

**PROGRAM DESCRIPTION**

**Department of Elementary and Secondary Education**

**HB Section(s) 2.135**

**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 seven school districts, known as Priority Local Education Agencies (PLEAs), with focused professional development and technical assistance. MHS also offers professional development and technical assistance to many other school districts across the state.

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

Each year MHS focuses on core components and measures of success for implementing infrastructure basics to build a quality wellness program for the districts. The foundational activity measures or core projects in the MHS project include the development of district wellness committees, the development of school health advisory councils, the results of implementing new school health improvement plans, and the number of priority local education agencies' (PLEAs) that complete the School Health Profiles. The Department has success indicators for each as well as measures or projected goals. These are districts DESE meets with regularly, so this data will be acquired through monthly calls and collaborative discussions as well as progress reports on letters of agreement that DESE has with districts participating in the grant.

Terms used in the following charts including

- 1) District Wellness Council (DWC) - a leadership group that oversees health and wellness programming and policies across the school district,
- 2) School Health Advisory Council (SHAC) - a leadership group that coordinates implementation of health improvement programs and policies for a school building, and
- 3) SMART goals are specific, measureable, achievable, relevant and time-bound goals set by a school leadership to improve health status,
- 4) School Health Index (SHI)
- 5) School Nurse Chronic Health Assessment Tool (SNCHAT)

*See chart on following page:*

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PROJECT/ACTIVITY	Success Indicators					GOAL Y5
		Y1 Actual	Y2 Actual	Y3 Actual	Y4 Actual	
1. DWC Development	<ul style="list-style-type: none"> <li>% of PLEAs with DWC</li> </ul>	100% (7 of 7)	100% (7 of 7)	100% (7 of 7)	100% (7 of 7)	100% (7 of 7)
	<ul style="list-style-type: none"> <li>% of PLEAs with DWCs that meet <u>&gt;80%</u> of best practice guidelines</li> </ul>	28% (2 of 7)	71% (5 of 7)	28% (2 of 7)	Evaluation Pending	43% (3 of 7)
2. SHAC Development	<ul style="list-style-type: none"> <li>% of PLEA schools/buildings with SHACs</li> </ul>	85% (28 of 33)	95% (31 of 33)	91% (30 of 33)	91% (30 of 33)	91% (30 of 33)
	<ul style="list-style-type: none"> <li>% of PLEA SHACs completing SHI</li> </ul>	85% (28 of 33)	95% (31 of 33)	100% (33 of 33)	100% (33 of 33)	100% (33 of 33)
	<ul style="list-style-type: none"> <li>% of PLEA schools/buildings creating school health improvement plans</li> </ul>	85% (28 of 33)	95% (31 of 33)	85% (28 of 33)	85% (28 of 33)	95% (31 of 33)
	<ul style="list-style-type: none"> <li># of planned actions established by SHACs (from SHI) during year</li> </ul>	142	35	150	163	75
3. School Health Improvement Plan (SHIP) Implementation Results	<ul style="list-style-type: none"> <li># of PLEA schools/buildings that achieve at least 1 planned action</li> </ul>	n/a	66% (22 of 33)	80% (20 of 25)	75% (25 of 33)	91% (30 of 33)
	<ul style="list-style-type: none"> <li>% of SMART goals achieved</li> </ul>	n/a	33%	50%	32%	75%
	<ul style="list-style-type: none"> <li>% of SMART goals abandoned</li> </ul>	n/a	20%	1%	2%	<5%
4. School Health Profiles PM Preview (1.2, 1.3, 1.4)	<ul style="list-style-type: none"> <li>% of PLEA districts completing the School Health Profiles survey</li> </ul>		80% (12 of 15)		95% (18 of 19)	Extended from Year 5
5. SNCHAT**	<ul style="list-style-type: none"> <li># of school nurses who try the SNCHAT form</li> </ul>	N/A	N/A	10	30	50

\*\* SNCHAT was developed and piloted in Year 3; roll-out in Year 4 and expansion in Year 5.

Data obtained from surveys conducted by the evaluations team and monthly meetings with PLEAs.

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

Each year MHS is focused on achieving progress toward seven performance measures established by the project funder (US Centers for Disease Control and Prevention).

