NEW JERSEY
WHOLE SCHOOL, WHOLE COMMUNITY WHOLE CHILD (WSCC)
BUILDING AND SUSTAINING HEALTHY SCHOOLS FOR ALL STUDENTS

Year 3 Evaluation Report
July 2021
Prepared by Kelley Analytics, LLC



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Overview and Methods

This executive summary presents key findings from the Year 3 evaluation of the New Jersey Whole School, Whole Community, Whole Child (WSCC) *Building and Sustaining Healthy Schools for All Students* pilot, begun in 2018. Funded by the federal Maternal and Child Health Block Grant and administered by the Child and Adolescent Health Program, New Jersey Department of Health (NJ DOH), the pilot uses the Centers for Disease Control and Prevention (CDC) Whole School, Whole Community, Whole Child (WSCC) model for improving students' learning and health in schools by focusing on the whole child, strengthened by a school-wide approach and support from the local community and its resources. The WSCC model emphasizes that each child, in each school, in each community deserves to be healthy, safe, engaged, supported, and challenged. The pilot was developed to launch a transformation process in New Jersey public schools by directing resources to build and sustain healthy schools for all students. As a key component of the pilot, a six-step approach was employed to help schools understand, adopt, and implement the WSCC model. Throughout the pilot period, the NJ DOH and its regionally funded school health grantee agencies provided programmatic guidance and support to participating district and school teams to help them develop their capacity to implement the six-steps (for more details, refer to full report).

Pilot participants represented 27 schools from 19 school districts throughout the state's northern, central, and southern regions. Of the 19 participants, one was a district with eight schools, while the other 18 were individual schools from separate districts. In Year 3, one participant withdrew from the pilot, leaving a total of 18 district/school participants.

Because of the COVID-19 pandemic, which occurred during the second year of the pilot, the Year 3 evaluation focused on understanding project implementation among pilot participants since New Jersey schools didn't reopen from COVID-19 until Fall 2022. The evaluation design involved a mixed-methods approach that included an **Improvement Log** self-assessment tool developed specifically for the pilot by the NJ DOH Program Manager with input from the program's regional School Health Coordinators based on the National Association of Chronic Disease Directors' (NACDD's) publication, *The Whole School, Whole Community, Whole Child Model: A Guide to Implementation* (2017). Based on the six-step approach to implementing the WSCC model, pilot participants rated their district/school's progress on a set of relevant indicators, and the ratings were summed to produce a total score. In addition to the Improvement Log, the evaluation team conducted semi-structured **telephone interviews** with team leaders from nine of the 18 participating district/schools using a discussion guide developed collaboratively by the evaluation team, the NJ DOH Program Manager, and regional School Health Coordinators. The interview questions focused on participants' challenges, successes, and lessons learned associated with their participation in the pilot. After obtaining participants' consent, the interviews were recorded, transcribed, and analyzed using qualitative

methods to identify common and relevant themes (for more details, refer to the Methods section of the full report).

Key Findings

Improvement Logs

- Of the 18 participating districts/schools, **100%** completed the Year 3 Improvement Log.
- On average, Improvement Log scores indicated **consistent and moderately high levels of implementation for all six steps**, ranging from 68% (for Step 3. Assemble a District/School H&W Team) to 80% (for Step 6. Reflect, Celebrate, and Communicate Success/Impact).
- From Year 1 to Year 3, pilot participants **significantly increased their Improvement Log scores, going from a moderately low level of implementation (35%) in Year 1 to a moderately high level (71%) of implementation in Year 3.**

Interviews

- Participating team leaders' reported accomplishments reflected a diversity of successful initiatives, including **development and implementation of activities, events, and resources to support school health and wellness;** as well as focusing on the **needs of LGBTQ+ students, English language learners, and youth with mental health challenges**.
- Most team leaders reported that **administrative support and involvement** was critical to their initiative's success, citing administrators' authority to provide the necessary approvals; motivate teacher and staff participation; and ensure the initiative gets done.
- Challenges to SHIP implementation included pandemic-related issues; administrative buy-in; and obstacles associated with engaging a team to do the pilot work. Strategies to address challenges included **meeting regularly; relationship-building; and educating stakeholders about the WSCC model**.
- Nearly all team leaders expressed **intent to continue WSCC-related programmatic activities** after the grant ends.
- All team leaders reported **positive experiences with their Regional Coordinator(s)** and appreciated the support, encouragement, and communication that Regional Coordinators provided.
- Suggestions to improve future projects included **increasing support for administrative buy-in; enhancing information about grant paperwork requirements; increasing education/training on topics such as team leadership and SHIP development; enhancing peer-to-peer learning and sharing opportunities; and transitioning from a paper to electronic team leader log**.

Conclusion and Recommendations

The Year 3 evaluation findings suggest that, by the end of Year 3, the 18 pilot participants were successful in accomplishing the key steps needed to understand, adopt, and implement the WSCC model, while, at the same time, adapting their individual district and school health plans in response to the unprecedented challenges posed by the COVID-19 pandemic. Improvement Log results indicated that pilot participants **significantly increased their level of WSCC model implementation from a moderately low level (35%) in Year 1 to a moderately high level (71%) in Year 3.** Findings from team interviews provided qualitative support for these results, with teams reporting a diversity of accomplishments and successes, including the **development and implementation of activities, events, and resources to support the health and wellness of students and school staff; focusing on the needs of LGBTQ+ students, English language learners, and youth with mental health challenges**; and overall school and district **adoption and incorporation of health and wellness priorities**. Participants valued the **support and contributions of their Regional Coordinator(s)** and expressed **intent to continue WSCC-related program activities** after the grant period concludes.

As with all evaluations, the *Building and Sustaining Healthy Schools for All Students* evaluation had limitations, including the likely effects of COVID-19; reliance on self-reported data and lack of a control or comparison group, which may limit the generalizability of the findings beyond the evaluation participants. In the future, allocating resources for a more rigorous evaluation that includes more objective data sources and a control/comparison group would provide pilot leadership and other stakeholders with a level of evidence to assess the impact of the New Jersey WSCC Building and Sustaining Healthy Schools for All Students initiative with greater confidence. Meanwhile, as a summary of the participants' experiences, opinions, and perspectives, the Year 3 findings may provide useful information and insights for making improvements and for planning program replication and scale-up.

Taken together, the Year 3 evaluation findings will be helpful as a road map for moving the New Jersey school health transformation process to the next level towards ensuring that each child, in each school, in each community is healthy, safe, engaged, supported, and challenged.

Recommendations

- Provide additional leadership training for team leaders
- Conduct more community awareness-raising and promotion about WSCC and the larger initiative
- Provide more opportunities for pilot teams to connect and interact during and after the initiative
- Promote strategies to increase administrative buy-in and involvement
- Continue to provide teams with information on complementary community programs

I. Introduction

Introduction

This report presents findings from the Year 3 evaluation of the New Jersey Whole School, Whole Community, Whole Child (WSCC) *Building and Sustaining Healthy Schools for All Students* pilot, begun in 2018. Funded by the federal Maternal and Child Health Block Grant and administered by the Child and Adolescent Health Program, New Jersey Department of Health (NJ DOH), the pilot uses the Centers for Disease Control and Prevention (CDC) Whole School, Whole Community, Whole Child (WSCC) model for improving students' learning and health in schools by focusing on the whole child, strengthened by a school-wide approach and support from the local community and its resources. The WSCC model emphasizes that each child, in each school, in each community deserves to be healthy, safe, engaged, supported, and challenged.

Before presenting the evaluation findings, the report begins with a brief overview of the pilot and the evaluation methodology.

Pilot Overview

The Building and Sustaining Healthy Schools for All Students pilot was developed to launch a transformation process in New Jersey public schools by directing resources to build and sustain healthy schools for all students. Pilot participants represented 27 schools from 19 school districts throughout the state's northern, central, and southern regions. Of the 19 participants, one was a district with eight schools, while the other 18 were individual schools from separate districts. Participants were selected based on eligibility criteria that included demonstrating their district/school's commitment to the project goals; capacity to implement the project activities; and a student population with at least 40% eligible for free or reduced price lunch, a commonly-used proxy measure for the concentration of low-income students within a school.[1] In Year 3, one participant withdrew from the pilot, leaving a total of 18 district/school participants.[2] The pilot employed a six-step approach to help schools understand, adopt, and implement the WSCC model, based on the National Association of

Steps to Adopting the WSCC Model

1. Focus on Administrative Buy-in and Support to Develop School Capacity
2. Identify a WSCC Coordinator, Health and Wellness (H&W) Team Leaders and Develop Partnerships
3. Assemble District and/or School H&W Teams
4. Assess and Plan WSCC Efforts
5. Implement, Evaluate & Revise the School Health Improvement Plan (SHIP)
6. Reflect, Celebrate & Communicate Success/Impact

[1] For more information, see the National Center for Education Statistics' NCES Blog: https://nces.ed.gov/blogs/nces/post/free-or-reduced-price-lunch-a-proxy-for-poverty

[2] Throughout this report, the term "schools" may be used to refer to all pilot participants, including the individual schools and the one district participant.

Chronic Disease Directors' (NACDD's) publication, *The Whole School, Whole Community, Whole Child Model: A Guide to Implementation* (2017). The NJ DOH and its regional school health grantee agencies (Appendix A) provided programmatic guidance and support to the district/school Health and Wellness (H&W) Teams throughout the pilot period to help develop their capacity to implement the six-steps.

A Note About COVID-19

In March 2020, during the second year of the pilot, the World Health Organization declared Coronavirus Disease 2019 (COVID-19) a pandemic. On March 9, as COVID-19 spread in the United States, the Governor of New Jersey declared both a state of emergency and a public health emergency, and on March 16, announced an order requiring New Jerseyans to shelter in place and school buildings to close for the remainder of the school year. A survey of the Building and Sustaining Healthy Schools for All Students pilot participants in October 2020 revealed that COVID-19 halted or delayed H&W team functioning and implementation of their School Health Improvement Plans (SHIPs) and exacerbated existing challenges with engaging students and parents. Given the severity of the impact of COVID-19, the focus of the Year 3 evaluation was to gain understanding of the level implementation among pilot participants at the end of Year 3. This focus was consistent with the evaluation's overall developmental approach, grounded in best practices which emphasize the need to match the evaluation to a program's stage of development (Jacobs, 1988; Patton, 2011).

