

**PROGRAM DESCRIPTION**

**Department of Elementary and Secondary Education**

**HB Section(s) 2.130**

**Missouri Healthy Schools**

**Program is found in the following core budget(s): Missouri Healthy Schools**

**1a. What strategic priority does this program address?**

Safe & Healthy Schools

**1b. What does this program do?**

The purpose of Missouri Healthy Schools Successful Students (MHS) is to provide Missouri students with lifelong advantages built upon early, positive health behaviors that improve conditions for academic achievement. MHS will: bolster health promotion infrastructure, knowledge, and behaviors in Missouri schools by providing targeted training to school professionals; promote and implement school-wide policies that reduce access to unhealthy foods; encourage increased physical activity; and provide targeted health and wellness education that will allow students to more effectively manage chronic health conditions – before, during and after the school day.

MHS is supporting 7 school districts, known as Priority Local Education Agencies (PLEAs), with focused professional development and technical assistance.

**2a. Provide an activity measure(s) for the program.**

DWC = District Wellness Council: a leadership group that oversees health and wellness programming and policies across the school district

SHAC = School Health Advisory Council: a leadership group that coordinates implementation of health improvement programs and policies for a school building

Success Indicators for Year 2

<b>PROJECT/ACTIVITY</b>	<b>Success Indicators</b>	<b>Baseline (Year 1)</b>	<b>Goal (Year 2)</b>
DWC Development	• % of PLEAs with District Wellness Committee (DWC)	100% (7 of 7)	100% (7 of 7)
	• % of PLEAs with DWCs that meet ≥80% of best practice guidelines	28% (2 of 7)	57% (4 of 7)
SHAC Development	• % of PLEA schools/buildings with SHACs	85% (28 of 33)	91% (30 of 33)
	• % of PLEA SHACs completing School Health Index (SHI) assessment process	85% (28 of 33)	100% (33 of 33)
	• % of PLEA schools/buildings creating school health improvement plans	85% (28 of 33)	100% (33 of 33)
	• # of planned actions established by SHACs (from SHI)	142	142
Trainer Cadre Development	• # of planned actions completed by SHACs	0	25
	• # of qualified people to provide training on behalf of MHS	30	40
	• # of people served with professional development/training provided by training cadre (PLEAs and General)	800	1200

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**2b. Provide a measure(s) of the program's quality.**

Each year MHS is focused on achieving progress toward 6 performance measures established by the project funder (US Centers for Disease Control and Prevention). During Year 1, activities allowed measurement of individuals who had skill improvement as a result of professional development and training (PM1.1).

Performance Measure	Data Source	Baseline	Targets (Year One to Year Five)		PLEA Actuals (by Year)					
			PLEAs	Statewide	1	2	3	4	5	
% individuals skill improvement via PDT [PM 1.1]	MHS Evaluation	N/A	↗ 10% / 80%	N/A	93%	93%				
% schools do not sell less healthy foods and beverages [PM 1.2]	Profiles 2020, 2022	45%	↗ 47% / 80%	45%						
% schools established, implemented and/or evaluated CSPAPs [PM 1.3]	Profiles 2020, 2022	3.1%	↗ 15% / 80%	3.1%						
% schools providing case management for chronic conditions [PM 1.4]	Profiles 2020, 2022	20%	↗ 30% / 80%	20%						
% students who ate vegetables three or more times per day [PM 1.5]	YRBSS 2019, 2021	9.6%	↗ 10% / 35%	9.6%		10.1%				
% students ate fruit/drank 100% juices two plus times per day [PM 1.6]	YRBSS 2019, 2021	23.1%	↗ 25% / 50%	23.1%		22.4%				
% students with 60 minutes daily physical activity [PM 1.7]	YRBSS 2019, 2021	28.6%	↗ 30% / 50%	28.6%		19.4%				

PDT= Professional Development and Training; PM = CDC-required Performance Measure; Profiles = School Health Profiles

**2c. Provide a measure(s) of the program's impact.**

Each year MHS is focused on achieving progress toward 6 performance measures established by the project funder (US Centers for Disease Control and Prevention). During Year 1, activities allowed measurement of individuals who had skill improvement as a result of professional development and training (PM1.1).

Performance Measure	Data Source	Baseline	Targets (Year 1 to Year 5)		PLEA Actuals (by Year)					
			PLEAs		1	2	3	4	5	
% individuals skill improvement via PDT [PM1.1]	MHS Evaluation	N/A	↗ 10% / 80%		93%					
% schools do not sell less healthy foods and beverages [PM1.2]	Profiles 2020, 2022	45%	↗ 47% / 80%							
% schools established, implemented and/or evaluated CSPAPs [PM1.3]	Profiles 2020, 2022	3.1%	↗ 15% / 80%							
% schools providing case management for chronic conditions [PM1.4]	Profiles 2020, 2022	20%	↗ 30% / 80%							
% students who ate vegetables 3 or more times per day [PM1.5]	YRBSS 2019, 2021	9.6%	↗ 10% / 35%							
% students ate fruit/drank 100% juices 2+ times per day [PM1.6]	YRBSS 2019, 2021	23.1%	↗ 25% / 50%							
% students with 60 minutes daily physical activity [PM1.7]	YRBSS 2019, 2021	28.6%	↗ 30% / 50%							

PDT= Professional Development and Training; PM = CDC-required Performance Measure

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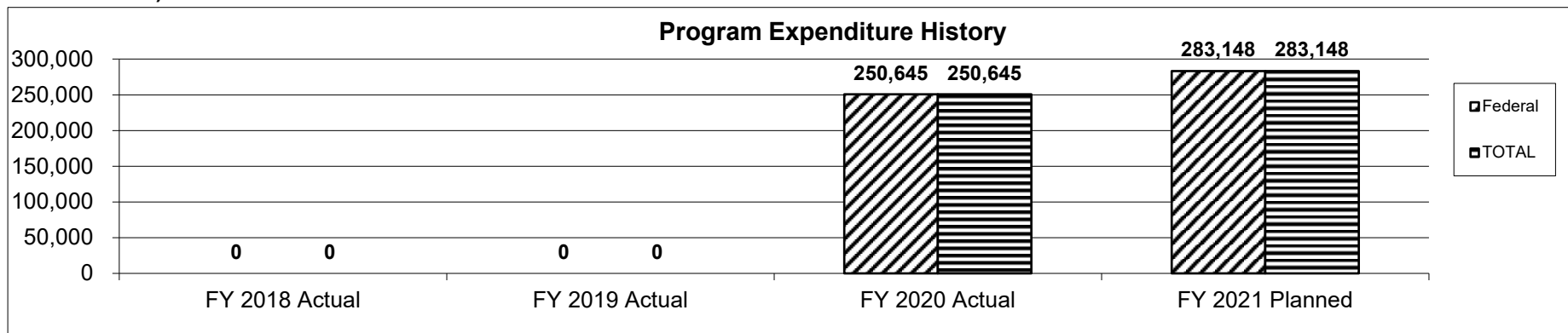
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**2d. Provide a measure(s) of the program's efficiency.**

Planned activities and analysis during Year 2 (FY 2021) would permit estimation of cost per individual trained via MHS training cadre. This cost efficiency measure can be tracked annually.

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

N/A

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

301(a) and 317(k)(2) of the Public Health Service Act

**6. Are there federal matching requirements? If yes, please explain.**

No

**7. Is this a federally mandated program? If yes, please explain.**

No