Roadmap to Healthy Schools

The Colorado Model

- Health Education
- Physical Education
- Family/Community Involvement
- Health Services
- Health Promotion for Staff
- Nutrition Services
- Healthy School Environment
- Counseling, Psychological, & Social Services

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Acknowledgements

The *Roadmap to Healthy Schools* is a stellar example of what can happen when a true collaboration exists among agencies. The Rocky Mountain Center for Health Promotion and Education, the Colorado Department of Education, the Colorado Department of Public Health and Environment, and the Center for Research Strategies combined their collective wisdom to create the *Roadmap* to meet an identified need in Colorado - a concise, step-by-step guide to implementing and tracking a successful coordinated school health program at the building level.

We have drawn heavily on the experience of Colorado schools that are implementing Coordinated School Health programs under conditions that range from excellent to challenging. We took time to learn from other states and reflect on their barriers and successes. In the end, we believe that the *Roadmap* will enable more schools to implement successful school health programs and, ultimately, have a positive impact on student health in Colorado.

A special acknowledgement goes to Donna Duffy of the Rocky Mountain Center for Health Promotion and Education for her perseverance in synthesizing our ideas and putting them in writing.

We encourage you to download the Roadmap at www.rmc.org and go boldly into Coordinated School Health!

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Roadmap to Healthy Schools

The Colorado Model

An Overview

Over the past few years, Colorado has emerged as a leader in implementing Coordinated School Health programs. Across the state there are over 100 building-level teams that are implementing School Health Improvement Plans based on the Centers for Disease Control and Prevention's School Health Index.

Given this growing level of interest in Coordinated School Health in Colorado, a multi-agency team developed the Roadmap to Healthy Schools. The team includes staff from the Rocky Mountain Center for Health Promotion and Education, Colorado Department of Education, the Colorado Department of Public Health and Environment, and the Center for Research Strategies. Our goal was to create a step-by-step guide for schools that is user-friendly, based on best practices, and grounded in our collective experience in Colorado. The Roadmap includes resource links as well as tools for planning, documenting team processes, evaluating progress and describing successes. The School Health Index is used as the foundation for developing a School Health Improvement Plan.

The Roadmap is built around four distinct phases:

1) Establishing a Coordinated School Health program in your school building;
2) Developing a School Health Improvement Plan;
3) Implementing the School Health Improvement Plan, and
4) Institutionalizing Coordinated School Health.

Each phase includes specific steps in a recommended sequence, and a checklist to determine when the step has been completed. The completion of each step can be viewed as an endpoint unto itself. From that perspective, each step and each phase represent a level of realized success, with step four, institutionalization, representing the highest level of success where teams are able to report outcomes. The Roadmap can be downloaded at http://www.rmc.org/CSH/roadmap.html.

Input from existing Coordinated School Health team members consistently indicates that *time* is their number one barrier. To address this concern, the Rocky Mountain Center developed an independent study graduate course for team members. They can apply to receive two hours of graduate credit for actively participating on the Coordinated School Health team, completing the School Health Index, developing a School Health Improvement Plan (SHIP), and implementing the SHIP during the school year. Team members have assignments related to researching best practices, identifying sustainability issues, and creating success stories. The Roadmap is the foundation of the course syllabus.

Phase One: Establishing a Coordinated School Health Program in Your School Building

Step 1 - Garner administrative buy-in
Step 2 - Identify co-leaders for the Coordinated School Health Team
Step 3 - Co-leaders assemble a team with representatives of all eight Coordinated School Health components
Step 4 - The Coordinated School Health team completes the School Health Index

Bonus (when available):

> A critical mass of team members, including an administrator, attends a Coordinated School Health training

Phase Two: Developing a School Health Improvement Plan

Step 1 - The Coordinated School Health team reviews the School Health Index results and identifies the lowest scoring questions and modules
Step 2 - The team solicits input about the development of the School Health Improvement Plan from other building staff
Step 3 - The team begins writing a School Health Improvement Plan
Step 4 - The team researches best practices in the priority area selected for the School Health Improvement Plan
Step 5 - The team completes the School Health Improvement Plan by writing action steps based on best practices
Step 6 - The team obtains approval from building administration to implement the School Health Improvement Plan
Step 7 - The team meets regularly to conduct Coordinated School Health business
Step 8 - Co-leaders submit documentation of their progress to appropriate persons

