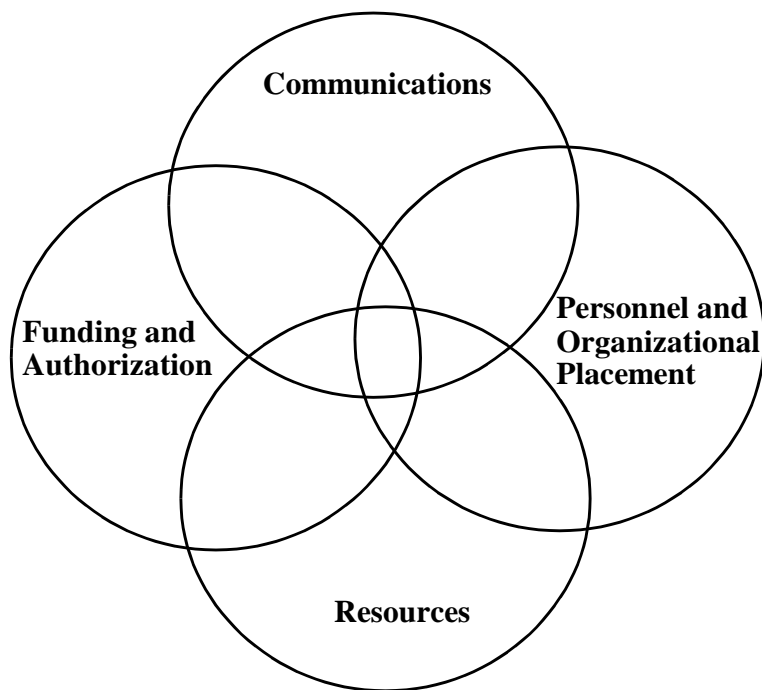
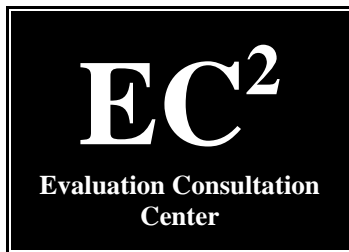


**Comprehensive School Health Program  
Infrastructure Development**

**Process Evaluation Manual**



**Division of Adolescent and School Health  
National Center for Chronic Disease Prevention  
and Health Promotion  
Centers for Disease Control and Prevention**



*At the  
Academy for  
Educational Development  
Washington, DC*

**Authors**

**David K. Lohrmann, Ph.D., CHES**

**Susan M. Blake**

**Richard Windsor**

**Richard J. Sawyer**

**Technical Support**

Joseph Pickard

**Reviewers**

**Division of Adolescent  
and School Health,  
Surveillance Evaluation  
Research Branch**

Stephen Banspach

Janet Collins

Sandra Jones

**Division of Adolescent  
and School Health,  
Program Development  
Services Branch**

Peter Cortese

Marty DuShaw

Dean Fenley

Peter Hunt

Wanda Jubb

Mary Sue Lancaster

David Poehler

Mary Vernon

Susan Wooley

**State Education Agencies  
and State Health  
Agencies**

James Cook

Mary Lou DeCiantis

Jayne Fontecchio

Judy Harlan

Karen Horne

Patsy Nelson

Linda Nightingale

Greenwood

Lenore Zedosky

**Supported by:**

Centers for Disease Control and Prevention

Division of Adolescent and School Health

Contract No. 200-93-0640 (P)

## TABLE OF CONTENTS

Introduction .....	5
About This Manual .....	6
Glossary of Terms .....	8
PART I: CSHP Infrastructure and Process Evaluation Defined .....	10
The Need for CSHP Infrastructure .....	11
What Is Meant By CSHP Infrastructure? .....	13
Why CSHP Infrastructure Process Evaluation? .....	16
Process Elements for CSHP Infrastructure .....	19
Sample Time Line for CSHP Infrastructure Development .....	20
PART II: Ten CSHP Infrastructure Process Indexes With Progress Indicators .....	23
Process Element 1: Definition and Progress Indicators .....	26
Process Element 2: Definition and Progress Indicators .....	35
Process Element 3: Definition and Progress Indicators .....	44
Process Element 4: Definition and Progress Indicators .....	53
Process Element 5: Definition and Progress Indicators .....	63
Process Element 6: Definition and Progress Indicators .....	72
Process Element 7: Definition and Progress Indicators .....	86
Process Element 8: Definition and Progress Indicators .....	98
Process Element 9: Definition and Progress Indicators .....	107
Process Element 10: Definition and Progress Indicators .....	116
Part III: Summary Process Index .....	127
Completing the Summary Process Index .....	128

Appendix A: Developing Comprehensive School Health Programs To Prevent  
Important Health Problems and Improve Educational Outcomes: A Guide for  
State and Local Educational Agencies ..... 130

Appendix B: Needs Assessment Questions ..... 132

# INTRODUCTION

## **What is the focus of the evaluation procedures found in this manual?**

The ultimate goal of the Comprehensive School Health Program (CSHP) Infrastructure Project is to improve the health status and educational achievement of children and adolescents. Implementation and coordination of programs within the eight-component CSHP model over several years can realistically be expected to reduce child and youth health problems and increase adoption of health enhancing practices. However, such programs cannot be implemented and sustained without first developing and maintaining a CSHP infrastructure. Thus, **the interim project goal** is to develop, implement, maintain, and institutionalize a CSHP structure.

Institutionalization, in this case, means that the CSHP becomes an integrated, self-sustaining part of the fabric of health and education agencies that is subject to minimal disruption caused by changes in the sociopolitical environment. To ensure that the interim goal of institutionalization is achieved, those implementing a CSHP are advised to focus efforts on developing an underlying support system before attempting to either enhance existing programs in the eight components of the CSHP or initiate new ones. The evaluation procedures found in this manual are intended, therefore, to be used to determine the extent to which a CSHP infrastructure is in place and functioning following a 2–3 year development period.

This manual is the first of a series that is being developed by the Division of Adolescent and School Health; eventually, manuals will be available for each of the individual elements within comprehensive school health programs. This manual is, if you will, the overarching book.

## Who should use this manual and why should they use it?

This manual is intended for use by those responsible for developing CSHP infrastructures at state and local levels. It was designed as a tool for assessing progress toward institutionalizing CSHP at established intervals (e.g., semiannually or annually). **Periodically assessing progress will help those implementing CSHP infrastructure to:**

- **Determine** which goals and objectives have been attained by designated target dates throughout the CSHP infrastructure implementation period;
- **Identify** objectives that (1) have been attained, (2) should have been attained but have not, or (3) have not been attained at an effective level;
- **Recognize** factors that have facilitated progress toward attaining goals and objectives and barriers that have impeded progress; and
- **Adjust** infrastructure implementation efforts to capitalize on factors that facilitate progress and overcome barriers so that eventually all objectives are fully and effectively met.

## How is this manual organized?

This manual consists of **three main parts**. **Part I** begins with a discussion of the need for CSHP infrastructure followed by a detailed definition of CSHP infrastructure. This section also provides definitions of process evaluation and the key terms involved, and describes the purpose of process evaluation in CSHP infrastructure implementation. Part I concludes with a list of ten identified CSHP process elements and a time line for implementation. **Part II** is made up of a series of booklets that list the elements of CSHP infrastructure development and describe indicators of progress toward completing implementation. These descriptions are intended both to define each indicator and provide a sense of what it means to have effectively accomplished each indicator (an indication of quality). This section also includes a mechanism for self-assessment of progress toward completing each aspect of CSHP infrastructure development. **Part III** includes a summary form for monitoring progress toward achieving all aspects of CSHP infrastructure development.

## Where can more background information be found?

There are three critical resources for background information. This first is *Developing Comprehensive School Health Programs To Prevent Important Health Problems and Improve Educational Outcomes: A Guide for State and Local Educational Agencies*, published by the Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease and Health Promotion (NCCDPHP), Division of Adolescent and School Health (DASH); this document sets the fundamental tenets of comprehensive school health. Subsequently, nearly an

entire issue of the *Journal of School Health* (October 1995) further developed these tenets. Finally, due out in summer 1996 from Teacher's College Press, *Health Is Academic* (Lloyd Kolbe, editor) offers the latest thinking on each component fleshed out by expert authors. As further refinement continues on each component, we encourage readers to contact DASH at 770-488-5356 for updates, technical assistance, or information concerning the above documents.

**NOTE:** The recognized acronym for state education agency is SEA; for local education agencies, LEA; for state health agencies, SHA; and for local health agencies, LHA. Because this manual is intended for use at both the state and local levels, EA is used as a generic acronym for both state and local education agencies and HA is used as a generic acronym for both state and local health agencies.

# Glossary of Terms

**Agreement of Understanding:** An agreement between or among agencies specifying the processes and procedures for collaborative development of CSHP infrastructure.

**Comprehensive School Health Education (CSHE):** A planned, sequential, curriculum for kindergarten through twelfth grade that addresses the physical, mental, emotional, and social dimensions of health. The curriculum is designed to motivate and assist students to improve and maintain their health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. The curriculum is comprehensive and includes a variety of topics, such as personal, family, community, consumer, and environmental health; mental and emotional health; sexuality education; injury prevention and safety; nutrition; prevention and control of disease; and substance use and abuse. Health education is provided by qualified teachers trained to teach the subject.

**Comprehensive School Health Program (CSHP):** A planned and coordinated school-based program designed to enhance child and adolescent health, which is made up of eight components, including healthful school environment; health services; health education; physical education; counseling, psychological, and social services; nutrition services; parent and community involvement; and health promotion for staff.

**CSHP infrastructure:** The basic system on which the larger CSHP program depends for continuance and growth.

**CSHP infrastructure supports:** The main units that comprise infrastructure, including funding and authorization, personnel and organizational placement, resources, and communications. Each support can be broken down into multiple subcategories.

**High-risk behaviors for children and adolescents:** Behaviors that place children and adolescents at risk for adverse health or other consequences. Such behaviors include tobacco use; dietary patterns that contribute to disease; insufficient physical activity; sexual behaviors that result in human immunodeficiency virus infection, other sexually transmitted diseases, and unintended pregnancy; alcohol and drug use; and behaviors that result in unintentional and intentional injuries.

**Impact evaluation:** An assessment of the extent to which identifiable short-term organizational changes conducive to institutionalization of a CSHP were achieved.

**Institutionalization:** The CSHP as an integrated, self-sustaining part of the fabric of health and education agencies that is subject to minimal disruption caused by changes in the sociopolitical environment.

**Outcome evaluation:** A determination of whether short-term organizational changes, assessed through an impact evaluation, resulted in long-term institutionalization of a CSHP.



**Process elements:** Components of program development and implementation that must have been implemented to fully attain overall program goals.

**Process evaluation:** An evaluation designed to document the degree to which program procedures were conducted according to a written program development plan.

**Process indexes:** Tables made up of process elements and progress indicators that can be used to derive a composite score that expresses the extent to which program goals are attained.

**Progress indicators:** The critical steps or tasks, designed based on quality standards, that were followed or completed to attain essential process elements.

# **PART I**

**CSHP Infrastructure**

**and**

**Process Evaluation**

**Defined**

## **The Need for CSHP Infrastructure**

Most causes of health threats to children and adolescents relate to six categories of behaviors: tobacco use; unhealthy diet; insufficient physical activity; sexual behaviors resulting in human immunodeficiency virus infection, other sexually transmitted diseases, and unintended pregnancy; alcohol and drug use; and behaviors resulting in intentional and unintentional injuries. School health interventions that specifically target these six behaviors will be most effective in reducing the premature onset of lifestyle-related disease. To this end, DASH has proposed application of school health interventions within the eight-component CSHP model.

The CSHP is defined as a planned and coordinated school-based program designed to enhance child and adolescent health. The program is made up of eight components, including healthful school environment; health services; health education; physical education; counseling, psychological and social services; nutrition services; parent and community involvement; and health promotion for staff. The main premise of this definition is that a model involving all aspects within EAs and HAs in a planned, coordinated CSHP will (1) eliminate program gaps and overlaps, (2) provide more effective programming, and (3) improve the school's ability to enhance the health of children and adolescents. Today, all eight components are represented in state education agencies and are present to some extent in local school districts and agencies and in most schools. They also are represented to some degree in HAs. Nevertheless, the components are seldom well planned or coordinated within EAs or with comparable programs in HAs.

For the CSHP to exist and perform consistently over time, it must be fully institutionalized within EAs and HAs and supported by an infrastructure. Without appropriate institutionalization and infrastructure, the long-term potential impact of a CSHP is diminished. The history of school health education serves to illustrate this point.

For many years, the U.S. public school curriculum has included school health education in various forms; however, the extent and quality of the health curriculum differs greatly from state to state and school district to school district. Furthermore, the extent to which school health education is emphasized and implemented may vary greatly over time. For instance, an increased emphasis on health education may occur with the emergence of a health threat, such as drug abuse or human immunodeficiency virus. When the threat seems to abate or another important issue arises, the emphasis on health education often wanes. In addition, there is a tendency to address new health issues through categorical programs and funding rather than through a long-term, comprehensive school health education (CSHE) approach.

These circumstances accentuate two pervasive challenges facing school health education: (1) overcoming a lack of consistent, long-term commitment to health education within the public school establishment; and (2) answering questions about the effectiveness of school health education in influencing behaviors that prevent health problems. Several innovations have recently been proposed to address these challenges.

The first innovation has been the dissemination of a CSHP model. As is true of the other seven CSHP components of the model, health education in isolation is more effective in

addressing health issues when supported by other school-based programmatic components. Such components, when optimized, contribute to a safe and secure school climate, provide supplemental services for high-risk students, and create systemic support for positive health behaviors. Each of the eight components is more effective when provided within the broader context of the CSHP model.

The second innovation has been the movement toward institutionalization of a CSHP infrastructure. Currently, all aspects of the CSHP are subject to changes in resource allocation and perceived importance vis-à-vis the traditional academic curriculum (e.g., language arts, science, mathematics, fine arts, foreign language) and noninstructional areas (e.g., administration, athletics, support staff) because the infrastructure of support for CSHPs has not been widely institutionalized in EAs. Furthermore, although both state and local health authorities have responsibility for programs that address child and adolescent health issues, such programs have not been closely coordinated with similar efforts in schools. An infrastructure that includes placement of administrative authority for school health at the highest levels of the EA in conjunction with finely coordinated action by the HA is needed to institutionalize the CSHP so that it receives consistent and continuous support within the overall public school and community program.

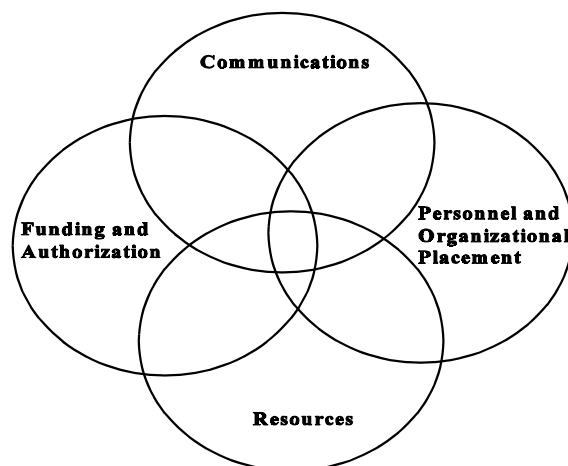
CDC/DASH has recently funded initiatives in multiple state education agencies. These initiatives are designed to promote strategies that (1) build a coordinated education and health agency infrastructure to support CSHPs, and (2) strengthen CSHE to prevent important health risk behaviors and health problems.

## What Is Meant By CSHP Infrastructure?

The CSHP infrastructure refers to the basic system on which the larger CSHP program depends for continuance and growth. When fully implemented, the CSHP infrastructure will enable each state and community to establish a collaborative organizational pattern that facilitates communitywide planning, implementation, and evaluation of activities to help schools implement CSHPs that are consistent with community values and needs.

The CSHP infrastructure includes four main supports: **funding and authorization**, **personnel and organizational placement**, **resources**, and **communications**. Each of the supports can be broken down into multiple subcategories. The supports exist in some form within every state and community, but may take various forms in different states and communities and may be found in different locations within state and local governments. To successfully establish and perpetuate a CSHP infrastructure, the CSHP leadership must be aware of the location, status, functional level, and quality of these four supports, as well as how to influence the supports over time.

