the value of the CSHP at the state⁴ and federal² levels, some faculty in health education pre-professional programs have undertaken projects that involve putting college students

in service learning experiences into the schools to develop and support the CSHP model.^{5,6} Beginning in 2004, school health education graduate students at SUNY Cortland enrolled in the required School Health

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Program course have conducted the Centers for Disease Control and Prevention's School Health Index (SHI) assessment of the CSHP in all local county schools and schools in the surrounding area. Facilitating the SHI in these schools is a mandatory service learning component to the graduate course, with the potential to establish win-win partnerships for the University and the schools.

The SHI is a self-assessment and planning guide that assists schools in identifying strengths and weaknesses of health and safety policies and programs, and consequently enables the schools to develop action plans for improving the CSHP and ultimately students' health.⁷ The CDC recommends that schools utilize the SHI to identify strengths and weaknesses of their CSHP and use the resulting action plans as a resource for developing and improving school health and safety programs and policies at their schools.^{2,7}

PURPOSE

The purpose of this project was two-fold: (1) to provide process evaluation data to improve the University-school partnerships and the service-learning process and (2) to assess the level of institutionalization of the SHI generated recommendations and action plans by the districts and schools including the potential for the SHI process to impact implementation and institutionalization of the CSHP. The resulting data would be used as process evaluation on the University-school partnership and for institutionalization of the CSHP. In addition, the data would be used to determine the value or benefits of the final report, the final PowerPoint® presentation and other support provided to the schools and districts from the University.

Service Learning Procedures

Prior to the assessment semester, the faculty member teaching the University course met with school district personnel to establish three levels of infrastructure recommended for successfully conducting an SHI assessment. As suggested in the literature, the necessary infrastructure should consist of establishing: (1) a point of contact

person(s), such as a district health coordinator; (2) a district-wide healthy school team; and (3) a school-level team with representatives from each of the eight components of the CSHP model.^{8,9} During the assessment semester, teams of University students facilitated the SHI process with faculty and staff in district school buildings, averaging five to six working meetings per school. The students oversee the collection of the data from the members of the Healthy School Team and prepared a final written report for every school and district that included the action plans and recommendations generated from the SHI assessment. In addition, students prepared and delivered in-service presentations highlighting the report findings and action recommendations that resulted from the assessment process. The presentations were given at both the school and the district level to invited representatives and members of the school communities. After the presentations, a copy of the PowerPoint® slides and scripts used by the University students to accompany the slides were provided to the districts and schools for future use.

While schools and districts routinely expressed appreciation for the students' work, it was unclear if the SHI assessment process and/or any of the resulting action plans were being institutionalized. Requests for technical assistance with the SHI process from school districts within the initial countywide area and beyond have increased. With this increasing demand for such partnerships it had become clear that the University needed to conduct process evaluation on the service-learning component to determine the extent of impact and to identify avenues for improvement.

METHODS

Following IRB approval, students in two graduate courses that had not been involved in a SHI assessment, School Health Program (Summer 2006) and Assessment and Evaluation in Health Education and Health Promotion (Fall 2007), conducted follow-up investigations of all the schools that had been involved in a SHI assessment with the

School Health Program course during the previous three years. Potential participants were identified by the faculty member and selection focused on those school-based individuals who played an important leadership role in the SHI assessment process in their school or district. Representatives from the twenty-five schools (covering eight school districts) that were involved in a SHI assessment were contacted by telephone for an interview. The initial contact at each of the 25 schools took place over the telephone by a trained graduate student interviewer from one of the two University classes involved in the follow-up investigation. The student interviewers requested permission to conduct the interview or asked for an alternative contact person if appropriate. In cases where the representative could not take the time to complete the interview when contacted, an appointment was made for a later date or time. In three cases, the interview was conducted via e-mail after two attempts to conduct telephone interviews failed. If a viable representative was not found, then that school was eliminated from the investigation. The interview process took place over the course of two weeks for the summer 2006 and three weeks for the fall 2007 investigations.

For the summer 2006 follow-up assessment, representatives from 17 schools reflecting five school districts were contacted. Two schools had completed their SHI in fall 2004, eight schools in spring 2005, five schools in fall 2005, and two schools in spring 2006. The mean length of time between the SHI assessment results and this first set of follow-up interviews was 9.7 months (two schools at 17 months, eight schools at 13 months, five schools at five months, two schools at one month).

