2014 Smart Source Pilot Report

SCHOOL: Sample Secondary School

SMART SOURCE OVERVIEW

Smart Source is a tool for measuring school health policies and practices in Colorado. The purpose of Smart Source is to streamline multiple tools that have previously existed in the state in order to reduce the burden on schools, improve the quality of school-level health policy and practice data, and increase the number of schools assessing their health policies and practices. Smart Source is funded by Kaiser Permanente and is a partnership between The Colorado Education Initiative (CEI), the Colorado Department of Education (CDE), and the Colorado Department of Public Health and Environment (CDPHE).

REPORT OVERVIEW

Prepared by CEI and Slope Research, this report reflects results from the first Smart Source pilot that took place between October 2014 and January 2015 with 77 total participating schools from rural, urban, and suburban communities across the state, including 40 elementary schools, 32 secondary schools, and 5 schools that have both elementary and secondary grades. Using analysis findings and participating schools' input from this first pilot, the tool will be refined and piloted again in fall 2015.

This report presents your school's results and a comparison to the aggregate results for all participating secondary schools for a selection of Smart Source items within each of the following content areas²:

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INTERPRETING THIS REPORT

Throughout this report, your school's responses are represented by a check mark or gold bar. A lack of a check mark or gold bar in a graph or table indicates that your school either (a) reported that the specific practice or policy does not exist in your school or (b) did not respond to that item in the Smart Source tool.

¹ The five schools with both elementary and secondary grades are included in the aggregate results in both the elementary and secondary reports. For more information about the representativeness of pilot participants, see the Smart Source state executive summary to be released by June 2015.

² The corresponding spreadsheet sent with this report contains your school's response and aggregate results for all Smart Source items.

General Health Policies and Practices

To address health and wellness, schools should identify the foundational policies and practices being implemented. Regardless of topic area, there are common practices that schools can implement to support their efforts and integrate health and wellness into their culture, systems, and policies. These foundational practices include having a wellness team to assess needs in the school, using data to make decisions on efforts and programs, developing annual health and wellness plans, obtaining funding or resources to implement programs, and communicating about their efforts.

Table 1.1: Annual Wellness Team Activities			
Item	Your School's Response	Percentage of Secondary Schools Responding Yes	
Does your school have a wellness team?	✓	81%	
Communicate the importance of school health efforts to administrators, teachers, parents, and students	✓	100%	
Seek funding and/or garner community partnerships to support school health efforts	✓	93%	
Evaluate strengths and gaps of this school's health efforts	✓	90%	
Identify student health needs based on a review of relevant data	✓	77%	
Review health-related curricula or instructional materials	×	72%	

Health and wellness policies are often found at the district-level and approved by the local board of education. However, schools can support policy by aligning with district-level policies or adopting their own building-level policies, rules, or guidelines that provide specificity around health and wellness in their school or classrooms.

Also, each school and district develops a Unified Improvement Plan (UIP) and can incorporate health and wellness in the UIP process through using local data to address improvements.

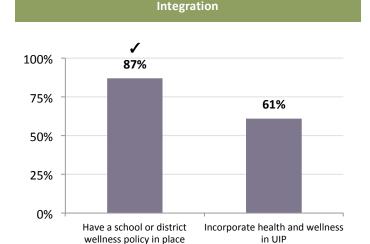


Figure 1.1: Health and Wellness Policies and UIP

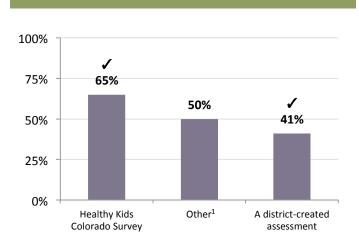


Figure 1.2: Health and Wellness Assessments

¹ The "other" responses may refer to climate surveys, teacher-created classroom surveys, or other student-level surveys administered within a school.

