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2015-16 SMART SOURCE RESULTS

Sample Elementary School

Colorado Healthy Schools Smart Source assesses school health policies and practices in order to provide objective, feasible, and specific data back to schools.



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ABOUT SMART SOURCE

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).

PARTICIPATION

	Table 1.1: 2015-16 Smart Source Participating Schools									
State						Region ¹				
School Le	vel	Metro	North Central	Northeast	Northwest	Pikes Peak	Southeast	Southwest	West Central	Unaffiliated
Elementary	226	70	50	6	14	65	5	13	2	1
Secondary	175	48	25	7	13	46	5	21	7	3
Combined ²	50	17	6	1	4	12	2	4	1	3
Total	451	135	81	14	31	123	12	38	10	7

¹ Regions are defined by the Colorado Department of Education. For more information, please visit: www.cde.state.co.us/cdeedserv

² Combined schools have at least one elementary (K-5) and one secondary (6-12) grade.



INTERPRETING YOUR REPORT

This Smart Source report reflects your school's responses to a select set of items from the 2015-16 Smart Source instrument, as well as state and regional comparisons where possible. Aggregate comparisons are made within school level so that elementary schools are only compared to other elementary schools, secondary schools are only compared to other secondary schools, and schools that serve both elementary and secondary grades are only compared to other schools that serve grades in both school levels (i.e., combined schools). Comparisons are made available when five or more schools within a specific school level participated. The comparisons to the state and region are intended to highlight relative strengths and gaps in your school health practices and policies.

Throughout this report, the state aggregate is graphically represented with a blue bar while a gold bar represents the regional aggregate (when available). Your school's responses are represented by a check mark, an x, or a green bar. In tables, a dash is also used to indicate a response of "N/A" or a non-response, whether the item was skipped by choice or as a result of the survey display logic.

This graphic report provides an overview of select items from the Smart Source instrument. In an effort to highlight best practices, not all response options are displayed for every item. To see all items with all possible response options, please use the accompanying spreadsheet that serves as a comprehensive data source with additional comparisons to the state, regional, and district aggregates (when available).

Data in this report can be used to inform and drive your school health efforts in order to impact your school's overall health and academic outcomes. Specifically, these data can help schools identify needs, make the case for resources, advocate for new programs or policy change, communicate about school health programs and garner support, and evaluate the effectiveness of health policies and practices. For each section, there will be a reference to the corresponding section in the accompanying Best Practices Guide from CEI. This will allow you to identify how you compare to best practices and aid you in setting goals towards addressing the health and safety needs of your students.

SCHOOL INFORMATION AND COMPARISONS

SCHOOL: SAMPLE ELEMENTARY SCHOOL DISTRICT: SAMPLE DISTRICT REGION: METRO SCHOOL LEVEL: ELEMENTARY GRADE RANGE: K - 5

Table 1.2: School Information and Comparisons ³				
	Total Student Enrollment	Eligible Free And Reduced Lunch Rate	Attendance Rate	Mobility Rate
Sample Elementary School	350	45.92%	94.37%	15.17%
Sample District	15,872	45.30%	93.19%	15.77%
Metro	475,958	42.91%	90.99%	13.37%
Colorado	887,610	44.18%	91.53%	14.83%

³ All data shown are those which were the most currently available through the Colorado Department of Education as of December 31, 2015. For more information, please visit: www.cde.state.co.us/cdereval



GENERAL HEALTH POLICIES AND PRACTICES

Regardless of topic area, there are common practices that schools can implement to support their efforts and integrate health and wellness into their policies, systems, and culture. These foundational practices include having a wellness team, using data to make decisions, developing annual health and wellness plans, obtaining funding or resources to implement programs, and communicating about their efforts. For a comprehensive list and explanation of best practices, please reference the Best Practices Guide: General Health Policies and Practices on CEI's website. http://bit.ly/CEIhealthbestpractices

Table 2.1: Annual Wellness Team Membership					
	State	Region	School		
Item	Elementary Schools Reporting Best Practice	Elementary Schools Reporting Best Practice	Did You Report Best Practice?		
Does your school have a wellness team?	77%	71%	\checkmark		
Does membership include the following?					
School administrators	74%	62%	\checkmark		
Parents/guardians	62%	50%	\checkmark		
Community leaders	29%	30%	×		
Students	20%	26%	×		

Table 2.2: Annual Wellness Team Activities				
	State	Region	School	
Item	Elementary Schools Reporting Best Practice	Elementary Schools Reporting Best Practice	Did You Report Best Practice?	
Communicated the importance of health and safety policies and activities to district administrators, school administrators, parent-teacher groups, or community members	83%	86%	\checkmark	
Sought funding or leverage resources to support health and safet priorities for students and staff	y 81%	86%	\checkmark	
Identified student health needs based on a review of relevant data	61%	62%	\checkmark	
Reviewed health-related curricula or instructional materials	60%	48%	\checkmark	



