



Washington Office of Superintendent of
PUBLIC INSTRUCTION

*Healthy Schools
Washington: Year 2
Evaluation Report*

2020

HEALTHY SCHOOLS WASHINGTON YEAR 2 EVALUATION REPORT

FY July 2019–June 2020

2020

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BACKGROUND/OVERVIEW OF PROGRAM

ACTIVITY COMPLETED

Since the Notice of Award, Healthy Schools Washington (HSW) has completed several items for implementation of the Year 2 Work Plan activities. The Office of Superintendent of Public Instruction (OSPI) oversees curriculum and instruction for over 1 million K–12 students attending 2,436 public schools in the state of Washington. As an awardee of CDC’s 1801 Healthy Schools Program, OSPI supports the creation and maintenance of healthy school environments across the state’s 295 local education agencies (LEAs), with concentrated efforts in five priority districts (Davenport, Moses Lake, Omak, Seattle, and Steilacoom). OSPI provides infrastructure support, professional development (PD), and technical assistance (TA) to education professionals with the goal of improving access to healthier foods, increasing opportunities for physical education/activity, and enhancing services for chronic disease prevention and management.

Infrastructure

The HSW program worked with OSPI internal divisions (Student Support, Learning and Teaching, Health and Physical Education, Child Nutrition Services, 21st Century Community Learning Centers, and Health Services), Department of Health (DOH), HSW Staff, evaluator, priority districts, HSW Training Team (cadre), and School Nurse Case Management (SNCM) Cadre. HSW collaborated with priority districts to solidify and implement action plans and use CDC assessment tools to review and improve wellness policies. HSW Statewide Coalition convened and partnered with health and education organizations, state agencies and other key stakeholders. Collaboration with national, state, and local partners was essential. HSW disseminated CDC E-Learning modules and Springboard Online Learning Institutes to priority districts and schools. Information was disseminated via GovDelivery e-newsletters in support of quality health and physical education, sexual health education, social emotional learning, mental health, and healthy nutrition environments. CDC messages were posted via social media: OSPI Facebook, Twitter, and Instagram. OSPI expanded the agency website and media presence to promote healthy schools. OSPI disseminated grant funding opportunities to schools including Healthy Kids, Healthy Schools (\$3.25M); Safe Routes to School (SRTS) Pedestrian and Bike Safety Grant (\$1.8M); National School Lunch Program (NSLP) Equipment Assistance Grant; Breakfast Meals for Kids Grants; No Child Left Inside (\$1.5M); Youth Athletic Facilities grant program (\$5.88M) and Washington Wildlife and Recreation program (\$85M).

Professional Development

The HSW staff provided PD on assessment tools, CDC’s training tools, healthy school nutrition environments, chronic health conditions, out-of-school time (OST), and wellness policy implementation. Information on state policies, local policy requirements, and sample policies that can be adopted or improved by LEAs was provided. In-person trainings included the HSW Training Team, SNCM Cadre, HSW Priority Districts, SHAPE WA, East’s Best, and OST Directors. PD included Whole School, Whole Community, Whole Child (WSCC) model; School Health Index; WellSAT 3.0; Wellness Policy PD using CDC’s Framework for Addressing School Nutrition Environment and Services; Comprehensive School Physical Activity Program (CSPAP); school nurse case management; and Healthy Eating and Physical Activity (HEPA). HSW staff attended CDC meetings, PD events, community of practice calls, and required activities within the grant.

Technical Assistance

The HSW Staff provided targeted TA support, advice, assistance, and training pertaining to program development, implementation, maintenance, and evaluation. TA was collaborative, systematic, targeted, adaptive, customized, and results driven. TA occurred to one-on-one or small groups through phone, e-mail, electronic technologies, in-person, on-site visits, and PD opportunities promoted healthy school environments. HSW staff provided ongoing TA on national standards, guidelines, and resources that implement policies and practices that support healthy school environments. Throughout all stages of this project, the HWS Staff provided statewide and targeted TA to priority districts. TA played a role in promoting awareness of the childhood obesity epidemic and other chronic health conditions, resources and supported the critical collaborations necessary for the projects’ success and sustainability.

