

School Implementation Survey

I. INTRODUCTION AND CONSENT

Your state's education agency is funded by CDC to implement the Healthy Schools Program to create healthier school environments. Your school is located in a district that is participating in this program. ICF is evaluating the Healthy Schools Program to understand how support from states to local education districts and schools impacts schools and students. The purpose of this survey is to learn about the health improvement activities being implemented at your school as a result of the Healthy Schools Program, since the beginning of the 2018-2019 school year. Please note that in this survey, the term "school health" refers to a range of activities to improve **nutrition, physical activity, and physical education environments, both during school and out-of-school time, as well as improved management of chronic health conditions.**

This survey should take about 60-75 minutes to complete. The survey should be completed by the staff person at your school who is most knowledgeable of the health related activities being implemented at your school, such as a school health coordinator, nurse, principal, health or physical education teacher. The person who completes the survey should reach out to other school staff as needed in order to respond accurately to all of the questions in the survey. The respondent may exit the survey and return as many times as needed to fully complete it.

Participation in this survey is voluntary and you may choose not to respond to any question. If you decide to not participate there will be no penalties of any kind. If desired, you may complete the survey over multiple sittings. After you begin, you may save, exit, reenter, and continue the survey where you left off. Your survey responses will remain confidential throughout the project. Your name and the name of your school will not be associated with the information that you share for the purpose of this evaluation. Taking part in this survey will cause no risk. As the responsible staff for completing the survey you will receive a \$20 gift card in appreciation for your participation, which will be sent to your school via mail. The results of the survey will be used to improve support and implementation of school health programs.

If you have questions about this evaluation please contact the evaluation team lead, Isabela Lucas, at 404-592-2155 or Isabela.lucas@icf.com. For questions regarding your rights related to this evaluation you can contact ICF's Institutional Review Board (IRB) representative at Carole.Harris@icf.com.

Please **choose one of the options below** and click "next" to confirm:

- I have read the above information and I voluntarily agree to participate in this survey
- I have read the above and **I DO NOT** wish to participate in this survey. (If you choose this option you will not be allowed to continue the survey.)

Next

II. PRE-SURVEY - DATA ACCESS

1. Has your school completed the School Health Index (SHI) since August 2018?
 - a) Yes
 - b) No (**IF NO, SKIP TO QUESTION #7)
2. What is the date of the most recently completed SHI for your school? ___/___/___(DATE FIELD)
3. May we have permission to access to your SHI data as a data source for this evaluation? Your decision to grant access to your school SHI data is independent of your participation in the rest of this survey.
 - a) Yes
 - b) No (**IF NO, SKIP TO QUESTION #5)
4. What is your SHI reference ID? _____.
5. Alternatively, would you be willing to share the results of your SHI as a PDF or other format?
 - a) Yes
 - b) No
6. If yes, please upload the results of your SHI here, including 1) overall scorecard and 2) plan for improvement: **UPLOAD**
7. Does your school have a written action plan based on results of the SHI? This could be a standalone health or wellness action plan, part of a broader school improvement plan, or any other type of plan to improve the health conditions of your school.
 - a) Yes
 - B) No
8. Are you willing to share your school's health or wellness action plan with our evaluation team?
 - c) Yes
 - d) No
9. If yes, please upload the document here: **UPLOAD**

III. SURVEY QUESTIONS

General Information

- 1) Please indicate what district your school is part of using the drop-down menu
- 2) Please indicate the name of your school using the drop-down menu
- 3) Please indicate the approximate total number of students served by your school: ____ (OPEN FIELD)
- 4) Which of the following grade ranges are served in your school? (Check all that apply)
 - a) Lower elementary (K-2 thru 3)
 - b) Upper elementary (3 thru 5 or 6)
 - c) Middle school (6 thru 8 or 9)
 - d) High School (9 thru 12)
 - e) Other (specify) _____
- 5) What is your job title: ____ (OPEN FIELD)
- 6) Please describe your role in the school ____ (OPEN FIELD)
- 7) What is your role as it pertains to improving school health, if any? ____ (OPEN FIELD)

In this survey, the term “school health” refers to a range of activities to improve nutrition, physical activity, and physical education environments during school and out-of-school time, as well as improved management of chronic conditions.

