

A County-Wide Approach to Coordinated School Health in Pima County, Arizona

The Communities Putting Prevention to Work Initiative 2010-2012

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I. The Coordinated School Health Approach

In 2008 over one third of children and adolescents in the US were overweight or obese; nearly 20% of children aged 6-11, and 18% of adolescents aged 12-19 years were obese (1,2). The immediate health risks of childhood obesity include pre-diabetes, bone and joint problems, and sleep apnea (3-6). Furthermore, these youth are at risk for social and emotional health problems due to poor self-esteem and stigma (3,4,7). Long term health effects include increased risk of obesity as adults, increasing the likelihood of developing cardiovascular diseases including heart disease and high blood pressure, type 2 diabetes, stroke, certain cancers, and osteoarthritis (4,8-11).

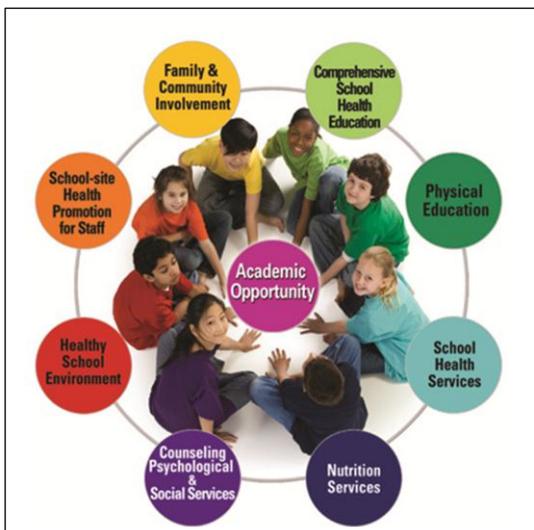
The physical and emotional wellbeing of a child is linked to educational and social outcomes. After the family, schools play the most important role in childhood health and development, and school health policies and programs may be the best way to reduce risk behaviors and prevent health problems in young people, ultimately leading to academic success. The Coordinated School Health Model (CSH) is recommended by the Centers for Disease Control and Prevention as a strategy to improve the health and educational outcomes of students. The CSH model focuses on collaboration, teamwork and partnerships which bring together the expertise and skills of health and education professionals working to help students engage in healthy lifestyles and avoid health risk behaviors. The overall goal of CSH is to increase the knowledge, attitudes, skills and positive health behaviors of students, ultimately improving health, education, and social outcomes (19).

Coordinated School Health and Academic Success

Factors affecting a student's health, such as hunger and chronic disease can lead to poor performance in schools, and health risk behaviors are linked to poor grades and test scores (12-15). Similarly academic success is linked to positive adult outcomes and social success (16-18). Schools can play an important role in helping youth develop lifelong healthy behaviors.

The Role of School Health Policy

Policies form the basic foundation for schools to implement positive health promoting practices. They can be used as communication tools to support personnel, assure families, provide legal protection, and help maintain transparency and positive relations with the broader community.



There are 8 components to CSH, making the role of coordination paramount (20-21). Furthermore, schools alone cannot be expected to optimally address each component, especially given financial stresses and today's emphasis on academic testing. The *Pima County Communities Putting Prevention to Work Initiative* allowed community partners to reach out to schools across the county and provide assistance in identifying school and district Wellness Coordinators, facilitate the formation of School Health Advisory Councils (SHACs), assess the local school health system, and plan for action.

II. CPPW Schools Team Process

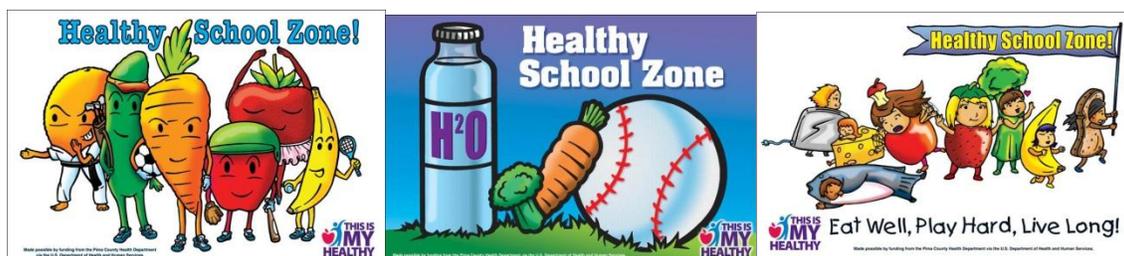
The CPPW School Team was led by the Center for Physical Activity and Nutrition (CPAN) at the University of Arizona College of Agriculture and Life Sciences. The Schools Team was by far the largest CPPW team, both in terms of internal staff and resources allocated for schools. It was the intent of the Schools Team to reach all traditional public schools in the county, i.e. private, charter, or parochial schools were not actively recruited. These schools included rural, urban, tribal, single-school districts and the second largest district in Arizona, Tucson Unified. As such it was critical that schools be exposed to evidence-based and promising practices, and that CPPW utilize as many local, regional, and national resources as possible.

Wellness Coordinators (WCs) were recruited from within schools to form School Health Advisory Councils (SHACs), complete the School Health Index (SHI), and develop and implement action plans. Significant resources and training opportunities were provided to assist the WCs and SHACS with the process.

Also, District Wellness Coordinators were recruited to assess and improve Local Wellness Policies (LWPs). A county-wide Wellness Coalition was created and District WCs were invited to participate and share progress on LWP improvements, issues and ideas.

The CPPW School Team provided many schools with assistance in coordinating Student Wellness Advocacy Teams (SWATs), who led many of the school activities and events. Student involvement was critical to the success of many efforts, including Wellness Weeks.

Schools applied for a “Healthy School Zone” status by demonstrating they had implemented one physical activity and one nutrition strategy. Healthy School Zone schools received a banner that was designed and created by students, through a county-wide school competition.



Also the Schools Team allocated a significant amount of monies for each of the 15 designated Pima County CPPW Focus Areas. Many of these projects were conducted in partnership with other CPPW teams and particularly the Built Environment Team led by the Drachman Institute at the UofA College of Architecture and Landscape Architecture and to work on school gardens and/or landscape design that promote physical activity such as shade structures, walking and biking paths.

A table summarizing the Schools Team process and resources allocated can be found on the following page.

**CPPW Schools Team Process:
Activities, Opportunities, and Resources Allocated**

Action Steps	Resource	Criteria
Recruit School Wellness Coordinators	<ul style="list-style-type: none"> \$1,200 stipend 	<ul style="list-style-type: none"> Attend Coordinated School Health Training, including School Health Index and School Health Advisory Council Complete SHI Modules 1-4 Implement 4 Wellness Weeks
Schools Apply for Healthy School Zone Designation	<ul style="list-style-type: none"> \$500 Healthy School Zone Banner 	<ul style="list-style-type: none"> Demonstrate SHAC formed Completed SHI Action Plan Demonstrate 1 PA and 1 Nutrition strategy
Implementation of SHI Action Plan	<ul style="list-style-type: none"> \$1000 	<ul style="list-style-type: none"> To purchase curricula, materials for volley ball courts, walking paths, recess equipment, garden tools and cisterns, par course equipment, bike skills course, bikes, chicken coops
Training Opportunities	<ul style="list-style-type: none"> \$300 for sub time (may be used for wellness activities if sub time not needed) 	<ul style="list-style-type: none"> Fuel up to Play 60 Fit for Life Summer Nutrition Institute Student Wellness Advocacy Team (2 day camp for Middle/High schools students) Grant Writing Workshops Structured Recess
Recruit District Wellness Coordinators	<ul style="list-style-type: none"> \$1200 stipend 	<ul style="list-style-type: none"> Attend Local Wellness Policy / WellsAT training Complete WellsAT Improve LWP and attend quarterly Coalition meetings to report/share
Youth Risk Behavior Survey	<ul style="list-style-type: none"> \$500 per schools \$50 teacher thank you Pencils/backpacks for students 	<ul style="list-style-type: none"> High schools only
Additional Grant Opportunities (CPPW discretionary funds)	<ul style="list-style-type: none"> \$4,000 	<ul style="list-style-type: none"> Up to 50 elementary schools Adopt/implement Structured Recess
	<ul style="list-style-type: none"> \$15,000 	<ul style="list-style-type: none"> Up to 4 high schools Purchase/ utilize ENERGI System
	<ul style="list-style-type: none"> Fresh Fruit and Vegetable Bars 	<ul style="list-style-type: none"> Up to 100 schools
Additional Incentives	<ul style="list-style-type: none"> Flip cameras 	<ul style="list-style-type: none"> Record activities and accomplishments
	<ul style="list-style-type: none"> X-Box 60 Electronic equipment 	<ul style="list-style-type: none"> Middle/High school group activities
	<ul style="list-style-type: none"> Grant Assistance 	<ul style="list-style-type: none"> Fuel Up to Play 60 Breakfast Program Healthier US School Challenge Awards
CPPW Focus Area Projects	<ul style="list-style-type: none"> \$25,000 	<ul style="list-style-type: none"> 15 designated Focus Areas

III. Assessment Efforts

Three large scale assessment efforts took place for the first time in Pima County as a result of CPPW. The Youth Risk Behavior Survey was administered in 2010 yielding representative data regarding health behaviors of Pima County students, grades 9-12. Over 100 schools completed the School Health Index to assess their school’s health environment, policies and programs. Finally, 9 districts assessed their Local Wellness Policies using the Wellness School Assessment Tool (WellSAT). Due to the short timeframe of the CPPW initiative, participating schools were not expected to reassess their school health systems, although school wellness coordinators reported regularly on their activities and filled out a final survey of outcomes.

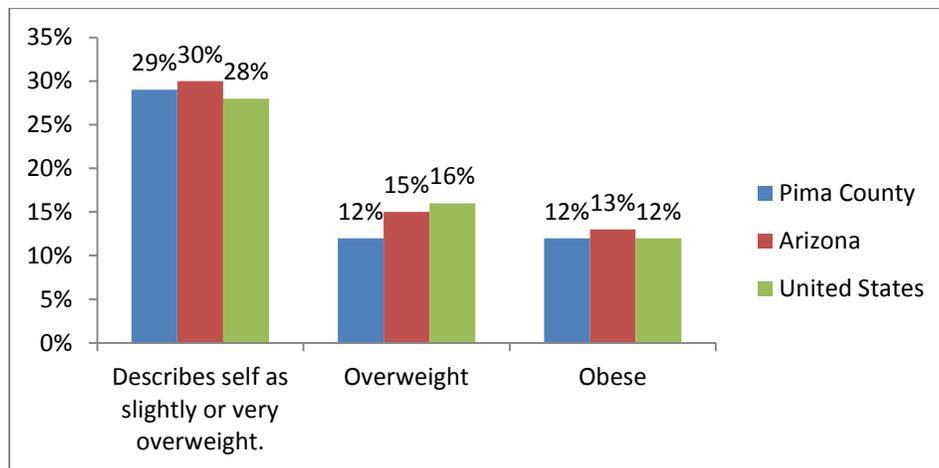
Adolescent Health Behaviors: The 2010 Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) consists of questions related to health behaviors that place youth at risk for disease or injury. Topics include tobacco use, physical activity and physical education, nutrition, overweight, obesity and weight management, alcohol and substance use, risky sexual behaviors, and behaviors that contribute o unintentional injuries and violence. For more information on the YRBS, visit: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

In 2010 the YRBS was completed by 1300 students in 21 traditional public high schools, i.e. no private, charter, or parochial schools participated. The school response rate was 78%, and the student response rate was 79%, yielding an overall response rate of 61%. Results are representative of all Pima County high school students, grades 9-12.