EVALUATION QUESTIONS AND INDICATORS

For the second year of the 1801 cooperative agreement, the evaluation questions for Healthy Schools Washington (HSW) were:

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?

Table 1. Evaluation Questions and Indicators for HSW

Evaluation Questions	Key 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. Knowledge survey scores 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. Implementation of School Health Index b. WellSAT 3.0 implementation 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. School health profile (2020 ver.) – Principal Questionnaire #2, #22-23 on CSPAP c. Process of policy change and implementation support

Evaluation Questions	Key Indicator(s)
Question 4: To what extent have HSW increased healthful behaviors and improved the management of chronic health conditions among students?	<ul style="list-style-type: none"> a. Health-related fitness b. Quality of life

Source: HSW evaluation plan, OSPI, 2019


Multiple indicators were tracked and gathered for each of these evaluation questions. Specifically, as seen in Table 1, the evaluation indicators are aligned with purpose of the cooperating agreement as well as the evaluation questions. If the data collection did not proceed as planned, we have noted them in the results/findings section below, while summarizing and providing findings based on the data that were collected.

METHODS OF DATA COLLECTION

Based on the evaluation questions and indicators, HSW used the following methods for data collection: (a) pre, post, and follow-up surveys, (b) selective interviews with school health professionals on wellness committees, and (c) the PD/TA logging system. The pre, post, and follow-up surveys included pre and post knowledge survey for professional development and training (shown in Figure 1), and district level 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 immediate follow-up survey for each training were developed with our evaluator and deployed through their online platform, WELNET. Once the surveys were completed, HSW reviewed the summary report and Focused Fitness analyzed the data for this report. Additionally, at the end of fiscal year, HSW conducted a district level follow-up school health survey for each of the priority districts.

Figure 1: Example Pre-Post Knowledge Survey Questions

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

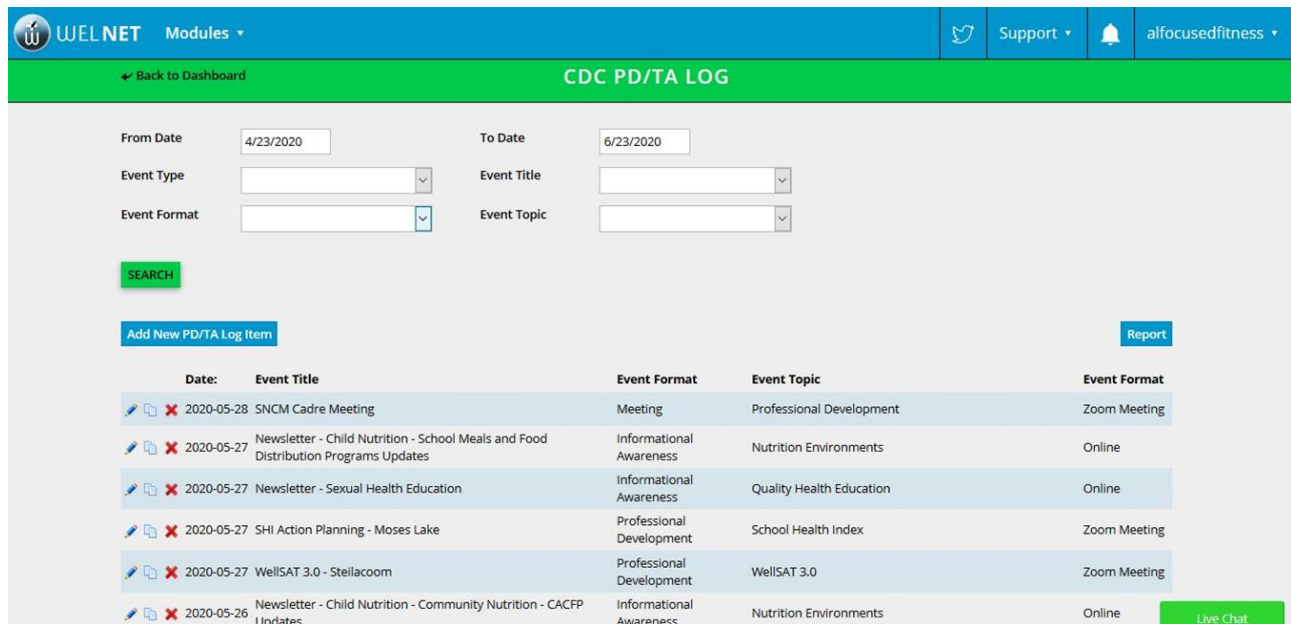
3. The benefits of proper chronic case management in schools include the following except:
 - a. Increase utilization of health care and educational resources
 - b. Improve self-management of health conditions
 - c. Decrease absenteeism
 - d. Decrease junk food consumption

