

2017 Model Practices

Applicant Information

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Model Practice Title

Please provide the name or title of your practice: *

Implementation of Enhanced Physical Education in Suburban Cook County, Illinois Schools

Practice Categories

Model and Promising Practices are stored in an online searchable database. Applications may align with more than one practice category. Please select all the practice areas that apply: *

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Access to Care | <input type="checkbox"/> Advocacy and Policy Making | <input type="checkbox"/> Animal Control | <input checked="" type="checkbox"/> Coalitions and Partnerships | <input type="checkbox"/> Communications/Public Relations |
| <input type="checkbox"/> Community Involvement | <input type="checkbox"/> Cultural Competence | <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Food Safety |
| <input type="checkbox"/> Global Climate Change | <input checked="" type="checkbox"/> Health Equity | <input type="checkbox"/> HIV/STI | <input type="checkbox"/> Immunization | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Informatics | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Injury and Violence Prevention | <input type="checkbox"/> Marketing and Promotion | <input type="checkbox"/> Maternal-Child and Adolescent Health |
| <input checked="" type="checkbox"/> Organizational Practices | <input type="checkbox"/> Other Infrastructure and Systems | <input checked="" type="checkbox"/> Organizational Practices | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Quality Improvement |
| <input type="checkbox"/> Research and Evaluation | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Vector Control | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Workforce |
| <input type="checkbox"/> Conference Theme: Bridging Clinical Medicine and Population Health | | | | |

Other::

Physical Activity

Is this practice evidence based, if so please explain. :

Enhanced physical education (E.P.E.) is evidence-based and recommended by The Community Preventive Services Task Force as an intervention that increases student physical activity. E.P.E. involves curriculum changes (e.g., teaching strategies or P.E. lesson plans that incorporate fitness and circuit training) in K-12 schools that result in increased student time in moderate to vigorous physical activity (MVPA) during P.E. class (The Community Guide, www.thecommunityguide.org/findings/physical-activity-enhanced-school-based-physical-education). The Centers for Disease Control and Prevention (CDC) further recommends students engage in MVPA for at least 50% of the time they are in P.E. class, which is one critical outcome measure to determine quality of a P.E. program (CDC, Strategies to Improve Quality of Physical Education, July 2010, www.cdc.gov/healthyschools/pecat/quality_pe.pdf).

Winnable Battles

To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort called Winnable Battles to achieve measurable impact quickly. Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them. Does this practice address any CDC's seven Winnable Battles? If so, please choose from the following: *

- | | | | | |
|---|--|---|----------------------------------|---|
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> HIV in the U.S. | <input checked="" type="checkbox"/> Nutrition, Physical Activity, and Obesity | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Healthcare-associated Infections |
| <input type="checkbox"/> Motor Vehicle Injuries | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> None | | |

Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

Your summary must address all the questions below:

- Brief description of LHD- location, demographics of population served in your community
- Describe public health issue
- Goals and objectives of the proposed practice
- How was the practice implemented/activities
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts.
 - Were all of the objectives met?
 - What specific factors led to the success of this practice?
- Public Health impact of practice
- Website for your program, or LHD.