### Primary Infrastructure Supports



**Funding and authorization** establish the purpose, structure, and function of the infrastructure and the commitment to infrastructure development. Important subcategories include:

- Directives (laws, statutes, codes, policies, regulations, mandates, operating procedures, and written agreements at multiple levels).
- Financial Resources (federal, state, county, city, local, and private sources).

**Personnel and organizational placement** provide access to decision makers at the highest levels, effective management and operation of the infrastructure, accountability for the

completion of tasks, authority for making decisions, and commitment to the CSHP. Important subcategories include:

- People (key decision makers, people with responsibility, and people with appropriate preparation, experience, and maturity).
- Positions (CDC-funded and non-CDC-funded infrastructure positions, responsibilities, and parameters within agencies; position descriptions; and position requirements).
- Hierarchical and organizational placement (location in EA, HA, and other agency structures, lines of responsibility, lines of authority and decision making, and team membership).
- Physical placement (office space, proximity to others, meeting space, location, and quality of space).

**Resources** maintain commitment to infrastructure and provide for development, continued functioning, and administration of the CSHP. Important subcategories include:

- Human resources (support staff, consultants, and contractors).
- Technological resources (hardware and software).
- Data and data systems and sources (health risk and epidemiologic data, epidemiologic data systems, libraries, and information centers).
- Inservice supports (training systems, resource centers, and statewide networks).
- External supports (volunteer, professional, and philanthropic agencies; institutions of higher education; and parent and community groups).

**Communications** build capacity, establish or strengthen linkages and collaboration, facilitate advocacy efforts and constituency recruitment, promote broad-based decision making, and allow effective resolution of disagreements. Important subcategories include:

- Communications within HAs (informal, formal, and technical networks and social marketing campaigns).
- Communications within EAs (informal, formal, and technical networks and social marketing campaigns).
- Communications between EAs and HAs (informal, formal, and technical networks and social marketing campaigns).

- External communications between EAs and HAs and stakeholders in child and adolescent health (informal, formal, and technical networks and social marketing campaigns).

**NOTE:** CDC/DASH recognizes that the development of a highly functional and successful CSHP infrastructure requires a commitment from those agencies with the major responsibilities for health and education. CDC/DASH also recognizes that specific people are needed to give full attention to the development and continued operation of this infrastructure and to evaluate the infrastructure development process and its results. Therefore, CDC/DASH has emphasized state health and education agency commitment to creating infrastructure positions, as well as staffing these positions, as priorities for funding. Commitment and staffing do not constitute the infrastructure. Rather, they are necessary first steps in initiating an infrastructure that fosters continuance and growth of the CSHP.

## Why CSHP Infrastructure Process Evaluation?

Professionals in many organizations routinely develop 1-year or multiyear program plans. However, planning does not guarantee that a given plan will be activated, completed as written, or completed at all. This is as true in EAs and HAs as it is in other types of organizations. Once established, additional procedures should be developed to evaluate whether and how well a plan for CSHP infrastructure development can be implemented over time. This is the function of process evaluation.

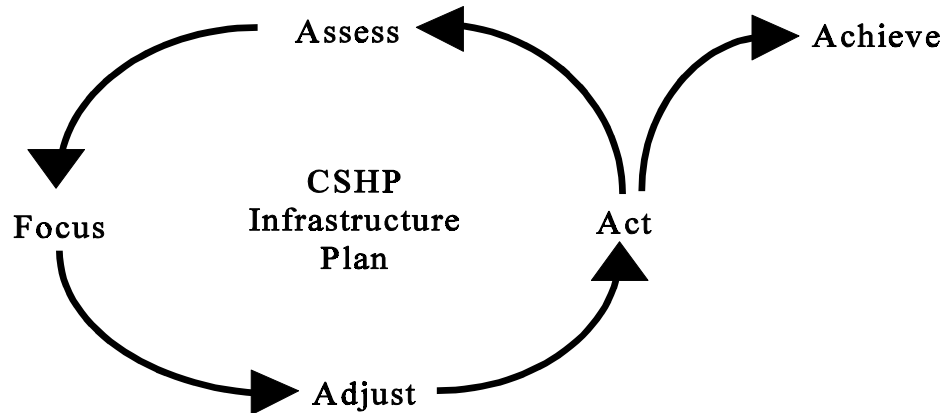
**Process evaluation is designed to document the degree to which program procedures were conducted according to a written program development plan.** Major aspects of a program development plan include an overall goal, multiple objectives for attaining the goal, and specific activities for each objective. Thus, the primary purpose of process evaluation is to periodically assess progress toward completing activities and attaining objectives.

Process evaluation provides three clear benefits:

- **If completed at specified intervals, process evaluation helps those implementing a plan to assess progress toward completion** (Figure 1). Periodic assessment will show implementers how many of their planned activities have been completed and how close they are to attaining objectives. If a time line was created, process evaluation will also allow them to determine whether activities can be completed and objectives reached by proposed target dates.
- **Process evaluation helps to keep implementers focused on their goal.** It is easy, and sometimes unavoidable, to get sidetracked into activities that are “nice to do” but contribute only marginally to reaching an intended goal. Through process evaluation, implementers can periodically ask themselves whether actions taken during a given time period contributed to their primary goal. If not, they should more carefully focus future efforts on the activities specified in their plan that will allow them to attain objectives and, ultimately, reach their goal.
- **Process evaluation also can provide information that can be used to take corrective action toward fully implementing a plan.** If progress is delayed, information generated through periodic assessments will help implementers identify factors that present barriers and activate strategies to overcome those barriers. Without process evaluation, implementers may not recognize lack of progress until it is too late to rectify, may not recognize barriers to progress, and may not make appropriate adjustments to overcome such barriers.



**Figure 1. Process Evaluation**



Process evaluation includes **process elements** and **progress indicators** that correspond respectively to program objectives and program activities. Process elements are defined as those aspects of program development and implementation that must have been implemented to fully attain overall program goals. Although objectives usually are written in the future tense to indicate what will be done, process elements are written in the past tense to indicate what has been done.

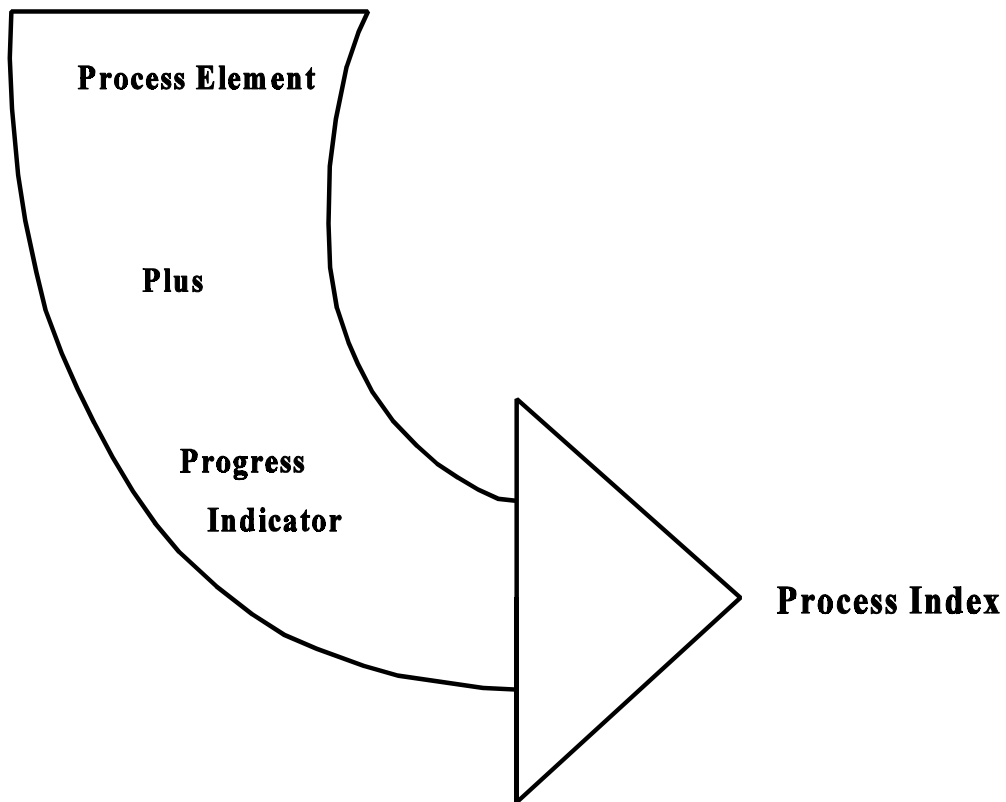
**PROCESS ELEMENTS = OBJECTIVES**

Process elements can be further broken down into progress indicators. Progress indicators are the critical steps or tasks, designed based on quality standards, that were followed or completed to attain essential process elements. Activities identified within a program plan are analogous to progress indicators. Activity statements in a plan indicate what will be accomplished. Progress indicators identify what has been accomplished.

**PROGRESS INDICATORS = ACTIVITIES**

The authors of this manual identified ten CSHP process elements that must be addressed to develop a CSHP infrastructure by (1) reviewing the CDC/DASH document, *Developing Comprehensive School Health Programs To Prevent Important Health Problems and Improve Educational Outcomes: A Guide for State and Local Educational Agencies* and (2) holding formal and informal discussions, between January 1994 and February 1995, with DASH project officers and representatives from the first ten states funded by CDC/DASH to establish CSHP infrastructures. Evaluation procedures for CSHP infrastructure development presented in this manual were designed to assist EA and HA staff to determine whether and to what extent each of the ten process elements was achieved.

**Process indexes** that include progress indicators must be developed for each process element as part of planning a process evaluation. Process indexes are tables made up of process elements and progress indicators that can be used to derive composite scores that express the extent to which program goals are attained. Thus, process indexes are tools for periodic self-assessment of progress toward CSHP infrastructure development. In this manual, process indexes for the ten process elements form the basis of self-assessment procedures for use by EA and HA staff.



## **Process Elements for CSHP Infrastructure**

The following process elements for development of CSHP infrastructure have been identified:

1. CSHP infrastructure development activities were periodically monitored to determine the degree to which planned objectives were attained.
2. Organizational commitment, including staff and resources, to initiate and maintain an infrastructure for implementing a CSHP was secured in all involved agencies.
3. A plan to coordinate administrative responsibilities and activities between agencies was prepared and implemented.
4. Assessments were performed to determine the status of combined agency funding and authorization, personnel and organizational placement, resources, and communications, as well as child and adolescent health problems.
5. Impact measures were monitored to determine the efficacy of the long-range infrastructure plan and activities of the CSHP.
6. Planning and program activities were organized, activated, and coordinated with a coalition and other organizations committed to improving the health of children and adolescents.
7. Program marketing, communication, and promotion strategies were developed and applied.
8. Legislation, regulations, policies, and procedures to enhance CSHP initiatives were prepared and adopted.
9. Training programs and professional development opportunities were provided for agency staff and community constituencies.
10. A long-range plan for infrastructure development, including a goal, objectives, program activities, time lines, and progress and impact measures, was completed and initiated.

Subsequently, multiple progress indicators were delineated for each of the ten process elements. Together, the process elements and progress indicators form the process indexes that provide a framework for CSHP process evaluation. These ten progress indexes are presented in Part II of this manual.

## Sample Time Line for CSHP Infrastructure Development

A sample time line for developing a CSHP infrastructure over 3 years is presented on page 22. The time line incorporates the ten process elements, which are presented in an order representing a logical progression of implementation that culminates in initiation of a long-range plan. However, the process elements need not be implemented in the order shown.

With the exception of Process Element 4 (needs assessment), which terminates, all process elements move into a maintenance phase once implementation is initiated. For most process elements, maintenance means a dynamic continuation of implementation. Thus, attention and resources must be continually devoted to maintaining process elements that have already been implemented as other elements are initiated. Failure to maintain implementation could compromise the entire endeavor or could slow progress. The time line indicates that all process elements are in a maintenance phase by the end of the second year.

Process Element 1, process evaluation, is presented first because it encompasses all objectives and activities of infrastructure development, including those embodied in Process Elements 2–9. Initiation of process evaluation should coincide with initiation of the project because progress toward completion of all objectives and activities should be assessed from the outset.

Process Elements 2 and 3, agency commitment and interagency agreement, appear next and overlap on the time line. These elements should be completed early in the project because they deal with staffing and with establishing working relationships between EAs and HAs (some states or communities also may wish to include one or more additional agencies). Although staffing and formal agreements between agencies do not constitute an infrastructure, they are early milestones that are essential to the project's success.

Process Elements 4 and 5 coincide on the time line. Process Element 4 calls for completion of a needs assessment to be conducted near the beginning of the project. The needs assessment determines the status of CSHP infrastructure supports and contributes information essential to eventual formulation of the long-range plan. Some information collected during this assessment will serve as baseline data for Process Element 5, impact evaluation. Hence, the impact evaluation and the needs assessment should be planned together to ensure collection of meaningful baseline data. In addition, impact measures should be established early so that baseline data and impact evaluation data collected several years later relate to meaningful markers of infrastructure institutionalization.

The time line suggests that initiation of Process Element 6, CSHP coalition establishment, should coincide with initiation of the needs assessment and the impact evaluation. There are two reasons for this arrangement. First, because a coalition takes time to establish, it makes sense to start this early in the project. Second, coalition members can provide insight for planning the needs assessment, and also can provide data sources for the needs assessment.

Process Element 7 involves marketing and communication; Process Element 8, legislation and regulation; and Process Element 9, staff development. Process Element 10 is the long-range plan. These elements also coincide on the time line, primarily because Process Elements 7, 8, and 9 could be included as integral parts of the long-range plan. They are presented separately because staff members from the infrastructure states initially funded by CDC placed a high level of importance on each element.

For each of Process Elements 7, 8, and 9, the time line shows an interim phase before the preplan phase because circumstances and opportunities may require that CSHP infrastructure staff become involved in interim activities before plans are formulated. Nevertheless, interim activities should be kept to a minimum until a clear, focused plan has been developed, to ensure that efforts needed for such activities contribute strongly to the goal of institutionalizing CSHP infrastructure.

Process Element 1 appears again after Process Element 10 because by definition, a new plan calls for creation of customized procedures for process evaluation. Some process elements and attendant progress indicators in the procedures of the long-range plan may be similar or identical to those presented in this manual because they relate to similar program objectives and activities. When new objectives and activities are identified in the plan, new process elements and progress indicators should be derived and compiled into process indexes so that periodic self-assessment can continue.



## Sample Time Line for CSHP Infrastructure Development

Process Element	Year 1			
	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
1. Process evaluation	Implement	Maintain	→	→
2. Agency commitment	Plan & Implement	Maintain	→	→
3. Interagency agreement	Plan	Implement	Maintain	→
4. Needs assessment		Preplan & Plan	Implement	Implement
5. Impact evaluation		Preplan & Plan	Implement	Implement
6. CSHP coalition establishment		Preplan	Plan	Implement
7. Marketing and communication		Interim*	Interim*	Preplan
8. Legislation and regulation		Interim*	Interim*	Preplan
9. Staff development		Interim*	Interim*	Preplan
10. Long-range plan				Preplan
1. Process evaluation				

\*“Interim” indicates activities that may be necessary based on circumstances; however, any major interim activity should be postponed until a plan is completed.

# **PART II**

**Ten CSHP Infrastructure**

**Process Indexes**

**With**

**Progress Indicators**

## Use of Parts II and III of This Manual

### How is Part II organized?

Part II of this manual is made up of ten booklets that provide definitions of each process element. Each booklet describes one process element and its attendant progress indicators. The descriptions define each progress indicator and provide a sense of what it means to have effectively accomplished each indicator as an indication of quality.

Each booklet also includes a process index. The ten process indexes are designed as tools for self-study. Those implementing a CSHP infrastructure can use the process indexes to critique their efforts, determine their level of success, and identify areas that warrant additional effort. Each index includes explicit directions to guide completion of the self-study.

