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The School Health Assessment Project – Evaluation (SHAPE) was funded by the Arizona Department of Health Services (ADHS) to be carried out by the University of Arizona Department of Nutritional Sciences. The information and recommendations included herein are those of the authors and should not be construed as the official position of either the ADHS or the University of Arizona. This report was prepared by the SHAPE Team:



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Cover: The word frequency cloud pictured on the cover illustrates the top 20 words used by SHAPE interview and focus group participants.

Executive Summary

The Office of Community Innovations within the Arizona Department of Health Services (ADHS) Bureau of Nutrition and Physical Activity seeks to positively impact nutrition, physical activity, and obesity in communities, including schools. The ADHS funded the 2017 School Health Assessment Project - Evaluation (SHAPE), carried out by a research team within the University of Arizona Department of Nutritional Sciences (SHAPE Team).

SHAPE was a local-level assessment of Arizona's school health environment that collected feedback from the public school community to help guide sustainability planning at the ADHS, with an emphasis on decreasing health disparities among students in lower-resourced communities. The project objectives were to: Explore perceptions of school health held by school-level stakeholders; understand the barriers and facilitators to Arizona school health initiatives; and identify opportunities for the ADHS to support nutrition and physical activity programming in Arizona schools. Interviews, focus groups, and an online survey were conducted with stakeholders serving rural and urban schools across all Arizona counties.

Results from the quantitative and qualitative analyses revealed stakeholders to hold many common perspectives regarding student wellbeing and to report many common barriers and facilitators to school health. In general, participants reported that schools had a diversity of nutrition and physical activity programs in place for students, but that staff wellness and family and community involvement in school health were lacking. While many stakeholders championed school health, competing demands on schools often minimized it as a priority.

Considering the recurrent themes from quantitative and qualitative findings, the SHAPE Team identified six core recommendations for the ADHS Office of Community Innovations in their efforts to support school health initiatives in Arizona.

1. *Build accessibility and flexibility into funding opportunities.* The ADHS may wish to consider flexible criteria or a reduction in required paperwork for smaller grants, and training for larger grants.
2. *Fund positions for dedicated school health staff.* By funding dedicated positions or proving stipends, the ADHS could provide vital motivation for accelerating school health progress.
3. *Increase coordination with other state agencies to support school health.* This could include the compilation of available school health-related resources for dissemination to schools.
4. *Communicate the presence and purpose of the ADHS' school health initiatives to all school-level stakeholders.*
5. *Sponsor professional development opportunities in school health-related topics.* The ADHS could facilitate knowledge-sharing and networking through conferences, professional development, and stipends for affiliated statewide or local school health conferences.
6. *Consider engaging schools in integrated school health programming.* The ADHS may wish to include elements of socio-emotional health, preventive care, and community health alongside healthy eating and active living support.

Background

Schools are widely recognized for their influence on students' energy balance-related health behaviors.^{1,2} Those that expose students to foods and beverages of minimal nutritional value or limited opportunities for physical activity may increase children's risk for childhood overweight and obesity, while schools that implement comprehensive school physical activity programs, behaviorally-focused nutrition education, and healthy foods and drinks have been shown to positively impact student wellness.²⁻⁴

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SHAPE was a local-level assessment of Arizona's school health environment that collected feedback from the public school community to help guide sustainability planning at the ADHS, with an emphasis on decreasing health disparities among students in lower-resourced communities. The project objectives were to:

- *Explore perceptions of school health held by school-level stakeholders, including public school administrators, teachers, and other staff.*
- *Understand the barriers and facilitators to developing, implementing, and sustaining Arizona school health initiatives, particularly in underserved schools.*
- *Identify opportunities for the ADHS to support nutrition and physical activity programming in Arizona schools, especially those that are lower-resourced.*

Methodology

The SHAPE Team used a mixed methods convergent design with a brief time delay between the start of qualitative and quantitative data collection (Figure 1).⁵ The time delay enabled preliminary results from interviews and focus groups to inform the development of the quantitative survey tool, and the mixed methods approach allowed triangulation of results for a more comprehensive understanding of Arizona's school health climate.



Figure 1. Mixed Methods Convergent Design

Appendices A and B provide details regarding the data collection process and tools, including data collection plans and interview and focus group guides used by the evaluators, who were all trained in mixed-methods evaluation.

Findings

Participation. SHAPE captured stakeholder perspectives across all of Arizona's 15 counties and exceeded target goals for overall participation and participation by various subgroups (Table 1 and Figure 2).

Table 1. Target vs Actual SHAPE Participation, Overall and by Subgroups

	Target	Actual
Study Participation		
Number of Interviews and Focus Groups	25	32
SHAPE Survey Respondents	100	191
Number of Counties Represented		
Qualitative	8	9
Quantitative	14	15
Geographical Designation		
Qualitative	≥ 25% rural	38% rural
Quantitative	≥ 25% rural	33% rural ^a
Free/Reduced Price Lunch Enrollment^b		
Qualitative	≥ 90% SNAP eligible	100% SNAP eligible ^c
Quantitative	≥ 90% SNAP eligible	Not collected ^d
School Size (Qualitative Data only)^d		
Small	8	8
Medium	16	17
Large	8	7
Type of School District (Qualitative Data only)^d		
Elementary	7	5
Unified	17	20
High	3	1
Charter	5	6

^aWhen non-response was excluded, the percent of rural schools increased to 45%. ^bSNAP-eligible schools have free/reduced price lunch enrollments that are ≥ 50%. ^cAlthough one school was < 50% FRPL enrollment in 2016, it was designated as SNAP-eligible based upon three-year average. ^dThis information was not collected in the SHAPE survey to ensure anonymity.

Qualitative data included 28 individual interviews, three paired interviews, and one focus group of six participants, for a total of 40 participants across nine counties. The SHAPE survey was completed by 191 respondents across all 15 counties; partial responses were also included, thus sample sizes varied by question. At least a third of all schools represented were located in

majority rural areas, and respondents served all grades from pre-K through twelfth.

All schools that participated in interviews and focus groups had free and reduced price lunch (FRPL) enrollments of at least 50%; included small, medium and large-sized schools; and represented charter, elementary, unified and high school districts.

SHAPE participants also reflected a diversity of roles at the school and district levels. Most respondents were classroom teachers, followed by administrators (e.g., principals, superintendents), nursing staff, and physical education (PE) or health teachers (Figures 3a and 3b).

Food service staff, counselors, and coaches were represented in smaller numbers, and other roles such as classroom aids and office managers were also included. Participants who reported roles as wellness coordinators or similar usually reported an additional role such as nurse, food service staff, or teacher.

Figure 2. SHAPE Participation, by County

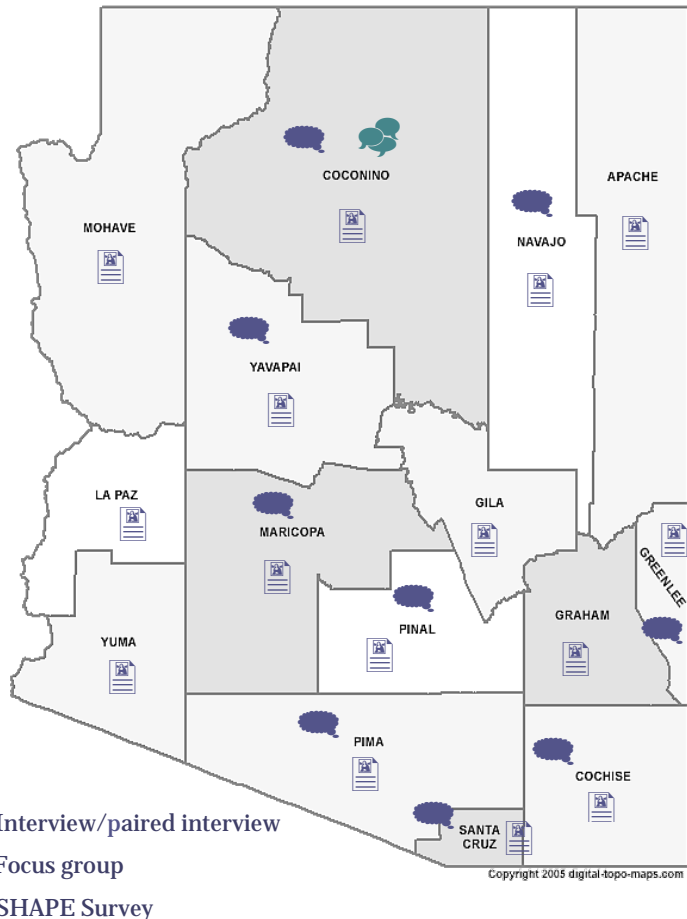


Figure 3a. SHAPE Survey Respondent Role, not mutually exclusive (n=191)

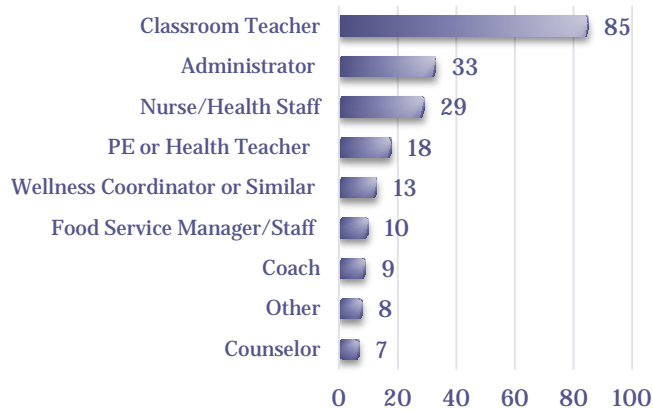
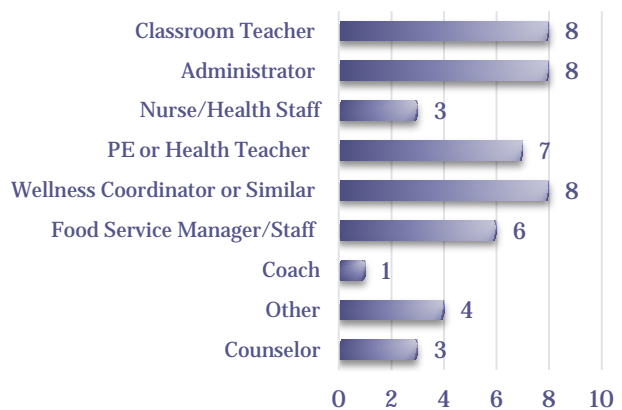


Figure 3b. Interviewee Role, not mutually exclusive (n=40)



Mixed methods findings are presented here in relation to the three SHAPE objectives. Results from the quantitative and qualitative analyses revealed patterns common across all respondents, while some themes emerged that were unique to rural settings. Data from interviews and the focus group provided in-depth perspectives, and complemented survey findings.

Objective 1: Explore stakeholders' perceptions of school health. To better understand how to engage with school stakeholders when discussing school health, we asked interviewees and focus group participants what ideas came to mind when they heard the words “school health” or “school wellness.” The majority of participants referenced nutrition and/or physical activity in their responses, which makes sense given that the SHAPE Team communicated these as focal areas for discussion prior to the interview. However, about half of all interview and focus group respondents described a more holistic view of school health that emphasized socio-emotional wellbeing, and some discussed physical health beyond nutrition and physical activity, for example the promotion of proper hygiene and preventive care, or the absence of disease. Interestingly, more respondents in rural versus urban areas addressed the latter, in part because some rural schools provided essential medical services for students, e.g. hearing and vision screenings, that were otherwise unavailable in the area.

“[W]e’re terribly concerned and committed to providing healthy environments and wellness, not just for the nutrition because that’s only a small part of it, but for their emotional wellbeing—you know, how are their little hearts doing? Are they happy? Are they content? Do they feel safe? Do they feel loved? Do they feel important?” –District Nurse

“I know that the students that are active in after school activities or sports, they tend to do better in school. I think it’s also because they’re invested, they know how to set goals and reach them.” –PE Teacher

All interviewees noted links between school health and the cognitive, physical and/or behavioral wellbeing of students. About three fourths of those interviewed cited associations of health with academic performance or the ability to learn, and over half discussed the relationship of health to students’ attendance, behavior, and socio-emotional development. Respondents’ perspectives typically reflected their role at the school: PE teachers discussed how physical activity could improve behavior, nurses described poor nutrition leading to absences or stomachaches, and classroom teachers noted how short physical activity breaks or healthy hydration improved classroom behavior.

While the online SHAPE survey completed by a wider audience did not explicitly ask respondents about their perceptions of school health, it did include the open-ended question, “What else would you like the Arizona Department of Health Services to know about how they can best support school health initiatives at your school?” Despite the survey’s nutrition and physical activity focus, many respondents took this opportunity to communicate a more comprehensive approach to wellness that included the need to address students’ social and emotional health, provide preventive care, and support community health.