750 Word Maximum

The Cook County Department of Public Health (CCDPH) is the state-certified public health authority for nearly all of suburban Cook County, Illinois (SCC). This region is geopolitically complex surrounding the City of Chicago with nearly 2.5 million residents in 125 municipalities. CCDPH's population is increasingly racially/ethnically and economically diverse. Obesity rates in SCC are 40% higher than national rates for kindergartners and nearly 25% higher for 9th grade students (CCDPH 2010-2012 obesity data brief). Regular physical activity, along with healthy eating, can help lower obesity. Yet, three of four high school students in SCC do not get the recommended 60 minutes of daily physical activity (SCC YRBS, 2011). Students attending schools where the majority of students are low income, Hispanic, or African-American are even less likely to get this recommended amount (CCDPH 2010-2012 physical activity data brief). Enhanced Physical Education (E.P.E.) is an evidence-based intervention recommended in The Guide to Community Preventive Services that involves changes to P.E. curriculum to increase the amount of time students spend in moderate to vigorous physical activity (MVPA) during P.E. class. As part of the Healthy HotSpot initiative, CCDPH and partner agencies implemented the Healthy, Active Schools program. The goal is to improve the quality and amount of P.E. in SCC schools and increase MVPA among students. The primary objectives are to increase capacity of physical educators to support E.P.E. implementation and the number of K-12 public schools that institutionalize policies aligned with the revised State learning standards between August 2015 and June 2017. CCDPH and partner agencies provided opportunities that were open to all SCC schools, while also offering direct technical assistance to select school districts with enrollments of >40% of students eligible for free and reduced lunch, leadership support, and, in most cases, fewer resources to support changes. Healthy Schools Summits held in late summer/fall 2015 launched the program. These professional trainings addressed the link between physical activity and learning; discussed the revised State learning standards; and provided skill-based workshops for E.P.E. implementation. Schools were encouraged to register for Let's Move! Active Schools. Throughout the 2015-16 school year, Pump Up P.E. trainings were offered to provide physical educators with practical teaching methods to increase student MVPA during P.E. class. Lastly, half-day workshops for administrators were organized in June 2016 to promote school-level policy improvements that would support E.P.E. Nine school districts were selected to obtain direct technical assistance and resources. As part of this opportunity, they were required to send a physical educator(s) to the Pump Up P.E. training and participate in the evaluation. Physical educators from these school districts who attended the training were prioritized to receive technical support to help them overcome barriers to E.P.E. implementation. They further received professional development sessions focused on implementation of policies and programs that support physical activity during the school day through Let's Move! Active Schools. Process, outcome and impact objectives have been met, as of September 29, 2016. Results include: • 6 Healthy Schools Summits with 124 participants, leading to 64 schools registering for Let's Move! Active Schools. • 15 Pump Up P.E. trainings with a total of 370 physical educators representing 511 schools across 108 school districts in SCC. • 2 half-day policy-focused wellness workshops for administrators and district staff with 45 participants representing 26 school districts. • 22 schools that institutionalized policies supporting E.P.E. with a potential reach of 10,771 students. • Increased student PE class MVPA time with more schools having students spend 50% or more of their P.E. class in MVPA (based on data from 36 schools). • Execution of "Physical Activity Gives Kids a Leg Up" subcampaign of the Healthy HotSpot campaign. Key factors for success include: • Alignment with newly revised State learning standards on physical development and health and State law requiring schools to administer fitness assessments. • Collaboration between CCDPH and partner agencies that has allowed schools to access numerous modes of technical assistance and professional development, funding opportunities, equipment, and exposure to best practices and implementation strategies. • Relationship building with regional Intermediate Service Centers (who serve as a liaison between the Illinois State Board of Education and SCC school districts), school districts and schools. The Public Health impact of practice is significant and far-reaching. Regular physical activity is associated with a reduced risk of developing chronic diseases such as heart disease, type 2 diabetes, asthma and some cancers. Brain science has further linked regular activity to better health, behavior and learning – which all support academic success. To learn more about Healthy, Active Schools and the Healthy HotSpot initiative, visit: www.healthyhotspot.org.

Responsiveness and Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be (1) **new to the field of public health (and not just new to your health department)** OR (2) **a creative use of an existing tool or practice**, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2020 (HP 2020), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of an inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

- Statement of the problem/public health issue
- What target population is affected by problem (please include relevant demographics)
 - What is the target population size?
 - What percentage did you reach?
- What has been done in the past to address the problem?
- Why is the current/proposed practice better?
- Is current practice innovative? How so/explain?

- Is it new to the field of public health

OR

- Is it a creative use of existing tool or practice:

What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2020, MAPP, PACE EH, a tool from NACCHO's Toolbox etc.)

- Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.)