Figure 2.1: Health and Wellness Assessments

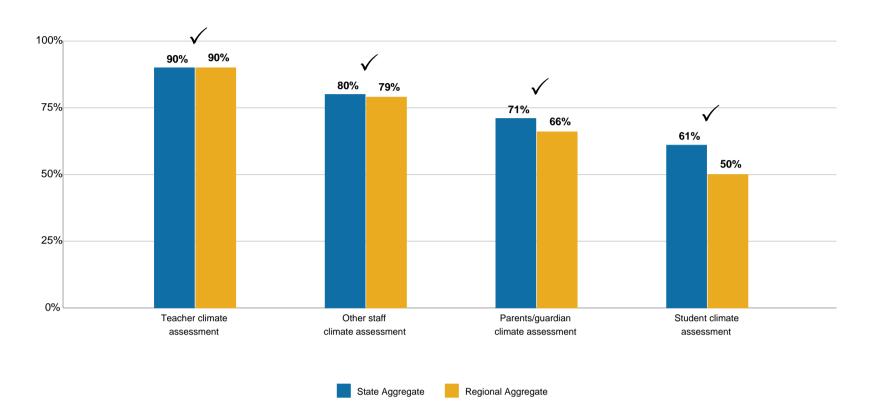
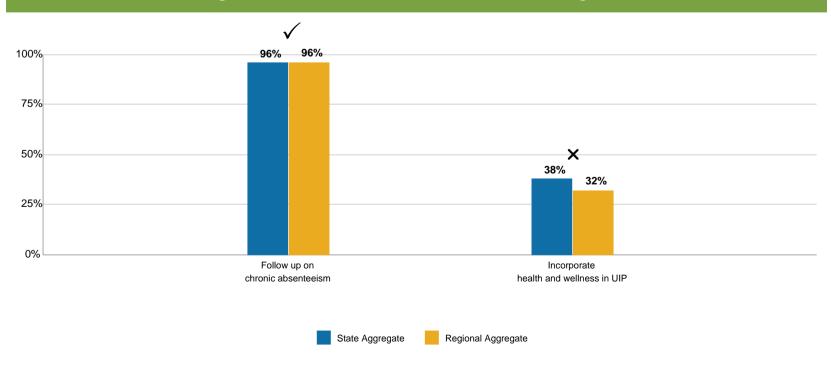


Figure 2.2: Health and Wellness Policies and UIP Integration





NUTRITION

School nutrition encompasses access to healthy foods and beverages, time allotted for meals, and prohibition of non-healthy foods and beverages, with the goal of encouraging better nutritional values in the student population during the school day. Data on the offerings in the school meal program were not included in the school-level collection due to their assessment at the district level via federal and state processes. For a comprehensive list and explanation of best practices, please reference the Best Practices Guide: Nutrition on CEI's website. http://bit.ly/CEIhealthbestpractices

Table 3.1: Average Number of Minutes Allowed for Meals				
	State	Region	School	
Item	Elementary Schools Response	Elementary Schools Response	Your Response	
Average number of minutes allowed for breakfast	16	13	15	
Average number of minutes allowed for lunch	19	18	20	

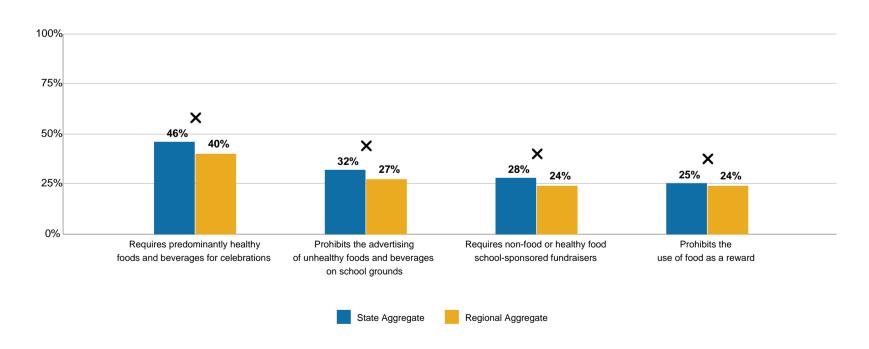


Figure 3.1: Food-Related Policies



Table 3.2: Activities to Promote Healthy Eating				
	State	Region	School	
Item	Elementary Schools Reporting Best Practice	Elementary Schools Reporting Best Practice	Did You Report Best Practice?	
Offered a self-serve salad bar to students	63%	46%	\checkmark	
Served locally or regionally grown foods in the cafeteria or classrooms	53%	44%	\checkmark	
Prohibited less nutritious foods and beverages (e.g., candy, baked goods) from being sold for fundraising purposes	35%	26%	×	
Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating	35%	33%	×	
Planted a school food or vegetable garden	31%	26%	×	
Prohibited school staff from giving students food or food coupons as a reward for good behavior or good academic performance	23%	26%	×	
Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages	7%	9%	×	

