

Coordinated School Health Programs in Southeast Texas School Districts

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Presentation Objectives

- Describe the theories guiding the research questionnaire about implementing Coordinated School Health Programs (CSHP) in southeast Texas school districts.
- Describe the legislation that requires southeast Texas school districts to adopt CSHP.
- Determine when the southeast Texas school districts adopted the CSHP and developed School Health Advisory Councils (SHAC).



Study Objectives

 Assess perceived barriers and facilitators to CSHP implementation by the school districts.

Examine the relationship between CSHP adoption and perceptions of the study participants.

Coordinated School Health Program (CSHP) Model



CDC website, CSHP Model developed by Diane Allensworth and Lloyd Kolbe,1987



Coordinated School Health Programs

- Effective in improving:
 - Health knowledge
 - Health behaviors
 - Health outcomes

Trevino, et al, 2004, Hoelscher, et al, 2004, Coleman, et al, 2005 Baranowski, et al, 2002, Warren et al, 2003, Veugelers and Fitzgerald, 2005, Sahota et al, 2001



Pertinent Texas Legislation

- Texas Senate Bill 19, 2001
 - School Health Advisory (SHAC) Council formation
 - CSHP adoption and implementation in elementary schools
 - Addressed 4 of the eight components of the CSHP
 - Required 135 minutes of physical activity per week
- Senate Bill 1357, 2003
 - Required TEA make 1 or more CSHP available to school districts.
 - Provided for evaluation of CSHPs
- Senate Bill 42, 2005
 - Required CSHP implementation in middle school/junior high schools by 2007
 - Required forming a State SHAC (who?)

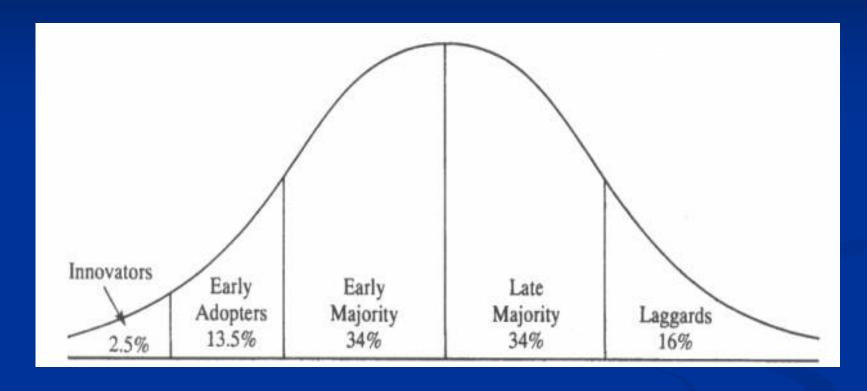


Theory Constructs

- Diffusion of Innovation (Rogers 1995)
 - In organizations (Parcel, 1989, Oldenburg& Parcel, 2002, Wiecha, 2004)
 - Relative Advantage, Compatibility, Adaptability, and Complexity
- Health Belief Model (Hochbaum, Rosenstock and Kegels)
 - Susceptibility, Benefit, Self-efficacy, complexity
- Social Cognitive Theory (Bandura, 1986)
 - Emphasizes the inter-relationship between the individual and the environment



Diffusion of Innovation Adopter Categories





Organizational Capacity

- Climate
 - Resources
 - Funds
 - Personnel
- Culture
 - Attitudes and assumptions within the organization
 - Support from parents, teachers, administration
- Organizational capacity
 - Affects the school district's ability to implement effective school health programs



Methods

- Study Questionnaire
 - Modified from a Coordinated Approach to Child Health (CATCH) questionnaire administered to individual schools.
 - Entered into the Zoomerang.com internet site for data collection May to June 2006.
 - Evaluated perceptions of the school district personnel about adopting and implementing the "innovation."



Methods

- Subject selection and contact methods:
 - Mailed letters to school districts
 - Followed up with phone calls and emails.
 - Provided Zoomerang website and access to internet questionnaire to participants through e-mail letter.



Methods

- Data Analysis
 - Percentages for the questionnaire calculated by Zoomerang.com.
 - Summary scores were determined for each construct evaluated and categorized as high or low.
 - Compared score level to CSHP adoption and adopter category using
 - SPSS for descriptive analysis.
 - STATA for the chi-square analysis.



Results

- 79% of the school districts had adopted a CSHP and 97% had formed a SHAC at data collection time.
- Summary scores were predominantly high.
- Chi-square analysis
 - No significant relationships were found between:
 - 1) Summary score levels and CSHP adoption
 - 2) Summary score levels and the adopter categories (early, majority, and late)
 - The most significant relationship was found between importance and CSHP adoption (p-value= 0.096)



Strengths

- Internet-based questionnaire provided
 - Confidentiality and convenience for respondents
 - Analysis support for researcher

- Response rate of 58%.
- Timely and relevant topic.
 - CSHPs were adopted in May 2007



Limitations

- Small sample size
- Sensitivity of questionnaire
- Heterogenicity of subjects
 - Superintendents
 - SHAC coordinators
 - Nurses
 - Curriculum directors and others
- Complex and difficult concepts to measure
- More difficult to evaluate a mandated program



Texas Support for CSHPs/SHACs

- Support for the CSHPs
 - The Texas School Health Network
- Support for the SHACs.
 - A State SHAC has now been mandated to guide and provide assistance to SHACs
- Effective evaluation procedures.
 - The Michael and Susan Dell Center for Healthy Living (University of Texas-Austin/Houston- School of Public Health),
 - Dr. Deanna Hoelscher, Director
 - Developing evaluation tools for the CSHPs to evaluate implementation fidelity.



Discussion

- CSHPs were mandated through legislation to be adopted and implemented by May 2007
- This study looked at the perceptions of the school district's health representatives as to how they viewed their school districts' abilities to implement the CSHPs
- This study is a pilot study that evaluated organizational capacity in regards to school health.
- The Michael and Susan Dell Center at the University of Texas, School of Public Health will be evaluating implementation fidelity



School Health Programs

THE ORGANIZATIONAL CAPACITY MAY GROW

TO MEET THE NEEDS.

WE HAVE CHRONIC DISEASE ON THE RUN!





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