2000 Word Maximum

Childhood obesity is a major public health concern and challenge in suburban Cook County, Illinois (SCC). A CCDPH data brief released in 2013 found that obesity rates in SCC are over 40% higher than national rates for kindergartners and nearly 25% higher for 9th grade students. Physical activity, along with healthy eating, can help lower obesity. Engaging in physical activity also has many other benefits. Regular physical activity is associated with a reduced risk of developing chronic diseases such as heart disease, type 2 diabetes, asthma and some cancers. Neuroscience research further demonstrates a link with improved student academic, behavioral and health outcomes. Many youth do not get the recommended daily amount of 60 minutes of moderate to vigorous physical activity (MVPA) (SCC YRBS, 2011). Unfortunately, students only get about 11 minutes of MVPA in the average physical education (P.E.) class. Schools in low-resource areas across Illinois, which often have high proportions of low-income and minority populations, generally do not have access to high quality P.E. programs, increasing student risk for chronic diseases. Enhancing opportunities for physical activity is essential for improving children's academic achievement and their health. In 2013, the Illinois State Board of Education adopted revised learning standards for physical development and health, proposed by the Enhance P.E. Task Force. Schools were to begin implementing these revised standards in the 2015-16 school year. These revisions moved P.E. in Illinois to an enhanced P.E. (E.P.E.) model, focusing on health and fitness, cooperation, and life-long skills building. To further support promotion of E.P.E. in Illinois, the State of Illinois in 2014 adopted a new law requiring schools to implement fitness assessments, beginning in the 2016-17 school year. In the State of Illinois, there are 4,482 public schools with a student population of 1,946,714 in which over 50% are low-income. The racial/ethnic composition is 51% White; 27% Hispanic; 18% African American; 5% Asian; and about 3% two or more races. American Indian, or Other Pacific Islander. (Illinois State Board of Education, Student Information System. 2015-2016 District Summary Report, http://www.isbe.net/research/xls/district_sum16.xls) E.P.E. is evidence-based and recommended by The Community Preventive Services Task Force as an intervention that increases student MVPA during P.E. class. E.P.E. involves curriculum changes (e.g., teaching strategies or P.E. lesson plans that incorporate fitness and circuit training) in K-12 schools (The Community Guide, www.thecommunityguide.org/findings/physical-activity-enhanced-school-based-physical-education). The Centers for Disease Control and Prevention (CDC) further recommends students engage in MVPA for at least 50% of the time they are in P.E. class, which is one critical outcome measure to determine quality of a P.E. program (CDC, Strategies to Improve Quality of Physical Education, July 2010, www.cdc.gov/healthyschools/pecat/quality_pe.pdf). As part of the Healthy HotSpot initiative, CCDPH and partner agencies are working together to improve the quality and amount of P.E. in SCC schools through the Healthy, Active Schools program. There is a total of 680 schools and a student population of 363,324 (nearly 20% of Illinois' student population) comprising the 154 public school districts in SCC. Student demographics mirror the State. Nearly half (47%) are low-income with a racial/ethnic composition that is slightly more diverse (42% White; 31% Hispanic; 20% African American; 7% Asian; and about 3% two or more races. American Indian, or Other Pacific Islander). (Illinois State Board of Education, Student Information System. 2015-2016 District Summary Report, http://www.isbe.net/research/xls/district_sum16.xls) The Healthy, Active Schools program takes into account the geopolitical complexity of the region. CCDPH and partner agencies ensured that there were opportunities open to all SCC schools to support E.P.E. implementation, while also providing more direct technical assistance to a select nine school districts having an average free and reduced lunch program participation rate of 73%. While reach varied for the various types of technical assistance, professional development and resources offered by CCDPH and partner agencies, the Pump Up P.E. training led by the Illinois Public Health Institute reached 511 schools (elementary, middle and high) over 108 school districts with potential reach to 332,240 students. This training provided elementary, middle, and high school physical educators with practical strategies and tools to implement E.P.E. This number encompasses schools from the priority school districts. To address this problem in the past, CCDPH has more broadly supported physical activity before, during and after school, for example, through its Model Communities program. This 2011-2012 community-driven program provided financial and technical resources to local entities, including school districts, to advance policy, systems and environmental improvements promoting healthy eating and active living. Thirteen school districts with a total of 86 schools advanced changes to improve opportunities for physical activity (e.g., safe routes to school; recess; P.E.; out of school physical activity; and worksite wellness). Additionally, the Alliance for a Healthier Generation's Healthy Schools Program has worked with a few school districts in SCC. Lastly, advocates have advanced State legislation that supports P.E. Illinois has one of the strongest laws, mandating daily P.E. in grades K-12. However, there is limited enforcement and schools are allowed to apply for a waiver. More recently, since 2012, Illinois has passed laws to form an Enhance Physical Education Task Force to promote E.P.E. programs and revise the P.E. and health-related State learning standards to integrate the neuroscience linking physical activity and improved student outcomes and align them with current best practices; to extend "highly qualified" status to physical educators; and to have schools administer fitness assessments to help students achieve and maintain a health-enhancing level of fitness. Support for policy implementation is as crucial as policy adoption. Providing SCC schools with technical assistance and resources for E.P.E. implementation with an equity lens is what strengthens the Healthy, Active School program approach. While CCDPH and partner agencies offered a number of different opportunities to all SCC schools (e.g., Healthy School Summits; Pump Up P.E. trainings; workshops for administrators), resources to provide direct technical assistance and professional development were dedicated to nine public school districts with high rates of free and reduced lunch program participation. Focusing on these priority districts is specifically intended to help reduce health disparities. Additionally, the Pump Up P.E. training provides practical strategies and tools to implement E.P.E. that takes into account the limited resources in which schools may have to implement best practices. The Healthy, Active Schools program is an innovative practice of E.P.E. implementation in schools, supported in The Community Guide for Preventive Services. This program creatively leverages partner agencies' and other key stakeholder expertise in the development and execution of a training curriculum for physical educators to learn teaching strategies for E.P.E. implementation and obtain technical assistance in aligning P.E. curricula with the revised State learning standards. The training curriculum was further tailored to meet the needs of elementary, middle and high school teachers. CCDPH and partner agencies also promoted Let's Move! Active Schools as a resource and to encourage schools to offer E.P.E. as part of a comprehensive school-based physical activity program --- both of which are implementation considerations outlined in The Guide to Community Preventive Services.