Nutrition

Nutrition in schools continues to be a focus for health and wellness efforts. This may include foods and beverages sold to students in vending machines, school stores, and à la carte, as well as those provided throughout the day through rewards, fundraisers, and celebrations.

Schools should consider what types of foods and beverages are available to students and review the policies in place that address when and how students have access to these types of foods and beverages. Data on the offerings in the school meal program were not included in the school-level collection due to being assessed at the district level via federal and state processes. Questions related directly to schools' meals may be included in a future district-level assessment.

Table 2.1: Food Items Available for Student Purchase			
ltem	Your School's Response	Percentage of Secondary Schools Responding Yes	
Bottled Water	✓	89%	
Healthy Snacks (e.g., granola bars, trail mix, pretzels)	✓	70%	
100% Fruit Juice	✓	63%	
Fruits and Vegetables	-	59%	
Unflavored Milk	✓	56%	
Salty Snacks or Foods (e.g., chips, pizza)	-	63%	
Flavored Milk (e.g., chocolate, strawberry)	✓	44%	
Sweets (e.g., cookies, candy, ice cream)	✓	44%	
Sugar-Sweetened Beverages (e.g., non-diet soda, sports drinks, energy drinks)	-	30%	
Diet Soda	-	15%	

Schools should also review their practices related to providing adequate time for students to eat to support consuming needed nutrients, allowing access to water throughout the day, and addressing how they support using local produce and products.

Table 2.2: Average Number of Minutes Allowed for Meals			
Item Minutes Allowed at Average Number of Minutes Allowed at Average Number of Minutes Allowed at Secondary School Allowed at Secondary School			
Average number of minutes allowed for lunch	25	26.11	
Average number of minutes allowed for breakfast	20	20.78	

Nutrition

Figure 2.1: Permission to Carry Water Bottles

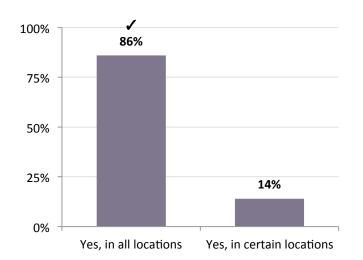
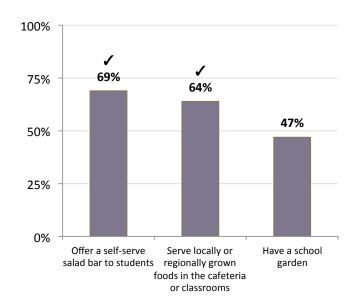


Figure 2.2: Activities to Promote Healthy Eating



There are many actions schools can take to encourage better nutritional values in their student population. Three important actions schools can take are requiring healthy food at school fundraisers, requiring healthy food at celebrations, and prohibiting food rewards.



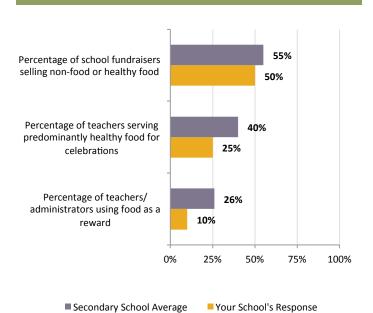
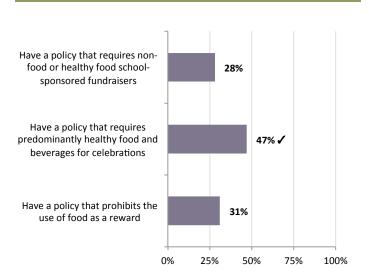


Figure 2.4: Food-Related Policies



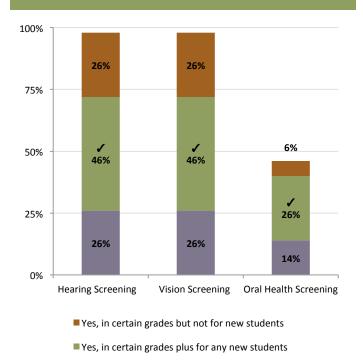
Health Services

Health services in schools should assess student health needs, manage chronic health issues, and provide inschool health care services and referrals to services outside of school as needed. Plans for students with health care needs should be developed in conjunction with schools, parents, and certified health professionals and should be transferable if a student moves to another school or district. Additionally, student health services should be provided by credentialed school nurses with appropriate support from other staff and school personnel.