For the fall 2007 follow-up assessments, representatives from eight schools reflecting three school districts were contacted. Six schools completed their SHI in fall 2006, and two schools in spring 2007. The mean length of time between when the schools received their SHI assessment results and this set of follow-up interviews was seven months (six schools at nine months, two



Table 1. Instrument

Instrument Section	# Items
Process Assessment	6
-Value and ease of setting up infrastructure	3
-Value and ease of conducting the SHI assessment	3
Product Assessment	12
-Importance and value of final report on implementation and update of CSHP	6
-Importance and value of PowerPoint presentation on implementation and update of CSHP	6
Impact Assessment	7
-CSHP and action plan-related changes since SHI conducted	
Comfort level with a future SHI assessment	1
Suggestions for improving the process	1

schools at one month).

The Instrument

The 27-item questionnaire that was used for the telephone interview consisted of 17 Likert-type scale items (three and five option responses) and 10 open-ended questions. The questionnaire was divided up into the following sections: process assessment; product assessment: final report; product assessment: PowerPoint® slideshow; impact assessment; and a few open-ended questions seeking general feedback (see Tables 1 & 2). The researchers developed the questionnaire and prior to use the survey was submitted to an expert panel of public school teachers and University faculty to assess content and face validity. Appropriate changes to the instrument were made based upon the feedback provided by the panel. Frequency data were generated for the Likert items. Open-ended question responses were compiled, reviewed, and common themes identified.

RESULTS

Twenty-one individuals representing the twenty-five schools that had been involved in the service learning SHI assessment over the past four years were eventually contacted and asked to participate in this follow-up assessment (in two cases one individual represented multiple schools in a single district). Of those twenty-five schools, one school was eliminated due to changes in administration

and lack of a knowledgeable contact person. Over fifty percent of the individuals identified as the key representative in the remaining interviews were school administrators. In most cases the administrator participant was the school athletic director/HPE coordinator or the school principal. Twelve percent of the interviewees were health teachers.

Process Assessment

The majority of interviewees (70%) responded that the initial meeting when the University faculty member went into the schools and established the necessary infrastructure was very helpful or helpful. Whereas, only 31% of the interviewees felt the publicity information of informative posters and flyers used to recruit members for the school and district teams was very helpful or helpful. Seventy percent felt that it was very easy or easy to recruit representation from each of the eight CSHP components onto the school's team, as is recommended⁷. In regards to the meetings that the graduate students held for the Healthy School Teams, most of the feedback from the interviews was very positive (Table 3). In general, the feelings about the University graduate students and faculty involvement as facilitators in the SHI process was very positive. Comments from the open-ended questions indicated participants would have liked action plans from other schools to be shared; SHI assessment team members

to be able to provide more clarification, at times, for some SHI Assessment items; more free time (breaks) during the assessment process; more limited discussion; and school administrators "on board" earlier in the SHI process.

Product Assessment

The majority of schools found the final report prepared by the graduate students to be helpful and useful in developing a mission statement for the Healthy School Team, in identifying actions and for improving the CSHP at their school. In particular, 60% of the participants reported that they felt the final report which outlined the SHI results was very important or important to the development of the mission statement; 75% reported the final report was very important or important to identifying actions for the school to take; and 70% reported the final report was very important or important for improving their CSHP. Yet, half of the participants reported consulting or referring to the final report only sometimes and many others reported that they did not know if the report was consulted at all (Figure 1). Fewer participants felt that the PowerPoint® presentation with script, presented to key stakeholders at the end of the process by the graduate students, was important to their work in advancing the CSHP than the final report (Table 4). Reinforcing the lack of value of the PowerPoint®, most in-



Table 2. Sample Instrument Items

Process Assessment
<p>Q. How helpful was the initial meeting with the faculty member from SUNY Cortland to assist you in setting up your Healthy School Team and or your District-wide Team?</p> <p>very helpful helpful somewhat helpful not at all helpful don't know</p> <p>Q. What changes or suggestions would you offer to us regarding developing the Healthy School Teams and the data collection process for future efforts?</p>
Product Assessment for Final Report Items
<p>Q. How important was the final report in identifying actions that your district could take to advance or improve the CSHP in your school?</p> <p>very important important somewhat important not at all important don't know</p> <p>Q. How often do you believe the final report has been consulted?</p> <p>unknown never sometimes often</p>
Product Assessment for PowerPoint Slideshow Items
<p>Q. How important was the PowerPoint slideshow in helping your school/district in advancing and or improving the Coordinated School Health Program at your school?</p> <p>very important important somewhat important not at all important don't know</p> <p>Q. Did the PowerPoint slideshow highlight areas that were specific to your school's situation?</p> <p>yes somewhat no unknown</p>
Impact Assessment Items
<p>Q. Identify all the possible outcomes that you are aware of since the SHI assessment took place:</p> <p>1. Your Healthy School Team now meets on a regular basis</p> <p>yes no don't know</p> <p>2. Your School or District has received monies as a result of the SHI investigation</p> <p>yes no don't know</p> <p>Q. How well did completing the School Health Index help your school identify what you feel were the real strengths and gaps in the eight component Coordinated School Health Program at your school?</p> <p>very well well somewhat not at all don't know</p>

interviewees reported that they consulted the presentation materials only sometimes or never (Figure 2).

