



Washington Office of Superintendent of
PUBLIC INSTRUCTION

*Healthy Schools
Washington: Year 4
Evaluation Report*

2022

HEALTHY SCHOOLS WASHINGTON YEAR 4 EVALUATION REPORT

FY July 2021–June 2022

2022

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BACKGROUND/OVERVIEW OF PROGRAM

ACTIVITY COMPLETED

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). Healthy Schools Washington (HSW) has completed several items for implementation of the Year 4 Work Plan activities, as briefly summarized below.

Infrastructure

To expand the infrastructure for school health, the HSW team has worked collaboratively with OSPI internal divisions (Student Engagement and Support, Learning and Teaching, Health and Physical Education, Child Nutrition Services, 21st Century Community Learning Centers, and Health Services), Department of Health (DOH), OSPI 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. A new program supervisor was hired in August 2022, and concentrated on making connections with those doing similar work, including SNAP-Ed, DOH Healthy Eating and Active Living (HEAL) Program/Walk With Ease, Kaiser Permanente Thriving Schools, Secondary Traumatic Stress Workforce Advisory Committee, Project AWARE, Foundation for Health Care Quality/Dr. Robert Bree Collaborative Pediatric Asthma Work Group, American Lung Association WA Chapter, SHAPE WA, and Alliance for Healthier Generations.

Professional Development (PD)

The HSW team has conducted and provided multiple PDs on multiple topics related to school health. This year, we distributed and promoted "Providing Effective Online Learning in Physical Education" online modules. The HSW Training Team supported multiple PD opportunities through webinars and conference workshops, including a training on the Whole Child model emphasizing healthy eating and physical activity for the 21st Century Community Learning Centers (Out-of-School Time) Program Directors, a webinar on the Physical Education Curriculum Analysis Tool, and a workshop on PE best practices at a state conference. We supported the School Nurse Case Management Cadre with the kick-off meeting that included training and planning for the upcoming year. The Cadre held one virtual school nurse case management training that quickly filled the 50+ available spots and had to place others on a wait list. Additionally, the new program supervisor participated in over 25 personal professional development events. Seven team members to the Professional Development 4 Healthy Schools in-person training in Tucson this summer, including three staff members from OSPI, two from the HSW Training Team, one priority school district lead, and one member of our evaluation team.

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 was provided to a SNAP Coordinator to support their role in developing and implementing school wellness policy. TA was provided to the priority districts including monthly meetings to target immediate needs, as well as smaller intensive sessions focused on WELNET, the School Health Index and WellSAT 3.0, and discussions on sustainability and additional federal funding possibilities.

EVALUATION QUESTIONS AND INDICATORS

For the fourth 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. 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. Implementation of School Health Index b. WellSAT 3.0 implementation c. School health initiative/policy change at priority districts
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. Participant survey and follow-up district survey 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. mental health – anxiety, HYS Form B items

Source: HSW evaluation plan, OSPI, 2020

To answer these evaluation questions, 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 and have been approved by the CDC evaluation team. 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

Considering the evaluation questions and indicators, we have used the following methods for data collection: (a) pre and post professional development surveys, 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, or the contracted trainers, and were deployed online before the training. The knowledge surveys were used to gauge PD participants' 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. The immediate follow-up surveys were used to assess the participants' satisfaction with the PD as well as their comments and feedback for the PD. Once the surveys were completed, HSW reviewed the summary report and Focused Fitness has helped analyze 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: _____