Table 3.1: Individualized Education Programs (IEP) and 504 Plan Practices				
Item Your School's Response Percentage of Secondary Schools Responding Yes				
Parents/Guardians help develop IEPs and 504 plans	✓	100%		
Certified health professionals are involved in developing IEP and 504 plans	✓	97%		
School develops IEPs or 504 plans	✓	97%		
IEP and 504 plans are transferable	✓	97%		

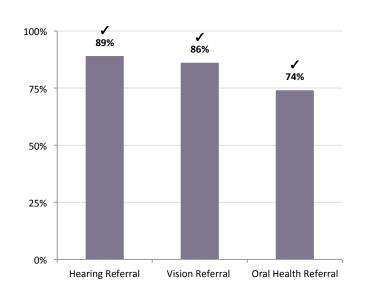
Health Room Visits: On average, students in participating secondary schools visit the nurse's office .6 times per month. In your school, each student visits the nurse's office .51 times per month on average.

Figure 3.1: Hearing, Vision, and Oral Health Screenings



■ Yes, in all grades

Figure 3.2: Hearing, Vision, and Oral Health Referrals



Physical Education/Physical Activity

Schools and districts implement a variety of practices for students to work toward the nationally-recommended 60 minutes of physical activity each day, and to develop the knowledge, skills, and confidence to be physically active for a lifetime. Schools should address Comprehensive School Physical Activity, which includes physical education classes and instructional practices as the foundation and incorporates physical activity opportunities before, during, and after school. In addition, physical education curriculum should be aligned to the Colorado Academic Comprehensive Health and Physical Education Standards, and physical education teachers should receive professional development and be licensed and endorsed in physical education.

Table 4.1: Practices to Ensure Quality Physical Education			
Item	Your School's Response	Percentage of Secondary Schools Responding Yes	
Use instructional strategies that support the needs of the diversity of the student population	✓	97%	
Curriculum aligned to the comprehensive PE and health standards	✓	97%	
Unit and lesson plans to guide instruction	•	97%	
Objectives that are observable and measurable	✓	97%	
Appropriately modify or adapt activities to promote the participation of all students	•	94%	
Summative assessments (e.g., unit or course exams) to evaluate students' mastery of objectives	✓	89%	
Have a student/teacher ratio that is comparable with other classes at all grade levels	×	72%	

