COLORADO HEALTHY SCHOOLS

SMART SOURCE

2015-16 SMART SOURCE RESULTS

Sample Secondary 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 Level	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

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[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 SECONDARY SCHOOL
DISTRICT: SAMPLE DISTRICT
REGION: METRO

SCHOOL LEVEL: SECONDARY
GRADE RANGE: 6 - 8

Table 1.2: School Information and Comparisons[3]				
	Total Student Enrollment	Eligible Free And Reduced Lunch Rate	Attendance Rate	Mobility Rate
Sample Secondary School	450	44.93%	90.93%	16.26%
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%

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[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	Secondary Schools Reporting Best Practice	Secondary Schools Reporting Best Practice	Did You Report Best Practice?
Does your school have a wellness team?	74%	81%	✓
Does membership include the following?			
School administrators	87%	74%	✓
Parents/guardians	48%	36%	✗
Community leaders	44%	31%	✗
Students	41%	41%	✗

Table 2.2: Annual Wellness Team Activities			
	State	Region	School
Item	Secondary Schools Reporting Best Practice	Secondary 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	84%	72%	✓
Reviewed health-related curricula or instructional materials	70%	67%	✓
Sought funding or leverage resources to support health and safety priorities for students and staff	70%	69%	✓
Identified student health needs based on a review of relevant data	67%	56%	✓

✓ - your school reported best practice   ✗ - your school reported no to best practice

Figure 2.1: Health and Wellness Assessments
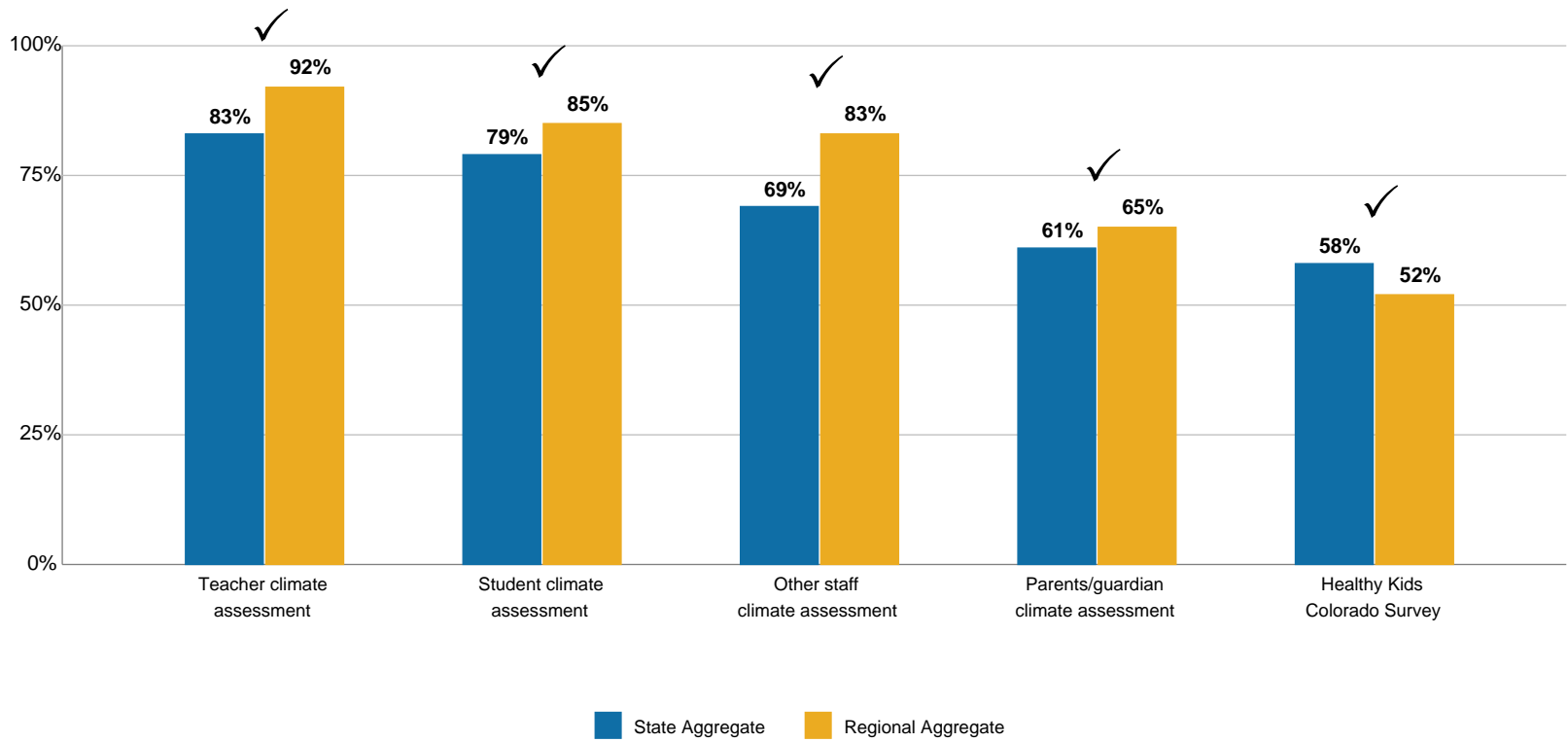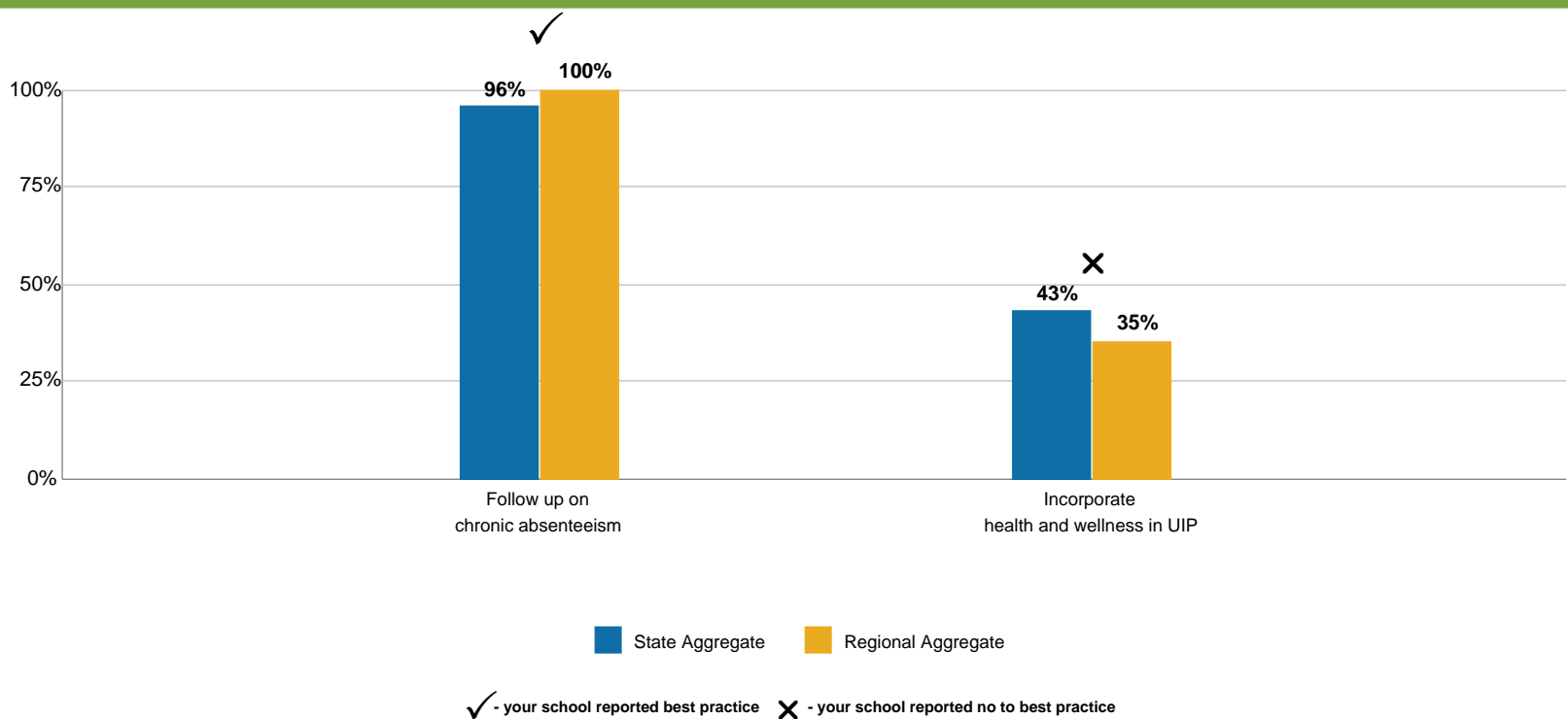

| | State Aggregate | Regional Aggregate |

Figure 2.2: Health and Wellness Policies and UIP Integration

| | State Aggregate | Regional Aggregate |

✓ - your school reported best practice   ✗ - your school reported no to best practice

