



**Using School and Student Health and  
Wellness Data to Identify Needs and  
Determine Priorities**

# SESSION OBJECTIVES

By the end of this session, you will be able to:

- Explain the differences between data collected at the student level (Healthy Kids Colorado Survey) and data collected at the school level (Smart Source).
- Utilize both student-level and school-level data together to assess and improve health and wellness in schools.



# Agenda

- Overview of the Healthy Kids Colorado Survey
- Overview of Smart Source
- Putting Multiple Data Sources into Action
- School & District Q&A





# HEALTHY KIDS COLORADO SURVEY



# What is the Healthy Kids Colorado Survey?

- The largest adolescent health survey in the state and nation
- Part of the Youth Risk Behavior Survey – with added questions to meet state needs
- Collects data on physical activity, nutrition, bullying, mental health, alcohol and drug use and other school and community factors



# Topic Areas

## Protective Factors

- Trusted Adults
- School/Community Involvement
- Access to health care

## Risky Behaviors

- Alcohol, marijuana, tobacco, substance abuse
- Driving while texting/under the influence

## Mental Health

- Depression
- Suicide
- Bullying

## Health Behaviors

- Nutrition and Physical Activity
- Sexual Health



# Survey Partners



**Advisory Committee:** multi-disciplinary group that includes 40+ school/district staff, local public health, and community partners.



# Administration

- Administered to randomly selected schools every odd year in grades 6-12.
- Paper/pencil survey is voluntary and anonymous.
- Parent permission is required according to individual district guidelines.





# Who is Surveyed?

- Across Colorado, middle and high schools are randomly selected to participate. Within those schools, classrooms are randomly selected within schools.
- Other schools can opt-in for free!!!!
- Data is weighted to represent all students in grades surveyed.
- In 2015, approximately 259 schools and 40,000+ students participated overall.



# Demographics of the high school survey sample, HKCS 2013

	Frequency	Percent
<b>Gender</b>		
Female	12,585	50.5%
Male	12,356	49.5%
<b>Sexual identity</b>		
Heterosexual	19,768	78.4%
GLB	1,310	5.2%
Not sure	847	3.4%
Missing	3272	13.0%
<b>Race/ethnicity</b>		
American Indian/Alaska Native	372	1.5%
Asian	791	3.2%
African-American	851	3.4%
Native Hawaiian/Pacific Islander	140	0.6%
White	13,735	55.3%
Hispanic	5,967	24.0%
Multiple	3,001	12.1%

# Results

- District and school reports will be available before the end of this school year.
  - Allow comparisons to state estimates and to previous years, if administered
  - Schools and districts each will receive a Results Toolkit which includes:
    - Snapshot & Frequency Reports
    - Best Practices
    - PowerPoint
- Statewide and regional reports will be available this summer.



# Next Steps

- Support with putting the data into action
- Next survey administration will be fall 2017
- With marijuana funding, any school is able to participate
- Continue to sample by state and region for representative data