FOCUSED FITNESS 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

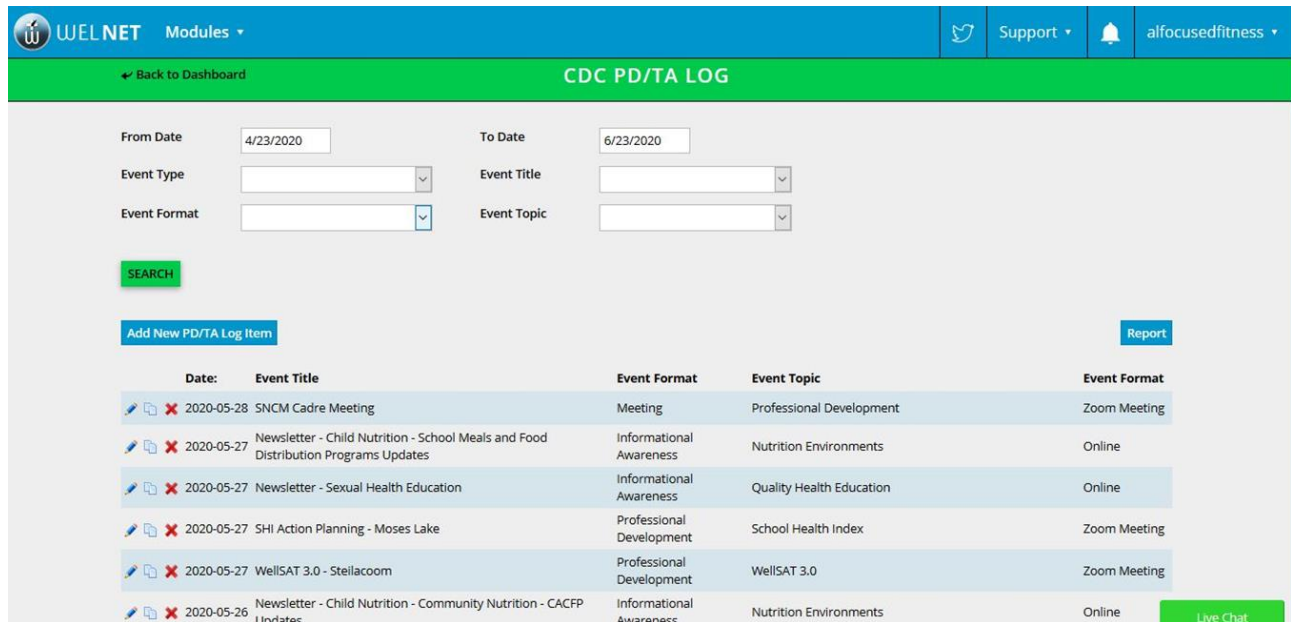
3. The benefits of proper chronic case management in schools include the following except:
 - a. Increase utilization of health care and educational resources
 - b. Improve self-management of health conditions
 - c. Decrease absenteeism
 - d. Decrease junk food consumption

Source: Focused Fitness (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 during the past year. Once the interviewee confirmed with the external evaluator about their availability, the interviews were conducted independently by Focused Fitness in May 2022. The interviews were conducted either over the phone or online at the agreed time with the interviewees and were recorded, then later transcribed verbatim for analysis. Overall, eight separate interviews were conducted with eight different individuals who assumed varied position on the wellness committee including school nurse, member of the training cadre, director of teaching and learning, and district grant administrator, district physical education and health literacy program manager, and school principal. To ensure consistency among the interviews, identical interview questions were posted to the interviewees. Eight questions were asked for each interviewee and the sample questions included: (a) what are the success stories related to the 1801 Project that happened this year? (b) what were the challenges for the 1801 project this year? (c) what areas of school health still need improvement or support in your district or in your area of practice?

To gather the PD/TA data, we have used an 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 (Spokane, WA), 2020.

RESULTS/FINDINGS

Indicator Outcomes

The overall amount of 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 last year, the HSW training team has conducted 22 professional developments across the state, provided 222 instances of technical assistance, provided 35 instances of follow-up support, organized 92 regional/state meetings, and provided school health-related information for dissemination 224 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, and those necessary for this pandemic context such as practices for online teaching.

