**Generation Healthier Texas Project**

**Preliminary Feasibility Study Report**

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# Table of Contents

[Table of Contents 2](#_Toc531097893)

[Executive Summary 3](#_Toc531097894)

[Overview of Project and Initiative Purpose, Process, and Concept 4](#_Toc531097895)

[Project and Initiative Background 4](#_Toc531097896)

[Project and Initiative Purpose and Timeline 4](#_Toc531097897)

[Project Organization and Main Activities 5](#_Toc531097898)

[Project and Initiative Vision, Key Result, Overarching Solution, and Goals 8](#_Toc531097899)

[Initiative Concept 9](#_Toc531097900)

[Market Analysis 13](#_Toc531097901)

[Overview 13](#_Toc531097902)

[Statewide Trends 13](#_Toc531097903)

[Issues 14](#_Toc531097904)

[Key Results 15](#_Toc531097905)

[Solution: High-Level Strategies 16](#_Toc531097906)

[Collective Impact Approach 16](#_Toc531097907)

[Major Components of the Solution 17](#_Toc531097908)

[Organizational Resources and Roles and Initiative Team 17](#_Toc531097909)

[Key Partners 19](#_Toc531097910)

[Timeline 19](#_Toc531097911)

[Funding/Financials 20](#_Toc531097912)

[Evaluation 21](#_Toc531097913)

[Appendix A—Generation Healthier Texas Initiative: Theory of Change, Logic Model, and Key for Project-based Learning Initiative 22](#_Toc531097914)

[Appendix B—Generation Healthier Texas Initiative, Project-based Learning Platform Description 25](#_Toc531097915)

[Appendix c— Generation Healthier Texas Initiative, Workgroup Summaries of Issues, Key Results, and Strategies 27](#_Toc531097916)

# Executive Summary

Over the last 6 months, Its Time Texas (ITT) and the Texas Association for Health, Physical Education, Recreation, and Dance (TAPHERD) has embarked on a project to study the feasibility and develop the outlines of a planning and resource development effort for 2019. The purpose of that effort is to develop and launch and a statewide initiative to improve the health and well-being of Texas youth.

This preliminary report summarizes the investigative and discovery process followed to date, its initial findings and conclusions, and the process proposed for 2019. The report supports presentations to the ITT and TAHPERD boards during the week of November 26, 2018. It includes key details to frame the next level of initiative development, should the boards approve moving forward with the initiative.

The initiative focuses on the health crisis facing Texas youth due to obesity and inactivity and the fragmented approach currently being used in the state to address this crisis.

TAHPERD and ITT have partnered to consider the creation of a unifying, groundbreaking, and collective initiative or “Cause” to raise the healthiest generation in Texas’ history by harnessing student leadership and by mobilizing support from diverse stakeholders. This initiative will empower all Texas students to become health champions for their families, schools, and communities and will engage various stakeholders, including teachers, administrators, parents, policymakers, and business leaders, to establish a culture of health in the Lone Star State. This initiative will provide a common platform to streamline resources and create increased funding, public support, and capacity for Texas’ HPE community. It will also create unprecedented opportunities for TAHPERD and ITT to powerfully advance and sustain their respective missions.

In the sections that follow, this report explains the concept and key details for the common platform—the center piece of which is a Project-Based Learning (PBL) platform. As well, the report describes the work products (i.e. findings, conclusions, and recommendations) of the various workgroups which have been conducting a Market Analysis, identifying Key Results, and crafting High-Level Strategies to support the PBL platform.

# Overview of Project and Initiative Purpose, Process, and Concept

## Project and Initiative Background

More than two-thirds of all adults and one-third of all youth in Texas are overweight or obese. The situation has become so dire that nearly 60% of all Texas youth are projected to be obese by age 35, and one-third of all young Texans are projected to develop type 2 diabetes in their lifetime. Today’s students are on track to be the least healthy generation in our state’s history. This is a future we cannot afford and must not allow.

There is overwhelming evidence that the key to tackling this crisis requires organizations, institutions, and people working together. No single organization or strategy, regardless of how large or successful it may be, can solve complex social challenges like these at scale. Despite many organizations working to improve school/student health in Texas, no statewide, collective effort to organize and catalyze this work exists.

It’s Time Texas (ITT) and the Texas Association for Health, Physical Education, Recreation & Dance (TAHPERD) have formed a strategic partnership to explore the possibility of joining forces on a collective impact initiative to raise the healthiest generation in Texas history—the *Generation Healthier Texas* initiative.

It is believed that these two organizations are well equipped to lead this work. However, before it can progress, there needs to be input from key stakeholders to determine the details of this partnership and its feasibility. Accordingly, this project was launched to develop the joint vision for this initiative and these key details. This report summarizes the initial findings from the project to help the governing bodies for TAPHERD and ITT determine the feasibility of progressing with the initiative.

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## Project and Initiative Purpose and Timeline

**The purpose of this PROJECT** is to explore the possibility and assess the feasibility of TAHPERD and ITT joining forces on a statewide, collective effort to develop child health at scale by focusing on collective impact influencing the student, home, school, and community. Phase 1 of the project is the focus of the first part of this report—i.e. to determine the initial feasibility of the concept. And, if that effort is determined to be feasible, these organizations will embark on Phase 2 of the project to develop a multi-year comprehensive plan (“Plan”) to organize, guide, and catalyze this collaborative effort for implementation. Phase 2 activities are described in the later part of this report.

**The purpose of this INITIATIVE (“CAUSE”)** is to develop a collective effort to grow the healthiest generation in Texas' history by rallying support from and mobilizing action throughout all corners of the state.

