

PSC-ED-OSDFS

**Moderator: Dana Carr
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11:45 am CT**

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode until the question-and-answer period. If you'd like to ask a question at that time, please press star then 1. Today's conference is being recorded. If you have any objections, you may disconnect at this time. I'll turn the meeting over to Ms. Dana Carr. You may begin.

Dana Carr: Hi, everyone, and thank you so much for joining us today. Welcome to our first Carol M. White Physical Education Program 2010 Competition Processed Clinical Systems Opportunities.

We'd like to thank you so much for joining us today on such very short notice. We will remind you again at the end but the information, transcript and slides will be recorded and posted to our Web site for your later reference and for colleagues who are unable to join us today.

As you know, the Carol M. White Physical Education Program opened this year FY 2010 on Friday, June 18th. I know a couple of you have commented on the chat that you weren't able to find the application package.

It is now posted to our e-apps site and if you have any questions, we can give you the information at the end of the call of how to get in touch with the Competition Manager, Carlette Huntley.

It will be available on our Web site hopefully later today or the latest tomorrow but it is available on the e-apps Web site and if you go onto the Web site, you actually don't have to register as an applicant. If you just click on the Adobe Acrobat little icon, it'll take you right to the application package but you do need to give it a minute or two.

It takes a couple minutes to load up at least on my system it did this morning so it is available today and again hopefully it will be available later this afternoon or tomorrow on our Department of Education Web site as well.

As you know looking at the Federal Register notices, there are many changes this year to the PEP program to focus on highlighting best practices and research in the field.

As part of our new changes and updates, there are changes to the absolute priority for this year in FY 2010. We've included a new invitational priority that would invite applicants to participate in the USDA Healthier U.S. Schools Challenge.

We've also included two competitive preference priorities this year. This year for the first time we will not award competitive preference point for novices. We've included two different competitive priority points.

Again we've changed the absolute priority and we've included nine requirements this year in the PEP program. If you haven't had a chance to look at the Federal Register notices, all the changes are stated in great detail in

those notices and again if you need those Web sites where you find the notices, we can give those to you at the end of the call.

As part of the changes and updates, all applicants are required to complete a local needs assessment to figure out where sort of the needs and gaps are in current programming and processes.

All applicants that are local educational agencies or in partner groups with local educational agencies will be required to do a School Health Index and specifically modules 1 through 4 in the School Health Index that look specifically at physical education and physical activity and nutrition services.

And if curriculum is found to be a need through the school house index for local needs assessment process, applicants will - or grantees I should say also - will be required to undertake an assessment of what are the evidence-based programs that will be best meet the needs of the students in the district or in the program using the Health Education Curriculum Analysis Tool or the Physical Education Curriculum Analysis Tool - the HECAT and the PECAT - which we'll get into in just a few more minutes.

I should also say that if you're a part of a community-based organization and you're not planning to create partner groups that would include a local educational agency member, then you're not required to undertake the School Health Index assessment but you will be required to undertake a different needs assessment which again we can come back to later.

This will specifically focus on the School Health Index. We're also hosting a Webinar tomorrow that will focus more in-depth on the School Health Index as well.

I mentioned that we are including two new competitive preference priorities this year as part of the Carol M. White Physical Education Program, the top program. One of the competitive preference priorities focuses on the collection of the aggregate population level of body mass index data from students.

This body mass index data collection and assessment process if your state or district are not undertaking it really presents a lot of challenges and we wanted to make sure that we provided a lot of technical assistance to folks who were thinking about undertaking this as part of their application and then if they are awarded the grant later as grantees.

We are so honored to have our colleague with us today from the Centers for Disease Control and Prevention's Division of Adolescent and School Health to walk us through each of these new pieces and tools and help us think about any questions that we might have.

This is your chance to ask the experts in the field about the School Health Index, the body mass index and assessment, data collection assessment and analysis procedures as well as the HECAT and the PECAT tools. I'd like to introduce my colleagues and I am just going to turn it over to them very quickly.

Speaking with you today about the School Health Index is a (Anu Pajavora), (Alison Neiheiser) will talk about the body mass index piece of this and Sarah Lee will discuss the curriculum analysis tools so with that, I will turn it over to (Anu) and I want to thank my colleagues from CDC very much for being here and with that, (Anu), take it away.

(Anu Pajavora): Thank you, Dana. As Dana said, this is (Anu Pajavora) and I'm here with the CDC's Division of Adolescent and School Health and I'm going to talk to you this afternoon a little bit about the School Health Index, a self-assessment and planning guide.

It is a document out of our office here at the CDC but before we get into that let me just recap some of what Dana just shared with you related to the PEP requirements related to the School Health Index.

As Dana mentioned, you'll notice that you are required to complete the physical activity and nutrition questions in modules 1 through 4 and I'll describe those modules in more detail in a few minutes.

And as part of the application, you're required to submit your overall scorecard and correlate your school health improvement plan to the project design that you're proposing and then at the end of the project period, applicants are required to complete the same module of the School Health Index and submit their overall scorecards again.

And also the same indicated for community-based organizations that are not partnering with the school or a local education agency, you must use an alternate needs assessment tool but we won't be going into the details about those types of tools on this Webinar this afternoon.

So the School Health Index is a self-assessment and planning guide and the purpose of it is to enable schools to identify strengths and weaknesses of their health policies and programs and then it walks them through a process of developing an action plan to improve areas of weakness.

