

Georgia Hallways to Health Initiative

*Operations, Implementation, and
Training Manual*

*A Guide to Student Wellness Program Strategies
and Implementation in Georgia School-Based
Health Centers*

Georgia School-Based
Health Alliance



Hallways to Health

Georgia
Hallways to Health
Initiative

**Operations, Implementation, and
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*A Guide to Student Wellness Program Strategies and
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Georgia Hallways to Health Initiative

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Georgia Hallways to Health Initiative

The purpose of the Georgia Hallways to Health (H2H) Program Operations, Implementation, and Training manual is to expand student wellness program efforts in other comprehensive school-based health centers in Georgia. This manual is designed to provide SBHCs with H2H program information, concepts, tools, and resources that have been used in the H2H program and to assist SBHCs as they consider these approaches as a “promising practice” and ultimately a “best practice” in their respective schools.

This manual will focus primarily on student wellness within the context of:

- Key steps to obtain **stakeholder and school administration buy-in** to support student wellness goals
- **SBHC/School Environment Assessment Tool**
 - Hallways to Health Assets and Needs for Improvement Assessment (used in Phase 1.0)
 - Medical Review Chart (used in Phase 1.0)
- **Needs Assessment** to assess student health needs and population health
 - RAAPS (Rapid Assessment for Adolescent Prevention Services) Tool (used in Phase 2.0)
- **Setting priority areas and goals** for student wellness
 - Hallways to Health Phase 1.0 examples
- **Capacity** to implement student wellness programs
 - Example Hallways to Health Improvement Team Roadmap
- **Development of the student wellness action plan**
 - Hallways to Health Phase 1.0 Action Plan templates (*for student wellness and staff wellness*)
 - H2H Phase 2.0 APHA Action Plan template (*for student wellness*)
- **Implementation of student wellness programs**
 - Georgia Hallways to Health Action Plan Progress Monitoring template
- **Data collection**
 - Data Collection tool used to capture Hallways to Health programmatic activity and clinical services associated with H2H
 - Used for Hallways to Health Phase 1.0 and Phase 2.0
- **Evaluation** of student wellness programs
 - 2014-2015 Georgia Hallways to Health Evaluation Report
- **Resources**
 - Hallways to Health Resource Guide
 - Additional Resources

Your school-based health center can use this guide to help aid in the development and implementation of one or more student wellness activities in your school based on the capacity of your exiting SBHC staff to address student wellness, school administration approval, and student wellness priorities identified.

Several of the documents presented in this manual were developed by the School-Based Health Alliance for the H2H Initiative, APHA (student action plan), and some documents were created by Emory University PARTNERS for Equity for Child and Adolescent Health for the Georgia H2H Program

******Documents are located in the *Appendix* section as referenced in this manual******

Manual Created- January 20, 2017. Amendment to this version may occur to reflect updated revisions in the future.

Georgia Hallways to Health Initiative

Background about the Hallways to Health Initiative

The Hallways to Health Initiative is a partnership between Kaiser Permanente *Thriving Schools Program* and the National School-Based Health Alliance (SBHA) which began in 2012 to fund five states (California, Georgia, Maryland, Oregon, and Washington). Each state selected school-based health centers (grantees) to participate in the Hallways to Health program. These school-based health centers represented elementary schools, middle schools, and high schools. Hallways to Health has culminated into 2 phases, referred to as Hallways to Health Phase 1.0 (implementation years 2013-2015 funded by Kaiser Permanente in partnership with SBHA) and Hallways to Health Phase 2.0 (implementation years 2015-2017 funded by Kaiser Permanente in partnership with SBHA and American Public Health Association (APHA) to provide population-based health approaches in schools through SBHCs through a series of targeted trainings and TA on needs assessment and action plan development to H2H grantees). Ultimately, both H2H Phases have the same overall program aims; however, Phase 1.0 was more programmatic and clinical-based approaches and Phase 2.0 focuses on population-based health through clinical interventions and school-wide interventions.

Program Aims:

The Hallways to Health Initiative framework includes improved collaborative efforts between the school and the school-based health centers to work collectively to integrate the focus of school health, to improve school climate, and the health of students and staff through clinical services, behavioral health services, health education programs and to support policy and systems change to improve the school health environment.

The overall focus of the Hallways to Health Program (or aims) include:

- Obesity Prevention and Treatment (healthy eating and active living)
- Social and Emotional Health
- School Employee Wellness

Additional focus areas included:

- Parental Engagement
- Partnerships and Collaboration
- Referral Systems

Grantees:

Each of the Georgia grantee SBHCs are sponsored by a Federally Qualified Health Center (FQHC). Furthermore, each grantee site hired a Health Educator to facilitate the program in conjunction with other SBHC staff (Providers, Medical Assistants, Licensed Clinical Social Workers, and Behavioral Health staff)

- Turner Elementary School-Based Health Center (Albany, GA)
 - Albany Area Primary Care Center- sponsoring FQHC
- Whitefoord School-Based Health Center (metro Atlanta)
 - Whitefoord, Inc.- sponsoring FQHC
- Lake Forest School-Based Health Center (Sandy Springs, GA)
 - Family Health Care of Georgia- sponsoring FQHC

Georgia Hallways to Health Initiative

Georgia Hallways to Health Strategies

The Hallways to Health State Affiliate, Emory University PARTNERS for Equity in Child and Adolescent Health and the Hallways to Health grantees met in March 2014 to develop the Georgia Hallways to Health Strategies/Benchmarks to outline specific performance measures to serve as a guide as each site developed their action plans and to set specific and measurable outcome goals for the program. The grantees implemented the following strategic goals for the Georgia Hallways to Health Initiative:

Obesity Prevention and Treatment

- 1) Screen 90% of student population for obesity.
- 2) Develop intervention program to address BMI's above 85th percentile.
- 3) 25% of students enrolled in intervention program demonstrate improvement through BMI stabilization or weight loss.
- 4) School-wide health education on obesity prevention.

Social and Emotional Health

- 1) 100% of students receiving medical services are screened for behavioral health problems.
- 2) 100% of students identified with social and emotional issues are referred for intervention.
 - a. SBHC/school-based/community service.
- 3) Provide school-wide instruction and activities to promote social and emotional well-being 3 times during the school year to address at a minimum self-esteem, violence prevention (bullying), and substance abuse.
 - a. Review state DOE health education curriculum standards.

School Employee Wellness

- 1) Conduct survey to determine faculty and staff needs and desired services at the beginning of the school year.
- 2) Provide activities for staff wellness to reflect survey.
- 3) 25% of school faculty and staff will participate in at least 1 wellness activity.
- 4) Evaluate activities at the end of the school year.

Georgia Hallways to Health Initiative

Georgia Hallways to Health 2014-2015 Evaluation Report

As a result of the Georgia Hallways to Health Strategic Goals, the program and strategic goals were evaluated during 2014-2015 implementation. The following is the [2014-2015 Georgia Hallways to Health Evaluation Report](#) (See Appendix A, Pages 20-29).

Ongoing evaluation of Hallways to Health is a priority to measure program implementation of the strategic goals, to aid in discussions about sustainability and to make a case for continuation of the H2H program in schools.

Georgia Hallways to Health Initiative

Student Wellness Needs Assessment

Georgia H2H grantees conducted a student wellness needs assessment in 2016. The *Rapid Assessment for Adolescent Prevention Services (RAAPS)* tool developed by Possibilities for Change, LLC <http://www.raaps.org>, was used to assess the student population's wellness needs and concerns. The Georgia H2H sites assessed students in upper elementary grade levels (4th and 5th grades).

The Georgia H2H grantees were successful in gaining support to implement the RAAPS Assessment from school administration through a series of meetings to discuss the purpose of the survey, proposed timeline and logistics to administer the survey, and how the results would be used to develop the H2H student wellness action plan for implementation during the 201-2017 academic school year.

Additionally, parents were made aware of the needs assessment being conducted at the respective schools, which allowed the parents to give written parental consent for their child(ren) to participate or to opt-out of participating in the needs assessment.

The RAAPS assessment asked several questions related to (but not limited to):

- Healthy eating habits
- Physical activity habits after school, and types of activities
- Amount of screen time per day
- High risk behaviors and situations such as riding in a car and use of seat belts, exposure to guns by self or others in the student's presence
- Social and emotional feeling about self and others perception of self
- Coping responses to high stress situations
- Situations that may cause a student to feel worried or anxious

During the RAAPS survey implementation; H2H grantees received technical assistance from staff at Possibilities for Change, LLC.

Furthermore, once the grantees received the results of the student needs assessment, additional follow up interviews with students whom had positive responses to high risk questions was conducted by SBHC staff to determine if further follow up or immediate referral for services was needed.

Thereafter, the SBHCs began developing strategies to address the needs in which they believed they had the capacity to address or the resources to assist in addressing the student population needs. Grantees also help small focus groups with students and parents to ask structured questions about the needs and realistic methods to address the priority needs.

For more information about RAAPS, go to <http://www.raaps.org>. There are needs assessments for *upper elementary students* (primarily 4th and 5th grades), *middle school* aged students, and *high school students* (grades 9-12).

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Key Steps to obtain buy-in and support for student wellness programs

There are several tools and resources available regarding student wellness programs. It is important for schools and SBHCs to select the tools that best fit the needs of their student population, the uniqueness of their school population (urban or rural populations, racial/ethnic make up of the student population- Hispanic/Latino, African-American, Caucasian, other ethnic backgrounds), consider the current capacity of the SBHC and local school system to implement student wellness programs, and most of all school administration supports the efforts to implement student wellness programs in the respective schools.

Here are a few good steps to assist you in gaining support and buy-in from your school administration to implement student wellness programs within your school.

- **Understand the SBHCs role and vision for student wellness** and be able to articulate it to school administration
 - **Identify key SBHCs (existing staff) and key school staff** to assist in student program efforts
 - **Investigate your current school wellness policy**
 - Is student wellness a part of the local policy?
 - Is student wellness being actively pursued at your school to meet the local school wellness policy goals?
 - **Investigate your current district school wellness policy**
 - Is student wellness is part of the district policy?
 - Is student wellness being actively pursued at your school to meet the district school wellness policy goals?
 - If student wellness is part of the local or district school policy
 - If not actively being pursued or nonexistent, *This should be your pitch to school administrators*, because student wellness is policy and the SBHC can assist in development, coordination, and implementation of student wellness in your school.
- **Investigate potential partners** to assist in the development and implementation of student wellness programs/activities in collaboration with the SBHC
 - Be able to articulate who the potential key partners could be to assist the SBHC in development, implementation, training, TA, or potential financial support (grants) to address student wellness
 - Potential partners for student wellness:
 - [Action for Healthy Kids](#)
 - [Alliance for A Healthier Generation](#)
 - [Kaiser Permanente Thriving Schools Program](#)
 - [HealthMPowers](#)

Georgia Hallways to Health Initiative

Capacity Building to address Student Wellness in your school

(Who is Part of Your Team? Who Should be Part of Your Team?)

Hallways to Health is a program which can be implemented in other SBHCs. There are several student wellness program activities schools and SBHCs may choose to implement. Because H2H is a large program, SBHCs can decide to approach H2H student wellness programs to address the unique needs of the student population.

Georgia Hallways to Health program has a health educator located at each of the three grantee sites to plan, coordinate, and facilitate the H2H program for student health and school employee health. However, SBHCs without a dedicated health educator can still achieve many of the staff wellness program processes (in part) with staff already employed at the SBHC. Additionally, the SBHCs should collaboratively partner with their school staff to assist in H2H student wellness efforts. This is one of the overarching goals of H2H by utilizing the clinical and prevention skills of the SBHC to address student health and improve the school environment through policy, systems, and environmental improvements by working collaboratively with the school.

So who can assist with implementation on student wellness activities?

Existing SBHC staff (some may apply; however, some may not apply to your SBHC):

- Health Educator
- Nurse Practitioner
- Physician's Assistant
- LCSW
- LPN
- CPN
- RN
- Behavioral Health Specialist

Volunteers:

- College Interns (students in: Health Education, Community Health, Public Health, Social Work)
- AmeriCorp
- Retired health professionals
- Retired educators
- Parents
- Community leaders
- Community organizations
- Nursing School Students
- Medical School Students

School Staff Members:

- Physical Education Teacher
- Health Teacher
- School Counselor
- School Nurse
- School Administrators (Principal, Assistant Principal's)

The following document provides additional details for [developing a school improvement team](#) for H2H. (**See Appendix B, Pages 30-32**).

Suggested Members of your Improvement Team

The improvement team should include representation from the SBHC, school, and greater community. Diversity in terms of professions, skills, and networks is integral in meeting the complex aims of the learning collaborative. Please note, one person may serve multiple roles.

- SBHC staff
 - Primary care provider, mental health specialist, health educator, program coordinator, medical assistant, SBHC administrative staff, etc.
- School wellness council member at district and/or school level, if available
- Student assistance team member (e.g. guidance counselor, school social worker, etc.)
- Administrator (e.g. principal, vice-principal, dean of students, etc.)
- Faculty member
- Physical education and/or health teacher
- Parent advocate/liaison
- School and/or SBHC youth council/committee representative
- Community member
- Before or after-school program coordinator

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Student Wellness Program Strategies/ Ideas: Learning from the current H2H grantees

The three H2H grantees have been able to successfully approach student wellness using multiple strategies to address the unique needs of their student population respectfully.

Here are a few activities that have been implemented by the current H2H grantees in Georgia based on the results of their student wellness needs assessment responses:

- BMI screening of Student population
- Youth Wellness Programs to promote healthy eating and active living
- Social and emotional wellness assessment of student population- behavioral health assessment
- Address depression with student population
- Yoga classes
- Meditation and Mindfulness Activities to help reduce stress for students
- Recess offered for 20 minutes
- Healthy snack/food policies
- No food as reward policy
- Student wellness council
- Programs to address bullying in school
- Increased supervision to decrease activities of bullying at bus areas
- Group and Individual counseling to address students' social and emotional needs- related to anxiety, stress, how to remain calm
- Assisting with the state Fitness Assessment
- School-wide health education presentations at school assemblies

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Student Wellness Action Plan

Attached are the action plan templates used on the Hallways to Health program for student wellness (as well as staff wellness for H2H Phase 1.0). Hallways to Health Phase 2.0 template is specific to *student wellness*.

Student Wellness Action Plan

Hallways to Health Phase 2.0

[Year 3 and 4 \(2015-2017\) Hallways to Health Student Health Action Plan](#) (H2H Phase 2.0 specifically for school wellness program development/implementation). American Public Health Association (APHA) has developed this action plan tool

(See Appendix C, Pages 33-37).

- [EXAMPLE Hallways to Health Student Health Action Plan](#)

(See Appendix D, Pages 38-45).

Hallways to Health Phase 1.0

[Year 1 \(2013-2014\) Improvement Plan Template](#) (includes both student health and school employee wellness)

(See Appendix E, Pages 46-54).

[Year 2 \(2014-2015\) Improvement Plan Template](#) (includes both student health and school employee wellness, as well as the state H2H strategies as the desired goals/milestones to address obesity prevention, social and emotional wellness, and school employee wellness)

(See Appendix F, Pages 55-62).

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Monitoring Progress of Action Plan Implementation

Each H2H grantee site developed their student wellness and school employee wellness action plans and implemented the established SMART goals, priority areas, and state strategic goals (with the action plan). Each site attended bi-monthly (or monthly in some cases) progress monitoring conference calls with the state coordinator to provide progress updates, achievements, discuss any challenges or barriers to achieving their set goals, measures to overcome barriers, lessons learned, and training or TA needs.

The state coordinator discussed each objective and action items with the health educator (and in some cases the LCSW and provider attended some of the progress monitoring calls). The action plan worksheet for progress monitoring purposes was updated during every call by the state coordinator and progress was indicated using the following status updates (for the overall objectives and the action items indicated within the action plan):

Progress Monitoring Status Guide:

- In Progress/On Schedule (*being implemented as planned and on time*)
- In Progress/ Behind Schedule (*being implemented but is delayed*)
- Behind Schedule (*some delays have occurred*)
- Passed Due (*severely delayed*)
- Complete (*goal/activity met*)
- Has not begun (*could not be completed as planned*)
- Ongoing (*goal/activity will continue to be pursued beyond the timeframe of current action plan*)

Here is an example the [progress monitoring documentation](#) of a grantee's action plan: **(See Appendix G, Pages 63-85).**

Senior level management within the SBHC can serve as the progress monitoring official for any H2H activities the SBHC decides to implement.

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H2H Data Collection Tool

The following [data collection tool](#) (See Appendix H, Pages 86-90) is used by the three H2H grantees to track both student health/staff wellness activities (health education activities and encounters for both students and staff, wellness program activities, behavioral health encounters, and obesity/BMI related data).

The highlighted portions of this data collection tool is relevant to H2H, specifically ***Enrollment & Utilization*** (sheet 1) and ***Obesity*** (sheet 3) of this excel tool.

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H2H Phase 1.0 Templates (Student Wellness and School Employee Wellness):

The following tools are helpful to aid SBHCs in assessing their school environment and SBHC capacity to address the 3 focus aims of H2H, assess SBHC staff capacity, assess training needs of SBHC staff in the areas of obesity prevention, assess current school policies (or determine if policies exist), assess participation of SBHC staff as members of the school wellness committee or district wellness committee, assess parental engagement efforts of the school/SBHC, and referral systems processes.

Step 1: Hallways to Health [Assets and Areas for Improvement Assessment Tool](#): (See Appendix I, Pages 91-122).

Purpose: *This exercise will help you better understand the SBHC's current assets and areas for improvement and it will be used to help identify your SBHC's priority areas for the learning collaborative. There are six sections to the assessment tool, which ask questions about 1) obesity prevention; 2) social and emotional health; 3) school employee wellness; 4) parent/caregiver engagement, 5) referral systems, and 6) self-efficacy.*

In addition to the Assets and Areas for Improvement Assessment, H2H grantees (specially the SBHC Provider) conducted [Medical Chart Reviews](#) (See Appendix J, Pages 123-125) to review 10 randomly selected students.

Step 2: Hallways to Health [Priority Areas Worksheet](#): (See Appendix K, Pages 126-128)

Purpose: *Having completed the Assets and Areas for Improvement Assessment Tool, you are now aware of the current state care in your school-based health center. You will now use that knowledge to identify the top 5 priority areas.*

Step 3: Hallways to Health [SWOT Analysis Template](#): (See Appendix L, Pages 129-130)

Purpose: *This tool will help SBHCs identify the strengths, weaknesses, opportunities, and threats to assist SBHCs evaluate these four components related to their SBHC and school environment.*

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Hallways to Health Resource Guide:

Hallways to Health Resource Guide: (See Appendix M, Pages 131-141)

The purpose of this guide is to aid local implementation sites in selecting resources that align with the overall aims of the collaborative, as well as their current SBHC operations, school setting, and greater community. The materials highlighted in this guide contain content relevant to the health focus of the collaborative, including healthy eating/active living, school climate, violence prevention, worksite wellness, coordinated school health models, and health promotion/education. Furthermore, these tools have either been developed or endorsed by Kaiser Permanente or partner organizations of *Thriving Schools* including the Alliance for a Healthier Generation and Safe Routes to School. Included items have been reviewed by project staff at School-Based Health Alliance and state project staff involved in *Hallways to Health*. The guide will be reviewed and updated periodically as needed.

