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The Wellbeing Partners' use of the School Health Index to identify needs in Omaha Public Schools: A Process Evaluation

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Abstract

The School Health Index tool from the Center for Disease Control and Prevention has been a useful tool to identify needs and areas of improvement for schools. This tool is most effective when used in collaboration with school staff and assistance from an outside facilitator. The purpose of this evaluation was to determine the administration efficiency of the School Health Index in select schools throughout the Omaha Public School (OPS) district by The Wellbeing Partners. A process evaluation was conducted to: 1) assess the relationship between the schools' wellness champions at five Omaha Public School (OPS) elementary schools and The Wellbeing Partners' Youth Wellness Coordinator and 2) to assess the School Health Index administration protocols to improve efficiency and reliability. Interviews were conducted with the school wellness champions and the Youth Wellness Coordinator were audio recorded, transcribed, and analyzed to identify emerging themes. A satisfaction survey was administered to the school wellness champions. Five main themes were identified: program benefits, program support, program barriers, facilitator benefits, and future needs. Findings from the interviews showed that success in the use of the SHI looked different for each school due to available resources. Support from the Youth Wellness Coordinator was said to be sufficient yet an increase in her presence at the school during the completion of the SHI was suggested by both the school wellness champions and the Youth Wellness Coordinator. Descriptive statistics from the satisfaction survey showed all participants were satisfied with the support from The Wellbeing Partners and their Youth Wellness Coordinator. All participants also reported they would recommend a partnership with The Wellbeing Partners to other schools. Recommendations were given based on the interviews and satisfaction survey findings.

Chapter 1 – Introduction

Specific aims

The Wellbeing Partners uses Partners for Healthy Schools (PHS) to bring service professionals from different local organizations together in order to improve school wellness. Within PHS, The Wellbeing Partners use evaluation tools like the School Health Index (SHI) developed by the Centers for Disease Control and Prevention in 2000 (CDC, 2017) to identify needs and areas of improvements within schools for the purpose of improving school wellness. The use of the SHI by The Wellbeing Partners allows them to work hand-in-hand with school wellness champions to cultivate environmental, policy and procedural improvements to embed health into the daily lives of students while at school. The specific aims of this process evaluation were to: 1) assess the effectiveness of the relationship between the schools' wellness champions at five Omaha Public School (OPS) elementary schools and The Wellbeing Partners' Youth Wellness Coordinator and 2) to assess the School Health Index administration protocols to improve efficiency and reliability.

Significance

As partnerships are developed between The Wellbeing Partners and OPS elementary schools, it is important to know how the organization can better assist these schools. Studies have shown how factors like lack of physical activity and limited access to quality food can negatively impact the academic achievement of children in school (Michael et al., 2015). Because of issues like these, the CDC developed the SHI – a tool to help identify school needs and can be accessed for free on their website (CDC,

2017). Though schools can administer this tool without assistance from an external facilitator, evidence has shown having an outside facilitator improves collaboration from individuals at the school (Austin et al., 2016). Therefore, it is important to evaluate how assistance from an outside facilitator can be improved. Perspectives on strengths and challenges encountered during administration and facilitation of the SHI can be gathered from those participating in this process (Lucarelli et al., 2014). Having a process, like the completion of the SHI, that is complicated and time consuming might deter schools from participating, which implies that streamlining the process would encourage more schools to want to participate. As such, this project is significant because it will allow The Wellbeing Partners to improve their SHI completion process when working with new schools.

Chapter 2 – Background and Literature Review

Epidemiologic description of the health problem (distribution and determinants)

Individuals

Individuals spend on average 13 years, 6 hours per day, in schools during their first 18 years of life. These years are critical because they contribute to intellectual, social, psychological, and physical development of learners (Center for Disease Control and Prevention, 2017). Research has shown that the school environment affects both the health and learning of students (Berman et al., 2018). This is important because schools are good environments for students to learn about living a healthy lifestyle (CDC, 2017).

Physical activity and nutritional habits are the two most important elements when examining children and adolescent health. Poor nutrition and lack of physical activity can also lead to weight gain, type 2 diabetes, kidney and heart disease. For example, childhood obesity is a significant public health issue in the United States, affecting on average 13.7 million children and adolescents between the ages of 2 and 19. The prevalence of obesity increases from 13.9% in 2 to 5-year-olds, 18.4% in 6 to 11-year-olds, to 20.6% in 12 to 19-year-olds (CDC, 2019). This is important to note because obesity at such a young age can contribute to the development of type 2 diabetes, high blood pressure, and high cholesterol levels (CDC, 2017). When looking at nutrition, community-based nutrition educators can have an important role in strengthening nutrition education at schools and improve school policies (Larson et al., 2016). There are habits that can be taught to children to help them lead healthier lives, and this can be done with the improvement of school environments where students spend most of their time during their first 18 years of life.

According to the 2018 Omaha and Council Bluffs Metro Area Child & Adolescent Health Needs Assessment one-in-three youth between the ages of five and 17-years-old are overweight or obese. This is one of the top four health concerns among Omaha metro area youth. Contributors to obesity include but are not limited to the lack of quality nutrient consumption (Professional Research Consultant Inc., 2018)) and the intake of sweetened beverages (CDC, 2017).

