

EXAMPLE STATE EDUCATION AGENCY CSHP STRATEGIC PLAN

Executive Summary

The state education agency's (SEA) Coordinated School Health Program (CSHP) convened a strategic planning workgroup that included 9 stakeholders, including 4 persons from outside the Education and Health Departments. The workgroup held two full-day meetings, two half-day meetings, and also communicated via email and conference calls. The workgroup examined 19 different data sources to identify program strengths, weaknesses, opportunities, and threats (SWOTs). Our program's strengths are in staffing, collaboration, communication, and access to CSHP policies and materials through the Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health (DASH). Our program's weaknesses are in data and evaluation, professional development (PD), and youth involvement. A program opportunity is the presence of health education contacts and physical education coordinators in most school districts in the state. Another opportunity is the need for our program that includes a lack of coordinated school health (CSH) policies in many school districts, high use of smokeless tobacco by our youth, and a lack of healthy eating behaviors among our youth. The main threats to our program are from the lack of support for health education and physical education in schools, declining numbers of health educators, and the perception that the CSH Interagency Committee does not influence school health programs. We aligned these SWOTs with our five-year program goals, refined the goals, and then identified strategies to reach the goals. Our final five-year goals and program strategies are:

Refined (final) Goal 1: Provide coordinated support through the CSH Interagency Committee to schools, communities, and local health departments in implementing a CSH plan.

Strategy: Build partnerships within the CSH Interagency Committee and with schools, communities, and youth.

Strategy: Develop a system to evaluate activities of the CSH Interagency Committee.

Strategy: Identify an individual in each school district to serve as the CSHP lead.

Refined (final) Goal 2: Increase implementation of effective physical activity, nutrition, and tobacco-use prevention (PANT) efforts in schools and school districts within a CSH framework.

Strategy: Develop model CSH and PANT policies for schools and school districts.

Strategy: Disseminate model CSH and PANT policies to schools and school districts.

Strategy: Provide resources and technical assistance (TA) on implementation of PANT within a CSH framework to schools, school districts, and health departments.

Refined (final) Goal 3: Increase the number of schools and districts with programs targeting youth at disproportionate risk for chronic diseases.

Strategy: Provide state Youth Risk Behavior Survey (state YRBS) reports to schools, districts, and other local agencies to use for program planning.

Strategy: Provide PD to schools, districts, and other local agencies on targeting programs for youth at disproportionate risk for chronic diseases.

Strategy: Provide PD to schools and school districts on completing and using the School Health Index (SHI).

We identified what stakeholders need to know about our strategic plan and we plan to communicate about it using a variety of communication formats, particularly email, in-person meetings, reports, and newsletters. Implementation of the strategic plan will be monitored and revised as needed through weekly staff meetings, biannual meetings for those implementing the strategic plan, and an annual program staff retreat. We posed evaluation questions related to our program strategies, and identified the sources from which data will be collected to answer these questions.

Include a list of stakeholders who participate in the strategic planning process and their assigned task.

Other Stakeholders in the Strategic Plan

Stakeholder	Program Participant	Implementer of the strategic plan	Intended User
Association of Health and Physical Education (PE) Teachers	X		
DASH Project Officer			X
CSHP DOE staff		X	
CSHP DOH staff		X	
DOE administration			X
DOH administration			X
District health coordinators			X
Evaluation contractors		X	
Healthy Kids Community Group			X
State Children First Organization			X
State Legislature			X
Local health departments			X
Local school health teams			X
Parent Teacher Association	X		
Program contractors		X	
Training cadre members		X	
Youth Advisory Council	X		

Example SEA CSHP Data Sources List

Internal Data

1. DASH Program Inventory
2. Communication documents (emails, newsletters, web announcements)
3. CSH State Summit materials
4. *Indicators for School Health Programs*
5. List of CSHP resources
6. Meeting minutes
7. PD events database training reports
8. Program descriptions and planning documents
9. Program evaluation reports
10. Technical reviews from DASH Project Officer
11. Website hits counter

External Data

1. Local health department reports
2. School Health Profiles
3. State Board of Education policy database
4. State Department of Education data
5. State Department of Health Child and Adolescent Survey
6. State legislation
7. State survey of school and district administrators
8. State YRBS