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Additional Resources for Student Wellness

Health Education Resources:

- **CDC: BAM! Body and Mind** (www.cdc.gov/bam/index.html)
- **CDC: Division of Nutrition, Physical Activity and Obesity**
(www.cdc.gov/nccdphp/dnpao)
- **CDC LeanWorks!** (www.cdc.gov/leanworks/)
- **KidsHealth: Emotions & Behavior** (<http://kidshealth.org/parent/emotions>)
- **Let's Move** (www.letsmove.gov/learn-facts/epidemic-childhood-obesity)
- **Step-by-Step: Walking Your Way to Wellness**
(<http://welcoa.org/freeresources/pdf/stepbystepfr.pdf>)
- **Strong4Life** (www.strong4life.com)
- **We Can!** (www.nhlbi.nih.gov/health/public/heart/obesity/wecan)
- **We Can! Tools and Resources**
(www.nhlbi.nih.gov/health/public/heart/obesity/wecan/tools-resources/index.htm)

Appendix Section

Appendix A

2014-2105

Georgia Hallways to Health Evaluation Report



Hallways to Health Evaluation Report

December 2015

Hallways to Health Evaluation Report

December 2015

Introduction

During the spring of 2013, the Georgia School Based Health Alliance (GASBHA) received the Hallways to Health grant from Kaiser Permanente *Thriving Schools Program*. The goal of Hallways to Health is to improve the well-being of students, their families, and school staff by implementing activities to prevent and reduce obesity and address social and emotional health issues. Three school based health centers (SBHC) were selected to participate in the Hallways to Health Program: Whitefoord Elementary, Lake Forest Elementary, and Turner Elementary Schools. With the support of the School Based Health Alliance, these SBHCs worked collaboratively to develop effective strategies, collected -process data to evaluate the effect of their programs, and shared best practices with the wider school-based health care field.

During year one of implementation, SBHC staff from each site focused on integrating and increasing their involvement in existing and new health promotion efforts (physical activity, nutrition and wellness) in the respective schools.. They collaborated with school staff to support nutrition and wellness, ensured that there was consistent messaging throughout the school about the importance of health and nutrition and, made certain that wellness activities were available to the entire school community. SBHC staff also referred and linked students to appropriate treatment options for behavioral health issues, when appropriate.

At the end of year two, all three participating sites were awarded an additional two-years of funding for the 2015-2017 academic school years to participate in Hallways to Health Phase 2. Hallways to Health Phase 2 will maintain its focus on the three core components of the program (obesity prevention and treatment, social and emotional health, and school employee wellness) and include training courses and technical assistance, a plan for standardized data collection to support evaluation and the reporting of program outcomes.

Evaluation

During the first two years of implementation, the Hallways to Health program did not implement a formal evaluation system, however, benchmarks were selected for each component of the program and sites were asked to document their progress. Although each site had the autonomy to decide what strategies to implement to address each component, the benchmarks were consistent across sites. Reporting on benchmarks occurred on a quarterly basis in a narrative format. At the end of year two of implementation, a plan for more consistent cross site data collection was developed based on the benchmarks. Sites were asked to submit data retrospectively on several indicators to provide additional data on program outcomes. Table 1 shows the objectives and benchmarks for each program component.

Table 1. Benchmark by Program Component

Program Component	Objectives & Benchmark
<i>Obesity Prevention and Treatment</i>	<ul style="list-style-type: none"> • Screen 90% of student population for obesity. • Develop intervention program to address BMI's above 85th percentile. • 25% of students enrolled in intervention program demonstrate improvement through BMI stabilization or weight loss. • School-wide health education on obesity prevention
<i>Social and Emotional Health</i>	<ul style="list-style-type: none"> • 100% of students receiving medical services are screened for behavioral health problems. • 100% of students identified with social and emotional issues are referred for intervention. <ul style="list-style-type: none"> ○ SBHC/school-based/community service. • Provide school-wide instruction and activities to promote social and emotional well-being <u>3</u> times during the school year to address at a minimum self-esteem, violence prevention (bullying), and substance abuse. <ul style="list-style-type: none"> ○ Review state DOE health education curriculum standards.
<i>School Employee Wellness</i>	<ul style="list-style-type: none"> • Conduct survey to determine faculty and staff needs and desired services at the beginning of the school year. • Provide activities for staff wellness to reflect survey. • 25% of school faculty and staff will participate in at least <u>1</u> wellness activity. • Evaluate activities at the end of the school year.

:

Results

Obesity Prevention and Treatment

A core component of the Hallways to Health Program is the development and implementation of activities to prevent and reduce obesity. As part of their efforts, each site screens student for obesity and develops intervention programs for those students whose body mass index (BMI) is at or above the 85th percentile. Changes in BMI are then tracked to determine whether identified students decreased their BMI after participating in the Hallways to Health intervention.

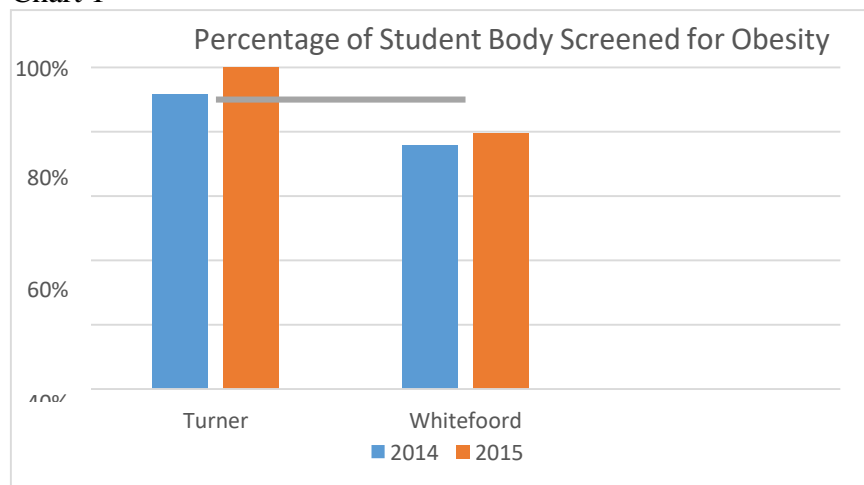
For both Whitefoord and Turner, there was an increase in the percentage of students screened for obesity when year 1 (2013-14) was compared to year 2 (2014-15). Turner Elementary exceeded the benchmark of screening 90% of the student population for obesity in both years Whitefoord Elementary screened 80% of their student population for obesity in 2015 compared to 76% in 2014. Data on the number of students screened for obesity was not available for Lake Forest Elementary.

Table 3. Number of Student Enrolled & Screened for Obesity

	2013-14		2014-15	
	Number of Students Enrolled	Number Screened for Obesity	Number of Students Enrolled	Number Screened for Obesity
Lake Forest	980	-	984	-
Turner	488	446	534	655 ¹
Whitefoord	260	197	263	209

***Number of students screened for obesity at Turner exceeded the student population and included all students seen at the SBHC*

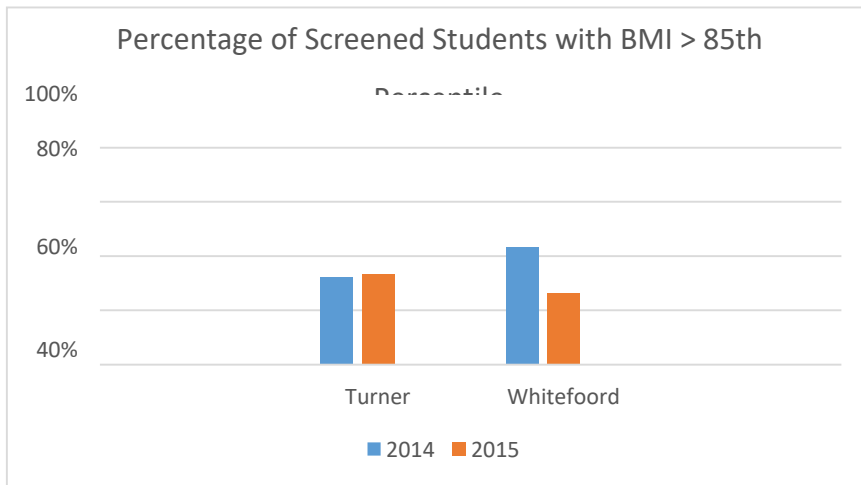
Chart 1



Of the students that were screened for obesity at Whitefoord and Turner, over 30% had a BMI at or above the 85th percentile in 2014 (see Chart 2). This percentage was slightly lower at Whitefoord in 2015 (26%).

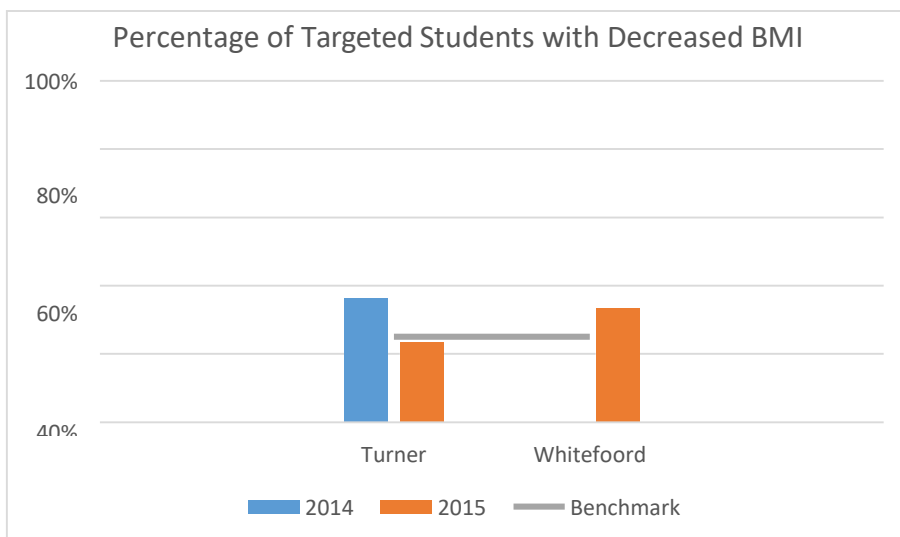
¹Turner screened more children for obesity than those included in the student population

Chart 2



Identified students were encouraged to participate in activities focused on health and nutrition throughout the school year and BMI was monitored. Activities included Youth Wellness Programs/Kool Kids, Wellness and Fitness Programs, small group and individual obesity prevention sessions, and involvement in the Georgia Fitness Assessment activities. BMI was compared from the beginning to the end of the school year to determine if there was any change in their health status. The data show that in 2014, 36% of targeted students at Turner Elementary School decreased their BMI. This exceeded the benchmark of 25% of students enrolled in the intervention program with improvement through BMI stabilization or weight loss. In 2015, 23% of Turner students decreased their BMI. Whitefoord Elementary did not track student's BMI during year one of the program, however, in year 2, they also exceeded the benchmark with 33% of targeted students having decreased their BMI from pre to post intervention (see Chart 3).

Chart 3



In addition to providing targeted intervention for those students whose BMI was at or above the 85th percentile, all three sites also implemented school-wide health education on obesity prevention activities. Table 3 shows the number of school wide health education and obesity prevention activities that were implemented over the past two years. Only one year of data was available for Lake Forest Elementary with 42 school wide activities reported for 2015. The number of school wide activities at Turner Elementary decreased from 24 in 2014 to 3 in 2015 and, increased from 3 to 6 at Whitefoord Elementary.

Table 3. Number of School Wide Health Education and Obesity Prevention Activities

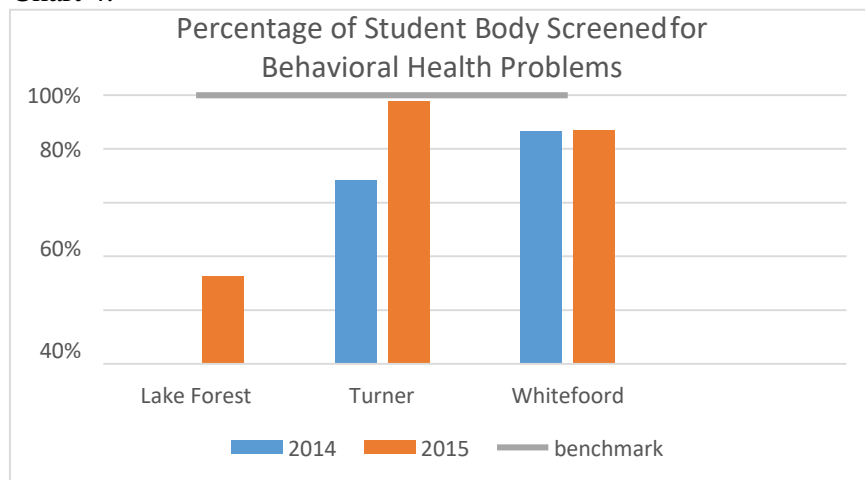
	2014	2015
Lake Forest		42
Turner	24	3
Whitefoord	3	6

Social and Emotional Health

Another component of the Hallways to Health program is the implementation of activities to promote the social and emotional health of the student population. This includes screening students for behavioral health problems and referring students identified with social and emotional issues to appropriate resources. In addition, participating sites are also implemented school wide instruction on topics such as self-esteem, violence prevention and substance abuse. Individual and group counseling and other strategies are also employed to promote student well-being,

The data show that Turner and Whitefoord screened 98% and 87%, respectively, of their students receiving medical services for behavioral health problems in 2015. This is slightly below the established benchmark of 100% of students receiving medical services screened for behavioral health problems. Turner increased the percentage of students screened for behavioral health from 68% in 2014 to 98% in 2015 while the percentage screened at Whitefoord remained consistent across both years. Data for Lake Forest was only available for 2015. This data shows that 33% of SBHC patients were screened for behavioral health problems.

Chart 4.



The Hallways to Health sites also referred students with identified behavioral health problems with resources. Table 4 shows the number of students referred. These data show an increase in referrals at Turner from 2014 to 2015. Due challenges with data collection at Whitefoord, behavioral health referrals were not accurately captured in 2014. Lake Forest reported 34 referrals in 2015. Elementary Schools. It should be noted that Whitefoord

Table 4. Number of Students Referred for Behavioral Health Problems.

	2014	2015
Lake Forest		34
Turner	56	73
Whitefoord	0	13

Finally, each site provided school wide instruction to promote social and emotional well-being throughout the year to address topics such as bullying, self-esteem and substance abuse. The benchmark established was a minimum of three school wide activities per year. Whitefoord met the benchmark of three activities in 2014. Both Lake Forest (31) and Whitefoord (8) exceeded the benchmark in 2015. Turner Elementary reported that the SBHC did not conduct any school wide activities, however, the school counselor did conduct school wide in services on self-esteem, substance abuse prevention and bullying. The number of events was not reported. ,

Table 4 Number of School Wide Activities for Social and Emotional Health

	2014	2015
Lake Forest		31
Turner	0	0
Whitefoord	3	8

School Employee Wellness

The third component of the Hallway to Health program focuses on School Employee Wellness. Each site conducted a survey to determine the needs and interests of school staff and then developed activities to engage staff in wellness activities. A benchmark of 25% of school faculty and staff participating in at least one wellness activity was established as a measure of progress. The data (table 5) show that there was an increase in the number of staff wellness activities at Whitefoord when 2014 (1) and 2015 (6) are compared. The number of staff wellness activities at Turner decreased from 7 in 2014 to 4 activities in 2015. Lake Forest reported that 93 staff wellness activities were conducted during the 2014-15 school year.

Table 5 Number of Staff Wellness Activities

	2014	2015
Lake Forest		93
Turner	7	4
Whitefoord	1	6

Data on the number of staff participating in well activities was not reported consistently across sites. The total number of participants for all staff wellness activities was reported at Turner and Lake Forest and as a result, these numbers reflects a duplicated count for staff members that participated in more than one activity. At Whitefoord, there was an increase in staff participation from 2 individuals in 2014 to 25 participants in 2015. Due to the inconsistency in reporting these data, it is not possible to determine if the benchmark of 25% of staff participating in at least one wellness activities was met.

Table 6 Number of Staff Participating in Wellness Activities

	2014	2015
Lake Forest		593
Turner	299	111
Whitefoord	2	25

Despite challenges in reporting on staff wellness activities, the sites did document the positive effects that the Hallways to Health program is having on employee wellness. For example, Whitefoord Elementary established an employee wellness committee to foster an environment that supports healthy lifestyle choices. Some of their activities that have been implemented at the three sites include a Biggest Loser Competition, Adult Health Month, Flu Vaccinations, Walking Program, and Blood Pressure Screenings. The SBHCs also promoted parental and caregiver engagement by providing health education information and services related to healthy eating, physical activity, obesity prevention, and addressing their children’s behavioral health issues.

Conclusions & Recommendations

Overall, the data show positive effects of the Hallways to Health program on the student population and staff. A large percentage of students enrolled in the schools have been screened for obesity and intervention activities have been successfully implemented. The results of the intervention are promising with more than 20% students showing decreased BMI in both 2014 and 2015. In addition, school wide programs on health, nutrition and emotional well-being are provided throughout the school year reinforcing positive messages about health and well-being. School staff are also involved in wellness activities. This shows that the entire school community is being engaged in the Hallways to Health program.

Due to the retrospective nature of the data collection for this evaluation, there were challenges with reporting. These challenges should be addressed during the 2015-17 school years to ensure that program outcomes can be tracked and reported consistently. It is recommended that programs:

- Establish clear evaluation questions and an evaluation plan
- Implement a standardized data collection system
- Monitor data on an ongoing basis
- Use data to assess progress and develop strategies to meet benchmarks
- Conduct cross site pre-post staff surveys
- Track and report staff participation by wellness event

Appendix B

Developing A School Improvement Team



Developing a school improvement team

Project Overview

Hallways to Health is a collaborative that aims to improve the well-being of students, their families, and school staff by guiding school-based health centers (SBHCs) to facilitate programs and policies to prevent and reduce obesity, and address social and emotional health issues. SBHC staff will be directed through a process to improve their clinical practices so that they are able to provide the highest-quality of care related to obesity prevention and social and emotional health. They will learn how to integrate and increase their involvement in existing or new health promotion efforts in the school and broader community in the areas of physical activity, nutrition, and wellness. SBHC staff will be trained to work in collaboration with students, teachers, and school staff to create an environment where nutrition and wellness programs and activities are available and positive health messages are reinforced. SBHC staff will be able to refer and link students to appropriate treatment options that may be available in the community. SBHCs will also explore the role they can play in improving school employee wellness. To do this, SBHCs will create improvement plans and utilize a change process model called “Plan, Do, Study, Act” (PDSA).

Why have a school improvement team?

A quality improvement process and learning collaborative involves the participation of a variety of stakeholders. Success is far more likely to be achieved when the desire to make changes is shared by diverse stakeholders. It is important to build an improvement team that will commit to and support the work of SBHCs inside of the clinic, in the greater school environment, and in the surrounding community. The members of the improvement team should be selected strategically and each member’s roles and responsibilities should be clearly defined.