When looking at the quality of nutrient intake the consumption of fruits and vegetables plays an important role. The percentage of children who consume five or more servings of fruits and vegetables a day decreases as they get older. About 35% of

children between the ages of five and 12 and 27% of adolescents between the ages of 13 and 17 consume 5 or more servings of fruits and vegetables per day. In addition, 23.4% of children between the ages of 5 and 12 years old and 35.2% of adolescents 13 to 17 years old consume three or more fast food meals per week (Professional Research Consultant Inc., 2018).

About 63% of children and adolescents consume one sweetened beverage a day (CDC, 2017). This results in an average of 143 extra calories consumed per day. In addition to contributing to obesity, the consumption of sweetened beverages can lead to type 2 diabetes, tooth decay and cavities, kidney, and heart disease, along with non-alcoholic liver disease (CDC, 2017).

Schools

Healthy school environments are essential for the health of students, and unfortunately, some schools across the U.S. face barriers, such as reduction in physical education classes (Staten et al., 2005) that prevent this from happening. The reduction of physical education courses reduces the time that students spend actively exercising during the week, as a result lower cognitive function and lack of concentration during class can be seen among students (Michael et al., 2015). Studies have shown an increase in test scores among students who participate in daily physical activity (Michael et al., 2015).

Education on safe and healthy behaviors in schools allows for the development of positive attitudes about health among students (CDC, 2017). By doing so, students' health may improve, and they may gain knowledge about how they can prevent and

reduce risks of some chronic diseases. As a result of having a healthier environment in the school and having healthier students, schools would most likely see better attendance and academic performance (CDC, 2014). Improving school environments can be done through the development of school-based policies which research has shown to be an effective way to support students (Larson et al., 2016). Using a tool like the SHI is an effective way to identify school needs and allows for the development of interventions that can be implemented to diminish or remove any identified barriers at the schools.

School Health Index

To help address the barriers that are faced by schools, the CDC developed the SHI (CDC, 2017) to promote safe and healthy behaviors among students by equipping students with the “knowledge and skills they need to become healthy and productive adults” (CDC, 2017). The SHI is used as an assessment tool and planning guide which allows for the development of improvement plans, health and safety programs, and school policies. The SHI manual recommends a team approach when using this tool. Completing each module allows the team to score their school on each topic in order to identify areas of improvement. Some teams might choose to complete all modules while other schools might choose to complete only selected ones depending on the areas that the school wishes to address (Barnes et al., 2019).

When the CDC developed the SHI in 2000 it addressed the topics of nutrition and physical activity (Austin et al., 2016). Since then, the SHI has expanded to cover a total of 11 topics such as 1) school health and safety policies and environment, 2) health education, 3) physical education and physical activity programs, 4) nutrition

environment and services, 5) school health services, 6) school counseling, psychological and social services, 7) social and emotional climate, 8) physical environment, 9) employee wellness and health promotion, 10) family engagement and 11) community involvement (Barnes et al., 2019). Adding these topics allowed the CDC to structure the SHI around the *Whole School, Whole Community, Whole Child (WSCC)* approach which promotes an alignment between education and health outcomes. This also allows them to emphasize the importance behind the involvement and coordination of school health, safety policies and the WSCC's 10 components in maintaining the students' well-being (CDC, 2017) The 10 components of the WSCC are the same as 10 of the 11 components the SHI has, the SHI's 11th module that is not part of the WSCC is the first module of school health and safety policies and environment (CDC, 2017). As an evaluation tool, there are three main goals of the SHI administration: 1) identifying the strengths and weaknesses of the school's programs and policies for promoting safety and health, 2) aiding in developing a plan that will improve the safety and health of students, and 3) involving teachers, students, parents, and the community in the improvement of school services, programs, and policies (CDC, 2017).

Evidence shows that having an outside facilitator assist with administration of the SHI modules results in a greater collaboration from school personnel (Austin et al., 2016). Having this outside support has been shown to aid in the removal of logistical barriers, like time constraints or available supplies, that schools might encounter during this process (Staten et al., 2005). In a qualitative study conducted in 2006, researchers found that schools with "high facilitation," meaning they obtained a large amount of help from outside facilitators, had higher adherence to the SHI protocols and worked better

as a team (Austin et al., 2006). Due to staff turnover, outside support from facilitators is viewed as a resource and helps maintain continuity in the process. This allows for the school to remain accountable in the improvement of school wellness (Staten et al., 2005).

Program description

The Wellbeing Partners use the SHI to help local elementary schools within the OPS district identify areas of improvement to make healthier policies and environments for students to succeed. Based on the guidance from the Nebraska Department of Education, The Wellbeing Partners decided to use only three modules from the SHI (CDC, 2017). This resulted in the selection of the following modules from the School Health Index (SHI) to assess school needs or areas of improvement: 1) health education, 2) physical education and physical activity programs, and 3) nutrition environment and services. Due to the large number of modules within the SHI and the limited capacity of schools to complete all of them, The Wellbeing Partners' identified these three modules to best address the recommendations from the Nebraska Department of Education. The same three modules are administered at each participating school. During this process, The Wellbeing Partners Youth Wellness Coordinator guides the schools through completing the selected modules and answers any questions they might have and facilitates problem solving of any issues that may surface.

Most schools have been identified through the collaboration of the OPS school district and The Wellbeing Partners. Once a potential partnership has been identified by The Wellbeing Partners, the Youth Wellness Coordinator contacts the school to set up a

meeting with the school administrator and either the whole school wellness committee or the committee chair (school wellness champion). During this meeting both the school and the Youth Wellness Coordinator sign an MOU and appoint a point of contact for the communication between the Youth Wellness Coordinator and the school, which is usually the school wellness champion.

