

# EXTERNAL STAKEHOLDER SURVEY



3.17.2010

Missouri Coordinated School Health Coalition

---

## TABLE OF CONTENTS

<b>DESCRIPTION OF PARTICIPANTS</b>	<b>3</b>
PARTICIPANT SCHOOL POSITION   2006 & 2010	3
PARTICIPANT TYPE OF SCHOOL   2006 & 2010	4
PARTICIPANT REGION   2010	4
<b>PERCEIVED IMPACT OF HEALTH &amp; MENTAL HEALTH ON ACADEMIC PERFORMANCE</b>	<b>5</b>
PERCEIVED IMPACT OF HEALTH & MENTAL HEALTH ON ACADEMIC PERFORMANCE   2010	5
PERCEIVED IMPACT OF HEALTH & MENTAL HEALTH ON ACADEMIC PERFORMANCE BY SCHOOL POSITION   2010	6
<b>CHALLENGES AND NEEDS</b>	<b>7</b>
GREATEST ISSUE OR CHALLENGE IN SCHOOL HEALTH   2006	7
NEEDS FOR INFORMATION, TECHNICAL ASSISTANCE, AND/OR TRAINING   2006	7
GREATEST ISSUE OR CHALLENGE IN SCHOOL HEALTH   2010	8
NEEDS FOR INFORMATION, TECHNICAL ASSISTANCE, AND/OR TRAINING   2010	8
REGIONAL ISSUES OR CHALLENGES IN SCHOOL HEALTH   2010	9
<b>COORDINATED SCHOOL HEALTH IN MISSOURI</b>	<b>11</b>
PERSON RESPONSIBLE FOR SCHOOL HEALTH PROMOTION   2006 & 2010	11
PRESENCE OF SCHOOL HEALTH ADVISORY COUNCIL   2010	12
KNOWLEDGE OF COORDINATED SCHOOL HEALTH MODEL   2010	12
PARENT/GUARDIAN INVOLVEMENT IN SCHOOL WELLNESS ACTIVITIES   2010	13
<b>MISSOURI COORDINATED SCHOOL HEALTH COALITION</b>	<b>14</b>
FAMILIARITY WITH THE MISSOURI COORDINATED SCHOOL HEALTH COALITION   2010	14
USE OF MCSHC PRODUCTS   2006 & 2010	14
REASON FOR USE OF MCSHC PRODUCTS   2006 & 2010	15

---

**APPENDICES** **16**

APPENDIX A: LIST OF COUNTIES INCLUDED IN THE 2010 EXTERNAL STAKEHOLDER SURVEY | 2010 16

APPENDIX B: GREATEST ISSUES OR CHALLENGES IN SCHOOL HEALTH | 2010 17

APPENDIX C: NEEDS FOR INFORMATION, TECHNICAL ASSISTANCE, AND/OR TRAINING | 2010 19

APPENDIX D: REASONS FOR USE OF MCSHC SERVICES & PRODUCTS | 2010 20

APPENDIX E: HOW WOULD YOU IMPROVE MCSHC SERVICES & PRODUCTS? | 2010 21

APPENDIX F: ANY SUGGESTIONS OR COMMENTS? | 2010 23

**CONTACT INFORMATION** **24**

---

MISSOURI COORDINATED SCHOOL HEALTH COALITION 24

REPORT PREPARATION 24

## DESCRIPTION OF PARTICIPANTS

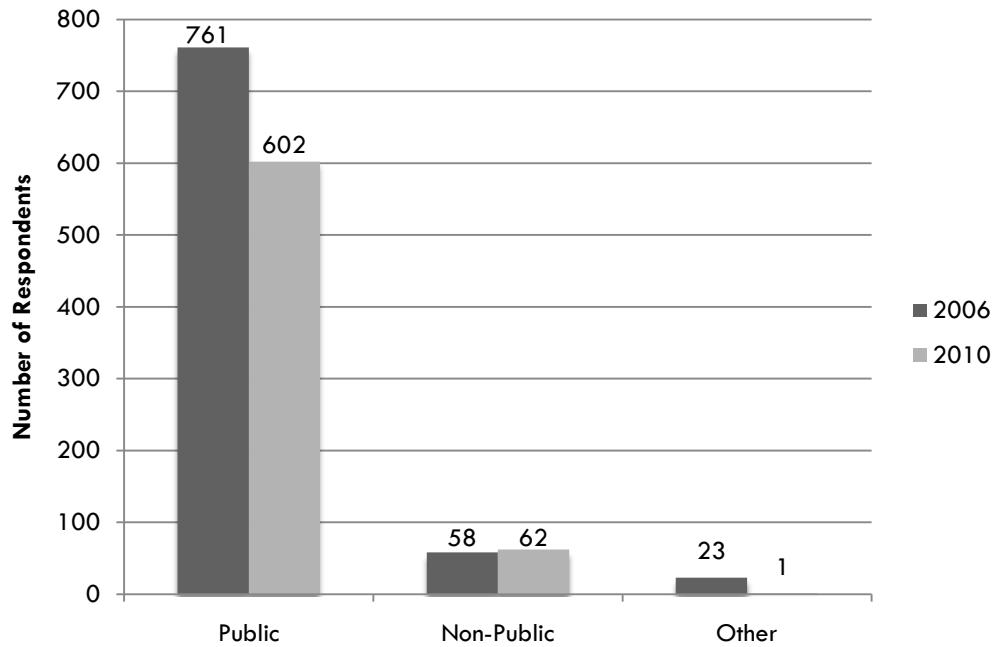
In sum, **844** individuals participated in the 2006 survey and **693** individuals participated in the 2010 survey. Participants in the 2006 and 2010 surveys are described below in terms of their school position and the type of school they work in. The 2010 survey also collected information on the regional location of the participants' school district.