Suggested Members

The improvement team should include representation from the SBHC, school, and greater community. Diversity in terms of professions, skills, and networks is integral in meeting the complex aims of the learning collaborative. Please note, one person may serve multiple roles.

- SBHC staff
 - Primary care provider, mental health specialist, health educator, program coordinator, medical assistant, SBHC administrative staff, etc.
- School wellness council member at district and/or school level, if available
- Student assistance team member (e.g. guidance counselor, school social worker, etc.)
- Administrator (e.g. principal, vice-principal, dean of students, etc.)
- Faculty member
- Physical education and/or health teacher
- Parent advocate/liaison
- School and/or SBHC youth council/committee representative
- Community member
- Before or after-school program coordinator

Positions & Responsibilities

It is important to designate how each member will contribute towards achieving the overall aims of the learning collaborative. As a group, it is necessary to define expectations and responsibilities. Below are some

suggested roles for your team. Team members may end up having dual responsibilities.

- Leader
 - Set the vision of the initiative at the site level to align with overall project goals
 - Coordinate activities for the improvement process
 - Serve as the point person for collaborative (communication and reporting purposes)
 - Create buy-in from all levels of staff and members
 - Hold members accountable for their roles in the collaborative
 - Keep participants motivated, including team members and other stakeholders
 - Maintain momentum of the project to ensure objectives and planned activities are moving forward
- Advisors
 - Provide guidance on content areas, resources, technical assistance, and training needs
- Change agents (e.g. principal, school nurse, faculty member)
 - Help champion transformation at the local level
 - Garner support in one or more components of the collaborative
 - Advance the activities and outcomes of the site's improvement plan
- Evaluators
 - Lead data collection efforts that document the change and assess the progress of the SBHC in the learning collaborative
- Spokesperson(s)
 - Communicate the progress of the learning collaborative to diverse and appropriate audiences
 - Engage new stakeholders

Engagement of Improvement Team

The site's improvement team should be utilized continually in order to effectively contribute to the quality improvement process. Here are several ways to keep members involved and connected to the learning collaborative.

- Orientation
 - Help team members familiarize themselves with the aims of the initiative and the role they play in the improvement process of the collaborative
- Meetings (at least monthly)
 - Assess progress, monitor implementation strategies, and pinpoint challenges in the collaborative
- Improvement plans and corresponding PDSA cycles
 - Direct strategies, activities, and evaluation methods
- Execution of plan
 - Operationalize the improvement plan and PDSA cycles into actual, concrete activities
- Reporting
 - Reflect on obstacles encountered, solutions identified, and resulting successes

Resources:

School-Based Health Alliance. Improving School-Based Health Care Practice. http://www.sbh4all.org/atf/cf/%7BB241D183-DA6F-443F-9588-3230D027D8DB%7D/TAT_QI%20complete.pdf

National Initiative for Children's Healthcare Quality (NICHQ): How to Build an Effective Team for Quality Improvement Work. September 2013. http://www.nichq.org/stories/QI-TeamBuilding_September2013.html

Appendix C

Hallways to Health

Student Health

Action Plan Template

Center for School, Health and Education
Building Capacity of SBHC Leaders to Integrate Public Health with Primary Care
Action Plan Template - Assessment

Adapted for use in the Hallways to Health Program 2015-2016

This tab focuses on assessment activities		
Name:	Email Address:	
School/Organization:	Telephone:	
Address: 2001 Leonard Ave , Albany, GA, 31705		
School Level:		
Mission: To increase health and educational success in students by providing a strategic response to the social determinants that impede social and emotional health, healthy eating, and active living. These barriers may manifest in behavior and may also be structural. They may have already “presented” as problems or may pose potential risks. They may be in an individual or they may be in the population.	Strategy: Integrate public health principles and practices with the delivery of primary care utilizing approaches across 3 levels. 1) Clinical interventions - with individuals and groups, in and out of the clinic; 2) primary prevention - with the school-wide population; 3) systems - review, revise, create policies and practices in the clinic, school, district, community or beyond	
Needs Assessment Activities (add more lines as needed) <i>Indicate assessment instrument used, school records reviewed, policies/practices reviewed (i.e., school breakfast, discipline). Examination of policies can be at any or all of the following levels: clinic, school, district, state, federal. Priority should be given to policies and practices having the greatest impact.</i>	Dates <i>Indicate the dates which the assessment was completed</i>	Comments <i>Fill in as needed. Focus on process of completing each needs assessment activity (i.e. challenges, lessons learned, number of people reached, who was assessed, who was involved, how long it took to complete, etc.)</i>
Other school-wide assessment (name)		
Youth discussion groups		
School records - attendance, suspensions, expulsions, graduation, other		
1)		
2)		
3)		
4)		
5)		
6)		
Existing Policies and Practices (Describe)		
1)		
2)		
3)		

Center for School, Health and Education
Building Capacity of SBHC Leaders to Integrate Public Health with Primary Care

Action Plan Template - Assessment

Adapted for use in the Hallways to Health Program 2015-2016

4)		
5)		
6)		
7)		
Other data sources (e.g., YRBSS, demographics, free/reduced lunch, etc.)		
1)		
2)		
3)		

Building Capacity of SBHC Leaders to Integrate Public Health with Primary Care

Action Plan Template - Analysis

Adapted for use in the Hallways to Health Program 2015-2016

This tab focuses on summarizing the needs assessment findings, identifying the risks and their social determinants

Analysis and synthesis (add more lines as needed)	Summary of Key Findings <i>Provide a brief overview of the needs identified in the school from the assessment activities</i>
RAAPS-PH or RAAPS-OC	
Other school-wide assessment (name)	
Youth discussion groups	
School records - attendance, suspensions, expulsions, graduation, other	
1)	
2)	
3)	
Existing Policies and Practices (Describe)	
1)	
2)	
3)	
Other data sources (e.g., YRBSS, demographics, free/reduced lunch, etc.)	
see assessment	
2)	
3)	
Considerations regarding Phase I activities (or Other issues/concerns)	
1)	
2)	
3)	
<i>Indicate the health and educational risks as they pertain to the H2H focus areas (healthy eating/active living and social/emotional health), indicate the social determinants of these risks. Provide quantitative data (percent) and qualitative observations about each.</i>	
Identified health risks	<i>Percent (%) at risk and qualitative observations</i>
Identified educational risks	<i>Percent (%) at risk and qualitative observations</i>
Identified social determinants	<i>Percent (%) at risk and qualitative observations</i>

Center for School, Health and Education
Building Capacity of SBHC Leaders to Integrate Public Health with Primary Care
Action Plan Template - Assessment

Adapted for use in the Hallways to Health Program 2015-2016

This tab focuses on setting priorities and detailing the approaches to take using the three-tiered strategy.

Goal: To utilize the integrated intervention and prevention strategy to implement a comprehensive set of approaches that reduce issues identified in the assessments that impact the social and emotional health, healthy eating, and active living outcomes of students in the clinic and the school

Select priorities for action based on the findings and risks identified in the analysis tab.

	Issues to Address	Expected Outcomes
Priority Finding 1:		
Priority Finding 2:		
Priority Finding 3:		

Strategic Approaches to Address Identified Issues: The action plan should indicate how each issue will be addressed on the 3 levels of the strategy. It should include the objectives and tasks required to meet the goal/fulfill the approach, identify the person (s) responsible, indicate a timeline and the partners needed. Also indicate if the approaches pertain to healthy eating, active living, social and emotional health or both.

For example: Use one or multiple approaches on each of the 3 levels (clinical, school-wide primary prevention, systems). This should be done for each of the two focus areas. Indicate the objectives and evaluation indicators (reach, etc.) for each approach. Also plan logistics such as partner, timeline, etc.

Note: Project evaluation will document primary prevention (school-wide population) and systems approaches (i.e., level of implementation, partners, protocols, reach) for the two H2H priorities.

Clinical Intervention Approaches (minimally one)	HE/AL	S/E	Objectives	Evaluation Indicators	Partners	Key Person(s) Responsible
School-wide Primary Prevention Approaches (minimally one)	HE/AL	S/E	Objectives	Evaluation Indicators	Partners	Key Person(s) Responsible
Systems Approaches (minimally one)	HE/AL	S/E	Objectives	Evaluation Indicators	Partners	Key Person(s) Responsible

Appendix D

EXAMPLE: Hallways to Health Student Health Action Plan

Center for School, Health and Education
Building Capacity of SBHC Leaders to Integrate Public Health with Primary Care
Action Plan Template - Assessment

Adapted for use in the Hallways to Health Program 2015-2016

This tab focuses on assessment activities		
Name: Sara Trivette	Email Address: sara.trivette@aaphc.org	
School/Organization: Turner Elementary/AAPHC	Telephone: 229-435-9934	
Address: 2001 Leonard Ave , Albany, GA, 31705		
School Level: elementary		
Mission: To increase health and educational success in students by providing a strategic response to the social determinants that impede social and emotional health, healthy eating, and active living. These barriers may manifest in behavior and may also be structural. They may have already “presented” as problems or may pose potential risks. They may be in an individual or they may be in the population.	Strategy: Integrate public health principles and practices with the delivery of primary care utilizing approaches across 3 levels. 1) Clinical interventions - with individuals and groups, in and out of the clinic; 2) primary prevention - with the school-wide population; 3) systems - review, revise, create policies and practices in the clinic, school, district, community or beyond	
Needs Assessment Activities (add more lines as needed)	Dates	Comments
<i>Indicate assessment instrument used, school records reviewed, policies/practices reviewed (i.e., school breakfast, discipline). Examination of policies can be at any or all of the following levels: clinic, school, district, state, federal. Priority should be given to policies and practices having the greatest impact.</i>	<i>Indicate the dates which the assessment was completed</i>	<i>Fill in as needed. Focus on process of completing each needs assessment activity (i.e. challenges, lessons learned, number of people reached, who was assessed, who was involved, how long it took to complete, etc.)</i>
RAAPS-PH or RAAPS-OC	1/26/2016	Obtained buy in from administration, 147 students set up to complete the screenings
Other school-wide assessment (name)	N/A	
Youth discussion groups	3/3/2016	Had 2 focus groups to speak with around 15 of the students with positive screen for anxiety sx. Done over lunch. Separated between boys and girls
School records - attendance, suspensions, expulsions, graduation, other		
1) 97.27% in attendance 8/5/15-2/23/16		Front office staff was able to pull data from Infinite Campus
2) 37% of 1st-5th graders fall outside of the healthy fitness zone	Spring 2015	Based on FitnessGram data for 2015-2016 school year
3) 54.2 out of 100 on College and Career Readiness Performance Index		Georgia Dept of Education data from 2014
4) still awaiting suspension and referral data		
5) 60% 3rd graders proficient in math on CRCT	2015	
6) 73% of 3rd graders proficient in reading on CRCT		
Existing Policies and Practices (Describe)		
1) 100% of students have access to free breakfast and lunch		
2) 15 minutes of recess is on the master schedule, not to be withheld due to behavior etc		

Center for School, Health and Education
Building Capacity of SBHC Leaders to Integrate Public Health with Primary Care
Action Plan Template - Assessment

Adapted for use in the Hallways to Health Program 2015-2016

3) all foods sold to students meet Smart Snack guidelines		
4) children are suspended or placed in ISS for behavior concerns		
5) food is not to be used as a reward		
6) school counselor does anti bullying week		
7) active School Wellness Action Team		
Other data sources (e.g., YRBSS, demographics, free/reduced lunch, etc.)		
1) 18% of students district wide live in a home where no parent is in the labor force		Georgia Kids Count
2) 96-99% qualify for free and reduced lunch (depending on source)		ProPublica, US Dept of Education
3) 96% african american		ProPublica

Building Capacity of SBHC Leaders to Integrate Public Health with Primary Care

Action Plan Template - Analysis

Adapted for use in the Hallways to Health Program 2015-2016

<i>This tab focuses on summarizing the needs assessment findings, identifying the risks and their social determinants</i>	
Analysis and synthesis (add more lines as needed)	Summary of Key Findings
	<i>Provide a brief overview of the needs identified in the school from the assessment activities</i>
RAAPS-PH or RAAPS-OC	see attached summary by APHA
Other school-wide assessment (name)	
Youth discussion groups	Found that many are afraid of natural disasters and a possible school intruder. There were also concerns of being bullied, picked on, afraid of a home break in, gangs in school and neighborhood. The bus and bathroom were especially stressful areas. Dogs in the neighborhood.
School records - attendance, suspensions, expulsions, graduation, other	
see assessment	
2)	
3)	
Existing Policies and Practices (Describe)	
see assessment	
2)	
3)	
Other data sources (e.g., YRBSS, demographics, free/reduced lunch, etc.)	
see assessment	
2)	
3)	
Considerations regarding Phase I activities (or Other issues/concerns)	
1) feasibility is a key consideration- our SBHC has only a primary care provider who is also the health educator	
2) will see if we can partner with local university or the health educator's alma mater for interns to also help	
3) parnterships between the SBHC and administration and others (YMCA) will be key in the success of the action plan	
<i>Indicate the health and educational risks as they pertain to the H2H focus areas (healthy eating/active living and social/emotional health), indicate the social determinants of these risks. Provide quantitative data (percent) and qualitative observations about each.</i>	
Identified health risks	<i>Percent (%) at risk and qualitative observations</i>
Potential Mental Health Risks (anxiety/depression/anger management difficulty)	46% based on RAAPS survey
Obesity, poor body image	38% fall outside the healthy fitness zone based on FitnessGram data, 51% of students feel they need to lose weight
Identified educational risks	<i>Percent (%) at risk and qualitative observations</i>

APHA/CSHE

Building Capacity of SBHC Leaders to Integrate Public Health with Primary Care

Action Plan Template - Analysis

Adapted for use in the Hallways to Health Program 2015-2016

<p>Mental Health Risks, lack of ability to maintain concentration, frequent referrals</p>	<p><i>awaiting baseline referral data including suspension data, qualitatively frequently students are suspended, nearly daily students are fighting and referred to the SBHC for evaluation after a fight</i></p>
<p>absenteeism due to chronic health problems- asthma/effects of obesity</p>	<p>~3% are absent on any given day, anecdotally several students are chronically absent</p>
<p>Identified social determinants</p>	
<p>unsafe neighborhood, walkability factor (lack of side walks, stray dogs roaming)</p>	<p><i>Percent (%) at risk and qualitative observations</i> there are no side walks,</p>
<p>unstable home situations, exposure to violence</p>	
<p>poverty</p>	<p>99% of students qualify for free lunch</p>

Center for School, Health and Education
Building Capacity of SBHC Leaders to Integrate Public Health with Primary Care
Action Plan Template - Assessment

Adapted for use in the Hallways to Health Program 2015-2016

This tab focuses on setting priorities and detailing the approaches to take using the three-tiered strategy.

Goal: To utilize the integrated intervention and prevention strategy to implement a comprehensive set of approaches that reduce issues identified in the assessments that impact the social and emotional health, healthy eating, and active living outcomes of students in the clinic and the school

Select priorities for action based on the findings and risks identified in the analysis tab.

	Issues to Address	Expected Outcomes
Priority Finding 1:		
High level of anxiety, bullying, difficulty with anger	anxiety/depression/anger management	Decreased levels of stress and improved techniques to handle
Priority Finding 2:		
Poor body image/feeling bullied/feelings hurt	self esteem	increased self esteem and improved coping skills for dealing with
Priority Finding 3:		
Obesity	increased access to physical activity, nutritious foods, and a consistent message	improved FitnessGram data, school policies regarding recess,

Strategic Approaches to Address Identified Issues: The action plan should indicate how each issue will be addressed on the 3 levels of the strategy. It should include the objectives and tasks required to meet the goal/fulfill the approach, identify the person (s) responsible, indicate a timeline and the partners needed. Also indicate if the approaches pertain to healthy eating, active living, social and emotional health or both.

For example: Use one or multiple approaches on each of the 3 levels (clinical, school-wide primary prevention, systems). This should be done for each of the two focus areas. Indicate the objectives and evaluation indicators (reach, etc.) for each approach. Also plan logistics such as partner, timeline, etc.

Note: Project evaluation will document primary prevention (school-wide population) and systems approaches (i.e., level of implementation, partners, protocols, reach) for the two H2H priorities.

Clinical Intervention Approaches (minimally one)	HE/AL	S/E	Objectives	Evaluation Indicators	Partners	Key Person(s) Responsible	Timeline
self esteem group for girls		x	By May 2017, all girls who are struggling with being bullied/feeling bad about themselves will have been enrolled in a self-esteem group	chart notes for the self esteem groups, participants reaching their goal	LCSW	primary care provider and LCSW	ongoing
evaluating students for depression		x	By May 2017, all students who utilize the SBHC will be evaluated for depression	PQH2/9 in all charts in students 11 or above, child health survey in children 6-10	nursing	primary care provider	ongoing
BMI screening in all students	x		By May 2017, all students who utilize the SBHC will have a documented BMI and appropriate interventions	chart review, BMI in the chart, appropriate labs, documented plan	nursing	primary care provider	ongoing

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Action Plan Template - Assessment

Adapted for use in the Hallways to Health Program 2015-2016

School-wide Primary Prevention Approaches (minimally one)	HE/AL	S/E	Objectives	Evaluation Indicators	Partners	Key Person(s) Responsible	Timeline
meditation		x	By Dec 2016, the faculty and staff will have been inserviced on implementing meditation/mindfulness in the classroom and 5 minutes a day will be set aside to practice mindfulness.	students reported level of stress/anxiety, referral data	school administration, teachers, students, YMCA, LCSW	teachers, students, YMCA/LCSW	July/August 2015 in-service on meditation/mindfulness, May-August 2015 baseline referral data, December 2015 screen students for anxiety/worry level, f/u referral data
No food as a reward	x		By May 2017, the school wellness policy will include language that indicates no food is to be used as a reward	copy of local wellness policy, teacher's report on how they feel about the policy, student's report on how they feel about the policy, FitnessGram data	school administration, teachers, students	school administration, health educator	Aug-15
bullying		x	By May 2017, there will be additional supervision on the bus and in school bathrooms to decrease bullying				

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Action Plan Template - Assessment

Adapted for use in the Hallways to Health Program 2015-2016

Systems Approaches (minimally one)	HE/AL	S/E	Objectives	Evaluation Indicators	Partners	Key Person(s) Responsible	Timeline
20 minutes of recess, smart snack guidelines	x	x	By June 1, 2016 the Dougherty County School Board will have adopted the District Wellness Policy which indicates all students are to have 20 minutes of recess daily that is not to be withheld for remediation, punishment, or make up instructional time and all foods should meet Smart Snack guidelines	an approved District Wellness Policy	Dougherty County School Board, District Administration, School Administration, teachers	District Wellness Committee, District Administration, School level administration	May/June 2016 DCSS School Board to review District Wellness Policy, July 2016 begin technical assistance with schools to implement the policy, ongoing f/u to ensure implementation and to trouble shoot problems,

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Action Plan Template - Assessment

Adapted for use in the Hallways to Health Program 2015-2016

<p>meditation</p>		<p>x</p>	<p>By May 2017, the District Wellness Committee will review the pilot program of meditation/mindfulness in school and recommend including meditation/mindfulness district wide</p>	<p>referral data, test scores, student's reported stress level</p>	<p>District Wellness committee, School Administration, District Administration, students</p>	<p>District Wellness co-chair, school administration</p>	<p>Dec 2016 review pilot data from Turner, present this information to the District Wellness Committee, discuss updating the District Wellness Policy to indicate recommendation of meditation/mindfulness daily in all schools</p>
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Appendix E

Year 1 (2013-2014)

Improvement Plan Template



Improvement Plan 2014-2015

Now that your SBHC has completed the mid-point assessment and selected its priority areas, the next step is to develop an improvement plan. The Improvement Plan will serve as the guide for addressing areas in obesity prevention and treatment, social and emotional health, and school employee wellness, as well as other related topic areas. The improvement plan is to include objectives, activities/strategies, and indicators for evaluation.