### When should the self-study forms be completed?

**The process indexes are not intended to be completed concurrently.** In general, they describe a sequence of events consisting of process evaluation, organizational development, needs assessment, outcome evaluation, marketing and communication, legislative and regulatory change, staff development, and long-range planning. Thus, for example, assuming that these events take place over 2 years, the process indexes related to organizational development (Process Elements 2 and 3) would be scored primarily during the first 6 months and the process index related to impact evaluation (Process Element 5) would first be scored near the end of the first year.

### Why is the manual organized as a series of booklets?

**Part II of this manual was purposely divided into ten stand-alone booklets to allow separate working groups or task forces to score any one process index independently without having to work through the entire manual.** For example, a working group for interagency communications and marketing could periodically complete the process index for Process Element 7 to monitor the extent to which they have attained the corresponding progress indicators.

### What Is the Role of EA/HA CSHP Infrastructure Directors?

CSHP directors should participate jointly or with members of an interagency working group, as appropriate, to complete all process indexes. This will allow CSHP directors to maintain a current, “big picture” of the status of infrastructure implementation. More importantly, joint completion of the process indexes will help forge a stronger working partnership and allow CSHP directors to acquire an in-depth understanding of how the program is fairing in all involved agencies. When progress indicators are scored, as a rule, the rating chosen is the one that represents the program’s status in the agency that has made the least progress. For instance, if a given progress indicator is in place in one agency and in planning in another, then the combined rating is in planning.



### **What is included in Part III?**

The third section of this manual contains a Summary Process Index. CSHP directors can use the Summary Process Index to track progress toward completing progress indicators and attaining the ten process elements at specified intervals (e.g., semiannually, annually). Regular completion of the Summary Process Index will provide a broad perspective of CSHP infrastructure development at all times.

## Process Element 1: Definition and Progress Indicators

**CSHP\* infrastructure development activities were periodically monitored to determine the degree to which planned objectives were attained.**

Process evaluation involves monitoring the degree to which planned goals and objectives are attained. The importance of conducting process evaluation is described in Part I of this manual. Progress toward infrastructure development can be monitored by completing the self-assessment procedures that follow. Monitoring should begin as early as possible and continue until objectives are attained.

In addition, once a long-range plan for infrastructure development (Process Element 10) is in place, process evaluation must be revisited. At this stage, creation of additional customized process indexes is an important task. Some of the process elements and attendant progress indicators needed to monitor progress toward completion of the long-range plan may be similar or identical to those presented in this manual because they relate to similar program objectives and activities. Where objectives and activities in the long-range plan differ, appropriate new elements and progress indicators should be derived and compiled into process indexes. This will allow continued periodic self-assessment throughout implementation of the long-range plan.

Eight progress indicators are identified under Process Element 1. These progress indicators describe the broad steps taken to conduct process evaluation. In this section, respondents rate their level of success in completing each of the progress indicators. For progress indicators that are not complete, respondents identify barriers to overcome. Respondents then address strategies for overcoming identified barriers so that each progress indicator is ultimately achieved.

\* The following acronyms are used in this booklet: CSHP, designating Comprehensive School Health Program; EA, designating both state and local education agencies; and HA, designating both state and local health agencies.

## Progress Indicators\*

### **1. The need for using an internal evaluator, an external evaluator, or both was determined and evaluation support was secured.**

The need for an internal evaluator, an external evaluator, or both was determined. One or more process evaluators were appointed from the EA/HA CSHP infrastructure staff; the evaluation unit staff from the EA, the HA, or both; or from people outside the government.

### **2. Appropriate EA and HA staff and managers developed, reviewed, and approved a process evaluation plan including progress indicators and the type and periodicity of measurements.**

In collaboration with the EA/HA CSHP infrastructure staff, the evaluator prepared an evaluation plan encompassing all essential program objectives. The types of measures used to determine whether objectives had been met were established, as were criteria for success and time intervals for monitoring progress (e.g., semiannually). Both EA/HA CSHP infrastructure staff and higher-level agency administrators reviewed and tentatively approved the evaluation plan

### **3. An external panel of experts reviewed the process evaluation plan and the plan was revised.**

An external panel composed of members with expertise in government administration and evaluation of government programs reviewed the process evaluation plan and

recommended revisions as needed. Recommended revisions were made and final approval was acquired.

### **4. Adequate personnel, time, and resources for performing process evaluation tasks were allocated.**

Time and other resources needed by EA/HA CSHP infrastructure staff for participation in process evaluation were determined and allocated. Workload adjustments were made to account for the time and effort required.

### **5. The process evaluation plan was implemented.**

Evaluators implemented the approved plan. EA/HA CSHP infrastructure staff collected process evaluation data at specified intervals. Results were compared with established success criteria to determine whether goals and objectives were accomplished and were accomplished on schedule.

### **6. Semiannual and annual monitoring was performed and reports were prepared to determine the extent of program development.**

Process indexes were used to summarize the extent to which goals and objectives were met within specified reporting periods. Evaluators and EA/HA CSHP infrastructure staff prepared a progress report within 15 days of the end date of each reporting period. Higher level agency administrators reviewed the reports within 15 days of receipt.

\* The extent to which each progress indicator applies in each EA and HA may vary.

**7. The external panel of experts reviewed process evaluation findings, conclusions, and recommendations.**

The panel reviewed progress reports within 15 days of receipt. They validated process evaluation data and information, results, conclusions, and recommendations.

**8. Trends in process elements and progress indicators were monitored and program implementation plans adjusted, as needed, to address unfavorable trends.**

When trends unfavorable to completing objectives were observed, the EA/HA CSHP infrastructure staff identified barriers causing these trends. The EA/HA CSHP infrastructure staff adjusted the amount of effort used and strategies needed to achieve objectives, altered long-range plan to reflect more appropriate objectives, or made a combination of such changes as needed. Problematic objectives were achieved.

**Process Element 1: CSHP infrastructure development activities were periodically monitored to determine the degree to which objectives were attained.**

**STEP 1: Completing the Process Index\***

**Directions:** Please use the response categories below to rate each progress indicator presented in the index on the next page. First, read the definitions for each response category. Then select the most accurate response category for each progress indicator, taking quality and completeness into consideration. Refer to the descriptions of each progress indicator on the previous pages to better understand what is meant by quality and completeness.

- ◆ Mark the box under **NOT STARTED** if no activities have been initiated for accomplishing the progress indicator.
- ◆ Mark the box under **IN PLANNING** if you are developing a plan or are involved in other activities that contribute to completing the progress indicator (e.g., assessment, data collection, preplanning, organizing, marketing).

- ◆ Mark the box under **IN PROGRESS** if you have completed a plan and initiated some activities toward completing the progress indicator, or if you completed the progress indicator at one time, but it is no longer fully functional.
- ◆ Mark the box under **IN PLACE** if you completed the progress indicator and believe it is fully implemented and functioning well.

After completing the section for each assessment period, total the responses for each column and enter the total at the bottom of the page.

When all columns are totaled, proceed to Steps 2–4.

\* The process index on the next page may be completed by one individual, but preferably will be completed together by the EA/HA CSHP directors and working group members, as appropriate.



## STEP 2: Analysis

Step 2 entails an analysis of the process index totals from the previous page. The purpose of this analysis is to: (1) develop an appreciation for the reasons behind the totals, (2) increase understanding of the dynamics affecting implementation of progress indicators, (3) identify factors that support or impede implementation of progress indicators, and (4) devise strategies, as needed, to ensure that all progress indicators are eventually in place.

Questions 1 and 2 on the next two pages ask you to specify and explain factors that support or impede implementation of this process element in your particular agencies. Identifying such factors and explaining their effect on progress will pinpoint factors that could be exploited to ensure attainment of this and other process elements in the future and factors that should be avoided or overcome to attain this and other process elements.

Below is a list of possible factors that could either support or impede progress depending upon whether they are absent, present, or the degree to which they are present. For example, one factor might be “availability of staff time.” A high level of availability could support implementation of this element; conversely, a low level of availability could present a barrier. When answering the questions, you may wish to draw from this list, from your own list, or both.

- a. Availability of defined goals, objectives, and activities
- b. Level of expertise within agency staff
- c. Extent of previous experience within agency staff
- d. Availability of internal consultants, external consultants, or both
- e. Availability of staff time
- f. Level of effort required
- g. Level of priority or perceived importance
- h. Existence of external reporting requirements
- i. Existence of internal reporting requirements
- j. Extent of staff willingness to participate and contribute
- k. Availability of external reviewers
- l. Amount of funding available

Additional factors:

- m. \_\_\_\_\_
- n. \_\_\_\_\_
- o. \_\_\_\_\_
- p. \_\_\_\_\_

1. What key factors supported planning, initiation, and full development of progress indicators in Process Element 1? Please list them below and briefly explain why these factors were supportive.

<b>Progress indicator number</b>	<b>Supporting factors*</b>	<b>Why were these factors supportive?</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* In the blank, enter the letter or letters corresponding to factors listed on page 31.



2. What key factors presented barriers to planning, initiation, and full development of progress indicators in Process Element 1. Please list them below and briefly explain why these factors were barriers.

<b>Progress indicator number</b>	<b>Impeding factors*</b>	<b>Why were these factors barriers?</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### STEP 3: Recommended Action

Once Step 2 is complete, determine what further action is needed to ensure that all progress indicators are in place. This may entail collection of additional information, specification of actions needed to overcome barriers to implementation, or other factors that impact quality of implementation. Use additional pages as needed.

Progress indicator number	Action needed to accomplish indicator	Responsible person/group	Completion date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### STEP 4: Taking Action

Proceed with initiating actions identified in Step 3.

## Process Element 2: Definition and Progress Indicators

**Organizational commitment, including staff and resources, to initiate and maintain an infrastructure for implementing a CSHP\* was secured in all involved agencies.**

EAs and HAs each have specific authority and responsibility for establishing policies and programs to prevent health problems among youth. EAs and HAs are encouraged to work together and to apply their collective abilities and resources to help schools implement health policies and programs that are effective and comprehensive. EAs and HAs can strengthen their capacity to work together by establishing an organizational infrastructure that facilitates planning, implementation, and evaluation of activities to help schools implement CSHPs. Both agencies should establish full-time, senior-level positions for CSHPs and should provide adequate support personnel, space, and access to communications and information systems, as well as other appropriate resources.

Nine progress indicators are identified under Process Element 2. These progress indicators describe the broad steps taken to secure commitment, staffing, and resources for development of CSHP infrastructure. In this section, respondents rate their level of success in completing each of the progress indicators. For progress indicators that are not complete, respondents identify barriers to overcome. Respondents then address strategies for overcoming identified barriers so that each progress indicator is ultimately achieved.

\* The following acronyms are used in this booklet: CSHP, designating Comprehensive School Health Program; EA, designating both state and local education agencies; and HA, designating both state and local health agencies.

## **Progress Indicators\***

### **1. Program authorization was established and maintained at the highest possible level.**

Chief education and health officers of both the EA and the HA provided support or formally accepted external support for developing a CSHP infrastructure and establishing senior level positions for EA/HA CSHP infrastructure staff. Chief education and health officers issued statements announcing their personal commitment and that of their agencies to infrastructure development and directing agency personnel to cooperate in implementing CSHP infrastructure.

### **2. Adequate resources for staffing and other program costs or the authority to disperse external funds was acquired.**

Temporary responsibility for program initiation was assigned to existing staff in the EA and the HA, and the authority to expend funds was approved. This situation continued, if external funding was secured, until such funds were received. Permanent CSHP directors, once hired, had authority to disperse funds.

### **3. Tasks and time lines were established for the program start-up phase.**

EA and HA officials defined tasks involved in program start-up, established time lines, and assigned responsibility for completing the tasks within the designated time lines to

interim CSHP directors. This process was complete within 3 months of the date funding authorization was received.

### **4. The organizational level of new positions in the EA and HA was established and organizational charts were revised accordingly.**

Both the EA and the HA were reorganized, as needed, to accommodate the establishment of new senior-level positions and to ensure that people in these positions could coordinate programmatic activities related to the eight CSHP components. Organizational charts of both agencies reflected responsibilities and lines of authority embodied in these positions.

### **5. Qualifications for high-level positions were established in both agencies.**

Qualifications for the senior-level positions were consistent with responsibilities defined by specific job descriptions. Candidates were committed to child health and school health programs. Candidates had preparation and experience in high-level administration of programs in schools, public health agencies, or other settings, as well as in initiating and managing organizational change.

### **6. Standard hiring procedures were followed.**

EA and HA administrators followed standard procedures to ensure recruitment from the

\*The extent to which each progress indicator applies to each EA and HA may vary.

broadest field of applicants, selection of qualified candidates, and fulfillment of all applicable employment regulations. The hiring process was expeditious and was complete within 3 months of the date funding authorization was received. Successful candidates assumed their responsibilities within 6 months of the date funding authorization was received.

consultation and services to CSHP infrastructure staff.

**7. Functional program facilities in both agencies were required.**

Adequate facilities were provided in both agencies or at a location central to both agencies. The location of the facilities was conducive to full participation in each agency's activities and to coordination of activities between agencies. Facilities included adequate office and work space and access to conference rooms where large meetings could be held.

**8. Functional communication and information technologies were accessed.**

EA/HA CSHP infrastructure staff had access to modern communication equipment with connections to E-mail, voice mail, professional bulletin boards, and the Internet. Staff also had access to computer software and hardware to facilitate such activities as desktop publishing; generation of technical documents, including graphs and charts; and data analysis.

**9. Essential clerical and other support staff were acquired.**

EA/HA CSHP infrastructure staff included well-prepared, qualified clerical and support personnel. Support staff possessed excellent interpersonal and communication skills conducive to interfacing with the public. General EA and HA professional and support staff in areas such as clerical, public relations and communications, supplies and purchasing, facilities management, printing, and legislative affairs were available to provide

**Process Element 2: Organizational commitment, including staff and resources, to initiate and maintain an infrastructure for implementing a CSHP was secured in all involved agencies.**

## **STEP 1: Completing the Process Index\***

**Directions:** Please use the response categories below to rate each progress indicator presented in the index on the next page. First, read the definitions for each response category. Then select the most accurate response category for each progress indicator, taking quality and completeness into consideration. Refer to the descriptions of each progress indicator on the previous pages to better understand what is meant by quality and completeness.

- ◆ Mark the box under **NOT STARTED** if no activities have been initiated for accomplishing the progress indicator.
- ◆ Mark the box under **IN PLANNING** if you are developing a plan or are involved in other activities that contribute to completing the progress indicator (e.g., assessment, data collection, preplanning, organizing, marketing).

- ◆ Mark the box under **IN PROGRESS** if you have completed a plan and initiated some activities toward completing the progress indicator, or if you completed the progress indicator at one time but it is no longer fully functional.
- ◆ Mark the box under **IN PLACE** if you completed the progress indicator and believe it is fully implemented and functioning well.

After completing the section for each assessment period, total the responses for each column and enter the total at the bottom of the page.

When all columns are totaled, proceed to Steps 2–4.

\* The process index on the next page may be completed by one individual, but preferably will be completed together by the EA/HA CSHP directors and working group members, as appropriate.



## STEP 2: Analysis

Step 2 entails an analysis of the process index totals from the previous page. The purpose of this analysis is to: (1) develop an appreciation for the reasons behind the totals, (2) increase understanding of the dynamics affecting the implementation of progress indicators, (3) identify factors that support or impede implementation of progress indicators, and (4) devise strategies, as needed, to ensure that all progress indicators are eventually in place.

Questions 1 and 2 on the next two pages ask you to specify and explain factors that support or impede implementation of this process element in your particular agencies. Identifying such factors and explaining their effect on progress will pinpoint factors that could be exploited to ensure attainment of this and other process elements in the future and factors that should be avoided or overcome to attain this and other process elements.

Below is a list of possible factors that could either support or impede your progress depending upon whether they are absent, present, or the degree to which they are present. For example, one factor might be “availability of staff time.” A high level of availability could support implementation of this element; conversely, a low level of availability could present a barrier. When answering the questions, you may wish to draw from this list, from your own list, or both.

