

The School Health Index 2017-18 Progress & Results: An Overview of Three Related Reports

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This brief summarizes findings from three longer reports that addressed different aspects of the School Health Index process and results in the 2017-18 school year.

(Click the report title to be redirected to the report link):

1. [A Review of School Health Index Progress 2017-18](#)
2. [The School Health Index 2017-18: Challenges to Promoting Health and Wellness in SDP Schools](#)
3. [Are SDP Schools Meeting Wellness Policy Guidelines? Results from the School Health Index 2017-18](#)

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 on page 2 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.

Data Sources

The three sources of data used to inform the three reports were:

1. results from completed School Health Index assessments
2. qualitative data from introductory meetings, Alliance for a Healthier Generation website notes for information on who completed the SHI, and ERN Nutrition Educator Tracking Tools for notes about SHI progress
3. District administrative data including the SDP District-wide Student Survey which asks several questions about nutrition and physical activity.

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. 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 random, and 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.

[Report #1: A Review of School Health Index Progress 2017-18](#)

The first report provides a summary of SHI completion during the 2017-18 school year. Of the 214 schools that received ERN programming, 50 completed the SHI and 29 were in progress as of June 2018 (Table 1).

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

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

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

In most of the 58 schools in our analysis (71%), one or two school-based staff members took the lead in completing the assessment, while 29% of schools completed the assessment using a team of three or more staff or community members.

As of June 2018, 18 schools completed School Wellness Action Plans which identified 3-5 action items based on the needs of the school and results of the assessment. Common focus areas in Action Plans included:

- Healthy Fundraisers (9 Action Plans)
- Improving Recess (9 Action Plans)
- Increasing Movement Breaks (7 Action Plans)
- Increasing Parent Engagement (6 Action Plans)

[Report #2: The School Health Index 2017-18: Challenges to Promoting Health and Wellness in SDP Schools](#)

The second report highlights findings from six focus areas that were identified 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

For each of the six focus areas, the full report includes supporting data from school responses on the SHI, specific challenges mentioned by schools during introductory meetings, and any strategies schools and/or ERN partners were using in 2017-18 to address the challenge they identified.

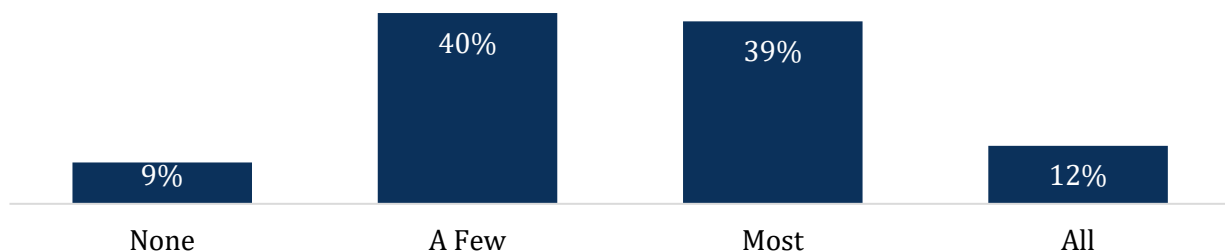
Across all six focus areas, parent and staff buy-in were identified as major barriers to making changes that support healthy choices. Schools reported they faced pushback from parents when introducing policies about foods allowed in the schools, and staff mentioned the need for parent engagement and education so parents understand the reason for these policies and can help support and encourage their children to make healthy choices. Similarly, while some schools have written policies in place, implementation of the policies often was the decision of individual teachers and staff members.

[Report #3: Are SDP Schools Meeting Wellness Policy Guidelines?](#) [Results from the School Health Index 2017-18](#)

The third report describes how the modified School Health Index was used as a tool to examine how schools are meeting CDC’s recommendations for nutrition and physical activity that are also reflected in [SDP’s Student and Staff Wellness Policy](#).

One of the first questions in the School Health Index asks whether the school has implemented all of the required components in the District’s wellness policy. Of the 58 schools that responded to this question, 12% indicated that they are meeting all of the components of the Wellness Policy (Figure 1). Most schools (79%) reported that they are meeting most or a few of the components, while 9% reported not meeting any of the components. School responses to this question led us to investigate implementation of the Wellness Policy more in depth.

Figure 1. SHI Question #102: Has your school implemented all of the following components* of the District’s local wellness policy? (n=58)



*Components include nutrition education and promotion, physical activity, nutrition standards, marketing, parent participation, and compliance measurement.