### Participant School Position | 2006 & 2010

School Position	2006	2010
Classroom Teacher	N/A	24
FACS Teacher	62	33
Food Service Professional	66	72
Health Teacher	38	13
Human Development Specialist	3	1
Nutrition Specialist Dietician	12	22
Parent	74	39
Parent Involvement Coordinator	16	0
PE Teacher	29	9
<b>School Administrator</b>	<b>260</b>	<b>283</b>
School Board Member	3	3
<b>School Health Nurse</b>	<b>218</b>	<b>167</b>
School Psychologist, Social Worker, or Counselor	136	36
School Safety Coordinator	57	33
Other	94	59
<b>Total Participants</b>	<b>844</b>	<b>693</b>

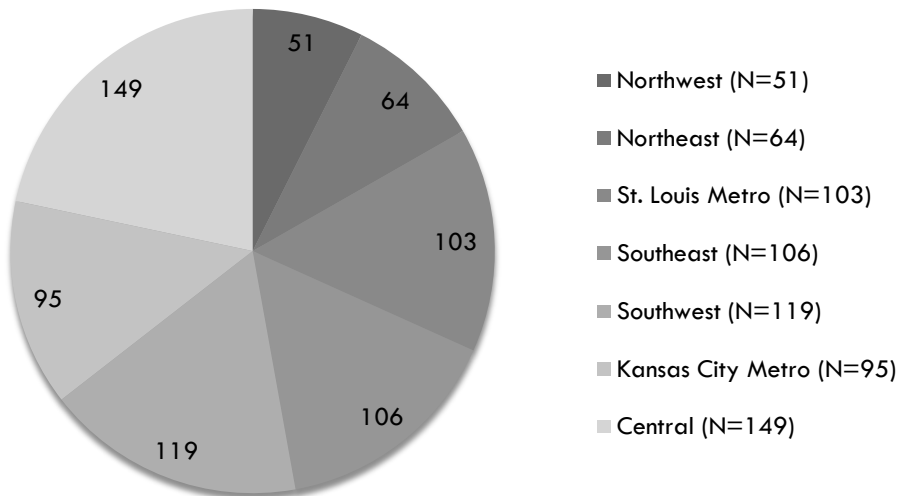
Many participants in 2006 and 2010 indicated that they had more than one primary position in their school (e.g., School Administrator and School Safety Officer). Results from the surveys suggest that School Administrator and School Nurse were the most commonly endorsed school positions in 2006 ( $N=260$ ,  $N=218$ ) and 2010 ( $N=283$ ,  $N=167$ ). There were significantly fewer participants in 2010 who indicated they were a School Psychologist, Social Worker, or Counselor ( $N=36$ ) in comparison to the 2006 sample ( $N=136$ ). No 2010 participants identified their role to be Parent Involvement Coordinator  $N=16$  in 2006).

### Participant Type of School | 2006 & 2010



Overall, most participants reported that they work in Public School Systems in 2006 and 2010.

### Participant Region | 2010

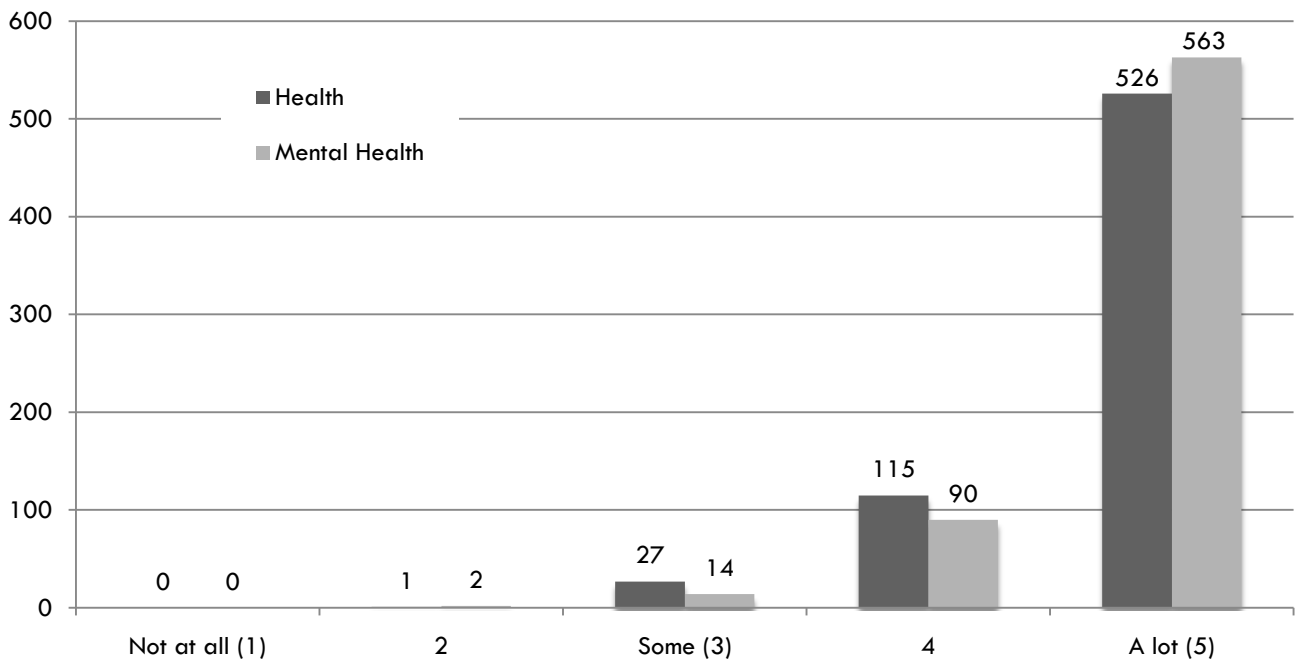


Data from the 2010 survey indicate that participants were from all 7 regions in Missouri, with the greatest number of participants reporting that their school district is located in the Southwest region. See Appendix A for a complete description of counties included in each of the 7 regions.