Example SEA CSHP SWOT Analysis

	Program Weaknesses (W)
<p>S - CSH Interagency Committee meeting minutes indicate good representation from local health departments, community groups, and parent groups.</p> <p>S - Program evaluation reports indicate DOE and DOH members work well together.</p> <p>S - Several programs in both DOE and DOH are represented on the CSH Interagency Committee.</p> <p>S - Established PD and TA plan includes assessment and updating of workplan based on results.</p> <p>S - CSH program staff longevity lends historical knowledge of past programming.</p> <p>S - Evaluation of 2007 CSH Summit showed that participating school staff increased their knowledge of how to implement CSH in schools.</p> <p>S - CSH policies for staff wellness and family involvement updated at the state level in 2006.</p> <p>S - Communication channels established between CSH Interagency Committee and districts and schools (newsletters, email, listservs, website).</p> <p>S - Access to CSHP materials, policies, and TA through DASH.</p> <p>S - Program fully staffed for CSHP.</p> <p>S - History of resources developed for constituents through CSH Interagency Committee.</p> <p>S - Quarterly newsletters summarizing program activities sent to stakeholders.</p>	<p>W - Lack of current memorandum of understanding between DOE and DOH.</p> <p>W - Youth not involved in delivery, planning, or assessment of CSHP or PANT.</p> <p>W - Extensive partnerships require much time, can spread staff thin, and leave less time for other program activities.</p> <p>W - Limited follow-up support offered to PD participants.</p> <p>W - Lack of evaluation system to help assess CSH Interagency Committee process and impact.</p> <p>W - Not currently tracking implementation of program activities at the school level.</p> <p>W - Change in DOE Commissioner; unclear position on school health.</p> <p>W - Limited tracking of TA makes determining reach of the program difficult.</p> <p>W - No trainings currently offered on development of policies for school districts and schools.</p> <p>W - Time consuming DOE clearance process slows development of resources.</p> <p>W - Gaps in data and small numbers at local level limit program ability to make data-driven decisions.</p> <p>W - No current training offered on targeting youth at disproportionate risk for chronic disease.</p>

Example SEA CSHP SWOT Analysis (cont.)

	Programs Threats (T)
<p>O - CSH Interagency Committee members have connections to other important boards and planning committees.</p> <p>O - Health education contact person identified in most districts.</p> <p>O - PE coordinator identified in all districts.</p> <p>O - Communication channels established among districts, schools, and the state (newsletters, email, listservs, websites).</p> <p>O - School staff wellness programs now offered in 40% of districts in state.</p> <p>O - New PE standards adopted in some districts.</p> <p>O - Statewide Parent Teacher Associations are involving youth; may be able to access youth partners through this group.</p> <p>O - Few districts have CSH policies, so there is a need for policy work.</p> <p>O - Weighted data collected through most recent state YRBS effort.</p> <p>O – State YRBS report indicates only 25% of students consume recommended daily serving of fruits and veggies.</p> <p>O – State YRBS indicates increased levels of obesity in high school students.</p> <p>O – State YRBS indicates increased use of smokeless tobacco by high school students.</p>	<p>T - Most health education coordinators have other responsibilities so they can be spread thin.</p> <p>T - Administrator survey indicates some school and district administrators perceive that the state-level CSH advisory council exists in name only and does not have an impact on programs.</p> <p>T - Lack of dissemination of evaluation results has contributed to school and district administrators’ perceptions that state-level advisory group does not have impact.</p> <p>T - Conflict between two external partners threatens cohesiveness of CSH Interagency Committee.</p> <p>T - District variation in accommodation of school staff to attend PD events.</p> <p>T - Number of health teachers on the decline in schools.</p> <p>T - Lack of priority on health education so fewer schools teaching health education.</p> <p>T - State Department of Health School Survey shows a decrease in student lunchtime, especially at the secondary level.</p> <p>T - State Department of Health Child and Adolescent Survey indicates increased levels of television watching and video games in middle school students.</p> <p>T - School district administrators overwhelmed with other policy-related pressures and do not view health as a priority.</p> <p>T – State YRBS results often not used or seen as useful at the local level.</p>

Example SEA CSHP Program Strategies

Original Goal 1: Strengthen collaborative partnerships to provide coordinated support to schools, communities, and local health departments in implementing a CSH plan.