COLORADO HEALTHY SCHOOLS

# SMART SOURCE



# DOMAINS ON TOOL

**Nutrition**

**Health Education**

**Physical Activity  
& Education**

**Counseling,  
Psychological, &  
Social Services**

**Family,  
Community, &  
Student  
Involvement**

**Health  
Promotion for  
Staff**

**Health Services**

**Healthy & Safe  
School  
Environment**

**General Health  
& Wellness**

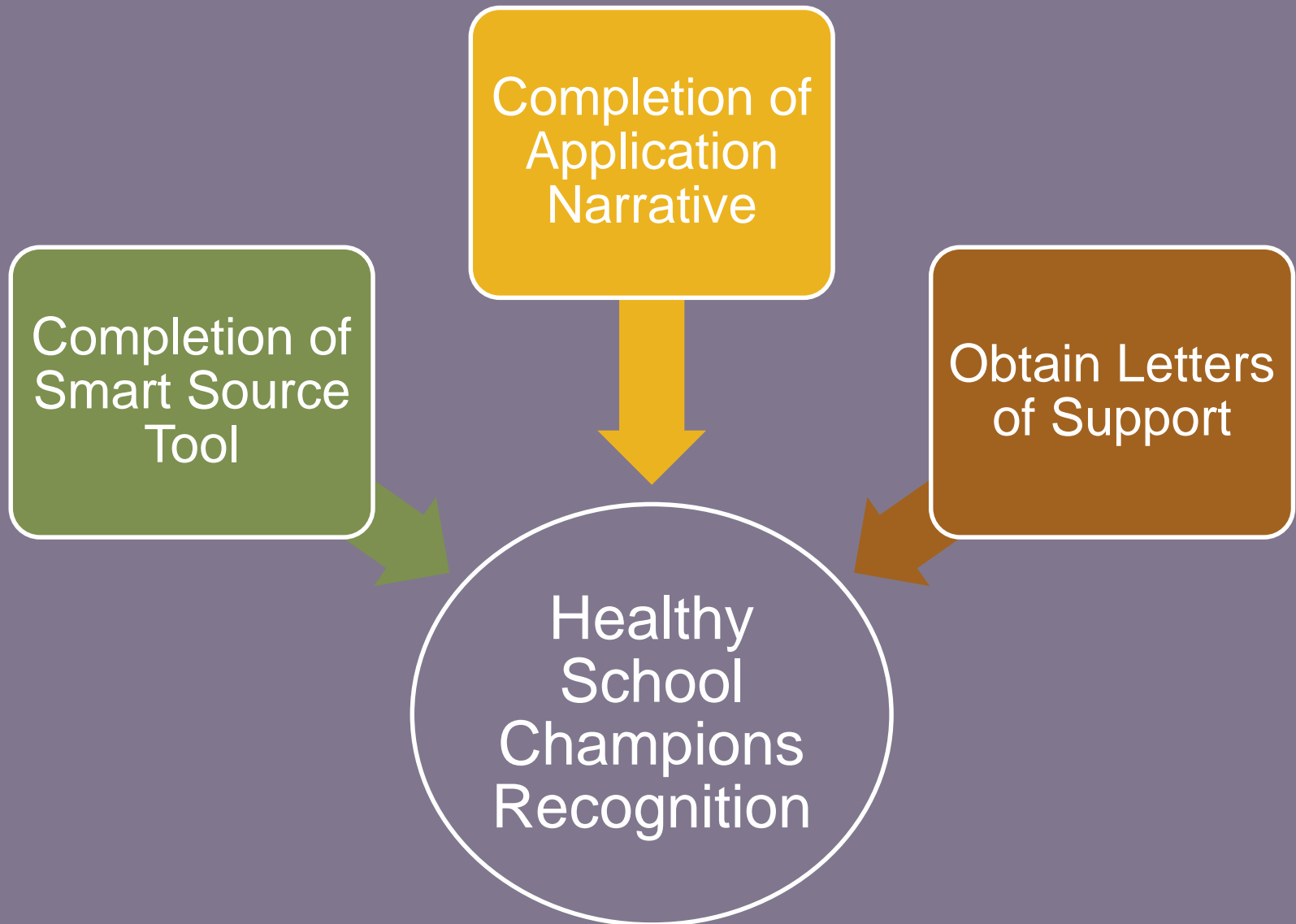
# PURPOSE

**1) Improve school policy and practice data collected.**

**2) Streamline systems and efforts to reduce the burden on schools.**

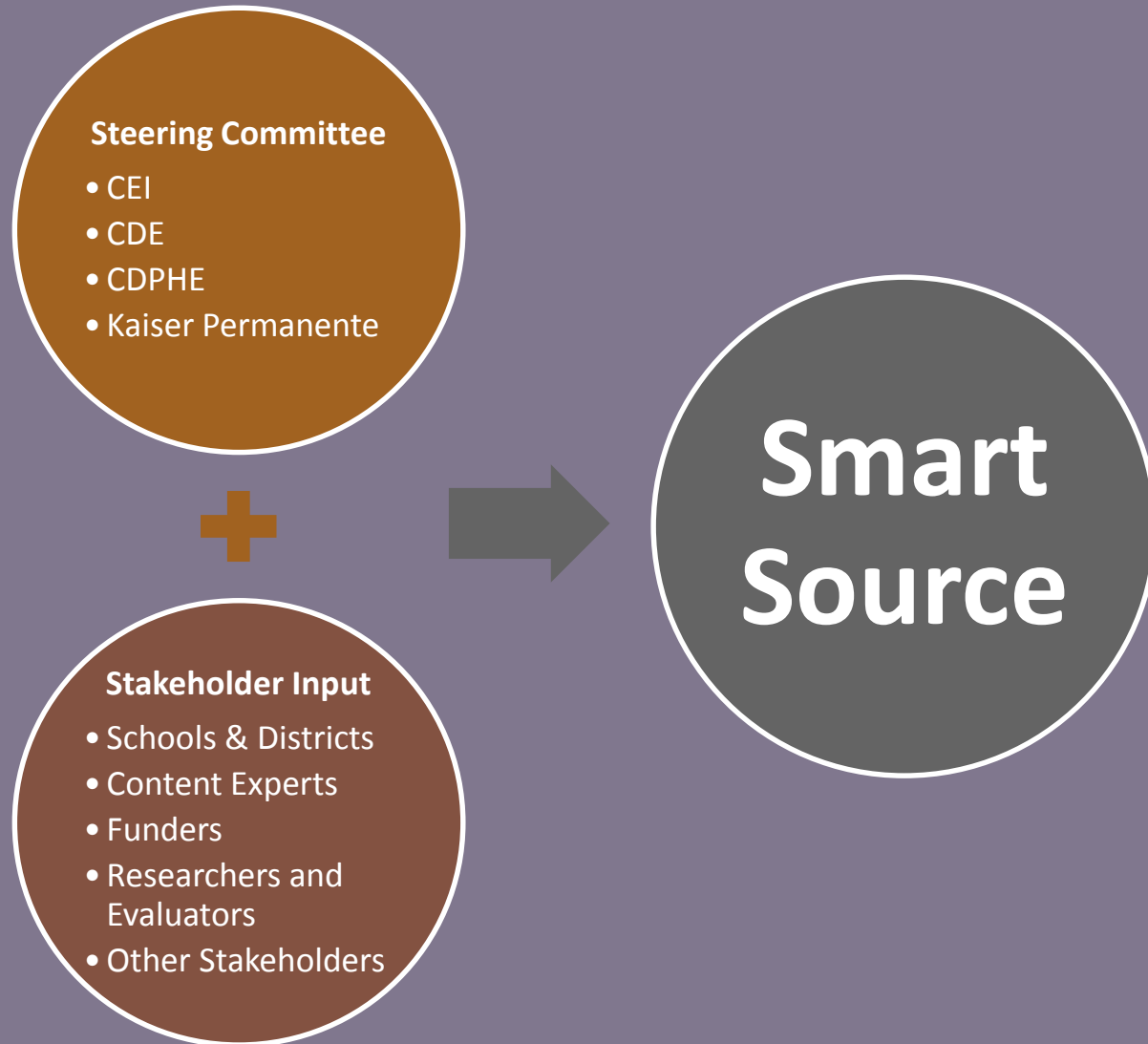
**3) Increase the number of schools assessing policy and practice.**

