



The School Health Index 2017-18: Challenges to Promoting Health and Wellness in SDP Schools

Eat.Right.Now (ERN) is a federally funded program through USDA SNAP-Ed. Seven ERN partners provide education and programs to 214 schools in the School District of Philadelphia (SDP) to increase the likelihood that SNAP recipients make healthy choices.

In the 2017-18 school year, ERN partners assisted their assigned schools in completing a modified version of the School Health Index (SHI). This report provides a summary of common challenges identified by schools supported by SHI results and other district data.

Key Findings

ORE identified six common challenges schools face in improving student health:

1. Increasing breakfast participation through alternative breakfast models
2. Decreasing unhealthy food from fundraisers and celebrations
3. Decreasing unhealthy food brought to schools from corner stores
4. Prohibiting using food as reward
5. Promoting water consumption
6. Increasing physical activity through recess and Physical Education

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Introduction

Eat.Right.Now (ERN) is a federally funded program through USDA SNAP-Ed, which is the educational component of the Supplemental Nutrition Assistance Program (SNAP). The goal of ERN is to provide education and programs that increase the likelihood that SNAP recipients make healthy choices. ERN programming is delivered to 214 schools in the School District of Philadelphia (SDP) by seven community partners (see box to the right for a full list).

In the 2017-18 school year, the focus of ERN programming shifted from providing only direct education to also changing the Policies, Systems, and Environments (PSE) within schools to encourage students to make healthier choices. As a first step in understanding what schools need to make PSE changes, the seven ERN partners assisted their partner schools in completing a modified version of the School Health Index (SHI) through the Alliance for a Healthier Generation’s [Healthy Schools Program online tool](#). The SHI is a self-assessment and planning tool developed by the Centers for Disease Control (CDC) to help schools meet CDC recommendations for various health and wellness-related topics. The modified version of the SHI includes 50 questions related to nutrition and physical activity across six modules.

By assisting schools in completing the SHI and using results to develop School Wellness Action Plans, ERN determined how to improve student health and implement PSE changes based on the needs and priorities of individual schools. In addition, the tool provided opportunities to engage teachers, parents, students, and the community in promoting health-enhancing behaviors.

Exploratory Questions

This report addresses the following questions:

1. What common challenges do schools face in implementing health and wellness activities?
2. How did School Health Index results from 58 schools reflect common challenges?
3. What other District data support these findings?
4. What are schools doing to overcome these challenges that ERN partners can learn from, replicate, and/or support?

*For more information about the project and related reports, see <https://www.philasd.org/research/programsservices/projects/eat-right-now>

Who are the Eat.Right.Now (ERN) Partners?

In 2017-18, 214 SDP schools were served by seven ERN Partners:

School District of Philadelphia (SDP)
65 Schools

Drexel University (DRX)
60 Schools

Einstein Medical Center (FUN)
29 Schools

The Food Trust (TFT)
25 Schools

Health Promotion Council (HPC)
18 Schools

Agatston Urban Nutrition Initiative (UNI)
14 Schools

Vetri Community Partnership (VCP)
3 Schools

Methods and Data

The two sources of data used to inform this report were:

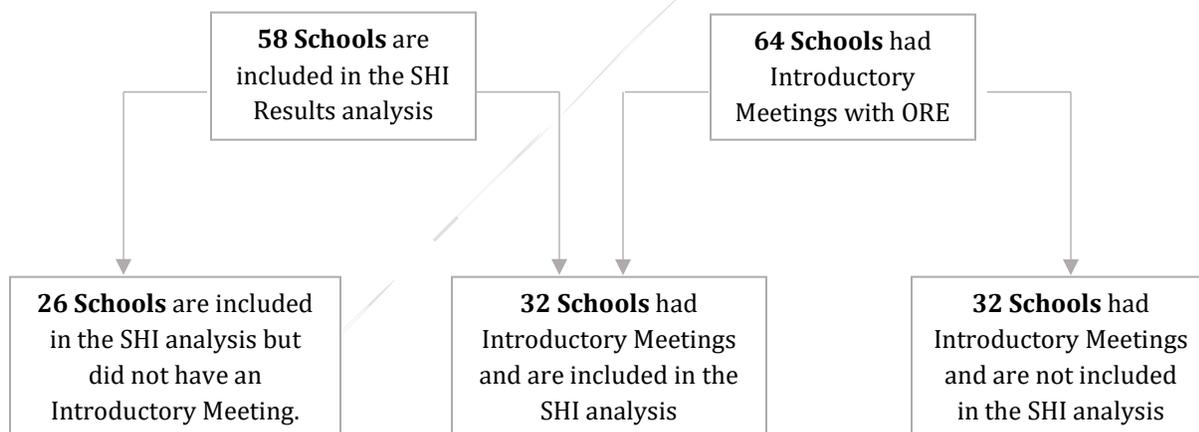
1. results from 58 completed School Health Index assessments
2. qualitative data from introductory meetings

At every introductory meeting, ORE asked about any challenges the school faced in improving health outcomes of their students. We wrote field notes for each school in order to gather information about recurring themes that could help ERN partners inform their programming and develop PSE strategies. While the introductory meeting was often the first step to completing the SHI, some schools had a meeting but did not start the SHI, and other schools chose not to participate in an introductory meeting but were still able to complete the SHI.