Evaluation Overview

Purpose

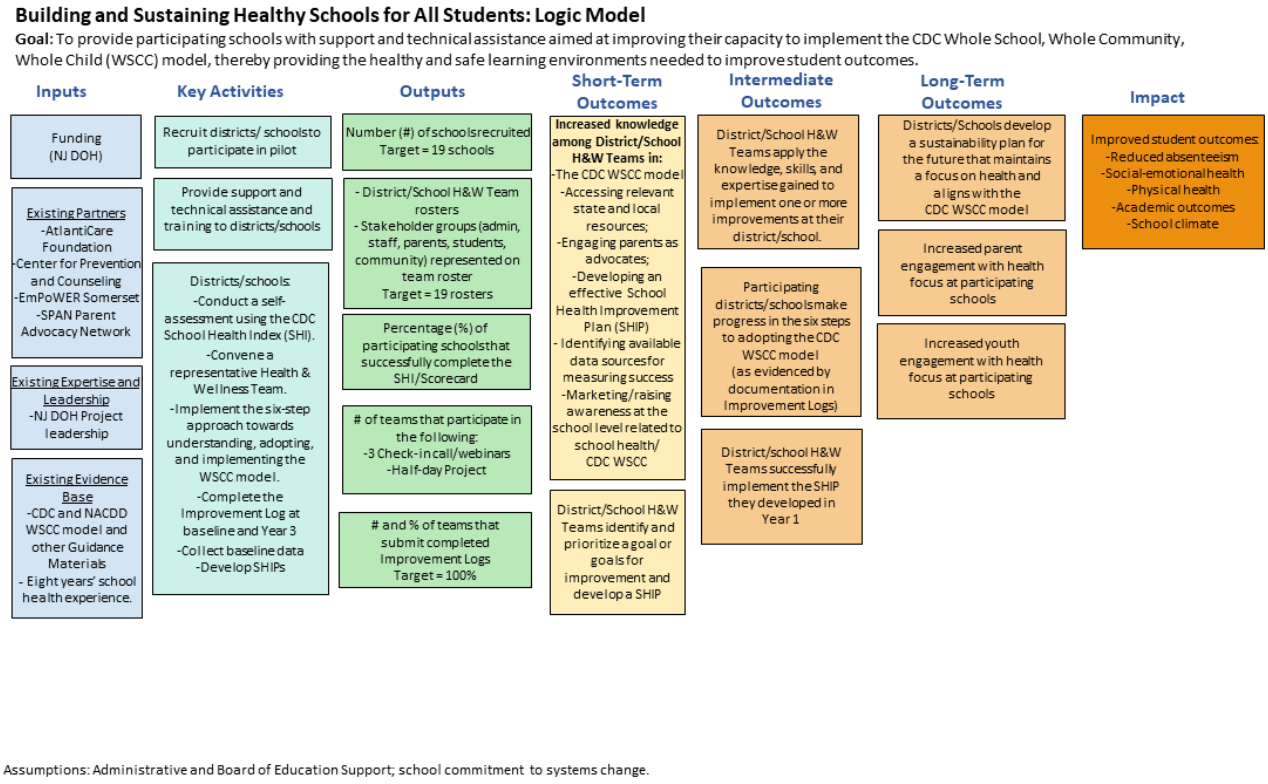
During an introductory planning meeting, the evaluation consultant, the NJ DOH Program Manager, and the regional School Health Coordinators agreed that because the pilot represents an initial phase in a statewide transformation process, the primary purpose of the evaluation would be to provide information to assist with planning pilot improvements and future scale-up. Two primary areas of focus were identified: 1) to assess schools' implementation of the project; and 2) to gain understanding and insights into the challenges, impacts, successes, and lessons learned associated with schools' participation in the pilot.

Logic Model

As an initial step in the evaluation process, the evaluation consultant worked collaboratively with the NJ DOH Program Manager and regional School Health Coordinators to develop a logic model (Appendix B). A logic model is a visual representation of the relationships between a

program's planned work and its intended results.[3] Logic models are typically read left to right and identify a program's available resources (inputs), what the program does or the services it provides (activities), the program's reach and direct products of its activities (outputs), and what the program expects to achieve (outcomes). In addition to providing program stakeholders with a shared frame of reference about how the program is expected to work, the logic model serves as a conceptual model for the evaluation and thus guides what will be measured and the appropriate analyses (Figure 1).

Figure 1. Logic Model



As shown in Figure 1, **Inputs** (first column), are defined as the various resources that a program has available to direct towards doing its work. In addition to the grant funding, program inputs include the regional grantee agencies including AtlantiCare Foundation, Center for Prevention and Counseling, Empower Somerset, and SPAN; the NJDOH existing expertise and leadership; and the existing evidence base for school health, including the CDC WSCC model, the NACDD's *The Whole School, Whole Community, Whole Child Model: A Guide to Implementation* (2017);

[3] For more on logic models, see W.K. Kellogg Foundation (2001). The logic model development guide. Battle Creek: MI: available from: https://www.wkkf.org/resource-directory/resources/2004/01/logic-model-development-guide

as well as the NJ DOH's eight years of experience with implementing previous school health projects.

Key Activities: (second column) describe the processes, services, interventions, tools, events, technology, and actions that are intentional components of implementing the project and that are used to bring about the project's intended changes or results. The key activities of the pilot include recruiting schools to participate; district/schools establishing a representative H&W Team; district/school H&W Teams conducting a baseline self-assessment using the CDC's School Health Index, state and regional agencies providing support and technical assistance to participants; participants implementing the six-step approach to understanding, adopting, and implementing the CDC WSCC model and develop a SHIP; and district/school teams completing the baseline and Year 3 Improvement Log.

Outputs (third column) are the direct products obtained or produced as a result of the program activities and may include types, levels, and targets of its services and products. Most outputs are quantifiable, including tallies/counts of the number of program participants, characteristics of participants, education/trainings conducted, and number/type of resources distributed. The key outputs for the pilot include the number of districts/schools recruited; the stakeholder groups represented on district/school H&W Team rosters; the percentage of participants that complete the School Health Index; the number of teams that participate in the project support and technical assistance offerings; and the number and percentage of teams that submit completed improvement logs.

Outcomes are the changes, impacts, or results of program implementation (activities and outputs). The program outcomes are grouped into short-term, intermediate, and long-term, according to when they are expected to occur in relation to the intervention:

> **Short-term Outcomes** (fourth column) are expected to occur shortly following the time participants access the program intervention and usually describe changes in knowledge, skills, and attitudes. For the pilot, this includes increasing knowledge among the district/school H&W Teams in topics that include the WSCC model; accessing relevant state and local resources; developing a SHIP; identifying available data sources for measuring success; and marketing/awareness raising at the school level related to school health and the CDC WSCC model.
>
> **Intermediate Outcomes** (fifth column) are expected to occur following the achievement of the short-term outcomes and generally describe applying the new knowledge, skills, and capacity. For the pilot, intermediate outcomes include the district/school teams applying what they have learned to make improvements at their schools, including making progress in the six-step approach to implementing the WSCC model and SHIP.
>
> **Long-term outcomes** are expected to occur after achievement of the short- and intermediate-term outcomes and generally describe the positive results, such as

changes in behaviors or level of functioning, that are intended to occur as a result of the program intervention. The pilot long-term outcomes include participants' development of a sustainability plan that maintains a focus on health and is aligned with the CDC WSCC model; and increased parent and student engagement focused on health.

Impact refers to the system- or community-level changes expected to result from the program, such as improved conditions for a community or population. For the pilot, the impact includes improved student outcomes including reduced absenteeism; improved social-emotional health; improved physical health; improved academic outcomes; and improved school climate.

Key Evaluation Questions

Guided by discussions with the NJ DOH Program Manager and regional School Health Coordinators, the evaluation was designed to answer the following broad questions:

- By the end of Year 3, at what level did participants implement the six steps, as measured by the Improvement Log?
- What do participants consider to be their biggest accomplishments associated with implementing their SHIPs?
- What were participants' experiences with implementing the pilot activities? What successes, challenges, and lessons learned did they encounter?
- What suggestions do participants have for improving the project in the future?

II. Methods

To answer the evaluation questions, the evaluation employed a mixed-methods design that included both quantitative and qualitative data sources, described below:

Improvement Logs

The Improvement Log (Appendix C) was developed specifically for the pilot by the NJ DOH Program Manager with input from the program's regional School Health Coordinators. Based on the NACDD's six-step approach to implementing the CDC's WSCC model (2017), the Improvement Log was designed to provide participants with a user-friendly self-assessment tool to identify existing strengths and potential opportunities for improving and sustaining school health. The Improvement Log consists of six sections that correspond to the six steps, with a set of four to ten performance indicators, or signs of progress, for each section.

District/school teams rated their progress on the signs of progress using the following scale: Not met=1; Somewhat met=3; and Met=5. [4]

The Improvement Log was field tested with six volunteer schools to obtain feedback on the instrument's readability, reading level, general appearance and layout, ease of use, and time to complete. The results of the field test were incorporated into a revised version that was administered via paper and pen at the beginning of Year 1 (baseline) and at the end of Year 3. The NJ DOH Program Manager and regional School Health Coordinators provided ongoing technical assistance to participants in completing the Improvement Log, including reviewing district/school's supporting documentation to verify the signs of progress ratings (Appendix D).

