

***Quest for Healthy Schools: A Program Evaluation of School Wellness Efforts in
SNAP-Ed Eligible Alabama Schools***

by

Jamilah Page

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Approved by

Barbara J. Struempfer, Chair, Professor and Associate Dean of Human Science and Extension
Sondra M. Parmer, Co-chair, Program Leader for Nutrition Programs (AU ACES)
Jared Russell, Professor of Kinesiology
Onikia Brown, Associate Professor of Nutrition and Extension Nutritionist
Alicia Powers, Managing Director of Hunger Solutions Institute (College of Human Sciences)
Kamden Strunk, Associate Professor of Educational Research

Abstract

Promoting a healthy school environment may be a key component in the prevention of childhood obesity,^{1,2} a condition disproportionately affecting students from limited resource, low-income populations.^{3,4} *Quest for Healthy Schools* (QHS) is a school wellness initiative seeking to influence school wellness policies, systems and environments (PSE) in Alabama schools serving limited resource, low-income populations as well as their organizational readiness to implementing change. Through QHS, Alabama SNAP-Ed at Auburn University serves as an intermediary between the national *Alliance for a Healthier Generation (AHG) Healthy Schools Program* and local schools to support these schools in overcoming barriers to school wellness policy implementation. The program evaluation for *Quest for Healthy Schools* utilized a quasi-experimental, one-group pretest-posttest case study design including both quantitative and qualitative components. The initiative used a stratified purposeful sampling method because it targets SNAP-Ed eligible schools in Alabama. All schools participating in QHS have at least 50% or more of the student population receiving free or reduced-price meals. Five school partners completed the full QHS protocol and school wellness process. These five schools were used in this program evaluation. Variables of interest included schools' organizational readiness for implementing change and current nutrition and physical activity policies, systems and environments. School Wellness Committee members completed a pre and post Organizational Readiness for Implementing Change (ORIC) survey individually and the *AHG Healthy Schools Program School Wellness Assessment* collectively. The surveys and assessments were collected for quantitative analysis and outcome evaluation. Structured interviews, based on the Centers for Disease Control and Prevention's (CDC) Evaluation Framework Interview Guide, were conducted with three of the five School Wellness Champions.

SNAP-Ed site reports for school partners were submitted by local SNAP-Ed educators. These interviews and detailed demographic and program data reports for QHS school partners were used for qualitative analysis and process evaluation. Results showed no statistical significance between pre and post ORIC surveys and *AHG Healthy Schools Program School Wellness Assessments*. Although results from the ORIC surveys were not statistically significant, most stakeholders were confident in their school's ability (*efficacy*) to make school wellness PSE changes as indicated by consistent positive ORIC survey responses (\bar{x} (pre) = 3.63, \bar{x} (post) = 3.73). Findings indicated QHS school partners were able to overcome literature-based challenges to school wellness including (1) inability to gain support from key stakeholders, (2) not having adequate tools to support those responsible for implementation and evaluation, (3) lack of time and personnel, (4) not prioritizing school wellness efforts, (5) need for training opportunities and (6) being unfamiliar with school wellness policy requirements.⁵⁻⁸ In the five evaluated QHS schools, Alabama SNAP-Ed supported full implementation of four PSE changes with an additional four PSE efforts still in progress due to the COVID-19 pandemic. This study demonstrated how local intermediaries can be effective in supporting school wellness promotion. Specifically, Cooperative Extension's nutrition educators can be effective outside facilitators and intermediaries for school wellness promotion.

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List of Abbreviations

AHG	Alliance for a Healthier Generation
CBPR	Community-Based Participatory Research
CDC	Centers for Disease Control and Prevention
ORIC	Organizational Readiness for Implementing Change
PEARS	Program Evaluation and Reporting System
PSE	Policy, System and Environment
QHS	<i>Quest for Healthy Schools</i>
SEM	Social Ecological Model
SNAP-Ed	Supplemental Nutrition Assistance Program – Education
The Act	The Child Nutrition and WIC Reauthorization Act of 2004

Introduction

Introduction

School wellness is an ongoing process requiring attention, expertise, collaboration and support. To reduce the effects of the obesogenic built food environments around a school, schools and community partners must work together to strengthen school wellness policies and programs.^{1,2} A collaborative process between a school and the surrounding community can strengthen the promotion of healthy behaviors.^{1,2} This process of engaging community and school stakeholders, building a representative school wellness committee, evaluating the school environment, developing a school wellness action plan specific to the needs of school stakeholders and implementing and ensuring sustainability of a school wellness action plan can be overwhelming to school stakeholders already wearing multiple hats.

For schools serving limited resource, low-income populations, school wellness policy implementation is key in childhood obesity prevention.^{6,9} Students from low-income families are at an increased risk for obesity and comorbidities such as diabetes/prediabetes, hypertension and hyperlipidemia due to low diet quality and food insecurity.^{3,4} Since school wellness policies have the ability to reduce the risk of adolescent overweight and obesity,⁶ these schools must have the strongest wellness policies. However, written wellness policies alone may not be comprehensive enough in capturing wellness efforts ongoing within the school community.⁶

Statement of the Problem

Effective school wellness policies are necessary for schools serving limited resource, low-income populations due to their elevated risk of obesity and comorbidities.^{1,6} However, identification and implementation of school wellness policies are challenging and school

stakeholders face multiple barriers. Identified school wellness barriers include, but are not limited to (1) inability to gain support from key stakeholders, (2) not having adequate tools to support those responsible for implementation and evaluation, (3) lack of time and personnel, (4) not prioritizing school wellness efforts, (5) need for training opportunities and (6) being unfamiliar with school wellness policy requirements.⁵⁻⁸ To combat these challenges, the use of outside facilitators to support school stakeholders in wellness efforts is an identified and possible solution.¹⁰

Community-based organizations can be closely connected to segments of the community, such as neighborhoods and/or varying races or ethnicities. These organizations can add value to the community by acting as an intermediary agent and network coordinator.¹¹ Engagement and active involvement with specific stakeholders creates collaborative partnerships between the intermediary and local entities.^{10,12} Intermediary organizations can act as outside facilitators committed to supporting and providing technical assistance in school wellness activities. School wellness needs have created new opportunities for nutrition professionals to provide technical assistance to the school community.¹³ Nutrition professionals can provide leadership and valuable input to school and community stakeholders in need of accurate and user-friendly information on nutrition and healthy eating, trainings and resources on wellness issues.^{5,14} Specifically, nutrition professionals and educators of intermediary organizations could be the answer to providing the support, expertise and technical assistance in the revision and implementation of school wellness policies related to nutrition and physical activity.

Purpose

Quest for Healthy Schools (QHS) is Alabama Supplemental Nutrition Assistance Program – Education (SNAP-Ed) at Auburn University’s school wellness initiative seeking to

support Alabama schools serving limited resource, low-income populations in improving their school wellness policies, systems and environments related to nutrition and physical activity.

Objectives

1. Determine effectiveness of *Quest for Healthy Schools* in influencing schools' organizational preparedness to implement nutrition and physical activity policies, systems and environments.
2. Determine effectiveness of *Quest for Healthy Schools* in changing school nutrition and physical activity policies, systems and environments.
3. Evaluate processes used by intermediary organizations supporting schools in improving nutrition and physical activity policies, systems and environments.

Hypotheses

Hypothesis 1: *Quest for Healthy Schools* will influence changes in school organizational preparedness to implement nutrition and physical activity policies, systems and environments of partnering Alabama schools serving limited resource, low-income populations.

Hypothesis 2: *Quest for Healthy Schools* will influence changes in nutrition and physical activity policies, systems and environments of partnering Alabama schools serving limited resource, low-income populations.

Significance of the Study

To support school wellness efforts, Alabama SNAP-Ed acts as the vital intermediary and outside facilitator to support school stakeholders in nutrition and physical activity

policies, systems and environmental assessment and implementation. Using the intermediary model creates a partnership between the national policymakers and local entities as well as expands schools' access to resources and assistance. Using Alabama SNAP-Ed as an outside facilitator for schools serving limited resource, low-income populations provides resources and support for these schools to implement wellness efforts. Thus, school wellness barriers can be overcome through the use of an outside facilitator.

Program Overview

The purpose of *Quest for Healthy Schools* is to support Alabama schools serving limited resource, low-income populations in creating a healthier school environment for this at-risk population. Through QHS, Alabama SNAP-Ed at Auburn University serves as an intermediary between the national Alliance for a Healthier Generation's (AHG) Healthy Schools Program and local schools. Using both AHG and SNAP-Ed resources, Alabama SNAP-Ed supports these Alabama schools in overcoming the literature-based barriers to school wellness policy implementation. This initiative brings attention to the need for effective school wellness policy, systems and environmental changes to support healthier school environments. Helping these schools improve their nutrition and physical activity policies and practices can contribute to the positive health behaviors of limited resource, low-income youth.

To implement QHS, SNAP-Ed educators guide and/or support school partners toward school wellness policy implementation including gaining stakeholder buy-in, assembling a School Wellness Committee, assessing the school environment and implementing school wellness policies, systems and environmental changes. To accomplish these goals and using the resources from AHG, Alabama SNAP-Ed developed a seven-step protocol for county SNAP-Ed

educators to implement in QHS/SNAP-Ed eligible schools. Table 1 outlines the seven-step process described by the full QHS protocol.

1	Engage	Identify, recruit and assemble a diverse group of school administrators, teachers, staff, parents and community members as a School Wellness Committee.
2	Assess	Complete the <i>AHG Healthy Schools Program</i> School Wellness Assessment during initial School Wellness Committee meetings.
3	Plan	Support the School Wellness Committee in utilizing strengths and areas for improvement to develop a School Wellness Action Plan including achievable goals.
4	Implement	Involve all stakeholders in taking action.
5		Maintain contact with the School Wellness Committee to document progress and address challenges. At the one-year anniversary of the action plan, repeat the <i>AHG Healthy Schools Program</i> School Wellness Assessment.
6	Celebrate	Encourage continued progress by highlighting successes and rewarding stakeholders.
7	Sustain	Continuously identify new or ongoing strengths and areas for improvement to update the School Wellness Action Plan.

Through the use of community-based SNAP-Ed educators as intermediaries, QHS can reach the small rural and urban schools needing the most support and those who may not be aware of available national resources. Findings from this study will contribute to the standing research reinforcing the need of outside facilitators to support school wellness efforts by providing resources and technical assistance. Also, this intervention supports Cooperative Extension’s National Framework for Health and Wellness, which calls on Extension professionals to work together to increase the number of healthy Americans by creating healthy and safe environments and improve individuals’ preventive health behaviors.¹⁴ *Quest for Healthy*

Schools contributes to this goal by supporting population-wide school wellness efforts to create healthy school environments for at-risk youth. Lastly, findings from this initiative contribute to the limited research of utilizing intermediary relationships to bridge the gap between national school wellness mandates and local change.

Literature Review and Manuscript/Article 1

The Need for Cooperative Extension in School Wellness Efforts for Low-Income Students

Submitted to the *Journal of Extension* on October 3, 2020.

Abstract

School wellness is an ongoing process requiring attention, expertise, collaboration and support. The process of engaging community and school stakeholders, evaluating current wellness policies, implementing new policies and ensuring sustainability can be overwhelming to school stakeholders wearing multiple hats. Outside facilitators, such as nutrition professionals and educators of CES, can be vital in providing the support, expertise and technical assistance to school wellness leaders for PSE changes related to nutrition and physical activity.

Keywords: School Wellness, Intermediary, Low Income, Policies

Introduction

Youth spend more time at school than any other setting other than home.^{15,16} Children in the United States attend school about 180 days a year for approximately 6 hours each day.¹⁷ In school, students have access to school breakfast, school lunch, à la carte choices, vending machine items, fundraiser purchases or foods offered at celebrations.¹⁸ Students also have access to physical education, recess and other physical activity opportunities throughout the school day.¹⁹ With students spending much of their time at school, the quantity and quality of foods, beverages and physical activity opportunities are important for the development of healthy habits. Children with healthy eating and physical activity habits perform better academically, have greater concentration, lower obesity rates, better attendance, classroom behavior and self-esteem.^{9,20,21} Behaviors learned during childhood are often carried into adulthood because the primary school age is critical in the formation of self-preserving attitudes about health.²²

Therefore, schools are a major setting for tackling childhood obesity by targeting nutrition and physical activity.^{15,23,24} Understanding the elements of the school environment and the surrounding community may be the bridge to determining the relationship between schools and childhood obesity.

School wellness reform does not take place only within school walls and on school grounds. The Academy of Nutrition and Dietetics posits that schools and communities have a shared responsibility to provide students with access to high-quality, affordable, nutritious foods and beverages.²⁵ To reduce the effects of obesogenic built food environments around schools, schools and community partners must work together to strengthen wellness policies and programs.^{1,2} A collaborative effort between the school and community can strengthen the promotion of positive health behaviors.

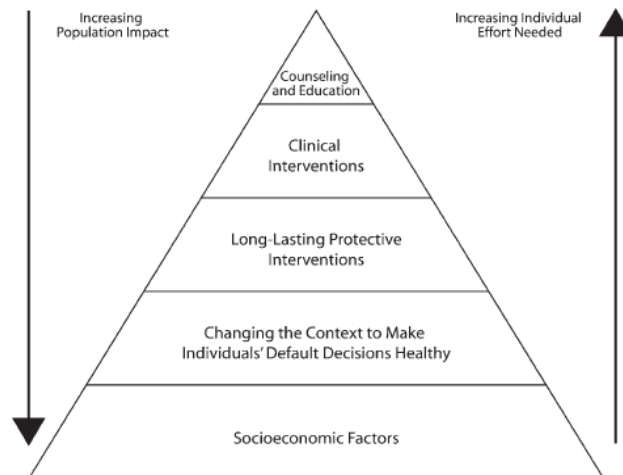
Policy, Systems and Environmental (PSE) Changes Through Public Health Interventions

Public health interventions have been used to improve the health of individuals. A framework for public health action is the health impact pyramid (Figure 1) defining the five levels/tiers at which public health interventions are used.²⁶ Tier 1, the base of the pyramid, addresses socioeconomic factors impacting health. Tier 2 addresses changing the context/environment to impact individual behaviors. Long-lasting protective interventions (tier 3) include approaches such as immunizations while clinical interventions (tier 4) include ongoing care and medication. Counseling and education (tier 5) represents health education during clinical encounters and other settings.

Frieden (2010) states that both tier 1 and 2 have the greatest population-wide impact. Socioeconomic factors (e.g., poverty reduction, improved education) are among the social determinants of health, and this tier is noted to have the greatest potential to improve health.

However, interventions that change the context for individual behavior (tier 2) are generally the most effective public health actions. Changing the context and environment to promote individual positive health behaviors impacts all regardless of income and education (socioeconomic factors).

Figure 1 – The Health Impact Pyramid²⁶



Mandatory folic acid fortification of cereal grain products to reduce neural tube defects (NTDs) in infants is an example of a nutrition-related tier 2 intervention by the Centers for Disease Control and Prevention (CDC).²⁷ It is also noted as one of the CDC's 10 Great Public Health Achievements. One key component to the effectiveness of this intervention was the mandatory fortification. New policies required cereal grain products to include folic acid, and systems were established to incorporate folic acid in these products. This resulted in an environmental change of more folic acid available for consumption. These changes contributed to a 36% reduction in NTDs from 1996 to 2006 and prevented an estimated 10,000 NTD-affected pregnancies in the past decade, resulting in a savings of \$4.7 billion in direct costs.²⁷ These findings demonstrate the value of PSE changes in public health interventions.

The CDC encourages the dissemination of evidence-based strategies using a PSE improvement approach for the prevention of chronic diseases.²⁸ PSE improvements target policies, systems and the physical environment to change a context/environment for large, population-wide impacts (tier 2).^{26,28} Therefore, public health organizations have a strong focus and expertise in population-based health improvement strategies such as PSE.²⁹

School Wellness Policies

Local school wellness policies provide opportunities to address school nutrition environments by promoting healthful eating and active living.³⁰ Key components to the prevention of adolescent obesity are the implementation and sustainability of school wellness policies addressing school environments and differences in the populations they serve.⁵ Strong wellness policies promote environments enhancing nutrition integrity and the development lifelong healthy habits.²⁵ School policies, such as enabling students to have at least 25 minutes of seated lunch time, can lead to improvements in students' diets.³¹ Liou et al. (2015) found that a revised school policy requiring a dietitian be on staff resulted in lower obesity rate.

The Child Nutrition and WIC Reauthorization Act of 2004 mandated school districts participating in the National School Lunch Program (NSLP) adopt and implement a local wellness policy by the 2006-2007 school year.³⁰ The legislation outlined the following required wellness policy components: (1) goals for nutrition education, physical activity, and other activities to promote student wellness; (2) nutrition guidelines for school meals and for all foods available on school campus during the school day; (3) an assurance that nutrition guidelines for school meals would not be less restrictive than the federal guidelines; (4) a plan for measuring implementation of the local wellness policy, including designation of a person with operational responsibility for ensuring requirements are met; and (5) the involvement of parent, student,

school nutrition, school board, school administration, and public representatives in the development of the local wellness policy.³⁰ However, the newly established school wellness policies were generally weak, varied greatly, did not require evaluation of the implementation or effectiveness and did not include provisions for reviewing or revising the policy.³⁰ Although progress has been made, limited funding and other resources make difficult to prioritize wellness practices.²⁴

School Wellness Policies and Low-Income Students

Schools serve students from all walks of life. From different religions to socioeconomic status, children gather in schools to learn. To accommodate students of different socioeconomic statuses, the United States Department of Agriculture (USDA) developed the National School Breakfast Program and National School Lunch Program to provide free or reduce-priced meals to over 30 million students from low-income families every day.^{31,32} Specifically, students from low-income families are at an increased risk for obesity and comorbidities, diabetes/prediabetes, hypertension and hyperlipidemia due to low diet quality and food insecurity.¹ To reduce the effects of the obesogenic built and food environments, strong school wellness policies are needed to promote healthy behaviors.^{1,33} Therefore, a healthy school environment is vital when serving this vulnerable population.

A 2007 study analyzed written school wellness policies related to nutrition and physical activity in Utah schools in response to the federal school wellness policy requirements.¹ To analyze data specific to low-income students, researchers identified low-income students by free and reduced-price meals participation. Wellness policy requirements included compliance with the five general federal recommendations, state recommendations developed by a community coalition, and strength of the language used in writing school wellness policies. Twenty-four

wellness policies were obtained by telephone collection and six were accessed via the school district website. This study found schools serving the highest number of low-income students were more likely to mandate wellness policy items and suggested school districts serving students most vulnerable to obesity and its related health complications have the strongest wellness policies. Researchers concluded that compliance with the Child Nutrition Reauthorization Act may be a positive step toward improving the school nutrition and physical activity environment, but it did not ensure a comprehensive policy. Written school wellness policies of the school district serving low-income students were examined; however, the implementation of these written policies was not analyzed. The researchers concluded schools serving the highest number of low-income students are most vulnerable to obesity and its related health complications. Since school wellness policies have the ability to reduce the risk of adolescent overweight and obesity,⁶ these schools must have the strongest wellness policies. However, written wellness policies may not be comprehensive in capturing wellness efforts ongoing within a school community.⁶ Therefore, further research needs to be conducted to analyze the implementation of these strong wellness policies in schools serving this vulnerable population.

Barriers and Needs

Schools need assistance to meet wellness policy federal mandates.²⁴ Attention to and sustainability of wellness practices require (1) assurance of qualified staff, (2) opportunities for staff development and (3) implementation, evaluation and revision of the policy.²⁴ Similar to research on school nurses' health promotion, lack of time and personnel are recognized barriers to school wellness efforts.⁷ Board members and state association leaders stated that critical barriers were (1) gaining the support of key stakeholders and (2) having adequate tools to

support those responsible for implementation and evaluation.⁵ Food service personnel, principals and school board members have expressed a need for training opportunities regarding policy development because they lack knowledge of wellness policy development.⁶ Other barriers are associated with policy implementation, revision and sustainability of school wellness policies. School employees display a general awareness of the policy yet were unfamiliar with specific requirements.⁸ School employees also expressed concern for students' health but indicated wellness policy implementation was not a high priority.⁸

A 2001 qualitative study aimed to describe school health promotion teams' experiences working with the CDC's School Health Index (SHI) and their subsequent efforts to address nutrition and physical activity in the year following the completion of the assessment.¹⁰ Nine schools from four states were recruited. A staff member assigned to each school was responsible for coordinating the members of the school community to form a school wellness team, act as the school's study liaison and support completion of the SHI. Staff members were instructed to provide their school with either low, moderate or high facilitator involvement. To examine these patterns in more depth, schools were into three categories based on the degree of facilitation assistance they received from staff members: low facilitation (LF), moderate facilitation (MF), and high facilitation (HF). Staff in the LF group completed the SHI with no outside assistance. In the MF group, a district administrator supported staff in completing the SHI but did not continue to meet with them subsequently. HF schools worked with an outside facilitator from a community-based nonprofit organization to complete the SHI and continued to meet regularly with them throughout the school year. HF Participants stated that facilitators helped garner support from the administration before the SHI assessment began and secured administrative commitment to allow the team to meet regularly and to implement initiatives decided upon by

the team. For team structure, HF participants stated facilitators guided schools toward using a team structure recommended by CDC to complete the assessment and implement initiatives. The facilitator supported team structure by ensuring school and local community key stakeholders were on the team. Team meetings were held regularly and conducted with an emphasis on consensus building and management of group tensions and conflict. LF and MF schools did not receive full support from the school principal before embarking on the SHI self-assessment; the principals did not participate in team meetings nor did they agree to implement recommendations from the team. This study indicated school experiences differed depending on the level of help from an outside facilitator to work with the SHI. School staff working with highly involved outside facilitators stated they completed the SHI in a collaborative way, created action plans, worked as a team to implement health promotion initiatives and increased collaboration across the school and local communities in order to achieve goals. This study concluded that outside facilitators may significantly enhance schools' efforts to work with the SHI and influence the organizational strategies used to implement health promotion initiatives.

Intermediaries

Intermediaries can be a variety of entities, from individuals to organizations to collaborative groups, who engage and conduct activities in some way to different stakeholders to develop stronger communities.^{11,34} Intermediaries contribute to the overall governance process and promotion of intended policy outcomes providing empirical evidence to policymakers and practitioners through their promotion of programs, supervision and administration of paperwork, support, and funds.^{11,34} Specifically, the concept of the community-integrated intermediary explains how intermediary organizations help fill the void between federal capacity-building grants through their associated outputs, immediate outcomes, and intended longer-term impact.¹¹

Therefore, intermediary entities can support local efforts, programs and institutions in meeting the national standards.

Effective community-based intermediary organizations can be closely connected to segments of the community, such as neighborhood, race or ethnicity, by acting as an intermediary agent and network coordinator.¹¹ Engagement and active involvement with specific stakeholders creates collaborative partnerships between the intermediary and local entities. These collaborative partnerships will target the assumptions of (1) the goal cannot be achieved by one individual or group, (2) including diverse individuals and groups who represent issue or target population and (3) shared interests among the prospective partners make consensus possible.¹² Using intermediaries and collaborative partnerships can enhance the governance process and influence long-term impacts on the targeting issues or populations.

Intermediaries in School Wellness PSE Efforts

Local schools must follow the national school wellness guidelines and recommendations. School wellness promotion programs such as Action for Healthy Kids and Alliance for a Healthier Generation, along with the United States government (agencies such as the CDC), have developed school wellness team best practices, however, the prevalence of meeting best practices varies.³⁵ Written wellness policies are needed but action behind them is key. With so many barriers and challenges school and community stakeholders face, a creative and innovative approach is required.

Intermediaries can bridge the gap between the best practices determined by national organizations and ensuring the best practices are being implemented at the local level. Intermediaries can be valuable in addressing the process of development and implementation of school wellness policies. Collaborative partnerships between outside facilitators/intermediaries

and schools serving limited resource, low-income populations may be a creative and effective way to address school wellness. These high-need schools encounter the same barriers in school wellness as others, but have an increased risk of obesity. Therefore, partnering outside facilitators/intermediaries with these schools must aim to support the school in revising their school wellness policies specifically related to nutrition and physical activity.

Cooperative Extension Service

Prevention and management of chronic diseases is a national priority with a well-documented research base.¹⁴ In response to this national priority, The Extension Committee on Organization and Policy (ECOP) released the Cooperative Extension's National Framework for Health and Wellness in 2014. This framework called on all Extension professionals to work together and increase the number of healthy Americans by creating healthy and safe environments and improving individuals' preventive health behaviors.¹⁴

Schools are ideal settings to initiate change, and Extension educators are ideally positioned to partner in this change.³⁶ The Cooperative Extension Service (CES) works broadly, through its own programs and policies and as a public organizational partner, toward strengthening agricultural and rural economies, enhancing natural resource ecosystems and developing healthy consumers, families, and youth.²⁹ Because of its reach across sectors, Extension has direct lines of access within communities and can help inform the public on policy implementation, changes, and implications.²⁹ Knowing the influence of school wellness policies on the health of children from limited resource, low-income populations, CES' expertise in policy implementation, changes and implications would be valuable in eliminating the barriers of school wellness efforts.

Conclusion

School wellness is an ongoing process requiring attention, expertise, collaboration and support. The process of engaging community and school stakeholders, building representative school wellness committees, evaluating school environments, developing an action plan specific to the needs of school stakeholders, implementation and sustainability can be overwhelming the school stakeholders wearing multiple hats. Schools serving children from limited resource, low-income populations could benefit from public health interventions targeting the school wellness policies in the prevention of childhood obesity. Specifically, outside facilitators, such as nutrition professionals and educators of CES, can be vital in providing the support, expertise and technical assistance in the school wellness PSE changes related to nutrition and physical activity.

Abstract

School wellness is an ongoing process requiring attention, expertise, collaboration and support. The process of engaging community and school stakeholders, evaluating current wellness policies, implementing new policies and ensuring sustainability can be overwhelming to school stakeholders wearing multiple hats. Quest for Healthy Schools (QHS) is an Extension initiative designed to support schools serving children from limited resource, low-income populations in developing and implementing school wellness policies and practices to prevent childhood obesity. In QHS, Extension nutrition professionals are vital in providing the support, expertise and technical assistance to school wellness leaders for policy changes related to nutrition and physical activity.

Keywords: School Wellness, Extension, Intermediary, Outside Facilitator, Policy

Introduction

Schools are a major setting for tackling childhood obesity by targeting nutrition and physical activity.^{15,23,24} School wellness policies designed to promote nutrition and physical activity in the school environment are key components to the prevention of childhood obesity.^{31,37} These policies especially benefit schools serving limited resource, low-income populations who have an increased risk of obesity and comorbidities due to low diet quality and food insecurity.¹

However, a recent review found the degree to which schools met national recommendations for school wellness was varied and school wellness policies were generally

weak.³⁵ Although some progress has been made, limited funding, time and personnel make it difficult for schools to prioritize wellness practices.²⁴ Schools need assistance to meet wellness policy federal mandates.²⁴

A Job for Cooperative Extension System

The Cooperative Extension Service (CES) works broadly, through its own programs and policies and as a public organizational partner, to strengthen agricultural and rural economies, to enhance natural resource ecosystems and to develop healthy consumers.²⁹ Because of its reach across sectors, Extension has direct lines of access within communities and can help inform the public on policy implementation, changes, and implications.²⁹ Leveraging the relationships of CES with local entities may bridge the gap in achieving best practices and meeting national mandates. Specifically, trained Extension nutrition professionals as outside facilitators can provide the leadership, resources and technical assistance to help schools meet and exceed national wellness policy requirements that ultimately benefit students and communities.

Collaborative partnerships between Extension and schools serving limited resource, low-income populations may be a creative and effective way to improve school wellness. School staff working with highly involved outside facilitators stated they completed a school wellness assessment in a collaborative way, created action plans, worked as a team to implement health promotion initiatives and increased collaboration across the school and local communities in order to achieve goals.¹⁰ Thus, outside facilitators may significantly enhance local school wellness efforts and influence the organizational strategies used to implement health promotion initiatives.¹⁰ Specifically, schools that seek Extension support for collaborative school wellness projects may be more likely to participate in health-focused activities.³⁶ Therefore, using

Cooperative Extension as an outside facilitator for schools and an intermediary for national school wellness organizations may be beneficial in school wellness promotion.

Quest for Healthy Schools

Alabama Supplemental Nutrition Assistance Program – Education (SNAP-Ed) has given leadership to the revitalization of the federally mandated School Wellness Committee. Through a new, innovative collaboration, *Quest for Healthy Schools* (QHS), Alabama SNAP-Ed at Auburn University serves as an intermediary between the national Alliance for a Healthier Generation (AHG) Healthy Schools Program and local schools. QHS aims to influence nutrition and physical activity policies, systems, environments and practices in schools serving limited-resource populations.

In adherence to federal SNAP-Ed guidance, schools participating in *Quest for Healthy Schools*, must have 50% or more students receiving free or reduced-price meals. School eligibility is confirmed using data from the Alabama Department of Education.

Using the resources from AHG, Alabama SNAP-Ed developed a seven-step process for county SNAP-Ed educators to implement in eligible schools (Table 1).

1	Engage	Identify, recruit and assemble a diverse group of school administrators, teachers, staff, parents and community members as a School Wellness Committee.
2	Assess	Complete the <i>AHG Healthy Schools Program</i> School Wellness Assessment during initial School Wellness Committee meetings.
3	Plan	Support the School Wellness Committee in utilizing strengths and areas for improvement to develop a School Wellness Action Plan including achievable goals.
4	Implement	Involve all stakeholders in taking action.

5	Evaluate	Maintain contact with the School Wellness Committee to document progress and address challenges. At the one-year anniversary of the action plan, repeat the <i>AHG Healthy Schools Program School Wellness Assessment</i> .
6	Celebrate	Encourage continued progress by highlighting successes and rewarding stakeholders.
7	Sustain	Continuously identify new or ongoing strengths and areas for improvement to update the School Wellness Action Plan.