Figure 4.1: Average Number of PE Minutes per Week

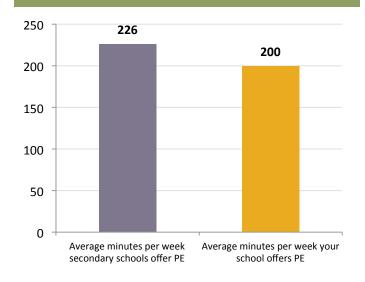
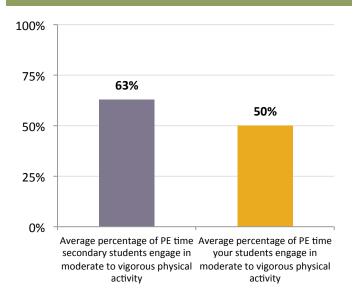
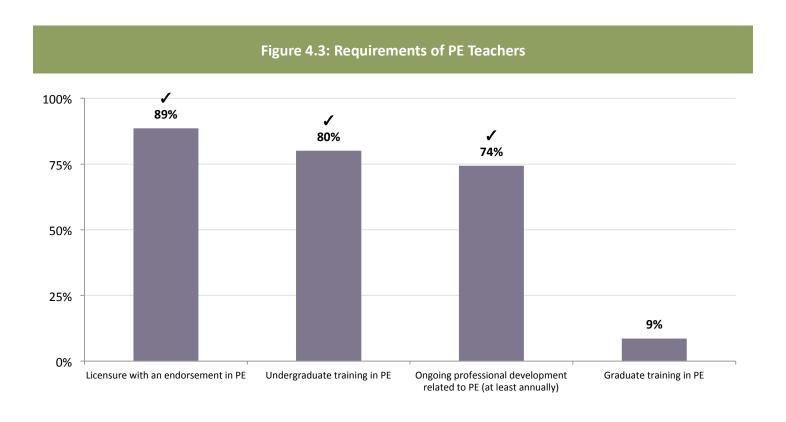
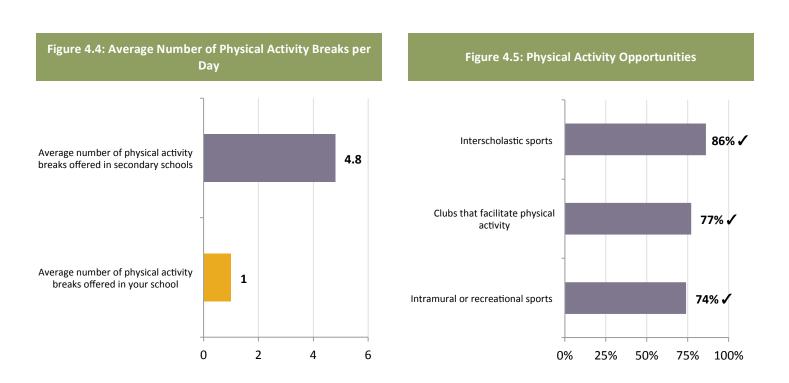


Figure 4.2: Percentage of PE Time Students Engaged in Moderate to Vigorous Physical Activity



Physical Education/Physical Activity

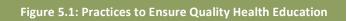




Health Education

Instruction related to health education should be offered to students to increase skills to access valid information about their health, make healthy decisions, and analyze what influences health and wellness. A variety of school staff may teach health education and integrate health lessons into their classrooms. Health education lessons and curriculum should be aligned to the Colorado Academic Comprehensive Health and Physical Education Standards, and school staff teaching to these standards should receive relevant professional development.

Table 5.1: Staff Members Teaching Health Education			
Item	Your School's Response	Percentage of Secondary Schools Responding Yes	
Physical Education Teachers	✓	86%	
Science Teachers	✓	77%	
School Counselors	×	51%	
Health Education Teachers	×	51%	
School Nurses	×	46%	
Non-Science Classroom Teachers	*	34%	



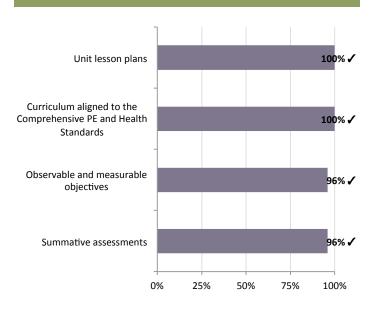
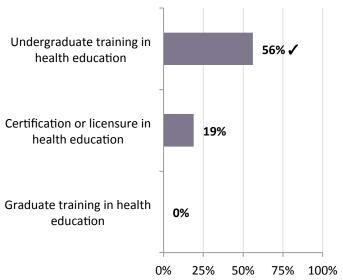
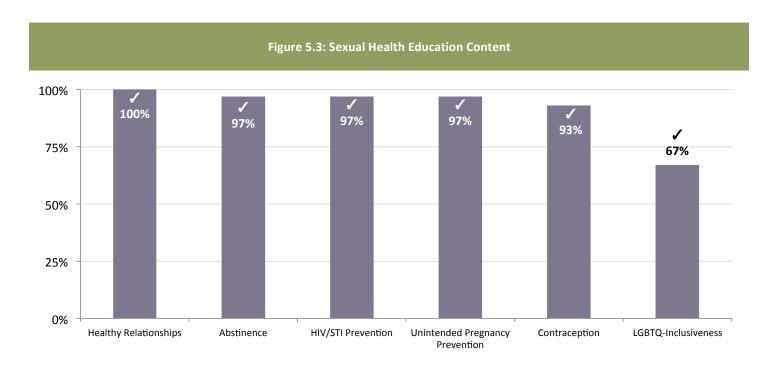