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

Event	Professional Development	Technical Assistance	Collaborative Activity/Meeting	Information Awareness
Freq (#)	11	17	58	4
Total Time (min)	1,025	440	2,360	—
Total Participant (#)	220	32	269	28,430
Topic	<p>Providing Effective Online Learning in Physical Education, Physical Education tracking (WELNET), School Nurse Case Management, Physical Education Curriculum Analysis Tool, Cultural Humility, Out of School Time Physical Activity and Healthy Eating, and the WSCC model</p>	<p>Behavioral Health and SEL, Budget, Chronic Health District Assessment Tool, Evaluation, Introduction with school districts, SHI/Wellness Policies w/SNAP-Ed Coordinators, SHI/WellSAT 3.0 review, School Health Profile Planning Discussion, WA Success Story</p>	<p>Case Management Implement Survey Priority School District Distribution, Check in meeting with evaluators, DOH/OSPI Healthy Schools Washington, Health equity/case management training planning, Health Services Assessment planning, Healthy Schools WA internal meeting (OSPI, DOH, FF), Healthy Schools WA Planning with Focused Fitness, Training Team Meeting, Healthy Schools WA/CDC, Healthy Schools WA/DOH/SNCM, Healthy Schools WA/Health Services, Healthy Youth Survey, Nutrition Services, Out of School Time, Physical Education, Social Emotional Learning, Healthy Schools Washington Training Team kick-off and introduction, HSW Priority School District Monthly Meeting, Introduction to SHAPE Washington, K-12 Workforce Secondary Traumatic Stress Advisory Team Meeting, K-12 Workforce</p>	<p>Information Share: Walk With Ease Program, Newsletter - Health & Physical Education, OSPI Weekly Bulletin Newsletter, Case Management Implement Survey Priority School District Distribution, Whole School, Whole Community, Whole Child (WSCC) Federal Funding Guide Info Sharing</p>

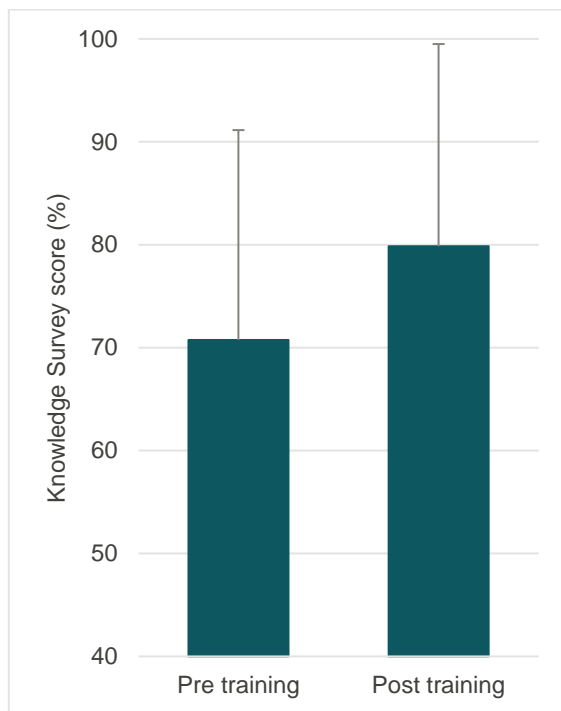
Event	Professional Development	Technical Assistance	Collaborative Activity/Meeting	Information Awareness
			Secondary Traumatic Stress bill information gathering, K-12 Workforce Secondary Traumatic Stress Leadership Team Meeting, Kaiser Permanente MTSS Workforce Wellbeing Community of Practice informational webinar, Meeting with Alliance for Healthier Generation, MTSS for staff alignment, MTSS Staff Wellbeing COP Planning meeting, Out of School Time Assessment Planning, School Nurse Case Management Cadre Kick Off Meeting Planning, SHI and WellSAT 3.0 Review, SHI for Seattle PS, SNAP-Ed Program Sharing, Staff wellness programming planning (Walk With Ease), Year 4 wrap up w/Focused Fitness, Year 5 Planning	

Source: WELNET PD/TA Log, Focused Fitness (Spokane, WA), 2022.