Fifty-eight schools are included in the analysis of SHI results.¹ ORE held introductory meetings with 64 schools to review the SHI. Of those schools, 32 are included in the analysis of SHI results. The other 32 schools had an introductory meeting but did not begin or complete the SHI. (Figure 1).

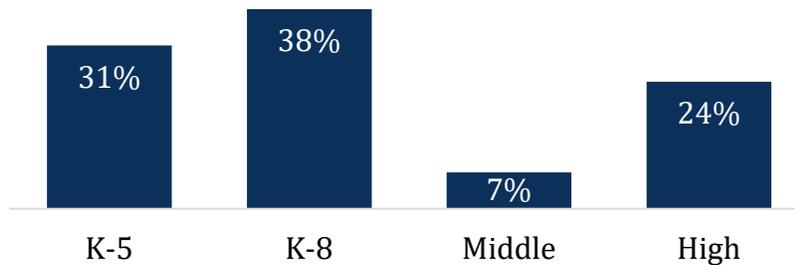
In addition to SHI results and introductory meetings, ORE used data from the SDP District-wide Student Survey, which asks several questions about nutrition and physical activity.

Figure 1. Number of Schools Included in Analysis of SHI Results and Introductory Meetings



Most of the 58 schools were K-5 and K-8 schools (Figure 2).

¹ Fifty schools completed the School Health Index in 2017-18, and one school that is served by ERN was removed from the analysis because it is not an SDP school. We also included 9 schools that are each missing fewer than ten questions on the SHI are also included in the analysis, for a total of 58 schools.

Figure 2. Of the 58 Schools Included in the Analysis, 69% are K-5 or K-8 schools

What we Can Learn from the School Health Index

The SHI is not meant to be an evaluative tool at the school level and has some analysis limitations. For example, the assessment includes only self-reported information by school staff and/or community members. There may be some bias in responses based on who has completed the assessment. In addition, the sample of schools that completed the SHI was not randomly selected and therefore may not reflect the District as a whole.

Despite these limitations, the results from the sample of 58 schools can help us draw some conclusions about what all SDP schools might be facing when trying to implement health and wellness initiatives. When trying to assess school health policies and programs, the SHI offers the best available data for many indicators and can help us see patterns both in our sample and across the District.

Findings

This section presents information on six focus areas that emerged from School Health Index responses, including challenges schools are facing in improving health and wellness and potential strategies ERN can use to support schools in each focus area. The report then provides an overview of SHI scores by module, which show how schools are meeting CDC guidelines on broader topics.

Challenges to Improving Health and Wellness in Schools

In the 2017-18 school year, ORE identified six focus areas that emerged through the School Health Index process:

1. Increasing breakfast participation through alternative breakfast models
2. Decreasing unhealthy food from fundraisers and celebration
3. Decreasing unhealthy food brought to schools from corner stores
4. Prohibiting using food as reward
5. Promoting water consumption
6. Increasing physical activity through recess and Physical Education

This section includes a summary of background, challenges, and potential strategies related to each of these six focus areas:

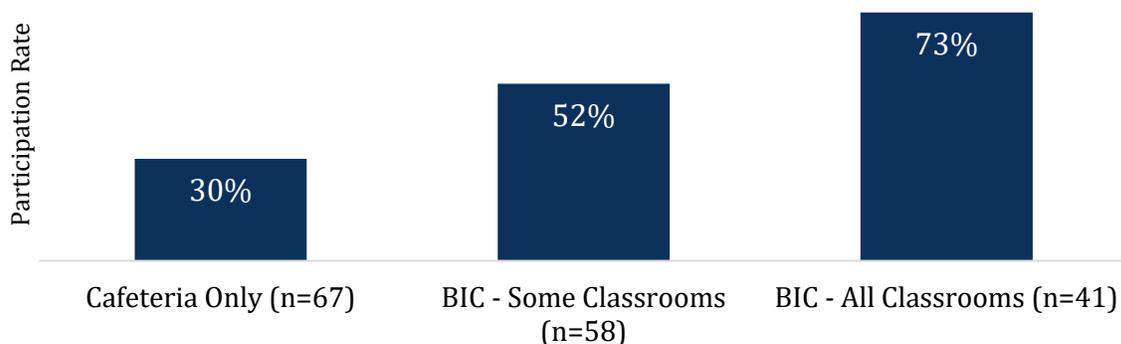
- **Background:** Background on the focus area, including ERN’s role and supporting data from SHI results and trends from other district data.
- **Challenges:** What we heard from schools during introductory meetings, including examples of specific challenges to improving health and wellness for that focus area.
- **Potential Strategies:** Notes about what schools are doing to address this challenge, as well as general recommendations related to the focus area.

Focus Area 1: Increasing Breakfast Participation through Alternative Breakfast Models

Background

During the 2017-18 school year, ERN partners worked to support SDP schools to increase breakfast participation rates through a variety of efforts, including signing schools up to participate in the Pennsylvania School Breakfast Challenge and assisting schools in implementing alternative breakfast models. In an effort to reach the goal of 70% breakfast participation, SDP’s Department of Food Services also offered several alternative options to serving breakfast which schools could implement at their discretion, including grab-and-go carts and Breakfast In Classroom (BIC). In 2017-18, schools that served BIC across all classrooms met the District’s goal of 70% participation (Figure 3).