Figure 5.2: Requirements of Health Education Teachers



Health Education

Table 5.2: Content Covered in Health Education Classes			
Item	Your School's Response	Percentage of Secondary Schools Responding Yes	
Physical Activity	✓	100%	
Healthy Eating	✓	94%	
Mental and Emotional Wellness	✓	91%	
Alcohol, Tobacco, and Other Drug Use Prevention	✓	89%	
Violence Prevention	✓	88%	
Human Sexuality/Sexual Health Education	✓	86%	
Suicide Prevention	✓	83%	
Personal Hygiene	✓	80%	
Unintentional Injury Prevention	×	77%	



 $\ensuremath{\checkmark}$ - Indicates your school answered yes to this item

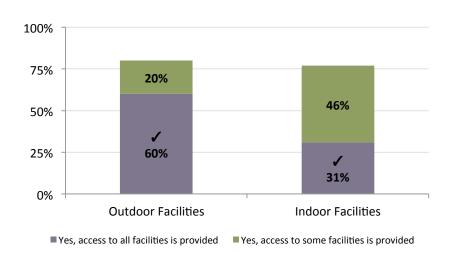
Family/Community/Student Involvement

Establishing community partnerships is a practice schools can use to offer additional resources and programs to students and families. Additionally, schools should consider allowing the surrounding community to access facilities, particularly in areas where community recreation and gathering space are limited.

Table 6.1: Colla	horation with Organiz	vations for Health A	ctivities and Programs
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ltem	Your School's Response	Percentage of Secondary Schools Responding Yes
Mental Health or Social Services Agency	✓	77%
Businesses	×	77%
Nonprofit (e.g., YMCA)	✓	77%
Doctor's Office	×	68%
Parks and Recreation Department	✓	66%
College or University	✓	66%
Health Department	✓	66%
Service Club (e.g., Rotary Club)	*	66%
Health Clinic	*	57%
Hospital	✓	54%

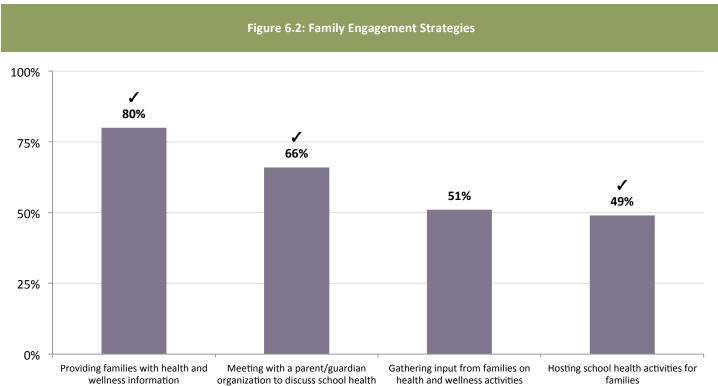
Figure 6.1: Community Facility Access



Family/Community/Student Involvement

Schools should engage families through various means and involve parents and caregivers in school policy, programs, and activities to help them feel connected to the school and promote healthy behaviors at home.

Also, students should be engaged in providing input about programs and policies that impact them at school. Students may also provide suggestions, make decisions, or develop policies in the school to increase their investment in health and wellness efforts.