While Table 2 provided the instances of PD/TA and other project events, they do not provide information on the overall performance measure 1.1. In response to evaluation question 1, for the PD events that had in-depth school health knowledge and skill coverage, we conducted pre-post knowledge survey among the participants. As shown in Table 2, these trainings aimed for knowledge and skill transfers in multiple areas related to school health such as effective online PE, SHI and WELLSAT 3.0 review, cultural humility training, health equity, and promoting resilience in your school community, school nurse case management training. The pre-post knowledge survey results showed that of the 101 (compared to 38 in year 1) individuals who completed both pre and post knowledge survey, 47.7% (n = 52, 95% CI: 38.5-57.8%; vs. 57.8% in year 1) have improved their knowledge/skill as a result of receiving PD/training. There were 82 individuals who had missed either pre or post measures, as such their data were not included in the process of computing percentage of individuals whose knowledge/skills have improved. Overall, despite the slight percentage decline compared to year 1 (baseline), there was no statistically significant difference between proportion of participants who have improved their knowledge/skills, $z = -1.06$, $p = 0.29$, between year 4 and year 1.

In total, for all individuals who have completed both and pre and post trainings, there was a significant improvement in their knowledge survey scores. As displayed in Figure 3, the dependent sample t -test showed that the training participants on average had significantly increased their knowledge/skills from pre (70.74%) to post training (79.85%), $t = 4.61$, $df = 108$, $p < 0.01$. Overall, the average percentage increase in the trained knowledge/skills was about 9.11% (95% CI: 5.19-13.02%) throughout the professional development activities in year 4.

Figure 3: Pre and Post Training Knowledge Survey Scores (M+SD%)



Source: Focused Fitness (Spokane, WA), 2022.

We have also used a confidence perception survey conducted right after the training with an item

stating: "I increased my knowledge as a result of training." The participants were asked to rate the statement based on a 5-point scale ranging from "strongly disagree" to "strongly agree." Overall, about 87.1% of participants responded "agree" or "strongly agree," indicating that they felt the training had increased their knowledge. Notably, this percentage (87.1%) from this perception survey is significantly higher than those taking the pre-post training knowledge survey (47.7%, $z = 5.97$, $p < 0.01$), suggesting that the participant perception survey on knowledge/skill improvement tends to yield a significantly higher percentage than those measured through the pre-post training content-specific knowledge survey, which is perhaps more objective.

In addition to the pre and post training knowledge surveys, we have implemented an immediate follow-up survey for each of the PD events. The immediate follow-up survey results show that the participants for these PD events were overall 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, implementation confidence, training engagement level, perceived benefits, usefulness, and perceived knowledge improvement ranged from 3.33 to 3.49, with SD from 0.86 to 1.03, suggesting that most of the participants rated the HSW PD events highly.

Table 3. The Immediate Follow-up Survey for Professional Development

Survey Item	Range	Mean	SD
The training was relevant to what I do.	0-4	3.49	1.00
I have gained confidence to implement the training content.	0-4	3.33	.86
The training activities were engaging.	0-4	3.32	1.03
I have benefited from participating in the training.	0-4	3.45	.88
The content and materials presented were useful.	0-4	3.47	.94
I have increased my knowledge/skills through the training.	0-4	3.45	.91

Source: Focused Fitness (Spokane, WA), 2022, SD = standard deviation.

We included open-ended questions on the immediate follow-up surveys that allowed the participants to provide written feedback on the organization, content, level of satisfaction, and their feedback for improvement of 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 most of them were very satisfied with the PD events.

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

The training was engaging, applicable ...	Very organized presentation. It was a great refresher ...	Continued physical education focused onli...
It went very well	It was very organized	More training like this
I don't have any	I enjoyed the training	More trainings is all i would like
It flowed well and made sense	well organized	
No changes	No changes	More on case management and data colle...
organized and smooth flowing	Organized with good resources	more in depth management techniques
Is the case management book that wa...		I would like to see uniformity in how we do...
Great -I liked the jamboard	Yes - very organized	More about how to handle mental health i...
Unfortunately we do not have adequat...	Great training!	More pt and family teaching from the HCP...
very well	Organized, fact based, good info	How to co-manage with school psychs for...
I thought the training flow was great!	Yes the training was organized and so were the pres...	Yes, I am hoping to use what I learned to ...
I liked being in the same breakout roo...	I think the breakout room time was appropriate and a...	

