Benjamin Joslin
5555 S. Everett Ave.
Chicago, IL 60637

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To Whom It May Concern:

I would like to begin by thanking my advisors, Adam Becker and Darius Tandon, for their tremendous patience and support over the last 2 years. Similarly, I am incredibly grateful to Rishi Agrawal for holding me accountable for completing my culminating experience, while accommodating my professional responsibilities outside the Program for Public Health. Without these three mentors, I not only would have failed to complete this manuscript, I also would have missed the opportunity to translate classroom theories into the field experience I find most valuable.

The following table summarizes how my work meets 5 competencies of a culminating experience:

Competency	Detail How the Competency Was Synthesized in Your Project (may be through project activity, written product, and/or presentation
D2.2: Select quantitative and qualitative data collection methods appropriate for a given public health context	In my CE, I utilized qualitative research methods (semi-structured interviews and a focus group) to evaluate the collaborative effort between CBOs and schools to meet local school wellness policy (WP) goals.
D2.15: Evaluate policies for their impact on public health and health equity	In my CE, I evaluated evidence for the required components of all WPs and *Healthy CPS*, guidelines to help CPS schools adhere to Chicago's school wellness policy.
CHR1: Describe behavioral, social, and cultural factors that contribute to the health and well-being of communities	In my CE, interview and focus group findings highlighted behavioral, social, and cultural factors that contribute to health. Namely, social and cultural barriers involving food that continue to challenge schools' ability to meet WP guidelines.
CHR 4: Use relevant theories, methods, and research principles for designing and conducting community health research	In my CE, I collaborated with community engaged researchers to design and conduct a qualitative research project with nine CPS schools, a group of CBOs (+Network), and community health workers.
CHR 5: Translate and disseminate research findings in collaboration with diverse stakeholders	In my CE, I coded transcripts of semi-structured interviews and a focus group to identify key themes. I then integrated these themes into a presentation that was given to CPS, CBO, and other stakeholders on August 26, 2019.

“Meet them where they are.” How +Network partners support and struggle with Chicago Public Schools to meet local school wellness policy goals

Benjamin Joslin

MPH Candidate

Northwestern University

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Abstract

Objective:

In the United States, childhood obesity rates have remained high and unchanged since 2003, creating a host of health risk factors and negatively impacting academic performance. Schools play an important role in promoting health and preventing obesity among children and adolescents. The Child Nutrition and WIC Reauthorization Act of 2004 required school districts to develop and implement a local school wellness policy (WP) by the 2006-07 school year. At a minimum, WPs must include goals for nutrition promotion, physical activity, food and beverage restrictions, and stakeholder engagement. By 2013, 95% of districts nationwide had adopted a WP. *Healthy CPS* is an initiative led by Chicago Public Schools (CPS) to help schools comply with the district's WP by streamlining the policy into four "badges." Since earning badges has been challenging for many schools, CPS developed the *+Network*; community-based organizations (CBO) across Chicago that provide Healthy CPS support.

Methods:

In this paper, I utilize qualitative research methods to address whether +Network partners are effective at helping schools achieve Healthy CPS guidelines. Nine, semi-structured interviews and one focus group were completed. A codebook was created by a team of three, independent evaluators and I conducted thematic analysis on the transcripts.

Results:

Semi-structured interview and focus group respondents agreed that +Network partners provided a number of services that helped schools meet Healthy CPS guidelines. Notably, +Network partners engaged parents in Healthy CPS planning, facilitated health-based workshops for students, and connected school staff and community members with essential health services. However, regardless of +Network partner presence, schools continue to struggle to meet Healthy CPS guidelines due to cultural traditions involving food, an unequal distribution of resources across schools, and ineffective planning and messaging from CPS. Respondents suggested CPS engage parents and schools when developing future Healthy CPS or WP guidelines.

Discussion:

While more school districts are implementing WPs, research shows that many WPs are not complete or comprehensive. Schools face barriers integrating health messages and activities into a growing academic curriculum. This research, while limited by a small sample size and lack of quantitative support, demonstrates the +Network is a support structure that is capable of filling certain gaps to help schools meet WP guidelines. They are most effective providing nutrition, physical activity, and sexual education messaging; three topics increasingly seen in WPs across the country. Still, +Network partners were unable to help schools overcome cultural barriers around food which continues to challenge many school districts. As noted by respondents, engaging parents and school staff when developing WPs may present culturally acceptable solutions to these and other barriers. Future work would benefit from a mixed methods approach combining interviews with analysis of education and health outcomes.

Background

The Child Nutrition and WIC Reauthorization Act of 2004 requires school districts participating in the National School Lunch Program or other Child Nutrition Programs to develop and implement a local school wellness policy (WP) by the first day of the 2006-07 school year.[1] The Healthy, Hunger Free Kids Act of 2010 expanded this requirement and required the U.S. Department of Agriculture (USDA) to develop regulations that provide a framework and guidelines for local wellness policies that include, at a minimum:[2]

1. goals for nutrition promotion and education;
2. goals for physical activity and other school-based activities that promote student wellness;
3. nutrition guidelines for all foods and beverages available on each school campus during the school day that are consistent with federal school meal standards and standards for foods and beverages sold outside of school meal programs (i.e., "competitive foods and beverages");
4. permission for stakeholders (parents, students, teachers, school food authority, school board, school administrators, and the public) to participate in policy development, review, and updates;
5. a requirement for the district to inform and update the community about the policy's content and implementation;
6. a requirement for the district to periodically measure and make available to the public an assessment on implementation, including school compliance, alignment with model wellness policies, and a description of progress made in attaining the wellness policy goals; and
7. designating one or more district and/or school officials responsible for ensuring school-level compliance with the wellness policy

A team of researchers at the University of Illinois and the University of Michigan established the Bridging the Gap research program to evaluate the adoption and progress of WPs from 2006-2014.[3] To date, Bridging the Gap is the most comprehensive, ongoing nationwide evaluation of written school district wellness plans. Their research found 95% of districts nationwide had adopted a WP at the beginning of school year 2013-14.[3] Nonetheless, the inclusion of the required policy components continued to vary greatly; nutrition education, physical activity, school meals, and evaluation provisions the most common and competitive food guidelines the least. The first part of this paper will examine the evidence for each of the major policy components in the literature: Nutrition Education, School Meals, Competitive Food and Beverages, and Physical Activity.

Nutrition Education

Students in the United States do not receive adequate nutrition education. According to the Centers for Disease Control (CDC), schools play an important role in helping students establish healthy eating behaviors by providing nutritious and appealing foods and beverages, consistent and accurate messages about good nutrition, and ways to learn about healthy eating.[4] However, studies show U.S. students receive less than 8 hours of required nutrition education each school year, far below the 40-50 hours that are needed to affect behavior change.[5] Additionally, the percentage of schools providing required instruction on nutrition and dietary behavior decreased from 85% to 74% between 2000 and 2014.[3] Inadequate education on a healthy diet has consequences on student health and academic performance.

Although a healthy diet of fruit and vegetables play an important role in the development of children and adolescents, intake of these food groups varies by age and income. The Dietary Guidelines for Americans, recommends consuming different types of vegetables, including dark green, red or orange, starchy, and other vegetables, and fruit, especially whole fruit.[6] Between 2015–2018, approximately three-quarters of children and adolescents aged 2–19 consumed fruit on a given day.[7] The percentage of children and adolescents who consumed any fruit on a given day decreased with age. The percentage of children and adolescents who consumed any fruit on a given day increased with income, from 72% of those from families with income less than 130% of the federal poverty level (FPL) to 80% of those from families with income equal to or above 350% of FPL.[7] Locally, 70% of students in Chicago do not eat the recommended number of fruit and vegetable servings per day.[8] Diets lacking in fruits and vegetables but high in fat and added sugar pose a significant risk for developing harmful health conditions and even poorer academic performance.

Diet plays an important role in preventing chronic diseases, supporting good health, and improving academic performance. It is well-established that a well-balanced diet prevents heart disease,[9] Type 2

Diabetes,[10] overweight, and obesity[11] in children. Inversely, deficits of specific nutrients (i.e. vitamins A) are associated with lower grades and higher rates of absenteeism and tardiness among students.[12-13] Research also shows that nutrition education can teach students to recognize how healthy diet influences emotional well-being and how emotions may influence eating habits.[14] A growing body of evidence also supports the correlation between a well-balanced diet and academic achievement. Lack of adequate consumption of specific foods, such as fruits, vegetables, or dairy products, is associated with lower grades among students. One study evaluating 36,284 adolescents in grades 7-12 found inadequate consumption of fruits and vegetables was common among the study population and was correlated with low family connectedness, weight dissatisfaction, and poor academic achievement.[15] Another study surveying 325 junior high school students found students with higher academic performance (average grades above 90%) were more likely to consume milk, vegetables, and fruit daily than were those who reported lower grades.[16] These studies, and similar research,[17-18] demonstrate the evidence for including nutrition education in local school WPs.

School Meals

Food insecurity, defined by the USDA as having inconsistent access to adequate food because of limited financial and other resources, continues to be a pervasive problem for children in the United States.[19] According to the USDA, household food insecurity affected 14% of households with children in 2019.[20] In the same year, 5.3 million children lived in food-insecure households in which children, along with adults, were food insecure.[20] The same report found 361,000 children lived in households in which one or more child experienced very low food security.[20] Black (19%) and Hispanic households (16%) are disproportionately more likely to face food insecurity than White households (8%).[20] Within Illinois, 1,283,550 people are food insecure, and of them, over 360,000 are children.[21] One major component driving this rate of food insecurity is access to a large supermarket or grocery store.

Food deserts, defined by the USDA as an area with a poverty rate of at least 20 percent and where at least a third of the population lives more than a mile from a supermarket or large grocery store, also contribute to the growing problem of food insecurity in the U.S.[22] A 2009 USDA report found that 23.5 million Americans do not have access to a grocery store within 1 mile of their home.[23] Approximately 2.3 million Americans live in low-income, rural areas that are more than 10 miles from a supermarket.[23] Americans living in the poorest social-economic status areas have 2.5 times the exposure to fast-food restaurants as those living in the wealthiest areas.[23] Nowhere is this more evident than in Chicago where African Americans make up approximately one third of the population, but almost 80 percent of the population of persistently low or volatile food access areas.[24] In Chicago, the death rate from diabetes in a food desert is twice that of areas with access to grocery stores.[25] To combat food insecurity and improve access to nutritious food, the USDA provides students with access to meals through the National Lunch Program and the School Breakfast Program.

Research shows that students who participate in school meal programs have better health outcomes and improved academic performance. In 2019, nearly 100,000 public and non-profit private schools provided low-cost or free lunches to 29.4 million children from low-income households.[26] Similarly, 14.7 million high-need students were served 2.5 billion breakfasts in 2019.[27] Students who enrolled in school meal programs benefited from more whole grains, milk, fruits, and vegetables and had better overall diet quality.[28] Similarly, eating breakfast has been linked to positive health outcomes in children, including improved cognitive function, better diet quality, and obesity prevention.[29] And, eating breakfast at school is associated with better attendance rates, fewer missed school days, and better test scores.[30-32] There is a growing body of evidence demonstrating supporting the inclusion of meal programs in local school WPs.

