



JOHN W. GARDNER CENTER
for Youth and Their Communities

Healthy Schools Initiative: Implementation Study in Four San Mateo County School Districts

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EXECUTIVE SUMMARY

The Sequoia Healthcare District (SHD), in partnership with four San Mateo county school districts, launched the Healthy Schools Initiative (HSI) in August 2010.¹ The initiative focuses on enhancing health and wellness programs and activities in local schools using the Center for Disease Controls' (CDC) Coordinated School Health (CSH) model. To that end, the initiative provides funding in each of the four school districts to support: 1) a wellness coordinator to assist implementation of the CSH model, 2) wellness programs, 3) wellness curriculum, and 4) health-related staff positions such as nurses and counselors.

Over the last two years, the John W. Gardner Center for Youth and Their Communities (JGC) at Stanford University has partnered with SHD and the school districts to conduct an implementation study of the initiative. The study was designed to explore the ways in which the Healthy Schools Initiative has affected the coordination of health and wellness programs and activities in schools and districts and how this, in turn, has influenced awareness and accessibility of programming.

Research Methods

Researchers conducted nearly 100 interviews and focus groups with school and district staff, parents, and high school students. JGC collected data at a total of eight schools – two in each of the four partner school districts. Study sites were selected in cooperation with initiative partners and represented schools with the highest levels of economic and ethnic diversity and the greatest involvement by HSI wellness coordinators at the time of data collection.

Study Findings

- Nearly 100% of study participants valued health and wellness in schools.
- Study participants who were familiar with HSI believed that the initiative positively influenced awareness of health and wellness in their schools; however, just 25% of those interviewed were knowledgeable about the initiative.
- All study schools coordinated health and wellness programs and activities prior to the implementation of HSI; where wellness coordinators became involved, coordination was described as more strategic and intentional.
- Teachers and other school staff who were committed to student wellness played an important role in increasing student access to health and wellness information, programs, activities, and resources.

¹ Belmont-Redwood Shores School District, Redwood City School District, San Carlos School District, Sequoia Union High School District



- As reflected in the illustration below, our analyses revealed that effective and purposeful coordination was associated with increased integration of health and wellness programs within and across schools and districts, reaching more students equitably and leveraging resources.



Implications and Considerations

Findings from this study have actionable practice and policy implications:

Increasing knowledge about the Healthy Schools Initiative has the potential to foster increased awareness of health and wellness. Study participants familiar with HSI believed that the initiative generated increased awareness of health and wellness in their schools. Findings suggest that increasing awareness of the Healthy Schools Initiative, its goals, and the wellness coordinator among school staff and families may support stronger implementation and increased awareness of health and wellness issues more broadly.

Improving coordination can result in increased integration of health and wellness activities, reaching more students equitably. Informal wellness champions, teachers, and other staff collaborated with one another to integrate wellness activities in their schools and districts prior to HSI. Our analyses confirmed that where wellness coordinators established relationships with these individuals, supported their activities, and invited them to join new efforts, more students were reached. Findings suggest that wellness coordinators can further capitalize on existing efforts and collaborate with school and district staff, as well as students and families, to pursue common health and wellness goals.

Supporting teachers is essential to school-wide wellness efforts. Across all school districts, study participants agreed that teachers play an important role in connecting students with health and wellness resources and modeling healthy lifestyle choices. While all teachers believed health and wellness should be addressed in schools, they reported having little time, resources, and support to pursue these activities and were challenged by existing channels of communication and referral systems. Identifying opportunities to support already overburdened teachers in these areas may positively contribute to school-wide wellness efforts and reach more students.

Involving youth in planning and implementing wellness activities can result in increasing student access to health-related information and resources. At the high school level, students who were involved with their schools' health and wellness efforts were seen by their peers as important sources of information regarding wellness programs, activities, and resources. Identifying new opportunities to include youth of all ages in developmentally appropriate leadership roles related to school health may have the positive effect of reaching more students.

School district support of wellness advisory committees can enhance coordination and leverage resources. All school districts had a wellness advisory committee in place and each committee had a different historical context, varying degrees of alignment with district wellness goals, and varying levels of collaboration with district and school staff. Identifying opportunities for wellness advisory committees to set and pursue common health and wellness goals in collaboration with schools and school districts may contribute to improved coordination for the benefit students and families.

Investing in effective coordination and integration of health and wellness can leverage valuable resources. Districts face unprecedented budget challenges and have been grappling with the effects of high-stakes testing for the last decade. While integrating health and wellness into schools is valued by all, it may be challenging to identify and promote it as a priority. Given this challenging context, schools and districts need flexibility in how they implement health and wellness programming in order to meet the unique needs of their students and cultivate a culture of wellness. They could also benefit from support in advocating for meaningful policies to advance this work at the local and state levels.

I. INTRODUCTION AND BACKGROUND

The Sequoia Healthcare District (SHD), in collaboration with four local school districts – Belmont-Redwood Shores School District (BRSSD), Redwood City School District (RCSD), San Carlos School District (SCSD), and Sequoia Union High School District (SUHSD) – launched the Healthy Schools Initiative (HSI) in August 2010. This three-year initiative is focused on enhancing health and wellness programs and activities in local schools and is based on the Centers for Disease Control’s (CDC) Coordinated School Health (CSH) model (Centers for Disease Control and Prevention, 2012). HSI’s long-range goals focus on improving students’ emotional and physical health, as well as academic outcomes. To that end, the initiative provides funding in each of the four school districts to support: 1) a wellness coordinator to assist implementation of the CSH model across schools, 2) wellness programs, 3) curriculum, and 4) key health-related staff positions such as nurses and counselors. In addition to supporting coordination of health and wellness programs and activities at the school and district levels, the initiative aims to provide technical assistance with wellness policy development.

The John W. Gardner Center for Youth and Their Communities (JGC) at Stanford University, in collaboration with initiative partners, has completed two years of a three-year study of the Healthy Schools Initiative. During the first year of the study, JGC worked with SHD to develop a logic model (Appendix A) and inventoried existing health and wellness programs in the four partner districts. These results were provided to SHD and the partner school districts in a series of separate reports. This report focuses on year two of the study. Data collection and analyses explored the ways in which HSI implementation has affected the coordination of health and wellness programs and activities in schools and districts and how this, in turn, has influenced awareness and accessibility of programming. The results of this analysis are presented below and are intended to be formative, highlighting actionable findings and informing future work of the initiative.

This report begins with a brief overview of the research literature on school support of student health in general and the CDC’s coordinated school health model specifically. We then present the methodology of our implementation study of the Healthy Schools Initiative, followed by a series of research findings. We conclude with study participants’ perspectives on challenges and opportunities for integrating health and wellness into schools and a set of considerations to inform future work.

The main findings from the study are:

- Nearly 100% of study participants valued health and wellness in schools.
- Few study participants were familiar with the Healthy Schools Initiative, but those who knew about it believed that the initiative positively influenced awareness of wellness in their schools.



- Coordination of health and wellness programs and activities was happening in all study schools; where wellness coordinators were also involved, coordination was described as more strategic and intentional.
- Effective and purposeful coordination was associated with increased integration of health and wellness programs within and across schools and districts, reaching more students equitably and leveraging resources.
- Teachers and other school staff committed to student wellness played an important role in increasing student access to health and wellness information, programs, activities, and resources.

II. SUMMARY OF PRIOR RESEARCH

Health in Schools

Schools play a vital role in shaping the healthy development of youth. On average, young people are in school for 6 hours a day and for up to 13 developmental years. Schools are explicitly designed to develop students' academic skills, but also are in a position to promote and improve students' health and well-being.