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	Secondary Schools Response	Secondary Schools Response	Your Response
Average number of minutes allowed for breakfast	19	18	20
Average number of minutes allowed for lunch	26	27	30

Figure 3.1: Food-Related Policies

Figure 3.1: Food-Related Policies
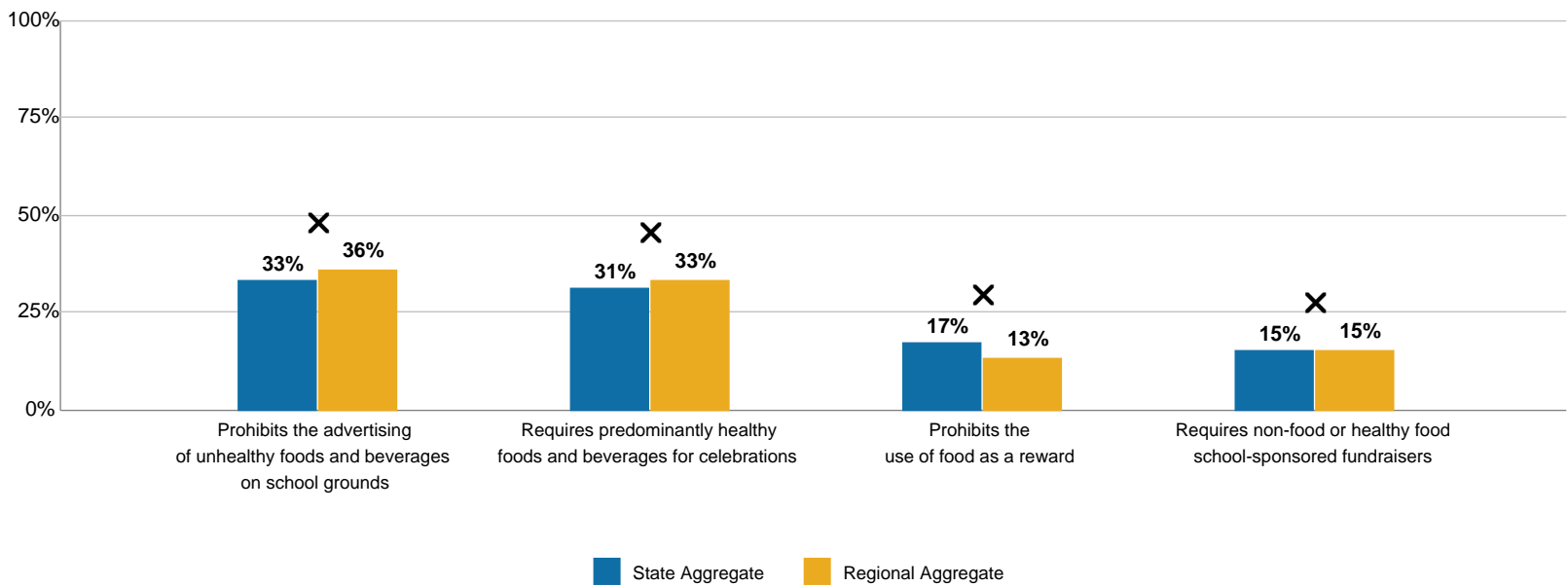
✓ - your school reported best practice   ✗ - your school reported no to best practice

Table 3.2: Activities to Promote Healthy Eating

Item	State Secondary Schools Reporting Best Practice	Region Secondary Schools Reporting Best Practice	School Did You Report Best Practice?
Offered a self-serve salad bar to students	68%	36%	✓
Served locally or regionally grown foods in the cafeteria or classrooms	54%	43%	✓
Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating	38%	34%	✗
Planted a school food or vegetable garden	29%	30%	✗
Prohibited less nutritious foods and beverages (e.g., candy, baked goods) from being sold for fundraising purposes	21%	27%	✗
Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages	17%	15%	✗
Prohibited school staff from giving students food or food coupons as a reward for good behavior or good academic performance	15%	17%	✗

Table 3.3: Food Items Available for Student Purchase[4]

Item	State Secondary Schools Reporting Best Practice	Region Secondary Schools Reporting Best Practice	School Did You Report Best Practice?
Energy drinks	97%	100%	✓
Soda pop or fruit drinks that are not 100% juice	77%	76%	✓
2% or whole milk (plain or flavored)	73%	74%	✓
Chocolate candy	72%	74%	✓
Foods or beverages containing caffeine	71%	76%	✓
Other kinds of candy	64%	59%	✓
Sports drinks	57%	61%	✓
Salty snacks that are not low in fat	56%	52%	✓
Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat	54%	50%	✓

✓ - your school reported best practice   ✗ - your school reported no to best practice

[4] The best practice is to not have these food items available for student purchase. As a reminder, an X indicates your response does not reflect the best practice, while a check mark shows you reported best practice.

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 4.1: PE Minutes Offered per Week/Secondary Student

233 — State Aggregate
228 — Regional Aggregate
300 — Your School

Average minutes secondary schools offer PE per week/student

Legend: State Aggregate, Regional Aggregate, Your School
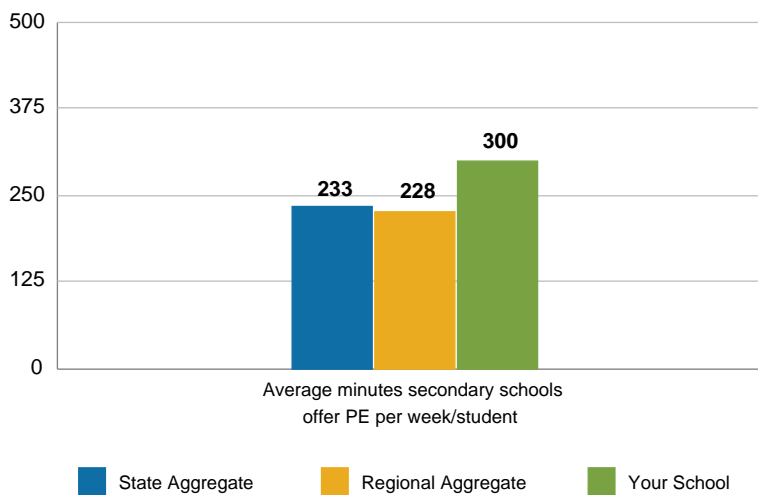
Figure 4.2: PE Time with Moderate to Vigorous Physical Activity

63% — State Aggregate
65% — Regional Aggregate
75% — Your School

Percentage of PE time students engage in moderate to vigorous physical activity

Legend: State Aggregate, Regional Aggregate, Your School

Figure 4.3: Requirements of PE Teachers

	Licensure with an endorsement in PE	Undergraduate training in PE	Ongoing professional development related to physical education (at least annually)	Graduate training in PE
State Aggregate	81%	76%	73%	11%
Regional Aggregate	81%	77%	60%	15%
Your School	✓	✓	✓	✗

Legend: State Aggregate, Regional Aggregate

✓ - your school reported best practice   ✗ - your school reported no to best practice