Impact Assessment

Nineteen of the twenty-one participants reported feeling that completing the SHI increased their school's ability to figure out what needed to be done to successfully implement a CSHP. One participant who

did not report this as favorable indicated that their school already had a CSHP in place and therefore the SHI had a limited impact on their program.

When looking at the possible outcomes since the SHI assessment took place at their school:

- 40% reported that their Healthy School Team and their district-wide team now meet

on a regular basis.

- 65% received monies through a New York State Department of Education Program as a result of having gone through the SHI process.

- 75% reported that they changed policies as a result of the SHI investigation.

- 75% reported that they improved or increased health related programs.



Table 3. School/District Members Reported Feelings after Healthy School Team Meetings

100% felt they were provided opportunities to take an active role in the SHI process
92% felt they were able to shape the action and implementation plans for the school
73% felt they were able to openly discuss problems and played an active role in attempting to address those problems
92% were left feeling as if they had the knowledge to make improvements in the CSHP at their school
70% continue to care about the CSHP and since then have taken action to make improvements

- 60% reported that faculty and staff are much more aware of the CSHP and its potential impact on students.
- 25% reported that parents are much more aware of the CSHP and its potential impact on their children.
- 70% reported now having a healthier environment.

Many of the participants that reported no outcomes felt that the follow-up interview was conducted too close to their SHI assessment and there had not been enough time for possible outcomes to be observed. For four of the schools, this follow-up was conducted only one month after they received the final materials and action plans. In regards to publishing the results of their SHI for the school and community to view, 70% of the respondents felt that they were able to do that. Yet, over fifty percent (57%) reported the school teams were only somewhat able to publicize the results of the assessment to members of the broader school community. The majority of the schools used faculty meetings as the key avenue for CSHP and SHI information dissemination. Parent and community mailings (school newspaper) were the second most commonly used vehicle for dissemination, followed by community presentations (PTO, Board Of Education presentations) and faculty and staff mailings (e.g., e-mail). One valuable suggestion was to put the results of the SHI assessment on the school website as a way to disseminate the information to the community.

Ninety percent of the participants felt

that completing the SHI assessment did help identify the real strengths and gaps in the eight components in the CSHP at their school. Sixty-five percent of the participants felt that the process did help their school team select priority goals and objectives and of those participants the majority felt confident that priorities selected are being (or have been) addressed in their schools. Institutionalization examples or actions the schools have taken as a result of this work include such changes as switching to healthier vending machine options, making improvements in the school's nutrition and physical education policies, conducting assessments of faculty health interests and needs and the receipt of mini-grants for CSHP efforts from the county Health Department and more (Table 5).

When asked if the participant would feel comfortable agreeing to do another assessment of the CSHP in the future, 85% of the responses were affirmative. The amount of time needed to complete the SHI assessment was given as the main reason for negative responses to this question and for concerns about committing to a second SHI assessment.

DISCUSSION

The SHI assessment and process appears to result in many of its intended positive outcomes such as: providing a clear list of the strengths and weaknesses of health and safety policies and programs at the school; enabling the school to develop action plans that can be incorporated into a school improvement plan; engaging administrators,

teachers and the community in conversations that can potentially result in promoting health-enhancing behaviors and ultimately better health.⁷ Based on the outcomes and sample actions taken by the schools in this process evaluation, many schools reported engaging in activities to maintain the established school teams/infrastructure and to improve their CSHP in one or more areas as a result of going through a SHI assessment. In addition, many of the schools indicated a willingness to engage in future follow-up assessments.