Overweight and Obesity

Among Pima County youth, grades 9-12, 24% are overweight or obese. While 29% described themselves as slightly or very overweight, 44% stated they were trying to lose weight. In fact 13% reported having gone without eating for 24 hours or more to lose weight or to keep from gaining weight during the past 30 days.



Nutrition

Students were asked to report how often they ate or drank certain foods or drinks in the past 7 days:

- Only 14% of youth reported eating fruits and vegetables 5 or more times per day.
- 22% reported drinking a can, bottle, or glass of soda 1 or more times per day.

Physical Activity

Less than half the students reported recommend levels of physical activity or participation in PE classes:

- 23% attend PE daily in an average week.
- 45% reported being physically active 60 minutes a day 5 or more days a week.
- 48% of students played on 1 or more sports teams in the past year.

Furthermore, 26% of students reported watching 3 more hours of TV, and 26% played video or computer games or used a computer for something other than school work, for 3 or more hours per day on an average school day.

School Health Environment: School Health Index (SHI)

The School Health Index (SHI) covers five health topics: 1) Physical Activity and Physical Education, 2) Nutrition, 3) Tobacco Use Prevention, 4) Asthma, 5) Unintentional Injury and Violence Prevention, i.e. safety, and 6) Cross-cutting, which are topics relevant to all five health topics.

The SHI is organized into eight modules: 1) Health and Safety Policies and Environment, 2) Health Education, 3) Physical Education and Physical Activity Programs, 4) Nutrition Services, 5) School Health Services, 6) School Counseling and Psychological Services, 7) Health Promotion for Staff, and 8) Family and Community Involvement. CPPW Wellness Coordinators and SHACs were required to complete the first four modules. Separate tools exist for elementary (ES) and secondary schools (SS); however the majority of the indices are the same.

SHACS completed the modules online then printed score cards. Scorecards were collected by the CPPW Evaluation Team at the UA Zuckerman College of Public Health, and entered into an ACCESS database. Average score categories were calculated across all schools for the county.

SHI score cards were collected from 101 schools, including 69 elementary and 38 secondary schools. Schools from 9 districts participated, including from the towns of Ajo, Marana, Vail, and Sahuarita, as well as 4 tribal schools. There was participation from 8 of the 11 (73%) unified school districts, as well as schools from the rural, urban and the Bureau of Indian Education. Tucson's largest districts participated, including 42 schools from Tucson Unified, the second largest district in the state.

Each module consists of 12 to 19 items. For each assessment, the SHI team assigns a score for their school: 0=not in place, 1=underdevelopment, 2=partially in place, 3=fully in place. Once all items are

complete, points are tallied, yielding an overall percentage range, and a score category is assigned: 0%-20% = Low, 21%-40% = Low-mid, 41%-60% = Middle, 61%-80% = Mid-high, 81%-100% = High.

Module 1: Health and Safety Policies and Environment (ES, n=69 / SS, n=32)

Module 2: Health Education (ES, n=65 / SS, n=36)

Module 3: Physical Education & Physical Activity Programs (ES, n=63 / SS, n=38)

Module 4: Nutrition Services (ES, n=64 / SS, n=37)

Percentage of Schools by Overall Score Category per Module Elementary (ES) & Secondary (SS) Schools (highlighted in red are most common scores per module by ES and SS)										
	Low (0%-20%)		Mid-Low (21%-40%)		Mid (41%-60%)		Mid-High (61%-80%)		High (81%-100%)	
	ES	SS	ES	SS	EE	SS	ES	SS	ES	SS
M1	0 (0%)	0 (0%)	1 (1%)	4 (13%)	8 (12%)	8 (25%)	42 (61%)	10 (31%)	18 (26%)	10 (31%)
M2	3 (4.6%)	3 (8.3%)	18 (28%)	4 (11%)	25 (38%)	11 (31%)	17 (26%)	8 (22%)	2 (3%)	10 (28%)
M3	1 (1.6%)	1 (2.6%)	7 (11%)	3 (8%)	10 (16%)	7 (11%)	24 (38%)	18 (47%)	21 (33%)	9 (24%)
M4	0 (0%)	0 (0%)	3 (5%)	4 (11%)	17 (27%)	5 (14%)	28 (44%)	20 (54%)	16 (25%)	8 (22%)

With the exception of the Health Education module, the highest percentage of both elementary and secondary schools scored in the *mid-high* category. In Health and Safety Policies and Environment 87% of elementary and 62% of secondary schools scored in the *mid-high* to *high* ranges. In Health Education 66% of elementary schools scored *mid-low* to *mid*, while 81% of secondary schools spanned from *mid* (31%), to *mid-high* (22%) and *high* (28%).

SHI Assessment Highlights

Because the SHI is an assessment and planning tool, and due to CPPW being a 2 year initiative, schools did not conduct the assessment twice. County-level scores were calculated with in-depth analysis of strengths and weaknesses across Pima County schools and presented to stakeholders in multiple settings. These materials are also available online. Superintendents from four of the larger districts received a summary and recommendations based on aggregate SHI scores and the district’s WellSAT score (see next Section).

Strengths across Pima County schools were determined by identifying items where 80% or more of schools scored a 3 (fully in place); and areas needing improvement were determined by identifying where a majority of schools scored a 0 or 1 (not in place or under development). The following are highlights for Physical Activity and Nutrition, as well as “Cross Cutting” indices.

Strengths in Nutrition

- 93% of elementary schools and 92% of secondary schools offer nutritious breakfast and lunch programs that are fully accessible to *all students*
- 94% of participating elementary schools’ food service offer low-fat and skim milk *every day*

Strengths in Physical Education and Physical Activity

- 84% of secondary schools have a grading system for physical education

Needs in Nutrition

- 66% of elementary schools and 78% of secondary schools have fundraisers that include selling foods high in fat, sodium, or added sugars *more than half of the time*
- At 69% of elementary schools and 17% of secondary schools, fewer than half of the foods offered in most sites *outside the cafeteria* are appealing, low-fat fruits, vegetables, or dairy products
- 56% of elementary schools and 65% of secondary schools use *only one or no method* to collaborate with teachers to reinforce nutrition education lessons taught in the classroom (the SHI provided specific methods, and recommends at least incorporating at least 3)

Needs in Physical Education and Physical Activity

- 63% of elementary schools and 65% secondary school have indoor/outdoor facilities with *very limited* availability to students outside school hours
- 77% of elementary school students in each grade receive physical education for *less than 89 minutes per week*, and 67% of secondary school students receive *less than 134 minutes per week* ...the recommended level of PE time
- Only 35% of secondary school students design and implement their own individualized physical activity/ fitness plans as part of the PE program
- 68% of secondary schools less than 50% of boys and 50% of girls participate in school-sponsored extracurricular physical activity programs

Additionally, in the area of health education:

- Health educators participate at least once a year in professional development / continuing education in health education at only 24% of elementary schools and 40% of secondary schools
- Health educators receive training in delivering health and safety curricula at 27% of elementary schools and 35% of secondary schools; and 49% of elementary schools use a sequential health education curriculum that is consistent with state or national standards for health education.
- 44% of secondary schools teach health education by using a variety of culturally appropriate examples and activities that reflect the community's cultural diversity; and 42% use assignments and projects that encourage students to interact with family members and community organizations

Local Wellness Policy: Wellness Self-Assessment Tool (WellSAT)

In 2004 Congress mandated that all school districts participating in federal school means programs create and implement a Local Wellness Policy (LWP) by July 2006. Many Arizona school districts simply downloaded a template provided by the Arizona School Board Association and did not have the resources to develop a meaningful locally driven LWP.

To raise awareness and help build capacity for districts to improve their policies, CPPW provided training and technical assistance using the WellSAT. The WellSAT was developed by the Yale Rudd Center for Food Policy and Obesity, and it provides a standard method for the quantitative assessment of LWPs.

In 2010 and 2011, 9 school districts (8 unified districts, and 1 elementary district) in Pima County assessed their Local Wellness Policies using the WellSAT. These districts represent 73% of all unified

districts in the county and encompass over 179 (83%) of Pima County elementary, middle, and high schools. The WellSAT consists of 5 sections:

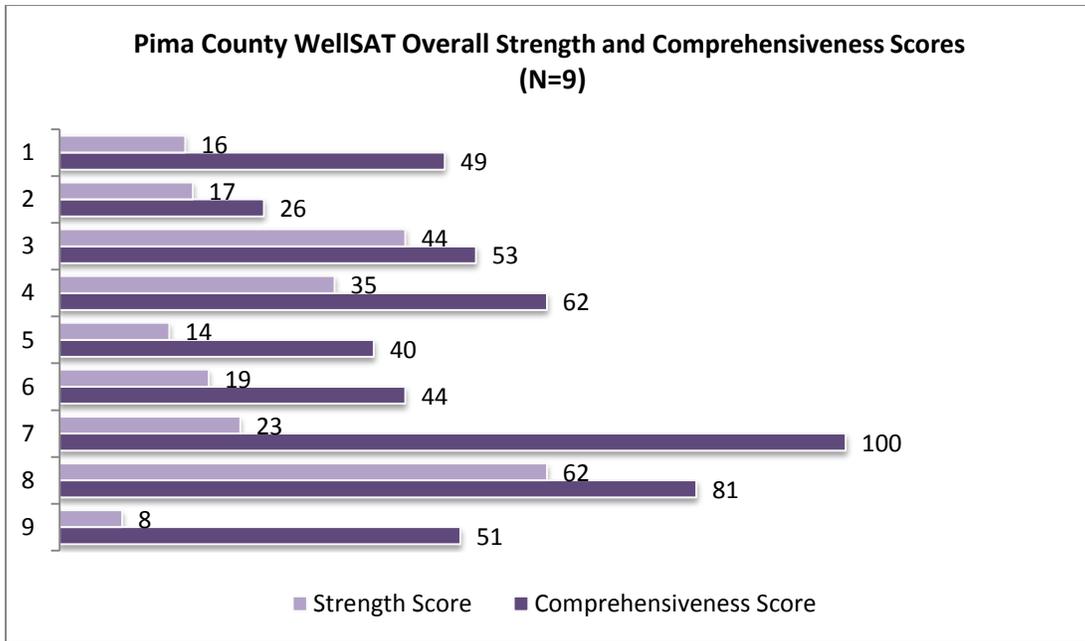
1. Nutrition Education and Wellness Promotion (NEWP)
2. Standards for USDA Child Nutrition Programs and School Meals (US)
3. Nutrition Standards for Competitive and Other foods and Beverages (NS)
4. Physical Education and Physical Activity (PEPA)
5. Evaluation (E)

Each section contains 4 to 16 items. For each item a rating of “0,” “1,” or “2” is assigned as explained in the table below. After each item in a section is rated, a Comprehensive Score (CS) and a Strength Score (SS) are calculated (0 – 100) for each section. The CS reflects the existence of topics in the policy. The SS reflects the quality of policy statements, i.e. topics are addressed with specific and directive language. A low SS indicates vague, unclear language that allows for varying interpretation and loop holes, while a high SS indicate policy statements that are specific and clarify how a school will implement the policy. Finally, Overall Scores are calculated for each District.