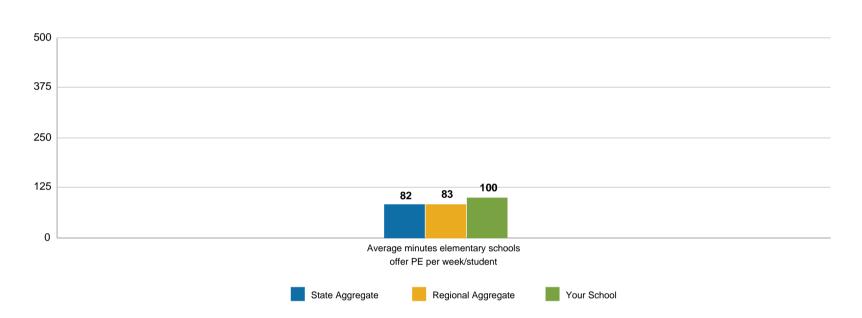
Table 3.3: Food Items Available for Student Purchase ^₄				
	State	Region	School	
ltem	Elementary Schools Reporting Best Practice	Elementary Schools Reporting Best Practice	Did You Report Best Practice?	
Energy drinks	100%	100%	\checkmark	
Sports drinks	96%	100%	\checkmark	
Other kinds of candy	94%	91%	\checkmark	
Chocolate candy	94%	91%	\checkmark	
Foods or beverages containing caffeine	90%	97%	\checkmark	
Soda pop or fruit drinks that are not 100% juice	82%	77%	\checkmark	
2% or whole milk (plain or flavored)	71%	69%	\checkmark	
Salty snacks that are not low in fat	55%	43%	×	
Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat	53%	40%	\checkmark	



PHYSICAL EDUCATION/PHYSICAL ACTIVITY

In order to reach the nationally-recommended 60 minutes of daily physical activity and help students develop the knowledge and skills to be physically active for a lifetime, schools should address all components as defined by Comprehensive School Physical Activity, align the physical education curriculum to the Colorado Academic Comprehensive Health and Physical Education Standards, and ensure credentialing and professional development for physical education teachers. For a comprehensive list of best practices, please reference the Best Practices Guide: Physical Education and Physical Activity on CEI's website. http://bit.ly/CEIhealthbestpractices





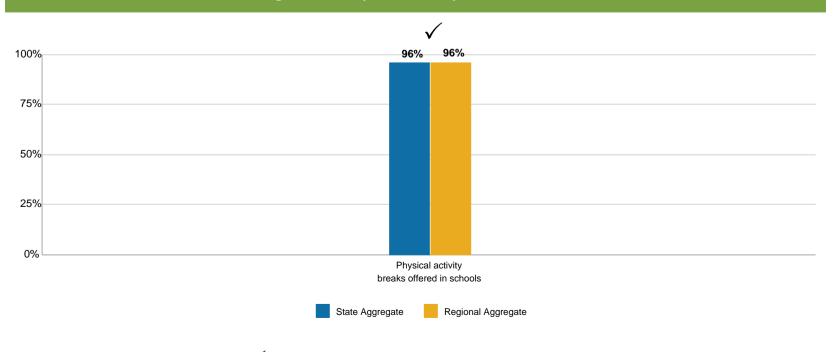


Figure 4.2: Physical Activity Breaks Offered



Figure 4.3: PE Time with Moderate to Vigorous Physical Activity

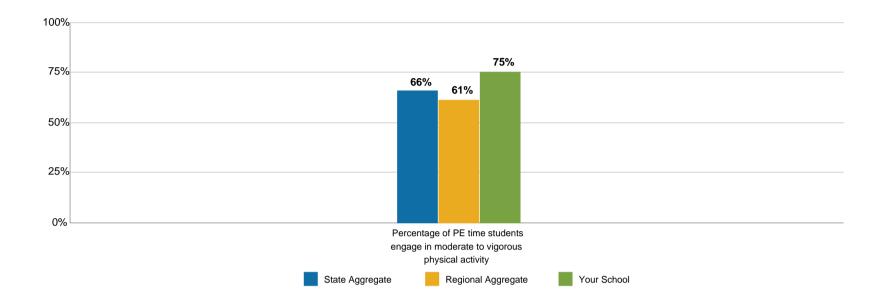


Table 4.1: Practices and Tools to Ensure Quality Physical Education				
	State	Region	School	
Item	Elementary Schools Reporting Best Practice	Elementary Schools Reporting Best Practice	Did You Report Best Practice?	
Objectives that are observable and measurable	99%	99%	\checkmark	
Curriculum aligned to the Colorado Academic Standards, specifically the Comprehensive Health and Physical Education Standards	99%	99%	\checkmark	
Unit and lesson plans to guide instruction	98%	97%	\checkmark	
Appropriately modified activities to promote the participation of all students	98%	96%	\checkmark	
Instructional strategies that support the needs of the diversity of the student population	97%	94%	\checkmark	
Student/teacher ratio that is comparable with other classes at all grade levels	96%	91%	\checkmark	
Formative assessments	95%	93%	\checkmark	
Summative/performative assessments	91%	89%	\checkmark	