## PERCEIVED IMPACT OF HEALTH & MENTAL HEALTH ON ACADEMIC PERFORMANCE

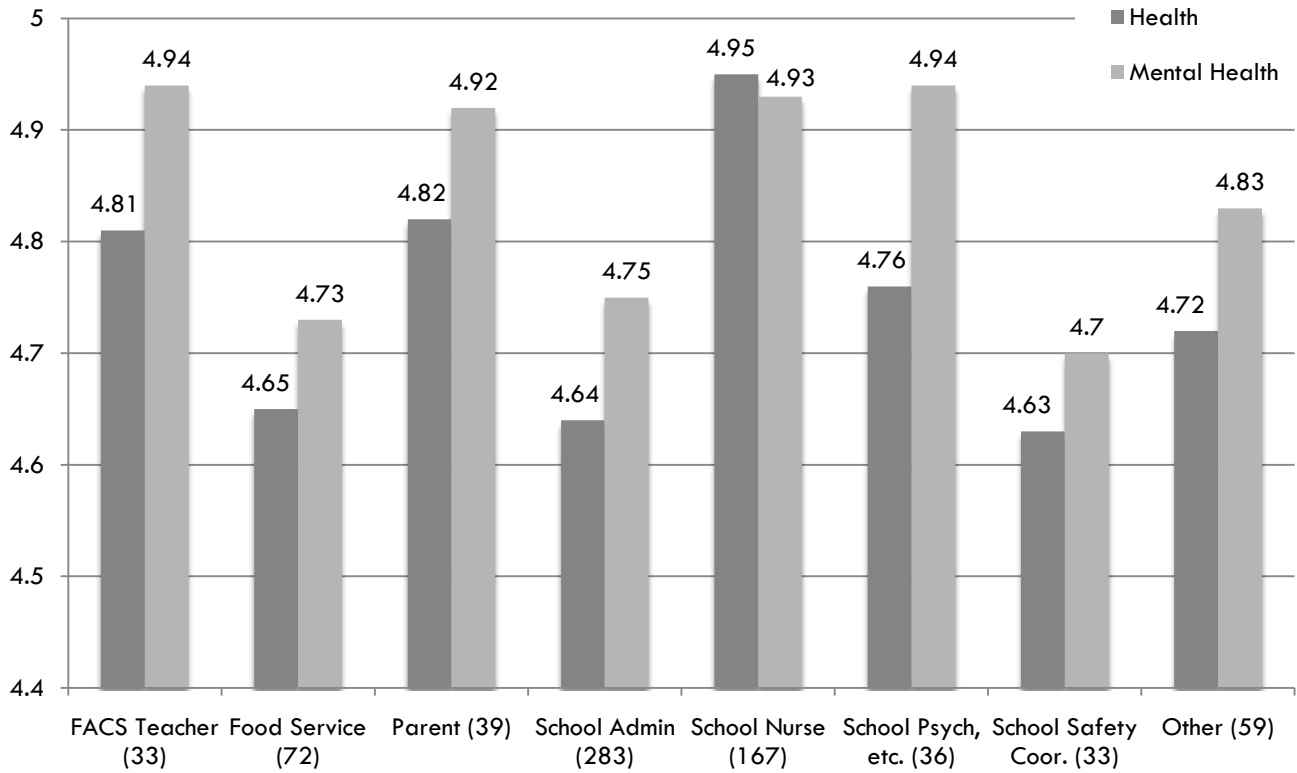
Results from the 2006 survey suggest that the majority of participants believed that health impacts academic performance (N=838, 99.8%). The 2010 survey asked participants about their perceptions of the impact of health and mental health on academic performance. Participants responded to the two items on a 5-point scale ranging from “Not at all” to “A lot.” Results suggest that the majority of participants think that health significantly impacts academic performance (average response = 4.74) and that mental health significantly impacts academic performance (average response = 4.81).

### Perceived Impact of Health & Mental Health on Academic Performance | 2010



Results suggest that participants believe both health and mental health affect academic performance. Data from the 2010 survey were further examined to understand if participants in different school positions differed in their perception of health and mental health impacts on academic performance. Only positions that were endorsed by thirty or more participants were included in analyses.

### Perceived Impact of Health & Mental Health on Academic Performance by School Position | 2010



Results suggest that perceptions of the impact of health and mental health on academic performance as rated on a 5-point scale may differ within and across participant school position.

## CHALLENGES & NEEDS

The 2006 and 2010 surveys asked participants about the challenges they face related to school health. Participants also selected areas or topics for which they would like to receive additional information, technical assistance, and/or training. Results from the 2006 and 2010 survey are reported below.

### Greatest Issue or Challenge in School Health | 2006

Challenges	Response Count	Response Percent
Implementation of wellness policies	246	29.3%
Lack of funding for school health	337	40.1%
Lack of professional development/training for staff	180	21.4%
No Child Left Behind Mandates	197	23.5%
<b>Parents not understanding the importance</b>	<b>451</b>	<b>53.7%</b>
Rising number of children with mental health needs	435	51.8%
School health is not a priority	194	23.1%
Other	98	11.7%

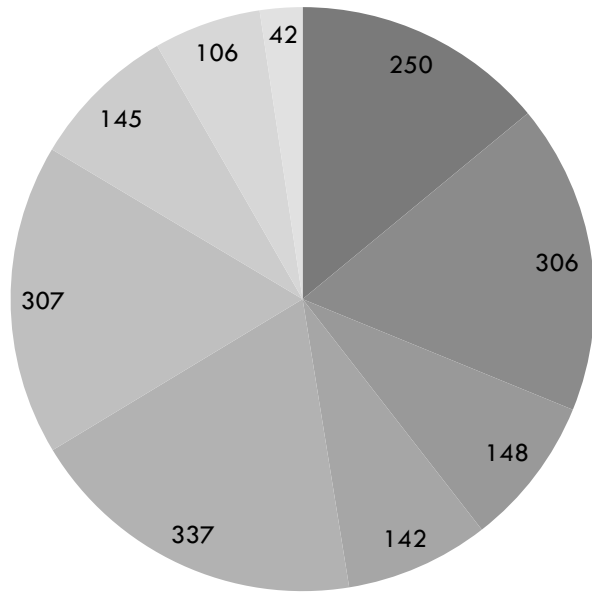
### Needs for Information, Technical Assistance, and/or Training | 2006

Needs	Response Count	Response Percent
Foods available outside the lunch program	278	34.1%
Implementation of wellness policies	269	33.0%
Mental Health Issues	369	45.2%
Nutrition education	358	43.9%
Physical education	191	23.4%
School safety	227	27.8%
<b>Talking to parents about health</b>	<b>448</b>	<b>54.9%</b>
Other	74	9.1%

In 2006, participants indicated that their greatest challenges or issues related to school health were that parents do not understand the importance of schools health and the rising number of children with mental health needs. Similarly, participants suggested that they needed more information on how to talk to parents about health and mental health issues.



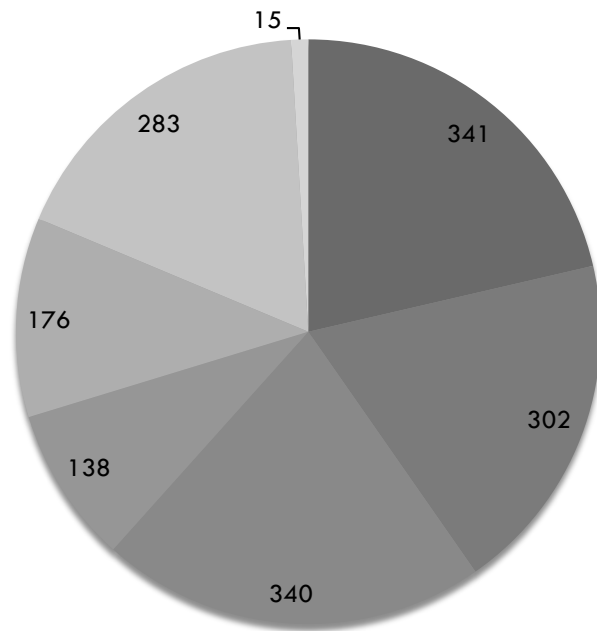
### Greatest Issue or Challenge in School Health | 2010



N = 648

- Disconnect between MH needs/services for children (N=250)
- Number of children with physical health needs (N=306)
- Health promotion and workplace wellness (N=148)
- Implementation of wellness policies (N=142)
- **Improving comm. with parents about relationship btw. health and acad. Perf. (N=337)**
- Lack of funding for school health (N=307)
- Lack of PD/training for staff (N=145)
- School health is not a priority (N=106)
- Other \*See Appendix for Detailed Responses (N=42)

### Needs for Information, Technical Assistance, and/or Training | 2010



N = 622

- **MH Issues (N=341)**
- Nutrition Education (N=302)
- **Parents/Community Outreach (N=340)**
- Physical Education (N=138)
- School Safety (N=176)
- Wellness Policies (N=283)
- Other \*See Appendix for Detailed Responses (N=15)

In 2010, participants indicated that their greatest challenge or issue related to school health was improving communication with parents about the relationship between health and academic performance. Participants suggested that they need additional information, TA, and/or training in mental health issues and parent/community outreach. See Appendices B & C for additional qualitative responses to these items. Responses to these items were further examined to determine if challenges and needs differed by region. The top three issues/challenges and needs are reported below. See Appendix A for description of regions.

