

Springfield School District RE-4 COMPREHENSIVE HEALTH & WELLNESS PLAN



2019-2024

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BACKGROUND

PLANNING GRANT FROM THE COLORADO HEALTH FOUNDATION

In 2016, our district partnered with the Center for Rural School Health & Education (CRSHE) to access funding from The Colorado Health Foundation (TCHF) to create a Comprehensive Health and Wellness Plan. We received funding from TCHF and our district started the AIM-XL process in the fall of 2018.

SUPPORT FROM CENTER FOR RURAL SCHOOL HEALTH & EDUCATION

The Center for Rural School Health & Education (CRSHE) at the Morgridge College of Education, University of Denver, provided several levels of support on this effort, including:

- Grant writing and financial administrative assistance
- Facilitation through the AIM-XL process
- The Comprehensive Health and Wellness Plan template
- Wellness Coordinator trainings
- Technical assistance throughout the planning process

AIM-XL (Assess. Identify. Make it Happen.)

AIM-XL is a strategic planning process developed by the Center for Rural School Health & Education at the Morgridge College of Education, University of Denver. Through AIM-XL, we appointed a wellness coordinator and convened a district Taskforce of key stakeholders from the school district and community. Through the process, we assessed student health in the district, identified student health problems and evidence-based practices to include in our plan, and created a comprehensive health and wellness plan. Our task force met for three meetings facilitated by CRSHE, and worked outside these meetings to solicit and incorporate student and community perspectives.

The AIM-XL process resulted in the following data-driven, community-informed comprehensive health and wellness plan. The taskforce and wellness coordinator created this plan with technical support from CRSHE.

A VISION FOR HEALTH IN OUR DISTRICT

OUR VISION STATEMENT

Every Springfield RE-4 student will be supported and guided by caring adults so they will thrive educationally. This empowers the students to become productive, community-minded adults capable of achieving their future goals, overcoming personal adversity, and making healthy choices as they strive to become the best version of themselves.

THE WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD MODEL



The Whole School, Whole Community, Whole Child (WSCC) Model, developed by ASCD and the CDC, promotes a coordinated approach to student health and academic achievement. We can achieve the goal of students who are healthy, safe, engaged, supported and challenged through attention to 10 component areas: health education; physical education & physical activity; nutrition environment & services; health services; counseling, psychological, & social services; social & emotional climate; physical environment; employee wellness; family engagement; community involvement.

Why WSCC? Attending to children’s social, mental, and physical health can lead to positive academic outcomes. In turn, children who succeed academically are more likely to engage in healthy behaviors and experience positive health outcomes as adults.

WHO WAS INVOLVED



[Andrea Johnson], Wellness Coordinator



[Cheryl Webb], AIM-XL Facilitator





AIM-XL Taskforce

Kyle Lasley, Principal/Parent	Tim Anderson, Pastor/Parent
Tyler Gibson, School Board Member/Social Services	Elissa Forgey, Public Health/WIC Administrator
Robyne Westphal, Teacher/Parent	Leslie Stewart, Teacher/Parent
Christa Ricker, Teacher/Parent	Brooke Hartley, School Secretary
Chelsea Gourley, Mental Health Advocate	Chris Griffin, Undersheriff/Parent
Richard Hargrove, Superintendent	Cheryl Webb, Wellness Coordinator
Dr. Andrea Wismann, Medical Provider/Parent	

WHAT WE LEARNED

SURVEY DATA ON STUDENT HEALTH



We conducted a baseline assessment of student health using **Healthy Kids Colorado Survey (HKCS)**. HKCS was administered by the Colorado School of Public Health to all middle and high school students in Fall 2017. Students completed the survey voluntarily. After reviewing this data, the taskforce had the following takeaways:

Positives

- Kids are active, involved in extracurricular activities, and the obesity rate is low.
- Protective factors are good. (Parents, teachers, and other adults are involved)
- Regular wellness check-ups.
- Cigarette use is low.