Refined (final) Goal 1: Provide coordinated support through the CSH Interagency Committee to schools, communities, and local health departments in implementing a CSH plan.

Goal 1 Strategies

1. Build partnerships within the CSH Interagency Committee and with schools, communities, and youth.

- Rationale- To implement a CSH plan, our SWOT analysis indicated the need for establishing and sustaining partnerships with schools, communities, youth, and other external agencies, such as local health departments. Partnerships between the DOE and DOH as well as with our stakeholders and target groups will assure cohesive implementation of programs, maximization of resources, and broad-based support for efforts.
- Timeline- Implement partnerships in all five years of the cooperative agreement, with Years 1–2 focused on increasing partnerships, Years 3–4 on establishing them, and Year 5 on sustaining them.

2. Develop a system to evaluate activities of the CSH Interagency Committee.

- Rationale- Our SWOT analysis indicated that a program weakness is the lack of an evaluation system to help assess the CSH Interagency Committee process and its impact. Conducting systematic program evaluation and disseminating results to stakeholders will ensure that program improvements are data-driven and that stakeholders are aware of program impacts.
- Timeline- In Year 1, develop the evaluation system. In Years 2–5, collect evaluation data and disseminate results. In Years 3–5, use evaluation results to improve and enhance the work and efficiency of the CSH Interagency Committee. Also in Years 3–5, use the results to enhance the evaluation system.

3. Identify an individual in each school district to serve as the CSHP lead.

- Rationale- Having a CSHP lead in each school district will help with the implementation of a CSH plan. We can capitalize on an opportunity identified in our SWOT analysis of having health education and physical activity contacts in most districts. Engaging these individuals by providing PD and TA opportunities and resources on implementation of CSH will empower them to take on a larger role as a CSHP lead.
- Timeline- In Year 1, build partnerships with health education and physical activity coordinators. In Years 2–5, provide resources and opportunities for PD and TA.

Original Goal 2: Increase the number of schools and school districts that implement effective policies, environmental change and educational approaches to address PANT by increasing the number of schools and districts that implement CSH programs.

Refined (final) Goal 2: Increase implementation of effective PANT efforts in schools and school districts within a CSH framework.

Goal 2 Strategies

1. Develop model CSH and PANT policies for schools and school districts.
 - Rationale- An opportunity identified in our program's SWOT analysis was that few school districts in the state have CSH policies. A program strength was access to CSHP materials, policies, and TA through DASH. We will identify and develop model policies on CSH and PANT to support schools and districts in implementing school health programs on increasing physical activity, improving nutrition, and preventing tobacco use and sustaining them over time.
 - Timeline- In Years 1–2, develop model CSH and PANT policies that align with existing CSH-related policies and programs.
2. Disseminate model CSH and PANT policies to schools and school districts.
 - Rationale- Without model CSH and PANT policies, schools and districts may overlook school health programs and give priority to other content areas. Currently, established communication channels exist among districts, schools, and the state. We will build on this strength by disseminating model CSH and PANT policies to schools and districts through the established channels.
 - Timeline- In Year 1, communicate to school districts the value of adopting model CSH and PANT policies. In Years 2–5, continue to communicate the value of adopting CSH and PANT model policies and disseminate model policies to schools and school districts.
3. Provide resources and TA on implementation of PANT within a CSH framework to schools, school districts, and health departments.
 - Rationale- School health programs in our schools and school districts will be more effective if based on evidence-based practices, and if school and district administrators and staff have the resources and skills needed to successfully implement them. As identified in our SWOT analysis, health education coordinators are often spread thin due to competing responsibilities. They need support and resources to implement CSH and PANT approaches due to limited staff availability and time.
 - Timeline- In Year 1, begin developing two new CSH and PANT resources on how to implement evidence-based approaches. Finish resource development in Year 2, and in Years 2–5, provide TA on how to implement evidence-based CSH and PANT approaches to schools, school districts, and other local agencies.

Original Goal 3: Increase the number of schools and districts that integrate effective school-based programs, approaches, and data to reduce priority health risks for youth.

Refined (final) Goal 3: Increase the number of schools and districts with programs targeting youth at disproportionate risk for chronic diseases.