Figure 3. Schools that Served Breakfast in Classroom in Fall 2017 Had Higher Breakfast Participation Rates



Challenges

While several schools expressed interest in alternative models during introductory meetings, including BIC or grab-and-go carts, staff cited the challenge of generating staff buy-in to implement options beyond the cafeteria. The principal at a K-8 school said students love the smoothies offered at the grab-and-go cart and is glad that Food Services offers carts as an option but believes it would

be better if carts were standard across the District instead of placing the responsibility on school staff who might not have the time to implement and sustain it.

Similarly, school staff recognized the benefits of providing breakfast in the classroom to all students but noted logistical challenges to implementation. One principal at a K-5 school expressed concern over clean-up time taking away from instructional time. The principal at a K-8 school said she would consider it if she was able to stagger the schedules of her cleaning staff so someone could come earlier to help with breakfast cleanup. School staff also expressed concern that breakfast served in the classroom might cause or exacerbate pest problems.

Potential Strategies

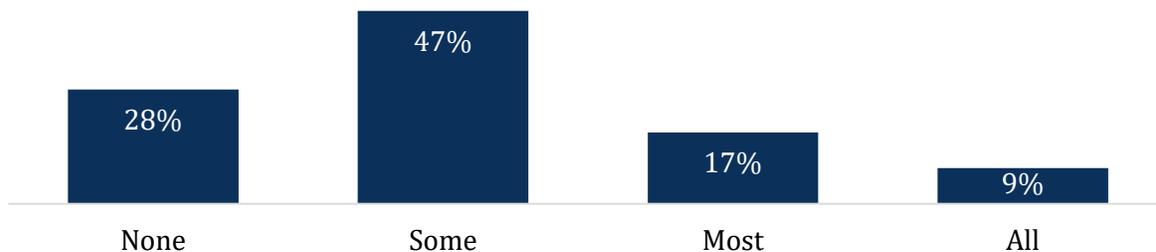
ERN program staff should continue to encourage schools to implement alternative breakfast models in order to increase breakfast participation and ensure students are starting the school day ready to learn. This might involve connecting schools with SDP’s Division of Food Services to obtain resources to implement alternative models and generating buy-in from teachers and staff using research that shows eating a healthy breakfast leads to better behavior and academic performance, or coordinating with Central Office departments such as Food Services or Facilities to make sure schools have adequate support to implement alternative models.

Focus Area 2: Decreasing Unhealthy Food from Fundraisers and Celebrations

Background

According to the [SDP’s Student and Staff Wellness Policy](#), all food sold during the regular school day, including fundraisers, must meet or exceed the USDA Smart Snacks in School Nutrition Standards. Elementary and middle schools are allowed five exempt fundraisers (meaning that they do not have to meet or exceed the standards), and high schools are allowed ten exempt fundraisers. However, according to SHI responses, over a quarter of schools (28%) reported that none of their fundraisers meet Smart Snacks standards (Figure 4).

Figure 4. SHI Question #114: Do all fundraising efforts meet or exceed Smart Snacks in School nutrition standards? (n=58)



Challenges

Several schools agreed that implementing healthy fundraisers would help improve the eating habits of their students but believed it would be difficult to take away successful fundraisers that students and parents enjoy and that make the school a lot of money. For example, the nurse at a K-5 school said the school has a pretzel sale every week to raise money and that parents get upset if the school skips a week, so eliminating that entirely would be challenging.

Schools also stated they may need more support and resources if they were to implement a healthy fundraiser. A teacher at a high school mentioned wanting to replace candy sales with healthier options but wasn't sure where to go for permission and who would manage something like a fresh fruit cart.

Potential Strategies

A few schools may serve as "models" for how to successfully implement healthy fundraisers. One K-5 school said they plan to host a weekly event where they sell healthy snacks, like Gogurt and granola bars, as a fundraiser. They said they are not allowed to sell other foods during lunchtime because it would compete with school lunch, but they plan to collect orders from students ahead of time and deliver healthy snacks to class. The school also participates in a non-food fundraiser, where students get sponsors and participate in an obstacle course to increase physical activity while raising money for the school.

Focus Area 3: Decreasing Unhealthy Food Brought to School from Corner Stores

Background

According to the 2016-17 District-wide survey, 69% of students across the District reported that they stop at a corner store on their way to school at least one day during a typical school week (Figure 5).

Figure 5. 2016-17 District-wide Student Survey Responses (n=72,593): On a typical school week, how many days do you buy food or drinks from a corner store on your way to school?



Challenges

The “little black bags” students bring in from corner stores before school were identified as a common challenge by schools. Not only do students buy unhealthy items like chips and sodas, but schools report that stopping at the corner store often makes students late to school. While several schools have a written policy that prohibits black bags, they said that it was challenging to implement the policy school-wide, and the responsibility often fell on individual teachers and staff.

During introductory meetings, schools reported that they tried several strategies to reduce student purchases at corner stores for breakfast, including working with corner store owners to adjust their hours and confiscating bags to return at the end of the day. While one K-5 school was successful in convincing a local corner store to open later after students were in school, most schools said they faced resistance from store owners.

Some schools cited the challenge of creating a written policy due to lack of buy-in from parents. A principal at a K-8 school wanted to add a policy to the parent handbook stating that students cannot bring food to school except for lunch but reported that he received pushback from parents on the issue. Similarly, the nurse at a K-5 school reported that teachers face “great resistance” from parents when they threaten to confiscate black bags, even when they are returned at the end of the day.