County Level WellSAT Results & Highlights by Section

The median county CSs and SSs, out of 100, were 51 and 19 respectively. Overall CSs for each district ranged from 26 to 100, and Overall SSs ranged from 8 to 62. Section scores for the WellSAT for Pima County were highlighted if 50% or more of the districts scored a particular rating for any given item: “0”=weakness, “1”= needs improvement, “2” = strength.

Rating		Explanation
0	= Not Mentioned	The item is not included in the text of the policy.
1	= Weak Statement	<p>Assign a rating of “1” when the item is mentioned, <i>but</i>:</p> <ul style="list-style-type: none"> • The policy will be hard to enforce because the statement is <i>vague, unclear, or confusing</i>. • Statements are listed as <i>goals, aspirations, suggestions, or recommendations</i>. • There are <i>loopholes</i> in the policy that weaken enforcement of the item. • The policy mentions a <i>future plan to act</i> without specifying when the plan will be established. <p>Words often used include: <i>may, can, could, should, might, encourage, suggest, urge, some, partial, make an effort, and try</i>.</p>
2	= Meets / Exceeds Expectations	<p>Assign a rating of “2” when the item is mentioned, and it is clear that the policy makers are committed to making the item happen because:</p> <ul style="list-style-type: none"> • The item is described using specific language (e.g., a concept followed by concrete plans or strategies for implementation). • Strong language is used to indicate that action or regulation is required, including: <i>shall, will, must, have to, insist, require, all, total, comply and enforce</i>. • A district is unable to enforce an item (e.g., teachers role modeling healthy behaviors), but the goal is clearly stated (e.g., “shall encourage teachers to role model healthy behaviors”).



Pima County WellSAT 2010-2011 Comprehensive, Strength, and Overall Scores by Section												
District	NEWP		US		NS		PEPA		E		Overall	
	CC	SS	CC	SS	CC	SS	CC	SS	CC	SS	CC	SS
1	33	22	29	14	38	0	43	21	100	25	49	16
2	22	0	67	43	44	44	7	0	0	0	26	17
3	67	44	29	14	31	25	36	36	100	100	53	44
4	56	33	43	29	69	81	29	21	100	25	62	35
5	56	0	29	0	31	0	57	43	25	25	40	14
6	67	22	29	29	38	31	36	14	50	0	44	19
7	100	0	100	71	100	13	100	29	100	0	100	23
8	89	56	57	43	81	69	79	43	100	100	81	62
9	67	11	14	0	38	6	36	21	100	0	51	8
County Median	67	22	29	29	38	25	36	21	100	25	51	19

1) Nutrition Education and Wellness Promotion (NEWP)

The median county NEWP CS and SS scores were 67 and 11 respectively.

- **Strength (majority “2”):** None identified.
- **Needs Improvement (majority “1”):** 63% of districts *do not specify how they will* provide nutrition curriculum for each grade level, engage families to provide information and/or solicit input to meet goals, or how to market and promote health food choices. The majority of districts do not specify nutrition education teaching skills that are behavior focused; how marketing of unhealthy food choices will be restricted, or how an advisory team will be established beyond policy development.

- **Weakness (majority “0”):** The majority of districts *do not address* linking nutrition education with the school food environment, or encouraging staff to be role models for healthy behaviors; 75% do not specify using the CDC Coordinated School Health model or other comprehensive method.

2) Standards for USDA Child Nutrition Programs and School Meals

- **Strength (majority “2”):** 75% of districts specifically address nutrition standards for school meals beyond USDA minimum standards, and the majority of districts are clear about ensuring adequate time to eat.
- **Needs Improvement (majority “1”):** None identified.
- **Weakness (majority “0”):** The majority of districts *do not address*: strategies to increase participation in school meals programs, assurance of nutrition training for food service staff, or ensure that nutrition information for school meals is available.

3) Nutrition Standards for Competitive and Other Foods and Beverages

- **Strength (majority “2”):** 63% of districts regulate vending machines, and 50% regulate food service a la carte or food sold as an alternative to the reimbursable school meal program.
- **Needs Improvement (majority “1”):** 75% are *not specific about* regulating food served at class parties and other schools functions, or address food not being used as a reward; 50% are not specific about regulating school stores, or food sold for fund raising at all times.
- **Weakness (majority “0”):** 75% *do not address access* to free drinking water; 63% do not address limiting sodium or calorie content, increasing whole foods, or serving size limits for foods and beverages sold/served outside of school meals; 50% do not address limiting sugar and fat content of foods sold/served at class parties and other celebrations.

4) Physical Education and Physical Activity

- **Strength (majority “2”):** 78% of districts prohibit the restriction of physical activity a punishment.
- **Needs Improvement (majority “1”):** Over 50% of districts *are not specific about* provision of daily recess in elementary schools.
- **Weakness (majority “0”):** 75% *do not address* providing physical education training for PE teachers or PE waiver requirements; 63% don’t address written physical education curriculum for each grade level, the amount of time per weeks of PE for middle and high school students, the teacher-student ratio for PE, or equipment and facilities appropriated for PE; over 50% do not address the qualifications of PE teachers, or physical activity breaks for elementary students not including PE or recess.

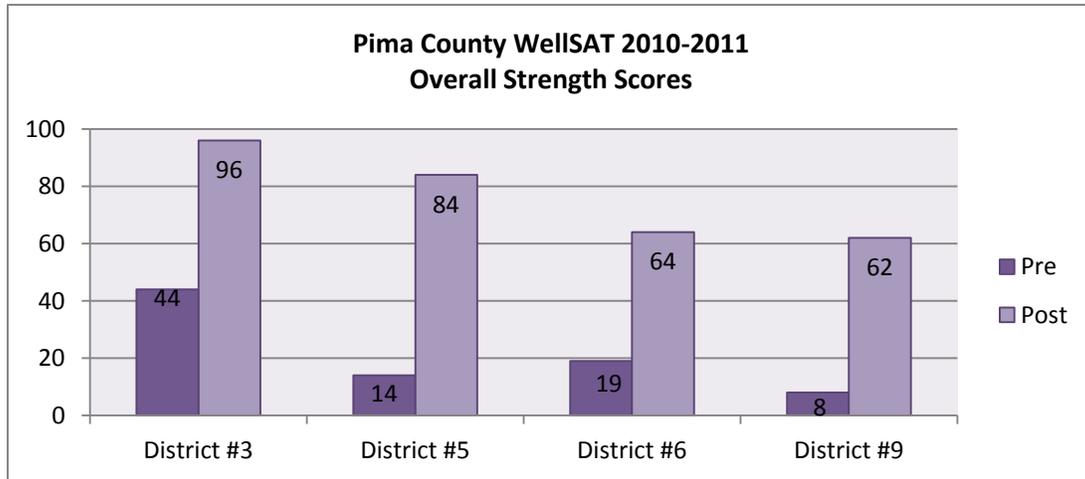
5) Evaluation

- **Strength (majority “2”):** None identified.
- **Needs Improvement (majority “1”):** 75% of districts *are not specific about* a plan for policy evaluation or revision of policy; 63% *are not specific about* establishing a plan for policy implementation.
- **Weakness (majority “0”):** None identified.

Improvements to Local Wellness Policies

Districts were not required to complete the WellSAT again during CPPW. The goal of the 2 year initiative was to gain awareness and momentum on how to engage with the LWP process and strengthen policies improvements.

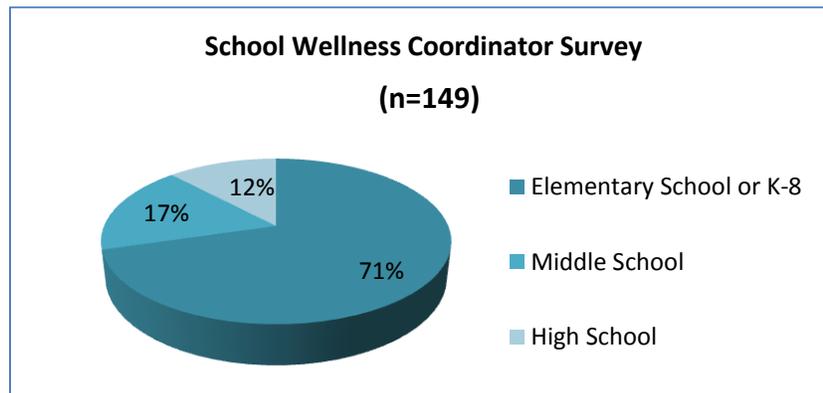
In 2012, four districts did complete the WellSAT again, after revising their LWPs. Overall Strength Scores increased from 45 to 70 points per district. The greatest increase was in the Evaluation Section (E), where the median increase amongst the districts was 87.5.



Pima County WellSAT 2010-2011 Change in Overall Strength Scores by Section																		
District	NEWP			US			NS			PEPA			E			Overall		
	pre	post	↑	pre	post	↑	pre	post	↑	pre	post	↑	pre	post	↑	pre	post	↑
3	44	100	56	14	86	72	25	94	69	36	100	64	100	100	0	44	96	52
5	0	89	89	0	86	86	0	94	94	43	50	7	25	100	75	14	84	70
6	22	67	45	29	43	14	31	81	50	14	29	15	0	100	100	19	64	45
9	11	33	22	0	57	57	6	75	69	21	43	22	0	100	100	8	62	54

IV. Process & Outcomes: Wellness Coordinator Survey

Between February and April of 2012, 149 (a 99% response rate) School Wellness Coordinators (WCs) completed an online survey assessing the process and outcomes of CPPW. WCs from 105 (71%) elementary schools, 26 (17%) middle schools, and 18 (12%) high schools participated.