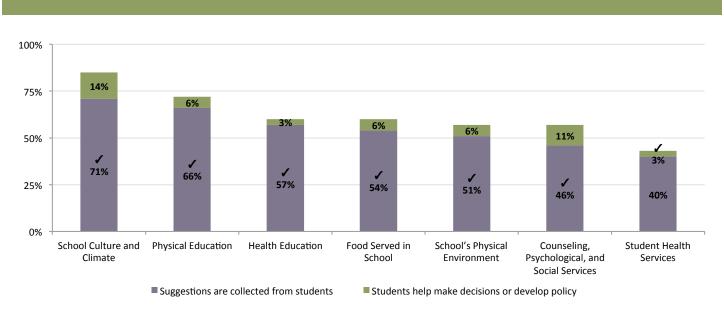
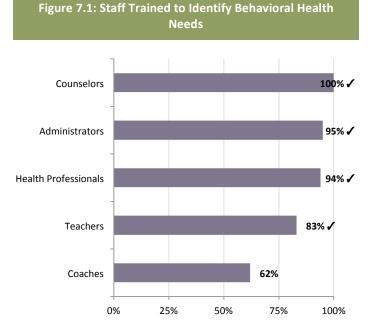


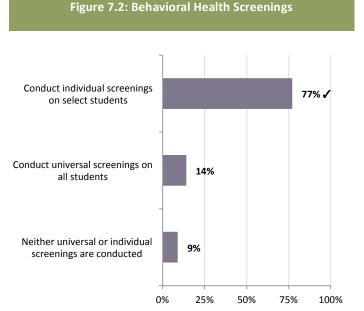
Figure 6.3: Student Engagement in School Health Components

Counseling, Psychological, and Social Services

School counseling, psychological, and social services are supports provided to students that help address social, emotional, behavioral, and mental health needs. Schools should conduct a universal screening process in which all students are screened to identify individual needs, as well as to develop school efforts to address the needs of all students. Schools should also provide customized and proactive support or referrals for students with behavioral health needs to prevent a reactionary or punitive approach. Additionally, schools should consider training all staff to identify social, emotional, behavioral, and mental health needs.

Table 7.1: Behavioral Health Services and Referrals				
Item	Your School Provides Services	Percentage of Secondary Schools Providing Services	Your School Provides Referrals	Percentage of Secondary Schools Providing Referrals
Mental/Behavioral Disorder	✓	97%	✓	91%
Bullying (including cyber bullying)	✓	97%	✓	81%
Family Issues (e.g., parental divorce, parental substance abuse, grief, teen parenting)	✓	94%	•	84%
Gender Identity and Sexual Preference	✓	88%	✓	81%
Sexual Assault and Dating Violence	✓	84%	•	85%
Eating Disorders	×	73%	✓	81%
Substance Abuse (e.g., alcohol, tobacco, other drugs)	×	71%	•	85%