Table 4.1: Practices and Tools to Ensure Quality Physical Education

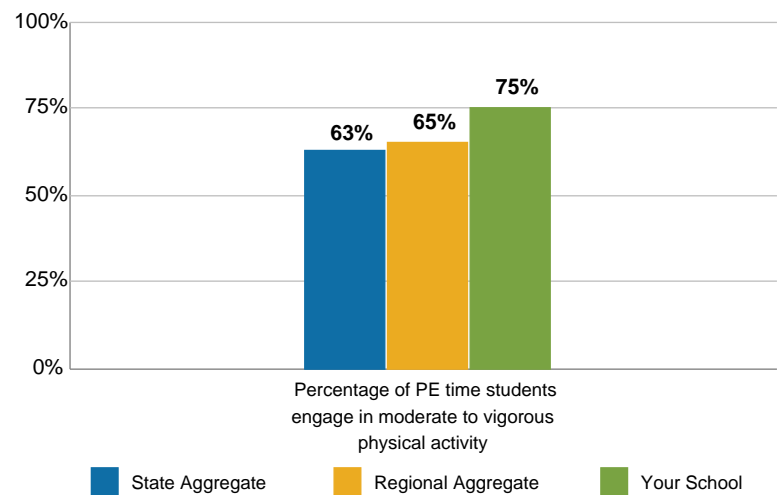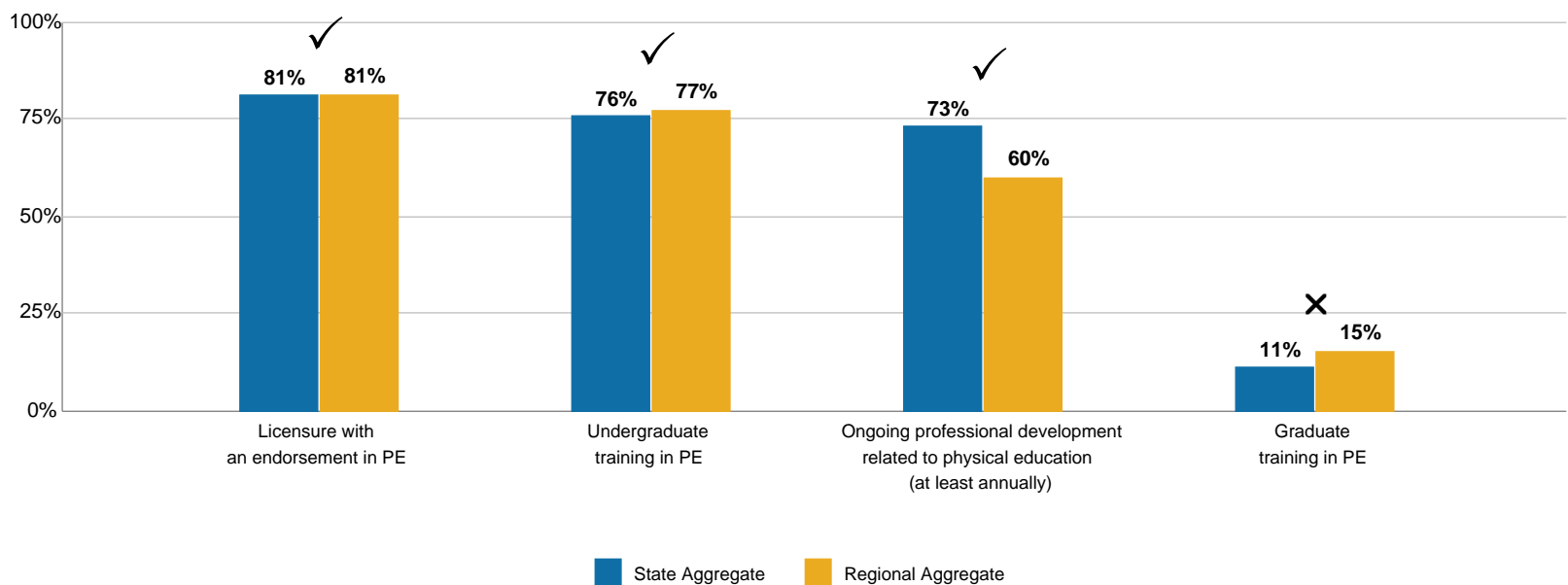| Item	State Secondary Schools Reporting Best Practice	Region Secondary Schools Reporting Best Practice	School Did You Report Best Practice?
Instructional strategies that support the needs of the diversity of the student population	97%	98%	✓
Appropriately modified activities to promote the participation of all students	97%	96%	✓
Unit and lesson plans to guide instruction	96%	94%	✓
Curriculum aligned to the Colorado Academic Standards, specifically the Comprehensive Health and Physical Education Standards	96%	92%	✓
Objectives that are observable and measurable	95%	96%	✓
Summative/performative assessments	93%	92%	✓
Formative assessments	92%	92%	✓
Student/teacher ratio that is comparable with other classes at all grade levels	72%	65%	✓

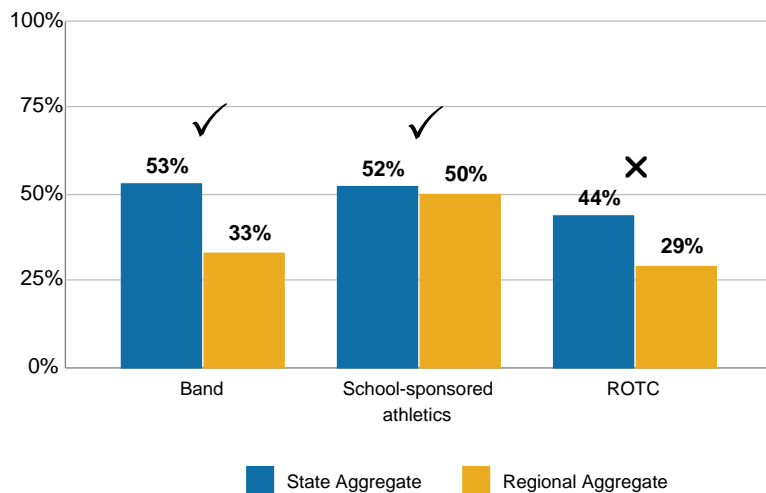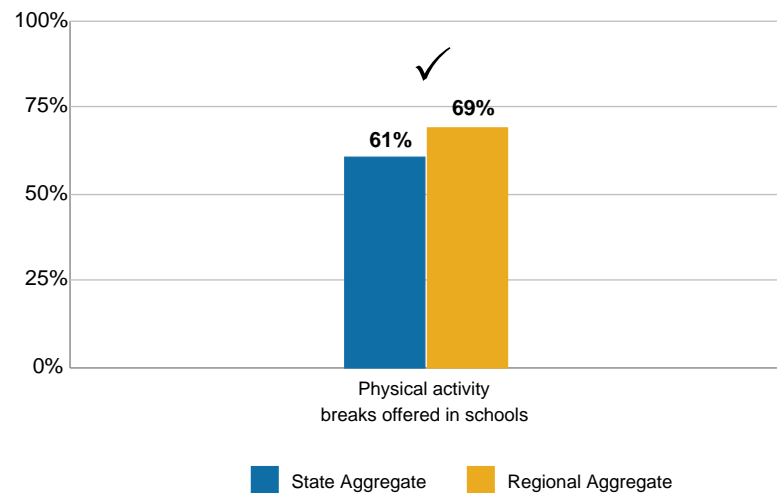### Figure 4.4: Physical Education Waivers[5]

Figure 4.5: Physical Activity Breaks Offered

✓ - your school reported best practice   ✗ - your school reported no to best practice

[5] The best practice is to not offer PE waivers for these extracurricular activities. As a reminder, an X indicates your response does not reflect the best practice, while a check mark shows you reported best practice.