Trained Alabama SNAP-Ed educators used their previously established relationships with schools to recruit school partners, engage school stakeholders and assemble diverse School Wellness Committees of school administrators, teachers, staff and community members. Educators supported School Wellness Committees in completing and analyzing the AHG Healthy Schools Program School Wellness Assessment. Using assessment findings, School Wellness Committees identified strengths and opportunities to develop and implement customized School Wellness Action Plans. SNAP-Ed educators supported schools in implementing their Action Plans in various ways such as building additional partnerships with other organizations (e.g. 4-H and the United Way) and providing trainings or professional development opportunities for school faculty and staff.

During the 2019-2020 school year, five schools successfully assembled active school wellness committees, made up of principals, teachers, school staff and community members. All schools completed School Wellness Assessments and developed action plans. Action plans included focusing on physical activity breaks throughout the day, developing school wellness grant submissions, establishing school gardens, implementing breakfast in the classroom and

increasing access to physical activity through bicycle rodeos, color runs, and safe routes to school. Through these action plans, 1,946 school students and staff were impacted.

Conclusion

Leveraging the expertise of CES professionals and their relationships within local communities is a key component in influencing school wellness policies and practices that prevent obesity and support improved health of children.

Methodology

Human Subjects Approval

The Institutional Review Board (IRB) proposal for this study, AU IRB protocol #18-239 EP 1807 ("*Quest for Healthy Schools*"), was submitted and approved. For all approved and stamped information letters per renewal year and consent forms, see appendix A.

Program Description

The *Quest for Healthy Schools* (QHS) school wellness initiative aimed to support Alabama schools serving limited resource, low-income populations in becoming healthier places to learn. QHS engaged school and community stakeholders to assess the school environment (including the community around the school), identify strengths and weakness, develop a plan of action and implement new PSE efforts for a healthier school culture. To achieve this goal, Alabama SNAP-Ed collaborated with the Alliance for a Healthier Generation (AHG) to implement QHS. AHG is a national organization committed to kids' development of lifelong healthy habits. Alabama SNAP-Ed at Auburn University, who specifically targets limited resource, low-income individuals, served as an intermediary for the AHG Healthy Schools Program using the QHS initiative. QHS utilized the established relationships between Alabama Extension and community members to engage school stakeholders and support school wellness efforts.

Preparation for QHS implementation consisted of SNAP-Ed personnel trainings and a detailed protocol; however, specific school wellness efforts and programs were determined by school and community stakeholders. The Interactive Model of Program Planning recognizes the pragmatic approach for program planning as adapting to "real-world constraints," which takes into consideration the changing conditions and the complexity of practice.³⁸

This approach also openly addresses issues of power and control to carefully assess the context and environment the program is targeting, an important determinate of what direction a program should take.³⁸ Therefore, the pragmatic program approach and protocol was used for flexibility and general application for all school partners regardless of school wellness goals. This approach allows the QHS protocol to be a customizable framework for school partners to implement various school wellness efforts.

Utilizing a pragmatic curriculum development approach, QHS followed a general/flexible seven-step process: engage, assess, plan, implement, evaluate, celebrate, sustain. This allowed the goals and needs of the schools to direct the initiative. The QHS protocol was created to guide SNAP-Ed educators and included recruitment flyers, Organizational Readiness to Implement Change (ORIC) survey, AHG *Healthy School Program* School Wellness Assessment, worksheets and instructions. Also, supplemental protocol materials such as email templates, agenda templates and AHG/SNAP-Ed resources per assessment item were developed. All materials were available to educators electronically. The full QHS protocol is included in appendix B.

After the QHS training and protocol review, SNAP-Ed educators identified potential school partners and submitted their names for approval. If the school met the eligibility criteria, SNAP-Ed educators were informed and allowed to recruit the school. In recruiting the school, the SNAP-Ed educator recruited and obtained verbal commitment from a School Wellness Champion. School Wellness Champions were liaisons who represented their school within the QHS initiative. Once the educator received commitment from a School Wellness Champion, the two met with the school administrator to obtain permission to conduct QHS in the school.

After receiving permission from the school administration, partnering schools and School Wellness Champions were supported in assembling representative School Wellness Committees. The School Wellness Committees consisted of school personnel and members of the local community such as principals, assistant principals, physical education teachers, health education teachers, classroom teachers, school nutrition services managers, school counselors, school psychologists or social workers, school nurses, bus drivers, janitors or custodial workers, facility and maintenance staff, parents or other family members, community-based health care and social services providers, community health organization representatives (e.g., American Cancer Society) and local health department staff members. These committees were typically comprised of 6-12 members.

During the first School Wellness Committee meeting for each partnering school, the trained SNAP-Ed educator facilitated a meeting with members of the School Wellness Committee to review the QHS Information Letter and individually complete the ORIC survey. During the second and third School Wellness Committee meetings for each partnering school, the trained SNAP-Ed educator supported the School Wellness Champion and School Wellness Committee in assessing their school environment by collectively completing the *AHG Healthy Schools Program* School Wellness Assessment. Assessment data were disseminated as a report to the School Wellness Champion and School Wellness Committee. The trained SNAP-Ed educator and School Wellness Champion guided the School Wellness Committee in reviewing the report and developing a School Wellness Action Plan focused on specific goals for improving policies and practices related to nutrition and physical activity. The goals were tailored to the specific needs of the school and varied among partnering schools. School Wellness Champions and School Wellness Committees led the implementation of School

Wellness Action Plans with trained SNAP-Ed educators providing technical assistance and support.

After School Wellness Committees implemented the action plans for one year, trained SNAP-Ed educators facilitated a meeting for members of the School Wellness Committee to complete the ORIC survey individually for a post-survey and the *AHG Healthy Schools Program* School Wellness Assessment as a group for a post-assessment. SNAP-Ed educators also submitted detailed PSE reports for each school partner with the Program Evaluation and Reporting System (PEARS). School partners were encouraged to repeat the QHS process and set new school wellness goals.

Theoretical Framework for OHS

Social Ecological Model

The social ecological model (SEM) is a health behavior theory used in health promotion and health education.^{39,40} SEM explains health behavior as a result of internal and external factors.^{39,40} These factors are grouped into the individual, interpersonal, institutional, community and societal constructs or levels of health behavior theories.^{39,40} The individual level describes the impact of personal attitudes, beliefs and experiences on health, while the interpersonal level describes how others influence health behaviors.^{39,40} The institutional level acknowledges how the rules and regulation of an informal structure (e.g. workplace) can impact health behaviors and the societal level recognizes the social norms influencing health decisions.^{39,40} The community level recognizes the role of community/social systems on one's health.^{39,40} SEM targets all health behavior theory constructs by changing the environment to change individual behavior.^{39,40} This theory recognizes how the dynamic interplay among various factors at different levels impact health behavior, knowing that the changing of one level impacts all of

them.^{39,40} QHS utilizes the SEM framework to support population-wide impact through PSE efforts.

When creating health promotion programs using a framework of SEM, the program will intervene at each major level to have population-wide impact.⁴¹ This is an advantage of using SEM in a health promotion program because of its ability to reach people through community change.⁴¹ This is the rationale behind why SEM is supported by the 2015-2020 Dietary Guidelines for Americans as an approach to create healthier environments and is supported by the Extension Committee for Organization and Policy for policy change.^{14,42} Another strength of using SEM is its relationship to PSE changes. SEM uses these various levels to encourage successful PSE change, an evidence-based approach supported by the Centers for Disease Control and Prevention (CDC) and Program Evaluation of Public Health.^{28,40} One weakness concerning SEM is the need for sufficient manpower, reach or resources to successfully implement a program targeting each level.⁴⁰ Therefore, collaborations and partnerships with other organizations may be beneficial. To ensure successful population-wide change, schools must be prepared with adequate staff and resources to implement PSE changes. Therefore, the assessment of school partners' organizational readiness (i.e. preparedness) was included in QHS program development to properly account for this weakness in SEM.

Community-Based Participatory Research

SEM is the framework for the initiative, however, QHS incorporates an additional research approach to ensure stakeholder engagement and sustainability. Community-based participatory research (CBPR) is a research approach used to encourage knowledge creation and identifying barriers and facilitators of social change.⁴³ CBPR originated in public health as a traditional way of involving the community in public health decisions.⁴⁴ Community

involvement builds community capacity and increases the likelihood of intervention sustainability through existing social structures.⁴⁴ The relationship between researchers and community members is the foundation for making community change.

CBPR was incorporated in QHS using the pragmatic program approach. Alabama SNAP-Ed developed a formal protocol for SNAP-Ed educators to use, however, specific school wellness efforts were determined by the school and community stakeholders. Utilizing a pragmatic program approach allowed School Wellness Committees to assess their school environment and determine the PSE efforts best suited for their individual schools. This flexible and customizable QHS protocol supported school partners in making attainable and realistic PSE changes based on the needs and resources available to individual schools.

Research Design

Program evaluation for QHS used a one-group pretest-posttest, case-study approach including both quantitative and qualitative components, consistent with Stufflebeam and Coryn.⁴⁵ Specifically, this case study follows Robert Yin's type 4 multiple-case embedded design. Variables of interest are partnering schools' organizational readiness for implementing change and current nutrition and physical activity policies, systems, environments and practices.

Variables

Organizational readiness for implementing change is a multi-level construct assessed at the individual and supra-individual levels (e.g. team, department or organization) and is vital for successful implementation of new policies, programs and practices.⁴⁶ Organizational readiness for implementing change is a shared psychological state where individuals feel committed in implementing organizational change.⁴⁷ Organizational members must be confident in their ability to implement organizational change as a collective effort because readiness for change requires changing strategies (changing processes) and a learning culture (changing of

context).^{47,48}

The Child Nutrition and WIC Reauthorization Act of 2004 (the Act) requires schools and school districts to develop school wellness policies with the following components: (1) goals for nutrition education, physical activity, and other school-based activities to promote student wellness; (2) nutrition guidelines for all foods available on school campuses during the school day (including competitive venues); (3) assurance that guidelines for reimbursable school meals meet or exceed federal guidelines; (4) a policy implementation plan, including identifying a responsible person(s); and (5) involvement of multiple stakeholders (e.g., parents, school board members, the public) in developing and implementing the policy.¹⁵ School wellness policies and practices require assurance of qualified staff, opportunities for staff development and policy implementation, evaluation and revision.²⁴ These mandated school wellness policies are intended to support comprehensive school nutrition programs and services.⁴⁹ Careful evaluation of current PSE efforts related to nutrition and physical activity provide an understanding of the current school environment and highlight important changes needed for a healthier school culture.

Population/Sample

Following federal guidelines, Alabama SNAP-Ed serves Alabama SNAP recipients or SNAP-Ed eligible areas and venues. QHS targets children from limited resource, low-income populations who are at an increased risk for obesity and its comorbidities such as pre-diabetes/diabetes, hypertension and hyperlipidemia due to low diet quality and food insecurity.⁴ Schools serving this population tend to have a greater percentage of students receiving free or reduced-price meals.¹ Only SNAP-Ed eligible Alabama schools were allowed to participate in QHS, which required schools to have 50% or more students receiving free or reduced-price meals. This inclusion criteria was confirmed using data from the Alabama Department of Education.

Interested schools who did not meet the SNAP-Ed eligibility criteria were excluded from recruitment and participation in the initiative. SNAP-Ed eligible schools were recruited by Alabama SNAP-Ed educators. Educators used their previous Extension and community relationships to recruit school partners.

Purposeful stratified sampling was used. Only QHS school partners who completed all seven steps, or full implementation, of the QHS protocol were included in the evaluation. At the time of data collection, five school partners completed the full QHS protocol. The data from these five schools were used for the program evaluation analyses. Specifically, data were obtained from the School Wellness Champions and School Wellness Committees of these schools.

Instrumentation

The study evaluated data collected from two validated survey instruments, a reporting system and structured interviews. The two validated instruments used for outcome evaluation included the Organization Readiness to Implement Change (ORIC) survey and the *AHG Healthy Schools Program School Wellness Assessment*, which measured the organizational readiness to implement change and school nutrition and physical activity policies, systems, environments and practices, respectively. The Program Evaluation and Reporting System (PEARS) reports were collected to analyze the processes used by each school partner to implement new school wellness PSE efforts. Structured interviews with School Wellness Champions were conducted to describe the school stakeholder's attitudes and perceptions about QHS.

Organizational Readiness to Implement Change (ORIC) Survey

The Organizational Readiness to Implement Change (ORIC) survey is a valid and reliable instrument used to evaluate an organization's readiness to make organizational change.⁵⁰

The ORIC survey measures if organizational members are confident in their collective *commitment* toward and ability (*efficacy*) to implement organizational change.⁴⁶ Within the 12-question survey, five questions represent *commitment* (survey questions 2, 4, 6, 9 and 11), while seven questions represent *efficacy* (survey questions 1, 3, 5, 7, 8, 10 and 12).⁴⁶ Shea et al. (2014) assessed the psychometric properties of organizational readiness to implement change using a hospital setting. The researcher (1) assessed the content adequacy of organizational readiness to implement change using two web-based surveys with 5-point ordinal scales ('1' indicated a survey item 'does not reflect the concept at all' and a '5' indicated a survey item 'reflects the concept well'); (2) examined the structure and reliability in a hospital's readiness to use electronic health records using surveys with 5-point ordinal scales ranging from 'disagree' to 'agree'; (3) assessed the reliability and validity of an organization's readiness based on aggregated individual data; and (4) conducted a small field study of international non-governmental organizational staff completing an online survey concerning organizational readiness to implement mobile technology in health programs. Reliability analysis showed high inter-item consistency for individual-level scales for change *efficacy* and change *commitment*.⁴⁶ Statistics for inter-rater reliability and inter-rater agreement supported aggregated individual level readiness perceptions in analyzing the organizational level.⁴⁶ The overall study provided evidence to support organizational readiness to implement change as a measure evaluated by aggregated individual data. This ORIC survey is an approved data collection method in the national SNAP-Ed Evaluation Framework and Interpretive Guide recommended for SNAP-Ed use to measure readiness and need, nutrition supports and physical activity and reduced sedentary behavior supports.⁵⁰ Developed by the National

Institutes of Health (NIH), the Organizational Readiness to Implement Change (ORIC) survey is an organizational readiness assessment (appendix C – Part 1).

For QHS, the ORIC survey was modified to address organizational readiness to implement change in a school setting (appendix C – Part 2). The ORIC survey uses a 5-point Likert-type scale.^{46,50} The scales points include (1) disagree, (2) somewhat disagree, (3) neither disagree or agree, (4) somewhat agree and (5) agree. The survey was modified by replacing the subject of the survey from “people who work here” (workplace setting) to “my school”. This was adjusted to frame the survey to address the school environment instead of the workplace. Question structure and order remained the same. The ORIC survey was completed individually by members of each school’s School Wellness Committee.

AHG Healthy Schools Program School Wellness Assessment

The CDC’s School Health Index is a school wellness self-evaluation and planning tool used by schools to identify current nutrition and physical activity policies and practices most likely to be effective in reducing youth health risk behaviors.⁵¹ The topics covered in this assessment are school health and safety policies and environment; health education, physical education and physical activity programs; nutrition environment and services; school health services; school counseling, psychological, and social services; social and emotional climate; physical environment; employee wellness and health promotion; family engagement; and community involvement.⁵¹

The Alliance for a Healthier Generation (AHG) modified CDC’s School Health Index to focus on nutrition and physical activity policies and programs.⁵² The *AHG Healthy Schools Program School Wellness Assessment* measures the PSE outcomes and changes related to

school nutrition and physical activity. *AHG Healthy Schools Program School Wellness*

Assessment (appendix D) contains six modules with a total of 55 questions:

1. Policy and Environment (10 questions)
2. Nutrition Services (12 questions)
3. Smart Snacks (7 questions)
4. Health and Physical Education (12 questions)
5. Physical Activity (8 questions)
6. Employee Wellness (6 questions)

The assessment has answer choices 0, 1, 2 and 3, with each number in the range representing the level of completion or implementation for a referenced PSE effort. Selecting an answer of zero indicates a policy or practice is not in place. An answer choice of one indicates a practice or policy is under development. An answer choice of two indicates a policy or practice is partially in place. Lastly, the answer choice of three indicates a policy or practice is fully in place.

School Wellness Committees collectively completed the assessment using this scale and the number coding (0-3) was used for statistical analysis. The *AHG Healthy Schools Program School Wellness Assessment* is an approved data collection method in the national SNAP-Ed Evaluation Framework and Interpretive Guide.⁵³

The Program Evaluation and Reporting System (PEARS)

The Program Evaluation and Reporting System (PEARS) is a nationally available SNAP-Ed software used by multiple states including Alabama to report community programs, initiatives and efforts. The software, created and coordinated by Kansas State Research and Extension, is used to gather evaluation data and details about PSE progress, implementation and impact at both the individual and the environmental levels.⁵⁴ Specifically, PEARS tracks details about direct education interventions, indirect activities (such as

newsletters, radio interviews, etc.), PSE changes, social marketing, partnerships, coalitions and success stories used for internal and external reporting.⁵⁵

Alabama SNAP-Ed educators used this system to document the processes schools and School Wellness Committees used to implement their PSE action plans. Therefore, PEARS reports for the five evaluated QHS schools were used for program evaluation to provide context and details describing school partners' PSE changes.

School Wellness Champion Interviews

The CDC's Evaluation Framework outlines the use of interviews as a form of data collection for program evaluation of community-based interventions.⁵⁶ For this program evaluation, School Wellness Champion interviews were conducted to evaluate the stakeholder attitudes and perceptions about QHS. Since the School Wellness Champions served as QHS liaisons for their school, interviews with School Wellness Champions were conducted to provide more insight on the QHS process within their school. School Wellness Champions were contacted by SNAP-Ed state staff about participating in the interviews.

The CDC's Evaluation Framework includes the Evaluation Interview Guide, which is used to evaluate a community's impact on the individual members, their organizations, and the public health focus of the community.⁵⁶ This guide is transferable to any community evaluation. Interview questions were modified, adjusted and IRB-approved for QHS (appendix E – Part 2) from the CDC's Evaluation Interview Guide (appendix E – Part 1). Based on the School Wellness Champions' preference, interviews were conducted over the phone or virtual conferencing via the Auburn University Zoom account. Of the five recruited, three School Wellness Champions consented to participate in interviews. Interviews with School Wellness Champions were sent to and transcribed by GMR Transcription.

Procedures

To evaluate QHS as an intervention, four data sources were used. Consistent with Robert Yin's multiple-case embedded design, three embedded program data collection measures were included as program evaluation data.⁴⁵ These data sources include the ORIC surveys (both pre and post), *AHG Healthy Schools Program School Wellness Assessment* (both pre and post) and PEARS Reports. Stufflebeam and Coryn suggest the use of stakeholder interviews for program evaluation.⁴⁵ For further triangulation and evaluation, School Wellness Champion interviews were conducted as the fourth data source.

Prior to interviews, School Wellness Champions were sent an email invitation for QHS interviews (appendix F) as suggested by the CDC's Evaluation Interview Guide with the IRB-approved consent form (appendix A). Based on the School Wellness Champions' preference, interviews were conducted over the phone or virtually via the Auburn University Zoom account. Scheduled interviews were confirmed using the Evaluation Interview Overview Email (appendix G). Recordings were sent to and transcribed by GMR Transcription. Professional transcripts were used in analysis.

Analysis

This case-study analysis follows Robert Yin's multiple case/single analysis approach.^{57(p46)}

Quantitative Analysis

The Wilcoxon Signed Ranked Test was used to analyze the ORIC and AHG Healthy Schools Program School Wellness Assessment (pretest-posttest). The Wilcoxon Signed Ranked Test is the non-parametric equivalent to the paired samples t-test requiring a minimum of five subjects or participants.⁵⁸ To account for changes in School Wellness Committee members,

ORIC survey responses were aggregated by school for a comprehensive survey using the mode or median for each response, a technique justified by Lindstädt et al.⁵⁹

Each assessment was analyzed by subscales. ORIC survey responses were grouped by subscales: *commitment* (survey questions 2, 4, 6, 9 and 11) and *efficacy* (survey questions 1, 3, 5, 7, 8, 10 and 12). The *AHG Healthy Schools Program School Wellness Assessment* responses also were grouped into subscales based on the assessment subtopics Policy and Environment, Nutrition Services, Smart Snacks, Health and Physical Education, Physical Activity and Employee Wellness.

Qualitative Analysis

Following the Qualitative Data Coding Protocol for QHS Program Evaluation (appendix H), PEARS reports and professional transcripts were analyzed qualitatively using Atlas Ti.7 (supported by the CDC)⁶⁰ and consistent with Creswell and Poth.⁶¹ Two trained researchers analyzed PEARS reports and professional transcripts for theme saturation and reliability. Deductive coding or concept-driven coding was the coding system used for this program evaluation.

Results and Findings

All QHS school partners have 50% or more of students receiving free or reduced-price meals. All school partners were allowed to implement school wellness changes within their own timeline. Thus, schools were implementing different steps of the protocol at the time of data collection. Only schools who completed all steps of the QHS process and protocol were used in the program evaluation. Completion of the pre- and post-test for the ORIC survey and *AHG Healthy Schools Program* School Wellness Assessment served as the indicator of school's completion of the full QHS protocol. Thus, five schools were included in the program evaluation.

School One

QHS School One is located in an urban Alabama county with a population of more than 600,000.^{62,63} The school has a student enrollment of approximately 500 students and serves children from kindergarten through fifth grade. More than 70% of the school's students received free or reduced-price meals.

Supported by Alabama SNAP-Ed, changes adopted for School One included (1) assembling a representative School Wellness Committee; (2) increasing opportunities for physical activity, such as a walking school bus and a bike rodeo (bike-riding training and safety day) with a *Rethink Your Drink* session in partnership with United Way (supplied bikes) and Children's Hospital (supplied helmets); (3) collaborating with United Way, Children's Hospital and Freshwater Trust Fund for the Red Rock System walking trails to support an increase in community physical activity; (4) implementing of nutrition education for third and fourth graders through Body Quest (BQ), Alabama SNAP-Ed's nutrition education program for youth; and (5) partnering with the 4-H Master Gardeners for school garden preliminary planning, which

included soil assessment, irrigation, placement plan, garden committee assembly and planning for garden use in school instruction (one bed per grade level). Establishment of the school garden was halted due to the COVID-19 pandemic. Crossing guard vests and stop signs were donated by the United Way.

School Two

QHS School Two is located in a moderately rural Alabama county with a population of more than 50,000.^{62,63} The school has a student enrollment of approximately 230 students and serves children from kindergarten through sixth grade. More than 80% of the school's students received free or reduced-price meals.

Supported by Alabama SNAP-Ed, a change in progress for School Two was the planning of a Color Run (colored powder, physical activity fundraiser) with a water table including the BQ character, Super Slurper. The school wellness effort was intended to promote physical activity and water intake. The Color Run was postponed due to the COVID-19 pandemic.

School Three

QHS School Three is located in an urban Alabama county with a population of more than 90,000.^{62,63} The school has a student enrollment of approximately 370 students and serves children from pre-kindergarten through twelfth grade. More than 60% of the school's students received free or reduced-price meals.

Supported by Alabama SNAP-Ed, changes adopted for School Three were (1) assembling a representative School Wellness Committee; (2) planning and preparing to apply for the Blue Cross Blue Shield (BCBS) Be a Healthy School grant to increase access to drinking water around the school; and (3) implementing school-wide "breakfast in the classroom" with insulated

bags donated by United Way. The BCBS grant was halted due to the COVID-19 pandemic.

School Four

QHS School Four is located in an urban Alabama county with a population of more than 600,000.^{62,63} The school has a student enrollment of approximately 500 students and serves children from kindergarten through eighth grade. More than 70% of the school's students received free or reduced-price meals.

The local SNAP-Ed educator joined the surrounding community's coalition and wellness committee. This School Wellness Committee included school and community stakeholders from various local groups and organizations who planned to support School Four in implementing school wellness PSE efforts. Alabama SNAP-Ed supported School Four in implementing a walking school bus to promote physical activity. The walking path to the school was not considered safe by the school and community stakeholders due to crime, prostitution and two railroad tracks. To ensure implementation of this school wellness effort, the School Wellness Committee promoted and conducted a walk audit with school and community stakeholders, increased police patrol for the safety of the students walking, recruited community stakeholders to chaperone walking students, conducted a walking school bus training for all students and acquired crossing guard vests and stop signs donated by The United Way.

School Five

QHS School Five is located in a highly rural Alabama county with a population of more than 12,000.^{62,63} The school has a student enrollment of approximately 130 students and serves children from pre-kindergarten through ninth grade. More than 90% of the school's students received free or reduced-price meals.

Supported by Alabama SNAP-Ed, changes adopted for School Five included assembling a representative School Wellness Committee and encouraging more physical activity through (1) the implementation of school-wide physical activity in the classroom (brain breaks) and (2) preliminary planning for a school-wide running club to begin March of 2020. Establishment of the running club was postponed due to the COVID-19 pandemic.

Results

ORIC Subscales Analysis

The ORIC survey was used to evaluate an organization’s readiness to make organizational change. The survey measured if organizational members are confident in their collective *commitment* towards and ability (*efficacy*) to implement organizational change. *Commitment* (questions 2, 4, 6, 9 and 11) and *efficacy* (questions 1, 3, 5, 7, 8, 10 and 12) were used as subscales for statistical analysis. Survey questions were sorted and evaluated based on subscales. To compare pre- and post-test data for the five school partners, the Wilcoxon signed rank test was used. The Wilcoxon signed rank test showed no statistical significance among the subscales within the surveys. Table 2 displays the *Z* and *p* values per subscale.

Table 2: Significance of ORIC Subscales				
ORIC Subscales	Pre \bar{x} (SD)	Post \bar{x} (SD)	Z	p
Commitment	3.92 (0.11)	3.68 (0.41)	-1.633	0.102
Efficacy	3.63 (0.39)	3.73 (0.34)	0.000	1.000

There was no statistical significance within the *commitment* subscale as evidenced by a *p* value of 0.102. However, there was a change in the means between pre- to post-survey responses. The pre-survey mean of 3.92 was higher than the post-survey mean of 3.68. The change may indicate a decrease in organizational commitment to implement change. Pre- and post *efficacy* questions showed no change associated with the intervention as evidenced by the *p* value of one. The mean of *efficacy* questions (pre) was 3.63 (*SD* = 0.39), while the post mean was 3.73 (*SD* = 0.34). This indicates the average answer for *efficacy* questions was between three

(neither agree nor disagree) and four (somewhat agree). The highest score possible for these questions was five (agree). Although there was no significant change, most stakeholders from the five schools were somewhat confident in their ability (*efficacy*) to make school wellness PSE changes before and after implementing the intervention.

AHG Healthy Schools Program School Wellness Assessment Subscales Analysis

The 55-question AHG *Healthy Schools Program School Wellness Assessment* is divided into six topic areas: Policy and Environment, Nutrition Services, Smart Snacks, Health and Physical Education, Physical Activity and Employee Wellness. These topic areas were used as subscales for statistical analysis. The Wilcoxon signed rank test was used for pre/post analysis of the five school wellness assessments. The Wilcoxon signed rank test showed no statistical significance among the subscales within the assessments. Table 3 displays the means, standard deviation, *Z* values and *p* values per subscale.

Assessment Subscales	Pre \bar{x} (SD)	Post \bar{x} (SD)	<i>Z</i>	<i>p</i>
Policy and Environment	2.31 (0.82)	2.37 (0.80)	1.340	0.180
Nutrition Services	2.13 (0.27)	2.20 (0.36)	1.340	0.180
Smart Snacks	1.54 (0.88)	1.54 (0.88)	0.000	1.000
Health and Physical Education	2.49 (0.38)	2.62 (0.39)	1.600	0.110
Physical Activity	1.63 (0.25)	1.88 (0.38)	1.600	0.110
Employee Wellness	1.57 (0.38)	1.77 (0.70)	1.000	0.320

School Wellness Committees for each school determined what school wellness PSE changes would be implemented. This caused variation in the number and types of PSE changes made by each school. Therefore, post assessment responses were different for each school because the intervention did not require uniformity of the PSE changes implemented. Pre- and post-test assessment responses within the Smart Snacks subscale showed no change effected by the intervention as evidenced by the *p* value of one. Regardless of each school’s autonomy to decide wellness efforts, no school made changes with the Smart Snacks topic area.

Findings

PEARS reports and School Wellness Champion interviews were used for qualitative analysis. PEARs reports for all five evaluated schools were collected and analyzed. School Wellness Champions for all five schools were recruited for the interviews. Only School Wellness Champions for QHS Schools One, Two and Five participated in program evaluation interviews.

This program evaluation used the deductive coding or concept-driven coding systems. The Atlas Ti.7 software was used for this analysis. From this analysis, there are six primary themes highlighted within the PEARs reports and School Wellness Champions Interviews. These themes stem from the code group “Intermediary”, which describes the themes and codes supporting the need for an intermediary’s presence in school wellness efforts. The themes include (1) the value of QHS, (2) partnership, (3) the purpose of QHS, (4) the need for an outside facilitator, (5) building additional partnerships and (6) the PSE approach.

Theme 1: The Value of Quest for Healthy Schools

Existing literature supports the need for school wellness interventions to guide and support schools with limited resources in creating a healthy school environment. PEARs reports and champion interviews further confirmed the need or value of this school wellness intervention. The value of QHS became a theme based on the identified statements or events from PEARs reports and School Wellness Champions expressing the value and need for QHS in their school. School Wellness Champions of Schools Two and Five described the benefits of being a QHS school partner.

“I just feel like it’s a great program that ensures that our students are well aware of all of the different things that they can use and do for their bodies to make sure that they live a long and healthy life.”

- School Wellness Champion at QHS School Two

“I think just being involved in something creates a different type of personality. Uh, you are more apt to, if you – if you participate in this initiative, you are more apt to participate in another initiative. And, it helps with the valuing, it helps, um, with team building, it helps with, uh, having that family approach.”