- a. Placement of positions
- b. Status of positions within the agencies
- c. Salary level offered
- d. Specified job requirements or duties
- e. Availability of space and facilities
- f. Purchasing requirements or regulations
- g. Formal hiring procedures
- h. Timing
- I. Stability of political environment
- j. Perceived level of priority
- k. Organizational history
- l. Agency budget regulations
- m. Level of effort required
- n. Availability of staff time

Additional factors:

- o. \_\_\_\_\_
- p. \_\_\_\_\_
- q. \_\_\_\_\_
- r. \_\_\_\_\_





2. What key factors presented barriers to planning, initiation, and full development of progress indicators in Process Element 2? Please list them below and briefly explain why these factors were barriers.

<b>Progress indicator number</b>	<b>Impeding factors*</b>	<b>Why were these factors barriers?</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**STEP 3: Recommended Action**

Once Step 2 is complete, determine what further action is needed to ensure that all progress indicators are in place. This may entail collection of additional information, specification of actions needed to overcome barriers to implementation, or other factors that impact quality of implementation. Use additional pages as needed.

<b>Progress indicator number</b>	<b>Action needed to accomplish indicator</b>	<b>Responsible person/group</b>	<b>Completion date</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**STEP 4: Taking Action**

Proceed with initiating actions identified in Step 3.

## Process Element 3: Definition and Progress Indicators

**A plan to coordinate administrative responsibilities and activities between agencies was prepared and implemented.**

Implementation of CSHP\* infrastructure requires that the CSHP administrative and program staff in the EA and HA (and possibly in other agencies, such as social services or mental health) work collaboratively to plan, develop, implement, and maintain infrastructure supports and aspects of participating agencies related to individual CSHP components. Although the EA and HA have a common interest in the health of children and adolescents, they may not have worked collaboratively on these issues. Furthermore, structural mechanisms, such as organizational identity and climate, administrative structure, funding restrictions, perceived mission, and de facto demarcations of responsibility, may impede collaboration between the two agencies.

Preparation of a formal agreement of understanding between the EA and HA, with an accompanying implementation plan, is an important step toward ensuring interagency collaboration. The two agencies should jointly prepare the implementation plan and formal agreement of understanding. To establish a collaborative relationship from the inception, CSHP directors (if these positions have been filled) should be closely involved in preparing both the plan and the agreement.

Eight progress indicators are identified under Process Element 3. These progress indicators describe the broad steps taken to ensure collaboration between the EA and HA for development of CSHP infrastructure. In this section, respondents rate their level of success in completing each of the progress indicators. For progress indicators that are not complete, respondents identify barriers to overcome. Respondents then address strategies for overcoming identified barriers so that each progress indicator is ultimately achieved.

\* The following acronyms are used in this booklet: CSHP, designating Comprehensive School Health Program; EA, designating both state and local education agencies; and HA, designating both state and local health agencies.

## Progress Indicators\*

### **1. An interagency committee was established to develop a plan for collaboration.**

A joint committee was established to develop a plan for interagency collaboration, operational procedures for conducting deliberations, and a time line for completing the plan. Staff from both the EA and the HA with knowledge of the CSHP components within each agency served on the committee.

### **2. The interagency committee determined the breadth and scope of responsibilities of both agencies.**

The committee studied both the EA and the HA to determine the existence of CSHP components, placement of components within the organizational structure, component funding sources, program characteristics, traditional role, target audience, and other information. The committee used this information combined with information about the overall missions of the EA and HA to make decisions about ways to share the scope of work and responsibilities of CSHP infrastructure development.

### **3. The interagency committee identified and reviewed existing statutes and regulations that might govern or create barriers to an interagency relationship.**

The committee identified and studied any statutes and regulations that could prevent or restrict the ability of the EA and HA to work together and with other agencies. Statutes and regulations that interfered with

interagency collaboration were modified, waived, or eliminated as necessary.

### **4. The plan was developed and approved.**

The plan for interagency collaboration was developed and approved. The plan included specified goals, objectives, tasks, responsibilities, and time lines for facilitating coordination of responsibilities and programs related to CSHP infrastructure within and between the EA and HA.

### **5. An agreement of understanding to commit both the EA and the HA to the plan was drafted, reviewed, and approved.**

The interagency committee drafted an agreement of understanding specifying the processes and procedures for collaborative development of CSHP infrastructure and circulated the plan for review as appropriate. Highest-level leaders of both agencies and their internal advisory groups approved the agreement.

### **6. All appropriate administrative and program staff within the EA and HA were informed of the interagency agreement and plan.**

Chief education and health officers for the agencies publicly endorsed the agreement of understanding. All appropriate agency staff were informed of the interagency agreement, as well as its terms, practical meaning, effects on staff, and potential benefits for children, youth, and families. Additional

\*The extent to which each progress indicator applies to each EA and HA may vary.

efforts were undertaken to garner broad-based support for the plan within both agencies.

**7. The plan was implemented as designed.**

Highest-level leaders signed the agreement of understanding between the EA and HA. The plan was implemented within 6 months of the date funding was received. Cooperation was ongoing and characterized by frequent and detailed communication among EA/HA CSHP infrastructure staff, planned activities to facilitate collegial relationships, frequent joint working sessions, cooperative decision making, and equally shared representation before the public.

**8. EA/HA CSHP directors periodically reviewed and revised the plan as necessary.**

CSHP directors periodically reviewed the plan to determine whether it facilitated interagency cooperation and collaboration in CSHP infrastructure development. CSHP directors recommended changes to correct problems with the plan, as necessary, to ensure the highest level of cooperation and collaboration.

**Process Element 3: A plan to coordinate administrative responsibilities and activities between agencies was prepared and implemented.**

**STEP 1: Completing the Process Index\***

**Directions:** Please use the response categories below to rate each progress indicator presented in the index on the next page. First, read the definitions for each response category. Then select the most accurate response category for each progress indicator, taking quality and completeness into consideration. Refer to the descriptions of each progress indicator on the previous pages to better understand what is meant by quality and completeness.

- ◆ Mark the box under **NOT STARTED** if no activities have been initiated for accomplishing the progress indicator.
- ◆ Mark the box under **IN PLANNING** if you are developing a plan or are involved in other activities that contribute to completing the progress indicator (e.g., assessment, data collection, preplanning, organizing, marketing).

- ◆ Mark the box under **IN PROGRESS** if you have completed a plan and initiated some activities toward completing the progress indicator, or if you completed the progress indicator at one time, but it is no longer fully functional.
- ◆ Mark the box under **IN PLACE** if you completed the progress indicator and believe it is fully implemented and functioning well.

After completing the section for each assessment period, total the responses for each column and enter the total at the bottom of the page.

When all columns are totaled, proceed to Steps 2–4.

\* The process index on the next page may be completed by one individual, but preferably will be completed together by the EA/HA CSHP directors and working group members, as appropriate.





## STEP 2: Analysis

Step 2 entails an analysis of the process index totals from the previous page. The purpose of this analysis is to: (1) develop an appreciation for the reasons behind the totals, (2) increase understanding of the dynamics affecting implementation of progress indicators, (3) identify factors that support or impede implementation of progress indicators, and (4) devise strategies, as needed, to ensure that all progress indicators are eventually in place.

Questions 1 and 2 on the next two pages ask you to specify and explain factors that support or impede implementation of this process element in your particular agencies. Identifying such factors and explaining their effect on progress will pinpoint factors that could be exploited to ensure attainment of this and other process elements in the future and factors that should be avoided or overcome to attain this and other process elements.

Below is a list of possible factors that could either support or impede your progress depending upon whether they are absent, present, or the degree to which they are present. For example, one factor might be “availability of staff time.” A high level of availability could support implementation of this element; conversely, a low level of availability could present a barrier. When answering the questions, you may wish to draw from this list, from your own list, or both.

- a. Level of organizational commitment
- b. Level of staff participation
- c. Interagency history
- d. Prior progress or effort
- e. Priority for high-level administration
- f. Previous precedents
- g. Status of legislation or regulation governing agency functions
- h. Availability of support staff
- I. Availability of resources
- j. Availability of interim funding
- k. Level of knowledge of CSHP
- l. Level of commitment to CSHP
- m. Level of effort required

Additional factors:

- n. \_\_\_\_\_
- o. \_\_\_\_\_
- p. \_\_\_\_\_
- q. \_\_\_\_\_







## Process Element 4: Definition and Progress Indicators

**Assessments were performed to determine the status of combined agency funding and authorization, personnel and organizational placement, resources, and communications, as well as child and adolescent health problems.**

Needs assessment is defined as “the process by which a program planner identifies and measures gaps between what is and what ought to be.”\* This process element calls for a needs assessment of the four supports that form the CSHP† infrastructure and enable each of the CSHP components to exist and function. Thus, the needs assessment is designed to focus on funding and authorization, personnel and organizational placement, resources, and communication, along with the attendant subcategories discussed in Part I of this manual. The intent of the needs assessment is to determine the extent to which the four supports of the CSHP infrastructure exist within government, the processes through which each support functions, and the overall effectiveness of each support.

The needs assessment should address infrastructure supports related to the eight CSHP components but is not intended to examine program delivery in the eight component areas. Those aspects of the needs assessment that address CSHP components should be designed solely to identify gaps and overlaps in infrastructure supports. Identifying gaps and overlaps will greatly facilitate later planning efforts.

In addition to guiding planning efforts, development of the needs assessment can serve other purposes. Sharing needs assessment information can help create alliances that further implement CSHP infrastructure and each of the eight CSHP components. Information gained through the needs assessment may help inform stakeholders of the status of the CSHP infrastructure, and may suggest actions they can take to support future efforts toward institutionalizing infrastructure. The needs assessment also may prove useful to other units of government or external groups concerned with child and adolescent health issues.

Ten progress indicators are identified under Process Element 4. These progress indicators describe the broad steps taken to complete a needs assessment as applied to development of CSHP infrastructure. In this section, respondents rate their level of success in completing each of the progress indicators. For progress indicators that are not complete, respondents identify the barriers to overcome. Respondents then address strategies for overcoming identified barriers so that each progress indicator is ultimately achieved.

**NOTE:** Preplanning and planning of Process Element 4 should occur in close coordination with preplanning and planning for Process Element 5 (impact evaluation) because some information collected during the needs assessment can serve as baseline data for the impact evaluation.

\* Windsor, R.; T. Baranowski; N. Clark; and G. Cutter. 1994. *Evaluation of health promotion, health education, and disease prevention programs*. 2nd ed. Mountain View, CA: Mayfield Publishing Co., p. 63.

† The following acronyms are used in this booklet: CSHP, designating Comprehensive School Health Program; EA, designating both state and local education agencies; and HA, designating both state and local health agencies.

## Progress Indicators\*

### **1. The highest level support was secured to conduct a needs assessment.**

EA/HA CSHP directors secured approval at the highest levels to ensure cooperation in conducting the needs assessment within participating agencies and to help reduce potential barriers and any potential risks.

### **2. Financial and human resources were acquired for conducting the needs assessment.**

Resources were allocated to conduct the needs assessment, as planned. The needs assessment plan was consistent with the level of resources allocated. The scope of the needs assessment was initially broad and then was scaled back to manageable proportions, as appropriate.

### **3. A management plan for conducting the needs assessment (including tasks, responsibilities, and time lines) was prepared.**

Planning established tasks for achieving objectives of the needs assessment were well defined, specific responsibilities were distributed to staff involved, and time lines were established.

### **4. Assessment questions were developed based on information needed for making decisions over the project period.**

To provide a clear focus, those conducting the needs assessment asked, “What

information about the four supports must I have to establish and maintain a CSHP infrastructure?” Needs assessment questions generally asked whether infrastructure supports and subcategories existed and, if so, how the supports functioned and how well they functioned.†

### **5. A list of potential data sources, including key audiences, was developed and matched to assessment questions.**

Once needs assessment questions were finalized, they were matched with appropriate data sources (e.g., catalogs, data bases, documents, people) to provide answers or indicate where answers may be found.

### **6. The most efficient methods for gathering required information from each identified data source were determined.**

EA/HA CSHP directors and a needs assessment consultant used a multistep process to select the best strategies for data collection (e.g., content analyses of documents, surveys, focus groups, key informant interviews, reviews of existing studies and data sets). The first step was to determine whether assessment questions were discreet, stand-alone items or required answers to multiple subquestions. For the former, multiple assessment questions were included on the same data collection instrument. For the latter, an instrument was developed or an existing instrument was

\* The extent to which each progress indicator applies in each EA and HA may vary.

† See Appendix A for a list of possible needs assessment questions.

adapted. For either case, CSHP directors and the needs assessment consultant developed multiple data collection instruments to account for all assessment questions. Finally, they developed a matrix to match assessment questions with data sources and data collection methods. This matrix was used to guide development of data collection instruments. Throughout this process, every effort was made to identify existing information and data sources to minimize the need for collecting new data.

**7. Data collection and analysis procedures for the needs assessment were approved and implemented.**

CSHP directors and the needs assessment consultant asked higher-level EA and HA officials to review data collection and analysis procedures to ensure that they were fully informed about the procedures. Support for gaining access to important data sources was obtained from higher-level EA and HA officials. Data collection then proceeded according to the management plan for the needs assessment.

**8. A draft report of the needs assessment, including findings, conclusions, and recommendations, was prepared.**

CSHP directors and the needs assessment consultant generated a draft report once data analysis was completed. The draft report was organized to clearly address the assessment questions. Conclusions and recommendations of the report helped to inform decisions about CSHP infrastructure implementation and guided the establishment of priorities over the project period.

**9. The draft report was circulated for review and comment.**

CSHP directors circulated the draft report for review and comment to ensure that the needs assessment report addressed all pertinent questions and issues. Revisions were made accordingly.

**10. The final report was published and disseminated to multiple target audiences.**

After the final needs assessment report was published, CSHP directors gave careful consideration to broad distribution of the report to other units of the EA and HA, other government agencies, and external stakeholders.





**Process Element 4: Assessments were performed to determine the status of combined agency funding and authorization, personnel and organizational placement, resources, and communications, as well as child and adolescent health problems.**

## **STEP 1: Completing the Process Index\***

**Directions:** Please use the response categories below to rate each progress indicator presented in the index on the next page. First, read the definitions for each response category. Then select the most accurate response category for each progress indicator, taking quality and completeness into consideration. Refer to the descriptions of each progress indicator on the previous pages to better understand what is meant by quality and completeness.

- ◆ Mark the box under **NOT STARTED** if no activities have been initiated for accomplishing the progress indicator.
- ◆ Mark the box under **IN PLANNING** if you are developing a plan or are involved in other activities that contribute to completing the progress indicator (e.g., assessment, data collection, preplanning, organizing, marketing).

- ◆ Mark the box under **IN PROGRESS** if you have completed a plan and initiated some activities toward completing the progress indicator, or if you completed the progress indicator at one time, but it is no longer fully functional.
- ◆ Mark the box under **IN PLACE** if you completed the progress indicator and believe it is fully implemented and functioning well.

After completing the section for each assessment period, total the responses for each column and enter the total at the bottom of the page.

When all columns are totaled, proceed to Steps 2–4.

\* The process index on the next page may be completed by one individual, but preferably will be completed together by the EA/HA CSHP directors and working group members, as appropriate.



## STEP 2: Analysis

Step 2 entails an analysis of the process index totals from the previous page. The purpose of this analysis is to: (1) develop an appreciation for the reasons behind the totals, (2) increase understanding of the dynamics affecting implementation of progress indicators, (3) identify factors that support or impede implementation of progress indicators, and (4) devise strategies, as needed, to ensure that all progress indicators are eventually in place.

Questions 1 and 2 on the next two pages ask you to specify and explain factors that support or impede implementation of this process element in your particular agencies. Identifying such factors and explaining their effect on progress will pinpoint factors that could be exploited to ensure attainment of this and other process elements in the future and factors that should be avoided or overcome to attain this and other process elements.

Below is a list of possible factors that could either support or impede progress depending upon whether they are absent, present, or the degree to which they are present. For example, one factor might be “availability of staff time.” A high level of availability could support implementation of this element; conversely, a low level of availability could present a barrier. When answering the questions, you may wish to draw from this list, from your own list, or both.