The survey consisted of four parts: 1) The Wellness Coordinator and School Health Advisory Council Experience (SHAC), 2) Resources Provided by CPPW, 3) The School Health Index, Action Planning, and Outcomes, 4) Changes to the School Health System.

Part 1: The Wellness Coordinator and SHAC Experience

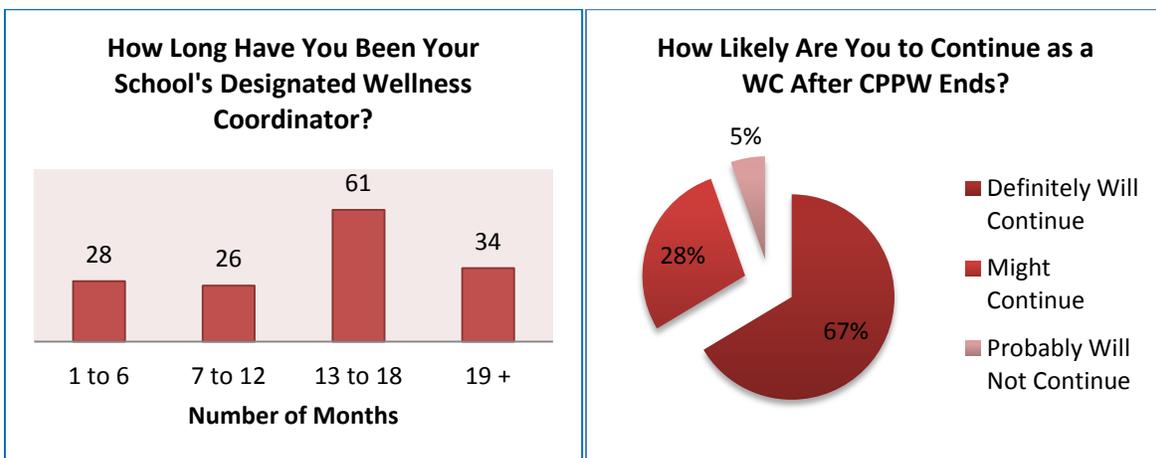
The purpose of these questions was to understand the key infrastructural components of the Coordinated School Health model and how they worked in Pima County through CPPW.

Wellness Coordinators (WCs)

The majority of WCs (64%) had been their school's designated WC for more than one year; and 66% stated they *definitely will continue* in this role after CPPW ends, while 28% stated they *might continue* and 8 WCs stated they *probably will not continue*. Of those who were unsure or who were not going to continue, many stated they were changing schools, or that their position might change. Some had identified another person that was a better fit. A few WCs stated that there was either too little support or time to continue. Most WCs expressed commitment to complete existing and ongoing projects, and willingness to continue if their district was supportive. Many also described health promotion activities they would continue, whether they were a designated WC or not.

Of the WCs who stated they will definitely continue, many pointed to the success and progress of their efforts and believed there was an impact on students and at their schools. Others expressed general commitment, and indicated that their regular roles (e.g. school nurse, PE teacher) lent itself to the work. Many WCs stated they enjoyed the role and described the experience as rewarding, pointing to the value and importance of health and wellness in general. Some WCs described specific activities and

programs they would continue with such as Wellness Weeks, structured recess, and Milers Club, while others described strategic plans to write grants, or work with insurance brokers to focus on employee wellness.



School Health Advisory Councils (SHACs)

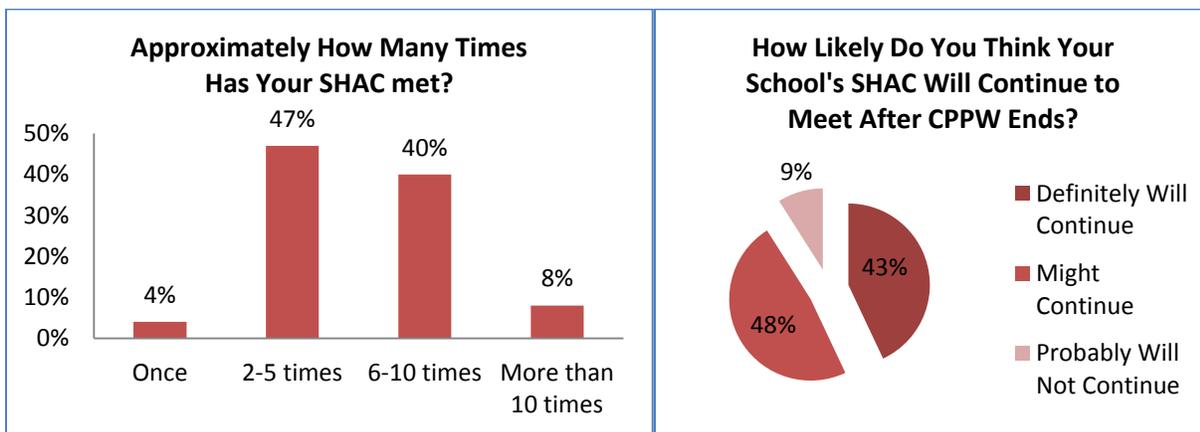
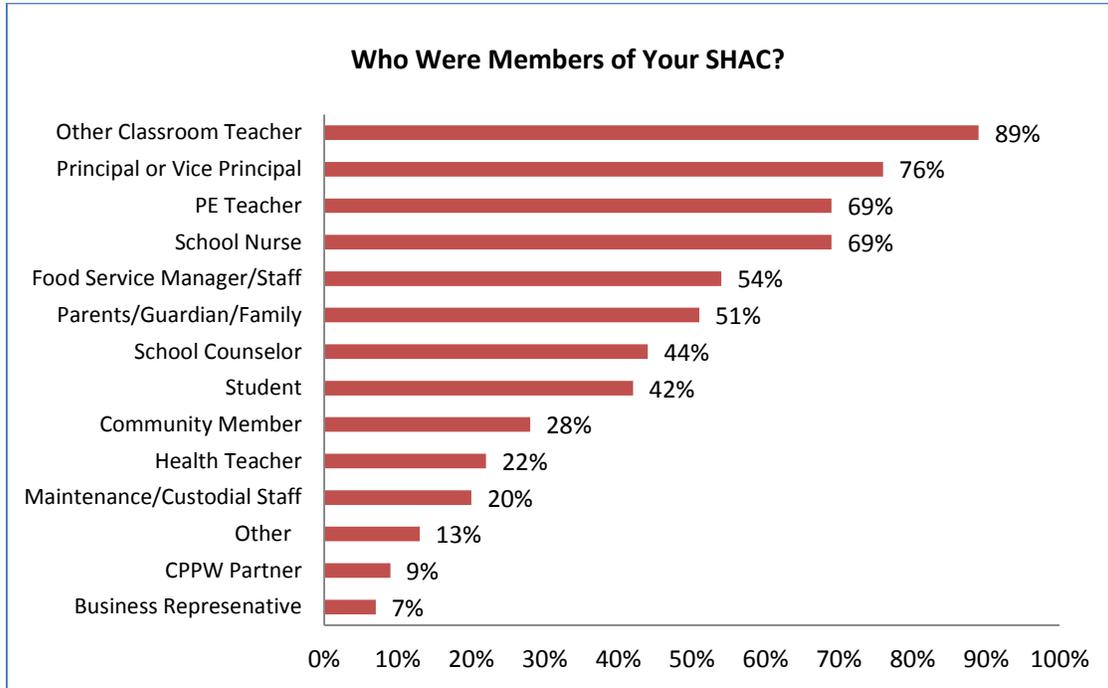
After an initial training, one of the first project for the CPPW Wellness Coordinators was to meet with a SHAC, conduct a school health environment assessment and develop an action plan with SHAC members. SHACs are meant to serve as a leadership and decision making entity charged with addressing health and wellness, and is considered one of the key components of Coordinated School Health.

The most common member of the SHACs were “other” classroom teachers (89%), followed by principals or vice principals (76%), PE teachers and school nurses (69%), food services personnel (54%), family members (51%), school counselors (44%), students (42%), community members (28%), health teachers (22%), and maintenance staff (20%). “Other” SHAC members included librarian, Student Council members, after school coordinators, activities helper, school monitor, district coordinators, superintendent, and support staff such as the attendance clerk, and instructional aides. The primary CPPW partners mentioned were United Way, the UA Schools Team, and the Drachman Institute.

Forty-two percent (42%) of the SHACs had *first* met over a year prior to the survey; 28% had met six months to one year prior, and 29% had first met less than six months prior. Forty-seven percent (47%) of the WCs stated that their SHAC met two to five times, 40% met six to ten times, and 8% met more than ten times. Six WCs stated they only met once, and two stated their SHAC never met. Some WCs stated that they worked individually with members depending on project needs, and a few described using email to communicate and that the entire group didn’t meet often.

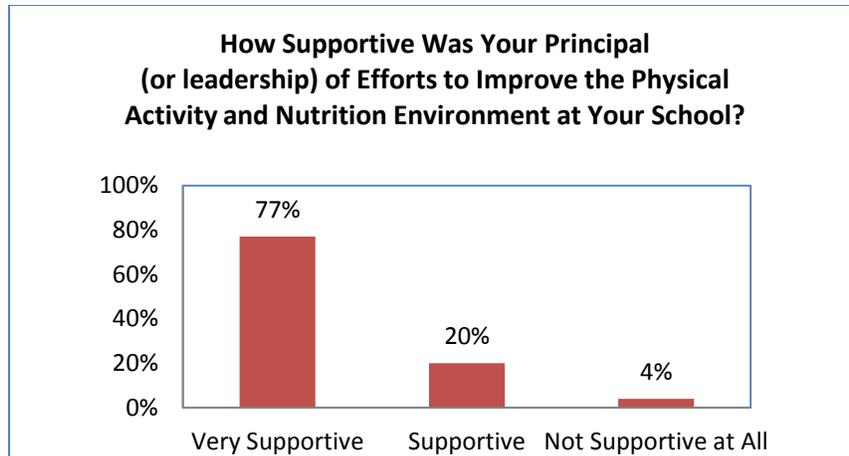
Forty-eight percent (48%) of the WCs felt their SHAC *might continue* after CPPW and 43% stated it *definitely will continue*. Uncertainty about continuing was primarily attributed to scheduling and the difficulty of getting people together, and some felt there was little support or that if they didn’t keep the SHACs going, it probably wouldn’t happen. Many stated that they would meet as needed or a few times a year, and some were more driven by topic/activity, e.g. nutrition subcommittee, wellness weeks.

