



THE SCHOOL DISTRICT OF  
PHILADELPHIA

# A Review of School Health Index Progress 2017-18

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 partner schools in completing a modified version of the School Health Index (SHI) using the Alliance for a Healthier Generation's [Healthy Schools Program](#) online tool in order to provide programming and support based on each school's needs. This report provides an update on progress through June 2018.

## Key Findings

- 50 schools in the School District of Philadelphia completed the modified School Health Index.
- 18 schools completed School Wellness Action Plans using results from the SHI.
- The process to help schools complete their Action Plans differed across ERN partners.

Soula Servello,  
Program Manager

Erin Cassar,  
Senior Research Associate

Catherine Tkatch,  
Data Analyst

Office of Research and  
Evaluation

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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 the 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) using 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 used by ERN partners included 50 questions related to nutrition and physical activity across six modules.

After schools completed the School Health Index, ERN worked with key school staff using results of the SHI to identify three to five Action Items to include in their School Wellness Action Plan. This report is one part of a larger evaluation project, and focuses on information from schools that completed the School Health Index by June 2018.<sup>1</sup>

## Exploratory Questions

This report addresses the following questions:

1. How did the Office of Research and Evaluation (ORE) and ERN work with schools in completing the SHI?
2. What is the status of SHI completion across 214 District schools?
3. What proportion of schools served by each partner completed the SHI?
4. Who completed the SHI at the school level?
5. What did schools include in their School Wellness Action Plans?

### 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

<sup>1</sup> For more information about the project and related reports, see <https://www.philasd.org/research/programsservices/projects/eat-right-now>

## Data Sources

Three primary data sources were used to address the research questions: SHI responses from 58 schools, information entered into the ERN Nutrition Educator Tracking Tool, and information entered into the Alliance for a Healthier Generation online tool.

### School Health Index Responses

The analysis includes data from 58 schools. 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. This means that 49 schools in the final analysis completed the SHI. We also included 9 schools in the analysis that were each missing fewer than ten questions on the SHI, for a total of 58 schools.

### Information Entered into the ERN Nutrition Educator Tracking Tools

ERN Nutrition Educators and ORE staff used shared google sheets to enter information about the school and any SHI progress throughout the year. ORE used information recorded in the Tracking Tools to assess school staff involvement and participation throughout the SHI process.

### Alliance for a Healthier Generation Online Tool

The Alliance for a Healthier Generation's Healthy Schools online tool was how schools completed the SHI and reviewed their results. ORE has access to each school's dashboard, which includes information on all school staff and community members who sign up as "Team Members" on the website, meaning they can access the SHI and answer questions. ORE used this data to track who completed the assessment, as well as SHI results and Action Plan items.

## Findings

### **ORE and ERN partners supported School Health Index completion in a variety of ways**

In 2017-18, SDP's Office of Research and Evaluation (ORE) took the lead in initiating the SHI across 214 District schools, coordinating with 74 nutrition educators across seven ERN community partners. Although we followed a general outline of activities to complete the SHI (Figure 1), the process looked different in each school depending on staff capacity, interest, and the number and roles of staff and community members involved.

**Figure 1. School Health Index: A Step-by-Step Process**

<p><b>Step 1:</b></p> 	<p><b>Identify a School Wellness Liaison</b> The school wellness liaison could be a principal or administrative staff member, a PE/Health teacher, the school nurse, or anyone else at the school with an interest in improving health outcomes of students. ORE first asked ERN Educators to identify a potential liaison, and if they did not have someone in mind, we asked the principal to identify someone to fill this role.</p>
<p><b>Step 2:</b></p> 	<p><b>Schedule an Introductory Meeting with Liaison and other Key Staff</b> The introductory meeting usually included the ERN Educator and an ORE staff member. The main purpose of the meeting was to review the assessment, make a plan of action for the school to complete it, and invite the liaison(s) to become Team Members on the Alliance site. ORE also asked school staff or community members present about any successes or challenges their school faced around nutrition or physical activity and took field notes of these conversations to identify trends across the district.</p>
<p><b>Step 3:</b></p> 	<p><b>Assist school in completing School Health Index</b> After the introductory meeting, ERN and ORE provided reminders and support to help schools complete the SHI assessment. ERN Educators were sometimes involved in team meetings or took the lead in following up with key school staff to ensure responses were entered.</p>
<p><b>Step 4:</b></p> 	<p><b>Finalize the School Wellness Action Plan</b> When the SHI assessment was complete, ERN met with the school's liaison and/or team to review the results and identify 3-5 Action Items they could help support in the coming year. ORE collected final Action Items to begin tracking progress in subsequent years.</p>

## **Fifty schools completed the SHI by June 2018 and 18 of those also completed an Action Plan**

Of the 214 District schools that receive ERN programming, 200 were contacted by ORE and/or ERN partners via email to explain the SHI and request an introductory meeting with key staff, and 50 completed the SHI by June 2018. A SHI for 29 additional schools was in progress as of June 2018 (Table 1). ORE's goal was to complete the SHI in 55 schools (25%) during the 2017-18 school year.

After schools completed the SHI, school staff prioritized three to five Action Items to create a School Wellness Action Plan. Of the 50 schools that completed the SHI, 18 also completed an Action Plan by June 2018.

