



TRANSFORMING SCHOOL HEALTH ENVIRONMENTS

Insights from the Healthy Schools Initiative in El Paso

Introduction

Schools serve as a primary developmental context for youth in the U.S. and provide an opportune setting to enhance health and well-being (Wechsler et al., 2000). School health initiatives are essential in bolstering youth well-being as the health-related policies and practices implemented in schools help reduce health risk behaviors among youth (World Health Organization, 1997). Effective interventions that encourage the adoption of school health best practices can lead to improved youth health outcomes, such as increased physical activity and healthier eating habits (Barnes et al., 2021). Therefore, it is crucial to both facilitate the implementation of these best practices and measure the effects of related programmatic interventions. This study evaluates the impact of Action for Healthy Kids' Healthy School Initiative on the adoption of school health best practices among a sample of 60 schools in the El Paso, Texas region.

The Healthy Schools Initiative, spearheaded by Action for Healthy Kids (AFHK), was launched to enhance child health within the El Paso region, a predominantly Hispanic community along the U.S.-Mexico border. This initiative utilized the Whole School, Whole Community, Whole Child (WSCC) model as a comprehensive school health promoting guide for its intervention efforts (Lewallen et al., 2015).

AFHK played a pivotal role in supporting school districts to actively engage in expanding health-related activities and infrastructure, enhancing parental and community involvement, and developing health policies. Additionally, the initiative formed a regional coalition, thereby fortifying a network of support and resources dedicated to promoting school health. This coalition was instrumental in organizing events such as school health summits and providing targeted training and virtual learning sessions, all aimed at enriching the community's resources to support child health.

The initiative also provided grant funding to specific schools, further supporting their efforts to implement and sustain health-promoting practices. Through these comprehensive actions, the Healthy Schools Initiative sought to foster an environment where children's health and well-being are holistically prioritized and supported.

In this study, we evaluate the impact of the Healthy Schools Initiative on the adoption of school health best practices, using the School Health Index (SHI) for assessment. Our focus is on 60 schools within the El Paso region that participated in the initiative and completed multiple SHI assessments. The findings will provide crucial insights into how the Healthy Schools Initiative, guided by the WSCC framework, enhances the implementation of school health best practices.

Methods

Sample

This study draws on data from 60 schools across four school districts in the El Paso, Texas region. Each of these schools completed the SHI annually over two consecutive years within the 2019–2022 period. Of these schools, 20 applied and received grant funding in the amount of \$1,000 for one year to implement a program or initiative around physical activity or social-emotional health (referred to as grant schools), while the remaining 40 schools did not receive any additional grant funds (referred to as non-grant schools).

The participating schools are located within districts that vary in size, with student enrollments ranging from 6,076 to 50,709. Demographically, the districts are predominantly Hispanic, with an average of 91% of students identifying as Hispanic (ranging from 84 to 95%). Additionally, on average, 71% of students in these districts qualify for free or reduced-price lunch, with individual districts ranging from 61% to 79%. More detailed demographic information about the districts can be found in Table 1.

STUDY SAMPLE



TABLE 1. Demographic characteristics across the study school districts (n=4).

	Mean	Range
Student Enrollment	35,283	6,076–50,709
Free or reduced-price lunch eligibility	71%	61–79%
Four-year high school graduation rate	90%	84–95%
Race / ethnicity*		
Hispanic / Latinx	91%	84–95%
White	5%	3–9%
African American / Black	2%	1–3%
Asian American	1%	0–1%

*Due to rounding, percentages do not add to 100.

Procedure

AFHK required that at least 50% of schools in each of the four districts participating in the Healthy Schools Initiative complete the SHI annually. The assessments were conducted online via the AFHK Portal from late spring to early fall, reflecting the previous school year’s activities. Completing the SHI typically took one to two hours per school. To ensure accuracy in responses across various health topics, schools were advised to gather their campus wellness teams to review and answer the questions collectively. The primary purpose of the SHI results was to assess the level of implementation of health practices within the districts and to identify where schools fell short of best practice standards.

Materials

The SHI is a comprehensive tool developed by the CDC that provides an assessment of the extent to which school health best practices are implemented. AFHK has customized an adapted, shortened version of the SHI to ease burden of completion on schools and is comprised of the following nine modules: School Health and Environment; Nutrition Environment; Health Education; Physical Education and Physical Activity; Social and Emotional Climate, School Health Services; Staff Wellness; Family Involvement; Community Involvement.

Questions within each module are rated on a 0–3 scale, where 0 indicates practices not being in place at all and 3 denotes practices being fully in place. The scores were aggregated across modules to reflect overall implementation of school health best practices, with potential scores ranging from 0–228 for elementary schools and 0–237 for middle and high schools.

Analytic Strategy

The data analysis includes only those schools that completed the SHI in two consecutive years: a baseline SHI score from the year prior to the intervention and a SHI score at the end of the intervention year. This approach allows for direct comparison between grant and non-grant schools.