Concerns

- Screen time and sleep.
- Alcohol use, drugs, chewing tobacco, and vaping.
- Mental Health, bullying, and self harm.
- Lack of food

SURVEY DATA ON HEALTH PROMOTING PRACTICES



We used **Smart Source** to learn the extent to which evidence-based practices aligned to the WSCC model were in place in our schools. The survey was completed in Fall 2017 by a group of district staff members that included elementary and secondary school principals, the P.E. teacher, food service director, school nurse, and two classroom teachers. After reviewing this data, the taskforce had the following takeaways:

Smart Source Strengths

- School provides breakfast and lunch
- Water consumption instead of sugar drinks for most
- Absence of junk food
- Physical Education
- Hearing and vision screening
- Health is taught – not by health teacher
- Healthy and safe school environment
- Parent and Student Emergency Reunification plan in place
- Access of school to community
- School collaborates with community resources
- Student input is valued

Smart Source Areas for Improvement

- Coordination of health effort
- Survey of school climate
- Mental health
- Mindfulness (the psychological process of focusing on the present moment)
- LGBTQ students
- Safety – crosswalks, streets, wearing helmets, seatbelts
- Parent/guardian health program and activities
- Staff Well-being



STUDENT AND COMMUNITY INPUT

We asked students and community members for input about student health using the following methods:

- Taskforce-generated school health surveys

School Health Survey

We administered a school health survey to all students K-12, all district staff members, parents and guardians, community partners, and school board members. Surveys were completed by students during homeroom. Surveys were emailed to all other groups. Community members had access to surveys during the RL Ballard basketball tournament, and through Survey Monkey. We collected 254 student surveys K-12, 27 of 29 teacher surveys, and 136 community surveys.

Key Takeaways from Student and Community Input

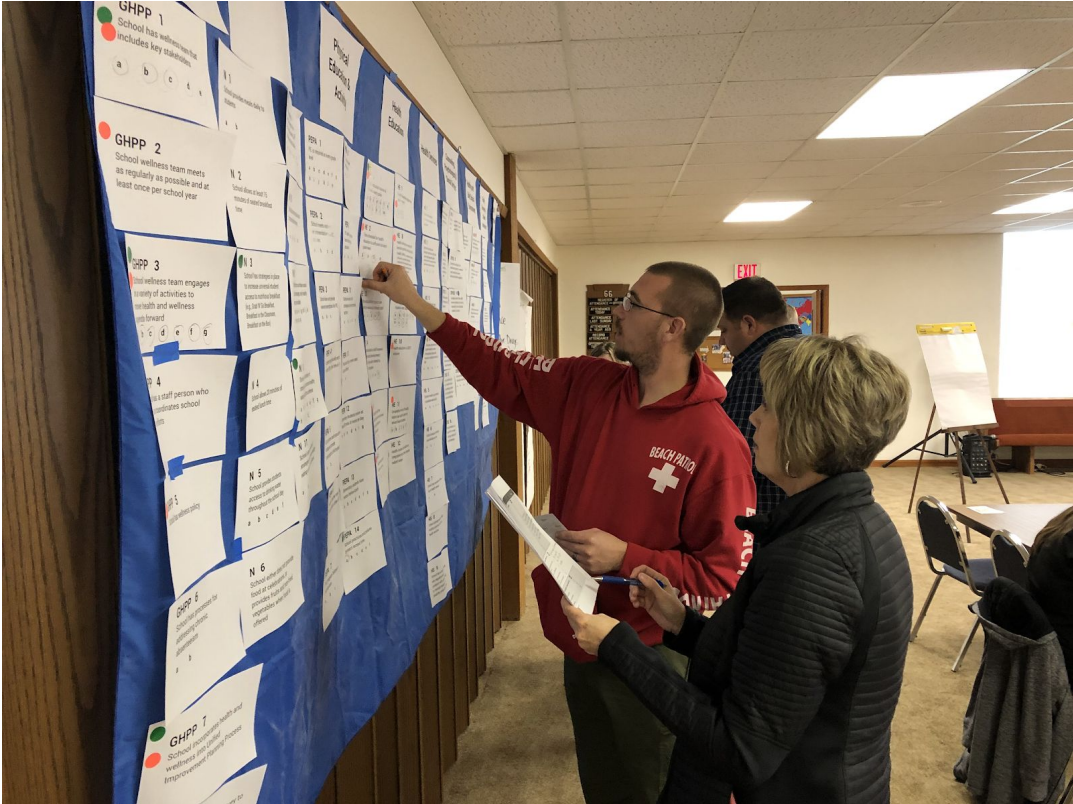
Input about Student Health Problems

- Mental Health
- Bullying/Violence
- Alcohol, Tobacco, and Other Drugs
- Health (Sexual, Screen Time, and Safety)