Childhood and adolescence is a time when healthy behaviors and attitudes are beginning to take shape, and targeting health early in life sets young people on a positive health trajectory. Studies have shown that promoting and establishing positive health behaviors for young people is more effective than attempting to change established unhealthy behaviors in adults (Borzekowski, 2009; Payton et al., 2009). School programming that targets children's health has the potential to encourage healthy behaviors early in life and promote long-term health.

Health and Academic Achievement

Research shows that youth who are physically, socially, and emotionally healthy are also better prepared to learn and experience academic success (Center on Hunger Poverty and Nutrition Policy, 1994; Novello, Degraw, & Kleinman, 1992; Symons, Cinelli, James, & Groff, 2009). For instance, health-related factors such as hunger, chronic illness, or physical and emotional abuse put students at risk of poor school performance (Basch, 2011; Dunkle & Nash, 1991). Students engaging in behaviors that put their health at risk such as substance abuse, violence, and physical inactivity are more likely to experience academic failure; such behaviors can also negatively affect school attendance, test scores, and readiness to learn (Carlson et al., 2008; Spriggs & Halpern, 2008; Strabstein & Piazza, 2008). Conversely, healthy students have higher test scores and are more likely to graduate from high school (Freudenberg & Ruglis, 2007; Muennig & Woolf, 2007; National Center for Health Statistics, 2011; Symons, et al., 2009; Vernez, Krop, & Rydell, 1999).



Specifically, research shows that there are three major areas of school health that have been linked with academic achievement: physical fitness, nutrition, and mental health. Physical activity, one of the most widely researched components of school health, has been shown to have a positive relationship with academic performance (London & Castrechini, 2011; Singh, Uijtdewilligen, Twisk, van Mechelen, & Chinapaw, 2012). Studies have also revealed a strong association between nutrition and educational achievement (Behrman, 1996). In addition, social-emotional learning and group counseling interventions prove effective in improving academic outcomes (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Whiston & Quinby, 2009). Moreover, health policies also have the potential to improve academic performance. Studies have shown that students in states with more aggressive elementary counseling policies make greater test score gains and are less likely to report problem behaviors when compared with students with the same characteristics in similar schools in states with less aggressive policies (Reback, 2010).

The Coordinated School Health Model

The CDC recommends the coordinated school health (CSH) model as a strategy for improving student health and capacity for learning (Centers for Disease Control and Prevention, 2011). The model was originally proposed in 1987 and calls for interdisciplinary collaboration and coordination among health and wellness programs, policies, and services at the district and school levels (Allensworth & Kolbe, 1987; Marx & Wooley, 1998). See Appendix B for a visual representation of the CSH model.

While empirical research has been conducted on the individual components of CSH, there is limited research on the CSH model as a whole and little understanding of how it is being implemented at school sites. An evaluation of a CSH program in one school district identified four critical performance elements: administrative support/buy-in, coordination of school health components, a program champion/liaison, and a staff wellness coordinator (Valois & Hoyle, 2009). Other prior studies have focused primarily on collecting data from school personnel or students via telephone interviews or questionnaires and have been quantitative, examining which policies and practices are in place. Our study aims to expand the network of perspectives on coordinated school health by interviewing a diverse range of role groups in the school and district community (e.g., parents, teachers, district nurses).

In performing a qualitative implementation study, we sought to provide a more comprehensive look at many facets of CSH. This report examines how enhanced coordination and collaborative practices can affect integration of wellness programming throughout a school or district, reaching a greater number of students utilizing the fewest resources.

III. RESEARCH METHODS

In fall 2010, JGC launched a three-year study to examine the following overarching question: In what ways does the Healthy Schools Initiative affect the coordination and accessibility of health and wellness programs and activities at HSI schools?

We collected data at a total of eight schools – two schools in each of the four partner school districts – between January and April of 2012. We selected study schools to represent elementary, middle, and high school grade levels. Additional selection criteria included: 1) schools with demographic and economic diversity of students (see Appendix C for demographic characteristics of each study school) and 2) schools where wellness coordinators were focusing their initial efforts. Study sites were identified with input from SHD staff, wellness coordinators, and district administrators.

At each study school district, JGC researchers conducted a series of interviews with school district administrators and staff. We also conducted interviews with school staff, including principals, on-site health and wellness program providers, and classroom teachers (see Appendix D for a complete data collection matrix). Additionally, we conducted focus groups with wellness advisory committee (WAC) members in each district, parents at each school, and students at each high school. In schools where a large percentage of parents and students were identified as English language learners, we conducted parent focus groups in Spanish. In both of the high schools, because of the size and diversity of the student population, we conducted two parent and two student focus groups, one in English and one in Spanish. We then recorded and transcribed nearly all interviews and focus groups for analysis using qualitative analysis software and relied on extensive notes in the few cases where recording was not possible.

IV. STUDY CONTEXT

The CSH model emphasizes well-planned coordination of the following eight core wellness components: health education, physical education (PE) and activity, health services, nutrition services, counseling and social services, a healthy school environment, health promotion for staff, and family and community involvement. In 2011-12, all four school districts had a designated wellness coordinator, funded through the HSI, charged with coordination of these components in collaboration with district and school staff. Each district also had a wellness advisory committee in place, composed of health and wellness stakeholders acting in a voluntary capacity. Stakeholders included district health and wellness personnel, community partners, teachers, and families, depending on the district.

At the time of our analysis, each school district was in a different phase of implementing the initiative. For example, districts' progress toward selecting and hiring the wellness coordinator positions varied. Some districts had wellness coordinators in place in the first year of the initiative, while others did not have permanent staff in this position until the second year of the



initiative, just before data collection for this study was scheduled to begin. Some districts hired well-regarded internal staff members with a special interest in developing school wellness to act as wellness coordinators. Others hired individuals external to the district with specific health and wellness expertise, but few existing relationships with the schools. As a result, wellness coordinators began their tenure with a wide range of familiarity with the school district and school health and wellness, in general. When our data collection began, each district was also in a different phase of the work, with some wellness coordinators following up on policies or programs that had been administered earlier in the initiative period and some just beginning to initiate new policies or programs.

Wellness advisory committees also varied across districts. Some WACs had been operating continuously since the passage of the Child Nutrition and WIC Reauthorization Act of 2004. The Act mandated that school districts participating in a federal meal reimbursement program develop a local school wellness policy; wellness advisory committees were the mechanism by which these wellness policies were established. Other school district WACs existed sporadically over the years and still other WACs were formed with the implementation of HSI itself. The diverse circumstances under which each wellness advisory committee was developed influenced how the initiative was put into practice in each school district.

At the start of the second year of the initiative, each study school had policies, education, programs, and/or activities related to each of the CSH components, some of which were funded by HSI. The scope and breadth of each CSH component varied across schools, based on perceived student, family, and school needs, as well as on resource allocation and prioritization. In many cases, strong health and wellness programs and activities preceded the introduction of the Healthy Schools Initiative. In some cases, individual programs in danger of budget cuts were sustained with funding from the initiative. In other cases, new programs and activities were introduced as a direct result of the initiative.

V. FINDINGS

The Healthy Schools Initiative has been implemented in each school district to varying degrees. The level of implementation is dependent on a number of factors, including the developmental phase of the initiative, as well as the diverse needs for health and wellness programming in each school district and even at each school site. This report is not meant to provide a comprehensive picture of all health and wellness programs and activities in place across the eight study schools, nor does it intend to compare study sites to one another. Instead, this report is designed to reflect on the initiative as a whole and highlight the ways in which intentional coordination of wellness programs can expand the reach of health and wellness programming through leveraged resources.