Source: Focused Fitness LLC (Spokane, WA), 2020.

As a part of the process evaluation, selected interviews were conducted. Specifically, the 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–June 2020. The interviews were conducted over the phone at the agreed time with the interviewees and were recorded, then later transcribed verbatim for analysis. Overall, five separate interviews were conducted with five different individuals who assumed varied position on the wellness committee including physical education representative, 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) What factors do you think have contributed to these successes? (c) 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. This customized 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 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



Source: Focused Fitness LLC (Spokane, WA), 2020.

RESULTS/FINDINGS

Indicator Outcomes

The overall professional development, technical assistance, follow-up support, meetings, and information dissemination frequency, number of providers, aggregated number of individuals reached, topics covered in these events are summarized in Table 2. Despite the negative impacts of COVID-19 since March 2020, the HSW training team has conducted 22 professional developments across the state, provided 155 instances of technical assistance, provided 29 instances of follow-up support, organized 24 regional/state meetings, and provided school health-related information for dissemination 92 times. As seen in Table 2 below, the topics of these events covered all content areas of the 1801 cooperative agreement such as case management for chronic conditions, comprehensive school physical activity program (CSPAP), quality health and physical education/activity, school nutrition services, and out-of-school time.

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

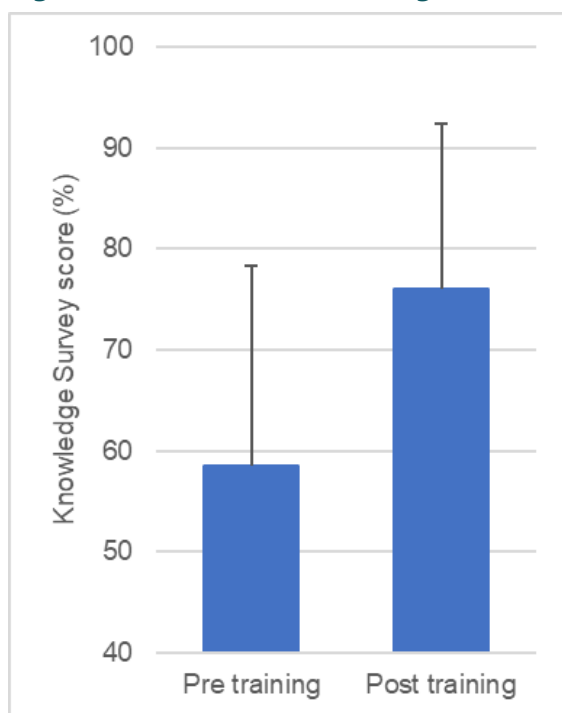
Event	Professional Development	Technical Assistance	Follow-up Support	Meeting
Freq (#)	22	155	29	24
Total Time (min)	3,570	5,085	1,170	1,490
Total Provider (#)	29	169	36	28
Total Participant (#)	491	704	322	151
Topic	Chronic Conditions, CSPAP, Nutrition Environments, Professional Development, School Health Index, SNCM Cadre Meeting, WellSAT 3.0	Case Management, Chronic Conditions, CSPAP, Evaluation, HSW Training Team Coordination, Nutrition Environments, Priority District Meeting Coordination, PD, Quality Health and Physical Education, Reopening Schools – COVID-19, Resources, School Health Index, School Health Profiles, SNCM Cadre Meeting	1801 Updates, Chronic Health District Assessment Tool, Coordination, Collaboration, Evaluation, HECAT, HSW District Coordination, HSW District Meeting, Training Team Coordination, Nutrition Environments, OST Overview of 1801 Cooperative Agreement, Physical Activity, PD, Regional Coordination	Action for Healthy Kids Opportunity, Case Management, CDC Meeting/Monthly Call, COVID-19 Update, COVID-19 Webinar – Spanish, Grants, Health Education, National Farm to School Network has launched a COVID-19 Relief Fund, Newsletter, Nutrition Environments, PD, Quality Health and Physical Education, Quality Health Education, Resources