Improvement Log data were analyzed using methods similar to the CDC School Health Index (CDC, 2017) scoring algorithm. Each participants' ratings were summed across the signs of progress and a percentage score was calculated based on the total possible points. Scores were then averaged to produce a total group score and differences in scores were tested among the three regions. The total scores were interpreted using the CDC School Health Index Score Card (2017, p. 5) categories as a guide (Table 1).

Table 1. Improvement Log Total Score Interpretation

Score	Interpretation
0 - 20%	Low
21% - 40%	Moderately low
41% - 60%	Medium
61% - 80%	Moderately high
81% - 100%	High

Participant Interviews

The evaluation team conducted interviews with H&W Team Leaders/Coordinators from nine (50%) of the 18 pilot participants. Interview participants were recruited by the regional School Health Coordinators, who were asked to identify three volunteer participants from their respective regions. All nine of the participant nominees (100%) completed an interview with one of the evaluation team members.

Working collaboratively with the NJ DOH Program Manager and the regional School Health Coordinators, the evaluation team developed an interview protocol and 7-question discussion

[4] In Year 3, the scale anchor points were changed to Met; Somewhat met; and Not met from the original scale points developed in Year 1 of Fully met; Partially met; and Not yet met .

guide (Appendix E). The interview questions were designed to capture information on H&W Teams' challenges, successes, and lessons learned associated with their participation in the pilot.

The interviews were conducted via telephone from March through April 2021. Each interview lasted approximately 30 minutes. After obtaining participants' consent, the interviews were recorded and transcribed. The evaluation team then analyzed the transcript data using qualitative methods to identify common and relevant themes.

III. Findings

Improvement Logs

Response Rate

Of the 18 participating districts/schools, 100% completed the Year 3 Improvement Log.

Step 1. Focus on Administrative Buy-In & Support to Develop School Capacity

As shown in Table 2, Year 3 average scores on the ten signs of progress for Step 1 ranged between 3 and 5 out of 5 possible points.

The total average score across the signs of progress was **76%**, which translates to a moderately high level of implementation. This suggests that, by Year 3, the 18 participants were successful in gaining the administrative buy-in and support needed to implement the WSCC model. The results also suggest an improvement compared to Year 1 (46%), however, due to the addition of one indicator to the Improvement Log in Year 3, direct comparisons should be interpreted with caution.

Table 2. Baseline Improvement Log Score Card
Step 1: Focus on Administrative Buy-in and Support to Develop School Capacity
Scale: 1 =Not met; 3=Somewhat met; 5=Met

Signs of Progress	Y1 Group Average (M) (N=19)	Y3 Group Average (M) (N=18)
School district's vision/mission includes a statement affirming that the health & well-being of students & school staff is fundamental to student learning & academic achievement.	2	4
WSCC responsibilities for school administration exist.	2	4
School administration communicates with the WSCC H&W Team.	3	5
School administration participates in WSCC H&W programs & activities.	3	5

School wellness policy requires a H&W Team Leader & an active, functioning Team.	2	3
The School Health Improvement Plan's goals, objectives & priorities are incorporated into the district's/school's improvement plan.	2	3
School administration identifies & secures funding for health programs, activities & services.	3	3
School administration & local BOE garner diverse community resources for WSCC H&W programs & activities.	2	4
(Year 3 only) The H&W Team Leader is financially compensated for WSCC H&W responsibilities.	*	4
District/school implements a comprehensive staff wellness program.	1	3
Total Average Points	21	38
Total Possible Points	45	50
Step 1 Total Average Score	**46%**	**76%**

Step 2. Identify a WSCC Coordinator, H&W Team Leaders & Develop Partnerships

As shown in Table 3, Year 3 average scores on the six signs of progress for Step 2 ranged between 3 and 4 out of 5 possible points.

The total average score across the signs of progress was **69%**, which translates to a moderately high level of implementation. This suggests that, by Year 3, the 18 participants were successful in identifying the key leaders and partnerships needed to implement the WSCC model. The results also suggest an improvement compared to Year 1 (38%), however, due to the deletion of one indicator in Year 3, direct comparisons should be interpreted with caution.

Table 3. Improvement Log Score Card: Baseline
Step 2: Identify a WSCC Coordinator, H&W Team Leaders and Develop Partnerships
Scale: 1 =Not met; 3=Somewhat met; 5=Met

Signs of Progress	Y1 Group Average (M) (N=19)	Y3 Group Average (M) (N=18)
A WSCC SD Coordinator is identified and works to integrate a district-wide WSCC approach through the SD Health Advisory and Coordinating Council (SHACC).	2	3
WSCC H&W Team Leader(s) and their tasks are identified. See: Team Leader Tasks.	2	4

School or district administration provides needed resources that include but are not limited to: data collection and analysis, communication, supplies, space and professional development to assist the Team Leader.	3	4
(deleted in Y3) There is a budget line item for the costs (full or partial) of a Team Leader with dedicated time.	2	*
The school promotes and recruits parents to participate in a 15 hr "Parents as Champions for Healthy Schools" training; SHIP activities (planning, implementation or evaluation); or, other strategies of active engagement related to health and wellness.	1	3
The school promotes and recruits students to participate in: Youth Advisory Board (YAB); SHIP activities (planning, implementation or evaluation); or, other strategies of active engagement related to health and wellness.	1	3
Diverse community organizations participate in school health activities, programs and services.	2	4
Total Average Points	13	21
Total Possible Points	35	30
Step 2 Total Average Score	**38%**	**69%**

Step 3. Assemble a District and/or School Health & Wellness (H&W) Team(s)

As shown in Table 4, Year 3 average scores for the ten signs of progress for Step 3 ranged between 2 and 4 out of 5 possible points. The total average score across the signs of progress was **68%**, which translates to a moderately high level of implementation. This represents an improvement compared to Year 1 (33%), suggesting that, by Year 3, the 18 participants had successfully assembled their H&W Teams.

Table 4. Improvement Log Score Card: Baseline
Step 3: Assemble District and/or School H&W Teams
Scale: 1 =Not met; 3=Somewhat met; 5=Met

Signs of Progress	Y1 Group Average (M) (N=19)	Y3 Group Average (M) (N=18)
The H&W Team is established and represented by administration, school staff, students, family and the community.	2	4
The H&W Team represents all 10 WSCC components.	2	4
The H&W Team member activities are identified.	2	4
The H&W Team meets 4-6 times during the school year.	2	4
The H&W Team disseminates and communicates the School Health Improvement Plan (SHIP) to school administration and staff.	1	4
The H&W Team disseminates and communicates the SHIP to students and families.	1	3
The H&W Team revises the SHIP based on input from staff, administrators, students and families.	1	4

Parents' input is obtained using surveys, focus groups or other school-identified method.	2	3
Students' input is obtained using surveys, focus groups or other school-identified method.	2	3
The SHACC is established with expertise from all ten WSCC components and meets twice per school year (Y1) four times per school year (Y3).	1	2
Total Average Points	16	34
Total Possible Points	50	50
Step 3 Total Average Score	**33%**	**68%**

Step 4. Assess & Plan WSCC Efforts

As shown in Table 5, Year 3 average scores for the eight signs of progress for Step 4 ranged between 3 and 4 out of 5 possible points. The total average score across the signs of progress was **71%**, which translates to a moderately high level of implementation. This represents an improvement compared to Year 1 (30%), suggesting that, by Year 3, the 18 participants were successful in assessing and planning their WSCC efforts.

Table 5. Improvement Log Score Card: Baseline
Step 4. Assess & Plan WSCC Efforts
Scale: 1 =Not met; 3=Somewhat met; 5=Met

Signs of Progress	Y1 Group Average (M) (N=19)	Y3 Group Average (M) (N=18)
The H&W Team completes CDC's School Health Index (SHI) assessment tool and the results are reviewed and approved by Team members.	1	4
Using the results of the SHI assessment, a School Health Improvement Plan (SHIP) is developed.	1	4
Best practices and evidence-based strategies are utilized in the SHIP.	1	4
Local-level health and education data are used to document the health needs of students and school staff.	1	3
Health attitudes and behaviors of students and staff are considered using questionnaires or other tools.	2	3
A survey of school climate and culture is conducted with students, staff and families.	2	4
The H&W Team reviews the Local Wellness Policy (LWP) and makes recommendations for updates and/or revisions.	1	3
The H&W Team facilitates the coordination of all health-related committees in the school.	1	3
Total Average Points	12	28
Total Possible Points	40	40
Step 4 Total Average Score	**30%**	**71%**

Step 5. Implement, Evaluate & Revise the SHIP

As shown in Table 6, the Year 3 average scores for the four signs of progress for Step 5 ranged between 3 and 4 out of 5 possible points. The total average score across all signs of progress was **73%**, which translates to a moderately high level of implementation This represents an improvement compared to Year 1 (30%), suggesting that, by Year 3, the 18 participants were successful in implementing, evaluating, and revising their SHIPs.

Table 6. Improvement Log Score Card: Baseline
Step 5. Implement, Evaluate & Revise the SHIP
Scale: 1 =Not met; 3=Somewhat met; 5=Met

Signs of Progress	Y1 Group Average (M) (N=19)	Y3 Group Average (M) (N=18)
Process and outcome evaluation measures are identified in the SHIP.	1	3
Process and outcome evaluation measures are reported.	1	3
The H&W Team is accomplishing the action steps in the SHIP and adhering to both the timelines and budget.	1	4
As improvement is needed, revisions to the SHIP are made.	1	4
Total Average Points	4	15
Total Possible Points	20	20
Step 5 Total Average Score	**20%**	**73%**

Step 6. Reflect, Celebrate and Communicate Success/Impact

As shown in Table 7, the Year 3 average score was 4 out of 5 possible points for all four signs of progress for Step 6. The total average score across the signs of progress was **80%**, which translates to a moderately high level of implementation. This suggests that, by Year 3, the 18 participants were successful in reflecting, celebrating, and communicating their project successes and impacts. The results also suggest an improvement compared to the Year 1 (30%), however, due to the addition of one indicator in Year 3, direct comparisons should be interpreted with caution.

