EXAMPLE STATE EDUCATION AGENCY COORDINATED SCHOOL HEALTH PROGRAM (CSHP) WORKPLAN

Selected SLIM	Strategy (or strategies) aligning with SLIM	2008 baseline % for SLIM*	2012 Target % for SLIM	Actual 2010 % for SLIM	Actual 2012 % for SLIM
CSHP #1. The percentage of schools that have a designated individual (e.g. faculty member or administrative personnel) responsible for coordinating school health and safety programs and activities.	• Identify an individual in each school district to serve as the CSHP lead.	75%	80%		
CSHP #3. The percentage of schools that have ever assessed their policies, activities, and programs by using the School Health Index or a similar self-assessment tool in any of the following areas: Physical activity; Nutrition; Tobacco-use prevention.	• Provide professional development (PD) to schools and schools districts on completing and using the School Health Index (SHI).	32%	45%		
TOB #2: Percentage of schools that implement a tobacco-use prevention policy in all of the following ways: • Provide visible signage. • Communicate the policy to students, staff, and visitors. • Designate an individual responsible for enforcement. • Have a process in place for addressing violations. • Use remedial rather than punitive sanctions for violators. • Tailor consequences to the severity	• Develop model Coordinated School Health (CSH) and physical activity, nutrition, and tobacco-use prevention (PANT) policies for schools and school districts. • Disseminate model CSH and PANT policies to schools and school districts.	12%	25%		

and frequency of the violation. • Communicate student violations to their parents and families.					
NU #1: Percentage of schools that do not sell the following foods and beverages anywhere at school outside the school food service program: • Baked goods that are not low in fat (e.g., cookies, crackers, cakes, pastries). • Salty snacks that are not low in fat (e.g., regular potato chips). • Candy (i.e., chocolate or non-chocolate candy). • Soda pop or fruit drinks that are not 100% juice.	• Provide resources and technical assistance (TA) on implementation of PANT within a CSH framework to schools, school districts, and health departments.	26%	40%		
CSHP #7: The percentage of schools that follow a written health education curriculum that addresses all of the following: • Comprehending concepts related to health promotion and disease prevention to enhance health. • Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors. • Accessing valid information and products and services to enhance health. • Using interpersonal communication skills to enhance health and avoid health risks. • Using decision-making skills to enhance health and avoid or reduce	• Provide resources and TA on implementation of PANT within a CSH framework to schools, school districts, and health departments.	59%	65%		

health risks. • Using goal-setting skills to enhance health and avoid or reduce health risks. • Practicing health-enhancing behaviors to avoid or reduce risks. • Advocating for personal, family, and community health.					
PE #5: Percentage of schools that offer intramural activities or physical activity clubs for all students, including those with disabilities.	• Provide resources and TA on implementation of PANT within a CSH framework to schools, school districts, and health departments.	83%	89%		

* SLIMs baseline and target percentages are based on your Profiles data, workplan, and context.