The LHD should have a role in the practice's development and/or implementation. Additionally, the practice should demonstrate broad-based involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
 - Steps taken to implement the program
- Any criteria for who was selected to receive the practice (if applicable)?
- What was the timeframe for the practice
- Were other stakeholders involved? What was their role in the planning and implementation process?
 - What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

5000 words maximum

Enter the LHD and Community Collaboration related to your practice (5000 words maximum): *

Enhanced Physical Education (E.P.E.) is an evidence-based intervention recommended in The Guide to Community Preventive Services that involves changes to P.E. curriculum to increase the amount of time students spend in moderate to vigorous physical activity (MVPA) during class. As part of the Healthy HotSpot initiative, CCDPH and partner agencies implemented the Healthy, Active Schools program with the goal of improving the quality of P.E. in SCC schools and increasing student MVPA. Towards this end, process objectives included the following: (1) Educate school administrators and staff on link between physical activity and learning, revised State learning standards, and E.P.E., resulting in 50 schools registering for Let's Move! Active Schools. (2) Build capacity of elementary, middle and high school physical educators to implement E.P.E. and other school professionals (e.g., school administrators) to support school-level policy and practice improvements. (3) Engage and provide direct technical assistance to 10 school districts with with enrollments of >40% of students eligible for free and reduced lunch to support advancement of institutional changes. (4) Increase the number of K-12 public schools that institutionalize policies aligned with the revised State learning standards by 36 between August 2015 and June 2017. (5) Execute a subcampaign of Healthy HotSpot to promote the importance of E.P.E. and physical activity in schools. To plan for implementation, the Alliance for Healthy & Active Communities (AHAC), a multi-sector collaborative working together to reduce the burden of chronic disease in SCC, created the Healthy Schools Action Team. This team includes representation from the Alliance for a Healthier Generation (AHG), CCDPH, Illinois Public Health Institute (IPHI), and the three regional Intermediate Service Centers. Staff of the UIC, School of Public Health - MidAmerica Center for Public Health Practice (MCPHP) participate as needed. The AHAC – Healthy Schools Action Team developed educational and promotional materials. The regional Intermediate Service Centers emailed the information out directly to school administrators and physical educators to promote the Healthy Schools Summits, the Pump Up P.E. trainings, and opportunity to receive direct technical assistance. Members of the AHAC – Healthy Schools Action Team members also distributed information about professional development opportunities and technical assistance via their own networks for physical educators and school leaders. To launch the Healthy, Active Schools program, CCDPH and partner agencies held Healthy Schools Summits in the late summer/fall of 2015. The Summits' goals were to increase participants' awareness of the connections between learning and health, and resources and support available to increase school physical activity; knowledge regarding revised State learning standards and fitness testing requirements, and strategies for implementation; ability to communicate new standards and policies to a variety of audiences; and capacity to increase physical activity during the school day. There were six summits held (two full-day summits in August 2015, and four half-day summits in September 2015) with 124 participants that led to 64 schools registering for Let's Move! Active Schools by September 29, 2015. These summits were also used to continue to encourage school districts to apply for direct technical assistance and register for the upcoming Pump Up P.E. trainings. Nine school districts with enrollments of >40% of students eligible for free and reduced lunch (referred to as priority school districts) were also selected to obtain direct technical assistance and resources. As part of this opportunity, they were required to send a physical educator(s) to the Pump Up P.E. training and participate in the evaluation. Physical educators from these school districts who attended the training were prioritized to receive technical support to help them overcome barriers to E.P.E. implementation. They further received on-going professional development sessions focused on implementation of policies and programs that support physical activity, including E.P.E., during the school day through Let's Move! Active Schools. In addition to the nine school districts, schools throughout the region participated in Pump Up P.E. trainings. These trainings shared information about the revised State learning standards and fitness assessment requirement and provided elementary, middle and high school physical educators with practical teaching methods to increase student MVPA during P.E. class. A total of 15 trainings were held between October 2015 and August 2016. To further support policy improvements at the school level, the AHAC – Healthy Schools Action Team, led by the Alliance for a Healthier Generation, organized two half-day workshops for administrators in June 2016. A total of 45 administrators and school professional attended representing 26 school districts. A subcampaign of Healthy HotSpot --- Physical Activity Gives Kids a Leg Up --- was executed between July and September 2015, August/September 2016, and November 2016. Different mediums were used to reach residents of SCC (e.g., TV ad, bus ads, digital hyperlocal ads, and Facebook ads), while also targeting messaging to communities served by the nine priority school districts (e.g., geotargeted mobile ads and e-mail marketing). Additionally, in November 2016, CCDPH sent letters to elected officials to inform them of the importance of E.P.E. and to promote the successful efforts taking place in SCC. AHG, IPHI, three regional Intermediate Service Centers, and UIC School of Public Health MCPHP played an integral role in both the planning and implementation process. Roles are described below. • AHG: AHG, founded by the