And throughout the process it engages teachers, parents, students and community members in this process of promoting health-enhancing behaviors in their school and their community.

The current edition of the School Health Index actually addresses five health topic areas: physical activity, healthy eating, tobacco use prevention, injury and violence prevention which we call safety as a whole, and asthma.

As I mentioned earlier, you're only required to do physical activity and nutrition portions of the School Health Index as part of the PEP application; however, you're encouraged to complete additional portions of the tool if you wish to do that.

All of the items in the School Health Index are based on CDC's guidelines for school health programs which identify the most effective policies and practices in reducing youth risk behaviors.

The School Health Index is structured around CDC's eight-component coordinated school health program model which emphasizes the importance of integrating these components in a school environment to have the biggest impact on children and their health.

So what has the School Health Index resulted in? Well, thousands of schools are already using it and we've found that it's already a considerable difference in these schools.

Some schools are creating school health teams for the first time. They're doing simple things that cost no money at all like moving the healthier options to the front of the lunch line.

They're creating policy changes, increasing time for physical education, they're starting walking clubs with staff and students, offering healthier choices in vending choices and so on and so forth. This is just the top of the iceberg of the types of things that have been done as a result of the School Health Index.

As I mentioned, it's being widely used already across the nation. We know of use in at least 46 states. We know of adaptations of use done internationally in other countries including translations in several other languages.

There are certain states and districts that have encouraged its use widely and even have policies that require the use of the School Health Index and there is a last school at one of DASH. DASH is the Division of Adolescent School Healthcare at the CDC. It is one of our most popular publications that we have and is widely requested.

So for those of you that may have heard of the School Health Index before, I just thought I might clarify some possible misconceptions that might be out there. The School Health Index is a self-assessment and planning tool. It's not a tool meant for research or evaluation.

There are other tools out there that are meant for those purposes but this is a self-assessment tool. It's a community-organizing and educational process. It's not a tool that's meant to audit or punish school staff.

The process of the School Health Index identifies low-cost or no-cost changes that can be made in the school environment. It's not going to lead to outcomes that require expensive changes and it's focused reasonable on user-friendly. It's not a long bureaucratic or painful process.

So what is the format of the School Health Index? Well, it should be completed by teams in the school environment. There are two separate versions. There's an elementary school version and a secondary version which includes middle and high school and really the two key parts of the tool itself are the self-assessment piece and the planning piece.

The self-assessment piece has eight modules which mirror those eight components of the coordinated school health program model that I showed you earlier and in the planning section which is the process of developing an action plan to improve areas of weakness.

So this slide describes based on field testing what we found to be the time commitment that's required for the School Health Index. Now this varies considerably depending on the portions of the School Health Index that are being done.

It can be done in as little as six hours but that's the entire thing so for the portion that's required for the PEP application it would be considerably less than that.

We do have an online version on our Web site that's accessible to users free of charge and I'll share with you the URL in just another moment and the online version allows you to customize based on health topic area.

As you can see here, if you login to the online version, it allows you to select your school level - elementary or secondary - and then pick the health topics you want to address.

For your PEP requirements, here is where you would check-off physical activity and nutrition. Now there are some intricacies with the online version

in fulfilling your PEP requirements and on tomorrow's Webinar as Dana mentioned, I'll be doing a School Health Index focus Webinar tomorrow. I'll go into more detail about how to utilize the online version for this purpose.

Another resource that we have on our Web site to help you in implementing the School Health Index is the School Health Index training manual. This also is available free of charge. It is a package set of materials to do any sort of workshop or training on the School Health Index.

We've got PowerPoint slides and handouts and activities so if you are planning to do it for fulfilling your requirement for your application, this page will really help in getting more acquainted with the tool and maybe sharing with others in your school or your community about the tool.

So here is the Web site for the School Health Index and all of the other support materials that I've mentioned can be found off of this same Web site and as we mentioned already, the School Health Index Webinar will be held tomorrow, June 22nd at 1:00 p.m. Eastern Time so we welcome all of you to join us at that time.

At this point, I'll transition to my colleague, (Alison Neiheiser).

(Alison Neiheiser): Thanks, (Anu). Collecting child body mass index as you were told by Dana is a competitive preference priority for PEP applicants. Information on BMI and measurement in schools can be found on our CDC Web site at this location.

Here is an overview of what we're going to discuss today. I'm going to discuss what is BMI, the different between different types of BMI data collection, what the PEP requirements are and data collection safeguards,

resources for you to use as you implement these programs, an overview of the competitive preference priority and items to be mindful of.

So body mass index or BMI is a tool to determine an individual's weight status. Individuals are categorized as underweight, normal weight, overweight or obese. BMI assess excess weight for a particular height.

It is the calculation of weight divided by height squared. Now, to assess weight status in use, you must go one step further and collection information on the child's age and gender then the child's BMI is plotted by age on a gender-specific growth chart. This gives you a BMI for age percentile.

So here's an example of a CDC BMI for age growth chart. What this is, this is gender-specific so this one's specific for boys and you can see on the vertical axis is the BMI and on the horizontal axis is the child's age.

So if a 10-year-old boy had a BMI of 23, they'd be categorized above the 95% percentile and considered obese but because body fat changes as a child ages, you'll see that that BMI number means a different weight status as a child gets older.

So this is the categories for weight status, obese, overweight, healthy weight and underweight. Now CDC and PEP recommend you using the CDC BMI for age growth charts to assess weight status.