Performance Measure	Data Source	Baseline	Targets (Year One to Year Five) PLEAs Statewide		PLEA Actuals (by Year)				
					1	2	3	4	5*
% individuals skill improvement via PDT [PM 1.1]	MHS Evaluation	N/A	↗ 10% / 80%	N/A	93%	89%	88%	85%	80%
% <u>schools</u> do not sell less healthy foods and beverages [PM 1.2]	Profiles 2020, 2022	45%	↗ 47% / 80%	45%	N/M	N/M	50%	Pending	80%
% schools established, implemented and/or evaluated CSPAPs [PM 1.3]	Profiles 2020, 2022	3.1%	↗ 15% / 80%	3.1%	N/M	N/M	43%	Pending	80%
% schools providing case management for chronic conditions [PM 1.4]	Profiles 2020, 2022	20%	↗ 30% / 80%	20%	N/M	N/M	60%	Pending	80%
% <u>students</u> who ate vegetables three or more times per day [PM 1.5]	YRBSS 2019, 2021	9.6%	↗ 10% / 35%	9.6%	N/M	10%	N/M	Pending	80%
% students ate fruit/drank 100% juices two plus times per day [PM 1.6]	YRBSS 2019, 2021	23.1%	↗ 25% / 50%	23.1%	N/M	22%	N/M	Pending	50%
% students with 60 minutes daily physical activity [PM 1.7]	YRBSS 2019, 2021	28.6%	↗ 30% / 50%	28.6%	N/M	36%	N/M	Pending	50%

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

\* Forecasted (goal) for Year 5

N/M = not measured during this period

Pending = Data analysis and results are pending from CDC. Profiles data collection was extended from Year 4 to Fall 2022.

*Data obtained from surveys conducted by the evaluations team and monthly meetings with PLEAs.*

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

Each year MHS is focused on achieving progress toward seven 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) PLEAs                      Statewide		PLEA Actuals (by Year)				
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% schools established, implemented and/or evaluated CSPAPs [PM 1.3]	Profiles 2020, 2022	3.1%	↗ 15% / 80%	3.1%	N/M	N/M	43%	Pending	80%
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% students ate fruit/drank 100% juices two plus times per day [PM 1.6]	YRBSS 2019, 2021	23.1%	↗ 25% / 50%	23.1%	N/M	22%	N/M	Pending	50%
% students with 60 minutes daily physical activity [PM 1.7]	YRBSS 2019, 2021	28.6%	↗ 30% / 50%	28.6%	N/M	36%	N/M	Pending	50%

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

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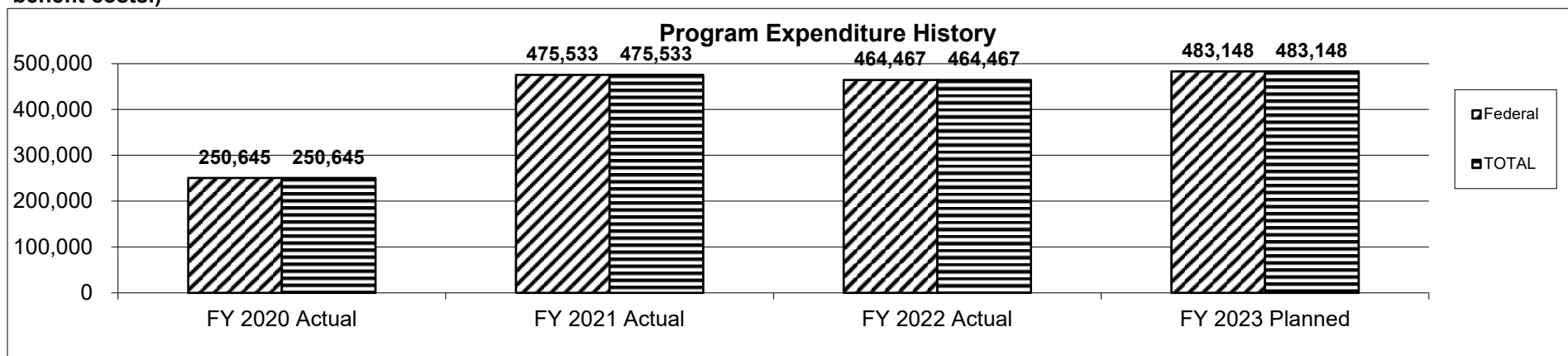
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**2d. Provide a measure(s) of the program's efficiency.**

Planned activities and analysis during year five (FY 2023) would permit estimation of cost per individual trained via MHS training cadre over the course of the whole program period. This cost efficiency measure can be tracked annually.

*Data obtained from surveys conducted by the evaluations team and monthly meetings with PLEAs.*

**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.)**



*In FY 2021 there was a supplemental appropriation included in the actual amounts above. The supplemental was requested due to the Department receiving an additional grant award of COVID-19 funds from the Centers for Disease Control and Prevention.*

**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