Competitive Food and Beverages

Competitive food and beverages, or those sold in vending machines, school stores, à la carte lines, class parties, and fundraisers that compete with school meals, contribute to the growing childhood obesity problem in the U.S. According to the CDC, the prevalence of obesity for children and adolescents aged 2-19 years in 2017 was 18% or about 13.7 million children.[33] Obesity prevalence increased with age and was more common among certain populations; Hispanic (26%) and non-Hispanic Black children (22%) had higher obesity prevalence than non-Hispanic White children (14%).[33] Children consume approximately one-third of their daily food intake while at school.[34] When available, students are more likely to purchase food and beverages high in calories, fats, and/or sugar.[34] In fact, a 2009 study found that 40% of children's diet come from added sugars and unhealthy foods.[35] Children in Chicago have higher overweight and obesity prevalence rates than US children in the same age groups.[36] Competitive food and beverages contribute to childhood obesity and the detrimental impact on overall student health and academic performance.

Childhood obesity has pervasive and long-lasting effects on health and negatively impacts academic performance. The consequences of childhood obesity are expansive, not only including health-related outcomes, such as hypertension, hyperlipidemia, type 2 diabetes, orthopedic problems, sleep apnea, and asthma, but also psychological, social and behavioral consequences, such as risk for problems related to body image, self-esteem, social isolation and discrimination.[36-40] An association of obesity with poor academic performance has been shown in several epidemiological, cross-sectional and longitudinal studies.[41-43] One study examined the dataset of 11,192 kindergartners from the Early Childhood Longitudinal Study in the United States in 1998.[41] Using multivariate regression techniques, the authors found overweight children had significantly lower math and reading test scores compared to non-overweight children in kindergarten. Another study demonstrated obese children have lower intelligence quotient (IQ) and exhibit poorer executive function, memory, attention and motor skills

compared with normal weight peers.[44] Thus, the adoption of restrictions on competitive foods and beverages in local school wellness policies is essential.

Physical Activity

Children of school age in the United States do not participate in the recommended daily amount of physical activity. The Physical Activity Guidelines for Americans recommend that children and adolescents ages 6 to 17 years complete 60 minutes or more of moderate-to-vigorous physical activity daily.[45] However, research shows that only 24% of children 6 to 17 years of age participate in at least 60 minutes of physical activity every day.[46] In 2017, only 26% of high school students participated in at least 60 minutes of daily physical activity in the previous week.[47] Similarly, students did not participate in the recommended number of hours of structured physical education.

National standards for physical education recommend 150 minutes per week for elementary school students and 225 minutes per week for middle and high school students.[47] In 2017, 52% of high school students attended physical education classes in an average week, and only 30% of high school students attended physical education classes daily.[48] During physical education courses, about half of high school students participated in muscle strengthening exercises (i.e. push-ups) on 3 or more days during the previous week.[48] Outside of structured, physical education classes, students also participate in physical activity during recess.

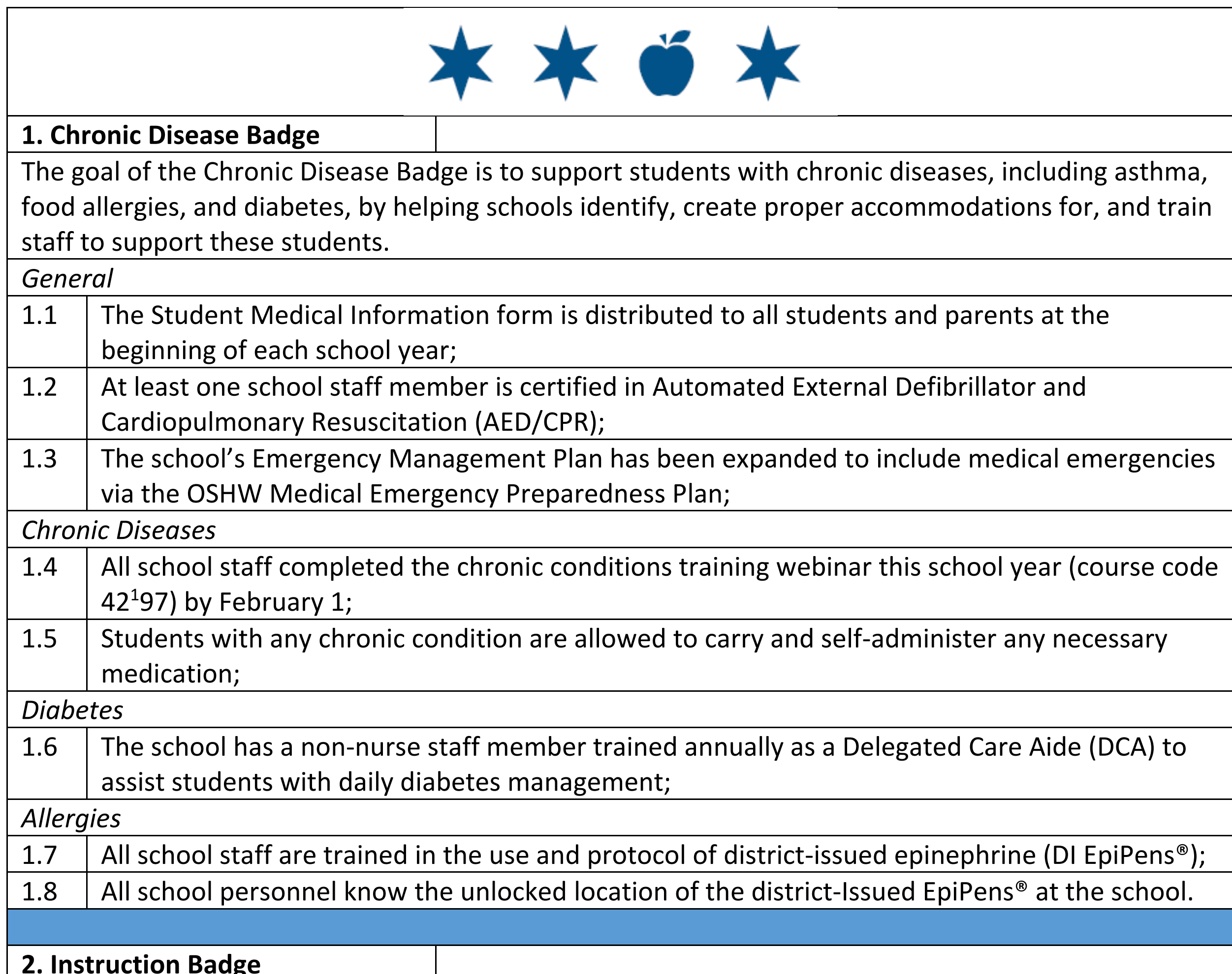
While recess has proven to be a cost-effective way to boost physical activity and improve attention in the classroom, many students still miss out on these benefits. The CDC defines recess as a regularly scheduled period in the school day for physical activity and play that is monitored by trained staff or volunteers.[49] Recess is a relatively easy and low-cost option to help students be physically active. Studies have shown that recess benefits students by increasing physical activity, improving memory, developing social and emotional bonds, and expanding concentration in the class room.[50-53] National guidelines recommend at least 20-minutes of daily recess.[54] While recent data found 90% of elementary school

students participated in daily recess, only 35% of elementary schools had 6th-grade students participate in daily recess. Furthermore, up to 40% of school districts in the United States reduced or cut recess and only eight states require elementary schools to provide daily recess since 2005.[55] The consequences of reduced physical activity, physical education, and play during recess are pervasive and wide-ranging. Physical inactivity has consequences on student health, such as increasing the risk of becoming obese, as well as academic performance. Regular physical activity can help children and adolescents improve cardiovascular fitness, control weight, reduce symptoms of anxiety and depression, and reduce the risk of developing significant health conditions (e.g. heart disease, Type 2 Diabetes, and cancer).[56-60] Evidence also shows that physical activity may help improve academic performance, including cognitive skills and attitudes.[60-62] One systematic review of 137 studies supports the view that physical fitness, single bouts of physical activity (i.e. recess), and participation in physical activity interventions benefit children's mental functioning.[63] Recess has been shown as an excellent way to combat obesity and promote child development.[64] There is evidence supporting the link between recess and combating obesity, problem solving, and attention. Nonetheless, while school districts have increasingly incorporated physical activity and education components into their WPs, there is still room to grow.

Clearly, there is evidence supporting adoption of nutrition education, school meals, competitive food and beverages, and physical activity guidelines into local school wellness policies. Real world data from Bridging the Gap suggests that school districts across the country have made significant strides developing and implementing these components into their WPs since 2006. While trending in the right direction, Bridging the Gap researchers also acknowledge that school districts face many obstacles and barriers to implementing strong and comprehensive WPs. In Chicago, CPS developed an initiative, Healthy CPS, to help schools adhere to the district's WP.

Healthy CPS

Since Chicago Public Schools (CPS) participate in federal breakfast and lunch programs, the district is obligated to develop and implement a WP. Healthy CPS is a set of guidelines developed by CPS to help schools adhere to the district's WP. The initiative also demonstrates schools' commitment to safe and healthy learning environments by offering access to daily physical activity, nutritious foods, health education and supports for students with chronic conditions. The guidelines are divided into four categories or "badges:" Chronic Disease, Instruction, Learnwell, and Health Services. Each category is designed to align with WPs focusing on health, safety, wellness, and academics to promote an ideal learning environment for CPS students. To achieve "Healthy CPS" status, schools must fulfill the guidelines in all four categories, earning a badge for each completed category. Table 1 outlines the guidelines comprising each badge.



1. Chronic Disease Badge	
The goal of the Chronic Disease Badge is to support students with chronic diseases, including asthma, food allergies, and diabetes, by helping schools identify, create proper accommodations for, and train staff to support these students.	
General	
1.1	The Student Medical Information form is distributed to all students and parents at the beginning of each school year;
1.2	At least one school staff member is certified in Automated External Defibrillator and Cardiopulmonary Resuscitation (AED/CPR);
1.3	The school's Emergency Management Plan has been expanded to include medical emergencies via the OSHW Medical Emergency Preparedness Plan;
Chronic Diseases	
1.4	All school staff completed the chronic conditions training webinar this school year (course code 42[1]97) by February 1;
1.5	Students with any chronic condition are allowed to carry and self-administer any necessary medication;
Diabetes	
1.6	The school has a non-nurse staff member trained annually as a Delegated Care Aide (DCA) to assist students with daily diabetes management;
Allergies	
1.7	All school staff are trained in the use and protocol of district-issued epinephrine (DI EpiPens®);
1.8	All school personnel know the unlocked location of the district-Issued EpiPens® at the school.
2. Instruction Badge	