Now there are (self-referrents) in Excel formulas that can be used to determine an individual's BMI-for-age percentile instead of plotting each score. Those equations are based on these growth charts and we'll discuss this a little bit more later on in the presentation.

So now there's two purposes for BMI data collection: aggregate BMI data collection and screening. The first type is aggregate BMI data collection that we'll discuss today. This is what PEP requires in order for applicants to receive competitive preference priority.

Aggregate BMI data collection allows you to identify the percentage of students in a certain population such as an entire school, school district or state for obese, overweight, normal weight and underweight.

You might also have heard this referred to as surveillance or data monitoring. Now aggregate BMI data collection does not involve the communication of the BMI results to parents.

A characteristic of aggregate BMI data collection is that the data is typically anonymous. This means that to first be anonymous, the data collectors must de-identify the data before making the information public.

This includes removing any identifying information that might link a specific child to that data point such as a name, parent's name, etc. Then all the data from every child is combined to determine the percentages of youth in each weight status. This way when the data is shared publicly to the community, no weight status can be traced back to the specific child.

Now here are some of the benefits of aggregate BMI data collection. It allows you to identify population trends such as you can see those individuals that - you can see that - if the prevalence of obesity or overweight is increasing or decreasing over time and it allows you to look at specific subgroups that are at greatest risk like maybe a specific gender or certain race-ethnic groups or different age groups.

It can create awareness among the school, staff and community of the need to address obesity and then it will provide that motivation to improve policies and practices around preventing obesity.

Now to receive the competitive preference priority, PEP is requiring grantees to identify the purpose of the data collection and intended outcomes. Any of the items on this list would be appropriate.

A different type or a different purpose of BMI data collection in schools is screening. Now screening identifies those specific youth at risk of weight-related health problems so in this instance you're providing parents with their child's BMI results and then recommending any youth that might be at risk for weight-related concerns to follow-up with a medical care provider.

Now the communication to parents might include a letter informing the parent of their child's BMI for age percentile, an explanation of results, and any recommended follow-up actions.

Now I want to be clear. PEP is not asking applicants to do this type of data collection to receive the competitive preference priority; however, if an applicant does decide to use BMI data for the purposes of screening, the applicant must also be collecting aggregate BMI data collection.

The applicant will not receive competitive preference priority if they are only conducting screening alone. Now while PEP is not requiring screening, for those sites who do decide to conduct weight screening, PEP asks that the following be completed.

The applicant should have a mechanism in place to send the information to parents with a clear explanation of results and for those youth identified to be

underweight, overweight or obese, the applicant must establish a referral system to a local medical care provider so youth who fall into these categories need to follow-up with the medical care provider.

The medical care provider will be able to determine if in fact the child is really at risk for a weight-related problem. As I mentioned earlier, BMI is only a screening tool, therefore a final diagnosis must be made by a medical care provider.

This safeguard is in place to avoid any unintended negative consequences so as a parent placing the child on an unsupervised diet that can be harmful to the child. Now here are some of the benefits of a BMI screening program. It can help correct any misperceptions of parents or children may have about the child's weight status.

It can motivate parents and children to make those lifestyle changes - those healthy lifestyle changes - and it can also alert parents to the need to take their children who may be underweight, overweight or obese to go follow-up with a medical care provider. Any items on this list are appropriate reasons for conducting weight screening.

Now to maximize the benefit of BMI data collection and minimize any potential negative consequences, PEP requires applicants to meet the following safeguards in order to receive the competitive preference priority for BMI data collection and now I'm going to go through each one of those.

First you need to introduce the program and obtain parental consent. You need to inform parents of your intent to collect the children's BMI, whether it's aggregate BMI data collection or screening. Then you should involve the parents in the planning process of developing these policies.

Now allow parents opportunity to opt-out from having their child's weight and height measured. Next you need to make sure to train staff in administering the program. Ideally this should be led by a school nurse.

However, any additional staff that are conducting the data collection needs to be well-informed how to accurately measure height and weight, calculate BMI for each percentiles using CDC growth charts, measure student in a respectable and sensitive manner, and know how to de-identify and aggregate the data.

Next you need to ensure that you're protecting student privacy. Measurements should occur outside of the sight and hearing distance from other children or staff not participating in this program. Student data should be de-identified before aggregating the data and sharing publicly.

You need to ensure that you're accurately measuring height and weight. Use the appropriate equipment which we'll discuss in a second and you should establish a protocol for how to accurately collect this data.

You need to also accurately collect child's weight status. Remember, collect all the necessary information for children, height, weight, age and gender. Calculate the BMI percentile using the CDC BMI for age growth charts.

You need to develop an efficient data collection procedure. Establish timing and flow of children into the assessment sites so the measurements occur outside of the hearing and sight distance from other children.

Ensure there's ways to have aggregate data entry and calculations as well as keeping the data confidential. You might also use specific software and CDC

actually has a free BMI tool for schools that we'll discuss in a second. To that there is a specific software that will calculate this information for you.

And finally you need to collect measurements at the beginning and the end of the funding cycle. Reviewing BMI percentiles over time are more important than a standalone data point.

This allows individuals to see if youth are maintaining their weight status or increasing or decreasing weight status over time. This also allows you to assess any progress of the program.

Now keep in mind that as I mentioned earlier, additional requirements apply if an applicant chooses to move forward with screening student weight status. These are make sure there's resources for safe and effective follow-up to local medical care providers and also provide parents a clear explanation of the BMI results.