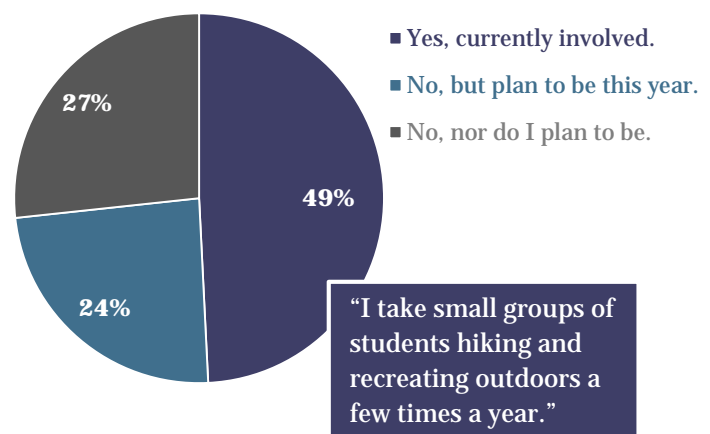
“Our school...serves a demographic that is statistically at a greater risk of becoming teen parents, being victims of sexual violence, and partaking in risky behaviors such as substance use.” –SHAPE Survey Respondent

Interviewees and focus group participants broadly acknowledged that they could and did influence school health, regardless of their official position at the school. Most (78% of the 32 qualitative sources) described themselves as an agent of change or school health champion, and the majority (75%) also described their role as part of a broader team effort at the school or district level. Many of the stories shared reflected a deep dedication: Respondents described volunteering time and resources outside of what was required of them to positively impact students’ lives at all levels, elementary through high school, and many engaged in sustained efforts over years. In the SHAPE survey, respondents also suggested that they were involved in school wellness initiatives even when their professional roles were not overtly tied to student health: Nearly half (49%) participated in school health activities, and another 24% had plans to become involved (Figure 4). Most of the activities they described related to extracurricular physical activity programs, acting as a wellness coordinator or School Health Advisory Committee (SHAC) lead, and supporting school gardens.

“[I] did all the trainings for the Empower program. I was really interested in the idea of increasing the activity of students throughout the day as well as really creating a culture of understanding why we should eat what we should eat...I signed up our school, and we have been moving forward with as much as we possibly can.” –Principal

Taken together, these qualitative and quantitative findings suggest that school stakeholders considered students’ wellbeing critical to students’ success. Many embraced a coordinated approach to school health that included nutrition and physical activity but also addressed other factors, including socio-emotional wellness, preventive care, and community health. However, stakeholders at all levels—administrators, teachers, and support staff—were frustrated by common challenges to promoting school health that, at times, were seen as insurmountable without outside support.

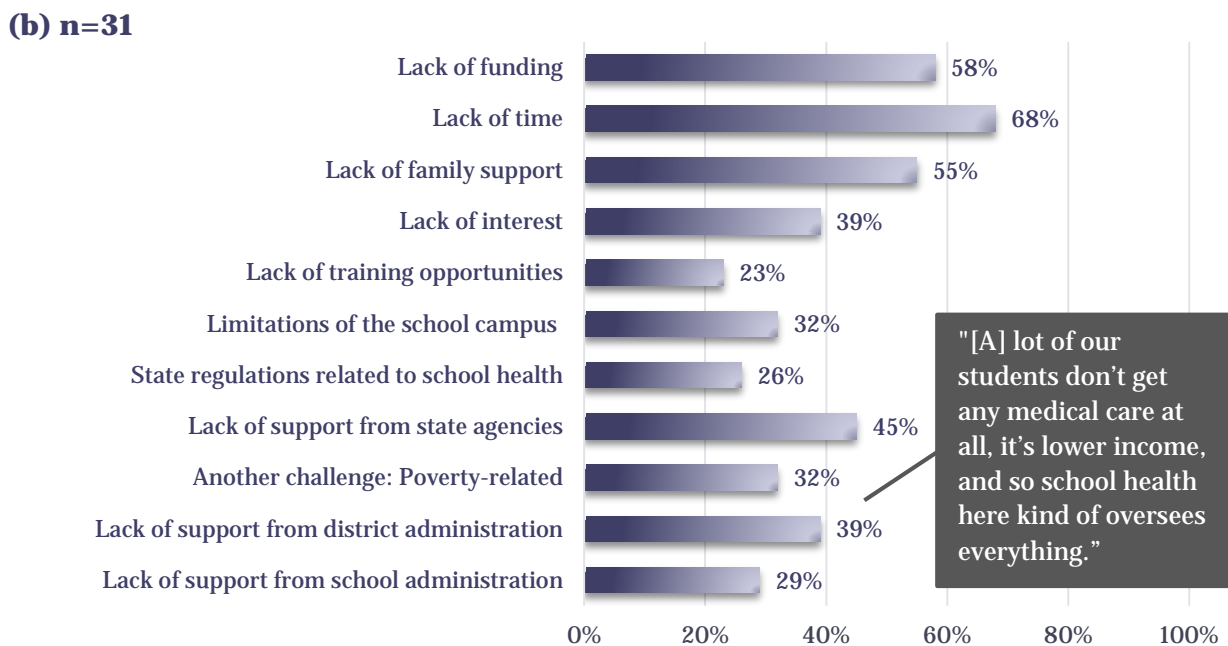
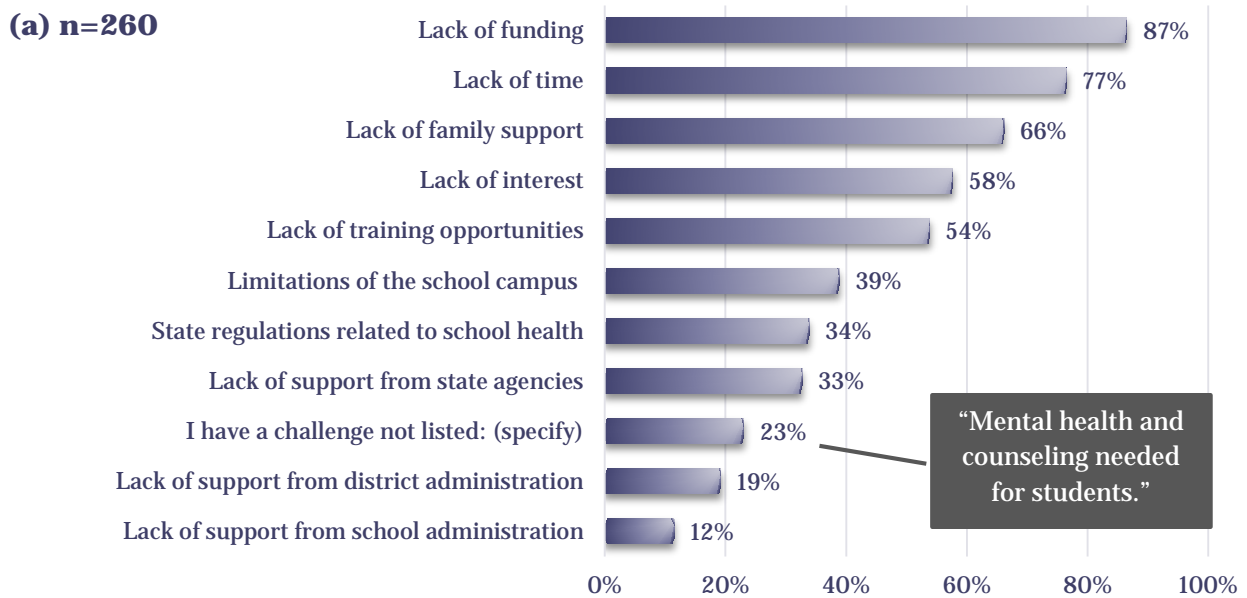
Figure 4. Are you personally involved in any school health activities this year? (n=191)



Objective 2: Understand the barriers and facilitators to Arizona school health initiatives.

Barriers. Figure 5a shows the top five challenges to school health identified by SHAPE survey respondents: lack of funding (87%), lack of time (77%), lack of family support (66%), lack of

Figure 5. Top 5 School Health Challenges Faced by Schools, SHAPE Survey (a) and Interviews/Focus Groups (b), by Percent of Responses.



interest (58%), and lack of training opportunities (54%). These challenges remained consistent across rural, urban, and suburban locations, and across elementary, middle and high schools. Interviewees and focus group participants described similar barriers (Figure 5b); a lack of time, funding, family support, and interest were top barriers. However, interviewees were more likely to reference a lack of support from state agencies and district administration than survey respondents, and they were less likely to reference a lack of training opportunities.

Nearly a third of those interviewed described poverty-related barriers such as food insecurity that aligned with write-in responses from the survey (e.g., “food deserts,” “need more social workers,” “poverty”). While many poverty-related barriers spanned urban and rural locations, lack of transportation was specific to rural regions and was generally discussed as a challenge to participation in afterschool physical activities.

A deeper exploration of qualitative data revealed that many barriers were interrelated. Lack of time and interest was often tied to competing demands on teachers and administrators and a paucity of staff specifically funded for school health. Lack of interest was also described in relation to lack of top-down support from state agencies, districts, and school leadership: When leaders were perceived as failing to prioritize school health, interest in wellness activities waned. Conversely, **when leadership provided dedicated funding and time, respondents described them as cultivating a supportive school health culture.** Respondents in numerous roles (including principals and superintendents) described a focus at the federal, state and district levels on test scores for judging the quality of schools and called for a renewed sense of attention to the whole student’s wellbeing. **They looked to state and district leaders to enact PE and health education mandates, support these with appropriate funding, and hold schools accountable in meeting students’ nutritional and physical activity needs.** Interviewees also expressed a perception of disconnectedness at the state level. Some felt that state agencies lacked familiarity with local contexts, and many interviewees sought more and improved communication, including face-to-face interactions with ADHS and Arizona Department of Education (ADE) representatives. However, respondents’

“It’s about accountability—we can have our model [wellness] policy, but there’s no enforcement...with PE teachers, no one was calling them, and they weren’t getting any memos that they need to [implement] this [policy]. There was no action against that department.” –District Nutritionist

“The biggest barrier I face is that we’re in the school system, and it’s about education, it’s not about their health. Unfortunately, it’s about test scores, attendance—because you get funded by attendance—and it’s like, yes we want the kids to be healthy, but...that’s kind of forgotten because we’re in the education system...[W]ithout healthy kids, you’re not gonna have that attendance. Without the nutrition and the sleep and getting their physical health taken care of, they’re not gonna be there to be in school. I feel like the message gets lost.” –District Nurse

experiences with school health regulations at the state, district and school levels were more ambivalent. Over a quarter of those interviewed called for the enactment of PE, physical activity, and health education requirements and increased compliance monitoring for local wellness policy (LWP) enforcement, but some interviewees in rural locations were frustrated by LWP mandates. These respondents felt that nutrition and physical activity programs were

implemented in their schools regardless of written policies, and they felt that federal and state requirements were unnecessarily burdensome. Moreover, some respondents (including those who called for top-down PE mandates) were critical of nutrition or food safety regulations that

“The breakfast they can serve as a snack [in the classroom] later if kids get hungry, and that’s good. But to do breakfast in the classroom, it has to be prepackaged. ...Lunch is not good either. It’s full of preservatives and pretty disgusting overall.” –Teacher

“[The local wellness policy] is a requirement and so we do it, but...with the wellness, we understand how critical that is, and so we take care of our business there regardless of whether we have a wellness policy or not. In fact, the people we’re talking about who do the garden and the [classroom nutrition] programs, I can pretty much guarantee they’ve never see our wellness policy.” –Superintendent

restricted the school’s ability to provide fresh, locally-sourced foods or minimize food waste. Criticisms included food safety regulations that prohibited food sharing tables, complex approval processes that discouraged schools from sourcing foods from local growers or the school garden, and the widespread use of processed foods during school meals that met federal guidelines but were perceived as unhealthy (e.g. nachos, pizza, donuts).

Most limitations of the school campus and infrastructure mentioned by interviewees related to facilities for physical activity, cooking, and the school’s ability to provide fresh, locally-sourced foods. These limitations were often associated with a lack of funding to make improvements, or poverty-related barriers such as unsafe walking/biking paths to school.

When asked about barriers related to school health, some interviewees described a paucity of training opportunities for school staff. Specifically, they felt that food service staff lacked food safety and free and reduced price lunch (FRPL) training, that classroom teachers were not taught how to implement LWPs or promote active play, and that new PE teachers were not properly trained during internships.

“It’s hard for me to know whether the kids are refusing the food or whether the cafeteria staff weren’t offering it...[We need] more training with new employees so that they understand that every child needs to be fed, whether they have the money or not, they at least get a sandwich and an apple.” –District Nurse

Additionally, a lack of family support was widely reported among survey respondents and interviewees, who usually described it in the context of poor nutrition. Interviewees and focus

group participants were frustrated by the foods and drinks that parents sent to school for students' lunches and snacks, and they felt that school-based efforts were often undermined by unhealthy eating habits at home. In some cases, respondents were eager to provide nutrition education to families, however they found that adults were difficult to engage in school-based activities because of work schedules, a lack of transportation or child care, and other barriers.

“Socioeconomic status is also a challenge. I look at kids’ lunches. Some have sushi, other kids sitting right next to them have leftover McDonalds or a bag full of Cheetos and a Capri Sun—whatever five dollars or two dollars will buy. We feel it... [We say], ‘Try this [vegetable],’ but kids don’t have it at home.”

Some interviewees also connected poor nutrition at home to food insecurity.