# AWARDS & RECOGNITION





# PARTNERSHIPS

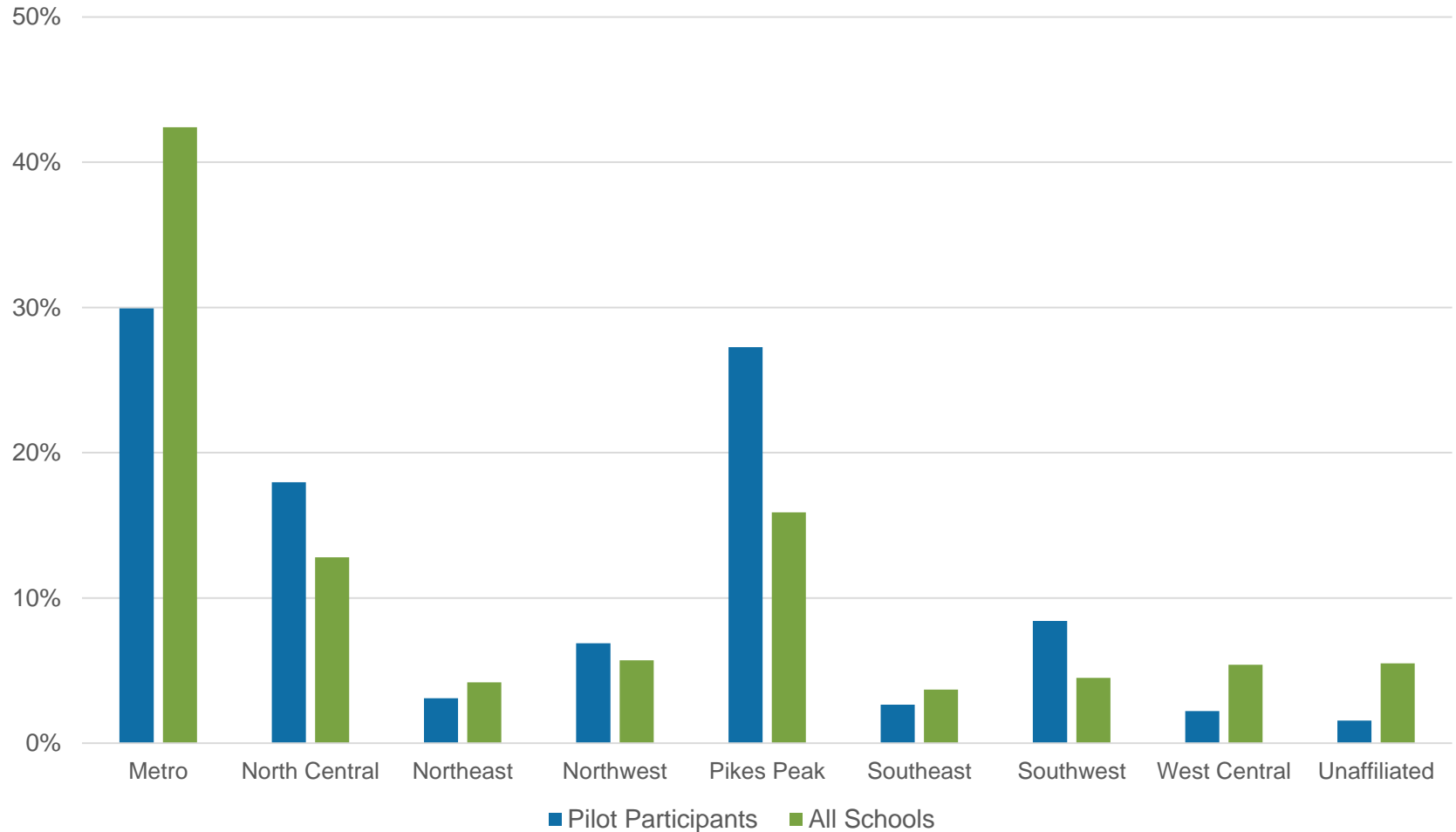


# PILOT PARTICIPATION

	Colorado	Pilot	Percentage
<b>Total</b>	<b>1793</b>	<b>451</b>	<b>25.15%</b>
Combined	237	50	21.10%
Elementary	884	226	25.57%
Secondary	672	175	26.04%

# PILOT PARTICIPANTS

Participation by Region



# USING HEALTH DATA



# HOW TO USE HEALTH DATA

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Identify Needs

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Make The Case for Resources

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Make The Case for Policy Change

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Communicate about School Health Programs and  
Garner Support