These next two slides are on the appropriate equipment to use. For measuring height, you need to use an electronic or beam balance scale as the appropriate weight. It is not appropriate to use a bathroom scale or a spring-balance scale. Here's some distributors of scales but this is not an extensive or exhaustive live so it's not limited to this list.

And for measuring height, you need to use a (stadiometer). It is not appropriate to use tape on the wall, yardsticks or other graphics attached to the wall. Again, here's a list of some distributors but this is not an extensive or exhaustive list and it's not limited to this list.

As I mentioned earlier, CDC actually offers a free children's BMI tool for schools. This software allows you to enter the data and then it'll calculate the BMI and the BMI for each percentile using the CDC growth charts formula.

If you'll look at the table below - the second table - it shows that a summary of the children's BMI for age so what it does is it actually will de-identify the data for you, it aggregates the data, and then it'll produce an overall percentage of youth who are underweight, normal weight, overweight and obese.

This tool also will produce graphs of the data and it'll produce graphs of the prevalence of overweight and obese and it also will stratify it by both male and female as well.

Here are some additional resources that you can utilize that include training on how to accurately measure height and weight as well as training on using CDC BMI for age growth charts.

Okay, these next three slides go over the competitive preference priority described for the PEP program. We've already discussed all of this in the current presentation but I wanted you to have this in one spot for you to look at. What it discusses is the aggregate BMI data collection to use, the appropriate way to calculate it and measure it.

It also goes into what safeguards are needed and PEP requirements are needed to move forward with this and it also details the involvement of parents as well as if you do decide to do screening, what you must include plans for.

So finally I just want to kind of point out some items to be mindful of. First of all there's different interpretations of BMI and weight status. Some fitness tests for example calculate child weight status with a different formula.

We decided when writing this announcement that applicants be required to use the CDC BMI for age percentile growth charts to assess weight status. This allows for surveillance or various categories of youth weight status of obese, overweight, normal weight and underweight and is also the recommended method for accepting each weight status.

You also need to be mindful of the intent of your BMI measurement program. Is it for aggregate data collection or is it for screening? Keep in mind, to receive competitive preference priority, applicants plan for aggregate BMI data collection. They're allowed to also conduct screening but they cannot do this alone. They must be accompanied by the aggregate BMI data collection.

Also though if you do move forward with screening or aggregate BMI data collection, PEP requires specific safeguards be in place for both of these types of data collection and then additional safeguards are required if you do move forward with screening.

So thank you very much. This concludes my section on BMI measurement. I will now pass the floor to Dr. Sarah Lee to discuss DASH's curriculum analysis tools.

Sarah Lee: Thank you, (Alison). Good afternoon, everyone. I'm going to be giving an overview of two additional tools from the Division of Adolescent and School Health here at CDC, the physical education curriculum analysis tool and the health education curriculum analysis tool.

So before I go into more details about what the tools are and what their purpose is and steps to completing them, I wanted to highlight the PEP requirements for first the PECAT.

Exact language in the proposal states that applicants that plan to use grant-related federal funds including federal and non-federal matching funds to create, update or enhance their physical education curricula are required to use the PECAT and submit their overall scorecard and their curriculum improvement plan for PE curricula.

In regards to PEP requirements for the HECAT, it states that also those applicants that plan to use grant-related funds including federal and non-federal matching funds to create, update or enhance their nutrition instructions in health education must one, complete the healthy eating module of the HECAT, two, use the curriculum improvement plan from HECAT to identify curricula changes to be addressed during the funding period and then finally describe how the HECAT assessment would be used to guide nutrition instruction curricular changes.

So I'm going to first start and provide details about what the PECAT is and how it is used. The purpose of the PECAT is to help schools, school district, state education agencies and others conduct a clear, complete, and consistent analysis of written physical education curricula.

So similar to what (Anu) highlighted about what the SHI is and what it is not, the PECAT is as I just mentioned a tool to analyze only written physical education curriculum. It is not a tool to grade or assess or evaluate an entire physical education program.

It's just very specific to only the curriculum. The PECAT is based on national standards for physical education and it is not meant to evaluate the quality of physical education teachers.

As I just noted, the framework for the PECAT is based on the national standard for physical education. Last date of release was in 2004 by the National Association for Sport and Physical Education which I'm sure almost all on the phone are familiar with this document and with the national standards.

The PECAT actually utilizes both the standards and the student expectations that are identified within each standard and for each grade level to help really detail what should be included in a PE curriculum. As I noted a couple of slides ago, PECAT can be used by a variety of audiences.

One, it could be used by a state education agency to help formulate curriculum frameworks or even as they develop curriculum, curriculum committees that already exist or those that are being formed or physical educators at both the school district level, school level or for community organizations.

Commercial curriculum developers have used PECAT and also colleges and other preservice future prep programs for physical education. This gives us an overview of how the PECAT is organized and I'll give a little bit of detail about each of these.

First, what we consider the front material, there's just a nice overview or introduction about physical education and why there's a need for the PECAT and then a very simple set of instructions about how to complete the PECAT.

Following that is what we call part 1 or the curriculum description and preliminary curriculum considerations. Within those preliminary curriculum considerations are the following analyses: accuracy analysis which looks at how any scientific information is presented whether it's up-to-date, whether it is valid and truly accurate.

Acceptability analysis is a series of questions and you can always add your own to this that look at whether the curriculum is acceptable given the social norms, the cultural norms and just the student norms within the school and within the communities.