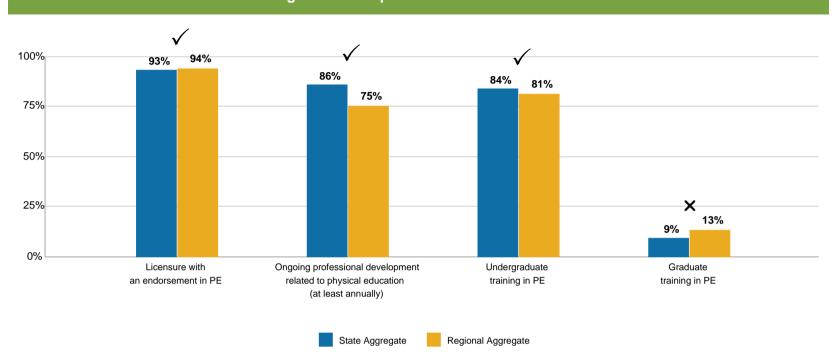


Figure 4.4: Requirements of PE Teachers

Table 4.2: Average Number of Minutes Provided for Recess per Grade

	State	Region	School
Item	Elementary Schools Response	Elementary Schools Response	Your Response
Kindergarten	36	32	45
1st grade	34	29	45
2nd grade	32	27	45
3rd grade	30	25	45
4th grade	28	24	45
5th grade	28	23	45
6th grade	14	13	-



Figure 4.5: Recess Time Practices

Recess Taken Away as	Recess Taken Away for Lost
Punishment for Misbehavior	Instructional Time or Testing
	instructional time of resting

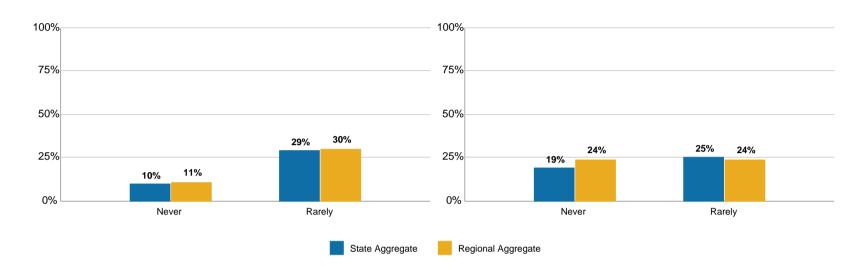
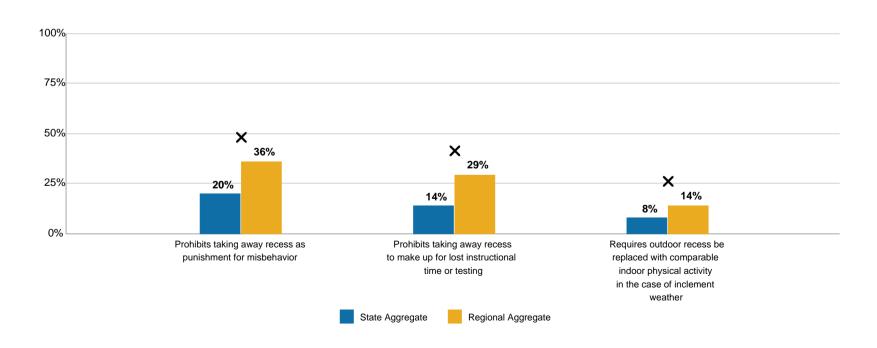


Figure 4.6: Recess Time Policies





HEALTH EDUCATION

Instruction related to health education should be offered to students to help them 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. For a comprehensive list of best practices, please reference the Best Practices Guide: Health Education on CEI's website. http://bit.ly/CEIhealthbestpractices

Table 5.1: St	aff Members Teaching Health	Education	
	State	Region	School
Item	Elementary Schools Reporting Best Practice	Elementary Schools Reporting Best Practice	Did You Report Best Practice?
Physical education teachers	90%	87%	\checkmark
School counselors	53%	24%	\checkmark
Non-science classroom teachers	52%	44%	\checkmark
School nurses	47%	30%	×
Science teachers	44%	34%	×
Health education teachers	12%	9%	×

Table 5.2: Health	Educator Professional De	evelopment	
	State	Region	School
ltem	Elementary Schools Reporting Best Practice	Elementary Schools Reporting Best Practice	Did You Report Best Practice?
Health education teachers	77%	83%	-
School nurses	74%	71%	-
Physical education teachers	61%	62%	\checkmark
School counselors	59%	71%	\checkmark
Science teachers	25%	38%	-
Non-science classroom teachers	22%	31%	×



Table 5.3: Practices to	Ensure Quality Healt	h Education	
	State	Region	School
Item	Elementary Schools Reporting Best Practice	Elementary Schools Reporting Best Practice	Did You Report Best Practice?
Instruction/curriculum aligned to the Colorado Academic Standards, specifically the Comprehensive Health and Physical Education Standards	79%	77%	\checkmark
Units and lessons that provide opportunities for practicing health-related skills	71%	67%	\checkmark
Objectives that are observable and measurable	71%	67%	\checkmark
Unit and lesson plans to guide instruction	70%	67%	\checkmark
Formative assessments	59%	55%	\checkmark
Summative/performative assessments	56%	49%	\checkmark