Phase Three: Implementing the School Health Improvement Plan

Step 1 - The Coordinated School Health team is high functioning and focused on implementing the School Health Improvement Plan
Step 2 - The team is intentional about tracking their process and progress
Step 3 - The team collects data for measuring changes in school- and student-level outcomes
Step 4 - The team summarizes results and shares successes

Phase Four: Institutionalizing Coordinated School Health

Step 1 - Institutionalize your Coordinated School Health team
Step 2 - The team identifies opportunities to impact school health policy at the building and district level
Step 3 - The team increases the involvement of administrators at all levels
Step 4 - The team connects with other school/community health initiatives
Step 5 - The team involves parents and community members in school health programs
Step 6 - The team continues measuring school- and student-level outcomes

And finally....
Keep going!

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Phase One
Establishing a Coordinated School Health Program in Your School Building

Step 1

Garner administrative buy-in

Step 2

Identify co-leaders for the Coordinated School Health team

Step 3

Co-leaders assemble a team with representatives of all eight Coordinated School Health components

Step 4

The Coordinated School Health team completes the School Health Index

Bonus!

A critical mass of team members, including an administrator, attends a Coordinated School Health training

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Step 1
Garner administrative buy-in

In many states across the US, Coordinated School Health teams are being formed in elementary and secondary schools. A critical key to the coordination and success of many of these programs is the school principal. Gerald Tirozzi, Executive Director of the National Association of Secondary School Principals, describes the importance of the principal as follows: "Where plans have succeeded, the principal is a strong leader who promotes a spirit of teamwork within the school building's walls and reaches out to the community. Without the principal's direction, the program will almost certainly not succeed."

Principals may become engaged with Coordinated School Health in a variety of ways, and for different reasons, but their involvement is key. Principals establish the school's priorities, determine how staff time is allocated, and manage fiscal resources. Some principals are the spark that ignites Coordinated School Health in their buildings, others may need to have the fire lit beneath them! Following are some examples of how principals became engaged in Coordinated School Health.

▶ In Georgetown, Colorado, the principal was the driving force in establishing a team and implementing Coordinated School Health. Because of his position in the school, he was able to engage community partners at all levels.

▶ In Florida, a principal recognized that health problems were interfering with students' learning and teachers' teaching. He responded by taking a school team to a state-sponsored training.

▶ In both Kremmling, Colorado and McComb, Mississippi, visionary superintendents engaged the entire school community in Coordinated School Health, bringing principals, the community and parents along during the evolutionary process.

▶ In Colorado, district-level school health coordinators met with principal groups, made their case for Coordinated School Health, and offered support and training.

▶ In many instances, the catalyst for Coordinated School Health was an outside influence that was embraced by a principal. These outside influences could include public health staff, funders, staff wellness programs, university partners, health professionals…and many others.

▶ Sometimes, a principal's own life experience or personal vision is the driving force that propels health into a school priority.

▶ Parents and Parent-Teacher Organizations can initiate discussions about student health and learning with principals.

Once the principal is on-board, his/her involvement may take a variety of forms. In some cases, the principal becomes a Coordinated School Health co-leader and attends all meetings. Often, the principal is a team member, but someone else assumes the leadership and facilitative roles. There are also examples where the principal does not regularly attend team meetings, but is supportive and responsive to team needs. Sometimes the principal clearly delineates responsibility to an assistant principal. Given these scenarios, the key factor is having a principal who: is supportive and helps develop the school's vision for Coordinated School Health; actively participates in planning or receives regular updates on team activities; promotes the team's activities; ensures protected time for the team to meet; authorizes implementation of the team's action plans; and communicates health messages along with academic messages.

You'll know you've completed this step if:

✔ A principal or assistant principal authorizes the creation of a Coordinated School Health team;

✔ The role of the administrator on the team has been defined and includes support and participation;

✔ The principal or assistant principal can articulate basic information accurately about Coordinated School Health.

Step 2

Identify co-leaders for the Coordinated School Health team

The Coordinated School Health team will need identified co-leaders. Co-leaders can be anyone who has time and interest in taking on some of the group's organizational tasks such as:

▶ Convening team meetings and handling meeting logistics such as location, time, and materials;

▶ Serving as a communication "conduit" – taking responsibility to keep information circulating among team members;

▶ Managing the team budget with input from the group; and

▶ Preparing meeting agendas.