Feasibility analysis asks three or four simple questions about how many teachers exist, the types of facilities and equipment that are available and if the curriculum that you're proposing to use or that you do have could actually be feasibly implemented given those resources.

And then finally the affordability analysis which helps guide you through cost of materials, teacher time and anything else would go into both developing, implementing and revising curriculum.

All those pieces are to be completed prior to part 2 which is content and student assessment analyses. These are really the heart of the PECAT. The content looks at all of the - whether there are - specific lessons present within the curriculum that address all of the six national standards.

You can also add your own state's or your own local standards and ask a series of questions and it is scored on a three-point rubric. Student assessment analyses really aligns with the content analyses questions so that you know if what is being taught or what is said to be taught within the curriculum, there is actually also a protocol on how to assess students.

Each of these sections is basically organized by a grade level according to the national standards so it's K to 2, 3 to 5, 6 to 8 and 9 to 12. You can complete any one of those or all of them together if you're looking at a K-12 curriculum.

Part 3 is the curriculum improvement plan so similar to School Health Index it takes users through analyzing their scores, identifying strengths and gaps and weaknesses and setting a plan for how to improve the curriculum and then there's a set of appendices.

The major steps for completing PECAT that are outlined within the instructions tab include the following: first, selecting a PECAT coordinator and then forming a PECAT committee if there's not already a committee formed that addresses school health of physical education at the district or school and identifying specific roles of each member before proceeding with using the tool.

The second is to review materials that you have such as your curriculum or your scope and sequence, your standards, whatever that might be and of course looking through the PECAT before actually using it.

Step 3 is to complete that series of preliminary curriculum considerations both for analyses. The fourth step is using the content and student assessment analyses and then finally creating your plan for improvement.

Next turning over to HECAT, you will see that there are a lot of similarities between the two tools. The purpose of the PECAT is to help the school community select, develop and/or assess health education curricula that will help young people adopt and maintain healthy behaviors.

It is also there to help analyze the appropriateness of commercially-packaged health education curricula and this is a lot more applicable and appropriate within health education as there are several more commercially-packaged curricula in health education than there are in physical education and finally provide guidance in reviewing and improving locally-developed curricula.

The HECAT is not a tool for evaluating the effectiveness of a particular curriculum and by that we mean it is not there to look at a curriculum to determine how well it might for example improve physical activity of students or change healthy eating behaviors in terms of effectiveness.

It's not meant to analyze or select a set of ancillary materials that are apart from the curriculum itself. It is not meant to analyze all school health activities. It's just specific to health education and similar to PECAT it is not meant to assess the quality of health education or instruction that's outside of the written curriculum or to assess the teachers themselves.

The HECAT is also targeted to the same groups of people that we target the PECAT to and just to give you an overview, as I noted within PEP if you choose to address changes to health education and specific to nutrition, you would only be responsible for doing the healthy eating module or the nutrition one is a (slip bid).

But within CDC we have identified all of these as critical health behaviors and the HECAT actually provides analysis tools for each of these behaviors in Chapter 6 of the tool.

So just to give you an overview of how the HECAT is laid out, it starts with an overview of the tool itself. Chapter 1 provides general instruction. Chapter 2 is general curriculum information. Chapter 3 is overall summary forms.

Chapter 4 goes into preliminary curriculum considerations that are the same as what we see in the PECAT but obviously applicable to health education. Five is curriculum fundamentals and 6 is curriculum analysis modules where you would find the specific module on nutrition and healthy eating.

Just to give you a little bit more about what's in each piece. The overview is similar to the intro in the PECAT. It introduces HECAT and provides a rationale and basis for development and design.

Chapter 1 gives general instructions and it includes starting a review process, reviewing and analyzing curriculum, using the HECAT results to inform future decisions. Chapter 2 is a general curriculum information that captures descriptive information about the curriculum that doesn't require any sort of rating or scoring.

This really serves as a first step for determining if a curriculum meets basic parameters and actually deserves further analysis with the tool. Three is the overall summary form that actually summarizes scores from Chapters 4, 5 and 6 so this is where there's a little bit of difference.

If you look into the PECAT, scoring is really the completed overall scorecard - is actually at the end of all of the different components of PECAT where within Chapter 3, this is where we have the overall summary form for HECAT. Chapter 4 is exactly the same as I mentioned with PECAT, it looks at accuracy, acceptability, feasibility and affordability.

Chapter 5 is looking at curriculum fundamentals and this contains tools to help analyze and score characteristics of any curriculum, learning objectives, teacher materials design, instructional strategies and materials and the promotion of norms that value positive health behaviors so the specific modules as I mentioned really make-up in this case the heart of the HECAT.

All modules in Chapter 6 identify the essential knowledge and skills that are important for students to know and be able to do and that should be included in health education curriculum, also aligning the curricula with the national health education standards and provide you with information that is critical for your analyses.

We make a note of this and this is the part which is similar to the content and student assessment analyses in PECAT that end-up taking the most time because you're really digging deep into the curriculum, identifying the areas that are addressed or those that are not in order to answer the questions within these modules.

So I'm just concluding my piece by providing the Web sites for the PECAT and the HECAT to let you know neither of those tools has an online format at this point so they need to be completed in hard copy paper-and-pencil format and now I'm going to turn it back over to (Anu) to share some information.

Dana Carr: And Sarah just to add to that last piece but they are available as PDFs on the Web sites, yes.