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: Staff Members Teaching Health Education			
	State	Region	School
Item	Secondary Schools Reporting Best Practice	Secondary Schools Reporting Best Practice	Did You Report Best Practice?
Physical education teachers	87%	85%	✓
Science teachers	63%	53%	✓
Health education teachers	55%	56%	✓
School counselors	43%	40%	✗
School nurses	31%	23%	✗
Non-science classroom teachers	25%	21%	✗

Table 5.2: Health Educator Professional Development			
	State	Region	School
Item	Secondary Schools Reporting Best Practice	Secondary Schools Reporting Best Practice	Did You Report Best Practice?
School nurses	83%	82%	✗
Health education teachers	76%	67%	✓
School counselors	68%	68%	✗
Physical education teachers	65%	64%	✓
Science teachers	44%	21%	✗
Non-science classroom teachers	23%	30%	✗

✓ - your school reported best practice   ✗ - your school reported no to best practice

Table 5.3: Practices to Ensure Quality Health Education

Item	State Secondary Schools Reporting Best Practice	Region Secondary Schools Reporting Best Practice	School Did You Report Best Practice?
Unit and lesson plans to guide instruction	87%	94%	✓
Objectives that are observable and measurable	86%	94%	✓
Units and lessons that provide opportunities for practicing health-related skills	85%	91%	✓
Instruction/curriculum aligned to the Colorado Academic Standards, specifically the Comprehensive Health and Physical Education Standards	83%	83%	✓
Summative/performative assessments	83%	87%	✓
Formative assessments	82%	87%	✓

Figure 5.1: Practices in Implementation of Health Education

Figure 5.1: Practices in Implementation of Health Education

- Health education courses and lessons prioritize instruction on health skills: State Aggregate 84%, Regional Aggregate 87% ✓
- School embeds health content and skills into core content instruction: State Aggregate 60%, Regional Aggregate 52% ✓
- Health education program includes instruction that is LGBTQ-inclusive: State Aggregate 51%, Regional Aggregate 67% ✓

Legend: ■ State Aggregate ■ Regional Aggregate
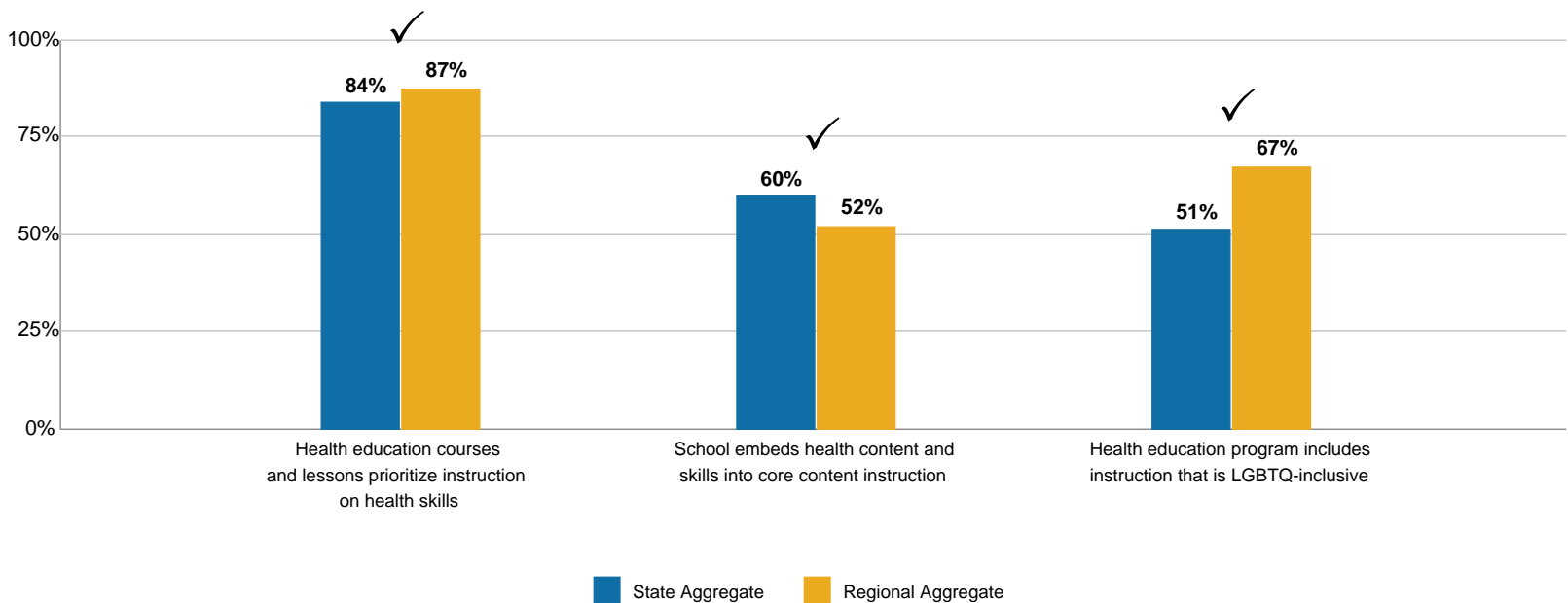
✓ - your school reported best practice   ✗ - your school reported no to best practice
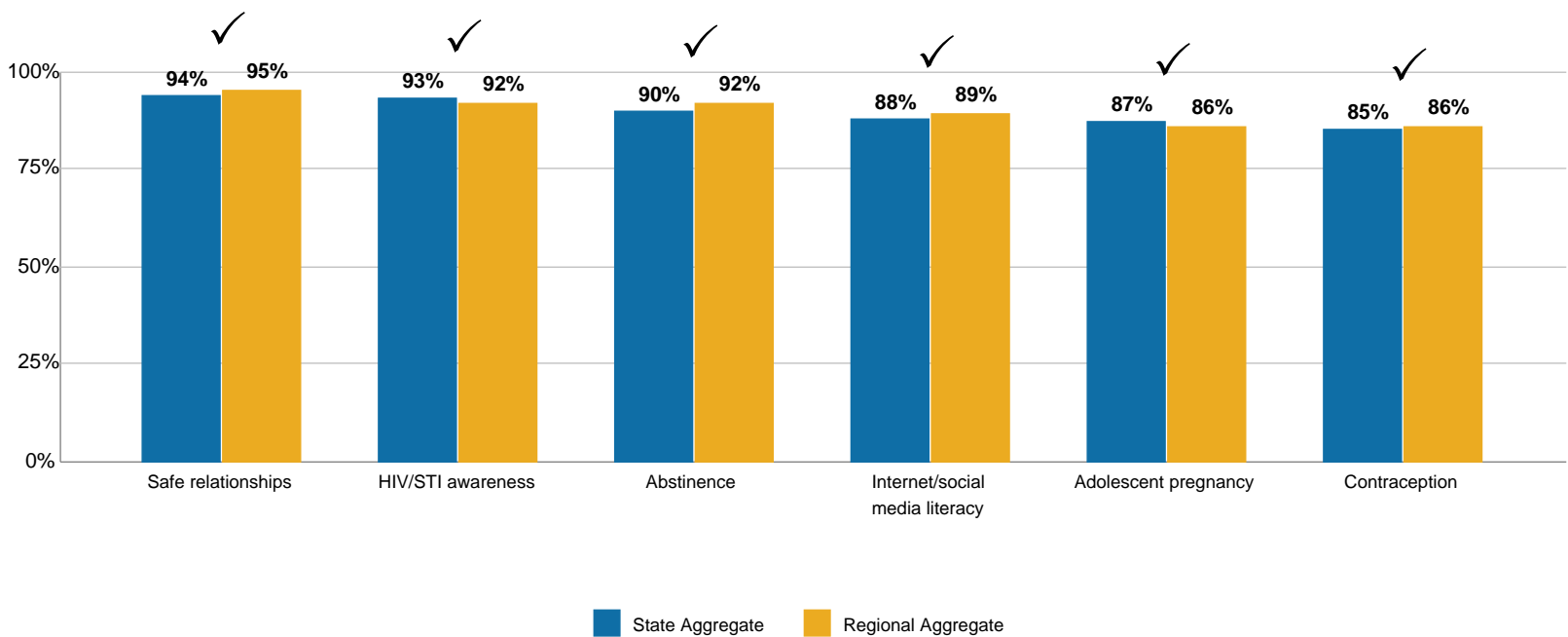
Table 5.4: Health Education Topics

Item	State Secondary Schools Reporting Best Practice	Region Secondary Schools Reporting Best Practice	School Did You Report Best Practice?
Physical activity	97%	94%	✓
Mental and emotional wellness	92%	96%	✓
Alcohol, tobacco and other drug use prevention	88%	85%	✓
Violence prevention	87%	83%	✓
Healthy eating	87%	81%	✓
Human sexuality/sexual health education	79%	77%	✓
Stress management	79%	73%	✓
Personal hygiene	79%	65%	✓
Suicide prevention	77%	73%	✓
Unintentional injury prevention	67%	60%	✓
Oral health	51%	23%	✓

Figure 5.2: Sexual Health Education Topics

	Safe relationships	HIV/STI awareness	Abstinence	Internet/social media literacy	Adolescent pregnancy	Contraception
State Aggregate	94%	93%	90%	88%	87%	85%
Regional Aggregate	95%	92%	92%	89%	86%	86%

✓ - your school reported best practice   ✗ - your school reported no to best practice

