



## The *Indicators for School Health Programs*: The Essential Facts

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This brief discusses the purpose of the DASH *Indicators for School Health Programs* and how they are used; its topic areas; data collection responsibilities; and data submission. There are four versions of the *Indicators for School Health Programs*: one for state education agencies (SEAs) and tribal governments (TGs) funded for coordinated school health programs (CSHP), one for SEAs and territorial education agencies (TEAs) funded for HIV prevention, one for local education agencies (LEAs) funded for HIV prevention, and one for LEAs funded for asthma management.

### ***Indicators for School Health Programs*: Definition, Purpose, and Characteristics**

*Indicators for School Health Programs* (referred to as the *Indicators*) provide some DASH funded partners (tribal governments and state, territorial, and local education agencies) with a common set of measures to document their programs' activities, development, and implementation.

The *Indicators* are specific, in that they provide a clear description of what should be measured; they are neutral and objective, rather than targets for achievement; and they are measurable, either with quantitative (expressed in numbers) or qualitative (expressed in words) data.

The *Indicators* do not document everything that your program is doing and only reflect primary activities funded by DASH. Although many of the *Indicators* measure the quantity of what you do, they need not reflect an increase in every activity, every year. Instead, they should reflect your work plan objectives and logic model.

### **Use of *Indicators* Data by DASH**

DASH uses the *Indicators* to —

- a) Generate reports on funded partner activities and accomplishments.

- b) Identify implications or recommendations for future programs.
- c) Showcase significant and unique program achievements.
- d) Inform decision makers and stakeholders on national program progress.

### **Uses of the *Indicators* Data by DASH Funded Partners**

DASH funded partners working in CSHP, HIV prevention and asthma management can use the *Indicators* to —

- a) Compare the program description (expected program outputs) to actual accomplishments; identify gaps in activities, staff, and resources; and generate recommendations to improve the program.
- b) Facilitate future program planning.
- c) Prepare reports and presentations to inform and update program staff, partners, participants, and community members of the progress achieved.
- d) Incorporate the data into communication and marketing strategies for partners, collaborators, other community agencies, funders, and potential donors.
- e) Seek financial support for additional resources or staffing to improve program efficiency or expand their program's scope.

## Topic Areas Covered by the *Indicators*

The following topic areas are common to CSHP, HIV prevention, and asthma management *Indicators*: material distribution, professional development events, individualized technical assistance, project planning, policy, curricula and instruction (or asthma-related education), external collaboration, reducing disparities among populations of youth at disproportionate risk, and other information and activities. CSHP and HIV *Indicators* also include a section on assessment of student performance. CSHP and asthma management *Indicators* include sections on joint activities for the education agency and health agency, and health promotion and environmental approaches. CSHP *Indicators* include a section on activities of the CSHP statewide coalition, and asthma management *Indicators* include a section on health services.

## Responsibility for Data Collection

Staff who have the skills for data collection and management of the *Indicators* should be identified. DASH suggests that funded partners designate one person to be responsible for ensuring the data are recorded in a systematic and coordinated fashion, to maintain continuity and ensure consistency in the process. Data collection logs have been developed for each *Indicators* questionnaire and are optional tools that DASH funded partners may download from the *Indicators* Web page.

Funded partners should identify the appropriate *Indicators* for monitoring their work plan goals, SMART objectives, and logic model outputs and outcomes.

Not every program activity will have a relevant DASH *Indicator*, and more than one *Indicator* can measure progress towards achieving program goals and objectives. Program staff may also think of other performance measures that can be collected to monitor the progress of their program's development and implementation.

## How are the Data Submitted to CDC?

The *Indicators for School Health Programs* data can be submitted to CDC either in paper and pencil form or through a Web-based system. The latter is preferable because it will ensure consistency and accuracy in data reporting through the “Check my work” function on the Web.

Specific instructions for accessing, completing, and submitting the *Indicators* online and for printing copies of current or blank surveys can be found in the quick-start guides in the “Data Collection and Submission Resources” section of the *Indicators* Web page.

The completed *Indicators* are due at DASH 90 days after the end of the budget period (the same time that the Financial Status Report is due).

## Resources

The main *Indicators for School Health Programs* Web page can be found at <http://www.cdc.gov/HealthyYouth/evaluation/indicators/index.htm>. The Web page contains PDF versions of each *Indicators* questionnaire, links to the online submission system, data collection and submission resources, and aggregate results from previous years' *Indicators*.

*Indicators for School Health Programs* may be completed and submitted online at <https://apps.nccd.cdc.gov/DASHWebSurvey/Login.aspx> (login ID and password required).