**The timeline** for **Phase 1** of the project was **July—November 2018**:

* Steering Committee Design and Decision-making Meeting: June 25
* Project Kick-off Meeting: July 19
* Workgroup Planning Discussions and Drafting: Mid-July—Mid-October
* First Draft of Workgroup Plan Drafts Due: Mid-October
* Feedback Cycle, Review, and Revision: Mid-October—Mid November
* Final Preliminary Feasibility Report/Plan Due: End of November

## Project Organization and Main Activities

The project has been managed by a Planning Committee and led by a Steering Committee which developed the basic project components and key development guidance. The Committee was assisted by a planning consultant—Ara Merjanian—who worked with the Steering Committee and the individual workgroups to achieve the project objectives in a timely, complete, and compelling manner. The Steering Committee met periodically to track and manage progress of the project and make final decisions about feasibility, form/format of the plan, key aspects of the fundraising and sustainability components (including detailed costing out of solutions and strategies), and the way forward. They also met monthly with the workgroup leads. The graphic shows the basic organization of project participants followed by a brief definition of the project’s respective roles and responsibilities.

* **Planning Committee:** Comprised of the Steering Committee, Workgroup Leads, and Workgroup members.
* **Steering Committee:** Rose Haggerty (ED of TAHPERD), Baker Harrell (CEO of ITT), Dolly Lambdin (TAHPERD/ITT), Pete Silvius (TAHPERD), Amy McGeady (CEO of ITT), Rachel Naylor (TAHPERD), and Janice Longino (TAHPERD). Responsible for: selection and oversight of planning consultant/firm; determination of final decisions on overall plan content.
* **Planning Consultant/Firm:** Responsible for: oversight of planning process and creation of draft and final plans; support for workgroup leaders and workgroups in the creation of their respective plans.
* **Workgroup Leaders:** Responsible for: working with the Steering Committee to recruit their workgroup members; scheduling and facilitating workgroup meetings; oversight of the development of their workgroup’s plans.
* **Workgroup Members:** Subject matter experts who work collaboratively with their workgroup leaders and fellow members to create their workgroup’s plans.

The Steering Committee held a Project Kick-off Meeting on July 19, 2018 where the Steering Committee laid out the project’s purpose, key components, and timeline/milestones and provided training and guidance to all workgroup members and leads. The Steering Committee developed a Workgroup Development Guide which provided detailed project background information and instructions. A second, revised edition of the Guide was published following the Kick-off Meeting. At the meeting, the workgroup membership was finalized, and workgroups conducted their first organizational meeting during the second half of the Kick-off Meeting. The following workgroup charges and scope were established:

**School Solution Workgroup**

This solution includes school-based strategies in elementary, middle, and high schools, and institutions of higher education, and should provide opportunities for business/employee engagement. The School Solution Workgroup must also think of the role of middle school and high school teachers as coaches and how coaching and athletics fit into the Plan.

**Student/Family Solution Workgroup**

This solution includes out-of-school strategies that should generally support school-based strategies but that include strategies before and after school, at home, in the community, and during the summer, etc. The plan should include engagement opportunities for students, parents, and family members.

**HPE Community Solution Workgroup**

This solution involves strategies for/with/by the HPE community of professionals that may directly support the School and Student/Family Solutions Workgroups’ strategies and that may also indirectly support those strategies by improving the profession (e.g. pre-service and in-service professional development). Accordingly, the charge for this solution workgroup is that it should include teacher educators, current teachers, and student teachers. The HPE Community Solution Workgroup should also differentiate between appropriate actions and performance measures for secondary schools (i.e. middle and high schools) and elementary schools.  Traditionally, since elementary teachers are so enthusiastic and focused on physical education, they are targeted for all actions, so this workgroup should broaden that focus.

**Evaluation Workgroup**

The Evaluation Workgroup will develop an overall evaluation framework—which should consider both formative and summative evaluation approaches—that will encompass all the solutions and strategies but that also addresses evaluation methods and focus areas that correspond to particular solutions’ strategies. The Evaluation Workgroup should focus on the impact on student health and on changes at the family, school, and community levels. This workgroup will need to work closely with the other workgroups, as they are considering and developing strategies and related elements, to ensure the evaluation components jibe with actual workgroup recommendations.

**Marketing/Engagement Workgroup**

The Marketing/Engagement Workgroup will develop plan elements associated with the marketing of the plan to target audiences and will include elements for engaging key partners and other stakeholders. As is the case for the Evaluation Workgroup, this workgroup will develop a plan that cuts across all the solutions and strategies but that also addresses messages and modalities that correspond to particular solutions’ strategies. The plan should encompass both the branding/marketing of the initiative, as well as engagement plans for the various target audiences (e.g. administrators, HPE teachers, students, parents/families, investors, health enthusiasts, celebrities/influencers, businesses) generally and for each solution and related strategies specifically. This workgroup will need to work closely with the other workgroups as they are considering and developing Strategies and related elements, to ensure the Marketing/Engagement Plan jibes with actual workgroup recommendations.

Since the Kick-off Meeting, workgroups have developed initial components of the initiative’s plan for action—i.e. Market Analysis Issues, Key Results, and High-Level Strategies. These components were analyzed to determine the initial feasibility of the initiative as summarized in this report. As well, the Steering Committee developed a high-level solution which encompasses all workgroup components under a Project-Based Learning Platform (PBL), which is described further in this report.

The workgroups followed a simple but formal fact-based process model. The model has three steps. It allowed workgroups to focus on “first things first”, follow an orderly and aligned process, and ensure a consistent, complete, concise, and compelling result. The main steps and questions of the process model and the related plan elements are shown in the table below

|  |  |  |
| --- | --- | --- |
| **Process Step** | **Question to Be Addressed** | **Workgroup Plan Element** |
| *Making Sense* | Where are we? | Market Analysis and Issues |
| *Making Choices* | Where do we want to be? | Solutions, Key Results, Strategic Objectives, and Outcome Measures |
| *Making Progress* | How do we get there? | Strategies, Programs, and Services |

In conducting their research and developing their plans, workgroups described the logic behind the recommended solutions and strategies. That involved having a clearly-stated “Theory of Change”—which answers the questions: How do we know this initiative is the right thing to do and that our specific strategies will produce the desired results? In effect, how does change occur? This involves constructing a logic model showing the relationships and logical flows between:

* the identified needs and opportunities from the Market Analysis (the Issues);
* the Key Results expected, stated as Strategic Objectives and
* high-level program/service outputs (e.g. units of service delivered, number of people served)
* short-term and intermediary outcomes (e.g. process, progress, and proxy measures)
* long-term/ultimate outcomes (i.e. overall child health, healthy habits, obesity rates, etc.); and
* the Strategies, Programs, and Services required for the proposed Solution.