Title: State SEA 2. Priority Area: CSHP/PANT
Cooperative Agreement Number: 801

<table>
<tr><td colspan="2">5 Year Goal I:
Provide coordinated support through the Coordinated School Health (CSH) Interagency Committee to schools, communities, and local health departments in implementing a CSH plan.</td></tr>
<tr><td colspan="2">Strategies identified in the Strategic Plan:
1. Build partnerships within the CSH Interagency Committee and with schools, communities, and youth.
2. Develop a system to evaluate activities of the CSH Interagency Committee.
3. Identify an individual in each school district to serve as the CSHP lead.</td></tr>
<tr><td colspan="2">List any School Level Impact Measure(s) (SLIMs) that align with the Strategies (if appropriate):
CSHP #1</td></tr>
<tr><td colspan="2">Objective 1.1
By the end of the fiscal year, the CSH Interagency Committee will have developed partnerships with at least five school districts.</td></tr>
<tr><td colspan="2">List any Indicators for School Health Programs that align with the objective(s) (if appropriate):
Indicators for School Health Programs Q30</td></tr>
<tr><td colspan="2">Rationale for the objective:
Coordinating with school districts is necessary for implementing cohesive CSH plans.</td></tr>
<tr><td>Measures for accomplishing the objective and person/agency responsible for accomplishing the objective
a. School district representatives on CSH Interagency Committee
b. Meetings between school district and CSH Interagency Committee
c. List of identified CSHP leads
d. Indicators for School Health Programs Q30</td><td>Data sources to measure the objective and person/agency responsible for gathering data: Smith
a. Membership roster and signed memoranda of understanding (MOUs)
b. Logs and minutes from meetings
c. Indicators for School Health Programs</td></tr>
<tr><td>Activities in support of the objective:
a. CSH Interagency Committee identifies possible school districts for partnership.
b. Invite identified school districts to meet with CSH Interagency Committee.
c. Convene meetings between CSH Interagency Committee and identified school districts to identify CSHP leads.</td><td>Activity completion date (aligned with Gantt Chart):
a. By June 2009
b. By August 2009
c. By October 2009</td></tr>
<tr><td colspan="2">Objective 1.2
By the end of the fiscal year, the CSH Interagency Committee will have developed partnerships with at least three community organizations.</td></tr>
<tr><td colspan="2">List any Indicators for School Health Programs that align with the objective(s) (if appropriate):
Indicators for School Health Programs Q30</td></tr>
<tr><td colspan="2">Rationale for the objective:</td></tr>
</table>

Coordinating community organization efforts with those of school districts is necessary for implementing cohesive CSH plans.	
Measures for accomplishing the objective **and** *person/agency* responsible for accomplishing the objective a. Community representatives on CSH Interagency Committee b. Meetings between community members and CSH Interagency Committee c. *Indicators for School Health Programs* Q30	*Data sources* to measure the objective **and** *person/agency* responsible for gathering data: Smith a. Membership roster and MOUs signed and on file b. Logs and minutes from meetings c. *Indicators for School Health Programs*
Activities in support of the objective: a. CSH Interagency Committee identifies possible community organizations and members for partnership. b. Invite identified community members to meet with CSH Interagency Committee. c. Convene meetings between CSH Interagency and identified community organization members.	Activity *completion date (aligned with Gantt Chart):* a. By June 2009 b. By August 2009 c. By October 2009
Objective 1.3 By the end of the fiscal year, an evaluation system for the CSH Interagency Committee will be developed that includes at least two data collection tools and one data management system.	
List any *Indicators for School Health Programs* that align with the objective(s) (if appropriate): *Indicators for School Health Programs* Q9F, Q9L	
Rationale for the objective: An evaluation system is necessary to ensure efficient and effective collaboration between partners. Evaluation data will enable us to determine the extent of collaboration and what is needed to improve efficiency and effectiveness.	
Measures for accomplishing the objective **and** *person/agency* responsible for accomplishing the objective a. Data collection tools developed b. Data management system developed c. *Indicators for School Health Programs* Q9F, Q9L	*Data sources* to measure the objective **and** *person/agency* responsible for gathering data: McCommick a. Two completed data collection tools b. Completed and functional database c. *Indicators for School Health Programs*
Activities in support of the objective: a. Determine the goals and objectives for an evaluation system. b. Hire an external evaluator to help develop data collection tools and a data management system. c. Develop two data collection tools d. Develop one data management system.	Activity *completion date (aligned with Gantt Chart):* a. By December 2009 b. By October 2009 c. By February 2010 d. By February 2010
Objective 1.4 1.4 By the end of the fiscal year, five youth members will be recruited to serve on a CSH Youth Advisory Group. *Indicators for School Health Programs* Q30W	
Rationale for the objective:	