Table 7. Improvement Log Score Card: Baseline **Step 6. Reflect, Celebrate and Communicate Success/Impact** *Scale: 1 =Not met; 3=Somewhat met; 5=Met*		
Signs of Progress	Y1 Group Average (M) (N=19)	Y3 Group Average (M) (N=18)
H&W Team work accomplishments are celebrated.	2	4
H&W success stories are communicated via: newsletter, blog, website, posting, presentation, infographic.	1	4
(Year 3 only) Complete Step 6 Team Log	*	4
Total Average Points	3	12
Total Possible Points	10	15
Step 6 Total Average Score	**30%**	**80%**

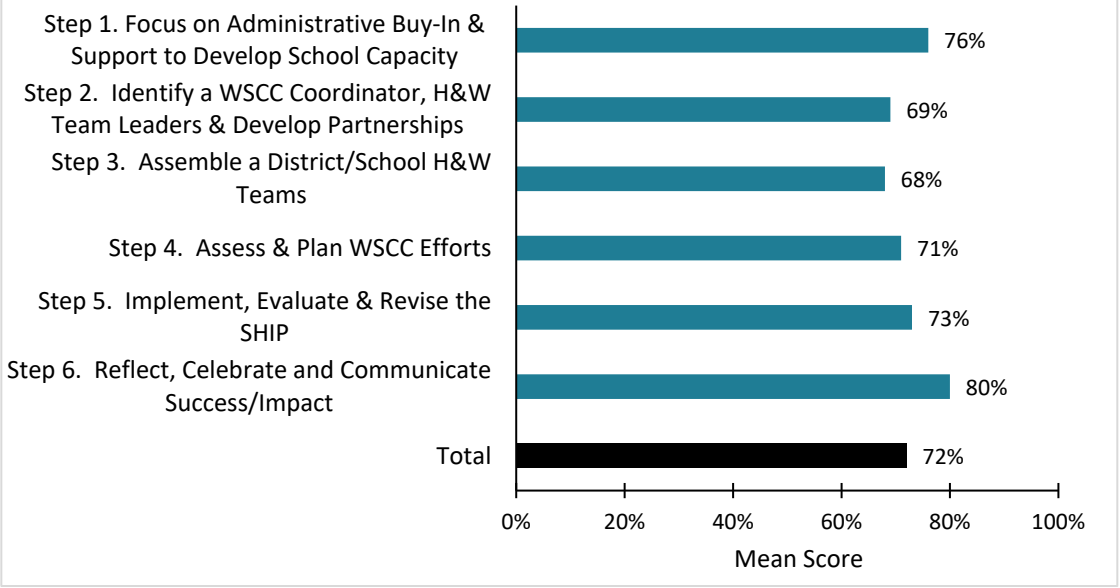
Overall Improvement Log Score Card

As shown in Table 8, across the six steps, the 18 participants scored 148 points, on average, resulting in a total average score of **72%**. This translates to an overall moderately high level of implementation. This suggests an improvement compared to the moderately low level of implementation (35%) found at the end of Year 1, however, due to the modifications made to the Log in Year 3, direct comparisons should be interpreted with caution.

Table 8. Improvement Log Score Card **Total Score by Step**		
	Y1 Group Average (M) (N=19)	Y3 Group Average (M) (N=18)
Step 1. Focus on Administrative Buy-In & Support to Develop School Capacity	21	38
Step 2. Identify a WSCC Coordinator, H&W Team Leaders & Develop Partnerships	13	21
Step 3. Assemble a District and/or School Health & Wellness (H&W) Teams	16	34
Step 4. Assess & Plan WSCC Efforts	12	28
Step 5. Implement, Evaluate & Revise the SHIP	4	15
Step 6. Reflect, Celebrate and Communicate Success/Impact	3	12
Total Average Points	69	148
Total Possible Points	200	205
Total Average Score	**35%**	**72%**

As shown in Figure 2, average scores reflect consistent, moderately high levels of implementation for each of the six steps. No significant differences in total scores were found between the northern, central, and southern regions.

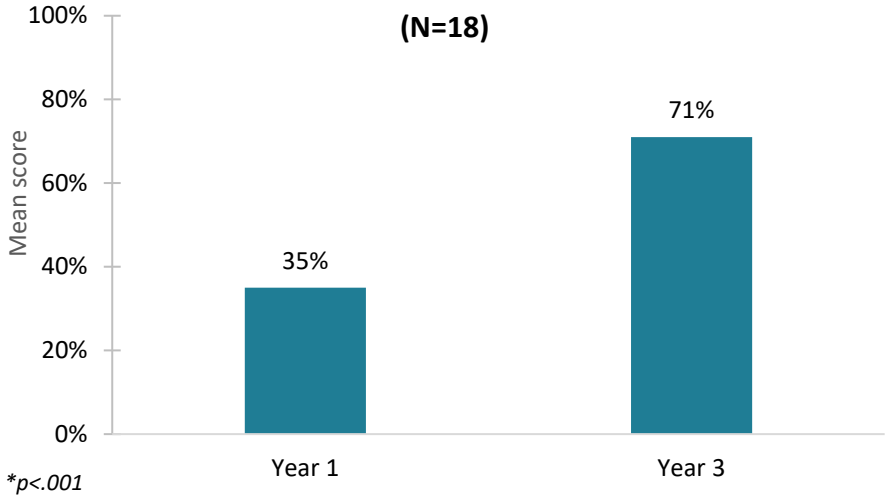
Figure 2.
Year 3: Six Steps Average Scores (N=18)



Year 1 and Year 3 Improvement Log Comparison

To compare Year 1 and Year 3 Improvement Log scores, an adjusted total score was calculated using the 39 indicators common to both years' versions of the Log. As shown in Figure 3, the adjusted Year 3 score was 71%, while the adjusted Year 1 score remained the same (with rounding) at 35%. Results of a paired t-test indicate that average Improvement Log scores were significantly higher in Year 3 (M=71%, SD=13.7) compared to Year 1 (M=35%, SD=8.4), $t(17) = 8.635$, $p<.001$ (Figure 3). Thus, from Year 1 to Year 3, the 18 Building and Sustaining Healthy Schools pilot participants **more than doubled their Improvement Log scores, going from a moderately low level of implementation (35%) to a moderately high level (71%) of implementation.** These results suggest that pilot participants were successful in building the strengths needed to implement the WSCC model, despite the challenges of COVID-19. The Improvement Log scores still leave some room for improvement, which seems likely as schools move forward during the recovery and reopening phase.

Figure 3.
Average Adjusted Improvement Log Scores
Year 1 and Year 3
(N=18)



Participant Interviews

This section presents results from telephone interviews conducted by the evaluation team with H&W Team Leaders/Coordinators from nine of the 18 participating district/school H&W Teams (3 interviews from each region).

Key Themes

Accomplishments and Successes[5]

- Participating team leaders' descriptions of their biggest accomplishments reflected a diversity of successful initiatives, including the following:
  - Development and implementation of **activities, events and resources to support school health and wellness**
    - These were most often student-focused but some involved school staff wellness, family engagement, and community involvement
    - Accomplishments collectively addressed a wide range of health and wellness issues including physical activity, nutrition and healthy eating, mental health, and substance use
  - Focus on the **needs of student sub-populations**

[5] Call-out boxes in this section of the report highlight a subset of school and district accomplishments and achievements. The quotations presented in this report were lightly edited for readability and redacted for confidentiality.

    - LGBTQ+ youth
    - English language learners
    - Youth with mental health challenges
- **Adoption/Incorporation of Health & Wellness**
    - Increased awareness of school/student needs
    - More frequent district meetings to integrate health and wellness

Facilitators and Strategies for Success

- Most team leaders reported that **administrative support and involvement** was critical to their initiative's success, citing administrators' authority to provide the necessary approvals; motivate teacher and staff participation; and ensure the initiative gets done.
    - One team leader added that having administrative support for their project was especially important during the COVID-19 pandemic, when school staff were overwhelmed with other priorities.
    - One team leader emphasized the helpfulness of having an administrator participate in SHIP completion. The process of answering the SHIP questions prompted the administrator to reflect and provide a candid assessment of the school's strengths and weaknesses firsthand rather than being told by teachers what the school needs.

        » *Instead of hearing the answers from us, they had to answer them honestly themselves. So that immediate realization from an administration standpoint that there was a lack of communication. I don't think any administrator wants that. I think communication is huge. So I think that was our biggest help, is that they were on hand doing that and answering the questions.*

PILOT SUCCESS STORY

A MORE WELCOMING SPACE FOR LGBTQ+ YOUTH

Our biggest accomplishment has been focusing on our LGBTQ+ students and ensuring that they feel that our school is a safe place for them, where they can express themselves and be who they are. We've done this through assistance from our regional coordinator, the Center for Prevention and Counseling, who has come in and given professional development to our teachers. They've introduced us to-- as well as introduced us to resources that are out there that help to improve school climate and culture relating to LGBTQ+ identified students and becoming just stronger allies and trying to encourage all of the students and staff to be allies for these young people. We have been working on some other programs and guest speakers to have them come in and also speak to our students about being an ally and what it's like being a young person that identifies within this subgroup. . . And we recognize that that was a subgroup that was under-recognized in our school, under-supported, and we wanted to kind of make a difference. . . . I would say COVID-19 has been very tough on all of our students in the area of social-emotional support, but we recognize that it was especially an issue within our LGBTQ subgroup.

