Journal of Health Education Teaching, 2010; 1(1):1-8

Utilizing the School Health Index to Foster University and Community Engagement

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Abstract

A Coordinated School Health Program maximizes a school's positive interaction among health education, physical education, health services, nutrition services, counseling/psychological/social services, health school environment, health promotion for staff, and family and community involvement. The purpose of this semester project is for undergraduate health education students to (1) explain the Coordinated School Health Program, (2) assess local schools' health programs and policies using the School Health Index, (3) develop a School Health Improvement Plan, and (4) present their findings and recommendations for improving their schools' physical activity, nutrition, tobacco prevention, asthma, and safety policies and programs.

INTRODUCTION

The mission of many universities is to provide a dynamic learning environment in which students actively engage in critical thinking and the application of knowledge. Thus students should be provided with opportunities for participation in practical, professional experiences in research and community-based projects. With the implementation of a Coordinated School Health Program (CSHP) model that maximizes positive interaction among health education, physical education, health services, nutrition services, counseling/psychological/social services, the school environment, health promotion activities for staff, and family and community involvement,[1] university health education preparation programs are ideally poised to cultivate university-school-community partnerships through their practice of community engagement. University students who actively engage in assessing school health needs, developing health improvement plans, identifying resources, and strengthening communication within their local communities exemplify professional competence as a health educator. Furthermore, the collaboration between universities and public schools can be a "mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity."[2]

The School Health Index (SHI) is a free tool available from the Department of Health and Human Services' Division of Adolescent and School Health that is designed to assess each of the eight components of the CSHP and to develop a plan to improve their school's physical activity, nutrition, tobacco prevention, asthma, and safety policies and programs.[3]

Incorporating the use of the SHI into a culminating experience for upper-level undergraduate students allows students to develop positive, professional relationships as well as practical experiences in their local schools and communities. This teaching strategy fosters the development of Certified Health Education Specialist (CHES) responsibilities. Specifically, students gain experience in assessing individual and community needs for health education (Area of Responsibility I), planning health education strategies, interventions, and programs (Area of Responsibility II), serving as a health education resource person (Area of Responsibility VI), and communicating and advocating for health and health education (Area of Responsibility VII).

TEACHING METHODS

This semester-long teaching strategy (approximately 14 weeks) may be used in addition to lectures and other school health focused assignments with students who have a strong foundation in a variety of health education, community health, health promotion, and/or school health courses. A class size of 16 to 24 students will provide optimal teamwork opportunity.

Objectives

The purposes of this assignment are for students to explain the Coordinated School Health Program, assess local schools' health programs and policies using the School Health Index, develop a School Health Improvement Plan, and present School Health Index and School Health Improvement Plan findings and recommendations.

Materials and Resources

The instructor and students will need the online or paper version of the SHI training manual and ancillary PowerPoints®, handouts, lesson plans, and resources available at www.cdc.gov/HealthyYouth/SHI/ and the Instructor-, Self-, and Peer-Assessment Rubric for SHI Presentation (Table 1).

TEACHING PROCEDURES

A trusting, mutually respectful partnership between the university and public school must be established prior to the onset of this teaching strategy. The instructor's role is to foster the relationship of the university and public schools by building on the strengths and resources of the school while addressing the school's needs.[4] Prior to the beginning of the semester, the instructor may invite principals or other school leaders to allow university students to conduct the SHI at his/her school. Compiling a list of teachers, staff, parents, and/or community members may be beneficial to aid students in finding appropriate contact persons within the school.

The instructor must discuss with district and school levels of administration that this teaching strategy is designed for students' educational purposes and that the SHI assessment will not be used for research or formal evaluation purposes. Since this teaching strategy is supervised by the university instructor and serves as a community engagement project, students are exempt from obtaining Institutional Review Board approval. Some principals or other school leaders however may require the instructor and students to sign a confidentiality statement ensuring that students will not be share individual school's data other than during the final presentation during class. The course instructor must ensure that students adhere to each school's desire for confidentiality and/or anonymity if requested.