The goal of the Instruction badge is to ensure students are provided accurate, high-quality and comprehensive nutrition, physical, and sexual health education.	
Sexual Health Education	
2.1	A minimum of two school staff members have completed the CPS Sexual Health Education Instructor Training within the last four years;
2.2	Only school or partner organization staff who have completed the CPS Sexual Health Education Instructor Training are teaching sexual health education in my school—no untrained staff are teaching sexual health education;
2.3	All of the required sexual health education minutes are taught annually in all grade levels at my school (300 min in K–4th, 675 min in 5th–12th);
2.4	My school sends three notifications of sexual health education to parents/guardians every year. At least one notification is written on school letterhead and includes opt-out language;
Physical Education	
2.5	My high school offers daily PE to all grade levels;
2.6	My elementary or middle school offers 150 minutes per week of physical education in alignment with the CPS PE Policy;
2.7	Fitness testing results for all students in grades 3–12 at my school are submitted into IMPACT CIM;
Nutritional Education	
2.8	All elementary schools K-8 receive nutrition education as a systematic unit of instruction;
2.9	All high school students 9-12 receive nutrition education integrated in two courses required for graduation.
3. Learnwell Badge	
The goal of the Learnwell badge is to ensure student access to healthy foods and physical activity, including: recess, nutritional standards, safe and supportive environments, and fundraising.	
School Leadership	
3.1	My principal has nominated a school Wellness Champion;
3.2	Our Wellness Team is active, meets quarterly, and reports progress to the Local School Council;
3.3	Parents, students and/or partners are involved with my school wellness team;
Physical Activity	
3.4	My school provides opportunities for daily physical activity during the school day to all students in addition to recess and physical education;
3.5	Teachers do not withhold physical activity as punishment (recess and PE);
Recess	
3.6	All K-8 students are provided with at least 20 minutes of daily recess (PE does not count as recess);
Fundraisers	
3.7	My school does not fundraise with food during the school day (defined as 12 a.m. until 30 min after the final bell);
3.8	Food is not served or sold in competition with school meals (includes fundraisers, school stores, and celebrations).
Rewards and Celebrations	
3.9	School focuses on celebrating with fun rather than food during the school day (12 a.m. to 30 min after the final bell). Any food celebrations must be catered using the CPS Catering Menu; individual classrooms do not celebrate with food;
3.10	Teachers do not use food as a reward;

Safe and Supportive Environments	
3.11	My school has staff who have attended PD on supporting LGBTQ students;
School Gardens (where applicable)	
3.12	The school garden is supported by a school garden team;
3.13	The school garden is utilized for instruction at the school at least twice a month during the growing season;
3.14	The school garden is growing edible food and striving to be Eat What You Grow certified;
Early Childhood Wellness	
3.15	A representative of early childhood (Prekindergarten 0-5) is on my wellness team (where applicable) and promotes health and wellness throughout the Pre-K program;
3.16	My school's Pre-K program implements the CPS Healthy Snack and Beverage Policy and promotes health-based services;
3.17	My school's Pre-K program provides 30 minutes of daily gross motor time and frequent movement activities integrated with academic learning, including at least 10 minutes of structured physical activity daily.
4. Health Services	
The goal of the Health Services badge is to promote student access to vision and hearing screening, dental and vision examinations, and state-required immunizations and physical examinations.	
Vision/Dental/Medical Compliance	
4.1	My school participates in CPS Dental Exam program;
4.2	My School participates in the CPS Vision Exam program;
4.3	95% of students in required grades (PK, K, 2, 8, IEP) received a vision screening;
4.4	95% of students in required grades receive a hearing screening (PK, K, 1,2,3, IEP);
4.5	My school achieves 90% medical compliance by October 15;
Medicaid Designee	
4.6	My principal has nominated a school Medicaid Designee to assist families with acquiring health insurance.

Table 1. Healthy CPS Checklist, Office of Student Health and Wellness, 2018-19

Wellness Team & Wellness Champion

Prior to the academic year, each school nominates a Wellness Champion and Wellness Team who create an action plan and implement activities to fulfill Healthy CPS requirements. Principals recommend a member of their school to serve as Wellness Champion who leads health and wellness initiatives with students, staff, and parents. Next, principals assemble a Wellness Team to complete the Healthy CPS checklist, develop an action plan with goals for the school year, and collaborate with stakeholders in various health activities. Members of the Wellness Team generally include the Wellness Champion, Medicaid designee, school nurse, teacher(s), physical and/or sexual health education instructor, as well as partnering organizations and parents. While the Wellness Champion is tasked with leading the

schools' health activities throughout the school year, the Wellness Team meets quarterly to monitor progress and track compliance with the action plan. At the end of the academic year, the Wellness Team submits the Healthy CPS Survey and, based on school performance, is awarded Healthy CPS badges.

+Network

Given the challenges of implementing comprehensive health initiatives while also meeting academic responsibilities, CPS partner schools with a select group of CBOs that provide resources and support. The +Network is a collection of CBOs across Chicago that were identified by the CPS Office of Student Health and Wellness (OSHW) as partners that share a commitment to Healthy CPS goals. The goal of the +Network is to strengthen schools' ability and capacity to achieve Healthy CPS badges and improve compliance with other Healthy CPS indicators. +Network partners are intended to support Wellness Teams structure their action plan in line with Healthy CPS guidelines, refer schools to a wide-variety of resources, and promote sustainable change. During the school year, +Network partners are expected to check-in with the Wellness Champion at least once a month and meet with Wellness Teams quarterly. At the end of the school year, the Wellness Team and +Network partners complete and submit the Healthy CPS Survey.

In summary, local school wellness policies must include guidelines promoting nutrition education, physical activity, and restrict food and beverages that compete with school meals. The literature supports the importance of each of these components on student health and academic performance. However, schools across the United States have faced structural and cultural barriers implementing effective WPs. Healthy CPS is Chicago's initiative to help CPS schools adhere to the district's WP by meeting guidelines and earning badges in four categories. The +Network is a support structure composed of CBOs that work within schools to promote Healthy CPS activities.

Research Question

This paper uses a qualitative approach to examine how +Network partners support CPS schools achieve Healthy CPS and identifies barriers and opportunities to improving their collaboration.

Methods

<u>IRB</u>

Study team members working with Lurie Children's Hospital (LCH) and Consortium to Lower Obesity in Chicago Children (CLOCC) wrote this study's Adult Information Guide (Appendix A), School Wellness Champion Interview Guide (Appendix B), and Community Partner Focus Group Guide (Appendix C). The study, "Evaluation of Little Village Student Health Initiative," was approved by the Lurie Children Hospital Institutional Review Board on May 1, 2019. I was added to the study team on May 7, 2019.

<u>Outreach</u>

Initial outreach efforts in 2019 focused on the ten CPS schools in the Little Village neighborhood. Two members of the study team contacted school principals and Wellness Champions by telephone and email to invite them to participate in a semi-structured interview. Recruitment telephone (Appendix D) and email (Appendix E) scripts were approved by the Lurie Children Hospital IRB. The study team recorded efforts to contact schools in a tracker. Participation in this study was optional. A member of the Wellness Team (Principal, Wellness Champion, or both) was asked to participate. If neither the principal nor the Wellness Champion agreed to participate, the school was not contacted again. When a member of the Wellness Team agreed to participate, the interview was conducted in-person or over the phone on a later date depending on the respondent's schedule. In-person interviews were conducted in the office of the Wellness Team member on school grounds.

Subsequent outreach efforts in 2020 expanded interview invitations to other schools with +Network partners outside of the Little Village community.

<u>Semi-Structured Interviews</u>

LCH and CLOCC study team members composed the semi-structured interview questions in the School Wellness Champion Interview Guide. Interview questions were based on study team members' knowledge of Healthy CPS and lived experience collaborating with CPS and CBOs. Questions addressed Wellness Team activity prior to partnering with +Network partners, support received from +Network partners, impact of +Network partner on school achieving Healthy CPS indicators, and +Network collaboration as a model for implementing Healthy CPS.

Prior to conducting all semi-structured interviews, study team members read the Adult Information Guide to the respondent and proceeded to the interview after receiving verbal consent. Interviews were conducted by members of the study team working with LCH and Northwestern University in the respondent's preferred language, English. Interviews were semi-structured; interviewers used the School Wellness Champion Interview Guide to prompt questions but probed beyond the Guide to elicit more information. Interviews were recorded and later transcribed to Microsoft Word by a study team member from Northwestern University.

Focus Group Interview

LCH and CLOCC study team members composed the focus group questions in the Community Partner Focus Group Guide. Questions were developed based on knowledge of Healthy CPS and lived experience working with community partners and CPS. Focus group questions assessed benefits of +Network partners within schools, whether the CBOs helped schools achieve Healthy CPS indicators, challenges while supporting schools, incentives of being a +Network partner, and the +Network as a model for implementing Healthy CPS.

A focus group was conducted over approximately 2 hours on August 10, 2019 at Latinos Progresando in Little Village. A representative from three, +Network partners participated in the focus group. The focus group was led by a member of the study team from LCH. Study team members from Northwestern University, LCH, and the University of Illinois at Chicago, were also present to take notes. The

interviewer asked participants questions in English and respondents were allowed to answer in either English or Spanish. When an answer was made in Spanish, another community partner translated the answer to English for the group. The focus group was recorded and later transcribed to Microsoft Word by a study team member from Northwestern University.

Qualitative Analysis

Three members of the study team from Northwestern University, LCH, and the University of Illinois at Chicago developed a code book from three semi-structured interviews and the focus group completed in 2019. The code book was developed by organizing themes from the interviews into the four Healthy CPS categories, including: supports provided to the schools, supports desired by the schools, facilitators, barriers, etc. I used the code book to perform an independent analysis to identify themes from semi-structured interviews and the focus group.

Sharing Results

Preliminary results from the interviews with Little Village schools were shared with the study sponsor and community partners via a teleconference on August 26, 2019. No additional requests were made for follow-up by the study sponsor or the community partners at that time.

Results

Semi-Structured Interviews

In 2019, ten CPS schools in Little Village were invited to participate in a 1-hour, semi-structured interview. The principals and Wellness Champions of three schools declined to participate. Three schools did not respond to multiple email and telephone requests to participate. Four schools participated in semi-structured interviews (Table 2). Two principals, one Wellness Champion (P.E. teacher), and one principal that acted as the Wellness Champion were interviewed. Two interviews were conducted on school grounds and two interviews were conducted by telephone.

In 2020, ten CPS schools outside of Little Village were invited to participate in a 1-hour, semi-structured interview. Six telephone interviews were completed with a member of the Wellness Team from the schools that were contacted.

School	**School Grades**	**Number of students**	**Little Village?**	**+Network Partner**
Saucedo *Maria Saucedo Elementary Scholastic Academy*	PK, K-8	943	Yes	Latinos Progressando
Kanoon *Gerald Delgado Kanoon Elementary Magnet School*	PK, K-8	478	Yes	Latinos Progressando
Telpochcalli *Telpochcalli Elementary School*	PK, K-8	232	Yes	Latinos Progressando
Hammond *Charles G Hammond Elementary School*	PK, K-8	304	Yes	Latinos Progressando
Peck *Ferdinand Peck Elementary School*	PK, K-8	829	No	Big Green
Prussing *Ernst Prussing Elementary School*	K-8	689	No	Purple Asparagus
Cuffe *Paul Cuffe Math-Science Technology Academy ES*	PK, K-8	226	No	UIC CPfHP
Haugan *Helge A Haugan Elementary School*	PK, K-8	912	No	Healthier Generation
Lyon *Mary Lyon Elementary School*	PK, K-8	1,207	No	Healthier Generation

Table 2. Characterization of schools that participated in semi-structured interviews.