## Regional Issues or Challenges in School Health | 2010

Region	#1 Challenge	#2 Challenge	#3 Challenge
<b>Overall (all regions)</b>	Improving communication with parents regarding the relationship between health and academic performance	Lack of funding for school health	Growing number of children with physical health needs
<b>Northwest</b>	Growing number of children with physical health needs	Disconnect between MH needs and services for children	Lack of funding for school health
<b>Northeast</b>	Growing number of children with physical health needs	Lack of funding for school health	Improving communication with parents regarding the relationship between health and academic performance
<b>St. Louis Metro</b>	Improving communication with parents regarding the relationship between health and academic performance	Growing number of children with physical health needs	Disconnect between MH needs and services for children
<b>Southeast</b>	Lack of funding for school health	Improving communication with parents regarding the relationship between health and academic performance	Growing number of children with physical health needs
<b>Southwest</b>	Improving communication with parents regarding the relationship between health and academic performance	Lack of funding for school health	Growing number of children with physical health needs
<b>Kansas City Metro</b>	Improving communication with parents regarding the relationship between health and academic performance	Growing number of children with physical health needs	Lack of funding for school health
<b>Central</b>	Lack of funding for school health	Improving communication with parents regarding the relationship between health and academic performance	Growing number of children with physical health needs

## Regional Needs for Information, TA, and/or Training | 2010

Region	#1 Need	#2 Need	#3 Need
<b>Overall</b>	Mental health issues	Parents and community outreach	Nutrition education
<b>Northwest</b>	Mental health issues	Parents and community outreach	Wellness policies
<b>Northeast</b>	Mental health issues	Wellness Policies	Parents and community outreach
<b>St. Louis Metro</b>	Mental health issues	Parents and community outreach	Nutrition education
<b>Southeast</b>	Mental health issues	Nutrition education	Parents and community outreach
<b>Southwest</b>	Parents and community outreach	Wellness policies	Nutrition education
<b>Kansas City Metro</b>	Parents and community outreach	Nutrition education	Mental Health Issues
<b>Central</b>	Parents and community outreach	Mental Health Issues	Wellness policies

Results suggest that there may be some regional differences in greatest challenges or issues related to school health and topical needs for information, technical assistance, and/or training.

## COORDINATED SCHOOL HEALTH IN MISSOURI

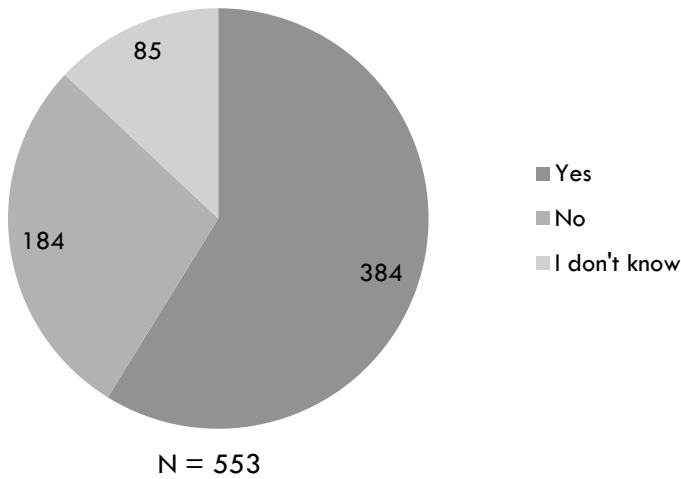
The 2006 and 2010 surveys asked participants for additional details about coordinated school health in their schools. Both surveys asked participants who is responsible for health promotion in their schools. Participants were allowed to identify more than one person who is responsible for health promotion in their schools. The 2010 survey also asked participants about their knowledge of the eight-component Coordinated School Health Model, if their school has a School Health Advisory Council, to what extent their School Health Advisory Council addresses the eight components (if applicable), and the involvement of parents/guardians in school wellness activities. Results are reported below.

### Person Responsible for School Health Promotion | 2006 & 2010

Position	2006 (N=835)	2010 (N=693)
School Administrator	N/A	304
FACS Teacher	339	147
Food Service Professional	368	239
Health Teacher	520	299
Nutrition Specialist or Dietitian	93	74
Parent	116	56
Physical Education Teacher	505	387
<b>School Health Nurse</b>	<b>702</b>	<b>543</b>
School Psychologist, Social Worker, or Counselor	197	153
School Safety Coordinator	92	66
Specialist in Human Development	13	12
Other (please specify)	106	14

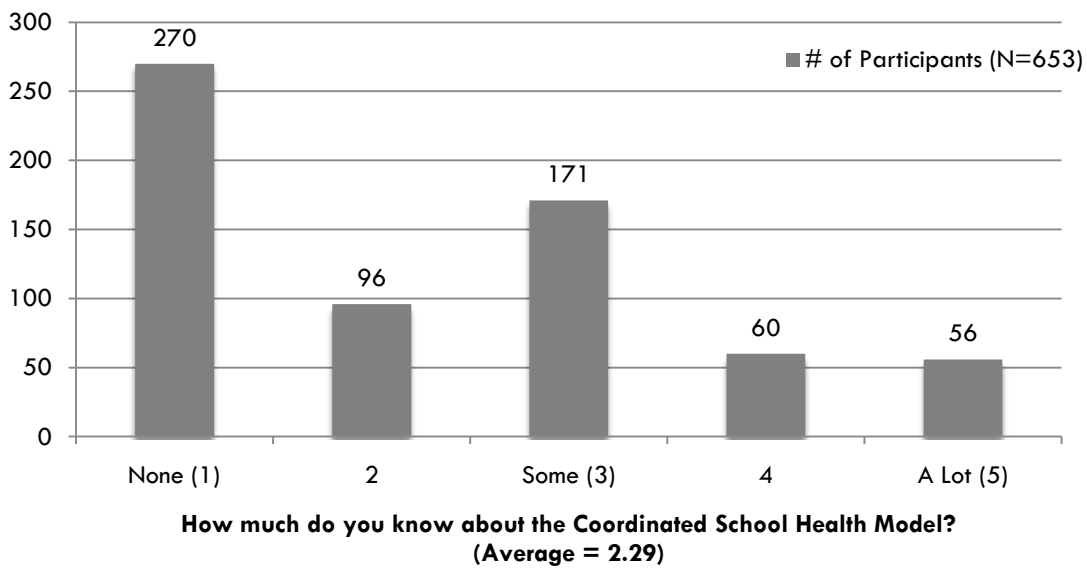
Results from the 2006 and 2010 surveys suggest that the School Health Nurse is consistently identified as the person responsible for school health promotion in participants' schools. In 2006, the Health Teacher and Physical Education Teacher were also perceived as having a major role in school health promotion. In 2010, the Physical Education Teacher and School Administrator were recognized as integral to school health promotion (School Administrator was not a response option on the 2006 survey).