## Project and Initiative Vision, Key Result, Overarching Solution, and Goals

The **Vision** for the *Generation Healthier Texas* initiative is …… to raise the healthiest generation in Texas history.

The **Key Result** to reach this vision is ……. make healthy behaviors the norm among Texas youth.

The **High-Level Overarching Solution** is …… a statewide cause that focuses on developing child health in school, at home, and through community/business support.

**The Goals for the initiative are**:

1. **Systemic Change.** Create radical change that transforms the health of each and every student and school in Texas. This is population-level, systemic change, change at the cultural level in terms of who we are as Texans and what we value.
2. **Professional Development and Leadership.** Position health and physical education (HPE) and HPE educators at the heart of this cause changing public perception and rallying public support for HPE/HPE educators. The HPE educator community in Texas must view and support *GHT* as THEIR cause for it to be successful.
3. **Sustainability.** Provide significant, sustainable funding to TAHPERD and ITT to support *Generation Healthier Texas* and our respective missions and relevant programs, initiatives, and events. To create change, the development of significant financial support is essential.
4. **Partnership Engagement.** Deeply engage and mobilize key, cross-sector, multigenerational audiences/stakeholders. This must include, in addition to HPE professionals, administrators, classroom teachers, businesses/business leaders, parents/families, students, and health enthusiasts.
5. **Collective Impact.** Unite and focus the collective efforts of related organizations, programs, and initiatives. We need to build a "big tent" with *GHT*, such that all the myriad organizations, programs, initiatives, etc. derive value from partnering with TAHPERD and ITT to advance the cause.

## Initiative Concept

The Steering Committee developed an overarching solution that includes a Theory of Change and logic model that represents an umbrella concept, under which workgroup activities and plan components can be developed. This solution incorporates a PBL platform and related support strategies. The idea is to provide a central organizing framework with a compelling message and set of programs, activities, tools, and other resources which will engage elementary, middle, and high school students and their families, school administrators and teachers, and the business community and community stakeholders.

This solution model has several elements and key planning activities for the respective domains of Schools, Families, and Business Community, as follows:

**Schools (HPE + Students)**

**Toolkit**

* Project Development
* Planning for School Toolkit
* Planning for Families Toolkit and Health Coaching
* Planning for Business Community Toolkit and Service Projects, plus Funding

**Professional Development**

* To be developed

**Recognition**

* Marketing Planning
* Promotion to Families and Business Community

**Funding**

* Fundraising for the Project
* Investor Management

**Marketing Consultant(s)**

* Families Health Coaching
* Business Community Service Projects, plus Funding

**Families (Parents + Students)**

**Toolkit**

* Project Development
* Planning for School Toolkit
* Planning for Families Toolkit and Health Coaching
* Planning for Business Community Toolkit and Service Projects, plus Funding

**Health Coaching**

* To be determined

**Business Community**

**Toolkit**

* Project Development
* Planning for School Toolkit
* Planning for Families Toolkit and Health Coaching
* Planning for Business Community Toolkit and Service Projects, plus Funding

**Service Projects**

* To be determined

**Fundraising**

* Marketing Planning
* Promotion to Families and Business Community

In addition to these components and activities, the initiative has several other platform and program engagement components and key planning activities, as follows:

**Project-Based Learning Platform**

**Overview**

* Project Development
* Planning for School Toolkit
* Planning for Families Toolkit and Health Coaching
* Planning for Business Community Toolkit and Service Projects, plus Funding

**Grades 1 – 5**

* To be determined

**Grades 6 – 8**

* Marketing Planning
* Promotion to Families and Business Community

**Grades 9 – 12**

* Fundraising for the Project
* Investor Management

**Advocacy Program**

**Stakeholder Engagement**

* Project Development
* Planning for School Toolkit
* Planning for Families Toolkit and Health Coaching
* Planning for Business Community Toolkit and Service Projects, plus Funding

**Policy Change – Local**

* To be determined

**Policy Change – State**

* Marketing Planning
* Promotion to Families and Business Community

**Ambassador Program**

**Local Ambassadors**

* Project Development
* Planning for School Toolkit
* Planning for Families Toolkit and Health Coaching
* Planning for Business Community Toolkit and Service Projects, plus Funding

**Texas Ambassadors (Influencers: Celebrities, Athletes & Policymakers)**

* To be determined

**Student Ambassadors**

* Marketing Planning
* Promotion to Families and Business Community

**Partner Program**

**Resource Partners**

* Project Development
* Planning for School Toolkit
* Planning for Families Toolkit and Health Coaching
* Planning for Business Community Toolkit and Service Projects, plus Funding

**Agency Partners**

* To be determined

**Association Partners**

* Marketing Planning
* Promotion to Families and Business Community

**Investor Program**

**Individual Investors**

* Project Development
* Planning for School Toolkit
* Planning for Families Toolkit and Health Coaching
* Planning for Business Community Toolkit and Service Projects, plus Funding

**Corporate Investors**

* To be determined

**Grantmaker Investors**

* Marketing Planning
* Promotion to Families and Business Community

**Government Investors**

* To be determined

For a useful high-level overview of the *Generation Healthier Texas* Initiative Theory of Change/PBL Platform model, please see Appendix A. The accompanying KEY provides definitions and explanations of the elements of the model. Appendix B provides a description and examples of the Project-Based Learning Platform that is at the heart of the model.