On some teams, a single leader is willing and able to handle these tasks. Many teams find the co-leader model helpful, and often team members are more willing to take on "half" of the job rather than all of the responsibilities of leader. When a team budget is available, some teams elect to use part of the funding for team leader stipends or other benefits to acknowledge the extra time and effort that the job requires.

On successful teams, the leaders are not expected to do all the work. Leaders get the group organized and help identify a division of labor. The following team roles can be rotated or assigned to other team members:

▶ Facilitator – facilitate group discussion and decision-making during the meeting;

▶ Recorder – capture key decisions and discussions of the group and circulate meeting notes;

▶ Refreshment provider – use team or personal funds to provide refreshments for the meeting, or get refreshments donated;

▶ Convener – take responsibility for sending out meeting notices and reserving meeting space.

▶ Timekeeper – keep track of time during team meetings, and remind the group to save time at the end for closure.

A note about the role of facilitator – a recent Harvard study suggests that school-level Coordinated School Health teams may benefit from having an "outside" facilitator who is committed to work with the team for an extended period of time. This person could come from outside the school, perhaps from the school district, or from a community agency. The outside facilitator can help with garnering administrative buy-in, building team structure, and fostering team sustainability. When seeking an outside facilitator, be clear about the skills and time commitment required.

One last thought: The co-leader model may be one of your team's strongest assets. It's difficult to do this job alone, and most successful teams in Colorado have utilized co-leaders.

You'll know you've completed this step if:

✔ One or two individuals have agreed to be the co-leaders;

✔ The co-leaders agree to convene meetings, prepare meeting agendas, manage meeting logistics, and manage the team budget;

✔ The co-leaders have permission from the principal or assistant principal to proceed.

Step 3

Co-leaders assemble a team with representatives of all eight Coordinated School Health components

In most schools, there are staff members who "fit in" to all eight components by virtue of their current job responsibilities or as a result of their personal interest in some aspect of health. In larger schools, each component may have an identified staff member. In smaller schools, staff often wear many hats, and may have duties that spill over into more than one component.

Think broadly about the eight Coordinated School Health components as you are considering whom to include on a team. If the school does not have a full-time nurse, who is responsible for handling day-to-day student complaints of illness or basic first aid? Who is involved with assuring that the environment and grounds are safe? Who communicates with parents and community members? Who is involved with the prevention and management of bullying? The team can (and should) include a wide range of school staff beyond the obvious members such as the health teacher, food services staff, and school nurse. Successful teams have broad representation and may include "non-health" staff such as: custodians, secretaries, school resource officers, parent volunteers, and others. In one small rural school district in Colorado, the school librarian became a team member (and eventually the team leader) because of her passion about student health issues.

Before recruiting team members, it will be helpful for the principal and co-leaders to draft the following:

▸ Statement of purpose (e.g., to create a school where health is promoted at all levels);

▸ Roles and responsibilities of team members, including how long they are being asked to serve on the team;

▸ Tentative meeting schedule (frequency and length of meetings);

▸ Initial objectives or activities the team will take on;

▸ Degree of decision-making/authority the team will have.

With this information in hand, co-leaders can recruit team members and provide them specific details about the proposed structure, function and purpose of the team, as well as their roles and responsibilities. It's helpful to be clear about which component each person is being asked to represent. Later, when the team takes on specific activities, this role delineation will be helpful. Without this information, individuals may agree to be on the team and then drop off once they become aware of the level of commitment required.
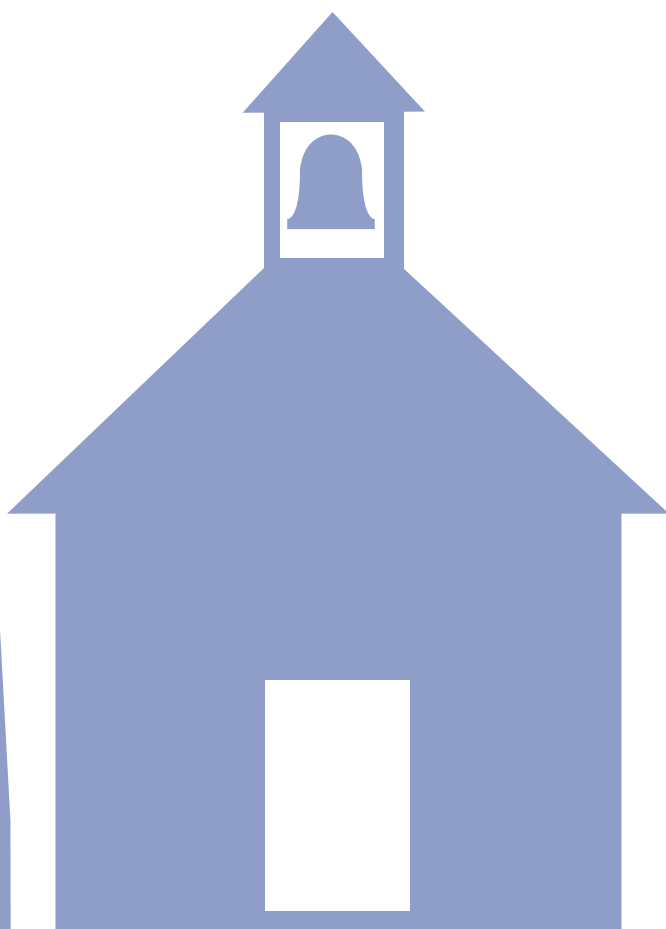
When recruiting team members, be prepared to answer the "what's in it for me" question. It's not helpful to downplay the amount of time or effort that will this will take – many individuals will sign up anyway if they believe they can serve a useful role or if they see how it will benefit them in their job or personal life.