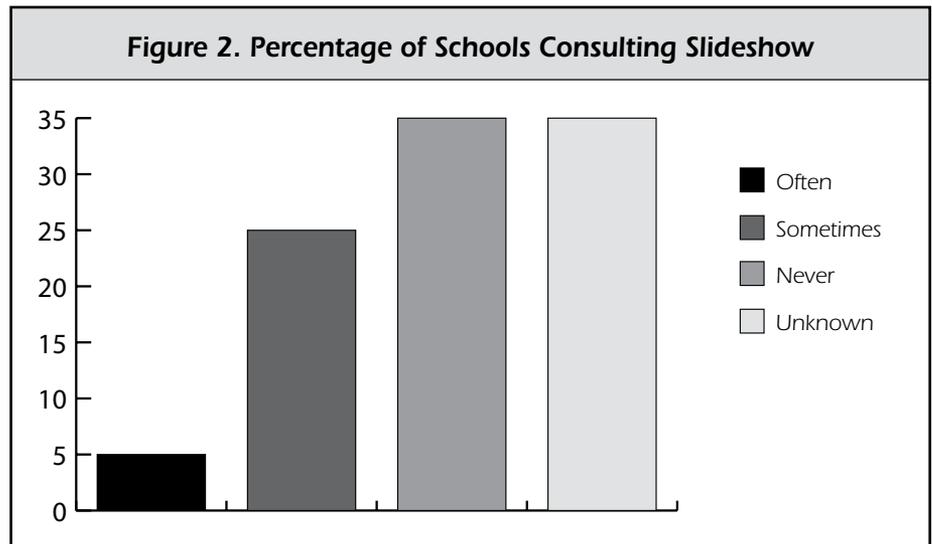
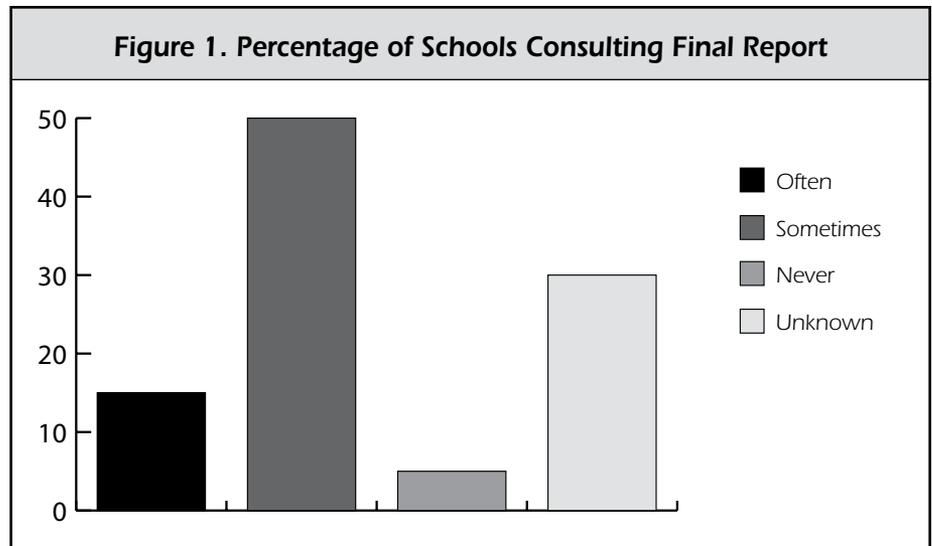
The institutionalization of the SHI action plans can be hindered by a number of factors and some issues were apparent in the interviews conducted. Lack of a health coordinator appears to be one of the greatest barriers to institutionalization of the SHI process and by extension the CSHP model. Schools and districts involved in this project were requested to identify the health coordinator prior to the assessment semester; many schools were not able or willing to make this person a "true" health coordinator. Often the role was assigned to someone who lacked time and/or a real commitment to health education. Generally, the individual overseeing the process was a school administrator who did not possess a health education background and the ability to coordinate the eight components of the CSHP. A real understanding of the value of a CSHP and the ability to serve as a program manager to the CSHP has been indicated as an important feature to the success of this process in the health education literature.¹⁰ If and when the participating administra-



tor moves to another school or takes on different responsibilities, then the potential to move forward on the recommendations established during the SHI process may be lost or minimized.

The majority of participants reported that after undergoing the SHI process, school teaching personnel were better informed than parents about the CSHP and its role in impacting the health of the students (60%). Interview data also suggested that teaching personnel played a key role in the SHI process and were more likely to be in attendance during the final presentations where the results, action plans and recommendations were shared. However, the feedback obtained indicated that communication by the schools to the parents and the greater community about the SHI and the CSHP was often minimal or lacking. Only 25% of the participants reported that parents were aware of the CHSP and its potential impact on the students. This lack of communication was again discouraging because raising parent/community awareness could be viewed as an incentive for institutionalizing the SHI results as parents could serve as motivators to encourage the schools to consider improving their CSHP. It is suggested that parents and the community be targeted by the schools for diffusion of information on the CSHP and the SHI recommendations to assure support from these key stakeholders for potential adoption and institutionalizing of a CSHP.¹¹ Having a health coordinator in place would most likely provide a more structured link between the schools, the district and the community, and would assist in facilitating communication.