# Market Analysis

## Overview

The Market Analysis summarized herein is designed to provide the factual basis and information needed for analyzing the needs and key health, education, and economic factors, trends, and conditions that students, families, and communities face. The Market Analysis is comprised of two parts—a description of the global (i.e. statewide) market trends and basic health and education statistics developed by the Steering Committee and a description of the “Issues” that workgroups have distilled from their own market analyses.

## Statewide Trends

Today’s youth in Texas are facing a serious health crisis, to wit:

* Today’s students are on track to be the least healthy generation in our state’s history;
* Nearly 40% of Texas’ K-12 students are overweight or obese;
* More than 30% of Texas’ K-12 students are projected to develop type 2 diabetes if current trends continue;
* Nearly 70% of Texas’ K-12 students are not sufficiently fit to serve in the military;
* Less than 25% of Texas’ K-12 students meet the physical activity guidelines; and
* Obesity and its comorbidities are projected to cost Texas employers more than $32 billion annually if current trends continued.

Efforts to address this crisis are hobbled by a fractured landscape.

* Despite numerous organizations working to improve school and student health, no statewide, collective effort to organize and catalyze this work exists.
* Texas’ business community is desperate for solutions to curb their unsustainable healthcare costs and are eager for corporate social responsibility and employee service opportunities.
* The HPE community is currently not viewed as a critical, core component of K-12 education and thus lacks strong support from policymakers, administrators, and the general public.
* Today’s students are the most cause-oriented generation in our state’s history, yet their desire to serve others is not currently being harnessed at a statewide level to improve health.

## Issues

Through their research and analysis, workgroups identified a series of “Issues” that describe the factors trends, and conditions they believe are driving the current and projected health crisis among Texas youth. These Issues provide context behind and factors driving the global statistics and help in *Making Sense* of the current environment, answering the question: Where are We? These Issues help identify the areas which require attention and represent the starting point in determining the Key Results and High-Level Strategies, providing an analysis and plan elements which are aligned with external realities. The full text of these Issues can be found in Appendix C.

In summary, workgroups identified the following key issues, needs, and opportunities:

1. Communications/Collaboration for New Teachers
2. PE and Health as Part of Extracurricular Activities and Coaching
3. Hiring Practices
4. Physical Activity
5. Social Supports
6. Home and School Environment
7. Student Empowerment and Ownership
8. Awareness of Options, Impacts, and Responsibilities
9. Student Health Profile
10. School Safety and Class Size Compliance

In addition to identifying the underlying trends in student activity and the resultant impacts on student health, many of the issues identified center on a lack of understanding and awareness of parents, students, educators, and community leaders of the criticality of physical education and activity to student health and academic performance. There are also institutional, organizational, financial, workforce/human resources, education/training, statutory, historical, and other barriers to improvement, many of which represent systematic or organizational cultural issues. Many of these barriers can also be seen as opportunities to engage with key stakeholders to realize the benefits of the initiative.

The explanatory information underlying these Issues helped establish the preliminary Key Results in the next section of the report. As well, it helped shape the preliminary High-Level Strategies of the Solution devised to work in concert with the PBL platform to achieve the desired Key Results to address the Issues noted above.

# Key Results

Using the Issues identified from their Market Analysis, workgroups developed statements of Key Results, which include narrative descriptions, statements of outcome/impact/results and potential Outcome Measures. The full text of those Key Results can be found on Appendix C.

Shown below is a summary of the Key Results identified by workgroups as being critical for addressing the Issues from the Market Analysis:

1. Increased Exposure and Training for University Students
2. Greater Comparability, Equity, and Consistency in Treatment of PE/Health
3. Improved Awareness of Key Partners
4. Increased Student Activity and Improved Nutrition
5. Improved Social Supports
6. Improved Home and School Environments
7. More Empowered Students
8. Improved Knowledge and Use of the Whole Child Model
9. Expanded Graduation Requirements
10. Improved Class Sizes and Safety Compliance

Each of these Key Results can be quantified through the creation of associated output and outcome measures discussed throughout this report. The evaluation framework includes a process for identifying Key Results metrics, and a process for collecting, analyzing, and reporting performance data.

# Solution: High-Level Strategies

## Collective Impact Approach

Collective Impact is a framework for structured, collaborative action by Individuals and organizations across sectors to address a complex societal issue. The Steering Committee is considering whether and what components of the Collective Impact framework will be used to manage the initiative in implementation. In the meantime, these concepts were used to manage the first phase of the project.

|  |  |
| --- | --- |
| **CI Feature** | **Notes** |
| Common Agenda | The *Generation Healthier Texas* project is designed to develop a common agenda for a plan for a statewide initiative. |
| Shared Measurement Systems | The key high-level shared measurements include: overall health of Texans; health-related behaviors of Texas youth; childhood obesity rates; adult obesity rates; awareness of and support for ITT and TAHPERD; and sustainable level of revenue. There may be other process and implementation measures that cut across all the solutions.The two organizations will need to determine if and how measurement systems should be shared or integrated. |
| Continuous Communication | A Steering Committee has been created and has developed and is developing meeting and communication support protocols, including with the workgroup leads.However, a significant project challenge will be to ensure the workgroups are able to communicate and coordinate with each other. |
| Mutually- Reinforcing Activities | This will be a final judgment of the Steering Committee and the two organizations. However, a significant project challenge will be to ensure the workgroups consider the connectivity and dependencies within and between workgroups’ strategies. |
| Backbone Support Organization | The two organizations will decide how the initiative’s leadership, management, and organization will be handled. For this project, backbone support is provided by the Steering Committee, the staff of the two respective organizations, and the consultant.  |

## Major Components of the Solution

The centerpiece of the Solution is the Project-Based Learning Platform (PBL), which has been described at a high level in the overview section of this report, with additional details provided in Appendix A and B. Workgroups have also developed High-Level Strategies (see #1-10 below) that can support the overall initiative’s PBL framework and accomplish the required transformative systems, organizational, cultural, programmatic, and behavioral changes.

Shown below is a brief summary of the major high-level strategies identified by the workgroups. The full text of the strategies can be found in Appendix C. These strategies are still in draft form and will require further development and elaboration in Phase 2.