The remainder of the report focuses on study findings. It begins with study participants' perspectives on the benefits of health and wellness in schools broadly, and of the Healthy

Schools Initiative itself. With the value established, we describe current initiative efforts underway, and examine purposeful coordination and integration of wellness in schools as precursors to increased reach of health and wellness programming through leveraged resources.

Perceived Benefits of Health and Wellness Programs in School Settings

Nearly all school and district staff, student, and parent respondents across all eight study schools agreed that there is a value in implementing health and wellness programs and activities in a school setting. Most people interviewed were quick to articulate multiple reasons why addressing wellness in schools is important. Through our analysis we found that these benefits fell into three main categories and are well aligned with existing literature about school health.

Schools are the best place to reach youth and families. Over half of all study participants in all school districts said they thought school was the best place to reach youth because, “that’s where the kids are.” This included most district and school administrators and more than half of all teachers interviewed. One teacher stated this opinion strongly,

It’s crazy to not [address wellness] in a school setting. I mean it is nuts to not utilize this public building...where every student comes. It just makes so much sense. I think it probably saves money to get everything from this hub.

A school counselor added,

I think if [students] don’t get it here they might not get it anywhere. And I think it’s hugely valuable. I think we have such a huge influence here. The kids are here daily. I mean [school] is a huge part of their lives. And I just think [addressing health and wellness] is one of the most important things that we’re doing.

Most study participants also shared the perception that youth may not have exposure to accurate health and wellness information or may not have access to related programs or activities at home. Parents in half of focus groups agreed that schools have an important role to play in student wellness, both in teaching students about wellness and healthy lifestyle choices and reinforcing parents’ own efforts. As one parent described,

As a mom, my children do not [always] listen to me. When it comes from a third party, an authority figure, like their teacher, the principal, even their peers, it throws a lot more weight behind those positive messages.

In some schools, study participants also noted that schools can offer students and families direct access to needed health programs and services, including mental health treatment, medical

services, and health education opportunities. Staff and parents in higher need elementary schools and at the high school level most often made these comments.

Physically and emotionally healthy youth perform better in school. About half of study participants said that health and wellness should be supported in school settings because they believe that physically and emotionally healthy youth are better prepared to learn, have better attendance, and are more likely to graduate from high school. This was reported across all school districts and reflected the opinions of nearly all school and district administrators. One principal summarized the importance of wellness to school success,

If our children are hungry, if they're thinking about some crisis in their family, they can't learn. So we need to provide [kids with] what [they] need so that they can think about learning. This means teaching them about good nutrition, making sure that they get physical exercise, and addressing their mental health needs. I mean all that creates balance in a child's life. And when we have balanced, healthy children, we have successful children.

Parents in more than half of focus groups concurred, pointing to concrete examples of how they believe good nutrition, physical activity, sleep, and emotional health support children's ability to learn. Interestingly, while most PE teachers agreed, only about 25% of classroom teachers cited readiness to learn as the primary benefit of incorporating health and wellness into schools.

Schools have a role in supporting students' long-term healthy lifestyle choices. About half of all participants agreed that schools have a role in teaching young people to make healthy choices and that providing this foundation will lead to a long-term healthy lifestyle. About two-thirds of all teachers and parents, as well as half of the students interviewed stressed the importance of schools' responsibility for fostering physically and emotionally healthy children. They highlighted the primary benefits as supporting student knowledge and habits related to healthy eating and physical activity; it was also specifically related to the benefits of teaching students strong social and emotional skills.

Math is not the only thing that's going to make [students] successful. If the goal is to raise successful [children] so they're going to be productive members of society, you have to treat the whole student.

– Teacher

Students can become a lot more knowledgeable about how to take care of themselves and what's out there, what resources there are, and basically learn a little bit about reality [when they learn about health and wellness at school]. You have to go out into the day-to-day world to really live it, but, you know, a little bit of help and a little bit of guidance can just...change something.

– High school student

Perceived Benefits of the Healthy Schools Initiative

We asked all study participants about their familiarity with the Healthy Schools Initiative, including any knowledge they may also have about their district wellness coordinator or district wellness advisory committee. Responses varied by school district, as well as by role group (Exhibit 1). Teachers, principals, on-site program providers, and families were overwhelmingly unaware or had limited awareness of the initiative, WAC, and the wellness coordinator's role. District level personnel were the most familiar with HSI but also expressed a lack of clarity about the initiative's goals and activities. There were, however, at least some staff in every school district who were able to talk about the Sequoia Healthcare District itself and were familiar with its involvement providing health and wellness activities and resources to schools.

Exhibit 1: Awareness of the Healthy Schools Initiative by Role Group

	Aware	Limited or Partial Awareness	Unaware
District Administrators	100%	0%	0%
District Health and Wellness Staff	50%	50%	0%
Principals	25%	63%	12%
Teachers	10%	32%	58%
Program and Service Providers	27%	13%	60%
Parents and Families	0%	30%	70%
All Adult Participants	24%	32%	44%

Note: Table does not include Wellness Coordinators, Wellness Advisory Committee Focus Groups, or Student Focus Groups.

About 24% of adult participants were able to articulate an understanding of the Healthy Schools Initiative and its involvement in providing health and wellness resources to schools. The majority of these individuals identified clear benefits of having such an effort in their district, including: 1) improved awareness of health and wellness in general, 2) increased personnel dedicated to coordination of wellness efforts, and 3) additional resources to address wellness in a time of school budget cuts.

The Initiative has generated awareness of health and wellness in general. Study participants familiar with the initiative described how it has shifted people's thinking about how to incorporate health and wellness into their schools and classrooms. As one principal said, "I know the presence of this [initiative] has made me more thoughtful in terms of what we provide here, and has just shifted my thinking." One involved parent concurred,

I think the best thing that happened was the [initiative]. In all the years I've been here, we always try to be healthy and to do healthy things. But, definitely, having the [HSI] grant and having [a Wellness Coordinator] looking at the [wellness] issues in the district is eye-opening. It's reinforcing what we have done right, but it's [also] introducing things that we didn't have...I wish it was an ongoing, forever thing, because it's terrific.

Others pointed out that the introduction of the initiative has helped them to become more aware of their own wellness and provided mechanisms for them to make personal change. For example, in several districts, the initiative was providing staff with a variety of opportunities to enhance their own personal health, including exercise classes, nutrition demonstrations, and by distributing pedometers. One teacher described:

[The wellness coordinator] offered yoga for the teachers one afternoon a week. And I know quite a big group of teachers went, which is great because we don't take time to take care of ourselves. And [the wellness coordinator] did the pedometer walking challenge last year, which was good. I think it got everybody thinking about it; taking care of ourselves, too.

The initiative has provided valuable personnel to support health and wellness in schools and across districts. Study participants with knowledge of the initiative said it was valuable to have personnel dedicated to coordinating the multiple aspects of health and wellness in the district. These study participants identified the importance of wellness coordinators who collaborated with staff to provide information and resources as well as create a culture of health and wellness within a school district. Participants discussed the contribution of wellness coordinators more than twice as often as any other reason for valuing the initiative. One district staff member commented,

Having [the wellness coordinator] here has given schools the opportunity to have someone outside of education come in with...expertise. Our teachers aren't really taught to be nutritionists and physical trainers [or other wellness] specialists...So, to be able to have a resource [for teacher] training and support in [a wellness] area that eventually is embedded and can carry on is critical.