- a. Level of understanding of systematic needs assessment
- b. Level of commitment to systematic needs assessment
- c. Availability of staff
- d. Availability of funding
- e. Amount of previous experience with needs assessment
- f. Level of expertise related to data collection
- g. Access to existing data sources
- h. Access to a needs assessment consultant
- I. Level of concern about potential findings
- j. Organizational implications of conducting a needs assessment
- k. Agency regulations regarding use of consultants
- l. Availability of internal expertise
- m. Level of effort required

Additional factors:

- n. \_\_\_\_\_
- o. \_\_\_\_\_
- p. \_\_\_\_\_
- q. \_\_\_\_\_





**STEP 3: Recommended Action**

Once Step 2 is complete, determine what further action is needed to ensure that all progress indicators are in place. This may entail collection of additional information, specification of actions needed to overcome barriers to implementation, or other factors that impact quality of implementation. Use additional pages as needed.

<b>Progress indicator number</b>	<b>Action needed to accomplish indicator</b>	<b>Responsible person/group</b>	<b>Completion date</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**STEP 4: Taking Action**

Proceed with initiating actions identified in Step 3.

## Process Element 5: Definition and Progress Indicators

**Impact measures were monitored to determine the efficacy of the long-range infrastructure plan and activities of the CSHP.\***

The ultimate goal or outcome of the CSHP is to improve the health and educational status of children and adolescents. The interim goal or outcome is to develop and implement a CSHP infrastructure that provides the basic system on which the continuance and growth of the larger system depends. Therefore, the impacts of this phase of CSHP institutionalization relate to the extent to which the four infrastructure supports and their respective subcategories have been implemented. Examples of the impacts produced by development of a CSHP infrastructure are:

- universal use of the CSHP model and language,
- enhanced clarity of overall program focus,
- improved consistency of CSHP initiatives,
- routine cooperation and collaboration between EAs, HAs, and other agencies,
- identification and elimination of gaps and overlaps,
- improved efficiency in the use of resources,
- enhanced involvement of multiple stakeholders,
- well-established advocacy networks,
- expanded availability of CSHP components, and
- greater accessibility of CSHP components.

Eight progress indicators are identified under Process Element 5. The progress indicators describe the broad steps taken to conduct outcome evaluation. In this section, respondents rate their level of success in completing each of the progress indicators. For those progress indicators that are not complete, respondents identify barriers to overcome. Respondents then address strategies for overcoming identified barriers so that each progress indicator is ultimately achieved.

**NOTE:** Preplanning and planning of Process Element 5 should occur in close coordination with preplanning and planning of Process Element 4 (needs assessment) because some of the information collected during the needs assessment can serve as baseline data for impact evaluation.

\* The following acronyms are used in this booklet: CSHP, designating Comprehensive School Health Program; EA, designating both state and local education agencies; and HA, designating both state and local health agencies.



## Progress Indicators\*

- 1. The need for an internal evaluator, an external evaluator, or both was determined and evaluation support was secured.**

EA/HA CSHP directors determined whether to use an internal evaluator, an external evaluator, or both. One or more evaluators were appointed from the EA or HA evaluation unit staff (or from both units) or from people outside the government.

- 2. Appropriate EA and HA staff and managers developed, reviewed, and approved an evaluation plan including design, impact measures, and the time frame for data collection.**

The evaluator prepared an evaluation plan specifying methods for data collection (e.g., content analysis, surveys, interviews, focus groups), data sources (e.g., records and documents, EA and HA staff and coalition members, external key informants), a sampling plan (e.g., the percentage of documents analyzed, the proportion of coalition members interviewed), the variables to measure (e.g., structural and organizational characteristics, capabilities, attitudes, perceptions, levels of support), and the time frame for data collection. EA/HA CSHP infrastructure staff and higher-level agency officials reviewed and tentatively approved the evaluation plan.

- 3. An external panel of experts reviewed the evaluation plan and the plan was revised.**

An external panel composed of experts in government administration and evaluation of government programs reviewed the impact evaluation plan and recommended revisions as needed. The evaluator made recommended revisions and acquired final approval.

- 4. Adequate personnel, time, and other resources for performing evaluation tasks were allocated.**

CSHP directors determined and provided the time and other resources required to conduct the impact evaluation.

- 5. Baseline and follow-up measurements were performed and the validity of measures was established.**

For the impact evaluation, the evaluator collected baseline data included as part of the needs assessment and comparable follow-up data. The evaluator implemented strategies to ensure that measures were valid.

\* The extent to which each progress indicator applies in each EA and HA may vary.

**6. Differences between baseline and follow-up measures were assessed to determine the effectiveness of CSHP infrastructure implementation.**

Analysis and comparison of baseline and follow-up measures established the extent to which intended the impacts were attained.

**7. The external panel of experts reviewed the documented evaluation results.**

The evaluator prepared an impact evaluation report, including findings and conclusions, for review and approval by the external panel of experts. After review, EA and HA officials approved the report for dissemination.

**8. Evaluation results were disseminated to stakeholders and incorporated into future plans for developing CSHP infrastructure.**

CSHP directors disseminated the evaluation report for study within the EA and HA, other appropriate agencies, and the CSHP coalition. Report findings were used to determine whether CSHP infrastructure was institutionalized and to inform future program goals, plans, and activities.

**Process Element 5: Outcome measures were monitored to determine the efficacy of the long-range infrastructure plan and activities of the CSHP.**

**STEP 1: Completing the Process Index\***

**Directions:** Please use the response categories below to rate each progress indicator presented in the index on the next page. First, read the definitions provided below for each response category. Then select the most accurate response category for each progress indicator, taking quality and completeness into consideration. Refer to the descriptions of each progress indicator on the previous pages to better understand what is meant by quality and completeness.

- ◆ Mark the box under **NOT STARTED** if no activities have been initiated for accomplishing the progress indicator.
- ◆ Mark the box under **IN PLANNING** if you are developing a plan or are involved in other activities that contribute to completing the progress indicator (e.g., assessment, data collection, preplanning, organizing, marketing).

- ◆ Mark the box under **IN PROGRESS** if you have completed a plan and initiated some activities toward completing the progress indicator, or if you completed the progress indicator at one time, but it is no longer fully functional.
- ◆ Mark the box under **IN PLACE** if you completed the progress indicator and believe it is fully implemented and functioning well.

After completing the section for each assessment period, total the responses for each column and enter the total at the bottom of the page.

When all columns are totaled, proceed to Steps 2–4.

\* The process index on the next page may be completed by one individual, but preferably will be completed together by the EA/HA CSHP directors and working group members, as appropriate.



## STEP 2: Analysis

Step 2 entails an analysis of the process index totals from the previous page. The purpose of this analysis is to: (1) develop an appreciation for the reasons behind the totals, (2) increase understanding of the dynamics affecting implementation of progress indicators, (3) identify factors that support or impede implementation of progress indicators, and (4) devise strategies, as needed, to ensure that all progress indicators are eventually in place.

Questions 1 and 2 on the next two pages ask you to specify and explain factors that support or impede implementation of this process element in your particular agencies. Identifying such factors and explaining their effect on progress will pinpoint factors that could be exploited to ensure attainment of this and other process elements in the future and factors that should be avoided or overcome to attain this and other process elements.

Below is a list of possible factors that could either support or impede your progress depending upon whether they are absent, present, or the degree to which they are present. For example, one factor might be “availability of staff time.” A high level of availability could support implementation of this element; conversely, a low level of availability could present a barrier. When answering the questions, you may wish to draw from this list, from your own list, or both.

- a. Extent to which an overall goal is defined
- b. Quality of program objectives
- c. Extent to which intended impact measures are defined
- d. Level of expertise available
- e. Extent of previous experience within agency staff
- f. Availability of internal consultants, external consultants, or both
- g. Availability of staff time
- h. Level of effort required
- i. Level of priority or perceived importance
- j. Existence of external reporting requirements
- k. Existence of internal reporting requirements
- l. Extent of staff willingness to participate and contribute
- m. Availability of external reviewers
- n. Amount of funding available
- o. Agency regulations regarding use of contractors

Additional factors:

- p. \_\_\_\_\_
- q. \_\_\_\_\_
- r. \_\_\_\_\_
- s. \_\_\_\_\_





### STEP 3: Recommended Action

Once Step 2 is complete, determine what further action is needed to ensure that all progress indicators are in place. This may entail collection of additional information, specification of actions needed to overcome barriers to implementation, or other factors that impact quality of implementation. Use additional pages as needed.

Progress indicator number	Action needed to accomplish indicator	Responsible person/group	Completion date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### STEP 4: Taking Action

Proceed with initiating actions identified in Step 3.



## Process Element 6: Definition and Progress Indicators

**Planning and program activities were organized, activated, and coordinated with a coalition and other organizations committed to improving the health of children and adolescents.**

Developing a CSHP\* infrastructure and implementing a CSHP require broad-based support. EA/HA CSHP infrastructure staff are encouraged to identify agencies and organizations that can contribute guidance or resources for planning, implementing, maintaining, or evaluating CSHPs. CSHP infrastructure staff also are encouraged to establish a coalition or other means by which these agencies and organizations can plan and work together to: (1) initiate specific actions to help schools implement CSHPs; (2) identify personnel and other resources (federal, state, and local) available to strengthen each component of such programs; (3) establish means to facilitate coordination and communication among people responsible for specific components of such programs; (4) establish measurable indicators of progress in implementing such programs; and (5) develop means for monitoring the indicators.

A coalition, by definition, is a confederation of organizations with similar goals that agree to work together toward a common goal. People who serve on coalitions, whether professional or volunteer, have obligations to the organization they represent as well as to the coalition. The time and effort these people can devote to the coalition or organization may be limited. Dedicated staff and resources may be required for a CSHP coalition to function effectively and have the desired level of influence with school and government decision makers. **Therefore, in establishing a coalition, EA/HA CSHP infrastructure staff should give preference to exploring the feasibility of expanding an existing organization's role before initiating efforts to create an entirely new organization.**

Two sets of ten progress indicators are identified under Process Element 3. Set A should be used when an existing organization that can function as a coalition is identified. Set B should be used when a new organization is established as a coalition. The use of Set A or Set B depends on the response to the first progress indicator for each set. These progress indicators describe the broad steps taken to establish, organize, involve, expand, and maintain a coalition. In this section, respondents rate their level of success in completing each of the progress indicators. For progress indicators that are not complete, respondents identify barriers to overcome. Respondents then address strategies for overcoming identified barriers so that each progress indicator is ultimately achieved.

\* The following acronyms are used in this booklet: CSHP, designating Comprehensive School Health Program; EA, designating both state and local education agencies; and HA, designating both state and local health agencies.

## **Progress Indicators\*—Set A: An Existing Organization Can Function as a Coalition**

### **1. The existence of a coalition or organization that promotes collaboration concerning CSHP issues was determined.**

To determine the existence of a coalition or other organization that promotes collaboration concerning CSHP issues, EA/HA CSHP directors made inquiries within the HA, EA, other government agencies, and other types of organizations such as medical groups (e.g., medical societies and associations for nurses, pediatricians, family practice physicians, or dentists), health councils, affiliates of professional organizations (e.g., the American Alliance for Health, Physical Education, Recreation and Dance and the American School Health Association), the Parent Teachers Association, voluntary health agencies (e.g., the American Cancer Society, the American Lung Association, the American Heart Association, the American Red Cross).

If an organization with the potential to function as a CSHP coalition was identified, continue following Set A. If no such organization was identified, go to Set B.

### **2. The organization's mission and activities were reviewed to ensure compatibility with CSHP goals.**

CSHP directors reviewed the mission, organizational structure, membership, and previous activities of the organization to establish their compatibility with the goal of developing a CSHP. CSHP directors also

determined the eligibility of additional organizations or people interested in developing a CSHP for organization membership.

### **3. Amounts and sources of organizational resources were determined.**

CSHP directors studied the organization to determine its financial resources (assets on hand) and funding sources (e.g., individual and organizational memberships, grants, bequests), staffing (e.g., a volunteer board and committees with or without a paid executive director), and facilities (office space and equipment). Determinations were made about the adequacy of existing resources and the need for additional resources to enable the organization to assume functions of a CSHP coalition.

### **4. Authorization to collaborate with the organization was acquired.**

Higher-level EA and HA officials and CSHP directors reviewed information about the organization with the EA/HA CSHP infrastructure staff and officials, and a formal decision was made to work toward establishing a CSHP in collaboration with the identified organization. The EA and HA took actions to provide additional resources for the organization (if needed) to help organization officials access additional funding sources, or both. Action also was taken to allow EA/HA CSHP directors and their staff to function as members of the coalition, as support staff to facilitate the coalition's work, or in some other capacity.

\* The extent to which each progress indicator applies in each EA and HA may vary.

Organization members made any needed modifications to its mission and organizational structure and formally agreed to function as the CSHP coalition.

**5. The extent to which member organizations and their representatives were familiar with the CSHP concept was determined.**

CSHP directors used key informant interviews, focus groups, surveys, or other methods to gather information from all or select member organizations of the coalition to determine members' knowledge of the CSHP in general, the specifics of implementing a CSHP, the role of the coalition, the role of the EA/HA CSHP infrastructure staff, and any other pertinent information. The information was used to determine the nature and extent of training required to increase members' knowledge about the CSHP to the level required for the organization to function effectively.

**6. Information and training about the CSHP was provided as needed.**

A membership training plan, with identified programs and materials, was established to inform members about all aspects of the CSHP. Training programs were in the form of workshops, retreats, and short segments (15–30 minutes) of regular business meetings. Materials were developed for use in conjunction with formal training and for members to review individually.

**7. Coalition member organizations were included in the needs assessment as appropriate.**

Planning a needs assessment for CSHP infrastructure development involved coalition member organizations, their representatives, or both. They helped draft and select questions, and also identified and provided access to data sources. Needs assessment data were collected from the

coalition or coalition member organizations or their representatives, as appropriate.

**8. Findings and recommendations from the needs assessment were made available to coalition member organizations.**

CSHP directors circulated the draft needs assessment report for CSHP infrastructure development to the coalition for review and comment. CSHP directors formally presented the final needs assessment report for discussion at a coalition meeting, and follow-up workshops were held for further study of the report. Coalition member organizations were encouraged to incorporate the data, findings, conclusions, and recommendations of the report into their planning efforts, where applicable.

**9. Coalition member organizations were included in the process of developing and implementing a long-range CSHP plan.**

The CSHP coalition served as a partner with EA/HA CSHP infrastructure staff and others in developing the long-range CSHP infrastructure plan (Process Element 10). Planning input from the coalition was actively sought and accepted from the coalition. The coalition was expected to participate in developing the CSHP infrastructure and was specifically included in the long-range plan.

**10. Additional organizations were recruited to broaden the base of the coalition.**

The coalition conducted a formal communication and outreach program. The program was designed to inform the public and potential members about the coalition's mission and work. The coalition developed a formal recruitment program designed to increase membership and broaden the types of organizations represented.



## Progress Indicators\*—Set B: A New Organization Is Established as a Coalition

### 1. The existence of a coalition or organization that promotes collaboration concerning CSHP issues was determined.

To determine the existence of a coalition or other organization that promotes collaboration concerning CSHP issues, EA/HA CSHP directors made inquiries within the HA, EA, other government agencies, and other types of organizations such as medical groups (e.g., medical societies and associations for nurses, pediatricians, family practice physicians, or dentists), health councils, affiliates of professional organizations (e.g., the American Alliance for Health, Physical Education, Recreation and Dance and the American School Health Association), the Parent Teachers Association, voluntary health agencies (e.g., the American Cancer Society, the American Lung Association, the American Heart Association, the American Red Cross).

If an organization with the potential to function as a CSHP coalition was identified, return to Set A. If no such organization was identified, continue following Set B.

### 2. Approval for initiating a CSHP coalition was acquired.

The efficacy of developing a CSHP coalition and the level of effort needed to do so was reviewed with the CSHP infrastructure staff and with higher-level EA and HA officials. A formal decision was made to work toward

initiating a CSHP coalition. Higher-level EA and HA officials and CSHP directors established the nature of the relationship between the coalition and the EA/HA CSHP infrastructure staff; that is, whether CSHP staff would function as members or as support staff of the coalition or in some other capacity. Higher-level EA and HA officials approved financial and staff resources for initiating the coalition.