Many WCs also expressed commitment to the value of the work and the need to address health and wellness. A few WCs described how the SHACs will continue by being integrated with existing teams or committees, “Our principal has established a standing Wellness Committee which meets as a professional development committee every other month.”



Administrative Support

Ninety-seven percent (97%) of the WCs stated that their principal (or leadership) was *very supportive*, or *supportive* of efforts to improve the physical activity and nutrition environment at their schools, while six WCs felt their principal was *not supportive at all*.



Over 40 WCs provided examples of the kinds of support administrators provided. Many principals were described as encouraging and supportive of any ideas, offering their verbal and written approval when needed. Some participated on the SHACs and assisted with planning events and activities, and were able to provide helpful suggestions. Principals provided release time for trainings, meeting time during school hours; they offered their sites for training events, and allowed families to use the cafeteria for exercise programs. Many principals were also simply described as health advocates, supporting anything related to health and wellness, and some approved of policy and practice changes, such as structured recess, and recess before lunch, or modifications to classroom curricula. Some WCs stated that their principal had been engaged in health and wellness in other schools, and contributed their own experience and expertise to the process.

“She dressed up as Mrs. Potato Head for “Dress as a Veggie Day” and she has allowed us to do every activity we’ve wanted to do.”

“The Principal] offered the school as a training site for the structured recess program, and attended several nutrition based programs with me and assisted me in obtaining a vehicle from the district to be able to attend out of town trainings.”

“He allowed us to work through the classroom curriculum and time to work in these important issues. He also allowed us the freedom to promote healthy living after hours in the cafeteria with family workout classes that were quite successful.”

“The biggest positive/critical comment was giving strategies and supporting teachers to participate in Fit Weeks. Many teachers were not supportive but saw how easily it was to incorporate academics within the Theme of the Fit Weeks.”

Lack of support was primarily described as principals not participating in SHACs or other activities, or not demonstrating moral support to the rest of the school for what the SHACs were trying to accomplish. Some principals were supportive “in theory” but were not engaged and had other priorities.

Overall Experience

School Wellness Coordinators “enjoyed,” “loved,” and “learned” from the experience of being a WC and leading a SHAC. They enjoyed their role as a leader for health and wellness, and expressed pleasure at having an impact on students and the school health environment through the activities and events that took place. WCs expressed appreciation for CPPW partners and the support provided to schools in the form of trainings, materials, and equipment. Some WCs felt encouraged and inspired by the effectiveness of team work, and described helpful and enthusiastic staff and students. Many WCs enjoyed the opportunity for leadership, and felt it was a way to have positive interaction with students.

“I thought that this would be too much work for me. I quickly realized that when you have good leaders helping, it becomes fun. I was also lucky to have good staff and students willing to do anything I ask of them”

“This was a great opportunity. A long-term employee here called it a “golden age” for [our school] upon seeing all of our projects coming to fruition. Leading a SHAC was interesting. Even in a school full of dedicated, engaged staff, any project needs a “leader” that knows how to see it through/get things done.”

“At first I really wasn't too sure what having a SHAC or being a WC was all about but after both of us started meeting and getting the students involved it has been really an eye opener. Parents love it and students go home and tell them they have to have more fruits and veggies or they cannot have too many empty calories. I see no reason why we would stop.”

“I loved leading the SHAC. The experience is very special to me. The U of A coordinators were so professional. I appreciate the excitement, challenges, and opportunities to make life changes for students/community.”

“I loved being the leader of a positive and free-thinking group. We shared ideas and worked quickly and effectively to improve our school. Students at [our school] now have 30 minutes or more of structured play every day - 160 - 180 minutes per week is average.”

“After 24 years teaching I was looking for a new challenge, and being the wellness coordinator filled that need. I love my role as WC.”

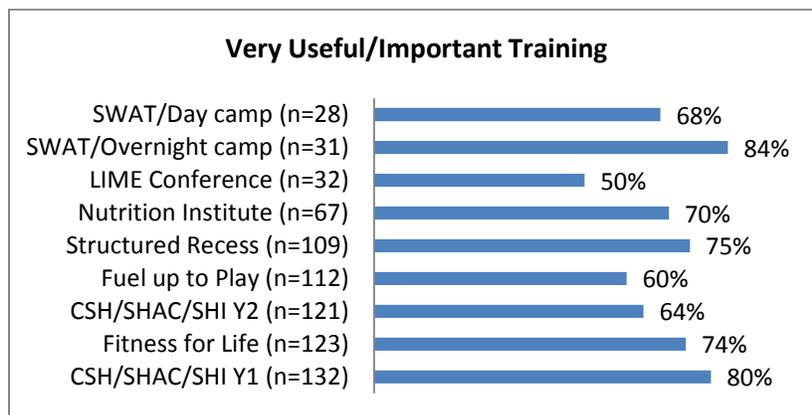
Many of the challenges faced by WCs were logistical, including scheduling, time commitment from staff, and “getting everyone together.” Some felt overwhelmed by all their responsibilities and were concerned about asking others to take on more work. A few WCs felt they were trying to “convince” others to participate and engage, and as a result felt they had to “do it all.” There were some frustrations with a lack of clarity and communication about what was expected of them, the amount of “paperwork” and other requirements of the “grant.”

Part 2: Resources Provided by CPPW

Wellness Coordinators were asked to think about any successes they had in making changes to their school's physical activity and nutrition environment, then rate resources provided by CPPW as *less useful/important*, *somewhat useful/important*, or *very useful/important* to making those changes. Resources included professional development and training opportunities, people power, materials, and other grant and monetary opportunities.

Professional Development and Training

Approximately 9 distinct training events were offered to personnel from partnering CPPW schools. Wellness Coordinators could participate in one or more events. The training that reached the most WCs was the required Coordinated School Health (CSH) training that also covered School Health Advisory Councils (SHACs) and School Health Index (SHI); 132 WCs participated in this event, 80% of whom rated it as *very useful/important*. Overall, over 50% of WCs who attended a training event rated it as *very useful/important*. Other events included the Student Wellness Advocacy Team (SWAT) overnight and day camps, the Learn, Inspire, Move, Eat Conference hosted by Tucson Village Farm and Kids Can Cook, the Summer Nutrition Institute, Structured Recess, and Fuel up to Plan and Fit for Life.



People Power

The UA CPPW School Team, along with the school and district WCs played the most important role in achieving success. The Pima County Health Department and the UA Arizona Nutrition Network also were considered *very important* partners by the majority of WCs. A few of the partnering CPPW organizations were considered *not applicable* by the majority of WCs. Some WCs also recognized parents and the Student Wellness Advocacy Teams (SWATs) as important to get things done.

Materials

CATCH equipment, materials from the Fitness for Life and Nutrition Institute trainings, and student planners were considered *very important* by the majority of WCs. SWAT camp materials and the Jr. Master Gardeners teacher handbook were *not applicable* to the majority of WCs.

Other Grant and Monetary Opportunities

A stipend for the Wellness Coordinator, resources to cover sub time, incentive to be a Healthy School Zone, and monies to implement the SHI action plan were applicable to over 90% of the WCs and considered *very important* by over 70%.

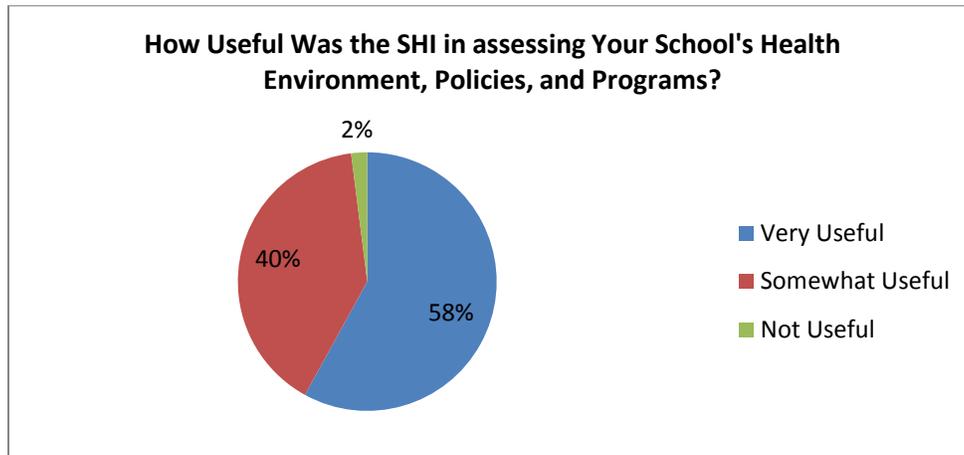
People / Organizations	Less Important	Somewhat Important	Very Important	N/A
School WC	1%	15%	84%	0%
UA School Team Contact Person	1%	13%	86%	1%
District WC	6%	23%	66%	4%
UA School Team Members	2%	22%	66%	9%
UA AZ Nutrition Network	6%	13%	56%	25%
Pima County Health Dept.	2%	15%	56%	26%
UA Drachman Institute	8%	12%	20%	60%
Community Food Bank	4%	14%	20%	62%
Other community members/orgs	3%	8%	20%	69%
YMCA	7%	22%	19%	52%
United Way	5%	20%	15%	61%

Materials	Less Important	Somewhat Important	Very Important	N/A
CATCH Equipment	1%	15%	69%	15%
Fitness for Life Materials	3%	21%	66%	10%
Student Planners	4%	10%	55%	32%
Nutrition Institute Materials	3%	22%	53%	23%
Monthly WC Newsletter	6%	33%	47%	15%
SWAT Camp Materials	3%	6%	29%	62%
Jr. Master Gardeners Handbook	4%	11%	13%	73%

Grants and Monetary Opportunities	Less Important	Somewhat Important	Very Important	N/A
SHI Action Plan Implementation (\$1000)	0%	5%	94%	1%
Stipend for School WC (up to \$1200/y)	1%	5%	93%	2%
Healthy School Zone Designation (\$500)	3%	6%	88%	3%
Sub Time to Attend Trainings (\$300)	4%	17%	72%	6%
Stipend for District WC (up to \$1200/y)	2%	9%	71%	19%
Fresh Fruit and Veggie Bars	4%	12%	57%	26%
Structured Recess (\$4000, some ES)	2%	1%	57%	39%
ENERGI System (%15,000, some SS)	3%	3%	16%	77%

Part 3: School Health Index, Action Planning, and Outcomes

Schools participating in CPPW were required to complete 4 modules and develop action plans. Schools were given up to \$1500 to implement their plans, including \$500 for a Healthy School Zone Designation. Fifty-eight percent (58%) of the WCs described the SHI as *very useful*, and 40% described it as *somewhat useful*.