Developing Objectives

- The objectives need to address the **following sections** highlighted in the mid-point assessment: **obesity prevention; social and emotional health; school employee wellness; parent/caregiver engagement, referral systems, and self-efficacy.**
- The objectives should align with the priorities selected using responses from the mid-point evaluation, as well as lessons learned from the first year of implementation.
- Effective objectives are SMART: **S**pecific, **M**easurable, **A**ttainable/Achievable, **R**ealistic, and **T**ime-bound.

Directions

Step 1: Using the information collected from the SBHC mid-point assessment, provide a brief summary of the clinic's current practice, role, and/or involvement for each of these categories: **obesity prevention; social and emotional health; school employee wellness; parent/caregiver engagement, referral systems, and self-efficacy.** Include any priority areas that you have selected to focus on after completing the mid-point assessment.

Step 2: If the current situation needs attention, summarize the needed area for improvement. (You can paraphrase a corresponding question item from the mid-point evaluation or cite a key recommendation). Write an objective that will aim to improve the current situation. The objective can be focused on programming and interventions, environmental and policy changes, as well as communications and marketing. Do this for all sections before developing activities and strategies.

Step 3: Once you have written the objectives, go back and develop activities or strategies that will serve as the steps towards achieving the objective.

Step 4: Assign a date/timeline for each of the activities. Identify the key person(s) responsible for each activity under the corresponding objective.

Step 5: Indicate how you will evaluate whether the objective was achieved.

Improvement Plan for 2014-2015 School Year

OBESITY PREVENTION & TREATMENT

Priority Area(s):

Summary of SBHC’s current situation (practice, role, and/or involvement) in priority area(s):

Desired Goal or Milestone:

- 1) Screen 90% of student population for obesity.
- 2) Develop intervention program to address BMI’s above 85th percentile.
- 3) 25% of students enrolled in intervention program demonstrate improvement through BMI stabilization or weight loss.
- 4) School-wide health education on obesity prevention.

Area for Improvement	Objective	Activities/Strategies	Date / Timeline for Activities/ Strategies	Key Person(s) Responsible	Evaluation Indicator(s)
<i>Obtain a BMI on every child in school. (Question 13)</i>	<i>By January 2014 the SBHC will have documentation on the BMI of every child in the school and know the prevalence of overweight and obese children.</i>	<ul style="list-style-type: none"> • <i>Seek out a volunteer who has HIPAA training (nurse/medical student, etc.) interested in helping obtain a BMIs on children at Turner.</i> • <i>The health educator will coordinate with the PE teacher to determine available dates to obtain a height and weight on all children enrolled at Turner Elementary.</i> • <i>Calculate BMI percentile for age.</i> 	<p><i>Oct 11- Nov 29, 2013</i></p> <p><i>Oct 11 -Nov 29, 2013</i></p> <p><i>Dec 01, 2013- Jan 31, 2014</i></p>	<ul style="list-style-type: none"> • <i>PA</i> • <i>PE teacher</i> • <i>volunteer</i> 	<ul style="list-style-type: none"> • <i>Volunteer selected to assist with BMI collection</i> • <i>Verify BMI obtained on all currently enrolled students by coordinating with updated roster</i> • <i>BMI data collected for all students enrolled at Turner</i>

Improvement Plan for 2014-2015 School Year

SOCIAL AND EMOTIONAL HEALTH

Priority Area(s):

Summary of SBHC's current situation (practice, role, and/or involvement) in priority area(s):

Desired Goal or Milestone:

- 1) 100% of students receiving medical services are screened for behavioral health problems.
- 2) 100% of students identified with social and emotional issues are referred for intervention.
 - a. SBHC/school-based/community service.
- 3) Provide school-wide instruction and activities to promote social and emotional well-being 3 times during the school year to address at a minimum self-esteem, violence prevention (bullying), and substance abuse.
 - a. Review state DOE health education curriculum standards.

Area for Improvement	Objective	Activities/Strategies	Date / Timeline for Activities/ Strategies	Key Person(s) Responsible	Evaluation Indicator(s)

Improvement Plan for 2014-2015 School Year

SCHOOL EMPLOYEE WELLNESS

Priority Area(s):

Summary of SBHC's current situation (practice, role, and/or involvement) in priority area(s):

Desired Goal or Milestone:

- 1) Conduct survey to determine faculty and staff needs and desired services at the beginning of the school year.
- 2) Provided activities for staff wellness to reflect survey.
- 3) 25% of school faculty and staff will participate in at least 1 wellness activity.
- 4) Evaluate activities at the end of the school year.

Area for Improvement	Objective	Activities/Strategies	Date / Timeline for Activities/ Strategies	Key Person(s) Responsible	Evaluation Indicator(s)

Improvement Plan for 2014-2015 School Year

PARENTAL/CAREGIVER ENGAGEMENT

Priority Area(s):

Summary of SBHC's current situation (practice, role, and/or involvement) in priority area(s):

Desired Goal or Milestone:

Area for Improvement	Objective	Activities/Strategies	Date / Timeline for Activities/ Strategies	Key Person(s) Responsible	Evaluation Indicator(s)

Improvement Plan for 2014-2015 School Year

REFERRAL SYSTEMS

Priority Area(s):

Summary of SBHC's current situation (practice, role, and/or involvement) in priority area(s):

Desired Goal or Milestone:

Area for Improvement	Objective	Activities/Strategies	Date / Timeline for Activities/ Strategies	Key Person(s) Responsible	Evaluation Indicator(s)

Improvement Plan for 2014-2015 School Year

SELF-EFFICACY

Priority Area(s):

Summary of SBHC's current situation (practice, role, and/or involvement) in priority area(s):

Desired Goal or Milestone:

Area for Improvement	Objective	Activities/Strategies	Date / Timeline for Activities/ Strategies	Key Person(s) Responsible	Evaluation Indicator(s)

Appendix F

Year 2 (2014-2015)

Improvement Plan Template



Hallways to Health Improvement Plan 2013-2014

Now that your SBHC has completed the assessment tool and selected its priority areas, the next step is to develop an improvement plan. The Improvement Plan will serve as the guide for addressing areas in obesity prevention and treatment, social and emotional health, and school employee wellness. The improvement plan is to include objectives, activities/strategies, and indicators for evaluation.

Developing Objectives

- The objectives need to address the **six sections** addressed in the assessment tool: **obesity prevention; social and emotional health; school employee wellness; parent/caregiver engagement, referral systems, and self-efficacy.**
- The objectives should align with the priorities selected using the areas of improvement section from the SBHC assessment tool.
- Effective objectives are SMART: **S**pecific, **M**easurable, **A**ttainable/Achievable, **R**ealistic, and **T**ime-bound.

Directions

Step 1: Using the information collected from the SBHC assessment tool, provide a brief summary of the clinic's current practice, role, and/or involvement for each of the 6 categories: **obesity prevention; social and emotional health; school employee wellness; parent/caregiver engagement, referral systems, and self-efficacy.** Include any priority areas that you have selected to focus on after completing the baseline assessment.

Step 2: If the current situation needs attention, indicated the corresponding "area of improvement" from the assessment tool. (You can paraphrase the corresponding question item). Write an objective that will aim to improve the current situation. Do this for all sections before developing activities and strategies.

Step 3: Once you have written the objectives, go back and develop activities or strategies that will serve as the steps towards achieving the objective.

Step 4: Assign a date/timeline for each of the objectives. Identify the key person(s) responsible for each objective.

Step 5: Indicate how you will evaluate whether the objective was achieved.

Improvement Plan for 2013-2014 School Year

EXAMPLE

Obesity Prevention & Treatment

Summary of SBHC’s current situation (practice, role, and/or involvement) and priorities selected:

Example: *The providers in the SBHC indicate they are comfortable in talking to patients and their families about weight and obesity. The medical chart audit revealed that we are not consistently calculating the child’s BMI, even though H/W is recorded. In addition, our providers were not formally trained in the Expert Recommendation guidelines, but were following a majority of the guidelines. The clinic’s involvement within the greater school environment (outside the clinic) and in the community, in regards to obesity prevention efforts, is very limited, almost non-existent. Priorities for this area include training all primary care staff to consistently employ best clinical practices and to serve as a health education resource in the classrooms.*

Area for Improvement (from assessment tool)	Objective	Activities/Strategies	Date / Timeline:	Key Person(s) Responsible	Evaluation Indicator(s)
<i>SBHC primary care provider(s) participate in clinical guidelines training/workshop for screening, counseling, and treating students who are overweight or obese, or at risk for co-morbidities (Question 1)</i>	<i>By December 2013, all primary care providers in the SBHC will have participated in at least one training workshop that covers best practices for screening, counseling, and treating obesity in children and adolescents.</i>	<ul style="list-style-type: none"> • Revisit archived version of training webinar hosted by School-Based Health Alliance and Kaiser Permanente. (from Sept. 2013) • Participate in at least one online training module that covers pediatric obesity screening and counseling 	<i>Nov. 1- Dec. 1, 2013</i>	<ul style="list-style-type: none"> • NP • PA • Medical Director 	<ul style="list-style-type: none"> • Archived webinar is viewed by all PC staff • Staff completes the pre- and post-tests of the training module. • Medical chart audits at mid-point reveal more consistent use of best practices
<i>SBHC staff delivering health education curricula in classrooms (Question 22)</i>	<p><i>By May 2014, the nutritionist will conduct at least two classroom presentations related to healthy eating for each grade level in the school.</i></p> <p><i>By May 2014, the health educator will conduct at least 3 presentations related to physical activity, e.g. cardiovascular health, benefits of exercise, etc., to P.E. classes.</i></p>	<ul style="list-style-type: none"> • SBHC nutritionist and health educator meet with school’s health and P.E. teachers to discuss proposal to conduct sessions in their classes. • Nutritionist and health teacher review curricula and determine appropriate timing for presentation. • Health educator works with P.E. teacher to determine the appropriate class sessions to deliver presentations. • Nutritionist and health educator conduct presentations in classrooms based on mutual agreements with the health and P.E. teachers. 	<p><i>Nov. 1 2013-Dec 1, 2014</i></p> <p><i>Dec. 1, 2013- Jan. 15, 2014</i></p> <p><i>Jan. 15- June 15, 2014</i></p>	<ul style="list-style-type: none"> • Nutritionist • Health educator • Health teacher • P.E. Dept. Chair • P.E. teachers 	<ul style="list-style-type: none"> • Dates of presentations • List of classrooms • Topics covered • Activities conducted within each presentation • Number of students present during each session • Student evaluations of presentation content

Improvement Plan for 2013-2014 School Year

Obesity Prevention & Treatment

Summary of SBHC's current situation (practice, role, and/or involvement) and priorities selected:

Area for Improvement	Objective	Activities/Strategies	Date / Timeline:	Key Person(s) Responsible	Evaluation Indicator(s)

Improvement Plan for 2013-2014 School Year

Social and Emotional Health

Summary of SBHC’s current situation (practice, role, and/or involvement) and priorities selected:

Area for Improvement	Objective	Activities/Strategies	Date / Timeline:	Key Person(s) Responsible	Evaluation Indicator(s)

Improvement Plan for 2013-2014 School Year

School Employee Wellness

Summary of SBHC’s current situation (practice, role, and/or involvement) and priorities selected:

Area for Improvement	Objective	Activities/Strategies	Date / Timeline:	Key Person(s) Responsible	Evaluation Indicator(s)

Improvement Plan for 2013-2014 School Year

Parental/Caregiver Engagement

Summary of SBHC's current situation (practice, role, and/or involvement) and priorities selected:

Area for Improvement	Objective	Activities/Strategies	Date / Timeline:	Key Person(s) Responsible	Evaluation Indicator(s)

Improvement Plan for 2013-2014 School Year

Referral Systems

Summary of SBHC’s current situation (practice, role, and/or involvement) and priorities selected:

Area for Improvement	Objective	Activities/Strategies	Date / Timeline:	Key Person(s) Responsible	Evaluation Indicator(s)

Improvement Plan for 2013-2014 School Year

Self-Efficacy

Summary of SBHC’s current situation (practice, role, and/or involvement) and priorities selected:

Area for Improvement	Objective	Activities/Strategies	Date / Timeline:	Key Person(s) Responsible	Evaluation Indicator(s)

Appendix G

EXAMPLE H2H

Progress Monitoring Tool



Improvement Plan 2014-2015

Now that your SBHC has completed the mid-point assessment and selected its priority areas, the next step is to develop an improvement plan. The Improvement Plan will serve as the guide for addressing areas in obesity prevention and treatment, social and emotional health, and school employee wellness, as well as other related topic areas. The improvement plan is to include objectives, activities/strategies, and indicators for evaluation.

Developing Objectives

- The objectives need to address the **following sections** highlighted in the mid-point assessment: **obesity prevention; social and emotional health; school employee wellness; parent/caregiver engagement, referral systems, and self-efficacy.**
- The objectives should align with the priorities selected using responses from the mid-point evaluation, as well as lessons learned from the first year of implementation.
- Effective objectives are SMART: **S**pecific, **M**easurable, **A**ttainable/Achievable, **R**ealistic, and **T**ime-bound.

Directions

Step 1: Using the information collected from the SBHC mid-point assessment, provide a brief summary of the clinic's current practice, role, and/or involvement for each of these categories: **obesity prevention; social and emotional health; school employee wellness; parent/caregiver engagement, referral systems, and self-efficacy.** Include any priority areas that you have selected to focus on after completing the mid-point assessment.

Step 2: If the current situation needs attention, summarize the needed area for improvement. (You can paraphrase a corresponding question item from the mid-point evaluation or cite a key recommendation). Write an objective that will aim to improve the current situation. The objective can be focused on programming and interventions, environmental and policy changes, as well as communications and marketing. Do this for all sections before developing activities and strategies.

Step 3: Once you have written the objectives, go back and develop activities or strategies that will serve as the steps towards achieving the objective.

Step 4: Assign a date/timeline for each of the activities. Identify the key person(s) responsible for each activity under the corresponding objective.

Step 5: Indicate how you will evaluate whether the objective was achieved.

Improvement Plan for 2014-2015 School Year

Bi-Monthly Progress Call

Date: ~~November 6, 2014~~ March 5, 2015, May 2015

Attendees: Sara Trivette (PA/Health Educator), Monica Barnett (GA H2H State Coordinator)

SBHC: Turner SBHC

OBESITY PREVENTION & TREATMENT

Priority Area(s): Develop and implement an obesity intervention that is available to the entire school population, not just those students utilizing the SBHC.

Have an active district wellness committee with the SBHC taking an active role.

Summary of SBHC's current situation (practice, role, and/or involvement) in priority area(s): The provider at the SBHC has been trained on expert guidelines for screening, counseling and treating students who are overweight and obese and feels comfortable discussing BMI with patients and family members. The BMI is consistently being calculated through the use of EMR and follow up plan of care for overweight and obese children is consistently documented. When the need arises, there is an available referral source for a local dietician, however adherence to outside appointments remains a challenge. The SBHC does nutrition counseling focusing on 5-2-1-0 one on one with patients but continues to look for ways to expand to education in a group setting. The SBHC has been able to utilize healthteacher.com to deliver evidence-based health curriculum that also meets GA DOE standards to all students. The SBHC has also been able to in-service all teachers on Organwise Guys! to increase activity in the classroom. The SBHC works with the PE teacher to obtain BMIs on every child in the school so that we can better understand the prevalence of overweight/obese children in the school. We continue to work with the administration on ways to increase activity during the day with a goal of every child having at least 30 minutes of activity daily. The administration has agreed to start a school wellness committee which will develop a school wellness plan over the coming school term. Additionally, the provider/health educator has secured a seat on the district wellness council and is working to have the district wellness council be active. This school term we plan to focus on developing an evidence-based obesity intervention that is delivered outside of the SBHC.

Desired Goal or Milestone:

- 1) Screen 90% of student population for obesity.
- 2) Develop intervention program to address BMI's above 85th percentile.
- 3) 25% of students enrolled in intervention program demonstrate improvement through BMI stabilization or weight loss.
- 4) School-wide health education on obesity prevention.

Improvement Plan for 2014-2015 School Year

Area for Improvement	Objective	Activities/Strategies	Date / Timeline for Activities/ Strategies	Key Person(s) Responsible	Evaluation Indicator(s)
Offer program for obese/overweight children in the school (Question 17)	By April 2015, the health educator, along with key partners, will implement an evidence-based obesity intervention at Turner Elementary that operates outside of the SBHC. Status: In-Progress/On schedule completed, abbreviated version	Schedule a date to meet with school administration regarding when and where the obesity program can be held (ie before school, after school, what day of the week, transportation, school space) Status: Complete	July 31-August 29, 2014	Health educator, school administration	Documentation of when and where the obesity program will occur
		Schedule a date to meet with the faculty and staff involved in the mentorship program, as this may be a key partnership to the obesity program's success. Status: Complete	July 31-August 29, 2014	Health educator, faculty and staff	Commitment from faculty and staff to help with the program
		Contact AAPHC's nutritionist to see if she is able to volunteer time. Status: Complete	July 31- August 29, 2014	Health educator	Nutrition component to the program
		Contact the local recreation department to see if they are able to volunteer instructors for the exercise component of the program. Status: Complete	July 31-August 29, 2014	Health educator	Exercise component to the program
		Contact the PE teacher to see if she is available to volunteer time for the exercise component of the program. Status: Complete	July 31-August 29, 2014	Health educator	Exercise component to the program

Commented [MLB1]: Will target the mentoring after school program students 3rd-5th grades

Commented [MLB2]: Nov 2014: goal is to get this started 2nd semester.

