



Washington Office of Superintendent of
PUBLIC INSTRUCTION

Healthy Schools Washington: Year 1 Evaluation Report

2019

HEALTHY SCHOOLS WASHINGTON YEAR 1 EVALUATION REPORT

FY July 2018–June 2019

2019

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BACKGROUND/OVERVIEW OF PROGRAM

ACTIVITIES COMPLETED

Since the Notice of Award, Healthy Schools Washington (HSW) has completed a number of items for implementation of the Year 1 Work Plan activities.

Infrastructure

Worked with the Office of Superintendent of Public Instruction (OSPI), Department of Health (DOH), HSW Staff, evaluator, priority districts, HSW Training Team (cadre), and School Nurse Case Management (SNCM) Cadre. Collaborated with priority districts (Davenport, Moses Lake, Omak, Seattle, and Steilacoom) to solidify and implement action plans. Convened the HSW Statewide Coalition partnering with health and education organizations, state agencies and other key stakeholders. Collaborated with national, state, and local partners. Conducted assessments, delivered PD, collected data for evaluation, and provided follow up/TA.

Professional Development

Provided PD/training on Whole School, Whole Community, Whole Child (WSCC) model, assessment tools, CDC's training tools, healthy school nutrition environments, chronic health conditions, Out-of-School Time (OST), and wellness policy implementation. Provided information on state policies, local policy requirements, and sample policies that can be adopted or improved by LEAs. Provided Webinar Series to priority districts: Webinar #1, Grant Overview; Webinar #2, Funding, Resources and Partnerships; and Webinar #3, Evaluation. Conducted 2-day PD for HSW Training Team, SNCM Cadre, and HSW Priority Districts. Attended CDC meetings, PD events, community of practice calls, and required activities within the grant.

Technical Assistance

Provided targeted TA support, advice, assistance, and training pertaining to program development, implementation, maintenance, and evaluation. TA was provided one-on-one and in small groups through phone, e-mail, electronic technologies, in-person, and PD opportunities to promote healthy school environments. HSW provided TA on national standards, guidelines, and resources that implement policies and practices that support healthy school environments.

EVALUATION QUESTIONS AND INDICATORS

For the first fiscal year of Jul 2018 to Jun 2019, the overarching evaluation questions for Healthy Schools Washington (HSW) included:

1. To what extent have HSW provided quality professional development training and technical assistance to the districts and schools?
2. To what extent have HSW developed a strong school health infrastructure throughout the state and among schools?
3. To what extent have HSW supported the development and implementation of school health policies and practices, including out-of-school time?
4. To what extent have HSW increased healthful behaviors and improved the management of chronic health conditions among students?

Evaluation Questions	Indicator(s)
Question 1: To what extent have HSW provided quality professional development training and technical assistance to the districts and schools?	a. topics of PD and TA and the amount of training conducted
	b. perception of knowledge on the school health topics
	c. test score of knowledge on the school health topics for professional development
Question 2: To what extent have HSW developed a strong school health infrastructure throughout the state and among schools?	a. Module 1 score of School Health Index: School health and safety policies
	b. Module 4 School Health Coordination section of CDC School Health Policies and Practices Survey
	c. school health initiative/policy change as a result of the training
Question 3: To what extent have HSW supported the development and implementation of school health policies and practices, including out-of-school time?	a. events carried out to facilitate policy development and implementation
	b. Module 5 score of School Health Index: School health service
	c. process of policy change and implementation support
Question 4: To what extent have HSW increased healthful behaviors and improved the management of chronic health conditions among students?	a. health-related fitness
	b. quality of life

The major indicators for each evaluation question are described in Table 1. As noted in the results/findings section, due to the late start of the first year and the overwhelming number of indicators included in the evaluation plan, some of the indicators were not completed in the priority districts/schools, and as such the results did not include those incomplete findings.