### Presence of School Health Advisory Council | 2010



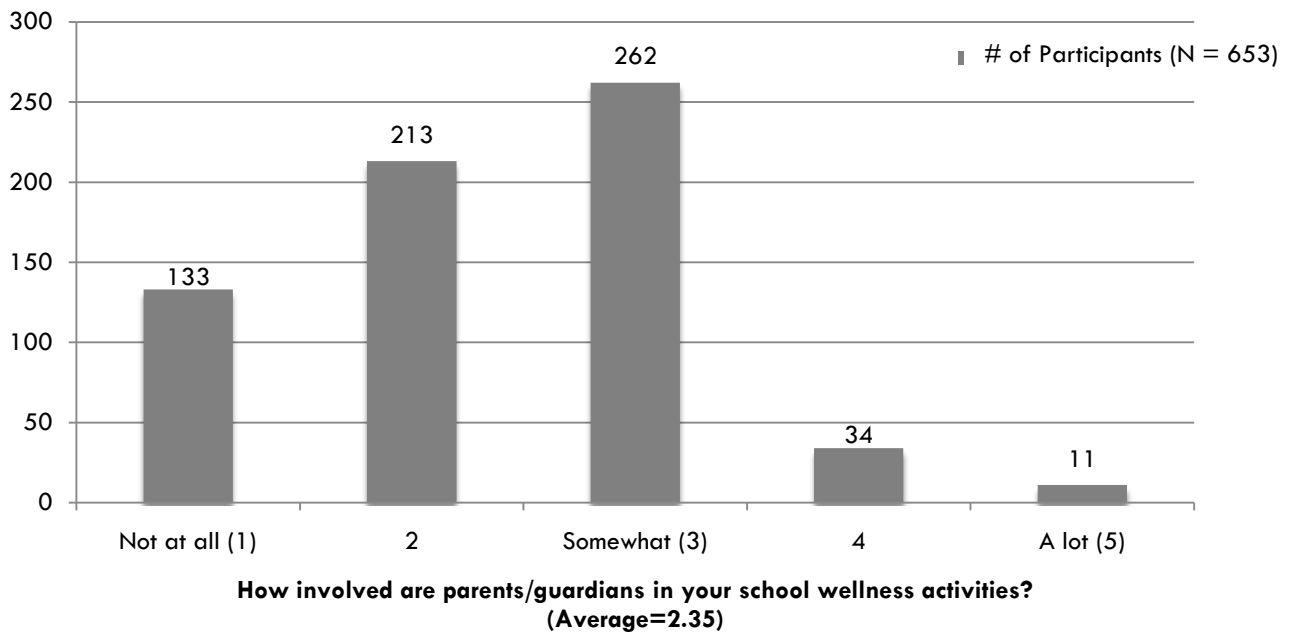
Results indicate that about 69% of participants report that their school has a School Health Advisory Council. Approximately 33% of respondents do not know if their school has a School Health Advisory Council; the low response rate on this item (553 of 693 participants answered) may suggest that a greater proportion of participants did not know if their school has a School Health Advisory Council).

### Knowledge of Coordinated School Health Model | 2010



Results suggest that most participants have limited or no knowledge about the Coordinated School Health model; 41% of participants (N=270) know nothing about the model. Those participants who indicated that their school has a School Health Advisory Committee suggest that on average their council “somewhat” addressed the eight components of the coordinated school health model (average = 3.03 on 5-point scale).

### Parent/Guardian Involvement in School Wellness Activities | 2010

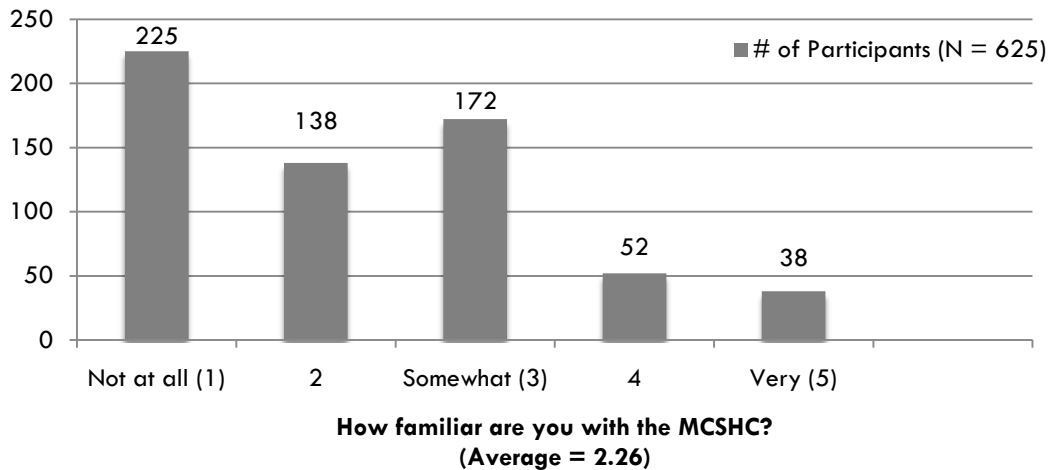


Results from the 2010 survey suggest that parents/guardians have some involvement in school wellness activities according to participants. Only 7% of participants (N=45) indicated that parents/guardians were more than “Somewhat” involved in school wellness activities.