Source: WELNET PD/TA Log, Focused Fitness LLC (Spokane, WA), 2020.

In response to evaluation question 1, for the PD events that have in-depth knowledge and skill coverage, HSW conducted pre-post knowledge survey among the training participants. These trainings aim for knowledge and skill transfers in the areas of case management, CSPAP, HECAT, School Health Index, WellSAT (3.0), and Summer Food Services. The pre-post knowledge survey results showed that of the 162 (compared to 38 in year 1) individuals who completed both pre and post knowledge survey, 76.5% (124 compared to 22 in year 1) have improved their knowledge/skill as a result of receiving PD/training. There were 113 individuals who had missed either pre or post measures, as such they were not included in the percentage computation.

Overall, individuals who have completed both and pre and post trainings showed significant improvement in their knowledge survey scores. As displayed in Figure 3, the dependent sample t-test showed that the participants on average had significantly increased their knowledge/skills from pre (58.55%) to post training (75.98%), $t = 9.40$, $df = 161$, $p < 0.01$. The average increase was about 17.42% (95% CI: 13.76-21.08%) throughout the professional development opportunities in year 2.

Figure 3: Pre and Post Training Knowledge Survey Scores



Source: Focused Fitness LLC (Spokane, WA), 2020.

The immediate follow-up survey results show that the participants for these PD events were highly positive. As seen in Table 3, on a five-point scale ranging from "0" (lowest) to "4" (highest), the aggregated average for the items measuring training materials relevancy, usefulness, presenter knowledge, perceived benefits, and commercial bias ranged from 3.44 to 3.66, with SD from 0.66 to 0.88.

Table 3. The Amount and Topics of PD/TA and Supporting Activities Provided

Survey Item	N	Range	Mean	SD
The training was relevant to my work.	190	0-4	3.46	0.88
The presented materials were useful.	189	0-4	3.47	0.80
The presenters were knowledgeable about the content.	189	0-4	3.66	0.66
I benefited from participating in the training.	190	0-4	3.44	0.85
The presentation was free of commercial bias.	146	0-4	3.61	0.83

Source: Focused Fitness LLC (Spokane, WA), 2020.

Additionally, HSW included questions that allowed the participants to provide open-ended written feedback on the organization, content, level of satisfaction, and their feedback for improvement for the professional development events. As exemplified in Figure 4, the comments about the PD were very positive, and the participants provided valuable feedback which HSW will consider for future events. In summary, these results show that the participants were able to gain knowledge/skills and were highly satisfied with the PD events.