- School Wellness Champion at QHS School Five

Trust facilitates organizational cooperation and collaboration.⁶⁴ Lack of trust is a key problem in multi-stakeholder partnerships.⁶⁴ School Wellness Champions expressed a sense of trust in the partnership and the QHS initiative. The School Wellness Champion of QHS School Two stated their SNAP-Ed educator established trust among the stakeholders and ensured a safe environment.

“So, I feel like [SNAP-Ed educator] did a great job of establishing trust and making sure that it was a safe environment.”

- School Wellness Champion at QHS School Two

The School Wellness Champion of QHS School One discussed how surprised they were with the increased stakeholder buy-in after the initiative and partnership was introduced to the school.

“Because, um, like I said, the staff, and a lot of us, to my surprise, of the people that would write-in and stay and come in the afternoon in the meeting – the meetings to help

us, um, get the program going. That, number one, that showed me an interest in that we could all work together on a common goal.”

- School Wellness Champion at QHS School One

Lastly, the Champion for QHS School Five elaborated on how the initiative’s connection to a major research-based university “pushes” the initiative.

“And, I think then, uh, part of a – a university, uh, and all of the research-based, um, things that they do, uh, I think, only makes, um, your program even better. Because you are not operating alone. Uh, it is one – that university is one of the leading universities in, competent engineers. And, um, when it comes to just, these – these types of sciences, from these diplomacy schools and things like that there. So, I think being part of a – a major university, uh, it is – it is another, uh, thing, that really, really helps push the initiative.”

- School Wellness Champion at QHS School Five

The primary goal of QHS is to support schools serving limited resource, low-income students in creating a healthy school environment. This support included addressing the schools’ challenges and barriers to school wellness policy implementation. An identified barrier to wellness policy implementation includes the lack of time and school personnel to commit to the school wellness process. The School Wellness Champion of QHS School Five expressed how the QHS partnership was able to “maximize” the amount of school wellness promotion within the school day.

“I said given, um, the schedule of a day, the way, um, things are set up as far as us having to meet deadlines, and allocations for different subject times and subject areas that have

to be met daily by the State of Alabama, um, I think you did – I think you maximized what you were – you set out to do, given all of the other factors that go into operating a school day. I think you maximized that.”

- School Wellness Champion at QHS School Five

According to PEARS reports, SNAP-Ed provided planning guidance and advice, trainings related to PSE efforts, monitoring/evaluation for PSE efforts and education displays for school wellness marketing and promotion. Reports also stated QHS SNAP-Ed educators actively brought stakeholders together and fostered community support or engagement.

Alabama SNAP-Ed was a valuable resource for school wellness efforts because SNAP-Ed was viewed as a reliable community partner, able to increase stakeholder buy-in and helped school stakeholders prioritize school wellness.

Theme 2: Partnership

QHS was intended to be a partnership among AHG, SNAP-Ed and local Alabama schools to increase the level of support and access to resources needed to implement school wellness efforts. While evaluating the full intervention, data highlighted partnership as a theme. The partnership theme recognizes events or situations directly influenced by the partnership between the school and SNAP-Ed as an AHG intermediary. The School Wellness Champion at QHS School Two discussed the partnership and involvement of the SNAP-Ed educator in their school’s wellness efforts.

“Well, I just wanted to say we’ve had a great partnership in the years past and, um, she’s always – Everybody that’s been a part of it has always been good to come and help. You know, even if our school was having something, you know, we’ve always been – It’s

always been a great partnership to work together, you know, and to collaborate together on what's best and what, you know, the kids need.”

- School Wellness Champion at QHS School Two

The same school wellness champion discussed how the SNAP-Ed educator was a beneficial helping hand to the school's wellness efforts and events. The champion also stated the educator provided school stakeholders with the necessary information to move forward.

“Miss [SNAP-Ed educator] was always available if I needed to contact her, um, by phone or email. And like I said, we would get together and coordinate any events we were having. We always had a color run at the end of school, and she would come during that time and set up a tent to give out information, t-shirts, waters to the parents and to the kids. Um, so, it allowed us to create a partnership. Any time the school was hosting something, she was very, you know, always on board to come and do anything she could to help our school and, you know, just make sure that everybody had the information needed.”

- School Wellness Champion at QHS School Two

According to the PEARS reports, partnership efforts between Alabama SNAP-Ed and local schools included (1) creating and providing a resource database for schools to contact for community involvement and other wellness initiatives; (2) supporting Blue Cross Blue Shield - Be Healthy Schools Grant application for water bottle refilling stations; and (3) providing specific resources such as nutrition education materials, food demonstrations and healthy recipes for parents and students. The PEARS reports and School Wellness Champions described how the established relationship between schools and Alabama SNAP-Ed allowed for successful

implementation of school wellness practices. The partnership between Alabama schools and Alabama SNAP-Ed has resulted in notable PSE changes and efforts.

Theme 3: The Purpose of QHS

The Evaluation Interview Guide created by the CDC has established objectives, the first of which is to describe the perceived purpose of the community of practice (CoP) from the member's perspective. For QHS, the first objective of the interview became to describe the perceived purpose of QHS from the School Wellness Champion's perspective. The purpose of QHS is to support PSE changes of SNAP-Ed eligible Alabama schools. This purpose became an emerging theme because of the interview guide questions and actions described that contributed to the purpose of this school wellness intervention. The purpose of QHS theme is evidenced by any statements or events reflecting the purpose of the QHS school wellness intervention (i.e. Was the purpose met by action? Was the purpose understood by participants?). The statements below demonstrate the participants' understanding of the intervention's purpose.

“So, I think it's, you know, I think it's an overarching goal is just to make sure that kids are aware of healthy choices, what they should eat. You know, how much exercise they should be getting, food choices, and also helping them help their parents make better choices as well if they go grocery shopping with them. You know, maybe picking out some better food choices for them and then, you know, that affects overall how they feel. And also, to educate our teachers and to learn that health doesn't just occur. You know, health education is not just for PE class but it's within the school.”

- School Wellness Champion at QHS School Two

Two primary actions were discussed during School Wellness Champion interviews. One action described a noticed behavior change among school students. The School Wellness

Champion at QHS School Five reported a behavior change in eating habits among the students after incorporating BQ into the school day.

“Uh, they are eating things that they normally would not eat. And, they also understand that different foods can be prepared differently, to taste differently. And, most of those kids – most kids at the school will eat healthier because they were introduced, uh, to a lot of these vegetables and things like that, uh, in an informal way. It was not from mom or dad somewhat forcing it on them.”

- School Wellness Champion at QHS School Five

The second action supporting the purpose of QHS was incorporating school wellness into the school’s regular routine. QHS uses a school-wide approach to include all sectors of the school environment ensuring wellness practices can be consistent and constant throughout the school day. The School Wellness Champion at QHS School Five explained how the partnership supports the school’s academic needs that coincide with school wellness, specifically physical activity. The School Wellness Champion also discussed how SNAP-Ed’s involvement with the school “enhanced” their wellness efforts.

“I was even going to add the curriculum, and to help the school curriculum too, an afterschool program that I was inviting. Uh, she gave me information on who to contact in Auburn, and, uh, they sent me a – a whole curriculum, that I was going to implement and I actually programmed. So, definitely, uh, well, it actually just enhanced what we were trying to do.”

- School Wellness Champion at QHS School Five

Also, this action is supported by the quote from School Wellness Champion of School One. The champion reported a newfound awareness of how to integrate school wellness promotion “throughout the whole school.”

“Well, what I really thought about was, I began to see how we were able to integrate just different parts of the, um, the different components in the school, like we did with P.E., um, the child nutrition, the library. Everybody that was on that committee had different, uh, represented different parts of the school, but we could all come together and work on that, um, for this particular idea, so that we could integrate it throughout the whole school. For everybody to, um, all of the entities that we had about promoting good health, uh, for the students because, uh, it is my belief in – in others that – that you start them off early, teaching them the right way to eat, to exercise and all, and that these things will grow up into – in the students and they will be able to, uh, you know, it will help them have a healthier lifestyle.”

- School Wellness Champion at QHS School One

Both quotes from the champions of QHS Schools One and Two confirmed the purpose of the intervention was well communicated to school participants and stakeholders. Also, the purpose of QHS was achieved. The purpose of QHS was to support Alabama schools in changing their school PSE efforts related to nutrition and physical activity. QHS schools were provided adequate resources and tools to support PSE implementation by Alabama SNAP-Ed educators.

Theme 4: The Need for an Outside Facilitator

Bryn et al. described how schools implementing school wellness efforts required support from an outside facilitator to relieve some of the burden off of school stakeholders.

PEARS reports and School Wellness Champion interviews described the benefits of having an entity outside of the school to support and provide technical assistance for school wellness efforts. Thus, the need for an outside facilitator became an emerging theme. The need for an outside facilitator theme highlights any events or situations where a person or organization outside of the school was beneficial in implementing a school wellness effort. The School Wellness Champion at QHS School Two expressed how available the SNAP-Ed educator was to assist the school.

“Miss [SNAP-Ed educator] was always available if I needed to contact her, um, by phone or email.”

- School Wellness Champion at QHS School Two

“Well, I think what we did, um, because I had been with the school for two years and once we started a wellness committee, we included them within our wellness committee. If we had to have our meetings at a different time, we would share the information and get input with, um, with [SNAP-Ed educator] and, um, use that information to kind of help guide what we did without our programs at school. So, it’s always good, like I said, to have as an outside resource. So, our PE teacher could use that and plan activities that would increase the amount of calories they burn throughout the day. So, you know, it was ongoing professional development for not only our PE teachers but our classroom teachers and myself as well.”

- School Wellness Champion at QHS School Two

Specifically, the School Wellness Champion at QHS School Two expressed the value of their SNAP-Ed educator being an available “outside resource.”

An identified barrier of school wellness policy implementation is the lack of training opportunities.⁶ The School Wellness Committee at QHS School Five decided to implement new school wellness policies related to physical activity. QHS School Five chose to implement school-wide physical activity breaks (brain breaks) to increase physical activity during the school day. However, the committee was unaware how to implement this effort. The SNAP-Ed educator provided a professional development training on brain breaks for the faculty and staff at QHS School Five. After the training, the School Wellness Committee successfully implemented the new wellness effort. The School Wellness Champion at QHS School Five explains the SNAP-Ed educator's role in supporting the school to implement the school-wide physical activity breaks.

“Yes, um, uh, we incorporated brain breaks. And, uh, um, and so, [the SNAP-Ed educator] did a, uh, professional development with us, for like, teachers around, when school first started, of how and when to create brain breaks. And, um, I made sure that was part of my daily, uh, during, uh, when we did daily announcements, I would remind the teachers, uh, for the students to take brain – brain breaks. And, uh, that – that helped the behavior. It helped with, uh, student engagement. So, I am very, um, happy about that.”

- School Wellness Champion at QHS School Five

Another identified barrier to wellness policy implementation in schools is the lack of time to dedicate to school wellness policy revision and implementation. The School Wellness Champion at QHS School One confirmed the lack of time school stakeholders have available to focus on activities outside of academics.

“Uh, it has been a, um, to me, an, enlightenment for the school...So, our window for extra activity is limited because of the rigor of this new [curriculum]. And so, we didn’t have a whole lot of other time for other activities,”

- School Wellness Champion at QHS School One

QHS school partners have been able to integrate wellness efforts within the regular school day. The QHS partnership supports school stakeholders to “maximize” the amount of school wellness promotion within the school day, according to the School Wellness Champion of QHS School Five. This process has been an “enlightenment for the school,” according to the School Wellness Champion of QHS School One.

PEARS reports for all schools stated SNAP-Ed educators (1) initiated the effort/brought stakeholders together and (2) funded or provided planning advice and guidance. PEAR reports for QHS Schools One, Three, Four and Five stated SNAP-Ed educators fostered community support or engagement. PEARS reports for QHS Schools One, Four and Five stated SNAP-Ed funded or conducted implementation of PSE changes. PEARS reports for QHS Schools One, Two and Four stated SNAP-Ed educators funded or provided evaluation or monitoring of PSE efforts. PEARS reports also stated QHS Schools Two, Four and Five were provided trainings related to PSE efforts.

Alabama SNAP-Ed educators provided necessary trainings, evaluation or monitoring tools, planning guidance and additional partnerships to support related PSE efforts. Alabama SNAP-Ed educators were effective outside facilitators for their school partners.

Theme 5: Utilizing Additional Partnerships

The School Wellness Committee determined what school wellness efforts the school would implement. Some efforts required additional resources or expertise. To further support schools in policy implementation, SNAP-Ed educators connected schools with other community organizations. PEARS reports and champion interviews reported SNAP-Ed educators included organizations, such as 4-H and The United Way, to support school wellness efforts. Therefore, the building additional partnerships theme emerged. This theme recognized any events or situations where a partnership with other organizations or community entities, outside of SNAP-Ed, were beneficial to supporting a school wellness effort. The School Wellness Champion of QHS School Two discussed the inclusion of 4-H in school projects.

“I will say that through them and talking with [SNAP-Ed educator], we have also, um, reached out to other associations through 4-H. We’ve also reached out to through the Extension Services to some of the others that help with like STEM and STEAM projects to help them and have them come into our school and do some activities with our students. We also, um, asked to partner with them, um, through a grant –”

- School Wellness Champion at QHS School Two

Overall, the theme describes SNAP-Ed educators using their other relationships and partnerships to provide ample support and technical assistance for QHS school partners. The SNAP-Ed educator for QHS School Five used her existing relationship with the town’s mayor to recruit him as a School Wellness Committee member. The School Wellness Champion of QHS School Five discussed the benefits of having the town’s mayor on the School Wellness Committee.

Uh, so, I – I think it helps our community because when I reach out – when we reach out to the mayor, and, uh, he is part of that team that we have, he is more apt to participate in the next initiative because he participated in this one. So, uh, this really – really, uh, it bridged the gap between the elementary schools I have and the high school, um, because they had a conversational piece. Um, and with the city government, the mayor, uh, because that initiative, I am sure he has friends that deal with different types of ailments. So, they all can kind of relate, uh, to that.

- School Wellness Champion at QHS School Five

The School Wellness Champion at QHS School Five discussed how the inclusion of the town mayor on the School Wellness Committee bridged the gap between the elementary schools and high school. By including the mayor on the School Wellness Committee, the SNAP-Ed educator could have bridged the gap between the school and the city government.

The PEARS report for QHS School One stated planning for the school garden was a partnership with 4-H Master Gardeners. This partnership, facilitated by the SNAP-Ed educator, included soil assessment, irrigation, placement plan, garden committee assembly and planning for school instruction and assignment (one bed per grade level). For a bike-riding training and safety day, the United Way supplied bikes and Children's Hospital supplied helmets, an effort also facilitated by the SNAP-Ed educator. Lastly, the report stated School One and SNAP-Ed collaborated with United Way, Children's Hospital and Freshwater Trust Fund for the Red Rock System to increase physical activity for school and community stakeholders. The SNAP-Ed educator for QHS School One used their existing relationship with 4-H, The United Way and Children's Hospital to support the school partner in two school wellness efforts. Although

SNAP-Ed did not initiate the Red Rock System effort, School One included SNAP-Ed in the community effort as an additional resource for another wellness project. In this case, SNAP-Ed was an outside entity included in the Red Rock System effort.

According to the PEARS report for QHS School Four, the School Wellness Committee was a partnership between school stakeholders, Alabama SNAP-Ed, the Gulf States Health Policy Center, the University of Alabama at Birmingham's Minority Health and Health Disparities Center, the local police department, Our Lady of Fatima Catholic Church and the surrounding community's coalition leaders. This School Wellness Committee chose to implement a walking school bus. After implementing the effort, the School Wellness Committee determined the walking route was dangerous and needed to reevaluate. During reevaluation, SNAP-Ed suggested a walk audit be conducted by community members. School and community stakeholders conducted a walk audit in collaboration with city officials and the local police department. After the walk audit was conducted and community members volunteered to chaperone students, the SNAP-Ed educator facilitated a walking school bus training for all school students. The SNAP-Ed educator collected crossing guard vests donated by United Way for QHS School Four to use during walking school bus implementation.

Alabama SNAP-Ed used its previous relationships with other entities (such as 4-H, United Way and Children's Hospital of Alabama) to support PSE efforts of QHS school partners. Alabama SNAP-Ed utilized its network to support local change.

Theme 6: PSE Approach

Population-based PSE strategies are implemented through health behavior theories. Specifically, this intervention used SEM as the health behavior theory to implement school

wellness PSE changes. Therefore, school wellness PSE changes indicate successful use of SEM within QHS. The PSE approach theme recognizes school wellness policy, systems, and environmental changes within the QHS partnership. PEARS Reports from QHS Schools Three and Five stated the SNAP-Ed educators supported PSE changes through the use of interactive educational display, other visual displays, posters, taste testing, live demonstrations and audiovisual to prompt healthy behavior choices such as better food choices and providing more physical activity opportunities. According to PEARS reports for QHS School Four, PSE changes made to support the walking school bus included increasing police patrol and obtaining commitments from community stakeholders to chaperone students during the walking school bus. QHS School Five reported increased or improved opportunities for structured physical activity through the school-wide implementation of brain breaks into the school's daily routine. QHS School Three reported (1) the school-wide implementation of breakfast in the classroom and (2) the preparation to apply for the BCBS Be Healthy Schools Grant for water bottle refilling stations in hallways and a paved, in-gym walking trail for parents and students to use during after-school hours.

Alabama SNAP-Ed implemented a school wellness intervention to target PSE changes related to nutrition and physical activity in Alabama schools serving limited resource, low-income populations. Using SEM as the framework and a school-wide approach, several PSE changes occurred within the five evaluated school partners. QHS successfully supported the implementation of nutrition and physical activity PSE efforts.

Discussion

The Value of OHS

The primary school age is critical in the formation of self-preserving attitudes about health because behaviors learned during childhood are often carried into adulthood.²² The School Wellness Champion of QHS School Two was aware of the impact schools have in promoting healthy practices. The champion also expressed the influence QHS had on promoting healthy lifestyles.

“I just feel like it’s a great program that ensures that our students are well aware of all of the different things that they can use and do for their bodies to make sure that they live a long and healthy life.”

- School Wellness Champion of QHS School Two

One critical barrier to school wellness policy implementation is the inability to gain support from key stakeholders.⁵ According to PEARS reports, SNAP-Ed educators actively brought stakeholders together and fostered community/resident/parent support or engagement. The School Wellness Champion of QHS School One stated they were surprised how many school stakeholders “would write-in and stay and come in the afternoon in the [School Wellness Champion] meeting to help us, um, get the program going.” The champion also stated this action showed them how school stakeholders were interested and “could all work together on a common goal.” Along with increasing buy-in, SNAP-Ed educators established trust and created a “safe environment” for partnering schools to actively participate in the assessment of their school and determination of school wellness efforts for implementation, according to the School Wellness Champion of QHS School Two. Contributing to the credibility of the QHS initiative is

its affiliation to Auburn University. The School Wellness Champion of QHS School Five recognized SNAP-Ed's use of "research-based" methods and SNAP-Ed's connection to "a major university" made the "program even better" and "really helps push the initiative." Knowing the initiative was connected to a credible university contributes to stakeholders trusting SNAP-Ed to support their school in the school wellness process. Together, the reputation of Auburn University and actions of Alabama SNAP-Ed increased stakeholder buy-in and support for school wellness initiatives.

Even though school employees are concerned for students' health, wellness policy implementation is not a high priority.⁸ The School Wellness Champion of QHS School One stated their school's window for extra activity is limited because of the rigor of a new curriculum. School Wellness Champions expressed how QHS was able to "maximize" the amount of school wellness promotion within the school day without compromising the academic requirements. The School Wellness Champion of QHS School Five stated "given all of the other factors that go into operating a school day," SNAP-Ed was able to "maximize" school wellness promotion through SNAP-Ed's direct education program (Body Quest) and school-wide implementation of physical activity breaks. Through QHS, SNAP-Ed provided planning guidance, advice, trainings, monitoring/evaluation for PSE efforts and education displays for school wellness marketing and promotion. Therefore, Alabama SNAP-Ed supported schools in making school wellness policy implementation a priority.

School partners saw QHS as a valuable resource for school wellness efforts because Alabama SNAP-Ed was (1) viewed as a reliable community partner, (2) able to increase stakeholder buy-in and (3) helped school stakeholders prioritize school wellness.

Partnership

Over the years, Alabama SNAP-Ed has partnered with many Alabama schools. QHS is the newest initiative within the partnership between Alabama SNAP-Ed and Alabama schools. Some QHS school partnerships began with previously established relationships through Body Quest. Other QHS partnerships began within SNAP-Ed educators utilizing their established relationships with school stakeholders. These relationships with the target audience make Alabama SNAP-Ed a strong intermediary to support schools in wellness promotion. The School Wellness Champion of QHS School Two discussed the partnership and involvement of the SNAP-Ed educator in school activities.

“It’s always been a great partnership to work together, you know, and to collaborate together on what’s best and what, you know, the kids need....Any time the school was hosting something, [local SNAP-Ed educator] was very, you know, always on board to come and do anything she could to help our school and, you know, just make sure that everybody had the information needed.”

- School Wellness Champion of QHS School Two

Community-based intermediary organizations can act as network coordinator.¹¹ Some QHS partnership efforts included (1) creating and providing a resource database for schools to contact for community involvement and other wellness initiatives; (2) supporting preparation and application for the Blue Cross Blue Shield (BCBS) Be Healthy Schools grant to fund additional wellness efforts; and (3) providing specific resources such as nutrition education materials, food demonstrations and healthy recipes for parents and students. These efforts are examples of how Alabama SNAP-Ed used their resources and network to support wellness efforts or influence networking between school stakeholders (e.g. providing materials for parents and students).

The Purpose of QHS

In one study, board members and state association leaders identified a critical barrier to school wellness policy implementation as the lack of adequate tools to support school wellness policy implementation and evaluation.⁵ The Alliance for a Healthier Generation is a national organization with free resources and tools available schools nationwide. However, these resources, including the *AHG Healthy Schools Program School Wellness Assessment*, were presented to the schools to use through QHS. Alabama SNAP-Ed included AHG resources as well as in-house resources in the protocol for partnering schools to utilize. Understanding the target audience, SNAP-Ed created handouts and trainings specific to schools' needs for school wellness evaluation and implementation. QHS used this collaborative partnership between AHG and Alabama SNAP-Ed to maximize the resources available for partnering Alabama schools.

The process of engaging community and school stakeholders, building representative school wellness committees, evaluating school environments, developing an action plan specific to the needs of school stakeholders and implementation and sustainability of those action plans can be overwhelming for school stakeholders. Lack of time and personnel is a recognized barrier to the implementation of school wellness efforts.⁷ The School Wellness Champion of QHS School One discussed this barrier saying extra activity was limited because of the rigor of a new curriculum and how personnel didn't have "other time for other activities." However, after partnering with QHS and incorporating school wellness within the school day, the champion stated the partnership has been an "enlightenment for the school." The School Wellness Champion of QHS School Two understood the purpose of QHS supporting school-wide wellness efforts. After implementation, the champion was asked about what they believed the purpose of

the QHS initiative was. This champion answered the purpose of QHS was “to educate our teachers and to learn that health doesn’t just occur” and “health education is not just for PE class but it’s within the school.” The School Wellness Champion of QHS School One stated School Wellness Committee members “represented different parts of the school,” which allowed the committee to “integrate it (school wellness efforts) throughout the whole school.” A known advantage of whole-school approaches is the focus on engaging different types of school stakeholders. Engaging various types of school stakeholders creates a health-promoting environment for building the capacity of students to perform healthy behaviors.⁶⁵ SNAP-Ed has shown school partners how to incorporate school wellness efforts into the regular school day through engagement of multiple stakeholders.

The QHS partnership supported schools' academic needs that coincided with school wellness. QHS School One and SNAP-Ed partnered with the 4-H Master Gardeners to establish school gardens. The preliminary planning for the school gardens included using the gardens as tools for student learning. The School Wellness Champion of QHS School Five discussed how SNAP-Ed’s involvement with the school “enhanced” their wellness efforts. The champion was planning to add new elements to their existing curriculum. The SNAP-Ed educator gave the champion “information on who to contact in Auburn” and the champion received an entirely new curriculum. The champion planned implementation and programming with the new curriculum provided and said it enhanced what the school intended to accomplish.

School-based programs/interventions may be effective in promoting dietary changes.⁶⁶ QHS School Five confirmed changes in eating habits among the students after incorporating Body Quest in the school day. The School Wellness Champion of QHS School Five stated children were “eating things that they normally would not eat” and now “understand that

different foods can be prepared differently to taste differently.” The champion continued noting how most kids at the school eat healthier because they were introduced to the foods in an informal way and not from mom or dad.

The purpose of QHS was to support Alabama schools in becoming healthier places to learn. Through QHS, schools were provided adequate resources and tools to support PSE implementation. Also, Alabama SNAP-Ed support school stakeholders’ in incorporating wellness activities into the regular school routine such as Body Quest. Thus, Alabama SNAP-Ed eliminated the school wellness barriers of limited or lack of tools, resources, time and school personnel for partnering QHS schools.

The Need for an Outside Facilitator

An identified barrier to school wellness implementation is the need for training opportunities. In another study, food service personnel, principals and school board members expressed a need for training opportunities regarding policy development because they lack knowledge about wellness policy development.⁶ After reviewing the results of the assessment, the School Wellness Committee of QHS School Five decided to increase students’ physical activity during the day through the use of physical activity breaks (brain breaks). However, the School Wellness Committee was unaware of how to implement this change. Alabama SNAP-Ed used their resources and AHG’s resources to create a training for the school’s faculty. Arranged by the School Wellness Committee, the SNAP-Ed educator conducted a professional development training on brain breaks and a template to start a written wellness policy for this addition. As a result, brain breaks are conducted school-wide during the morning announcements and throughout the day.

In addition, School Four implemented a walking school bus. This was a result of (1) a SNAP-Ed led training on walking bus rules for students and volunteers and (2) donated crossing guard vests and stop signs from United Way. The school's SNAP-Ed educator used their relationship with The United Way to acquire the donated items.

QHS Schools Two, Four and Five were provided trainings related to PSE efforts by their local SNAP-Ed educators. For QHS Schools One, Three, Four and Five, SNAP-Ed educators fostered community engagement. PEARS reports for QHS Schools One, Four and Five stated Alabama SNAP-Ed was able to fund or conduct implementation of PSE changes. SNAP-Ed educators for QHS Schools One, Two and Four provided evaluation or monitoring of PSE efforts. SNAP-Ed educators for all evaluated schools (1) initiated the effort or brought stakeholders together and (2) provided planning advice and guidance. Thus far, SNAP-Ed overcame the school wellness barriers of (1) the inability to gain support from key stakeholders, (2) not having adequate tools to support those responsible for implementation and evaluation, (3) lack of time and personnel and (4) the need for training opportunities.

In interviews with school staff working with highly involved outside facilitators, Bryn et al found the staff completed the SHI in a collaborative way, created action plans, worked as a team to implement health promotion initiatives and increased collaboration across the school and local communities in order to achieve goals.¹⁰ Outside facilitators significantly enhance schools' efforts to assess and influence the organizational strategies used to implement health promotion initiatives.⁶⁷ Similar to the outside facilitators in the above-mentioned study, Alabama SNAP-Ed supported schools in PSE assessment, planning, collaboration and implementation. SNAP-Ed educators can be effective outside facilitators for school wellness assessment, planning, collaboration and implementation.

Utilizing Additional Partnerships

Because of its reach across sectors, Extension has direct lines of access within communities and can help inform the public on policy implementation, changes, and implications.²⁹ In order to implement specific school wellness initiatives, SNAP-Ed educators facilitated the coordination and inclusion of other entities/organizations for additional resources. To implement the walking school bus for QHS School One, the SNAP-Ed educator used their relationship with The United Way to collect crossing guard vests and stop signs. QHS School One hosted the Bike Rodeo (bike-riding training and safety day) with a *Rethink Your Drink* session in partnership with United Way and Children's Hospital of Alabama. The United Way supplied the bikes and Children's Hospital of Alabama supplied the helmets. To support the School Wellness Committee in establishing the school garden, the SNAP-Ed educator used their relationship with the 4-H Master Gardeners to be a partner in the effort. The planning and preparation for these school gardens were a collaboration between the school partner, Alabama SNAP-Ed and Alabama 4-H.

While planning for school-wide breakfast in the classroom, the School Wellness Committee of QHS School Three identified a need for insulated bags to transport food throughout the school. The SNAP-Ed educator for QHS School Two contacted the United Way concerning a grant specifically for purchasing insulated bags. Using their relationship with the United Way, the educator was able to acquire 18 insulated bags for the school.

The School Wellness Committee of QHS School Four included a partnership between school stakeholders, Alabama SNAP-Ed, the Gulf States Health Policy Center, the University of Alabama at Birmingham's Minority Health and Health Disparities Center, the local police department, Our Lady of Fatima Catholic Church and the surrounding community's coalition

leaders. While this collaboration was previously established, the local SNAP-Ed educator was invited to join the committee. As a contribution to the School Wellness Committee, the SNAP-Ed educator supported the walking school bus effort by (1) conducting a training for volunteers and students and (2) using their resources to acquire donated items to support the effort. The United Way of America to collect crossing guard vests and stop signs.

The SNAP-Ed educator for QHS School Five used her existing relationship with the town's mayor to recruit him as a School Wellness Committee member. The School Wellness Champion of QHS School Five acknowledged the benefits of the SNAP-Ed educator recruiting and including the mayor as a School Wellness Committee member. The champion stated they believe the mayor is "more apt to participate in the next initiative because he participated in this one." The champion also stated the inclusion of the city government bridged the gap between the elementary schools and the high school.