During the first class session of the semester, the instructor will explain the purposes of the project, the criteria for successful completion of the project, and how students will be assessed. To complete the tasks associated with this assignment, students will use class time as well as out-of-class meetings with team members and local school representatives. The instructor will serve as "Site Coordinator." For a checklist of the following procedures, refer to Table 2.

Part 1: Coordinated School Health Program

The instructor may allow students to choose teams (2 - 3 students per team) and select one of the eight components of the CSHP model (Health Education; Physical Education; Health Services; Nutrition Services; Counseling, Psychological, and Social Services; Healthy School Environment; Health Promotion for Staff; and Family/Community Involvement). Student teams will have approximately two weeks (weeks 1 and 2) to develop a 10-minute PowerPoint® presentation to educate their peers about their CSHP component. Students will be able to explain their component, give examples of their component in schools, and elaborate how their component interacts with other components.

Part 2: School Health Index (SHI)

In preparation to conducting the SHI, students and instructor will discuss three research articles in which the authors 1.) discussed schools that met SHI recommendations according to School Health Policies and Programs Study data,[5] 2.) utilized the SHI in rural communities,[6] and 3.) utilized the SHI in middle schools.[7] Students will be able to discuss the purpose of the articles, the similarities and differences in the SHI and SHPPS, and how conducting the SHI in rural, urban, elementary, middle, and high schools may be similar and different.

Next, from the list of schools in which the instructor secured agreements from the principals or other school leader, each student team will choose one school to conduct their SHI module. Students will identify key stakeholders in the

school and develop a contact list (supplemented with the instructor's compiled list of contacts).

Step 1. Describe the School

Students will collect data online about their elementary, middle, or high school such as the communities' demographics, socioeconomic status, employment rates, major employers within the town, educational levels of community members, geographic description, culture, social concerns, health concerns, epidemiological data, number of teachers at school, academic standing of school, and so on. Students should also be encouraged to access other relevant data such as from the Youth Risk Behavior Surveillance System (YRBSS), US Census Bureau, Department of Education, and state and local health departments.

Step 2. Score Card

Students will schedule 2 to 3 in-person conversations with 1 or 2 school representative(s) (teachers, administrators, school nurses, parents, and so on) to answer the SHI Score Card questions thus gaining a clear understanding of the school's health policies, programs, and environments. A sample Score Card for "Health Promotion for Staff" from the SHI manual is presented in Table 3.

Step 3: Strengths/Weaknesses and Recommendations

After students have completed the Score Card, the student teams shall determine strengths and weaknesses of their school's component. Teams will develop a list of ideas that may bridge the gap between the school's existing resources and weaknesses. The instructor should introduce the CDC's guidelines for developing healthy schools and specific guidelines for health priority areas (e.g., "Guidelines for school health programs to prevent tobacco use and addiction").[8] Additionally, the SHI website provides excellent curricula and resources for health educators to use to address school health improvement plans at http://www.cdc.gov/healthyyouth/shi/resources.htm.[3] For example, the Physical Activity and Physical Education Module provides contact information for numerous National Association for Sport and Physical Education resources.

Step 4. Site Coordinator Meeting

Each student team will meet individually with the instructor (approximately 10-30 minutes during class time or additional time if necessary) to discuss their school/community demographics, Score Card results, team consensus on identified strengths/weaknesses and their proposed action recommendations. Upon instructor's approval, teams may proceed to developing a School Health Improvement Plan (SHIP). If gaps are present in student's data collection or recommendations, instructor and student teams should develop a two-week plan to collect adequate data to complete the Score Card, develop strengths/weaknesses, and propose recommendations.

Step 5. School Health Improvement Plan

According to what students determine and believe, they will prioritize their proposed actions based upon importance, cost, time, commitment, and feasibility of implementing the actions. The top (1 or 2) prioritized action(s) will serve as part of their school's School Health Improvement Plan. The teams may develop short-term (e.g., fruit and vegetable taste-testing day) and/or long-term (e.g., year-long walking club for staff) School Health Improvement Plans. Students must outline each priority action to be implemented and the steps associated with carrying out the procedures, delineate responsibilities to school or community members, and develop a timeframe in which to complete tasks.