Input about Health-Promoting Practices (already in place at Springfield Schools)

- School Nurse
- School Counselor
- Breakfast and Lunch Program
- F.O.R Club (Friends of Rachel, student led club focused on inclusion)
- Promote Activity (PE, Recess, athletics)

WHAT WE WILL DO



STUDENT HEALTH PROBLEMS WE WILL FOCUS ON

After reviewing data about our school and students, and soliciting community input, we selected the following student health problems to focus on.

Mental Health

- Healthy Kids Colorado Survey data showed 18.7% of JH students and 32.8% of HS students reported feeling sad more than 2 weeks in a row.
- Healthy Kids Colorado Survey data showed 13.6% of JH students and 20.6% of HS students have seriously considered suicide.

Bullying/Violence

- Healthy Kids Colorado Survey data showed 52.1% of JH students and 23.4% of HS Students reported being bullied on school property.
- Healthy Kids Colorado Survey data showed 26.4% of JH students and 21.7% of HS students reported being bullied electronically.

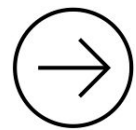
- Local survey results showed the weapons reported seen at school were pocket knives which are permitted if blade is less than 3 inches.
- Healthy Kids Colorado Survey data showed 15.3% of high school students purposely hurt themselves.

Alcohol, Tobacco and Other Drugs

- Healthy Kids Colorado Survey data showed 27.8% of JH students and 32.9% of HS students had 1+ drinks in the past 30 days.
- Healthy Kids Colorado Survey data showed 50.2% of HS students had used an electronic vapor product.
- Healthy Kids Colorado Survey data showed 11.5% of JH students and 34.1% of HS students had tried Marijuana.

Health (Sexual, screen time, and safety)

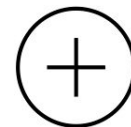
- Healthy Kids Colorado Survey data showed 41.7% of HS students report being sexually active.
- Healthy Kids Colorado Survey data showed 52.9% of JH students and 60.2% of HS students reported 3+ hours/day of total screen time on an average school day.
- Healthy Kids Colorado Survey data showed 26.4% of HS students have never/rarely worn a seatbelt while riding in a car driven by someone else.
- Healthy Kids Colorado Survey data showed 24.1% of HS Students have ridden in a car driven by someone who had been drinking alcohol.
- Healthy Kids Colorado Survey data showed 51.9% of HS students that are drivers have texted or emailed while driving in the past 30 days.



CURRENT PRACTICES WE WILL KEEP IN PLACE

Our school has many evidence-based practices already in place that coordinate with the WSCC Model. We will continue to support these practices. We are particularly proud of the following:

- Physical Education program
- We have a school lunch and breakfast program
- We have a school counselor.
- We have a school nurse.
- We have a Friends of Rachel club; student led with a focus on inclusion.
- Extracurricular activity participation rates.
- Promoting free physicals for athletes.



NEW PRACTICES WE WILL IMPLEMENT

The following timeline outlines practices we have chosen to implement, the projected year of implementation, and who will make sure the work gets done (champions). This timeline may also be updated to document the actual dates of implementation.