### 3. The EA/HA CSHP infrastructure staff identified appropriate organizations for inclusion in an initial core coalition and invited them to participate in an organizational meeting.

CHSP infrastructure staff identified organizations with a clear commitment to enhancing the health and well-being of children and adolescents from education, medical, government, and volunteer sectors. To enhance the probability of success and realistically limit the amount of effort involved, CSHP directors identified core organizations, and invited them to participate in forming the coalition. An initial informational meeting was held to explain the purpose and goal of a CSHP coalition. Multiple organizations agreed to form a coalition.

### 4. An organizational and governance structure was established.

Coalition members held follow-up meetings to establish organization and governance of the coalition. Members developed a

\* The extent to which each progress indicator applies in each EA and HA may vary.

constitution and bylaws to specify the purpose and mission of the coalition, its organizational structure (including officers and committees) and its processes (e.g., qualifications for membership, voting rights, eligibility to hold office). Staffing, facilities, and resources were obtained through contributions (monetary or in-kind) from member organizations or through the EA/HA CSHP office.

**5. The extent to which member organizations and their representatives were familiar with the CSHP concept was determined.**

CSHP directors used key informant interviews, focus groups, surveys, or other methods to gather information from all or select member organizations of the coalition to determine members' knowledge of the CSHP in general, the specifics of implementing a CSHP, the role of the coalition, the role of the EA/HA CSHP infrastructure staff, and any other pertinent information. The information was used to determine the nature and extent of training required to increase members' knowledge about the CSHP to the level required for the organization to function effectively.

**6. Information and training about the CSHP was provided as needed.**

A membership training plan, with identified programs and materials, was established to inform members about all aspects of the CSHP. Training programs were in the form of workshops, retreats, and short segments (15–30 minutes) of regular business meetings. Materials were developed for use in conjunction with formal training and for members to review individually.

**7. Coalition member organizations were included in the needs assessment as appropriate.**

Planning a needs assessment for CSHP infrastructure development involved coalition member organizations, their representatives, or

both. They helped draft and select questions, and also identified and provided access to data sources. Needs assessment data were collected from the coalition or coalition member organizations or their representatives, as appropriate.

**8. Findings and recommendations from the needs assessment were made available to coalition member organizations.**

CSHP directors circulated the draft needs assessment report for CSHP infrastructure development to the coalition for review and comment. CSHP directors formally presented final needs assessment report for discussion at a coalition meeting, and follow-up workshops were held for further study of the report. Coalition member organizations were encouraged to incorporate the data, findings, conclusions, and recommendations of the report into their planning efforts, where applicable.

**9. Coalition member organizations were included in the process of developing and implementing a long-range CSHP plan.**

The CSHP coalition served as a partner with EA/HA CSHP infrastructure staff and others in developing the long-range CSHP infrastructure plan (Process Element 10). Planning input from the coalition was actively sought and accepted. The coalition was expected to participate in developing the CSHP infrastructure and was specifically included in the long range plan.

**10. Additional organizations were recruited to broaden the base of the coalition.**

The coalition conducted a formal communication and outreach program. The program was designed to inform the public and potential members about the coalition's mission and work. The coalition developed a formal recruitment program designed to increase membership and broaden the types of organizations represented.



**Process Element 6: Planning and program activities were organized, activated, and coordinated with a coalition and other organizations committed to improving the health of children and adolescents.**

**STEP 1: Completing the Process Index\***

**Directions:** Please use the response categories below to rate each progress indicator presented in the index on the next page. First, read the definitions for each response category. Then select the most accurate response category for each progress indicator, taking quality and completeness into consideration. Refer to the descriptions of each progress indicator on the previous pages to better understand what is meant by quality and completeness.

- ◆ Mark the box under **NOT STARTED** if no activities have been initiated for accomplishing the progress indicator.
- ◆ Mark the box under **IN PLANNING** if you are developing a plan or are involved in other activities that contribute to completing the progress indicator (e.g., assessment, data collection, preplanning, organizing, marketing).

- ◆ Mark the box under **IN PROGRESS** if you have completed a plan and initiated some activities toward completing the progress indicator, or if you completed the progress indicator at one time, but it is no longer fully functional.
- ◆ Mark the box under **IN PLACE** if you completed the progress indicator and believe it is fully implemented and functioning well.

After completing the section for each assessment period, total the responses for each column and enter the total at the bottom of the page.

When all columns are totaled, proceed to Steps 2–4.

\* The process index on the next page may be completed by one individual, but preferably will be completed by the EA/HA CSHP directors and working group members, as appropriate.







## STEP 2: Analysis

Step 2 entails an analysis of the process index totals from the previous page. The purpose of this analysis is to: (1) develop an appreciation for the reasons behind the totals, (2) increase understanding of the dynamics affecting implementation of progress indicators, (3) identify factors that support or impede implementation of progress indicators, and (4) devise strategies, as needed, to ensure that all progress indicators are eventually in place.

Questions 1 and 2 on the next two pages ask you to specify and explain factors that support or impede implementation of this process element in your particular agencies. Identifying such factors and explaining their effect on progress will pinpoint factors that could be exploited to ensure attainment of this and other process elements in the future and factors that should be avoided or overcome to attain this and other process elements.

Below is a list of possible factors that could either support or impede progress depending upon whether they are absent, present, or the degree to which they are present. For example, one factor might be “availability of staff time.” A high level of availability could support implementation of this element; conversely, a low level of availability could present a barrier. When answering the questions, you may wish to draw from this list, from your own list, or both.

- a. Amount of previous effort devoted to coalition building
- b. Level of acceptance of the coalition concept
- c. Level of agency commitment and support
- d. Agency history with coalitions
- e. Stability of leadership in stakeholder organizations
- f. Amount of “turf consciousness”
- g. Level of awareness of the CSHP within stakeholder organizations
- h. Agency position on staff utilization
- i. History of agency relationship with stakeholder organizations
- j. Level of effort required
- k. Availability of staff time

Additional factors:

- l. \_\_\_\_\_
- m. \_\_\_\_\_
- n. \_\_\_\_\_
- o. \_\_\_\_\_







## Process Element 7: Definition and Progress Indicators

**Program marketing, communication, and promotion strategies were developed and applied.**

To realize the CSHP\* infrastructure, strong, long-term support must be solidified among individuals and organizations concerned with child and adolescent health, among decision makers in education and public health, and among those who establish public policy. These groups and individuals need information about the CSHP, but even more, they need to be persuaded that the CSHP is consistent with their primary goals and with the benefits they want for children and adolescents. In addition, these groups and individuals need to be persuaded that potential social, political, and organizational barriers to developing CSHP infrastructure can be surmounted. Therefore, implementation of CSHP infrastructure must include program marketing, communication, and promotion.

One or both of two communication and marketing campaigns can be conducted. The first is an internal campaign; that is, a campaign conducted within the EA, the HA, or both agencies. Internal campaigns are directed at decision makers in education, public health, or both. The other is an external campaign intended to generate support for the CSHP among public policymakers. Needs assessments should be used, in part, to decide whether to conduct an internal campaign, an external campaign, or both.

Two sets of ten progress indicators are identified under Process Element 6. Set A should be used when the campaign involves internal communication and marketing. Set B should be used when the campaign involves external communication and marketing. These progress indicators describe the broad steps taken to plan, implement, and monitor communication and marketing campaigns. In this section, respondents rate their level of success in completing each of the progress indicators. For progress indicators that are not complete, respondents identify barriers to overcome. Respondents then address strategies for overcoming identified barriers so that each progress indicator is ultimately achieved.

**NOTE:** Because of its importance, this process element is presented separately even though it may be included as an objective in the long-range plan described under Process Element 10.

\*The following acronyms are used in this booklet: CSHP, designating Comprehensive School Health Program; EA, designating both state and local education agencies; and HA, designating both state and local health agencies.

## **Progress Indicators\*—Set A: Internal Communication and Marketing**

### **1. An interagency working group for communications was established.**

A working group composed of EA/HA CSHP infrastructure staff, EA and HA communication and public relations staff, and possibly, representatives from a CSHP coalition with expertise in promotion and marketing was established. This group reviewed results, conclusions, and recommendations of the needs assessment that were related to communications. The group also determined the level of need for communication, marketing, and promotion activities related to developing CSHP infrastructure.

### **2. Goals of communication and marketing efforts were determined.**

Based on the needs assessment and other information, the working group determined that an internal campaign was needed and drafted objectives for marketing efforts. That is, the group determined what members of potential internal target audiences should know and what actions members of these audiences should take to support CSHP infrastructure.

### **3. The need for an internal communications and marketing consultant, an external communications and marketing consultant, or both was considered.**

The working group examined the level of expertise within their group and the time group members could devote to communications and marketing to determine

the need for an internal consultant, an external consultant, or both. The consultant's role was to provide technical assistance to the working group, conduct market analyses with potential audiences, and implement communications and marketing strategies.

### **4. The organizational structures of the EA and HA were examined to determine potential primary audiences.**

The formal and informal organizational structures of the EA and HA and the action and approval potential of key decision makers and groups to help achieve communication goals were analyzed to identify primary audiences. Both the formal and informal influence networks within each agency were characterized.

### **5. Interviews with members of potential primary audiences were conducted in the EA, the HA, or both agencies.**

Using an information questionnaire, the communications consultant, EA/HA CSHP infrastructure staff, or both interviewed individuals important to communications goals and objectives to determine what was needed to support the CSHP message and program. The interview identified professional priorities and needs, time constraints, favorite ideas, aspirations, and program goals.

\* The extent to which each progress indicator applies in each EA and HA may vary.



**6. Primary and secondary audiences were established in the EA, the HA, or both agencies.**

The communications working group used the results of the interview process to determine which segments of the EA and HA were most important to access. These segments became the primary audiences. External (secondary) audiences that could influence primary audiences also were identified and established.

**7. A cost-benefit analysis of primary audience participation was completed.**

A cost-benefit analysis determined the cost, price, and barriers (e.g., social, economic, political, professional, organizational) that primary audiences would have to pay or overcome to support the CSHP infrastructure. The communications working group estimated the primary audiences' ability and willingness to support the CSHP infrastructure.

**8. A communication program highlighting benefits over barriers was developed.**

The communications consultant, the communications working group, or both developed a program highlighting the benefits over the barriers of supporting the CSHP for use with primary and secondary audiences. The consultant designed the program to convince target audiences of the perceived value of implementing CSHP infrastructure.

**9. The communication program was planned, approved, initiated, and maintained.**

The communications working group, the communications consultant, or both prepared a communication campaign plan including objectives, tasks, products, responsibilities, and a time line. The plan was approved within the EA and HA and implemented within the specified timeframe.

**10. The communication program plan was monitored.**

The communications working group monitored the plan to determine whether objectives were being met. Findings from this monitoring process provided feedback for identifying shortcomings and making midcourse adjustments in the plan.



## **Progress Indicators\*—Set B: External Communication and Marketing**

### **1. An interagency working group for communications was established.**

A working group composed of EA/HA CSHP infrastructure staff, EA and HA communication and public relations staff, and possibly, representatives from a CSHP coalition with expertise in promotion and marketing was established. This group reviewed results, conclusions, and recommendations of the needs assessment that were related to communications. The group also determined the level of need for communication, marketing, and promotion activities related to developing CSHP infrastructure.

### **2. Goals of communication and marketing efforts were determined.**

Based on the needs assessment and other information, the working group determined that an external campaign was needed and drafted objectives for marketing efforts. That is, the group determined what members of potential external target audiences should know and what actions members of these audiences should take to support CSHP infrastructure.

### **3. The need for an internal communications and marketing consultant, an external communications and marketing consultant, or both was considered.**

The working group examined the level of expertise within their group and the time group members could devote to communications and marketing to determine

the need for an internal consultant, an external consultant, or both. The consultant's role was to provide technical assistance to the working group, conduct market analyses with potential audiences, and implement communications and marketing strategies.

### **4. Benefits of and barriers to the CSHP were determined.**

The communications working group analyzed the current status of education, child and adolescent health, and school system issues (e.g., funding availability, funding sources, state versus local control), along with the availability and accessibility of CSHP services (based on results and conclusions of the needs assessment). The working group identified potential barriers to CSHP development as well as potential benefits of a CSHP.

### **5. Potential primary and secondary audiences for marketing and communication were identified.**

The communications working group, the communications consultant, or both identified groups or key individuals whose attitudes needed to be influenced to allow development of the CSHP. The most important of these individuals and groups became potential primary audiences. In addition, those individuals and groups who could influence primary audiences were identified as potential secondary audiences.

\* The extent to which each progress indicator applies in each EA and HA may vary.

**6. Informal qualitative interviews were conducted with members of primary and secondary audiences.**

Communications consultants, EA/HA CSHP infrastructure staff, or both used an informal questionnaire to interview individuals important to communications goals and objectives to determine what was needed to support the CSHP message and program. The interview determined their priorities, time constraints, favorite ideas, aspirations, and goals for their programs.

**7. Primary and secondary audiences were established.**

The communications working group, communications consultant, or both used the results of the interview to establish primary and secondary audiences.

**8. A communication message that speaks to the target audiences was prepared.**

The communications consultant, the communications working group, or both determined whether the communication campaign should initially target primary or secondary audiences. The consultant developed a communication program highlighting the benefits over the barriers of supporting the CSHP for use with primary audiences, secondary audiences, or both. The program was designed to convince target audiences of the value of implementing CSHP infrastructure.

**9. The communication program was planned, approved, initiated, and maintained.**

The communications working group, the communications consultant, or both prepared a communication campaign plan including objectives, tasks, products, responsibilities, and a time line. The plan was approved within the EA and HA and implemented within the specified timeframe.

**10. The communication program plan was monitored.**

The communications working group monitored the plan to determine whether objectives were being met. Findings from this monitoring process provided feedback for identifying shortcomings and making midcourse adjustments in the plan.

**Process Element 7: Program marketing, communication, and promotion strategies were developed and applied.**

**STEP 1: Completing the Process Index\***

**Directions:** Please use the response categories below to rate each progress indicator presented in the index on the next page. First, read the definitions for each response category. Then select the most accurate response category for each progress indicator, taking quality as well as completeness into consideration. Refer to the descriptions of each progress indicator on the previous pages to better understand what is meant by quality and completeness.

- ◆ Mark the box under **NOT STARTED** if no activities have been initiated for accomplishing the progress indicator.
- ◆ Mark the box under **IN PLANNING** if you are developing a plan or are involved in other activities that contribute to completing the progress indicator (e.g., assessment, data collection, preplanning, organizing, marketing).

- ◆ Mark the box under **IN PROGRESS** if you have completed a plan and initiated some activities toward completing the progress indicator, or if you completed the progress indicator at one time but it is no longer fully functional.
- ◆ Mark the box under **IN PLACE** if you completed the progress indicator and believe it is fully implemented and functioning well.

After completing the section for each assessment period, total the responses for each column and enter the total at the bottom of the page.

When all columns are totaled, proceed to Steps 2–4.

\* The process index on the next page may be completed by one individual, but preferably will be completed together by EA/HA CSHP directors and working group members, as appropriate.





## STEP 2: Analysis

Step 2 entails an analysis of the process index totals from the previous page. The purpose of this analysis is to: (1) develop an appreciation for the reasons behind the totals, (2) increase understanding of the dynamics affecting implementation of progress indicators, (3) identify factors that support or impede implementation of progress indicators, and (4) devise strategies, as needed, to ensure that all progress indicators are eventually in place.

Questions 1 and 2 on the next two pages ask you to specify and explain factors that support or impede implementation of this process element in your particular agencies. Identifying such factors and explaining their effect on progress will pinpoint factors that could be exploited to ensure attainment of this and other process elements in the future and factors that should be avoided or overcome to attain this and other process elements.

Below is a list of possible factors that could either support or impede progress depending upon whether they are absent, present, or the degree to which they are present. For example, one factor might be “availability of staff time.” A high level of availability could support implementation of this element; conversely, a low level of availability could present a barrier. When answering the questions, you may wish to draw from this list, or from your own list, or both.

