



# Performance Monitoring & Evaluation for We Choose Health



Check-in

# Performance Monitoring Changes

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- ▶ **Biannual reporting**

- ▶ Coalitions, Sustainability, Health Equity
- ▶ Allows removal of these concepts from quarterly reports

- ▶ **Removal**

- ▶ Workplan summary section

- ▶ **Refinement**

- ▶ Reach sections
- ▶ Instructions and terminology

→ Quarterly Reporting due dates remain the same



# ▶ General Report Changes

## General Report

Instructions: Complete one General Report covering all of your grant activities for the quarter.

### A. General Information (Please correct any missing or changed contact information)

Organization Name	
Street Address	
City, State, Zip Code	
Phone Number	
Website	
<b>Primary Contact</b>	
Name	
Title	
Phone Number	
Email Address	
<b>Secondary Contact</b>	
Name	
Title	
Phone Number	
Email Address	

Counties Covered	
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Selected Strategy	Multi-Year Objective(s)
Select...	
Select...	
Select...	
Select...	
Select...	
Select...	
Select...	
Select...	

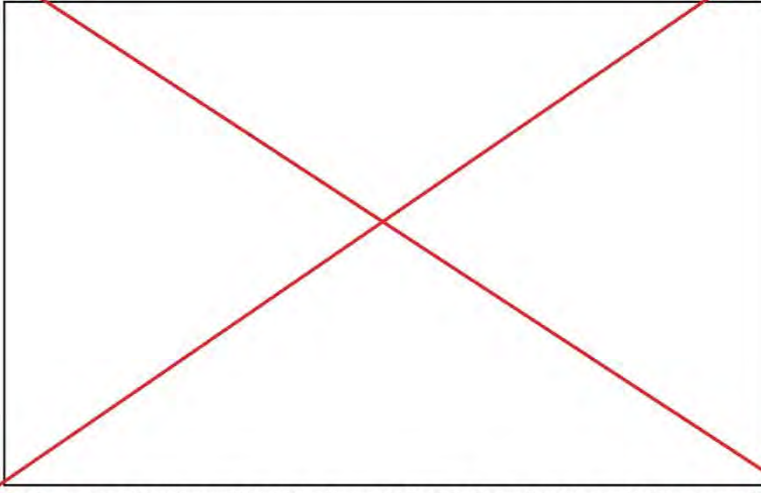
### B. Milestone Summary

Please include information for all the milestones due this quarter across all of your We Choose Health projects.

Number of total activities/milestones <b>due this quarter</b>		How many were completed?	
For activities/milestones that were due this quarter, how many are still in process?			
List the activities/milestones that were due this quarter but are still in process:			
For activities/milestones that were due this quarter, how many were not started?			
List the in process activities/milestones that were due this quarter but were not started:			

# General Report Changes

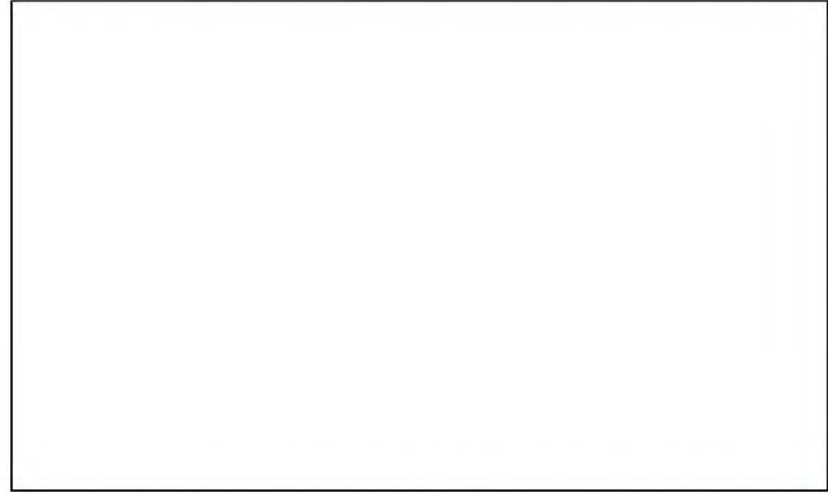
~~C. This quarter, what actions did your coalition take to build sustainability for your "We Choose Health" initiative beyond the funding period?~~