Sarah Lee: Oh yes, yes, so if you go there you can download the tool, the clarification and obviously print up any of the pages but when (Anu) was showing those screenshots of the more interactive online school health index, we don't have those created yet for these two tools.

(Anu Pajavora): Thanks, Sarah. This is (Anu) again and I just had one last thing I wanted to share with you all before we close this afternoon. The DASH training network which we lovingly call the D train is our cadre of trainers that we have through the CDC to provide workshops on our school health tools.

And specifically we have free training available for the School Health Index, HECAT and the PECAT so three of the tools that you learned about today on this Webinar, we have free training available for those. What happens is we have a master trainer that will come to your site and we will pay for all of their expenses.

Ultimately what we're looking at for eligibility is a site needs to ensure that they can provide at least four hours worth of training time to ensure that there's hands-on work that's actually happening during the workshop and we are willing to go up to two days long for HECAT and PECAT workshops.

We are looking for these types of workshops to be hosted by some sort of state or local entity. This is not meant for an individual school so unfortunately because of our limited resources, we can't send a trainer out just for one school but if you have like a countywide system or a large kind of regional group of schools or districts that want to get together to arrange a training, we'd be very happy to work with you to do that.

So Web site for more information about that is provided there. On that Web site as you'll see, some frequently-asked questions that provide more information about what you're responsible for, what we're responsible for. It also provides a place where you can request a workshop so there's a form you have to fill out and a place where you submit that.

Now based on what all we've shared with you related to your PEP requirements, note that related to the School Health Index you are required to do the School Health Index in a short period of time prior to submitting your PEP application so there may not be adequate time to have a trainer come to your site because we do require several weeks if not months notice to get all the logistics together to send a trainer there.

However, for the School Health Index you are required if you receive funding to do it again at the end of the project period so we would be happy to work with you to send a trainer to your site.

Now of course for the HECAT and PECAT, if you choose to make any curriculum changes over your project period, it would be extremely appropriate to have one of our trainers come out to your site and help you through that process so we wanted to make sure you were aware of this service available to you.

We do have limited dollars for this so it is first-come, first-served and based on kind of the readiness and all those types of things that you all can do on your end but we would be happy to assist you in that regard.

So with that from our end, from CDC Division of Adolescent and School Health, we'd like to thank you all for joining us on this Webinar and we will turn it back over to Dana.

Dana Carr: Thank you and I think at this point, thank you so much (Anu), (Alison) and Sarah for a very informative Webinar and look forward to hearing a little more in-depth tomorrow about the School Health Index from you (Anu) and with that, we will take - we have a few minutes - for questions so I think the operator will come on and moderate this question portion.

Coordinator: If you'd like to ask a question at this time, please press star then 1. Please unmute your phone and record your name clearly when prompted. Your name is required to introduce your question. Once again if you would like to ask a question, please dial star then 1 at this time. Our first question comes from (Jo Moeller). Your line is open.

(Jo Moeller): Hi, I was wondering if you could tell us what analysis will be required for community-based organizations?

Dana Carr: This is Dana. We did not put in place a requirement for a specific tool for community needs assessment because when we published the requirements, there was not one that was publicly available to all applicants or to anybody in the field that was sort of research-based sort of like the School Health Index.

In our application package, we do offer a couple of ideas of tools. Since the requirements were published, the CDC has put out what's called the change tool which is sort of based on the School Health Index model and would be a great tool for community-based organizations to consider.

If you are, YMCA also has a similar tool. At the time of the requirement, it was not publicly available, available only to YMCA members organizations so there are a couple of them out there.

There's also a tool called "Enact" out there as well so we've provided a couple of examples in the application package for you to consider.

(Jo Moeller): Okay, so in order for a community-based organization to be competitive, we are going to have to demonstrate local needs similar to what the school districts are providing, correct?

Dana Carr: So there are two answers to that and I'm sorry, I should have said this at the beginning so if you are just going it alone as a community-based organization without a partner group of which an LEA would be a member, yes, you're required to designate.

Now I should also say that many state and local health departments also offer community needs assessments. I believe Boston has them that's similar to the School Health Index but is a community-based one as well if I'm not mistaken off the top of my head and it's not a competitive preference. This is actually a requirement.

(Jo Moeller): Okay.

Dana Carr: So the basic idea is that we want folks to actually assess what the needs and gaps are and design a program that will help meet the needs of gaps...

(Jo Moeller): Okay. Okay.

Dana Carr: Okay?

(Jo Moeller): Thank you.

Dana Carr: Thank you.

Coordinator: Our next question comes from (Janet). Your line is open.

(Janet): Good, you got me.

Coordinator: (Janet), your line is open.

(Janet): I'm not (unintelligible).

Coordinator: We'll move on to the next question. (Nancy Craft), your line is open.

(Nancy Craft): My question concerns the PECAT and the HECAT. Does that have to be completed as part of the needs assessment for the grant application?

Dana Carr: This is Dana again. You can do it as part of the needs assessment during the application process. Likewise you can also detail your plans for doing so during the period of the grant.

We recognize that sometimes this is a process so this could be something that is undertaken sort of during the first year of the grant when you're trying to figure out what the next steps are.

What we have is a program-specific assurance that says that you will do this if that is your plan to do a curriculum update, redesign, adoption of new curriculum as part of your project.

We're not requiring that you do curriculum update, design, anything like that but if you do, you have to use an evidence-based tool based on the PECAT and HECAT assessment.