Goal 3 Strategies

1. Provide state YRBS reports to schools, districts, and other local agencies to use for program planning.

- Rationale- As indicated by our SWOT analysis, having weighted state YRBS data is a program opportunity. We want to ensure accurate use of these data for identifying youth at disproportionate risk for chronic diseases and using the findings for grant applications and program planning.
- Timeline- In Year 1, work with DOH partners to determine the data needs of partners. In Years 2–5, write and disseminate data reports, and provide TA on the use of surveillance data.

2. Provide PD to schools, districts, and other local agencies on targeting programs for youth at disproportionate risk for chronic diseases.

- Rationale- Our schools lack health programs that target youth at disproportionate risk for chronic diseases, and as indicated in our SWOT analysis, we currently provide no training on how to develop and implement these programs. We will address this gap by planning and implementing PD for schools and districts through our Interagency CSH Committee.
- Timeline- In Year 1, design a training on how to develop and implement health programs that target youth at disproportionate risk for chronic diseases. In Year 1, recruit the training participants, and in Year 2, conduct the training and provide follow-up support. In Years 3–5, provide follow-up TA to participants using data to identify youth at disproportionate risk for chronic diseases and to develop targeted programs.

3. Provide PD to schools and school districts on completing and using the School Health Index (SHI).

- Rationale- Completing and using the SHI will help us meet our goal of increasing the number of schools with programs targeting youth at disproportionate risk for chronic diseases by encouraging schools to develop programs and policies to improve the health and safety of all students.
- Timeline- In Years 1–2, work with district CSHP coordinators to develop SHI teams in schools and school districts. In Year 2, conduct PD and follow-up support for CSHP coordinators and SHI team leads on completing the SHI and using the data to develop school improvement plans. In Years 3-5, provide TA and resources to schools and districts on implementing their school improvement plans.

Example SEA CSHP Communication Process

<i>What we will communicate</i>	<i>To whom we will communicate</i>	<i>How we will communicate</i>	
		<i>Format</i>	<i>Channel</i>
Strategic plan- initial release	<ul style="list-style-type: none"> • All strategic plan implementers • All intended users of the strategic plan 	<ul style="list-style-type: none"> • Strategic plan document • Strategic plan executive summary • Web site pages 	<ul style="list-style-type: none"> • Dissemination to stakeholders • Dissemination to State Board of Education • Placement on DOE and DOH websites
Strategic plan-extended dissemination	<ul style="list-style-type: none"> • All strategic plan implementers • All intended users of the strategic plan • General public 	<ul style="list-style-type: none"> • Strategic plan document • Strategic plan executive summary • Slides • Newsletters (2-3) 	<ul style="list-style-type: none"> • Press release • Mailings • Listservs • Phone, email, meetings • Oral presentations • Newsletters • Marketing brochures
Program logic model and annual workplans	<ul style="list-style-type: none"> • CSHP program staff • Other strategic plan implementers 	<ul style="list-style-type: none"> • Logic model document • Workplan document 	<ul style="list-style-type: none"> • Email • In-person meetings • Web meetings
Program staff meeting minutes	<ul style="list-style-type: none"> • CSHP program staff 	<ul style="list-style-type: none"> • Meeting minutes 	<ul style="list-style-type: none"> • Email
Mid-year and annual program progress reports, lessons learned, and recommended next steps	<ul style="list-style-type: none"> • DASH Project Officer • CSHP Program staff • Other program implementers 	<ul style="list-style-type: none"> • Reports • Success Stories 	<ul style="list-style-type: none"> • Email • In-person meetings • Conference calls • Web meetings
Annual evaluation findings of strategic plan implementation	<ul style="list-style-type: none"> • DASH Project Officer • Strategic planning workgroup • CSHP program staff • Other program implementers 	<ul style="list-style-type: none"> • Reports • Success Stories 	<ul style="list-style-type: none"> • Email • In-person meetings • Conference calls • Web meetings
Year 5 report of strategic plan implementation, evaluation findings, and lessons learned	<ul style="list-style-type: none"> • DASH Project Officer • CSHP Program staff • Other program implementers • All program participants • All intended users of the strategic plan 	<ul style="list-style-type: none"> • Report • Slides • Web pages • Success Story 	<ul style="list-style-type: none"> • DOE and DOH websites • Mailings • Listservs • Phone, email, in-person meetings • In-person oral presentation • Newsletters • Marketing brochures

Example SEA CSHP Implementation Process

Program Staff Meetings

All CSHP program staff from the Department of Education and Department of Health will meet weekly to review progress in implementing the strategic plan and annual workplan. Meeting minutes will document workplan progress and any updates needed.