- 8) Does your school have a school health coordinator?
 - a) Yes
 - b) No

School Health Team

- 9) Does your school have a designated group that plans and implements health and wellness initiatives in your school? Such groups are often called a school health team.
 - a) Yes → **Please consider this group when responding to the following questions about the “school health team”.**
 - b) No (SKIP TO QUESTION #20)
- 10) In what year was the school health team established at your school? (Please provide a 4 digit year, such as 2010) ____ (OPEN FIELD)
- 11) Which of the following stakeholder groups are represented on your school health team? (Check all that apply)
 - a) Health and physical education staff
 - b) Nutrition service staff
 - c) Students
 - d) Parents/families
 - e) Parent Teacher Association representatives
 - f) School administrators
 - g) School nurse

- h) Other health-care providers
 - i) Religious and civic leaders
 - j) Private businesses
 - k) Community or faith-based youth-serving organizations
 - l) Other community members
- 12) Approximately how many times per school year does the school health team meet?
___ times per year
- 13) To what extent have the following barriers made it harder for your school to create and/or sustain a school health team? (Scale of 1-4; 1 = not a barrier; 2 = slight barrier; 3 = moderate barrier; 4 = very much a barrier).
- a) Lack of support or direction from school administrators
 - b) Lack of awareness or buy-in among school staff
 - c) Lack of a written plan to improve school health
 - d) Staff are too busy to participate
 - e) Lack of participation from parents
 - f) Team member attrition/turnover
 - g) Scheduling conflicts / low participation
 - h) Weak participation in meetings
 - i) Competing priorities
 - j) Lack of state- or district-level policy requiring schools to have a school health team
 - k) Other (describe): _____
- 14) To what extent have the following facilitators made it easier for your school to create and/or sustain a school health team? (Scale of 1-4; 1 = not a facilitator; 2 = slight facilitator; 3 = moderate facilitator; 4 = very much a facilitator).
- a) Support and direction from school administrators
 - b) Support from a champion for school health
 - c) Awareness or buy-in among school staff
 - d) Staff have time to participate
 - e) Support and/or participation from parents
 - f) Team member retention/consistency
 - g) Available times for teams to meet
 - h) Strong participation in meetings
 - i) Alignment with school priorities
 - j) Written plan to improve school health in place
 - k) State- or district-level policy requiring schools to have a school health team
 - l) Other (describe): _____

- 15) To what extent has the school health team achieved each of the following activities since August 2018? (Scale of 1-4: 1 = not achieved; 2 = slightly achieved; 3 = moderately achieved; 4 = fully achieved)
- a) Assessed the school health environment
 - b) Assessed the health needs of students
 - c) Developed or updated a school health plan
 - d) Enhanced awareness or buy-in among staff for school health activities
 - e) Gained support from school administrators for school health activities
 - f) Fostered new internal partnerships
 - g) Fostered new external partnerships
 - h) Promoted availability of healthier food options served in the school
 - i) Promoted new opportunities for physical activity during and after school time
 - j) Promoted improved management of students with chronic health conditions
 - k) Engaged students in leading health and wellness activities
 - l) Other (describe): _____
- 16) How effective has the school health team been in promoting healthier nutrition environments in your school? (Scale of 1-4: 1 = not effective; 2 = slightly effective; 3 = moderately effective; 4 = very effective)
- 17) How effective has the school health team been in promoting increased physical activity opportunities in your school? (Scale of 1-4: 1 = not effective; 2 = slightly effective; 3 = moderately effective; 4 = very effective)
- 18) How effective has the school health team been in promoting improved management of student's chronic health condition in your school? (Scale of 1-4: 1 = not effective; 2 = slightly effective; 3 = moderately effective; 4 = very effective)
- 19) How effective has the school health team been in promoting healthier out-of-school time opportunities in your school? (Scale of 1-4: 1 = not effective; 2 = slightly effective; 3 = moderately effective; 4 = very effective)