1. Align Learning and Health Objectives and Practice
2. Promote Administrative Awareness and Provider/Professional Collaboration
3. Promote Campus-based Awareness
4. Market and Deploy Effective Practice Activity and Nutrition Programs
5. Deploy Web-based and Other Social Supports
6. Market and Deploy Home and School Environment-based Effective Practices
7. Information Sharing/Dissemination, Partnering/Mentoring, and Training
8. Legislative Changes
9. Awareness Raising and Communications
10. Safety and Quality

These Strategies are designed to achieve the Key Results identified and to address the Issues identified in the Market Analysis. The Strategies correspond to the need for communications and outreach to improve awareness and understanding, address systemic and organizational issues, improve the profession, provide tools and resources to implement the needed programs and services, and otherwise give life to the initiative and support the PBL Platform solution.

##

## Organizational Resources and Roles and Initiative Team

The following description outlines the initiative’s key roles and responsibilities for TAHPERD, ITT, and other project team members and consultants.

**TAHPERD**

Cause Planning and Development

* Co-Lead Cause Planning and Development
* Co-Lead Planning for School Toolkit
* Lead Planning for HPE Professional Development and Recognition
* Support Planning for Families Toolkit
* Support Planning for Business Community Service Projects, plus Funding

Marketing

* Co-Lead Marketing Planning
* Lead Promotion to HPE Community

Fundraising

* Support Fundraising for the Cause

Implementation

* Lead HPE Professional Development

**ITT**

Cause Planning and Development

* Co-Lead Cause Planning and Development
* Co-Lead Planning for School Toolkit
* Lead Planning for Families Toolkit and Health Coaching
* Lead Planning for Business Community Toolkit and Service Projects, plus Funding

Marketing

* Co-Lead Marketing Planning
* Lead Promotion to Families and Business Community

Fundraising

* Lead Fundraising for the Project
* Lead Investor Management

Implementation

* Lead Families Health Coaching
* Lead Business Community Service Projects, plus Funding

Financial Management

* Serve as Cause’s Fiduciary
* Lead Accounting and Financial Reporting for Project

**Steering Committee**

* Maintain Current Composition
* Responsible for Creating Scope for Planning and Resource Development Projects
* Responsible for Selecting Consultants and SOW
* Responsible for Reviewing Plans and Resources
* Responsible for Selecting Target Launch Partners, Ambassadors and Investors

Planning & Resource Development Committees

* Composition Will Include Current Workgroup Leads/Members and Relevant Staff, Board Members & Stakeholders
* Planning Committee Responsible for Working with Planning Consultant(s) to Develop Multi-Year Project Plan
* Resource Development Committees Include School, Families and Business Community Committees and Are Responsible for Working with Relevant Resource Development Consultants
* Marketing Committee Responsible for Working with Marketing Consultant(s) to Develop Multi-Year Marketing Plan

Planning and Resource Development Consultants

* Work with Relevant Committees to Develop the Multi-Year Plan/Cause Resources

Marketing Consultant(s)

* Work with Marketing Committee to Develop Multi-Year Marketing Plan

##

## Key Partners

In addition to students, families, and schools (i.e. faculty, staff, administration, including the HPE community), the initiative envisions engaging businesses, philanthropic organizations, and the larger community as the partners, ambassadors, advocates, and investors identified in the overview section.

## Timeline

Should the respective boards approve continuation of the project in Phase 2, the kickoff of a 12-month Planning, Resource Development, and Fundraising Effort will commence in January 2019. During this 12-month period, the project team will develop a multi-year plan, create content, identify resources and training needs, recruit partners and ambassadors, and secure multi-year funding. Intensive planning and resource development would not begin until trigger funding (i.e. >$100k) is secured, targeted for the first quarter of 2019. While trigger funding is being secured, the Steering Committee will create roadmaps for planning and resource development projects and will identify target consultants, partners, ambassadors, and long-term investors.

The details of the 12-month project planning and development timeline are as follows:

**Q1 (January – March 2019)**

* Assemble Planning Committee
* Identify Planning & Project Development Consultants
* Secure First Half ($100k) of Target Development Funding
* Begin Securing Launch Partners

**Q2 (April – June 2019)**

* Begin Planning & Project Development Work
* Secure Remainder ($100k) of Target Development Funding
* Continue Securing Launch Partners
* Begin Securing Launch Ambassadors

**Q3 (July – September 2019)**

* Finalize Planning & Project Development Work
* Begin Securing Launch Districts
* Begin Securing Multi-Year Funding
* Finalize Launch Partners
* Finalize Launch Ambassadors

**Q4 (October – December 2019)**

* Announce **Cause** at Conferences & Press Event
* Continue Securing Launch Districts
* Continue Securing Multi-Year Funding

# Funding/Financials

A 12-month project planning and resource development budget of $200,000 has been developed with the following components.

Staff: $45k

* ITT (Leadership, Programs, Fundraising, Finance & Marketing): $30k
* TAHPERD (Leadership, Programs & Marketing): $15k

Contractors: $145k

* Project & Resource Development Consultants: $110k
* Technology Developers: $20k
* Marketing Consultant(s): $15k

Travel/Lodging: $10k

# Evaluation

A major component of the initiative is evaluation. TAHPERD and ITT have committed to a rigorous and robust evaluation framework and process. The purpose of evaluation is to produce data and information on results that would be used internally for system/program improvement purposes and externally-reported for funding and public accountability purposes.