Lack of coordination and lack of resources are known predictive barriers of low school wellness policy implementation.⁶⁸ QHS is a partnership between the Alliance for a Healthier Generation, Alabama SNAP-Ed and local Alabama schools. However, additional partners are needed to support the unique needs of every school. To support implementation of school wellness efforts, SNAP-Ed educators coordinated strategies and included other organizations to provide additional resources for partnering QHS schools. SNAP-Ed educators used their relationships with other organizations to support their individual schools. The reach of Alabama SNAP-Ed was effective in overcoming the barriers of inadequate coordination and resources for school wellness PSE efforts.

PSE Approach

Population-based PSE strategies are implemented through various frameworks or health behavior theories. Specifically, SEM is a health behavior theory used for population-based strategies.⁶⁹ The 2015-2020 DGA recognizes this model as a framework to illustrate how sectors, settings, social norms, cultural norms and individual factors converge to influence food and physical activity choices.⁴² The 2015-2020 DGA included the guideline of creating and supporting healthy eating patterns in multiple settings nationwide.⁴² Strong evidence shows school policies designed to enhance the school food settings result in higher dietary quality of food consumed during the school day.⁴² This encouraged the inclusion of schools as a necessary DGA setting for population-wide interventions. The new 2020-2025 DGA also state the need to support individuals in making healthy choices at school to build healthy dietary patterns.⁷⁰

QHS has supported schools in implementing several population-wide, PSE changes. QHS School One implemented (1) a walking school bus, (2) a bike rodeo, (3) community walking trails to support increase community physical activity in collaboration with the United Way of America, Children's Hospital and Freshwater Trust Fund for the Red Rock System and (4) nutrition education for youth through Body Quest. The school also partnered with the 4-H Master Gardeners for school garden preliminary planning, which was halted due to the COVID-19 pandemic. In total, QHS School One implemented four PSE changes with one PSE effort still in progress.

QHS School Two began preliminary planning for a Color Run with a water table including the BQ character, Super Slurper. In total, QHS School Two has one PSE change in progress due to the COVID-19 pandemic.

QHS School Three implemented school-wide breakfast in the classroom with insulated bags donated by the United Way. The school also began planning and preparation to apply for the BCBS Be a Healthy School grant to increase access to drinking water around the school. Completion of the BCBS grant was halted due to the COVID-19 pandemic. Therefore, QHS School Three has implemented one PSE change and has one PSE effort in progress.

QHS School Four implemented a walking school bus to promote physical activity. This was the school's only PSE change.

QHS School Five encouraged more physical activity through the implementation of school-wide physical activity breaks in the classroom (brain breaks) and preliminary planning for a school-wide running club was planned to begin March of 2020. The running club was postponed due to the COVID-19 pandemic. Therefore, QHS School Five has implemented one PSE change with one PSE effort still in progress.

Community-based intermediary organizations closely connected to segments of the community can act as an intermediary agent.¹¹ Intermediaries contribute to the overall governance process and promotion of intended policy outcomes through their promotion of programs, supervision and administration of paperwork, support and funds.^{11,34} Alabama SNAP-Ed acted as an intermediary to support school wellness PSE changes in Alabama schools serving limited resource, low-income populations. Of the five evaluated schools, Alabama SNAP-Ed supported full implementation of four PSE changes, with four PSE efforts still in progress, through the QHS initiative.

Strengths and Limitations

QHS builds on the established relationships between Alabama Extension and community members. The QHS initiative consists of personnel training and a protocol, however, specific school wellness efforts and programs are determined by the school and community stakeholders. The pragmatic program approach and protocol provided flexibility and general application for all school partners regardless of school wellness goals. Alabama SNAP-Ed used their existing partnerships and client relationships to implement a versatile PSE protocol allowing school partners to customize their nutrition and physical activity PSE action plans with the guidance and support of Alabama SNAP-Ed educators as an outside facilitator. Using this approach was an advantage for Alabama SNAP-Ed in promoting local change within their target population.

Another strength of this study centers on the use of community-based participatory research (CBPR). Although the theoretical framework of this initiative is SEM, CBPR was used for QHS school stakeholders to determine the direction and types of school wellness efforts to be implemented. School Wellness Committees completed the *AHG Healthy Schools Program* School Wellness Assessment and analyzed the results. Based on the results of the assessment, every school's wellness committee determined their own goals and school wellness efforts to be implemented. No specific school wellness efforts were SNAP-Ed requirements for QHS participation. Mandating implementation of the same PSE changes among all partnering schools can be a barrier to participation. The level of progress and achievement for specific PSE changes varied based on the resources available to the school. Also, encouraging schools to personalize their school wellness action plan allowed stakeholders to plan and execute wellness efforts based on their school's individual strengths and weaknesses. Each school worked within their own means. Using CBPR in school wellness policy revision and implementation allowed the school community to maintain ownership of the new PSE changes.

Although the ORIC *commitment* of schools (pre and post) was not statistically significant, the decrease between the pre- and post-survey means could reflect a new perspective of school stakeholders on policy implementation after the QHS intervention.

Although the ORIC *efficacy* of schools (pre and post) was not statistically significant, this study showed that limited resource schools may already be confident in their ability to make PSE changes. When provided the resources, these schools can successfully implement school wellness PSE changes. This creates evidence to continually provide resources to schools serving limited resource, low-income populations.

All evaluated schools completed one full cycle of the QHS protocol, including pre- and post-assessments and surveys. However, none of the schools operated on a SNAP-Ed mandated timeline and implemented wellness efforts at their own pace. Some schools implemented more PSE changes than others prior to post assessments and surveys. QHS Schools Three and Five became school partners in 2017. QHS School Two became a partner in 2018. QHS Schools One and Four were made partners in 2019. Each school implemented different initiatives using different timelines. The ideal timeline for schools' pre- and post- assessments was to be completed within one school year. With the reality of the school day and school demands, the timeframe was based on the school wellness effort being implemented and the availability of school stakeholders for the effort. Therefore, some PSE changes required more time and resources than others. This variation in school wellness efforts among schools may be contributed to the lack of statistical significance in this study as freedom within the determination of school wellness efforts resulted in variation among post-assessment responses. No school made the same PSE changes. Some schools made very few PSE changes compared to others. The study's small sample size ($n = 5$) also may have impacted the statistical significance.

This convenience sample includes selection bias. Schools were recruited based on SNAP-

Ed eligibility and established relationships. However, this limitation serves as a benefit for future studies involving intermediaries conducting public health interventions or promoting PSE changes. Establishing relationships or using previously established relationships with stakeholders within a target population may be a driving force in the effectiveness of intermediary initiatives.

Conclusion

Alabama SNAP-Ed supported Alabama schools serving limited resource, low-income populations in implementing school wellness PSE change related to nutrition and physical activity. Through QHS, Alabama schools were able to overcome the literature-based barriers to school wellness policy implementation. Alabama SNAP-Ed was an effective intermediary for bridging the gap between federal school wellness mandates and actual policy implementation among local schools by providing technical assistance, resources, guidance and training opportunities. Therefore, local intermediaries can be effective in supporting school wellness promotion. Specifically, Cooperative Extension's nutrition professionals can be effective intermediaries for school wellness promotion.

Suggestions for Future Research

Considerations for future studies include (1) having a larger sample size and (2) allowing longer implementation time for each school to successfully implement several PSE changes before evaluation.

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Appendix A

Appendix A consists of the most recent QHS IRB Approval and Interview Modification with the current information letter and consent form.



Information Letter for a Research Study entitled *Quest for Healthy Schools*

Do not agree to participate unless an IRB approval stamp with current dates has been applied to this document.

Your school is invited to participate in a research study to assess, implement and evaluate school nutrition and physical activity policies, systems, environments and practices. The study is being conducted by Alicia Powers, Community Health Coordinator, with Alabama Extension at Auburn University. Your school is invited to participate because your school partners with Alabama Extension at Auburn University to implement *Quest for Healthy Schools* and has 50% or more students receiving free or reduced-price meals.

What will be involved if your school participates? If your school decides to participate in this research study, the School Wellness Committee will complete the *School Organizational Readiness to Implement Change (ORIC)* assessment (individually) and *Alliance for a Healthier Generation Healthy Schools Program* assessment (collectively) along with process evaluation tasks included in *Quest for Healthy Schools* (collectively). Process evaluation tasks will include the *Quest for Healthy Schools* information form, the School Wellness Committee roster, School Wellness Committee meeting agendas/ meeting summaries and School Wellness Committee Action Plan. Alabama Extension at Auburn University will provide technical assistance and resources to develop a School Wellness Action Plan based on the completed assessment. Schools will then implement activities outlined in the School Wellness Action Plan. Evaluation of this effort will include determination of school nutrition and physical activity policies, systems, environments and practices one year following the initial assessment.

Are there any risks or discomforts? There are no risks or discomforts associated with participating in this study.

Are there any benefits to your school? Revisions of the Healthy, Hunger-Free Kids Act of 2010 requires all school participating in the School Lunch/Breakfast program to implement school wellness policies and assess their progress (effective June 30, 2017). By participating in this study, Alabama Extension at Auburn University can help your school with this process. Additionally, schools may choose to submit responses to the *Alliance for a Healthier Generation* for consideration of an award. We cannot guarantee a school will receive an award.

Will your school receive compensation for participating? The school report of assessment information, recognition by Alabama Extension at Auburn University as a partner, potential *Alliance for a Healthier Generation* recognition and technical assistance and support from Alabama Extension at Auburn University may be considered incentives for participating in this study.

If your school changes its mind about participating, your school can withdraw at any time during the study. Your school's participation is completely voluntary. If your school chooses to withdraw, the school's data can be withdrawn. Your school's decision about whether or not to

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participate or to stop participating will not jeopardize your future relations with Alabama Extension or Auburn University.

Any data obtained in connection with this study will remain confidential. Beyond the school report provided to the school, schools will NOT be identified in any information related to the study. We will protect your school's data by using a permission-based controlled access electronic system hosted by the *Alliance for a Healthier Generation* and Auburn University. Aggregate information for all partnering schools will be published in professional journals and/or presented at professional meetings.

If you have questions about this study, contact Alicia Powers by phone at (334) 844-2209 or email at arp0042@auburn.edu.

If you have questions about your rights as a research participant, contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone at (334)844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, THE DATA YOU PROVIDE WILL SERVE AS YOUR AGREEMENT TO DO SO. THIS LETTER IS YOURS TO KEEP.

Alicia Powers 07/19/18 Alicia Powers, PhD
Investigator's signature Date Printed name

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Information Letter for a Research Study entitled *Quest for Healthy Schools*

Do not agree to participate unless an IRB approval stamp with current dates has been applied to this document.

Your school is invited to participate in a research study to assess, implement and evaluate school nutrition and physical activity policies, systems, environments and practices. The study is being conducted by Sondra Parmer, Extension Specialist, with Alabama Extension at Auburn University. Your school is invited to participate because your school partners with Alabama Extension at Auburn University to implement *Quest for Healthy Schools* and has 50% or more students receiving free or reduced-price meals.

What will be involved if your school participates? If your school decides to participate in this research study, the School Wellness Committee will complete the *School Organizational Readiness to Implement Change (ORIC)* assessment (individually) and *Alliance for a Healthier Generation Healthy Schools Program* assessment (collectively) along with process evaluation tasks included in *Quest for Healthy Schools* (collectively). Process evaluation tasks will include the *Quest for Healthy Schools* information form, the School Wellness Committee roster, School Wellness Committee meeting agendas/ meeting summaries and School Wellness Committee Action Plan. Alabama Extension at Auburn University will provide technical assistance and resources to develop a School Wellness Action Plan based on the completed assessment. Schools will then implement activities outlined in the School Wellness Action Plan. Evaluation of this effort will include determination of school nutrition and physical activity policies, systems, environments and practices one year following the initial assessment.

Are there any risks or discomforts? There are no risks or discomforts associated with participating in this study.

Are there any benefits to your school? Revisions of the Healthy, Hunger-Free Kids Act of 2010 requires all school participating in the School Lunch/Breakfast program to implement school wellness policies and assess their progress (effective June 30, 2017). By participating in this study, Alabama Extension at Auburn University can help your school with this process. Additionally, schools may choose to submit responses to the *Alliance for a Healthier Generation* for consideration of an award. We cannot guarantee a school will receive an award.

Will your school receive compensation for participating? The school report of assessment information, recognition by Alabama Extension at Auburn University as a partner, potential *Alliance for a Healthier Generation* recognition and technical assistance and support from Alabama Extension at Auburn University may be considered incentives for participating in this study.

If your school changes its mind about participating, your school can withdraw at any time during the study. Your school's participation is completely voluntary. If your school chooses to withdraw, the school's data can be withdrawn. Your school's decision about whether or not to

participate or to stop participating will not jeopardize your future relations with Alabama Extension or Auburn University.

Any data obtained in connection with this study will remain confidential. Beyond the school report provided to the school, schools will NOT be identified in any information related to the study. We will protect your school's data by using a permission-based controlled access electronic system hosted by the *Alliance for a Healthier Generation* and Auburn University. Aggregate information for all partnering schools will be published in professional journals and/or presented at professional meetings.

If you have questions about this study, contact Sondra Parmer by phone at (334) 844-2231 or email at parmesm@auburn.edu.

If you have questions about your rights as a research participant, contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone at (334)844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, THE DATA YOU PROVIDE WILL SERVE AS YOUR AGREEMENT TO DO SO. THIS LETTER IS YOURS TO KEEP.

Sondra Parmer 6.13.19

Investigator's signature

Date

Sondra M Parmer

Printed name



Information Letter for a Research Study entitled *Quest for Healthy Schools*

Do not agree to participate unless an IRB approval stamp with current dates has been applied to this document.

Your school is invited to participate in a research study to assess, implement and evaluate school nutrition and physical activity policies, systems, environments and practices. The study is being conducted by Sondra Parmer, Extension Specialist, with Alabama Extension at Auburn University. Your school is invited to participate because your school partners with Alabama Extension at Auburn University to implement *Quest for Healthy Schools* and has 50% or more students receiving free or reduced-price meals.

What will be involved if your school participates? If your school decides to participate in this research study, the School Wellness Committee will complete the *School Organizational Readiness to Implement Change (ORIC)* assessment (individually) and *Alliance for a Healthier Generation Healthy Schools Program* assessment (collectively) along with process evaluation tasks included in *Quest for Healthy Schools* (collectively). Process evaluation tasks will include the *Quest for Healthy Schools* information form, the School Wellness Committee roster, School Wellness Committee meeting agendas/ meeting summaries and School Wellness Committee Action Plan. Alabama Extension at Auburn University will provide technical assistance and resources to develop a School Wellness Action Plan based on the completed assessment. Schools will then implement activities outlined in the School Wellness Action Plan. Evaluation of this effort will include determination of school nutrition and physical activity policies, systems, environments and practices one year following the initial assessment.

Are there any risks or discomforts? There are no risks or discomforts associated with participating in this study.

Are there any benefits to your school? Revisions of the Healthy, Hunger-Free Kids Act of 2010 requires all school participating in the School Lunch/Breakfast program to implement school wellness policies and assess their progress (effective June 30, 2017). By participating in this study, Alabama Extension at Auburn University can help your school with this process. Additionally, schools may choose to submit responses to the *Alliance for a Healthier Generation* for consideration of an award. We cannot guarantee a school will receive an award.

Will your school receive compensation for participating? The school report of assessment information, recognition by Alabama Extension at Auburn University as a partner, potential *Alliance for a Healthier Generation* recognition and technical assistance and support from Alabama Extension at Auburn University may be considered incentives for participating in this study.

If your school changes its mind about participating, your school can withdraw at any time during the study. Your school's participation is completely voluntary. If your school chooses to withdraw, the school's data can be withdrawn. Your school's decision about whether or not to

participate or to stop participating will not jeopardize your future relations with Alabama Extension or Auburn University.

Any data obtained in connection with this study will remain confidential. Beyond the school report provided to the school, schools will NOT be identified in any information related to the study. We will protect your school's data by using a permission-based controlled access electronic system hosted by the *Alliance for a Healthier Generation* and Auburn University. Aggregate information for all partnering schools will be published in professional journals and/or presented at professional meetings.

If you have questions about this study, contact Sondra Parmer by phone at (334) 844-2231 or email at parmesm@auburn.edu.

If you have questions about your rights as a research participant, contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone at (334)844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, THE DATA YOU PROVIDE WILL SERVE AS YOUR AGREEMENT TO DO SO. THIS LETTER IS YOURS TO KEEP.

Sondra M. Parmer 5/22/20
Investigator's signature Date

Sondra M. Parmer
Printed name

The Auburn University Institutional
Review Board has approved this
Document for use from
06/04/2020 to 06/03/2021
Protocol # 18-239 EP 1807



Consent Form for a Research Study entitled *Quest for Healthy Schools* School Wellness Champion Interviews

Do not agree to participate unless an IRB approval stamp with current dates has been applied to this document.

You, a School Wellness Champion, are invited to participate in a research study to evaluate the progress of *Quest for Healthy Schools* in your school. The study is being conducted by Jamilah Page, Online Learning Specialist and Graduate Research Assistant, with Alabama Extension at Auburn University.

What will be involved if you participate? Your school has partnered with Alabama Extension at Auburn University to implement the *Quest for Healthy Schools* school wellness initiative. If you decide to participate in this research study, you as a School Wellness Champion will be asked to participate in a 30-45 minute interview. You can decide if the interview will take place via phone call or via online video call. Interviews will be audio-recorded and professionally transcribed.

Are there any risks or discomforts? Care will be taken to protect your identity. To avoid a breach of confidentiality, all data will be secured using a password-protected electronic system only shared by the key personnel. During analysis, all identifiable data will be removed and all responses will be aggregated.

Are there any benefits to you? If you participate and complete the interview, you will receive a \$25 Amazon Gift Card as appreciation for your participation.

Will your school receive compensation for participating? The school report of assessment information, recognition by Alabama Extension at Auburn University as a partner, potential *Alliance for a Healthier Generation* recognition and technical assistance and support from Alabama Extension at Auburn University may be considered incentives for participating in this study.

If you change your mind about participating, you can withdraw at any time during the interview. Your participation is completely voluntary. If you choose to withdraw, your data can be withdrawn. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Alabama Extension or Auburn University.

Any data obtained in connection with this study will remain confidential. Neither you nor your school will be identified in any disseminated information related to the interview. We will protect your school's data by using a permission-based controlled access electronic system hosted by Alabama Extension at Auburn University. Aggregate information for all partnering schools/School Wellness Champions will be published in professional journals and/or presented at professional meetings.

If you have questions about this study, contact Sondra Parmer by phone at (334) 844-2231 or email at parmesm@auburn.edu.

If you have questions about your rights as a research participant, contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone at (334)844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU CHOOSE TO PARTICIPATE, COMPLETE AND RETURN THIS FORM VIA EMAIL (JRP0061@ACES.EDU).

Sondra M Parmer 4/11/20
Investigator's signature Date

Sondra M Parmer
Printed name

Participant's signature Date

Printed name

Please circle the interview format you prefer.

Phone

Online Video Call

Provide the address you would like your Amazon Gift Card sent to. Please include street address, city, state and zip code.

The Auburn University Institutional Review Board has approved this Document for use from 06/04/2020 to 06/03/2021
Protocol # 18-239 EP 1807

Appendix B

Appendix B includes the full QHS protocol developed and used by Alabama SNAP-Ed at Auburn University

QUEST FOR HEALTHY SCHOOLS

Introduction

Children in the United States attend school about 180 days a year for approximately six hours each day.¹ In school, students have access to foods and beverages throughout the day such as school breakfast, school lunch, à la carte choices, vending machine items, fundraiser purchases, or foods offered at celebrations.² Students also have access to physical education, recess, and other physical activity opportunities throughout the school day. Because students spend much of their time at school, the quantity and quality of foods, beverages, and physical activity opportunities are important.

Research shows children who have healthy eating habits and get regular physical activity are more likely to **perform better academically**³. These healthy habits also may play a role in helping children have:

- Greater concentration,
- Better attendance,
- Better classroom behavior,
- Better self-esteem, and
- Lower obesity rates.

Alabama SNAP-Ed at Auburn University is launching *Quest for Healthy Schools* to support schools in improving nutrition and physical activity policies, systems, environments, and practices. Alabama SNAP-Ed is teaming with Alliance for a Healthier Generation and local schools to help Alabama schools become healthier places to learn.

Quest for Healthy Schools will use a seven-step process:

Engage

- Identify, recruit, and assemble a diverse group of school administrators, teachers, staff, family members/caregivers, and community members as a School Wellness Committee.

Assess

- Complete the *Alliance for a Healthier Generation Healthy Schools Program* School Wellness Assessment.

Plan

- Utilize strengths and areas for improvement to develop a School Wellness Action Plan.

Implement

- Involve all stakeholders in taking action.

Evaluate

- Document progress and address challenges. At the one-year anniversary of the School Wellness Action Plan, repeat the *Alliance for a Healthier Generation Healthier Schools Program* School Wellness Assessment.

Celebrate

- Highlight progress and successes and rewarding stakeholders.

Sustain

- Continuously identify new or ongoing strengths and areas for improvement to update the School Wellness Action Plan.

The information in this folder describes how a SNAP-Ed educator can implement each step of the seven-step process to initiate and sustain an active School Wellness Committee to support school wellness.

References

1. Demissie, Z., Brener, N.D., McManus, T., Shanklin, S.L., Hawkins, J., & Kann, L. (2013). *School health profiles 2012: Characteristics of health programs among secondary schools*. Retrieved from: https://www.cdc.gov/healthyyouth/profiles/2012/profiles_report.pdf.
2. Alliance for a Healthier Generation. (2014). *Smart snacks in school*. Retrieved from: https://www.healthiergeneration.org/take_action/schools/snacks_and_beverages/smart_snacks/.
3. United States Department of Agriculture. (2011). Healthier middle schools every teacher can help. FNS-433. Retrieved from: https://fns-prod.azureedge.net/sites/default/files/hmshandout_teacher.pdf.

The goal of the *Engage* step is to build a diverse School Wellness Committee, including strong leadership and administrative support, to ensure the school is well-positioned to influence school policies, systems, environments, and practices related to nutrition and physical activity.

1 – Identify a School Partner

Does the school have 50% or more students receiving free or reduced-price meals? Do I have an existing relationship with the school? If not, do I know someone who has an existing relationship with the school? Do I think this school is interested in pursuing healthy school policies, systems, environments, and practices?

If the answer to all of these questions is yes, this school should be a strong partner in *Quest for Healthy Schools*. Send the name and address of this potential school partner to healthyschools@auburn.edu. A confirmation email will be sent to you regarding approval of the potential school partner as an eligible site for SNAP-Ed activities.

2 – Identify, Recruit and Obtain Commitment from a School Wellness Champion

- Contact the individual(s) whom you know is associated with the school.
- Use the *Join the Quest for Healthy Schools* and *Become a School Wellness Champion* handout to discuss the process of school wellness with potential champions.
- Then, ask the individual if they willing to be the School Wellness Champion. If yes, have them complete the School Information Form. Then, scan and email the completed School Information form to healthyschools@auburn.edu. If no, ask for recommendations of school personnel (administrator, faculty, or staff) who may have an interest in serving as the School Wellness Champion.

If the contact mentions the school is already conducting school wellness activities, ask for the name and contact information of the lead person for these activities.

3 – Obtain Approval from School Administration

When meeting with the school administrator,

- Use the following handouts to introduce the importance of school wellness and the process the School Wellness Committee can follow to create a healthier school:
 - *Join the Quest for Healthy Schools*
 - *Become a School Wellness Champion*
 - *SNAP-Ed Educator Roles and Responsibilities*
 - *Be a Part of the Team*
- Ask the school administrator permission to conduct *Quest for Healthy Schools* in the school.
- Assure him/her only his/her support is needed; the School Wellness Champion and SNAP-Ed educator will provide leadership and facilitate this process.
- Request a recommendation of one administrative personnel to serve on the School Wellness Committee.

4 – Build a Representative School Wellness Committee

This group is typically comprised of 6-12 members and includes school-related personnel, students, family members/caregivers, and community members. The table below provides information on potential stakeholders to consider for a School Wellness Committee.

School-Related Personnel	Community Members
School administrator	School board member
Physical education teacher	Health care provider
Health education teacher	Law enforcement officer
Classroom teacher	Faith community representative
Child Nutrition Program manager	Business community representative
School counselor, psychologist, or social worker	City or county elected official
School nurse	City or county government official
Bus driver	Parks and recreation representative
Custodial staff member	Local health department staff member
Family member/caregiver	Social services provider
Student	Community health organization representative

A strong School Wellness Committee includes at least one of each of the following members:

- School administrator
- Physical education or health education teacher
- Classroom teacher
- Child Nutrition Program manager
- School staff representative
- Family member/caregiver
- Student, if middle or high school levels involved
- Community member, preferably two

5 – Meet with the School Wellness Committee

Schedule a meeting with the School Wellness Committee to discuss school wellness goals for the school, describe QHS, complete the School Wellness Committee Roster and complete the ORIC surveys (one per member) and schedule a second meeting to complete the school wellness assessments. **Scan and email completed School Wellness Committee Roster and the ORIC surveys to healthyschools@auburn.edu.**

Optional Resources

- Agenda
 - *Assessment Meeting Agenda*
- Emails
 - *Reminder to School Wellness Committee: Assessment Meeting*
 - *School Wellness Committee: Assessment Meeting Summary*
 - A scanned copy of the assessment responses must be attached to this email.

Join the Quest for Healthy Schools!

Improve your school's performance with healthier foods and more physical activity.

Research shows kids who have healthy eating habits and get regular physical activity are more likely to perform better academically. These healthy habits also may play a role in helping kids have:

- Greater concentration
- Better attendance
- Better classroom behavior
- Better self-esteem
- Lower obesity rates

Making healthy food choices and physical activity opportunities priorities at school is critical. This sends a message to students, teachers and staff that their well-being is important.



Together, we are better.

In schools where healthy changes have been made successfully, a school-wide, coordinated effort worked best. Alabama SNAP-Ed at Auburn University is reaching out to not only school administrators, but to teachers, school staff, parents and community members. Working together builds a school spirit, cooperation and a stronger sense of community.

No need to go it alone.

Alabama SNAP-Ed at Auburn University is here to help. A local SNAP-Ed educator is available to support the School Wellness Champion and School Wellness Committee in accomplishing a step-by-step process to make schools healthier places to learn. See the back of this flyer for more detail on steps for success and the local SNAP-Ed educator's contact information.

Steps for Success

Join the Quest for Healthy Schools!



Engage

- Identify a diverse group of school administration, teachers and staff.
- Recruit a small group of parents and community members.
- Assemble the School Wellness Committee.



Assess

- Schedule two School Wellness Committee meetings.
- Complete the Alliance for a Healthy Generation Healthy Schools Program School Wellness Assessment.



Plan

- Identify strengths and areas for improvement.
- Set three achievable goals.
- Develop a School Wellness Action Plan.



Implement

- Involve all school stakeholders.
- Take action.



Evaluate

- Document progress.
- Address challenges.
- Repeat the Alliance for a Healthy Generation Healthy Schools Program School Wellness Assessment.



Celebrate

- Highlight progress and successes.
- Reward stakeholders for successes.
- Encourage continued progress.



Sustain

- Identify new or ongoing strengths and areas for improvement.
- Update School Wellness Action Plan.
- Keep moving forward!

Are You Passionate about Creating a Healthier School?

Become a School Wellness Champion.



Lead the Way

A School Wellness Champion is a motivated, reliable school administrator, faculty or staff member with a commitment to creating a healthier school. A School Wellness Champion leads the school's efforts in prioritizing healthy food and beverage choices and physical activity opportunities.

No Need to Go It Alone

Alabama SNAP-Ed at Auburn University will provide technical assistance, training and resources to assist the School Wellness Champion in successfully leading the school in its quest to become a healthier school.

Here is How to Help

- Engage a diverse School Wellness Committee.
- Assess current school policies, systems, environments and practices related to healthy food and beverage choices and physical activity opportunities.
- Develop an action plan to guide implementation of activities to create a healthier school.
- Take action to create a healthier school.
- Maintain motivation and communication with all key stakeholders and constituents.
- Serve as the school's liaison to Alabama SNAP-Ed at Auburn University and Alliance for a Healthier Generation.
- Strive to build a sustainable culture of health at the school.

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Be a Part of the **Team**

Quest for Healthy Schools

What Team?

A School Wellness Committee is an action-oriented group focused on health-related activities important for bolstering the well-being of students and school personnel. The School Wellness Champion will lead the team, with support from Alabama SNAP-Ed at Auburn University, through a step-by-step process to make the school a healthier place to learn.

What does a team member have to do?

- Engage in a diverse School Wellness Committee.
- Assess current school policies, systems, environments and practices related to healthy food and beverage choices and physical activity opportunities.
- Develop an action plan to guide implementation of activities to create a healthier school.
- Take action to create a healthier school.
- Communicate with all key stakeholders and constituents.
- Strive to build a sustainable culture of health at the school.



Go Team!!



QUEST FOR HEALTHY SCHOOLS

SNAP-Ed Educator Roles and Responsibilities

Alabama SNAP-Ed at Auburn University is leading *Quest for Healthy Schools* to support schools in becoming healthier places to learn. SNAP-Ed educators will provide technical assistance, trainings, and resources to support the School Wellness Champion and School Wellness Committee in accomplishing a step-by-step process. Specific roles and responsibilities of the SNAP-Ed educator are listed below.

Engage

- Identify a school partner.
- Identify, recruit, and obtain commitment from a School Wellness Champion.
- Work alongside the School Wellness Champion to obtain support from school administration.
- Support the School Wellness Champion in building a representative School Wellness Committee.
- Assist the School Wellness Champion in facilitating an initial meeting with the School Wellness Committee to introduce *Quest for Healthy Schools*.
- Submit all necessary documentation to Alabama SNAP-Ed at Auburn University.
 - Potential school partner information
 - *Quest for Healthy Schools* Information form
 - *Quest for Healthy Schools* School Wellness Committee roster
 - Completed *Organizational Readiness to Implement Change* (ORIC) surveys
 - *Quest for Healthy Schools* Meeting Summary for initial meeting with the School Wellness Committee

Assess

- Support the School Wellness Champion in facilitating completion of the *Alliance for a Healthier Generation's Healthy Schools Program* Assessment.
- Ensure electronic completion and submission of the assessment.
- Submit all necessary documentation to Alabama SNAP-Ed at Auburn University.
 - *Quest for Healthy Schools* Meeting Summary for assessment meeting #1
 - *Quest for Healthy Schools* Meeting Summary for assessment meeting #2

Plan – Specific responsibilities will be delineated in greater detail as the pilot progresses.