Among the analytic sample, we calculated a percent change score to measure improvement across a one-year period. This was done by subtracting the baseline SHI score from the post-intervention score, then dividing the result by the baseline SHI score, and finally multiplying by 100 to convert it to a percentage. We then computed the average percent change for the grant and non-grant schools, enabling a comparative analysis on the impact of the Healthy Schools Initiative.

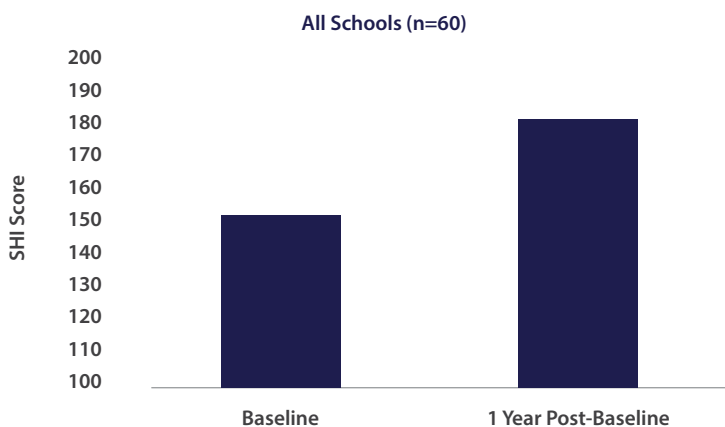


Results

The analysis included 60 schools within the participating districts, with 20 schools receiving one year of additional grant funds (grant schools) and 40 schools not receiving additional grant funds (non-grant schools).

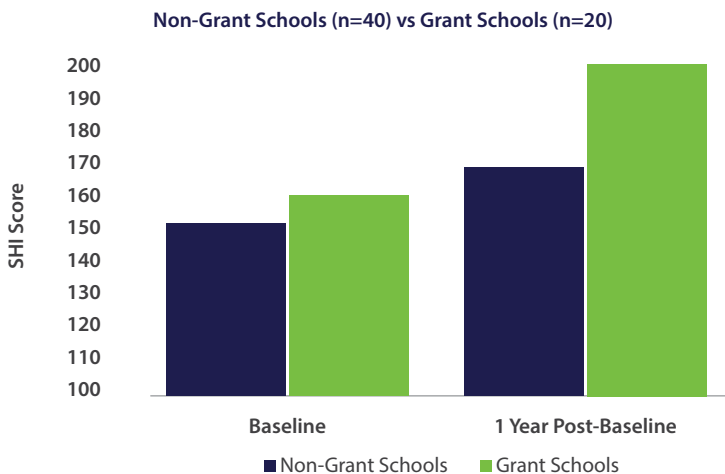
Overall, across all 60 schools participating in the Healthy Schools Initiative, there was a 20% increase in SHI scores over a one-year period compared to their baseline assessment (see Figure 1).

FIGURE 1. One-year changes in SHI scores among all schools participating in the Healthy Schools Initiative.



Larger improvements were documented among grant schools relative to non-grant schools (see Figure 2). Specifically, grant schools experienced a 25% increase, on average, in their SHI scores one year after their baseline assessment, whereas non-grant schools showed an average 17% increase.

FIGURE 2. Comparison of one-year changes in SHI scores between Healthy Schools Initiative non-grant and grant schools.



Discussion

School-based health interventions have demonstrated effectiveness in promoting healthier behaviors among students. This study underscores the potential of schools to create nurturing health environments and make significant improvements in their implementation of school health best practices. **Over a one-year period, all schools participating in the Healthy Schools Initiative showed an average increase of 20% in their SHI scores, highlighting the initiative's effectiveness in promoting healthier school environments.**

The analysis also revealed that schools receiving additional grant funds demonstrated a greater improvement (25%) compared to those without additional funds (17%). This underscores the value of targeted financial support in strengthening the impact of school health interventions. The literature further supports the use of collaborative strategies between school staff and external stakeholders to initiate and sustain momentum for school health interventions (Austin et al., 2006; Butler et al., 2011; Sherwood-Puzzello et al., 2007).

Limitations

Several study limitations should be noted. First, SHI data collection was inconsistent; for example, some schools did not complete the SHI in consecutive years and were therefore excluded from the analysis. Second, due to non-random assignment of grant funding, it is possible that other factors may have contributed to the observed greater improvements of grant schools compared to non-grant schools. Finally, the study focused on total SHI scores and did not analyze scores for individual SHI modules. Future research should examine changes in specific module scores within the SHI to better understand which areas experienced the most significant improvements as a result of the Healthy Schools Initiative.

Conclusion

This study demonstrates the positive impact of the Healthy Schools Initiative on enhancing school health best practices within a predominantly Hispanic community along the U.S.-Mexico border. The findings underscore the critical role of strategic support in amplifying the benefits of school health interventions. The elevated improvements of grant-funded schools particularly illustrates how additional resources can further bolster the implementation of best practices in school health. To continue advancing school health environments, schools should foster continued collaboration with community stakeholders and maintain annual SHI assessments to monitor their ongoing efforts to improve school health practices.

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