Semi-Structured Interview Results Summary	
Support Provided by +Network Partners	**Quote**
Health curriculum, workshops, trainings	"They helped with a lot – so we have a garden that they've helped us out with. They also have nutrition workshops where they talk about proportion sizes, what are some of the different nutritional foods."
Developed capacity of parents to be facilitators	"She provides our parents with the opportunities to become facilitators to then present to teachers. She teachers the groundwork basically on what the topic may be and prepares them to then share with parents and provide opportunities to parents."
Linked schools with resources	"They have been able to come out and support us on family nights. They've been able to support us whenever we've needed certain resources, if we've ever had issues with curriculum, we were able to sit down and collaborate together."
Barriers to Achieving Healthy CPS	**Quote**
Cultural, religious, and structure traditions involving food	"At the beginning there were a lot of traditions in this building that dealt with foods. A lot of holidays that dealt with foods. It was a hardship to try to get teachers and parents that we weren't going to do this. Just knocking down traditions that were culturally or religiously tied to food."
Competitive foods and beverages near school	"t they set up tables outside of our school selling hot chips and just junk food to our kids early in the morning and also after school so when the kids have a few quarters or a buck or two that they've got, they're not thinking to take a buck and go down to Mariano's."
Turnover of school staff and Wellness Team members	"One of the barriers was that we just didn't have the staff members to be able to provide the amount of services that were required in Healthy CPS."
Imbalanced allocation of resources to schools	"I think that has been probably the most difficult thing that we have run into is the scheduling because we only have one physical education teacher and she needs to see 25 classrooms a week, so for us that has been the biggest struggle."
Desired Support	**Quote**
Expand +Network partnerships into new areas	"I guess I would like to see more, we talked about all these different programs, but we never really got a lot of them off the ground. Like having a focus on that one aspect of it and kind of going over that step by step so that we can actually implement it together"
Additional CPS training and strategic planning	"I guess maybe more information about what was expected before the survey came out maybe, at least on my end I didn't know any information about it until the survey comes out every year"
Improve working relationship with +Network partners	"Well, the person needs to be embedded in the school. The model to try to put in a drop in now and then or drop in to do some kind of program and leave, those kind of things are not helpful to sustaining or building up the work."

Table 3 summarizes the key support, barriers, and desired support identified by Wellness Team members who participated in semi-structured interviews.

Support Provided by +Network Partners

When asked about the types of support that +Network partners provided to help schools achieve Healthy CPS, respondents highlighted nutrition curriculum and workshops. One of the nutrition requirements outlined in Healthy CPS Learnwell guidelines (2.2) states: “All elementary schools K-8 receive nutrition education as a systematic unit of instruction.” Nutrition education in the classroom was one of the most sited forms of curriculum offered by +Network partners, as described by one respondent:

> **“Big Green really helped us out and changed our Wellness Team in terms of educating our students about nutrition…They brought in a curriculum where they introduced kids to kale for example or chick peas or items on a menu or nutritional items that kids don’t normally go for.” (Peck)**

+Network partners provided nutrition curriculum that, while required by Healthy CPS, may not be a part of the routine curriculum offered to teachers. The +Network partners filled the nutrition education gap by introducing students to healthy foods, as noted by another respondent:

> **“[Purple Asparagus] come into the classroom, they teach students about healthy eating and…healthy lifestyles and I think a little bit about, not necessarily gardening, but maybe where the food comes from and then they prepare little snack sized bites for the students and help them to expand some of the healthy choices that they’re eating.” (Prussing).**

Apart from classroom-based curriculum, +Network partners offered structured, nutrition education in the form of workshops and cooking classes:

> **“They also have nutrition workshops where they talk about proportion sizes, what are some of the different nutritional foods that you can use, or how you can substitute what you cook now, things like that.” (Hammond)**

Respondents noted that nutrition education was provided to students and their families, demonstrating another key support provided by +Network partners, community outreach.

+Network partners built capacity of parents and community members through workshops and meetings. One guideline of the Healthy CPS Learnwell badge (3.3) states, “Parents, students and/or partners are involved with my school wellness team.” According to interview respondents, +Network partners expanded their services beyond the classroom to the community by organizing a host of workshops and trainings. The principal from Kanoon highlighted the efforts of their +Network partner:

> **“[Latinos Progressando] provides our parents with the opportunities to become facilitators...She teachers the groundwork basically on what the topic may be and prepares them to share with parents and provide opportunities to parents.” (Kanoon)**

These trainings expanded knowledge and improved the sustainability of classroom lessons brought home by students. And, as another respondent notes, helped the parents feel more engaged in the school’s health activities:

> **“Definitely the workshops because parents get interested in those, they have activities, they have certificates at the end and just a lot of really good information to pass on.” (Hammond)**

By including parents and community members in Healthy CPS activities, +Network partners strengthened the schools’ ability to includes these stakeholders in their Wellness Teams. In addition to providing curriculum and engaging the community, +Network partners also connected schools with needed resources.

+Network partners provided schools with information and resources aligned with Healthy CPS goals. Interview respondents often highlighted the lack of time administrators and teachers had to prepare Healthy CPS activities. +Network partners filled this gap by providing health-based curriculum, as noted by one respondent:

"[+Network Partner] have been able to support us whenever we've needed certain resources, if we've ever had issues with curriculum, we were able to sit down and collaborate together, so I just think that's been within itself, we really do treasure that relationship because of things like that." (Peck)

In addition to curriculum support, +Network partners also introduced schools to teaching opportunities they may not have been familiar with, such as Fruit and Vegetable Day:

"Just knowing the different programs like I didn't know about the Fruit and Vegetable Day. I think that's an awesome program, it has them try different things that they never would've tried before. Being able to know about the different things that were out there, like I didn't know we could create a garden." (Cuff)

And, +Network partners were a resource themselves by answering the schools' questions about Healthy CPS:

"I'm very satisfied with it. There's a point of contact and [+Network Partner] is very quick to respond, answers all the questions I have. If [+Network Partner] doesn't know the answer, she'll find out and respond pretty quickly." (Hammond)

+Network partners were a positive contribution to the schools' efforts to achieve Healthy CPS, by providing curriculum, outreach, and resources. Still, schools and +Network partners faced barriers in their efforts to implement health and wellness policies.

<u>Barriers to Achieving Healthy CPS Goals</u>

Cultural and religious traditions involving food prevented adherence to Healthy CPS Learnwell guidelines. Healthy CPS Learnwell guideline 3.9 requires, "Schools focus on celebrating with fun rather than food during the school day…Any food celebrations must be catered using the CPS Catering Menu; individual classrooms do not celebrate with food." In a majority of interviews, respondents indicated

these food restrictions were a major challenge. Some respondents noted the cultural and, even religious, significance of celebrating with food:

> **"At the beginning there were a lot of traditions in this building that dealt with foods. A lot of holidays that dealt with foods. It was a hardship to try to get teachers and parents that we weren't going to do this. Just knocking down traditions that were culturally or religiously tied to food." (Kanoon)**

In addition to cultural and religious norms around food, income level was also noted as a reason why unhealthy food is often brought for celebrations. As stated by the respondent from Haugen, income level and lack of suitable alternatives are barriers:

> **"I would say that the biggest one that I've noticed is parents just being upset that they cannot bring in the treats…We're a low-income school, I think providing healthier treats are sometimes more expensive or they don't want to, mentality-wise, they don't want to bring pencils, they don't think that's part of celebrating, or stickers, or whatever else could be instead of a sugary treat." (Haugen)**

According to respondents, teachers, as well as parents, initially pushed back on these guidelines. Teachers, accustomed to using treats as a reward for academic achievement, felt challenged by the Learnwell guideline that requires, "Teachers do not use food as a reward." Another respondent defined the situation at their school:

> **"The initial push back of healthy celebrations…Hey, you've reached an incentive for attendance or grades or whatever it may be, we'll have a pizza party. Or teachers might toss out jolly ranchers throughout class." (Lyon)**

Although +Network partners focused on nutrition education, only one respondent noted that a +Network partner actively worked to dispel cultural norms around the use of food in schools. Not only

have teachers and parents struggled to comply with Learnwell guidelines on food rewards, they have similarly struggled with competitive foods and beverages.

Respondents indicated that competitive foods and beverages available in or around schools continue to be a barrier to achieving Healthy CPS. According to Healthy CPS Learnwell guideline (3.8), "Food is not served or sold in competition with school meals." Respondents stated that students have easy access to unhealthy food, whether by purchasing at a local convenient store or makeshift stands outside of school. One respondent from Haugan summarized a common scenario:

> **"I think some of them are, but they set up tables outside of our school selling hot chips and just junk food to our kids early in the morning and also after school so when the kids have a few quarters or a buck or two that they've got, they're not thinking to take a buck and go down to Mariano's. They're thinking what can they easily access and what's right in front of them is this junk food." (Haugan)**

From this and other responses, competitive foods and beverages challenge schools' ability to adhere to Healthy CPS guidelines because of readily available, unhealthy foods (i.e. access) and their affordability. Apart from the healthy eating messages that +Network partners provided to students and parents, no respondent indicated that a +Network partner was directly working with schools against competitive foods and beverages.

Turnover within Wellness Teams and lack of dedicated personnel continue to challenge schools' Healthy CPS efforts, especially in physical activity. Healthy CPS Learnwell guideline 3.4 states, "My elementary or middle school offers 150 minutes per week of physical education in alignment with the CPS PE Policy." Meeting this requirement was challenging for some respondents whose school either did not have a physical education teacher or shared one between classrooms, as noted by this respondent:

> **"I think one of the most difficult things that we have experienced, and we still continue to experience is the finding the 150 physical education minutes…we only have one physical**

> **education teacher and she needs to see 25 classrooms a week, so for us that has been the biggest struggle." (Peck)**

Apart from enough personnel to supervise physical activities, respondents noted related challenges that prevented them from achieving this Healthy CPS guideline:

> **"Barriers are like space, adequate supervision, these are all outside of school time. We want to keep gyms open or other spaces open but we need people to person them adequately. You have to have funding to do that. Those are harder things." (Telpochcalli).**

Teachers to assist in Healthy CPS activities are either unavailable or burdened with other responsibilities. Similarly, respondents noted that it was challenging to keep members of the Wellness Team together.

> **"There are also a lot of Wellness members that say: I'm not going to be able to do it this year. Can you please find someone else to represent the upper grade level?" (Lyon)**

Without the personnel dedicated to organize and implement health activities, some schools had a hard time achieving components of Healthy CPS. According to respondents, +Network partners filled certain gaps but were not partnered to provide long-term, sustainable solutions to the schools' personnel shortages.

Interviews revealed that there is an unequal distribution of resources available to schools for the purposes of achieving Healthy CPS. Some of the Wellness Team respondents interviewed had to be reminded of the partnering organization we were focused on because there were numerous CBOs working within their schools. One respondent stated:

> **"So yeah no, I do not off the top of my head remember [+Network Partner]. Doesn't mean that they weren't very prevalent, we've just had so many teams coming in which is great that is just one that does not stick out in my head, top of my head." (Lyon)**

Schools, like Lyon and Kanoon, are large centers within the community that benefit from established relationships with a number of CBOs. As a result of those relationships, these schools received additional resources (i.e. gym supplies) and support (i.e. trainers facilitating health activities). Other schools were either not approached by CBOs or were approached by CBOs that were offering services the school was already providing, as noted by another respondent:

> **"When I talked to [+Network Partner] earlier in the school year about what they were going to do, that was stuff that we did not need help with. There were things that we already have going on here." (Telpochcalli)**

Wellness team respondents acknowledged the unequal distribution of resources across schools as a major barrier to achieving Healthy CPS activities. While some respondents indicated access to a variety of resources and health services in line with Healthy CPS goals, others felt they were under-resourced or not strategically partnered with a +Network partner that provided a needed service. Each of these barriers formed the basis for Wellness members' recommendations to improve +Network partnerships.