Of the WCs who stated the SHI was *not useful* or only *somewhat useful* many felt it was a good starting point to identify strengths and weaknesses, although some stated they “already knew” what their school health environment was like and described frustrations related to implementation of ideas- that there was no political will, no funding, or that things were “out of [their] control. For example, one WC felt that the SHI helped to think about how much time students spend being physically active, but that questions about food emergencies or food purchasing left them wondering how they could impact food service in general.” Some WCs questioned the accuracy of scores, pointing to “many perspectives” and varying interpretations of questions. One WC stated that many people were giving high scores for having a nurse available on campus full time, when in reality there was only one full time nurse for the entire district, and schools have health assistants that people have come to think of as a nurse.

For those who stated the SHI was *very useful*, most identified the value in identifying strengths and weaknesses, how to identify needs, and focus on ways to make improvements. Several WCs expressed satisfaction with the SHI as a group learning that raised awareness for many people. Some WCs also described the benefit of having the perspectives from various personnel who have specific roles and can contribute to the process.

“Everyone had input and various viewpoints. Monitors see the kids outside and know the conditions and environment associated with that. The nurse saw the health issues. The cafeteria staff saw what the kids ate or didn't eat and offered suggestions in that area. Teachers wanted more recess ideas/equipment.”

“That was a fun process last year. We were shocked at the things we needed to work on but excited that our school is already doing things that need to be done to make our school a healthy place to learn and grow.”

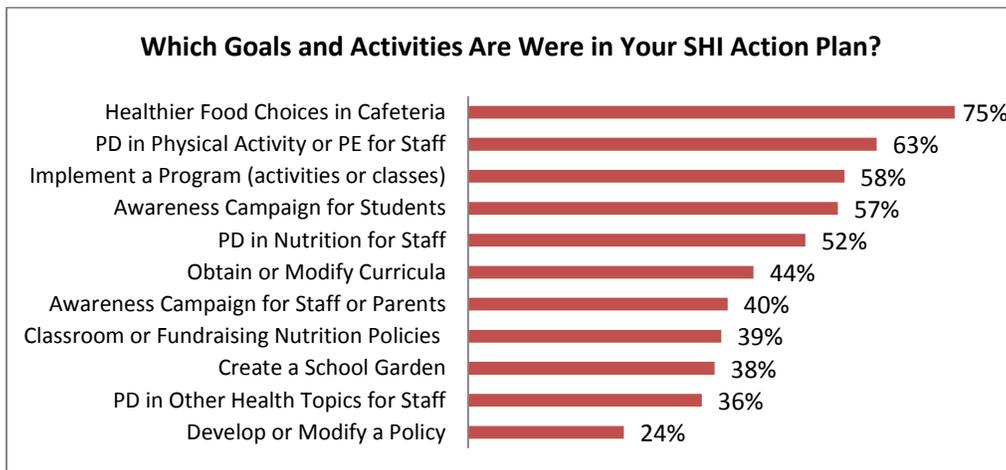
“The SHI was very useful because it made you look at your school's strengths and weaknesses in areas you would not normally think about. Also, it was no cost at all and was easy for everyone to work together to create an action plan suited for your individual site.”

“It was useful in the fact that it gave us concrete information on our school and District policies. We pretty much knew what our school needed in most of the areas. This helped us present it to our staff instead of just assuming.”

SHI Action Plans

Of the 149 survey participants, 75% wanted *Healthier Food Choices in the Cafeteria*. Most also wanted *Professional Development (PD) for Staff* in physical activity or PE (63%) and nutrition (52%). Specific programs or activities (58%) and education and awareness for students (57%) were also in most action plans.

The CPPW Schools Team was instrumental in completing action plan ideas, which included implementing strategies such as Wellness Weeks, structured recess, utilizing programs or activities from Fit for Life and Peaceful Playgrounds; some acquired fresh fruit and salad bars and play or PE equipment. Schools started walking groups, formed wellness committees with students and launched awareness campaigns which included healthy messaging and announcements. Schools were in various stages of developing gardens and enhancing the outdoor environment. WCs mentioned afterschool programming, and family night activities. Some schools were able to either replace unhealthy food choices in the school cafes or add healthy choices. One school ‘banned’ energy drinks.

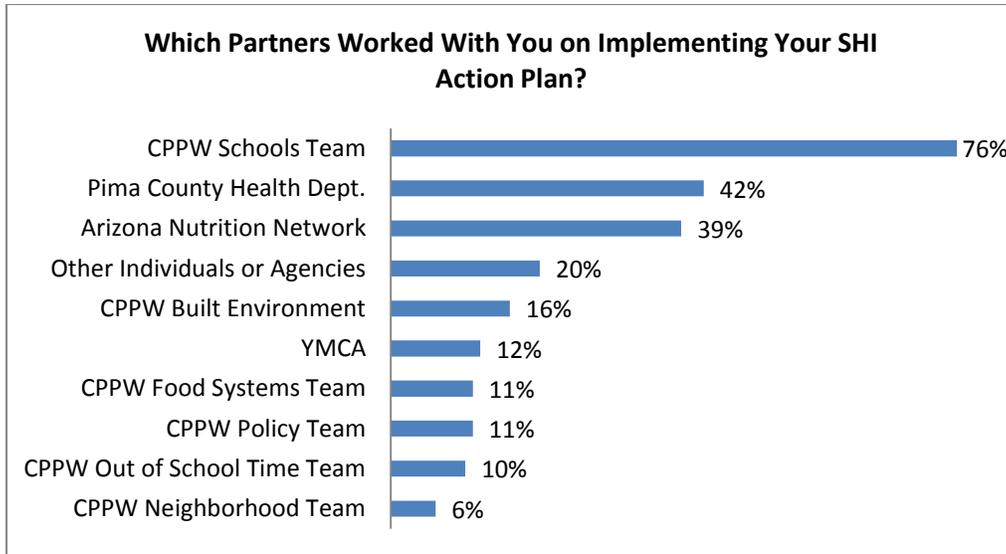


When commenting on partnerships, WCs also mentioned the support from other school staff and that “we did it ourselves!” They also mentioned Parent Teacher Associations, parents, students. Specific entities included The Community Gardens of Tucson, neighborhood associations, Tucson Ward 3, the

Boys and Girls Club, Arizona Farm Bureau, Dairy Council of Arizona, the Pima County Attorney office, Sodexo Food Distribution, Tucson Parks and Recreation, Civano Nursery, the Indian Health Services Diabetes Program, Healthy O’odham Prevention Program, and many more.

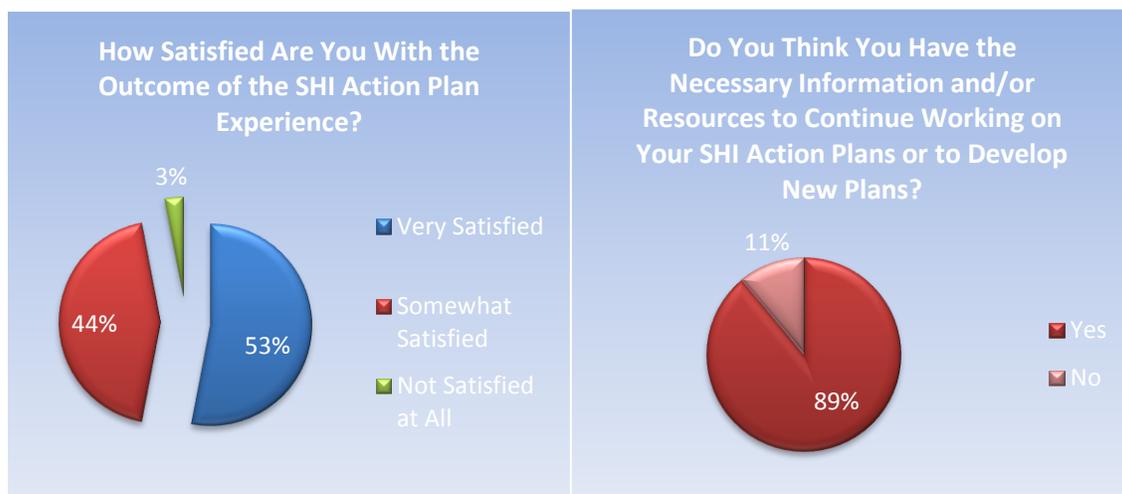
“I did not realize there was so much support out there.”

“I want to thank everyone who helped our school be successful. I learned so much from each one of them.”



SHI Outcomes and Sustainability

Fifty-three percent (53%) of the WCs reported being *very satisfied* with the SHI action plan experience; 44% were *somewhat satisfied* and 3% were *not satisfied at all*.



Among those who were *not satisfied at all* or only *somewhat satisfied*, most did not critique the assessment process, but rather stated they didn’t have time, resources, or administrative support for

implementation of action plans. In this sense, at least one WC thought the SHI only assessed problems, without the possibility for solutions. Also, some felt a PE teacher would be a better fit to lead efforts, rather than a classroom teacher, while others mentioned turnover of SHAC members as a barrier to implementation. Some WCs described resistance from teachers or administrators to creating policies that prohibit using unhealthy foods as a reward, for parties, or for fundraising; as such they expressed a wish for the district to make a “universal” decision.

Of the WCs who were *very satisfied* with the outcomes of SHI action planning, many expressed humility, stating there is still more that needs to be done. Most expressed satisfaction with working together and collaborating on a project. Many WCs felt the SHI provided clarity and helped generate ideas; and they felt there had been an impact at the school, primarily in generating awareness.

“I have been a teacher [here] for the past 6 years and over that time I have seen health and physical education go from being viewed as a waste of instructional time to a necessary component of a school day. The SHI action plan gave us a plan that we could follow and helped to change many teachers’ attitudes.”

Furthermore, 89% of the WCs stated they had the necessary information and resources to continue to work on action plans. Most described the value of the training and professional development they received and benefits of partnerships. Most WCs also acknowledged the challenge and time commitment but felt they had a good foundation to continue with their efforts.

Recommendations for Schools Completing the SHI in the Future

Many Wellness Coordinators emphasized the importance of having many perspectives and expertise with a diverse team, or SHAC. They stressed “getting help,” delegating jobs, and focusing on small, realistic changes. Administrative support was key, as well as encouraging and gaining support from fellow teachers. Many WCs suggested starting early in the school year and meeting or checking in often. They also emphasized utilizing existing community resources, programs and partnerships.

“Make sure you get all stakeholders. There are things you will not think about that someone else will. The more representation the better!”

“Make it a group effort. Some of the best ideas came from unexpected people-i.e. Science and English teachers.”