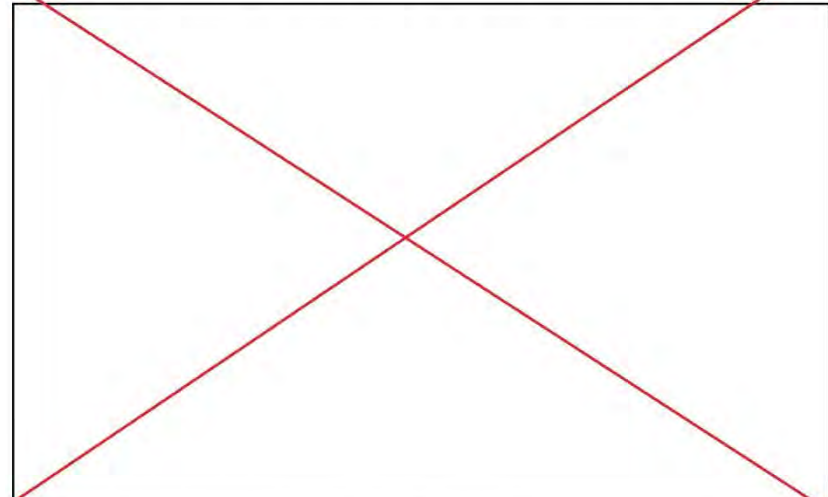
~~D. Is there anything additional you would like to share about your WCH initiative that would not be captured in the strategy specific reports? Consider accomplishments or barriers for the overall WCH project related to funding, reporting, administrative structures or staffing.~~



E. Please indicate requests for technical assistance unrelated to a specific strategy (e.g., assistance with cost study reporting or evaluation reporting).



~~F. How often does your coalition meet? Do you have functioning workgroups and how often do the workgroups meet (if applicable)?~~



# Workplan Report Changes

## II. Milestone Details

**Instructions:** Complete a milestone detail page for EACH milestone identified on page one.

Milestone/Activity 1	Timeline	Short-term Outcome Measure	Evaluation Indicator/Measure	Lead Staff	Key Partners

### A1. Status Information

Status	Due Date	Actual Completion Date (if complete)	Explanation Please provide an explanation for any missed due dates. Include information about any barriers you encountered, any remedial steps you have taken, and any lessons learned.
<input checked="" type="checkbox"/> Not Yet Begun <input type="checkbox"/> In-Progress <input type="checkbox"/> Complete			

### B1. Outcome Information (if applicable).

Indicator or Measurement	Target	Actual	Explanation Please provide an explanation for any missed or exceeded targets. Include information about any barriers you encountered, and any remedial steps you have taken.

### C1. Technical Assistance

<input type="checkbox"/> We received technical assistance this quarter. Please describe the technical assistance you received. Include information about the TA provider, the services they have provided for you, the period of technical assistance, and the impact of that assistance.	<input type="checkbox"/> We would like to request technical assistance related to this milestone during the next quarter. Please describe the obstacles or barriers you are encountering and the type of technical assistance you are requesting.	<input type="checkbox"/> We do not need technical assistance at this time. (Note that you can request TA at any time.)
If you received TA, please rate the quality of TA you received: <b>We Did Not Receive TA</b>		

# Strategy Specific Report Changes

A6. Over the past quarter, what actions have you taken to build sustainability for Coordinated School Health beyond the funding period?

A7. Health Equity is a central focus of the We Choose Health Initiative. Over the past quarter, how have you incorporated health equity for Coordinated School Health? Describe how you have considered those with low socio-economic status, race, and disability through your work. (If your intervention targets the general population, write N/A)

A8. Next Steps: What steps will you take to meet the milestones/activities due in the next quarter?