Figure 5.1: Practices in Implementation of Health Education

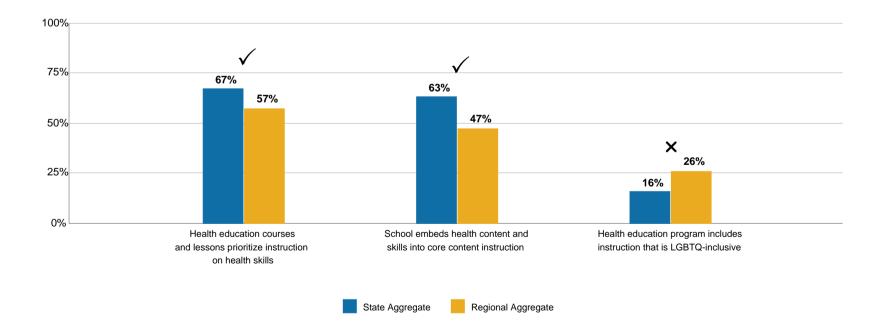




Table 5.4:	Health Education Topic	:S	
	State	Region	School
Item	Elementary Schools Reporting Best Practice	Elementary Schools Reporting Best Practice	Did You Report Best Practice?
Physical activity	97%	94%	\checkmark
Healthy eating	92%	94%	\checkmark
Violence prevention	92%	87%	\checkmark
Mental and emotional wellness	83%	78%	\checkmark
Personal hygiene	83%	65%	\checkmark
Oral health	74%	58%	\checkmark
Stress management	65%	58%	\checkmark
Alcohol, tobacco and other drug use prevention	63%	52%	\checkmark
Unintentional injury prevention	60%	49%	\checkmark
Human sexuality/sexual health education	45%	39%	×
Suicide prevention	19%	22%	×

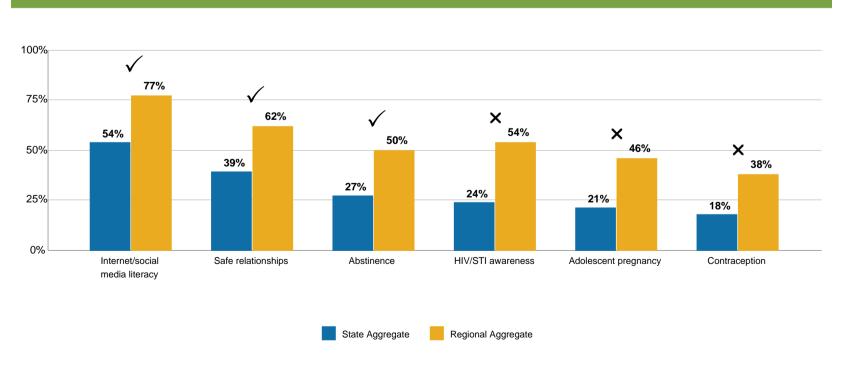


Figure 5.2: Sexual Health Education Topics



HEALTH SERVICES

School health services includes assessing and managing student health needs, developing and housing plans for students with health care needs, and credentialing of school nurses and support staff. For a comprehensive list and explanation of best practices, please reference the Best Practices Guide: School Health Services on CEI's website. http://bit.ly/CEIhealthbestpractices

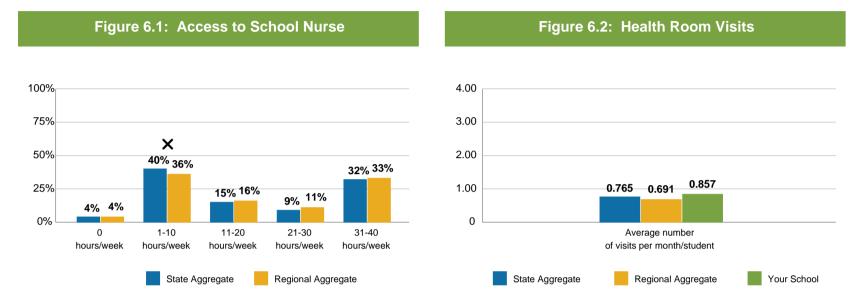


Table 6.1: Staff Me	embers Offering Health	Services	
	State	Region	School
ltem	Elementary Schools Reporting Best Practice	Elementary Schools Reporting Best Practice	Did You Report Best Practice?
Health clerk, health aide, health paraprofessional	72%	77%	\checkmark
School nurse/school nurse consultant	72%	64%	\checkmark

Table 6 2 - I	Health Service Record	s	
	State	Region	School
Item	Elementary Schools Reporting Best Practice	Elementary Schools Reporting Best Practice	Did You Report Best Practice?
Immunization status (including the number of students with signed personal, religious, or medical exemptions)	100%	100%	\checkmark
Health conditions (e.g., asthma, life-threatening allergies, diabetes type 1 or 2, seizures)	100%	100%	\checkmark
Medication needs	100%	99%	\checkmark
Health insurance	64%	73%	\checkmark
A BMI at or above the 85th percentile	18%	14%	×