New practices to implement in 2019-2020			
WSCC Component	Practice(s)	Champion	Date implemented
Health Education	<ul style="list-style-type: none">→ Research comprehensive health curriculum for purchase.→ Plan professional development for teachers on new health curriculum.→ Plan scheduling considerations for health-related courses at JH/HS→ Implement student health fairs for junior high and high school	Wellness Team	Fall 2019
Physical Education and Activity & Family Engagement	<ul style="list-style-type: none">→ New playground equipment and outside basketball goals will be purchased and installed.→ Adult fitness stations installed at new playground.	Wellness Coordinator and Superintendent	Summer 2019
Nutrition	<ul style="list-style-type: none">→ New refrigerator/slicer will be purchased for cafeteria.→ Increase the budget for weekend healthy snack backpack program (K-8) and fresh fruit and veggie daily snack program (K-5).→ Water bottle filling stations (2).	Wellness Coordinator and Superintendent	Fall 2019 Spring 2020
Employee Wellness	<ul style="list-style-type: none">→ Healthy food for staff meetings.→ Staff wellness book clubs.→ Staff Fitbits→ Elliptical machine purchase→ NuStep machine purchase→ Online nutrition and weight loss management	Wellness Coordinator and Superintendent	Spring 2020
All Components	<ul style="list-style-type: none">→ Professional development	Wellness Team	Fall 2019 Spring 2020

New practices to implement in 2020-2021

WSSC Component	Practice(s)	Champion	Date implemented
Health Education	<ul style="list-style-type: none"> → Implement comprehensive health education curriculum (K-12) → Continue with health fairs 	Wellness team and Teachers	Fall 2020
All Components	<ul style="list-style-type: none"> → Progress monitoring → Grant writing 	Wellness Coordinator & Team	Fall 2020 Spring 2021

New practices to implement in 2021-2022

WSSC Component	Practice(s)	Champion	Date implemented
All Components	<ul style="list-style-type: none"> → Progress monitor → Grant writing 	Wellness Coordinator & Team	Fall 2021 Spring 2022

New practices to implement in 2022-2023

WSSC Component	Practice(s)	Champion	Date implemented
All Components	<ul style="list-style-type: none"> → Progress monitor → Grant writing 	Wellness Coordinator & Team	Fall 2022 Spring 2023

New practices to implement in 2023-2024

WSSC Component	Practice(s)	Champion	Date implemented
All Components	<ul style="list-style-type: none"> → Progress monitor → Grant writing 	Wellness Coordinator & Team	Fall 2023 Spring 2024

HOW WE WILL DO IT



CHAMPIONS



Our team will stay organized by designating champions for each change. The champion's role is to make sure things continue to move forward to ensure a given change is implemented in schools, which can include convening support teams to assist with action planning and implementation, overseeing the completion of implementation benchmarks, and providing updates to stakeholders.

PARTNERS



This plan will be implemented with the help of the following partnerships:

- Southeast Colorado Hospital
- Southeast Health Group
- Southeast Public Health Agency
- Baca County Sheriff
- S.U.P.P.O.R.T. (Springfield United Parents Plus Others Rally Together, Springfield Elementary's Parent-Teacher Organization)

FUNDERS



This plan will be implemented with the help of the following funding sources:

- Comprehensive Health Education Grant -- Implementation of comprehensive health education and standards.
- School Health Professionals Grant -- School nurses, psychologists, social workers, counselors.
- Colorado School Climate Grant -- Support the development of an integrated multi-tiered behavioral framework at the state, district, and school level through models of successful implementation
- Student Wellness Program -- Physical activity, healthy eating, and social emotional work using a WSCC approach.
- School Bullying Prevention and Education Grant Program -- Funding to reduce the frequency of bullying incidents.
- Small, Rural School Achievement Grant Program -- Title IV -- parts A and B.

- Implementation pass-through grant with CRSHE -- General health policies and practices, nutrition, physical activities, health education, staff wellness. This grant is open to participating AIM-XL Districts, including Springfield Schools Re-4.
- Responsive Grants Program -- The Colorado Health Foundation accepts proposals that respond to an urgent community need; addresses emerging opportunities; tests innovative approaches or breakthrough ideas; or implements proven programs.



IMPLEMENTERS

To implement our Comprehensive Health and Wellness Plan:

- AIM-XL Task Force Subcommittee identified that they need funding, resources, training, teacher buy-in, and time. Each of these needs is addressed in our 2019-2024 planning.