Desired Support

Interview respondents recommended expanding +Network partner services within schools. As noted above, +Network partners effectively delivered health messages, organized activities, and provided schools with resources to meet Healthy CPS guidelines. However, +Network partners are CBOs that specialize in certain areas (e.g. nutrition, sexual health education, and physical activity). Recognizing the early success of +Network activities within schools, some respondents voiced an interest in expanding their relationship to other areas:

> **"We need to move to the next level, the physical aspect. Just as [+Network partner] does seminars or workshops in healthy eating and in social emotional learning, we also need to do a component in the physical like exercise classes." (Kanoon)**

Most respondents were enthusiastic about expanding their relationship with their +Network partner. Similarly, interview respondents suggested +Network partners engage a diverse array of stakeholders. Just as +Network partners specialize in certain services, they also target specific audiences. Most +Network partners targeted students, although some +Network partners focused their efforts effectively engaging parents and community members. The Wellness Team member from Hammond suggested their +Network partner could be as successful with students as they were with parents:

> **"I guess if [+Network partner] was geared more towards students then that might be more helpful for Healthy CPS but as far as the parents go, it has been I think a successful model." (Hammond).**

The majority of respondents were satisfied with +Network partner collaboration and recommended that their partnerships expand to include additional services schools may need to achieve Healthy CPS goals. Likewise, respondents felt additional training on Healthy CPS policy and forming strategic partnerships with the +Network are warranted.

Interview respondents believed that re-education on Healthy CPS policy and strategic planning with +Network partners would benefit schools' Healthy CPS record. Respondents understanding of Healthy CPS guidelines, annual planning process, and +Network partnerships differed. Some respondents were comfortable speaking about specific Healthy CPS guidelines, even quoting the required number of physical activity hours and trainings from memory. Others respondents believed they would benefit from a refresher of the Healthy CPS policy, as noted by the respondent from Haugan:

> **"I could use a refresher on the whole thing. And I think we lack some resources and almost like a timeline. I know we take the survey but there's not really like an assessment tool that we could use to help guide us as far as where our weakness or where our strengths exist." (Haugan)**

Re-training on the Healthy CPS policy would remind this respondent about accessing their school's Healthy CPS records (which are public information) and the timeline to establish a Wellness Team, prioritize goals, and implement health activities. Similarly, respondents found their Healthy CPS

initiatives might be more effective if they could spend additional time strategically planning with their +Network partner. The Wellness team member from Cuff acknowledged some +Network partner collaborations never took off because of inadequate planning:

> **“I guess I would like to see more. We talked about all these different programs, but we never really got a lot of them off the ground. Like having a focus on that one aspect of it and kind of going over that step by step so that we can actually implement it together.” (Cuff)**

Interview respondents agreed that the Healthy CPS policy is complex and schools would benefit from a refresher course on the overall goals, planning process, and available resources. Those available resources, like the +Network, would be more effective at achieving Healthy CPS goals if they had adequate time to plan health activities, according to the respondents.

Wellness Team members agreed that the working relationship between some schools and their +Network partner could be improved. How +Network partners planned their activities and communicated with schools varied across respondents. Some respondents noted +Network partners actively worked with school staff on planning health activities and engaging parents in Wellness Team preparation. Other respondents felt disconnected and misaligned with their +Network partner. For example, one respondent was unsure about their +Network partner’s goals and communication process:

> **“[+Network partner] should identify what their vision is. They should identify different goals to work towards, and have that structure and have that sense of accountability and check in with maybe a monthly conference call or some kind of monthly check in with someone.” (Haugan)**

Interviews revealed the presence of +Network partners in schools varied across respondents. Similarly, the respondent from Telpochcalli did not believe the +Network collaboration could be effective without that partner establishing a presence in the school:

> **“Well, the person needs to be embedded in the school. The model to try to put in a drop in now and then or drop in to do some kind of program and leave, those kind of things are not helpful to**

sustaining or building up the work. And the majority of the work falls on the people who are here day to day." (Telpochcalli)

Respondents agreed that improving the working relationship—namely, planning and communication—between school and +Network partner may translate to Healthy CPS success. How that relationship would be improved, whether by establishing communication timelines or a position in the school, varied across respondents.

Focus Group Discussion Results Summary	
Support Provided by +Network Partners	**Quote**
Engage parents in Wellness Team planning	"we had poster boards of every policy and section and had parents read and understand them. From there, the parents would prioritize those policies."
Facilitated events, workshops, and training for parents and community partners	"The way it works, we have parents for those schools who facilitate in the class. We meet with them and prep them and they teach the class in the schools."
Connected the community to essential health services	"at workshops, we do diabetes nutrition. We do glucose screening and referral services. Community has a lot to say."
Utilized existing school resources	"We said, what are the priorities and let's focus on those. We are coming from 20% to hopefully 50% or over because 100% is too difficult and we don't want to be that partner that demanded"
Created a safe environment that promoted healthy discussions	"Having a safe space is important so parents learn as much as possible. And having parents engage their students in sex end, nutrition, and life skills are important."
Barriers to Achieving Healthy CPS	**Quote**
School resistance to collaborate with +Network partners	"we found one school that Healthy CPS was just not on their agenda, so it was difficult working with that school. If it was not aligned it will not happen."
Inconsistent communication about Healthy CPS between schools	"At first, the principal was not sure how this engagement would work. What were we there to do? Why were we there?"
Schools lacked staff needed to collaborate effectively with +Network partners	"In contrast with another school, the champion was doing too much. Then we only had 10-15 minutes to get to talk about what we needed to talk about. That's why 2 hours and time was a luxury."
Cultural, religious, and structure traditions involving food	"It sends conflicting and confusing message when its called "Healthy CPS" but the food my children are eating is not healthy. "
Disconnect between Healthy CPS messaging and CPS school meals	"Its counterproductive when we are teaching about diabetes but there are no healthy habits at school. That was a challenge when confronting parents who ask about the lunches."
Desired Support	**Quote**
Larger CPS presence when developing Healthy CPS guidelines	"Someone from CPS coming and doing a transition and intro with our champion. Even meeting someone from CPS to answer questions about the policy"
Dedicate more time to planning Healthy CPS activities in advance	"We then coordinated with them. We would meet 1-2 weeks prior to the parent meeting and talk about what we found at the last meeting, and how should we organize the next meeting. That was the most effective best practice."
Sustainable funding	"Obviously, funding is scarce, this one was for the 10-month school year to engage in this Healthy CPS policy implementation. We can't just stop there. We obviously cannot continue if there are not funds to do the work."

Table 4 summarizes the key support, barriers, and desired support identified from +Network Partners who participated in the focus group discussion.

<u>Focus Group</u>

<u>Support Provided by +Network Partners</u>

+Network partners participating in the focus group indicated that they helped schools achieve Healthy CPS goals by engaging parents in Wellness Team planning. Healthy CPS Learnwell guideline 3.3 states, "Parents, students and/or partners are involved with my school wellness team." Feedback from +Network partners revealed that parents and community partners were engaged in the Wellness Team on multiple levels. For one, +Network partners taught parents about Healthy CPS policies, as Respondent 4 noted:

> **"We deconstructed those policies and put them up on the board, we had poster boards of every policy and section and had parents read and understand them. From there, the parents would prioritize those policies." (Respondent 4)**

Rather than "drop" Healthy CPS guidelines on schools, +Network partners gave parents an opportunity to learn and discuss Healthy CPS guidelines that their school and children would be a part of. They also gave parents a voice when prioritizing their school's upcoming health initiatives, as noted by Respondent 4:

> **"In creating these priorities, we had one school that parents wanted to explore gardening, parents wanted to explore sex education, they also wanted to explore nutrition and physical activity and the nutrition curriculum the youth are receiving. So, when we knew that from parent input then the rest of the year was to focus on those three things." (Respondent 4)**

+Network partners incorporated parents into the Wellness Team, taught them Healthy CPS guidelines, and gave them a voice in the planning process. These responses echo what we learned in semi-structured interviews with Wellness Team members who noted improved parent involvement in Healthy

CPS activities. The focus group respondents noted that efforts to incorporate parents into Healthy CPS activities were later rewarded by parent buy-in to +Network partner activities, like workshops and events.

+Network partners organized events, workshops, and trainings for parents and community partners, especially in nutrition, gardening, and sex education. One of the major roles of +Network partners was to engage parents and community members in schools' Healthy CPS activities. +Network partners developed capacity among parents to lead healthy initiatives, as noted by Respondent 2:

> **"The way it works, we have parents for those schools who facilitate in the class. We meet with them and prep them and they teach the class in the schools. Again, we had close to 80 people attending the class during the whole program." (Respondent 2)**

Apart from training parents to be facilitators, +Network partners also organized their own workshops to promote Healthy CPS activities. As noted throughout the semi-structured interviews and focus group discussion, +Network partners engaged students and parents in nutrition workshops. For example, one respondent describes a successful cooking class:

> **"One meeting was really successful where we created egg white omelets, it was to learn more about the nutrition curriculum that the youth was receiving…We had teachers and parents and admin come in and make their own omelet and talking about it." (Respondent 4)**

+Network partners played a key role supporting schools achieve Healthy CPS Instruction guidelines on nutrition (2.8-2.9). Furthermore, as indicated in the quote above, +Network partners promoted nutrition education sustainability by engaging parents in interactive activities. Similarly, +Network partners provided schools with sexual education curriculum that aligned with Healthy CPS Instruction guidelines 2.1-2.4:

> **"In April, we were doing sexual assault awareness month and we aligned that because that month sex education curriculum was activated in the school. We even had parents being part of the**

organizing meetings before the main parent meetings. That worked best for us; having time to plan prior." (Respondent 2)

+Network partners involved parents during the planning of Healthy CPS activities, developed capacity among parents to be facilitators, and engaged them in workshops that helped schools meet Healthy CPS guidelines. Based on the responses from semi-structured interviews and the focus group, the majority of these health activities were focused on nutrition, gardening, and sexual education. +Network partners also linked parents with essential health services.

+Network partners served as a liaison between the community, school, and essential health services. Healthy CPS guidelines 4.1-4.6 outline vision, hearing, dental, and other essential health services that schools must provide to all students. According to focus group respondents, +Network partners not only supported the schools' health service campaigns, they also filled gaps in the community. When asked about which health services +Network partners supported schools, Respondent 1 noted:

> **"Vaccinations. A lot of kids don't have vaccinations. They, the parents, don't know how important it is to update." (Respondent 1)**

+Network partners provided health education on vaccinations, nutrition, sexual education, and other health topics to parents and community partners. According to focus group participants, +Network partners utilized health education opportunities to conduct health services, such as glucose screening:

> **"At workshops, we do diabetes nutrition. We do glucose screening and referral services. Community has a lot to say. They want support but they do not know where to start." (Respondent 1)**

Whether building capacity in school or linking parents to essential health services in the community, +Network partners helped parents play a larger, more sustainable role in their schools' Healthy CPS activities. +Network partners also worked directly with schools to internally support Healthy CPS activities.