Figure 6.3: Annual Health Service Screenings & Referrals

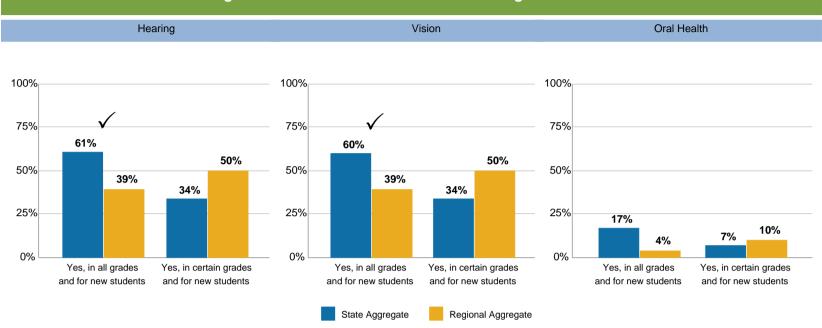
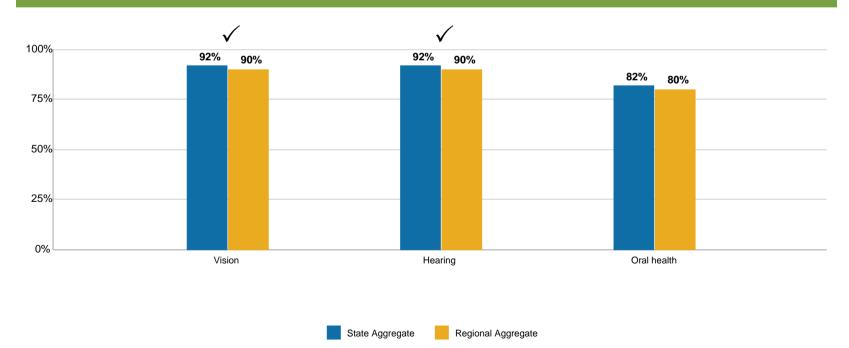


Figure 6.4: Follow-Up Procedure for Health Service Referrals





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 universal screenings to identify the needs of both individual students and the entire student population, provide support or referrals to students with behavioral health needs, and consider training all staff to identify social, emotional, behavioral, and mental health needs. For a comprehensive list of best practices, please reference the Colorado Framework for School Behavioral Health Services on CEI's website. http://bit.ly/CEIhealthbestpractices



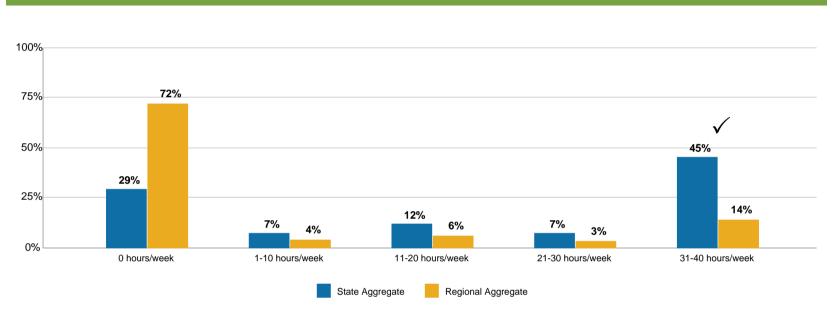


Figure 7.2: Practices to Ensure Quality Counseling, Psychological, and Social Services

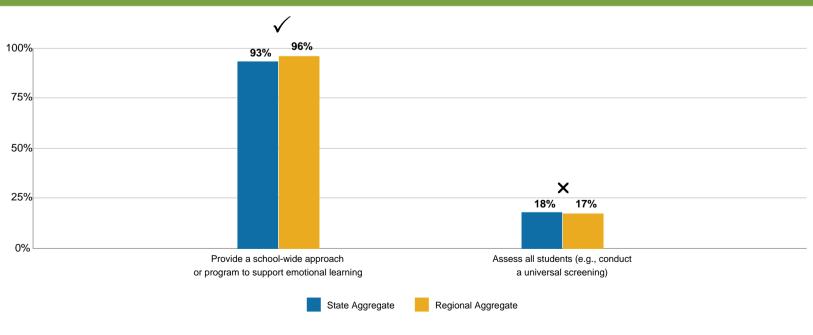




Figure 7.3: Staff Trained to Identify Behavioral Health Needs Administrators Teachers Coaches 100% 100% 100% 75% 75% 75% 57% 51% 50% 50% 50% 40% 36% 32% 32% 25% 23% 25% 25% 25% 20% 18% 18% 17% 0% 0% 0% Yes, Yes, Yes, Yes, Yes, Yes, most if not some receive most if not some receive most if not some receive all receive training training all receive training training all receive training training State Aggregate Regional Aggregate

Table	7.1: Behaviora	al Health In-Sch	nool Supports	and Referrals		
	State	Region	School	State	Region	School
Item		Elementary Schools Providing Supports	Do You Provide Supports?		Elementary Schools Providing Referrals	Do You Provide Referrals?
Harassment and bullying	82%	72%	\checkmark	76%	-	\checkmark
Mental/behavioral issue	72%	69%	\checkmark	91%	-	\checkmark
Family issues	55%	43%	\checkmark	87%	-	\checkmark
Substance abuse	25%	22%	×	58%	-	\checkmark
Eating disorders	15%	15%	×	56%	-	\checkmark
Gender identity and sexual orientation	า 14%	18%	×	60%	-	\checkmark
Sexual assault and dating violence	10%	9%	×	49%	-	×