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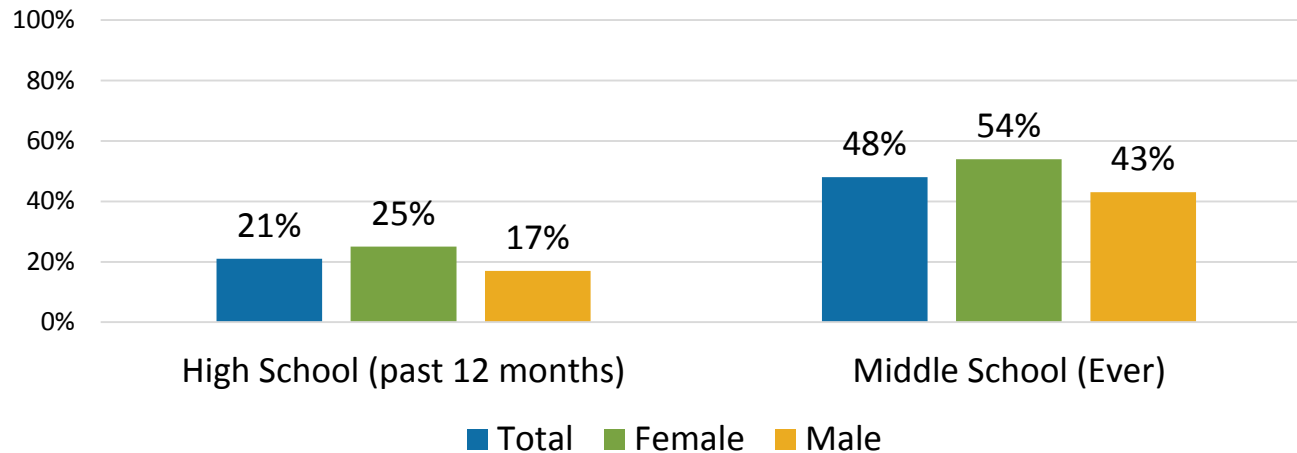
Evaluate Effectiveness of Policies and Practices