- Some team leaders mentioned that they were able to connect with parents, students, school staff and administrators to gain support for, and engagement with, their projects by **leveraging their other roles at the school**, for example, as part of the school's special education services team or as the head of a department.
- **Promoting and building enthusiasm** among students and staff was mentioned by some as an important facilitator of success, with examples that included use of social media; word-of-mouth promotion by students and staff; putting up posters at the school, handing out prizes, and holding monthly school-wide "challenges."
- Other facilitators mentioned by individual team leaders included the following:
  - Professional development for teachers with focus on introducing resources to improve school climate and culture relating to LGBTQ+ identified students
  - Learning about relevant community resources
  - Providing students with more social emotional/ mental health supports during COVID-19
  - Identifying other WSCC-related programs and activities throughout the school/district

    » *There are a lot of great things being done to address health and wellness and the 10 components of the WSCC model. But a lot of stuff is done in isolation. And we're all so busy and overworked doing our own things and focusing on what matters the most to us that we don't know a lot of the good that's going on. So I think one of the most effective strategies is the WSCC pilot has helped move this along. We've worked hard to find every single thing that's being done to see the bigger picture. And then through that, we can connect with people who are doing similar work and share resources and create more partnerships. I think that that's been key. And that's efficient as well because why are people working in isolation doing some more things when they can work together and share the load?*

PILOT SUCCESS STORY

(VIRTUAL) FAMILY FUN NIGHTS

Last year, we did our first district-wide Wellness Day, and that was open to all district families, and it was a full day of events and giveaways and activities. And this year, if things were normal, we would be doing that again and hoping to increase participation. But this year, we're doing a series of virtual Family Fun Nights. Each month has a different wellness theme. The one this month is Youth Art Month. So we're learning about how arts are connected to wellness and social-emotional learning. There's an Art Night – we were able to get funding to give out 1,000 watercolor kits.

Challenges to SHIP Implementation

- Most team leaders described dealing with **pandemic-related issues**, including the cancellation of in-person activities; inability to hold in-person meetings; and the shift from in-person to virtual learning and interaction.
- Some reported difficulty in securing **administrative buy-in**, including buy-in from the school business administrator who handles the budget.
- A few mentioned **assembling the team** and finding people who wanted to do the work.

  » *Not everyone has come on board with what I'm trying to do and what we're trying to do. Some of my teachers are definitely not with me. Some of my principals are not with me. For some, school is just a job. And at the end of the day they want to just sign out and go home. And they don't want to hear it. And wellness is really a 24/7 thing. And in order for it to work, you really have to look at this job as not only being a career but also being a hobby, a passion, and not everyone feels that way. And I've had to find a way to kind of to take detours around those kinds of people and make things work.*

- Other challenges reported by individual team leaders included the following:
  - Lack of team capacity with regard to using social media and designing student surveys in compliance with data privacy and security laws
  - Burnout and varying levels of commitment to participating among team members
  - Lack of buy-in from the school board due to competing priorities
  - Lack of buy-in from school staff
  - Reimbursement issues for program expenses

    » *I don't want to ask people to do anything extra. And a lot of people discourage people from doing anything extra because we're all disgruntled and feel underappreciated. So that's hard. The other challenge is that I have not been able to successfully have students, parents, and staff in one health and wellness [meeting] all together, and that's an important piece of the pilot program.*

    » *I have to pay out of pocket and get reimbursed versus just pulling from the fund to get what is needed. So for instance, last year we had a [student activity] club, and I had to spend a couple hundred dollars on supplies and then have it reimbursed versus just pulling money from the fund, having the school make the payment to the manufacturer, the stores, and then supply us the materials. So that is probably the biggest obstacle because [H & W team member] and I have really big goals and things that we would love to implement, such as a movie night. We would love to rent a screen, but the screen is super expensive and we're not able*

to foot the bill and then have it reimbursed. So we turned down projects that we wanted to implement based on that challenge.

Strategies for Addressing Challenges

- Team leaders described strategies for addressing challenges, including the following:
  - Build and maintain administrative support for the initiative by **meeting regularly** with supervisors, directors, and relevant committees
  - **Develop positive relationships** with individual administrators
  - **Educate school, parents, and community stakeholders about WSCC** and the school initiative; highlight for administrators the connection between problems at the school, such as vaping, and the prevention efforts of the initiative
  - **Test different strategies** to see what works and what does not in a virtual setting
  - Take **small steps;** build on successes
  - Seek **support from the regional coordinator**
  - **Tap into stakeholder expertise**, for example, enlisting students to help with social media and asking a partnering organization for help with best practices in survey development

PILOT SUCCESS STORY

ADDITIONAL SUPPORT FOR ENGLISH LANGUAGE LEARNERS

In the past five years, our non-English speaking population has gone up immensely. And so through the School Health Index, we realized that was a population we wanted to reach. So I think once we identified that, I think it was really kudos to our administration . . . they kind of ran with it and we were able to do things about the grant, being able to hire extra staff, adding supports, getting translators, making sure that our website was switched over to English and Spanish. So the grant help to identify that need, and then the administration and the district decided to act on it without having to use monetary funds from the grant itself.

Continued Focus on WSCC

- Nearly all team leaders reported plans to **continue working on their current areas of focus** after the grant ends.
- Most reported plans to focus on **building community partnerships**.
- A few team leaders reported additional areas of focus, including **staff wellness and parent support**.
- Other areas of focus mentioned by individual team leaders included the following:
  - Creating a culture of inclusion
  - Increasing LGBTQ+ awareness
  - Reaching out to students from non-English-speaking populations
  - Addressing Student mental health
  - Recruiting new students to replace graduating seniors for project sustainability

- *We have these activities and clubs that we started last school year through this program, and we're just going to keep everything going as long as it works for the students. . . . The buy-in from staff and administration is there, so they're going to continue to support us as long as we're satisfied with how things are going. So we plan on keeping all of these activities in future years.*

- *My focus isn't going to change. I think we're still going to emphasize that knocking down the walls of the gym model, and that community-based approach because it's no good if that philosophy just stays within the walls of the school. You really have to convince the parents that it's worthwhile. . . . We want to make it easier to be to be fit and to be well. We want to make it inconvenient to be sedentary and to eat crappy food. So that's something that was one of my goals before we got the grant. And it's going to continue afterward. . . . And maybe this grant will end, but other ones will continue.*

- *I definitely believe that we're going to continue to work on continuing to create a culture of inclusion for ensuring that everybody feels welcome in our school. We're going to continue the programs we've developed in terms of staff wellness and LGBTQ+ awareness. I think one of the things that we're going to probably focus more are our parent programs and providing more support for our parents.*

- *Getting other community members involved, I think is going to be the goal because that was really the best part of this whole journey. I mean, that day where you just looked at the courtyard and everybody was just moving and smiling, and some of them were our past students. So it was just a whole circle of events, and the parents just couldn't stop talking about it.*

Resources and Supports that Districts/Schools Need to Adopt WSCC

- Many team leaders reported that **administrative buy in**, particularly at the Board of Education and district-level is needed for schools to adopt the WSCC model

    - *To sustain it, it has to be a priority for a district because there's so many other things that as an administrative perspective are top of the list. And a lot of times the health teams, you have little successes. You'll get the school garden, you'll get a push for a couple different things in the cafeteria. But then to make it a top priority year after year, it's a tough*

> *sell. It's a cultural thing, kind of has to be practiced over and over again or gets lost.*

- **Support from stakeholders**, including administration, parents, staff, and community was mentioned by many as key to adopting WSCC
- Some team leaders emphasized the importance of **knowing about relevant community resources** for adopting WSCC
- Other resources and supports mentioned by individual team leaders included the following:
  - Having speakers come to speak with school staff and administrators on relevant topics.
  - Keeping up to date on relevant trends (substance use, alcohol prevention, etc).
  - More communication, cooperation, and collaboration between schools and federal, state/local governments, with more bottom-up solutions that are driven by the experiences and recommendations of schools, as opposed to top-down solutions that come from governments.

    » *Better communication between the schools and their local governments and the federal governments. It can't be just talk. I think that federal governments should be the ones to really reach out to the schools and have regularly scheduled meetings where people sit down and they talk and collaborate on different issues and not just throw lip service at it. . . . Too much talking and not enough doing. And it's not just a matter of funding; it's a matter of collaborating.*

Experiences with Regional Coordinators

- Team leaders were consistent in expressing their **appreciation for the support** provided by their regional coordinators, with specific praise for the following:
  - Being very supportive; offering encouragement
  - Helped the team feel prepared and know what to expect from the project
  - Being there when we need them; can contact them any time; accommodating
  - Helping with challenges, including COVID-related challenges
  - Provided timely and helpful communication
  - Provided information about, and helped them connect with community resources

    » *Every question we've ever had was answered not only efficiently, but they went above and beyond to get it back to us quickly, would keep us posted if they couldn't answer on their own and had to get somebody else to respond to it. They were just super proactive at making sure that they stayed in communication and provided the answers that we were looking for. And they've also been very, very generous with offering some information within the community. . . . They provided information to us*

PILOT SUCCESS STORY

HeART OF HEALTHY COOKING PROGRAM

We call it the HeART of Healthy Cooking Program . . . we would pick one school a year. One of our high schools has a culinary arts program so the culinary arts students would pair with the parents and with the kids there. And they would teach them how to make these delicious, healthy dishes. And we would have registered dietitians come in and explain what's healthy about the meals and preparing healthy meals. The parents would join in and they would eat these healthy meals that were prepared by the students. And then at the end, , we'd have a big chef competition where we'd have the chefs at the local restaurants come in and be judges. It was just like a *Top Chef* competition. We'd have an emcee that would be interviewing the parents and the students and would say, "Hey, we noticed that you used this ingredient when you were preparing this dish. Why did you choose to use this?" And then at the end, we'd have the taste test and we give away these great prizes.

even if we didn't ask for it just to keep us in the loop, to let us know what's going on. Maybe it would benefit our school students. Maybe it would benefit staff. Maybe it would benefit our community. So they just really raised a lot of awareness on what was actually going on in the community and things that we could utilize, and that was super helpful. I know that if I emailed [ ] or [ ] right now, I would have a response within minutes, and you can't really get that anywhere else. They've just been amazing.