## B. Engaging Stakeholders

B1. Please place a check next to the type of stakeholder engaged through outreach this quarter:

Were any NEW individuals engaged in your CSI efforts this quarter? If so, please check all that apply below.	Please place a check mark next to all types of stakeholders engaged in CSI this quarter. This includes both new and preexisting stakeholders.
<input type="checkbox"/> School Administrators	<input type="checkbox"/> School Administrators
<input type="checkbox"/> District Administrators	<input type="checkbox"/> District Administrators
<input type="checkbox"/> Students	<input type="checkbox"/> Students
<input type="checkbox"/> Teachers	<input type="checkbox"/> Teachers
<input type="checkbox"/> Parents	<input type="checkbox"/> Parents
<input type="checkbox"/> Law Enforcement Reps.	<input type="checkbox"/> Law Enforcement Reps.
<input type="checkbox"/> Community Leaders	<input type="checkbox"/> Community Leaders
<input type="checkbox"/> Community Members	<input type="checkbox"/> Community Members
<input type="checkbox"/> CBO/Volunteer Organization Reps.	<input type="checkbox"/> CBO/Volunteer Organization Reps.
<input type="checkbox"/> Non-CTG Public Health Professionals	<input type="checkbox"/> Non-CTG Public Health Professionals
<input type="checkbox"/> Other (please specify below)	<input type="checkbox"/> Other (please specify below)

B2. Please describe the barriers or limitations to participation identified by stakeholders (i.e. needs funds to participate, lack of personnel, time, transportation issues, conflict of interest, availability, lack of meaningful contributions).

## D. Reach

Please provide a count of the number of organizations and individuals impacted by this intervention.

	This Quarter			Project to Date		
	Total # School Districts	# Schools	# Students	Total # School Districts	# Schools	# Students
School districts formally committed to adopting and implementing Coordinated School Health						
Schools that have completed the School Health Index assessment						
Schools that have begun to implement priority actions from their School Health Index action plans.						
School districts that have formally committed to adopting and implementing school wellness curriculum programs similar to the CATCH program						
School districts that have implemented school wellness curriculum programs similar to the CATCH program						
School districts that have formally committed to adopting school wellness policies						
School districts that implemented school wellness policies						
	This Quarter			Project to Date		
	Total # School Districts	# Schools	# Staff Affected	Total # School Districts	# Schools	# Staff Affected
School districts that have formally committed to adopting staff wellness programs.						
School districts that have implemented staff wellness programs						

Please attach copies of the School Health Index completed this quarter using the policy cover sheet.

# Attached:

## E. Health Equity

IDPH is required to report data on health disparities to the CDC. For guidance about calculating these number please see "Health Equity" attachment.

	This Quarter	Project to Date
# of residents reached in counties designated as "rural."		



# Strategy Specific Report Changes

**COMBINED WITH B5**  
 B3. Please provide the context and type of outreach utilized to engage stakeholders this quarter:

	School Administrators	District Administrators	Students	Teachers	Parents	Law Enforcement Reps.	Community Leaders	Community Members	CBO/Volunteer Organization Reps.	Non-CTG Public Health Professionals	Other (please specify below)
Coalition Meeting											
Community Events											
Training											
Informal Outreach											
Providing opportunities for stakeholders to assist with implementation											
Providing opportunities for stakeholders to assist with advocacy											
Providing opportunities for stakeholders to assist with communication											
Other (specify)											

B4. Do you provide stakeholders with feedback, updates and progress made on the Coordinated School Health initiatives?  
 If yes, please elaborate on the kind of feedback, updates and progress provided.

- Yes  
 No

**COMBINED WITH B3**

B5. Engaging Stakeholders  
 Please rate the overall level of engagement this quarter for each stakeholder group. Use a scale from 1-4 (See key below).

School Administrators	Select an item from the list (1-4). See key below for definitions of each level of engagement.
District Administrators	Select an item from the list (1-4). See key below for definitions of each level of engagement.
Students	Select an item from the list (1-4). See key below for definitions of each level of engagement.
Teachers	Select an item from the list (1-4). See key below for definitions of each level of engagement.
Parents	Select an item from the list (1-4). See key below for definitions of each level of engagement.
Law Enforcement Reps.	Select an item from the list (1-4). See key below for definitions of each level of engagement.
Community Leaders	Select an item from the list (1-4). See key below for definitions of each level of engagement.
Community Members	Select an item from the list (1-4). See key below for definitions of each level of engagement.
CBO/Volunteer Organization Reps.	Select an item from the list (1-4). See key below for definitions of each level of engagement.
Non-CTG Public Health Professionals	Select an item from the list (1-4). See key below for definitions of each level of engagement.
Other (please specify below)	Select an item from the list (1-4). See key below for definitions of each level of engagement.