OTHER ASSETS

Other assets that we will draw on to implement this plan include the following:

- Dedicated teaching staff
- Community support
- Recruit from the retired educator pool



IMPLEMENTATION GUIDANCE

This guidance has examples of tasks for implementing practices in schools. We will review these tasks to help us think through what we need to do to bring sustainable, meaningful changes to our district.

GET READY

→ Organize Your Team

- ◆ Designate a champion
- ◆ Recruit a support team
- ◆ Establish partnerships

→ Build Support

- ◆ Describe the practice in writing
- ◆ Research the benefits of the practice
- ◆ Find or create materials to inform key stakeholders
- ◆ Communicate the practice to students, staff, parents, etc.
- ◆ Get input on how to implement the practice from students, staff, parents, etc.

→ Set Groundwork

- ◆ Confirm approval from district leadership
- ◆ Research resources, curricula, or other materials
- ◆ Assess existing structures (spaces, schedules, etc.) in the school and plan to incorporate the practice into these structures
- ◆ Create a plan to address equity
- ◆ Create a staffing plan
- ◆ Estimate a budget and research potential funding sources
- ◆ Pursue external funding

GET SET

→ Organize Logistics

- ◆ Use stakeholder input to finalize implementation plan
- ◆ Finalize staffing plan
- ◆ Select and purchase materials or equipment
- ◆ Modify structures in the school environment (spaces, schedules, etc.) to accommodate the practice

→ Pilot the Practice

- ◆ Recruit and train a pilot group of implementers
- ◆ Pilot the practice on a small scale
- ◆ Evaluate implementation by pilot group and revise strategy accordingly

GO

→ Spread the Word

- ◆ Communicate what the practice is and why it is important to students, parents, staff, and other stakeholders
- ◆ Update school and district materials (e.g., handbooks, job descriptions)
- ◆ Advertise the new practice through the district website, social media, staff meetings, and/or newsletters

→ Launch the Practice

- ◆ Provide initial training for staff
- ◆ Put accountability measures in place
- ◆ Begin implementation

→ Gather Feedback

- ◆ Gather feedback about implementation
- ◆ Revise strategy based on feedback

→ Celebrate

- ◆ Celebrate the implementation (e.g., school-wide kickoff event, contest, assembly)
- ◆ Thank the people who made it happen

KEEP IT GOING

→ Make It Policy

- ◆ Add the practice to wellness policies

→ Provide Ongoing Support

- ◆ Provide ongoing training for staff
- ◆ Replenish or update supplies and materials
- ◆ Celebrate accomplishments

→ Evaluate Effectiveness

- ◆ Track the implementation of the practice annually
- ◆ Track outcomes for students over time
- ◆ Gather ongoing feedback from students, parents, and staff
- ◆ Revise and update practice based on feedback and evaluation



SHARING OUR PLAN

Our team will share our Comprehensive Health and Wellness Plan with school personnel, students, parents, and other community stakeholders.

- The plan will be posted on the school website.
- Printed copies of the plan will be available in the front office of each school.
- Copies of the plan will be presented to the public at the back to school picnic August 2019.
- Copies of the plan will also be available with our community partners including: Southeast Colorado Hospital and Medical Clinic, Southeast Public Health, Southeast Health Group, Baca County Sheriff's Office



EVALUATION & ACCOUNTABILITY

Continued Data Collection

We will continue to collect health-related data for our school district using surveys to be administered every two years. A team of school personnel consisting of the wellness coordinator, superintendent, PE teacher, and school nurse will direct the efforts for collecting these data.

Reconvening Key Stakeholders to Update the Plan

Our wellness team will convene annually to review and update this plan. This will take place starting spring 2020 and continue through spring 2024. During meetings we will look at results from survey data to stay informed of changes to student health behaviors and monitor implementation of health promoting practices. Champions will provide further information to the wellness team about progress related to specific practices. The superintendent will provide an update to the school community after each meeting.



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This plan was developed with a template from the **Center for Rural School Health & Education** at the Morgridge College of Education, University of Denver.

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