Recommendations to Future Wellness Coordinators

Based on their experience the CPPW Wellness Coordinators were asked if they had any recommendations or tips for future WCs. Many WCs mentioned perseverance, noting the importance of staying positive and the effect that a good attitude can have on others. They acknowledged the challenges and recommended celebrating small changes and victories.

“Future WC's should be aware that it takes time and effort to promote wellness and create a buzz about changing the school's culture. It is necessary to have a group of committed adults and students working on the committee to "sell" wellness.”

WCs described the need to get administrative support, and to always ask questions. They emphasized the importance of being organized and planning early on, meeting with other members of the SHAC frequently and making decisions as a group, not as one person. Many WCs emphasized not trying to do everything alone and to involve as many people as possible. Several WCs also pointed to community partnerships and resources.

“Future WC's should be aware that it takes time and effort to promote wellness and create a buzz about changing the school's culture. It is necessary to have a group of committed adults and students working on the committee to "sell" wellness.”

“Many community members are ready and willing to assist a school with a good cause - they are just waiting to be asked.”

“Recruit parents / grandparents to help. Find their interest and ask them to help with what interests them most. You'd be amazed at the ideas they have.”

Several WCs suggested networking with other schools, and some recommended organizing regional meetings for SHACS and WCs.

“Improve communication. Create a newsletter or website where schools can share what they are doing. I ran into leaders from other schools and they were so interested in what we were doing and how we manage to get some of it done. We were equally interested in other school's programs as well.”

WCs highly recommended getting student input and involvement and described how students in turn developed leadership skills.

“Use students as resources and allow them to be in charge. Do not try to do it alone.”

“Students love to be involved. Our students have helped in making decisions about structured recess and equipment management and love the opportunity to demonstrate leadership skills.”

“Let the kids come up with ideas and do the work! They will take more ownership over the experience.”

Part 4: Additional Changes to the School Health System

In addition to changes that took place as a result of the School Health Index action planning process, Wellness Coordinators were asked to describe any additional changes to the school health system as a result of CPPW, its partnerships and/or resources leveraged. WCs were asked to think specifically about

systemic changes that include changes in general practices amongst personnel, changes to policies, or the capacity of the school to support physical activity or health eating for students.

Change to Increase Physical Activity amongst Students

The most frequently cited change was the introduction of structured recess, or structured play during the lunch/recess break of the day. Many of these schools also how described new equipment, walking paths, volleyball courts, or ENERGI Systems helped with the implementation of their programs and activities. While school staff typically supervise and guide structured recess, in some cases a school volunteer or older students lead the activities. At one school the PTA paid for a part time PE teacher who would also lead structured recess.

“Structured Recess was a huge hit with ALL of our students. We used a group we developed of 6th grades (Leaders in Action - LIA) to facilitate our Structured Recess. The 6th grade students thoroughly enjoy this process. They also worked with our special needs students to develop a structured recess program for them.”

“Our school funding for PE is no longer available. Our PTA pays for our PE teacher because the parents and teachers feel so strongly about this being part of our school for the kids.”

As a result of the Fitness for Life training opportunities, many schools are incorporating physical activity in the classroom, and provide activity breaks throughout the day. Also frequently cited were Wellness Weeks where wellness announcements were made in the morning and additional time was spent on physical activity, and wellness events.

Some WCs described an increase in sports and activity clubs, afterschool programs, and activities and events such as bike rodeos and walk to school days. Some WCs also described a general increase in enthusiasm, support and participation amongst students and staff.

A few WCs specifically described instruction given by a principal, or a new school policy to have a specific amount of physical activity a week for students. And some described opening their gyms during lunch/recess break for structured play.

Change to Promote Healthy Eating

Most Wellness Coordinators discussed Wellness Weeks, and fresh fruit and vegetable bars as the greatest change to the nutrition and food environment. Through Wellness Weeks, classroom teachers incorporated lessons and activities about nutrition and food choices; schools also included nutrition tips and information during morning announcements. Many schools received new fresh fruit and vegetable bars through the CPPW initiative; WCs felt that both students and teachers were enjoying taking advantage of the increase in healthy choices. Health promotion activities to complement changes in the cafeteria included ‘taste tests’, role modeling and encouragement by teachers, and more signage and posters about wellness and nutrition. At some schools the Student Wellness Advocacy Teams (SWATs) led these activities by organizing taste tests, salsa competitions, or “nutrition assemblies.”

In addition to the fresh fruit and vegetable bars, many WCs reported improvements to the cafeteria menu, and a positive relationship with food service providers and successful efforts at the district level to improve menu selections. A few WCs also described changing the lunch time “experience”:

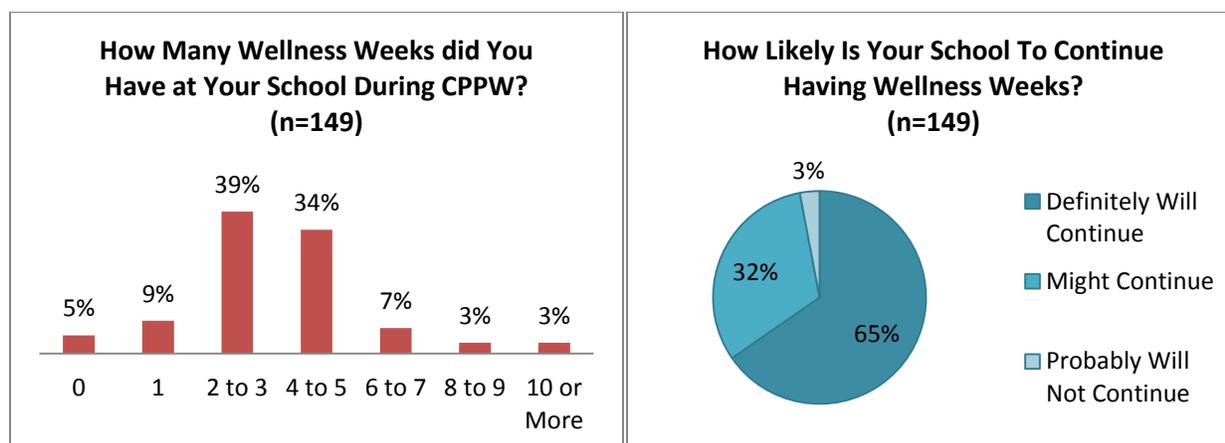
“Our site has changed lunchroom policies. There is a 15 minute period at the beginning of lunch that allows teachers and students time to interact with each other and eat their food while discussing nutrition, health, school issues, manners and more. After the fifteen minutes are up, students must raise their hand and ask to be dismissed as long as they have eaten an appropriate amount of their food.”

Another WC described a “complete overhaul of school recess/lunch schedule to give the students more time to eat in a quieter atmosphere.”

Outside of cafeteria and menu improvements, most WCs discussed healthy snacks as the greatest change. Many teachers took initiative to disallow unhealthy snacks, and in some cases schools created a policy around snacks; one school used the Arizona Nutrition Standards as policy guidance for classroom snacks. Some teachers stopped using food as rewards, or using candy as an incentive. Schools sent home requests to parents about bringing healthy snacks to schools. At least one school informed parents not to send kids to school with sodas. While at least one school described changing fundraising efforts to not consist of selling unhealthy foods, several WCs expressed fundraising and celebrations as a challenge to improving the food environment.

Wellness Weeks

Through training in Fitness for Life, and resources provided by CPPW, WCs and schools designated as “Healthy Schools Zones” were asked to implement 4 Wellness Weeks. Forty-seven percent (47%) of schools implemented 4 or more Wellness Weeks throughout the course of CPPW. Sixty-five percent (65%) of the WCs stated they *definitely will continue*.



Among the WCs who were optimistic about continuing during the following school year, the majority simply explained that the kids enjoyed them, that they broke up the monotony during the school day and gave them something to look forward to during lunch and after school hours. Some WCs said that

the student councils or other student groups were going to lead and organize Wellness Weeks. One WC described administrative support and participation in Wellness Week activities:

“Our Principal loves our Move it Mondays where we do a dance to start the week, such as the Macarena, the electric slide and the Chicken Dance. She also likes Get Fit Friday, where we do an activity as an entire school. We have taken a walk twice around campus. Had scooter races, had aerobic time and did jump rope and hula hoop contests.”

Of the WCs who were unsure about continuing, most described lack of staff involvement, “help,” or buy in; some felt it was difficult to “convince” classroom teachers who were under district pressure to reach required number of instructional minutes. However, many WCs speculated about adapted versions on a lower scale, such as Wellness Days, or continuing through the PE program, if not campus-wide.

V. Changes to the School Grounds and Environment

Almost half a million dollars were invested into 27 Pima County schools within 8 school districts to enhance the physical and built environment to promote physical activity and health and wellness activities on school grounds. These efforts were led by the CPPW Built Environment Team at the University of Arizona Drachman Institute in the College of Architecture and Landscape Architecture in partnership with the CPPW Schools Team, students, school personnel, neighbors, SHACS, and Wellness Coordinators.

Projects included created biking courses and walking paths and installing Energi Systems. Improvements to the outdoor environment such as trees, fencing, lighting, and outdoor benches were designed to make school grounds more comfortable, safe and appealing to students and community members. Many schools installed school gardens or enhanced gardening activities with water cisterns, irrigation systems, and added fruit trees.

On the following pages are a map of school project sites, and a table documenting projects by district and CPPW focus areas.