Step 6. Presentation to Peers

Each team shall create a 10-15 minute presentation documenting their steps, findings, recommendations, and teamwork efforts conducting the SHI. Students will present their findings to their peers and be encouraged to answer student questions and facilitate class discussions.

Step 7. Report to Schools

Each team shall create a report to give to the principal of the school in which the SHI was conducted. The 10-20 page report should include the description of the school and community, an explanation of the Coordinated School Health Program model and each of the components, the purpose of the School Health Index, the specific module that the team used to assess the school's health practices, a general description of how the information was gathered (e.g. interview with cafeteria manager after lunch), the score card results, strengths and weaknesses, priority ideas, and recommended School Health Improvement Plan. In addition, each student will provide an individual reflection of "lessons learned" from participating in this community engagement project.

Step 8. Presentation to Faculty, School Representatives, and other Guests

The instructor will merge student's final presentations into one presentation (approximately 45 minutes for the presentation and 15 minutes for audience questions and discussion) highlighting contributions of each team's journey, findings, and recommendations. An overall picture of the local schools' and communities' average Score Card results and recommendations should be detailed. Students may explain how their participation and community-collaboration in this project relates to CHES responsibilities. The instructor should post the final presentations online for students to use as a resource for future SHI assessments.

ASSESSMENT PROCEDURES

The instructor will assess each student's CHSP and SHI presentation individually. Then, each of the students will assess individual, as well as team member's (independently and confidentially) contribution to the presentation. The instructor's assessment score will be added to the student's self-assessment score and averaged team member's-assessment score to produce a final CSHP score and then again for the SHI score. Table 1 shows the Instructor's, Self-, and Team Member's-Assessment Rubric.

The instructor will asses each student's Report to the Schools individually. Then, as described above, each student will assess their individual, as well as each team member's contribution to the report. In addition, although not mandatory, the instructor will ask the principal of each school if he/she would like to complete an assessment rubric for the entire team's report. The instructor's, student's self-assessment score, and averaged team member's-assessment will be added for a final Report to the Schools score. The optional principal's score will be discussed with the students however will not be included in the final score.

To qualitatively assess each student's journey through the class project, each student will keep a journal to document their process through conducting the SHI and working with team and community members (process evaluation). The dynamics of the team's collaboration, students' perception of their presence in the community, a final synthesis of how the SHI can be used to improve CSHP, and how the AAHE and CHES standards were met throughout their participation in this project should be described in a 5-7 page reflection (impact evaluation) describing the overarching themes emerging from their journaling. Journals and reflection papers should be graded for content and clarity.

RESULTS

The students articulated how their participation and collaboration in this project increased their confidence in coordinating school and community teams to conduct the School Health Index. Furthermore, the students and school principals both felt a strengthening of the bond between the university and school. The students' presentation highlighted their accomplishments in bridging the gap between the health knowledge, attitudes, and skills gained in academia and their application to school and community settings. As described in the students' reflection papers, students indicated that their willingness to collaborate and ability to problem-solve in teams and with community members, along their ability to connect the implementation of the SHI to health educator's competencies, have prepared them to be effective health educators. As a result of the actual implementation of this community engagement project, the "Site Coordinator" encouraged the students to submit their project for a statewide professional conference.

DISCUSSION

The intention of this teaching strategy was to help students gain experience using a reputable needs assessment framework; collaborating with team, school, and community partners; and to hone in on research, planning, implementation, communication, and networking skills. This project was conducted recently by health education, physical education, and health promotion students at a midsize university in Kentucky. Since poor health and poverty are common in the region where many of the students conducted their SHI, and since the health of American children is significantly influenced by lifestyle-related behaviors often adopted during childhood,[9] health educators should be competent in assessing health programming in their schools and making recommendations for improvement.

Building university, school, and community partnerships to address public health concerns is a critical need in communities. Many students who graduate from the regional university in which this project was implemented return to their

hometowns to work. These health education graduates can improve poor, rural communities' quality of life by coordinating health promotion and quality health and physical education programming. A competent graduate fulfilling CHES competencies, with the knowledge, attitudes, and skills to coordinate and conduct the School Health Index can be a valuable leader in a school system and community.