Improvement Plan for 2014-2015 School Year

	<p>Contact the local Georgia extension office to see if they can volunteer time and expertise for the nutrition component. Status: Complete</p> <p>Contact AAPCH's LCSW and the school counselor to see if they can volunteer time and expertise for the self esteem component Status: Complete</p> <p>Develop a marketing campaign to encourage parents to enroll their children in the program. Status: Complete</p>	<p>July 31-August 29, 2014</p> <p>July 31- August 29, 2014</p> <p>September 1- October 31, 2014</p>	<p>Health educator</p> <p>Health educator</p> <p>Health educator, Turner Elementary parent coordinator, faculty/staff, AAPCH administrative assistant, AAPCH COO</p>	<p>Nutrition component to the program</p> <p>Self-esteem component to the program</p> <p>Fliers that are sent home, phone calls made, # of students enrolled</p>
	<p>Send home enrollment packet and consent form to parents Status: In progress/On Behind schedule</p>	<p>November 3- 21, 2014</p>	<p>Health educator, AAPCH COO, AAPHC administrative assistant, teachers</p>	<p># of students enrolled</p>
	<p>Coordinate introductory meeting with students, faculty, parents Status: Has not begun yet, In progress, behind on schedule</p>	<p>December 1-19, 2014</p>	<p>Health educator, parents, faculty, students</p>	<p># attending meeting</p>
	<p>Review curriculum and evidence based intervention to be implemented in January Status: Has not begun yet, speakers brought own curriculum, completed</p>	<p>September 1- December 19, 2014</p>	<p>Health educator, key partners ie PE teacher, nutritionist, LCSW, counselor, other volunteers</p>	<p>Copy of curriculum being utilized</p>
	<p>Develop baseline screening tool for enrollees (survey regarding current health status,</p>	<p>September 1- December 19, 2014</p>	<p>Health educator</p>	<p>Copy of the baseline screening</p>

Commented [MLB3]: Nov. 2014 : No marketing will occur. Students in the mentoring program will automatically be in the obesity intervention program and parental consent to be sent out for permission for students to participate.

Program to start 2nd semester.

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Commented [BML4]: Consent for participation is not needed because it comes through the B and G Club

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Commented [BML5]: Not needing to have meeting with students because covered under B and G Club and students enrolled

Improvement Plan for 2014-2015 School Year

	<p>By May 2015, the health educator will evaluate the evidence-based obesity intervention at Turner Elementary that operates outside of the SBHC Status: Has not begun yet, unable to fully evaluate as Boys and Girls Club ended prior to the end of school and provider was unaware</p> <p>By April 2015, the SBHC will have documentation on the BMI of every child in the school and know the prevalence of overweight and obese children. Status: Has not begun yet, completed</p>	<p>ht/wt/BMI percentile, bp) Status: Has not begun yet, survey completed</p> <p>Obtain baseline data on enrollees (ht, wt, BMI percentile, bp, survey on baseline level of exercise, healthy eating, etc) Status: Has not begun yet, will not be able to get BMI or bp data on all enrolled, will use survey pre and post</p> <p>Implement the intervention Status: Has not begun yet, completed, lectures by rec dept and Ga Extension office</p> <p>Obtain post intervention data on enrollees, collecting same information as done at the baseline Status: Has not begun yet, unable to complete due to Boys and Girls Club ending prior to the end of the school year</p> <p>Evaluate the effectiveness of the intervention by comparing baseline and post intervention screening results Status: Has not begun yet, unable to complete</p> <p>Collaborate with the PE teacher to gather data from FitnessGram Status: Has not begun yet, completed, copy of FitnessGram date provided to health educator</p>	<p>January 5- 16, 2015</p> <p>January 5- April 30, 2015</p> <p>April 15- May 7, 2015</p> <p>April 15- May 15, 2015</p> <p>April 6- April 30, 2015</p> <p>August 1, 2014- May 1, 2015</p>	<p>Primary care provider</p> <p>Health educator, volunteers, primary care provider</p> <p>Primary care provider</p> <p>Health educator</p> <p>Health educator, PE teacher</p> <p>Health educator, teachers</p>	<p>tool</p> <p>Aggregate and individual baseline data results</p> <p>Attendance at the programs</p> <p>Aggregate and individual baseline data results</p> <p>% change in BMI status, health status, etc</p> <p>FitnessGram records</p> <p>Dates set to do health education</p>
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Commented [BML6]: Health Educator developed survey about health status and health belief for students that will have to replace the planned activity

Improvement Plan for 2014-2015 School Year

	<p>By May 2015, the health educator/primary care provider will implement at least 1 evidence-based health and wellness intervention in every class.</p> <p>Status: <u>In Progress/On schedule</u>unable to complete, office too busy</p>	<p>Meet with each grades science teacher, as they are also responsible for the health curriculum to determine the best date to health interventions in the classroom.</p> <p>Status: <u>In Progress/On schedule</u>Has not begun yet, unable to go to each classroom but each teacher has access to healthteacher.com and each child got a health grade for each 9 weeks</p> <p>Evaluate healthteacher.com for standards based and evidence-based health interventions</p> <p>Status: <u>In Progress/On schedule</u>, utilized by teachers</p>	<p>August 1, 2014- May 1, 2015</p>	<p>Health educator</p>	<p>inside classrooms</p> <p>Copy of lesson plans</p>
<p>Have a member of the SBHC involved with an active district wellness committee (Question 27, 51)</p>	<p>By May 2015, DCSS will have an active wellness committee, having met at least once during the school term, with a member of the SBHC on the committee</p> <p>Status: Complete</p>	<p>Continue to contact the nutrition director to encourage convening an active wellness committee; be in contact at least monthly via phone, email or in person.</p> <p>Status: <u>In Progress/On schedule</u> Completed</p>	<p>August 1, 2014- May 1, 2015</p>	<p>Health educator</p>	<p>Dates of emails/meetings with the nutrition director</p>
		<p>Continue to be in contact with other wellness champions around the district (directors of the physical education program, director of athletics) helping to create momentum for the wellness committee.</p> <p>Status: <u>In Progress/On schedule</u> Completed</p>	<p>August 1, 2014- May 1, 2015</p>	<p>Health educator</p>	<p>Dates of emails/meetings</p>

Commented [MLB7]: Nov. 2014: Still ongoing objectives and activities.

Improvement Plan for 2014-2015 School Year

		<p>Maintain contact with the Alliance for a Healthier Generation Program Manager for GA, attending all Alliance meetings for DCSS Status: In Progress/On schedule Completed, unable to attend last district Alliance meeting but in regular contact with program manager</p> <p>Work to gain support from the school board for an active wellness committee either through attending school board meetings or other forms of contact with board members Status: In Progress/On schedule Completed, school board and superintendent are on-board</p> <p>Continue to research on the CDC's website, Alliance for a Healthier Generation, Action for Health Kids, California Project LEAN, etc best practices for local wellness policies so that the health educator can be a knowledgeable resource Status: In Progress/On schedule, continue to lead bimonthly meetings for district wellness commity</p>	<p>August 1, 2014- May 29,2015</p> <p>August 1, 2014- May 29, 2015</p> <p>August 1, 2014- May 29, 2015</p>	<p>Health educator</p> <p>Health educator</p> <p>Health educator</p>	<p>Attendance at Alliance for a Healthier Generation meeting, emails</p> <p>Attendance at board meetings/dates of emails/other meetings</p> <p>Copy of information from the websites</p>
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SBHC Updates:

May 2015:

Had district wellness meeting April 15. Developed plans for the summer. Next meeting 7/15/15. Still awaiting District Administration approval of the updated wellness policy so that the board can approve it. Superintendent has signed MOU to add high schools on to Alliance for a Healthier Generation. Principals at each school are in the process of signing MOU. District is compiling a list of healthy fundraiser ideas to give to principals at the end of the year or pre-planning next year. Plan is to update physical activity portion of wellness policy in the fall. Developing sub-committees.

March 2015:

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Improvement Plan for 2014-2015 School Year

Revised the wellness policy and recommendations for fundraisers, and each school having a wellness committee and is being presented to the school board.

Hopefully by April the DCC can focus on revising the wellness policy for PA, nutrition, and staff wellness (will the some time)

Next meeting is in April.

Jan 2015:

Next District Wellness Committee meeting in Feb.

After school program has started including exercise and PE component. Working with PE teacher and community members to start adding nutrition component.

November 2014:

District Wellness Committee met October 30th. Standing meeting will be every other month starting in December (2nd Wednesday).

September 2014:

Had Advisory Board meeting and discussed key partners to collaborate with for the school year. Obesity program will target 3rd-5th graders and some after school (because there is currently staff dedicated to some after school work that could help support efforts). Still working on the logistics.

Health Educator/PA still needs to coordinate with teachers to schedule classroom health education.

Nutrition Director wants to have District Wellness Committee meeting in October 2015.

Alliance for A Healthier Generation meeting will be held September 30th. Health Educator plans to attend.

Health Educator is on Action for healthy Kids GA planning committee for the SW Georgia Forum (looking at early February for the Forum to occur).

Barriers/Challenges:

May 2015- clinic has been very busy this year. Provider has had no time to get out of the office and go to each classroom for interventions. However we have focused on policy, environment and system changes that will impact the lives of all students in the district. We do also have plans to start off next meeting in the summer before school starts so that we can hit the ground running.

September 2014:

It has been very busy for the PA/Health Educator in August; therefore, some activities have not begun as planned. However, the health educator will work on several activities in September and moving forward now that the beginning of school rush has decreased some, freeing her up to do some of the health education work she has planned to do so the SBHC and the school.

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Improvement Plan for 2014-2015 School Year

Technical Assistance Needs:

November 2014:

State coordinator to locate or ask other SBHCs and states for information on screening tools for students for baseline.

September 2014:

State Coordinator to ask Lake Forest about the curriculum they are using for KoolKids to assist Turner in planning. And if Lake Forest did survey at baseline and end of KoolKids (in addition to height, weight, and BP). Is there a survey already existing through Kaiser for a children's survey.

Training Needs:

General Comments:

September 2014:

Health Educator continues to participate in webinars regarding local wellness policies.

Improvement Plan for 2014-2015 School Year

SOCIAL AND EMOTIONAL HEALTH

Priority Area(s): Increase school wide interventions in regards to bullying, self esteem and substance abuse.

Summary of SBHC's current situation (practice, role, and/or involvement) in priority area(s): The SBHC currently assesses social and emotional health of all enrolled students 6 and over. From age 6-10 a child health survey is used; age 11 and above the PQH2, and if necessary, PQH9 is used. The school counselor conducts annual assessments for every child's social and emotional health and follows up as needed and does refer to a local psychologist if needed. Additionally, when concerns are found during well checks or other visits, the SBHC has access to refer to mental health providers (both psychiatrists and psychologists) in the community. We are very excited that during the upcoming school term we will have a LCSW available at the school. Initially she will be on-site 2 ½ days per month. Obtaining records from the mental health visits has been a challenge but the SBHC does partner with the parent to get information. Whenever a referral is made, a release of records is sent home to the parent to sign and return. The SBHC has coordinated with the school counselor on bullying prevention and has done a poster contest on "what it means to be a good friend". At well checks Bright Futures is utilized to educate students about unintentional injury prevention and counseling is done on good touch/bad touch. Currently students are not involved in developing and implementing emotional and social wellness programs. The SBHC does discuss individual students with disciplinary problems but is not involved in school wide discipline discussions. This school term we plan to focus on increasing school wide interventions on bullying, self esteem and substance abuse through assemblies and other educational activities.

Desired Goal or Milestone:

- 1) 100% of students receiving medical services are screened for behavioral health problems.
- 2) 100% of students identified with social and emotional issues are referred for intervention.
 - a. SBHC/school-based/community service.
- 3) Provide school-wide instruction and activities to promote social and emotional well-being 3 times during the school year to address at a minimum self-esteem, violence prevention (bullying), and substance abuse.
 - a. Review state DOE health education curriculum standards.

Improvement Plan for 2014-2015 School Year

Area for Improvement	Objective	Activities/Strategies	Date / Timeline for Activities/ Strategies	Key Person(s) Responsible	Evaluation Indicator(s)
Increase school wide interventions on bullying, violence prevention, and substance abuse (Question 32)	By May 2015, the health educator/LCSW will conduct at least 1 evidence-based intervention in every classroom/by grade level on bullying, self-esteem and substance abuse. <u>Status: Has not begun yet, counselor notes that this was done in each classroom and she has the curriculum available</u>	Meet with the school counselor to determine when she focuses on bullying, self-esteem and substance abuse; when possible try to coordinate the evidence-based intervention with the school counselor's curriculum. <u>Status: Has not begun yet, Completed</u> Meet with each grade chair and the administration to determine the best date for each intervention. <u>Status: Has not begun yet, school counselor completed</u> Health educator and LCSW will implement intervention in classrooms (by grade level) <u>Status: Has not begun yet, school counselor completed</u> Evaluate healthteacher.com for standards based and evidence-based mental health interventions <u>Status: Has not begun yet, school counselor completed</u>	August 1- September 30, 2014 August 1, 2014- April 30, 2015 September 1, 2014- May 14, 2015 August 1, 2014- May, 1 2015	Health educator/school counselor/LCSW Health educator/LCSW Health educator/LCSW Health educator/LCSW	Meeting date with the school counselor Meeting dates established Intervention implemented/number of students in attendance Copy of lesson plans

SBHC Updates:

May 2015- School counselor notes that every child has had education on all 3 of the topics. She met with the LCSW and it wasn't felt that there would be additional benefit of the LCSW replicating the services she already did.

March 2015:
LCSW and Counselor met and will be working in scheduling and facilitating the 3 social and emotional health activities for Turner prior to the end of the school year.

Jan 2015:

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Improvement Plan for 2014-2015 School Year

<p><u>LCSW has started coming 2 days/month as of Jan 6.</u></p>
<p>September 2014: SBHC may try to coordinate with school counselor on anti-bullying in October.</p>
<p>Barriers/Challenges: November 2014: Part-time LCSW has still not started at Turner SBHC. SBHC awaiting her arrival to begin social and emotional health activities.</p>
<p>September 2014: Hoping the LCSW will be able to start in October.</p>
<p>Technical Assistance Needs: September 2014: State Coordinator to ask sites on Basecamp what their SBHC is doing to address bullying (specifically any anti-bullying campaigns)</p>
<p>Training Needs:</p>
<p>General Comments:</p>

SCHOOL EMPLOYEE WELLNESS

Priority Area(s): Have an active wellness committee at Turner Elementary to develop a school wellness policy by the end of the school year.

Continue to provide health activities and interventions for faculty and staff that reflect their desires, as determined by a survey administered at the beginning of the year

Summary of SBHC's current situation (practice, role, and/or involvement) in priority area(s): The SBHC is available to school staff for all health services and has done wellness physicals, flu shots and other immunizations such as Tdap, sick visits, and health screenings for the teachers and staff. Wellness physicals are promoted by having "adult health month" twice a year. The primary means of communication with the school staff is through fliers in faculty/staff mailboxes, posters by the time clock, and verbally relaying information at faculty meetings. A survey has been administered and will be administered annually to assess the health needs and desired services of the staff. To promote wellness, we host wellness breakfasts and disseminate the desired health information at that time. We have also hosted a Biggest Loser Competition and started a walking club based on teachers' desires. We continue to work towards system, policy and environmental change to promote employee wellness. We have been able to enact a policy that allows teachers increased access to the cafeteria by letting them set up an account in the cafeteria. We continue to lobby for an active district wellness committee and get wellness champions in the school setting to fully implement the current district wellness plan. We also have administration support to start a school wellness team to develop a school wellness policy so that health strides will become policy and there will be school wellness champions.

Improvement Plan for 2014-2015 School Year

Desired Goal or Milestone:

- 1) Conduct survey to determine faculty and staff needs and desired services at the beginning of the school year.
- 2) Provide activities for staff wellness to reflect survey.
- 3) 25% of school faculty and staff will participate in at least 1 wellness activity.
- 4) Evaluate activities at the end of the school year.

Area for Improvement	Objective	Activities/Strategies	Date / Timeline for Activities/ Strategies	Key Person(s) Responsible	Evaluation Indicator(s)
Have an active school wellness committee that develops a school wellness policy. (Question 49)	By May 2015, Turner Elementary will have an active school wellness committee to develop a school wellness policy. Status: In Progress/On schedule, Had meeting 12/14 and one is scheduled for January, completed Turner SWAT met monthly since October	Develop a wellness team at Turner Elementary Status: Complete Status: In Progress/On schedule	August 1-September 15, 2014	Health educator, faculty/staff, administration	List of those on the wellness committee
		Develop a schedule for meetings, ideally monthly Status: Completed; Ongoing, Status: In Progress/On schedule, meeting monthly	August 1, 2014-May 1, 2015	Health educator, faculty/staff, administration	Dates of meetings
		Assess the current environment at the school Status: Complete	September 1-October 31, 2014	Health educator, faculty/staff, administration	List of current practices at Turner
		Draft a school wellness policy that aligns with the district	November 1, 2014-March 27, 2015	Health educator, faculty/staff, administration	Copy of school wellness policy

Improvement Plan for 2014-2015 School Year

		<p>wellness policy and federal and state laws Status: <u>In-Progress/On schedule, still in progress</u></p> <p>Develop an action plan for the wellness policy implementation (who will do what by when) Status: <u>Has-not-started-yet, in progress, on schedule</u></p> <p>Present the wellness policy to stakeholders (faculty, staff, PTO, students) for feedback and so initial adoption of the policy can begin Status: <u>Has-not-started-yet, in progress</u></p> <p>Begin implementation of the wellness policy Status: <u>Has-not-started-yet, in progress, will continue next year</u></p>	<p>January 5- March 27, 2015</p> <p>April 1- May 15, 2015</p> <p>April 1- May 15, 2015 (continuing to next school term)</p>	<p>Health educator, faculty/staff, administration</p> <p>Health educator, faculty/staff, administration</p> <p>Health educator, faculty/staff, administration</p>	<p>Copy of action plan</p> <p>Meeting dates</p> <p>Documentation of progress towards school wellness goals</p>
<p>Deliver health education and health activities as desired by the faculty and staff. (Question 44)</p>	<p>By October 2014, the health educator will assess the needs/desires of the teachers/staff to determine health education programs. Status: Completed</p>	<p>Develop brief survey (needs assessment) to determine health education needs of teachers/staff. Status: Completed</p> <p>Distribute survey to teachers/staff utilizing the faculty chair of the wellness committee to distribute and collect the survey at a faculty and staff meeting Status: Completed</p> <p>Analyze data from survey Status: Completed</p>	<p>July 31-August 15, 2014</p> <p>August 15- September 15, 2014</p> <p>September 15- October 1, 2014</p>	<p>Health educator, AAPCH administrative assistant</p> <p>Health educator/faculty chair of the wellness committee</p> <p>Health educator</p>	<p>copy of survey</p> <p>Survey distributed</p> <p>results of survey</p>
	<p>By May 2015, the health</p>	<p>Determine evidence-based</p>	<p>October 1-</p>	<p>Health educator</p>	<p>copy of curriculum</p>

Commented [s8]: Recess is in master scheduled for the fall, brain breaks prior to AM bell is in the school policy, no food for reward, instead Fun Fridays is in the school policy, will continue to update

Commented [s9]: Continuing to work on implementation, tasks assigned to PE teacher, curriculum coordinator, administration