A note about team membership: Your ultimate goal is to have all eight components represented. Remember, in smaller schools, staff often wear many hats and may represent more than one component on the team. If you are struggling to fill that last component, you don't have to stop your forward progress. Get the best team possible assembled, and make it a goal to add the missing members as you proceed. It may be possible to integrate this team with other existing school teams (e.g., Wellness team, Positive Behavior Support team).

Helpful tool! The Team Tracking Tool (in the Phase One Resource section) will help you track team membership and progress.

You'll know you've completed this step if:

- ✔ The team purpose and "big picture" objectives have been drafted, member roles identified, and a tentative meeting schedule has been developed;

- ✔ A Coordinated School Health team has been created with each component being represented by an individual (some individuals may represent more than one component);

- ✔ Team members demonstrate a general understanding of their role and the team purpose.

Step 4

The Coordinated School Health team completes the School Health Index

The School Health Index is a straightforward, fairly simple assessment instrument that gives administrators, staff, parents, and students a chance to get involved and work together to create a healthier school. The School Health Index was developed by the Centers for Disease Control and Prevention in partnership with school health experts, school administrators, staff, parents, and national education and health organizations.

There are a variety of ways to complete the School Health Index; it's best to find the approach that best meets your school's needs. The most essential thing to remember is that completing the School Health Index should be a group effort: the strength of the process comes when individuals from different parts of the school community sit together and plan ways to work towards improving school policies and programs. Broad and diverse participation is important for meaningful assessment and successful planning and implementation.

To start, assemble your Coordinated School Health team, orient them to the School Health Index, and decide on the best assessment method for your circumstances. Following are two options:

1: The Coordinated School Health team decides which member will take the lead on each component. The component leaders each assemble a small group (3-5) of people to complete that section of the School Health Index. It's best to have a wide range of opinions on the component teams to increase the accuracy of the assessment and to elicit

a variety of creative insights. Often times, the person most knowledgeable about that component will participate on that team, and invite others to join him/her. The component leaders agree on a date by which their section will be completed.

2: The Coordinated School Health team completes all the modules together. If the team decides to take this approach, it's wise to set aside a whole day.

Regardless how you complete the School Health Index, you'll probably want to invite key people to be part of the process.

Possible members from the school community include:

- ▸ Principal or Assistant Principal
- ▸ Physical education teacher
- ▸ Classroom teachers, including the health education teacher
- ▸ Students
- ▸ School food service manager
- ▸ School counselor, psychologist and/or social worker
- ▸ School nurse
- ▸ Bus driver
- ▸ Facility and maintenance staff
- ▸ Secretarial staff

Possible members from the local community include:

- ▸ Parent or other family member
- ▸ Community-based health care or social services provider
- ▸ Community health organization representative, e.g., American Cancer Society
- ▸ Local health department staff member

Completing the School Health Index online

If your team decides to complete the School Health Index online, follow these steps:

1. Go to: http://apps.nccd.cdc.gov/shi/default.aspx and read the "Introduction" and "Instructions" sections.

2. Go to the "Log In" box and click on New User. Create a team name and password. Many schools use their school name as the "Team Name", and their mascot as the "Password." *Note:* make sure that all of your team members use the same team name and password whenever they log in.