Once the MOU is signed, the Youth Wellness Coordinator explains the SHI process. The school wellness champion either completes the SHI modules on their own, with assistance from other school staff members or with the help of the school's wellness committee. Assistance is offered by the Youth Wellness Coordinator to help during the process of filling out the SHI modules either in person or via email to answer any questions that might arise.

Upon completion of these modules, the Youth Wellness Coordinator reviews each of the SHI modules using the CDC's planning sheet to identify each school's needs. Once scores have been obtained from these sheets, the Youth Wellness Coordinator meets with the school wellness champions and the administrator at each school to review the scores and facilitate a brainstorming session to address the areas of needs. From this they work together to develop a plan to address a school need as well as a change in a school policy to support it. To date, The Wellbeing Partners have worked with five elementary schools within the OPS district.

Evaluation framework

A utilization-focused approach was used to evaluate the implementation process of the SHI assessment tool. Using this approach allows The Wellbeing Partners to be a

part of the evaluation process and ensures that the evaluation informs the direct program operations of The Wellbeing Partners within the Partners for Healthy Schools program (Patton, 2002). When using this approach, an intended user and use must be defined. In this process evaluation, the intended use was to assess the relationship between the schools' wellness champions and The Wellbeing Partners' Youth Wellness Coordinator.

Chapter 3 – Methods

Evaluation methods

In partnership with The Wellbeing Partners' CEO and Community Health and Wellbeing Director, two semi-structured interview guides and a satisfaction survey was developed.

One interview guide was used to interview the school wellness champion at each of the five schools. The second interview guide was used to interview the Youth Wellness Coordinator.

Interviews were audio recorded and transcribed verbatim using Otter.ai (version 2.1.1 -1687. United States, 2020), an online transcription service. The grounded theory principles were applied to guide data analysis (Creswell & Poth, 2018). Interviews were analyzed using the ATLAS.ti (version 7.5.18 Berlin, 2017) software. An open coding system in which quotes from the interviews were assigned a code was used. Quotes under the same code were grouped together and themes were developed (Woods et al., 2016).

Interviews were listened to by the evaluator and compared with transcripts created by Otter.ai to ensure accuracy. Interviews were coded one at a time while creating a list of codes (a codebook) developed during the analyses. Upon completion codes were reviewed to determine if there were similar codes that could be combined to reduce the number codes being used. Once combining these codes, they were grouped together to develop the final codebook. Then, the interview transcripts were coded once again to make sure all transcripts were uniformly analyzed.

The satisfaction survey consisted of 18 questions that asked about the school wellness champions' involvement in other school committees, the time spent completing the three SHI modules, the time spent with the school members that helped complete the SHI modules, the support received from the Youth Wellness Coordinator during the process of completing the SHI modules, the partnership between the school and The Wellbeing Partners', and strengths and challenges of the program processes. Participants were asked to respond on a Likert-type scale with 0 being strongly disagree and 3 being strongly agree. Data from the survey was collected using Google forms to ensure anonymity and entered into SPSS (version 25, Armonk, 2017) for descriptive analyses.

Initial contact with the school wellness champion of each school was done by the Youth Wellness Coordinator via email, in which it was explained that a partnership had been made between the organization and a Master of Public Health (MPH) student at the University of Nebraska Medical Center (UNMC) to conduct an evaluation of the use of the SHI assessment tool at their respective elementary schools. Then, the evaluator contacted each school wellness champion to schedule the interview. The evaluator

conducted the interviews at the respective school wellness champions' school during the agreed upon time via email. Interviews lasted between 20-40 minutes, they were audio recorded and uploaded to the Otter.ai website to be transcribed. After completion of the interviews, the school wellness champions were sent a weblink to the satisfaction survey in which their responses would be anonymous. The satisfaction survey consisted of 18 questions and was completed within 5-10 minutes. Upon completion of the satisfaction survey The Wellbeing Partners provided the school wellness champions with a \$20.00 gift card as an incentive for their participation.

The interview with the Youth Wellness Coordinator was conducted at The Wellbeing Partners' main office at the agreed upon date and time. The interview lasted 30-minutes, was recorded, and uploaded to the Otter.ai website to be transcribed. The Youth Wellness Coordinator did not complete a satisfaction survey like the school wellness champions of each school did.

Standards and criteria

The four standards of evaluation, as defined by the CDC, were met in the following ways:

- **Utility:** a utilization-focused approach was used to ensure the desired information was being obtained in the evaluation. It was a collaborative effort between the evaluator and the organization, The Wellbeing Partners.
- **Feasibility:** the data collection methods used did not require additional funds outside the organizational budget. They were easy to execute but could be considered time consuming with the length and number of interviews to

complete and analyze. It may be more feasible for The Wellbeing Partners to only implement the satisfaction survey at the end of the school's completion of the SHI. If organization believes that information from the interviews is essential for the program evaluation they should consider outsourcing to an external evaluator.

- **Propriety:** prior to conducting the interviews for this evaluation, it was verified with the IRB whether an IRB protocol was necessary. No IRB protocol was necessary thus the evaluation plan and implementation began. Though IRB oversight was not needed, and informal informed consent was obtained prior to interview the school wellness champions and the Youth Wellness Coordinator No names were included the interview transcriptions or the satisfaction survey, which maintained anonymity of the participants. There were no known risks to the school wellness champions who participated in the interviews and their participation did not affect the relationship between the organization and the school.
- **Accuracy:** all interviews were recorded and transcribed verbatim to minimize misinterpretation or information taken out of context. Grounded theory principles were applied to improve data analysis, interpretation, and presentation of findings.