+Network partners “met schools where they are;” they approached schools as partners, acknowledged the schools’ resource and contextual limitations, and met directly with Wellness Team members to plan their initiatives. The focus group respondents noted that each school was at different stages of achieving Healthy CPS when they approached them at the beginning of the academic year. Instead of dropping in and expecting schools to achieve all Healthy CPS badges in the first year, the respondents acknowledged that progress may be made in smaller increments:

> **“We said, what are the priorities and let’s focus on those. We are coming from 20% [achieving Healthy CPS] to hopefully 50% or over because 100% is too difficult and we don’t want to be that partner that demanded you do this, and you do that.” (Respondent 4)**

Focus group respondents recognized that schools faced challenges that were prioritized over Healthy CPS, including: “Drugs,” “violence,” “funding” and others discussed below. Nonetheless, +Network partners worked directly with the available resources and school personnel to organize Healthy CPS initiatives:

> **“We would meet 1-2 weeks prior to the parent meeting and talk about what we found at the last meeting, and how should we organize the next meeting. That was the most effective best practice. Have an hour or two hours to meet with whoever is organizing the parent meetings form the school side.” (Respondent 4)**

While not stationed at the schools, +Network partners worked within schools to plan effective Healthy CPS activities. Focus group respondents noted the importance of planning these activities in advance since Wellness Team members had competing priorities. Ultimately, +Network partners efforts engaging parents and working within the school to plan health activities improved the relationship between community and school.

+Network partners created an environment that promoted and sustained Healthy CPS activities by approaching sensitive topics, modeling healthy habits, and holding schools accountable. As noted above,

+Network partners organized workshops on nutrition, gardening, and sexual education. Sexual education is a sensitive topic to teach in schools and within certain communities. Yet, one respondent noted how they were to create a safe space for these discussions within their school:

> **“Being consistent…and having parents continuously identify you…then parents start to respond because they feel more comfortable. So, sometimes there are parents who don’t know how to speak to their children about these topics. Having a safe space is important so parents learn as much as possible. And having parents engage their students in sex end, nutrition, and life skills are important.” (Respondent 4)**

+Network partners developed a safe environment within schools to teach health topics tied to Healthy CPS. Within schools, +Network partners also modeled healthy behavior, as noted by one focus group respondent:

> **“If we hosted a meeting with the parents, we ensure there are always fruits, vegetables, water, no sweets. So, we model so they can duplicate in their own classrooms.” (Respondent 3)**

+Network partners modeled healthy eating behaviors aligned with Healthy CPS Instruction guidelines, while leading workshops or participating in school activities. Semi-structured interview responses also noted +Network partners bringing only healthy food options to meetings. By modeling healthy behaviors and being present throughout the academic year, +Network partners raised expectations within schools, as noted by one respondent:

> **“I think it was more about accountability, at this point. Now that they know were looking at the badges, they try to complete them as best they can. They are still doing the things they always do, but now the accountability piece from us, they know were watching.” (Respondent 3)**

Focus group respondents agreed that their presence in schools motivated Wellness Teams to pay greater attention to achieving Healthy CPS goals. Of course, focus group respondents also acknowledged schools faced numerous barriers to achieving Healthy CPS badges.

Barriers to Achieving Healthy CPS Goals

Focus groups respondents found some schools were not receptive to +Network partnership because Healthy CPS was not a priority or +Network partner services did not fit into the school's wellness plan. +Network partners found varying willingness within schools to collaborate on Healthy CPS activities. According to respondents, some schools were open to hosting workshops and "pushing their teachers to participate and volunteer," while others were more reserved:

> **"Mainly for those schools that were very welcoming to our participation, we found one school that Healthy CPS was just not on their agenda, so it was difficult working with that school. If it was not aligned it will not happen." (Respondent 4)**

Focus group responses revealed some schools had competing priorities over Healthy CPS, while other schools were engaged in Healthy CPS activities but decided not to partner, as one respondent highlights below:

> **"And we did have one school that did not want to participate. They said we already have a full plate and we don't need to be told to do it. We don't need more work, we're doing it on our own, and we don't need a badge to prove it to anyone." (Respondent 3)**

+Network partners offered certain health services that may have not aligned with the needs of the school they were partnered with. Or, according to respondents, +Network partners may have offered an identical service (i.e. nutrition curriculum) that was already available at the school or provided by another organization outside the +Network. Reluctance to partner with +Network for these reasons was also found in semi-structured interviews, especially Telpochcalli.

Communication about Healthy CPS partnerships, activities, and initiatives was inconsistent across schools. Externally, focus group respondents found some principals were not well prepared for the partnership by CPS:

> **“At first, the principal was not sure how this engagement would work. What were we there to do? Why were we there? As soon as we outlined the type of support…he found our approach was fairly reasonable and wanted to be involved in it.” (Respondent 4)**

Similarly, internal communication about +Network programs and activities within the school were not well communicated to staff and parents. When describing challenges to a vaccination and testing program, respondent 3 stated:

> **“Teachers saw us and were very happy we were promoting it. I don’t know if they knew before that we were doing it. Sometimes they are not made aware by their schools that we are doing it with them. Maybe they don’t know. Some schools push and make them aware, others don’t.” (Respondent 3)**

Parents were also unaware and initially hesitant to engage in partnering activities. Respondent 1 had to spent significant time cultivating their relationship with parents:

> **“In the beginning, it was so hard to start taking about Healthy CPS… No one wanted to participate at the first meetings. I had to introduce myself at every meeting or workshop. I had to introduce myself and make trust and personal relations and be there a lot of time to create a relationship. Little by little.” (Respondent 1)**

According to respondents, some schools and their communities were not prepared for the +Network partnerships because the collaboration was not well communicated by CPS. Or, the collaboration was communicated but lost among a host of other central communications dropped on resource-poor schools.

Some schools were unable to achieve Healthy CPS goals because they lacked essential resources needed to collaborate efficiently with +Network partners. Focus group respondents noted each school had different resources—personnel, funding, partners, etc.—dedicated to healthy CPS. There was an

unequal distribution of resources across schools. One respondent noted the challenges of planning Healthy CPS activities with two schools:

> **"It was a luxury to meet with school staff for 2 hours. That's huge. In contrast with another school, the champion was doing too much. Then we only had 10-15 minutes to get to talk about what we needed to talk about." (Respondent 4)**

Some schools could afford to have dedicated staff plan Healthy CPS activities with +Network partners, while others could not. Similarly, schools had varying degrees of parent involvement in their health activities, which was noted by focus group respondents:

> **"The level of involvement and support changes. Hammond school is very involved in the SEL classes. It changes school to school. And so, we meet them where they are. That's the key. We don't want to impose our way of working with one school with the next one. Because ether culture is different and the parents are different." (Respondent 3)**

+Network partners had to adapt to the resources that were made available to them at each school. With varying degrees of support between schools, some collaborations were more successful than others. Consistent across schools, however, was pushback to Healthy CPS Instruction guidelines regulating celebrations with food.

Focus group respondents found structural and cultural barriers that prevented schools from achieving Healthy CPS Learnwell guidelines regulating food in celebrations. Consistent with the semi-structured responses, regulating competitive food and beverages in school was met with immediate pushback from teachers and parents:

> **"Celebrations in our schools are really big. Taking away a celebration after so many years can be jarring for [schools and parents]. It is kind of not worth it. Our principals may want to implement every single thing but if [Healthy CPS guidelines require] 100%, they will get push back from the parents." (Respondent 3)**

The immediate restriction of certain food in schools surprised school staff who have long used treats as a reward or to celebrate holidays and birthdays. Respondents noted school staff struggling with the tradeoff of following Healthy CPS guidelines or harming their relationship with parents. To parents, respondents noted that food is tied to their culture and upbringing:

> **"To add, in the beginning, [food restriction] was a barrier because a big part of our culture is food. So, you cannot tell me not to eat this. I have been eating this my entire life." (Respondent 3)**

Similarly, the Healthy CPS guidelines restricting food as a reward or during celebrations conflicts with +Network nutrition messages.

> **"I think what constitutes unhealthy may not be unhealthy to us. How do you measure that? What if you eat cake with low sugar and small portions? We are sending a message that cake is bad and it's not." (Respondent 4)**

Focus group respondents defined several structural and cultural barriers to achieving Healthy CPS Learnwell guidelines. We find similar frustrations from Wellness Team members who were interviewed. +Network partners and Wellness Team members also raised concerns about conflicting messages between Healthy CPS nutrition guidelines and CPS school meals.

Schools faced challenges helping students and parents adhere to Healthy CPS nutrition messaging given the double-standard of unhealthy CPS meals. Healthy CPS Instruction guidelines require schools to provide comprehensive nutrition education to students through high school. +Network partners played an active role teaching healthy eating habits to students but were met with concerns about the quality of CPS meals from parents:

> **"It's counterproductive when we are teaching about diabetes but there are no healthy habits at school. That was a challenge when confronting parents who ask about the lunches." (Respondent 3)**

Even when +Network partners recommended students bring their own lunch, parents raised concerns about stigma:

> **"We tell them to bring their own sandwiches. But it's not cool to bring your own lunch because you should eat what everyone else eats. It sends conflicting and confusing message when it's called "Healthy CPS" but the food my children are eating is not healthy." (Respondent 3)**

Respondents felt they struggled with parent buy-in to nutrition messaging aligned with Healthy CPS because their curriculum was inconsistent with the meals students ate at school. Wellness Team members echoed their frustration with CPS meals and the availability of competitive foods and beverages near schools. While these and other barriers were identified, focus group respondents also recommended support that would improve future +Network partnerships and Healthy CPS adherence.

Desired Support

+Network partners recommended CPS engage parents when developing future Healthy CPS guidelines and introducing partnerships like the +Network. When asked about support that would make collaboration within schools easier, focus group respondents felt CPS need to be more prominent when implementing Healthy CPS. According to Respondent 3:

> **"Someone from CPS coming and doing a transition and intro with our Champion. Even meeting someone from CPS to answer questions about the policy and changes to the policy. More presence from CPS in any way." (Respondent 3)**

Respondents felt a larger presence from CPS, perhaps in a "campaign" or "festival," would motivate schools to set goals in line with CPS' wellness policy. As noted above, respondents also suggested the nutrition content of CPS-catered meals (e.g. breakfast, lunch, and snacks) should be revisited:

> **"And again, to the lunches, for us to be able to taste them before they implement. Parents do but community members also need to be part of that conversation." (Respondent 3)**

+Network partners recommended that community stakeholders be engaged when CPS establishes their meal plans. By engaging parents, community members, and schools, the respondents felt cultural issues around food may be able to be addressed when planning meal plans. Outside of recommendations for CPS, +Network partners also made suggestions for future work with Wellness Team partners.

Building on successful programs from the previous year, +Network partners found additional time allocated to planning Healthy CPS activities translated to success implementing those activities. As noted above, +Network partners found schools that allocated 1-2 hours of planning Healthy CPS activities were more likely to have a greater impact on the target audience. Moving forward, focus group respondents hope more schools will be able to allocate the staff and time to plan Healthy CPS activities:

> **"I think making the school staff or faculty available is a step in the right direction. For planning meetings. That was what made a positive change…I think we need to have the schools support staff and faculty available for planning." (Respondent 4)**

Not all schools have the dedicated staff or the time to set aside 1-2 hours to plan future health initiatives during the school day. Respondent 1 suggested that training parents and community members to facilitate health activities may alleviate that challenge:

> **"Parent trainings would also be great. We could all be on the same page with support. Train facilitators." (Respondent 1)**

+Network partners and Wellness Team respondents identified the numerous benefits of building capacity among parents and community members to serve as facilitators for health activities within the school. Respondents agreed training parents as facilitators alleviates staffing shortages at school, improves healthy activity efficacy, and promotes message sustainability. In order for +Network partnerships and Healthy CPS initiatives to be sustainable, +Network partners urged CPS for ongoing funding and support.