- a. Availability of staff with expertise
- b. Extent of project staff training and experience
- c. Level of available funding
- d. Agency regulations regarding use of contractors
- e. Accessibility to target audience representatives
- f. Accessibility of production expertise
- g. Availability of staff time
- h. Level of stakeholder enthusiasm
- I. Political environment
- j. Status of previous marketing efforts
- k. Level of effort required

Additional factors:

- l. \_\_\_\_\_
- m. \_\_\_\_\_
- n. \_\_\_\_\_
- o. \_\_\_\_\_









## Process Element 8: Definition and Progress Indicators

**Legislation, regulations, policies, and procedures to enhance CSHP\* initiatives were prepared and adopted.**

Legislation, regulations, policies, and procedures relate primarily to the first CSHP infrastructure support—funding and authorization. However, they also have implications for the other three supports. **A thorough review of existing legislation, regulations, policies, and procedures should be completed before proceeding with this element to first determine whether current language is sufficient for developing and sustaining a CSHP infrastructure.** This review should have been accomplished through completion of Process Element 4 (needs assessment).

If current language is sufficient, then no changes are required. If not, then specific actions must be taken to change existing language; to develop new legislation, regulations, policies, and procedures; or both. These actions ensure that the language supports and facilitates CSHP infrastructure development and maintenance. For example, legislation with attached funding is often categorical and its use is restricted. Therefore, waivers may need to be secured or laws changed to distribute categorical resources through a comprehensive program.

The amount of effort required to initiate change in legislation, regulations, policies, and procedures may vary depending on whether changes affect funding, use of funds, or multiple constituencies, and whether organized opposition arises. In general, changing legislation requires the most time and effort; changing procedures requires the least time and effort.

Nine progress indicators are identified under Process Element 8. These progress indicators describe the broad steps taken to initiate or change existing legislation, regulations, policies, and procedures. In this section, respondents rate their level of success in completing each of the progress indicators. For progress indicators that are not complete, respondents identify barriers to overcome. Respondents then address strategies for overcoming identified barriers so that each progress indicator is ultimately achieved.

**NOTE:** Because of its importance, this process element is presented separately even though it could be included as an objective in the long-range plan described in Process Element 10.

\* The following acronyms are used in this booklet: CSHP, designating Comprehensive School Health Program; EA, designating both state and local education agencies; and HA, designating both state and local health agencies.

## Progress Indicators\*

### **1. A combined EA/HA working group was established.**

A working group composed of EA/HA CSHP infrastructure staff, EA and HA specialists in legislative affairs and policy issues, and possibly, qualified representatives from the CSHP coalition was established.

### **2. Needs assessment findings, conclusions, and recommendations related to legislation, regulations, policies, and procedures were reviewed for all four infrastructure supports, and priorities for change were established.**

The working group reviewed needs assessment results, conclusions, and recommendations related to legislation, regulations, policies, and procedures to establish the need for change related to any or all of the four infrastructure supports. The working group determined the most appropriate means for seeking change (e.g., through change in regulation versus change in legislation) for each issue involved. The group also set priorities based on the level of importance and the level of effort needed to accomplish required changes.

### **3. Formal and informal procedures for influencing legislation, regulations, policies, and procedures were identified and documented.**

The working group made formal or informal contact with authoritative sources within government to determine how to initiate

changes in legislation. The same action was taken for regulations, policies, and procedures within all appropriate agencies. The working group, the EA/HA CSHP infrastructure staff, or both compiled procedures for initiating change and used them to guide future efforts.

### **4. Key stakeholders within and external to government that could be affected by changes in legislation, regulation, policies, and procedures were identified and brought into the change process.**

The working group identified agencies, groups, and constituencies that could be affected by changes in legislation, regulation, policies, and procedures. The working group identified specific ways in which the agencies, groups, and constituencies might be affected. To avoid misunderstandings, the working group contacted representatives from the agencies, groups, and constituencies and apprised them of the potential impact of changes. The representatives were asked to join in efforts to effect change, as appropriate.

### **5. A cohesive action plan with short- and long-term objectives was prepared for the EA/HA working group, other internal stakeholders, and external stakeholders.**

The working group developed an action plan for modifying legislation, regulation, policies, and procedures based on established priorities. The plan included short- and long-term objectives, tasks,

\* The extent to which each progress indicator applies to each EA and HA may vary.

responsibilities, and a time line. The working group gave consideration to the appropriate roles of government employees within the plan.

**6. The action plan was coordinated with the communication and marketing campaign, as needed.**

Higher level agency leaders, EA/HA CSHP infrastructure staff, the working group, and the CSHP coalition determined the level of effort needed to convince policymakers and decision makers to complete desired changes in legislation, regulation, policies, and procedures. As dictated by the level of effort, a communication and marketing campaign was initiated to influence primary audiences that could authorize needed changes.

**7. The action plan was reviewed, approved, and implemented.**

Higher-level officials in the EA, the HA, and, as appropriate, other agencies reviewed and approved the action plan. The working group implemented the plan.

**8. A monitoring system was established to track status of proposed new or revised legislation, regulations, policies, and procedures.**

The working group established a monitoring system to track progress in generating needed changes in legislation, regulations, policies, and procedures. The working group tracked the progress of proposed changes as they moved through the legislative process or bureaucracy channels and provided information and support needed to assist their movement.

**9. Periodic status reports were prepared and circulated.**

The working group prepared periodic status reports. The group circulated the reports among stakeholders and other interested parties so that

these parties knew if, when, and where to take needed action. The working group shared responsibility for generating support for changes with the CSHP coalition, especially when legislative and regulatory initiatives were involved. Legislative and regulatory changes were adopted.

**Process Element 8: Legislation, regulations, policies, and procedures to enhance CSHP initiatives were prepared and adopted.**

**STEP 1: Completing the Process Index\***

**Directions:** Please use the response categories below to rate each progress indicator presented in the index on the next page. First, read the definitions for each response category. Then select the most accurate response category for each progress indicator, taking quality and completeness into consideration. Refer to the descriptions of each progress indicator on the previous pages to better understand what is meant by quality and completeness.

- ◆ Mark the box under **NOT STARTED** if no activities have been initiated for accomplishing the progress indicator.
- ◆ Mark the box under **IN PLANNING** if you are developing a plan or are involved in other activities that contribute to completing the progress indicator (e.g., assessment, data collection, preplanning, organizing, marketing).

- ◆ Mark the box under **IN PROGRESS** if you have completed a plan and initiated some activities toward completing the progress indicator, or if you completed the progress indicator at one time but it is no longer fully functional.
- ◆ Mark the box under **IN PLACE** if you completed the progress indicator and believe it is fully implemented and functioning well.

After completing the section for each assessment period, total the responses for each column and enter the total at the bottom of the page.

When all columns are totaled, proceed to Steps 2–4.

\* The process index on the next page may be completed by one individual, but preferably will be completed together by EA/HA CSHP directors and working group members, as appropriate.





## STEP 2: Analysis

Step 2 entails an analysis of the Process Index totals from the previous page. The purpose of this analysis is to: (1) develop an appreciation for the reasons behind the totals, (2) increase understanding of the dynamics affecting implementation of progress indicators, (3) identify factors that support or impede implementation of progress indicators, and (4) devise strategies, as needed, to ensure that all progress indicators are eventually in place.

Questions 1 and 2 on the next two pages ask you to specify and explain factors that support or impede implementation of this process element in your particular agencies. Identifying such factors and explaining their effect on progress will pinpoint factors that could be exploited to ensure attainment of this and other process elements in the future and factors that should be avoided or overcome to attain this and other process elements.

Below is a list of possible factors that could either support or impede your progress depending upon whether they are absent, present, or the degree to which they are present. For example, one factor might be “availability of staff time.” A high level of availability could support implementation of this element; conversely, a low level of availability could present a barrier. When answering these questions, you may wish to draw from this list, from your own list, or both.

- a. Availability of staff time
- b. Level of effort required
- c. State regulations and guidelines governing employees’ participation
- d. Capacity for conducting fast, broad-based communication
- e. Level of expertise in analysis of legislation and the legislative process
- f. Extent of ability to attend legislative hearings and sessions
- g. Number of opportunities to present information to legislators and other elected and appointed officials
- h. Capacity of coalition to participate in the process
- I. Level of influence of the coalition and/or coalition members with decision makers
- j. Capacity to disseminate information to other interested staff within EAs and HAs

Additional factors:

- k. \_\_\_\_\_
- l. \_\_\_\_\_
- m. \_\_\_\_\_
- n. \_\_\_\_\_







## Process Element 9: Definition and Progress Indicators

**Training programs and professional development opportunities were provided for agency staff and community constituencies.**

Ideally, all EA/HA CSHP\* infrastructure staff have the necessary preparation and experience for handling the many issues and activities to be addressed in implementing CSHP infrastructure; if so, extensive training and staff development may not initially be needed. However, in the long term, staff development and professional growth opportunities become necessary. These opportunities allow staff to maintain and enhance their skills and develop skills in new and emerging areas, such as the use of technology for communication.

For staff assigned to programs directly related to the eight components of the CSHP, training programs and professional development opportunities may be needed to ensure that they understand how their program functions and how their activities contribute to the broader concept of the CSHP. These staff also may need training and professional development opportunities in areas such as needs assessments, long-term planning, and program evaluation. Furthermore, as alluded to in Process Element 6, members of a coalition may need ongoing training concerned with CSHP infrastructure, coalition development, needs assessment, long-range planning, social marketing, and public policy development so that the coalition can function as an effective advocacy group.

Nine progress indicators are identified under Process Element 9. These progress indicators describe the broad steps taken to plan and provide staff training and professional development programs. In this section, respondents rate their level of success in completing each of the progress indicators. For progress indicators that are not complete, respondents identify barriers to overcome. Respondents then address strategies for overcoming identified barriers so that each progress indicator is ultimately achieved.

**NOTE:** Because of its importance, this process element is presented separately even though it may be included as an objective in the long-range plan described in Process Element 10.

\* The following acronyms are used in this booklet: CSHP, designating Comprehensive School Health Plan; EA, designating both state and local education agencies; and HA, designating both state and local health agencies.

## **Progress Indicators\***

### **1. A working group for training and professional development was established.**

A working group made up of EA/HA CSHP infrastructure staff, EA and HA specialists in staff training and professional development, and representatives from institutions of higher education who provide professional preparation programs was established.

### **2. Training and professional development needs of staff and coalition members were determined and prioritized.**

The working group reviewed results, conclusions, and recommendations from the needs assessment and information gathered from members of the CSHP coalition. Based on this review, the working group determined the extent and nature of training and professional development required to prepare EA and HA staff and coalition members to implement CSHP infrastructure. The working group estimated the maximum number of individuals who could benefit from different types of training and development programs, and prioritized training topics based on the number of people needing each type of training and the importance of each type of training to CSHP infrastructure development.

### **3. Multiple strategies for conducting training and professional development activities were identified.**

The working group considered training and staff development materials, programs,

courses, and formats (e.g., reading materials, computer tutorials, presentations, workshops, retreats, courses) in light of the amount of time people had to pursue training and professional development opportunities.

### **4. Financial and human resources needed to conduct training and professional development activities were determined and allocated.**

CSHP infrastructure staff, the working group, or both determined availability of time, facilities, staff and consultants, and funding to conduct training programs. The infrastructure staff, the working group, or both planned a training and professional development program within the limits of available resources.

### **5. Training and professional development activities were arranged and a calendar was prepared, published, and distributed.**

CSHP infrastructure staff arranged specific training and professional development programs as justified by the number of people needing such programs. CSHP infrastructure staff identified additional external sources of training (local, regional, state, and national) that could be attended by small groups. Both planned and external programs were compiled in a calendar covering multiple months and distributed to appropriate audiences.

\* The extent to which each progress indicator applies to each EA and HA may vary.

**6. Staff members and volunteers from the EA and HA, other agencies, and coalition member organizations were recruited to participate in training and professional development activities.**

The training and professional development needs of EA/HA CSHP infrastructure staff were formally identified at intervals. Additional training opportunities were provided as warranted.

CSHP infrastructure staff, the working group, or both developed a systematic process to inform potential participants about how to access training and professional development activities and to encourage attendance. Incentives, such as continuing education credits, were provided. Substantial numbers of eligible individuals agreed to attend staff training and professional development programs.

**7. Training and professional development activities were conducted and evaluated.**

The training and professional development activities planned by EA/HA CSHP infrastructure staff and the CSHP coalition attracted enough participants to justify implementation. CSHP infrastructure staff, the working group, or both evaluated these programs to determine whether they met participants' needs and overall objectives of each program. CSHP infrastructure staff attended additional training and professional development activities sponsored by other agencies or organizations. People who attended external programs completed a brief evaluation form.

**8. The impact of training and professional development activities was established and documented.**

CSHP infrastructure staff, the working group, or both implemented strategies to determine whether the training and professional development program improved attendees' ability to perform functions related to CSHP infrastructure implementation, to effectively advocate for a CSHP, or both.

**9. Additional training and professional development needs were identified.**

**Process Element 9: Training programs and professional development opportunities were provided for agency staff members and community constituencies.**

**STEP 1: Completing the Process Index\***

**Directions:** Please use the response categories below to rate each progress indicator presented in the index on the next page. First, read the definitions for each response category. Then select the most accurate response category for each progress indicator, taking quality and completeness into consideration. Refer to the descriptions of each progress indicator on the previous pages to better understand what is meant by quality and completeness.

- ◆ Mark the box under **NOT STARTED** if no activities have been initiated for accomplishing the progress indicator.
- ◆ Mark the box under **IN PLANNING** if you are developing a plan or are involved in other activities that contribute to completing the progress indicator (e.g., assessment, data collection, preplanning, organizing, marketing).

- ◆ Mark the box under **IN PROGRESS** if you have completed a plan and initiated some activities toward completing the progress indicator or if you completed the progress indicator at one time, but it is no longer fully functional.
- ◆ Mark the box under **IN PLACE** if you completed the progress indicator and believe it is fully implemented and functioning well.

After completing the section for each assessment period, total the responses for each column and enter the total at the bottom of the page.

When all columns are totaled, proceed to Steps 2–4.

\* The process index on the next page may be completed by one individual, but preferably will be completed together by the EA/HA CSHP directors and working group members, as appropriate.





## STEP 2: Analysis

Step 2 entails an analysis of the process index totals from the previous page. The purpose of this analysis is to: (1) develop an appreciation for the reasons behind the totals, (2) increase understanding of the dynamics affecting implementation of progress indicators, (3) identify factors that support or impede implementation of progress indicators, and (4) devise strategies, as needed, to ensure that all progress indicators are eventually in place.

Questions 1 and 2 on the next two pages ask you to specify and explain factors that support or impede implementation of this process element in your particular agencies. Identifying such factors and explaining their effect on progress will pinpoint factors that could be exploited to ensure attainment of this and other process elements in the future and factors that should be avoided or overcome to attain this and other process elements.

Below is a list of possible factors that could either support or impede your progress depending upon whether they are absent, present, or the degree to which they are present. For example, one factor might be “availability of staff time.” A high level of availability could support implementation of this element; conversely, a low level of availability could present a barrier. When answering the questions, you may wish to draw from this list, from your own list, or both.

- a. Availability of staff time
- b. Level of effort required
- c. Extent of previous experience in conducting staff development programs
- d. Extent of expertise on staff development available within the agencies
- e. Level of need for staff development programs
- f. Availability of external staff development programs
- g. Availability of consultants to conduct staff development
- h. Availability of dedicated funding for staff development
- i. Access to agency wide staff development programs
- j. Level of quality of required national-level training programs
- k. Capacity to establish internal programs for staff development
- l. Agency regulations regarding use of contractors

Additional factors:

- m. \_\_\_\_\_
- n. \_\_\_\_\_
- o. \_\_\_\_\_
- p. \_\_\_\_\_







## Process Element 10: Definition and Progress Indicators

**A long-range plan for infrastructure development, including a goal, objectives, activities, time lines, and progress and impact measures was completed and initiated.**

Building an organizational CSHP\* infrastructure requires substantial planning. The EA/HA CSHP infrastructure staff should work collaboratively to develop a multiyear plan focused on efforts to fully implement all four supports of the CSHP infrastructure (funding and authorization, personnel and organizational placement, resources, and communication) as they relate to the overall CSHP and to each of the eight CSHP components. The plan should give special attention to eliminating gaps and overlaps in infrastructure supports exposed through the needs assessment. Furthermore, the plan should include activities for EA/HA CSHP infrastructure staff, EA and HA staff that work directly in the eight CSHP component areas, the coalition, and staff from other government agencies, as needed.