HEALTHY AND SAFE SCHOOL ENVIRONMENT

For a healthy and safe school environment, schools should address the safety and accessibility of the physical environment, how the school climate and culture impacts students and staff, practices used to address issues such as bullying, and crisis response. For a comprehensive list of best practices, please reference the Best Practices Guide: School Climate and Culture and Best Practices Guide: Physical Environment on CEI's website. http://bit.ly/CEIhealthbestpractices



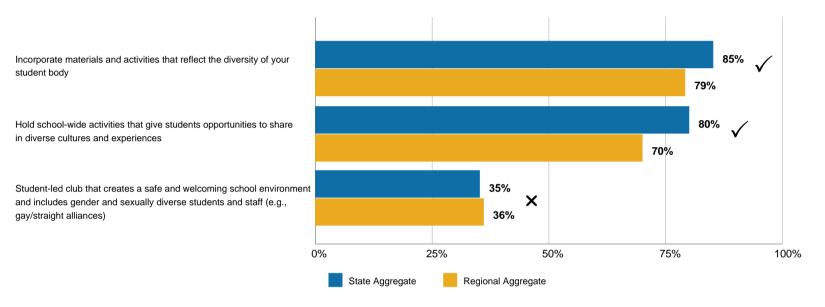
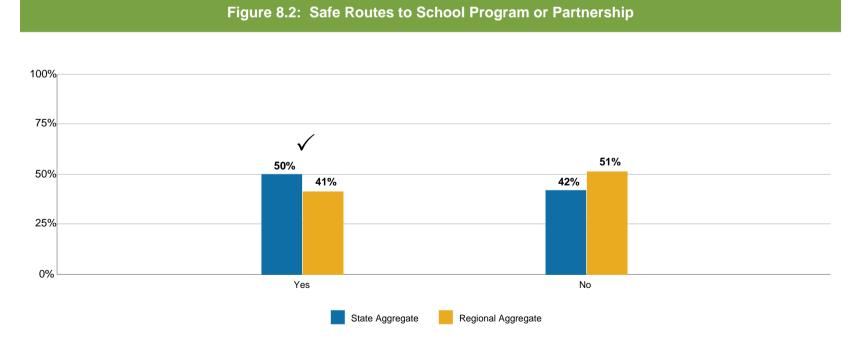


Table 8.1: Policies/Pra	ctices to Prevent	Bullying	
	State	Region	School
Item	Elementary Schools Reporting Best Practice	Elementary Schools Reporting Best Practice	Did You Report Best Practice?
Written policy prohibiting harassment and bullying (including cyber bullying)	81%	80%	\checkmark
Written policy that delineates protections for specific groups	93%	95%	\checkmark
Institute corrective measures for students engaged in bullying	97%	97%	\checkmark
Implement strategies or programming to prevent harassment and bullying	93%	89%	\checkmark
Provide information to students about the consequences of harassment and bullying	92%	87%	\checkmark
Provide anonymous methods for students to report harassment of bullying	r 81%	83%	\checkmark
Provide information to parents/guardians about harassment and bullying	79%	71%	\checkmark
Conduct trainings for school staff about how to respond to harassment and bullying	64%	53%	\checkmark



Table 8.2: Practices t	o Support LGBTQ S	Students	
	State	Region	School
Item	Elementary Schools Reporting Best Practice	Elementary Schools Reporting Best Practice	Did You Report Best Practice?
Prohibit harassment based on a student's perceived or actual sexual orientation or gender identity	60%	54%	\checkmark
Identify "safe spaces"	39%	31%	×
Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity	35%	27%	×
Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth	28%	24%	×
Facilitate access to providers not on school property who have experience in providing health services, including HIV/STD testing and counseling, to LGBTQ youth	22%	16%	×





FAMILY, COMMUNITY, AND STUDENT INVOLVEMENT

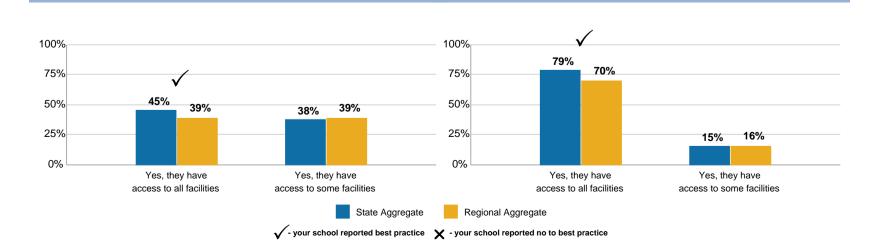
Establishing community partnerships is a practice schools can use to offer additional resources and programs to students and families. Additionally, schools should engage families to help them feel connected to the school and promote healthy behaviors at home, and engage students in providing input about programs or policies that impact them at school. Schools should also consider allowing the surrounding community to access facilities, particularly in areas where community recreation and gathering space are limited. For a comprehensive list of best practices, please reference the Best Practices Guide: General Health Policies and Practices on CEI's website. Also, each section in the Best Practices Guide includes action steps for community members, parents and students. http://bit.ly/CEIhealthbestpractices