American Heart Association and the Clinton Foundation, works to reduce the prevalence of childhood obesity and to empower kids to develop lifelong, healthy habits. AHG led priority school district outreach and recruitment; assisted in planning of Healthy Schools Summits and participated as an expert speaker; provides technical support to priority school districts, engaging them through the Six Step Continuous Improvement Process of Let's Move! Active Schools; and continues to support communication and evaluation needs for effective implementation. • IPHI: IPHI mobilizes stakeholders, catalyzes partnerships, and leads action to promote prevention and improve public health systems in order to maximize health, health equity and quality of life for the people of Illinois. IPHI led the development and execution of the Pump Up P.E. training and provision of individual and group-based technical assistance to physical educator(s) that participated in the training. In addition, they support outreach and education, communication and evaluation needs for effective implementation. Schools also have been vital to the success of the trainings, volunteering their facilities as a location. • Regional Intermediate Service Centers: There are three regional Intermediate Service Centers in SCC. They serve as a liaison between school districts in SCC and the Illinois State Board of Education. The Intermediate Service Centers play an integral role in communication with school administrators and physical educators and with professional development continuing education credits provided as part of the Pump Up P.E. training. • UIC School of Public Health MCPHP: MCPHP, who collaborates with local, regional, and national partners to improve population health through public health workforce development, organized the Healthy School Summits in collaboration with AHG, IPHI and the regional Intermediate Service Centers. To foster collaboration with community stakeholders and further the practice goals, CCDPH convenes the AHAC – Healthy Schools Action Team on a bi-weekly basis. This structure promotes communication across organizations and accountability, while also serving as a forum for strategizing, planning, coordinating implementation. CCDPH identifies opportunities and capitalizes on organizational strengths (e.g., AHG and IPHI leading work that is complementary to each other; Intermediate Service Centers and role with professional development continuing education credits). Our agency continues to cultivate a relationship with the Intermediate Service Centers as our partnership with them includes issues beyond E.P.E. CCDPH, lastly, has leveraged resources to support advancement of the work. For example, as part of the agency's contract with WBBM-2/CBS, P.E. equipment for schools was purchased and a vignette was developed describing the importance of E.P.E in-kind. Start-up/In-Kind Costs and Funding Services The costs below focus on development and execution of: (1) Healthy Schools Summits (2) Pump Up P.E. trainings; and (3) technical assistance to the nine priority school districts. These costs do not include CCDPH staff time or P.E. supply kits that were provided to 32 schools in-kind by CBS (\$404 per supply kit) and are based on contracts with partner agencies funded through a federal grant, Partnerships to Improve Community Health, awarded to CCDPH. While the amounts below total \$425,060, start-up costs could be much less given that the operation of the program is scalable. Healthy Schools Summits: Estimated total budget was \$82,319 to execute six Summits. Funding supported salaries and fringe benefits of MCPHP staff and their respective travel; registration for the Summits; speaker costs; and printing. Space was provided in-kind by schools in SCC. Pump Up P.E. Training: Estimated total budget for training curriculum development and training of 12 trainers was \$88,000 (~75% of contractual budget). Funding primarily supported IPHI staff time (salaries and fringe benefits) to lead and coordinate this work; expert consultants and their respective travel; and the training for the 12 trainers. Location for training was provided in-kind by schools. Execution of 15 Pump Up P.E. Trainings and 140 hours of technical assistance from IPHI cost \$142,947. Funding supported IPHI staff time (salaries and fringe benefits); consultants and their travel; printing and other related costs associated with execution of the trainings. Facilities for trainings were provided at low or no cost by schools. Individualized technical assistance to schools in the nine priority school districts by AHG throughout the year cost \$111,794. Funding supported AHG in engaging schools in the Let's Move! Active Schools Six Step Continuous Improvement Process through training, technical assistance, and resources that included: access to 2 scheduled, in-person workshops; customized training and professional development opportunities to advance school goals around physical activity and education; use of assessment and support in the development of Actions Plans; access to virtual learning opportunities offered through AHG's Learning Management System; consultation with national school health experts for virtual and/or in-person training and technical assistance; virtual and/or in-person training and consultation to support schools applying for National Recognition; and access to the Alliance's online resource database of quality science-based materials.

Evaluation

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also an effective means to assess the credibility of the practice. Evaluation helps public health practice maintain standards and improve practice. Two types of evaluation are **process** and **outcome**. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives.
- Did you evaluate your practice?
 - List any primary data sources, who collected the data, and how (if applicable)
 - List any secondary data sources used (if applicable)
 - List performance measures used. Include process and outcome measures as appropriate.
 - Describe how results were analyzed
 - Were any modifications made to the practice as a result of the data findings?

2000 Words Maximum

Please enter the evaluation results of your practice (2000 Words Maximum): *

As part of the Healthy HotSpot initiative, CCDPH and partner agencies implemented the Healthy, Active Schools program with the goal of