The exact elements of the evaluation are yet to be developed and will rely on feedback from the respective boards. However, these are the initial guiding principles that will likely form the basis for the evaluation framework and process:

* The evaluation plan would include both formative and summative components.
* Formative evaluation would commence at the start of the initiative and would provide ongoing feedback of the initiative’s activities and results on a rolling basis.
* Summative evaluation would occur at defined periodic points after the rollout and implementation of the initiative—e.g. at year 1, year 2, etc.
* Evaluation activities would be conducted by an independent entity.
* Evaluation scope would include an assessment of actual activities, looking at qualitative and descriptive measures, as well as quantitative measures—principally outputs and some process, leading, and proxy measures initially, and ultimate outcome, impact, and result measures when data is available.
* Different evaluation indicators would be considered at different points in the process. For example:
* in the short-run, during pre-launch and immediate implementation periods, the evaluation would look at the completion of system-building activities and supports in place, achievement of rollout milestones, and initial adoption and participation rates (e.g. how many/what percentage of campuses, school districts, families, businesses, students, elected officials, etc. are signing up or participating), etc.
* in the mid-term, during the first year or two of the initiative, the evaluation would consider retention rates and changes to adoption and participation rates, changes in school policies, participant feedback/satisfaction ratings, leading indicators of changes in behaviors, etc.
* in the long-term, the evaluation would consider students’ health and academic outcomes as well as economic and fiscal impacts.

# Appendix A—Generation Healthier Texas Initiative: Theory of Change, Logic Model, and Key for Project-based Learning Platform

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**KEY to Generation Healthier Texas (GHT):**

**Theory of Change Initiative Model**

**Current State:** CurrentTexasHealth and Education statistics and consequences

**Projected Future State:** Results if we stay on our current trajectory.

**Possible Future State**: Where we’ could be, if the planned solutions were fully implemented.

**Action Areas** lay out the audiences, settings, and categories of “solutions” that will be developed as part of the Generation Healthier Texas Initiative.

**Schools** includeprogramming, professional preparation and professional development for **Health and Physical Education** (**HPE**) in higher education as well as for **K-12** schools).

**Families (Students and Parents):** Activities outside of school hours including those involving families. **Recognition:** Essential celebrations of individuals, groups, and programs which reinforce and showcase good work and inspire future action.

**Business Community** is an essential audience and partner if we intend to reach our first initiative goal of **Systematic Change**, changing the very culture of our society.  This means engaging and mobilizing key, cross-sector multigenerational audiences/stakeholders and capturing the passion of the economic drivers of society.

**Online Toolkits:** AnOnline Toolkit will be created for each primary audience and will incorporate materials already available through partners as well as those created by the GHT (Generation Healthier Texas) initiative.

**Project: Based Learning (PBL) Platform: PBL** engages students with authentic real-world challenges by studying a problem and proposing solutions.   Students develop & demonstrate their knowledge and skills through their analysis of the problem. Solutions created are shared with an appropriate audience. Being engaged with crating solutions to authentic issues creates ownership.  The proposed **PBL Platform** would provide teachers with **PBL** project kits needed to engage their students in authentic culminating **PBL** learning experiences.

**Supporting Programs** define groups and actions that engage others in the GHT Initiative. They are essential to advancing the Cause by moving beyond our current circles of influence.

**Advocacy Program:**  Advocacy must be done at all levels, all the time. A multifaceted, clearly laid out advocacy plan will be created to lay the groundwork for the cultural and policy (local and state) changes needed to advance the Cause.

**Ambassador Program:** Some people in society (e.g. celebrities, athletes, policymakers, and youth) have a voice that can amplify the attention a cause receives.  An Ambassador Program will be developed to engage powerful champions for the Cause.

**Partner Program:** Partners represent companies, agencies, and organizations that work in close collaboration with TAHPERD and ITT to advance the Cause. Partners commit significant in-kind support to the Cause and are recognized and celebrated for their critical role in the effort.

**Investor Program:** To create a sustainable future for the Cause and in order to engage a multitude of stakeholders in supporting the initiative, a comprehensive Investor Program will be established. The Program will feature year-round mechanisms to generate and grow financial support from individuals (giving campaigns and fundraising events), corporations (cause marketing and corporate philanthropy), government (contracts and grants), and grant makers (private/family, regional, and national)..

**Impact Areas:** Rome was not built in a day.  Neither will a healthy Texas be built in a year.

**0-5 Years:** Solutions will be developed and implemented leading to improved school health environments and engaged parents and business community. The whole child, whole school, whole community will begin to actually take shape.

**5-10 Years:**As a result of schools developing better coordinated school health programs, focusing on the whole child, and being empowered by PBL, student health will improve. With improved student health will come improved academic outcomes as Texas’ students become readier to learn.

**10-15 Years:** Increasing support, wider engagement and improved health, academic and economic outcomes will lead to the support needed for policy changes that put physical and health education on equal footing with other academic areas. The Business Community, Generation Healthy Texas Ambassadors, as well as students and families across Texas, will champion policies and funding to support quality physical and health education programs across the state.

# Appendix B—Generation Healthier Texas Initiative, Project-based Learning Platform Description

**Background:** Physical and health education have struggled with image problems for many years. As other curriculum areas (e.g. literacy, STEM, etc.) have risen to demand more time, physical and health education have lost time and attention. Many of the issues identified by the Healthiest Generation workgroups dealt with these issues. Principals often hire physical and health education teachers for other qualities (e.g. coaching ability, other certifications) rather than their outstanding preparation or commitment to physical and health education. Time and space are allotted to science fairs first and physical education classes last. Students often see health and physical education classes as a time to play and have fun, but not to be taken seriously. Waivers and substitutions for unrelated classes and experiences are rampant. This lack of respect or understanding of the importance of the content area causes many of the problems identified by the workgroups. Student demand for quality physical and health education classes is almost non-existent. Conversely, when students experience a great program and learn valuable skills, they are the only ones who know what they have learned.

Moreover, the idea of the importance of student ownership and empowerment has come up numerous times in our discussions. Finding ways to help students “own” their own health behaviors and be excited about being ambassadors for healthy lifestyles has been mentioned repeatedly.

Lastly, there have been repeated suggestions of using a whole child, whole school, whole community approach to moving forward and of the importance of reaching out to many audiences in the community (parents, business people, legislators, etc.) to educate them and enlist them as ambassadors in the cause.