School Health Index

- 20) How often does your school complete the School Health Index?
- a) Never (**IF NO, SKIP TO QUESTION #24)
 - b) Once every other year
 - c) Once a year
 - d) More than once a year
 - e) Other _____
- 21) To what extent are the results of the School Health Index used to set school health priorities for the year? (Scale of 1-4: 1 = not used; 2 = slightly used; 3 = moderately used; 4 = very much used)
- 22) To what extent are the results of the School Health Index used to create school health action plans for the year? (Scale of 1-4: 1 = not used; 2 = slightly used; 3 = moderately used; 4 = very much used)

23) To what extent are the results of the School Health Index used to build support for school health improvement activities among school leaders and/or within the community (for example by sharing the recommended actions based on the self-assessment)? (Scale of 1-4: 1 = not used; 2 = slight used; 3 = moderately used; 4 = very much used)

Implementation Priorities, Activities, and Technical Support

For each school health improvement topic/issue listed in the table below, please respond to the following questions:

24. Is this area a priority for your school in this school year?	Professional Development	Technical Support
a) Developing and/or maintaining a school health team	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Improving school and student nutrition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Improving physical activity and/or physical education in your school and for your students	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Increasing support for students with chronic health conditions, such as diabetes, food allergies, asthma.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Making out of school time healthier for students	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

25. Have you/others at your school received training/PD and/or TA on this topic/issue?	Professional Development	Technical Support
a) Developing and/or maintaining a school health team	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) Improving school and student nutrition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c) Improving physical activity and/or physical education in your school and for your students	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d) Increasing support for students with chronic health conditions, such as diabetes, food allergies, asthma.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e) Making out of school time healthier for students	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

26. How much did the training/professional development and/or technical support increase your school's capacity to address this topic/issue?	
a) Developing and/or maintaining a school health team	1 = no increase 2 = slight increase 3 = considerable increase

	4 = great increase NA = not applicable
b) Improving school and student nutrition	Same drop down menu
c) Improving physical activity and/or physical education in your school and for your students	Same drop down menu
d) Increasing support for students with chronic health conditions, such as diabetes, food allergies, asthma.	Same drop down menu
e) Making out of school time healthier for students	Same drop down menu

27. How much progress has your school made on this topic/issue since August 2018?	
a) Developing and/or maintaining a school health team	1 = no increase 2 = slight increase 3 = considerable increase 4 = great increase NA = not applicable
b) Improving school and student nutrition	Same drop down menu
c) Improving physical activity and/or physical education in your school and for your students	Same drop down menu
d) Increasing support for students with chronic health conditions, such as diabetes, food allergies, asthma.	Same drop down menu
e) Making out of school time healthier for students	Same drop down menu

NOTE: When referring to “who” in this survey we are interested in the roles, titles, and/or organizations, and NOT in actual individual names.

28. What is the current status of each **School Health Leadership and Coordination activity** listed below in your school, **and who is the lead staff person implementing this activity?** (*In place = previously addressed/ongoing activity, Partially in place = currently addressing/implementing this school year*)

	Status	Lead Staff
1. Identify and support a school health coordinator	Drop down menu: a. In place b. Partially in place c. Not in place	Drop down-menu: a. PE teacher b. health education teacher c.classroom teacher d. school nutrition staff e. school nurse f. school health coordinator g. principal h. Parent Teacher Association (PTA) i. school health team j. parent k.community outreach specialist l. other (describe):
2. Develop a school health team	Same drop-down menu	Same drop-down menu
3. Identify priority health topics	Same drop-down menu	Same drop-down menu
4. Create or revise a school health action plan	Same drop-down menu	Same drop-down menu
5. Engage community partners to address school health/wellness priorities	Same drop-down menu	Same drop-down menu
6. Work with the PTA to address school health/wellness priorities	Same drop-down menu	Same drop-down menu
7. Other, specify:	Same drop-down menu	Same drop-down menu

