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**SFY2019 Report**

**School Health NJ**

***Building and Sustaining Healthy Schools for All Students***

The Title V Maternal and Child Health Services Block Grant School Health has funded (approximately $1.1m/year) school health programs and activities since July 1, 2010.

There are three regional grantee agencies and one statewide grantee agency:

* Center for Prevention and Counseling (north)
* Empower Somerset (central)
* Atlanticare (south); and,
* SPAN Parent Advocacy Network (statewide).

The final SFY2019 School Health regional grantee reports and the Year 1 Evaluation Report, conducted by an independent program evaluator (Kelley Analytics), were used in developing this summary report. Each of the regional grantee’s final reports can be referenced for details and are available upon request.

**Background**

The *Building and Sustaining Healthy Schools for All Students* 3-year pilot began July 2018 and is premised on CDC's Whole School, Whole Community, Whole Child (WSCC) 10-component model. This model uses a collaborative approach that emphasizes the interconnected roles of the social-emotional environment, physical environment, community organizations, and families.

The pilot is designed to begin a transformation process in NJ public middle- and high-schools with the aim of improving students' health by focusing on the whole child, utilizing a population-based school-wide approach and engaging support from the local community and its resources.  The pilot uses a six-step framework developed by the National Association of Chronic Disease Directors (NACDD) in 2017 to help schools understand, adopt and implement the CDC WSCC model.

**Pilot Year One**

Twenty-six schools, 8 of which are within one school district, are participating in the pilot. Twenty-two (22) of the 26 schools (almost 85%) have ≥40% of their student population eligible for free- or reduced-cost lunch. Among the participating schools, over 20,500 students and 2,650 staff are impacted by the pilot project. Additionally, another 36,563 youth, family members and other adults in the community were reached through the regional partnerships

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established by the regional grantees. In total, this project impacted almost 61,000 youth and adult individuals.

Year 1 was a capacity building year in which schools completed the following required activities:

• Recruit members for a WSCC Health & Wellness Team

• Decide on and collect baseline chronic absenteeism data and any other indicator

the school was interested in monitoring for improvement. Other indicators included: conduct referrals, detentions, suspensions: in- or out- of school, standardized test scores, high school graduation rate, drop out rate, or other as mutually agreed.

• Complete CDC's School Health Index (SHI) self-assessment tool

• Complete the baseline Improvement Log (internally developed) based on

the six-step NACDD framework with 4-10 performance indicators per step

• Identify component areas in need of improvement

• Develop a School Health Improvement Plan (SHIP) and,

• Participate in regular technical assistance and support provided by the

NJ DOH and its regional school health grantee agencies.

**State and Grantee Collaboration**

1. Year 1 Program Evaluation by Kelley Analytics (Cost: $24,125)
2. School Health NJ website ([www.schoolhealthnj.org](http://www.schoolhealthnj.org))

The School Health NJ website is administered by Empower Somerset and was created as a school health resource and communication site for the following audiences:

• administrative and school staff participating with the School Health NJ Project

• school administrators and staff interested in improving health in their schools

• other professionals partnering with schools to improve the culture of health in

schools.

The website is currently under construction with a new and improved site to be launched on or about January 1, 2020. Content primarily includes an array of resources (project forms, webinars/powerpoints, a Directory of Evidence-based or Informed Actions, other reports, websites, and national health observances relevant to school-aged youth, school staff and parents). A new feature is School Spotlights and Blogs on what NJ schools are working to accomplish.

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1. WholeLifeNJ – Eat, Play, Parent app: 2,513 downloads since May 2017

WholeLifeNJ is a healthy living, one stop shop, app. The app was developed and is administered by the Center for Prevention and Counseling (CFPC). This app presents resources for healthy meals, active living, important health topics and parenting tips and tools on one, user-friendly platform. The WholeLife NJ app uses videos, articles, and interactive tools to deliver information in a multitude of ways. By personalizing the notification settings, users are able to stay alert and up to date on new material posted in the categories of their choice. With the assistance and expertise of the school health grantee agencies, the WholeLife NJ app is updated weekly, providing users with access to the most current and useful information right at their fingertips.

**School Health Grantee Funding that was Secured and/or Leveraged**

A total of $400,000 applied for, $186,670 was secured, and $102,965 was leveraged.

**Regional Partnerships**

Among the three regional grantee agencies, a total of 38 partnerships have been established and sustained.

**Purpose of Year One Evaluation**

The purpose of the year 1 evaluation was to provide information on:

1) programmatic quality improvements to enhance program implementation; and,

2) recommendations to plan for future scale-up if additional funds became available.

To accomplish these goals, evaluation focused on: 1) understanding the schools'

experiences with year 1 project implementation; and, 2) assessing the schools'

implementation of the WSCC model at baseline.

Given the amount of funding available, the evaluator:

1. identified realistic goals;
2. assisted the program with documentation of activities and the results of conducting the program activities;
3. was able to gather input from the participating schools that would otherwise not have been obtained or available to the program for making improvements.

The evaluator used a mixed-methods approach that included:

***Improvement Log*:** School team leaders rated their school's status on each indicator using the scale: 1=not yet met; 3=partially met; and 5=fully met. Each district/school's ratings were summed across the signs of progress and a percentage score was calculated based on the total possible points. Scores for the 19 pilot participants were then averaged to produce a total group score.

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***School Team Interviews*:** The evaluator conducted 30-minute telephone interviews with H&W Team Leaders from eight of the 19 participating schools. A 10-question interview protocol and

discussion guide was collaboratively developed by evaluator, DOH Program Manager and regional School Health Coordinators. The interview questions focused on successes, lessons learned, and suggestions for improvement. After obtaining participants' consent, the interviews were qualitatively analyzed for common and relevant themes.

**Results**

Taken together, the evaluation findings suggest that the 19 participating pilot sites were successful in accomplishing the year 1 required pilot activities and in the process,

made important team connections, achieved early successes and acquired valuable lessons learned. In addition, participants reported that a key lesson learned was the importance of having community connections to implement their planned improvements.

Across all six steps, the total average score for the baseline Improvement Log was 35% indicating that participating pilot sites were, on average, at a moderately low baseline level of implementation across the six steps (see Evaluation Report, page 14). A low level of implementation was expected at baseline however, the results did show that participating pilot sites have laid some initial groundwork. Having laid this groundwork, the participating pilot sites are well-positioned and have established momentum to continue their progress in implementing the WSCC model in year 2.

**Conclusion**

The evaluation findings provide useful information and insights for making improvements and for planning future scale-up since it summarizes the school participants' experiences, opinions, and perspectives.

The regional grantee agencies and their Coordinators have demonstrated their dedication and passion for this project with the partnerships they’ve established, the funding they’ve applied for and/or leveraged and the technical assistance they’ve provided to schools to enable them to experience a successful first year.

To use the words of project evaluator “This is a deceivingly complex project”. The project uses a model that works across…10 different health components, and …diverse audiences (school administrators and staff, professional colleagues and community members, youth and to parents), to address multiple health realms (physical, mental, emotional and social). If that’s not complex enough, it’s a process that aims to transform a well-established “educational system”.

The Child and Adolescent Health Program will continue to work diligently in providing the evidence to demonstrate the effectiveness of this project and its infrastructure building and programmatic activities. These activities not only advance the project in achieving its goal - to improve the health and well-being of students and school staff and the health and safety of the school environment – but also justify the need to sustain this healthy schools work as a primary strategy for the prevention of chronic disease.