The initiative has provided much needed resources. At a time when school districts were being forced to cut back in all areas, including health and wellness staff and activities, study participants familiar with the initiative valued the much needed funding to support new positions and programs, and maintain existing staff. According to one district staff member,

The only reason we're able to sustain [our health and wellness efforts] is because of [community support] and the Healthcare District. From the get-go, support from the initiative was focused on 'how do we not cut [programs and services]?'...Without that support we would be doing nothing but core academic programming.

Participants also viewed the initiative as providing an impetus to “start something” – inspiring school districts to support health and wellness with funds of its own or other grant funding.

Coordinated School Health Components Currently in Place

Whether they were talking about health and wellness in general or the benefits of the Healthy Schools Initiative, study participants identified individual CSH components they perceived as most important to address in a school setting. These included nutrition, PE and physical activity, and mental health. While these were the components most discussed and most firmly in place across all schools, they were also the components identified as needing improvement, expansion, and additional resources.

Nutrition: About 40% of all respondents identified nutrition as a critical aspect of wellness that should be addressed in schools. Parents across all districts emphasized both nutrition education and promotion of healthy lunches and snacks as an important aspect of school health. Nutrition was most often discussed at the elementary school level and was closely linked to the value of teaching students about healthy food choices and underpinning the foundation of lifelong health. Most study participants agreed that nutrition education could be improved in their schools.

PE and Physical Activity: About half of all participants at the elementary school level identified PE and physical activity as important aspects of school health. This included parents in over half of all focus groups and half of the teachers at the elementary school level, where classroom teachers were primarily responsible for providing PE instruction. Teachers across all elementary schools expressed a strong interest in receiving more support in meeting PE standards and time requirements. According to one elementary classroom teacher,

I don't have time to go get the PE equipment and then set it up. So, I have my kids run a lot. We play a lot of tag. We've done some basketball. So, try to do it three times a week for 30 minutes, which still doesn't hit the requirements.

A teacher from another district added,

We're supposed to do ...a certain number of minutes of P.E. each week with the kids, but, unfortunately, all the other academic requirements take precedence over that. So, having somebody from the outside take the kids for P.E. is pretty much the only way it gets done. So, that happens once a week for 30 minutes, which is great because it used to be that we'd get P.E. only once every other week.

Teachers and parents valued PE and physical activity but often did not know what other opportunities for physical activities were available at their school. While PE and after school sports were firmly in place at the high school level and most role groups valued this, parents and students viewed many sports as exclusionary and identified a need for more “no-cut” opportunities for students who were not “elite athletes.” Few sports were available after school at the elementary level, limiting access to only students whose families are able to pay for their children to participate in leagues and programs not affiliated with the school.

Mental Health and Emotionally Safe School Environment: One-third of all classroom teachers described the importance of including mental health and an emotionally safe school environment as critical aspects of school health. This was also highly valued at the high school level, most especially by high school students. All schools had at least one part-time counselor available to students. In some schools, the counselors were district employees or school-based staff members, but most counselors were contracted through an outside community based organization (CBO). At nearly all schools, most role groups, including students and families, expressed a concern that existing mental health programs were not sufficient to meet student needs. At the high school level, some also expressed concern that there are not enough Spanish speaking and bi-cultural counselors. High school teachers raised the concern that on-site mental health services usually are not available after school hours, causing students who can least afford it to miss class routinely. They also expressed frustration that referral processes were unclear or too complicated and there is often a lack of follow up after a referral is made.

Coordination of Health and Wellness Among Stakeholders



Our study found that all schools and districts were engaged in coordination of health and wellness activities prior to the involvement of the Healthy Schools Initiative. Much of this work was described as opportunistic, driven by individuals or groups of individuals (i.e. teachers and school staff) with time and interest in a particular CSH component. With the introduction of the initiative, wellness coordinators began identifying and building relationships with these school and district staff members to enhance existing coordination and to integrate health and wellness efforts in a more systematic way across all schools in the district, among similar service providers (i.e. PE teachers, counselors), and throughout the school day. With the necessary supports, this could result in reaching more students utilizing fewer resources. The illustration above depicts the importance of establishing a strong foundation of coordination.

At the school and district levels, most study participants described effective coordination as building collaborative relationships among school staff, families, and community partners; working together with school and district staff to address mutually identified needs; and fostering the needed buy-in to incorporate wellness into schools and classrooms. Participants also emphasized the need for effective communication and to share knowledge and best practices within and across schools and role groups.

This section first describes school staff members, as well as students and families, who were identified as playing an important role in coordinating wellness activities prior to the introduction of HSI. These role groups are often referred to as “health and wellness stakeholders” throughout this report. This is followed by a description of the wellness coordinators’ role and examples of how their work with school staff enhanced coordination and led to more intentional collaboration.

Many key coordination roles pre-existed the Healthy Schools Initiative

Study participants across all schools described a number of individuals and groups, in both formal and informal positions, who have played an important role in advocating for and coordinating wellness programs and activities at schools. They include teachers, individuals we have identified as “informal wellness champions,” families, students, and district and school-level teams. In some cases, individuals worked directly with students and families to increase their awareness and access to wellness education and resources. Individuals also worked together in a variety of school or district level teams to address student wellness needs. Often the same committed individuals were involved in multiple forums, and sometimes, individuals and groups were working toward similar goals, overlapping in their activities or inadvertently duplicating efforts.

Teachers: Across all schools and role groups, the majority of study participants agreed that teachers are critical players in connecting students to health and wellness education, programs, activities, and resources. Teachers were perceived as having a primary role in referring students and families to additional supports, working with wellness staff and other teachers to integrate wellness activities into their classroom, and coordinating with counselors, nurses, PE teachers, and other health-facing providers to raise student and family awareness of health and wellness issues.

Informal wellness champions: Across almost all schools, participants identified a specific individual as the “hub” of wellness activities and resources at their schools. These individuals included student and family resource coordinators at some schools, counselors, and principals. District-level staff members such as nurses and food service personnel were also seen as key advocates of health and wellness in some districts. In an effort to identify this group by the important function they perform, we have described them as “informal wellness champions.” Participants across most schools portrayed informal wellness champions as accessible and knowledgeable – the primary people responsible for outreach to students, teachers, and families at their schools. They were typically the people who collaborated with community providers and other school staff. Informal wellness champions also actively reached out and built trusting relationships with students and families, and were considered well-known throughout the school. According to one student, “She’s someone to talk to. She gives good advice...she gives you options.” Another student from the same focus group said, “She’s famous – worldwide. When I first came to this school she said, ‘Oh, I want to meet you!’”

Families and students: Many study participants also viewed students and their families as collaborators and advocates for health and wellness. For example, some high school students worked with teachers, other school and district staff, and their peers to organize and run school activities such as nutrition programs, peer-led health classes, conflict resolution programs, or wellness-related student clubs. Through parent-teacher organizations, parents collaborated with schools, funding and organizing school-wide health and wellness activities such as health fairs, walk-a-thons and other activities primarily related to nutrition and physical activity.

District-level teams: In all districts, participants described existing health-focused teams that were established to support policy and program development, support alignment of programs and curriculum across the district, or share best practices. These district-level teams typically included school or district staff with health-facing positions but also sometimes included teachers, administrators, students, families, or others. Teams were typically subject- or issue-focused. For example, two districts convened diverse teams to address school nutrition and make recommendations for changes to district lunch plans and environments. In another, a district team was convened to investigate and recommend a PE curriculum. Yet another district established a team to start a Safe Routes to School program.

