Example State Education Agency CSHP Logic Model

Overall Program Goal: Decreased incidence and prevalence of chronic diseases among school-aged youth.

INPUTS

Funds
- DASH
- State DOH and DOE

Staff
- State DOH and DOE

Federal, State, Local and Administrative Policies
- Competitive Food Law
- Federal Tobacco Legislation
- Pro Children's Act
- Confidentiality for Teens
- Title IV
- NSBA
- Child Nutrition and WIC Reauthorization Act of 2004

Technical Assistance & Collaboration
- DASH
- CSH Interagency Committee
- Strategic planning workgroup
- Association of Health and PE Teachers
- Healthy Kids Community Group
- State Children First Organization
- Local health departments
- Local school health teams
- Parent Teacher Association

Professional Development
- National conferences
- Conference calls
- Continuing education
- State-level trainings

STRATEGIES/ ACTIVITIES

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

Develop a system to evaluate activities of the CSH Interagency Committee

Identify an individual in each school to serve as CSHP lead

Develop model CSH and PANT policies for schools and school districts

Disseminate model CSH and PANT policies to schools and school districts

Provide resources and TA on implementation of PANT within a CSH framework

Provide state YRBS reports to schools, school districts, and other local agencies for program planning

Provide PD on targeting programs for youth at disproportionate risk for chronic diseases

Provide PD on completing and using SHI

OUTPUTS

Number of partnerships with school districts, communities, and other external agencies such as local health departments
Indicators: Q30

Existence of CSH Youth Advisory Group
Indicators: Q30W

Evaluation system established
Indicators: Q9F, 9L

List of school-level CSHP team leads

Two model CSH and PANT policies approved and disseminated
Indicators: Q17a-b

Two PANT resources developed and disseminated
Indicators: Q27a-b, 28a-b, 29a-b

TA events provided on implementation of PANT within a CSH framework
Indicators: Q27d-e; 28d-e; 29d-e

Number and type of recipients of state YRBS reports

Number of PD events and follow-up TA events for schools and school districts on targeting programs for youth at disproportionate risk
Indicators: Q35, 36

Number of PD events for schools and school districts on SHI
Indicators: Q25b

Data Source to Document Accomplishment
- *Indicators for School Health Programs*
- Program documents and reports
- CSH Interagency Committee questionnaire
- Document distribution logs
- Website hits/downloads counter
- TA logs
- Training registration lists

SHORT-TERM OUTCOMES

20% increase in number of communities, schools, and other external agencies that collaborate with CSH Interagency Committee

CSH Youth Advisory Group meets at least 4 times per year.

CSHP staff use the evaluation system to report to CSH Interagency Committee at least annually.

6% increase in number of schools with individual responsible for coordinating school health and safety programs and activity (SLIMS CSHP #1)

100% increase in number of schools that implement a tobacco-use prevention policy by providing visible signage and communicating policy to students (SLIMS TOB #2)

10% increase in number of schools/school districts that develop and implement at least one additional component of CDC's 8-component CSH model each year

35% increase in the number of schools that do not sell these foods outside of the school food program: baked goods not low fat, salty snacks not low fat, candy, soda pop, or fruit drinks that are not 100% juice (SLIMS NU #1)

5% increase in number of schools/school districts that implement PANT within a CSH framework

9% increase in the number of schools that follow an evidence-based, written health education curriculum (SLIMS CSHP #7)

7% increase in the number of schools that offer intramural activities or physical education clubs for all students, including those with disabilities (SLIMS PE #5)

100% increase in stakeholders' reference to current state YRBS data in their reporting

5% increase in the number of school/school districts that implement programs targeting youth at disproportionate risk for chronic disease

29% increase in number of schools that have assessed their policies, activities, and programs using the SHI (SLIMS CSHP #3)

Data Source to Document Accomplishment
- Program documents and reports
- CSH Interagency Committee questionnaire
- School Health Profiles
- Pre- and post-training questionnaires
- TA logs

INTERMEDIATE OUTCOMES

Partnerships established between CSH Interagency committee, youth, schools, communities, and other external agencies

Improved work and efficiency of the CSH Interagency Committee through use of evaluation results

PANT policy within CSH framework adopted and implemented in every school district

Programs established to target youth at disproportionate risk for chronic disease in all school/school districts through use of state data

Data Source to Document Accomplishment
- Program documents and reports
- CSH Interagency Committee questionnaire
- CSH/PANT administrator implementation questionnaire
- Questionnaire on use of state YRBS data
- School Health Profiles

LONG-TERM OUTCOMES

Coordinated support through CSH Interagency Committee to schools, communities, and local health departments in implementing a CSH plan.

Sustained implementation of PANT efforts in schools within a CSH framework

Sustained programs in schools/school districts targeting youth at disproportionate risk for chronic disease

Data Source to Document Accomplishment
- CSH Interagency Committee questionnaire
- School Health Profiles
- YRBS

CDC SAFER·HEALTHIER·PEOPLE™

DEPARTMENT OF HEALTH & HUMAN SERVICES·USA

eTA Evaluation Technical Assistance