Potential Strategies

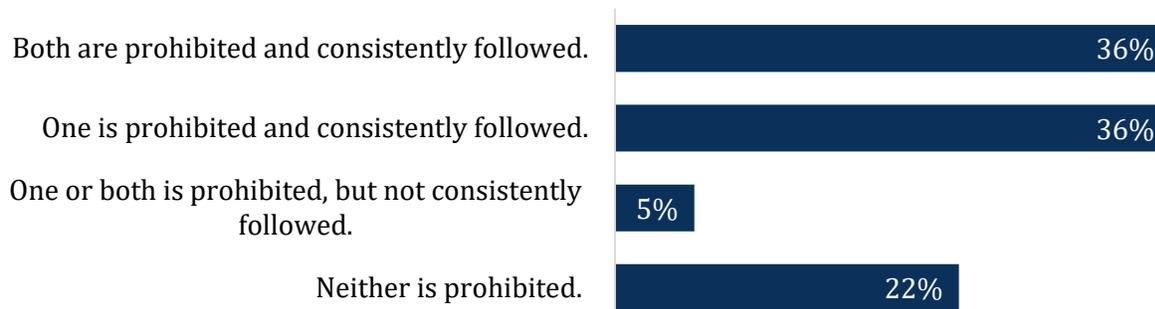
One ERN Nutrition Educator reported that in one K-5 school she works in, parents volunteered to monitor corner stores in the mornings to encourage students to either choose healthy items or get to school for breakfast instead. Similarly, staff at a K-8 school said that staff will go to the corner store at 8:20am and tell any students there to leave and get to school to avoid being late. ERN Nutrition Educators could help engage school staff and/or parents to monitor corner stores close to the school to encourage students who stop in the morning to eat breakfast at school instead, or to choose healthier items.

Focus Area 4: Prohibiting Using Food as Reward

Background

The SDP Wellness Policy states that “District schools will not use unhealthy foods or beverages as rewards for academic performance or good behavior.” During the 2017-18 school year, ERN partners worked with teachers to encourage the use of non-food rewards in classrooms. SHI responses show that 22% of schools do not have a policy that prohibits using food as reward or withholding food as punishment (Figure 6).

Figure 6. SHI Question #109: Does your school prohibit giving students food as a reward and withholding food as punishment? Is this prohibition consistently followed? (n=58)



Challenges

Several schools admitted that it's common for teachers and staff to reward students for good attendance or behavior using unhealthy foods like candy. The nurse at a K-5 school showed ORE a list of rewards used to incentivize students to come to school every day and avoid receiving any behavior write-ups. Some of the rewards were non-food related; for example, the class with the highest attendance was eligible for a movie night. However, other rewards included ice cream sundaes or "Tastykake parties," which the nurse agreed could be substituted with other healthier options.

A common sentiment across schools was that teachers are not aware of other alternatives to rewarding students without using unhealthy foods. For example, the principal at a K-8 school said, "I don't mind giving children rewards, but why does it have to be candy and things like dumdums? Why can't it be a healthy snack?" However, he said that because teachers often buy their own materials to incentivize students, it would be difficult for the school to require them to change what they were buying. The school nurse at an elementary school recognized this as a problem at her school but said that teachers don't know what to do instead.

Potential Strategies

To address the issue of using unhealthy food as a reward, one K-5 school instituted a weekly practice where students can earn an extra 25 minutes of recess at the end of the day on Fridays if they had no absences and good behavior. The remaining students receive time to review and get help on homework, so there is no "negative spin," according to school staff.

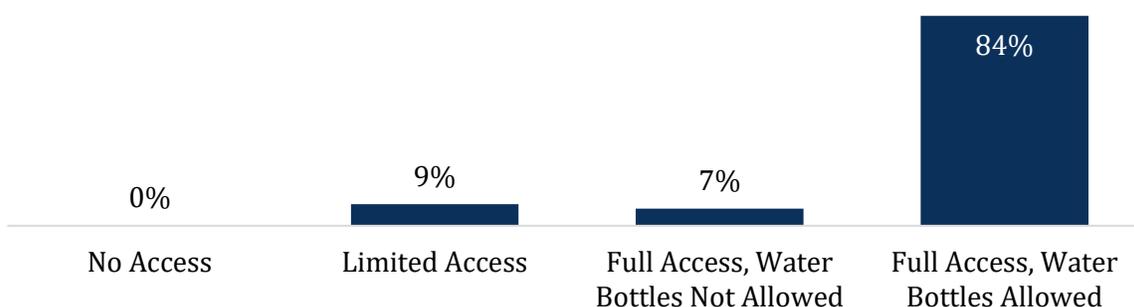
Similarly, the principal at another K-5 school described an incentive program where students were provided a list of healthy snacks, and when they brought in a listed item they received a ticket. After they received seven tickets, they were allowed to participate in an extended gym period. ERN can use these schools as models to assist other schools in using nonfood rewards in their classrooms.

Focus Area 5: Promoting Water Consumption

Background

Since the 2016-17 school year, ERN has been working to promote water access and consumption across SDP schools. According to SHI responses, most schools (84%) reported that students have full access to water throughout the day and that water bottles are allowed in classrooms (Figure 7).

Figure 7. SHI Question #104: Does your school make safe drinking water available throughout the school day? (n=58)



Challenges

Despite positive SHI responses about access to water, conversations with school staff indicated there may be some inconsistency in how these policies have been implemented. While hydration stations were recently installed in all SDP schools, some schools expressed the need for additional stations since there were not enough installed to begin with, or they are not maintained properly. One high school PE teacher mentioned that the school had only three hydration stations, which did not meet the recommended one unit per 100 students. Several schools reported broken or rusted units and were unclear whose responsibility it was to fix them.