improving the quality of P.E. in SCC schools and increasing student MPA. Towards this end, process objectives included the following: (1) Educate school administrators and staff on link between physical activity and learning, revised State learning standards, and E.P.E., resulting in 50 schools registering for Let's Move! Active Schools. (2) Build capacity of elementary, middle and high school physical educators to implement E.P.E. and other school professionals (e.g., school administrators) to support school-level policy and practice improvements. (3) Engage and provide direct technical assistance to 10 school districts with enrollments of >40% of students eligible for free and reduced lunch to support advancement of institutional changes. (4) Increase the number of K-12 public schools that institutionalize policies aligned with the revised State learning standards by 36 between August 2015 and June 2017. (5) Execute a subcampaign of Healthy HotSpot to promote the importance of E.P.E. and physical activity in schools. All process, outcome and impact objectives have been met, as of September 29, 2016. • Executed six Healthy Schools Summits with 124 participants that led to 64 schools registering for Let's Move! Active Schools. • Held 15 Pump Up P.E. trainings with a total of 370 physical educators representing 511 schools across over 108 school districts in SCC. • Organized two half-day policy-focused wellness workshops for administrators and district staff with 45 participants representing 26 school districts. • Engaged nine school districts of which seven received direct technical assistance to support advancement of changes. • Institutionalized policies supporting E.P.E. in 22 schools, with a potential reach of 10,771 students. • Increased MPA time of students during P.E. class with more schools having students spend 50% or more of their P.E. class in MPA (based on analysis of data from 36 schools). • Executed "Physical Activity Gives Kids a Leg Up" subcampaign of the Healthy HotSpot campaign. An evaluation plan led by the Consortium to Lower Obesity in Chicago Children (CLOCC) with input from CCDPH and members of the AHAC – Healthy Schools Action Team was developed and executed. This included pre- and post-evaluations of events and trainings to determine effectiveness. CLOCC also examined the quantity, quality and content of P.E.; student physical activity (PA); and school-level P.E. policies of participating priority schools. Estimated potential reach was based on school student enrollment for 2015-16 school year found in the Illinois State Board of Education, Student Information System. 2015-2016 District Summary Report (http://www.isbe.net/research/xls/district_sum16.xls). Healthy Schools Summits: Objective was to engage school professionals from 35 school districts to increase awareness and knowledge of new State P.E. policies with 50 schools joining Let's Move! Active Schools by September 29, 2015. Six Healthy School Summits were held in end of summer/fall 2015. This professional development opportunity addressed the importance of physical activity for academic achievement; discussed the revised learning standards; and offered workshops on evidence-based best practices. Two data sources were used for the evaluation: 1) sign-in sheets; and 2) pre- and post-surveys. Sign in sheets provided information on attendee organization and position. Pre- and post-surveys measured changes in attendee knowledge, capacity, confidence and perceived barriers and usefulness of resources offered for implementing improved physical activity programming. Summit survey results were analyzed for participants as a whole and broken out by priority districts and other school districts. A total of 124 participants, majority of whom were physical education teachers, participated. The Summits resulted in a positive gain in knowledge and abilities of attendees, including a better understanding of the relationship between health, fitness and learning outcomes, and strategies for implementing successful physical education. The success of the Summits led to 64 schools registering for Let's Move! Active Schools. The findings had implications to be considered by the AHAC – Healthy Schools Action Team for future events, professional development and technical assistance. Examples include: (1) potentially placing less time or emphasis on the relationship between health, fitness and learning outcomes, given the reported high level of understanding prior to Summit; (2) supporting schools from high priority school districts in developing standardized communication about the importance of E.P.E. to various stakeholders, given small gains among these schools pre- and post-Summit; and (3) prioritizing additional technical assistance based on types of support that were reported to be more highly valued. Pump Up P.E. Trainings: Objective was to conduct 12 enhanced P.E. trainings (4 trainings for each level) that increase knowledge, skills and self-efficacy of physical educators to implement E.P.E. by September 29, 2016. The Illinois Public Health Institute used feedback from participants to make improvements to the training program and reviewed these changes with the trainers. Key updates included: Streamlined modules (to tighten up the day and ensure adequate time for key content), more discussion opportunities (participants wanted more opportunities to talk with colleagues, share best practices), more intentionally highlighted resources, tweaks to aid training delivery (e.g. instructions and discussion questions were put directly on slides—per the advice from our training expert) and more interactive features (to increase participant engagement). The evaluation used two data sources: 1) sign-in sheets; and 2) pre- and post-surveys. Sign-in sheets provided information on attendee organization and position. Pre- to post-survey was intended to capture information on the effectiveness of the trainings, and to assess participants' perceptions of barriers to implementing new standards and policies and perceived usefulness of potential resources for overcoming these barriers. Pump Up P.E. training surveys measured changes in attendee knowledge, capacity, confidence and perceived barriers and usefulness of resources offered for implementing improved physical activity programming. Findings from 202 completed pre-post paired surveys from the first 13 Pump Up P.E. trainings indicate large and statistically significant gains in awareness of resources and strategies for physical activity and knowledge regarding strategies for increasing physical activity at school; small-moderate statistically significant gains in self-identified capacity to manage and engage new P.E. policies and operations; and small statistically significant gains in understanding the relationship between health, fitness, and learning outcomes among high-priority district attendees and in confidence in attendees' knowledge and skills to address barriers to implementing changes to current P.E. policies. Participant surveys found decreases in participants' perceived school capacity to become a Let's Move! Active school, ability to apply new standards/requirements in classroom settings, and capacity to communicate the new P.E. standards. These evaluation findings have implications for the Pump Up P.E. trainings and validate the need for technical assistance as part of the Healthy, Active Schools program. It is quite common to see decreases in participants' confidence or perceived capacity after a training that increases their knowledge of a topic. This is likely due to an initial overestimate of their knowledge to one that is more realistic after learning more during the training. Even so, the decreases in perceived capacity indicate opportunities for improving trainings as well as underscore the critical role subsequent technical assistance is for school and district staff. Policy-Level Changes: Objective was to: (1) Engage and provide technical assistance to 10 priority school districts to support advancement of institutional changes related to E.P.E.; and (2) institutionalize policy improvement aligned with E.P.E. and revised State learning standards from 0 to 18 by September 29, 2016 and 18 to 36 by September 29, 2017. Nine priority school districts entered into a Memorandum of Agreement with the Alliance for a Healthier Generation of which seven have been receiving direct technical assistance supporting institutional policy and practice changes related to E.P.E. Professional development and technical assistance is customized to the specific needs and interests of each district. A total of 42 schools from the nine priority districts are currently enrolled in Let's