» [Regional Coordinator] *came to me and said, "What could we do for you? What challenges are you having now that we could help you with?" I said well, "Mental health is a big one." And* [Regional Coordinator] *reached out to me and we got over 100 of my teachers certified in Mental Health First Aid. And every teacher came back and said, "Wow, was this a game changer! This is something that we could go back and we could implement in our classrooms the very next day." So on a dime, the focus changed and we were able to attack these new challenges that were coming to us in the COVID environment.*

» *They've also been incredibly patient, which I think is really important . . . it was very challenging in the beginning to understand deadlines, who needed to be doing what. And they just really provided all of the information we needed and added that extra layer of support that if I had forgotten something, they were very quick to say, "I know you're busy." They were very respectful all the time, even when I was in the wrong. They never made me feel like I was not doing enough or-- they just made it a very good environment for us to be able to reach out and say, "Hey, I'm struggling with this. Can you help?" And I knew that the support was going to be there.*

» *Our regional coordinator has been phenomenal in providing or just making us aware of the non-monetary resources that are out there, the programs, the different programs, the speakers, the literature on various topics that relate to school health. I am constantly getting email blasts from my coordinator. And a lot of that-- a lot of that has been extremely helpful. Even having the folks from our regional coordinator groups coming in and speaking to our administrators, speaking to our staff, assisting us with programs, being kind of a-- I'm not the expert on school health. And it's just great that there is someone like them who keeps up-to-date on a lot of the most up-to-date topics.*

» *I think the word that comes to mind is "limitless." I mean, if you need support, they're there for you in so many different ways.*

» *I hope that there's an opportunity where they can continue to support the schools that have already gone through this grant pilot program because they have been invaluable support people.*

- All team leaders reported the **frequency of communication was "about right"** from their regional coordinator.
  - Some expressed appreciation for their regional coordinator's ability to gauge the amount of assistance and frequency of contacts according to their team's needs at a particular time.

» *In the beginning, there were much more handholding which I needed, and, you know, then they sort of pulled back and let me go to them when I had an issue.*

Team Leaders' Suggestions for Improvement

- Do more to gain administrative buy-in; modify the application process to ensure greater administrative buy-in and involvement from outset
- Provide districts/schools with the support needed to ensure continuity of WSCC staff roles
- Ensure applicants are informed about the expected amount of grant-related paperwork and schools' responsibility regarding the grant stipend
- Refer to the initiative using a term other than the WSCC "grant" to prevent confusion among team members about the availability of grant funds beyond team leader stipends
- Provide a seminar or introduction to the initiative and the WSCC model for community members
- Provide teams with more instruction, training, and technical support on the following topics:
  - Team leadership and forming a team

» *Giving as many suggestions upfront as possible on how to form the health and wellness team, because I think that that is really critical. . . . Like the food-service director needs to be on the health and wellness team, but here I am trying to get this food-service director to be on the health and wellness team when they're busy, and they don't want to be on any health and wellness team. And when we're having health and wellness team meetings, we're not addressing anything that necessarily involves food service, sometimes. So it would be nice if there was some literature, something that could be given out to the different people who are going*

> *to be expected to serve on the health and wellness team so that they know what their role is supposed to be.*

  - Developing the SHIP

    - » *I would have liked a little bit more professional development on understanding the school health index and how to use the information from it to create the SHIP. And then even having that time to work with our regional coordinators to kind of take a look at our rough draft and then what can we add, what can we take away, what needs to be adjusted to really develop a quality SHIP?*

  - How to navigate the online SHIP assessment
  - Grant related paperwork, including grant fund disbursement
  - Purchasing procedures and tips for saving money on project supplies

- Change the team leader log from paper to an electronic format to improve ease of access

    - » *The team leader log could be an electronic form that you just add to as needed. It's much harder as a paper form to remember to go find the binder and fill it out. It would potentially be more accurate if it was done this way, I probably forget to write a lot of things down that time was spent on, again because the form isn't handy.*

- Continue to provide opportunities after the pilot ends for team peer-to-peer support and sharing, including across regions
- Provide teams with an ideas bank of example projects from other schools and more frequent updates regarding activities and projects occurring in other schools/districts
- Look to other projects for what works instead of starting at square one every time with a new pilot

    - » *Three years is really not enough time to fully implement all of the WSCC model. I think that that would be helpful for the future, it is emphasized that this is an ongoing process, but it really needs to be emphasized more so, maybe that that progress is slow. Because it can be very discouraging when you feel like you're supposed to get all these things done in three years, and it's going to take a lot longer.*

IV. Conclusion and Recommendations

The findings presented in this report suggest that, by the end of Year 3, the 18 pilot participants were successful in accomplishing the key steps needed to understand, adopt, and implement the WSCC model, while, at the same time, adapting their individual district and school health plans in response to the unprecedented challenges posed by the COVID-19 pandemic. Based on the Improvement Log scores, **participants significantly increased their level of WSCC model implementation from a moderately low level in Year 1 (35%) to a moderately high level (71%) in Year 3.** These positive results leave some room for continued improvement as the COVID-19 recovery and reopening phase progresses.

Findings from team interviews provided qualitative support for the positive Implementation Log results. Teams' reported accomplishments and successes included the **development and implementation of activities, events, and resources to support the health and wellness of students and school staff**; focusing on the **needs of LGBTQ+ students, English language learners, and youth with mental health challenges**; and **overall school and district adoption and incorporation of health and wellness priorities**. Teams acknowledged important facilitators of their successes, including **administrative support and involvement;** gaining support for their projects by **leveraging team members' other roles** at the school; and **promoting and building enthusiasm among students and staff** through social media, word-of-mouth, and holding regular school-wide "challenges."

While some participants reported barriers to implementation, particularly with gaining administrative buy-in and engaging stakeholders, they utilized strategies to overcome obstacles including **meeting regularly; relationship-building; and educating stakeholders about the WSCC model**. Participants valued the **support and contributions of their Regional Coordinator(s)** and expressed **intent to continue WSCC-related program activities** after the grant period concludes. Suggestions for future improvements included **assistance with securing administrative buy-in; additional education on topics such as team leadership and SHIP development; increased opportunity for peer-to-peer sharing and learning and transition from paper to electronic reporting logs**.

As with all evaluations, the Building and Sustaining Healthy Schools for All Students evaluation had limitations. Perhaps most obvious is the occurrence of the COVID-19 pandemic and its possible effects on district/schools' implementation of the pilot and the evaluation results. Pilot leadership may wish to consider a follow-up evaluation to assess and monitor these effects, as well as the sustainability of participant successes as recovery and reopening continues. In addition, the data for the Improvement Logs and the team interviews relied on self-reported information from the teams themselves. This may introduce a form of measurement bias related to the participants' subjective recall and personal experiences. This bias was mitigated to some extent by asking participants to provide documentation for their Improvement Log

ratings, which was reviewed and verified by the regional School Health Coordinators and the NJ DOH Program Manager. Finally, the lack of a control or comparison group may limit the generalizability of the findings beyond the evaluation participants. In the future, allocating resources for a more rigorous evaluation that includes more objective data sources and a control/comparison group would provide pilot leadership and other stakeholders with a level of evidence to assess the impact of the New Jersey WSCC Building and Sustaining Healthy Schools for All Students initiative with greater confidence. Meanwhile, as a summary of the participants' experiences, opinions, and perspectives, the Year 3 findings may provide useful information and insights for making improvements and for planning program replication and scale-up.

Taken together, the Year 3 evaluation findings will be helpful as a road map for moving the New Jersey school health transformation process to the next level towards ensuring that each child, in each school, in each community is healthy, safe, engaged, supported, and challenged.

Recommendations

Based on the findings presented in this report, pilot leadership and stakeholders may wish to consider the following recommendations for sustainability and planning future replication and scale up:

- Provide additional leadership training for team leaders
- Conduct more community awareness-raising and promotion about WSCC and the larger initiative
- Provide more opportunities for pilot teams to connect and interact during and after the initiative
- Promote strategies to increase administrative buy-in and involvement
- Continue to provide teams with information on complementary community programs
- Work with an evaluation consultant to conduct a follow up study to a) assess implementation, outcomes, and sustainability in pilot schools throughout COVID-19 recovery and reopening and b) to evaluate future replication and scale up efforts

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APPENDICES

Appendix A.
Building and Sustaining Healthy Schools for All Students
Regional School Health Grantee Agencies