**Proposed unifying solution**—Project-Based Instruction Platform

Project-Based Instruction is an educational strategy where students are presented with a compelling, authentic question or problem to be solved that requires them to practice and demonstrate the use of essential knowledge, skills, and tools to create a credible solution. “Problem-based instruction recognizes students’ inherent drive to learn, their capability to do important work, and their need to be taken seriously.” (BIE, 2003 p. 4) Projects can be long-term or short-term, but focus on an exploration of real problems, soliciting relevant information, practicing appropriate skills, and resulting in some type of engagement or presentation to an appropriate audience.

Creating effective and efficient projects takes considerable time and effort. As project-based instruction has spread throughout the educational system, powerful projects have been developed in many areas of the curriculum, often with multiple interdisciplinary interactions. However, despite the value, few projects have been developed in physical and health education. Given the number of students, teaching load, and amount of time physical and health education teachers have with students it is difficult for them to find the time to develop powerful standards-based projects. However, it can be done.

**Examples and Associated Questions:**

Brian Dauenhauer, teacher at the University of Texas Elementary School, developed two projects that were completed by his 3rd and 4th graders.

**Example/Question One:** What are the barriers that prevent you from meeting the physical activity guidelines and the facilitators that help you become active in your neighborhood and how can we remove some of the barriers and add facilitators? Students had to learn what the guidelines were, talk about ways they liked to be active, and discuss the problems they faced. They then took pictures of the barriers and facilitators they saw in their neighborhoods. Each student chose one picture of a facilitator and one barrier and wrote an explanation of why it was a barrier or facilitator and what could be done to remove or enhance it. These were posted on a bulletin board and officials from the Austin Parks and Recreation Department invited to come hear the students talk about their pictures and their ideas for how to improve their physical activity environments.

**Example/Question Two: Choose Healthy** What are the healthiest foods to order in the restaurants that surround our school? Students identified characteristics of healthy and unhealthy foods. They then interviewed managers at each of the restaurants, asking them what the healthiest things were on their menus. Students asked for data about those items (e.g. calories, % fat, sodium, sugar etc.), compared the data to healthy guidelines, and then made up a guide for their parents and teachers showing what the healthiest food was at each restaurant.

Example/Question Three: **Exercise and Careers** Beth Kirkpatrick and Rick Shupack in Grundy Center Iowa asked the question: What will I need to do to meet the national physical activity guidelines if I take up different careers? The students studied the guidelines for moderate to vigorous physical activity and the related heart rates. They learned to use heart rate monitors and then chose a community member who was willing to help them with their project. They taught the community member to wear a heart rate monitor and then had them wear it for a day. The resulting heart rate plots were then blown up to poster size and labeled showing time at work and activity time outside of work. The data was studied to determine which careers provided reasonable amounts of MVPS and which had to get most of their activity outside of work time. The students then created exercise plans that would be needed for the various careers.

Project-based instruction has received wide acclaim for its ability to engage and empower students. It is famous for the development of life and workplace skills (e.g. ability to identify resources, work on teams, teach others, acquire and evaluate data, understand and use social and organizational systems, and select and use appropriate technology).

**What if there were quality projects available for health and physical education, developed specifically for HPE teachers to use, that would empower students, showcase them as health experts and champions in the community, engage community members as partners and audiences, and help propose improvements for our families, schools and communities? What if every teacher who joined the cause signed on to do one project each year with their students?**

Buck Institute for Education (2003) Project Based Learning Handbook. Buck Institute for Education Hong Kong.

# Appendix c— Generation Healthier Texas Initiative, Workgroup Summaries of Issues, Key Results, and Strategies

**HPE Community Solutions Workgroup**

**Market Analysis - Issues**

**(Where are we)**

1. **Communications/Collaboration for New Teachers.** There is a need for better communication/collaboration between ISD's and Universities as to the expectations of a new teacher in the classroom setting for PE and Health.
2. **PE and Health as Part of Extracurricular Activities.** There needs to be more emphasis on the PE and Health components for secondary teachers that also coach extracurricular activities.
3. **Hiring Practices**. Best practice should be that coaches/PE coordinators be on hiring committees when screening candidates for teaching/coaching positions across all ISD's.

**Key Results - Strategic Objectives and Outcomes**

**(Where do we want to be?)**

1. **Increased Exposure and Training for University Students.** University students would be exposed to carefully designed and meaningful quality hands on classroom experience earlier in their studies so that they can get a better understanding of the demands and expectations of the profession as well as complete certifications such as first aid, CPR, CPI, or any other relevant trainings later in their upper level courses prior to graduating.
2. **Greater Comparability, Equity, and Consistency.** PE/Health are treated as equal subjects to Math, Science, and ELAR with regards to salary/stipends, PLC time, class sizes, and fitness results being part of the overall school report card.  In addition, facilities should be comparable with classrooms in regard to technology and resources needed to be successful and safe when teaching and being active. We also need to ensure that we are consistent across the state with ensuring we are meeting the state requirements when it comes to the minutes of PE per week or block period as well as getting Health back in the curriculum for not only high school, but middle and elementary as well where a certified health teacher, separate from the PE teacher, can educate our kids on the nutrition, health risks of not being active, and any other current issues we may face.(opioid addictions, bullying, sex ed, etc..)
3. **Improved Awareness of Key Partners.** Administrators, non-HPE educators, and families would be educated in the importance of HPE with the help of research, resources, and tools through open houses, wellness nights, professional development, and other community events.

**Strategies, Programs, Services, and Inputs**

**(How do we get there?)**

1. **Align Learning and Health Objectives and Practice.** Current university professionals in the educational process can help with looking at how the listed objectives can be incorporated into current classes and advising.
2. **Promote Administrative Awareness and Provider/Professional Collaboration.** Utilize SHAC committees to bring awareness/needs to administration.  We also would like to see the collaboration of groups such as TAHPERD and It’s Time Texas work to strengthen the HPE platform at the legislative level.
3. **Promote Campus-based Awareness.** SHAC/KSHAC groups work with their campuses and districts to bring awareness to the entire school community and all its stakeholders.