3. The next screen asks you to create your SHI. Put your school name in the box for "SHI Name." Next, check your school level. Then, click on all five health topics. Press continue.

4. Follow the instructions on the screen to answer the questions for each module. After you have answered all the questions in any module, you can see your module score on the scorecard.

5. At the end of each module, you'll find three Planning Questions. Use these questions to guide your team through the process of brainstorming and prioritizing actions related to low scoring items. Use this information to write your School Health Improvement Plan (discussed in Phase Two).

6. After you've completed answering questions for all eight modules, you can click on the "Overall Scorecard" to see your scores.

In many schools, the School Health Index is completed in the computer lab with small component groups sitting around computers. You'll be able to print your results from the website and save them for future use.

Completing the School Health Index using the paper format

You can also can answer the School Health Index by downloading the paper format from the website. To download the forms, go to: http://apps.nccd.cdc.gov/shi/default.aspx and follow the directions there. As each module is completed, calculate the score for that module and write it on the Overall Scorecard. In the paper version of the School Health Index, the Overall Scorecard is found in the section *Planning for Improvement.*

Regardless how you complete the School Health Index...

Encourage team members to answer all questions as accurately as possible. Make sure they understand that results will not be used for punishing schools or comparing your school to other schools. Rather, the purpose of the School Health Index is to help the school identify the strengths and

" ...THE COORDINATION FUNCTION WILL BE A NEW PROCESS, AND REQUIRES CHANGE..."

weaknesses of its policies and programs for promoting health and safety and develop a plan for improvement. Team members should understand that their work on the School Health Index can make a great difference in the lives of students.

A note about the School Health Index: there are a number of questions that relate to district level policies. Sometimes team members are uncertain how to answer these questions. The

policy might exist but no one knows about it or it is inconsistently enforced. If that is the case, make a note of this during the scoring. Increasing awareness and enforcement of the policy may need to be an action item even if the policy is in place and receives a high score.

You'll know you've completed this step if:

✔ A diverse group, preferably including an administrator, has been involved in completing the School Health Index modules;

✔ The three Planning Questions for each module have been answered and recorded;

✔ The Overall Scorecard has been completed.

Bonus! (When available)

A critical mass of team members, including an administrator, attends a Coordinated School Health training

The Coordinated School Health model is probably a new concept to most people in the school building. It's not a complicated model because most of these components already exist in some way in every school. What makes it challenging is the coordination piece. Because the coordination function will be a new process, and requires change, it's helpful to get the entire team knowledgeable about Coordinated School Health and how the team can become a vital part of their school.

In Colorado, a Coordinated School Health training has been developed and is usually held in the summer. The training covers key areas such as:

▶ Understanding the Coordinated School Health model and the research that supports it;

- Strategies for building and sustaining a school team;

- Managing change effectively;

- Becoming a school health advocate;

- Marketing Coordinated School Health to the other building (and district) staff;

- Using the School Health Index for assessment and planning.

Because this training sets the groundwork for the team, it's important to have as many team members attend as possible, including the principal or vice principal. The following are tips for getting individuals to participate in the initial training:

- Provide a stipend for staff to attend;

- Pay for travel and meal expenses;

- Give the team members at least six weeks advance notice of the training dates;

- Explain the team member roles and responsibilities, team purpose and "big picture" goals before the training;

- Provide basic information about Coordinated School Health and the School Health Index to each team member prior to the training.

Experience strongly suggests that teams that bring a principal or vice principal to the training get off to a stronger start, have more success maintaining momentum, and are able to complete the School Health Index in a more timely manner. If it is impossible for the principal or vice principal to attend, the team will benefit from scheduling time to share their learnings as soon as possible after the training has been held.

You'll know you've completed this step if:

✔ Team members receive enough financial support that they are able to attend the training;

✔ Five to eight team members attend the training;

✔ An administrator attends the training OR the team has met with him/her immediately following the training.