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.
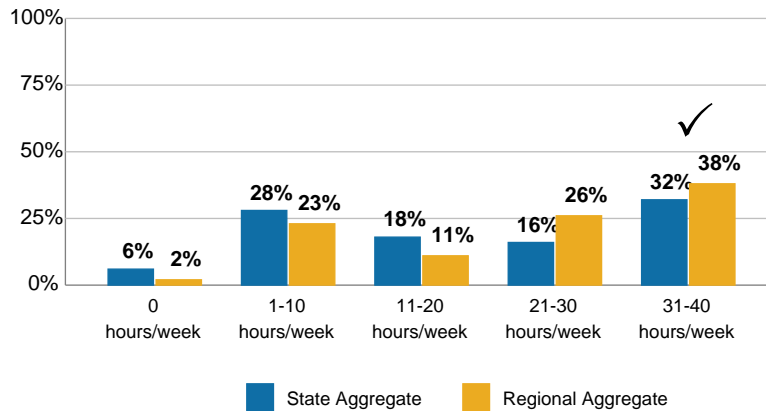
http://bit.ly/CEIhealthbestpractices

Figure 6.1: Access to School Nurse	Figure 6.2: Health Room Visits
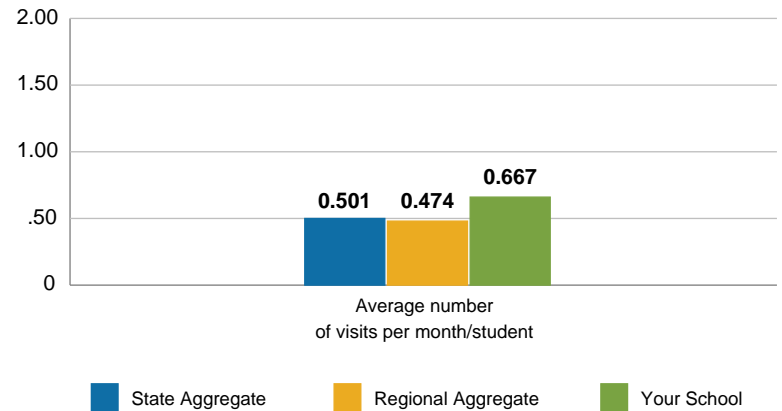
Table 6.1: Staff Members Offering Health Services			
	State	Region	School
Item	Secondary Schools Reporting Best Practice	Secondary Schools Reporting Best Practice	Did You Report Best Practice?
School nurse/school nurse consultant	78%	79%	✓
Health clerk, health aide, health paraprofessional	57%	58%	✓

Table 6.2: Health Service Records			
	State	Region	School
Item	Secondary Schools Reporting Best Practice	Secondary Schools Reporting Best Practice	Did You Report Best Practice?
Health conditions (e.g., asthma, life-threatening allergies, diabetes type 1 or 2, seizures)	99%	100%	✓
Immunization status (including the number of students with signed personal, religious, or medical exemptions)	99%	100%	✓
Medication needs	98%	100%	✓
Health insurance	62%	72%	✓
A BMI at or above the 85th percentile	23%	23%	✗

✓ - your school reported best practice   ✗ - your school reported no to best practice

Figure 6.3: Annual Health Service Screenings & Referrals

Hearing	Vision	Oral Health

Hearing

- Yes, in all grades and for new students: State Aggregate 31%, Regional Aggregate 26%
- Yes, in certain grades and for new students: State Aggregate 53%, Regional Aggregate 61% ✓

Vision

- Yes, in all grades and for new students: State Aggregate 32%, Regional Aggregate 30%
- Yes, in certain grades and for new students: State Aggregate 52%, Regional Aggregate 61% ✓

Oral Health

- Yes, in all grades and for new students: State Aggregate 11%, Regional Aggregate 4%
- Yes, in certain grades and for new students: State Aggregate 7%, Regional Aggregate 7%

Legend: ■ State Aggregate ■ Regional Aggregate

Figure 6.4: Follow-Up Procedure for Health Service Referrals

- Hearing: State Aggregate 90%, Regional Aggregate 93% ✓
- Vision: State Aggregate 90%, Regional Aggregate 93% ✓
- Oral health: State Aggregate 69%, Regional Aggregate 60% ✗

Legend: ■ State Aggregate ■ Regional Aggregate
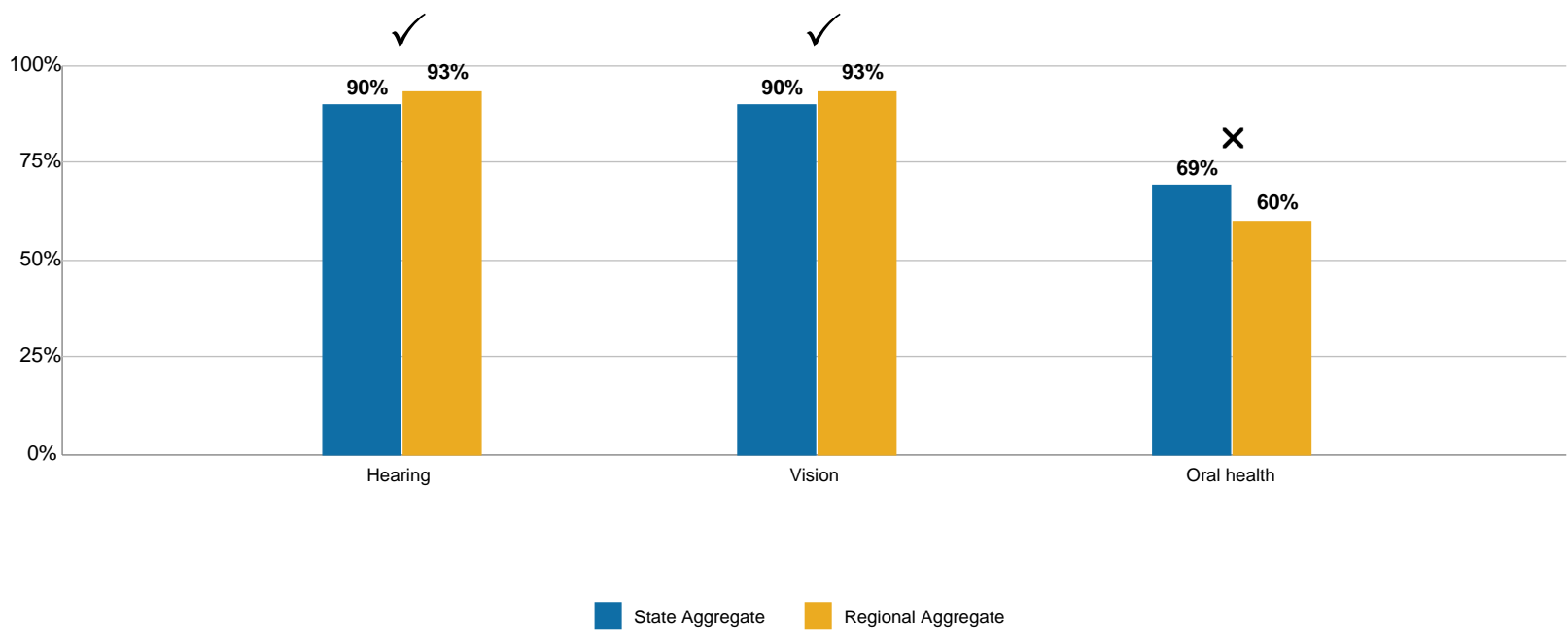
✓ - your school reported best practice   ✗ - your school reported no to best practice

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 7.1: Access to School Counselor