- Assist with development of a School Wellness Action Plan based on completed assessment.

Implement - Specific responsibilities will be delineated in greater detail as the pilot progresses.

- Provide technical assistance necessary to implement evidence-based policy, systems, environmental, and practice changes meeting school needs.

Evaluate – Specific responsibilities will be delineated in greater detail as the pilot progresses.

- Support the School Wellness Champion in repeating completion of the *Alliance for a Healthier Generation's Healthy Schools Program* Assessment.
- Document progress of the School Wellness Action Plan.
- Provide technical assistance necessary to address challenges associated with creating a healthier school.

Celebrate – Specific responsibilities will be delineated in greater detail as the pilot progresses.

- Encourage the School Wellness Champion and School Wellness Committee in celebrating accomplishments.
- Encourage the School Wellness Champion and School Wellness Committee in rewarding stakeholders for successes.
- Solicit media recognition of school wellness efforts.

Sustain – Specific responsibilities will be delineated in greater detail as the pilot progresses.

- Assist with updating School Wellness Action Plan based on continued assessment and evaluation.
- Continue momentum of School Wellness Champion and School Wellness Committee.



This material was funded by USDA's Supplemental Nutrition Assistance Program–SNAP. USDA is an equal opportunity provider and employer. www.LiveWellAlabama.com

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Instructions for completing the School Wellness Committee Roster

- School Name: Provide the name of the school.
- County: Provide the county in which the school is located.
- Date: Provide today's date.
- Provide the following information for all individuals who agree to serve as a member on the School Wellness Committee. Be sure to include the School Wellness Champion and SNAP-Ed educator on this roster.
 - Name: Provide the name of the School Wellness Committee member.
 - Email address: Provide the email address of the School Wellness Committee member.
 - Phone number: Provide the phone number of the School Wellness Committee member.
 - Type of Stakeholder: Indicate the type of stakeholder each member represents, school personnel, family member/caregiver, student, or community member.
 - Some members may represent multiple types of stakeholders. Provide all stakeholder types that apply. For example, a family member/caregiver also may serve as a community member by representing a community organization.
 - Stakeholder Organization: Indicate the name of the organization each member represents.
 - Enter the school name for all school-related personnel.
 - Enter "family member/caregiver" or "student" for all family member/caregivers or students, respectively.
 - Enter the organization each community member is representing for all community members.
 - For example, a community member may represent the YMCA.

QUEST FOR HEALTHY SCHOOLS

Information Form

County:		Date:
School Name:		Physical Address:
School Administrator Information		
	Name:	
	Phone Number:	
	Email:	
School Wellness Champion Information		
	Name:	
	Phone Number:	
	Email:	
Grade Levels:		
Enrollment:		Number of Teachers:
Percentage of students who receive free or reduced-price meals:		
Does the school have a website? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide the web address: _____		
Does the school have social media accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check all that apply:		
___ Facebook, School Page Name _____		
___ Instagram, School Username _____		
___ Twitter, School Handle _____		
___ Other, please specify _____		

Instructions for completing the School Information form

- County: Provide the county in which the school is located.
- Date: Provide today's date.
- School Name: Provide the name of the school.
- Physical address: Provide the physical address, including city and zip code, of the school.
- School Administrator Information:
 - Provide the name, phone number, and email address of the school principal.
- School Wellness Champion Information:
 - Provide the name, phone number, and email address of the leader of the School Wellness Champion.
- Grade levels: Provide the grade levels taught at the school.
- Enrollment: Provide the number of students enrolled in the school for this academic year.
- Number of Teachers: Provide the number of teachers employed at the school for this academic year.
- Percentage of students who receive free or reduced-price meals: Provide the percentage of students enrolled in the school who receive free or reduced-price meals during this academic year.
- Does the school have a website?
 - Check the appropriate box regarding availability of a school website. Mark no if the school uses the district's website.
 - If yes, provide the website address of the school's website.
- Does the school have social media accounts?
 - Check the appropriate boxes regarding availability of social media platforms for the school.
 - If yes, provide the appropriate page name, username or handle.
 - If the social media platform is not listed, check other, and name the social media platform.

QUEST FOR HEALTHY SCHOOLS

Organizational Readiness to Implement Change

My school, _____:

1. Feels confident that they can get individuals invested in implementing a school wellness policy.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree
2. Is committed to implementing a school wellness policy.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree
3. Feels confident that they can keep track of progress when implementing a school wellness policy.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree
4. Will do whatever it takes to implement a school wellness policy.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree
5. Feels confident that they can keep the momentum high as they adjust to implementing a school wellness policy.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree
6. Wants to implement a school wellness policy.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree
7. Feels confident that they can keep the momentum going while implementing a school wellness policy.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree
8. Feels confident that they can handle challenges that might arise while implementing a school wellness policy.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree
9. Is determined to implement a school wellness policy.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree
10. Feels confident that they can coordinate tasks so that implementation of the school wellness policy goes smoothly.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree
11. Is motivated to implement a school wellness policy.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree
12. Feels confident that they can manage the politics of implementing a school wellness policy.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree

Assessment promotes the understanding of current school policies, systems, environments and practices. The goal of the Assess step is to support the School Wellness Committee in completing the *Alliance for a Healthier Generation Healthy Schools Program School Wellness Assessment*.

The assessment consists of six topic areas with a total of 55 questions. School Wellness Committee members will meet for an assessment meeting to develop a consensus response for each of the 55 questions. The SNAP-Ed educator will record the consensus response for each question on paper during the Assessment meeting.

Assessment Meeting

Schedule a meeting with the School Wellness Champion to discuss the School Wellness Committee completing the *Alliance for a Healthier Generation Healthy Schools Program Assessment*. If your committee needs two meetings to complete the assessment, schedule two assessment meetings.

Copy the following handouts for each attendee to have:

- *Alliance for a Healthier Generation Healthy Schools Program School Wellness Assessment*
 - Topic Area: Policy and Environment (10 questions)
 - Topic Area: Nutrition Services (12 questions)
 - Topic Area: Smart Snacks (7 questions)
 - Topic Area: Health and Physical Education (12 questions)
 - Topic Area: Physical Activity (8 questions)
 - Topic Area: Employee Wellness (6 questions)

With the School Wellness Committee, answer each assessment question. Remind School Wellness Committee members to answer Assessment questions as accurately as possible. Assessment responses will require supporting evidence when applying for an *Alliance for Healthier Generation* award. Record the assessment responses on your own assessment handouts.

Optional Resources

- Agenda
 - *Assessment Meeting Agenda*
- Emails
 - *Reminder to School Wellness Committee: Assessment Meeting*
 - *School Wellness Committee: Assessment Meeting Summary*
 - A scanned copy of the assessment responses must be attached to this email.

Office Management

Scan and email the completed *Alliance for a Healthier Generation Healthy Schools Program School Wellness Assessment* to healthyschools@auburn.edu.

QUEST FOR HEALTHY SCHOOLS

Topic Area: Policy and Environment

Alliance for a Healthier Generation's Healthy Schools Program School Wellness Assessment

To the best of your ability, answer each question honestly about the policies and procedures occurring in your school. The answer choices are fully in place, partially in place, underdevelopment, or not in place.

PO-1. Representative school health committee or team:

Does your school have a representative committee or team that meets at least four times a year and oversees school health and safety policies and programs?

Level of Completion:

3 = Yes.

2 = There is a committee or team that does this, but it could be more representative.

1 = There is a committee or team, but it is not representative, or it meets less often than four times a year.

0 = No.

PO-2. Written school health and safety policies:

Does your school or district have written health and safety policies that include the following components?

- Rationale for developing and implementing the policies
- Population for which the policies apply (e.g., students, staff, visitors)
- Where the policies apply (e.g., on and/or off school property)
- When the policies apply
- Programs supported by the policies
- Designation of person(s) responsible (e.g., school administrator(s), teachers) for implementing the policies
- Designation of person(s) responsible (e.g., school administrator(s), teachers) for enforcing the policies
- Communication procedures (e.g., through staff meetings, professional development, website, staff handbook, parent handbook) of the policies
- Procedures for addressing policy infractions
- Definitions of terms

Level of Completion:

3 = All of our health and safety policies include all of these components.

2 = Most of our health and safety policies include all of these components.

1 = Some of our health and safety policies include some of these components.

0 = Few of our health and safety policies include only a few of these components, or our school or district does not have any health and safety policies.

PO-3. Local wellness policies:

Has your school implemented all of the following components of the local education agency's (LEA) or district's local wellness policy?

- Specific goals for nutrition education and promotion activities.
- Specific goals for physical activity opportunities
- Specific goals for other school-based activities that promote student wellness
- Nutrition standards for all foods and beverages sold on the school campus during the school day that are consistent with Federal regulations for school meals and Smart Snacks in School
- Standards for all foods and beverages provided, but not sold, to students during the school day (e.g., in classroom parties or classroom snacks brought by parents)
- Policies for marketing and advertising of only those foods and beverages that meet the USDA Smart Snacks in School nutrition standards on the school campus during the school day
- Permit parents, students, representatives of the school food authority, teachers of physical education, school health professionals, the school board, school administrators, and the general public to participate in the development, implementation, and review and update of the local school wellness policy
- Identified one or more school district and/or school official(s) who have the authority and responsibility to ensure each school complies with the policy
- Informed and updated the public (including parents, students, and others in the community) about the local school wellness policy on an annual basis
- At least once every three years, measure:
 - The extent to which schools are in compliance with the local school wellness policy,
 - The extent to which the local education agency's local wellness policy compares to model local school wellness policies, and
 - The progress made in attaining the goals of the local wellness policy and made this assessment available to the public.

By the start of the 2006-2007 school year, every school district participating in the Federal meal program was required to establish a local school wellness policy for all schools under its jurisdiction. In addition, beginning July 1, 2104, USDA's Smart Snacks in School nutrition standards, required by the Healthy, Hunger-Free Kids Act of 2010, allowed schools to offer healthier snack foods to children, while limiting junk food. (See <https://www.fns.usda.gov/school-meals/tools-schools-focusing-smart-snacks>). USDA's Smart Snacks in School nutrition standards are practical, science-based nutrition standards for snack foods and beverages sold to children at school during the school day. The Smart Snacks in School nutrition standards were updated in 2016. Your school health team should review your district's local wellness policy before completing this question.

Level of Completion:

3= Yes, our school has implemented all of these components.

2 = Our school has implemented most of these components.

1 = Our school has implemented a few of these components.

0 = No, we have not implemented any of these components, or our policy does not include any of these components, or our district does not have a local wellness policy.

PO-4. School start times (middle and high schools only):

Does your school day start at 8:30 am or later to promote sufficient sleep and improved health and academic performance?

NOTE: The American Academy of Pediatrics recommends that middle schools and high schools start classes no earlier than 8:30 a.m. in order to permit students to get adequate sleep.

Level of Completion:

3 = Yes.

2 = School starts between 8:00 a.m. and 8:29 a.m.

1 = School starts between 7:30 a.m. and 7:59 a.m.

0 = School starts before 7:30 a.m.

PO-5. Health services provided by a full-time school nurse:

Does your school have a full-time, registered school nurse responsible for health services all day, every day? Are an adequate number of full-time school nurses provided, based on the recommendation of at least one nurse per school?

NOTE: More nurses are recommended if students have extensive nursing needs.

Level of Completion:

3 = Yes, we have a registered school nurse present all day every day.

2 = We have a registered school nurse present most of the time each week.

1 = We have a registered school nurse present some of the time each week, or we have an LPN or UAP (supervised by a school nurse) who is present at least some of the time each week.

0 = No, we do not have a registered school nurse, LPN, or UAP present in our school, or we have an unsupervised LPN or UAP in our school.

PO-6. Counseling, psychological, and social services provided by a full-time counselor, social worker, and psychologist:

Does your school have access to a full-time counselor, social worker, or psychologist for providing counseling, psychological, and social services? Is an adequate number of these staff members provided based on the following recommended ratios?

- One counselor for every 250 students
- One social worker for every 400 students
- One psychologist for every 1,000 students

Level of Completion:

3 = Yes, we have a full-time counselor, social worker, and psychologist, and the recommended ratios are present.

2 = We have a full-time counselor, social worker, and psychologist, but fewer than the recommended ratios.

1 = We have a full-time counselor, social worker or psychologist, but not all three.

0 = No, we do not have even one full-time counselor, social worker or psychologist.

PO-7. Parenting strategies:

Does your school provide educational resources for families that address all of the following parenting strategies?

- Praising and rewarding desirable behavior
- Staying actively involved with children in fun activities
- Making time to listen and talk with their children
- Setting expectations for appropriate behavior and academic performance
- Sharing parental values
- Communicating with children about health-related risks and behaviors
- Making a small number of clear, understandable rules designed to increase level of self-management (e.g., routine household chores, homework, time spent using TV and computer)
- Consistently enforcing family rules with consequences (e.g., an additional chore, restricting TV/computer use for the evening)
- Monitoring children's daily activities (knowing child's whereabouts and friends)
- Modeling nonviolent responses to conflict
- Modeling healthy behaviors
- Emphasizing the importance of children getting enough sleep
- Providing a supportive learning environment in the home

Level of Completion:

3 = Yes, addresses all of these topics.

2 = Addresses most of these topics.

1 = Addresses some of these topics.

0 = Addresses none of these topics or does not provide educational resources that address parenting strategies.

PO-8. Family engagement in school decision making:

Do families have opportunities to be involved in school decision making for health and safety policies and programs?

NOTE: This question only applies to decision making around health and wellness addressing areas outlined in the Healthy Schools Program Framework of Best Practices.

Level of Completion:

3 = Yes, families have opportunities to be involved in all school decision-making processes for health and safety policies and programs.

2 = Families have opportunities to be involved in most school decision-making processes for health and safety policies and programs.

1 = Families have opportunities to be involved in some school decision-making processes for health and safety policies and programs.

0 = No, families do not have opportunities to be involved in school decision-making processes for health and safety policies and programs.

PO-9. Community involvement in school health initiatives:

Does your school partner with local community organizations, businesses, or local hospitals to engage students and their families in health promotion activities?

Level of Completion:

3 = Yes, our school partners with local community organizations, businesses, or local hospitals to promote and engage students and their families in health promotion activities, for all school health initiatives.

2 = Our school partners with local community organizations, businesses, or local hospitals to promote and engage students and their families in health promotion activities, for most school health initiatives.

1 = Our school partners with local community organizations, businesses, or local hospitals to promote and engage students and their families in health promotion activities, for some school health initiatives.

0 = No, our school does not partner with local community organizations, businesses, or local hospitals to promote and engage students and their families in health promotion activities for school health initiatives.

PO-10. Out-of-school programs:

Does your school work with community-based, out-of-school programs (e.g., Boys & Girls Clubs, 21st Century Community Learning Centers, Parks and Recreation) to develop and implement routine activities that promote health* for all participating students?

*NOTE: Routine activities that promote health refer to activities that are intended to improve student health status, such as health assessments, health education, and physical activity/physical education.

Level of Completion:

3 = Yes, our school works with out-of-school programs to develop and implement routine activities that promote health for all participating students.

2 = Our school works with out-of-school programs to develop and implement routine activities that promote health for select participating students.

1 = Our school work with out-of-school programs to develop and implement occasional activities that promote health for participating students.

0 = No, our school does not work with out-of-school programs to develop or implement activities that promote health for participating students.

QUEST FOR HEALTHY SCHOOLS

Topic Area: Nutrition Services

Alliance for a Healthier Generation's Healthy Schools Program School Wellness Assessment

To the best of your ability, answer each question honestly about the policies and procedures occurring in your school. The answer choices are fully in place, partially in place, underdevelopment, or not in place.

NS-1. Breakfast and lunch programs:

Does the school offer school meals (both breakfast and lunch) programs that are fully accessible to all students?

Level of Completion:

3 = Yes.

2 = Our school offers breakfast and lunch programs, but they are not fully accessible to all students.

1 = Our school offers only a lunch program, but there are plans to add a breakfast program.

0 = Our school offers only a lunch program and there are no plans to add a breakfast program, or the school does not offer a breakfast or a lunch program.

NS-2. School breakfast:

Does your school use strategies to maximize participation in the school breakfast program?

*Generally, universal free breakfast is ideal for schools with $\geq 70\%$ of students eligible for free or reduced-price meals, but may still be feasible for schools with a lower percentage of eligible students depending on state and local policies and programs. Universal free breakfast refers to any program that offers breakfast to all students free of charge, regardless of their free, reduced or paid lunch status.

Level of Completion:

3 = Our school offers universal free breakfast* after the bell, such as breakfast in the classroom, grab and go to the classroom, or second chance breakfast models.

2 = Our school offers breakfast after the bell, such as breakfast in the classroom, grab and go to the classroom, or second chance breakfast models.

1 = Our school offers a traditional breakfast program served and consumed in the cafeteria.

0 = Our school does not offer a breakfast program.

NS-3. School lunch:

Does your school provide multiple alternative points of sale for reimbursable meals, such as outside lines, kiosks, grab and go options, reimbursable vending options, to maximize participation in the National School Lunch Program?

Level of Completion:

3 = Our school provides multiple alternative points of sale at lunch.

2 = Our school provides one alternative point of sale at lunch.

1 = Our school offers a traditional lunch program served and consumed in the cafeteria.

0 = Our school does not offer a lunch program.

NS-4. Variety of offerings in school meals:

Do school meals* include a variety of offerings that meet the following criteria?

Lunch

- Go beyond the National School Lunch Program requirements to offer one additional serving per week from any of the three vegetable subgroups (dark green, red and orange, dry beans and peas)
- Offer a different fruit every day of the week during lunch (100% fruit juice can be counted as a fruit only once per week)
- Offer fresh fruit at least one day per week
- Offer foods that address the cultural practices of the student population
- Offer an alternative entrée option at least one time per week that is legume-based, reduced-fat dairy, or fish-based (including tuna)
- Offer at least three different types of whole grain rich food items each week

Breakfast

- Offer at least three different fruits and vegetables each week (100% fruit juice can be counted as a fruit only once per week)
- Offer fresh fruit at least one day per week

*NOTE: A school meal is a set of foods that meets school meal program regulations. This does not include à la carte offerings.

Level of Completion:

3 = Yes, meets six to eight of these criteria for variety.

2 = Meets three to five of these criteria for variety.

1 = Meets one to two of these criteria for variety.

0 = Meets none of these criteria for variety.

NS-5. Promote healthy food and beverage choices and school meals using Smarter Lunchroom techniques:

Are healthy food and beverage choices promoted through the following techniques?

- A variety of mixed whole fruits are displayed in nice bowls or baskets (instead of stainless steel pans)
- Fruit is offered in at least two locations on all service lines, one of which is right before each point of sale (POS)
- Vegetables are offered on all serving lines
- At least one vegetable is identified as the featured vegetable-of-the-day and is labeled with a creative, descriptive name at the point of selection
- Place pre-packed salads or salad bar if available in a high traffic area
- Label pre-packaged salads or salad bar choices with creative, descriptive names and display next to each choice
- Self-serve salad bar tongs, scoops, and containers are larger for vegetables and smaller for croutons, dressing, and other non-produce items
- White milk is displayed in front of other beverages in all coolers
- 1% or non-fat white milk is identified as the featured milk and is labeled with a creative, descriptive name
- Cafeteria staff politely prompt students who do not have a full reimbursable meal to select a fruit or vegetable
- Signs show students how to make a reimbursable meal on any service line
- Alternative entrée options (salad bar, yogurt parfaits, etc.) are highlighted on posters or signs within all service and dining areas
- Cafeteria staff smile and greet students upon entering the service line and continually throughout meal service
- Students, teachers, or administrators announce today's menu in daily announcements
- A monthly menu is posted in the main office
- Information about the benefits of school meals is provided to teachers and administration at least annually
- Brand, name, and decorate the lunchroom in a way that reflects the student body
- Conduct a taste test of a new entrée at least once a year

Level of Completion:

3 = Yes, healthy food and beverage choices are promoted through ten or more of these techniques.

2 = Healthy food and beverage choices are promoted through five to nine of these techniques.

1 = Healthy food and beverage choices are promoted through one to four of these techniques.

0 = Healthy food and beverage choices are promoted through none of these techniques.

NS-6. Annual continuing education and training requirements for school nutrition services staff:

Do all school nutrition program managers and staff meet or exceed the annual continuing education/training hours required by the USDA's Professional Standards requirements?

Topics covered may include, but are not limited to, food safety and HACCP, nutrition standards updates in school meals, food sensitivities and allergies, customer service, or food production techniques.

Level of Completion:

3 = Yes, **all** food and nutrition services staff meet or exceed the annual continuing education/training hours required by the USDA's Professional Standards requirements.

2 = **Most** food and nutrition services meet or exceed the annual continuing education/training hours required by the USDA's Professional Standards requirements.

1 = **Some** food and nutrition services staff meet or exceed the annual continuing education/training hours required by the USDA's Professional Standards requirements.

0 = No, **no** food and nutrition services staff meet or exceed the annual continuing education/training hours required by the USDA's Professional Standards requirements.

NS-7. Venues outside the cafeteria offer fruits and vegetables:

Do venues outside the cafeteria (e.g., vending machines, school stores, canteens, snack bars, or snack or food carts) where food is available offer fruits and non-fried vegetables?

NOTE: If your school does not have any food venues outside the cafeteria (e.g., vending machines, school stores, canteens, snack bars, or snack or food carts), answer "Yes".

Level of Completion:

3 = Yes, **most or all** venues outside the cafeteria do.

2 = About **half** of the venues do.

1 = **Fewer than half** of the venues do.

0 = **None** of the venues do.

NS-8. Collaboration between nutrition services staff members and teachers:

Do nutrition services staff members use the following methods to collaborate with teachers to reinforce nutrition education lessons taught in the classroom?

- Participate in design and implementation of nutrition education programs
- Display educational and informational materials that reinforce classroom lessons
- Provide food for use in classroom nutrition education lessons
- Provide ideas for classroom nutrition education lessons
- Teach lessons or give presentations to students
- Provide cafeteria tours for classes
- Tasting party in collaboration with classroom teacher
- Presentation on nutrition and food services to PTA/PTSA/PTO
- Sports nutrition – collaboration with coaches
- Classroom tour of cafeteria or meet and greet with School Nutrition staff

Level of Completion:

3 = Yes, use **three or more** methods.

2 = Use **two** of these methods.

1 = Use **one** of these methods.

0 = Use **none** of these methods.

NS-9. Student and family involvement in the school meal programs and other foods and beverages sold, served and offered on school campus:

Do students and family members have opportunities to provide both suggestions for school meals and other foods and beverages sold, served, and offered on school campus and feedback on the meal programs and other foods and beverages sold, served, and offered on school campus?

Level of Completion:

3 = Yes, **both** students and family members have opportunities to provide suggestions and feedback.

2 = Yes, **both** students and family members have opportunities to provide **either** suggestions for school meals or feedback on the meal program.

1 = **Either** students or family members have opportunities, **but** not both.

0 = **Neither** students nor family members have these opportunities.

NS-10. Prohibit using food as reward or punishment:

Does your school prohibit giving students food as a reward and withholding food as punishment? Is this prohibition consistently followed?

Level of Completion:

3 = Yes, using food as a reward and withholding food as punishment are prohibited, and both prohibitions are consistently followed.

2 = One of these practices is prohibited, and this prohibition is consistently followed.

1 = One or both of these practices is prohibited, but this prohibition is not consistently followed.

0 = Neither practice is prohibited.

NS-11. Adequate time to eat school meals:

Do students have at least 10 minutes to eat breakfast and at least 20 minutes to eat lunch, counting from the time they are seated?

Level of Completion:

3 = Yes. (NOTE: If the school does not have a breakfast program, but does provide at least 20 minutes for lunch, you can select this answer.)

2 = Have adequate time for breakfast or lunch, but not for both.

1 = No, but there are plans to increase the time.

0 = No.

NS-12. Farm to School activities:

Is the school implementing any of the following Farm to School activities?

- Local and/or regional products are incorporated into the school meal program
- Messages about agriculture and nutrition are reinforced throughout the learning environment
- School hosts a school garden
- School hosts field trips to local farms
- School utilizes promotions or special events, such as tastings, that highlight the local/regional products
- School hosts a farmer's market (student and parent involvement)
- Menu states local product(s) being served
- Local farmers/producers participate in career day activities

Level of Completion:

3 = Yes, our school is implementing four to five of these activities.

2 = Our school is implementing two to three of these activities.

1 = Our school is implementing at least one of these activities.

0 = No, our school is not implementing any of these activities.

QUEST FOR HEALTHY SCHOOLS

Topic Area: Smart Snacks

Alliance for a Healthier Generation's Healthy Schools Program School Wellness Assessment

To the best of your ability, answer each question honestly about the policies and procedures occurring in your school. The answer choices are fully in place, partially in place, underdevelopment, or not in place.

SS-1. All foods sold during the school day meet the USDA's Smart Snacks in School nutrition standards:

Do all **competitive foods sold** to students during the school day meet or exceed the USDA's nutrition standards for all foods sold to students (commonly called Smart Snacks in School)? This includes a la carte, vending, school stores, snack or food carts, and any food based fundraising (school follows fundraising exemptions and guidance set by their State agency, which also must adhere to the federal Smart Snacks in School requirements).

Level of Completion:

3 = Yes, **all** competitive foods sold meet or exceed the USDA's Smart Snacks in School nutrition standards, or we do not sell competitive foods at our school.

2 = **Most** competitive foods sold meet or exceed the USDA's Smart Snacks in School nutrition standards.

1 = **Some** competitive foods sold meet or exceed the USDA's Smart Snacks in School nutrition standards.

0 = No, **no** competitive foods sold meet or exceed the USDA's Smart Snacks in School nutrition standards.

SS-2. All beverages sold during the school day meet the USDA's Smart Snacks in School nutrition standards:

Do all **competitive beverages sold** to students during the school day meet or exceed the USDA's nutrition standards for all beverages sold to students (commonly called Smart Snacks in School)? This includes a la carte, vending, school stores, snack or food carts, and any food based fundraising (school follows fundraising exemptions and guidance set by their State agency, which also must adhere to the federal Smart Snacks in School requirements).

Level of Completion:

3 = Yes, **all** competitive beverages sold meet or exceed the USDA's Smart Snacks in School nutrition standards, or we do not sell competitive beverages at our school.

2 = **Most** competitive beverages sold meet or exceed the USDA's Smart Snacks in School nutrition standards.

1 = **Some** competitive beverages sold meet or exceed the USDA's Smart Snacks in School nutrition standards.

0 = No, **no** competitive beverages sold meet or exceed the USDA's Smart Snacks in School nutrition standards.

SS-3. Food and beverage marketing:

Does your school limit food and beverage marketing (e.g., contests or coupons) on school campus to foods and beverages that meet or exceed the USDA's Smart Snacks in School nutrition standards? This may include, but is not limited to, marketing and branding in cafeterias, hallways, common spaces, classrooms, staff lounges or school stores; and on snack or food carts, vending machine exteriors, display racks, food or beverage cups or containers, coolers, athletic equipment, and sports bags. Examples may include, but are not limited to, in school media, signs, posters, and stickers.

Level of Completion:

3 = Yes, **only** foods and beverages that meet or exceed the USDA's Smart Snacks in School nutrition standards are advertised or promoted, or no foods and beverages are advertised or promoted on school campus.

2 = **Most** foods and beverages advertised or promoted on school campus meet or exceed the USDA's Smart Snacks in School nutrition standards.

1 = **Some** foods and beverages advertised or promoted on school campus meet or exceed the USDA's Smart Snacks in School nutrition standards.

0 = No, **no** foods and beverages advertised or promoted on school campus meet or exceed the USDA's Smart Snacks in School nutrition standards.

SS-4. All foods & beverages served and offered during the extended school day meet the USDA's Smart Snacks in School nutrition standards:

Do all foods and beverages **served and offered** to students during the **extended school day** meet or exceed the USDA's Smart Snacks in School nutrition standards? This includes snacks that are not part of a federally reimbursed child nutrition program, birthday parties, holiday parties, and school-wide celebrations.

Level of Completion:

3 = Yes, **all** foods and beverages served and offered during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards, or we do not sell foods and beverages during the extended school day at our school.

2 = **Most** foods and beverages served and offered during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.

1 = **Some** foods and beverages served and offered during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.

0 = No, **no** foods and beverages served and offered during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.

SS-5. All foods & beverages sold during the extended school day meet the USDA's Smart Snacks in School nutrition standards:

Do all foods and beverages **sold** to students during the **extended school day** meet or exceed the USDA's Smart Snacks in School nutrition standards? This includes vending machines, school stores, and snack or food carts.

Level of Completion:

3 = Yes, **all** foods and beverages sold during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards, or we do not sell foods and beverages during the extended school day at our school.

2 = **Most** foods and beverages sold during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.

1 = **Some** foods and beverages sold during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.

0 = No, **no** foods and beverages sold during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.

SS-6. All foods & beverages served and offered during the extended school day meet the USDA's Smart Snacks in School nutrition standards:

Do all foods and beverages **served and offered** to students during the **extended school day** meet or exceed the USDA's Smart Snacks in School nutrition standards? This includes snacks that are not part of a federally reimbursed child nutrition program, birthday parties, holiday parties, and school-wide celebrations.

Level of Completion:

3 = Yes, **all** foods and beverages served and offered during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards, or we do not sell foods and beverages during the extended school day at our school.

2 = **Most** foods and beverages served and offered during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.

1 = **Some** foods and beverages served and offered during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.

0 = No, **no** foods and beverages served and offered during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.