Involving youth in CSH program planning, delivery, and evaluation is important for implementing effective CSH programs in schools.	
Measures for accomplishing the objective **and** *person/agency* responsible for accomplishing the objective a. At least five youth invited to serve on CSH Youth Advisory Group b. CSH Youth Advisory Group meetings held c. Recommendations from youth on CSH program planning and implementation	*Data sources* to measure the objective **and** *person/agency* responsible for gathering data: Availa a. Meeting minutes b. Meeting attendance logs c. Narrative report of recommendations
Activities in support of the objective: a. State Parent Teacher Association recruits youth leaders for partnership. b. Invite identified youth members to join Youth Advisory Group. c. Convene CSH Youth Advisory Group meetings.	Activity *completion date (aligned with Gantt Chart):* a. By June 2009 b. By August 2009 c. By October 2009

5 Year Goal 2: Increase implementation of effective PANT efforts in schools and school districts within a CSH framework.
Strategies identified in the Strategic Plan: 1. Develop model CSH and PANT policies for schools and school districts. 2. Disseminate model CSH and PANT policies to schools and school districts. 3. Provide resources and technical assistance (TA) on implementation of PANT within a CSH framework to schools, school districts, and health departments.
List any *School Level Impact Measure(s)* (SLIMs) that align with the Strategies (if appropriate): CSHP #7, TOB #2, NU#1, PE#5
Objective 2.1 By the end of the fiscal year, two model CSH and PANT policies will be distributed to 20% of the school districts in the states.
List any *Indicators for School Health Programs* that align with the objective(s) (if appropriate): *Indicators for School Health Program* Q17a-b
Rationale for the objective: We need to ensure that state schools have effective policies and approaches in place to address PANT. We must first develop an appropriate model CSH policy for distribution. By piloting dissemination of the model policy in a small number of schools, we can determine how the policy is accepted and incorporated to ensure appropriate dissemination to the rest of the schools in the state.

Measures for accomplishing the objective **and** *person/agency* responsible for accomplishing the objective a. Model CSH and PANT policies for an evidence-based, written health education curriculum b. Model CSH and PANT policies for tobacco-use prevention in schools c. List of pilot schools and districts to whom model CSH and PANT policies were distributed d. List of school district CSHP leads to whom model CSH and PANT policies were distributed e. *Indicators for School Health Program* Q17a-b	*Data sources* to measure the objective **and** *person/agency* responsible for gathering data: Arnold and Smith a. Model policy document for an evidence-based, written health education curriculum b. Model policy document for tobacco-use prevention in schools c. Record of distribution of CSH and PANT policies to recipient schools and districts c. Distribution logs of recommendations to districts and schools on how to involve students' family and community members in implementation of policies and programs. d. *Indicators for School Health Programs*
Activities in support of the objective: a. Develop model CSH and PANT policies for an evidence-based, written health education curriculum. b. Develop model CSH and PANT policies for tobacco-use prevention in schools. c. Recommend model CSH and PANT policy to policy makers. d. Policy makers adopt model CSH and PANT policies. e. Select pilot schools to receive model policies. f. Distribute model policies to pilot schools, their districts and CSHP leads.	Activity *completion date (aligned with Gantt Chart):* a. By May 2009 b. By July 2009 c. By November 2009 d. By December 2009 e. By February 2010 f. By January 2010 g. By February 2010
Objective 2.2 Each year an additional 10% of state schools and school districts will implement at least one additional component of CDC's eight-component CSH model. *Indicators for School Health Program* Q24d, 25c-d, 27a-b, d-e; 28a-b, d-e; 29a-b, d-e	
Rationale for the objective: CDC's eight-component CSH model has been shown to be an effective model for helping schools and school districts to implement a variety of policies, educational approaches, and other changes to address school health, and specifically PANT issues.	
Measures for accomplishing the objective **and** *person/agency* responsible for accomplishing the objective a. Increase of 10% in number of schools implementing eight-component CSH model b. *Indicators for School Health Program* Q24d, 25c-d, 27a-b, d-e; 28a-b, d-e; 29a-b, d-e	*Data sources* to measure the objective **and** *person/agency* responsible for gathering data: Arnold, Caspers, and Smith a. Meeting records and TA logs that report schools' implementation of the CDC eight-component CSH model. b. *Indicators for School Health Programs*
Activities in support of the objective:	Activity *completion date (aligned with Gantt Chart):*