Based on SHI results, there are five areas where the 58 schools had lower scores on the SHI, indicating they may need additional support to meet Wellness Policy guidelines:

1. Ensuring all fundraisers meet USDA Smart Snacks in School Nutrition Standards
2. Prohibiting using food as reward or punishment
3. Prohibiting withholding recess or Physical Education as punishment
4. Implementing movement breaks throughout the day in all classrooms
5. Increasing staff wellness opportunities and ensuring staff model healthy eating and physical activity behaviors

Recommendations

Recommendations for district leaders, the ERN-SDP program office, and ERN partners are included in each report and summarized here.

Recommendations for District Leaders

Recommendation #1: Clearly communicate health and wellness as a priority for schools.

One of the key challenges raised by principals and key school staff during introductory meetings was that math and literacy initiatives were prioritized by district leaders and that schools do not have the time, capacity, or support to focus on health and wellness activities. While many school staff acknowledged a connection between health and academics and wanted to do the work to support students in making healthy choices, they expressed concern about receiving support from higher levels within the District.

To communicate the importance of health and wellness and encourage schools to prioritize activities that improve healthy choices, district leaders could:

1. Communicate that health and wellness activities are a priority by encouraging and supporting these activities from the highest levels of district leadership.
2. Include a health and wellness component in accountability systems.
3. Train school-based designees to lead wellness initiatives in collaboration with school leaders.

For more information, see recommendations in the report titled *Are SDP Schools Meeting Wellness Policy Guidelines? Results from the School Health Index 2017-18*.

Recommendation #2: Create and maintain a Central Wellness Council that meets the criteria in the Wellness Policy and is comprised of appropriate internal and external district partners.

The [SDP's Student and Staff Wellness Policy](#) mandates the creation of a Central Level School Wellness Council, which shall be comprised of but not limited to internal and external health and wellness partners and shall serve as an advisory committee regarding student health issues. The Council is required to meet four times per year and open meetings to the public.

The Council met once in the 2017-18 school year on May 4, 2018. The Central Level School Wellness Council should meet the required four times per year with representatives from all district departments that relate to health.

Recommendation #3: Coordinate SDP divisions related to the ten components of the Whole School, Whole Community, Whole Child (WSCC) model to support health and wellness across the district.

Currently, SDP offices that relate to health are in separate departments, and groups sometimes work in silos and duplicate work. A unified Department or Office for Health and Wellness could improve collaboration between divisions such as: Food Services, School Climate & Safety, Student Health Services, Health/PE, Athletics, GreenFutures, and health-related programs like ERN. A coordinator for the Central Level Wellness Council could also reside in this unified department. The [Whole School, Whole Community, Whole Child Model \(WSCC\)](#)¹ is a useful guide for how incorporate relevant offices and departments in the district's overall health strategy.

Recommendations for the ERN-SDP Program Office

SDP's Eat.Right.Now program office is uniquely situated to be able to connect ERN's work with other SDP offices. The findings from the SHI reports suggest that ERN-SDP continue to coordinate various district departments to ensure schools have the supports they need to meet Wellness Policy guidelines regarding health and physical activity. Specific offices for continued and/or expanded work include:

- Climate & Safety – Positive Behavioral Interventions and Supports (PBIS) and Prevention & Intervention
- Environmental Management & Services – GreenFutures
- Facilities & Maintenance
- Family and Community Engagement (FACE)
- Food Services
- Health, Safety, and Physical Education
- Office of Schools
- Planning and Evidence-Based Supports Office
- Student Health Services

¹ For more information on the WSCC Model and how it relates to the School Health Index, see report titled *Are SDP Schools Meeting Wellness Policy Guidelines? Results from the School Health Index 2017-18*.

For more information, see recommendations in the report titled *The School Health Index 2017-18: Challenges to Promoting Health and Wellness in SDP Schools*.

Recommendations for 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: Provide resources to show best practices and strategies schools can easily implement.

While school staff often agreed that some activities at the school might be harmful to student health, they expressed a need for support in figuring out alternatives. For example, when ORE mentioned to a K-8 principal that the CDC does not recommend taking recess away as punishment, she responded that changing that practice would be “a hard pill to swallow.” A nurse agreed food should not be given as reward, but stated that teachers did not know what else to use as incentives.

ORE recommends ERN develop resources for schools that include best practices and strategies for a range of potential action items. 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 create a cycle for schools to update SHI results every three years.

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. All seven ERN partners agreed to continue to help schools complete the School Health Index in the 2018-19 school year. ERN will also continue to work with schools that completed the SHI to develop School Wellness Action Plans. 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.

Recommendation #4: 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, see recommendations in the report titled *The School Health Index 2017-18: Challenges to Promoting Health and Wellness in SDP Schools*.

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