## MISSOURI COORDINATED SCHOOL HEALTH COALITION

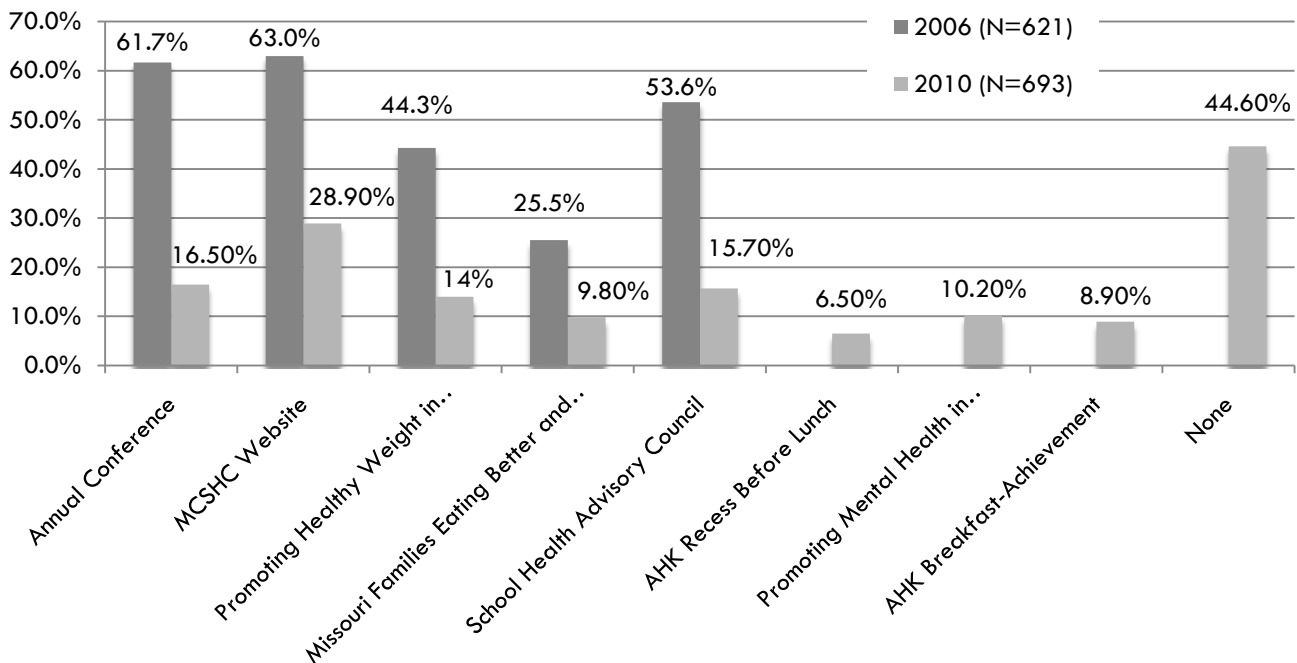
The 2006 and 2010 surveys asked participants about their knowledge of the coalition, if they are using any of the coalition’s products, and, if so, how they are using those products. The surveys also ask for additional comments and/or suggestions. Results from the 2006 and 2010 surveys are reported below.

### Familiarity with the Missouri Coordinated School Health Coalition | 2010

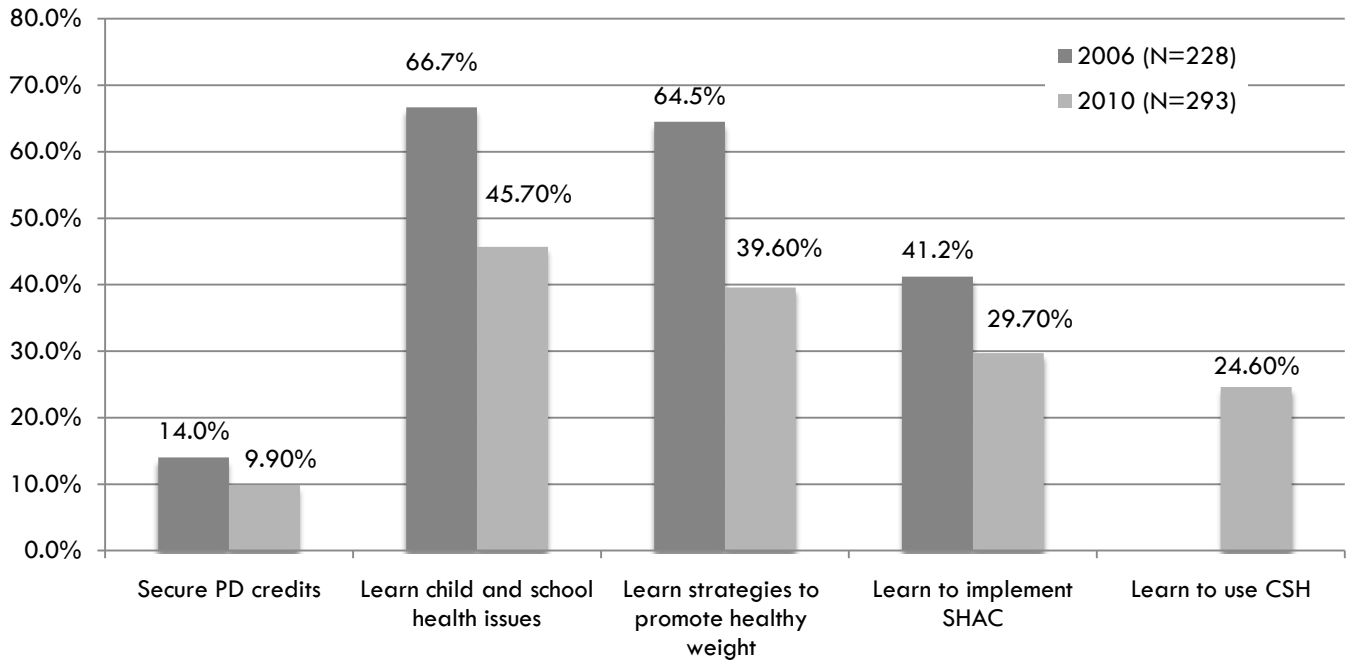


Results suggest that participants have limited to some knowledge about the coalition. About 28% of respondents are somewhat familiar with the coalition (N=172), and approximately 14.4% (N=90) are more than somewhat familiar with the coalition.

### Use of MCSHC Products | 2006 & 2010



### Reason for Use of MCSHC Products | 2006 & 2010



See Appendix D for additional qualitative 2010 responses for use and reason for use items.

### Recommendations for Improvement and Additional Comments | 2010

See Appendix E & Appendix F.