	0 hours/week	1-10 hours/week	11-20 hours/week	21-30 hours/week	31-40 hours/week
State Aggregate	1%	6%	2%	1%	89%
Regional Aggregate		2%			98%
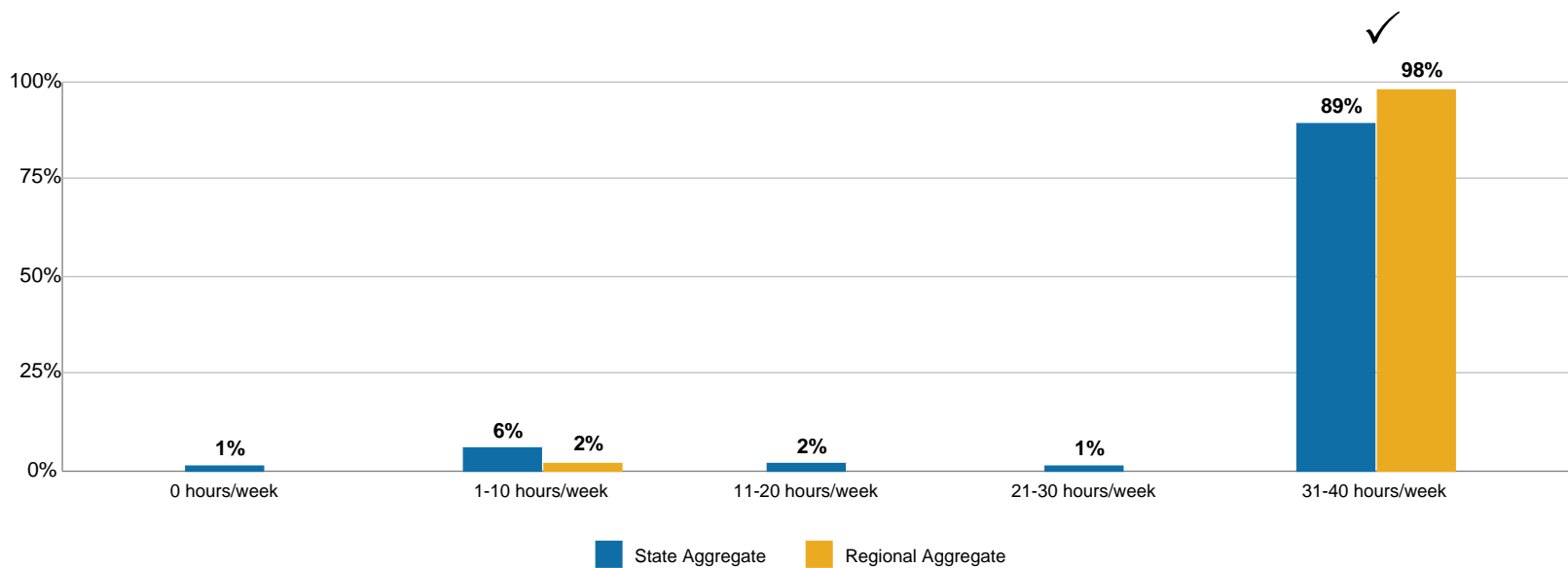
Figure 7.2: Practices to Ensure Quality Counseling, Psychological, and Social Services

	Provide a school-wide approach or program to support emotional learning	Assess all students (e.g., conduct a universal screening)
State Aggregate	72%	24%
Regional Aggregate	73%	29%
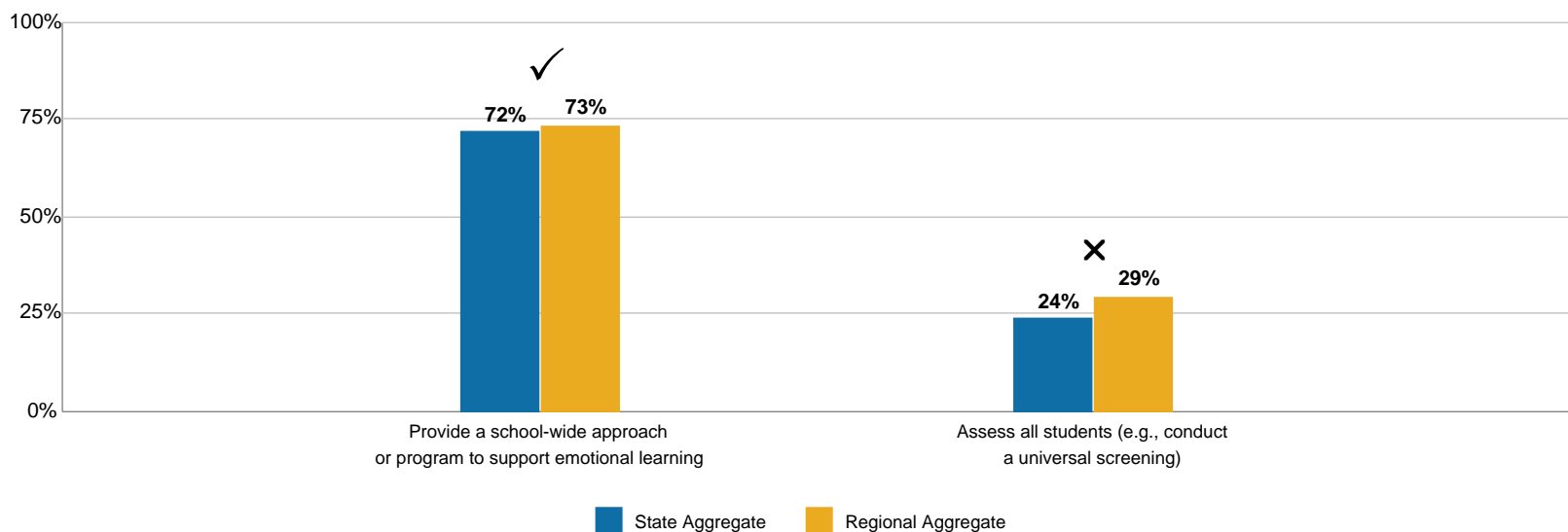
✓ - your school reported best practice   ✗ - your school reported no to best practice

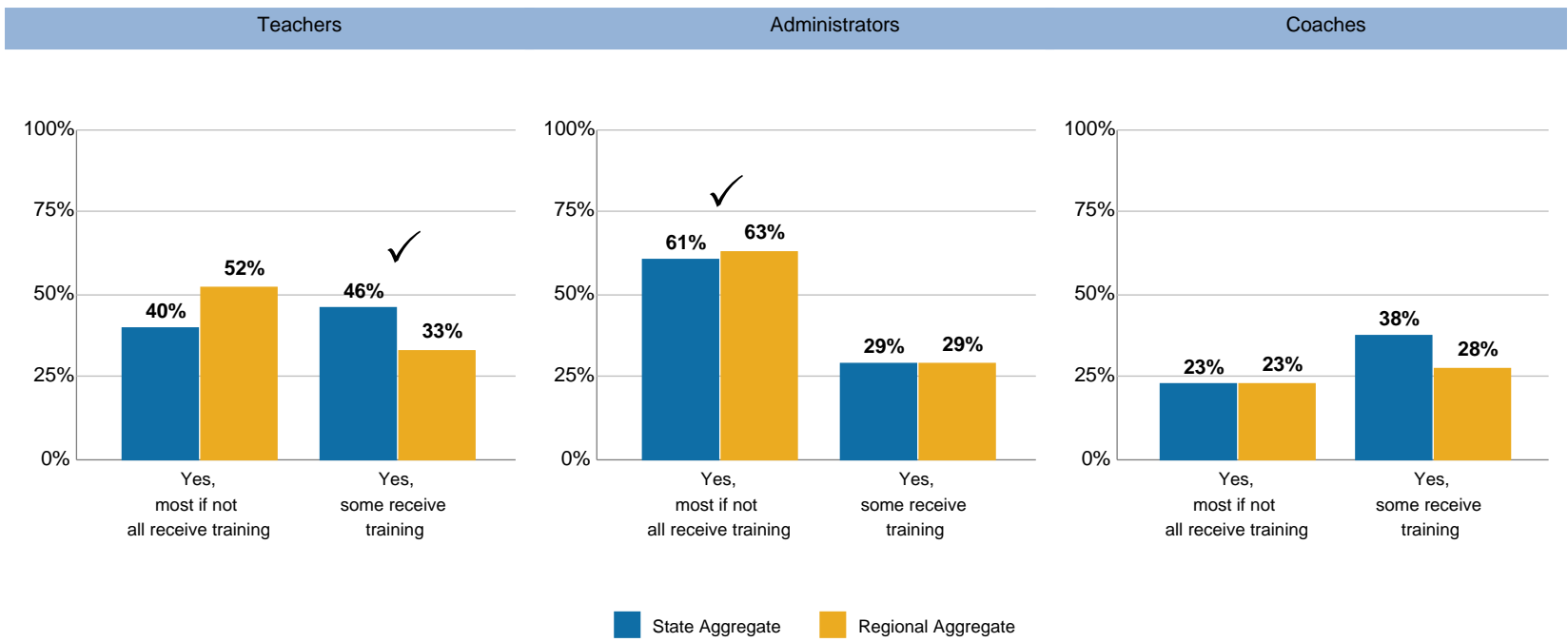## Figure 7.3: Staff Trained to Identify Behavioral Health Needs