District wellness advisory committees: Study participants familiar with the initiative described wellness advisory committees as central places where school and district personnel, families, and community partners come together to set and implement health and wellness priorities and programming in schools across the district. WACs typically addressed health and wellness broadly, rather than focusing on one subject or issue, as was the case with other district-level wellness teams. Overall, they were described as developing and reviewing district wellness policies; developing or obtaining wellness curriculum for teachers; identifying health and wellness program vendors and connecting schools to community resources; and both disseminating information to and hearing feedback from staff, students, and families. In some cases, WACs were also described as helping to craft strategic plans for health and wellness in the school district and working with the wellness coordinator in a purposeful and strategic way. Membership of the WAC and district teams sometimes overlapped. In certain school districts, a wellness advisory committee was active before the initiative was implemented and the function of the WACs varied widely across the school districts.

Wellness coordinators supported existing coordination and saw new opportunities

Wellness coordinator positions were established in all four school districts, though at different points during different school years. As the main initiative actors tasked broadly with “coordination,” the wellness coordinators became involved with nearly all of the key stakeholders who were already performing some level of coordination before the initiative began. Wellness coordinators had the ability to see the “big picture” of health and wellness in their school district and were therefore in a unique position to notice and make connections among individuals engaged in similar work, creating new opportunities for enhanced collaboration and integration of services. Study participants who were familiar with their

district wellness coordinators saw them as invaluable in bringing these important stakeholders together to enhance coordination of school health and wellness activities. One wellness coordinator described her role in the following way,

It's about networking, building relationships, being at the core surrounded by all these partnerships, and ... extending ourselves so that we keep growing. It brings a reciprocation that I believe in, the synergy that belongs at schools.

In each school district, study participants described wellness coordinators as connecting with and developing wellness champions in both schools and at the district. Where informal wellness champions already existed, wellness coordinators familiarized themselves with the work that person was doing, providing support if requested, and helping to connect their work to other school or district activities. To develop new wellness champions, wellness coordinators identified individuals at every level – school staff, district staff, and families – who could act as advocates, participate in activities, or lead a coordinated effort to support health and wellness, generating new assets to reach the school district's health and wellness goals. Wellness coordinators also built new wellness teams at both the school and district levels. These wellness teams reflected an intentional effort by the wellness coordinator to introduce new resources to each district – whether as a forum for sharing and disseminating best practices or for soliciting input about wellness issues from a diverse set of role groups within the school district.

Wellness coordinators in every school district were also engaged in intentional coordination with community partners, such as the local police activities league or community providers with health expertise, to identify and leverage health and wellness resources. Some of these collaborative partnerships resulted in new or enhanced wellness activities including health fairs, student health and wellness programs, teacher trainings, and acquisition of new health and wellness activities and materials.

In all districts, participants familiar with the initiative identified the importance of wellness coordinators taking a leadership role on the wellness advisory committee. The wellness coordinator, in most instances, served as the WAC facilitator, saving existing district personnel from additional ad hoc duties. The wellness coordinator also either acted as a liaison between the WAC and school district leadership or set a vision for how the WAC could interact with school district leadership in the future. Some study participants indicated that wellness coordinators' efforts to align the wellness goals of the WAC with those of the school district helped to avoid conflicting or duplicative efforts. One mental health provider pointed out,

I think the most important thing is to have a coordinator doing all of this...so you don't have different groups doing different things and not knowing about each other.

In some districts the wellness coordinator also played a role in inviting or selecting wellness advisory committee members, intentionally creating a group of informed experts. They supported WAC activities and promoted committee efforts, increasing awareness of the WAC's

activities and putting its ideas into practice. In several districts wellness coordinators oversaw all WAC activities, reflecting the integrated nature of these two HSI components.

Integration of Health and Wellness Within and Across School Districts



Our analyses revealed that purposeful coordination and collaboration often led to focused, strategic efforts to integrate health and wellness programs and activities across schools and grade levels. There are a variety of ways in which schools and districts described folding health and wellness into their school culture and instruction. Examples included, 1) intentionally addressing multiple CSH components through one program or activity, 2) integrating CSH components into classrooms, and 3) aligning a single CSH component across grade levels to ensure consistent, equitable, and developmentally relevant delivery of wellness activities. In all school districts, some of these policies and practices were in place prior to HSI. In cases where wellness coordinators connected with informal wellness champions and others, many of these practices have been expanded and enhanced.

Integrating multiple CSH components: Some school staff members described how they integrated multiple CSH components through collaborative work with others. For example, several PE teachers collaborated with the school counselor to intentionally integrate emotional health into their physical education instruction. And some counselors incorporated nutrition and education about healthy eating habits into their work with students. This “cross-role” collaboration was described mostly in the context of nutrition, PE, and mental health. While we found examples of this across all districts, it was rarely described as a systematic approach to reaching all students. Wellness coordinators were seldom associated with advancing these practices.

Integrating CSH components into classrooms: Some classroom teachers integrated CSH components into their classroom curriculum. In all school districts, study participants mentioned that at least some teachers were integrating aspects of nutrition and health education into their classrooms. This was typically described as informal and at the individual teacher’s discretion. Across all schools, teachers who integrated health education in their classrooms were described (and described themselves) as having an interest in, specialized training in, or personal commitment to health and wellness. Teachers indicated that bringing health and wellness into their classrooms was challenging without curriculum tied to standards, formal

training or collaboration with others, or top-down leadership and support. In some schools, wellness coordinators worked with staff and trained teachers to support integration of nutrition education into their curriculum through formal programs. In others, wellness coordinators actively supported school-wide efforts to integrate healthy food choices into the school and classroom culture through their work with school and district administrators and the WAC.

Aligning a single CSH component across schools and grade levels: In some schools and districts, study participants described intentional efforts to integrate and align a single CSH component equitably, both within and across schools. In fact, this approach to integration was seen as the most effective and systematic approach to integrating wellness across schools. These efforts were intended to ensure that all students had equitable access to the same wellness education and resources by sharing best practices, coordinating curriculum within and across grade levels, or through school or district-wide policy and planning efforts. For example, one district emphasized the work school counselors had been doing to align social-emotional learning across grade levels. In this district, all school counselors met regularly to discuss curriculum and best practices to address character education and promote an emotionally safe school climate. They planned their work in a purposeful and systematic manner to reach students in all schools with similar, yet developmentally appropriate, material. Participants in other schools talked about the work they had done to align physical activity and nutrition priorities with on-site after school program activities, thus encouraging them to build a similar culture of healthy food choices and ensuring an extension of school practices beyond the school day for participating students. Still others described a district-level team, including students and staff, which had been working on improving school nutrition and quality of lunch options for all students. Study participants across all schools reported many instances of wellness coordinators intentionally promoting and supporting these activities. One district staff member said,

[Our] efforts have been focused on how we really build more – and more equity – of programming. Not that we want every school to be the same, or cookie-cutter, but that there's at least equity of funding and programming going on across the board.

Effective integration and alignment of wellness activities leverages resources



Over time, wellness coordinators have begun identifying opportunities to introduce and expand on the wellness practices described above in an effort to reach as many students as

possible with direct health instruction, awareness and access to quality programs and activities, thoughtful wellness policies, and best practices. As reflected in the illustration above, our analyses revealed that, with intentional collaboration and support, coordination focused on systematically integrating health and wellness programs and activities within and across schools and districts has the potential to reach more students while utilizing fewer resources.

Conditions that Encourage Intentional Collaboration, Buy-in, and Support for Health and Wellness

The study data illustrated that integration of health and wellness education, programs, activities, and resources can be enhanced through shared best practices, intentional collaboration, administrator and staff buy-in, and support at all levels. Even where participants gave strong examples of integration and alignment of wellness in their schools and districts, many also suggested a need for more intentional work in these areas and a need for support to implement these strategies systematically. Specifically, half of all study participants indicated that strong collaboration and communication is necessary for purposeful integration of wellness resources to be achieved. About 20% of study participants also noted the need for buy-in, strong leadership, and prioritization of health and wellness as a critical foundation to reaching the most students.