+Network partners requested ongoing funding from CPS to support their collaboration with schools. As non-profit, often small, community-based organizations, +Network partners requested the opportunity to discuss long-term funding with CPS and other government partners:

> **"To sit with the public health department to express how important this funding is to go beyond one school year, but to track it a little bit better over multiple years and to be able to create best practices that can be effective in other schools to be able to increase healthy behaviors." (Respondent 4)**

Without long-term funding, respondents worried that they would not be able to support the activities within the school and cultivate the relationships they developed within the community. They recommended multiple years of funding to build best practices within schools and sustain real behavior change within the community.

Additional Analysis

School	Chronic Disease	Instruction	Learnwell	Health Services	Total Badges
Saucedo	Yes (100%)	Yes (100%)	No (86%)	Yes (100%)	3 of 4
Kanoon	No (80%)	No (17%)	No (73%)	Yes (100%)	1 of 4
Telpochcalli	No (80%)	No (33%)	No (73%)	No (83%)	0 of 4
Hammond	Yes (100%)	No (33%)	No (93%)	Yes (100%)	2 of 4
Peck	Yes (100%)	No (83%)	Yes (100%)	Yes (100%)	3 of 4
Prussing	Yes (100%)	No (83%)	No (93%)	Yes (100%)	2 of 4
Cuffe	No (75%)	No (67%)	Yes (100%)	Yes (100%)	2 of 4
Haugan	Yes (100%)	No (67%)	No (80%)	Yes (100%)	2 of 4
Lyon	Yes (100%)	No (83%)	Yes (100%)	Yes (100%)	3 of 4
% of schools achieving	66%	11%	33%	89%	2 of 4 avg.

Table 4 indicates the Healthy CPS indicators (or badges) that the schools achieved in 2019.

Of the nine schools who participated in semi-structured interviews, the Health Services (89%) badge was earned most often, followed by the Chronic Disease (66%) badge. Only 11% of schools that participated in the interviews earned the Learnwell (33%) and Instruction (11%) badges. Participating schools earned an average of 2 out of 4 badges overall.

Discussion

In this paper, I utilized qualitative analysis of semi-structured interviews and a focus group to examine how +Network partners supported CPS schools achieve Healthy CPS and identified barriers and opportunities to improving their collaboration. I chose qualitative research methods to practice techniques from the Community Engaged Research and Qualitative Research Methods courses that were part of my concentration, for instance: designing semi-structured interview and focus group guides, conducting open-ended interviews, transcribing interviews, creating a codebook, and collaborating with researchers to code transcripts. Furthermore, exploring +Network partnerships through a qualitative research lens provided an opportunity to analyze structural and cultural aspects of these partnerships that traditional, quantitative methods may have missed. Afterall, since +Network and CPS partnerships involve complex relationships working to overcome cultural barriers, a culturally-sensitive approach to exploring these relationships seemed appropriate.

+Network partners helped schools achieve Healthy CPS goals by organizing and facilitating workshops and trainings, especially in nutrition, gardening, and sexual education. In order to earn Healthy CPS Instruction and Learnwell badges, schools must provide comprehensive sexual health, nutrition education, and school gardening exercises. Interview and focus group respondents indicated some schools lacked dedicated staff or time to complete these requirements. +Network partners filled this gap by organizing and facilitating nutrition workshops—i.e. cooking classes—or interactive trainings—i.e. school garden activities—that were aligned with Healthy CPS guidelines. Responses from both semi-structured interviews and focus group indicated schools' eagerness to participate in these activities. Furthermore, research on WPs also finds nutrition education becoming more common in WPs. Expanding nutrition education within Healthy CPS is consistent with trends in WPs across the United States. According to Bridging the Gap analysis, nutrition education provisions have become more prevalent since first required during the 2006-07 school year. Although more recent data has not been

published, as of 2013-14 school year, 93% of WPs addressed goals for nutrition education, a significant increase from school year 2006-07 when only 72% of WPs included goals for nutrition education. However, 86% of districts did not address school gardens in their WP at the start of 2013-14 school year. And, in school year 2013-14, only 10% of WPs *required* and 30% *recommended* that teachers learn new nutrition education methods and teaching techniques through professional development and training. By cultivating school gardens and employing cooking classes to teach nutrition education, +Network partners are ahead of other district WPs.

+Network partners supported schools with Healthy CPS goals by engaging parents in Wellness Team planning, developing their capacity as health facilitators, and promoting sustainability of Healthy CPS activities in the community. Healthy CPS Learnwell guideline 3.3 requires parents, students and/or partners to be involved with their school Wellness Team. +Network partners helped schools meet this goal by engaging parents and community members in a variety of settings. Interview and focus group respondents agreed that +Network partners brought parents to annual Healthy CPS planning and gave them a voice when setting school priorities. +Network partners deconstructed Healthy CPS policies and helped parents understand their role on the Wellness Team. Similarly, our results clearly indicate +Network partners developed the capacity among parents and community members to facilitate health activities, like nutrition exercises. Since community members were empowered to facilitate health activities, schools did not need to stretch existing resources or miss the opportunity to meet certain Healthy CPS goals. Furthermore, since parents were bought into Wellness Team planning and activities, health messages were more sustainable because they were culturally appropriate and extended to the students' homes.

By directly engaging parents and community members in WP planning and activities, the +Network collaboration goes beyond communication and stakeholder input efforts seen in WPs elsewhere in the U.S. The Child Nutrition and WIC Reauthorization Act of 2004 required eight, key stakeholders be

involved in the development of all WPs: parents, students, representatives of the school food authority, teachers of physical education, school health professionals, the school board, school administrators, and the public. +Network efforts ensured that two of the eight stakeholder groups, parents and public, were given an opportunity to participate on the Wellness Team. This is consistent with Bridging the Gap analysis which revealed, as of school year 2013-14, WPs were more likely to address engaging parents and the community than during past school years. Common methods to engage these groups included newsletters, conferences, and school health events. Interview and focus group responses suggested a deeper level of engagement from the +Network that developed capacity and ensured sustainability. At the start of the 2013-14 school year, only 12% of WPs required that at least 6 key stakeholders be involved in wellness policy updates, yet 33% required that they be included in initial development of the wellness policy. As CBOs, sometimes within a school's neighborhood, +Network partners are uniquely positioned to engage parents and the community. This model will ensure that this particular WP guideline is met and CPS remains within the minority of districts seeking input from all required stakeholders.

Structural, cultural, and religious traditions involving food continue to be a barrier preventing schools from adhering to Healthy CPS guidelines, despite the presence of +Network partners. Healthy CPS Learnwell guidelines 3.7-3.10 prohibit fundraising, awarding, and celebrating with food in school. Across all interviews and focus group, the most common barrier to achieving Healthy CPS identified by respondents was push-back against these specific restrictions. Parents, teachers, and +Network partners were all surprised by the Healthy CPS restrictions which took effect immediately upon implementation. Respondents noted that celebrating with food has cultural and religious significance that the Healthy CPS guidelines may not have considered. Similarly, food played an important, structural role in school; used to fundraise or award academic merit. When faced with the choice of adhering to the Healthy CPS guidelines or maintaining their relationship with parents and teachers, respondents noted many

principals chose to ignore food restrictions. In most schools, +Network partners missed an opportunity to engage schools and parents to identify culturally and structurally-appropriate alternatives to unhealthy food. In fact, based on feedback from the focus group, +Network partners seemed to agree with school and parent animosity, possibly since +Network members may have related culturally. Adhering to competitive food and beverage restrictions has been challenging for most school districts across the U.S., consistent with Healthy CPS experiences. After a large increase in WP provisions from school year 2006-07 to 2008-09, competitive food and beverage requirements have remained unchanged. While 90% of districts adopted nutrition guidelines for competitive food and beverages by 2014, the details of what was restricted and where varied greatly between WPs. Class parties and fundraisers were the least regulated venues in school year 2013-14, as the percentage of districts failing to even mention these sources in their WPs was around 40% respectively. Furthermore, as of school year 2013-14, 1% of district policies prohibited the sale of competitive foods and beverages and 4% suggested a competitive food ban. And, only 13% of school districts prohibited the use of food as a reward, as of school year 2013-14. School districts fail to incorporate and adhere to food restrictions within WPs for a host of reasons that are consistent with our findings, namely: cultural significance of food, ingrained use of food as a reward, and revenue gained from food sales.

Based on the successful aspects of the +Network partner collaboration and considering the barriers discussed above, improving Healthy CPS communication and forming strategic partnerships is warranted. Overall, +Network partners contributed to schools' efforts to achieve Healthy CPS. They are effective at facilitating health-based activities and engaging parents in the schools' health initiatives. However, each +Network partner is a CBO that provides a set of services towards a specific audience. Healthy CPS does not strategically match schools that lack certain resources with +Network partners that can provide them. Nor does CPS consider differentiating schools that are already working with a number of partners from those schools that work with one or no partners. Instead, Healthy CPS is as one

respondent noted, “a top-down, one-size fits all policy.” It is a policy that is complex and inadequately communicated to schools by CPS. This lack of strategic partnerships and communication is evidenced by interview and focus group responses, but presents opportunities to improve the policy as a whole.

Limitations

A relatively small sample size, limited code book, individual analysis, and limited quantitative data bolstering qualitative findings are the major limitations of this research. During our initial recruitment efforts, we were unable to enroll more than four schools to participate in semi-structured interviews. The majority of Wellness Team participants contacted were unable to find time for an interview because of competing interests during a pivotal time of the school year. When preparing to engage certain communities, I recommend considering partner timelines, priorities, and conflicts. Luckily, a second round of interviews with +Network partner schools was conducted using the same interview guide which allowed me to perform a more thorough analysis. When I performed thematic analysis, however, I utilized a code book that was developed based on interviews with the first four schools. And, I completed my analysis of the interviews independently. Generally, a team of independent reviewers will code transcripts individually until cohesion of findings is achieved. As a result, I acknowledge my findings are limited and potentially biased by my own experiences conducting the interviews and focus group. Finally, future work might benefit from a mixed methods approach that appreciates both qualitative methods employed here, as well as build on a robust quantitative dataset that exists in CPS records. For example, it would be interesting to explore whether schools that collaborate well with +Network partners are more likely to have students with lower BMIs, higher GPAs, and similar outcomes.

Conclusion

Local school wellness policies must include guidelines promoting nutrition education, physical activity, and restrict food and beverages that compete with school meals. The literature supports the importance of each of these components on student health and academic performance. However, schools across

the United States have faced structural and cultural barriers implementing effective WPs. Healthy CPS is Chicago's initiative to help CPS schools adhere to the district's WP by meeting guidelines and earning badges in four categories. The +Network is a support structure composed of CBOs that work within schools to promote Healthy CPS activities. This paper uses a qualitative approach to examine how +Network partners support CPS schools achieve Healthy CPS and identifies barriers and opportunities to improving their collaboration.