It was felt by the University partners that by offering their time and assistance, and by linking the CSHP to common health and academic concerns held by school administrators, would result in a greater chance that there would be continued support for the CSHP and the resulting SHI action plans.¹² Yet, just providing assistance in the SHI process is not always enough motivation and other possible incentives for the schools to get involved in the partnership may need to be considered. During the investigation the



suggestion that the schools would qualify for local and state monies that were dependent on a SHI assessment⁴ seemed to be a strong motivator for involvement in the process. Achievement of external funding or support seemed to influence steps to achieving action plans and movement toward filling established gaps.

TRANSLATION TO HEALTH EDUCATION PRACTICE

Utilizing a university-school partnership to advance the CSHP clearly has a great deal of potential and can result in many positive changes and actions in the schools. Our experience has shown that establishing a committed coordinator as a contact person helps as long as that individual maintains

their current position and goals. School administrators may be lacking in the ability or skills to take the action plans and use those results to improve the current state of the CSHP at their school. State and district wide professional associations and agencies that are able to provide training for school administrators and curriculum personnel on institutionalizing the action plans might have a greater impact on maximizing the results of the SHI assessment. We recommend increasing statewide supportive efforts to assist school administrators in planning for the reporting of the SHI results and in making those results a priority within the school and district.

Because the findings indicated that the value of the PowerPoint® presentation was

**Table 4. Importance of the PowerPoint Presentation (Product Assessment)**

Role in CSHP Process	Development of Mission for Healthy School Team	Identifying Actions to Advance CSHP	Improving or Advancing the CSHP
Percentage who reported very important or important	25	35	30

Table 5. Actions Reflecting Institutionalization

Sample List of CSHP Actions Taken By Schools as a result of SHI Action Plans
<p>Faculty-Staff Wellness</p> <ul style="list-style-type: none"> Conducted assessment of staff wellness needs Pursuing funding for fitness equipment for faculty and staff New fitness center Expanded Physical Activity opportunities for faculty, staff and students Introduced stress management program for faculty/staff Staff wellness programs including cholesterol checking and mammograms <p>Funding</p> <ul style="list-style-type: none"> Wrote/received mini grant <p>Health Education</p> <ul style="list-style-type: none"> New Health Education Curriculum Introduced Character Education Program New Sex Education Curriculum <p>Health Policies & Communication</p> <ul style="list-style-type: none"> Newsletter now includes health corner/health section Offering Wellness Wednesday Series New or improved Wellness Policy Updated Crisis Response Plan Began anti-bullying initiative <p>Nutrition</p> <ul style="list-style-type: none"> Altered snack and party food policy Changed Nutrition Policies Attempting to remove soda and coffee options Changed vending machine options Altered menu options in cafeteria, decreased sugar, salt and fat in food options Introduced a salad bar for cafeteria Water bottle distribution program <p>Physical Activity</p> <ul style="list-style-type: none"> Increased middle school activity time Increase physical activity time for students Introduced a snowshoe program Introduced a walking trail Expanded Physical Activity opportunities for faculty, staff and student

the potential impact of the processing session. Utilizing the presentation for engaging more individuals, groups and constituencies, and to serve as a means of validating the results as well as serving as a motivator for change would increase the value of the presentation as a tool rather than a product that is often ignored.

Encouraging involvement and communication with parents and the community is greatly needed as a way to maintain the ongoing commitment to advancing the CSHP and to increase the chances that the action plans will remain a high priority for institutionalization. In addition, identifying potential funding sources that are SHI-dependent, or at least enhanced by an SHI assessment, is necessary for getting the school's buy-in. As the newly elected government works to put support behind health care and education, the potential for funding for the CSHP may occur and strengthen this incentive area.

In order to improve the quality of the partnership, and to provide a better way to assess the process of the school and district's ability to achieve its SHI plans, it is important that a structured ongoing approach to monitoring that progress be developed. A process evaluation monitoring system could be established as part of the initial understanding when the partnership is first pursued. Benchmark reports at the one- and two-year points could serve as a requirement of the arrangement and could be a necessary obligation for a follow-up SHI to be conducted. The reports could also include a description of the progress being made by the schools on the action plan, the identification of barriers encountered by the schools, documented achievements toward achieving goals established after the SHI to determine the quality of the schools' efforts.¹³ This feedback would serve both partners well as

lacking, it might be necessary to create an opportunity for a more interactive in-service presentation in which processing of the SHI results and action plans might be the

focus. In addition, stressing the inclusion of parent and student organizations, along with other relevant community groups who might serve as change agents, could increase



a way to monitor progress and to keep each partner connected and committed to the growth and advancement of the CSHP and of our children's health.

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