Source: Focused Fitness (Spokane, WA), 2022.

For evaluation question 2, we have continued our training and development of school health infrastructures such as providing information/training needed for district wellness policy, and wellness committee meetings. Given that most of the priority districts reported completion of School Health Index modules and WellsAT by the end of year 2, we focused on learning more of how their implementation of school wellness policies. As seen in Table 4, among the priority districts that responded the follow-up survey including Davenport, Omak, Seattle, and Steilacoom, three have convened their district wellness committee at least twice, and revised their district policy in the last year. Despite the pandemic, three districts have implemented wellness policy with two focusing on nutrition services, and another focusing on school health services. Notably, one seemed to be uncertain for their district wellness policy implementation, as shown in Table 4.

Table 4. School Health Policy and Practices in Priority Districts

Survey Item	Davenport	Omak	Seattle	Steilacoom
Convene a Wellness Committee meeting (#)	Met 3 times. We implemented a wellness committee that was able to plan, organize and purchase items and events that benefited students, staff and community.	N/A	Yes - the monthly meetings have been a wonderful learning opportunity to gain thought partners in the COVID-19 situations. I believe the continued support in the Early Learning Fitness implementation has created change	We have our team members carry out the messaging and work in schools. Our team members are dedicated and good models for other staff and for students.

Survey Item	Davenport	Omak	Seattle	Steilacoom
Revised District Wellness Policy	Yes	Yes, revised the wellness policy to better align with best practices in PE/Health education and nutrition.	No	Yes, met and updated our goals
Wellness Policy Implementation	Focus on nutrition, mindfulness, and smarter lunchrooms.	All of our schools are in compliance with our wellness policy. This year we have hired additional nurses who are able to monitor and manage students with chronic conditions. All students receive the required amount of time per week of physical education instruction.	District still does not have a focus on supporting the student wellness policy in schools. COVID-19 has been a huge barrier in messaging what is working. Hoping to partner with leadership in Student Health Services in 2022-2023 school year to bring a revised student wellness policy forward.	We are strengthening our partnership with food services, too. We need to be focused on ramping up school wellness teams - it's one of our goals for next year.

Source: Follow-up district survey 2022, OSPI

After completing the School Health Index and WellSAT in year 2, our priority districts began to look at the results of assessments and address the findings and action plans. HSW conducted a year-end follow-up survey to ask whether and what actions each district had taken during last year on CSPAP, out-of-school time programs, and management of chronic conditions. As seen in Table 5, all four districts that responded the survey made progresses in these areas, with some taking concrete actions, some actions stalled or negatively impacted by COVID-19. While it is encouraging that the priority districts took actions on these items, we will continue to follow up in the year 5 along with providing further professional development and technical assistance.

Table 5. Year 4 Follow-Up on Priority District School Health New Practices

Area	Davenport	Omak	Seattle	Steilacoom
CSPAP	Offer regular PE to all students TK-12. Fit for Bloomsday	All of our students receive the required amount of time per week of physical education instruction. All of our PE/Health teachers are qualified and well-trained.	Alignment of Physical Education curriculum a continued focus on partnering with Early Learning Fitness Activities. Weekly Virtual open office hours for PE staff and others to attend each week Modifications due to COVID-19	Ongoing and working to align through standards and alignment to our wellness goals. We have some programs. It is an area we could improve on through family outreach and also having our school teams plan and execute actions related to wellness goals.
School nutrition service, environment	Our kitchen staff works hard to ensure they are current in providing healthy nutritional options for students/staff.	Our intermediate elementary school has continued to expand its school garden as a tool for both science and nutrition education.	Free lunch/Breakfast for all students Partnership with Purekid Food Foundation virtual Food Detective unit for Elementary Modifications due to COVID-19	Our food services lead is part of our team. We have had good dialogue about how we want to improve student menu choices; Also one big event where students had a chef competition was held and profiled meal preparation and attention to nutrition.
Management of chronic health conditions	Information provided to families, and education to students through PE/Health classes.	We have hired two additional nurses to assist with our systems for managing chronic health conditions.	Worked closely with SPED department on updated COVID-19 protocols and processes modifications due to COVID-19.	Only a persistent message of being active from our team members to their students.
Out-of-school time	Fit for Bloomsday, Family Nights	None	Worked Closely with the King County Youth Coalition and Community Based Organizations attending a monthly meeting along with participation on the Advocacy Team. Supports for ALL	We have two out of school programs, which we promote to families. We continue to have them on site at the K-3 schools. We need to draw them into the committee work.