(Nancy Craft): Okay, well, a follow-up. When schools are out, it's impossible to put together teams to do this analysis since it's summertime.

Dana Carr: Is there a question?

(Nancy Craft): Well, I'm just saying how does the government expect us to do that and will you receive less points then for that particular portion if you don't have it, but if you don't have teachers or staff or students available, how are you expected to put together a team?

Dana Carr: I think I'm a little confused as to what part you're asking about. Are you asking about the PECAT/HECAT, the School Health Index or the partnership team?

(Nancy Craft): No. Doing the index because according to the Federal Register, it looked like that was the requirement for the needs assessment section of the application.

Dana Carr: I'm sorry. I heard your initial question as being about a PECAT and HECAT so pardon my confusion. As part of the application process, we're asking that folks do an assessment of what their needs or gaps are.

We recognize that this is not ideal timing for anybody. We recognize that. We have been trying to get this out the door as quickly as possible but unfortunately we are required to spend the funds by September 30th of this year so we needed to have this competition as soon as possibly could get it out the door.

We recognize that it's a challenge for folks in the field but we are hopeful that it's a great opportunity that people will be able to take advantage of.

Coordinator: Our next question comes from (Cathy). Your line is open.

(Cathy): Hi. If we apply as a district and want to include all of our 26 middle schools, would we have to submit 26 separate SHIs?

Dana Carr: This is Dana again. That's a really great question. I'll answer it initially and then I'm going to turn it over to (Anu) if she has any thoughts about how to kind of pull this together.

You can do it that way or you can present to us more of an aggregate report which would sort of present all the findings across your schools and that's why we've had folks do it both ways in the past.

We have had the School Health Index as an invitational priority for the last couple of years and we've had many applicants who have given us aggregate findings as well as specific to school findings, usually not as many as 26 schools but certainly we've had that happen in the past. (Anu), do you have any thoughts on how that could look?

(Anu Pajavora): Yeah, Dana. Thanks for that question. I mean, I think it's going to be a challenge for some folks I understand your concern because the School Health Index is a school-level tool but as Dana indicated I think either providing the individual reports from the schools or putting together some sort of aggregate report to fulfill your requirement I guess are really the only options.

Please note that our online version doesn't do any automatic aggregation of data and that is because of a specific reason, because the School Health Index is a school-level tool and the data are not meant to be compared from one school to another.

We have not created a system that allows for district level aggregation so unfortunately our online system won't automatically do that for you; however, what you could do, there's a couple of different ways to handle it.

You could guide your schools - all 26 schools - in creating some sort of standardized username and password such that after they complete their assessments, you could go in there and extract their data and compile an aggregate report.

Or you could have the schools at the end of their assessment send you their overall scorecards and plans for improvement by copying and pasting what's available through our online version and sending them to you to be aggregated.

So there are a few different ways that you could do that but our online version won't automatically do it for you but you can use the online version to do that.

(Cathy): Thank you.

Coordinator: Our next question comes from (Debra Johnson). Your line is open.

(Debra Johnson): Thank you. I have a question for a community-based organization that is going to enter into a partnership with the local schools but the community-based organization boys and girls club would only be serving primarily the kids that come to the club activities.

What would be your advice on the assessment tools for that? I mean, would you do it for the whole school district? Would you try to create some kind of assessment of the kids that are part of the boys and girls club that coordinate the programs with the school?

Dana Carr: This is Dana. That's a really good question and given the time we've got left, it may be best to kind of address that offline. What I would say is if you're going to be so in general, the students that you're going to be serving sort of

three-year project. Are you going to be serving all the students in your district or just the students who are sort of in that age group?

(Debra Johnson): Just the students who attend the boys and girls clubs.

Dana Carr: So I would - and your LEA partner - is sort of the school that most of those kids come from?

(Debra Johnson): Right.

Dana Carr: You could do the School Health Index in looking at the programming that's happening at the school level and then look at what's happening at the boys and girls club and try to design a program that's complementary to, enhances, does not duplicate or compete with what's happening at the school.

(Debra Johnson): Okay.

Dana Carr: Or you can do a community - I believe actually the requirement is that if you're going to partner and you have a partner, should you have to use the School Health Index.

(Debra Johnson): Okay, thank you.

Dana Carr: Now that I'm saying that out loud, yes.

(Debra Johnson): Okay. Thanks.

Dana Carr: But we can discuss it in more d-- either with me, Carlette Huntley is the competition manager and can discuss it with you in more detail offline as well.

(Debra Johnson): Thank you. Thanks.

Coordinator: Our next question is from (Cathy). Your line is open.

(Cathy): The BMI data collection versus the screening, te parental opt-out. Does that apply only to the screening or also to the data collection?

(Alison Neiheiser): This is (Alison). It applies to both the aggregate data collection and the BMI screening. Some parents may not want their child's height and weight measured for whatever reason and so allowing parents to option to opt-out will create more buy-in for the program.

(Cathy): Well, I'm in Texas and Texas state law requires that as part of the fitness assessment for students in grades 3 through 12.

Sarah Lee: This is Sarah. It's similar to any other type of school-based research and we understand that there are some states that are passing fitness testing as a requirement across the board but and actually almost all school-based research whether it's health-related or not, parents have - it's their right - to actually opt-out of having their child enrolled in data collection.

(Cathy): I'd have to check on that because I'm not aware of that.