29. What is the current status of each **School and Student Nutrition activity** listed below in your school, **and who is the lead staff person implementing this activity?** (*In place = previously addressed/ongoing activity, Partially in place = currently addressing/implementing this school year*)

	Status	Lead Staff
1. Create and implement policy or practice to ensure that all foods and beverages served and offered at school through the school meal program meet the USDA’s Smart Snacks in School nutrition standards	Same drop-down menu	Same drop-down menu

2. Create and implement policy or practice to ensure that all foods and beverages sold (e.g., vending machines) at school meet the USDA’s Smart Snacks in School nutrition standards	Same drop-down menu	Same drop-down menu
3. Use “Smarter Lunchroom” techniques, such as using promotional signage for fruits and vegetables or point of purchase promotions in meal lines	Same drop-down menu	Same drop-down menu
4. Add breakfast carts or grab ‘n’ go breakfasts to increase participation in the school breakfast program	Same drop-down menu	Same drop-down menu
5. Create a policy or practice that prohibits using food and beverages as reward for students	Same drop-down menu	Same drop-down menu
6. Improve access to free drinking water	Same drop-down menu	Same drop-down menu
7. Other, specify: _____	Same drop-down menu	Same drop-down menu

30. What is the current status of each **Physical Activity and Physical Education activity** listed below in your school, **and who is the lead staff person implementing this activity?** (*In place = previously addressed/ongoing activity, Partially in place = currently addressing/implementing this school year*)

	Status	Lead Staff
1. Develop a comprehensive school physical activity plan (CSPAP) that includes activities for during the school day, before and after school, for students, staff, parents, and other community members	Same drop-down menu	Same drop-down menu
2. Create and implement policies or practices for recess	Same drop-down menu	Same drop-down menu
3. Create a policy or practice that prohibits withholding recess and physical education as punishment	Same drop-down menu	Same drop-down menu
4. Train classroom teachers on how to integrate physical activity into lessons or as classroom breaks	Same drop-down menu	Same drop-down menu
5. Increase time for physical education for students	Same drop-down menu	Same drop-down menu
6. Provide new equipment, materials, or curriculum for physical education teachers	Same drop-down menu	Same drop-down menu
7. Offer physical activity/fitness programs to school staff	Same drop-down menu	Same drop-down menu
8. Other, specify: _____	Same drop-down menu	Same drop-down menu

31. What is the current status of each **Management of Chronic Health Conditions activity** listed below in your school, **and who is the lead staff person implementing this activity?** (*In place = previously addressed/ongoing activity, Partially in place = currently addressing/implementing this school year*)

	Status	Lead Staff
1. Develop a system (electronic or paper filing) for identifying students with chronic health conditions to track/monitor students throughout the school year	Same drop-down menu	Same drop-down menu
2. Identify disease specific education and awareness materials and programs for students and teachers, such as health education for students with diabetes	Same drop-down menu	Same drop-down menu
3. Identify community healthcare providers that students and families can be referred to for management of their chronic health conditions	Same drop-down menu	Same drop-down menu
4. Develop a system for coordinating care for students with school, family and community providers	Same drop-down menu	Same drop-down menu
5. Ensure access to a full-time school nurse to provide health services to students	Same drop-down menu	Same drop-down menu
6. Ensure access to a part-time school nurse to provide health services to students	Same drop-down menu	Same drop-down menu
7. Ensure access to other staff able to provide health services to students	Same drop-down menu	Same drop-down menu
8. Consult with school health physician	Same drop-down menu	Same drop-down menu
9. Other, specify: _____	Same drop-down menu	Same drop-down menu

32. What is the current status of each **Out of School Time activity** listed below in your school, **and who is the lead staff person implementing this activity?** (*In place = previously addressed/ongoing activity, Partially in place = currently addressing/implementing this school year*)