As indicated in the definition of Process Element 1, **an important task to complete under Process Element 10 is to create additional customized process indexes**. Some of the process elements and attendant progress indicators needed to monitor progress toward completion of the long-range plan may be similar or identical to those presented in this manual because they relate to similar program objectives and activities. Where objectives and activities in the long-range plan differ, new elements and progress indicators that correspond to these objectives and activities should be derived and compiled into process indexes. This will allow continued periodic self-assessment throughout implementation of the long-range plan.

Eleven progress indicators are identified under Process Element 10. These progress indicators describe the broad steps taken to develop and implement a long-range plan. In this section, respondents rate their level of success in completing each of the progress indicators. For progress indicators that are not complete, respondents identify barriers to overcome. Respondents then address strategies for overcoming identified barriers so that each progress indicator is ultimately achieved.

\* The following acronyms are used in this booklet: CSHP, designating Comprehensive School Health Program; EA, designating both state and local educational agencies; and HA, designating both state and local health agencies.

## **Progress Indicators\***

- 1. A process was established for developing a long-range plan for infrastructure development.**

Key persons involved in preparing the long-range plan decided on a process for developing the plan—a plan to plan. The process included identification of participants, logistics, information resources, support resources, and planning procedures. A 3-month time line for developing and finalizing this process was established and met.

- 2. A long-term goal, measurable objectives, and priorities were established in collaboration with major stakeholders.**

The planning group reviewed and used needs assessment results, conclusions, and recommendations, as appropriate, to establish a goal and measurable objectives for the long-term plan. The planning group prioritized objectives.

- 3. A CSHP planning group was established.**

A planning group made up of EA/HA CSHP staff, EA and HA planning experts, members of the CSHP coalition, higher-level EA and HA officials, and representatives from other agencies was established to draft a long-range plan for CSHP infrastructure development.

- 4. A draft action plan was constructed around the goal and prioritized objectives.**

The planning group prepared a multiyear plan for CSHP infrastructure development that was based on needs assessment findings, conclusions, and recommendations, as well as on the goal and prioritized objectives. The planning group defined tasks and responsibilities, time lines, process and impact evaluation strategies, and evaluation criteria for each objective. Resources needed for implementation were projected. The plan, including resource projections, was compiled in a document that was subsequently published.

- 5. The draft plan was submitted to EA and HA staff for internal review.**

The draft plan, accompanied by a response form, was circulated among EA and HA staff for review. Comments on response forms were compiled and reviewed. The plan was revised as needed.

- 6. An opportunity was provided for external review and comment.**

CSHP infrastructure staff circulated the draft plan, accompanied by a response form, among CSHP coalition members and other stakeholders for review. Comments on response forms were compiled and reviewed. CSHP infrastructure staff revised the plan as needed.

\* The extent to which each progress indicator applies to each EA and HA may vary.

**7. The plan was finalized and approved.**

The EA and HA formally approved the plan, and the CSHP coalition endorsed it. A final version of the long-range plan for CSHP infrastructure development was published.

**8. The plan was initiated.**

CSHP infrastructure staff initiated the plan as written and assigned tasks, responsibilities, and time lines.

**9. Process evaluation procedures were used to monitor implementation of the plan.**

To track progress toward full implementation of the plan, CSHP infrastructure staff completed process indexes designed to match planned objectives and activities at 6-month intervals. CSHP infrastructure staff identified barriers and supports and proposed and approved action steps to overcome barriers. Activities occurred on schedule according to an implementation time line.

**10. Full implementation was achieved.**

All activities were completed and all objectives reached by the end of the projected time line.

**11. An impact evaluation was completed.**

In accordance with the evaluation plan (Process Element 5), CSHP infrastructure staff and an evaluator assessed impact measures to determine the extent to which they were achieved. Results of the impact evaluation were used to determine whether CSHP infrastructure had been institutionalized.

**Process Element 10: A long-range plan for infrastructure development, including a goal, objectives, program activities, time lines, and progress and impact measures, was completed and initiated.**

**STEP 1: Completing the Process Index\***



**Directions:** Please use the response categories below to rate each progress indicator presented in the index on the next page. First, read the definitions for each response category. Then select the most accurate response category for each progress indicator, taking quality and completeness into consideration. Refer to the descriptions of each progress indicator on the previous pages to better understand what is meant by quality and completeness.

- ◆ Mark the box under **NOT STARTED** if no activities have been initiated for accomplishing the progress indicator.
- ◆ Mark the box under **IN PLANNING** if you are developing a plan or are involved in other activities that contribute to completing the progress indicator (e.g., assessment, data collection, preplanning, organizing, marketing).

- ◆ Mark the box under **IN PROGRESS** if you have completed a plan and initiated some activities toward completing the progress indicator, or if you completed the progress indicator at one time but it is no longer fully functional.
- ◆ Mark the box under **IN PLACE** if you completed the progress indicator and believe it is fully implemented and functioning well.

After completing the section for each assessment period, total the responses for each column and enter the total at the bottom of the page.

When all columns are totaled, proceed to Steps 2–4.

\* The process index on the next page may be completed by one individual, but preferably will be completed together by the EA/HA CSHP directors and working group members, as appropriate.



## STEP 2: Analysis

Step 2 entails an analysis of the process index totals from the previous page. The purpose of this analysis is to: (1) develop an appreciation for the reasons behind the totals, (2) increase understanding of the dynamics affecting implementation of progress indicators, (3) identify factors that support or impede implementation of progress indicators, and (4) devise strategies, as needed, to ensure that all progress indicators are eventually in place.

Questions 1 and 2 on the next two pages ask you to specify and explain factors that support or impede implementation of this process element in your particular agencies. Identifying such factors and explaining their effect on progress will pinpoint factors that could be exploited to ensure attainment of this and other process elements in the future and factors that should be avoided or overcome to attain this and other process elements.

Below is a list of possible factors that could either support or impede progress depending upon whether they are absent, present, or the degree to which they are present. For example, one factor might be “availability of staff time.” A high level of availability could support implementation of this element; conversely, a low level of availability could present a barrier. When answering the questions, you may wish to draw from this list, from your own list, or both.

- a. Availability of staff time
- b. Availability of planning expertise
- c. Quality of needs assessment report
- d. Level of organizational commitment
- e. Level of stakeholder participation
- f. Status of knowledge and understanding of CSHP
- g. Capacity for creating a vision
- h. Level of effort required
- i. Extent of conflict over roles and responsibilities
- j. Level of expertise in long-range planning
- k. Level of experience in long-range planning
- l. Capacity to develop high-quality objectives

Additional factors:

- m. \_\_\_\_\_
- n. \_\_\_\_\_
- o. \_\_\_\_\_
- p. \_\_\_\_\_







# **PART III**

## **Summary Process Index**

## Completing the Summary Process Index

Below is one part of a summary process index, shown as an example. A blank summary process index is provided on the following page. The index is completed at 6-month intervals starting at the initiation of the program for CSHP infrastructure development. After completing the process indexes for each of the ten process elements, enter the number of progress indicators that are in place as the numerator for each process element. The denominator is the number of progress indicators assigned to each process element. Then enter the total number of progress indicators in place at each 6-month interval at the bottom of the table.

For example, as shown below, Process Element 1 has eight progress indicators; thus, the denominator (for all time intervals) is 8. If after the first 6 months you complete the process index for Process Element 1 and find that five of the eight progress indicators are in place, you would then enter 5 as the numerator in the 6-month space. This indicates that 5/8 (63 percent) of the progress indicators have been implemented. The process is completed for each remaining process element. The total number of progress indicators in place is determined by adding the number of progress indicators achieved for all process elements and entering that number as the numerator over the denominator, 91 (the total number of progress indicators). If you prefer, you can convert the total number of progress indicators achieved to a percentage (e.g., 40 of 91 progress indicators completed after 12 months would convert to 44 percent).

This entire summary process is repeated every 6 months to provide a simple depiction of current progress in implementing CSHP infrastructure.

### EXAMPLE

#### SUMMARY PROCESS INDEX

<b>Process Elements</b>	<b>Time Interval</b>				
	<b>0 months</b>	<b>6 months</b>	<b>12 months</b>	<b>18 months</b>	<b>24 months</b>
1. Process Evaluation	0/8	5/8	/8	/8	/8



## SUMMARY PROCESS INDEX

Process Elements	Time Interval				
	0 months	6 months	12 months	18 months	24 months
1. Process evaluation	0/8	/8	/8	/8	/8
2. Agency commitment	0/9	/9	/9	/9	/9
3. Interagency agreement	0/8	/8	/8	/8	/8
4. Needs assessment	0/10	/10	/10	/10	/10
5. Impact evaluation	0/8	/8	/8	/8	/8
6. CSHP coalition establishment	0/10	/10	/10	/10	/10
7. Marketing and communication	0/10	/10	/10	/10	/10
8. Legislation and regulation	0/9	/9	/9	/9	/9
9. Staff development	0/9	/9	/9	/9	/9
10. Long-range plan	0/10	/10	/10	/10	/10
<b>Total</b>	<b>0/91</b>	<b>/91</b>	<b>/91</b>	<b>/91</b>	<b>/91</b>
<b>Percent of progress indicators achieved</b>	_____%	_____%	_____%	_____%	_____%

# APPENDIX A

**Developing Comprehensive School Health  
Programs To Prevent Important Health  
Problems and Improve Educational Outcomes:  
A Guide for State and Local Educational Agencies**

# **APPENDIX B**

# Needs Assessment Questions

## Funding and Authorization

### Financial Sources

- Is there a mechanism in place that allows us to become aware of funding sources?
- Who has access to this mechanism and are we included?
- Does this mechanism work effectively?
- What are the mechanisms for accessing state and federal funds?
- How do we become a part of these mechanisms?
- What input do we have in accessing funds?
- Who is actively involved in decision-making processes related to the use of funds?
- How can we become involved in decision making related to the use of funds?
- To what extent are categorical funds used synergistically or combined for maximum use?
- Who is our broker?
- Who can a broker access for us?
- How are funds currently allocated?
- What is the process for allocating funds?
- What is funding based on?
- Are there overlaps or gaps in allocated dollars?
- What are the overlaps?
- Are funds being allocated in the most economical way?
- What is the benefit of sharing funding?
- What are the political realities of sharing funding?
- What is the best way to convince authorities to reallocate funding more effectively?
- How do we leverage existing funding to capture other dollars?
- What interactions need to take place within the agency to buy into a CSHP?

### Directives

- What would it take to get a legislature to support a program and funding?
- What are effective ways to influence state legislators?
- How effective are we in influencing legislators?
- How can we reach legislatures in a climate that does not allow us to do so?
- How do we get a CSHP into mandatory funding legislation?
- How can we work to get CSHP legislation enacted and avoid having to go through reauthorization every year?
- How can we keep a CSHP apolitical to help it stay in place?
- What state policies support a CSHP?
- How well are these state policies implemented?
- What agency policies facilitate coordination with other agencies?

## **Personnel and Organizational Placement**

### **People**

- Who are the people in key decision-making positions?
- What is their level of authority?
- Do they fully understand what constitutes a CSHP?
- Is the agency director supportive of the CDC vision of a CSHP?
- Are there specific people who can influence the development and success of infrastructure?
- How can we include other influential people in the infrastructure development process?
- What skills do the people in infrastructure positions possess?

### **Positions**

- What qualifications are necessary for the infrastructure position?
- Does the infrastructure leader have the skills to coordinate and develop infrastructure?
- Are the infrastructure staff available to work with legislators?
- Do the infrastructure staff have a thorough understanding of the agency, i.e., the process of agency decision making, present and future priorities, and agency climate and culture?
- Does the infrastructure staff have contact with personnel in other agencies (private and public)?
- What needs to be in place to allow the infrastructure staff to increase contact?
- Does the infrastructure staff have access to key decision makers?

### **Hierarchical placement**

- Where is the infrastructure position located in the organizational structure?
- Is the placement of the infrastructure position appropriate?
- Is the infrastructure position located at a level to perform effectively?
- What authority does the infrastructure position provide for committing resources?
- Does the infrastructure position provide access to agency leadership?
- What needs to occur to provide the infrastructure position with better access to agency leadership?
- What is the chain of command in the agency?
- How accessible are decision makers to staff and others?

### **Physical placement**

- Do personnel meet together?
- Is the location of infrastructure staff personnel accessible to infrastructure leaders and other agency staff?
- What factors should be considered in the physical placement of personnel?

## **Resources**

### **Human resources**

- What support in terms of human resources exists to develop infrastructure?
- What agency staff, consultants, and contractors are in place to support a CSHP?
- Is the expertise and skill level of these human resources sufficient to develop a CSHP?
- What other support is needed?

### **Technological resources**

What technology is needed?  
What technology is currently being used to strengthen the CSHP?  
What technology is available to enhance infrastructure development?  
How skilled are people at using technology?  
How well are technology resources used?  
How effective are current technology efforts?

### **Data and data systems and sources**

What data are available?  
What data do we need?  
Why do we need it?  
Who collects data and how often?  
Do agencies collaborate on data collection?  
What data does each agency have that can be coordinated into a single database?  
How and by whom can data be accessed?  
Does each agency have free access to data?  
Where should shared data be stored?  
What are the state laws and other directives regarding confidentiality of data?  
Do existing directives prevent effective use of data?

### **In-service supports**

What in-service supports exist?  
Are these accessible?  
Are they effective?  
What training systems exist?  
How are the training systems accessed?

### **External supports**

Are outside groups aware of the CSHP?  
Are there outside groups who would support a CSHP?  
What are these outside groups?  
What actions can outside groups take to strengthen a CSHP?  
What outside groups need to be brought in?

## **Communications**

### **Intraagency communications**

What are formal and informal mechanisms for communication?  
Are these mechanisms effective and efficient?  
Are communications regarding the CSHP broadly or categorically focused?  
What are the technical communication networks for full communication?  
Are communications software programs compatible?  
Is there a strategic planning process for communications in the agency?  
Is the communication for planning, decision making, and sharing information formal or informal?  
Is there an intradepartmental newsletter?

What communication methods have been successful?  
Are there methods that could be used that are not in place?  
Are there staff retreats?  
Are the retreats effective methods for communication?  
Are teleconferencing capabilities available?

### **Interagency communications**

What are the mechanisms for communicating between key state agencies?  
Are these mechanisms effective and efficient?  
What are the technical networks for communicating between agencies?  
Are the technical networks compatible?  
Is there an interagency CSHP newsletter or a CSHP infrastructure newsletter?  
Is there direct communication between decision makers in key agencies?  
Is there a formalized and routine system for meeting with key agencies?  
Are these meetings effective?  
Is there an established system for negotiating priorities, differences, and disagreements?  
What communication mechanisms have been established with others responsible for components of the CSHP?  
Is there a formal agreement established between agencies responsible for CSHP infrastructure and developing a CSHP?

### **External networks**

Who needs to be communicated with?  
Are methods in place to ensure that communication occurs?  
What mechanisms are used to communicate with others external to state agencies?  
Are these mechanisms effective and efficient?  
What are the mechanisms for state-to-local communications?  
What is the mechanism for communicating to state legislators?  
How can this mechanisms be maximized to improve a CSHP?  
What is the quality of external communications such as face-to-face, fax, site visits?  
Is there an established procedure for giving speeches and written communications regarding a CSHP to outside groups?  
Is there a CSHP newsletter?  
By what means do infrastructure leaders receive communication from others?  
How can infrastructure leaders ensure that communications are received by both the education agency and the health agency?  
What technological materials need to be in place to improve external communications?  
How can the infrastructure positions be communicated to others?