SS-7. Fundraising efforts during and outside school hours meet the USDA's Smart Snacks in School nutrition standards:

Do fundraising efforts during and outside school hours sell only non-food items or only foods and beverages that meet or exceed the USDA's Smart Snacks in School nutrition standards? This may include, but is not limited to, donation nights; cookie dough, candy, and pizza sales; market days; etc.

Level of Completion:

3 = Yes, **all** fundraising efforts sell only non-food items, or all foods and beverages sold as fundraisers meet or exceed the USDA's Smart Snacks in School nutrition standards.

2 = **Most** fundraising efforts sell only non-food items, or most foods and beverages sold as fundraisers meet or exceed the USDA's Smart Snacks in School nutrition standards.

1 = **Some** fundraising efforts sell only non-food items, or some foods and beverages sold as fundraisers meet or exceed the USDA's Smart Snacks in School nutrition standards.

0 = No, **no** fundraising efforts sell only non-food items, or no foods and beverages sold as fundraisers meet or exceed the USDA's Smart Snacks in School nutrition standards.

QUEST FOR HEALTHY SCHOOLS

Topic Area: Health and Physical Education

Alliance for a Healthier Generation's Healthy Schools Program School Wellness Assessment

To the best of your ability, answer each question honestly about the policies and procedures occurring in your school. The answer choices are fully in place, partially in place, underdevelopment, or not in place.

HPE-1. Minutes of physical education per week (Elementary Only):

Do all students in each grade receive physical education for at least 150 minutes per week throughout the school year?

NOTE: Physical education classes should be spread over at least three days per week, with daily physical education preferable.

Level of Completion:

3 = Yes.

2 = 90-149 minutes per week for all students in each grade throughout the school year.

1 = 60-89 minutes per week for all students in each grade throughout the school year.

0 = Fewer than 60 minutes per week or not all students receive physical education throughout the school year.

HPE-2. Years of physical education (Middle and High Only):

How many years of physical education are students at this school required to take?

Level of Completion:

3 = The equivalent of all academic years of physical education.

2 = The equivalent of at least one academic year but less than all academic years of physical education.

1 = The equivalent of one-half academic year of physical education.

0 = The equivalent of less than one-half academic year of physical education or students are not required to take physical education at this school.

HPE-3. Sequential physical education curriculum consistent with standards:

Do all teachers of physical education use an age-appropriate, sequential physical education curriculum that is consistent with national or state standards for physical education (see national standards)?

NOTE: Consider using CDC's Physical Education Curriculum Analysis Tool (PECAT), which is designed to help school districts and schools conduct a clear, complete, and consistent analysis of written physical education curriculum. PECAT results can help districts and schools enhance, develop, or select appropriate and effective physical education curricula for delivering high-quality physical education in

schools. The PECAT assesses how consistent curricula are with national standards and can assist users in determining if the curriculum being analyzed is sequential.

NATIONAL STANDARDS FOR PHYSICAL EDUCATION

A physically literate individual:

1. Demonstrates competency in a variety of motor skills and movement patterns.
2. Applies knowledge of concepts, principles, strategies, and tactics related to movement and performance.
3. Demonstrates the knowledge and skills to achieve and maintain a health-enhancing level of physical activity and fitness.
4. Exhibits responsible personal and social behavior that respects self and others.
5. Recognizes the value of physical activity for health, enjoyment, challenge, self-expression and/or social interaction.

National Standards & Grade-Level Outcomes for K-12 Physical Education (SHAPE America & Human Kinetics, 2014)

Level of Completion:

3 = Yes.

2 = **Some** use a sequential physical education curriculum, **and** it is consistent with state or national standards.

1 = **Some** use a sequential physical education curriculum, **but** it is not consistent with state or national standards.

0 = None do, **or** the curriculum is not sequential, **or** there is no physical education curriculum

HPE-4. Students active at least 50% of class time:

Do teachers keep students **moderately to vigorously active** for **at least 50% of the time** during most or all physical education class sessions?

Level of Completion:

3 = Yes, during most or all classes.

2 = During about half the classes.

1 = During fewer than half the classes.

0 = During none of the classes, or there are no physical education classes.

HPE-5. Professional development for teachers:

Are all teachers of physical education required to participate at least once a year in professional development in physical education?

Level of Completion:

3 = Yes, **all** do.

2 = **Most** do.

1 = **Some** do.

0 = **None** do, **or** no one teaches physical education.

HPE-6. Information and materials for physical education teachers:

Are all teachers of physical education provided with the following information and materials to assist in delivering physical education?

- Goals, objectives, and expected outcomes for physical education
- A chart scope and sequence for instruction
- A written physical education curriculum
- A plan for assessing student performance
- Physical activity monitoring devices, such as pedometers, heart rate monitors
- Internet resources, such as SHAPE America online tools and resources or PE Central
- The Presidential Youth Fitness Program
- Protocols to assess or evaluate student performance in physical education
- Learning activities that increase the amount of class time students are engaged in moderate-to-vigorous physical activity
- Learning activities that actively engage students with long-term physical, medical, or cognitive disabilities in physical education

Level of Completion:

3 = Yes, all teachers of physical education are provided with at least eight kinds of these materials.

2 = Teachers of physical education are provided with four to seven kinds of these materials.

1 = Teachers of physical education are provided with one to three kinds of these materials.

0 = Teachers of physical education are not provided with these kinds of materials.

HPE-7. Licensed physical education teachers:

Are all physical education classes taught by licensed teachers who are certified or endorsed to teach physical education?

Level of Completion:

3 = Yes, **all** are.

2 = **Most** classes are.

1 = **Some** classes are.

0 = **No** classes are, **or** there are no physical education classes.

HPE-8. Health Education taught in all grades (Elementary Only):

Do students receive health education instruction in all grades?

Level of Completion:

3 = Yes, in **all** grades.

2 = In **most** grades.

1 = In **some** grades.

0 = In **no** grades.

HPE-9. Required health education course (Middle and High Only):

Does the school or district require all students to take and pass at least one health education course?

NOTE: If your school has more than four grade levels (e.g., grades 7-12), answer this question instead: "Does the school require all students to take and pass at least two health education courses?" and for answer response 2 replace "*one course*" with "*two courses*."

Level of Completion:

3 = Yes.

2 = Students are required to take one course, but they do not have to take it again if they fail it (see note).

1 = No, but there is an elective health education course.

0 = No.

HPE-10. Essential topics on physical activity:

Does the health education curriculum address all of these topics on physical activity?

- The physical, psychological, or social benefits of physical activity
- How physical activity can contribute to a healthy weight
- How physical activity can contribute to the academic learning process
- How an inactive lifestyle contributes to chronic disease
- Health-related fitness, that is, cardiovascular endurance, muscular endurance, muscular strength, flexibility, and body composition
- Differences between physical activity, exercise, and fitness
- Phases of an exercise session, that is, warm up, workout, and cool down
- Overcoming barriers to physical activity
- Decreasing sedentary activities, such as TV watching
- Opportunities for physical activity in the community
- Preventing injury during physical activity
- Weather-related safety, for example, avoiding heat stroke, hypothermia, and sunburn while physically active

- How much physical activity is enough, that is, determining frequency, intensity, time, and type of physical activity
- Developing an individualized physical activity and fitness plan
- Monitoring progress toward reaching goals in an individualized physical activity plan
- Dangers of using performance-enhancing drugs, such as steroids
- Social influences on physical activity, including media, family, peers, and culture
- How to find valid information or services related to physical activity and fitness
- How to influence, support, or advocate for others to engage in physical activity
- How to resist peer pressure that discourages physical activity

NOTE: Consider using CDC's Health Education Curriculum Analysis Tool (HECAT), which is designed to help school districts and schools conduct a clear, complete, and consistent analysis of written health education curriculum. HECAT results can help districts and schools enhance, develop, or select appropriate and effective health education curricula. The HECAT assesses how consistent curricula are with national standards and can assist users in determining if the curriculum being analyzed is sequential.

Level of Completion:

3 = Yes, addresses all of these topics.

2 = Addresses most of these topics.

1 = Addresses some of these topics.

0 = Addresses one or none of these topics, or there is no health education curriculum.

HPE-11. Essential topics on healthy eating:

Does your health education curriculum addresses all of these essential topics on healthy eating?

- The relationship between healthy eating and personal health and disease prevention
- Food guidance from MyPlate
- Reading and using food labels
- Eating a variety of foods every day
- Balancing food intake and physical activity
- Eating more fruits, vegetables and whole grain products
- Choosing foods that are low in fat, saturated fat, and cholesterol and do not contain trans fat
- Choosing foods and beverages with little added sugars
- Eating more calcium-rich foods
- Preparing healthy meals and snacks
- Risks of unhealthy weight control practices
- Accepting body size differences
- Food safety
- Importance of water consumption
- Importance of eating breakfast
- Making healthy choices when eating at restaurants

- Eating disorders
- The Dietary Guidelines for Americans
- Reducing sodium intake
- Social influences on healthy eating, including media, family, peers, and culture
- How to find valid information or services related to nutrition and dietary behavior
- How to develop a plan and track progress toward achieving a personal goal to eat healthfully
- Resisting peer pressure related to unhealthy dietary behavior
- Influencing, supporting, or advocating for others' healthy dietary behavior

NOTE: Consider using CDC's Health Education Curriculum Analysis Tool (HECAT), which is designed to help school districts and schools conduct a clear, complete, and consistent analysis of written health education curriculum. HECAT results can help districts and schools enhance, develop, or select appropriate and effective health education curricula. The HECAT assesses how consistent curricula are with national standards and can assist users in determining if the curriculum being analyzed is sequential.

Level of Completion:

3 = Yes, addresses **all** of these topics.

2 = Addresses **most** of these topics.

1 = Addresses **some** of these topics.

0 = Addresses **one or none** of these topics, or there is no health education curriculum.

HPE-12. Opportunities to practice skills:

Do all teachers of health education provide opportunities for students to practice or rehearse the skills needed to maintain and improve their health?

Level of Completion:

3 = Yes, **all** do.

2 = **Most** do.

1 = **Some** do.

0 = **None** do, **or** no one teaches health education.

QUEST FOR HEALTHY SCHOOLS

Topic Area: Physical Activity

Alliance for a Healthier Generation's Healthy Schools Program School Wellness Assessment

To the best of your ability, answer each question honestly about the policies and procedures occurring in your school. The answer choices are fully in place, partially in place, underdevelopment, or not in place.

PA-1. Recess (Elementary Only):

Are students provided at least 20 minutes of recess during each school day, and do teachers or recess monitors encourage students to be active?

Level of Completion:

3 = Yes, recess is provided for at least 20 minutes each day, **and** teachers or recess monitors encourage students to be active.

2 = Recess is provided for at least 20 minutes each day, **but** teachers or recess monitors do not encourage students to be active.

1 = Recess is provided each day but for less than 20 minutes, **or** it is provided on some days but not on all days.

0 = Recess is **not** provided on any day.

PA-2. Availability of physical activity breaks in classrooms:

Are all students provided opportunities to participate in physical activity breaks in classrooms, outside of physical education, recess, and class transition periods on all or most days during a typical school week?

NOTE: *Physical activity breaks are actual breaks that occur in the academic classroom, allowing students to take a mental and physical break from current academic tasks. These breaks can occur at any time during the school day, last from 5– 30 minutes, and occur all at one time or several times during the school day.*

Level of Completion:

3 = Yes, on **all** days during a typical school week

2 = On **most** days during a typical school week

1 = On **some** days during a typical school week

0 = No, we do **not** provide students with opportunities to participate in physical activity breaks in classrooms

PA-3. Promotion or support of walking and bicycling to school:

Does the school promote or support walking and bicycling to school in the following ways?

- Designation of safe or preferred routes to school

- Promotional activities such as participation in International Walk to School Week, National Walk and Bike to School Week
- Secure storage facilities for bicycles and helmets (e.g., shed, cage, fenced area)
- Instruction on walking/bicycling safety provided to students
- Promotion of safe routes program to students, staff and parents via newsletters, websites, local newspaper
- Crossing guards are used
- Crosswalks exist on streets leading to schools
- Walking school buses are used
- Bicycle parking is provided (e.g., bicycle rack)
- Documentation of number of children walking and or biking to and from school
- Creation and distribution of maps of school environment (sidewalks, crosswalks, roads, pathways, bike racks, etc.)

Level of Completion

3 = Yes, our school promotes or supports walking and bicycling to school in all six or more of these ways.

2 = Our school promotes or supports walking and bicycling to school in three to five of these ways.

1 = Our school promotes or supports walking and bicycling to school in one to two of these ways.

0 = Our school does not promote or support walking and bicycling to school.

PA-4. Availability of before- and after-school physical activity opportunities:

Does the school offer opportunities for students to participate in physical activity either before or after the school day (or both); for example, through organized physical activities or access to facilities or equipment for physical activity?

Level of Completion:

3 = Yes. Both before and after the school day

2 = Yes. We offer before school or after school, but not both

1 = No. We do not offer opportunities for students to participate in physical activity before and after the school day, but there are plans to initiate it.

0 = No. We do not offer opportunities for students to participate in physical activity before and after the school day, and there are no plans to initiate it.

PA-5. Professional development for classroom teachers:

Are classroom teachers required to participate at least once a year in professional development on promoting and integrating physical activity in the classroom?

Level of Completion:

3 = Yes, all do.

2 = Most do.

1 = Some do.

0 = None do, or professional development on physical activity is not available to classroom teachers.

PA-6. Prohibit using physical activity as punishment:

Does the school prohibit using physical activity and withholding physical education class as punishment? Is this prohibition consistently followed?

NOTE: Please do not consider issues related to participation in interscholastic sports programs when answering this question.

Level of Completion:

3 = Yes, using physical activity as punishment and withholding physical education class as punishment are prohibited, and both prohibitions are consistently followed.

2 = One of these practices is prohibited, and this prohibition is consistently followed.

1 = One or both of these practices is prohibited, but this prohibition is not consistently followed.

0 = Neither practice is prohibited.

PA-7. Prohibit withholding recess as punishment (Elementary Only):

Does your school prohibit withholding recess as punishment? Is this prohibition consistently followed?

Level of Completion:

3 = Yes, withholding recess as punishment is a written policy and this prohibition is consistently followed.

2 = Yes, withholding recess as punishment is prohibited and this prohibition is consistently followed.

1 = Yes, withholding recess as punishment is prohibited but this prohibition is not consistently followed.

0 = This practice is not prohibited.

PA-8. Access to physical activity facilities outside school hours:

Are indoor and outdoor physical activity facilities open to students, their families, and the community outside school hours?

NOTE: Making facilities open and available to students, their families, and the community outside of school hours can be conducted as a regular practice or through a formal, written joint or shared use agreement. A joint use or shared use agreement is a formal agreement between a school or school district and another public or private entity to jointly use either school facilities or community facilities to share costs and responsibilities.

Level of Completion:

3 = Yes, **both** indoor and outdoor facilities are available.

2 = Indoor or outdoor facilities, but **not both**, are available.

1 = Indoor or outdoor facilities are available, **but** the hours of availability are very limited.

0 = No, **neither** indoor nor outdoor facilities are available.

QUEST FOR HEALTHY SCHOOLS

Topic Area: Employee Wellness

Alliance for a Healthier Generation's Healthy Schools Program School Wellness Assessment

To the best of your ability, answer each question honestly about the policies and procedures occurring in your school. The answer choices are fully in place, partially in place, underdevelopment, or not in place.

EW-1. Health assessments for staff members:

Does the school or district offer staff members accessible and free or low-cost health assessments at least once a year?

Level of Completion:

3 = Yes, health assessments are offered, and all staff members find them accessible and free or low-cost.

2 = Health assessments are offered, but some staff members find them inaccessible or high-cost.

1 = Health assessments are offered, but many staff members find them inaccessible or high-cost.

0 = Health assessments are not offered at least once a year.

EW-2. Programs for staff members on physical activity/fitness:

Does the school or district offer staff members accessible and free or low-cost physical activity/fitness programs?

Level of Completion:

3 = Yes.

2 = Offers physical activity/fitness programs, but some staff members find them inaccessible or expensive.

1 = Offers physical activity/fitness programs, but many staff members find them inaccessible or expensive.

0 = Does not offer physical activity/fitness programs.

EW-3. Programs for staff members on healthy eating/weight management:

Does the school or district offer staff members healthy eating/weight management programs that are accessible and free or low-cost?

Level of Completion:

3 = Yes.

2 = Offers healthy eating/weight management programs, but **some** staff members find them inaccessible or expensive.

1 = Offers healthy eating/weight management programs, but **many** staff members find them inaccessible or expensive.

0 = Does **not** offer healthy eating/weight management programs.

EW-4. Promote staff member participation:

Does the school or district use three or more methods to promote and encourage staff member participation in its health promotion programs?

Level of Completion:

- Information at orientation for new staff members
- Information included with paycheck
- Flyers posted on school bulletin boards
- Letters mailed directly to staff
- Announcements at staff meetings
- Articles in staff newsletters
- Incentive/reward programs
- Public recognition
- Life/health insurance discounts
- Gym or health club discounts, such as YMCA
- Posting to a website or listserv
- E-mail messages
- Positive role modeling by administrators or other leaders

Level of Completion:

3 = Yes, uses three or more of these methods.

2 = Uses two of these methods.

1 = Uses one of these methods.

0 = Uses none of these methods.

EW-5. Stress management programs for staff:

Does your school or district offer staff members accessible and free or low-cost stress management programs at least once a year?

Level of Completion:

3 = Yes, stress management programs are offered, and **all** staff members find them accessible and free or low-cost.

2 = Stress management programs are offered, but **some** staff members find them inaccessible or high-cost.

1 = Stress management programs are offered, but **many** staff members find them inaccessible or high-cost.

0 = Stress management programs are **not** offered at least once a year.

EW-6. All foods served and sold to staff meet the USDA's Smart Snacks in School Nutrition Standards:

Do all foods and beverages served and sold at staff meetings, school-sponsored staff events, and in the staff lounge meet USDA Smart Snacks in School nutrition standards?

Level of Completion:

3 = Yes, all foods and beverages served and sold meet Smart Snacks.

2 = Most foods and beverages served and sold align with Smart Snacks.

1 = Some foods and beverages served and sold align with Smart Snacks.

0 = No, no foods and beverages align with Smart Snacks.

Create a School Wellness Action Plan

Schedule a meeting with the School Wellness Champion to review the school's responses to the *Alliance for a Healthier Generation Healthy Schools Program Assessment*.

With the School Wellness Committee:

- Review the AHG Healthy Schools Program Assessment responses.
 - Review the required questions in the *Alliance for a Healthier Generation Healthy Schools Program Assessment* answered by the School Wellness Committee.
 - Specifically focus on questions the School Wellness Committee answered as “partially in place”, “under development” and “not in place”.
 - Discuss the strengths and areas of improvement described by the Assessment Report.
- Select four (4) questions answered “partially in place”, “under development” and “not in place” to focus on improving for the next school year.
- Pull the resources for the goals from SharePoint to share with the school.
- Identify strategies to achieve each goal using the *Action Plan Worksheet*.
 - Only use one *Action Plan Worksheet* for each goal.
 - Follow the timeline set by the School Wellness Committee to meet discuss progress, challenges, needs and successes of the 2 set goals on the Action Plan Worksheet as well as set new goals based on the Action Plan.

Optional Resources

- As an ice breaker for the meeting, play the *Running Start: Initial Steps to Creating Healthier Environments* training video available on the Alliance's website at: [Running Start: Initial Steps to Creating Healthier Environments](#) using the laptop, projector and speakers. During the training, select the Healthy School Program when asked.
- Agenda
 - *Planning Meeting Agenda*
- Emails
 - *Reminder School Wellness Committee Planning Meeting*
 - *School Wellness Committee Planning Meeting Summary*
 - A scanned copy of the *Action Plan Worksheet* must be attached to this email.
- Based on the four (4) goals of the School Wellness Committee, review the relevant resources using the *Resources for Planning* to assist the School Wellness Committees in completing the Action Plan Worksheet.

Office Management

Create a new folder named “(Insert School Name) School Wellness Committee Action Plan Worksheets”. Scan and upload the completed Quest for Healthy Schools Action Plan Worksheets into the new folder.



County _____ School Name _____

Date ____/____/____ Extension Staff _____ School Wellness Champion _____

Goal: _____

Activity	Lead Person	Timeframe		Resources Needed	Progress
		Start	Completion		

Instructions

- **County:** Provide the county in which the school is located.
- **School Name:** Provide the name of the school.
- **Date:** Provide today's date.
- **Extension Staff:** Provide your name.
- **School Wellness Champion:** Provide the name of the School Wellness Champion.
- **Goal:** Provide a description of the goal the School Wellness Committee has decided to work on.
- **Activity:** List the activities needed to achieve the goal identified by the School Wellness Committee.
- **Lead Person:** Provide the name of the person leading the activity.
- **Timeframe:** Indicate the timeframe which the School Wellness Committee wants the activity to be completed
 - **Start:** Provide the date to begin/start the activity.
 - **Completion:** Provide the date the activity must be completed by.
- **Resources Needed:** List or describe the resources needed to complete the activity.
- **Progress:** Provide an update of the progress made in competing this activity. Be detailed in describing successes and challenges associated with this step.

Celebrate

Celebrate the School's Progress and Successes

Support the school in creatively highlighting progress and successes and rewarding stakeholders.

Some ways to promote and celebrate school wellness efforts include:

- Announcing the wellness efforts on the school's social media pages.
- Announcing the successes and progress during the school's morning announcements.
- Creating and distributing a newsletter highlighting the school's new practices and efforts.
- Recognize and show appreciation to the School Wellness Committee during a school assembly meeting.

Office Management

Create or update your PSE PEARS report for your school site with the changes the being made in the school. Tell the story! Use the comments section to be as detailed as possible about how your school celebrated their processes used to achieve the school's goals.

Sustain

Keep the Ball Rolling: Support the School in Maintaining Momentum for School Wellness Efforts

With the School Wellness Committee, continuously identify new or ongoing strengths and areas for improvement to update the School Wellness Action Plan.

Implement

Implement the School Wellness Action Plan

Follow the timeline set by the School Wellness Committee to meet discuss progress, challenges, needs and successes of the 2 set goals on the Action Plan Worksheet. Depending on the goals and needs of the Action Plan, consider adding new committee members to execute and support revised strategies.

Office Management

Create or update your PSE PEARS report for your school site with the changes the being made in the school. Tell the story! Use the comments section to be as detailed as possible about the processes used to achieve the school's goals.

Evaluate

Evaluate the Changes Made and Update School Wellness Assessment

Schedule a meeting with the School Wellness Champion and School Wellness Committee to review the school's responses to the *Alliance for a Healthier Generation Healthy Schools Program Assessment*.

With the School Wellness Committee,

- Review each assessment question;
- Compare the question answers to the changes the made in the school; and
- Update the response as necessary.

As the Committee updates the assessment responses, record the updated responses. Then, set new goals based on the assessment responses and establish and new Action Plan.

Office Management

Scan and email the updated *Alliance for a Healthier Generation Healthy Schools Program School Wellness Assessment* to healthyschools@auburn.edu.

Appendix C

Appendix C consists of the original ORIC survey developed by Shea et al. (2014) and the adjusted ORIC survey used in QHS.

Appendix C – Part 1

Appendix C – Part 1 consists of the original ORIC survey developed by Shea et al. (2014).

Organizational Readiness for Implementing Change (ORIC)

	1	2	3	4	5
	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree
1. People who work here feel confident that the organization can get people invested in implementing this change.	1	2	3	4	5
2. People who work here are committed to implementing this change.	1	2	3	4	5
3. People who work here feel confident that they can keep track of progress in implementing this change.	1	2	3	4	5
4. People who work here will do whatever it takes to implement this change.	1	2	3	4	5
5. People who work here feel confident that the organization can support people as they adjust to this change.	1	2	3	4	5
6. People who work here want to implement this change.	1	2	3	4	5
7. People who work here feel confident that they can keep the momentum going in implementing this change.	1	2	3	4	5
8. People who work here feel confident that they can handle the challenges that might arise in implementing this change.	1	2	3	4	5
9. People who work here are determined to implement this change.	1	2	3	4	5
10. People who work here feel confident that they can coordinate tasks so that implementation goes smoothly.	1	2	3	4	5
11. People who work here are motivated to implement this change.	1	2	3	4	5
12. People who work here feel confident that they can manage the politics of implementing this change.	1	2	3	4	5

Appendix C – Part 2

Appendix C – Part 2 consists of the adjusted ORIC survey used in QHS.

QUEST FOR HEALTHY SCHOOLS

Organizational Readiness to Implement Change

My school, _____:

1. Feels confident that they can get individuals invested in implementing a school wellness policy.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree
2. Is committed to implementing a school wellness policy.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree
3. Feels confident that they can keep track of progress when implementing a school wellness policy.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree
4. Will do whatever it takes to implement a school wellness policy.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree
5. Feels confident that they can keep the momentum high as they adjust to implementing a school wellness policy.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree
6. Wants to implement a school wellness policy.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree
7. Feels confident that they can keep the momentum going while implementing a school wellness policy.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree
8. Feels confident that they can handle challenges that might arise while implementing a school wellness policy.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree
9. Is determined to implement a school wellness policy.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree
10. Feels confident that they can coordinate tasks so that implementation of the school wellness policy goes smoothly.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree
11. Is motivated to implement a school wellness policy.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree
12. Feels confident that they can manage the politics of implementing a school wellness policy.
Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree

Appendix D

Appendix D consists of the *AHG Healthy Schools Program* School Wellness Assessment.

QUEST FOR HEALTHY SCHOOLS

Topic Area: Policy and Environment

Alliance for a Healthier Generation's Healthy Schools Program School Wellness Assessment

To the best of your ability, answer each question honestly about the policies and procedures occurring in your school. The answer choices are fully in place, partially in place, underdevelopment, or not in place.

PO-1. Representative school health committee or team:

Does your school have a representative committee or team that meets at least four times a year and oversees school health and safety policies and programs?

Level of Completion:

3 = Yes.

2 = There is a committee or team that does this, but it could be more representative.

1 = There is a committee or team, but it is not representative, or it meets less often than four times a year.

0 = No.

PO-2. Written school health and safety policies:

Does your school or district have written health and safety policies that include the following components?

- Rationale for developing and implementing the policies
- Population for which the policies apply (e.g., students, staff, visitors)
- Where the policies apply (e.g., on and/or off school property)
- When the policies apply
- Programs supported by the policies
- Designation of person(s) responsible (e.g., school administrator(s), teachers) for implementing the policies
- Designation of person(s) responsible (e.g., school administrator(s), teachers) for enforcing the policies
- Communication procedures (e.g., through staff meetings, professional development, website, staff handbook, parent handbook) of the policies
- Procedures for addressing policy infractions
- Definitions of terms

Level of Completion:

3 = All of our health and safety policies include all of these components.

2 = Most of our health and safety policies include all of these components.

1 = Some of our health and safety policies include some of these components.

0 = Few of our health and safety policies include only a few of these components, or our school or district does not have any health and safety policies.

PO-3. Local wellness policies:

Has your school implemented all of the following components of the local education agency's (LEA) or district's local wellness policy?

- Specific goals for nutrition education and promotion activities.
- Specific goals for physical activity opportunities
- Specific goals for other school-based activities that promote student wellness
- Nutrition standards for all foods and beverages sold on the school campus during the school day that are consistent with Federal regulations for school meals and Smart Snacks in School
- Standards for all foods and beverages provided, but not sold, to students during the school day (e.g., in classroom parties or classroom snacks brought by parents)
- Policies for marketing and advertising of only those foods and beverages that meet the USDA Smart Snacks in School nutrition standards on the school campus during the school day
- Permit parents, students, representatives of the school food authority, teachers of physical education, school health professionals, the school board, school administrators, and the general public to participate in the development, implementation, and review and update of the local school wellness policy
- Identified one or more school district and/or school official(s) who have the authority and responsibility to ensure each school complies with the policy
- Informed and updated the public (including parents, students, and others in the community) about the local school wellness policy on an annual basis
- At least once every three years, measure:
 - The extent to which schools are in compliance with the local school wellness policy,
 - The extent to which the local education agency's local wellness policy compares to model local school wellness policies, and
 - The progress made in attaining the goals of the local wellness policy and made this assessment available to the public.

By the start of the 2006-2007 school year, every school district participating in the Federal meal program was required to establish a local school wellness policy for all schools under its jurisdiction. In addition, beginning July 1, 2104, USDA's Smart Snacks in School nutrition standards, required by the Healthy, Hunger-Free Kids Act of 2010, allowed schools to offer healthier snack foods to children, while limiting junk food. (See <https://www.fns.usda.gov/school-meals/tools-schools-focusing-smart-snacks>). USDA's Smart Snacks in School nutrition standards are practical, science-based nutrition standards for snack foods and beverages sold to children at school during the school day. The Smart Snacks in School nutrition standards were updated in 2016. Your school health team should review your district's local wellness policy before completing this question.

Level of Completion:

3= Yes, our school has implemented all of these components.

2 = Our school has implemented most of these components.

1 = Our school has implemented a few of these components.

0 = No, we have not implemented any of these components, or our policy does not include any of these components, or our district does not have a local wellness policy.

PO-4. School start times (middle and high schools only):

Does your school day start at 8:30 am or later to promote sufficient sleep and improved health and academic performance?

NOTE: The American Academy of Pediatrics recommends that middle schools and high schools start classes no earlier than 8:30 a.m. in order to permit students to get adequate sleep.

Level of Completion:

3 = Yes.

2 = School starts between 8:00 a.m. and 8:29 a.m.

1 = School starts between 7:30 a.m. and 7:59 a.m.

0 = School starts before 7:30 a.m.

PO-5. Health services provided by a full-time school nurse:

Does your school have a full-time, registered school nurse responsible for health services all day, every day? Are an adequate number of full-time school nurses provided, based on the recommendation of at least one nurse per school?

NOTE: More nurses are recommended if students have extensive nursing needs.