**Table 1: 2017-18 School Health Index Progress in 214 Schools Served By ERN as of June 2018**

	<b>Number of Schools</b>	<b>Percent of Schools</b>
<b>SHI COMPLETED</b>	<b>50</b>	<b>23%</b>
School Wellness Action Plan Complete	18	
School Wellness Action Plan Not Yet Started	31	
Declined to Complete School Wellness Action Plan	1	
<b>COMMITTED TO COMPLETE SHI</b>	<b>49</b>	<b>23%</b>
Assessment In Progress	29	
Assessment Not Yet Started	20	
<b>NOT YET COMMITTED TO COMPLETE SHI</b>	<b>115</b>	<b>54%</b>
ORE/ERN Contacted, No Activity or Response	94	
School Has Not Been Contacted	16	
Schools that Declined to Participate in 2017-18	5	

**Three out of four ERN partners met the target of completing the SHI in a quarter of their schools.**

ORE worked with seven ERN partners to complete the SHI in their assigned schools with the target of completing assessments in 25% of each partner’s schools. Drexel, SDP, and HPC met that target and completed assessments in about a third of their assigned schools (Table 2).

**Table 2: Drexel, SDP, and HPC Completed Assessments in about a Third of their Schools**

<b>Partner</b>	<b># Schools Assigned</b>	<b># Schools Completed</b>	<b>% Assigned Schools Completed</b>	<b>Met 25% Target?</b>
SDP	65	20	31%	<b>Yes</b>
Drexel	60	22	37%	<b>Yes</b>
Einstein	29	7	24%	No
TFT	25	2	8%	No
HPC	18	6	33%	<b>Yes</b>
UNI	14	1	7%	No
Vetri	3	0	0%	No

## Most of the schools completed the SHI with one or two staff members

During Introductory Meetings with school staff and community members, ORE explained that the School Health Index should ideally be completed as a team in order to elicit multiple perspectives and generate a conversation around key topics. However, many schools did not have a team already in place, and did not have the capacity to build a team to complete the assessment. As a result, in most schools in our analysis (71%), one or two staff members took the lead in completing the assessment (Figure 2).

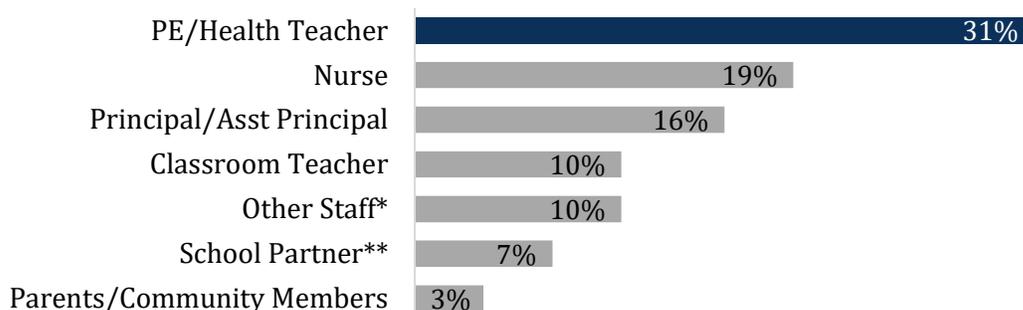
**Figure 2. Less than a third of schools (n=58) worked in teams of 3 or more.**



In schools that completed the SHI in teams of three or more, teams included a variety of staff members (principals, PE/Health Teachers, classroom teachers, cafeteria staff, school nurses, etc.), as well as some parents and community members. Two high schools used a group of students to complete the assessment under the leadership of a classroom teacher.

At each school, even if a team was contributing information, the School Wellness Liaison coordinated the assessment and ensured responses were entered into the Alliance website. The most common School Wellness Liaison was the PE/Health teacher (31%)(Figure 3).

**Figure 3. School Wellness Liaisons (n=58) were most often PE/Health Teachers (31%).**



\*Other Staff include School Counselors, Cafeteria Managers, Climate Staff, and Program Managers

\*\*School Partners include VISTA, Community School Coordinators, and Partnership Coordinators

## Schools identified six common priority areas in their Action Plans

After completing the SHI, schools and ERN Nutrition Educators scheduled a meeting to identify 3-5 Action Items based on the needs of the school and results of the assessment. As of June 2018, 18 schools completed School Wellness Action Plans in partnership with ERN. These 18 schools identified six common priority areas in their Action Plans (Table 2).

**Table 2. Many of the Common Action Items Chosen by Schools Reflected Key Focus Areas**

Common Priority Area	How many Action Plans included this topic?
1. <i>Decreasing unhealthy foods from fundraisers.</i>	9 out of 18
2. <i>Providing adequate physical activity through organized recess</i>	9 out of 18
3. <i>Providing adequate physical activity through classroom movement breaks.</i>	7 out of 18
4. <i>Increasing parent and community engagement</i>	6 out of 18
5. <i>Increasing health promotion for staff</i>	5 out of 18
6. <i>Implementing Farm to School Activities</i>	5 out of 18

## Recommendations for ERN Partners

ORE recommends that ERN work to complete the SHI in each school 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.

In addition, ORE recommends that ERN align the process for creating School Wellness Action Plans to allow for progress tracking. While ORE originally expected that each Action Item would be directly related to a question on the School Health Index, we found that ERN and schools sometimes identified Action Items that related to multiple SHI questions. For example, ERN Nutrition Educators at several schools provided a list of final Action Items that included an item entitled “Parent Engagement.” Notes from the Nutrition Educators and/or school staff might have included further detail (e.g. the school wants more adult programming), but often this was left unclear.

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.

For more information and reports related to the School Health Index, please visit:  
<https://www.philasd.org/research/programsservices/projects/eat-right-now>.