# BULLYING DATA

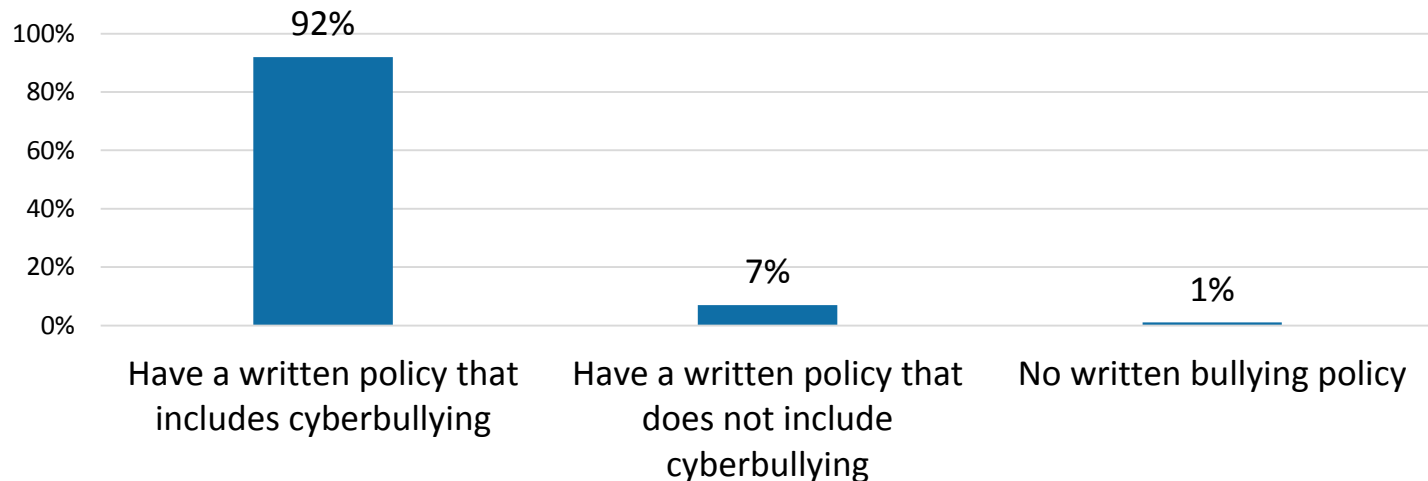
HKCS

**Students Reporting - Bullied on School Property**



Smart  
Source

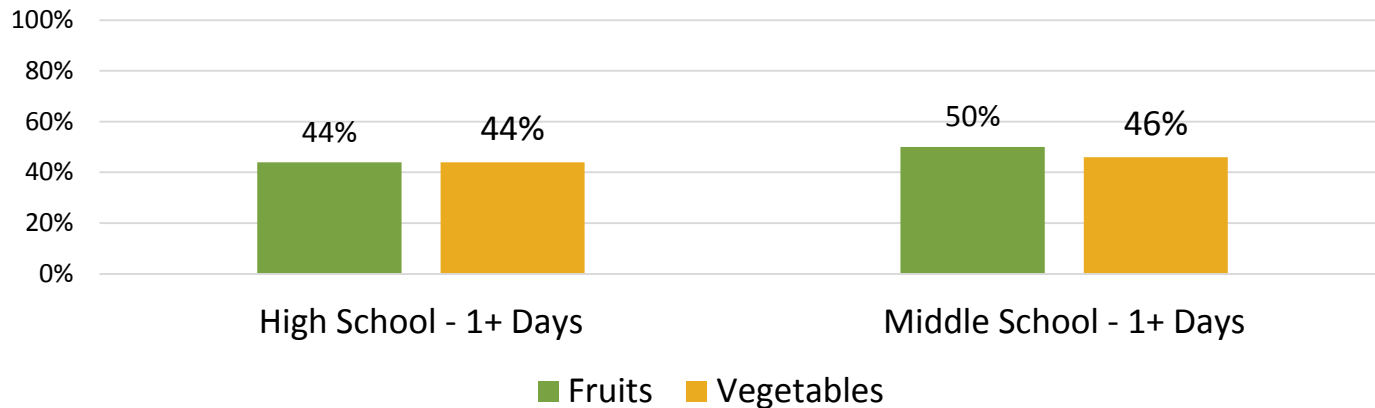
**Bullying Policy - Secondary Schools**



# NUTRITION