Level of Completion:

3 = Yes, we have a registered school nurse present all day every day.

2 = We have a registered school nurse present most of the time each week.

1 = We have a registered school nurse present some of the time each week, or we have an LPN or UAP (supervised by a school nurse) who is present at least some of the time each week.

0 = No, we do not have a registered school nurse, LPN, or UAP present in our school, or we have an unsupervised LPN or UAP in our school.

PO-6. Counseling, psychological, and social services provided by a full-time counselor, social worker, and psychologist:

Does your school have access to a full-time counselor, social worker, or psychologist for providing counseling, psychological, and social services? Is an adequate number of these staff members provided based on the following recommended ratios?

- One counselor for every 250 students
- One social worker for every 400 students
- One psychologist for every 1,000 students

Level of Completion:

3 = Yes, we have a full-time counselor, social worker, and psychologist, and the recommended ratios are present.

2 = We have a full-time counselor, social worker, and psychologist, but fewer than the recommended ratios.

1 = We have a full-time counselor, social worker or psychologist, but not all three.

0 = No, we do not have even one full-time counselor, social worker or psychologist.

PO-7. Parenting strategies:

Does your school provide educational resources for families that address all of the following parenting strategies?

- Praising and rewarding desirable behavior
- Staying actively involved with children in fun activities
- Making time to listen and talk with their children
- Setting expectations for appropriate behavior and academic performance
- Sharing parental values
- Communicating with children about health-related risks and behaviors
- Making a small number of clear, understandable rules designed to increase level of self-management (e.g., routine household chores, homework, time spent using TV and computer)
- Consistently enforcing family rules with consequences (e.g., an additional chore, restricting TV/computer use for the evening)
- Monitoring children's daily activities (knowing child's whereabouts and friends)
- Modeling nonviolent responses to conflict
- Modeling healthy behaviors
- Emphasizing the importance of children getting enough sleep
- Providing a supportive learning environment in the home

Level of Completion:

3 = Yes, addresses all of these topics.

2 = Addresses most of these topics.

1 = Addresses some of these topics.

0 = Addresses none of these topics or does not provide educational resources that address parenting strategies.

PO-8. Family engagement in school decision making:

Do families have opportunities to be involved in school decision making for health and safety policies and programs?

NOTE: This question only applies to decision making around health and wellness addressing areas outlined in the Healthy Schools Program Framework of Best Practices.

Level of Completion:

3 = Yes, families have opportunities to be involved in all school decision-making processes for health and safety policies and programs.

2 = Families have opportunities to be involved in most school decision-making processes for health and safety policies and programs.

1 = Families have opportunities to be involved in some school decision-making processes for health and safety policies and programs.

0 = No, families do not have opportunities to be involved in school decision-making processes for health and safety policies and programs.

PO-9. Community involvement in school health initiatives:

Does your school partner with local community organizations, businesses, or local hospitals to engage students and their families in health promotion activities?

Level of Completion:

3 = Yes, our school partners with local community organizations, businesses, or local hospitals to promote and engage students and their families in health promotion activities, for all school health initiatives.

2 = Our school partners with local community organizations, businesses, or local hospitals to promote and engage students and their families in health promotion activities, for most school health initiatives.

1 = Our school partners with local community organizations, businesses, or local hospitals to promote and engage students and their families in health promotion activities, for some school health initiatives.

0 = No, our school does not partner with local community organizations, businesses, or local hospitals to promote and engage students and their families in health promotion activities for school health initiatives.

PO-10. Out-of-school programs:

Does your school work with community-based, out-of-school programs (e.g., Boys & Girls Clubs, 21st Century Community Learning Centers, Parks and Recreation) to develop and implement routine activities that promote health* for all participating students?

*NOTE: Routine activities that promote health refer to activities that are intended to improve student health status, such as health assessments, health education, and physical activity/physical education.

Level of Completion:

3 = Yes, our school works with out-of-school programs to develop and implement routine activities that promote health for all participating students.

2 = Our school works with out-of-school programs to develop and implement routine activities that promote health for select participating students.

1 = Our school work with out-of-school programs to develop and implement occasional activities that promote health for participating students.

0 = No, our school does not work with out-of-school programs to develop or implement activities that promote health for participating students.

QUEST FOR HEALTHY SCHOOLS

Topic Area: Nutrition Services

Alliance for a Healthier Generation's Healthy Schools Program School Wellness Assessment

To the best of your ability, answer each question honestly about the policies and procedures occurring in your school. The answer choices are fully in place, partially in place, underdevelopment, or not in place.

NS-1. Breakfast and lunch programs:

Does the school offer school meals (both breakfast and lunch) programs that are fully accessible to all students?

Level of Completion:

3 = Yes.

2 = Our school offers breakfast and lunch programs, but they are not fully accessible to all students.

1 = Our school offers only a lunch program, but there are plans to add a breakfast program.

0 = Our school offers only a lunch program and there are no plans to add a breakfast program, or the school does not offer a breakfast or a lunch program.

NS-2. School breakfast:

Does your school use strategies to maximize participation in the school breakfast program?

*Generally, universal free breakfast is ideal for schools with $\geq 70\%$ of students eligible for free or reduced-price meals, but may still be feasible for schools with a lower percentage of eligible students depending on state and local policies and programs. Universal free breakfast refers to any program that offers breakfast to all students free of charge, regardless of their free, reduced or paid lunch status.

Level of Completion:

3 = Our school offers universal free breakfast* after the bell, such as breakfast in the classroom, grab and go to the classroom, or second chance breakfast models.

2 = Our school offers breakfast after the bell, such as breakfast in the classroom, grab and go to the classroom, or second chance breakfast models.

1 = Our school offers a traditional breakfast program served and consumed in the cafeteria.

0 = Our school does not offer a breakfast program.

NS-3. School lunch:

Does your school provide multiple alternative points of sale for reimbursable meals, such as outside lines, kiosks, grab and go options, reimbursable vending options, to maximize participation in the National School Lunch Program?

Level of Completion:

3 = Our school provides multiple alternative points of sale at lunch.

2 = Our school provides one alternative point of sale at lunch.

1 = Our school offers a traditional lunch program served and consumed in the cafeteria.

0 = Our school does not offer a lunch program.

NS-4. Variety of offerings in school meals:

Do school meals* include a variety of offerings that meet the following criteria?

Lunch

- Go beyond the National School Lunch Program requirements to offer one additional serving per week from any of the three vegetable subgroups (dark green, red and orange, dry beans and peas)
- Offer a different fruit every day of the week during lunch (100% fruit juice can be counted as a fruit only once per week)
- Offer fresh fruit at least one day per week
- Offer foods that address the cultural practices of the student population
- Offer an alternative entrée option at least one time per week that is legume-based, reduced-fat dairy, or fish-based (including tuna)
- Offer at least three different types of whole grain rich food items each week

Breakfast

- Offer at least three different fruits and vegetables each week (100% fruit juice can be counted as a fruit only once per week)
- Offer fresh fruit at least one day per week

*NOTE: A school meal is a set of foods that meets school meal program regulations. This does not include à la carte offerings.

Level of Completion:

3 = Yes, meets six to eight of these criteria for variety.

2 = Meets three to five of these criteria for variety.

1 = Meets one to two of these criteria for variety.

0 = Meets none of these criteria for variety.

NS-5. Promote healthy food and beverage choices and school meals using Smarter Lunchroom techniques:

Are healthy food and beverage choices promoted through the following techniques?

- A variety of mixed whole fruits are displayed in nice bowls or baskets (instead of stainless steel pans)
- Fruit is offered in at least two locations on all service lines, one of which is right before each point of sale (POS)
- Vegetables are offered on all serving lines
- At least one vegetable is identified as the featured vegetable-of-the-day and is labeled with a creative, descriptive name at the point of selection
- Place pre-packed salads or salad bar if available in a high traffic area
- Label pre-packaged salads or salad bar choices with creative, descriptive names and display next to each choice
- Self-serve salad bar tongs, scoops, and containers are larger for vegetables and smaller for croutons, dressing, and other non-produce items
- White milk is displayed in front of other beverages in all coolers
- 1% or non-fat white milk is identified as the featured milk and is labeled with a creative, descriptive name
- Cafeteria staff politely prompt students who do not have a full reimbursable meal to select a fruit or vegetable
- Signs show students how to make a reimbursable meal on any service line
- Alternative entrée options (salad bar, yogurt parfaits, etc.) are highlighted on posters or signs within all service and dining areas
- Cafeteria staff smile and greet students upon entering the service line and continually throughout meal service
- Students, teachers, or administrators announce today's menu in daily announcements
- A monthly menu is posted in the main office
- Information about the benefits of school meals is provided to teachers and administration at least annually
- Brand, name, and decorate the lunchroom in a way that reflects the student body
- Conduct a taste test of a new entrée at least once a year

Level of Completion:

3 = Yes, healthy food and beverage choices are promoted through ten or more of these techniques.

2 = Healthy food and beverage choices are promoted through five to nine of these techniques.

1 = Healthy food and beverage choices are promoted through one to four of these techniques.

0 = Healthy food and beverage choices are promoted through none of these techniques.

NS-6. Annual continuing education and training requirements for school nutrition services staff:

Do all school nutrition program managers and staff meet or exceed the annual continuing education/training hours required by the USDA's Professional Standards requirements?

Topics covered may include, but are not limited to, food safety and HACCP, nutrition standards updates in school meals, food sensitivities and allergies, customer service, or food production techniques.

Level of Completion:

3 = Yes, **all** food and nutrition services staff meet or exceed the annual continuing education/training hours required by the USDA's Professional Standards requirements.

2 = **Most** food and nutrition services meet or exceed the annual continuing education/training hours required by the USDA's Professional Standards requirements.

1 = **Some** food and nutrition services staff meet or exceed the annual continuing education/training hours required by the USDA's Professional Standards requirements.

0 = No, **no** food and nutrition services staff meet or exceed the annual continuing education/training hours required by the USDA's Professional Standards requirements.

NS-7. Venues outside the cafeteria offer fruits and vegetables:

Do venues outside the cafeteria (e.g., vending machines, school stores, canteens, snack bars, or snack or food carts) where food is available offer fruits and non-fried vegetables?

NOTE: If your school does not have any food venues outside the cafeteria (e.g., vending machines, school stores, canteens, snack bars, or snack or food carts), answer "Yes".

Level of Completion:

3 = Yes, **most or all** venues outside the cafeteria do.

2 = About **half** of the venues do.

1 = **Fewer than half** of the venues do.

0 = **None** of the venues do.

NS-8. Collaboration between nutrition services staff members and teachers:

Do nutrition services staff members use the following methods to collaborate with teachers to reinforce nutrition education lessons taught in the classroom?

- Participate in design and implementation of nutrition education programs
- Display educational and informational materials that reinforce classroom lessons
- Provide food for use in classroom nutrition education lessons
- Provide ideas for classroom nutrition education lessons
- Teach lessons or give presentations to students
- Provide cafeteria tours for classes
- Tasting party in collaboration with classroom teacher
- Presentation on nutrition and food services to PTA/PTSA/PTO
- Sports nutrition – collaboration with coaches
- Classroom tour of cafeteria or meet and greet with School Nutrition staff

Level of Completion:

3 = Yes, use **three or more** methods.

2 = Use **two** of these methods.

1 = Use **one** of these methods.

0 = Use **none** of these methods.

NS-9. Student and family involvement in the school meal programs and other foods and beverages sold, served and offered on school campus:

Do students and family members have opportunities to provide both suggestions for school meals and other foods and beverages sold, served, and offered on school campus and feedback on the meal programs and other foods and beverages sold, served, and offered on school campus?

Level of Completion:

3 = Yes, **both** students and family members have opportunities to provide suggestions and feedback.

2 = Yes, **both** students and family members have opportunities to provide **either** suggestions for school meals or feedback on the meal program.

1 = **Either** students or family members have opportunities, **but** not both.

0 = **Neither** students nor family members have these opportunities.

NS-10. Prohibit using food as reward or punishment:

Does your school prohibit giving students food as a reward and withholding food as punishment? Is this prohibition consistently followed?

Level of Completion:

3 = Yes, using food as a reward and withholding food as punishment are prohibited, and both prohibitions are consistently followed.

2 = One of these practices is prohibited, and this prohibition is consistently followed.

1 = One or both of these practices is prohibited, but this prohibition is not consistently followed.

0 = Neither practice is prohibited.

NS-11. Adequate time to eat school meals:

Do students have at least 10 minutes to eat breakfast and at least 20 minutes to eat lunch, counting from the time they are seated?

Level of Completion:

3 = Yes. (NOTE: If the school does not have a breakfast program, but does provide at least 20 minutes for lunch, you can select this answer.)

2 = Have adequate time for breakfast or lunch, but not for both.

1 = No, but there are plans to increase the time.

0 = No.

NS-12. Farm to School activities:

Is the school implementing any of the following Farm to School activities?

- Local and/or regional products are incorporated into the school meal program
- Messages about agriculture and nutrition are reinforced throughout the learning environment
- School hosts a school garden
- School hosts field trips to local farms
- School utilizes promotions or special events, such as tastings, that highlight the local/regional products
- School hosts a farmer's market (student and parent involvement)
- Menu states local product(s) being served
- Local farmers/producers participate in career day activities

Level of Completion:

3 = Yes, our school is implementing four to five of these activities.

2 = Our school is implementing two to three of these activities.

1 = Our school is implementing at least one of these activities.

0 = No, our school is not implementing any of these activities.

QUEST FOR HEALTHY SCHOOLS

Topic Area: Smart Snacks

Alliance for a Healthier Generation's Healthy Schools Program School Wellness Assessment

To the best of your ability, answer each question honestly about the policies and procedures occurring in your school. The answer choices are fully in place, partially in place, underdevelopment, or not in place.

SS-1. All foods sold during the school day meet the USDA's Smart Snacks in School nutrition standards:

Do all **competitive foods sold** to students during the school day meet or exceed the USDA's nutrition standards for all foods sold to students (commonly called Smart Snacks in School)? This includes a la carte, vending, school stores, snack or food carts, and any food based fundraising (school follows fundraising exemptions and guidance set by their State agency, which also must adhere to the federal Smart Snacks in School requirements).

Level of Completion:

3 = Yes, **all** competitive foods sold meet or exceed the USDA's Smart Snacks in School nutrition standards, or we do not sell competitive foods at our school.

2 = **Most** competitive foods sold meet or exceed the USDA's Smart Snacks in School nutrition standards.

1 = **Some** competitive foods sold meet or exceed the USDA's Smart Snacks in School nutrition standards.

0 = No, **no** competitive foods sold meet or exceed the USDA's Smart Snacks in School nutrition standards.

SS-2. All beverages sold during the school day meet the USDA's Smart Snacks in School nutrition standards:

Do all **competitive beverages sold** to students during the school day meet or exceed the USDA's nutrition standards for all beverages sold to students (commonly called Smart Snacks in School)? This includes a la carte, vending, school stores, snack or food carts, and any food based fundraising (school follows fundraising exemptions and guidance set by their State agency, which also must adhere to the federal Smart Snacks in School requirements).

Level of Completion:

3 = Yes, **all** competitive beverages sold meet or exceed the USDA's Smart Snacks in School nutrition standards, or we do not sell competitive beverages at our school.

2 = **Most** competitive beverages sold meet or exceed the USDA's Smart Snacks in School nutrition standards.

1 = **Some** competitive beverages sold meet or exceed the USDA's Smart Snacks in School nutrition standards.

0 = No, **no** competitive beverages sold meet or exceed the USDA's Smart Snacks in School nutrition standards.

SS-3. Food and beverage marketing:

Does your school limit food and beverage marketing (e.g., contests or coupons) on school campus to foods and beverages that meet or exceed the USDA's Smart Snacks in School nutrition standards? This may include, but is not limited to, marketing and branding in cafeterias, hallways, common spaces, classrooms, staff lounges or school stores; and on snack or food carts, vending machine exteriors, display racks, food or beverage cups or containers, coolers, athletic equipment, and sports bags. Examples may include, but are not limited to, in school media, signs, posters, and stickers.

Level of Completion:

3 = Yes, **only** foods and beverages that meet or exceed the USDA's Smart Snacks in School nutrition standards are advertised or promoted, or no foods and beverages are advertised or promoted on school campus.

2 = **Most** foods and beverages advertised or promoted on school campus meet or exceed the USDA's Smart Snacks in School nutrition standards.

1 = **Some** foods and beverages advertised or promoted on school campus meet or exceed the USDA's Smart Snacks in School nutrition standards.

0 = No, **no** foods and beverages advertised or promoted on school campus meet or exceed the USDA's Smart Snacks in School nutrition standards.

SS-4. All foods & beverages served and offered during the extended school day meet the USDA's Smart Snacks in School nutrition standards:

Do all foods and beverages **served and offered** to students during the **extended school day** meet or exceed the USDA's Smart Snacks in School nutrition standards? This includes snacks that are not part of a federally reimbursed child nutrition program, birthday parties, holiday parties, and school-wide celebrations.

Level of Completion:

3 = Yes, **all** foods and beverages served and offered during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards, or we do not sell foods and beverages during the extended school day at our school.

2 = **Most** foods and beverages served and offered during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.

1 = **Some** foods and beverages served and offered during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.

0 = No, **no** foods and beverages served and offered during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.

SS-5. All foods & beverages sold during the extended school day meet the USDA's Smart Snacks in School nutrition standards:

Do all foods and beverages **sold** to students during the **extended school day** meet or exceed the USDA's Smart Snacks in School nutrition standards? This includes vending machines, school stores, and snack or food carts.

Level of Completion:

3 = Yes, **all** foods and beverages sold during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards, or we do not sell foods and beverages during the extended school day at our school.

2 = **Most** foods and beverages sold during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.

1 = **Some** foods and beverages sold during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.

0 = No, **no** foods and beverages sold during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.

SS-6. All foods & beverages served and offered during the extended school day meet the USDA's Smart Snacks in School nutrition standards:

Do all foods and beverages **served and offered** to students during the **extended school day** meet or exceed the USDA's Smart Snacks in School nutrition standards? This includes snacks that are not part of a federally reimbursed child nutrition program, birthday parties, holiday parties, and school-wide celebrations.

Level of Completion:

3 = Yes, **all** foods and beverages served and offered during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards, or we do not sell foods and beverages during the extended school day at our school.

2 = **Most** foods and beverages served and offered during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.

1 = **Some** foods and beverages served and offered during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.

0 = No, **no** foods and beverages served and offered during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.

SS-7. Fundraising efforts during and outside school hours meet the USDA's Smart Snacks in School nutrition standards:

Do fundraising efforts during and outside school hours sell only non-food items or only foods and beverages that meet or exceed the USDA's Smart Snacks in School nutrition standards? This may include, but is not limited to, donation nights; cookie dough, candy, and pizza sales; market days; etc.

Level of Completion:

3 = Yes, **all** fundraising efforts sell only non-food items, or all foods and beverages sold as fundraisers meet or exceed the USDA's Smart Snacks in School nutrition standards.

2 = **Most** fundraising efforts sell only non-food items, or most foods and beverages sold as fundraisers meet or exceed the USDA's Smart Snacks in School nutrition standards.

1 = **Some** fundraising efforts sell only non-food items, or some foods and beverages sold as fundraisers meet or exceed the USDA's Smart Snacks in School nutrition standards.

0 = No, **no** fundraising efforts sell only non-food items, or no foods and beverages sold as fundraisers meet or exceed the USDA's Smart Snacks in School nutrition standards.

QUEST FOR HEALTHY SCHOOLS

Topic Area: Health and Physical Education

Alliance for a Healthier Generation's Healthy Schools Program School Wellness Assessment

To the best of your ability, answer each question honestly about the policies and procedures occurring in your school. The answer choices are fully in place, partially in place, underdevelopment, or not in place.

HPE-1. Minutes of physical education per week (Elementary Only):

Do all students in each grade receive physical education for at least 150 minutes per week throughout the school year?

NOTE: Physical education classes should be spread over at least three days per week, with daily physical education preferable.

Level of Completion:

3 = Yes.

2 = 90-149 minutes per week for all students in each grade throughout the school year.

1 = 60-89 minutes per week for all students in each grade throughout the school year.

0 = Fewer than 60 minutes per week or not all students receive physical education throughout the school year.

HPE-2. Years of physical education (Middle and High Only):

How many years of physical education are students at this school required to take?

Level of Completion:

3 = The equivalent of all academic years of physical education.

2 = The equivalent of at least one academic year but less than all academic years of physical education.

1 = The equivalent of one-half academic year of physical education.

0 = The equivalent of less than one-half academic year of physical education or students are not required to take physical education at this school.

HPE-3. Sequential physical education curriculum consistent with standards:

Do all teachers of physical education use an age-appropriate, sequential physical education curriculum that is consistent with national or state standards for physical education (see national standards)?

NOTE: Consider using CDC's Physical Education Curriculum Analysis Tool (PECAT), which is designed to help school districts and schools conduct a clear, complete, and consistent analysis of written physical education curriculum. PECAT results can help districts and schools enhance, develop, or select appropriate and effective physical education curricula for delivering high-quality physical education in

schools. The PECAT assesses how consistent curricula are with national standards and can assist users in determining if the curriculum being analyzed is sequential.

NATIONAL STANDARDS FOR PHYSICAL EDUCATION

A physically literate individual:

1. Demonstrates competency in a variety of motor skills and movement patterns.
2. Applies knowledge of concepts, principles, strategies, and tactics related to movement and performance.
3. Demonstrates the knowledge and skills to achieve and maintain a health-enhancing level of physical activity and fitness.
4. Exhibits responsible personal and social behavior that respects self and others.
5. Recognizes the value of physical activity for health, enjoyment, challenge, self-expression and/or social interaction.

National Standards & Grade-Level Outcomes for K-12 Physical Education (SHAPE America & Human Kinetics, 2014)

Level of Completion:

3 = Yes.

2 = **Some** use a sequential physical education curriculum, **and** it is consistent with state or national standards.

1 = **Some** use a sequential physical education curriculum, **but** it is not consistent with state or national standards.

0 = None do, **or** the curriculum is not sequential, **or** there is no physical education curriculum

HPE-4. Students active at least 50% of class time:

Do teachers keep students **moderately to vigorously active** for **at least 50% of the time** during most or all physical education class sessions?

Level of Completion:

3 = Yes, during most or all classes.

2 = During about half the classes.

1 = During fewer than half the classes.

0 = During none of the classes, or there are no physical education classes.

HPE-5. Professional development for teachers:

Are all teachers of physical education required to participate at least once a year in professional development in physical education?

Level of Completion:

3 = Yes, **all** do.

2 = **Most** do.

1 = **Some** do.

0 = **None** do, **or** no one teaches physical education.

HPE-6. Information and materials for physical education teachers:

Are all teachers of physical education provided with the following information and materials to assist in delivering physical education?

- Goals, objectives, and expected outcomes for physical education
- A chart scope and sequence for instruction
- A written physical education curriculum
- A plan for assessing student performance
- Physical activity monitoring devices, such as pedometers, heart rate monitors
- Internet resources, such as SHAPE America online tools and resources or PE Central
- The Presidential Youth Fitness Program
- Protocols to assess or evaluate student performance in physical education
- Learning activities that increase the amount of class time students are engaged in moderate-to-vigorous physical activity
- Learning activities that actively engage students with long-term physical, medical, or cognitive disabilities in physical education

Level of Completion:

3 = Yes, all teachers of physical education are provided with at least eight kinds of these materials.

2 = Teachers of physical education are provided with four to seven kinds of these materials.

1 = Teachers of physical education are provided with one to three kinds of these materials.

0 = Teachers of physical education are not provided with these kinds of materials.

HPE-7. Licensed physical education teachers:

Are all physical education classes taught by licensed teachers who are certified or endorsed to teach physical education?

Level of Completion:

3 = Yes, **all** are.

2 = **Most** classes are.

1 = **Some** classes are.

0 = **No** classes are, **or** there are no physical education classes.

HPE-8. Health Education taught in all grades (Elementary Only):

Do students receive health education instruction in all grades?

Level of Completion:

3 = Yes, in **all** grades.

2 = In **most** grades.

1 = In **some** grades.

0 = In **no** grades.

HPE-9. Required health education course (Middle and High Only):

Does the school or district require all students to take and pass at least one health education course?

NOTE: If your school has more than four grade levels (e.g., grades 7-12), answer this question instead: "Does the school require all students to take and pass at least two health education courses?" and for answer response 2 replace "*one course*" with "*two courses*."

Level of Completion:

3 = Yes.

2 = Students are required to take one course, but they do not have to take it again if they fail it (see note).

1 = No, but there is an elective health education course.

0 = No.

HPE-10. Essential topics on physical activity:

Does the health education curriculum address all of these topics on physical activity?

- The physical, psychological, or social benefits of physical activity
- How physical activity can contribute to a healthy weight
- How physical activity can contribute to the academic learning process
- How an inactive lifestyle contributes to chronic disease
- Health-related fitness, that is, cardiovascular endurance, muscular endurance, muscular strength, flexibility, and body composition
- Differences between physical activity, exercise, and fitness
- Phases of an exercise session, that is, warm up, workout, and cool down
- Overcoming barriers to physical activity
- Decreasing sedentary activities, such as TV watching
- Opportunities for physical activity in the community
- Preventing injury during physical activity
- Weather-related safety, for example, avoiding heat stroke, hypothermia, and sunburn while physically active

- How much physical activity is enough, that is, determining frequency, intensity, time, and type of physical activity
- Developing an individualized physical activity and fitness plan
- Monitoring progress toward reaching goals in an individualized physical activity plan
- Dangers of using performance-enhancing drugs, such as steroids
- Social influences on physical activity, including media, family, peers, and culture
- How to find valid information or services related to physical activity and fitness
- How to influence, support, or advocate for others to engage in physical activity
- How to resist peer pressure that discourages physical activity

NOTE: Consider using CDC's Health Education Curriculum Analysis Tool (HECAT), which is designed to help school districts and schools conduct a clear, complete, and consistent analysis of written health education curriculum. HECAT results can help districts and schools enhance, develop, or select appropriate and effective health education curricula. The HECAT assesses how consistent curricula are with national standards and can assist users in determining if the curriculum being analyzed is sequential.

Level of Completion:

3 = Yes, addresses all of these topics.

2 = Addresses most of these topics.

1 = Addresses some of these topics.

0 = Addresses one or none of these topics, or there is no health education curriculum.

HPE-11. Essential topics on healthy eating:

Does your health education curriculum addresses all of these essential topics on healthy eating?

- The relationship between healthy eating and personal health and disease prevention
- Food guidance from MyPlate
- Reading and using food labels
- Eating a variety of foods every day
- Balancing food intake and physical activity
- Eating more fruits, vegetables and whole grain products
- Choosing foods that are low in fat, saturated fat, and cholesterol and do not contain trans fat
- Choosing foods and beverages with little added sugars
- Eating more calcium-rich foods
- Preparing healthy meals and snacks
- Risks of unhealthy weight control practices
- Accepting body size differences
- Food safety
- Importance of water consumption
- Importance of eating breakfast
- Making healthy choices when eating at restaurants

- Eating disorders
- The Dietary Guidelines for Americans
- Reducing sodium intake
- Social influences on healthy eating, including media, family, peers, and culture
- How to find valid information or services related to nutrition and dietary behavior
- How to develop a plan and track progress toward achieving a personal goal to eat healthfully
- Resisting peer pressure related to unhealthy dietary behavior
- Influencing, supporting, or advocating for others' healthy dietary behavior

NOTE: Consider using CDC's Health Education Curriculum Analysis Tool (HECAT), which is designed to help school districts and schools conduct a clear, complete, and consistent analysis of written health education curriculum. HECAT results can help districts and schools enhance, develop, or select appropriate and effective health education curricula. The HECAT assesses how consistent curricula are with national standards and can assist users in determining if the curriculum being analyzed is sequential.

Level of Completion:

3 = Yes, addresses **all** of these topics.

2 = Addresses **most** of these topics.

1 = Addresses **some** of these topics.

0 = Addresses **one or none** of these topics, or there is no health education curriculum.

HPE-12. Opportunities to practice skills:

Do all teachers of health education provide opportunities for students to practice or rehearse the skills needed to maintain and improve their health?

Level of Completion:

3 = Yes, **all** do.

2 = **Most** do.

1 = **Some** do.

0 = **None** do, **or** no one teaches health education.

QUEST FOR HEALTHY SCHOOLS

Topic Area: Physical Activity

Alliance for a Healthier Generation's Healthy Schools Program School Wellness Assessment

To the best of your ability, answer each question honestly about the policies and procedures occurring in your school. The answer choices are fully in place, partially in place, underdevelopment, or not in place.

PA-1. Recess (Elementary Only):

Are students provided at least 20 minutes of recess during each school day, and do teachers or recess monitors encourage students to be active?

Level of Completion:

3 = Yes, recess is provided for at least 20 minutes each day, **and** teachers or recess monitors encourage students to be active.

2 = Recess is provided for at least 20 minutes each day, **but** teachers or recess monitors do not encourage students to be active.

1 = Recess is provided each day but for less than 20 minutes, **or** it is provided on some days but not on all days.

0 = Recess is **not** provided on any day.

PA-2. Availability of physical activity breaks in classrooms:

Are all students provided opportunities to participate in physical activity breaks in classrooms, outside of physical education, recess, and class transition periods on all or most days during a typical school week?

NOTE: *Physical activity breaks are actual breaks that occur in the academic classroom, allowing students to take a mental and physical break from current academic tasks. These breaks can occur at any time during the school day, last from 5– 30 minutes, and occur all at one time or several times during the school day.*

Level of Completion:

3 = Yes, on **all** days during a typical school week

2 = On **most** days during a typical school week

1 = On **some** days during a typical school week

0 = No, we do **not** provide students with opportunities to participate in physical activity breaks in classrooms

PA-3. Promotion or support of walking and bicycling to school:

Does the school promote or support walking and bicycling to school in the following ways?