Teachers — Administrators — Coaches

Legend: ■ State Aggregate ■ Regional Aggregate

Table 7.1: Behavioral Health In-School Supports and Referrals

	State	Region	School	State	Region	School
Item	Secondary Schools Providing Supports	Secondary Schools Providing Supports	Do You Provide Supports?	Secondary Schools Providing Referrals	Secondary Schools Providing Referrals	Do You Provide Referrals?
Harassment and bullying	77%	79%	✓	81%	-	✓
Mental/behavioral issue	72%	79%	✓	94%	-	✓
Substance abuse	59%	63%	✓	90%	-	✓
Family issues	59%	67%	✓	94%	-	✓
Sexual assault and dating violence	49%	48%	✗	83%	-	✓
Gender identity and sexual orientation	37%	54%	✗	83%	-	✓
Eating disorders	37%	48%	✗	85%	-	✓

✓ - your school reported best practice   ✗ - your school reported no to best practice

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

Figure 8.1: Practices to Promote Positive School Climate

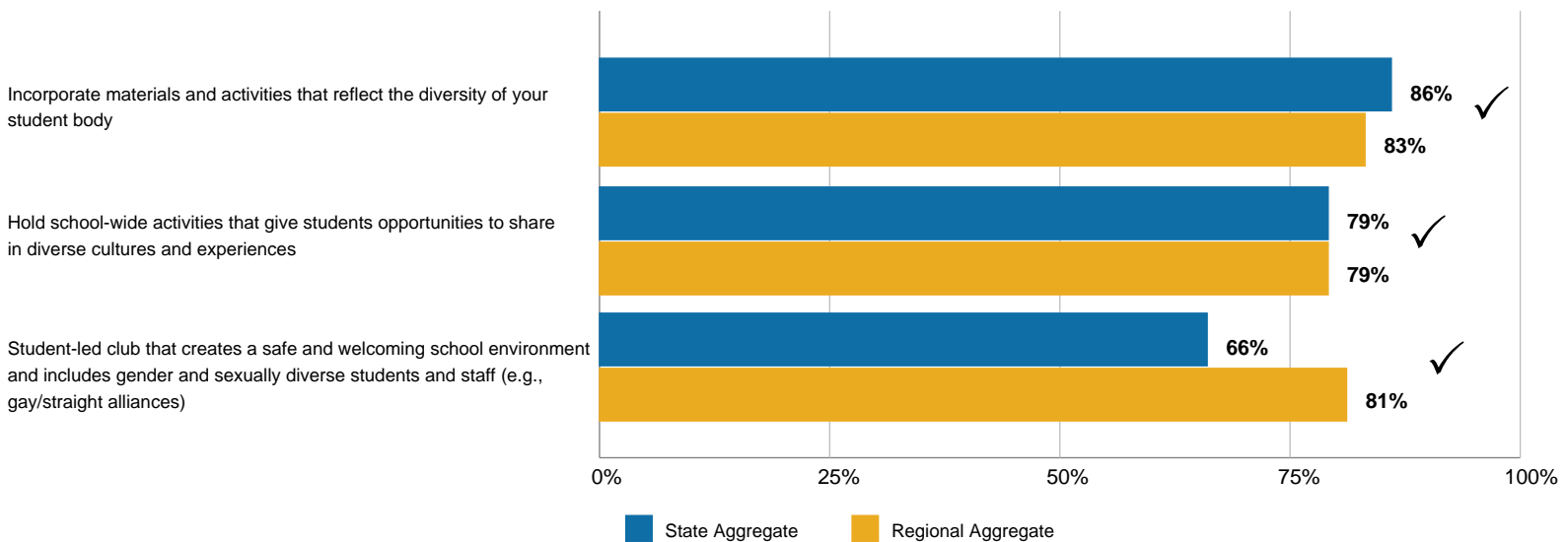|	State Aggregate	Regional Aggregate
Incorporate materials and activities that reflect the diversity of your student body	86% ✓	83%
Hold school-wide activities that give students opportunities to share in diverse cultures and experiences	79% ✓	79%
Student-led club that creates a safe and welcoming school environment and includes gender and sexually diverse students and staff (e.g., gay/straight alliances)	66%	81% ✓

Table 8.1: Policies/Practices to Prevent Bullying

Item	State Secondary Schools Reporting Best Practice	Region Secondary Schools Reporting Best Practice	School Did You Report Best Practice?
Written policy prohibiting harassment and bullying (including cyber bullying)	92%	88%	✓
Written policy that delineates protections for specific groups	89%	94%	✓
Provide information to students about the consequences of harassment and bullying	97%	100%	✓
Institute corrective measures for students engaged in bullying	95%	96%	✓
Provide anonymous methods for students to report harassment or bullying	93%	98%	✓
Implement strategies or programming to prevent harassment and bullying	91%	98%	✓
Provide information to parents/guardians about harassment and bullying	80%	85%	✓
Conduct trainings for school staff about how to respond to harassment and bullying	70%	65%	✓

✓ - your school reported best practice   ✗ - your school reported no to best practice

Table 8.2: Practices to Support LGBTQ Students

Item	State	Region	School
	Secondary Schools Reporting Best Practice	Secondary Schools Reporting Best Practice	Did You Report Best Practice?
Prohibit harassment based on a student's perceived or actual sexual orientation or gender identity	94%	100%	✓
Identify "safe spaces"	82%	92%	✓
Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth	70%	79%	✓
Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity	61%	69%	✓
Facilitate access to providers not on school property who have experience in providing health services, including HIV/STD testing and counseling, to LGBTQ youth	58%	71%	✓

Figure 8.2: Safe Routes to School Program or Partnership

Yes: State Aggregate 32%, Regional Aggregate 21%
No: State Aggregate 63%, Regional Aggregate 73% ✗

Legend: ■ State Aggregate ■ Regional Aggregate
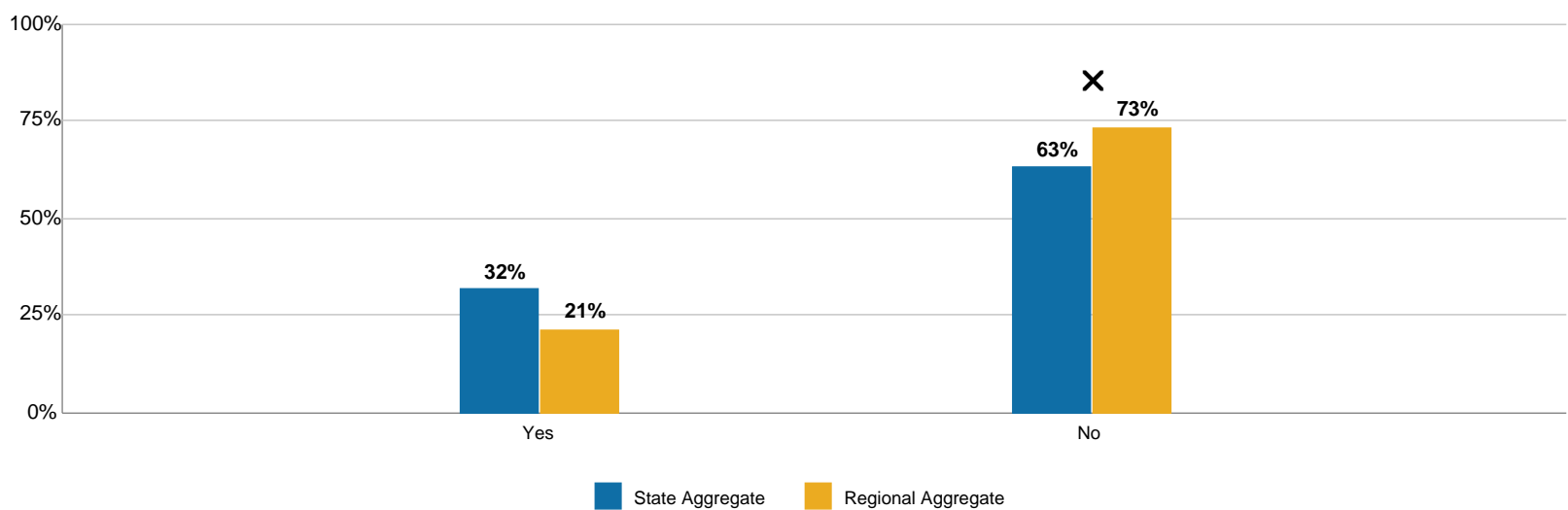
✓ - your school reported best practice   ✗ - your school reported no to best practice