Table 1. Evaluation Questions and Indicators for Year 1

Methods of Data Collection

Based on the evaluation questions and indicators, HSW used the following methods of data collection: (a) pre, post, and follow-up surveys, (b) selective interviews with school health professionals on wellness committee, and (c) the professional development (PD)/technical assistance (TA) logging system. The pre, post, and follow-up surveys included the needs assessment, pre and post knowledge survey for professional development and training (shown in Figure 1), and follow-up surveys among the priority districts. The knowledge surveys were developed based on the specific content presented at the professional development and training

by our external evaluator, Focused Fitness, and were deployed online before the training. The knowledge surveys were used to gauge trainees' pre and post knowledge/skills related to the training materials. The needs assessment survey and immediate follow-up survey for each training were developed with our evaluator and deployed through their online platform. Once the surveys were completed, HSW reviewed the summary report and Focused Fitness analyzed the data for this report.

Healthy Schools Washington

 Name: _____ District: _____
Position: _____
Phone: _____ Email: _____

Thank you for taking the time to complete this survey to help us understand the effectiveness of the institute. Please answer the questions below to the best of your ability.

For each of the following items, select the **best** answer based on what you know.

1. To support Healthy Schools Washington, which of the following activities is not aligned with the strategies?
 - a. Develop a School Healthy Advisory Committee
 - b. Increase the use of School Health Index
 - c. Develop a system to monitor chronic health conditions
 - d. Reduce school violence

2. Example out-of-school program activities may include
 - a. Morning and afterschool physical activity
 - b. Cooking and nutrient exploration
 - c. Organic gardening
 - d. All of the above

3. The benefits of proper chronic case management in schools include the following except:
 - a. Increase utilization of health care and educational resources
 - b. Improve self-management of health conditions
 - c. Decrease absenteeism
 - d. Decrease junk food consumption

Figure 1. The example pre-post knowledge survey questions.

HSW project coordinator worked with the external evaluator to identify and solicit individuals who were willing to participate in the interview to discuss their experienced successes and challenges in the project. Once the interviewee confirmed with the external evaluator about their availability, the interviews were conducted independently by Focused Fitness in May 2019. The interviews were conducted over the phone at the agreed time with the interviewees and were recorded, then later transcribed verbatim for analysis. Overall, four separate interviews were conducted with four different individuals who assumed varied positions on the wellness committee including physical education teacher, school nurse, grant manager and nutritional service director. To ensure consistency among the interviews, identical interview questions were posted to the interviewees. Seven questions were asked for each interviewee and the sample questions included: (a) what are the success stories related to the school health project you can share? (b) Can you describe the challenges associated with this project implementation?

HSW used the online PD/TA logging system (shown in Figure 2), offered by our evaluator, to track the professional development/training and TA events provided to priority schools and districts. The customizable online PD/TA logging system tracked the number of individuals attended, topics that were covered, duration of the training, format of the delivery (e.g., face-to-face, online, Webinar), the lead trainers, and so forth. This system was also used to track the amount of time and the number events the HSW has conducted to facilitate policy development and implementation at state and district levels. HSW Staff used the system regularly to enter data and run aggregated

reports, and our evaluator downloaded and helped analyze the data.