Chapter 4 – Evaluation Findings

Satisfaction Survey:

Results from the satisfaction survey, as seen in Table 1, show that most of the participants were satisfied with the support received from the Youth Wellness

Coordinator and the partnership between the school and The Wellbeing Partners. To see the level of involvement the wellness champions had at their respective schools they were asked for the number of committees they participated in aside from the wellness committee. Results from the satisfaction survey showed that 80% of school wellness champions were involved in at least two school committees that did not include the wellness committee.

Participants were asked about their perceptions of the strengths and challenges in the program process. All participants were happy to be able to address school needs and develop an action plan. There was consensus about the struggles of developing an action plan given the lack of participation from other committee members; it also added on the champion's daily work tasks. A benefit to the SHI mentioned by the school champions was that *"We were really able to focus in an important area that our school need"*. While a challenge to the SHI mentioned by a school champion was the *"The buy-in and time commitment required by the rest of the committee members is difficult to manage."*

Lastly, all participants reported they would recommend partnership with The Wellbeing Partners to other schools.

Table 1: Satisfaction Survey Results

	Disagree N (%)	Agree N (%)	Strongly Agree N (%)
The process of identifying a school need was well organized.	-	2 (40.0)	3 (60.0)
Expectations of members of the group or Wellness Committee were well understood.	1 (20.0)	2 (40.0)	2 (40.0)
Requirements of members of the group or Wellness Committee were effectively implemented.	1 (20.0)	2 (40.0)	2 (40.0)

Table 1: Satisfaction Survey Results

Information on the process of identifying a school need was communicated in a timely manner.	-	2 (40.0)	3 (60.0)
Information on the process of identifying a school need was communicated in an effective manner.	-	2 (40.0)	3 (60.0)
Members respectfully listened to the suggestions made fellow team members.	-	2 (40.0)	3 (60.0)
Members respectfully acknowledge suggestions made fellow team members.	-	2 (40.0)	3 (60.0)
Members of the group or Wellness Committee were able to easily pick school needs to address.	-	2 (40.0)	3 (60.0)
The support received from the YWC made the process of identifying a school need easier.	-	1 (20.0)	4 (80.0)
The YWC provided enough guidance during the need's identification process.	-	1 (20.0)	4 (80.0)
The YWC provided enough support during the need's identification process.	-	1 (20.0)	4 (80.0)
The YWC effectively addressed questions/concerns brought up by the Wellness Committee.	-	1 (20.0)	4 (80.0)
Overall, the partnership between the Wellness Committee/group and the Youth Wellness Coordinator was successful at identifying a school need.	-	1 (20.0)	4 (80.0)
Overall, the partnership between the Wellness Committee/group and the Youth Wellness Coordinator was successful at addressing the school need.	-	1 (20.0)	4 (80.0)

Semi – Structured Interviews

A total of five main themes were identified from the interviews which included benefits of SHI tool, program support, program barriers, facilitator benefits, and future needs. These themes have various sub-themes that helped highlight strategies to maintain and strengthen relationships between the school and the Youth Wellness Coordinator and identify strengths and improvement areas of the SHI implementation protocols.

Benefits of SHI Tool

Benefits of SHI tool refers to the perceived benefits of the selected SHI modules to help identify school needs. Both the school wellness champions and the Youth

Wellness Coordinators expressed that identifying a school need using the SHI modules brings many benefits to the schools including validation of perceived school needs, development of school wellness policies as well as highlight unanticipated school needs, for example the need for seatbelt use education. By using the selected SHI modules, some schools developed interventions that allowed them to change school policies in response. Many of the school wellness champions had ideas of what areas might need improvement at their respective school, but believed the SHI provided a systematic approach to identify and address school needs.

“We also want to focus on like policy change. So, we take those goals and kind of translate that into what policy can be made that will kind of protect this work into the future. So, it’s no just like one off project where we put a bunch of money and walk away, and it goes back to how things were.” - YWC

Program Support

Both school wellness champions and the Youth Wellness Coordinator reported that support during the completion of the SHI modules was received from both school administration and staff. Some of the school wellness champions reported receiving good support from their administrative staff. They expressed that constant communication with their administrative staff already existed and thus made the process filling out the SHI modules easier. Other school wellness champions reported receiving support from their school staff (i.e. the cafeteria personnel and school nurse) and expressed that staff members helped in filling out a section of the SHI modules that pertained to their area of specialty.

“Getting feedback is crucial, you know, because again, I’m down here in the gym doing my thing with PE, which is very different than in the classroom. So, to get those perspectives is invaluable.” – School Wellness Champions

Program Barriers

The barriers discussed included lack of availability for teachers to participate fully in the SHI completion process, lack of incentives for teachers and other staff to participate, and teachers feel overworked. These barriers resulted in the school wellness champion completing the SHI modules without assistance from other wellness committee members (teachers). This increased the module completion time.