Commented [s10]: Scheduled for pre-planning in the fall

Improvement Plan for 2014-2015 School Year

<p>educator will conduct at least 1 educational seminar for the teachers and staff based on the teachers/staff health education needs assessment. Status: Completed Status: Has not begun yet</p> <p>May 2015, the health educator will implement at least 1 program in the school for teachers and staff to encourage wellness (ie Biggest Loser Competition, Pedometer competition, food diary) Status: Has not begun yet, planned for the fall of 2015</p>	<p>curriculum that meets the needs of the teachers and staff (based on survey results) Status: Has not begun yet in progress Complete</p>	<p>November 1, 2014</p>		<p>provided to faculty/staff</p>	<p>Commented [BML11]: Want to do another activity this semester.</p>	
	<p>Meet with the administration to schedule wellness seminar or other way to disseminate information (ie wellness breakfast, etc.) Status: Has not begun yet completed</p>	<p>September 1, 2014- April 6, 2015</p>	<p>Health educator, school administration</p>	<p>dates of meeting with administration</p>		
	<p>Based on the survey, determine a wellness program that would be of interest Status: Has not begun yet completed</p>	<p>October 1- November 1, 2014</p>	<p>Health educator</p>	<p>analysis of survey results list of those who are acting as wellness champions</p>		
	<p>Implement health education seminar for school staff Status: Completed</p>	<p>November 15, 2015- May, 8 2015</p>	<p>Health educator</p>	<p>Seminar facilitated/number of staff attended copy of announcement/ newsletter</p>		
	<p>Status: Has not begun yet, completed healthy meal planning seminar and breakfast in Dec</p>	<p>October 1- November 21, 2014</p>	<p>Health educator, teachers, administrators</p>			
	<p>Encourage teachers/ administrators to engage in an active leadership role in implementing wellness program Status: Has not begun yet, in progress</p>	<p>October 1- November 21, 2014</p>	<p>Health educator</p>	<p>Program developed</p>		<p>Commented [BML12]: Pedometers and maybe Walk Georgia program. Hope to have this done in April (one month program)..... Partnering with Peach State to provide the pedometers</p>
	<p>Recruit participants to join the wellness program through announcements, newsletter, possibly have incentives Status: In progress Status: Has not begun yet, delayed until fall of 2015</p>	<p>October 1, 2014- May 15, 2015</p>	<p>Health educator</p>	<p>Program implemented</p>		
	<p>Plan and implement wellness program</p>	<p>April 1- May 15, 2015</p>	<p>Health educator</p>	<p>Record of weight lost/steps taken/dietary history, etc</p>		

Improvement Plan for 2014-2015 School Year

<p>By June 2015, the health educator will evaluate the effectiveness of the staff wellness program. Status: Has not begun yet</p>	<p>Status: In progress, delayed until fall of 2015 Status: Has not begun yet</p> <p>Monitor success of wellness program Status: Has not begun yet</p>	<p>March 1-April 15, 2015</p>	<p>Health educator</p> <p>Health educator</p>	<p>Anecdotal reports from faculty/staff</p>
	<p>Obtain feedback at the conclusion of the wellness program from teachers and staff Status: Has not begun yet</p>	<p>April 15- May 15, 2015</p>		<p>Survey developed</p>
	<p>Develop an end of school term survey to evaluate utilization of the staff interventions, change in health status, health knowledge, and behaviors of faculty and staff based on the interventions done throughout the year Status: Has not begun yet, see above</p>	<p>May 15- June 1, 2015</p>	<p>Health educator/faculty chair of the wellness committee</p> <p>Health educator</p>	<p>Survey response rate</p>
	<p>Distribute survey to the faculty and staff, again utilizing the faculty chair of the wellness committee to distribute and collect the survey at a staff meeting Status: Has not begun yet, see above- utilizing survey from GA Hlthcare Foundation</p> <p>Analyze the data from the survey Status: Has not begun yet</p>			<p>Data results</p>

Commented [s14]: Georgia Healthcare Foundation is sending a survey to all faculty and staff, will rely in this to not duplicate survey

Commented [s15]: See above, awaiting Georgia Healthcare Foundation survey. This has been emailed to all faculty and staff

SBHC Updates:
May 2015: Applied for Action for Healthy Kids Grant and Georgia SHAPE Grant. Commitment from administration to work towards Bronze Level Certification for Alliance for a Healthier Generation next year. Recess will be on the master schedule, AM brain break is on the master schedule, no food for rewards is the policy. Improvement Plan indicates Fun Fridays will be in place of pizza parties etc. We have also partnered with the Rotary Club to apply for a \$20,000 grant to pave the track (funds also allocated in above grants), buy a portable cooking station to teach parents and students healthy cooking, do fruit and veggie taste testing at school, buy equipment like

Improvement Plan for 2014-2015 School Year

bowling pins, balls, hoola hoops etc for Fun Friday (there is also money in the above grants for this). We also have commitment to work on the master scheduled over the summer. We will work to do monthly programs for students and parents. This year we did an Every Kid Healthy Week event where parents came out and did GoNoodle with their children. We will continue these events regularly in the fall.

March 2015:

Working on updating school policy to be reflective of the District policy (once approved by the board). Still ongoing process. Have instituted some policies to implement Go Noodle activities right after the morning bell for PA opportunity.

Conducted seminar on healthy meal planning in December (MyPlate).

Jan 2015:

Wellness breakfast done in Dec. Healthy meal planning information provided and discussed.

Wellness team is meeting monthly

November 2014:

Wellness team has been developed and the PE Teacher is leading this group. They will meet in November 2014.

Staff is interested in stress management and wellness and fitness plans. Health Educator will look into coordinating with health insurance plans to come and do wellness interventions for staff. And staff is interested in healthy cooking classes, Health Educator looking into doing wellness breakfast; one this semester and one 2nd semester.

September 2014:

Health Educator still trying to recruit staff for the school wellness team.

Had administered survey to teachers and administrators at staff meeting. Still needing to give survey to school staff.

Barriers/Challenges:

November 2014:

Per the staff wellness interest survey, teachers are not necessarily interested in a before school or after school wellness program; however, they are interested in several activities, which the health educator will seek the assistance of the SHBP (state health benefit plan) insurance providers to come to provide wellness and fitness plans to staff through their insurance coverage, etc. Health Educator will serve as coordinator and liaison for wellness activities through insurance providers to offer specific programs as Turner for the staff.

September 2014:

Time constraints have been an issue.

Technical Assistance Needs:

September 2014:

SBHC is requesting information from other SBHCs who have formed school wellness committees to develop school wellness policies (for reference). State Coordinator to follow up with sites on Basecamp for further assistance.

Training Needs:

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Improvement Plan for 2014-2015 School Year

General Comments:

PARENTAL/CAREGIVER ENGAGEMENT

Priority Area(s):

Summary of SBHC's current situation (practice, role, and/or involvement) in priority area(s): The SBHC works to engage parents/caregivers through a variety of measures. We strive to have open communication between the primary care provider and parents. Whenever possible parents are contacted before and after each visit and encouraged to be at visits when possible. If the primary care provider is unable to reach parents via phone, letters are sent home and if necessary the parent coordinator is utilized to do a home visit and have the parent contact us. The SBHC does have a confidentiality policy in place that is well laid out in the consent form sent home to the parents of each student at the beginning of the school term. The SBHC continues to work to increase parental involvement. We host a health fair at the beginning of each school term that offers screenings for parents/community members. Additionally, the primary care provider is in attendance at all PTO meetings and the school open house. The SBHC has an advisory committee that meets quarterly with several committed parents and students. We do struggle to have parents attend the meetings though. Last year the advisory board was involved in a mini strategic planning and helped develop a mission statement for the SBHC.

Desired Goal or Milestone:

- 1) Continue to have an active advisory board with parent and student involvement.
 - a. Quarterly meetings

Area for Improvement	Objective	Activities/Strategies	Date / Timeline for Activities/	Key Person(s) Responsible	Evaluation Indicator(s)
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Improvement Plan for 2014-2015 School Year

			Strategies		
Have an advisory board with parents and students who are actively involved. (Question 61)	By May 2015, the SBHC will convene at least 4 advisory board meetings. Status: In Progress/On schedule completed, had 3 advisory board meetings	Update the advisory board on the 2014-15 Hallways to Health improvement plan Status: Complete	August 14-Sept 10, 2015	Health educator	Minutes from advisory board meetings
		Seek input and collaboration from our partners on the advisory board to help reach the goals of the improvement plan Status: Complete	August 14, 2014- May 15, 2015	Health educator, COO, advisory board members	Minutes from advisory board meetings, evidence of collaboration
		Seek input from the students and parents on the advisory board regarding the drafting of the school wellness policy Status: In Progress/On schedule completed Status: Has not begun yet	August 14, 2014- May 15, 2015	Health educator, students, parents	Minutes from advisory board meetings
		Recruit 3 rd graders to join the advisory board Status: In Progress/On schedule, completed	December 1, 2014- February 28, 2015	Health educator, school administration, students, parents	List of advisory board members
		Conduct a brief leadership training with the students on the advisory board Status: In Progress/On schedule Scheduled for fall of 2015 Status: Has not begun yet	February 1- March 31, 2015	Health educator, COO, school counselor/LCSW, students, parents, school administration	Minutes from the leadership training

Commented [s16]: Tshirts being purchased for the advisory board students. Administration wants them to be involved with going into classes and doing health education next year. Will kick off the year with the leadership training so it is fresh in their minds.

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SBHC Updates:
May 2015- Advisory board meeting April 30th

March 2015:
3rd advisory board meeting will be in mid March and 4th one in May.

Jan 2015
Advisory board meeting #2 12/10/14

November 2014:

Improvement Plan for 2014-2015 School Year

Advisory board meeting schedule for December (#2)
September 2014: First Advisory Board meeting of the school year was on September 19 th . Most of the members were the same group from 2013-2014. The curriculum coordinator and parent coordinator are new to the Advisory Board this year (2014-2015)
Barriers/Challenges: November 2014: Not a large group of parent participation, 2 parents come to board meetings regularly.
Technical Assistance Needs:
Training Needs:
General Comments:

REFERRAL SYSTEMS

Priority Area(s):

Summary of SBHC's current situation (practice, role, and/or involvement) in priority area(s): The SBHC works in conjunction with the school nurse to address acute concerns, and teachers have hall passes to refer to the SBHC in case of emergency. Ideally any acute concern is triaged by the school nurse and when necessary she refers children to our office. If a child is in need of a referral to an outside source, EMR is utilized to order the referral and nursing manages the referral log by requesting records once the patient is seen or relaying info to the provider if he/she no shows so follow up plan of action can be determined. When children see outside providers outside of our referral system our knowledge is limited to what the student or parent tells us. Every effort is made to obtain records by sending release of records home for the parent to sign and return. *Adherence to outside visits remains a challenge. That is too big of an issue... transportation etc at this point.*

Commented [MLB17]: **September 2014:** Turner SBHC is effectively addressing the "loop holes"; therefore, it is not an area for improvement at this time. Still in progress; however, coordinated and collaborative efforts with school nurse, SBHC staff, and others is in place to address any issues with referral systems.

Improvement Plan for 2014-2015 School Year

Desired Goal or Milestone:

- 1) Continue to follow the written protocol to “close the loop” so that all outside referrals are followed up on and records are placed in the chart.

Area for Improvement	Objective	Activities/Strategies	Date / Timeline for Activities/ Strategies	Key Person(s) Responsible	Evaluation Indicator(s)
SBHC Updates:					
Barriers/Challenges:					
Technical Assistance Needs:					
Training Needs:					
General Comments:					

Improvement Plan for 2014-2015 School Year

SELF-EFFICACY

Priority Area(s):

Summary of SBHC's current situation (practice, role, and/or involvement) in priority area(s): The primary care provider of the SBHC feels comfortable discussing weight, BMI, and the sequelae associated with obesity with both the parents and the students. She has done online trainings to increase knowledge on the privacy requirements surrounding schools and continues to learn more. Regular trainings on HIPAA requirements are provided through AAPHC.

Desired Goal or Milestone:

- 1) Continue to take advantage of trainings offered in HIPAA and FERPA training.
- 2) Continue to stay up to date on best practice for obesity intervention and take advantage of any opportunity to improve motivational interviewing skills.

Area for Improvement	Objective	Activities/Strategies	Date / Timeline for Activities/ Strategies	Key Person(s) Responsible	Evaluation Indicator(s)
SBHC Updates:					

Improvement Plan for 2014-2015 School Year

Barriers/Challenges:
Technical Assistance Needs:
Training Needs:
General Comments:

Appendix H

H2H Data Collection Tool

Appendix I

Assets and Areas for Improvement Assessment Tool

Activity #1: Assets and Areas for Improvement Assessment Tool

Hallways to Health Assets and Areas for Improvement Assessment Tool

Purpose: This exercise will help you better understand the SBHC's current assets and areas for improvement and it will be used to help identify your SBHC's priority areas for the learning collaborative. There are six sections to the assessment tool, which ask questions about 1) obesity prevention; 2) social and emotional health; 3) school employee wellness; 4) parent/caregiver engagement, 5) referral systems, and 6) self-efficacy.

Who should complete this form: The state affiliate staff will work alongside the SBHC primary care provider (nurse practitioner, physician's assistant, or physician) to complete this form. **If the SBHC primary care provider does not know the answer to a question, please engage other members of the SBHC staff to help answer the questions including the mental health provider, SBHC administrator, or health educator.** However, the primary care provider must be the principal person responding to the questions.

How to complete this activity: Read the question in the first column and select the appropriate response. You will then read the directions in the second column. Based on your answer to the question in the first column, you will fill in the appropriate information in the third or fourth columns.

When you complete this activity: Please allow between 2.5-3 hours to thoroughly complete this assessment tool. **A response must be provided for each question item.** When you complete the assessment tool, please save it and keep a copy for yourself. Please also email it to Hayley Lofink (hlofink@sbh4all.org). Surveys must be completed by **Tuesday, October 1st, 2013.**

Respondent Information:

State Affiliate Staff Member Name: _____

SBHC Primary Care Provider Name: _____

Title: _____

Number of years at SBHC: _____

School name: _____

City, State: _____

Other providers supporting the completion of this survey:

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

Activity #1: Assets and Areas for Improvement Assessment Tool

Hallways to Health Assets and Areas for Improvement Assessment Tool

I. Obesity Prevention

	<u>Directions</u>	<u>SBHC Assets</u>	<u>SBHC Areas for improvement</u>
<p>1. Has the SBHC primary care provider(s) participated in clinical guidelines training/workshop (Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity) in the past 3 years for screening, counseling, and treating students who are overweight or obese, or at risk for co-morbidities?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		
<p>2. If SBHC primary care provider(s) has/have not been trained in the Expert Committee Recommendations, please indicate barriers to participating in obesity prevention and treatment training.</p> <p>Select all that apply:</p> <p><input type="checkbox"/> Inadequate staff time</p> <p><input type="checkbox"/> No interest</p> <p><input type="checkbox"/> Not aware of available training session</p> <p><input type="checkbox"/> Other health issues are of more pressing concern</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent checked any of the options, enter them in the Areas for Improvement column.</p> <p>If the respondent checked “Other”, please ask the respondent to specify the answer and list it in the Areas for Improvement column.</p> <p>If the respondent selected “Do not know”, enter an X in the Areas for Improvement column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

<p>3. Does the clinic use accepted clinical guidelines (Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents) to screen children and adolescents for type II diabetes mellitus?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		
<p>4. Does the SBHC have a referral source for a dietician?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

<p>5. How does the SBHC follow-up with the dietician(s)?</p> <p>Select all that apply:</p> <p><input type="checkbox"/> SBHC does not follow up with the dietician</p> <p><input type="checkbox"/> SBHC gets consent from student so that information can be exchanged with the SBHC</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent checked “SBHC does not follow up with the dietician”, enter an X in the Areas for Improvement column.</p> <p>If the respondent checked “SBHC gets consent from student so that information can be exchanged with the SBHC” enter an X in the Assets column.</p> <p>If the respondent checked “Other”, please ask the respondent to specify the answer and list it in the appropriate column.</p> <p>If the respondent selected “Do not know”, enter an X in the Areas for Improvement column.</p>		
<p>6. Does the SBHC annually measure the body mass index (BMI) of all children and adolescents enrolled in the SBHC? (Such as part of a student’s annual physical exam or well-child visit)</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		
<p>7. If no, why is the BMI of children and adolescents enrolled in the SBHC not measured annually?</p> <p>Explain.</p>	<p>List the explanation in the Areas for Improvement column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

<p>8. After collecting BMI data, I (the primary care provider):</p> <p>Select all that apply:</p> <p><input type="checkbox"/> Enter BMI information in an EMR/EHR</p> <p><input type="checkbox"/> Enter BMI in a paper chart</p> <p><input type="checkbox"/> Contact the parent/guardian if the child is classified as overweight or obese according to BMI</p> <p><input type="checkbox"/> Contact the parent/guardian regardless of weight status</p> <p><input type="checkbox"/> Refer overweight and obese students to additional services</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent checked any of the options, enter them in the Assets column.</p> <p>If the respondent checked “Other”, please ask the respondent to specify the answer and list it in the appropriate column.</p> <p>If the respondent checked “Do not know”, enter an X in the Areas for Improvement column.</p>		
<p>9. Would you find a plan of care in the medical record for all students who are overweight or obese according to BMI?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		
<p>10. Does the SBHC offer programs for overweight and obese students in the clinic?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

<p>11. If yes, does the clinic offer any of the following programs for students?</p> <p>Select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual nutrition counseling <input type="checkbox"/> Group-based nutrition counseling <input type="checkbox"/> Exercise program/class <input type="checkbox"/> Weight loss curricula <input type="checkbox"/> 5-2-1-0 <input type="checkbox"/> Other <input type="checkbox"/> Do not know 	<p>If the respondent checked any of the options, enter them in the Assets column.</p> <p>If the respondent checked “Other”, please ask the respondent to specify the answer and list it in the appropriate column.</p> <p>If the respondent checked “Do not know”, enter an X in the Areas for Improvement column.</p>		
<p>12. If there are no overweight and obesity prevention activities being offered by the SBHC, please indicate why.</p> <p>Select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No financial resources to deliver programs <input type="checkbox"/> Not enough space to deliver programs <input type="checkbox"/> Not enough staff time <input type="checkbox"/> Staff not comfortable with content <input type="checkbox"/> Not enough interest among students <input type="checkbox"/> Students not able to attend activities delivered before or after school <input type="checkbox"/> Other <input type="checkbox"/> Do not know 	<p>If the respondent checked any of the options, enter them in the Areas for Improvement column.</p> <p>If the respondent checked “Other”, please ask the respondent to specify the answer and list it in the Areas for Improvement column.</p> <p>If the respondent selected “Do not know”, enter an X in the Areas for Improvement column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

<p>13. Do you know the total percent of students in your school who are overweight or obese (this refers to whole student population – those who are enrolled in the SBHC and those who are not)?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		
<p>14. If yes, does the SBHC collect it?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		
<p>15. Can you provide the percent of overweight and obese students in the school for the 2012-13 school year?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		
<p>16. If yes, please provide the data.</p>	<p>Please provide the percent of students who were overweight or obese in the school during the 2012-2013 school year.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