AtlantiCare Foundation

The Center for Prevention and Counseling

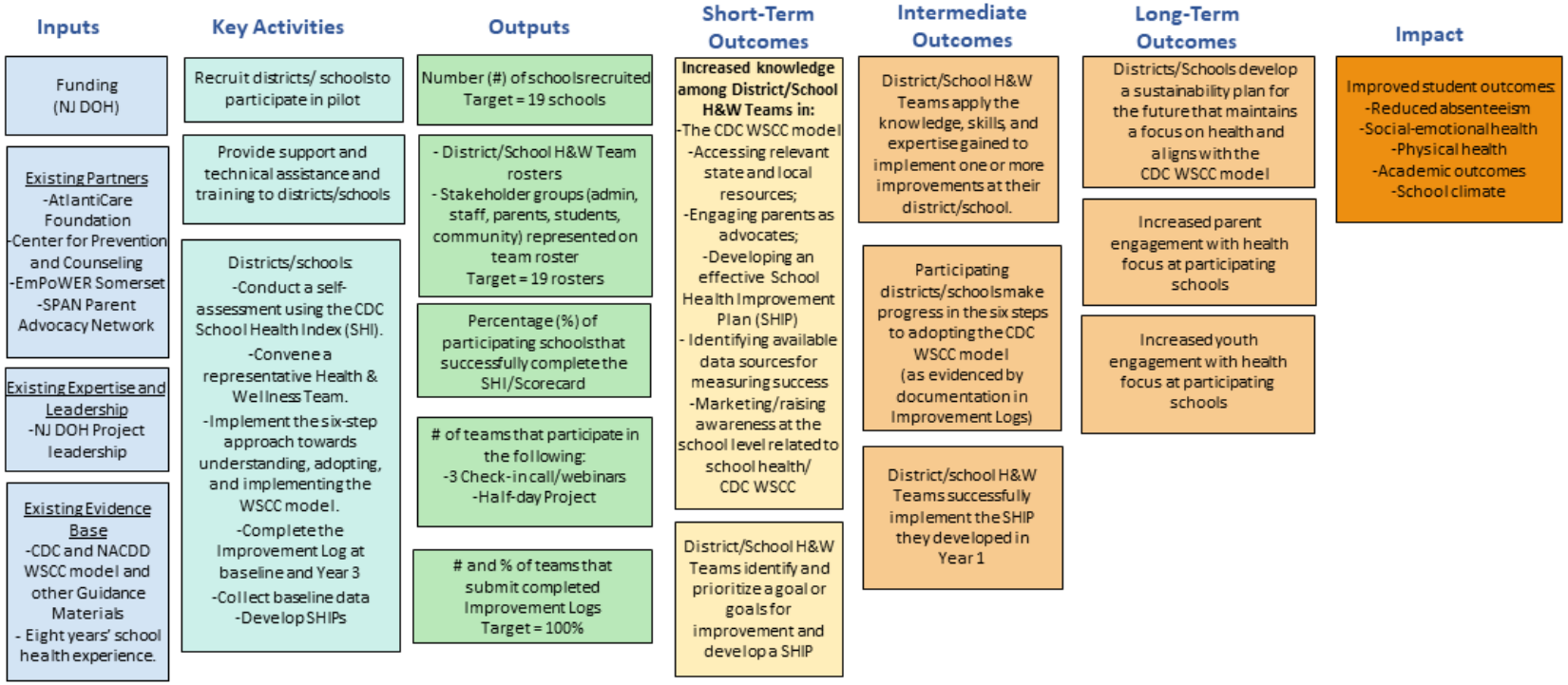
Empower Somerset

SPAN Parent Advocacy Network

Appendix B. Logic Model

Building and Sustaining Healthy Schools for All Students: Logic Model

Goal: To provide participating schools with support and technical assistance aimed at improving their capacity to implement the CDC Whole School, Whole Community, Whole Child (WSCC) model, thereby providing the healthy and safe learning environments needed to improve student outcomes.



Assumptions: Administrative and Board of Education Support; school commitment to systems change.

Appendix C.
WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD (WSCC)
SCHOOL HEALTH NJ PROJECT

BUILDING AND SUSTAINING HEALTHY SCHOOLS FOR ALL STUDENTS
SIGNS OF PROGRESS (SOP) POST-IMPROVEMENT LOG – YEAR 3

Name of School:

H&W Team Leader(s):

Step I. Focus on Administrative Buy–in & Support to Develop School Capacity			
"SIGNS" OF PROGRESS (SOP)	**Met**	**Somewhat Met**	**Not Yet Met (no Progress)**
a. The school district's (SD) vision/mission includes a statement affirming that the health and well-being of students and school staff is fundamental to student learning and academic achievement.			
b. WSCC responsibilities for school administration exist. See: School Administration Responsibilities.			
c. School administration communicates with the WSCC Health & Wellness (H&W) Team.			
d. School administration participates in WSCC H&W programs and activities.			
e. The school wellness policy requires a H&W Team Leader and an active, functioning Team.			
f. The School Health Improvement Plan's (SHIP) goal(s), objective(s) and/or priorities are incorporated into the district's or school's improvement plan.			
g. School administration identifies and secures funding for health programs, activities and services.			
h. School administration and local BOE garner diverse community resources for WSCC H&W programs and activities.			
i. The H&W Team Leader is financially compensated for WSCC H&W responsibilities.			
j. The district and/or school implements a comprehensive staff wellness program.			

Step 2. Identify a WSCC Coordinator, Health & Wellness (H&W) Team Leaders & Develop Partnerships			
"SIGNS" OF PROGRESS	**Met**	**Somewhat Met**	**Not Yet Met**
a. A WSCC SD Coordinator is identified and works to integrate a district-wide WSCC approach through the SD Health Advisory and Coordinating Council (SHACC).			
b. WSCC H&W Team Leader(s) and their tasks are identified. See: Team Leader Tasks.			
c. School or district administration provides needed resources that include but are not limited to: data collection and analysis, communication, supplies, space and professional development to assist the Team Leader.			
d. The school promotes and recruits parents to participate in a 15 hr "Parents as Champions for Healthy Schools" training; SHIP activities (planning, implementation or evaluation); or, other strategies of active engagement related to health and wellness.			
e. The school promotes and recruits students to participate in: Youth Advisory Board (YAB); SHIP activities (planning, implementation or evaluation); or, other strategies of active engagement related to health and wellness.			
f. Diverse community organizations participate in school health activities, programs and services.			
Step 3. Assemble a District and/or School Health & Wellness (H&W) Teams			
a. The H&W Team is established and represented by administration, school staff, students, family and the community.			
b. The H&W Team represents all 10 WSCC components. (NACDD, p36)			
c. The H&W Team member activities are identified. See: Team Member Qualities and Activities.			
d. The H&W Team meets 4-6 times during the school year.			
e. The H&W Team disseminates and communicates the School Health Improvement Plan (SHIP) to school administration and staff. See: Establish a H&W Team, Step 5			
f. The H&W Team disseminates and communicates the SHIP to students and families. See: Establish a H&W Team, Step 5			
g. The H&W Team revises the SHIP based on input from staff, administrators, students and families.			
h. Parents' input is obtained using surveys, focus groups or other school-identified method.			
i. Students' input is obtained using surveys, focus groups or other school-identified method.			

j. The SHACC is established with expertise from all ten WSCC components and meets at least four times per school year.			

Step 4. Assess & Plan WSCC Efforts			
"SIGNS" OF PROGRESS	**Met**	**Somewhat Met**	**Not Yet Met**
a. The H&W Team completes CDC's School Health Index (SHI) assessment tool and the results are reviewed and approved by Team members.			
b. Using the results of the SHI assessment and/or other school identified priorities, a School Health Improvement Plan (SHIP) is developed.			
c. Best practices and evidence-based strategies are utilized in the SHIP.			
d. Local-level health and education data are used to document the health needs of students and school staff.			
e. Health attitudes and behaviors of students and staff are considered using questionnaires or other tools.			
f. A survey of school climate and culture is conducted with students, staff and families.			
g. The H&W Team reviews the Local Wellness Policy (LWP) and makes recommendations for updates and/or revisions.			
h. The H&W Team facilitates the coordination of all health-related committees in the school.			
Step 5. Implement, Evaluate & Revise the SHIP			
a. Process and outcome evaluation measures are identified in the SHIP.			
b. Process and outcome evaluation measures are reported annually to the regional agency.			
c. The H&W Team is accomplishing the action steps in the SHIP and adhering to both the timelines and budget.			
d. As improvements are needed, revisions to the SHIP are made.			
Step 6. Reflect, Celebrate and Communicate Success/Impact			
a. H&W Team work accomplishments are celebrated.			
b. At least one (1) H&W success story is communicated via: newsletter, blog, website posting, presentation, infographic.			
c. Complete Step 6 Team Log (guide, p.58)			

Appendix D.

SIGNS OF PROGRESS - "FULLY MET" CRITERIA FOR THE IMPROVEMENT LOG

STEP 1. Focus on Administrative Buy-in & Support to Develop School Capacity
"Signs" of Progress (SOP)

1a. SOP: The SD's vision/mission includes a statement affirming that the health and well-being of students and school staff is fundamental to student learning and academic achievement.
Evidence: Copy of vision/mission statement includes the intention of the above statement.

1b. SOP: WSCC responsibilities for school administration exist.
Evidence: Copy of job description, performance agreement, Local Wellness Policy (LWP) or signed School Health Involvement Agreement (SHIA) identifies WSCC responsibilities.

1c. SOP: School administration communicates with the WSCC H&W Team.
Evidence: List methods and/or types of communication.

1d. SOP: School administration participates in WSCC H&W programs and activities.
Evidence: List types of participation in H&W programs and activities.

1e. SOP: The LWP requires a H&W Team Leader and an active, functioning Team.
Evidence: LWP states the SOP requirement.

1f. SOP: The School Health Improvement Plan's (SHIP) goal(s), objectives(s) and/or priorities are incorporated into the district's or school's improvement plan.
Evidence: The district's or school's improvement plan incorporates the SOP requirement.

1g. SOP: School administration identifies and secures funding for health programs, activities and services.
Evidence: List funded activities within the current or prior school year (SY) totaling at least $5,000 (actual cost or in-kind value).

1h. SOP: School or district administration provides diverse community needed resources that include but are not limited to: data collection and analysis, communication, supplies, space and professional development to assist the Team Leader.
Evidence: Documentation that at least 4 of 5 types of resources provided within current or prior SY.

1i. SOP: The H&W Team Leader is financially compensated for WSCC H&W responsibilities.
Evidence: The H&W Team Leader receives an approved stipend for WSCC H&W responsibilities.

1j. SOP: The district and/or school implements a comprehensive staff wellness program.
Evidence: Utilizes CDCs Workplace Health Model and provides documentation of actions implemented in each of the following 5 categories:

- Health related programs
- Health related policies
- Health benefits
- Environmental supports
- Comprehensive workplace health programs with community linkages

STEP 2. Identify a WSCC Coordinator, H&W Team Leader(s) & Develop Partnerships

2a. SOP: A WSCC H&W SD Coordinator is identified and works to integrate a district-wide WSCC approach through the SD Health Advisory and Coordinating Council (SHACC).
Evidence: Copy of job description, performance agreement, LWP, or signed SHIA that identifies WSCC responsibilities.

2b. SOP: WSCC H&W Team Leader(s) and their tasks are identified.
Evidence: Copy of job description, performance agreement, LWP or signed SHIA that identifies WSCC responsibilities.