“I really struggle with it. You know, there’s like three of us that really like advocate, and I don’t blame the other because like there’s just so much that all of us have to do as teachers. So, to do an extra thing and there’s not really much extra pay, not that we all do it just for the money, but you know what I mean.” – School Wellness Champions

Facilitator Benefits

School wellness champions reported that assistance from the Youth Wellness Coordinator held them accountable to complete the selected SHI modules. They also expressed that they had guidance in completing the more complex sections of the modules. The Youth Wellness Coordinator expressed that the facilitator role empowered the school wellness champions to identify needs and thus improve school health. Some of the school wellness champions described pushback from the school staff when it comes to trying new processes or procedures. It was expressed that the

pushback received could be changed through dialogue with the facilitator and wellness committee about responsibilities and expectations. The Youth Wellness Coordinator believed that when responsibilities and expectations come from a facilitator, like the Youth Wellness Coordinator, they are better received and adhered to by other committee members than if it comes from the school champions.

“We’ve had some schools who have like experienced a pushback when they’re asking teachers to do new things. And like I said, I offered to go to the staff meeting and be the one to say, ‘hi you have to do this’, but they don’t think it’s necessary, but I feel bad they’re the ones receiving that pushback. Whereas if it was somebody on the outside, like me, like everybody can be frustrated with me, and it’s not gonna affect my day. But if you’re frustrated with a coworker, like that’s a different thing.” - YWC

Future Needs

The school wellness champions, and Youth Wellness Coordinator discussed potential changes to the program protocol that may help to improve program efficiency. These changes include involving all wellness committee members, The Wellbeing Partners, and the Youth Wellness Coordinator in the completion of SHI modules. From the organizational perspective, the Youth Wellness Coordinator expressed more face to face would be beneficial. This was supported by a school wellness champion member who expressed that having the Youth Wellness Coordinator present would ensure that the SHI modules were completed accurately.

“I think it'd be helpful if like, The Wellbeing Partners were more visible at the building level, with the committee with staff meetings, and we offer all those kinds of things, but no one's taking us up much on them. So, I think it'd be helpful. If that was like, almost built into the program.” - YWC

Table 3: Interview Themes, subthemes, and quotes from participants

Themes	Representative Quotes from School Wellness Champions	Representative Quotes from YWC
Benefits of SHI Tool	<p>“It showed you what scores were, where they were, and again, since it covered so many areas that did open my eyes to some things, I was like, oh, okay, I am not doing any of that?”</p> <p>“Any sort of exposure that we can give to them [students] is something I want to do and if there’s different avenues and ways of doing that, I’m more than open to do that”</p> <p>“But to see it, like I said, validated on paper. I think it’s important because it’s documentation.”</p>	<p>“We also want to focus on like policy change. So, we take those goals and kind of translate that into what policy can be made that will kind of protect this work into the future. So, it’s no just like one off project where we put a bunch of money and walk away, and it goes back to how things were.”</p> <p>“I feel like this program allows teachers who are already overworked and underfunded to get the resources that they need to, like, make that change without, like, if I just wanted to do this by myself as teacher, I think it would be harder because I wouldn’t have any resources to back up the changes I wanted to make.”</p>
Program Support	<p>“Getting feedback is crucial, you know, because again, I’m down here in the gym doing my thing with PE, which is very different than in the classroom. So, to get those perspectives is invaluable.”</p> <p>“Well, I actually kind of worked with the like for the health side of it, like I worked with the nurses and so we have a nurse and a nurse para. And so, they did the majority of that and then just kind of reviewed their results with me. And then the other one was for the nutrition side of it. And I went and worked with the nutrition with my nutrition manager. And we answered a lot of them and then some of them since My room is a head start room, we have different standards. And so, I answered kind of those</p>	<p>“I think a lot of them use different members to help fill out with school health index, because it’s just such a big task, that, you know, spread it out. So, we get some other input there”</p> <p>“I’m, we’re here to support and make sure that you stay, you know, going in the right direction.”</p>

Table 3: Interview Themes, subthemes, and quotes from participants

Themes	Representative Quotes from School Wellness Champions	Representative Quotes from YWC
	<p>questions from what we do in my room. In then I worked with the PE teachers. And so, I would say, since there was kind of like three different teams of people, it didn't take as much for just one time. But each individual team spent probably one and a half hours or so on it. So, I mean, if you add it up, you know, for four and a half hours combined, to complete it. It was rather lengthy, but."</p>	
<p>Program Barriers</p>	<p>"You can only ask so much from the teachers and they have a lot on their plate"</p> <p>"I really struggle with it. You know, there's like three of us that really like advocate, and I don't blame the other because like there's just so much that all of us have to do as teachers. So, to do an extra thing and there's not really much extra pay, not that we all do it just for the money, but you know what I mean."</p>	<p>"I think more capacity within the staff would be good because they are stretched out so thin."</p> <p>"But you're right, they [teachers] are overworked, I totally agree with that."</p>
<p>Facilitator Benefits</p>	<p>"She [YWC] explains everything well and, you know, very helpful always asking if we [need] anything."</p> <p>"Certainly, some keep me on track support, she's [YWC] great with that"</p> <p>"[The YWC] did a great job the first day, which came out and said, Alright, this is what we're going to do. This is how it works. You know, and just knowing that there needed just to be, you know, a beginning, a middle and an end that, you know, to get it done was it was very easy."</p> <p>"Anytime I did have a question, I would just email [the YWC], and she was on it."</p>	<p>"And I think there's a little bit more like, power behind the words. If it comes from like, not your peer, it's like, I'm an outside organization, and I'm bringing you all this money and I'm asking you to do this. Instead of your coworker saying, hey, let's do this."</p> <p>"We've had some schools who have like experienced a pushback when they're asking teachers to do new things. And like I said, I offered to go to the staff meeting and be the one to say, 'hi you have to do this', but they don't think it's necessary, but I feel bad they're the ones receiving that pushback. Whereas if it was somebody on the outside, like me, like everybody can be frustrated with me, and it's not gonna affect my day. But it you're frustrated with a coworker, like that's a different thing."</p>