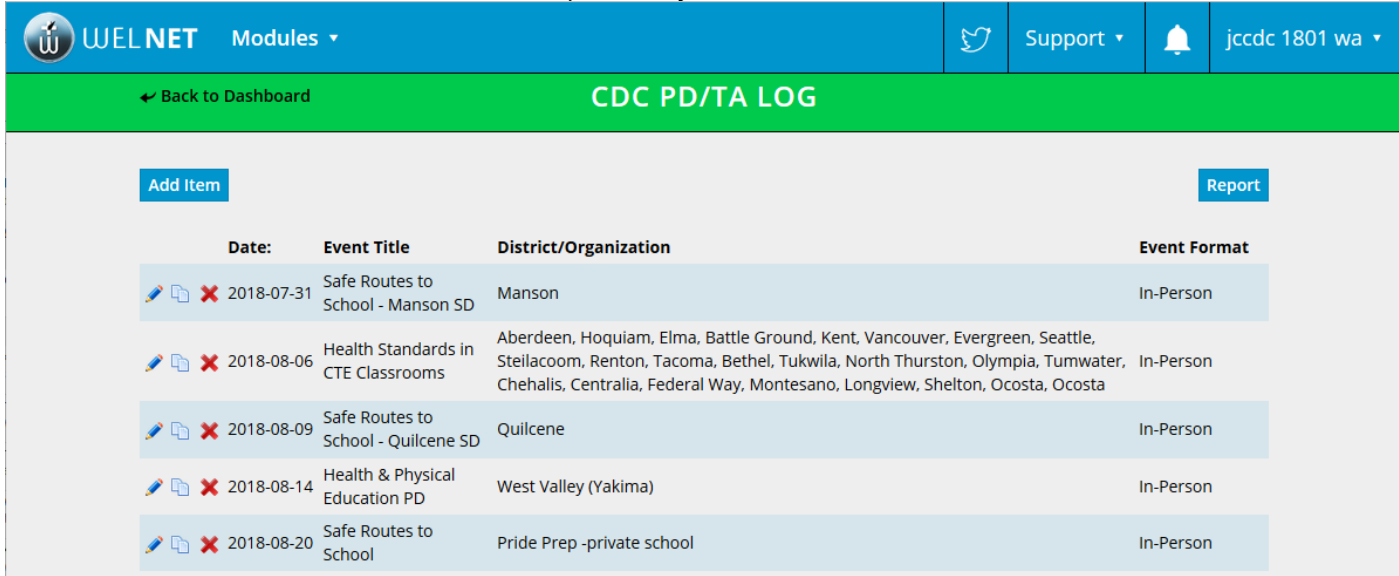


Figure 2. The Interface for PD/TA logging system

RESULTS/FINDINGS

Indicator outcomes

Despite the late starting for the first year, the HSW training team has conducted 44 professional development across the state, provided 64 instances of technical assistance, and shared school health related information 21 times for dissemination in response to evaluation question 1. The overall professional development, technical assistance, and information dissemination frequency, aggregated number of individuals reached, topics covered in these events are summarized in Table 2.

Table 2. The Amount and Topics of PD/TA and Dissemination Provided

Event	Professional development	Technical Assistance	Dissemination
Freq (#)	44	64	21
Total time (Min)	27,300	3,480	1,230
Contact (# person/times)	558	1,016	84,050
Total provider (#)	78	71	–
Topic	Case Management, Chronic Conditions, CSPAP, Nutrition Environments, OST, Partnerships, Quality Health Education, Quality Physical Education, Safe Routes to School, School Health Infrastructure,	Year 1 Action Plan, Assessments, Budget, Resources, Partnerships, Evaluation, Case Management, Overview of 1801 Cooperative Agreement, Resources, Quality Health Education, Quality Physical	Nutrition Environments, Resources, Professional Development

	School Health Policy, Adult Learning Theory, Overview of 1801 Cooperative Agreement	Education, School Health Policy, Recess	
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Among these professional developments, HSW conducted pre-post knowledge survey and immediate follow-up survey for two, both of which offered 1.5 days of training. The pre-post knowledge survey results showed that of the 38 individuals who completed both pre and post knowledge survey, 22 (57.8%) have improved performance as a result of receiving professional development/training. Six individuals had missing data for either pre or post measures, as such they were not included in the percentage computation. The specific average knowledge scores are presented in Table 3, which shows that overall the trainees have improved their knowledge through the professional development as indicated by higher average post-training survey scores, and lower standard deviation (SD) in the post-training survey scores.

Table 3. Pre and Post Knowledge Survey Scores

Survey	Pre-Training Survey				Post-Training Survey			
	Min	Max	Mean	SD	Min	Max	Mean	SD
PD1 (n=28)	5	11	9.17	1.25	8	11	9.43	1.07
PD2 (n=10)	2	8	5.50	1.78	6	8	6.70	0.48

The immediate follow-up survey results show that the participants for these professional development events were very positive. The aggregated average survey score for 11 items measuring the organization, content, and perceived satisfaction of the professional development events was 3.52, SD = 0.50, on a five-point scale ranging from 0 (lowest) to 4 (highest). Additionally, there were questions that allowed the participants to provide verbal feedback on the organization, content, level of satisfaction, and their feedback for improvement. As displayed in Figure 3, the comments about the professional development were very positive, and the participants provided valuable feedback which HSW will consider for future events. Overall, these results show that the participants were highly satisfied with the professional development events.