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

	State	Region	School
Table 9.1: Collaboration with Organizations for Health Activities and Programs			
Item	Secondary Schools Reporting Best Practice	Secondary Schools Reporting Best Practice	Did You Report Best Practice?
Parks and recreation department	68%	58%	✓
Mental health center	64%	60%	✓
Social services agency	57%	52%	✓
Local health department	54%	38%	✓
Health clinic	53%	40%	✓
Businesses	51%	38%	✓
Service club (e.g., Rotary Club)	49%	42%	✗
Nonprofit (e.g., YMCA)	49%	42%	✗
College or university	47%	31%	✗
Local family/youth leadership councils	41%	38%	✗
Hospital	37%	31%	✗
Doctor's office	36%	31%	✗
Faith-based group	35%	23%	✗

Figure 9.1: Community Facility Access

Indoor Facilities

Outdoor Facilities

- State Aggregate
- Regional Aggregate

✓ - your school reported best practice   ✗ - your school reported no to best practice
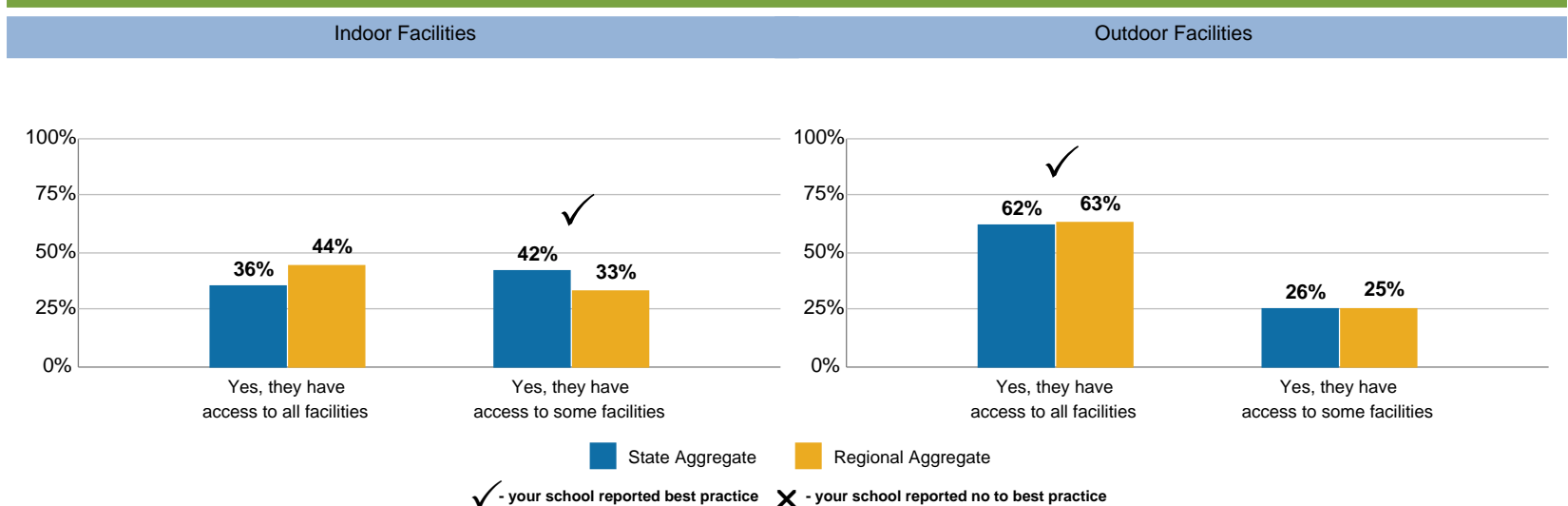
Figure 9.2: Family Engagement Strategies

Bar chart showing State Aggregate and Regional Aggregate percentages:

- Provide families with information on school health policies, strategies, and services: 69% (State), 69% (Regional) ✓
- Meet with a parent organization to discuss school health needs and strategies: 44% (State), 40% (Regional) ✗
- Gather feedback and input from families on school health and wellness activities: 39% (State), 38% (Regional) ✗
- Host school health activities for families (e.g., cooking classes, yoga or Zumba classes): 37% (State), 27% (Regional) ✗

Legend: ■ State Aggregate ■ Regional Aggregate

Table 9.2: Student Engagement in School Health Components

Item	State	Region	School	State	Region	School
	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	70%	60%	✓	17%	–	–
Physical education	52%	46%	✓	6%	–	–
Counseling, psychological, and social services	47%	46%	✗	4%	–	✗
Food served in school	46%	40%	✗	–	–	✗
The school's physical environment	43%	42%	✗	4%	–	✗
Student health services	33%	21%	✗	2%	–	✗
Health education (including sexual health education)	32%	23%	✗	–	–	✗

✓ - your school reported best practice   ✗ - your school reported no to best practice

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

Figure 10.1: Practices to Promote Staff Wellness
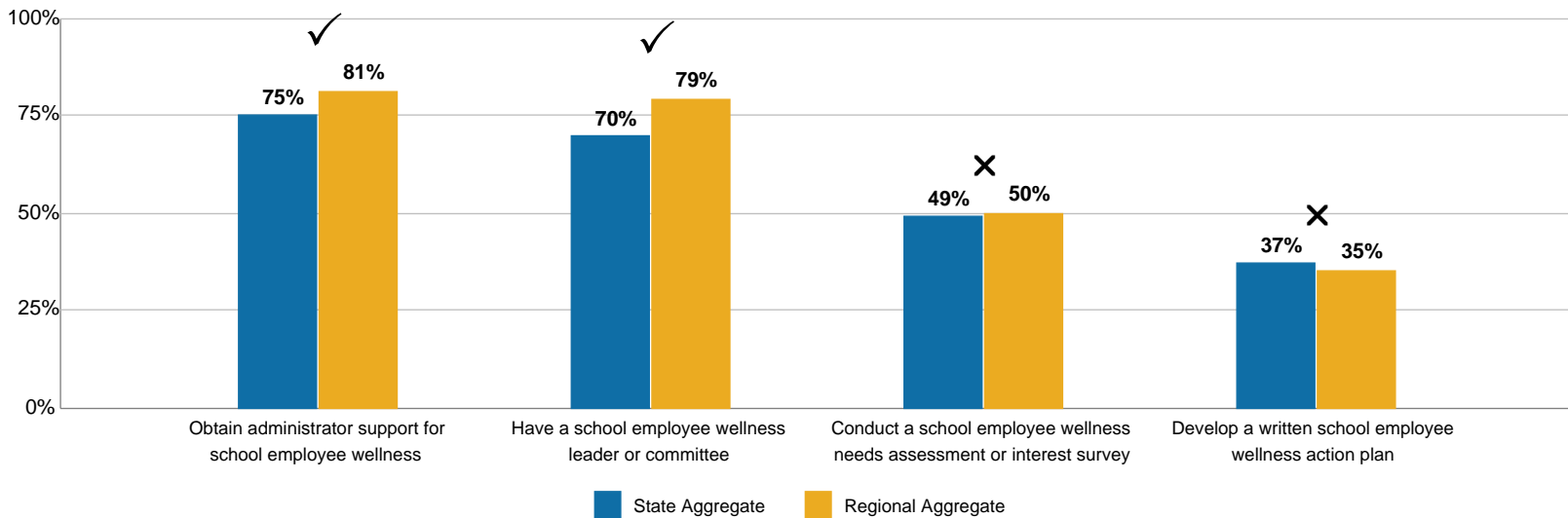
Table 10.1: Staff Wellness Activities

	State	Region	School
Item	Secondary Schools Reporting Best Practice	Secondary Schools Reporting Best Practice	Did You Report Best Practice?
First Aid/CPR training	89%	81%	✓
Annual flu shots at the school or district office	75%	54%	✓
Health screenings	69%	50%	✓
Physical activity	66%	81%	✓
Stress management activities	64%	71%	✓
Crisis intervention	59%	58%	✓
Counseling for emotional disorders	59%	56%	✓
Conflict resolution education	53%	54%	✓
Healthy food-related activities	38%	31%	✗
Tobacco cessation efforts	38%	31%	✗

✓ - your school reported best practice   ✗ - your school reported no to best practice