Table 3: Interview Themes, subthemes, and quotes from participants

Themes	Representative Quotes from School Wellness Champions	Representative Quotes from YWC
	<p>“So, any time I needed her [YWC], like, she’s been very flexible and very willing to work with me on my time.”</p>	
<p>Future Needs</p>	<p>“So just again, that direct feedback of like, making sure you understand what you’re reading and then therefore you can answer correctly. So yeah, having someone with you to go through it would be great.”</p> <p>“I don’t know if this , you know if it could happen, but like, just to have someone, so like whoever’s wanting the data, or like understands the questions, like have them with you, while you’re doing it [SHI modules], so you can ask for more clarity quickly rather than like, ‘I’m going to pause the survey maybe for couple days, because you got to wait for an email response or something. Yeah, just to really have some clarity on some of that.”</p>	<p>“I think it’d be helpful if like, The Wellbeing Partners were more visible at the building level, with the committee with staff meetings, and we offer all those kinds of things, but no one’s taking us up much on them. So, I think it’d be helpful. If that was like, almost built into the program.”</p> <p>“I think I’d be helpful if we required like a full committee. Because some of the schools I meet with were full committees and other I have just met with like the head and the principal, But I think it’d be helpful to get some more, like, voices in on the input”</p>

Chapter 5 – Discussion

Summary

The success in the use of the SHI looks different for each school because of available resources. Based on the findings, the Youth Wellness Coordinator provides enough and valuable support to the schools during the completion process of the SHI as well as during the implementation aspect of it. This supports the evidence that has shown that an outside facilitator is beneficial to the success of using the SHI tool.

According to the data, the schools with more support from the staff and administration had more success implementing the intervention developed to address the identified school need. While those who have the support from the Youth Wellness

Coordinator but don't have sufficient support from school personnel are not able to successfully develop an intervention to address the identified school need, thus supporting the CDC's recommendation on a team approach to the SHI. Both the interviews and the survey showed that the school wellness champions of each school were involved in at least two or more committees at the school which shows that individuals who take part in the process of completing the SHI are actively involved in the school in other ways and are willing to help improve their schools in more than one way.

Strengths and limitations

The semi-structured interviews provided in-depth and anecdotal information that is unattainable through a survey. The satisfaction survey provided a quantitative way to represent the support provided by the Youth Wellness Coordinator and it allowed participants to share any comments or recommendation comfortably through the ensuring of the anonymity.

Though a team approach (i.e. the use of a school's wellness committee) is recommended by the CDC for the use of the School Health Index, not all OPS schools were able to use their full wellness committee. This was due to the lack of time for the committee to meet and the existing responsibilities of teachers and other committee members which prevent them from being able to set aside paid time for it. Because of this the interviews were conducted only with the school wellness champions as they were the ones that participated in completion of the SHI modules and were in charge of the implementation of their intervention within their school. By only interviewing the champions at each school this could provide a limiting perspective on the process of the

SHI completion. Along with this, some of the schools had completed this process months before which could have influenced recollection of what happened during the SHI modules completion process. In addition, the school wellness champions may have given socially desirable responses which could provide bias findings.

Limitations from the evaluator aspect include having only the evaluator conduct the interviews and complete the analyses. This could have resulted in a narrowing in the interpretation of the data. Lastly, only one coder conducted the qualitative analysis. It is recommended to have at least two coders to reach consensus and best represent the data.

Recommendations

Based on the findings of this process evaluation, the following recommendations may be implemented to strengthen relationships and administration of the SHI tool:

1. The Wellbeing Partners should ensure the participation of the full school wellness committee in the completion of the SHI modules by adding this expectation to the MOU signed by the school and the organization prior to beginning the SHI process.
2. When participation of the full wellness committee is not available, The Wellbeing Partners should request that other school staff members with intimate knowledge of each topic area be part of the SHI completion process. This will ensure a team approach, as recommended by the CDC, to still be used during the SHI completion process.

3. Rather than just offering to be present during the completion of the SHI, The Wellbeing Partners should make the presence of the Youth Wellness Coordinator during the completion of the SHI modules part of the process.
4. Check ins at the beginning, middle and end of the use of the SHI should be required to ensure that the responsibilities and expectations are being met by both the school and the organization
5. A survey for school committee members to fill out upon the completion of the SHI modules in order to assess the effectiveness of The Wellbeing Partners' support to committee during this process should be implemented. By doing so committee members will be able to accurately respond based on their recent experience of the SHI completion process.

Resource implications

In order to improve the implementation of the SHI in future schools The Wellbeing Partners can seek for resources like monetary and evaluation assistance. Monetary resources could help provide incentives for teachers to encourage their participation in the committee completing the SHI. Evaluation assistance can help The Wellbeing Partners identify strength and weakness of the SHI completion process when implemented in future schools. In addition, advocating for the state to change school policies to incorporate school health interventions to address school needs each academic year would help promote a partnership between OPS schools and The Wellbeing Partners. Finally, the organization should try to create a better relationship between their Youth Wellness Coordinator and OPS schools they work with. This could be done by increasing the presence of the Youth Wellness Coordinator at the school

wellness committee meetings which would allow for a continuous collaboration to develop between them. By establishing a strong relationship between them, the organization would be able to connect the schools with any available community resources that could help them.