Facilitators. Despite barriers, survey respondents did report a variety of school health programs and activities to be in place or under development (Figure 6). Nutrition and physical activity policies, student activities, and partnerships with community organizations were more developed than funding sources, family activities, staff training, and staff wellness initiatives. This pattern mirrors the barriers noted above, including lack of funding, family support, training opportunities, and staff time and interest. Nutrition supports were similar across urban, suburban, and rural geographies, however some variation in physical activity supports were found. Compared to urban and rural schools, suburban schools reported more developed partnerships with community organizations, and they were more likely to receive funding from their district or the state. ***Urban schools reported more funding from outside the district or state than rural or suburban schools.***

Schools serving grades K-12 reported some of the strongest engagement around physical activity-related programs for students. School policies for nutrition and physical activity were generally under development or partially in place in elementary schools (mean of 2.71 for nutrition and 2.76 for physical activity, where means were calculated using 1 = none/not in place, 2 = under development, 3 = partially in place, and 4 = fully in place). However, policies were noticeably weaker in middle and high schools (mean of 2.20 for nutrition and 1.25 for physical activity). Middle schools also tended to lack support from community partnerships (versus elementary and high schools). On the other hand, ***middle and high schools reported more support from outside grants, on average, than elementary schools.*** This warrants further investigation into the facilitators of school health at schools serving various grade levels:

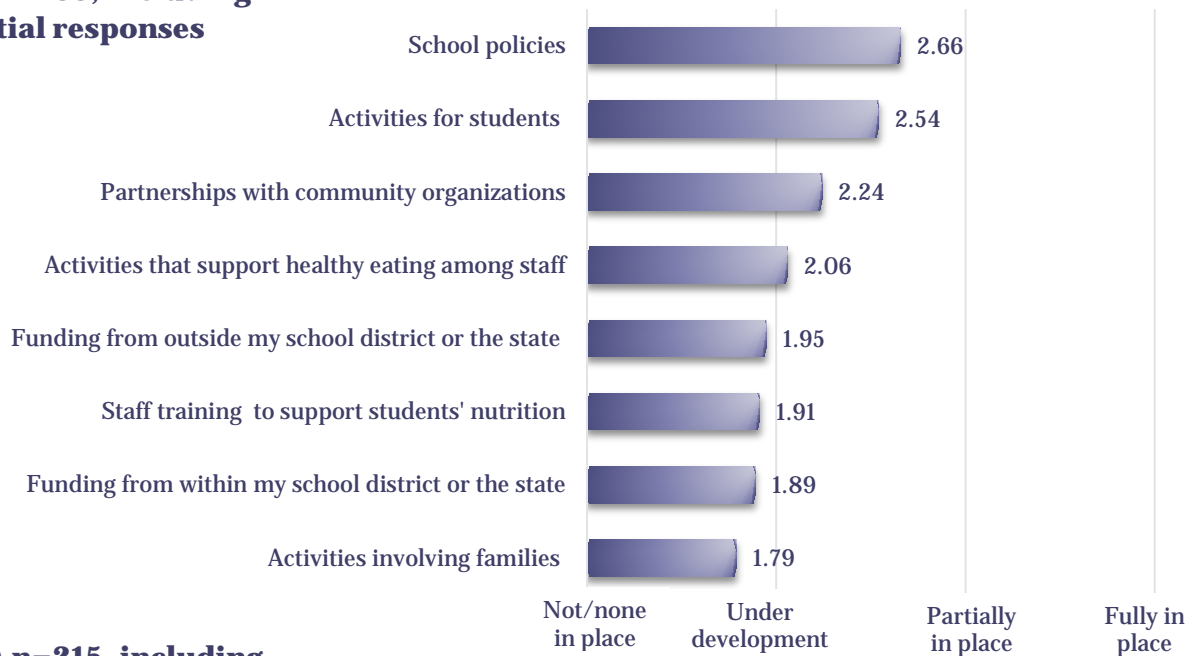
- What methods do elementary schools employ to successfully promote school health policies (e.g., does having one classroom teacher act as a support, do PE teachers)?
- How are middle and high schools able to garner grant funding (e.g., specialized grant writers, more top-down promotion of grant opportunities)?

Figure 6. Mean SHAPE Survey Responses for School Nutrition (a) and Physical Activity (b) Facilitators in Place

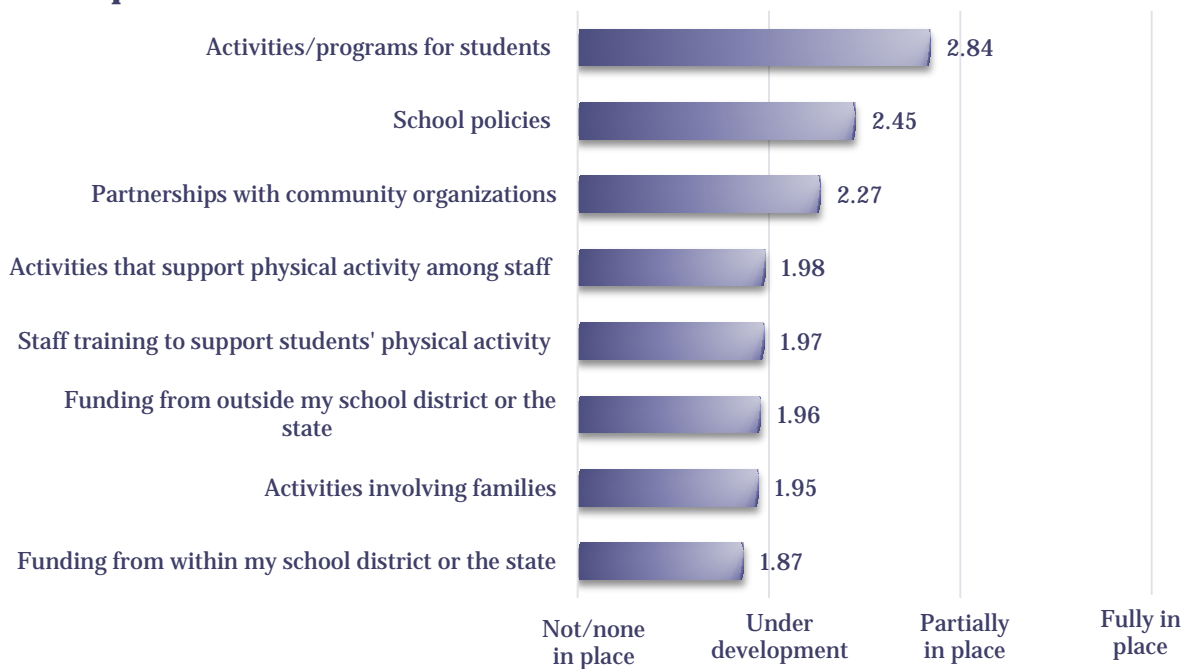
Means from Likert-scale responses were calculated using:

1=None/not in place, 2=Under development, 3= Partially in place, and 4=Fully in place.

(a) n=233, including partial responses



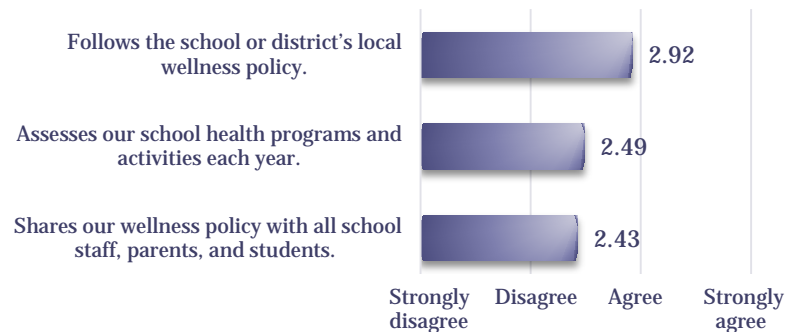
(b) n=215, including partial responses



On average, respondents reported wellness coordinator positions and SHACs to be under development. Across K-12 grades served, school health and wellness coordinators were typically more in place (mean 2.60) than SHACs (mean 2.33), which suggests that schools may have an easier time delegating health and wellness to an individual

than to a team. In terms of disseminating and implementing LWPs, respondents reported that schools generally followed policies but did not always share them with the school community or assess implementation (Figure 7). In particular, high schools were less successful in each of these categories compared to elementary and middle schools.

Figure 7. Mean SHAPE Survey Responses: "This school..." (n=208, includes partial responses)



Qualitative data describing school health strengths and areas for improvement further illuminate survey findings for nutrition and physical activity supports (Figures 8 and 9). PE and physical activities for students, foods and beverages offered, and the general culture of school health were popular discussion topics among most respondents, who described strengths and weaknesses in each of these areas. PE and physical activities for students were frequently referenced strengths, with most being physical activities provided outside of formal PE (see representative quote). Conversely, about two thirds (66%) of those interviewed described this as a weakness:

Respondents made roughly equal references to needing improvements in PE (e.g., the need for certified PE teachers and more PE minutes per week) and other physical activity programs (e.g., more recess, brain breaks, and afterschool activities).

"I give teachers more autonomy on recess and allow student need to drive recess. I don't care when you do it, but the kids go out for 15 minutes in the morning and afternoon, in addition to lunch recess. If you look out and see a class of comatose kids, get them out and moving...I don't allow teachers to take away recess as a form of punishment." –Principal

Food and beverage strengths were also widely reported (78%) and included school meal programs, salad bars, healthy classroom celebrations, fundraisers, the summer food service program, healthy hydration, and healthy snacks served outside of meals (e.g., the federally-funded Fresh Fruit and Vegetable Program, or FFVP). Many of these activities were described as school-wide nutrition policies, and some were discussed in terms of addressing food insecurity. However, some respondents felt schools fell short in the actual foods and drinks served during meals, which they saw as unhealthy (e.g., not fresh, overly processed) despite meeting federal guidelines. Some comments also described the need to eliminate unhealthy foods offered as rewards, celebrations, during fundraisers and in vending machines. This suggests that while some schools have been able to make progress in these areas, others continue to struggle.

Figure 8. Percent of Qualitative Sources that Described School Health Strengths, by Category (n=32)

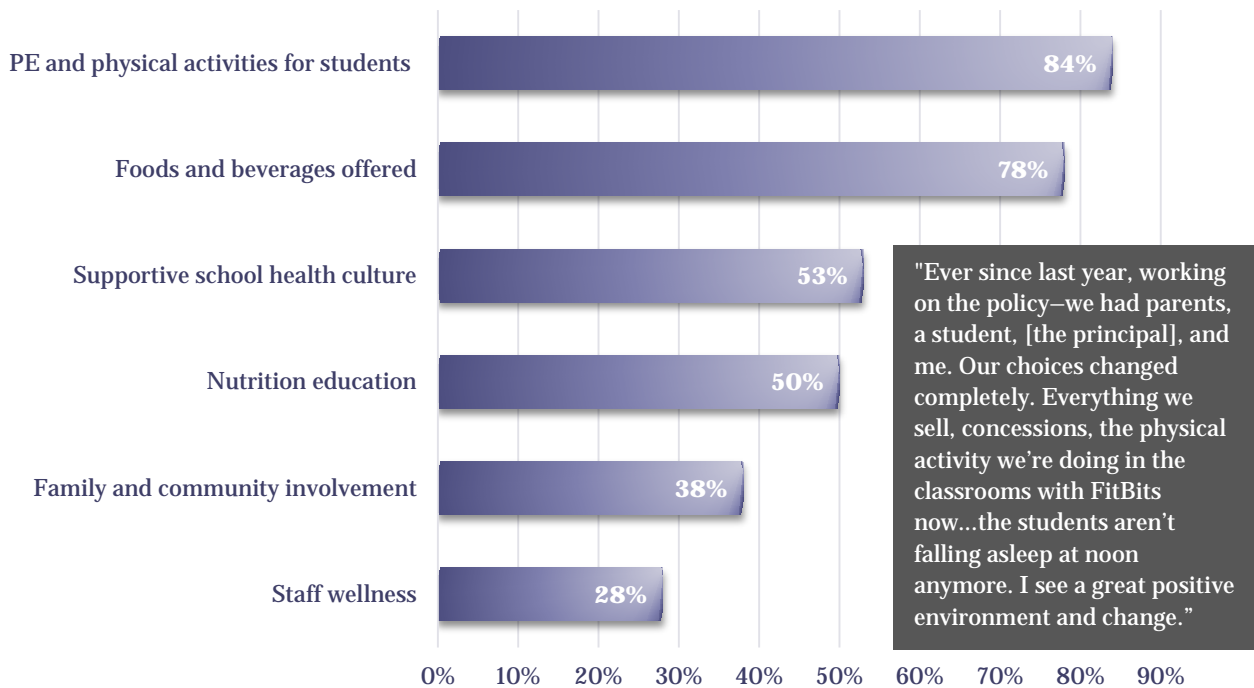
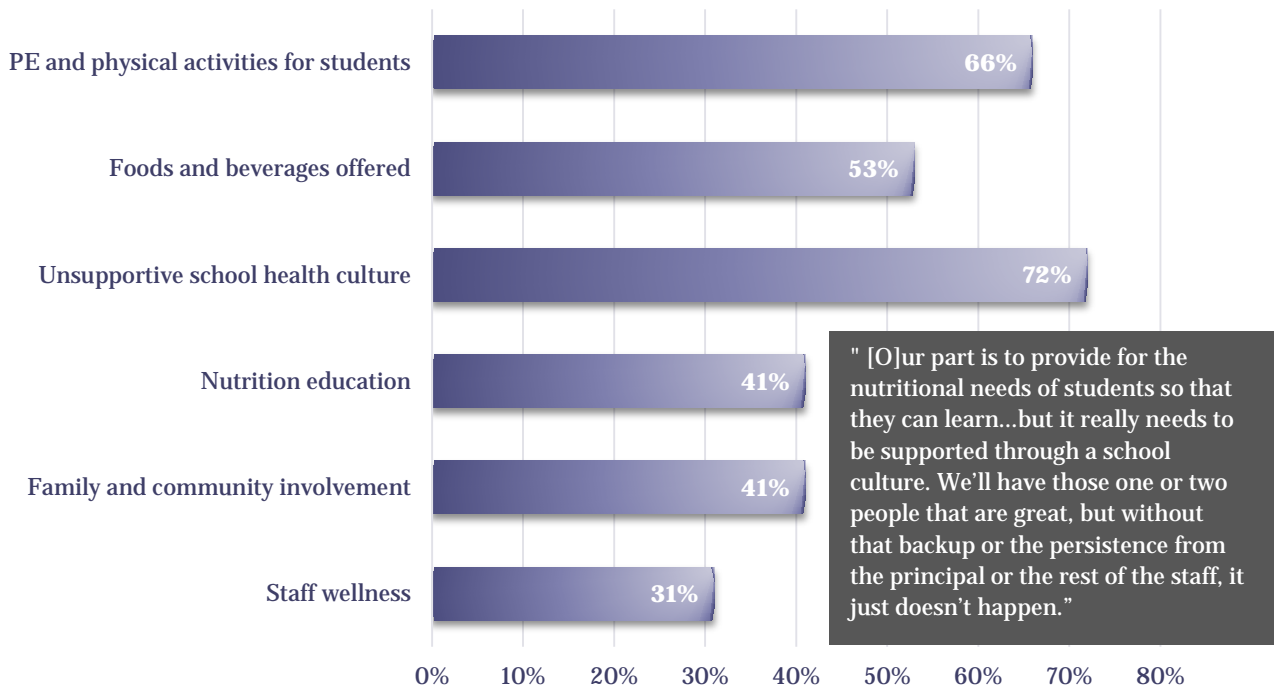