Figure 4: The Participant’s Comments on Training Formats, Organization and Needs

There was excellent flow of the two day...	The workshop was organized and infor...	I would love to hear from the other folks...	Thank you so much for letting me be o...
There was great flow throughout the da...	Excellent organization, good read of pa...	More time to create the training module...	Thank you, thank you, thank you for al...
I really enjoyed the flow of the training f...	As always, Lisa does an amazing job o...	Loved the space for the workshop. Lots...	Keep doing what you are doing Lisa! Y...
Lisa did an amazing job setting up the f...			
It was well done	Always amazing and well organized		
Natural flow with one activity/portion lea...	Enjoyed all presentations, enjoyed havi...		I always enjoy these trainings and look...
Excellent flow and pacing. Great incor...	Well organized. Instructor was very co...	More of the same!	Thank you!
Great flow with theory, interaction and ...	Well organized! The presenters did an ...	YES!	THANK YOU!! What a team!
I liked getting up and moving. Learned i...	Presenters were on point		
Great information to share with grade le...			
Very good teamwork between presenters			
Like the ideas and resources especiall...	Lot of info in short time	brain energizers demonstrated	Ideas for afterschool activities
It was interesting, however it seems lik...	well organized	more high relevant use	Well done!
Well organized and modified to fit confe...	YES!!!		Great reminders- I'm thinking I'll post s...
It flowed well - good balance of listenin...	It was ell-organized.		
The flow went well - it was nice to have ...	So nice to have all handouts in a folder ...	Practical application tabletop exercises...	
went well	logical organization	different activities to use to enhance th...	
Oku	Ok?	?	?
Good format. Good flow.	Good organization.		Thank you.
It was exceptional!!! Very smooth.	None, yes, yes	More Asthma	Terrific content and presenter!
My participation was more as an obser...	Main suggestion is to assess participa...	Incorporate electronic documentation a...	
The workshop flowed smoothly and inte...	On the test, do not use so many negati...		
It would have been good to have more i...	Good	More visuals related to SNCM specifica...	Love the handouts from the manual tha...

Source: Focused Fitness LLC (Spokane, WA), 2020.

For evaluation question 2, HSW has further streamlined the training and development of school health infrastructures such as providing information/training needed for district wellness policy, wellness committee meetings, completion of School Health Index modules and WellSAT. As a result of these efforts, as seen in Table 4, the priority districts including Davenport, Moses Lake, Omak, Seattle, and Steilacoom have made substantial progresses on completing WellSAT 3.0 and the School Health Index. Specifically, four of the five priority districts fully completed the School Health Index and all the priority districts completed WellSAT 3.0. Additionally, all priority districts convened a Wellness Committee meeting at least once, but only two revised their district wellness policies.

Table 4. School Health Policy and Practices in Priority Districts

Survey Item	Davenport	Moses Lake	Omak	Seattle	Steilacoom
Convene a Wellness Committee meeting (#)	1	3	4	2	1
Revised District Wellness Policy	Yes, removed PA as punishment	No	Yes, food service, minutes for PE	No	No
Completed CDC School Health Index	Fully completed	Fully completed	Partially completed	Fully completed	Fully completed
Completed WellSAT	Fully completed	Fully completed	Fully completed	Fully completed	Fully completed

Source: Follow-up district survey 2020, OSPI

After completing the School Health Index and WellSAT, some priority districts began to look at the results of assessments and address the findings. HSW conducted a year-end follow-up survey to ask whether and what actions each district had taken during year 2 on CSPAP, out-of-school time programs, and management of chronic conditions. As seen in Table 5, the districts made varied progress in these areas, with some taking concrete actions, some actions stalled by COVID-19, and other planning to take actions in year 3. Unsurprisingly, all five priority districts reported negative impacts of COVID-19 on HSW program implementation. HSW will continue to follow up in the following year along with providing further professional development and technical assistance.