Dana Carr: And this is Dana and the only other thing I would add is that as part of the requirement for PEP, parents would have to be part of the policy sort of decision-making process to qualify for the preference points as part of this priority. It's sort of an aside. Just want to throw it out there.

Coordinator: And once again if you would like to ask a question, please dial star then 1 at this time and record your name when prompted.

(Alison Neiheiser): This is (Alison) again just to kind of follow-up on that question. One suggestion is you might want to give the parents an opportunity to opt-out from having their child's data included in the PEP-specific aggregated data collection so while they would be under state law required to do the fitness testing, they still might not want their child's data being included in that overall aggregate and being shared.

Coordinator: We have one last question from (Leanne Nichols). Your line is open.

(Leanne Nichols): If we're doing strictly PE curriculum, do we have to do the HECAT or just the PECAT?

Dana Carr: If you only - this is Dana again - if the only curriculum that you're going to change or update is PE curriculum, then you would only have to do the PECAT. You are still required in this program to undertake on some programming related to instruction in healthy eating but if part of that is not going to be changes to a curriculum, then there is no need to do the HECAT. That make sense?

(Leanne Nichols): Yes, thank you.

Dana Carr: Okay, cool. Thank you.

Coordinator: Once again if you would like to ask a question, please dial star then 1 at this time. And I have no further questions.

Dana Carr: Great. This is Dana again. I want to thank our friends at CDC (Anu), (Alison) and Sarah and I would like to thank all of you for calling-in today. Again if you have questions, you are more than welcome to follow-up with us.

Carlette Huntley is the competition manager and her e-mail is Carlette, C-A-R-L-E-T-T-E dot Huntley H-U-N-T-L-E-Y at Ed E-D dot G-O-V. Her information is available on our Web site and we'd encourage you to look at the application package.

We've done our best to answer as many frequently-asked questions that we could think of in there and if you don't see any of your questions, please follow-up with us and we are more than happy to help.

Thank you again and we look forward to seeing your applications.

Sarah Lee: Dana?

Dana Carr: Yes, ma'am?

Sarah Lee: This is Sarah. I'm sorry to jump in. I know that we still have maybe a couple minutes but there was a question that was posted in the chat box and I was wondering if we could address it because it seems like a relevant and important piece to hit before we get off the phone.

Dana Carr: Oh, sure. Is it just this last one that just popped up?

Sarah Lee: Yeah, is that okay?

Dana Carr: Absolutely, yeah. I was scrolled to a different one so please, please, yes.

Sarah Lee: Okay, and others please jump in as we address this one but pretty much what it's asking is don't most school nurses document height, weights, ages, gender at some point during the year? Couldn't this previous documentation be used to complete the School Health Index?

The School Health Index doesn't use heights, weights, age and gender in order to assess the school health policies and programs. The school has a (nexus) specific to policies and programs.

The height, weight, age, gender, that's specific to the BMI measurement programs in school and one thing to note is that the BMI aggregate data collection does not have to occur before the grant period.

What you would be signing as a competitive preference - you would be signing an intent - or you'd be stating in the application and in time to collect aggregate BMI data collection during the funding period.

And then in your application, you would say that you would go through - that you would follow - these protocols that we identified in the application but it's not linked to the School Health Index. (Anu), do you want to add anything else?

(Anu Pajavora): No, I think you've summarized that well.

Sarah Lee: Okay.

Dana Carr: The other point I just wanted to hit on is part of the question was if school nurses - don't school nurses - collect that information during the school year and it really varies across the country whether height, weight and the calculation of BMI - what's the percent from our 2006...

Woman: So we know about 40% of school districts collect height, weight or body mass.

But what Sarah's trying to say is, you know, so that's less than half of the country that actually does that or half the schools that actually do that. However, even though they collect height and weight, that doesn't necessarily mean that they calculate body mass index to assess weight status.

So for this competitive preference priority, you're being asked to calculate the body mass index from the height and weight. Sarah, is there anything else you want to add?

Sarah Lee: I don't think so and I think that, you know, as I said I think it really varies in terms of if it is being collected, two things: one, who's collecting it because sometimes it is the physical education teacher. Sometimes it might be the school nurse. Sometimes it might be a community care provider that works with the school so it really varies.

And then the second piece is for what purpose and how often and as (Alison) said, whether the appropriate safeguards are in place to do it so those are all great questions.

Dana Carr: This is Dana Again. (Josh), you had a similar - another question - regarding the PECAT and HECAT timing and I think in your comment you sort of nailed it exactly right in terms of you have to undertake the School Health Index or another assessment at the time of application but the PECAT and HECAT can be undertaken as part of the grant itself.

It does not have to be undertaken as part of the preliminary work going into it. All you need to do is sign a program-specific assurance as part of the application that says that you will do it if you're going to undertake curriculum updates or enhancements.

And there are a couple of other questions in the chat box. Does anyone want to voice any now while we have our experts on the phone? Okay, hearing none, again you're more than welcome to contact any of us with additional questions and I think with that, that concludes - unless CDC ladies, do you have anything else you'd like to add?

Sarah Lee: I don't think so. We just wanted again to thank U.S. Department of Ed and Dana and Carlette and (Liza) and others up there. Thank you so much for involving us and thanks to everyone else on the call.

Dana Carr: And thanks to you all and again, please let us know if y'all have any questions. With that we will conclude.

Coordinator: Thank you for joining today's call. You may disconnect at this time.

END