Implementer Meetings

All stakeholders involved in implementing the state CSHP strategic plan will meet twice each year with the following objectives:

- Receive updates on CSH activities as outlined in the annual workplan.
- Discuss additional needs and resources necessary to implement the strategic plan.
- Review progress on the strategic plan implementation timeline.
- Review and discuss evaluation results to generate lessons learned.
- Make recommendations to update strategies, the implementation timeline, and the communication process to maximize opportunities to reach five-year program goals.

Program Staff Retreat

All CSHP internal program staff from the Departments of Education and Health will meet in an annual two-day retreat with the following objectives:

- Review progress in implementing the program strategies identified in the strategic plan and annual workplan.
- Assess progress on the strategic plan implementation timeline.
- Update the strategic plan as needed.
- Develop the next annual workplan.

The discussion will include review of the following materials:

- Strategic plan document
- Program logic model
- DASH CSHP Program Inventory
- Current annual workplan
- Program progress reports to DASH
- Evaluation findings
- Recommendations from the biannual meetings of the strategic plan implementers
- Technical reviews from DASH Project Officer

Example SEA CSHP Evaluation Process

Evaluation Question	Data Source	Data Collection Timeline
1. To what extent is the membership of the CSH Interagency Committee a diverse group of key internal and external partners in CSH?	a) CSH Interagency Committee questionnaire b) <i>Indicators for School Health Programs</i>	a) Biannual b) Yearly
2. How does our program use evaluation data to determine the impact of CSH Interagency Committee activities and to improve program work?	a) Progress reports to DASH Project Officer b) Updates to strategic plan	a) Biannual b) Years 2–4
3. To what extent are we disseminating program evaluation results to our stakeholders?	Listserves, mailings, newsletters, downloads from our website	Years 2–5
4. What type of program interaction is occurring with school district CSHP leads?	TA logs	Yearly
5. To what extent does our program provide model CSH and PANT policies to support school and school district implementation of school health programs?	a) Policy documents b) <i>Indicators for School Health Programs</i>	a) Year 1 b) Yearly
5. How many schools and school districts in the state are aware of our model CSH and PANT policies?	a) <i>Indicators for School Health Programs</i> b) Distribution lists c) School Health Profiles	a) Yearly b) Yearly c) Years 1, 3
6. How many state schools and school districts are implementing our model PANT policies within a CSH framework?	a) <i>Indicators for School Health Programs</i> b) TA logs c) School Health Profiles	a) Yearly b) Yearly c) Years 1, 3
7. To what extent are schools, school districts, and local agencies using state YRBS reports for program planning for youth at disproportionate risk for chronic disease?	a) State YRBS reports b) Distribution lists c) Questionnaire on use of state YRBS data by organizations targeting youth at disproportionate risk for chronic disease	a) Years 2, 4 b) Years 2–5 c) Years 2–5
8. How many individuals, schools, and school districts did we reach with PD on youth at disproportionate risk for chronic disease?	a) Training registrations b) <i>Indicators for School Health Programs</i> c) TA logs	a) Year 1 b) Yearly c) Years 2–5
9. Did PD increase participants' abilities to implement programs for youth at disproportionate risk for chronic disease?	a) Training feedback forms b) Follow-up questionnaires c) TA logs	a) Year 1 b) Years 2–5 c) Years 2–5
10. How many schools completed and used the SHI?	Follow-up questionnaires TA logs	Years 2–5

CSHP staff from the DOE and DOH will examine evaluation data and reports and discuss their implications at weekly program staff meetings and with the DASH Project Officer. At biannual meetings, stakeholders involved in implementing the CSHP strategic plan will review and discuss evaluation results to generate “lessons learned” and make recommendations to update strategies, the implementation timeline, and workplan activities. At their annual two-day retreat, CSHP internal program staff from DOH and DOE will use evaluation data and reports to review progress in implementing the strategic plan and annual workplan, make adjustments to the strategic plan, and develop the next annual workplan.