<p>17. Are programs available to overweight and obese students in the school?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		
<p>18. If yes, please indicate which ones.</p> <p>Select all that apply:</p> <p><input type="checkbox"/> Nutrition curriculum delivered in classrooms</p> <p><input type="checkbox"/> Before/after school physical activity program</p> <p><input type="checkbox"/> Intensive group-based child weight management program</p> <p><input type="checkbox"/> School garden</p> <p><input type="checkbox"/> Modified school lunch program</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent checked any of the options, enter them in the Assets column.</p> <p>If the respondent checked “Other”, please ask the respondent to specify the answer and list it in the appropriate column.</p> <p>If the respondent checked “Do not know”, enter an X in the Areas for Improvement column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

<p>19. Which members of the SBHC staff, if any, play a role in implementing any of these programs delivered in the school?</p> <p>Select all that apply:</p> <p><input type="checkbox"/> PCP</p> <p><input type="checkbox"/> RN</p> <p><input type="checkbox"/> Mental health provider</p> <p><input type="checkbox"/> Health educator</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> No member of SBHC staff is involved in implementing programs outside the SBHC</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent checked any of the options, enter them in the Assets column.</p> <p>If the respondent checked “Other”, please ask the respondent to specify the answer and list it in the appropriate column.</p> <p>If the respondent checked “Do not know”, enter an X in the Areas for Improvement column.</p>		
<p>20. Are students involved in the development and implementation of these programs?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If yes, please explain the role of students.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

<p>21. If there are no programs being offered in the school, why?</p> <p>Select all that apply:</p> <p><input type="checkbox"/> No financial resources to deliver programs</p> <p><input type="checkbox"/> Not enough space to deliver programs</p> <p><input type="checkbox"/> Not enough interest among students</p> <p><input type="checkbox"/> Not enough interest among administrators</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent checked any of the options, enter them in the Areas for Improvement column.</p> <p>If the respondent checked “Other”, please ask the respondent to specify the answer and list it in the Areas for Improvement column.</p> <p>If the respondent selected “Do not know”, enter an X in the Areas for Improvement column.</p>		
<p>22. What factors prevent SBHC staff from delivering health education curricula in classrooms?</p> <p>Select all that apply:</p> <p><input type="checkbox"/> The school does not allow the SBHC to deliver programs</p> <p><input type="checkbox"/> The service is not billable</p> <p><input type="checkbox"/> The SBHC staff does not have time</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent checked any of the options, enter them in the Areas for Improvement column.</p> <p>If the respondent checked “Other”, please ask the respondent to specify the answer and list it in the Areas for Improvement column.</p> <p>If the respondent selected “Do not know”, enter an X in the Areas for Improvement column.</p>		
<p>23. Is there a place where you can refer students to nutrition, wellness and/or physical activity programs in the community?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

<p>24. If yes, please indicate where you refer students in the community.</p> <p>Select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/>The student’s PCP <input type="checkbox"/>Endocrinologist <input type="checkbox"/>A hospital-based program <input type="checkbox"/>A community-health center program <input type="checkbox"/>A faith-based program <input type="checkbox"/>Nutrition counseling <input type="checkbox"/>Physical activity program <input type="checkbox"/>Intensive child weight management program <input type="checkbox"/>Other <input type="checkbox"/>Do not know 	<p>If the respondent checked any of the options, enter them in the Assets column.</p> <p>If the respondent checked “Other”, please ask the respondent to specify the answer and list it in the appropriate column.</p> <p>If the respondent checked “Do not know”, enter an X in the Areas for Improvement column.</p>		
<p>25. If there is no place where you can refer students in the community, what do you do?</p> <p>Explain.</p>	<p>Please explain why in the Areas for Improvement column.</p>		
<p>26. Does the SBHC staff communicate routinely with parents or guardians about their child’s BMI status and potential options for management/treatment?</p> <p>Select:</p> <ul style="list-style-type: none"> <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Do not know 	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

<p>27. Does this communication happen only with parents or guardians of students who are identified as overweight or obese, or with parents or guardians all students regardless of weight status?</p> <p>Describe.</p>	<p>Please describe in the Assets column.</p>		
<p>28. Do you offer sessions to parents or guardians about managing their child's nutrition, physical activity and weight?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered "Yes" to this question, enter an X in the Assets column.</p> <p>If the respondent answered "No" or "Do not know" to this question, enter an X in the Areas for Improvement column.</p>		
<p>29. Does the school or school district have a wellness council in place?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered "Yes" to this question, enter an X in the Assets column.</p> <p>If the respondent answered "No" or "Do not know" to this question, enter an X in the Areas for Improvement column.</p>		
<p>30. Is any SBHC staff member appointed to the school or school district wellness council?</p> <p>Select all that apply</p> <p><input type="checkbox"/> PCP</p> <p><input type="checkbox"/> RN</p> <p><input type="checkbox"/> Mental health provider</p> <p><input type="checkbox"/> Health educator</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> No SBHC staff is on the wellness council</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent checked any of the options, enter them in the Assets column.</p> <p>If the respondent checked "Other", please ask the respondent to specify the answer and list it in the appropriate column.</p> <p>If the respondent checked "No SBHC staff is on the wellness council", enter an X in the Areas for Improvement column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

	<p>If the respondent checked “Do not know”, enter an X in the Areas for Improvement column.</p>		
<p>31. If no SBHC staff member is represented on the school or school district wellness council, why?</p> <p>Select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/>The SBHC staff was never asked <input type="checkbox"/>The SBHC cannot bill for the time spent on this activity <input type="checkbox"/>The SBHC staff turned down the request because there is not enough time <input type="checkbox"/>The SBHC turned down the request because the meetings require travelling long distances <input type="checkbox"/>The SBHC turned down the request because they feel that they do not have anything to contribute <input type="checkbox"/>The SBHC turned down the request because the clinic is operating during the times when the meetings are held <input type="checkbox"/>Other <input type="checkbox"/>Do not know 	<p>If the respondent checked any of the options, enter them in the Areas for Improvement column.</p> <p>If the respondent checked “Other”, please ask the respondent to specify the answer and list it in the Areas for Improvement column.</p> <p>If the respondent selected “Do not know”, enter an X in the Areas for Improvement column.</p>		
<p>32. Is any SBHC staff involved in the development, implementation, and review of the district-level school wellness policies?</p> <p>Select:</p> <ul style="list-style-type: none"> <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Do not know 	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

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<p>33. Does the SBHC encourage parents and/or youth to be involved in district-level school wellness policies?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		
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Activity #1: Assets and Areas for Improvement Assessment Tool

II. Social and Emotional Health

	<u>Directions</u>	<u>SBHC Assets</u>	<u>SBHC Areas for improvement</u>
<p>34. Does the SBHC assess the social and emotional health of children and adolescents enrolled in the SBHC on an annual basis?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		
<p>35. If yes, do you use a standardized instrument?</p> <p>Identify name of instrument.</p>	<p>Identify name of instrument in Assets column.</p>		
<p>36. Does the school/school district do school-wide social and emotional health screening for all students in the school?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

<p>37. Has the SBHC implemented programs for social and emotional health issues in the following areas:</p> <p>Select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unintentional injury prevention (e.g. use of seat belts and helmets, driving safety, gun safety) <input type="checkbox"/> Violence prevention (e.g. bullying and cyber-bullying prevention, weapon avoidance) <input type="checkbox"/> Suicide prevention <input type="checkbox"/> Sexual assault/rape prevention & counseling <input type="checkbox"/> Intimate partner/teen dating violence prevention and counseling <input type="checkbox"/> Gang violence <input type="checkbox"/> Other <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know 	<p>If the respondent checked any of the options, enter them in the Assets column.</p> <p>If the respondent checked “Other”, please ask the respondent to specify the answer and list it in the appropriate column.</p> <p>If the respondent checked “None of the above”, enter an X in the Areas for Improvement column.</p> <p>If the respondent checked “Do not know”, enter an X in the Areas for Improvement column.</p>		
<p>38. Are students involved in the development and implementation of these programs?</p> <p>Select:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know 	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If yes, please explain the role of students.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

<p>39. If yes to any of the above, are these programs delivered to:</p> <p>Select all that apply:</p> <p><input type="checkbox"/> Individuals</p> <p><input type="checkbox"/> Small groups</p> <p><input type="checkbox"/> Classroom/school-wide</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent checked any of the options, enter them in the Assets column.</p> <p>If the respondent checked “Other”, please ask the respondent to specify the answer and list it in the appropriate column.</p> <p>If the respondent checked “Do not know”, enter an X in the Areas for Improvement column.</p>		
<p>40. If yes, are these activities part of an evidence-based curriculum?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		
<p>41. Are there other activities that the SBHC is engaged in outside the SBHC regarding social and emotional health issues?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

<p>42. If there are no programs for social and emotional health issues being offered by the SBHC, please indicate why.</p> <p>Select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No financial resources to deliver programs <input type="checkbox"/> Not enough space to deliver programs <input type="checkbox"/> Not enough interest among students <input type="checkbox"/> Students not able to attend activities delivered before or after school <input type="checkbox"/> Staff not comfortable with content <input type="checkbox"/> Not enough staff time <input type="checkbox"/> Other <input type="checkbox"/> Do not know 	<p>If the respondent checked any of the options, enter them in the Areas for Improvement column.</p> <p>If the respondent checked “Other”, please ask the respondent to specify the answer and list it in the Areas for Improvement column.</p> <p>If the respondent selected “Do not know”, enter an X in the Areas for Improvement column.</p>		
<p>43. Does the SBHC have a referral source for specialty mental health services provided by a psychologist?</p> <p>Select:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know 	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

<p>44. Does the SBHC have a referral source for specialty mental health services provided by a psychiatrist?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		
<p>45. How does the SBHC follow-up with specialty mental health providers?</p> <p>Select all that apply:</p> <p><input type="checkbox"/> SBHC does not follow up</p> <p><input type="checkbox"/> SBHC gets consent from student so that information can be exchanged with the SBHC</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent checked “SBHC does not follow up”, list it in the Areas for Improvement column.</p> <p>If the respondent checked “SBHC gets consent from student so that information can be exchanged with the SBHC” list it in the Assets column.</p> <p>If the respondent checked “Other”, please ask the respondent to specify the answer and list it in appropriate column.</p> <p>If the respondent selected “Do not know”, enter an X in the Areas for Improvement column.</p>		
<p>46. Does the SBHC staff regularly discuss students with disciplinary problems with school staff?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

47. If yes, describe the role of the SBHC in these discussions. Describe.	Please describe role in SBHC assets column.		
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Activity #1: Assets and Areas for Improvement Assessment Tool

III. School Employee Wellness

	<u>Directions</u>	<u>SBHC Assets</u>	<u>SBHC Areas for improvement</u>
<p>48. In what way(s) does the SBHC engage with school staff?</p> <p>Select all that apply</p> <p><input type="checkbox"/> School staff can use the SBHC to access ALL health services</p> <p><input type="checkbox"/> School staff can use the SBHC to access SOME specific/limited health services</p> <p><input type="checkbox"/> School staff cannot use the SBHC to access any health services (except for limited emergency care)</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Do not know</p>	<p>This question is complex due to policies related to who can use the SBHC. Determining whether or not the responses belong in the Assets or Areas for Improvement column will be addressed later in the project.</p> <p>If the respondent checked “Other”, please ask the respondent to specify the answer and list it in appropriate column.</p> <p>If the respondent selected “Do not know”, enter an X in the Areas for Improvement column.</p>		
<p>49. Does the SBHC staff provide adult health education presentations or seminars to staff/faculty?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		
<p>50. If yes, please provide brief description of the topics of the adult health education sessions offered to school staff by SBHC.</p> <p>Brief description of topics.</p>	<p>Please provide brief description of topics in Assets column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

<p>51. How does the SBHC communicate with school staff about employee wellness sessions?</p> <p>Select all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Email <input type="checkbox"/> Text messages <input type="checkbox"/> Newsletter <input type="checkbox"/> Website <input type="checkbox"/> Faculty meetings <input type="checkbox"/> Other <input type="checkbox"/> Do not know 	<p>If the respondent checked any of the options, enter them in the Assets column.</p> <p>If the respondent checked “Other”, please ask the respondent to specify the answer and list it in the appropriate column.</p> <p>If the respondent checked “Do not know”, enter an X in the Areas for Improvement column.</p>		
<p>52. Is there an employee wellness program in the school?</p> <p>Select:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know 	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		
<p>53. If yes, is the SBHC involved?</p> <p>Select:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know 	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If yes, please describe how the SBHC is involved in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

<p>54. Does the SBHC have an employee wellness program for school staff?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If yes, please describe the SBHC’s employee wellness program in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		
<p>55. Are there <u>school</u> policies in place to support school employee wellness (e.g physical activity breaks for school employees inside and outside the classroom, vending machine restrictions, access to the cafeteria, or use of school gym/facilities for exercise)?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If yes, please describe the school policies to support school employee wellness in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		
<p>56. Is a member of the SBHC staff involved in the development or implementation of these school policies?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If yes, please list the SBHC staff member in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

<p>57. Are there <u>school district</u> policies in place to support school employee wellness (e.g physical activity breaks for school employees inside and outside the classroom, vending machine restrictions, access to the cafeteria, or use of school gym/facilities for exercise)?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If yes, please describe the school district policies to support school employee wellness in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		
<p>58. Is a member of the SBHC staff involved in the development or implementation of these school district policies?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If yes, please list the SBHC staff member in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

IV. Parental & Caregiver Engagement

	<u>Directions</u>	<u>SBHC Assets</u>	<u>SBHC Areas for improvement</u>
<p>59. Does the SBHC have a confidentiality policy in place that specifies procedures on information sharing with parents/caregivers?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		
<p>60. Identify parent/caregiver engagement activities carried out by the SBHC.</p> <p>Select all that apply:</p> <p><input type="checkbox"/> Education sessions at the beginning of the school year</p> <p><input type="checkbox"/> Back-to-school night</p> <p><input type="checkbox"/> Pamphlets sent to parents</p> <p><input type="checkbox"/> SBHC website</p> <p><input type="checkbox"/> Social media and email outreach to parents</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent checked any of the options, enter them in the Assets column.</p> <p>If the respondent checked “Other”, please ask the respondent to specify the answer and list it in the appropriate column.</p> <p>If the respondent checked “Do not know”, enter an X in the Areas for Improvement column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

<p>61. Are parents involved in the SBHC in any of the following ways?</p> <p>Select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Participate in organizing center-sponsored health education events (e.g. health fair) <input type="checkbox"/> Participate in peer mentoring, counseling, or education <input type="checkbox"/> Advocacy activities (local, state, or national) <input type="checkbox"/> Participate in health center committees, advisory council, or Board <input type="checkbox"/> Participate in the design and delivery of health services <input type="checkbox"/> Provide feedback to the health center <input type="checkbox"/> Other <input type="checkbox"/> Do not know 	<p>If the respondent checked any of the options, enter them in the Assets column.</p> <p>If the respondent checked “Other”, please ask the respondent to specify the answer and list it in the appropriate column.</p> <p>If the respondent checked “Do not know”, enter an X in the Areas for Improvement column.</p>		
<p>62. When appropriate, is it common practice to engage parents/caregivers in a student’s plan of care?</p> <p>Select:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know 	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

<p>63. Does the SBHC engage parents in the SBHC activities and operations?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>Please also specify how parents are engaged in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		
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Activity #1: Assets and Areas for Improvement Assessment Tool

V. Referral Systems

	<u>SBHC Definitions</u>	<u>SBHC Assets</u>	<u>SBHC Areas for improvement</u>
<p>64. Does the SBHC have a protocol for faculty/school staff to refer students for services in the SBHC?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		
<p>65. How does the SBHC know a student is receiving health/mental health services outside the SBHC?</p> <p>Select all that apply:</p> <p><input type="checkbox"/> When asked, the student tells the SBHC</p> <p><input type="checkbox"/> SBHC receives written notice from the place the student received care</p> <p><input type="checkbox"/> What we know is limited</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent checked “When asked, the student tells the SBHC” or “SBHC receives written notice from the place the student received care”, enter them in the Assets column.</p> <p>If the respondent checked “Other”, please ask the respondent to specify the answer and list it in the appropriate column.</p> <p>If the respondent checked “What we know is limited” or “Do not know”, enter an X in the Areas for Improvement column.</p>		

Activity #1: Assets and Areas for Improvement Assessment Tool

<p>66. Does the SBHC have a protocol for following up with referrals to programs or services that are delivered outside of the school?</p> <p>Select:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not know</p>	<p>If the respondent answered “Yes” to this question, enter an X in the Assets column.</p> <p>If the respondent answered “No” or “Do not know” to this question, enter an X in the Areas for Improvement column.</p>		
<p>67. If yes, please describe protocol for referral follow-up.</p>	<p>Describe protocol in the Assets column.</p>		
<p>68. If there is not a protocol for following up with referrals, please explain why.</p>	<p>Please explain why in the Areas for Improvement Column.</p>		

VI. Self-Efficacy

Please complete the self-efficacy survey at the following link:

<http://s.zoomerang.com/s/SBHCstaffsurvey-HallwaystoHealthBaseline>

Appendix J

Medical Chart Review

Hallways to Health → Medical Record Review Form

Site: _____

Date: _____

Provider: _____

Reviewer: _____

Chart Number	1	2	3	4	5
New Patient? Y/N					
Age/Gender					
1. Signed parent/caregiver consent on file					
2. Evidence that patient confidentiality policy has been explained by provider (or front office staff)					
3. Family history related to obesity risk is documented (obesity status, diabetes, CV disease, hypertension)					
4. Annual comprehensive risk assessment conducted or documented*					
5. Height and Weight is documented					
6. BMI with percentile (%) is calculated and notated					
7. Classification of weight category documented: underweight, normal weight, overweight, obese (based on BMI)					
8. Treatment plan for weight management is initiated if indicated by BMI assessment, family history, and other risk factors presented					
9. Identification of risk for Type II Diabetes documented based on BMI measurement and family history					
10. Student identified as at risk for Type II diabetes has documentation of appropriate laboratory testing					
11. Evidence of lab test results present					
12. Evidence of lab test results reviewed					
13. Patients with abnormal lab tests are provided and/or referred to appropriate treatment					
14. Follow-up of abnormal lab referrals until completed					
15. Parent/caregiver contacted during and/or after visit					
* Comprehensive risk assessment includes identification of developmentally appropriate psychosocial and medical risks.					
COMPLIANCE CODES					
0 = Absent/incorrect (e.g. procedure was necessary but not done)					
1 = Present/correct					
2 = Not applicable (N/A) (e.g. not needed or unnecessary)					
C = See comments					
COMMENTS (by chart #)					

5	6	7	8	9	10

Appendix K

H2H Priority Area Identification



Identification of Priority Areas

Purpose:

Having completed the first year of implementation and the mid-point evaluation assessment, you are now more aware of your school-based health center's progress. You will now use that knowledge to identify the top priority areas for the remainder of the project.

Who should complete this activity:

The state affiliate staff can work alongside the SBHC staff to complete this activity, but not required. It is important that as many members of the SBHC staff and improvement team are available to participate in this activity so that everyone's ideas are represented. A copy of the final priority areas selected should be sent to the state affiliate staff for review.