Figure 9. Percent of Qualitative Sources that Described School Health Weaknesses, by Category (n=32)



Similarly, school health cultures varied from supportive to unsupportive. Unsupportive cultures were generally discussed in the context of needing more top-down support from district or school leadership. Respondents also described a need for school staff to improve nutrition and physical activity role modelling for students. Not surprisingly, those that reported a more supportive school health culture described a combination of top-down support from school and district leadership and positive role modelling from teachers and other school staff.

“I wish we had the ability to have a true culinary arts program, where they could learn to cook healthy on budget, not just what you can get at the gas station or what you can microwave, but to give them those skills to help their family now and continue to take care of themselves... A lot of kids here, they don’t have a lot to eat, but they are really overweight. They don’t necessarily have choices in what they eat. So, to show them that you are not just stuck.” –Instructional Coach

“The adults are the example to the kids, so the kids are gonna copy what you do. If they see you constantly drinking soda but they’re not allowed to drink soda, they’re gonna question that. So we try to make sure that staff is an example for the students.” –Principal

When nutrition education was described as a strength, it was usually provided through partnerships with outside agencies, and those who discussed areas for improvements generally sought more frequent and consistent education for all students. Respondents who mentioned specific nutrition topics focused on gardening skills, taste testing, and cooking classes to help develop lifelong habits that, in some cases, were seen as ways to overcome poverty-related health inequities.

Family and community involvement was a lesser-referenced strength and weakness. Descriptions of family support for school health were weak at best: Every support that respondents mentioned was initiated by the school (e.g., newsletter, event, referral to a community resource). Conversely, almost all weaknesses related to this topic were respondents’ calls for families, especially parents, to better support health eating among students.

Staff wellness was the least-referenced strength and weakness. The few descriptions of specific staff wellness supports involved physical activity classes and facilities access, wellness challenges, and newsletters, and these were mentioned by only a few schools. Most comments regarding weaknesses described how staff wellness is critical to role modelling nutrition and physical activity behaviors for students, but only two interviewees discussed health promotion, stress relief, and relaxation programs for teachers to improve their own wellbeing (see representative

“I think there’s a very deep stress going on in kids and in teachers, administrators. From the bureaucratic level, I think that there are things they can do to diminish the stress. If there was one area that I would like to see—and we are doing it here—it’s trying to make an impact on the stress. If teachers are stressed, they can’t teach. If kids are stressed, they can’t learn.” –District Nurse

quote). ***The lack of attention to staff wellness as an area for improvement suggests that interviewees may not have considered it to be as much a part of school health initiatives as student-focused activities, which may indicate a need for more training and attention.***

The qualitative analysis of school health weaknesses also produced an emergent category: 27% of sources described a need to improve school health beyond nutrition and physical activity. Most sought health education that covered additional topics such as drug awareness and sex education (middle and high schools), and some also mentioned weak or nonexistent nursing and counseling programs. This focus likely reflects the more holistic view of school health seen among many respondents.

Beyond the broad categories discussed above, interviewees and focus group participants described a variety of existing programs that facilitated school health (Figure 10). PE and physical activity programs were referenced by nearly all respondents, which supports SHAPE survey findings reported in Figure 6b. Most of these programs were outside of regular PE and included before and after school physical activity clubs and sports, regular recess mandates, and school-wide implementation of physical activity breaks in classrooms. These programs were

“I don’t want to lose PE. We are so lucky. We have a dedicated PE teacher.”
 –Classroom Teacher

discussed positively despite schools having to overcome some barriers to implementation. Respondents praised talented PE teachers and were happy with the Presidential Fitness Challenge and Fitnessgram assessment. However, many also expressed frustration regarding limitations on existing PE programs, including the lack of certified PE teachers to provide more regular PE and the lack of funding for PE teachers.

In addition, nutrition education programs were often described by those interviewed (Figure 10), which again mirrors findings from the SHAPE survey (Figure 6a). In particular, gardening programs were celebrated with an abundance of positive feedback and hopes for future expansion. Other programs, including cooking classes at the middle and high school levels, were also viewed as beneficial. Beyond nutrition and physical activity, about one fifth of interviewees also discussed health education classes for students that included sex education, behavioral health, substance abuse awareness, and character development. Almost all of these programs were offered at the middle and high school levels and were described as positive when present, with the most discouraging aspect being the inability to expand those programs.

“We have a full blown high school agriculture program with a full-time ag teacher...Right now we focus on teaching the kids about growing & harvesting the vegetables, produce. Our infrastructure is good, and we’ve sold vegetables, seedlings, and other plants in the past but it’s not consistent.” –Superintendent

Many respondents made specific references to the Supplemental Nutrition Assistance Program—Education (SNAP-Ed), including direct nutrition education provided by SNAP-Ed partners and

Figure 10. School Health Program Participation, by Type (n=32)



Existing programs are designated by purple: one schoolhouse = reported by 1 source. ^aBecause of their popularity, gardening programs are shown separately from other nutrition education programs, ^bA program of the Alliance for a Healthier Generation, ^cHEAL: healthy eating active living, ^dA program of the Centers for Disease Control and Prevention.

school-based policy, systems and environmental changes supported by SNAP-Ed. This is not surprising, given that many interviewees were introduced to the SHAPE Team through SNAP-Ed contacts, but it does underscore the important role played by community partners in supporting school health. Indeed, all but one reference to SNAP-Ed programs described program participation as valuable. Other partner programs that respondents discussed included Fuel Up to Play 60, the Alliance for a Healthier Generation's Healthy Schools Program, Empower Schools, Fit Kids of Arizona, the CDC's School Health Index, Action for Healthy Kids, and Let's Move Active Schools. Fuel Up to Play 60 was popular for the activities supported and the amount of grant funding provided, however the application process was viewed as time-consuming, which sometimes inhibited participation. Similarly, ***the Healthy Schools Program and Empower Schools were reported to promote positive changes, however they were not always feasible because of the amount of work required for participation.*** On the other hand, Fit Kids of Arizona (part of Northern Arizona Healthcare) and the School Health Index were described as providing support with minimal additional work for school staff, so these programs were viewed in a more positive light.

Wellness events that recurred annually or more frequently were mentioned by nearly a third of sources. Almost all of these were focused upon physical activity, with most described as single-day events that took place once per school year, and the rest lasting weeks or months during each school year. Many events engaged families and communities, for example school-wide involvement in community-based fun runs that encouraged parents to participate with their students.

"[We] volunteer for [the hunger-free weekend program] for the hungry kids, and that's something that's expanded to our entire community." –Food Service Director and District Nutritionist

Nearly a fifth of respondents described programs to address food insecurity, including the summer food service program, the free breakfast program and food bag programs where students were invited to bring food home on Fridays to ensure that families had weekend meals. Thus, interviewees were keenly

"They've got a bunch of activities that help with nutrition. If [SNAP-Ed] didn't do it, we wouldn't." –Superintendent

"[It's] hard to find time [for the Healthy Schools Program]...I was the lead, but...a couple of changes happen and it doesn't fit as far as time." –PE Teacher

"I prefer SHI—it's easier, more complete, and then I have an immediate contact... Empower has a huge encompassing bureaucracy." –PE/Specialist Teacher

"[Fit Kids] was able to provide funding for each site to get a Fit Kids instructor [that] did a lot of instruction, fitness, extra physical activity and nutrition. That funding is ongoing." –Principal

aware of students' food insecurity, and many commended school-based efforts to support lower income students and their families.

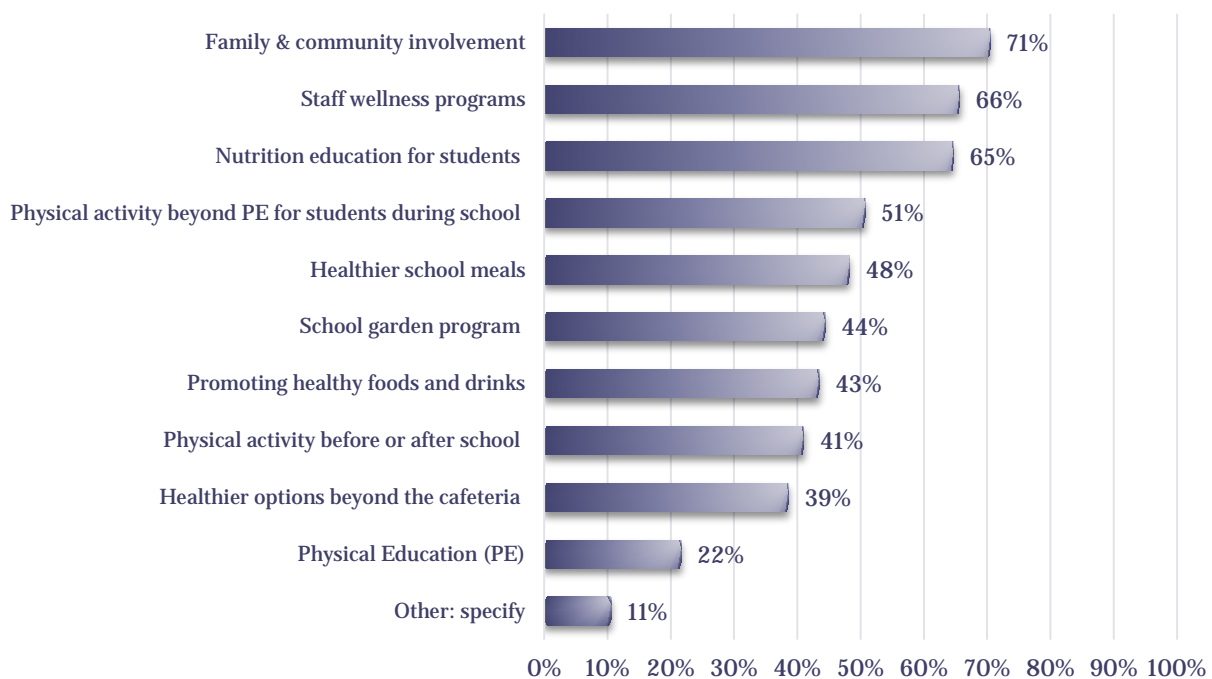
The staff wellness programs described by interviewees included staff wellness challenges, physical activity classes, and facilities access. They were discussed less often than most other school health programs (Figure 10) and mirrored the supports discussed earlier as school health strengths (Figure 9 and text).

Objective 3: Identify opportunities for the ADHS to support school health programs. This objective is informed by the two previous objectives reported here:

Understanding school stakeholders' perspectives and the existing barriers and facilitators to school health in Arizona provides information vital to addressing state-specific needs.