REFERENCES

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Table 1: Instructor's-, Self- and Team Member's-Assessment Rubric for CSHP/SHI Presentations

Instructor's-, Self-, and Team Member's-Assessment Rubric for CSHP/SHI Presentations			
Directions: • Your instructor will complete this Assessment Rubric based on your CSHP presentation and then again for your SHI presentation. (30 points) • You will complete this Assessment Rubric based on your CSHP presentation and then again for your SHI presentation. (30 points) • You will complete this Assessment Rubric based on each of your team members' contributions to your CSHP presentation and then again for your SHI presentation. Each team member's scores will be averaged and added to your CSHP Score and SHI Score. (averaged 30 points) • The maximum final score for CSHP may be 90 points. The maximum final score for SHI may be 90 points.			
Student/your/team member's name: _____	Does Not Meet Expectation	Meets Expectation	Exceeds Expectation
Clarity of slides	0	1	2
Content of slides	0	1	2
Ability to verbally communicate content	0	1	2
Ability to answer questions and facilitate discussion	0	1	2
Description of contact person(s) and meeting(s)	0	1	2
School characteristics addressed	0	1	2
Community characteristics addressed	0	1	2
Score Card Items completed	0	1	2
Strengths addressed	0	1	2
Weaknesses addressed	0	1	2
Actions developed	0	1	2
Actions prioritized according to importance, cost, time, commitment, and feasibility	0	1	2
School Health Improvement Plan action, steps, and delineation	0	1	2
Final synthesis of utilizing SHI to assess and improve CSHP	0	1	2
Final synthesis of conducting the SHI as it relates to CHES and AAHE/NCATE	0	1	2
		Total points	
		Instructor's-Assessment Score (Total points / 30 possible points) or Self-Assessment Score (Total points / 30 possible points) or Peer-Assessment Score (Total points / 30 possible points)	___/30

Table 2. Procedures Checklist

Approximate Time Frame	Goal
Prior to implementing project	Instructor will establish relationship, discuss project scope and sequence, and gather contact information of key informants in the schools • Meet with university departments or leaders who foster community engagement initiatives • Meet with school principals, teachers, and/or other school leaders If choosing to use paper format, order copies of SHI for students
Weeks 1 – 4	Part 1: Coordinated School Health Program • Students choose teams, components of CSHP, and present component
Week 5	Part 2: School Health Index (SHI) • Students review research articles
Weeks 5 – 8	Step 1. Describe the School • Students gather epidemiological, social, health information from online sources
Weeks 5 – 8	Step 2. Score Card • Students meet with school members to gather Score Card information
Weeks 7 and 8	Step 3: Strengths/Weaknesses and Recommendations • Students access school health improvement resources to bridge weaknesses with strengths
Weeks 9 and 10	Step 4. Site Coordinator Meeting • Students schedule meeting with instructor to review Score Card, Strengths/Weaknesses, and Recommendations
Weeks 10 and 11	Step 5. School Health Improvement Plan • Students meet with their teams to discuss School Health Improvement Plans
Weeks 12 and 13	Step 6. Presentation to Peers • Students present their school's results and their recommendations
Week 13	Step 7. Report to Schools • Students deliver their Reports to their school principals
Week 14	Step 8. Presentation to Principals, Faculty, and other Guests • Instructor and students will mail invitations to principals, faculty, and other guests to attend the presentation

Table 3. Sample Score Card from SHI Manual

SHI Score Card Module 7: Health Promotion for Staff				
	Fully in Place	Partially in Place	Under Development	Not in Place
Health screening for staff	3	2	1	0
Stress management programs for staff	3	2	1	0
Promote staff participation	3	2	1	0
Training for staff on conflict resolution	3	2	1	0
Training for staff on first aid and CPR	3	2	1	0
Programs for staff on physical activity/fitness	3	2	1	0
Programs for staff on healthy eating/weight management	3	2	1	0
Programs for staff on tobacco-use cessation	3	2	1	0
Programs for staff on asthma management/education	3	2	1	0
			Total points	
Module 7: Health Promotion for Staff Score (Total points / 27 possible points) x 100				___%