Semi-structured interviews with Wellness Team members and a focus group with +Network partners revealed that CPS schools need support adhering to Healthy CPS guidelines. +Network partners have proven they can fill gaps where schools lack resources or personnel required to complete health activities. Furthermore, due to their connection with the community, +Network partners are uniquely positioned to effectively engage parents in Wellness Team planning and provide culturally appropriate solutions to challenging health issues. CPS would benefit from strategically partnering +Network CBOs with schools that need their services and revisiting how Healthy CPS policy is developed and communicated to all stakeholders. Overall, it is promising to see CPS set high standards in their wellness plan and begin to acknowledge the important role community partners play helping schools create a safe and healthy environment.

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Appendices

Appendix A – Adult Information Sheet (V2, 2-12-19)

Study Title: *Evaluation of Little Village Student Health Initiative*
Study Doctor/Researcher: *Adam Becker, PhD, MPH*
Sponsored by: *Public Health Institute of Metropolitan Chicago and Northwestern University*

This form describes a research study for which you might qualify. Research studies help us learn more about conditions and develop new treatments. Taking part in a research study is voluntary.

You are being asked to take part in this study because you were involved in the Little Village Student Health Initiative (LVSHI) and/or the +Network that sought to link school Wellness Teams with community partners to support implementation of Healthy CPS. This study will help us learn more about how +Network and LVSHI worked, from your perspective, as a support to school implementing Healthy CPS so we can make improvements to the model and eventually scale the model up to other schools.

If you choose to be in the study, you will be asked to complete a short, online survey (if you are on a School Wellness Team) or participate in a one-time focus group (if you are part of a community partner organization). If you are on a School Wellness Team you may be asked to participate in a one-time interview in addition to the survey. The survey should take less than 5 minutes to complete. Both the interview and the focus group will take approximately 60 minutes. We estimate that 85 participants will complete the survey, 20 participants will take part in the interviews, and 6-9 participants will take part in the focus group.

Being in this study is optional and voluntary. You do not have to take part in this study if you do not want to. You may change your mind at any time and withdraw ('take back' your consent) from taking part.

All questions in the interview are designed to collect your opinions and feelings about factors associated with +Network/LVSHI and Healthy CPS implementation. All questions will focus on opinions on what worked well and what could be improved. We will not record your name so the information you share with us will not be linked to you. We will collect the role you serve in, such as Wellness Team member or community partner, but no other personal, identifiable information will be collected. We do not expect that any questions will make you feel uncomfortable, however, there is a small chance that some may. You may skip any questions you don't want to answer.

You will not be paid for taking part in this study.

We will tell you if we learn new information that may make you change your mind about being in this study.

The data collected for this study will be placed the Principal Investigator's research file. The principal investigator and the staff who work on the study, such as study coordinators, will have access to the study results. Chicago Public Schools will have access to the study data. The Lurie Children's Institutional Review Board, the committee that is in charge of protecting the rights of all adults and children who take part in research studies at Lurie Children's, and federal agencies may have access to this information.

Lurie Children's and the researchers will keep the records of this study confidential and will release your information only to the people, agencies, organizations, or companies above. However, you should

understand that, once the researchers or Lurie Children's releases your information outside of Lurie Children's to these people, agencies, organizations, or companies, the researchers and Lurie Children's cannot guarantee that your information will remain confidential.

The records of this study will be kept confidential with respect to any written or oral reports to the profession or the media, making it impossible to identify you individually.

You are not giving up any of your legal rights or releasing this hospital from responsibility for carelessness. If you agree to take part in this study, you will not be able to look at or ask for a copy of your information collected only for this study, while you are taking part in the study. If you wish, you will be able to ask for this study research information when the study is over or when you are no longer taking part in the study.

Your permission to use your information for this study will not expire unless you tell the researchers you want to cancel it.

If you have any questions about the research, you should contact the principal investigator, Adam Becker, PhD, or colleagues, Patricia Zavos, by contacting abbecker@luriechildrens.org or 312-227-7027, or pzavos@luriechildrens.org.

If you have any concerns, complaints or general questions about research or your child's rights as a research participant, and you wish to talk to someone who is not directly involved with this study, contact Catherine Powers, Office of Research Integrity and Compliance, 225 East Chicago Avenue, Box #205, Chicago, IL 60611, (773) 755-7489; cpowers@luriechildrens.org

Consent Statement
Do you agree to take part in this study as explained in this consent form? Do you agree to let the researchers or Lurie Children's use and give out your information in the way it is described in this consent form until the end of the research study?

Appendix B – School Wellness Champion Interview Guide (V. 2-5-19)

Healthy CPS Implementation
Wellness Champion Interview Guide

School:______________
School position:__________________
Role on Wellness Team:_______________
[Repeat position and role on wellness team if more than one participant in interview]

1. **How long has your school had a Wellness Team? How active is your wellness team?**

2. **Had your school actively worked on Healthy CPS (beyond just completing the survey) before this year?**

    a. **If yes, how did that process go? What successes did you have? What barriers did you run into?**

    b. **If no, what kept you from working on it?**

3. **How often did you receive support from [*insert partner name*] to help you implement Healthy CPS? What kind of support did you receive?**

4. **How did the support from [*insert partner name*] change your wellness team?**

5. **Do you feel you were better able to implement Healthy CPS? What examples or success stories can you share?**

6. **Do you feel you were better able to implement Healthy CPS beyond just meeting the minimum requirements? What examples or success stories can you share?**

7. **What other benefits do you think your school got from having [*insert partner name*] assist you in implementation of Healthy CPS?**

8. **What support was most critical to your successes with Healthy CPS implementation this year?**

9. **Is there any other type of support or resources you didn't get that you feel would have made your school more successful had it been around?**

10. **Please tell me about your satisfaction with the support you received. What did you like? What could be improved?**

- Continue for schools participating in LVSHI -

11. **Do you think having a community based organization/community health worker is a good model for implementing Healthy CPS? What else can you tell us about your experience that would help us make this model successful in other schools?**

12. **How do you think working with your community partner/community health worker helped you build and sustain connections and relationships out into your community?**

Appendix C – Community Partner Focus Group Guide

Little Village Student Health Initiative
Community Partner Focus Group Guide

Introduction: Introduce facilitators and why we are here: we are interested in learning about your experience as part of the Little Village Student Health Initiative, helping schools implement Healthy CPS and make connections within their community.
Ground rules: Take turns, respect each other's opinions, and don't talk about what is said in this group outside this group. We will use names during the session but we will not write them down, so what you say will not be linked to your name.
Introductions and icebreaker: Name, organization, years with the organization, what part of Healthy CPS are you most passionate about?

____

1. **How do you provide support? How often?**

2. **Do you feel you were able to support schools with the implementation of Healthy CPS beyond just meeting the minimum requirements? *Probe – what does that mean to them – to help schools move past that to take full advantage of Healthy CPS? Success stories?***

3. **What other benefits do you think schools get from having a community organizations/community health worker assist them in implementation of Healthy CPS?**

4. **What challenges do you face while supporting schools?**

    a. **Have you encountered any communication barriers? Either between your group and the principal, your group and the wellness team, between the wellness team and principal? What strategies for dealing with these barriers did you find successful?**

5. **What would make it easier to support schools?**

6. **Why did you agree to participate in LVHSI? What are the benefits to your organization?**

7. **What incentives of being a LVHSI partner have been most useful to you?**

8. **What support was most critical to your success working with schools?**

9. **Is there any other type of support or resources you didn't get that you feel would have made your work with schools more successful had it been around?**

10. **Do you think LVHSI is a good model for implementing Healthy CPS? What else can you tell us about your experience that would help us make this model successful in other neighborhoods?**

Appendix D – Recruitment Telephone Script

Hello,
My name is [name], I'm calling from Lurie Children's Hospital. May I please speak with Ms./Mr. [wellness champion name]?

If transferred to voicemail: Hello, this is [name] calling from Lurie Children's Hospital inviting you to participate in an interview for a research study about the Little Village Student Health Initiative (LVSHI). Please call me at your convenience at [phone number]. I will follow up this call with an email, feel free to email me if you prefer. Thank you! [*Follow up with email recruitment script to wellness champion and principal]*

If transferred to a person: Hello Ms./Mr. [wellness champion name], I am calling from Consortium to Lower Obesity in Chicago Children (CLOCC) and Lurie Children's hospital to invite you to participate in a research study because you were involved in the Little Village Student Health Initiative (LVSHI). Do you have a few minutes to talk about the study?

If no: Is there a better time I can call you back? [*record date/time and call back*]

If yes: Great, thank you. As I said, we are inviting you to participate in this study because you were involved with the Little Village Student Health Initiative LVSHI that sought to link school Wellness Teams with community partners to support implementation of Healthy CPS. This study will help us learn more about how LVSHI worked as a support to schools implementing Healthy CPS, so we can make improvements to the model and eventually scale the model up to other schools; I have attached an informational sheet with more details about the study to this message.
If you choose to participate in this study, we will ask you to participate in one 60-minute interview to be conducted in person at your school, or over the phone. All questions will focus on your participation in LVSHI and your opinions on what worked well and what could be improved.
We have invited principals and wellness champions to participate in this interview, but anyone else that is involved in your school's wellness team and would like to join the interview is more than welcome.
I have sent a few emails to the principal at your school, and haven't heard back. Will you be able to provide me with some dates and times that work for everyone who would like to be involved, if your school would like to participate?

If they say they need to talk to principal/anyone else before scheduling: Okay, here is my phone number [*provide number*], please call me back once you speak with [principal or other staff name]. I will also send you an email with a recap of this call, feel free to respond to that email if you prefer. [*Follow up with email script and with study info sheet attached]*

If they provide availability: [*Schedule interview date, time, and whether they prefer in-person interview at school or a phone interview. Record all this information*]. Great, I will send you an email confirming the interview date, with an informational sheet about the research study attached. Thank you for your participation! [*Follow up with email confirming interview date/time/location and with study info sheet attached].*

Appendix E – Recruitment Email

Hello [principal name], [wellness champion name], and [other school administration/staff name],

I am contacting you from Consortium to Lower Obesity in Chicago Children (CLOCC) and Ann & Robert H. Lurie Children's Hospital of Chicago to invite you to participate in a research study because you were involved in the Little Village Student Health Initiative (LVSHI) that sought to link school Wellness Teams with community partners to support implementation of Healthy CPS. This study will help us learn more about how LVSHI worked as a support to schools implementing Healthy CPS, so we can make improvements to the model and eventually scale the model up to other schools; I have attached an informational sheet with more details about the study to this message.

If you choose to participate in this study, we will ask you to participate in one 60-minute interview to be conducted in person at your school, or over the phone. All questions will focus on your participation in LVSHI and your opinions on what worked well and what could be improved.

We have invited principals and wellness champions to participate in this interview, but anyone else that is involved in your school's wellness team and would like to join the interview is more than welcome.

Could you please send me some dates/times that work for everyone who would like to be involved, if your school would like to participate? Please let me know if you have any questions.

As a reminder from CPS, the Healthy CPS Survey SY18-19 is open and will close Friday, May 10 (Full Healthy CPS Timeline). Responding to the survey is required for a school to become Healthy CPS. The SY1819 Healthy CPS Report will be available for download on your School Progress Report. The public Healthy CPS Report gives parents and families a transparent assessment of a school's health and wellness culture.

Your school's Wellness Team should convene to discuss survey components and complete the online survey.

Healthy CPS Survey Link
The survey is to be completed online. A PDF of the survey can be downloaded to review as a team.

Please email OSHW@cps.edu with any questions regarding the Healthy CPS Survey.

Thank you,