<table>
<tr><td>a. Hold meetings of the CSH Interagency Committee and the CSH Youth Advisory Group to discuss the implementation of the CSH model and the resources that schools will need.
b. Offer available resources on CDC eight-component model to school districts.
c. Provide TA to schools and school districts on the eight-component CSH model.</td><td>a. October 2009, December 2009, and February 2010
b. Beginning in June 2009 and on-going
c. By February 2010</td></tr>
<tr><td colspan="2">Objective 2.3
Each year, an additional 10% of the state’s schools and school districts will implement evidence-based PANT approaches within a CSH framework.
Indicators for School Health Program Q27a-b, d-e; 28a-b, d-e; 29a-b, d-e</td></tr>
<tr><td colspan="2">Rationale for the objective:
The use of evidence-based PANT approaches within a CSH framework will support the implementation of effective policies and approaches for CSH programs.</td></tr>
<tr><td>Measures for accomplishing the objective and person/agency responsible for accomplishing the objective
a. List of personnel in schools and school districts that receive resources on implementing the physical activity component of PANT within a CSH framework
b. List of personnel in schools and school districts that receive resources on implementing the nutrition component of PANT within a CSH framework
c. List of personnel in schools and school districts that were provided TA on implementing the physical activity component of PANT within a CSH framework
d. List of personnel in schools and school districts that were provided TA on implementing the nutrition component of PANT within a CSH framework
e. Increase of 10% in the number of schools implementing the physical activity component of PANT within a CSH framework
f. Increase of 10% in the number of school districts implementing the nutrition component of PANT within a CSH framework
g. Indicators for School Health Program Q27a-b, d-e; 28a-b, d-e; 29a-b, d-e</td><td>Data sources to measure the objective and person/agency responsible for gathering data: Smith
a. Physical activity resource distribution list
b. Nutrition resource distribution list
c. TA logs
d. TA logs
e. Records from meetings and TA of schools that indicate implementation of evidenced-based CSH approaches to physical activity
f. Records from meetings and TA of schools that indicate implementation of evidenced-based CSH approaches to nutrition.
g. Indicators for School Health Programs</td></tr>
<tr><td>Activities in support of the objective:
a. Offer resources to schools and school districts on implementing the physical activity component of PANT within a CSH framework
b. Offer resources to schools and school districts on implementing the nutrition component of PANT within a CSH framework
c. Provide TA to schools and school districts on implementing the physical activity and nutrition components of PANT within a CSH framework</td><td>Activity completion date (aligned with Gantt Chart):
a. Beginning in June 2009 and on-going
b. Beginning in June 2009 and on-going
c. Beginning in June 2009 and on-going</td></tr>
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<tr><td colspan="2">5 Year Goal 3:
Increase the number of schools and districts with programs targeting youth at disproportionate risk for chronic disease.</td></tr>
<tr><td colspan="2">Strategies identified in the Strategic Plan:
1. Provide state Youth Risk Behavior Survey (state YRBS) reports to schools, districts, and other local agencies to use for program planning.
2. Provide PD to schools, districts, and other local agencies on targeting programs for youth at disproportionate risk for chronic diseases.
3. Provide PD to schools and schools districts to on completing and using the SHI.</td></tr>
<tr><td colspan="2">List any School Level Impact Measure(s) (SLIMs) that align with the Strategies (if appropriate):
CSHP #3</td></tr>
<tr><td colspan="2">Objective 3.1
By end of the fiscal year, a training on a CSH approach that targets programs for youth at disproportionate risk for chronic disease will be developed and implemented.</td></tr>
<tr><td colspan="2">List any Indicators for School Health Programs that align with the objective(s) (if appropriate):
Indicators for School Health Programs Q35, Q37.</td></tr>
<tr><td colspan="2">Rationale for the objective:
State schools and districts lack health programs that target youth at disproportionate risk for chronic diseases. Currently there is no training on how to develop and implement such programs, so to address this gap we will develop and implement such a training for schools and districts.</td></tr>