Given these important elements to improving the link between coordination, integration, and the equitable reach of health and wellness programming, study participants expressed several key ways that collaboration, communication, and buy-in could be enhanced. These included: 1) using key stakeholders to boost students' and families' awareness of health and wellness activities, 2) improving these stakeholders' own awareness of health and wellness programs, and 3) receiving support from top administrators for health and wellness activities both in and out of the classroom. Our analyses also highlighted the ways in which wellness coordinators supported efforts to increase all stakeholders' awareness of activities, programs, and policies.

Key stakeholders increase student and family awareness of health and wellness activities

High school students involved in health and wellness activities were identified as key communicators of health and wellness information to their peers and families. Our analyses show that, at the high school level, students who were involved with their school's health and wellness efforts served to raise their peers' awareness of programs and resources available at the school and reported referring one another for wellness programs and services. In fact, students in 75% of focus groups identified their peers as important sources of information regarding wellness programs, activities, and services, and students in both high schools were observed to be sharing information with one another and raising awareness during the focus group itself. In addition to raising awareness among peers, students reported serving as health advocates for their own families; parents at the elementary and middle schools also reported this of their own children. While students and families did not identify a need for enhanced

collaboration with others, they did suggest a need for more wellness information, education, and activities.

Informal wellness champions were widely seen as a valuable resource to students and families.

Across all districts, most school staff, students, and families identified informal wellness champions as playing a critical coordination role and helping to raise student awareness and access to health and wellness education and resources. Participants reported that champions do consistent outreach and develop trusting relationships with students and families, making themselves a known and available resource to all. In 75% of focus groups, high school students reported learning about important wellness resources through informal wellness champions.

In two districts, study findings also highlighted a strong connection between wellness champions and family awareness and access to health and wellness resources. This was described as most important by students and parents in Spanish-language focus groups and by school staff and providers who interact with them most often. The majority of families in these focus groups reported that informal wellness champions who were often situated in family/parent centers played a critical role in keeping them informed about health and wellness programs, activities, and resources available to them and their children. Parents relied on them to convey important information in their primary language, provide support in navigating complex school and community systems, and to help identify needed resources. In many cases, wellness coordinators were collaborating with wellness champions, but individuals in these roles cited a need for increased collaboration and support to effectively integrate wellness practices within and across their schools and reach more students.

Teachers were viewed as playing a key role in communicating with students about the health and wellness resources available to them. About half of all teachers and principals, most student and family support coordinators, and nearly all mental health providers agreed that teachers were the primary source of most student referrals for wellness programs and services. Students in 75% of focus groups agreed that trusted teachers were important sources of information regarding wellness programs, activities, and services. In fact, about 25% of study participants linked the referral process itself with increased student awareness and accessibility.

As would be expected, teachers were also perceived as having the potential for the most direct effect on students' awareness of healthy lifestyle choices through classroom lessons, activities, and modeling. Across all schools and districts, teachers were perceived as "front-line" in supporting students' health education and health behaviors, as well as increasing student and family awareness of school wellness programs and activities.

Key stakeholders lacked awareness of existing wellness activities and programs

Teachers emphasized a need for increasing their own awareness through clearer communication. Many teachers, as well as other school and district level staff, suggested that

increasing teacher awareness of school wellness policies, programs, activities, and resources is critical to increasing student access to health and wellness in schools.

At least 50% of teachers in three school districts and over 30% in the fourth reported a lack of awareness about health and wellness policies, programs, and activities in their own school and school district. Most teachers said they wished they could get more information about wellness activities in a more consistent and manageable way throughout the school year and expressed embarrassment and regret about not knowing more. Teachers suggested that key program providers and wellness champions need to engage in more consistent outreach throughout the school year. In schools where there are many programs and activities, teachers suggested that having an opportunity to meet the on-site providers and learn about their programs directly from them would be helpful in increasing their ability to refer students and families in need of counseling or other programs. Teachers also reported that they often found their schools' referral process cumbersome or unclear. They cited simple referral processes and quick follow-up as important to motivating teachers to become engaged in student wellness. Everyone agreed that teachers' time is limited but most study participants believed that if teachers were well-informed and supported, more students would be connected to needed resources.

Students and families expressed a lack of awareness of health and wellness activities at their school. Interestingly, nearly 30% of adult study participants interviewed in the high school district noted that student awareness of wellness resources is limited or lacking. In 50% of student focus groups, students themselves agreed. As mentioned previously, students in both high schools were observed to be sharing information with their less-informed peers during the focus group itself. In over 70% of focus groups, parents in the elementary school districts mentioned a general sense of being unaware of all school efforts to address wellness. Like students, we observed them sharing information in the focus group itself and learning from each other about programs, activities, and resources. Across all districts, parents also described word of mouth as important in learning about wellness efforts taking place at school.

Support was needed from top administrators for health and wellness activities

Teachers and administrators expressed a need to support teachers' personal health. At least half of all teachers, principals, and district administrators believed that when teachers' personal health is actively supported, they are more likely to model healthy behaviors and integrate wellness education and activities into the classroom. As one teacher described, "I think [students] learn a lot from seeing their teachers being active and healthy. I think we're huge role models for them." Across all schools, we also found teachers who expressed a personal passion for physical activity, nutrition, or social-emotional development. These teachers were the most likely to report bringing this enthusiasm to their students by finding ways to incorporate their knowledge into classroom lessons or by promoting healthy behaviors in their students. These teachers generally stated that they were incorporating wellness informally, on their own.

They also suggested that more teachers would do the same if they were better supported in their own wellness. A district staff member agreed, emphasizing the need to show teachers that their health matters,

“It’s a hard job being in a classroom, it’s difficult... and we’re constantly pushing and pushing. So, what can we do to make sure that [teachers] are healthy...not only mentally, but physically? You know, if they’re not getting out there and exercising or getting out there with some leisure time, whatever, it’s not good for them, it’s not good for anyone.”

The general attitude was summarized by one teacher, “If you have a healthy staff, you’re more likely to have healthy kids.”

However, across all districts, little discussion focused on staff health and relatively little programming was in place to address staff wellness. While some efforts had been made to integrate activities such as exercise classes and healthy staff room policies, teachers expressed some disappointment that activities were not convenient for them or there was not more buy-in for practices such as limited soda or junk food in their staff rooms.

Teachers expressed a need for increased support and collaboration. Many study participants cited teachers’ lack of time and expertise as hindering their ability to integrate health and wellness into their classroom and model healthy choices. Over a third of all district and school staff also suggested that school wellness often is not compatible with a focus on academics. A third of all teachers said they felt pressure to not veer away from state standards and, as a result, did not believe they had the time or flexibility to incorporate health topics or activities into the classroom. Some pointed to a lack of available resources, citing a dearth of standards-based curriculum linked to health and wellness topics. Still others pointed to a lack of school or district policy and vocal leadership to support systematically incorporating wellness into schools and classrooms. A general sentiment was summed up by one teacher,

Our focus is very ‘standards-oriented,’ where every minute counts for teaching math and reading. So, anything else is considered extra, which is very sad because I believe that physical education and eating well, exercising, and making students conscious of what their choices are to be healthy another [priority]. So, we as teachers, as the people who educate the kids, are not able to do that because of that restriction we have in our curriculum.

Another said,

Our curriculum is guided by what the standards dictate. So there are things that maybe we like or we would think are really important don’t necessarily get taught until last.