Dissemination plan

A summary of the evaluation findings and recommendations will be shared in a report for The Wellbeing Partners. Findings from the satisfaction survey will be used to create a one-page infographic for The Wellbeing Partners to use on their website and on future power point presentations.

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Appendix A

School Wellness Champion Interviews

1. Why did you become part of the wellness council at your school?
 - a. What motivated you to be a part of it?
2. What is the process of identifying school health and wellness needs?
 - a. How much time did it take you and your group to complete the three School Health Index modules?
 - b. What were the most difficult parts about completing the School Health Index modules? Why?
 - c. What were the easiest parts about completing the School Health Index? Why?
3. At the end of the three modules, what surprised you about the needs that were identified?
 - a. How did the group agree and decide the primary need to address within the school?
 - b. Were you surprised about the need that was chosen? Why or why not?
4. How do you feel about the process that was used to identify school needs?
 - a. What suggestions do you have on how to improve the process?
5. What do you believe are the benefits for the school of going through the process of identifying school needs?
6. Please tell me about your experience working with the wellness council. What are some positive experiences you can recall from your work together? What are some negative experiences you recall from your work together?
7. Describe the support you received from the Youth Wellness Coordinator at the Wellbeing Partners. Was their assistance beneficial for you? Why or why not?
 - a. What recommendations do you have for the Youth Wellness Coordinator to improve the process?
 - b. What other suggestions do you have for improving the process for new schools partnering with The Wellbeing Partners

Appendix B

Youth Wellness Coordinator Interview Questions

1. Please explain the process of partnering up with an OPS school to identify needs.
 - a. What was your role in the process and how did you help?
2. What would you do differently during the need's identification process with future schools? Please explain.
3. In your opinion, what are the main goals and objectives that Partners for Healthy Schools is trying to achieve?
 - a. How have you ensured that goals are achieved?
4. How effective do you think The Wellbeing Partners, formerly Live Well Omaha, has been at achieving the stated goals?
 - a. What do you believe could make the initiative more effective? [PROBE FOR BARRIERS]
5. What are three things that you believe are going well working with schools participating in the Partners for Healthy School Program?
6. What issues have arisen?
 - a. What have you done to resolve some of the issues that you mentioned? How did you work together with the school to handle them?
 - b. What could be improved upon? Why?
7. How have the partner schools increased capacity to address the health and wellbeing of their students as a result of this work?
 - a. What other things could be done to further develop the schools' capacity?
8. What other thoughts or comments would you like to add regarding the work with schools through the Partners for Healthy Schools Initiative?

Appendix C

Partners for Healthy Schools Satisfaction Survey

(Given through Google Forms platform)

Please answer the questions below by clicking the appropriate response. These questions will help us to better understand what is going well, where improvements can be made and what changes might be good to implement for the future.

1. How many other committees and groups are you involved with at your school? (i.e. PTA, Literacy Committee, Match Committee, Attendance Committee)? Please do not count your participation in the Wellness committee.
- _____

For the following questions think about your time with the Wellness Committee at your school and the process that you have gone through in identifying needs and areas of improvement for you school

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
2. The process of identifying a school need was well organized.	0	1	2	3	9
3. Expectations of members of the group or Wellness Committee were well understood.	0	1	2	3	9
4. Requirements of members of the group or Wellness Committee were effectively implemented.	0	1	2	3	9
5. Information on the process of identifying a school need was communicated in a timely manner.	0	1	2	3	9
6. Information on the process of identifying a school need was communicated in an effective manner.	0	1	2	3	9

For the following questions please think about the time spent with the group that helped with the needs identification process that you completed together.

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
7. Members respectfully listened to the suggestions made fellow team members.	0	1	2	3	9
8. Members respectfully acknowledge suggestions made fellow team members.	0	1	2	3	9
9. Members of the group or Wellness Committee were able to easily pick school needs to address.	0	1	2	3	9

The following questions are regarding the support received from Claire Brown the Youth Wellness Coordinator (YWC) at The Wellbeing Partners (formerly known as Live Well Omaha).

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
10. The support received from the YWC made the process of identifying a school need easier.	0	1	2	3	9
11. The YWC provided enough guidance during the needs identification process.	0	1	2	3	9
12. The YWC provided enough support during the needs identification process.	0	1	2	3	9
13. The YWC effectively addressed questions/concerns brought up by the Wellness Committee.	0	1	2	3	9

The following questions are regarding the partnership between the organization and school and how well it worked together.

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
14. Overall, the partnership between the Wellness Committee/group and the Youth Wellness Coordinator (Claire Brown.) was successful at identifying a school need.	0	1	2	3	9
1. Overall, the partnership between the Wellness Committee/group and the Youth Wellness Coordinator (Claire Brown.) was successful at addressing the school need.	0	1	2	3	9

Recommendations

16. What did you like best about being part of the group or Wellness Committee at your school that worked on identifying the school need?

17. What did you like the least about being a part of the group or Wellness Committee at your school that worked on identifying the school need?

18. How likely is it that you would recommend this working with The Wellbeing Partners (formerly known as Live Well Omaha) to other schools?