2c. SOP: The school promotes and recruits parents to participate in: the 15 hr "Parents as Champions (PAC) for Healthy Schools" training; SHIP activities (planning, implementation or evaluation); or other strategies of active engagement related to health and wellness.
Evidence: PAC training dates, # parents trained and if DOH grant applied for, focus of grant; identify SHIP activity(ies) and # of participating parents**;** or, identify other strategies of active engagement and # of parents engaged.

2d. SOP: The school promotes and recruits students to participate in: a Youth Advisory Board (YAB); SHIP activities (planning, implementation or evaluation); or, other strategies of active engagement related to health and wellness.
Evidence: YAB meeting dates, # participating youth, YAB activities; identify SHIP activity(ies) and # of participating youth; or, identify other strategies of active engagement and # youth engaged.

2e. SOP: Diverse community organizations participate in school health activities, programs and services.
Evidence: List school health activities, programs and services conducted, on-site, by at least five (5) different CBOs within the current or prior SY.

STEP 3. Assemble a District and/or School Health & Wellness (H&W) Teams

3a. SOP: The H&W Team is established and represented by administration, school staff, students, family and the community.

Evidence: Health and wellness team membership form lists member, group represented and contact information.

3b. SOP: The H&W Team represents all 10 WSCC components. (NACDD, p36)
Evidence: Health and wellness team membership form lists member, WSCC component represented and contact information.

3c. SOP: The H&W Team member activities are identified. See: Team Member Qualities and Activities.
Evidence: Signed SHIA by team members identifying H&W responsibilities.

3d. SOP: The H&W Team meets 4-6 times during the SY.
Evidence: Meeting dates/schedule for the SY, attendance sheet, meeting agenda and minutes from each meeting are disseminated to all Team members.

3e. SOP: The H&W Team disseminates and communicates the SHIP to school administration and staff. See: Establish a H&W Team, Step 5.
Evidence: Date and method of communication to garner SHIP input from school administration and staff. All methods shall provide a respond by date, to whom and elicit any specific interest an individual may have to participate in SHIP activities. A user-friendly version of the SHIP is highly recommended. Methods include but are not limited to: print in school newsletter; e-mail blast; administration and staff meeting with SHIP agenda item and documentation of comments received; post SHIP on school website (provide URL for posting location); or, other school identified method.

3f. SOP: The H&W Team disseminates and communicates the SHIP to students and families. See: Establish a H&W Team, Step 5
Evidence: Date and method of communication to garner SHIP input from students and families. All methods shall provide a respond by date, to whom and elicit any specific interest a student or parent may have to participate in SHIP activities. A user-friendly version of the SHIP is highly recommended and methods include but are not limited to: print in school newsletter, e-mail blast; student council or other student group and PTO/PTA meeting with SHIP agenda item and documentation of comments received; post SHIP on school website (provide URL for posting location); send home hard copy with students; or, other school identified method.

3g. SOP: The H&W Team revises the SHIP based on input from administrators, staff and students.
Evidence: Create list of comments, suggestions and other input collected, discuss with H&W Team and identify Team's response to each comment (eg: incorporated into SHIP or if not, why not?).

3h. SOP: Families' input on health and wellness issues is obtained using surveys, focus groups or other methods.
Evidence: Provide copy of tool used and results completed within the current or prior SY.

3i. SOP: Students' input on health and wellness issues is obtained using surveys, focus groups or other methods.
Evidence: Provide copy of tool used, and results completed within the current or prior SY.

3j. SOP: The SHACC is established with expertise from all ten WSCC components and meets four times per school year.
Evidence: SHACC membership form identifies member, WSCC component represented and contact information **and** meeting dates/schedule for the SY, attendance sheet and meeting agenda and minutes are disseminated to all Team members.

STEP 4. Assess & Plan WSCC Efforts

4a. SOP: H & W Team completes CDCs School Health Index (SHI) assessment tool and the results are reviewed and approved by Team members.
Evidence: Copy of SHI Scorecard; Meeting minutes indicates date results reviewed, key discussion points and Team approval.

4b. SOP: Using results of the SHI assessment and/or other school identified health priorities, a SHIP is developed.
Evidence: Copy of SHIP submitted to regional agency.

4c. SOP: Best practices and evidenced-based strategies are utilized in the SHIP.
Evidence: School identifies best practices and evidenced-based strategies used in SHIP with asterisk (*) and documents source.

4d. SOP: Local-level health and education data are used to document the health needs of students and/or school staff.
Evidence: School and/or district level data, CDC's Youth Risk Behavior Survey (YRBS) or NJ's Student Health Survey (SHS) results (high school only) or County Health Rankings data is used to support objective(s) in the SHIP.

4e. SOP: Health attitudes and behaviors of students and staff are considered using questionnaires or other tools.
Evidence: Date administered, copy of survey, questionnaire, in-person discussion questions or other tool used and the results; completed within the current or prior SY.

4f. SOP: A survey of school climate and culture is conducted with students, staff and families.
Evidence: Copy of survey and results conducted within the current or prior SY; list survey participants (students, staff, parents); identify external consultant, if appropriate; state action(s) identified or taken to address concerns.

4g. SOP: The H & W Team reviews the LWP and makes recommendations for updates and/or revisions.

Evidence: Meeting minutes indicate discussion points, proposed revisions and next steps. (eg: date to present at local BOE meeting)

4h. SOP: The H & W Team facilitates the coordination of all health-related committees in the school.
Evidence: Identify and list all health-related committees that exist; propose a structure that facilitates coordination amongst committees to improve efficiency, increase effectiveness, eliminate gaps and duplication of services.

Step 5. Implement, Evaluate & Revise the SHIP
5a. SOP: Process and outcome evaluation measures are identified in the SHIP.
Evidence: SHIP identifies process and outcome evaluation measures. Process measures include the # of events, activities, programs and services conducted and the # of participants impacted. Process measures also includes any proof/evidence that an activity is completed. Outcome measures include changes in knowledge, attitudes, behaviors, skills, or other improvements in a health or a health condition such as absenteeism.

5b. SOP: Process and outcome evaluation measures are reported.
Evidence: Results (process and outcomes evaluation measures) are reported annually to regional agency.

5c. SOP: The H&W Team is accomplishing the action steps in the SHIP and adhering to both the timelines and budget.
Evidence: Identify and list challenges to accomplishing timelines and budget and discuss potential action(s) to resolve with regional agency.

5d. SOP: As improvements are needed, revisions to the SHIP are made.
Evidence: Submit modified SHIP at least annually before end of SY.

Step 6. Reflect, Celebrate and Communicate Success/Impact
6a. SOP: H&W Team work accomplishments are celebrated.
Evidence: Meeting agenda or other documentation indicates celebration of accomplishments and/or certificates acknowledging achievements.

6b. SOP: At least one H&W success story is communicated via: newsletter, website posting, presentation, infographic.
Evidence: Copy of newsletter, link or address to website posting, press release, other announcements sharing accomplishments submitted to regional agency.

6c. SOP: Complete Step 6 Team Log (Guide, p58).
Evidence: Copy of Step 6 Log submitted to regional agency.

Appendix E. Building and Sustaining Healthy Schools for All Students Pilot

I. Introduction

Thank you so much for taking time out of your busy schedules to talk with me today. My name is [Pam Kelley / Linda Radecki] and I'm an independent evaluation consultant hired by the New Jersey WSCC Building and Sustaining Healthy Schools for All Students pilot leadership to learn more about your experiences participating in the WSCC pilot. The interviews will provide project leadership and other stakeholders with insights and lessons learned specific to district's/schools' Health & Wellness Teams' challenges, strategies, and successes.

Before we begin the discussion, let's cover a few housekeeping details:

1. Your participation in this interview is voluntary, which means that you can stop the conversation or choose not to answer a particular question at any time, feel free to let me know.

2.There are no right or wrong answers – we are seeking your honest opinions--those of a positive nature as well as constructive criticism. All opinions are valuable for gaining insights and making improvements.

3. This discussion will last approximately 30 minutes. To make sure that we don't go over, I may need to interrupt you to move on to the next question.

4. With your permission, I will be recording today's discussion to ensure that I have an accurate record of everything that was said. The recording will be used to create a de-identified written transcript of our interview that will be used for analysis, along with the transcripts from the other practice team interviews. The recordings will be destroyed at the end of the project. However, if anyone here is uncomfortable with being recorded, let me know now and I will take notes instead. Do I have everyone's permission to record today's discussion?

5. After the interviews are complete, the evaluation team will write a summary report of the findings. The report will not include any individual names, school or district names, or any other information that could identify you as an individual or your school/district.

6. There are no risks to participating in the interview and no personal information is being collected. While there are no direct benefits to you for participating, the summary report may be used to improve similar projects in the future.

7. Do you have any questions for me before we get started?

[I am starting the recording now.]

II. Interview Questions

1. Reflecting back since the grant pilot began, what are your district's/school's 1-2 biggest accomplishments associated with implementing your School Health Improvement Plan (SHIP)?
    a. What facilitators and strategies helped you achieve these accomplishments?
    b. What was most challenging in implementing your SHIP?
    c. What steps were taken to address these challenges?
2. Now that you know about the WSCC Model, which aspects do you plan to focus on after this grant pilot concludes?
    a. How did you decide that these would be the areas you would continue to focus on?
3. In general, aside from money, what resources and supports would you say that district/schools need, or need more of, to sustain their efforts to adopt the WSCC model?
4. COVID-19 aside, what do you wish you would have known when you started the grant pilot?
5. What can you tell me about the support you received from your Regional Coordinator?
    a. Was the frequency of communication you received from your Regional Coordinator too much, too little, or about right?
    Probe "How often would you have preferred?" if too much or too little
    b. What suggestions do you have for improving the support regional coordinators provide to districts/schools, if this project continues in the future?
6. What suggestions do you have to improve the grant pilot?
7. What have we not discussed that you would like to tell me about your experience with the grant pilot?

We have reached the end of the interview. Thank you for your participation!