Very good	Very organized! I learned a lot!	There is so much valuable information I am overwhelmed!		
Great!	Lots of info!	So good!	Continued info!	
Needed expectations up front and more...				
The room was too small the first day. It...	Very well organized!		More breaks and team time.	THANK YOU!!!
Excellent flow and great presenters!	A few more activity breaks would be gr...	I really enjoyed learning from the nurses and the out of sch...	More time to learn from each other	Thank you thank you thank you!!!!
More breaks during the longer presenta...	Presenters were very knowledgeable a...	Topics were informing and useful for my practice.	Every 20 minutes an energizer or break.	
I think that with the incorporated break...	The training was organized well in a wa...	None.	More of the great information.	Great job presenters! I am glad that Bia...
"The format went well, direct instruction...	"Organization was good, it went over all...	Topics were very relevant in increasing knowledge with who...	Fruit for breakfast! :)	I appreciated all parts of the training an... synthetic poptarts to try! :)
"Great flow, loved hearing from different...	Great and very organized presentations!			
Great flow.	Very organized	Time to work was appreciated.	More time to work.	Lisa is a great presenter.
I think things went really.	Yes	"I felt like the information about Case Management was dire...	More information about how the case ...	I think this is going to do well. I'm so gl...
It was just overwhelming	Yes			
"Day one flow was great and we learne...	Just more space to spread out. With al...	I am FULL of new knowledge now so I can't add to this sect...	More time to work on our policies and ...	This was wonderful and I'm excited to p...
Training was good..	yes and yes			
Thank you once again for all your work...	VERY ORGANIZED! LOVE LOVE getti...	More time to work with teams	more time to work with teams	exact dates for this next year trainings ...
	Get us out of our seats and collaborati...			Thank you!
Ti went very well with no low points.	It was well organized and easy to follow.	It was all useful to the understanding of the grant requireme...		
"Even though there was a great deal of ...	effectively organized	no comments	no comment	
"It is super-dense. Maybe some home...	"outstanding. Lisa is a great teacher a...	its dense - keep an eye on overload		"OUTSTANDING JOB, LISA. get us al...
Very well	"I would like to have our specific people...	None	More info for Case Management for nur...	
"Good flow first day, more difficult the s...	Well organized and facilitated. Great pr...	Shorter presentations broken up with stretches	Teachers training teachers	Amazing group! Exciting work.
The training flowed well. I was prepared...	Yes	Keep up the great work and load us up with content.	?	
Thank you. We just had to deal with th...	Yes training was organized			Thank you

Figure 3. The Interface for PD/TA logging system

For evaluation question 2, because of School Health Index was not complete for the first year, we did not use the incomplete results for this report. Due to extensive length of School Health Policies and Practices Survey (SHPPS), we did not deploy or request the priority districts to the complete SHPPS. Instead, we used the findings from the 2018 School Health Profiles data from the priority districts and the overall WA data. As seen in Table, the 2018 School Health Profiles data provided valuable information for first year baseline. Some districts have a low number of schools responded to the Profiles survey, and others did not have data yet, which HSW will work on next year.

Table 4. School Health Policy and Practices (%) in Priority Districts and WA (2018)

District	Davenport	Moses Lake	Omak	Steilacoom	Seattle	WA
% of school do not sell less than healthy food/beverages	0%*	50%	n/a	n/a	35%	53.2%
% of schools that have established, implemented, and/or evaluated CSPAP.	0%*	0%*	n/a	n/a	26.7%	5.6%
% of schools that identify and track students with chronic conditions that may require daily or emergency management	100%*	100%*	n/a	n/a	95.8%	98.2%

* Only one or two schools responded the survey

Additionally, HSW conducted a year-end follow-up survey to ask whether and what actions had each district taken during year 1 on wellness policy, wellness committee, changes made in year 1, and nutritional environment changes. As seen in Table 5, the districts made varied progresses in these areas, with some taking concrete actions, and other planning to take actions in year 2. HSW will continue to follow up in the second year along with providing further professional development and technical assistance.