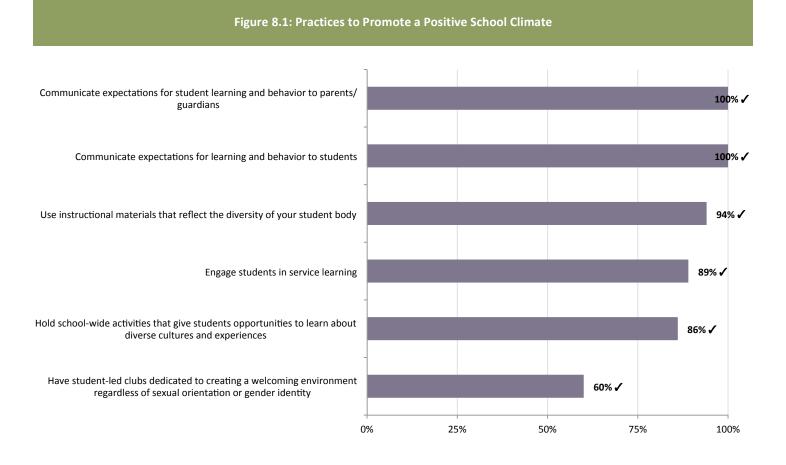




Healthy and Safe School Environment

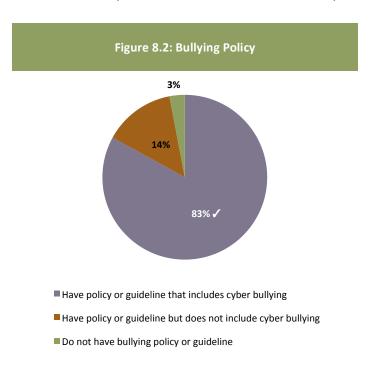
A healthy and safe school environment is defined broadly to include the school climate and culture, crisis response, and the physical environment.

Table 8.1: Practices to Prevent Bullying			
Item Your School's Response		Percentage of Secondary Schools Responding Yes	
Institute corrective measures for students engaged in bullying (e.g., training in acceptable behavior, counseling, appropriate discipline)	✓	100%	
Provide information to students about harassment and bullying	✓	94%	
Provide anonymous methods for students to report harassment or bullying	✓	89%	
Provide information to parents/guardians about harassment and bullying	✓	80%	
Conduct trainings for school staff about how to respond to harassment and bullying	✓	77%	



Healthy and Safe School Environment

Schools should address the safety and accessibility of the physical environment of the school, how the climate of the school impacts students and staff, and the practices they use to address issues such as bullying.



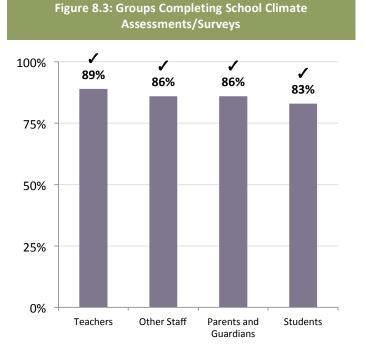


Figure 8.4: Practices to Report Early Warning Signs of Violent Behavior

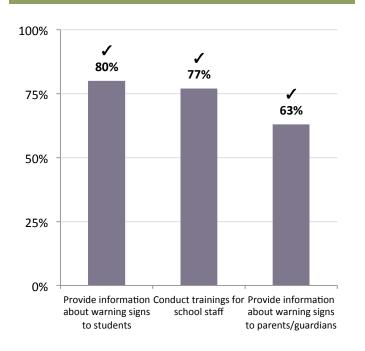
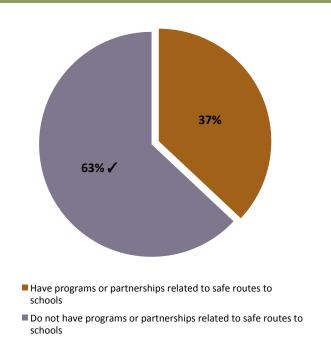


Figure 8.5: Safe Routes to School Programs or Partnerships



Staff Health Promotion

Addressing staff health promotion efforts or worksite wellness programs may have benefits for both students and staff. Schools may offer health screenings for staff, identify a staff person or team to coordinate and offer programs for staff, and refer staff to services and support as needed.

Table 9.1: Staff Wellness Activities		
ltem	Your School's Response	Percentage of Secondary Schools Responding Yes
Physical Activity	✓	91%
First Aid/CPR Training	✓	89%
Stress Management Activities	✓	83%
Annual Flu Shots	✓	80%
Health Screenings	✓	80%
Counseling for Emotional Disorders	×	66%
Healthy Food-Related Activities	*	66%
Crisis Intervention for Personal Problems	×	63%
Conflict Resolution Education	×	60%
Tobacco Cessation Efforts	*	51%