Table 5. Year 2 Follow-Up on Priority District School Health New Practices

District	Davenport	Moses Lake	Omak	Seattle	Steilacoom
CSPAP	Staff, Student, Family Summer Fitness Challenge, After school program has been implemented and has 45 minutes	Junior Joggers, Standards Based Grading implemented district-wide for PE	Encouraged classroom teacher to use PA, taking away recess as punishment removed	Supported ToT for PE teachers, brain boost activities, family fitness nights	Organized online activity programs
School nutrition service, environment	Healthy lunchroom training was attended with all students having access to unlimited fruits and vegetables	None	None	Family market, district taste tests	None
Management of chronic health conditions	Worked closely with our local clinic to refer students in need of services to them	None	None	Online care due to COVID	Discussed vaping, promoted self-care and mental health
Out-of-school time	Added an activity component to the programs	Made gym available to students before and after school	Outdoors for all, Up-Power	None	None

District	Davenport	Moses Lake	Omak	Seattle	Steilacoom
COVID-19 impact on HSW activities	It paused our work as we were busy trying to transform our learning to online.	Planning for closure became highest priority. Focus was on relationships and social/emotional well-being of students	Scheduled PE professional development canceled. Prevented implementing many activities	Could not implement Early learning fitness program, Head Start	Almost stalled

Source: Follow-up district survey 2020, OSPI

For evaluation question 3, Table 2 provided information and training on school health policy development and implementation at the PD/TA events and meetings. Because of School Health Profiles (version 2020) was only partially completed at the time of cutoff, 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), factors contributing to the success, 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 interviewees were able to share what worked well in their districts that included management of chronic conditions, food services, health and physical education, and school wellness. For example, a school nurse mentioned seeing improved condition and attendance stating, “having that connection with a caring adult opened up a lot of doors with those students that I didn’t think would be possible... but after the first couple meetings, the attendance secretary had mentioned that she saw a dramatic increase in their attendance.” The other mentioned, “a couple of success stories, we’ve had better across K–12 communication with what’s going on in each of our levels to help us focus on awareness of the wellness policy both for the practitioner, teachers, and then the larger community.” Being able to complete the elements of the 1801 cooperative agreement was also a source of accomplishment: “Our district has continuously emphasized wellness and social-emotional learning as a parallel track to our wellness plan. We have promoted both staff and student wellness and health, and done some collaboration around the standards for health, nutrition, and physical education. We have completed the assessments for the CDC grant, our WellSAT 3.0, and the School Health Index.” The interviewees also shared the contributing factors for the successes, one shared teamwork: “It has to be a team effort, so not just the nurse, but the secretary, the principal, the parents have to be all part of the team in encouraging student success. I think that it’s a team that works really well with one another.” The support from local level and coordination from the state was also an important factor: “just a high level of sponsorship at the

district level. Our state oversight with Lisa was great. We're just really fortunate with the right people and the right support."

Improvement Needed

Several areas were identified for improvement, but it was encouraging that participants were reviewing their policies: "based off of reviewing our curriculum and our wellness policy, my opinion is that from kindergarten up to eighth grade needs to have a solidified health curriculum. We do focused fitness for our physical education, which has a lot of health integrated into the lessons, but as a team, I think we want to see it written or stated explicitly in the wellness policy that we are giving that curriculum to the kids." COVID-19 was also identified as a challenge for 1801 implementation: "obviously this horrible thing that we're going through right now with COVID. We did not get to finish the year strong due to school closures." School-wide approach to health and wellness awareness was noted an area of improvement: "two key things: one is a more school-wide approach to health and wellness awareness. So rather than it being a once a year thing, or just through luck catching attention, that we have intentional ongoing dialogue and program communication about wellness, that would be one thing. I think a greater emphasis on awareness and addressing of the nutritional behaviors would be good too. So, things like non-food rewards, non-food fundraisers, those kinds of things are implied in the policy. I'd like to see us make a concerted effort to shift away from that and just being more nutritionally sound as a community."