**STAKEHOLDER ENGAGEMENT KEY**

- 1- VERT ENGAGED; For example: attends all meetings in person, participates actively in discussions, responds promptly to communications, participates in TA events, discusses CTG with others, etc.
- 2- ENGAGED; For example: attends meetings regularly, participates in discussions, responds to communications, ACTIVE IN WCH or CSH activities.
- 3- SOMEWHAT ENGAGED; Not present for all meetings, frequently does not participate in discussions, sometimes participates in CTG activities.
- 4- MINIMALLY ENGAGED; Occasionally attends meetings and TA, often not an active participant in discussions, rarely participates in CTG activities.

**B6. Planning & Coalition Building**

Please provide a narrative describing your experiences this quarter with your coalition partners specifically related to Coordinated School Health. Include information on how your coalition has conducted its work, activities that have resulted from your coalition, new partners that have joined your coalition, and any partners who have left your coalition or become inactive.

# Coordinated School Health Reporting

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## ▶ Body Mass Index

- ▶ 6<sup>th</sup> grade students in schools with CSH
- ▶ Utilize BMIT-IS aggregation tool
  - ▶ No individual level data to IDPH/UIC
- ▶ Online process survey

## ▶ School Health Index

- ▶ Individual Question Scores for Each Module
- ▶ School Health Improvement Plan or Action Plan
- ▶ Tracking of Action Plan/Improvement Plan progress





# Individual Module Scores

## School Health Index (SHI)

### Module 1: School Health and Safety Policies and Environment

#### Summary Of Questions Completed In Module 1

#	Criteria	Fully in Place	Partially in Place	Under Development	Not in Place	Does not Apply
1.	Representative school health committee or team (CC.1)				0	
2.	Written school health and safety policies (CC.2)	3				
3.	Communicate health and safety policies to students, parents, staff members, and visitors (CC.3)		2			
4.	Positive school climate (CC.4)	3				
5.	Overcome barriers to learning (CC.5)	3				
6.	Enrichment experiences (CC.6)	3				
7.	Local wellness policies (CC.7)		2			
8.	Standard precautions policy (CC.8)	3				
9.	Professional development on meeting diverse needs of students (CC.9)		2			
10.	Prevent harassment and bullying (CC.10)	3				
11.	Active supervision (CC.11)	3				
12.	Written crisis response plan (CC.12)	3				
13.	Safe physical environment (S.1)			1		
14.	Maintain safe physical environment (S.2)	3				

# Action Plan/School Improvement Plan

## Plan for Improvement

### Action 1:

1. Work with the curriculum department to study the area of PE.

#	Steps	By Whom	Date
1	Work with the Curriculum Department to determine next steps of implementing information gained from curriculum studies. (standardized assessment for elementary and new PE Foundations Course for HS)	Dayna, Sandy Wilson, PE	7/1/2013

### Action 2:

Work with Advocate BroMenn Medical Center to design Unit 5 Employee Wellness Program that fits our needs.

#	Steps	By Whom	Date
1	Meet with ABMC to design programs for 1st semester.	Susy, Dayna, Jane	7/1/2013
2	Offer HRA online survey to all staff beginning August 1 to better determine programming needs.	ABMC, Dayna, Susy	7/1/2013
3	Work with ABMC to plan an opening day institute kick off event.	ABMC, Dayna, Susy	7/1/2013



# Action Plan/School Improvement Plan

Committee Members:

School Representatives – Shelly Dunaway, LouAnn Hill, Nathan Bittle, Amanda Osborne, Dawn Jackson, & Jami Hodge

Community Representatives – Heather Troester, Jeff Franklin, Erin Fogarty, Kristin Bogdonas, Jenna Jameson, Carrie Eldridge, & Amber Maslovski