Not at all Likely

Extremely Likely

0	1	2	3	4	5
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Appendix D



Youth Wellness Memorandum of Understanding

The Wellbeing Partners and XXXXX

This Memorandum of Understanding (MOU) is entered into by The Wellbeing Partners “Sponsor” and ORGANIZATION “Organization” to collaborate in the implementation of a school wellness program and implement a supportive policy to ensure the continuation of the effort. This agreement is a reflection of a mutually beneficial agreement to work as partners for a healthier community.

1.0 Purpose of the MOU

The purpose of this MOU is to establish the expectations and outcomes of the partnership and award a stipend to honor the time of the school’s investment in this school wellness initiative. The Wellbeing Partners Youth Wellness Coordinator XXXXX will be the main point of contact for the duration of the initiative.

2.0 Term

This MOU begins on the date signed and terminates on month/date/year.

3.0 Organization Benefits

While in partnership with The Wellbeing Partners (see section 4.0), the organization will receive technical support, professional development, and materials as needed to evaluate current wellness practices and make improvements upon future wellness practices.

4.0 Organization Expectations

- Designate one point of contact for the project that will communicate and confirm meetings, facilitate task completion, etc.
- Complete a wellness evaluation appropriate to your organization
- Develop a Wellness Action Plan which includes goals for policy change and/or implementation of at least two elements of the *5-4-3-2-1 Go!* ® curriculum.
- Work with The Wellbeing Partners on a regular basis to maintain progress on implementing wellness initiatives.
- Provide feedback to ensure the project is meeting the organization’s needs and continues to evolve.

- Share success stories around the partnership for The Wellbeing Partners to use with funders.
- Assess progress of Action Plan and outline any future support needed.

5.0 The Wellbeing Partners Agree to:

- Assist the organization in completing the wellness evaluation and interpreting results.
- Provide support and technical assistance to the organization to craft their wellness action plan.
- Offer school wellness training and workshops, and professional development opportunities, as needed to support the Action Plan.
- Present on project accomplishments to administration, families, and district leadership - as requested.
- Provide “start-up” resources (signage, supplies, etc.) to ensure successful implementation of comprehensive school wellness initiatives.

By signing this MOU, the Organization agrees to participate in the youth wellness program facilitated by the Sponsor through month/date/year.

Administration

Signature _____ Date _____

School Point of Contact

Signature _____ Date _____

The Wellbeing Partners Youth Wellness Coordinator

Signature _____ Date _____

The Wellbeing Partners Director of Community Health and Wellbeing

Signature _____ Date _____

The Wellbeing Partners Chief Operating Officer

Signature _____ Date _____

Biography & CV

Sophia A. Quintero, BS

Educational Summary:

- 2018 – Present: Master of Public Health (MPH)
University of Nebraska Medical Center, Omaha NE
Concentration: Health Promotion
- 2015– 2018 Bachelor of Science (B.S.)
San Diego State University, San Diego CA
Major: Foods and Nutrition
Minor in Public Health
- 2009 – 2013 Associates of Arts (A.A)
Grossmont Community College, El Cajon, CA
Degrees: Spanish & Social and Behavioral Science

Professional Summary

- 2019 – Present: On-Call Culinary Specialist, Whispering Roots, Omaha, NE

Provide nutrition education in Spanish to parents and families in the Hispanic community to help equip families with limited resources with the knowledge and skills to lead a healthier lifestyle for themselves and their families
- 2019 Intern, Nebraska Extension – Douglas and Sarpy Counties, Omaha, NE

Assisted in the implementation of the Double Up Food Bucks program in a local grocery store to promote healthy eating habits among families by providing them with incentives to buy more fresh fruits and vegetables.
- 2018 – Present Graduate Research Assistant, Center for Reducing Health Disparities, University of Nebraska Medical Center, Omaha, NE

Assist in research related to agricultural health and safety as well as immigrant integration within rural communities and how it contributes to an immigrant's quality of life.
- 2018 – Present Dietary Assistant, Nebraska Medical Center, Omaha, NE

Assist in providing food and nutrition therapy to patients while ensuring compliance of patients prescribed diet orders. Provide patients with education about their diet orders when necessary.

2016– 2018 Diet Clerk, Alvarado Hospital Medical Center, San Diego, CA
 Assist in providing food and nutrition therapy to patients while ensuring compliance of patients prescribed diet orders. Provided patients with education about their diet orders when necessary.

Academic Presentations:

Quintero, S. & Ramos, A.K. (2029). Identifying Predictors of Integration among Immigrant Agricultural Workers in Rural South Dakota. CPH Research Conference, Omaha, NE, April 9, 2020.

Quintero, S., Liewer, S., & Ramos, A.K. (2019). Community leaders' perspectives on welcoming communities. CPH Research Conference, Omaha, NE, April 12, 2019.

Quintero, S., Liewer, S., & Ramos, A.K. (2019). Community leaders' perspectives on welcoming communities. Cambio de Colores Conference, Columbia, MO, June 5, 2019.

Professional Affiliations:

2018 – Present American Public Health Association

2015 – Present Academy of Nutrition and Dietetics

Volunteer Experience

2019 – Present Educational Coordinator and Treasurer, EMPOWER, University of Nebraska Medical Center, Omaha, NE

2018 Nutrition Educator, Medical Mission Trip, Fellowship of Catholic University Students, Lima, Peru

2017 – 2018 Religious Education Teacher and Administrative Assistant, SDSU Catholic Newman Center, San Diego, CA

2016 – 2018 Treasurer, SDSU Newman Catholic Newman Center, San Diego, CA.

2015 – 2016 Student Nutrition Organization Active Member, San Diego State University, San Diego, CA.