What do stakeholders want to improve? Building on the initial qualitative findings, the SHAPE survey asked respondents to identify the top five areas of school health that they would most like to see improved at their schools (Figure 11). Most selected family and community involvement (71%) and staff wellness programs (66%), which was consistent across all grade levels served. This makes sense considering that both categories were among the weakest school health supports reported across Arizona schools. On the other hand, nutrition education for students was also a top priority, despite participants' having identified this category as relatively strong at most schools (see Figures 6a, 8 and 10). About half of all participants (48%) sought healthier school meals, however on average middle school representatives were more insistent

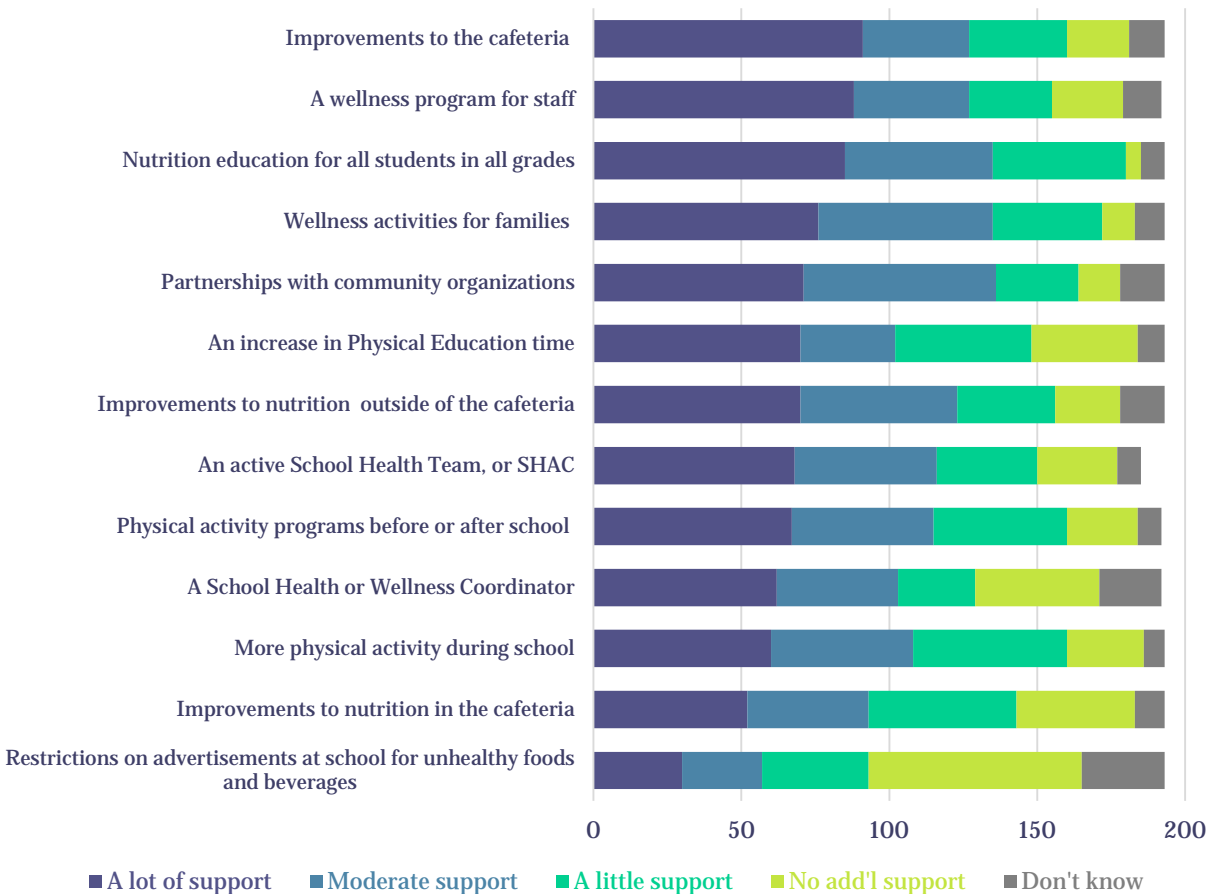
Figure 11. Percent of SHAPE Survey Respondents Seeking School Health Improvements, by Category (n=207)



about this topic (73%) than those serving other grade levels. PE was only listed among the top five priorities by 22% of respondents, despite qualitative data suggesting that many schools sought support for hiring certified PE teachers to provide more instruction and the two write-in categories in the survey calling for “more PE.” Interestingly, some of the write-in categories were reminiscent of comments related to a more comprehensive view of school health: health education, including sexual and reproductive health (2); promotion of social-emotional wellbeing (1); funding for counselors and social workers (1); and stress relief for staff (1).

What supports do stakeholders need? The SHAPE survey asked how much outside assistance respondents’ schools would require to make various types of school health improvements. Five categories emerged as the most in need of at least moderate support (Figure 12): improvements to the cafeteria (e.g., cafeteria upgrades, time available to eat), staff wellness programs, nutrition education for all students in all grades, family wellness activities, and partnerships with community organizations. The least amount of support was needed for marketing restrictions on unhealthy foods and beverages and improvements to the school meals served in the cafeteria (i.e., during lunch and sometimes breakfast).

Figure 12. SHAPE Survey Responses, "How much additional support would your school need to implement..." (n=193)



Variations by grade level were also found. All (100%) middle and high schools called for support around physical activity programs before and after school and wellness programs for staff. For middle schools only, the highest needs included physical activity programs before and after school and partnerships with community organizations, while high schools saw the greatest needs around staff wellness, wellness for families, and partnerships. Elementary schools were unique in that their greatest need involved nutrition education for all students in all grades.

Urban and rural schools were similar in supports needed, sharing their top six needs (though in slightly different order): partnerships with community organizations, wellness activities for families, nutrition education for all students in all grades, improvements to the nutritional value of foods served outside of the cafeteria, a wellness program for staff, and improvements to the cafeteria. Suburban schools, however, only shared four of those needs and instead sought more support around maintaining an active school health team and a school health or wellness coordinator.

Interview and focus group participants were also asked about available and needed school health supports (Figures 13 and 14). The majority of supports reported to be in place were related to staffing/human resources. Wellness champions were not limited to one category of staff, but included PE teachers, coaches, nurses, health aides, principals and other administrators, teachers, behavioral health specialists and social workers, culinary and nutrition experts, cafeteria staff, grant writers, a garden champion, and a custodian. Respondents who noted a need for more school health staff did not specifically request wellness champions, but they did list a need for PE teachers, school health grant writers, wellness coordinators, nurses, counselors, coaches, and other physical activity instructors.

“State agencies have also been good in providing support with free education materials, bringing special guest here, and [linking us with] agencies that do to keep kids engaged.” –School Counselor

Over half of those interviewed recognized a need for leadership support at the state, county, district or school level. This included:

- Top-down enforcement of LWPs at the district and school levels.
- State- and district-level PE and health education mandates, and funding to support such mandates.
- Enhanced communication (e.g., in person visits) to improve state leaders’ understanding of local contexts, including barriers and facilitators of school health
- A desire for state- and district-level representatives to act as change agents to (1) shift Arizona’s educational focus away from testing and toward whole student wellbeing, and (2) reduce teacher burden by supporting or creating school health-specific positions. This was a pervasive theme throughout many interviews.

In terms of partnership supports, respondents described beneficial collaborations with county health departments, the University of Arizona Cooperative Extension, SNAP-Education, local food

Figure 13. Percent of Qualitative Sources that Described Available School Health Supports, by Category (n=30)

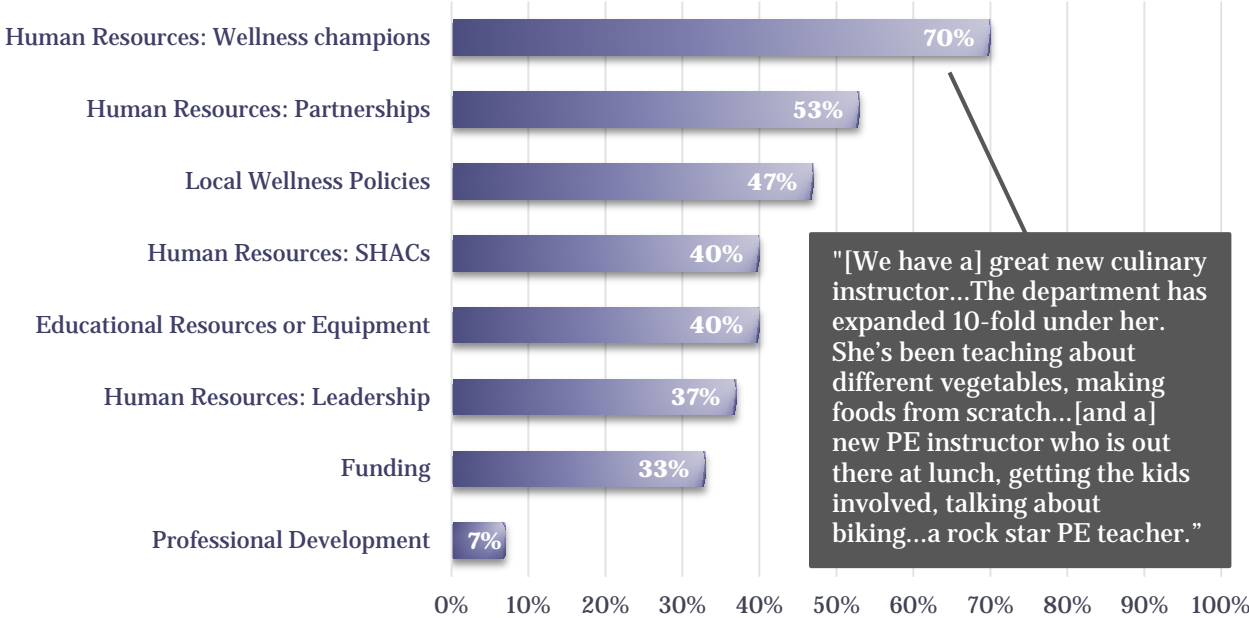
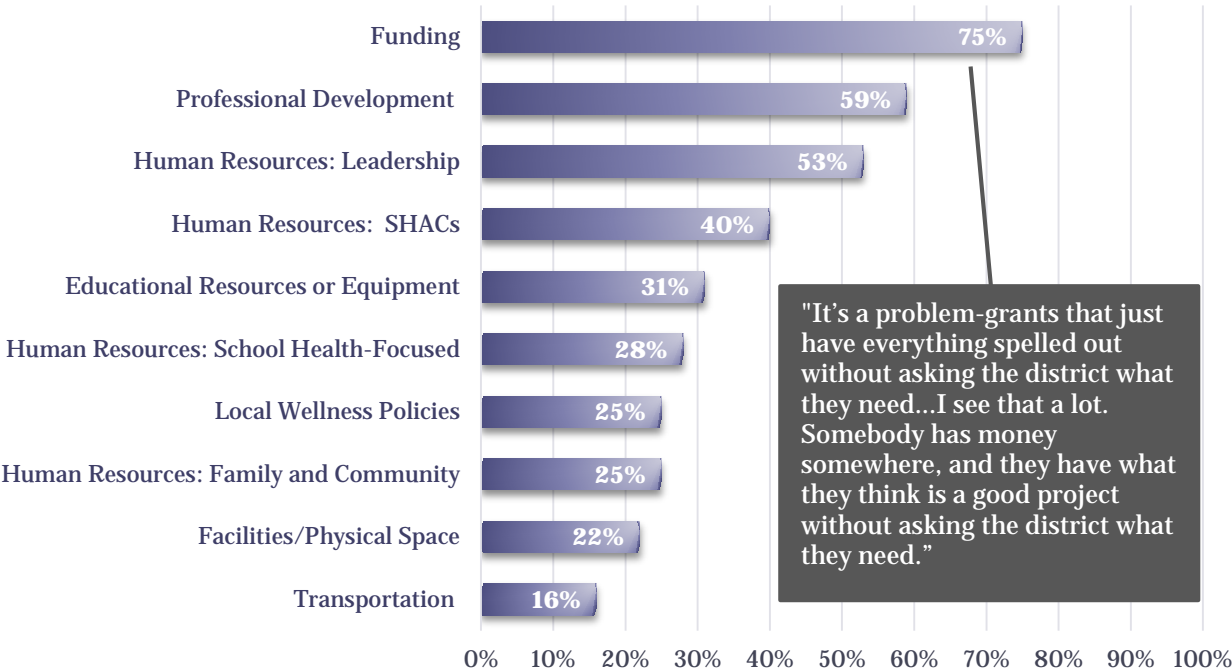


Figure 14. Percent of Qualitative Sources that Described Needed School Health Supports, by Category (n=30)



systems partners (e.g. food banks and farmers), community health centers, tribal partners, other nonprofit agencies (e.g. churches), and Northern Arizona University. No interviewees specifically mentioned partnerships as a support needed.

Family and community support was not described by any interviewees or focus group participants as an available support. Rather, a quarter of those interviewed discussed a need for more family and community involvement. Specifically, respondents felt that improving students' nutrition at home would help to support school efforts to encourage healthy eating. They also sought more community support for physical activity and improvements to local food systems.

Beyond human resources, LWPs were referenced by nearly half of all respondents as an existing support, but a quarter of interviewees also discussed LWPs as *needing further support* because existing policies were not widely available, actively disseminated to the school community, or implemented with fidelity. While available funding was referenced by a third of respondents (grant amounts ranged from \$300 to \$100,000), ***the need for funding was described by 75% of those interviewed, making it the single greatest perceived need from the qualitative inquiry.*** Funding was tied to many other categories of school health supports needed (Figure 14). Specifically, those interviewed sought funding for PE and physical activity equipment, PE programs and teachers, hiring other school health staff, afterschool programs, gardens and greenhouses, healthy food, field trips, a cafeteria update, transportation, and nutrition education materials. Transportation appeared as a distinct support needed in rural communities, where respondents discussed the difficulties that low-income parents faced in getting their children to extracurricular events and the need to transport students offsite to engage in physical activity. Similarly, the need for facilities or physical space was tied to funding and centered upon physical activity facilities and cooking spaces. Some interviewees noted that ***flexible funding from the state would help to respond to schools' contextual needs.***

"[The] State Health and Wellness Conference showcased what has been successful, things they could do at school, grants, opportunities—one stop shopping! It was happening five years ago...at the state level...it was well done, provided a lot of good information—that's likely what started me on health and wellness. It was a trigger where I said, 'Okay, I can do this!'"