Move! Active Schools (LMAS). Of these, 34 schools have completed the LMAS Assessment, and 13 schools were awarded the LMAS National Award for implementation of national best practices and policies in physical activity and physical education. Additionally, based on review of school wellness policies and/or P.E. curricula, 22 schools have institutionalized policy improvements aligned with E.P.E. and revised State learning standards with a potential reach of 10,771 students. Quantity, Quality and Content of P.E. and Student MVPA: Objective was to improve quality and amount of P.E. and increase student MVPA. Student physical activity and P.E. class content data were collected at participating schools from priority school districts using the validated System for Observing Fitness Instruction Time (SOFIT) tool. SOFIT tracks lesson context, student activity levels, and teacher promotion of moderate to vigorous physical activity (MVPA). SOFIT data were collected at three time points throughout the 2015-2016 school year. Time one data (baseline) collection occurred before a school's physical educator(s) participated in a Pump Up P.E. training. Time two (Post 1) data collection occurred 4-15 weeks after participation in the P.E. training; and time three (Post 2) data collection occurred 20-30 weeks after participation in the P.E. training. For each data collection time point, SOFIT observations were made at each participating school during every period a P.E. class was taking place for two consecutive days. Data on P.E. quantity and P.E. policies were collected from P.E. teacher surveys immediately after they attended a Pump Up P.E. training, and again in spring 2016; and through interviews with district or school administrators in the fall and spring of school year 2015-2016. Data were analyzed using frequency analysis, and mean and tests of significance over two or more time points with ANOVA procedures. Comparisons were made by school type (elementary, middle, high school). Findings for statistical significance were tested to detect the probability that observed differences between time points or groups could have occurred by chance. The cutoff level to determine statistical significance was set at 0.05. Three initial key findings include:

- The percent of class time students are in MVPA increased by 23% from 43% of class time at baseline to 53% at post 2 time point ($p=.02$). This change is statistically significant, meaning it is unlikely that the difference noted occurred by chance.
- The percent of schools with students spending at least 50% of P.E. class time in MVPA increased by 200% from 33% of schools at baseline to 68% at post 2 time point ($p=.0452$). This change is statistically significant, meaning it is unlikely that the difference noted occurred by change.
- More P.E. class time allocation to fitness, skill practice, and game play activities was associated with students spending a greater proportion of class time in MVPA ($p<0.01$). Additionally, more frequent promotion of physical activity by teachers was associated with students spending a greater proportion of class time in MVPA ($p<0.01$).

Physical Activity Gives Kids a Leg Up Subcampaign Ads for this subcampaign of Healthy HotSpot were run between July and September 2015, September 2016, and November 2016. Media impressions were logged, and click-thru rates for digital ads were analyzed. For example, CCDPH used CBS' Email Direct to send messaging to 50,000 email users residing in communities served by the priority school districts and had a click-thru rate of 11.1%. CCDPH plans to modify images and messaging based on its analysis of ads that resulted in higher click-thru rates. Additionally, during the month of November 2016, CCDPH continued to promote the importance of physical activity and E.P.E. in schools. As part of this endeavor which was informed by findings from the Healthy Schools Summit, our agency developed a "press kit" for priority school districts to support them in sharing news of their participation in the Healthy HotSpot initiative and celebrate actions their schools have taken to implement E.P.E. for the benefits of their students. Customizable documents, including a press release template, sample social media messages, sample newsletter content, and parent facts sheets in English and Spanish were shared (<http://www.cookcountypublichealth.org/healthy-hotspot/marketing-materials/school-district-press-kit>).