<b>Module</b>	<b>Strengths</b>	<b>Improvement Opportunities</b>	<b>Action Plan</b>
<b>Module 1: School Health and Safety Policies and Environment</b>	<ul style="list-style-type: none"> <li>❖ Recently established Wellness Committee</li> <li>❖ Emergency plans established and available in all rooms</li> <li>❖ Substantial amount of safety signage posted around school</li> <li>❖ PBIS</li> <li>❖ Variety of ways to overcome barriers to learning</li> <li>❖ Variety of enrichment experiences               <ul style="list-style-type: none"> <li>▪ Music, field trips, &amp; Spirit Team</li> </ul> </li> <li>❖ Blood-borne Pathogen trainings and materials prepared for emergencies</li> <li>❖ Encouragement of staff to participate in professional development</li> <li>❖ Bullying prevention               <ul style="list-style-type: none"> <li>▪ Goal Getters, Minors' school assembly on bullying, active supervision of staff, etc.</li> </ul> </li> <li>❖ Safe physical environment is maintained</li> <li>❖ Adequate amount of recess</li> <li>❖ Availability of facilities for physical activity outside of school hours               <ul style="list-style-type: none"> <li>▪ Gymnasium rental available, MBA Rec league, playground</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>❖ Wellness policy</li> <li>❖ Wellness signage</li> <li>❖ Enhancing enrichment opportunities for students</li> <li>❖ Physical Education</li> <li>❖ Classroom rewards</li> </ul>	<ul style="list-style-type: none"> <li>❖ Develop goals and objectives for Wellness Committee</li> <li>❖ Develop personalized wellness policy and make available for all students, parents, and staff</li> <li>❖ Provide First Aid and CPR trainings for all teachers</li> <li>❖ Make First Aid kits available in cafeteria, gymnasium, and for all teachers</li> <li>❖ Professional development for staff on preventing unintentional injuries, violence, and suicide</li> <li>❖ Develop method of assuring adequate P.E. is being provided to all students daily (as recommended by Washington El. School)</li> <li>❖ Restrict teachers and staff from withholding recess and P.E. as a form of punishment               <ul style="list-style-type: none"> <li>▪ Consider adding to Wellness Policy</li> </ul> </li> <li>❖ Offering alternatives to candy for rewards in classroom               <ul style="list-style-type: none"> <li>▪ Consider adding to Wellness Policy</li> </ul> </li> <li>❖ Professional development for staff on asthma basics and</li> </ul>





# Policy Cover Sheets

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## ▶ Baseline (Pre) policy cover sheet

- ▶ Early in the process
- ▶ When you begin engaging with an entity (i.e. business, park district, housing authority)
- ▶ Before any changes occur
- ▶ Assesses the “before” of We Choose Health

→ **For Evaluation** no policy change is just as important as a policy change

## ▶ Final (Post) policy cover sheet

- ▶ Finished working with an entity
- ▶ All possible policies have been implemented
- ▶ Entity has decided not to implement intervention
- ▶ We Choose Health is over (2016)



# Policy cover sheets

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- ▶ Submit one baseline, one final policy cover sheet, and one set of adopted policies
  - ▶ Per entity (i.e. business, park district, worksite)
  - ▶ Per strategy
- ▶ Multiple policies adopted at single entity within the same strategy
  - ▶ **one** baseline policy cover sheet
  - ▶ **one** final policy cover sheet
  - ▶ **copies** of any adopted policies
- ▶ Policy cover sheets can capture multiple policies or “norm” changes
- ▶ Unit of analysis is the **site** and not the **policy**





# Policy Cover Sheets

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## ▶ Submission Requirements

- ▶ Year I Baseline, Final, and adopted policies by October 15<sup>th</sup>, 2013

## ▶ Revisions

- ▶ Strengthening Worksite Wellness PCS
- ▶ Revising site information sections



# Round Tables and Office Hours

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- ▶ Pick-up handout!
- ▶ Check-ins are strongly encouraged
  - ▶ Review data received
  - ▶ Ask questions
  - ▶ Get more detail on year ahead