## APPENDIX A: LIST OF COUNTIES INCLUDED IN THE EXTERNAL STAKEHOLDER SURVEY

**Central:** Boone, Camden, Carroll, Chariton, Cole, Cooper, Crawford, Dent, Franklin, Gasconade, Howard, Linn, Macon, Maries, Miller, Moniteau, Morgan, Osage, Phelps, Pulaski, Randolph, Saline, and Washington Counties

**Kansas City Metro:** Cass, Clay, Jackson, Lafayette, Platte, and Ray Counties

**Northeast:** Adair, Audrain, Callaway, Clark, Knox, Lewis, Lincoln, Marion, Monroe, Montgomery, Pike, Putnam, Ralls, Schuyler, Scotland, Shelby, Sullivan, and Warren Counties

**Northwest:** Andrew, Atchison, Buchanan, Caldwell, Clinton, Daviess, Dekalb, Gentry, Grundy, Harrison, Holt, Livingston, Mercer, Nodaway, and Worth Counties

**Southeast:** Bollinger, Butler, Cape Girardeau, Carter, Douglas, Dunklin, Howell, Iron, Laclede, Madison, Mississippi, New Madrid, Oregon, Ozark, Pemiscot, Perry, Reynolds, Ripley, Scott, Shannon, St. Francois, Ste. Genevieve, Stoddard, Texas, Wayne, Webster, and Wright Counties

**Southwest:** Barry, Barton, Bates, Benton, Cedar, Christian, Dade, Dallas, Greene, Henry, Hickory, Jasper, Johnson, Lawrence, McDonald, Newton, Pettis, Polk, St. Clair, Stone, Taney, and Vernon Counties

**St. Louis Metro:** Jefferson, St. Charles, and St. Louis Counties

## APPENDIX B: GREATEST ISSUES OR CHALLENGES IN SCHOOL HEALTH | 2010

What is the greatest issue or challenge you are facing related to school health? (34 respondents)

### Themes:

1. Parents and home environment (8 respondents)
  - Lack of parental support and responsibility in the role of their children's health was mentioned by most who responded about parental concerns.
2. Securing resources and funding for families (3 respondents)
3. Growing number of children with mental health needs (3 respondents)
4. Staff concerns
  - Lack of knowledge about school health policies, school staff and administration not following wellness policy, lack of buy-in/support

### Other (please specify):

- Apathetic parents
- Staff lack of knowledge regarding health policies.
- Using drugs to help instead of trying other means
- Lack of Parents supporting healthy eating at home
- You can educate the kids on better food choices but parents still buy the groceries
- Health issues caused by poor diet and inactivity
- Administrators and teachers not willing to follow the school wellness policy.
- School Principal buy in
- If we are to make real gains and improvements, we will need additional funding along with goals and objectives.
- Non-compliant parents and lack of responsibility on parent's part.
- Growing number of children with mental health needs
- Too much to do and too little time
- Lack of emphasis on parents who are responsible for their children's health; Schools should spend time and money on educational concerns
- District Administration does not support need for wellness policy, only for show or reporting

- Stakeholders have different ideas of health
- Steady decline of the strong family structure
- It seems that small facilities are overlooked in all ways.
- Growing number of children with mental health issues
- Health classes for students all grade levels
- Salary
- Growing number of children with mental health needs
- Free services or discounted services for students who need to see the Dr. and parents do not have insurance or that can't pay a co-pay
- Having a school social worker really improved this problem. Still much difficulty getting the parents to follow through with needs even if the school makes the appt., takes care of transportation and the services are paid for by Medicaid.
- Resources for our low socioeconomic families
- Finding resources and funding to provide students services
- Unable to provide needed services due to privacy
- Head lice issues
- Use of school health room instead of dr. visits.
- Extreme poverty creates greater health concerns
- Kids eligible, but not enrolled in, MO HealthNet
- Alternatives to suspension
- I have found a huge disconnect with clinical and school professionals. I find many clinical diagnoses with no school input. We have a wealth of information about the child. I hate it when a diagnosis is given on parent interview only.
- Inactivity of children leading to obesity risk
- Poor health of students from home environment

## APPENDIX C: NEEDS FOR INFORMATION, TECHNICAL ASSISTANCE, AND/OR TRAINING | 2010

In what areas would you like to receive additional information, technical assistance, and/or training? (14 respondents)

### Themes:

1. Funding
  - Additional money for mental health and student health programs discussed by 3 of the respondents.
2. Assisting parents with health-related services
  - Assisting parents whose children are uninsured and helping parents secure medical resources was discussed by 2 of the respondents

### Other (please specify):

- Legal issues
- All of the above could be included.
- Teacher involvement in implementation strategies
- Screenings
- More emphasis to Administrators of importance of Wellness Policy in school and community.
- Money/additional funding
- Substance Abuse and How to teach students and staff.
- Microsoft word and excel training (documents, charts, etc)
- Have mental health resources but no funds if not MC+
- Importance of physical activity and brain function
- Funding for Student health programs
- Assisting parents whose children are uninsured
- Connecting school and community mental health resources
- How to help parents get medical care for kids.

## APPENDIX D: REASON FOR USE OF MCSHC SERVICES & PRODUCTS | 2010

How are you using MCSHC's products or services? (43 Respondents)

### Themes:

1. Not using any MCSHC products or services (22 respondents)
  - Not implemented, not receiving services, not using
2. Didn't know about the MCSHC products or services (10 respondents)
  - Unfamiliar with, didn't know anything about services, haven't seen any resources.

### Other (please specify):

- Don't recall using them, but I may be out of the loop for the origination of resources.
- I am not sure if our Nurse or Counselor has used anyone. We do have a lady that comes in for nutrition at the Elementary.
- To shape school wellness policy
- Not using these product or services
- Didn't know about this program.
- Not receiving services
- More info so I can use
- I don't think we are using it.
- I don't know anything about this
- Didn't know about it at detention
- To pass on to food service personnel and nurse.
- My supervisor is familiar with this Coalition.
- Haven't seen these products
- New School Nurse doesn't know about this
- Unfamiliar with services
- We are affiliated with "Alliance for a Healthier Generation". Is this a a collaborative of MSCHC?
- Have not heard of this.
- Used in previous district. Things are handled at the district level in this district, so I am not as aware of how this is handled.
- To inform parents
- At the present time we are not using these services.
- Did not know about them
- The nurse may have used some of these resources. I know we do have some brochures, fliers, etc. I am not sure where they have originated.
- Not using
- Not familiar with
- Posted on our National Resource list
- I don't use it as I didn't know it existed.
- I am not- school nurse might
- Haven't yet. Teaching health for 1st time 2nd Semester.
- Do not use MCSHC
- Don't use any. unfamiliar with MCSHC

## APPENDIX E: HOW WOULD YOU IMPROVE MCSHC PRODUCTS AND SERVICES? | 2010

How would you improve MCSHC Products and/or services? (60 respondents)

### Themes:

1. More information needed (13 respondents)
  - More information distributed to schools was highlighted by several of these respondents
  - Several respondents would like more information on the MCSHC services and products
  - Letting schools know where to find information was a suggestion from a few respondents.
2. Increase awareness of the MCSHC (7 respondents)
  - Increase awareness and visibility of organization, products and services to schools
    - Several respondents in this area said they did not know it existed until this survey
  - Several respondents suggested increasing visibility by more publicity (through e-mail, mail, posters, etc.)
3. Better distribution of material for infiltration into schools
  - One respondent suggested finding diverse ways of distributing materials
  - One respondent suggested infiltration of products and services to schools at every level (administration, teachers, support staff, etc.)