Support Needed

The interviewee mostly pointed out that they needed some examples on what other school/districts are doing, and constant communication reminder, and hopefully CDC helping keep the project going. For example, one interviewee said, "I think it's always nice to hear what other schools are doing, how they implemented some of these programs, what worked for them, what didn't work for them. Definitely idea sharing is I think a huge factor." Constant communication reminder helps as well, "I find the frequency of communication always helps with reminding that this is a priority...that we have some goals, reminder that there's resources available is a great help." Interviewees also pointed the long-term support for school health improvement, "I think that they [CDC] could help by keeping this program going. I hope that it's not just a three-year and then it's done. I've seen that in the past, where we get momentum going on some really good training, and then there's no funding to continue it. So I hope that this can keep going, that they're spending, and that we can keep some of these leaders as cohorts strong because I think it's going to take time, we are just laying the foundation this year."

For evaluation question 4, at the student level, HSW collected health-related fitness data in all five priority districts. The reporting and data collection of health-related fitness varied among the districts, and some might have been negatively impacted by the COVID-19 related school closures. As shown in Table 6, the percentages of students meeting the fitness criteria among the priority districts were moderate on some of the fitness measures such as body mass index (BMI) and PACER, which were mostly between 60 percent to 70 percent meeting the healthy fitness zone. More work is needed to promote these fitness performance measures at the student level.

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

District	Davenport	Moses Lake	Omak	Seattle	Steilacoom
N	261	1,967	864	16,373	170
BMI	68%	65%	63%	67%	N/A
Curl-up	67%	68%	53%	70%	65%
Sit-and-reach	89%	67%	72%	67%	78%
Push-up	65%	56%	48%	54%	47%
PACER	64%	62%	61%	63%	61%

Source: District reported fitness tests in 2019-2020.

Additionally, HSW has collected a small sample of 126 students on their health-related quality of life using KIDSCREEN-27, which measured their perceived physical activity and health, general mood/feelings, family and free time, friends, and school and learning. On a five-point Likert type of scale, as shown in Table 7, in general the sampled students reported moderate levels of health-related quality of life. The general mood and feelings were relatively low at 2.07 ± 0.39 , and family and free time subscale was relatively high 2.96 ± 0.78 . Because this measure was mostly collected in May of 2020 when most of the public schools were closed, COVID-related closure might have an impact on these measures. We plan to continue monitoring this measure in the future to examine student quality of life as it relates to physical activity and health, general mood/feelings, family and free time, friends, and school and learning.

Table 7. Student Health-related Quality of Life

Subscale	N	Min.	Max.	Mean	SD
Physical activity and health	128	1.40	3.80	2.51	0.49
Mood and psychological wellbeing	127	1.14	3.00	2.08	0.39
Family and free time	128	0.86	4.00	2.96	0.78
Friendship	128	0.00	4.00	2.58	1.04
School and learning	127	0.50	4.00	2.54	0.84

Source: Quality of life survey completed in May 2020

Dissemination of Results/Findings

The evaluation report findings will be distributed among stakeholders within the priority districts and shared among the HSW training team and school nurse case management cadre. Additionally, once the report is reviewed and approved by CDC, HSW will prepare a summary of the findings that will be shared at meetings. Finally, HSW team will share success stories across the state.

RECOMMENDATIONS/LESSONS LEARNED

Adult learning may be displayed in different ways. The usage of the knowledge survey to measure knowledge/skill improvement presents a clear quantitative result. While HSW was able to substantially increase the number of participants who have attended the training as well as the number of individuals who have increased their knowledge/skill through the training, there are a good percentage of individuals who could not complete both pre and post training surveys. For this year, we have trained cumulatively 275 participants across the professional development events, yet only 162 were able to complete both measures. There could be many reasons for adult learners not being able to complete both measures, HSW will continue to find ways to effectively communicate and engage these professional development participants.

Commitment of resources and teamwork has played an important role for this year, despite the negative impact of COVID-19. Through district specific training that HSW has conducted, priority districts were able to complete the School Health Index modules and WellSAT 3.0. The participants during the interview valued the team and commitment of resources to their districts. Likewise, they believe this is just the beginning of building a solid foundation for continued school health improvement, and they desire the commitment and support from this cooperative agreement be sustained because the desired school health policies and practices will occur slowly. HSW team believe this is an astute observation.

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