Another challenge to promoting water consumption was a discrepancy between a school's water access policy and how that policy was implemented. For example, in a meeting with a K-5 school, the nurse reported that the principal allows water bottles in classrooms. However, the ERN Nutrition Educator said she passed out water bottles to all students last year, but teachers did not allow them in the classroom. She said that some teachers also did not offer water breaks, so students were not able to use the hydration stations during class time. Schools cited behavioral issues and cleanliness concerns as reasons for restricting water bottle access in the classroom.

Potential Strategies

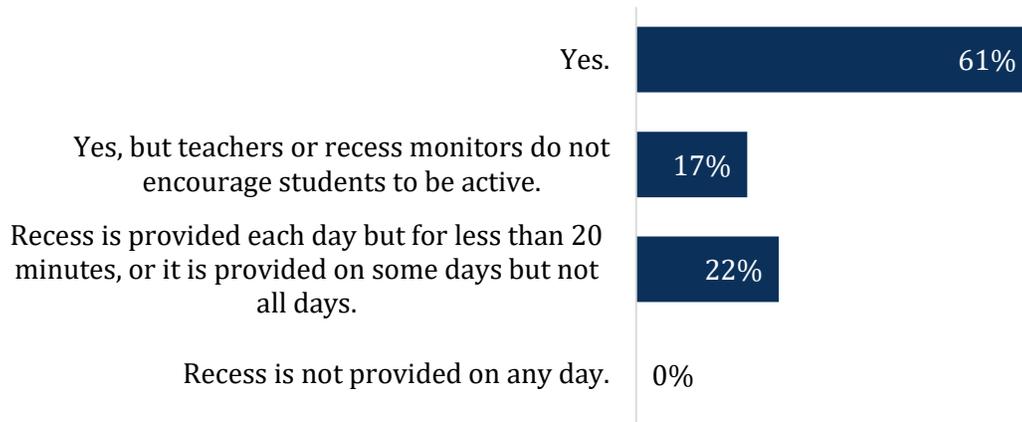
To address the issues of broken or inadequate hydration stations, ERN could help schools identify their assigned building engineer for assistance in cleaning and maintaining units. ERN can also continue their work in promoting hydration to all students and staff and encouraging staff to allow students to keep filled water bottles in classrooms to stay hydrated.

Focus Area 6a: Increasing Physical Activity through Recess

Background

In addition to nutrition-related programming, ERN provides support to schools to help increase the number of minutes of physical activity students get per week. The SDP Wellness Policy does not indicate a specific number of minutes of recess that students should receive each day, but the CDC recommends 20 minutes. While most K-5 schools reported students get recess for 20 minutes every day, 17% indicated that teachers or recess monitors do not encourage students to be active. Almost a quarter of elementary schools in our sample (22%) reported that students receive less than 20 minutes of recess per day, or that it is provided on some days but not all days (Figure 8).

Figure 8. SHI Question #103: Are students provided at least 20 minutes of recess each school day, and do teachers or recess monitors encourage students to be active? (n=42)



In addition to providing an adequate amount of recess time and encouraging students to be active, the CDC also recommends that schools do not take away recess as punishment. In 59% of elementary schools in our sample, schools reported that withholding recess is not prohibited (Figure 9).

Figure 9. SHI Question #108: Does your school prohibit withholding recess as punishment? Is this prohibition consistently followed? (n=42)



Challenges

Several schools expressed interest in “socialized recess” programs, which typically include organized activities to increase safety, engage students in physical activity, and provide opportunities for students to develop conflict resolution and other social skills. However, schools also cited lack of staff as a challenge. For example, SAC members at a K-8 school explained that they bought recess equipment through donations and grants but reported that climate staff do not bring out those items during recess because they would need to clean up afterwards. Similarly, the nurse at a K-5 school applied for grants for playground equipment and explained that some climate staff were trained to facilitate socialized recess but stated that the school has not hired enough staff to maintain it.

Planning for indoor recess also posed a challenge to several schools. One parent at a K-8 school complained that a policy existed that students had to stay indoors for recess when the weather dipped below 35 degrees.² She said the school was not prepared to offer physical activity indoors, and that students had to sit at their desks and watch a movie.

Schools also expressed the need for alternatives to withholding recess to manage behavior. When ORE mentioned to a principal at a K-8 school that the CDC does not recommend taking recess away as punishment, she responded that changing that practice would be “a hard pill to swallow.”

Potential Strategies

The SDP Office of Healthy, Safety, and Physical Education created a [handbook for socialized recess](#), and some schools in the District contract with outside organizations to provide assistance with implementing socialized recess. ERN could support schools in developing a socialized recess plan,

² ORE could not confirm the existence of this policy.

and work with schools to establish indoor recess policies to ensure students are physically active every day, regardless of weather.

Focus Area 6b: Increasing Physical Activity through Physical Education

Background

According to responses on the SHI, only 10% of schools serving grades K-5 (n=40) are meeting the CDC’s recommendation of offering 150 minutes of physical education per week (Figure 10).

The CDC recommends that middle and high school students take a PE class every year. While 55% of middle and high schools in our sample met that recommendation in 2017-18, 11% responded that students are only required to take PE for one-half year or less (Figure 11).