### Other:

- Provide more personal interaction
- Need to have the information distributed to our school.
- Would like information on MCSHC services and products
- I probably should have sent this survey to our school nurse who handles more of these issues....I do not feel qualified to answer these last two questions.
- Provide criteria for the school administrators requiring working in tandem with the School Nurse and Physical Education teacher.
- Training and materials need to be available.
- Better communication.
- IT COVERS A LOT OF THE ISSUES THAT ARE NEEDED.
- Have not received any information or products concerning MCSHC.
- Send more information to Counselors in school districts.
- Put more out there.
- Provide to school nurses with flyers/handouts at DHSS school health grant meetings.
- Please put myself and our Nurse on your mailing list so we can learn about your organization.
- More information to school food service departments.
- Distribution to food and nutrition personnel as well as school health professionals and nurses
- Increase awareness of this organization and its services. We did not know it existed until now.
- Include non publics in services.
- They are all good, we just need to get everyone on board not just the PE and Food Services Personnel.

- Get more information out there for districts and work with DESE to enhance communication.
- Monthly email reminders about available info
- E-mail information to counselors as well as health professionals
- Seminar explaining what it is and how to use it.
- Fund it better
- Have our school nurse find out more about it.
- Infiltrate into schools at every level. It seems that mostly school nurses benefit from these services but unfortunately many school nurses have little to no power or authority. Let's get those PE and Health teachers, Science department chairs, administrators, and athletic trainers on board!
- 09 Coordinated school health conference was the best one I've attended in 14 years.
- Get the information to each school nurse.
- Get more school staff involved other than health services. Annual conference open to all related school staff, but usually only nurses participate.
- Reduce the price of the Annual Coordinated School Health Conference. Very good, but scholarships ran out and our district is pretty broke...
- Make them more visible--I didn't know about some of the above listed products.
- more easily understood
- To have a sample pack of everything so that I would know what the resources are available in this program.
- Awareness and easy implementation
- The product needs to be sent in such a way that the administrator will receive it and there should be enough to include all teachers so that they can be educated on better health as well.
- More information on a consistent basis
- Emails to school administrators telling them where to find information (web site address, list of resources, etc.)
- Need to address drug and mental health issues in the school setting.
- Make school systems more aware of your services by email; mail, etc.
- Provide information to schools
- Be more visible and accessible to building administrators
- Continue to find diverse ways of distribution
- I benefit more from "packaged" lessons, policies and procedures that can be individualized. A CD with templates and ideas to checkmark for inclusion would allow for quick development of policies. I find a manual a little overwhelming and it's hard to get started. When I've held meetings I find it saves time to have something ready for review and discussion.
- Continue to get them distributed
- More users in a more settings
- Get them into the teacher's hands, not into the Secretary or Principal's.
- To learn how to implement a school health advisory council and improve our school's wellness policies.
- Information needs to be readily available to all school personnel and the MCSHC needs to contact schools and set up meeting with pertinent staff.
- More publicity to create awareness
- Need to contact nurse and community committee to discuss the needs
- I am really not sure I am just beginning to use the services and products. But I like what I have seen
- They are currently meeting our needs.
- Less paperwork and more time to actually address the issues of the students.
- Schools need grant opportunities during this economic crunch we are experiencing with Federal and state government. Perhaps highlighting grant opportunities for districts in all health categories.
- Updates available
- More awareness of things available to help with wellness issues

## APPENDIX F: ANY SUGGESTIONS OR COMMENTS? | 2010

Any suggestions or comments? (28 respondents)

### Themes:

1. More information about MCSHS (8 respondents)
  - More information about the services provided by the MCSHS
  - How the services can benefit school/students/parents
  - Information provided systematically to school officials and disseminated to school staff
2. More communication from MCSHS (4 respondents)
  - Conference was mentioned 2 times
  - A possible seminar for districts was discussed

- Better communication of available resources.
- Your services are not utilized/implemented at our school to the best of my knowledge
- IT NEEDS TO START AT HOME. THE ONLY TIME YOU HEAR FROM PARENTS IS TO COMPLAIN.
- We would like to have more participation by our Student Health Advisory members.
- Send emails to food service managers to help spread this information.
- I need more information about the services that you can provide.
- Would be receptive about MCSHCC
- This is hard to complete since we are not a school district, rather a RCCI
- I just wish I had more time to work on wellness policies and promoting healthy living for both students and staff.
- I would like to learn more about MCSHC and how your services will aid my students/parents
- More stress toward school administration. They only feel necessity if good PR, and not too much trouble to do.
- Need time to implement some of the ideas and suggestion and policies.
- More funding and less stricture
- This was a great idea. The survey is a great way to reach out to the nurses and other health professionals. We need buy in to move this group into the important place it should hold. Thank you!
- keep us up to date on legal issues such as 504 plans, changes in IEP requirements, etc.
- I was unable to attend the Coordinated School Health Conference the last couple years. However, each year that I have attended I have gained valuable knowledge and resources helpful in my profession.
- More local meetings
- Maybe a seminar or district presentations on the program
- MCSHC offers valuable support for our school health programs.
- Find the key contact for distribution so the resources are used and not wasted/ignored or lost in a busy school system
- Address them to specific teachers.
- With so many programs available, information directly mailed to a school officials - Director of Special Education, District Health Coordinator, and/or Assistant Superintendent and then disseminated to staff would be beneficial.
- MAKE MORE INFORMATION AVAILABLE ABOUT MCSHS, BECAUSE I HAVE NO IDEA WHAT IT IS.
- More money and resources for our poor people to take advantage of and the time to actually get the parents the resources available.
- The conference is always amazing. I learn so much every time. I can't really think of anything else except focus on grant opportunities for schools.



## CONTACT INFORMATION

### Missouri Coordinated School Health Coalition

<http://www.healthykidsmo.org/mcshc/who.php>

### Report Prepared By

**Melissa A. Maras, PhD**

Assistant Professor

University of Missouri

16 Hill Hall, Columbia, MO 65211

573.884.9733 (office)

573.884.5989 (fax)

[marasme@missouri.edu](mailto:marasme@missouri.edu)

**Jenny Collier**

[jlc7w2@mail.missouri.edu](mailto:jlc7w2@mail.missouri.edu)

**Chelsey Brophy**

[cmbvyc@mail.missouri.edu](mailto:cmbvyc@mail.missouri.edu)

**Stacie Baker**

[sibaker@mail.missouri.edu](mailto:sibaker@mail.missouri.edu)