Selected Strategy	Coordinated School Health	**Sector/Setting(s)**	Schools	**Timeframe**	Aug2012-Sept2013
Intervention Population Focus (Check ONE and complete information)	☑ General/Jurisdiction Wide		☐ Health Disparity Focus Specify: _____ (e.g., population by age, urban/rural, race/ethnicity, education, income, sexual orientation, disability, or other)		
Intervention Population Summary	**Demographics (age, gender, race/ethnicity, income, health risk factors, disease condition rates, other)**	45% of children received free or reduced lunch in the geographic area. 55% of the population is overweight or obese		**Est. Reach (people)**	25,000
				Est. Reach (units)*	20 School Districts
Multi-Year Objective	Increase from 0 to 20, the number of school		**Current Year Objective**	Increase from 0 to 20 the number of school	

WORK PLAN

Milestone/Activities (limit 10)	Timeline	Activities Related to Health Disparities*	Short-term Outcome Measure	Evaluation Indicator/ Measure	Lead Staff	Key Partners
Convene all school district superintendents and principals at meeting to introduce them to CSH as it relates to We Choose Health	Aug2012-October2012	Outreach to school districts with significant low income populations can impact populations experiencing increased health risks	Number of meetings held		School Health Coordinator, Project manager	School Superintendents and principals, wellness council
Develop a plan and schedule to implement School Health Index at all schools in the 20 districts.	Aug2012-Oct2012		Plan and schedule completed		School Health Coordinator	School Superintendents and principals, wellness council
Implementation of School Health Index	Nov2012-Jan013		completion of index	Data of SHI for baseline measures	School Health Coordinator	School Superintendents and principals, TA provider
Results of SHI are analyzed and shared with local stakeholders	Feb2013-March2013		Number of meetings held	Data of SHI for baseline measures	School Health Coordinator	TA provider
Identify 3 components of the CSHM to address and develop implementation plan with technical assistance as required.	Feb2013-April2013	Increasing access to healthier options for students who may have low access to healthy options	Number of meetings, and completion of plans	Identify corresponding evaluation measures for each component. for example: BMI, Phys. Activity time	School Health Coordinator	School Superintendents and principals, wellness council
Implement plans in all 20 school districts.	May2013-Sept2013	Increasing healthy eating and active living components into the environment can have a positive impact for groups who may be at higher health risks	Policy adoption rate, number of professional development trainings		School Health Coordinator	School Superintendents and principals, wellness council
Identify challenges and barriers, supply mid-course corrections to improve performance	July2013		Mid-course evaluation report		School Health Coordinator	School Superintendents and principals, wellness council
Conduct outreach and education to community on the value of CSHM	Aug2012-ongoing		Number of communications/press	number of people reached	School Health Coordinator	School Superintendents and principals, wellness council
Coordinated WCH communication with other strategies	Aug2012-ongoing		Development of communication strategies	number of people reached	School Health Coordinator	coalition partners
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* If applicable