Figure 10. SHI Question #301: Do all students receive PE for at least 150 minutes per week? (n=40)

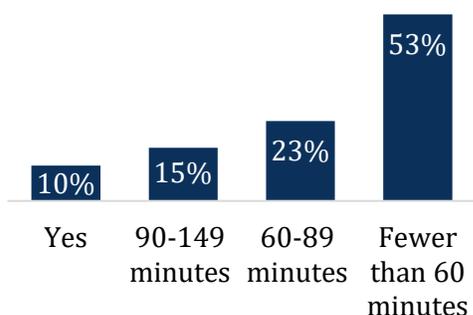
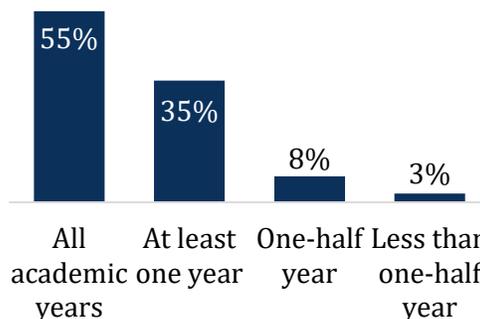


Figure 11. SHI Question #302: How many years of PE are students required to take? (n=40)



Challenges

While several schools acknowledged the importance of Physical Education, they expressed concerns over how to meet the CDC’s recommendation of 150 minutes per week for elementary school students. One K-8 school claimed it was “impossible” because of other District demands and asked how ERN would be able to help with reaching that goal. Schools told us that they must balance offering Physical Education with other District requirements around math, literacy, and standardized testing.

Potential Strategies

While some schools struggle to provide the recommended dosage of PE classes, other schools were able to schedule their rosters to ensure elementary school students receive PE for 150 minutes per week, or middle and high school students receive PE classes in all academic years. ERN could

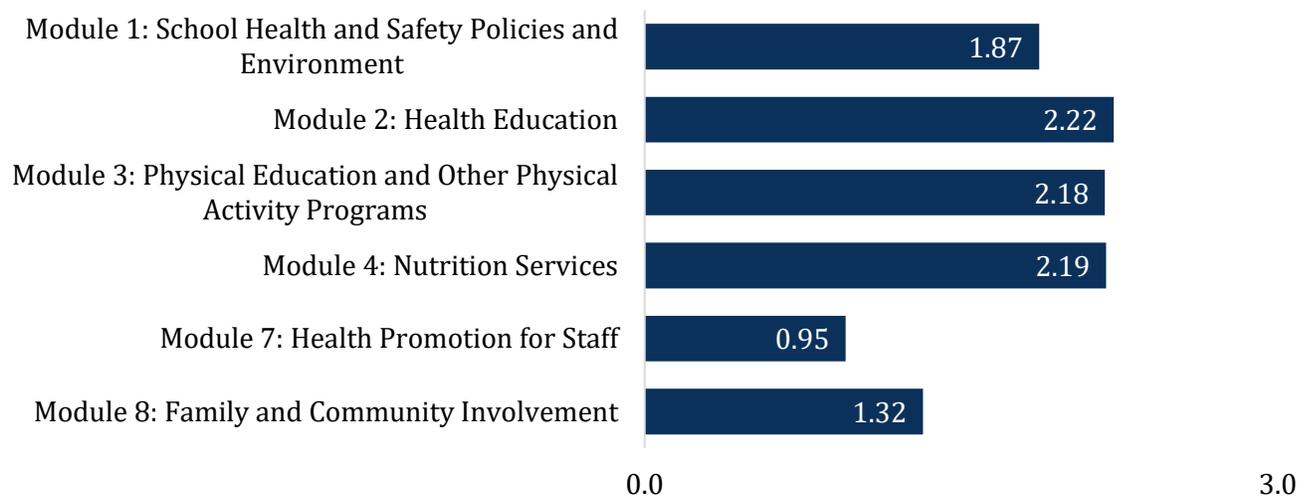
review rosters of schools that are meeting the recommendations to provide guidance to schools that need support in scheduling PE.

Average SHI Results Across Six Modules

In addition to the six focus areas identified above, the School Health Index also provides an opportunity to assess how schools are meeting CDC guidelines on broader topics. Schools completed six SHI “modules” that each included between 3 and 14 questions related to a specific topic. Within each module, schools answered questions using a 0 to 3 scale where 3 means CDC’s recommendation for that question is fully in place, 2 means the recommendation is partially in place, 1 means the recommendation is under development, and 0 means the recommendation is not in place. Appendix A presents a breakdown of the percentage of schools meeting the recommendation (i.e., responded “3”) for each SHI question.

ORE calculated the average score for each module on a scale of 0 to 3 (Figure 12). Sample schools scored highest in Modules 2, 3, and 4, indicating they are meeting more of the recommendations in those areas. Conversely, schools scored low in Modules 7 and 8, indicating a need for support in implementing health promotion activities for staff as well as strategies to engage parents and families.

Figure 12. Average Score of Sample Schools (n=58) between 0 and 3 for each SHI Module.



Conclusion and Recommendations

The Alliance for a Healthier Generation’s modified School Health Index presents an opportunity to assess how schools are meeting CDC’s recommendations for nutrition and physical activity. Based on SHI results from 58 schools, as well as qualitative data collected during introductory meetings with key school staff, it is clear schools face various challenges to meeting those recommendations as well as guidelines set forth in the SDP Wellness Policy.