- Designation of safe or preferred routes to school

- Promotional activities such as participation in International Walk to School Week, National Walk and Bike to School Week
- Secure storage facilities for bicycles and helmets (e.g., shed, cage, fenced area)
- Instruction on walking/bicycling safety provided to students
- Promotion of safe routes program to students, staff and parents via newsletters, websites, local newspaper
- Crossing guards are used
- Crosswalks exist on streets leading to schools
- Walking school buses are used
- Bicycle parking is provided (e.g., bicycle rack)
- Documentation of number of children walking and or biking to and from school
- Creation and distribution of maps of school environment (sidewalks, crosswalks, roads, pathways, bike racks, etc.)

Level of Completion

3 = Yes, our school promotes or supports walking and bicycling to school in all six or more of these ways.

2 = Our school promotes or supports walking and bicycling to school in three to five of these ways.

1 = Our school promotes or supports walking and bicycling to school in one to two of these ways.

0 = Our school does not promote or support walking and bicycling to school.

PA-4. Availability of before- and after-school physical activity opportunities:

Does the school offer opportunities for students to participate in physical activity either before or after the school day (or both); for example, through organized physical activities or access to facilities or equipment for physical activity?

Level of Completion:

3 = Yes. Both before and after the school day

2 = Yes. We offer before school or after school, but not both

1 = No. We do not offer opportunities for students to participate in physical activity before and after the school day, but there are plans to initiate it.

0 = No. We do not offer opportunities for students to participate in physical activity before and after the school day, and there are no plans to initiate it.

PA-5. Professional development for classroom teachers:

Are classroom teachers required to participate at least once a year in professional development on promoting and integrating physical activity in the classroom?

Level of Completion:

3 = Yes, all do.

2 = Most do.

1 = Some do.

0 = None do, or professional development on physical activity is not available to classroom teachers.

PA-6. Prohibit using physical activity as punishment:

Does the school prohibit using physical activity and withholding physical education class as punishment? Is this prohibition consistently followed?

NOTE: Please do not consider issues related to participation in interscholastic sports programs when answering this question.

Level of Completion:

3 = Yes, using physical activity as punishment and withholding physical education class as punishment are prohibited, and both prohibitions are consistently followed.

2 = One of these practices is prohibited, and this prohibition is consistently followed.

1 = One or both of these practices is prohibited, but this prohibition is not consistently followed.

0 = Neither practice is prohibited.

PA-7. Prohibit withholding recess as punishment (Elementary Only):

Does your school prohibit withholding recess as punishment? Is this prohibition consistently followed?

Level of Completion:

3 = Yes, withholding recess as punishment is a written policy and this prohibition is consistently followed.

2 = Yes, withholding recess as punishment is prohibited and this prohibition is consistently followed.

1 = Yes, withholding recess as punishment is prohibited but this prohibition is not consistently followed.

0 = This practice is not prohibited.

PA-8. Access to physical activity facilities outside school hours:

Are indoor and outdoor physical activity facilities open to students, their families, and the community outside school hours?

NOTE: Making facilities open and available to students, their families, and the community outside of school hours can be conducted as a regular practice or through a formal, written joint or shared use agreement. A joint use or shared use agreement is a formal agreement between a school or school district and another public or private entity to jointly use either school facilities or community facilities to share costs and responsibilities.

Level of Completion:

3 = Yes, **both** indoor and outdoor facilities are available.

2 = Indoor or outdoor facilities, but **not both**, are available.

1 = Indoor or outdoor facilities are available, **but** the hours of availability are very limited.

0 = No, **neither** indoor nor outdoor facilities are available.

QUEST FOR HEALTHY SCHOOLS

Topic Area: Employee Wellness

Alliance for a Healthier Generation's Healthy Schools Program School Wellness Assessment

To the best of your ability, answer each question honestly about the policies and procedures occurring in your school. The answer choices are fully in place, partially in place, underdevelopment, or not in place.

EW-1. Health assessments for staff members:

Does the school or district offer staff members accessible and free or low-cost health assessments at least once a year?

Level of Completion:

3 = Yes, health assessments are offered, and all staff members find them accessible and free or low-cost.

2 = Health assessments are offered, but some staff members find them inaccessible or high-cost.

1 = Health assessments are offered, but many staff members find them inaccessible or high-cost.

0 = Health assessments are not offered at least once a year.

EW-2. Programs for staff members on physical activity/fitness:

Does the school or district offer staff members accessible and free or low-cost physical activity/fitness programs?

Level of Completion:

3 = Yes.

2 = Offers physical activity/fitness programs, but some staff members find them inaccessible or expensive.

1 = Offers physical activity/fitness programs, but many staff members find them inaccessible or expensive.

0 = Does not offer physical activity/fitness programs.

EW-3. Programs for staff members on healthy eating/weight management:

Does the school or district offer staff members healthy eating/weight management programs that are accessible and free or low-cost?

Level of Completion:

3 = Yes.

2 = Offers healthy eating/weight management programs, but **some** staff members find them inaccessible or expensive.

1 = Offers healthy eating/weight management programs, but **many** staff members find them inaccessible or expensive.

0 = Does **not** offer healthy eating/weight management programs.

EW-4. Promote staff member participation:

Does the school or district use three or more methods to promote and encourage staff member participation in its health promotion programs?

Level of Completion:

- Information at orientation for new staff members
- Information included with paycheck
- Flyers posted on school bulletin boards
- Letters mailed directly to staff
- Announcements at staff meetings
- Articles in staff newsletters
- Incentive/reward programs
- Public recognition
- Life/health insurance discounts
- Gym or health club discounts, such as YMCA
- Posting to a website or listserv
- E-mail messages
- Positive role modeling by administrators or other leaders

Level of Completion:

3 = Yes, uses three or more of these methods.

2 = Uses two of these methods.

1 = Uses one of these methods.

0 = Uses none of these methods.

EW-5. Stress management programs for staff:

Does your school or district offer staff members accessible and free or low-cost stress management programs at least once a year?

Level of Completion:

3 = Yes, stress management programs are offered, and **all** staff members find them accessible and free or low-cost.

2 = Stress management programs are offered, but **some** staff members find them inaccessible or high-cost.

1 = Stress management programs are offered, but **many** staff members find them inaccessible or high-cost.

0 = Stress management programs are **not** offered at least once a year.

EW-6. All foods served and sold to staff meet the USDA's Smart Snacks in School Nutrition Standards:

Do all foods and beverages served and sold at staff meetings, school-sponsored staff events, and in the staff lounge meet USDA Smart Snacks in School nutrition standards?

Level of Completion:

3 = Yes, all foods and beverages served and sold meet Smart Snacks.

2 = Most foods and beverages served and sold align with Smart Snacks.

1 = Some foods and beverages served and sold align with Smart Snacks.

0 = No, no foods and beverages align with Smart Snacks.

Appendix E

Appendix E consists of the program evaluation interview materials. These materials include the CDC's Evaluation Interview Guide and the QHS Evaluation Interview Guide.

Appendix E – Part 1

Appendix E – Part 1 consists of the original CDC’s Evaluation Interview Guide used for the QHS program evaluation.

Evaluation Interview Guide

This Guide can be used to evaluate a community's impact on the individual members, their organizations, and the public health focus of the community. CDC's Evaluation Framework outlines a process of engaging community members to identify their information and collaboration needs and participate in the evaluation design, information gathering, and analysis and use of findings. This process is transferable to any Community evaluation and is a starting place for defining objectives, which will determine the specific questions to be asked.

Evaluation Objectives

The five evaluation objectives listed below have been used successfully to assess the extent to which public health CoPs have met their goals and objectives. The objectives may be modified to meet your stakeholders' needs.

Sample Objectives:

1. Describe the perceived purpose of the CoP from the member's perspective;
2. Assess the extent to which the CoP met member expectations;
3. Describe outcomes associated with the CoP;
4. Identify key success factors for effective CoPs and/or other collaborative models; and
5. Identify perceived barriers and/or other factors that limited participation in the CoP.

Sample Interview Guide

Below you will find a sample interview guide that relates interview questions to the evaluation objectives listed above. This may be used as a template or modified, as appropriate.

I. Introduction

Thank you for agreeing to participate in a telephone interview. My name is **<insert name>**. I am conducting this interview on behalf of **<specify name of CoP>** CoP to evaluate the effect of this Community. The purpose of this interview is to help us better understand the effect that the **<specify name of CoP>** community of practice has had on participants, their affiliated organizations, and public health in general.

It is important that you respond to all of the interview questions based on your experience and perspective as a participant in the **<specify name>** CoP. You should have received an email that contained an overview of the types of questions that I would like to ask you today. Did you receive that? Do you have any questions before we begin?

II. Interview Questions Related to Objectives #1 and #2

1. From your perspective, what is the main purpose of the **<specify name>** CoP?
2. Why did you join the **<specify name>** CoP?

Prompt, as necessary:

- a. What did you hope to achieve by joining the CoP?
 - b. What benefits did you expect to receive as a result of participating in the CoP?
 - c. When you joined the CoP, were you looking for a solution to a specific problem or were you more broadly interested in expanding your knowledge or expertise around the CoP topic?
3. As you became involved in the CoP, did you discover other reasons for participating that you did not initially anticipate?
 4. In what way(s) has the CoP met your expectations and/or needs?
 5. In what way(s) has the CoP failed to meet your expectations and/or needs?

III. Interview Questions Related to Objective #3

Participation in a CoP can result in outcomes at many levels, including the individual level, the organizational level, and the higher level at which there is a potential for public health impact (e.g., infrastructure or community health outcomes). We are interested in your perceptions regarding the extent to which the **<specify name>** CoP yielded benefits at each of these three levels.

6. Have you been able to use any community-created knowledge product(s) (e.g., tutorials, documents, toolkits, guidelines) developed by the CoP in your work to meet a specific need?
If so, ask interviewee to describe and talk about any additional examples of knowledge products developed by the CoP.

If respondent indicates that they have been able to use a knowledge product developed by the CoP, ask:

7. In what way(s) do you think the new knowledge products or resources that you have been able to use will benefit individuals, organizations, and public health in general?
Prompt, as necessary:
 - a. Do you think you will (or already have) benefitted on an individual or personal level from the new knowledge products or resources? If so, please explain.
 - b. Can you think of ways in which your organization will (or already has) benefitted from the new knowledge products or resources? If so, please explain.
 - c. Do you think the new knowledge products or resources will (or already have had) an impact on the public health system? If so, please explain.
8. Has participation in the CoP helped you make connections with other people or organizations? If so, what types of connections and with whom?
Prompt, as necessary:
 - a. Has participation in the CoP helped you make connections with people within your own organization? If so, please describe.
 - b. Has participation in the CoP helped you make connections with people in other organizations and/or agencies? If so, please describe.
9. In what way(s) do you think your new connections with people or organizations made through the CoP have benefitted individuals, organizations, and public health in general?
Prompt, as necessary:
 - a. Do you think you have benefitted on an individual or personal level from these new connections? If so, please explain.

- i. Prompt as needed for increased knowledge and expertise, enhanced interpersonal/working relationships, application of knowledge to practice, and improved self confidence/ self efficacy
 - b. Can you think of ways in which your organization has benefitted from the new connections made through the CoP? If so, please explain.
 - i. Prompt as needed for increased individual knowledge that has been shared with others in their home organization, individual knowledge gained in the CoP that was applied in their home organization, organization to organization sharing, and efficiencies gained by learning from others
 - c. Do you think the new connections have had (or will have) an impact on public health in general? If so, please explain.
 - i. Prompt as needed for changes in public health systems, infrastructure, and changes that have allowed the organization to communicate with other organizations and agencies, etc.
10. In your opinion, what are the most important outcomes or benefits that have resulted from the **<specify name>** CoP?

IV. Interview Questions Related to Objective #4

11. How would you rate the overall success of the **<specify name>** CoP using a scale from one to ten, where one is a complete failure and ten is a total success?
Prompt, as necessary:
- a. Why?
12. In your opinion, how effective do you think the CoP has been in the following¹:
- a. Creating a safe environment for the sharing of knowledge and expertise
 - b. Building a sense of trust among the CoP members
 - c. Making CoP members aware of the knowledge, skills, and expertise of other members of the community
 - d. Improving information flow and knowledge reuse among CoP members and their respective organizations
 - e. Encouraging CoP members to engage in higher-level thinking
 - f. Developing the capacity of members to engage in collaborative problem solving
 - g. Improving relationships between other partners
 - h. Enabling the application of knowledge to practice
13. Are there other factors or circumstances that you think contributed to the success (or failure) of the CoP? Please explain.

¹ Interviewees will be provided with a list of the items shown in Q14a-h as part of the overview document that receive when their interview is scheduled. Participants will be encouraged to look at the document when answering this question.

V. Interview Questions Related to Objective #5

14. Did you experience any challenges or barriers (e.g., competing priorities, organizational challenges, job role changes, technological challenges) that kept you from participating in the CoP at the level that you would have liked to participate?

Prompt, as necessary:

- a. Were you able to participate in as many of the CoP events as you wanted to participate in? If not, why?
15. Can you think of anything the CoP could do differently to address the challenges or barriers that might keep people from participating fully?

VI. CONCLUSION

Those are all the questions I have for you today.

16. Are there any other comments you would like to provide?

Thank you very much for your time.

<END INTERVIEW>

Appendix E – Part 2

Appendix E – Part 2 consists of the QHS Evaluation Interview Guide, modified from the CDC's Evaluation Interview Guide.

Evaluation Interview Guide for *Quest for Healthy Schools*

This Guide was modified from the CDC's Evaluation Interview Guide to fit *Quest for Healthy Schools*.

Evaluation Objectives

The five interview evaluation objectives listed below assess the extent to which *Quest for Healthy Schools* have met their goals and objectives. The objectives have been modified for *Quest for Healthy Schools*.

1. Describe the perceived purpose of *Quest for Healthy Schools* from the member's perspective.
2. Assess the extent to which *Quest for Healthy Schools* met member expectations.
3. Describe outcomes associated with *Quest for Healthy Schools*.
4. Identify key success factors for effective Communities of Practice and/or other collaborative models.
5. Identify perceived barriers and/or other factors that limited participation in *Quest for Healthy Schools*.

Interview Guide (Script, Questions and Prompts)

I. Introduction

Thank you for agreeing to participate in this interview. My name is Jamilah Page. I am conducting this interview on behalf of Alabama SNAP-Ed at Auburn University to evaluate the effect of *Quest for Healthy Schools*. The purpose of this interview is to help us better understand the effect that *Quest for Healthy Schools* has had on participants, their affiliated organizations, and public health in general.

It is important that you respond to interview questions based on your experience and perspective as a participant in *Quest for Healthy Schools*. You should have received an email that contained an overview of the types of questions that I would like to ask you today. Did you receive that? Do you have any questions before we begin?

II. Interview Questions Related to Objectives #1 and #2

1. From your perspective, what is the main purpose of the *Quest for Healthy Schools*?
2. Why did you join the *Quest for Healthy Schools*?
Prompt, as necessary:
 - a. What did you hope to achieve by joining *Quest for Healthy Schools*?
 - b. What benefits did you expect to receive as a result of participating in *Quest for Healthy Schools*?
 - c. When you joined *Quest for Healthy Schools*, were you looking for a solution to a specific problem or were you more broadly interested in expanding your knowledge or expertise around school wellness?
3. As you became involved in *Quest for Healthy Schools*, did you discover other reasons for participating that you did not initially anticipate?
4. In what way(s) has *Quest for Healthy Schools* met your expectations and/or needs?
5. In what way(s) has *Quest for Healthy Schools* failed to meet your expectations and/or needs?

III. Interview Questions Related to Objective #3

Participation in a CoP can result in outcomes at many levels, including the individual level, the organizational level, and the higher level at which there is a potential for public health impact (e.g., infrastructure or community health outcomes). We are interested in your perceptions regarding the extent to which the *Quest for Healthy Schools* yielded benefits at each of these three levels.

6. Have you been able to use any community-created knowledge product(s) (e.g., professional developments, tutorials, documents, toolkits, guidelines) developed by *Quest for Healthy Schools* in your work to meet a specific need?

If so, ask interviewee to describe and talk about any additional examples of knowledge products developed by the CoP.

If respondent indicates that they have been able to use a knowledge product developed by Quest for Healthy Schools, ask:

7. In what way(s) do you think the new knowledge products or resources that you have been able to use will benefit your students or staff, school, and community or coalition in general?

Prompt, as necessary:

- a. Do you think you will (or already have) benefitted on an individual or personal level from the new knowledge products or resources? If so, please explain.
- b. Can you think of ways in which your school or coalition will (or already has) benefitted from the new knowledge products or resources? If so, please explain.
- c. Do you think the new knowledge products or resources will (or already have had) an impact on school wellness? If so, please explain.

8. Has participation in *Quest for Healthy Schools* helped you make connections with other people or organizations? If so, what types of connections and with whom?

Prompt, as necessary:

- a. Has participation in *Quest for Healthy Schools* helped you make connections with people within your school or community? If so, please describe.
- b. Has participation in the *Quest for Healthy Schools* helped you make connections with people in other organizations and/or agencies? If so, please describe.

9. In what way(s) do you think your new connections with people or organizations made through *Quest for Healthy Schools* have benefitted individuals, organizations, and public health in general?

Prompt, as necessary:

- a. Do you think you have benefitted on an individual or personal level from these new connections? If so, please explain.
 - i. Prompt as needed for increased knowledge and expertise, enhanced interpersonal/working relationships, application of knowledge to practice, and improved self-confidence/self-efficacy
- b. Can you think of ways in which your organization has benefitted from the new connections made through *Quest for Healthy Schools*? If so, please explain.
 - i. Prompt as needed for increased individual knowledge that has been shared with others in their school, individual knowledge gained in *Quest for Healthy Schools*

that was applied in their school, organization to organization sharing, and efficiencies gained by learning from others

- c. Do you think the new connections have had (or will have) an impact on school wellness in general? If so, please explain.
 - i. Prompt as needed for changes in public health systems, infrastructure, and changes that have allowed the school to communicate with other organizations and agencies, etc.
10. In your opinion, what are the most important outcomes or benefits that have resulted from the *Quest for Healthy Schools*?

IV. Interview Questions Related to Objective #4

11. How would you rate the overall success of the *Quest for Healthy Schools* using a scale from one to ten, where one is a complete failure and ten is a total success?

Prompt, as necessary:

- a. Why?
12. In your opinion, how effective do you think *Quest for Healthy Schools* has been in the following¹:
- a. Creating a safe environment for the sharing of knowledge and expertise
 - b. Building a sense of trust among members
 - c. Making members aware of the knowledge, skills, and expertise of other members of the community
 - d. Improving information flow and knowledge reuse among members and their respective organizations
 - e. Encouraging members to engage in higher-level thinking
 - f. Developing the capacity of members to engage in collaborative problem solving
 - g. Improving relationships between other partners
 - h. Enabling the application of knowledge to practice
13. Are there other factors or circumstances that you think contributed to the success (or failure) of *Quest for Healthy Schools*? Please explain.

V. Interview Questions Related to Objective #5

14. Did you experience any challenges or barriers (e.g., competing priorities, organizational challenges, job role changes, technological challenges) that kept you from participating in *Quest for Healthy Schools* at the level that you would have liked to participate?

Prompt, as necessary:

- a. Were you able to conduct as many school wellness events as you wanted? If not, why?
15. Can you think of anything *Quest for Healthy Schools* could do differently to address the challenges or barriers that might keep people from participating fully?

¹ Interviewees will be provided with a list of the items shown in Q14a-h as part of the overview document that receive when their interview is scheduled. Participants will be encouraged to look at the document when answering this question.

VI. CONCLUSION

Those are all the questions I have for you today.

16. Are there any other comments you would like to provide?

Thank you very much for your time.

<END INTERVIEW>

The Auburn University Institutional
Review Board has approved this
Document for use from
06/04/2020 to 06/03/2021
Protocol # 18-239 EP 1807

Appendix F

Appendix F contains the IRB-approved Email Invitation for *Quest for Healthy Schools* School Wellness Champions Interview used to recruit School Wellness Champions for QHS program evaluation interviews, as suggested by the CDC's Evaluation Interview Guide.

Greetings School Wellness Champion of **<Insert School Name Here>**:

I am Jamilah Page, an Auburn University Graduate Research Assistant with the Supplemental Nutrition Assistance Program – Education (SNAP-Ed) at Alabama Extension. Alabama SNAP-Ed is working to evaluate the progress of our initiative *Quest for Healthy Schools* within your school. Through this initiative, you have been working with **<insert name of local SNAP-Ed educator here>** over the past school year to examine nutrition and physical activity efforts at your school.

I am writing to you today to invite you to participate in an interview expressing your thoughts on this work. If you agree to this interview, you will receive a \$25 Amazon Gift Card as appreciation for your participation. *Quest for Healthy Schools* is a new program with Alabama Extension and we value your feedback.

To obtain your feedback, you are invited to participate in one interview (about 30-45 minutes). Here are a few examples of what kinds of questions will be asked in the interview:

- Why did you join the *Quest for Healthy Schools*?
- In your opinion, what are the most important outcomes or benefits that have resulted from the *Quest for Healthy Schools*?

You can decide if the interview will take place via phone call or via online video call. Interviews will be audio-recorded and professionally transcribed to be sure your feedback is accurately captured.

Care will be taken to protect your identity. To avoid a breach of confidentiality, all data will be secured using a password-protected electronic system only shared by the key personnel. During analysis, all identifiable data will be removed and responses from all school champions will be aggregated.

Participation or lack of participation will not affect how you or your school are treated by SNAP-Ed, Alabama Extension or Auburn University. You will have the right to end your participation in the interview at any time, for any reason. If you choose to withdraw during the interview, all the information you have provided will not be used.

The ethics protocol for this project was reviewed by the Auburn University Institutional Review Board, which provided clearance to conduct this research.

If you have any ethical concerns with the interview, please contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone at 334-844-5966 or via email at IRBadmin.auburn.edu or IRBChair@auburn.edu.

If you would like to participate in this interview, complete and return the attached consent form to me at jrp0061@aces.edu.

If you have any questions about the interview, please contact me at 205-965-6935 or jrp0061@aces.edu.

Live Well,

JP

Jamilah R. M. Page
Graduate Research Assistant
Alabama SNAP-Ed Auburn University
jrp0061@aces.edu
Cell: 205-965-6935

Appendix G

Appendix G contains the IRB-approved Evaluation Interview Overview Email for used to to confirm their scheduled interview and provide an overview the interview questions as suggested by the CDC's Evaluation Interview Guide.

Evaluation Interview Overview Email for *Quest for Healthy Schools*

Greetings School Wellness Champion:

Thank you for your continued commitment to school wellness at **<Insert School Name Here>** through *Quest for Healthy Schools*.

Your interview is scheduled for _____.

This interview will be used to assess the extent to which *Quest for Healthy Schools* has met its goals and objectives. All interviews will be conducted and recorded by me, Jamilah Page. Interview recordings will not include images you. Recordings will be stored transcribed professionally. Professional transcripts will be used for program evaluation. Recordings and transcripts will be secured using a password-protected electronic system only shared by the key personnel. All identifiable data will be removed in reporting. Participation or lack of participation will not affect how you or your school are treated by Alabama SNAP-Ed or Auburn University. You are free to terminate participation anytime it becomes inconvenient to continue. You also may refuse to answer any question if they are uncomfortable answering during the interview.

Below are the type questions to be asked during the interviews.

1. From your perspective, what is the main purpose of the *Quest for Healthy Schools*?
2. Why did you join the *Quest for Healthy Schools*?
3. As you became involved in *Quest for Healthy Schools*, did you discover other reasons for participating that you did not initially anticipate?
4. In what way(s) has *Quest for Healthy Schools* met your expectations and/or needs?
5. In what way(s) has *Quest for Healthy Schools* failed to meet your expectations and/or needs?
6. Have you been able to use any community-created knowledge product(s) (e.g., tutorials, documents, toolkits, guidelines) developed by *Quest for Healthy Schools* in your work to meet a specific need?
7. In what way(s) do you think the new knowledge products or resources that you have been able to use will benefit your students or staff, school, and community or coalition in general?
8. Has participation in *Quest for Healthy Schools* helped you make connections with other people or organizations? If so, what types of connections and with whom?
9. In what way(s) do you think your new connections with people or organizations made through *Quest for Healthy Schools* have benefitted individuals, organizations, and public health in general?
10. In your opinion, what are the most important outcomes or benefits that have resulted from the *Quest for Healthy Schools*?
11. How would you rate the overall success of the *Quest for Healthy Schools* using a scale from one to ten, where one is a complete failure and ten is a total success?
12. In your opinion, how effective do you think *Quest for Healthy Schools* has been in the following:
 - a. Creating a safe environment for the sharing of knowledge and expertise
 - b. Building a sense of trust among members
 - c. Making members aware of the knowledge, skills, and expertise of other members of the community

- d. Improving information flow and knowledge reuse among members and their respective organizations
 - e. Encouraging members to engage in higher-level thinking
 - f. Developing the capacity of members to engage in collaborative problem solving
 - g. Improving relationships between other partners
 - h. Enabling the application of knowledge to practice
13. Are there other factors or circumstances that you think contributed to the success (or failure) of *Quest for Healthy Schools*? Please explain.
 14. Did you experience any challenges or barriers (e.g., competing priorities, organizational challenges, job role changes, technological challenges) that kept you from participating in *Quest for Healthy Schools* at the level that you would have liked to participate?
 15. Can you think of anything *Quest for Healthy Schools* could do differently to address the challenges or barriers that might keep people from participating fully?
 16. Are there any other comments you would like to provide?

Feel free to review and think about these questions.

If you have any questions or concerns, please email me at jrp0061@aces.edu.

Live Well,

JP

Jamilah R. M. Page

Graduate Research Assistant
Alabama SNAP-Ed Auburn University
jrp0061@aces.edu
Cell: 205-965-6935

Appendix H

Appendix H contains the Qualitative Evaluation Protocol used to by the primary researcher and secondary evaluator to analyze the qualitative data collected (PEARS reports and School Wellness Champion interview transcripts).

Qualitative Data Coding Protocol for *Quest for Healthy Schools* (QHS) Program Evaluation

In the qualitative analysis for the QHS program evaluation, the software Atlas.Ti (Supported by the CDC)¹ will be used. Program evaluation measures include the Alliance for a Healthier Generation (AHG) School Wellness Assessment, the Organizational Readiness for Implementing Change (ORIC) survey, School Wellness Champion Interviews, and SNAP-Ed PEARS reports. For qualitative data analysis, School Wellness Champion Interviews and SNAP-Ed Program Evaluation and Reporting System (PEARS) reports will be analyzed.

Data Sources

Below are the data sources/documents included in the software:

- School Wellness Champion Interviews
 - School Wellness Champion Interview Recordings
 - Oxmoor Valley Elementary School
 - Oxmoor Valley Part 1
 - Oxmoor Valley Part 2
 - Hatton Elementary School
 - Conecuh Co. Jr. High School
 - School Wellness Champion Interview Transcripts
 - Oxmoor Valley Elementary School
 - Oxmoor Valley Part 1
 - Oxmoor Valley Part 2
 - Hatton Elementary School
 - Conecuh Co. Jr. High School
- PEARS Reports
 - Oxmoor Valley Elementary School
 - Hatton Elementary School
 - Conecuh Co. Jr. High School
 - Booker T. Washington K-8 School
 - Waterloo Elementary School

Codes/Code Groups

The coding system being used for this program evaluation is deductive coding or concept-driven coding. Theoretical propositions derived from a review of the literature serve as its departure point, informing how the data is collected, and new codes can emerge.² Therefore, the codes are predetermined and listed below.

- Barriers to School Wellness Efforts and Policy Implementation
 - Lack of adequate staff and resources

- Lack of knowledge about policy development
- Lack of time and school personnel
- Not a high priority
- Unable to gain the support of key stakeholders
- Unfamiliar with School Wellness Policies (SWP) requirements
- COVID halts
 - Any event or planning that ceased or did not occur due to the COVID 19 pandemic
- Healthy Habits (Healthy Eating and Physical Activity) Lead to
 - Better academic performance
 - Better attendance
 - Better classroom behavior
 - Better self-esteem
 - Greater concentration
 - Lower obesity rates
- Intermediary
 - Building additional partnerships
 - Example: Partnering with 4-H for a school wellness event.
 - COVID support
 - Any event or situation a SNAP-Ed Educator supported schools during the COVID 19 pandemic
 - Lack of adequate staff and resources
 - Lack of knowledge about policy development
 - Lack of time and school personnel
 - Need for outside facilitator
 - Any event or situation where an outside person was beneficial or would have been beneficial to supporting a school wellness effort
 - Partnership
 - Any event or situation that demonstrated partnership between the school and SNAP-Ed
 - PSE approach
 - Policy, Systems, and Environment (PSE) changes occurred
 - Example: School-wide breakfast in the classroom was made mandatory.
 - Purpose of *Quest for Healthy Schools* (QHS)
 - Purpose: *Quest for Healthy Schools* is Alabama Extension Supplemental Nutrition Assistance Program – Education (SNAP-Ed) at Auburn University’s school wellness initiative seeking to support Alabama schools serving limited resource, low-income populations in improving nutrition and physical activity policies, systems, environments and practices.
 - Any statement or event that reflects the purpose of QHS

- Was the purpose met by actions?
- Was the purpose understood by participants?
- Unable to gain the support of key stakeholders
- Value of *Quest for Healthy Schools* (QHS)
 - Any statement or event supporting the value of this school wellness intervention

Analysis

Once all researchers have successfully coded and reviewed each document, all documents will be reviewed to identify saturated themes among the three reviews.

References

1. Collecting and Analyzing Qualitative Data | Epidemic Intelligence Service | CDC. Published September 24, 2019. Accessed August 6, 2020. <https://www.cdc.gov/eis/field-epi-manual/chapters/Qualitative-Data.html>
2. Pearse N. An Illustration of a Deductive Pattern Matching Procedure in Qualitative Leadership Research. *Electron J Bus Res Methods*. 2019;17(3):143-154. doi:10.34190/JBRM.17.3.004