Professional development was rarely mentioned as an existing support, and frequently discussed as a needed support. Respondents requested new school health ideas for PE, physical activity and nutrition education; opportunities to network and attend professional conferences; food service training; and trainings on LWPs, grant-writing, and mental health.

Interviewees and focus group participants were also asked what, specifically, they would request from the ADHS to support their school health efforts. Responses are categorized below from most to least requested, along with representative quotes.

Table 2. Requests for ADHS from Interview and Focus Group Participants (n=30)

Theme	Description	Representative Quote(s)
Be a state-level catalyst for culture change and mandates (50% of sources)	<ul style="list-style-type: none"> Sought vocal support of whole child education Sought <i>funded</i> PE and health education mandates School health solutions that do not increase teacher burden (e.g., funding for wellness coordinators) 	<p><i>"We need to have the kids required to have PE class for the whole year."</i></p> <p><i>"Give whole child education much deeper [attention]. The whole child needs to be a bigger portion of the A-F letter grade. We need to look at where schools are, where the kids need to be, and ask, 'Are schools helping to get them there?'...Out of 100 points [on the school report card], 3 points come from efforts to improve health and wellness on campus."</i></p>
Funding to hire dedicated school health staff. (37% of sources)	<ul style="list-style-type: none"> PE teachers School counselors Afterschool program instructors Recess monitors Wellness coordinators 	<p><i>"If someone was going to fund something for the schools, funding the person to do that. Let us find that person, but fund that person so that our educators aren't being given additional burdens, because there's just way too much of that."</i></p>
Offer funding for physical activity equipment (30% of sources)	<ul style="list-style-type: none"> Grants for purchasing movable PE and physical activity equipment (e.g., balls) Funding to improve outdoor play areas 	<p><i>"The PE teacher, he gets \$300 a year for equipment, but that's not very much. Any support for that would be welcome."</i></p> <p><i>"Playground equipment...Grants we've received address the PE equipment, but the play structures like monkey bars [need improvement]."</i></p>
Feasible professional development opportunities in school health topics (30% of sources)	<ul style="list-style-type: none"> State-supported conferences Local trainings on school health topics (LWP implementation, nutrition curricula, physical activity, food service, gardening, etc.) Stipends to attend 	<p><i>"Training would be great. That would really help in a rural area like ours, to have external ideas come in... You get focused on getting everything done, with no time to go out to conferences. Any guidance or ideas, on say a Friday, when there's not quite the rush. Stipends would be great for [attending]."</i></p>
Flexible and accessible funding (17% of sources)	<ul style="list-style-type: none"> Respond to contextual needs Reduce complexity of grant applications/requirements Note: 67% of sources requested <u>any</u> funding 	<p><i>"Trust the people, trust the people who are doing this work. Ask the people...what do you need?"</i></p> <p><i>"State funding is often very restricted in what they allow you to use the grant for...Flexible funding."</i></p>
More communication about ADHS services (17% of sources)	<ul style="list-style-type: none"> Communicate the ADHS' role Note: this does not include interviewees that shrugged or otherwise indicated non-verbal confusion re: AHDS services 	<p><i>"There's a big communication gap. We don't know what the they can offer."</i></p> <p><i>"I don't really know what they do now."</i></p>
Support for serving fresh, local foods. (13% of sources)	<ul style="list-style-type: none"> Simplify the school garden certification process for produce to be served at school meals Sought FFVP promotion and reduction in processed foods and food and container waste 	<p><i>"With lunch, that we could we have real kitchens, real food, in the cafeteria [and] avoid the plastic bags."</i></p> <p><i>"Right now [we] can grow things, but there are limitations on actually being able to consume what [we] grow due to a variety of regulations."</i></p>

Most interviewees and focus group participants were hopeful about the future of school health initiatives and cited numerous opportunities for growth:

- Forty-one percent described the potential to expand PE and other physical activity programs, mainly as a result of successful grant applications; many reported having already experienced success in this area and looked forward to renewed or extended funding.
- Over a third were eager to provide healthier foods and drinks in classrooms and fundraisers, and more fresh produce during breakfast and lunch.
- Nearly a third described promise in expanding SHAC reach and LWP implementation.
- Twenty-eight percent discussed the potential to develop staff role models through partnerships and grant funding, and in cooperation with school health champions.
- A quarter were enthusiastic about expanding nutrition education programs, including gardening and cooking classes.
- Twenty-two percent suggested solutions to engaging families more in school wellness initiatives.

With many proponents of school-based nutrition and physical activity eager to expand their efforts, the seeds have been sown to support early progress in many Arizona schools. By nurturing these efforts, the ADHS can make a substantial impact on school, student and community health, especially in lower-resources schools.

Recommendations

Considering the recurrent themes from quantitative and qualitative findings, the SHAPE Team has identified six core recommendations for the ADHS Office of Community Innovations in their efforts to support school health initiatives in Arizona.

1. **Build accessibility and flexibility into funding opportunities.** In terms of making funding more accessible, grant applications that are easy to complete would help to support schools without dedicated, experienced grant writers. Application training may help for larger grants, however *the ADHS may wish to consider flexible criteria or a reduction in required paperwork for smaller grants.* In terms of flexibility, needs vary widely across the state, and stakeholders may be more receptive to funding opportunities that provide more autonomy regarding how funds are used within a few specifically-defined school health parameters.
2. **Fund positions for dedicated school health staff.** A pervasive theme throughout this project was the lack of time and resources of existing school staff, leading to a lower priority for school wellness initiatives. Oftentimes, no additional pay was provided to teachers and other staff who were tasked with school health activities in addition to their regular workloads, or they volunteered their time. *By funding dedicated positions for wellness coordinators or proving stipends to school health champions, the*

ADHS could provide vital motivation for accelerating Arizona's progress in school health. Such funding would also demonstrate state support for school-based nutrition and physical activity programs and whole-child education, which were important to stakeholders.

3. **Increase coordination with other state agencies to support school health.** The ADHS and the ADE are currently collaborating on shared school health priorities, including LWP development, implementation, and evaluation. *One effort could include the compilation of all available school health-related resources at a central site disseminated to Arizona schools.*
4. **Communicate the presence and purpose of the ADHS' school health initiatives to all school-level stakeholders.** Many SHAPE participants were unaware of what support the ADHS could provide, and unclear regarding the roles played by various state agencies. *Providing stakeholders with regular and even face-to-face opportunities to communicate with an ADHS representative would help to bridge this gap.*
5. **Sponsor professional development opportunities in school health-related topics.** In-person trainings can facilitate networking, while web-based trainings may reach more stakeholders, especially if professional development credit is associated with trainings. To the extent possible, *the ADHS may wish to facilitate knowledge-sharing and networking opportunities in school health, including conferences, professional development, and/or stipends or reimbursements for participation in affiliated statewide or local school health conferences.*
6. **Consider engaging schools in integrated school health programming.** Many stakeholders conceptualized school health initiatives as addressing, or needing to address, the whole child (mental, emotional, and physical) rather than as siloed nutrition and physical activity programs. Indeed, reported barriers included challenges that were not directly tied to healthy eating and active living, although they were seen to influence nutrition and activity behaviors. *The ADHS may wish to consider this more comprehensive approach to student wellness during communication, funding decisions, and/or planning for professional development.*

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Appendix A. Data Collection Methods

To gather information-rich cases from a diversity of schools across the state, we combined maximum variation sampling with stratified purposeful sampling.¹

Maximum variation sampling. The SHAPE Team collected both quantitative and qualitative data from stakeholders across a wide range of Arizona schools. This allowed us to identify recurring experiences, or patterns, across all schools and also enable us to explore contextual variation by geography, school size, and other factors discussed below.

Stratified purposeful sampling. This project included small, medium, and large schools serving grades K through 12; captured perspectives across urban and rural settings; and emphasize lower-resourced schools. In developing our data collection plan, we stratified target schools by subgroups to ensure that all populations were represented, using the following:

TARGET SCHOOLS (Size, Enrollment, % Representation)		
Small <245 25%	Medium 245-752 50%	Large >752 25%

Figure A1. The Data Collection Plan Accounts for School Size

- **School size** (*i.e.*, number of students enrolled). We used enrollment numbers to designate schools as small, medium, or large. Half of all schools targeted were mid-sized, one fourth were small, and one fourth were large (Figure A1).
- **Type of school district.** The majority of Arizona's public school students attend Unified School Districts (USDs, 53%), followed by Elementary School Districts (ESDs, 23%), Charter Schools (16%), and High School Districts (HSDs, 9%). Schools targeted for this needs assessment were roughly weighted by these frequencies to be representative of student enrollments.
- **County.** Eight of Arizona's 15 counties were targeted for qualitative data collection, including the three counties with the greatest concentration of schools: Maricopa, Pima and Pinal (Figure A2). At least 14 counties were included for the quantitative assessment.
- **Geographical designation.** For the qualitative inquiry, data from the 2010 U.S. Census Bureau² was used to determine whether schools were located in districts considered to be rural, urban, in urban clusters, or in a combination of these. At least 25% of target schools were majority rural. For the quantitative investigation, self-reported designations of urban, suburban, and rural were collected from SHAPE survey respondents.

- **Need.** We used free or reduced-price lunch (FRPL) enrollment percentages to determine lower-resourced schools. Over ninety percent of schools targeted were SNAP-eligible, i.e. at least 50% of students were enrolled in the FRPL program.
- **Experience.** Schools already participating in the Empower Schools Program, the Supplemental Nutrition Assistance Program-Education (SNAP-Ed), and the Alliance for a Healthier Generation's Healthy Schools Program were included to provide feedback on existing programs. However, we also recruited schools that did *not* currently participate in these programs to capture a variety of perspectives.

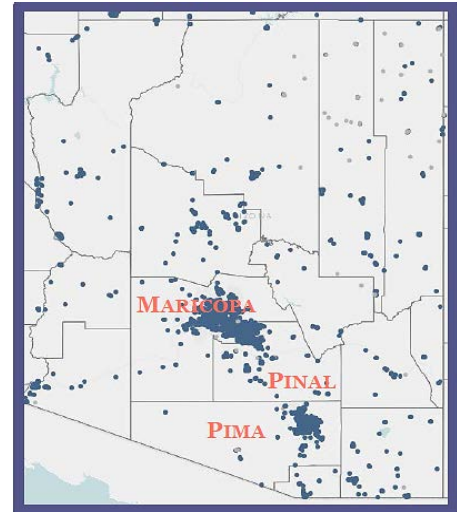


Figure A2. Arizona Public Schools by County, 2014-15³

Qualitative Data Collection Plan

We used school size and type of school district to develop a framework matrix for recruiting potential schools for qualitative inquiry that included interviews, paired interviews, and focus groups. To achieve a minimum sample size of 25, our recruitment matrix included 32 schools (Table A1).

Table A1. Recruitment Matrix for Qualitative Inquiry

	Small	Medium	Large	Total (%)
ESD	1	4	2	7 (22.6%)
USD	3	10	4	17 (53.0%)
HSD	0	1	2	3 (8.8%)
Charter	4	1	0	5 (15.6%)
Total (%)	8 (25%)	16 (50%)	8 (25%)	32 (100%)

Per this framework and the factors described above, we assembled an A-list of priority schools for recruitment. In the event that A-list schools declined participation, we also identified B-list schools that met all pre-established criteria.

Participants. Stakeholders (school principals, associate or assistant principals, food service managers, athletic directors, nurses, classroom/specialist teachers, coaches, and/or other key personnel) were recruited for face-to-face or phone interviews, or focus group participation. All participants were ensured confidentiality, and interviews and focus group data were de-identified. Paired interviews were only completed face-to-face upon participant request and enabled the SHAPE Team to reach more stakeholders.

Incentives. Interviewees were provided with \$20 gift cards as a thank you for participation. Focus group participants were provided with refreshments during the focus group.

Script. We developed semi-structured interview and focus group scripts (Appendix B) to standardize information collected and enable comparison with questions asked in the SHAPE survey. Paired interviews used the interview script.

Data Analysis. After data collection, Word documents for all interviews were imported into NVivo 11.0 software for coding and theme analysis by the interviewer and a second researcher. A priori codes were developed from interview and focus group scripts, and by referencing the SHAPE survey. Using constant comparative analysis,⁶ each researcher reviewed interviews to assign a prior codes and identify grounded (emergent) codes. After independent analysis, the researchers met to compare codes and finalize a thematic codebook, which was used for the penultimate review.

While 40 individuals participated in interviews and focus groups, percent coverage of topics analyzed were reported here as the *percent of all sources* referencing the topic. In most cases, there were 32 sources (28 interviews, three paired interviews and one focus group), however some sources did not discuss certain topics, so denominators vary slightly in some figures. *Note:* samples sizes as number of sources are provided in all figure titles in parentheses.

Quantitative Data Collection Plan

Quantitative data was collected via an online survey developed by the SHAPE Team for the express purpose of this project (Appendix B). Survey development was informed by the literature, expert contribution, and interviews and focus groups that were completed in September and early October. The resulting questionnaire was built into an online form using the Qualtrics platform.

We used school size and type of school district to stratify schools in subgroups: small, medium, and large elementary school districts; small, medium, and large unified school districts; small, medium, and large high school districts; and small, medium, and large charter schools. Representative numbers of each school type were selected using a randomization program.

We oversampled to allow for a 10% response rate to achieve our target of 100 completed surveys. Three hundred schools were identified during the randomization process to develop an email distribution A-list of at 1000 stakeholders from 200 schools using online searches. In the event of low response rates, the SHAPE Team also identified a B-list of contacts that relied upon existing relationships with schools and partner agencies (e.g., SNAP-Ed, Empower).