Table 9.1: Collaboration with C	organizations for Health A	ctivities and Progra	ms
	State	Region	School
Item	Elementary Schools Reporting Best Practice	Elementary Schools Reporting Best Practice	Did You Report Best Practice?
Businesses	58%	43%	\checkmark
Nonprofit (e.g., YMCA)	56%	49%	\checkmark
Service club (e.g., Rotary Club)	54%	40%	\checkmark
Parks and recreation department	53%	34%	\checkmark
Local health department	47%	24%	×
Mental health center	46%	39%	×
Social services agency	45%	31%	×
Hospital	41%	21%	×
Health clinic	38%	24%	×
Local family/youth leadership councils	37%	24%	×
Doctor's office	35%	26%	×
College or university	33%	24%	×
Faith-based group	31%	24%	×



Outdoor Facilities

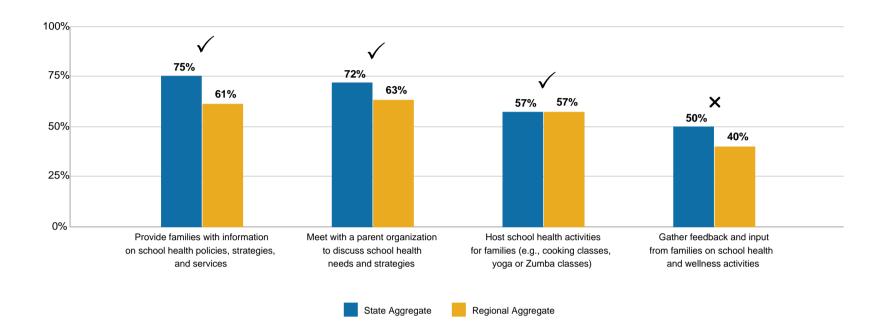
Indoor Facilities



21



Figure 9.2: Family Engagement Strategies



Tabl	e 9.2: Studer	nt Engageme	nt in School F	lealth Compone	ents	
	State	Region	School	State	Region	School
Item	Suggestions are Collected from Students	Suggestions are Collected from Students	Do You Collect Suggestions from Students?	Programs or Policies are Co-Created by Students	Programs or Policies are Co-Created by Students	Do You Co-Create Programs or Policies with Students?
School culture and climate	57%	54%	\checkmark	6%	-	-
Physical education	40%	39%	×	-	-	×
Food served in school	37%	23%	×	4%	-	×
The school's physical environment	32%	27%	×	-	-	×
Counseling, psychological, and social services	26%	17%	×	1%	-	×
Student health services	14%	7%	×	1%	-	×
Health education (including sexual health education)	9%	9%	×	_	-	×



STAFF HEALTH PROMOTION

Staff health promotion efforts or worksite wellness programs should offer opportunities for all staff to engage in activities and programs to better their health and wellness such as, health screenings for staff. Schools should identify a staff person or team to assess needs and interests of staff, coordinate and offer programs for staff, and refer staff to services and supports as needed. For a comprehensive list of best practices, please reference the Best Practices Guide: Staff Health Promotion on CEI's website. http://bit.ly/CEIhealthbestpractices

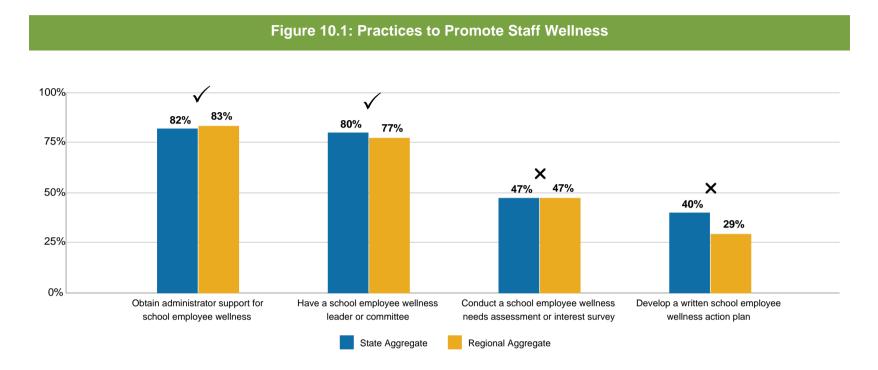


Table 10.1: Staff Wellness Activitie

	State	Region	School
Item	Elementary Schools Reporting Best Practice	Elementary Schools Reporting Best Practice	Did You Report Best Practice?
First Aid/CPR training	86%	67%	\checkmark
Annual flu shots at the school or district office	80%	56%	\checkmark
Physical activity	73%	67%	\checkmark
Stress management activities	73%	74%	\checkmark
Crisis intervention	72%	64%	\checkmark
Counseling for emotional disorders	71%	61%	\checkmark
Health screenings	67%	53%	\checkmark
Conflict resolution education	62%	56%	\checkmark
Healthy food-related activities	48%	46%	×
Tobacco cessation efforts	38%	37%	×