ERN partners are strategizing ways to implement PSE changes within schools to help students and families eat healthier and move more. However, to help schools meet recommendations and guidelines, it is important for multiple district levels to coordinate to mitigate challenges and barriers and offer necessary supports for health and wellness initiatives. ORE offers recommendations for two levels of work can help improve health and wellness in schools:

1. ERN-SDP Program Office– SDP’s ERN office has multiple touchpoints with District departments and can help coordinate various offices to support health and wellness.
2. ERN Partners – This includes program-level recommendations for ERN Partners to improve health and wellness at individual schools.

Recommendations for the ERN-SDP Program Office

SDP’s ERN program has a unique position in their ability to connect ERN’s work with other SDP offices. ERN-SDP should continue to coordinate various district departments to ensure schools have the supports they need to meet Wellness Policy guidelines regarding health and physical activity, and work to towards the Whole School, Whole Community, Whole Child Model.

ORE recommends ERN-SDP continue and/or expand their work with the following offices:

Climate & Safety

- Work with Positive Behavioral Interventions and Supports (PBIS) to create a framework for discipline and rewards that does not include withholding recess or physical activity as punishment and uses healthier or non-food rewards as incentives.
- Work with Prevention & Intervention to link food access and physical activity with Trauma-Informed Care practices.

Environmental Management & Services

- Work with GreenFutures to meet [Healthy Schools, Healthy Living](#) Action Plan items.

Facilities & Maintenance

- Ensure all schools have adequate working hydration stations to promote water consumption.

- Work to ensure general school cleanliness so staff trust that the building will be kept clean and pest-free if initiatives like Breakfast in Classroom (BIC) were to be implemented.

Family and Community Engagement (FACE)

- Connect with School Advisory Councils (SAC) to complete the School Health Index and engage parents and families in health-related decisions.
- Present at the SAC Academy workshop series to provide SAC members with resources to improve health at their schools.

Food Services

- Encourage schools to use alternative breakfast models to increase breakfast participation.
- Ensure items served during breakfast and lunch are healthy and appealing.
- Connect with Food Services staff at each school to relate ERN lessons to daily menus to encourage healthy choices.
- Promote healthy fundraisers and ensure schools are meeting guidelines in the Wellness Policy.

Health, Safety, and Physical Education

- Promote awareness of the SDP Wellness Policy across schools and administrative offices.
- Participate in Professional Development days for Health and PE teachers to generate buy-in and increase capacity for ERN program activities.

Office of Schools

- Continue to share research with Assistant Superintendents and Principals on the relationship between health and academics as well as actionable steps to improve health and wellness.

Recommendations for All ERN Partners

Recommendation #1: Work with ERN-SDP to align programming based on District needs.

After reviewing the results of the 2017-18 SHI, ERN partners began identifying ways to align programming and services that support district needs. For example, ERN partners were each considering how to support movement breaks in classrooms, how to increase breakfast participation, and how to encourage healthy fundraisers across their schools. ORE recommends that ERN partners continue to align their programming and coordinate with SDP to ensure their services meet the needs of the District.

Recommendation #2: Develop resources and provide technical assistance on best practices and strategies schools can easily implement.

While principals and school staff often agreed that certain practices at the school level might be harmful to student health (e.g. withholding recess as punishment or using food as reward), they expressed a need for support in figuring out alternatives. ORE recommends ERN develop resources for schools that include best practices and strategies for a range of potential action items and provide professional development or other technical assistance activities to support schools in implementing healthy policies and practices. Topics can include how to implement healthy fundraisers or movement breaks, ideas for nonfood rewards to use as incentives, and processes for engaging parents and families in health-related initiatives.

Recommendation #3: Continue to complete the SHI in schools and align the process for creating School Wellness Action Plans to allow for progress tracking.

ORE recommends that ERN work with schools to complete the SHI every three years in order to track progress and realign programming based on school needs. As ERN focuses on PSE strategies, these Action Plans will be key to ensuring they deliver the services needed and prioritized by each individual school. If ERN partners align their process for creating School Wellness Action Plans to identify Action Items that are Specific, Measurable, Achievable, Relevant, and Time-Bound (SMART), progress can be monitored more easily by partners and stakeholders. ERN partners should continue working with schools to define success, identify indicators to measure success, and clarify steps to complete the Action Item.

Recommendation #4: Include parents and staff members in conversations about implementing changes when possible.

Across all focus areas, the lack of parent and staff buy-in was identified as a major barrier to making changes that support healthy choices. Schools reported facing resistance from parents when introducing policies about foods allowed in the schools and identified the need for parent engagement and education so parents understand the reason for these policies and can help support and encourage their children to make healthy choices. In addition, while some schools have written policies in place, implementation of the policies often was the decision of individual teachers and staff members. Staff and parents should be made aware of the reasons for the policy and supported in implementation strategies. ERN partners can assist schools in bringing appropriate stakeholders to the table to generate support for changes to health and wellness policies and programs.

Appendix A

School Health Index Questions and Percent of Schools Responding that the Recommendation is “Fully in Place”

For each SHI question, schools chose an answer between 0 and 3, where 3 means the recommendation is fully in place, 2 means the recommendation is partially in place, 1 means the recommendation is under development, and 0 means the recommendation is not in place. Appendix A presents a breakdown of the percentage of schools meeting the CDC’s recommendation (i.e., responded “3”) for each SHI question (n=58).