Participants. Stakeholders (school principals, associate or assistant principals, food service managers, athletic directors, nurses, classroom/specialist teachers, coaches, and/or other key personnel) were contacted with the online survey link. The survey was anonymous, i.e., no names were collected, however question items did ask for position at the school and other demographic information.

Incentives. Interviewees were provided the option to participate in a drawing for a \$20 Amazon gift card as a thank you for participation.

Data Analysis. Survey data was downloaded from Qualtrics and imported into Microsoft Excel for descriptive statistical analyses of all data and data stratified by: (1) urban, suburban, and rural designations and (2) data stratified by grades served.

Mixed Methods Comparisons

Data from the qualitative inquiry were triangulated with SHAPE survey data to better understand patterns common across stakeholders across all Arizona counties. Interview and focus group data also provided in-depth perspectives not available from the quantitative data. It should be noted, however, that the survey format and specific question items varied from the interview and focus group scripts (Appendix B). To the extent possible, the qualitative codebook integrated SHAPE survey topics to enable useful comparisons. These comparisons should be considered in terms of the overall patterns revealed by all data sources, not as one-to-one associations.

References

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3. <https://maps.communitycommons.org/viewer/?mapid=6907>

Appendix B. Data Collection Tools

Interview Script

Date:	Interview Method (Phone or In Person):	
Interviewee:	School Name:	Official Position at School:
Evaluator:	Evaluator Notes:	

Thank you for taking the time to speak with me about school wellness. As a reminder, this interview is part of a school health needs assessment designed by a team of evaluators at the University of Arizona Department of Nutritional Sciences to help the Arizona Department of Health Services better understand how to support nutrition and physical activity initiatives in Arizona schools. I'll be asking about your experience with various needs, barriers, and opportunities related to nutrition and physical activity in your school.

We plan to share information from these interviews with the Arizona Department of Health Services, but we will not be identifying interviewees by name. If we use direct quotes, only general characteristics like your county or type of school will be linked to the quote. In this way I hope you can be very forthright with your answers. Today's interview will take no more than one hour, and your participation is voluntary. You are welcome to stop at any time.

So, given everything that I've just shared, would you like to move forward with the interview? [If yes, proceed.]

Great. I also want to let you know that I'm recording this interview by [using audio recording software/typing notes, so please excuse the keyboard sounds and occasional pauses while I catch up]. The actual [recording/notes] will not be shared with the Arizona Department of Health Services and will only be reviewed by our evaluation team. Do you have any questions before we begin? [If no, proceed.]

[Objective 1: Explore Perceptions of School Health]

1. First, in your own words, how would you describe the idea of "school health" or "school wellness"?
2. What links are you aware of, if any, between school health and students' academic performance, attendance, or behavior?
3. And how would you describe your role at the school as it relates to school health?
 - o How long have you been in this role? At your school?

Great, thanks. This next set of questions is about your current school health environment.

[Objective 2: Understand Barriers & Facilitators to School Health Initiatives]

4. Generally speaking, what do you think your school is doing well in the realm of school health?

5. And where do you think your school could continue to enhance the school health environment?

In order to support student and staff wellness, schools might participate in a variety of school health programs or initiatives designed to improve nutrition or physical activity.

6. Are you aware of any school health initiatives that your school is currently using? These can include nutrition, health, and physical activity for students, staff, or families. [OPTIONAL PROMPTS: Empower Schools, SNAP-Ed, Alliance for a Healthier Generation Healthy Schools Program, Fuel Up to Play 60, the Healthier U.S. Schools Challenge, Fitnessgram/Presidential Fitness Program, Kids on the Run, school gardens, a farm-to-school program, Safe Routes to School...]

 - o [If yes, ask the questions in the table below]

Program	How did your school choose/develop it?	What aspects of that program work well at your school? Why?	And what aspects of that program do <u>not</u> work well at your school? Why?

- o [If no] Why do you think you are not aware of these kinds of activities being done at your school?
 - [OPTIONAL] Is there is someone else at the school, or at a similar school, that you would recommend we get in touch with to interview?
7. Beyond the programs we've already talked about, what other resources do you feel are available at your school to support school health?
 8. How about resources that you feel your school might be lacking? What are some of the biggest needs you have related to school health?
 9. On a related note, how would you describe any other barriers to starting or maintaining school health initiatives at your school?

10. And what, if anything, can you tell me about your school's Wellness Policy? [OPTIONAL PROMPTS: Do you know what/where it is? Have you read it? What's your opinion of it? Does it help your school maintain a healthy environment for students?]

Thanks, this is very helpful. I've heard you describe some of your biggest school strengths related to wellness as [summarize responses] and some of your biggest challenges as [summarize responses]. Is that accurate? [If yes, proceed. If no, clarify.]

[Objective 3: Identify Opportunities to Promote Nutrition & PA in Schools]

These final questions are about where you see your school heading in the future.

11. Where do you see any potential for your school to expand school wellness initiatives? [OPTIONAL PROMPT: What characteristics, programs, or people, do you think might provide opportunities to expand school health activities?]
12. This last question is a critical one when it comes to your feedback. What type of materials and support would you or your school need from supporting agencies, like the Arizona Department of Health Services, to support school health at your school? [OPTIONAL PROMPTS: for example, training or TA on certain topics; funding for certain resources or positions; help making changes to physical environments, classrooms, cafeterias, or schedules; or leadership supports?]

Great, thanks. Before we close, is there anything else you'd like to share regarding your experience with school-based nutrition or physical activity?

Thank you again for taking the time to speak with me today. Your insights and feedback are going to provide valuable information for the Arizona Department of Health Services as they develop plans to support future school health initiatives.

[Optional PROMPT if interview was not very informative: Is there is someone else at the school, or at a similar school, that you would recommend we get in touch with to interview?]

Focus Group Script

Date:	Facilitator:	2nd Evaluator (if applicable):
School Name:	City:	Site Description:
	County:	
Participants and School Role(s):		
1.		
2.		
3.		
4.		
5.		
6.		

Welcome, everyone, and thanks for taking the time to speak with [me/us] about school wellness. As a reminder, this focus group discussion is part of a school health needs assessment designed by our team of evaluators at the University of Arizona Department of Nutritional Sciences to help the Arizona Department of Health Services better understand how to support nutrition and physical activity initiatives in Arizona schools. I'll be asking about your experiences with various needs, barriers, and opportunities related to nutrition and physical activity in your school. Before we get started, I want to review a few housekeeping items and ground rules:

- [Restrooms, refreshments, silence electronics]
- Today's focus group will last for about an hour and a half.
- Your participation is voluntary. We plan to share information with the Arizona Department of Health Services, but we will not be identifying participants by name, and if we use direct quotes, only general characteristics like your county or type of school will be linked to the quote.
- I want to emphasize that the discussion we have should be kept confidential and not shared beyond today's focus group. We hope that you feel like, in this safe space, you can be very forthright with your answers.
- I also want to let you know that [I'll/we'll] be [recording this focus group/ taking notes/both]. The actual [recording/notes] will not be shared with anyone outside of our evaluation team.
- Do you have any questions before we begin recording?
- Great, given everything that I've just shared, is it okay with everyone that I begin recording? [If yes, turn on recorder.]

[Objective 1: Explore Perceptions of School Health]

13. First, let's go around the table and do introductions by giving your name, what you do at the school, and how your role here might relate to school health? [3 items are listed on flipchart or board]
14. Thanks. Now I'm passing around some index cards. Please take a minute to jot down the first three words or phrases that come to mind when you hear the words "school health" or "school wellness." [Wait 1-2 minutes.] Let's go around the room in the opposite direction this time. Please pick one of your words or phrases and tell us more about why you wrote it.
15. Are you aware of any links between school health and students' academic performance, attendance, or behavior?

Great, thanks [collect index cards]. This next set of questions is about your current school health environment.

[Objective 2: Understand Barriers & Facilitators to School Health Initiatives]

16. Is anyone familiar with your school district's wellness policy? [PROMPTS:]
- o [If yes]: In what ways does your school emphasize the written policy?
 - o [If no]: Why do you think you are not familiar with the policy? [OPTIONAL PROMPT: How, if at all, does the district/school communicate about the policy?]
17. Does your school have a School Health Advisory Committee (SHAC) or some other wellness team that meets to work on school health initiatives?
- o If yes:
 - Can you describe some of the work done by the SHAC?
 - In what ways would you say the SHAC is valuable to your school?
 - In what ways would you say the SHAC's work could be strengthened?
 - o If no:
 - What are the barriers to developing a SHAC?
 - Is there a person or group that champions health at your school?
 - [If yes] Who is reached by these efforts? (whole school, just one group like teachers, 2nd graders, or track team)
18. In order to support student and staff wellness, schools might participate in a variety of school health programs or initiatives designed to improve nutrition or physical

activity. What are some of the school health initiatives that you know of that your school is currently using? These can include nutrition, health, and physical activity for students, staff, or families. [Use flipchart or board to list program as shown in table below, with + column for “work well” and – column for “not work well”. Examples include Empower Schools, SNAP-Ed, Alliance for a Healthier Generation Healthy Schools Program, Fuel Up to Play 60, the Healthier U.S. Schools Challenge, Fitnessgram/Presidential Fitness Program, school gardens, Farm-to-School, Safe Routes to School, etc.]

Program	What aspects of that program work well at your school? Why?	And what aspects of that program do <u>not</u> work well at your school? Why?

19. So generally speaking, what you think your school is doing well in the realm of school health?
20. And where do you think your school could continue to enhance the school health environment? [PROMPT] What are some of the biggest needs you have related to school health?
 - o [If not yet addressed] How about resources that you feel your school might be lacking?

Thanks, this is very helpful. So far we've heard that some of your biggest school strengths related to wellness are [summarize responses] and some of your biggest challenges are [summarize responses]. Is that accurate? [If yes, proceed. If no, clarify.]

[Objective 3: Identify Opportunities to Promote Nutrition & PA in Schools]

These final questions are about where you see your school heading in the future.

21. Where do you see any potential for your school to expand school health initiatives targeting things like nutrition or physical activity? [PROMPT:] What characteristics, programs, or people, do you think might provide opportunities to expand school health activities?

22. This last question is a critical one when it comes to your feedback. What type of materials and support would you or your school need from supporting agencies, like the Arizona Department of Health Services, to support school health at your school? [OPTIONAL PROMPTS: for example, training or TA on certain topics; funding for certain resources or positions; help making changes to physical environments, classrooms, cafeterias, or schedules; or leadership supports?]

Great, thanks. Before we close, is there anything else you'd like to share regarding your experience with school-based nutrition or physical activity?

Thank you again for taking the time to participate in today's focus group discussion. Your insights and feedback are going to provide valuable information for the Arizona Department of Health Services as they develop plans to support future school health initiatives.

SHAPE Survey (developed in Qualtrics online platform)

Welcome to Arizona's School Health Program Survey, conducted by the University of Arizona and the Arizona Department of Health Services. Your answers will help to shape the future of school health support. The survey takes about 15-20 minutes to complete and asks about school-based nutrition and physical activity programs. Your answers will remain anonymous.

If possible, it helps to take this survey on a computer rather than a mobile device.

OPTIONAL: At the end of the survey you will be directed to a *separate site* to enter contact information for a drawing to win a \$20 Amazon gift card.

We thank you in advance for your valuable feedback!

1. Please select the top 5 biggest challenges faced by your school related to school health.

- Lack of interest
- Lack of funding
- Lack of time
- Lack of training opportunities
- Lack of family support
- Lack of support from school administration
- Lack of support from district administration
- Lack of support from state agencies
- State regulations related to school health
- Limitations of the school campus (e.g., no kitchen, limited play space, etc.)
- I have a challenge not listed: (specify) [text box]

2. To what degree are the following in place at your school to promote and support nutrition?

	Fully/ Many in place (1)	Partially/ A few in place (2)	Under development (3)	Not/ None in place (4)	Don't know (5)
Activities/programs for students (e.g., nutrition education, gardening)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Activities/programs that support healthy eating among staff (e.g., teachers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training/education for staff to support healthy eating among students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Activities involving families (ex., family-friendly school gardening)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partnerships with community organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding from within my school district or the state	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding from outside my school district or the state (e.g., grants)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School policies (e.g., limit unhealthy foods in classrooms, promote water)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. To what degree are the following in place at your school to promote and support physical activity?

	Fully/ Many in place	Partially/ A few in place	Under development	Not/ None in place	Don't know
Activities/programs for students (e.g. activity breaks in classrooms, activity clubs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Activities/programs that support physical activity among staff (e.g., teachers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training/education for staff to support physical activity among students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Activities involving families (ex., family-friendly field days)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partnerships with community organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding from within my school district or the state	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding from outside my school district or the state (e.g., grants)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School policies (e.g., provide activity breaks in classrooms, cannot withhold recess as punishment, offer elective physical activity classes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. To what degree are the following in place at your school to support overall health and wellness in your school?

	Fully in place	Partially in place	Under development	Not in place	Don't know
A School Health or Wellness Coordinator, or similar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A School Health Advisory Council, or wellness team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. This school...

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Don't know
Assesses our school health programs and activities each year to see what's working and what can be improved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shares our wellness policy with all school staff, parents, and students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows the school or district's local wellness policy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please select the top 5 things from the list below that you would most like to see improve at your school.