Teachers themselves cited increased coordination, communication, and collaboration with others as critical to their ability to effectively integrate health and wellness into their classrooms and student interactions. Some also identified a need for increased knowledge, training, and

skills to better integrate wellness into their classrooms. This included explicit school and district-level support for grade-level meetings to discuss wellness education and priorities in classrooms, a commitment to work with teachers to identify relevant, standards-based curriculum and to provide the associated training. Where teachers had a voice in setting wellness priorities for their schools and had explicit support from school leadership to integrate wellness activities into their classrooms, there was more evidence of CSH components being implemented at the school level.

Wellness advisory committee members expressed a desire for more direction from and collaboration with their respective school districts. As mentioned previously, some wellness advisory committees had an existing working relationship with their respective school districts and others were working toward establishing such a relationship. WACs without a working relationship with the school district expressed a desire to establish parameters for how the WAC fits in with the school district's plan for health and wellness, alignment between the goals of the school district and the WAC, and support for activities the WAC is currently engaged in. There were also descriptions of a disconnect between the WAC and the school district, a lack of school district personnel participating on the WAC, and a need for the WAC to establish legitimacy with the school district.

You've got the wellness [advisory] committee, you've got Sequoia Healthcare, and you've got the school district. And I think my sense...is that we're in a transition time to determine how these three groups are going to coordinate to achieve goals. And I think that it just...it's a difficult process because coordinated school health is huge, and ...that the role of the [WAC] has yet to be established in fitting in with the grand plan.

– Wellness advisory committee member

Wellness coordinators support efforts to increase all stakeholders' awareness of health and wellness activities, programs, and policies

Wellness coordinators were portrayed as raising awareness of health and wellness in general as they worked to create buy-in for the Healthy Schools Initiative. Participants most familiar with the initiative reported that wellness coordinators regularly exposed district and school staff to notions of health and wellness. This regular exposure, in turn, was said to help raise awareness among those best situated to inform students. For example, wellness coordinators engaged in dialogue with school staff regarding coordination of health and wellness efforts. This included activities such as collaborating with teachers and other school staff to conduct an inventory of health and wellness programming at the school site; defining and adjusting health and wellness goals and priorities with input from both school and district staff; and building consensus at all levels to ensure that agreed-upon health and wellness goals became centralized and supported by the district office. This additional attention brought to health and wellness by wellness coordinators enabled school and district staff to translate that knowledge into their own practice with students. One teacher described this using a new nutrition policy as an example:

[With the presence of the initiative] we're thinking more mindfully about food and making it not about the food in the classroom but about the activities in the classroom. So, I think we're just changing our frame of mind about things and having more discussions at staff. But it's definitely trickling from our [district] to our staff, and then to our staff meetings and then to our families.

Wellness coordinators were described as supporting school staff in providing health and wellness programming for students. Participants most familiar with the initiative reported that wellness coordinators were providing direct support to staff, helping them to deliver appropriate health and wellness information to students. For example, wellness coordinators were finding and obtaining information, materials, and expert speakers related to health and wellness for inclusion the classroom, gathering research to inform the wellness policy, carrying out trainings for staff and students, organizing and conducting assemblies, and promoting both new and existing health and wellness programming that may have been unfamiliar to students and staff. School staff and administrators have many demands on their time and often are not able to devote resources to teaching or promoting health and wellness to students. To this end, the wellness coordinator was described as the person whose time was entirely devoted to ensuring that students' health and well-being was being looked out for at school. As one principal explained,

I think the coordinator piece is really, really important... having dedicated staff thinking about this at all times, going outside of [the school district], meeting with other people within the community, the county, to then bring in new ideas... That part is really important. I believe that the success of all of this is really because of [the wellness coordinator]... Having dedicated personnel makes a huge difference.

VI. IMPLICATIONS AND CONSIDERATIONS FOR PRACTICE

This study gathered perspectives from a wide range of individuals, including school and district staff, students, and families and provided valuable insights about how the Healthy Schools Initiative was implemented. We learned that important health and wellness efforts were under way in all four school districts prior to the introduction of the Healthy Schools Initiative. We also learned that the initiative contributed to enhanced coordination and integration of wellness activities across and within schools. This section highlights important implications and considerations for future work.

Increasing knowledge about the Healthy Schools Initiative has the potential to foster increased awareness of health and wellness. Nearly all study participants agreed that health and wellness should be integrated into school settings, suggesting a strong foundation for an initiative such as HSI to take root. Those who were familiar with HSI believed it was generating increased awareness of health and wellness in general, however, only a small percentage of study participants knew about HSI in any detail. Findings suggest that increased awareness of the Healthy Schools Initiative, its goals, and the wellness coordinator among school staff and

families may support stronger implementation and increased awareness of health and wellness issues more broadly.

Improving coordination can result in increased integration of health and wellness activities within and across schools and districts, reaching more students equitably with fewer resources. Informal wellness champions, teachers, and other staff collaborated with one other to integrate wellness activities in their schools and districts prior to HSI. Our analysis confirmed that where wellness coordinators established relationships with these individuals, supported their activities, and invited them to join new efforts, more students were reached. Findings suggest that wellness coordinators can further capitalize on existing efforts and collaborate with school and district staff, as well as students and families, to pursue common wellness goals.

Supporting teachers is essential to school-wide wellness efforts. Staff across all school districts, as well as students and families, agreed that teachers play an important role in noticing student physical and emotional health concerns and connecting students with resources. Teachers were perceived as essential in modeling healthy choices, bringing wellness into their classrooms, and collaborating with others to align wellness education across their schools. While all teachers valued the idea of health and wellness in schools, very few were familiar with HSI, its goals and activities, or the wellness coordinators. They reported having little time, resources, or support to pursue these activities and were challenged by existing channels of communication and referral systems. Identifying opportunities to support already overburdened teachers in these areas may positively contribute to school-wide wellness efforts and reach more students.

Involving youth in planning and implementing wellness activities can result in increasing student access to health-related information and resources. At the high school level, students who were involved with their schools' health and wellness efforts were seen by their peers as important sources of information regarding wellness programs, activities, and resources. Students were also viewed as health advocates for their own families. Identifying new opportunities to include youth of all ages in developmentally appropriate leadership roles related to school health may have the positive effect of reaching more students.

School district support of wellness advisory committees can enhance coordination and leverage resources. All school districts had a wellness advisory committee in place, with members committed to student health, varying levels of expertise to share, and important connections with community partners. Each wellness advisory committee had a different historical context, varying degrees of alignment with district wellness goals, and varying levels of collaboration with district and school staff. Identifying opportunities for wellness advisory committees to set and pursue common health and wellness goals in collaboration with schools and school districts may contribute to improved coordination for the benefit students and families.

Investing in effective coordination and integration of health and wellness can leverage valuable resources. Districts face unprecedented budget challenges and have been grappling with the effects of high-stakes testing for the last decade. While integrating health and wellness into schools is valued by all, it may be challenging to identify and promote it as a priority. Given this challenging context, schools and districts need flexibility in how they implement health and wellness programming in order to meet the unique needs of their students and cultivate a culture of wellness. They could also benefit from support in advocating for meaningful policies to advance this work at the local and state levels. Moreover, as existing research suggests, investing in effective integration of health and wellness has the potential to increase student achievement and contribute to positive developmental trajectories in multiple domains of youth development.