Table 5. Year 1 Follow-Up on Priority District School Health Policy and Practices

District	Davenport	Moses Lake	Omak	Steilacoom	Seattle
Convened a Wellness Committee	Yes	No	Yes	Yes	No
Revised wellness policy	No	No	No	Yes, in progress	No, but have a WELLNESS POLICY 3405

					that was passed 2015 and in need of updating and creating Superintendent Procedures
Changes as a result of 1801	has implemented 100 minutes of physical education in our elementary school. Also, our school nurse is beginning to learn more about how to help our tier 3 students.	brought more people on board as a result of this grant	Training on Smarter Lunchrooms, created a positive lunchroom atmosphere, planning Healthy Choice Family Cooking Nights.	We did not so much change but sustained our practices and focus on the LSWP.	We have not created systemic change yet. The work is just getting started in our large system.
Healthy school nutrition environment changes	Training on Smarter Lunchrooms, created a positive lunchroom atmosphere, planning Healthy Choice Family Cooking Nights.	No	The school store at the high school has added some food offerings and used the smart snack calculator to make sure they were allowable items.	We have been working closely with our school lunch provider to improve the offerings; We have established a partnership with the Town of Steilacoom after school and summer program.	We offered recess before the bell in a few of our Elementary schools and look at increasing this opportunity. With our newly hired FOOD SERVICE Manager this year we looked at various ways to increase the collaboration within our system. Year 2 will offer more opportunities with collaboration.

For evaluation question 3, the PD/TA events, Table 2 provided information and training on school health policy development and implementation. Because of School Health Index was not complete for the first year, we did not use the incomplete results for this report. Additionally, our process evaluation/interview provided qualitative data for school health policy/program development and implementation. The interview sought to find out what had worked in the priority districts (i.e., successes), challenges and their perceived areas for improvement, and potential support needed. Each area is briefly summarized below with direct quotes from interviewees. These findings from the interviews would be helpful illuminating the implementation process and providing accounted insights for future improvement.

Success stories

The interviewee shared success items that have been accomplished in their districts, which included food services, health and physical education workshops, community gardens, and physical activity opportunities. The excitement about the project was also present. For example, one interviewee said: "food service is serving a lot of fresh fruits and vegetables; have done health and physical education workshop and statewide training on this project." The other mentioned "The success stories, I think we've successfully conveyed the purpose of the grant, and also I've assembled a strong and involved team. We've done a lot of promotional activities. So, for example, we've emphasized nutritional education and awareness. Many of our schools have community gardens that they've started. Only super positive energy, that we're really excited about it. This is a unique grant and the fact that I think Lisa the state lead is super engaging, and the conference in Wenatchee was very well organized. The conference in Tennessee was really meaningful, and so I'd just say that I think we made a good choice to be a part of this. We're excited to see where it goes." One interviewee mentioned about their success to include physical activity opportunities: "I think that the success story there is that over three quarters of our school is getting out and moving in the morning. We're running laps. And at lunchtime and at recess, the kids are continuing to get up and move. They can walk. They can run. They can jog. It's just about getting up and moving. And I can really see that the kids are enjoying that time, and teachers are coming out to join them on those laps."

Challenges

There are several areas identified for improvement. One of them was related to being little overwhelmed and staff involvement. The interviewee said: "Still new to this and just getting started with this, and little overwhelmed. I would love to see our staff involved more, and during the school day so that the kids can see them being active. Whether they're doing something during the lunch breaks, or before or after school." The other interviewee named communication and awareness among the staff members: "I just say that communication piece. Making awareness, keeping folks on a calendar for implementing whatever activities we designed." Additionally, one interviewee named high-sugar offerings in the school cafeteria: "I would say we're going to hone in on the cafeteria offerings. We still believe there's probably too much sugar in our kid's diets, even with the FDA approved standards."