<tr><td>Measures for accomplishing the objective and person/agency responsible for accomplishing the objective
a. Training design developed
b. Training marketed
c. Training implemented
d. Indicators for School Health Program Q35, Q37</td><td>Data sources to measure the objective and person/agency responsible for gathering data: Merrill, Meyer, and Smith
a. Training design document and training materials
b. Marketing materials
c. Record of number of districts, schools, health educations, teachers, and external partners reached through the training
d. Indicators for School Health Programs</td></tr>
<tr><td>Activities in support of the objective:
a. Assess the needs of intended training participants.
b. Design training and materials.
c. Market the training.
d. Implement the training.</td><td>Activity completion date (aligned with Gantt Chart):
a. By May 2009
b. By July 2009
c. By November 2009
d. By February 2010</td></tr>
<tr><td colspan="2">Objective 3.2
By the end of the fiscal year, reports on school health policies, state YRBS data, and school health programs will be developed for use by CSH stakeholders, including local schools and health departments, districts, and other key stakeholders.</td></tr>
<tr><td colspan="2">List any Indicators for School Health Programs that align with the objective(s) (if appropriate):
Indicators for School Health Programs Q31–Q34</td></tr>
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<tr><td colspan="2">Rationale for the objective:
In order for schools and districts to integrate appropriate CSH programs into their schools, they need to have data on school health policies and programs and also health risk behaviors among students so they can identify the most appropriate target populations and programs.</td></tr>
<tr><td>Measures for accomplishing the objective and person/agency responsible for accomplishing the objective
a. Reports on school health policies, state YRBS data, and school health programs developed
b. Indicators for School Health Program Q31, Q32, Q33, Q34</td><td>Data sources to measure the objective and person/agency responsible for gathering data: McCommick and Kirk
a. Publications of reports on school health policies, state YRBS data, and school health programs.
b. Indicators for School Health Programs</td></tr>
<tr><td>Activities in support of the objective:
a. Obtain reports on data from the School Health Policies and Programs Study.
b. Obtain analyses and reports on state YRBS data.
c. Write summary report on available data.</td><td>Activity completion date (aligned with Gantt Chart):
a. By June 2009
b. By August 2009
c. By October 2009</td></tr>
<tr><td colspan="2">Objective 3.3
By end of the fiscal year, a training will be conducted for schools and school districts on completing and using the School Health Index (SHI).</td></tr>
<tr><td colspan="2">List any Indicators for School Health Programs that align with the objective(s) (if appropriate):
Indicators for School Health Programs Q35, Q37.</td></tr>
<tr><td colspan="2">Rationale for the objective:
The SHI is a tool for schools to assess their strengths and opportunities for improving students’ health and safety. Currently only a small proportion of the state’s schools are using the SHI. Using the network of CSHP leads in school districts, our program will offering trainings to encourage more widespread use of the SHI.</td></tr>
<tr><td>Measures for accomplishing the objective and person/agency responsible for accomplishing the objective
a. SHI training design developed
b. SHI training marketed
c. SHI training implemented
d. Indicators for School Health Program Q35, Q37</td><td>Data sources to measure the objective and person/agency responsible for gathering data: Merrill, Meyer, and Smith
a. Training design document and training materials
b. Training marketing materials
c. Record of number of districts, schools, health educations teachers, and external partners reached
c. Indicators for School Health Programs</td></tr>
<tr><td>Activities in support of the objective:
a. Assess the needs of intended training participants through the CSHP district leads.
b. Design SHI training and materials.
c. Market the SHI training.
d. Implement the SHI training.</td><td>Activity completion date (aligned with Gantt Chart):
a. By May 2009
b. By July 2009
c. By November 2009
d. By February 2010</td></tr>
</table>