DATA

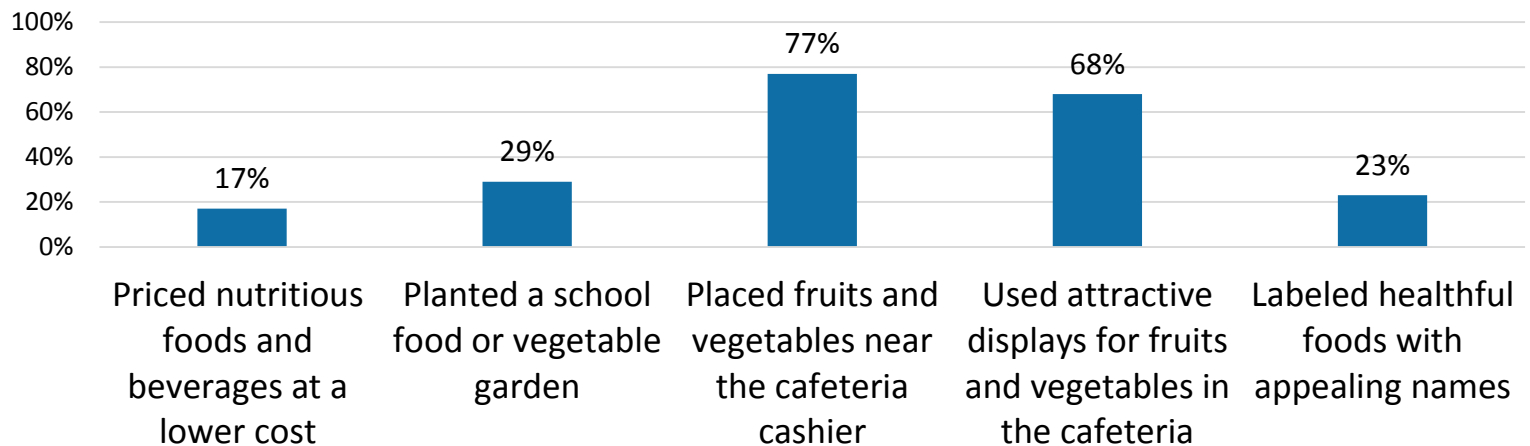
HKCS

**Students Reporting Fruit and Vegetable Consumption - Past 7 Days**



Smart  
Source

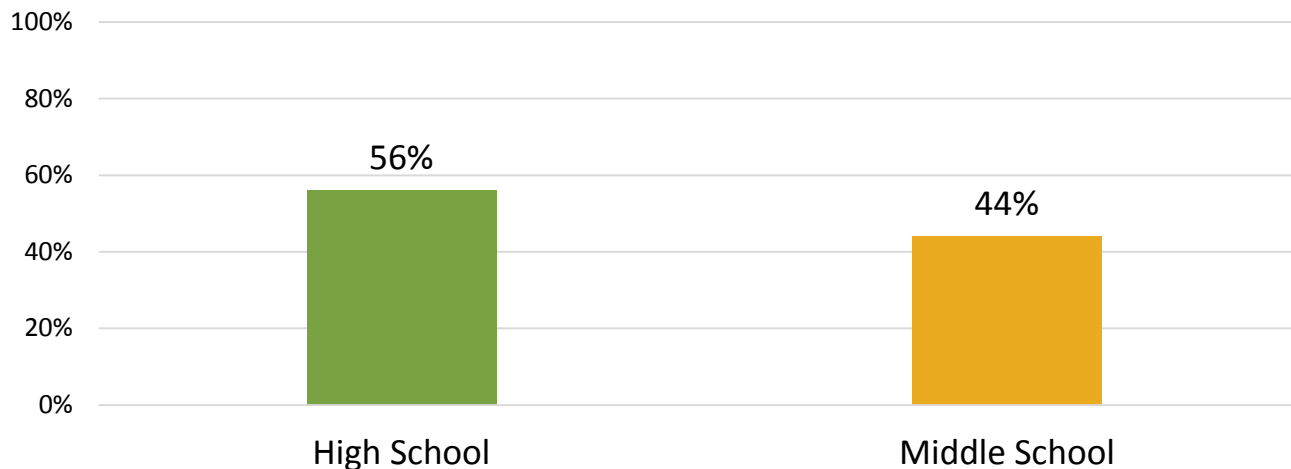
**Healthy Eating Practices- Secondary Schools**