Source: Follow-up district survey 2022, OSPI

We detailed the information and training on school health policy development and implementation at the PD/TA events and meetings in Table 2 as they relate to evaluation question 3. Because of significant personnel changes at OSPI, we did not use the results of School Health Profiles for this report. Instead, our process evaluation/interview provided qualitative data for school health

policy/program development and implementation. Our eight separate interviews sought to find out (a) what worked in the priority districts (i.e., success stories), (b) the perceived challenges during the implementation, and (c) potential support desired. Findings related to these three areas are briefly summarized below with direct quotes from interviewees. The qualitative results from the interviews would help illustrate the implementation process and providing accounted insights for future improvement.

Success Stories

Three areas of successes have been identified by the interviewees during the interview process: (a) enhanced reach through Zoom, (b) support physical activity/education throughout the buildings, and (c) collaboration among many sections of school health. One interviewee shared the enhanced reach across the state: "One is the opportunity to do a Zoom professional development opportunity was great because we could reach people all across the state. And sometimes when we have an in-person conference or an in-person professional development opportunity, we can only target the people that are close by. And when we can do a Zoom opportunity, we can reach people all over the state. And that part was really fun. It was great to hear from people all over doing the same type of work. We are all like-minded, and we all have the same concerns, and we all have the same want for learning about our content area. So that was one of the successes."

Providing more physical activity/physical education opportunities was also shared as a great success: "our greatest successes have been in the way that we have been able to supplement our physical education programs as well as our overall physical activity in our buildings. For example, our middle school is a concrete jungle outside. There's really not a whole lot for the kids to do. They're still at that age where they really do need some structured things. We were able to provide some outside equipment and some outside activities from the grant funding that would allow kids to incorporate physical movement during their breaks, and I thought that was a success."

Importantly, collaboration among many sections of school health as themed by the WSCC model was recognized and experienced by our interviewees: "I think the collaboration with the folks on the wellness committee, the subcommittee from the wellness committee, and just the collaboration of knowing the needs that extend just beyond health and PE, but also nutrition and our nurses. And one of the things that I probably didn't address in the last question was we were able to buy some vision testing equipment that made it much easier for our nurses to go into schools and do all of the vision testing in a much more accurate and efficient manner."

Challenges and Improvement Needed

While training through Zoom was identified as a success for extended reach, it was thought of a challenge in many ways, as one interviewee explained: "I think one of our biggest challenges was doing the training via Zoom. In one way it was good because it made it more accessible to a lot of people, but we found that because it was done remotely, a lot of the participants weren't 100% focused on the training because they were trying to do their work in their schools at the same time they were doing the training. And I think in person would have just helped it be more personable and helped the attendees stay focused. And then, I think it just would have provided a lot more opportunity to talk about the actual implementation in individual cases instead of just the broad things. And so hopefully in the future, we can do some of the trainings in person."

As school staff were working at their capacity, it was challenging to get people together and continue to be motivated: "I think the challenges are mostly things that are out of our leaders' hands. Bringing people together this year was not something that we could do, so that was too bad. I think that keeping the same people on the team, keeping people engaged, keeping people motivated to do the work, I think that's been a challenge this year." Another interviewee echoed this sentiment and believed employee wellness would be critical for continual implementation and success: "one thing we are prioritizing for next year is employee wellness. We had some really unfortunate tragedies with employees this year, and we are hoping to never have that happen again. So that will be a focus for us, as well as getting back on track with regular meetings for our wellness committee. We have, again, not been able to do that as people's plates felt overly full and their capacity to take on additional responsibilities. It just has not been able to happen this past year but going forward, we want to get back on track with our responsibilities as far as the wellness committee goes."