- Physical Education (PE)
- Physical activity beyond PE for students during school (ex., activity breaks in classrooms, elective classes)
- Physical activity before or after school (e.g., sports, walk-to-school activities, afterschool clubs)
- Nutrition education for students (e.g., energy balance, cooking skills, label reading)
- Healthier school meals
- Healthier options beyond the cafeteria (e.g., in vending machines, during celebrations)
- Promoting healthy foods and drinks (e.g., in fundraisers, on posters/banners)
- Staff wellness programs (e.g., exercise classes)
- Family & community involvement in school health
- School garden program (e.g., starting a garden, serving garden foods at lunch)
- Other: specify _____

7. How much additional support would your school need to implement the following? Support could include funding, materials, training, technical assistance, or other resources.

	No additional support needed (already fully in place)	A little support needed	Moderate support needed	A lot of support needed	I don't know
A School Health or Wellness Coordinator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An active School Health Team, often called a School Health Advisory Committee (SHAC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition education for all students in all grades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvements to the cafeteria (ex., cafeteria upgrades, time available to eat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvements to the nutritional value of food and drinks offered or consumed outside of the cafeteria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvements to the nutritional value of foods and drinks offered in the cafeteria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An increase in Physical Education time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More physical activity during school (ex., activity breaks in classrooms, active recess, elective classes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical activity programs before or after school (e.g., walk-to-school days, sports teams, activity clubs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A wellness program for staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restrictions on advertisements at school for unhealthy foods and beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness activities for families (ex., family-friendly field days, invitations to participate in school health decision-making)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partnerships with community organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Which county is your school in?

9. Grades served (you may select more than one):

- Pre-K
- Elementary
- Middle
- High

10. Would you consider your school to be in a rural, urban, or suburban area?

- Rural
- Urban
- Suburban
- Other [specify]: [text box]

11. What is your role at the school? *Select all that apply.*

- Administrator (e.g., Principal, Athletic Director)
- Classroom Teacher, not focused on health
- PE or Health Teacher
- Food Service Manager/Staff
- Nurse/Health Staff
- Coach
- Wellness Coordinator or similar
- Other: specify [text box]

12. **Are you personally involved in any school health activities this year?**

- Yes, currently involved. Please specify: [text box]
- No, but plan to be this year
- No, nor do I plan to be.

13. **What else would you like the Arizona Department of Health Services to know about how they can best support school health initiatives at your school? [open-ended comments]**

Appendix C. Open-ended Responses from SHAPE Survey

What else would you like the Arizona Department of Health Services to know about how they can best support school health initiatives at your school?

- A need for an all year round pool for the school district and more playground equipment.
- All schools would benefit from funds to help us to build up our nutrition and physical activity programs. The national school lunch really needs to improve in nutritional quality.
- Allow the school district to break from the school lunch program, the food is barely edible. It may meet the nutrition guidelines, but what good is it if the students throw it away?
- Always up for help from outside source to help us improve the overall wellbeing of our students.
- Audit current programs for compliance with Arizona and federal requirements
- Basic hygiene: hand washing
- Because this would require a big shift in culture and climate, it would require a comprehensive champagne.
- Communicate to school that they have resources to provide and programs that can be initiated.
- Continue to help teachers with wellness activities.
- Do not let parent bring unhealthy food into the school
- Each school needs to have a full-time and certified PE teacher.
- Educating teachers and providing curriculum to help support healthy eating habits. Integrating them with writing, science, or another content area would be wonderful.
- eliminate some of the paperwork required daily just to be in compliance with USDA so that we can focus on starting a wellness committee, etc. At this point there is no time for additional initiatives towards student health after most of the work day is spent just fixing food for them to eat and cleaning up after meal service. Production records, temperature charts, ordering and tracking shipment invoices, creating menus, and the list goes on and on and on and on. We are a small school and unfortunately do not have the resources to promote health and wellness therefore creating disinterest in it all together.
- Equity in distribution of funds for HS as well as K-6.. Much of the focus is on K-6 and that is where the Lion's share of funding seems to go. Can there be a structure that protects funding for Middle and High School endeavors?
- Family education! Our kids are eating unhealthy foods and not getting enough physical activity.
- First, thank you for the support we have received over the past few years! We need CLEAR directives for on-site school policies and an influence at the AZ State School Board Association in writing these policies at the State level. Their recommendations become actual policy in most rural districts with a fear to vary due to accountability. Nutrition education consistent and standard based at each grade level. We need funding so that our already "test-stressed" classroom teachers aren't burdened even more. Staff in-service to keep all informed and up to date as changes happen. Continued emphasis at all levels;

Superintendents, Administration, Nurses, PE teachers, classroom teachers, support staff, parents...that Student Health is the highest priority and impacts education.

- Funding
- Funding for any mandated or highly recommended activities.
- Funding for support staff in the food & nutrition services, funding for educational programs regarding diet and exercise, funding to provide children with special needs & diabetes a more nutritious, lower carbohydrate diet.
- Funding is the biggest issue. However, if the ADHS is going to submit funding, they need to ensure there is adequate policy on monies going to said program.
- Funding makes a difference
- Funding, field trip opportunities, guest speakers and volunteers.
- Funds available to hire a staff member that will teach staff/students about good nutrition, healthy eating habits and choices for an overall healthier lifestyle. I would be happy to help that person(s) in any way I can to implement/support school health initiatives at my school. I also plan to help implement the Smarter Lunchroom Project this coming January at my middle school--2 days a month--starting with making posters for the cafeteria that will help to entice students to choose healthy fruits and vegetables for lunch--highlighting some foods that are not usually selected.
- Give the money to the teachers. We're the ones making salsa with fresh veggies and pumpkin bread, spaghetti squash, etc. with children and the ingredients come from our own pocket'
- Healthier lunches- more actual cooking of meals instead of just heating something up or dumping it out a bag or can.
- I am really not sure, but I hear from the past 2 food service directors that they are in complete compliance with the nutritional regulations they are mandated to comply with. And yet, the quality of food served to our children, for breakfast at least is deplorable. It is all completely processed and pre-packaged. It may be whole grain and low fat, but is loaded with sugar and unhealthy.
- I feel the amount of time that the students have to eat is not adequate for maintaining healthy students. Most of them do not have enough time to properly chew and fully eat their lunch.
- I need information on what is available. I have no idea on what programs could be used to help the children. This is my first year as a school nurse, very little training.
- I really need more assistance in providing a tool that is a better District Wellness Policy and assistance in starting the wellness committee. In some ways I don't even know where to start.
- I wish we could go into the classrooms more and get them to try all fruits and vegetables, cooked in a variety of ways. The kids won't even try anything in the cafeteria no matter how I prepare it. If they take it, they just throw it away. If they could learn how good these things taste at a younger age maybe they would make healthy choices all their lives.
- If it's mandated, it MUST be funded

- It is difficult to find the time needed to encourage more physical activity and nutrition education with the department of education guidelines for academic areas. It is very unfortunate because a balance is needed for the students to be well-rounded and successful.
- It is hard to teach healthy eating when parents allow their students to bring "junk" food to school to eat for lunch.
- It would be nice to have curriculum and materials to teach this in the classroom.
- Junk food everywhere, the students at this school eat the hot cheetos and other junk foods. They are constantly eating junk food. The chips are available on this campus. They are even being sold as fund raisers.
- Kids at our school need to be introduced to and encouraged to eat fresh foods. Our school encourages healthy snacks but snacks tend to be packaged/processed foods and are rarely if ever something fresh. Elementary Schools should have an onsite prep kitchen that allows for certified food handlers (parent/community volunteers) to prepare veggie trays/fruit trays and other fresh foods as snacks as well as to be able to introduce food and nutrition into the curriculum. This kitchen could start out very small with just a 2 door commercial fridge, hand sink, prep sink, wash sink, and prep table. No cooking equipment would be needed initially. I would also like to know why Chocolate Milk is served in school even one time a day and why fruit juice is served at breakfast. Lastly, why is the milk served 1% low fat when studies exist showing that obesity rates are lower in humans who consume whole fat milk.
- less stress
- Many of the current health standards have a social emotional component to them that can be supported by school counselors. Providing support for school counselors will help provide extra support to the teaching of the health standards. School counselors in the elementary schools especially are helpful in covering health standards as they mesh so well with the American School Counselors Association National Model that is widely used by Arizona school counselors.
- More encouragement from outside sources for better quality nutritional education for our students. Our students eating habits are on average are poor; junk food!
- More exercise for everyone
- More funding to support and advocate nutrition education in school for middles school grades.
- Need more funding for more staff.
- Nutrition, Hygiene, and healthy life.
- Offer education at the schools on nutrition and physical activity
- our demographics are quite poor and no parental involvement
- Our lunches are packed with carbs and the breakfast is loaded with sugar, making the kids hyper in the morning, and tired in the afternoon.
- Our PE teachers and classroom teachers' schedules are totally full - they work very hard. We would need funding to employ Health teachers or for a paid Wellness Coordinator for the school district. Currently the PE Coordinator, the Health Services Director and the Food & Nutrition Director fill the role of Wellness coordinator. A paid person dedicated to the position would be very helpful. We need funding to do any more than is already being done.

- Pinal county supports health issues in the classroom.
- provide materials or come and teach nutrition to staff/students/parents
- Provide more clinics for students (vision, hearing, dental, vaccinations, teenage health check-ups, physicals, etc.)
- Provide more funding for healthier food for our cafeteria lunches and snacks.
- Provide safe routes to school by paving/adding bike/walking paths along Drexel Road.
- Provide the material/ideas.
- Require stricter standards on food offered by the companies that contract with districts for cafeteria food, esp. what is offered here at TITLE 1 school. The gov't reimburses them for food that is unhealthy. BUT at least they hardly ever serve hotdogs/corndogs anymore!
- Resources such as time and equipment are the biggest barriers to improving physical education. Students only get 30 minutes twice per week. I do teach 3 after school programs that give students some extra options but these are grant funded and only available as long as we have the grant.
- selling some additional snacks during the day
- Something as simple as a brochure or some mini-lessons (15 minutes or less) developed about health would be helpful.
- Students would benefit from access to healthy snacks during the tutorial session in the afternoon. It makes it more difficult for students to focus on reading, writing and math, when they are hungry after school. Many teachers keep food in their rooms to offer to students creating personal expenditures. It should not be the teachers' responsibility to provide healthy snacks during tutoring.
- Tell legislator that they need to fund schools. The students are the parents of the future. We are doing them a disservice.
- The schools are so focused on testing results that they neglect other critical educational subjects, to the detriment of future health and nutrition of our students. Physical activity and nutrition habits are lifelong attributes students need to ensure quality of life as adults. This has to be seen as just as important as the ability to read and understand math and science problems. These are all issues that need to be addressed in teacher pre-service coursework. We used to have an understanding that physical activity, health, music, and art were just as important to a child's education as math, social studies, ELA, and science/STEM courses. We need to get back to that multifaceted view of education.
- The two biggest resources that most schools struggle with are time and money. If the ADHS could help by contributing either of those two resources for health initiatives in schools, I think most schools would be happy to have them!
- There is district wellness policy but not enforced at school site
- There is little to no support for any sorts of activities involving staff wellness.
- We don't even know where to begin. We wear too many hats here at this school. Who would have time for this?
- We had 6 female students become pregnant last school year, and our county has some of the highest chlamydia rates in the country. Our school also serves a demographic that is statistically at a greater risk of becoming teen parents, being victims of sexual violence, and

partaking in other risky behaviors such as substance use. My administration seems to be confused on what we as a school can do to address sexual and reproductive health education needs for our students. The district has a "program" of one sex education teacher that travels around to all the schools and our students spend a few hours with her at some point in their schooling. This is not enough. I feel that we first need clarification in terms of what we are allowed to bring into our classrooms in regard to information pertaining to reproductive health, STD's, services available to students from other community organizations, etc. We do not have a school nurse. Can we arrange for someone from the County Health Department to come in and give a presentation? Can they pass out condoms? Can I get in trouble for having my students research and present on sexually transmitted diseases?

- We have a lot of activities and program started, however as a small school we will need funding ideas to keep them going. There are only so many grants awarded and I am sure we used most of them for the school garden. So, what other options do we have to gather need monies for our walking club, school garden, FFA program, and out-door family night activities?
- We have a wonderful team in place and I only elected 5 items because you said I had to. However, our team works very hard in ensuring all health needs of children are met. Teaching information for label reading would be interesting.
- We need a Health program here at the school for the youth and we would also benefit from a program for our staff that would be affordable for them to access.
- We need a lot of help because students and staff need the support to lead healthier, and more active lives.
- We need an entire culture change in America to help the parents because they have no idea how to parent and know that healthy food choices are a must. They just give their kids whatever they want without thinking of the health value. Parents don't know how to cook because they are lazy. Parents don't cook because they are lazy. Our food choices for quick easy choices are horrible. America has a serious problem.
- We need full time Behavioral and Nutritional Health Staff as the two go hand in hand.
- We need help engaging families.
- We need support and funding to implement health initiatives to the students and staff.
- We used to have a grant for fruits and vegetables for the last couple years at our school, but do to finding the program was cut. Kids loved their fruits and vegetables and now they don't have the opportunity to enjoy any of it. Being a low income community we can't get parental support from parents. It would be great of our government to help us out again. At least 80% of our students are on free or reduced lunches. Thank you and hope to be heard. Ms. Lopez, Rosemary Rivera Elementary