	Status	Lead Staff
1. Develop an inclusive out-of-school time action plan (for students, staff, parents, and community members) based on the Healthy Eating and Physical Activity (HEPA) in Out-of-School Time Standards	Same drop-down menu	Same drop-down menu
2. Develop an inclusive out-of-school time action plan (for students, staff, parents, and community members) based on other evidence-based	Same drop-down menu	Same drop-down menu

standards		
3. Develop and implement an inclusive out-of-school time action plan that reflects local assets, context, and readiness	Same drop-down menu	Same drop-down menu
4. Integrate health-promoting activities in out-of-school time that increase access to healthy foods.	Same drop-down menu	Same drop-down menu
5. Integrate health-promoting activities in out-of-school time that that increase physical activity.	Same drop-down menu	Same drop-down menu
6. Integrate health-promoting activities in out-of-school time to enhance coordination for students with chronic condition.	Same drop-down menu	Same drop-down menu
7. Other, specify: _____	Same drop-down menu	Same drop-down menu

33. How much does each stakeholder group actively participate in the implementation of school health activities/interventions? *Note: stakeholders do not necessarily need to be on the school health team in order to participate in implementation. (Scale of 1-4: 1 = no participation; 2 = slight participation; 3 = moderate participation; 4 = strong participation)*
- Health and physical education staff
 - Nutrition service staff
 - Students
 - Parents/families
 - Parent Teacher Association representatives
 - School administrators
 - School nurse
 - Other health-care providers
 - Faith-based organizations
 - Community-based organizations
 - Youth-serving organizations
 - Local government and/or agencies (health department, parks and recreation, city government)
 - Private businesses
 - Other (describe): _____
34. Please indicate how much you agree or disagree with the following statement: The principal and/or other school administrators are supportive of efforts to implement school health policies, programs, and/or activities. *(Scale of 1-5; 1 = strongly disagree; 2 = disagree; 3 = neither disagree nor agree; 4 = agree; 5 = strongly agree).*
35. Please indicate how much you agree or disagree with each of the following statements about professional development, training, and technical assistance available to school staff to support implementation of school health-related activities *(Scale of 1-5; 1 = strongly disagree; 2 = disagree; 3 = neither disagree nor agree; 4 = agree; 5 = strongly agree):*
- School administrators support staff participation in school health-related professional development and technical assistance opportunities.
 - Staff have adequate time to attend trainings and participate in technical assistance.
 - Training opportunities are well-promoted; staff know what trainings are available.
 - Training topics are relevant to our school health priorities and staff needs.
 - Trainings are accessible to staff in terms of timing and location.
 - Previous trainings were perceived by staff as helpful and informative.
 - Staff know how to request technical assistance for school health-related activities.
 - Technical assistance providers respond to requests in a timely manner.
 - Previous technical assistance was perceived by staff as helpful and relevant.
 - Other (describe): _____

36. How satisfied are you and staff at your school with the TA receive from the LEA and its partners to support your efforts to implement the healthy schools program? (Scale of 1-4; 1 = not satisfied; 2 = slightly satisfied; 3 = moderately satisfied; 4 = very satisfied).
37. How much do you and staff at your school prefer each of the following modes of TA you receive from the LEA or its partners? (Scale 1-4; 1 = not preferred; 2 = slightly preferred; 3 = moderately preferred; 4 = highly preferred).
- a. In-person one-on-one consultation
 - b. Peer-facilitated learning
 - c. On-line communities of practice
 - d. Site visits
 - e. Routine monitoring via conference calls or virtual meetings
 - f. Listserv
 - g. State or regional meetings, conferences, or workshops
 - h. Other (please specify) _____

This is the end of the survey, please click the submit button.

Thank you very much for taking the time to participate in this survey! Your responses will contribute greatly to the evaluation of the Healthy Schools Program. If you have any questions or concerns, or would like to add something after submitting the survey, please contact Isabela Lucas at Isabela.lucas@icf.com or 404-592-2155.