How to complete this activity:

Think about how far you've come during the first year of the project—what were you able to accomplish? Where did you encounter challenges? What were you able to achieve quickly and what required more time? Consider what you would like to attain in the second year that you were not able to achieve in the first. What new ideas have you learned from your colleagues?

Work as a team with members of your improvement team, including SBHC and school staff, to identify the top areas that you would like to prioritize as areas for improvement during the final year of the project. You must select at least one priority in each of the three areas of the project: 1) obesity prevention and treatment; 2) social and emotional health; and 3) school employee wellness. Please provide a brief rationale for selecting each priority area.

When you complete this activity: Please allow 1 hour to thoroughly complete this activity. When completed, please save a copy for yourself and team members. Share a final draft with your state affiliate staff. Please also email it to Iliana White (iwhite@sbh4all.org). Priority areas must be identified by **July 18, 2014**.

Respondent Information:

State Affiliate Staff Member Name: _____

Names of SBHC and school staff members completing this activity:

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

SBHC Priority Areas—Year Two

1. Priority:

Rationale:

2. Priority:

Rationale:

3. Priority:

Rationale:

4. Priority:

Rationale:

5. Priority:

Rationale:

Appendix L

SWOT Analysis Tool



Hallways to Health SWOT Template

	Helpful	Harmful
Internal	Strengths	Weaknesses
External	Opportunities	Threats

Appendix M

Hallways to Health Resource Guide



**SCHOOL-BASED
HEALTH ALLIANCE**

Redefining Health for Kids and Teens

Hallways to Health

School Health and Wellness
Resource Guide for School-Based
Health Centers (SBHCs)

Hallways to Health

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Overview of Hallways to Health

Hallways to Health is a School-Based Health Alliance initiative that engages school-based health centers (SBHCs) in California, Georgia, Maryland, Oregon, and Washington, in a multi-year learning collaborative focused on improving the capacity of SBHCs in the areas of obesity prevention, social and emotional health, and school employee wellness.

Schools have the potential to play a critical role in the prevention and treatment of obesity as well as improving the social and emotional health of students and school staff. Schools with SBHCs are in a particularly unique and a strategic position to provide comprehensive obesity prevention and wellness programs to students and staff. Until recently, SBHC staff have largely concentrated their work inside the walls of their centers and interacted predominantly with students one-on-one; however, for SBHCs to realize their full potential, they must also build their role outside of the clinical setting in the wider school environment.

This learning collaborative focuses on this role and will build the skills and practices of the 15 participating SBHCs to facilitate healthy eating and active living programs to prevent and reduce obesity as well as strengthen social and emotional health programs to improve mental health among students, their families, and school staff.

About the guide

The purpose of this guide is to aid local implementation sites in selecting resources that align with the overall aims of the collaborative, as well as their current SBHC operations, school setting, and greater community. The materials highlighted in this guide contain content relevant to the health focus of the collaborative, including healthy eating/active living, school climate, violence prevention, worksite wellness, coordinated school health models, and health promotion/education. Furthermore, these tools have either been developed or endorsed by Kaiser Permanente or partner organizations of *Thriving Schools* including the Alliance for a Healthier Generation and Safe Routes to School. Included items have been reviewed by project staff at School-Based Health Alliance and state project staff involved in *Hallways to Health*. The guide will be reviewed and updated periodically as needed.

How to use the guide to locate programs and resources

This guide contains links to searchable databases and guides/manuals that can be used to identify resources. The materials are organized under the following headings:

- Obesity Prevention and Treatment
- Social and Emotional Health
- School Employee Wellness
- Parental Engagement
- General School Health Resources
- School Health Policy

Within each section, materials are categorized by type of resource, such as a searchable database or a guide/manual. Searchable databases include platforms that allow one to search for programs or tools based on a set of filters or characteristics, such as age-group, intervention focus, geographic setting,

Hallways to Health

health topic, etc. Guides or manuals may contain detailed approaches, instructions, and examples or case-studies that illustrate how effective strategies were implemented.

The resource guide can serve as a starting point for locating appropriate programs, curricula, and tools to aid SBHCs in the quality improvement process of the learning collaborative.

Things to think about as you select a program/resource/tool

1. Identify what you want to improve or change
 - a. Do you want to implement a program/resource/tool to make this improvement or change?
 - b. Do you want to improve or create a policy?
2. Identify the target population
 - a. Which age group of students are you targeting (elementary, middle, or high school-aged students)?
 - b. What ethnic/racial group are you targeting?
3. Identify aspects of the local setting that influence health:
 - a. What are the socio-economic characteristics of the population you are targeting?
 - b. What is the geographic setting (urban, rural, or suburban)?
4. Identify the type of program to deliver
 - a. Does the program reflect the needs/wants of the population you are serving?
 - b. Should it be delivered before, after or during school?
 - c. Should parents be engaged in the process?
 - d. What physical resources will we need and are they available at the school (e.g., gymnasium, outdoor field space, classroom space)?
 - e. What staff will be needed to deliver the program/resource/tool (e.g., SBHC staff, school staff)?
5. Identify how much time you will need for the project
 - a. How much training will staff need to implement the program?
 - b. How long does the program run(e.g. # of weeks or months)?
 - c. How intensive should the program be (i.e., hours per week)?
6. Identifying how to pay for it
 - a. Does the program/resource/tool cost money?
 - b. Who is funding this type of work?
7. Identify your team
 - a. Who needs to be a part of the team to make this change (e.g., SBHC staff, school staff, parents, students, community members)?
 - b. Who will lead on the project and who will the support staff be?
8. Identifying key partnerships/organizations doing similar work
 - a. Who is currently delivering this program?
 - b. Can we link with them (and leverage some of their resources) to deliver programs?

Thinking about these questions will help guide you to the appropriate program/resource/tool.

Obesity Prevention and Treatment

GUIDES, MANUALS, AND REPORTS

- **Thriving Schools: Make Change Happen**

This web portal serves as the main resource site for the Thriving Schools partnership. It contains access to numerous on school wellness, including healthy eating, physical activity, and how to generate a healthier school environment.
<http://thrivingschools.kaiserpermanente.org>
- **Accessing Progress in Obesity Prevention**

This report brief summarizes key content areas and findings from the Institute of Medicine's publication, *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation*. It features several of the key recommendations highlighted, including comprehensive approaches to promoting physical activity and healthy food choices, supporting prevention measures, and transforming schools.
http://www.iom.edu/~media/Files/Report%20Files/2012/APOP/APOP_rb.pdf
- **Strengthening Schools as the Heart of Health**

This report excerpt, from *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation*, focuses on the role of schools in advancing physical activity, health eating, and nutrition education strategies for students.
http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention/~media/Files/Report%20Files/2012/APOP/IOM_Schools_brief_v4.pdf

SEARCHABLE DATABASES

- **National Cancer Institute Research Tested Intervention Programs—RTIPs**

This online inventory includes interventions and program materials designed to provide program planners and public health practitioners with immediate access to research-tested materials. It showcases programs available for use in community or clinical settings. Topics include: diet, nutrition, obesity, and physical activity. Search results can be filtered by setting (e.g., school-based, clinical, workplace), gender, race/ethnicity, and age group.
<http://rtips.cancer.gov/rtips/index.do>
- **Child Trends What Works**

This database contains information and researcher–evaluated reviews of the effectiveness of out-of-school programs intended to enhance children's development. The topic areas include obesity and emotional health. Programs can be searched by target population, program characteristics, and potential outcomes.
<http://www.childtrends.org/what-works/>
- **The Community Guide**

This resource contains information on programs and policies intended to improve health and prevent disease in local communities. The content has undergone a systematic review that answers what has been proven as effective, what settings are most appropriate, potential costs, and possible return on investment. Topics include cardiovascular disease, nutrition, obesity, and physical activity.
<http://www.thecommunityguide.org/index.html>

Hallways to Health

Social and Emotional Health

GUIDES, MANUALS, AND REPORTS

- **School-Based Health Alliance Behavioral Health Protocols**

These protocols have been developed to assist both established and new school-based health centers (SBHCs) develop and/or improve the efficiency, effectiveness, and quality of their behavioral health services. SBHCs are encouraged to adapt these protocols to address the specific programmatic, clinical, and administrative needs of their SBHC. SBHCs may also wish to use this set of protocols to develop their own, based on the services provided and population served. The School-Based Health Alliance endorses these SBHC protocols as consistent with established best behavioral health and healthcare practices at national, state, and local levels. These protocols have been reviewed by an expert panel of school-based behavioral health administrators and clinicians.

<http://www.sbh4all.org/atf/cf/%7BB241D183-DA6F-443F-9588-3230D027D8DB%7D/School-Based%20Health%20Alliance%20Mental%20Health%20Protocols.pdf>
- **School-Based Health Alliance Mental Health Planning and Evaluation Template—MHPET**

This tool is a 34 question assessment used to identify strengths and improvement areas in school-based mental health. The instrument is available in an online version and organized into the following categories: operations; stakeholder involvement; staff and training; identification, referral, and assessment; service delivery; school coordination; and collaboration.

<http://www.sbh4all.org/site/c.ckLQKbOVLkK6E/b.7635259/k.BCA1/MHPET.htm>
- **Centers for Disease Control and Prevention (CDC) Youth Violence: Best Practices of Youth Violence Prevention—Sourcebook for Community Action**

This comprehensive publication contains best practices and effective strategies for preventing youth violence. Much of the content is derived from extensive literature reviews and key informant interviews, including school personnel (teachers, administrators), community based organizations, social service agencies, program planners, and university researchers.

http://www.cdc.gov/violenceprevention/pub/yv_bestpractices.html
- **Centers for Disease Control and Prevention (CDC) Measuring Violence-Related Attitudes, Behaviors, and Influences Among Youths: A Compendium of Assessment Tools, Second Edition**

This resource contains an extensive list of assessment tools to measure violence-related beliefs, behaviors, and influences among youth. The tools are sorted into the following categories: attitudes and beliefs, psychosocial and cognitive, behavior, and environmental.

http://www.cdc.gov/violenceprevention/pdf/yv_compendium.pdf
- **National Center for Mental Health Promotion and Youth Violence Prevention: Safe Schools and Healthy Students**

An assortment of publications from the Safe Schools/Healthy Students initiative that describes strategies and approaches used in project communities. Topics include bullying prevention, school mental health, substance abuse, school discipline, and violence prevention.

<http://sshs.promoteprevent.org/publications-sshs/bestpractices>
- **National Crime Prevention Council: Be Safe and Sound in School**

A toolkit to aid school administrators and other staff in implementing the *Be Safe and Sound in School* model. The step-by-step guide includes how to form an action team, identify safety concerns, and test possible solutions for detected problems.

<http://www.ncpc.org/resources/files/pdf/school-safety/11964-School%20Safety%20Toolkit%20final.pdf>

SEARCHABLE DATABASES

- **National Center on Safe Supportive Learning Environments (NCSSE)**

This website serves as a central location for the National Center on Safe Supportive Learning Environments. In particular, it includes information about the Center's training and technical assistance, products and tools, and latest research findings. The Center is funded by the U.S. Department of Education's Office of Safe and Healthy Students to help address such issues. Specifically, the Center provides training and support to state administrators, including grantees funded under the Safe and Supportive Schools grant program, school and district administrators, institutions of higher education, teachers, support staff at schools, communities and families, and students.

<http://safesupportivelearning.ed.gov/>
- **Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs Guide**

This database contains over 175 evidence-based interventions related to prevention, intervention, and reentry programs for youth. Programs can be found by topic, target population, risk/protective factors, and rating of effectiveness.

<http://www.ojjdp.gov/mpg/>
- **Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-Based Programs and Practices**

This catalog is comprised of resources supporting mental health promotion that have been reviewed to support informed decision-making in selecting interventions to meet your program's needs. Materials can be sorted by topic area, geographic locations, gender, age group, race/ethnicity, settings, and targeted outcomes.

<http://www.nrepp.samhsa.gov/>
- **Blueprints for Healthy Youth Development**

This site identifies intervention programs focused on healthy youth development that meet a standard of effectiveness in behavior change, emotional well-being, and relationships. The inventory of programs can be searched by outcomes, target population, settings, and risk/protective factors.

www.blueprintsprograms.com
- **FindYouthInfo.gov – Map My Community**

A system that allows one to search for federally supported youth programs in a local community. Results can be sorted by ZIP code or address. Search filters include health topics and departments/agencies of the federal government.

<http://findyouthinfo.gov/maps/map-my-community>

Hallways to Health

School Employee Wellness

GUIDES & MANUALS

- **Kaiser Permanente HealthWorks**
This workbook contains advice, resources, and tools related to worksite wellness planning, implementation, and evaluation. Topic areas include nutrition, physical activity, and stress management.
<https://businessnet.kaiserpermanente.org/static/pdfs/mid/thp/workbook.pdf>
- **Directors of Health Promotion and Education (DHPE) School Employee Wellness: A Guide to Protecting the Assets of Our Nation's Schools**
This comprehensive planning guide provides background and tools for schools to use when implementing an employee wellness program. The content includes principles of effective programming and steps to establish these types of interventions.
https://c.ymcdn.com/sites/dhpe.site-ym.com/resource/group/75a95e00-448d-41c5-8226-0d20f29787de/Downloadable_Materials/EntireGuide.pdf
- **Alliance for a Healthier Generation Facts on Health Promotion for Staff**
This brief fact sheet contains data on worksite wellness, as well as benefits and ideas for improving school employee wellness.
https://www.healthiergeneration.org/_asset/xd1mnq/08-734_EWFactSheet.pdf

Parental Engagement

GUIDES & MANUALS

- **Kaiser Permanente Healthy Schools and Parent Engagement: Strategies for Success**
This document explores parent engagement strategies and best practices, gleaned from published reports and key informant interviews.
<http://www.sbh4all.org/atf/cf/%7Bb241d183-da6f-443f-9588-3230d027d8db%7D/H2H%20HEALTHY%20SCHOOLS%20AND%20PARENT%20ENGAGEMENT.PDF>
- **Centers for Disease Control and Prevention (CDC) Parent Engagement: Strategies for Involving Parents in School Health**
This publication focuses on ways schools can increase and implement parental engagement in various health promotion efforts. It discusses strategies for connecting, engaging, and sustaining parental involvement in order to improve the learning, development, and health of students.
http://www.cdc.gov/healthyyouth/adolescenthealth/pdf/parent_engagement_strategies.pdf
- **Project LEAN Parents in Action: A Guide to Engaging Parents in Local School Wellness Policy**
This toolkit that discusses how parents can be instrumental in the implementation, monitoring, and evaluation of Local School Wellness Policy (LSWP). It contains tools and resources to assist school stakeholders in educating and mobilizing parents on LSWP requirements and advocacy efforts.
[http://www.projectlean.org/docuserfiles//ParentsInAction_web\(1\).pdf](http://www.projectlean.org/docuserfiles//ParentsInAction_web(1).pdf)

General School Health Resources

GUIDES & MANUALS

- **Centers for Disease Control and Prevention (CDC) School Health Index**
This multi-faceted tool was developed to guide schools in improving student health by identifying strengths and weaknesses of current policies and programs, along with developing an action plan for improvement. The guide outlines processes for both self-assessment and improvement planning. The index addresses the topics of physical activity, healthy eating, tobacco use, violence prevention, asthma, and sexual/reproductive health.
<http://www.cdc.gov/healthyyouth/shi/>
- **Centers for Disease Control and Prevention (CDC) School Health Guidelines to Promote Healthy Eating and Physical Activity**
This set of guidelines is derived from research and best practices regarding healthy eating and physical activity in the school setting. These implementation strategies are to aid schools in shaping effective environments to promote healthy lifestyles for students.
<http://www.cdc.gov/healthyyouth/npao/strategies.htm>
- **How Schools Work and How to Work with Schools: A Primer For Those Who Want To Serve Children and Youth In Schools**
The National Association of State Boards of Education (NASBE) developed this guide to assist those who intend to work more closely with various facets of the education system—policymakers, school administrators, teachers, and other school staff—to improve the health, safety, and well-being of children and youth in schools. It aims to help better navigate the complex web and culture of the education system.
<http://www.nasbe.org/wp-content/uploads/NASBE-HSW-FINAL.pdf>
- **Speaking Education’s Language: A Guide For Public Health Professionals Working in the Education Sector**
This guide, compiled by the National Association of Chronic Disease Directors (NACDD), consists of “pitfalls” to avoid when working with the education sector, and also recommendations on how to communicate with education partners to address key school health issues.
http://c.ymcdn.com/sites/www.chronicdisease.org/resource/resmgr/school_health/nacdd_educationsector_guide_.pdf

School Health Policy

GUIDES & MANUALS

- **Alliance for a Healthier Generation Facts on Local Wellness Policies**
This document provides a brief synopsis of the federal mandate for school wellness policies and what is required for such policies.
https://schools.healthiergeneration.org/asset/dvt505/09-893_LWPFactSheet.pdf

Hallways to Health

- **Alliance for a Healthier Generation School Wellness Council Toolkit**
This toolkit is intended to aid school wellness councils (SWCs) in developing and implementing their action plans. It includes information on the purpose of a SWC, how the team should be structured, and the roles and responsibilities of its members.
https://schools.healthiergeneration.org/_asset/wwj4dq/09-875_SWCToolkit.pdf

SEARCHABLE DATABASE

- **National Association of State Boards of Education State School Health Policy Database**
This database contains a catalog of state laws and policies on over 40 school health topics. The content is organized into the following categories: curriculum/instruction, staff, health promoting environment, student services, accommodation, and coordination/implementation.
http://www.nasbe.org/healthy_schools/hs/map.php

Health and Academic Success

GUIDES, MANUALS, AND REPORTS

- **Documenting the Link Between School-Based Health Centers and Academic Success**
A large body of evidence supports a connection between students' health status and academic performance. This guide provides strategies that school-based health center partners can use to document the links between their health care efforts and academic indicators. These strategies are presented in order from low-cost methods that are easy to implement to more costly, labor-intensive methods.
<http://cshca.wengine.netdna-cdn.com/wp-content/uploads/2014/07/SBHCs-Academic-Success-CA-Alliance-2014.pdf>
- **Interrelationship Between Health and Academic Achievement**
The National Association of Chronic Disease Directors published this report brief that summarizes research findings from key studies that focus on specific health-risk behaviors and their implications on academic success, such as violence-related behaviors, inadequate physical activity, and inadequate nutrition.
http://c.ymcdn.com/sites/www.chronicdisease.org/resource/resmgr/School_Health/Health_and_Academic_Achievem.pdf?hhSearchTerms=%22health+and+academic+achievement%22
- **The Wellness Impact: Enhancing Academic Success through Healthy School Environments**
This report addresses why schools play a more important role than ever in helping forge the nation's future. It illuminates the vital importance of improved nutrition and increased physical activity in creating an environment that enriches students' readiness to learn.
www.genyouthfoundation.org/wp-content/uploads/2013/02/The_Wellness_Impact_Report.pdf

For more information about Hallways to Health, please contact Iliana White at iwhite@sbh4all.org or 202-638-5872.

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