# PHYSICAL EDUCATION/ACTIVITY DATA

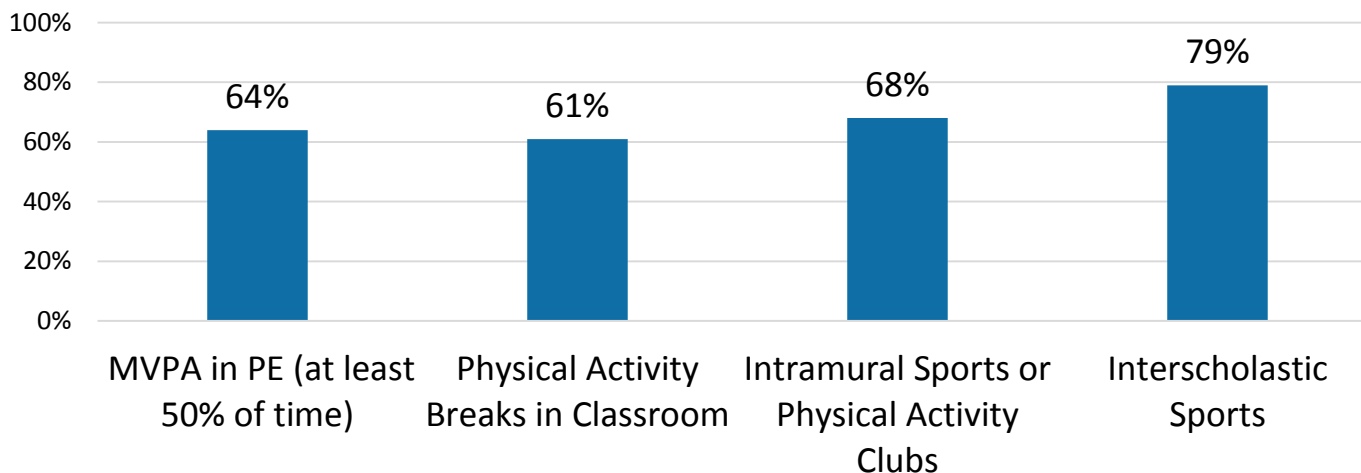
HKCS

**Student Reporting - No PE in Average Week**



Smart  
Source

**Practices for Increasing Physical Activity – Secondary Schools**

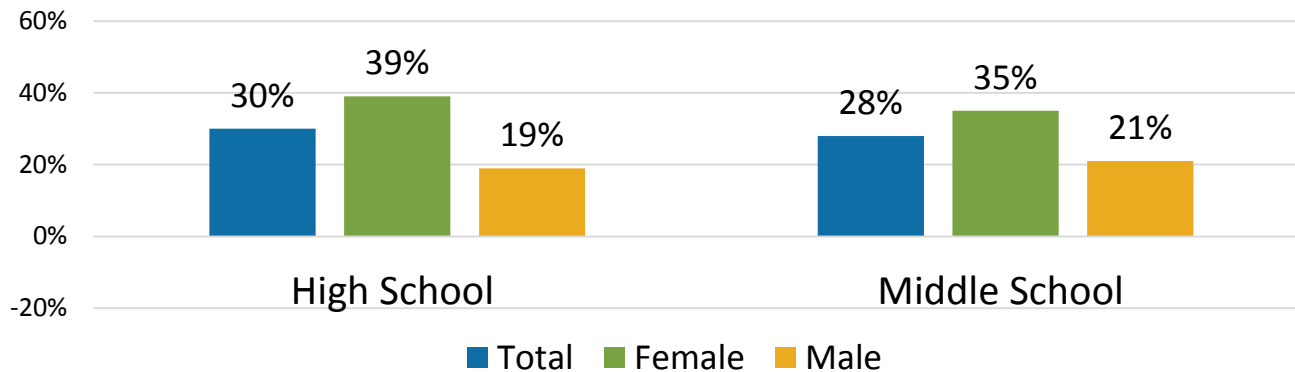




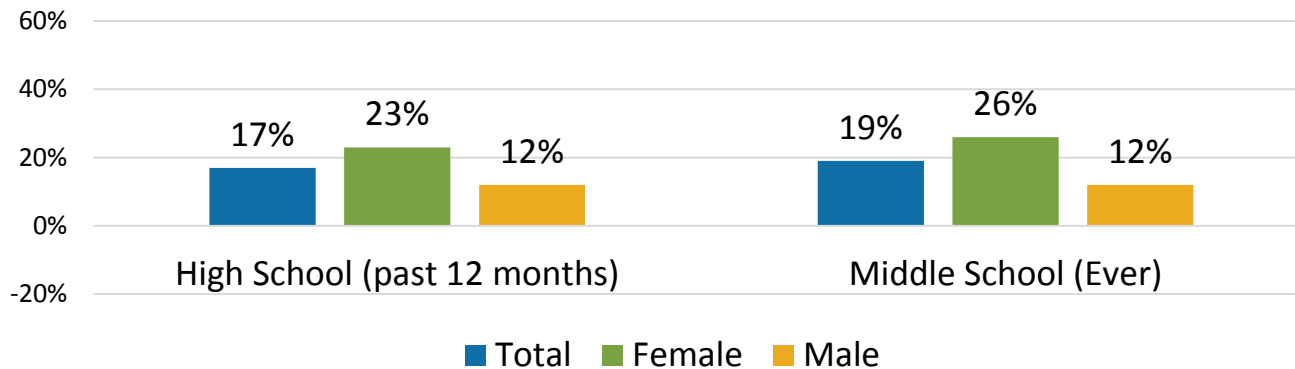
# MENTAL HEALTH DATA

HKCS

**Students Reporting - Sad or Hopeless for 2+ Weeks - Past 12 Months**



**Students Reporting - Seriously Considered Suicide**



Smart Source

24% of secondary schools conduct a universal screening.

# School & District Q&A

## **Jill Collins - Adams 12 School District**

Wellness Coordinator and Registered Dietician

## **Gaye Davis - La Veta School District**

Grants, Projects, and Transportation Director

## **Karina Delaney - Adams 12 School District**

Whole Child Initiatives Coordinator

## **Kristi Elliot - Fremont RE-1, RE-2, and RE-3 School Districts (Canon City, Florence & Penrose, and Cotopaxi)**

Regional Wellness Coordinator





# THANK YOU

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