Sustainability

Sustainability is determined by the availability of adequate resources. In addition, the practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustained after initial development (*NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation.*)

- Lessons learned in relation to practice
- Lessons learned in relation to partner collaboration (if applicable)
- Did you do a cost/benefit analysis? If so, describe.
- Is there sufficient stakeholder commitment to sustain the practice?
 - Describe sustainability plans

1500 Words Maximum

CCDPH and partner agencies have funding to continue to implement the Healthy, Active Schools program until September 29, 2017. To date, key lessons learned in relation to the practice and partner collaboration are below.

- P.E. is not part of a school's core curriculum, and does not get the same priority as core subjects. Continuing to build value for E.P.E and physical activity in schools will remain critical to support implementation and maintenance of laws related to P.E.
- Institutionalizing both policies and practice is important for sustainability. Preliminary analysis of data gathered through administrator interviews, surveys of physical educators and observations of P.E. classes found a contradiction between what the administrator thought about quantity and quality of P.E. vs. what was actually taking place in the school. Given this, there is a need for improved involvement of superintendents and principals in P.E. program monitoring.
- Building in opportunities for physical educators to be "refreshed" on teaching strategies or improvements to lesson plans over time should be considered.
- Local district or school stakeholder champions, not surprisingly and in alignment with the literature, are essential for success. For example, the Executive Director of the West 40 Intermediate Service Center was invaluable to strengthening our relationships with the other two Intermediate Service Centers and the program with their input, garnering their support with marketing and promotion of the Healthy, Active Schools program, and leveraging their ability to offer professional development continuing education credits.
- Leadership and structures that promote communication, coordination and accountability help to facilitate collaboration between partner agencies. There is sufficient stakeholder commitment to sustain the practice. First, this practice has been integrated into statewide plans such as Healthy Illinois 2021, the state health improvement plan, and the Illinois Alliance to Prevent Obesity's Roadmap. E.P.E. has also been included in WePLAN 2020, the suburban Cook County's community health improvement plan led by CCDPH. Second, this practice aligns with partner agencies' mission and existing initiatives, and was built on supporting implementation of state laws. The Illinois Public Health Institute (IPHI) facilitated the Enhance Physical Education (P.E.) Task Force (enacted by law in 2012) in updating the Illinois Learning Standards for Physical Development and Health. The updates were approved to take effect in the 2015-16 school year in 2013. Following this, Illinois State Board of Education, Illinois Department of Public Health (IDPH), and IPHI with input from the Enhance P.E. Task Force produced the Enhanced P.E. Strategic Plan to promote to promote high quality P.E. for students K-12. As for the Alliance for a Healthier Generation, E.P.E. is one of the policy and practice strategies in the Physical Activity section of their Healthy Schools Program. Our sustainability plan includes:
- Policy change: It is our assumption that policy changes, coupled with improvements to teaching strategies and lessons plans, will sustain the practices in SCC schools impacted by the Healthy, Active Schools program.
- Pump Up P.E. training: CCDPH collaborated with IPHI on the development and execution of the training with an eye towards it becoming a statewide asset. As a result of this work, IPHI has been contracted by schools and obtained funding from the Illinois Department of Public Health to provide the training in other regions of the state. Additionally, some school districts have paid to receive the Pump Up P.E. training for their educators at a fee-for-service rate, and IPHI has received over 12 requests for additional trainings.
- Alliance for a Healthier Generation's (AHG) Healthy Schools Program: As AHG continues to work with priority school districts in SCC in this coming year, they will begin to promote and offer the Healthy Schools Program as a resource and opportunity for schools to continue improving the school health environment for students and staff. The Healthy Schools Program is an evidence-based initiative grounded in a Six-Step Continuous Improvement Process that guides schools to create, implement, and sustain healthy behaviors. The Healthy Schools Program Framework of Best Practices provides an assessment tool, customizable action plan, and opportunities to earn national awards to help schools implement and be recognized for making healthy changes. Additionally, AHG was awarded funding from a company that will allow them to broaden their reach with the Healthy Schools Program and expand the number of school districts/schools they are currently working with in SCC.
- AHAC – Healthy Schools Action Team and resource development: CCDPH will continue to coordinate the Healthy Schools Action Team as a way to promote communication and coordination of school health activities taking place in SCC. CCDPH will further continue to seek and apply for funding that can support sustainability of the Healthy, Active Schools program and the overall Healthy HotSpot initiative.

Additional Information

How did you hear about the Model Practices Program?: *

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| <input checked="" type="checkbox"/> I am a previous Model Practices applicant | <input type="checkbox"/> At a Conference | <input type="checkbox"/> NACCHO Website | <input type="checkbox"/> Public Health Dispatch | <input checked="" type="checkbox"/> Colleague in my LHD |
| <input type="checkbox"/> Model Practices brochure | <input type="checkbox"/> NACCHO Exhibit Booth | <input type="checkbox"/> NACCHO Connect | <input type="checkbox"/> Colleague from another public health agency | <input checked="" type="checkbox"/> E-Mail from NACCHO |
| <input type="checkbox"/> NACCHO Exchange | | | | |