Future Support Desired

During the interview, two related lines of support were desired by the interviewees, based on their last year's experiences: (a) collaboration on school health services, and (b) enhancing accountability for state or federal agencies. One interviewee pointed out the collaboration among different sectors would benefit the overall health services in schools: "We really are trying this next year in coordinating our student health services, which is where our health education is housed in that side of our organization and physical education, which is in the academic house. Revisiting our wellness policy and moving that forward. We really have a great opportunity to collaborate, I think, because looking at our social emotional standards in our system which are now going to be on our elementary report card in the coming year to help the content manager and we have had more opportunities to collaboratively meet and really identify moving the revision of our wellness policy forward."

Another desired support is to enhance accountability for state or federal agencies to implement policies: "it's an expectation that in all districts, all 295 school districts in Washington state, we have 100 minutes of quality physical education, and we know we're not meeting that. However, with our PE policy from our school board, it says our teachers need to be credentialed and taught aligned curriculum, which we have, but there's no accountability for our system and our systems within the state. And it would be wonderful if the state or the CDC could actually tell our districts, 'Hey, you are out of compliance'."

For evaluation question 4, at the student level, we resumed data collection on health-related fitness in our 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 barriers. As shown in Table 6, the percentages of students meeting the fitness criteria among the priority districts were relatively low, particularly on measures of body mass index (BMI) and PACER, with most districts reporting about 40% of the students meeting criteria. While other fitness measure results were better than BMI, they are not promising with the highest percentage of meeting criteria in curl-up at 81.9%. Overall, student physical fitness needs improvement based on the reported results in 2021-2022 school year. Healthy Youth Survey results show students are struggling with mental health. In 2021, 69% of 10th graders felt nervous or anxious in the past two weeks, 56% of 10th graders were unable to stop or control worrying in the past two weeks, and 38% of 10th graders felt sad or hopeless for two weeks or more.

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

District	Davenport	Moses Lake	Omak	Steilacoom	Seattle*
N	458	6,255	922	No data	15,221
BMI	43.9%	51.7%	40.3%		n/a
Curl-up	61.1%	81.9%	64.2%		n/a
Sit-and-reach	62.0%	58.61%	72.3%		n/a
Push-up	52.8%	55.88%	47.2%		n/a
PACER	39.7%	40.95	40.3%		n/a

Source: District reported fitness tests in 2022; *Seattle used functional fitness without cutoffs.

Dissemination of Results/Findings

On the short and immediate term, once the evaluation report is reviewed and approved by the CDC, we will share a brief summary of the evaluation report findings among stakeholders within the priority districts and among the HSW training team and school nurse case management cadre. Additionally, HSW will prepare a summary of the findings that will be shared at meetings among various district and state constituencies. Finally, HSW team will share success stories and challenges at the Community of Practice events among the other 1801 SEAs, and potentially share the findings and success stories at the state conferences such Washington SHAPE.

RECOMMENDATIONS/LESSONS LEARNED

Overall, commitment of resources and teamwork has played an important role for this year. This year, much like the last two, were full of transitions. There was a delay in services as the Program Supervisor was hired and on-boarded. Due to the ongoing pandemic, we also experienced turn over and disengagement from HSW Training Team and School Nurse Case Management Cadre members, impacting our ability to provide statewide events. Those working in schools and those who serve schools are feeling burnt out and disconnected, and less enthusiastic about holding trainings virtually. Providing training to those working in districts and schools continues to be difficult, as staff were feeling over taxed mentally, or did not have access to substitutes or time to attend PD events due to staff shortages. This year was focused on building relationships and new connections. We've found that a good balance between virtual events, that can reach the entire state, and targeted in-person events, may be effective moving forward.

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