VII. CONCLUSION

One of the intended benefits of the Coordinated School Health model is that its systemic approach can eliminate gaps and redundancies and more effectively leverage school health resources. By adopting the CSH model, HSI strives to improve student access to health and wellness education and programming through improved coordination and effective use of resources. Through our interviews and focus groups we found nearly unanimous support for addressing health and wellness in schools. We also found support for the CSH model, with an emphasis on the need to continue developing nutrition, physical activity, and mental health programs and education. Our analyses also highlighted evidence that intentional coordination and collaboration is indeed related to more integrated wellness efforts, allowing schools to reach more students using fewer resources. Where wellness coordinators worked intentionally with informal wellness champions, teachers, and other staff, we found evidence of increased integration of the CSH components and more students being reached systematically and equitably. This report can help the Sequoia Healthcare District and its partner school districts to think about the focus of their joint efforts and how to prioritize this work given the current budget landscape and competing priorities for districts' time and resources.

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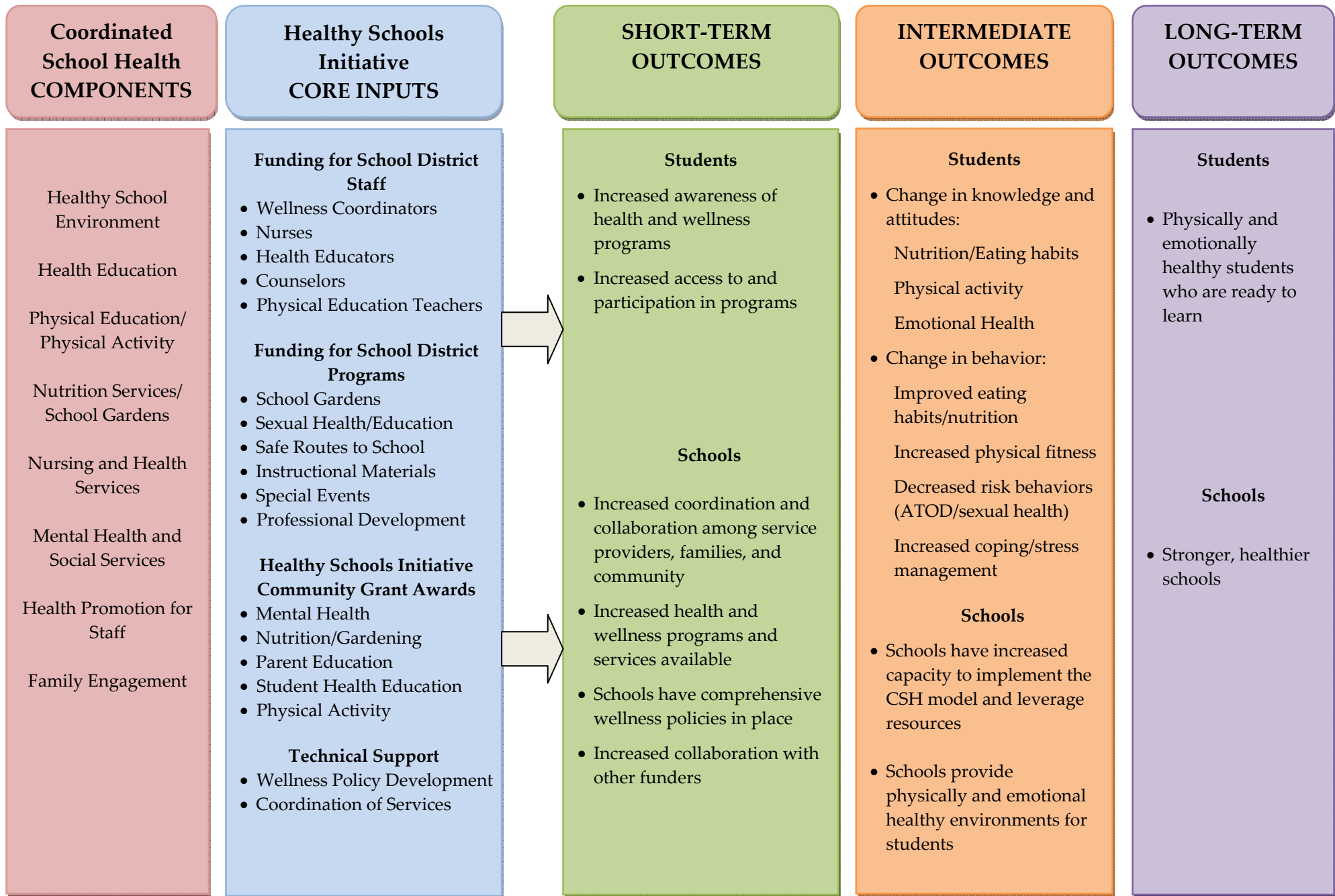
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APPENDIX A: Sequoia Healthcare District – Healthy Schools Initiative Logic Model



APPENDIX B: Visual Representation of the CDC's Coordinated School Health Model



Source: Centers for Disease Control, Division of Adolescent School Health

APPENDIX C: Study School Demographic Data, 2010-2011

School	Grade Span	Enrollment	English Learners*	Free or Reduced Price Meals	Hispanic or Latino	White, not Hispanic	Asian, not Hispanic	Other Ethnicity
Belmont-Redwood Shores School District	K-8	3,206	9.9%	6.8%	10.4%	55.1%	23.7%	10.8%
Nesbit Elementary	K-5	313	22.2 %	24.8%	20.8%	45.4%	17.3%	16.5%
Redwood Shores Elementary	K-5	265	--	3.4%	6.0%	52.1%	33.6%	8.3%
Redwood City School District	K-8	9,119	48.6 %	64.4%	70.8%	20.4%	2.6%	6.2%
Fair Oaks Elementary	K-5	463	83.2 %	92.7%	95.0%	1.1%	.2%	3.7%
Hoover Elementary	K-8	874	74.9 %	89.7%	93.8%	1.3%	1.4%	3.5%
San Carlos School District	K-8	3,212	7.8 %	5.4%	13.4%	61.9%	10.0%	14.7%
Heather Elementary	K-4	362	19.3 %	11.1%	18.8%	55.0%	13.3%	12.9%
Tierra Linda Middle	5-8	602	4.7 %	5.0%	12.6%	52.5%	10.1%	24.8%
Sequoia Union High School District	9-12	8,765	19.1 %	36.9%	45.3%	37.3%	7.2	10.2%
Menlo-Atherton High	9-12	2,034	22.6 %	31.4%	38.8%	41.1%	6.5%	13.6%
Sequoia High	9-12	1,918	22.8 %	50.7%	60.9%	27.7%	4.9%	6.5%

Source: California Department of Education, Dataquest

* Percentages reported for Belmont-Redwood Shores School District not available for 2010-2011, data represented are from 2009-2010.

APPENDIX D: Data Collection Matrix

Districts/Schools	Data Sources													
	Interviews									Focus Groups				
	SHD Staff	Wellness Coordinators	District Administrators	District Food Services Personnel	District Nurses	Principals	Classroom Teachers	PE Teachers	On-site Program Providers (mental health and afterschool)	Wellness Committee	Parents – English	Parents – Spanish	Students – English	Students – Spanish
Belmont-Redwood Shores School District		X	X	X	X			X		X				
Nesbit (K-5)						X	X		X		X			
Redwood Shores (K-5)						X	X		X		X			
Redwood City School District		X	X	X	X			X		X				
Fair Oaks (K-5)						X	X		X			X		
Hoover (K-8)						X	X		X			X		
San Carlos School District		X	X	X	X			X		X				
Heather (K-5)						X	X		X		X			
Tierra Linda (5-8)						X	X		X					
Sequoia Union High School District		X	X	X	X			X		X				
Menlo-Atherton (9-12)						X	X		X		X	X	X	X
Sequoia (9-12)						X	X		X		X	X	X	X
Sequoia Healthcare District	X													