Module 1: School Health and Safety Policies and Environment

101	Does your school have a representative committee or team that meets at least four times a year and oversees school health and safety policies and programs?	39%
102	Has your school implemented all of the following components of the district's local wellness policy?	12%
103	(Elementary Only) Are students provided at least 20 minutes of recess during each school day, and do teachers or recess monitors encourage students to be active?	61%
104	Does your school make safe, unflavored, drinking water available throughout the school day at no cost to students?	84%
105	Do all competitive foods sold to students during the school day meet or exceed the USDA's Smart Snacks in School nutrition standards for all foods sold to students?	38%
106	Do all competitive beverages sold to students during the school day meet or exceed the USDA's Smart Snacks in School nutrition standards for all beverages sold to students?	57%
107	Does the school prohibit using physical activity and withholding physical education class as punishment? Is this prohibition consistently followed?	57%
108	Does your school prohibit withholding recess as punishment? Is this prohibition consistently followed?	12%
109	Does your school prohibit giving students food as a reward and withholding food as punishment? Is this prohibition consistently followed?	36%
110	Do all foods and beverages served and offered to students during the school day meet or exceed Smart Snacks in School nutrition standards? (Includes birthday parties and celebrations).	31%
111	Do all foods and beverages sold to students during the extended school day meet or exceed Smart Snacks in School nutrition standards?	52%
112	Do all foods and beverages served and offered to students during the extended school day meet or exceed Smart Snacks in School nutrition standards?	39%
113	Are indoor and outdoor physical activity facilities open to students, their families, and the community outside school hours?	34%
114	Do fundraising efforts during and outside school hours sell only non-food items or only foods and beverages that meet or exceed Smart Snacks in School nutrition standards?	9%

Module 2: Health Education

201	(Elementary Only) Do students receive health education instruction in all grades?	63%
202	(Middle & High Only) Does the school or district require all students to take and pass at least one health education course?	58%
203	Does the health education curriculum address all essential topics on physical activity?	33%
204	Does the health education curriculum address all essential topics on healthy eating?	36%
205	Do all teachers of health education use an age-appropriate sequential health education curriculum that is consistent with state or national standards?	59%
206	Do all teachers of health education provide opportunities for students to practice or rehearse the skills needed to maintain or improve their health?	48%
207	Do all teachers of health education participate at least once a year in professional development in health education?	72%

Module 3: Physical Education and Other Physical Activity Programs

301	(Elementary Only) Do all students in each grade receive physical education for at least 150 minutes per week throughout the school year?	10%
302	(Middle & High Only) How many years of physical education are students required to take?	55%
303	Do all teachers of PE use an age-appropriate, sequential physical education curriculum that is consistent with national or state standards?	84%
304	Does the school's physical education program integrate the components of the Presidential Youth Fitness Program?	46%
305	Does the school's physical education program use three or more methods to promote student participation in a variety of community physical activity options?	56%
306	Does the school's physical education program consistently use all or most of the recommended practices as appropriate to include students with special health care needs?	49%
307	Does the school promote or support walking and bicycling to school?	18%
308	Does the school offer opportunities for students to participate in physical activity either before or after the school day?	24%
309	Are all students provided opportunities to participate in physical activity breaks in classrooms, outside of physical education, recess, and class transition periods on all or most days in a typical	26%
310	Do teachers keep students moderately to vigorously active for at least 50% of the time during most or all PE class sessions?	78%
311	Are all teachers of physical education required to participate at least once a year in professional development in physical education?	89%
312	Are all physical education classes taught by licensed teachers who are certified or endorsed to teach physical education?	98%

Module 4: Nutrition Services

401	Does the school offer school meals (both breakfast and lunch) programs that are fully accessible to all students?	96%
402	Do all school meals include a variety of foods that meet the recommended criteria?	69%
403	Are healthy food and beverage choices promoted using the recommended techniques?	38%
404	Do all school nutrition program managers and staff meet or exceed the annual continuing education/training hours required by USDA?	69%
405	Do venues outside the cafeteria (e.g., vending machines, school stores) where food is available offer fruits and non-fried vegetables?	45%
406	Do nutrition services staff members use the following methods to collaborate with teachers to reinforce nutrition education lessons taught in the classroom?	38%
407	Do students have at least 10 minutes to eat breakfast and 20 minutes to eat lunch, counting from the time they are seated?	81%
408	Is the school implementing any farm to School activities?	27%

Module 7: Health Promotion for Staff

701	Does the school or district offer staff members accessible and free or low-cost health assessments at least once a year?	17%
702	Does the school or district offer staff members accessible and free or low-cost physical activity/fitness programs?	15%
703	Does your school use strategies to support staff to model healthy eating and physical activity behaviors?	9%
704	Does the school or district use three or more methods to promote and encourage staff member participation in health promotion programs?	26%
705	Does the school or district offer staff members healthy eating/weight management programs that are accessible and free or low-cost?	13%
706	Do all foods and beverages served and sold at staff meetings, school-sponsored staff events, and in the staff lounge meet USDA Smart Snacks in School nutrition standards?	11%

Module 8: Family and Community Involvement

801	Do families and other community members help with school decision-making?	21%
802	Do students and family members have opportunities to provide both suggestions for school meals and other foods and beverages sold, served, and offered?	20%
803	Do family and community members have access to indoor and outdoor school facilities outside school hours to participate in or conduct health promotion and education programs?	9%