Support needed

The interviewee mostly pointed out that they needed some examples on what other school/districts are doing, and how they would handle pushback that may arise during the project implementation. For example, one interviewee said: "Showing us some examples of what they've done. We saw some in Wenatchee. I think those kinds of help get your brain going a little bit of what we can do. Whether those are some videos even some-- just some lists of thing other schools are doing. That seems to be sometimes our biggest roadblock is just coming up with ideas." Additionally, the other interviewee explained the need for examples and how to handle potential pushback from schools: "I think examples. What are some other school districts doing? This is my first real dive into the grant, but I can see being an issue is maybe with a little bit of pushback from teachers when we start asking to have healthy snacks for birthday parties or any kind of celebration they have or even really eliminating foods as a reward system. I think that's going to be a big pushback in going forward with the grant. A lot of parents like to bring in treats for their kids on their birthdays. And I think we're just going to have to focus on working with parents and teachers to make sure that these kids are offered healthy snacks during the day or healthy non-snack options for celebrations and rewards."

For evaluation question 4, at the student level, HSW had collected health-related fitness data on four priority districts. One district (i.e., Steilacoom) did not complete the fitness tests using WELNET system in the first year as such no data is reported. Districts were not ready for the quality of life measure collection for year 1, we will start that data collection in year 2. As shown in Table 6, the percentages of students meeting the fitness criteria among the priority districts were relatively low on some of the fitness measures such as body mass index (BMI). HSW will use the year 1 data as the baseline for this project.

Table 6. Students Meeting Health-related Fitness Criteria (%) in Priority Districts

District	Davenport	Moses Lake	Omak	Steilacoom	Seattle
N	323	1,946	1,189	N/A	27,614
BMI	0%	0%	54%	N/A	66%
Curl-up	68%	68%	23%	N/A	71%
Sit-reach	88%	55%	70%	N/A	67%
Push-up	66%	57%	43%	N/A	53%
PACER	82%	59%	60%	N/A	63%

At the school/district level, based on the recent school health profiles survey results from the five priority districts, as shown in Table 4. Most of the schools surveyed in the 2018 School Health Profiles seemed to have policies requiring case management of students with chronic health conditions. However, we did not have student level data on chronic health condition management for this project.

Dissemination of Results/Findings

The annual evaluation report findings are being distributed among stakeholders within the priority districts and will be shared among state level constituents. Specifically, the findings are shared

among the cadre of trainers in HSW training team and will be sent to listserv of health & physical educators, food service directors and school nurses across Washington. Additionally, once the report is reviewed and approved by CDC, HSW will prepare a summary of the findings that will be posted on webpage for HSW (<http://www.k12.wa.us/CoordinatedSchoolHealth/default.aspx>). Finally, HSW team will share success stories at conferences across the state.

RECOMMENDATIONS/LESSONS LEARNED

There are several areas of evaluation that we planned in year 1 evaluation. However, given that the amount of work that the school personnel are doing, HSW decided to focus the quality instead of quantity of actions taken. As noted in the process evaluation and interview data, some districts were overwhelmed. As such, HSW decided to not ask them to complete several measures in the first year. For example, these measures included SHI at the school level, quality of life survey, and fitness assessment at the student level. These measures will be conducted and completed in the second year.

There are many levels of different school health related professionals involved in the project. One key piece for its potential success lies on effective communication and coordination to have systematic and broader engagement. As noted in the interview data, it is clear that there are varied levels of understanding about this project. HSW will continue to find ways to effectively communicate and engage broader participants.

To a large extent, improving knowledge and skills through proper PD and training is not an easy task. While the immediate survey feedback for our PD and training events was highly positive, the objective knowledge surveys conducted pre- and post-training showed little more than half of the individuals have improved their knowledge through the training. In other words, over 40% of the individuals who participated the training did not improve their knowledge. HSW would like to find ways to better engage the school health professionals and see a higher percentage improvement.

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