Lunch Space Renovation Challenger Middle School



School Garden Doolen Middle School

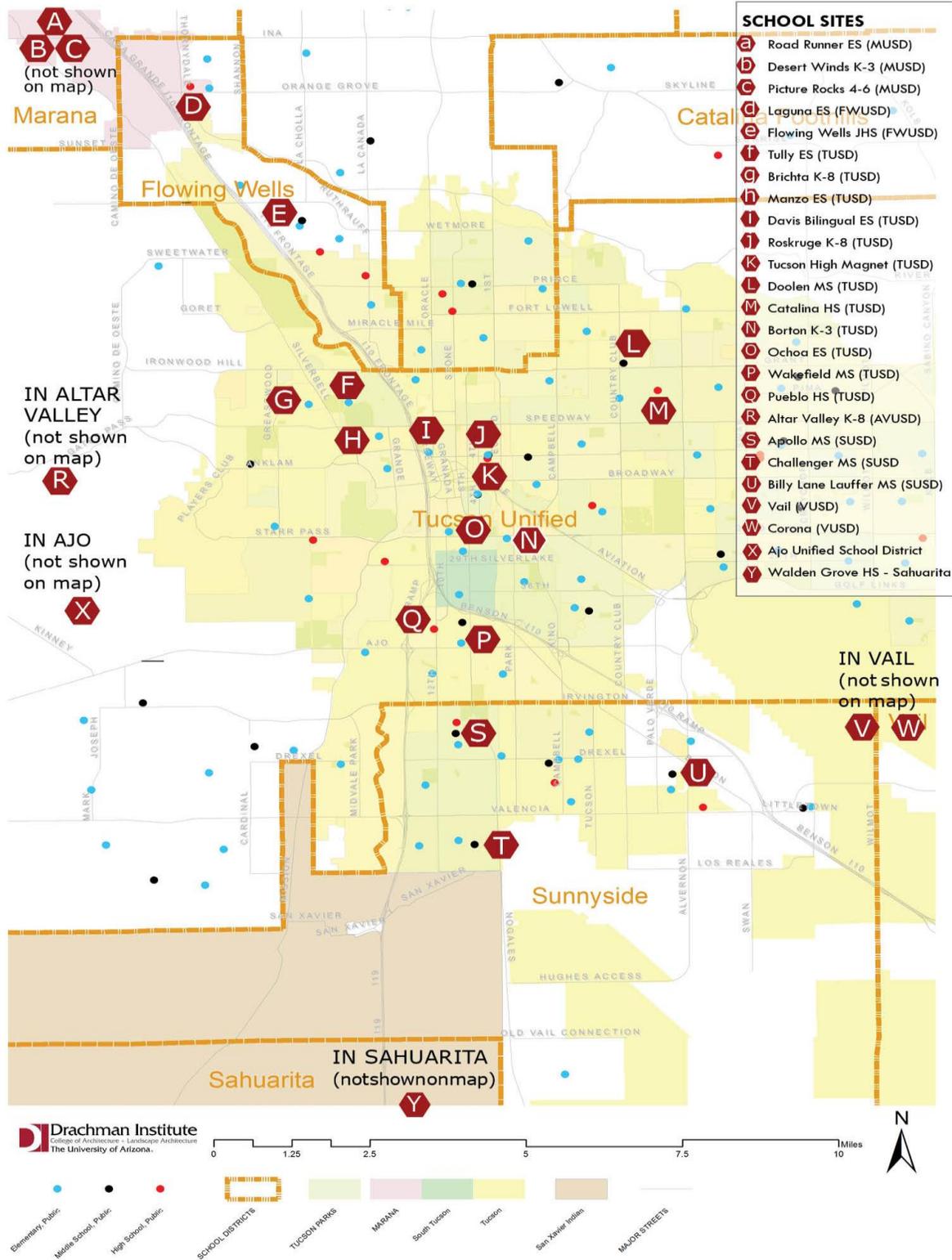


Playground at Summit View Elementary



Outside Classroom Flowing Wells

Locations of School Built Environment Projects Pima County Communities Putting Prevention to Work



Source: Pima County Geographic Information Systems

CPPW Focus Area	School	School District	Project Description	Final Project Cost
Doolen-Fruitvale	Doolen MS	TUSD	Community Garden that includes 24 raised garden beds, shade trees, 2 picnic tables, outdoor gathering spaces, seating boulders, full irrigation system, pollinator garden and 2 part seat wall	\$31,729.82
Tucson High	Tucson HS Roskruge MS	TUSD	Cistern, outdoor furniture, outdoor equipment, shade/fruit trees and Energi system	\$40,122.55
Wakefield	Wakefield MS	TUSD	Cistern, gutters, garden trees, basins, greenhouse materials and soccer equipment	\$18,986.19
South Tucson	Ochoa ES	TUSD	Chicken coop, school garden, peace patio, cistern, shade cloth, herb garden, seeds and garden supplies	\$14,114.35
Menlo Park	Manzo ES	TUSD	Chicken coop, coop material, supplies for upkeep, and Cistern	\$10,737.07
Menlo Park	Tully ES	TUSD	School garden, cistern, fruit trees, outdoor tables and custom fence.	\$14,566.95
Menlo Park	Brichta ES	TUSD	Vegetable plots, fruit/shade trees, cistern, shade fabric for outdoor area, garden tools and outdoor benches	\$9,850.81
Barrio Anita	Davis BL ES	TUSD	Community garden, pollinator garden, irrigation, garden tools, water harvesting ramada and outdoor furniture	\$8,010.68
South Tucson	Borton k-3	TUSD	School garden, fruit trees and vines, shade cloth for existing structure, rain cistern and gutters and ground treatments and outdoor benches	\$10,745.27
Garden Distr. & Doolen-Fruitvale	Catalina HS	TUSD	Restoration of outdoor courtyard including benches and picnic tables	\$8,118.99
Wakefield	Pueblo HS	TUSD	Community garden, pond, fruit trees, fencing, outdoor drinking fountain, garden tools and upkeep of current benches and picnic tables	\$23,989.44
Flowing Wells	Laguna ES	FWSD	Technical bike course, signage for course, bikes and additional equipment	\$24,043.88
Flowing Wells	Flowing Wells MS	FWSD	Outdoor benches, shade trees, energy system for walking path and outdoor classroom	\$22,923.05
Sunnyside/Elvira	Apollo MS	SUSD	Outdoor walking path lined with shade and fruit trees, community garden, seeds for garden and tools	\$35,804.77
	Challenger MS	SUSD	Community garden and seeds, outdoor lunch area, Energi system, fence, outdoor benches	\$25,951.88

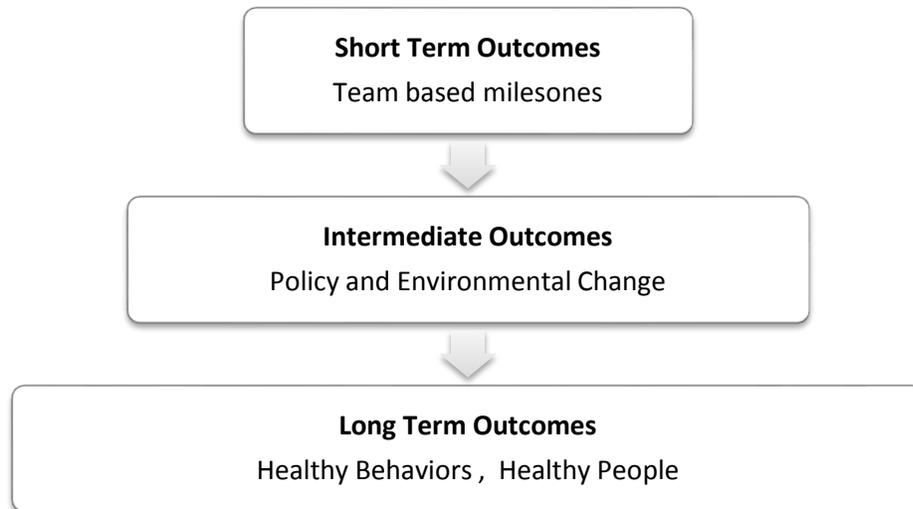
Summit View	Summit View ES	SUSD	Lighting for the park, trees lining the walking path, outdoor furniture and outdoor games for the community	\$19,272.78
Marana	Desert Wind MS	MSD	Handwashing station, sandbox, shade trees, irrigation and outdoor play equipment	\$20,207.11
	Picture Rocks ES	MSD	Shade trees, irrigation, seat wall and outdoor play equipment	\$20,207.11
	Marana HS	MSD	Sand Volleyball court	\$6,222.56
Sahuarita	Sahuarita HS	SSD	Energi system and smoothie machine and equipment	\$25,582.95
Altar Valley	Altar Valley MS	AVUSD	Flood mitigation in school gym, shade trees and irrigation in outdoor play areas	\$23,154.18
Ajo	ES, MS, HS	AUSD	Walking path and outdoor fitness equipment	\$36,671.52
Vail	Corona Foothills MS	VUSD	Walking path with shade trees	\$14,868.71
	Ocotillo Ridge ES	VUSD	Walking path with shade trees and outdoor play equipment	\$14,868.71

VI. Conclusions

In a two year period, an unprecedented effort was made and substantial resources were allocated to promote and build the capacity of Pima County schools to implement Coordinated School Health approaches. County-wide assessment efforts were conducted focusing on student health behaviors (Youth Risk Behavior Survey), school-level environment, policies and practices (School Health Index), and district-level policies (Wellness Self-Assessment Tool). These assessment activities were interventions in themselves as results were used to ignite action planning and make improvements to the overall school health system. Furthermore, results were disseminated to advocate and raise awareness of evidenced based school health practices as outlined in the assessment process.

- **All Pima County Schools** were given the opportunity to participate and in training activities, form SHACs, and receive resources to implement action plan ideas.
- **Schools in CPPW Focus Areas** received concentrated support from many partners to make improvements to school grounds. These schools were in low-income communities facing health disparities and other social stressors. These changes, such as walking and biking paths, permanent play equipment, shade structures and trees, are long lasting and will promote physical activity and health education for years to come.
- **School Wellness Coordinators** were empowered and compensated to take on a leadership role in health and wellness, many of whom expressed significant psycho-social outcomes and a sense of success in playing a role in student health. At least one district allocated resources to continue compensation for its WCs and their efforts.
- **Students** played an important leadership role in creating an atmosphere and culture of wellness through Student Wellness Advocacy and Youth Leadership Teams (SWATs and YLTs). Many SWATs will be sustained through the county's tobacco program at the health department. In many instances they conceptualized and led Wellness Weeks. Survey data indicates that most schools intend to continue Wellness Weeks.
- **Structured Recess** was implemented in many elementary schools, and is a sustainable alternative to schools facing no requirements, funding, time or staff for Physical Education programs. Additional materials, equipment, and training were provided to help personnel lead structured recess.
- A **Wellness Coalition** was formed with district representatives focusing on LWPs, and a district coordinator was identified to lead the coalition after CPPW ended. The coalition will continue to focus on issues around food service and distribution, and how to address school nutrition at a systems level.

Overall, CPPW partners, school personnel, and Wellness Coordinators reported a change to the school culture across the county in favor of a healthy food choices and active living. In times where schools have limited resources and minimal political will at the state level, this infusion of technical assistance, training, and guidance in Coordinated School Health approaches exposed school stakeholders to a variety of low and no cost approaches to making changes throughout the school day.



Short term outcomes resulting from the work of CPPW partners included building awareness, support and capacity of schools and districts to improve the infrastructure of the school health system. **Intermediate outcomes** documented by the grant include numerous environmental changes and systems level changes such as the adoption of structured recess in elementary schools, and healthy snack policies. Furthermore middle and high school students took on leadership roles in creating a culture and school environment of wellness. Because the CPPW initiative targeted systems and policy change, **long-term outcomes** of individual health behaviors were not an evaluation focus. Although the YRBS is not administered locally on a regular basis, funding opportunities and the potential to collect these data may exist in the future. Data collection efforts on student behaviors primarily remain at the school level.

VII. References

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