**Students and Families Solution Workgroup**

**Market Analysis - Issues**

**(Where are we)**

1. **Physical Activity.** Lack of Physical Activity and Nutrition for Students.
2. **Social Supports.** Lack of social support for self-care among educators, students, and parents
3. **Home and School Environment.** Lack of positive change and growth at home and school for a healthier environment
4. **Student Empowerment and Ownership.** Lack of student empowerment and ownership for their own health

**Key Results - Strategic Objectives and Outcomes**

**(Where do we want to be?)**

1. **Increased student activity and improved nutrition.**
2. Increase student activity at school.
3. Increase student activity away from school
4. Improve nutritional health of student at school
5. Improve nutritional health of student away from school
6. **Improved social supports.**
7. Build social support for self-care among educators
8. Build social support for self-care among parents
9. Build social support for self-care among students
10. **Improved Home and School Environments.**
11. Create a positive change and growth towards a healthier school environment
12. Create a positive change and growth towards healthier home environment
13. **More Empowered Students.**
14. Students are empowered and committed to taking care of their own health in school
15. Students are empowered and committed to taking care of their own health at home

**Strategies, Programs, Services, and Inputs**

**(How do we get there?)**

1. **Market and Deploy Effective Practice Activity and Nutrition Programs.**
2. Examples of already established programs such as Activitygram, Healthy Zone, FUTP60, GHT Tool Kitetc.
3. Companies or organizations that could provide funding and support such as the United Way, Dairy Max, etc.
4. Employ take-home activities involving family
5. Share community activities options with families
6. **Deploy Web-based and Other Social Supports.**
7. GHT Tool Kit
8. United Way Support
9. Blogs
10. Websites for social support
11. Websites for emotional support
12. **Market and Deploy Home and School Environment-based Effective Practices.**
13. Examples of already established programs
14. Companies or organizations that could provide funding and support
15. Employ take-home activities involving family
16. Share community activities options with families

**Schools Solution Workgroup**

**Market Analysis - Issues**

**(Where are we)**

1. **Awareness of Options, Impacts, and Responsibilities.**
2. Limited PD offerings and lack of awareness of the model
3. Some schools lack a CSH team
4. District leaders are not aware how CSH affects the teaching and learning of students
5. SHAC are not aware of their responsibilities regarding CSH and how it all works together
6. **Student Health Profiles.**
7. [School Health Survey Summary 2016-2017](https://tea.texas.gov/WorkArea/DownloadAsset.aspx?id=51539625841)
8. 321 Schools offer out of 750 responses
9. [SPAN data](https://sph.uth.edu/research/centers/dell/assets/resources-images/Child%20Obesity%20in%20Texas.pdf)
10. [YRBS data](https://www.cdc.gov/healthyyouth/data/yrbs/results.htm)
11. [School Health Profiles](https://www.cdc.gov/healthyyouth/data/profiles/results.htm)
12. [Texas Adolescent Reproductive Health FActs (Pregnancy](https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-reproductive-health/texas/index.html))
13. [Texas STD Surveillance Report](https://www.dshs.texas.gov/hivstd/reports/)
14. [Youth Tobacco Survey](https://www.fda.gov/TobaccoProducts/PublicHealthEducation/ProtectingKidsfromTobacco/ucm405173.htm)
15. **School Safety and Class Size Compliance.**
16. Schools not following state law of 1-45 and safety plan in place
17. Allows for more bullying and injuries, which is unsafe for students
18. Lack of knowledgeable professionals in PE
19. [**Aggregated Fitness Assessment Results**](http://tea.texas.gov/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=25769817461&libID=25769817564)

**Key Results - Strategic Objectives and Outcomes**

**(Where do we want to be?)**

1. **Improved Knowledge and Use of Whole Child Model.** Increase staff development opportunities for Texas educators that focuses on improving their knowledge and implementation skills with regards to the [Whole Child Model.](https://www.cdc.gov/healthyschools/wscc/index.htm)
2. **Expanded Graduation Requirements.** Increase the number of school districts requiring health education as a graduation requirement in all graduation programs?
3. **Improved Class Sizes and Safety Compliance**.
4. Physical Education class sizes reflects the same number of students as other required curriculum to ensure the implementation of all physical education requirements and safety of students.
5. To ensure the safety and implementation of developmentally appropriate physical education program, class sizes must not exceed 1-45 taught and must be taught by a certified physical educator.

**Strategies, Programs, Services, and Inputs**

**(How do we get there?)**

1. **Information Sharing/Dissemination, Partnering/Mentoring, and Training.**
2. TAHPERD General Division (Admin K-12 section) offers at least 1 program per conference/convention focused on the whole child.
3. Seek opportunities to utilize like-minded partners to offer/coordinate training opportunities.
4. TAHPERD Exec. Director will strive to include Whole Child awareness information at events/conf/conv.
5. Add questions to the award and school recognition packets in how they align with WSCC
6. Add WSCC information to the registration packet
7. Position Statement in support of the WSCC
8. Assign mentors to new Admin PE leaders to ensure they know CSH, quality instructions, and1.
9. **Legislative Changes.**
10. Leverage business partnerships to bring awareness to legislators - increasing health knowledge to decrease health costs.
11. PD to health educators on PBL activities laws
12. **Awareness Raising and Communications**.
13. Increase awareness of the benefits of having a certified physical educator through infographic communication & presentations (include data comparison for discipline, clinic referrals, FITNESSGRAM results, academic correlation)
14. TAHPERD Ex. Director and ITT share data and concerns to Superintendents and legislatures
15. **Safety and Quality.**
16. Provide an example Safety Plan to the State that addresses strategies to ensure safety.
17. Train PE teachers to advocate to follow laws for physical education and class sizes (Tool Kit idea).
18. TAHPERD presenter packets must include skill development.
19. Co-present with some of the big names and reinforce laws that support quality PE.