Phase One Resource Section

Step 1   Coordinated School Health in McComb, Mississippi
http://www.mccomb.k12.ms.us/index.htm

Step 2   Preventing Chronic Disease, *Facilitating Change in School Health: A Qualitative Study of Schools' Experiences Using the School Health Index*
http://www.cdc.gov/pcd/issues/2006/apr/05_0116.htm

Step 3   *Getting Your Team Ready to Work* worksheet
http://www.rmc.org/CSH/roadmap.html

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Phase Two

Developing a School Health Improvement Plan (SHIP)

Step 1

The Coordinated School Health team reviews the School Health Index results and identifies the lowest scoring questions and modules

Step 2

The team solicits input about the development of the School Health Improvement Plan from other building staff

Step 3

The team begins writing a School Health Improvement Plan

Step 4

The team researches best practices in the priority area selected for the School Health Improvement Plan

Step 5

The team completes the School Health Improvement Plan by writing action steps based on best practices

Step 6

The team obtains approval from building administration to implement the School Health Improvement Plan

Step 7

The team meets regularly to conduct Coordinated School Health business

Step 8

Co-leaders submit documentation of their progress to appropriate persons

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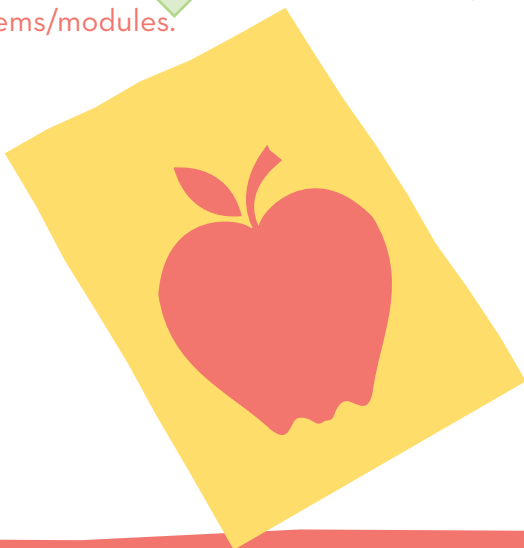CONNECTIONS
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Step 1

The Coordinated School Health team reviews the School Health Index results and identifies the lowest scoring questions and modules

After the School Health Index has been completed, the Coordinated School Health team reconvenes to review the scorecards for each module and the Overall Scorecard. Begin by discussing the three Planning Questions related to the strengths and weaknesses of each module. Write down your lowest scoring questions/modules. Your School Health Improvement Plan (SHIP) will be built around one or more of these low scoring questions/modules. The team can brainstorm actions that could be taken to remedy the identified needs.

You'll know you've completed this step if:

- A representative group has completed the School Health Index;

- All module scores have been recorded;

- The Coordinated School Health team has reconvened, reviewed the results, and written down the lowest scoring items/modules.

Step 2

The team solicits input about the development of the School Health Improvement Plan from other building staff

Before a School Health Improvement Plan (SHIP) is developed by the team, it's important to get input from the rest of the building staff. They may be unaware that your team exists, and may lack information about your team's purpose and vision. They are probably not familiar with the Coordinated School Health model or the School Health Index. So how do you bring them up to speed?

Think about what information your school staff needs to understand Coordinated School Health and the School Health Index. You could put together a short PowerPoint presentation with key points. Look in the Phase Two Resource section for sample PowerPoint presentations that you could use or modify. Find an opportunity to present this information to your school community and get their input on school and student health issues. Following are some examples from other schools.

- ▸ The team gave a presentation to the staff, then provided everyone with sticky notes. Staff members wrote input on the sticky notes and posted them on a bulletin board. They were left up for staff to view for a couple of days, then the Coordinated School Health team utilized the notes to draft a School Health Improvement Plan, focused on their lowest scoring questions/modules.

- ▸ Other teams have facilitated small group discussions during the staff meeting to get input.

- ▸ Hand out "input cards" and designate a place where they can be returned.

▸ Utilize a method that fits your circumstances and the amount of time you have available with the staff. *Note:* The most important thing is to get staff input and use it for planning.

You'll know you've completed this step if:

✔ You have developed and implemented a process to inform the staff about your Coordinated School Health efforts and School Health Index results;

✔ You have received input from a representative group of staff members (at least a third of the staff).

Step 3

The team begins writing a School Health Improvement Plan

The first step in developing your School Health Improvement Plan (SHIP) is to agree on the questions/modules that you want to focus on in the current school year, and prioritize the actions that are related to these questions/modules. Use the three Planning Questions from the School Health Index to guide your team through the process of brainstorming and prioritizing actions related to low scoring items. It's tempting to "take it all on," but teams have found that they are more successful if they narrow their focus to a smaller number of items and actions.

A note about passion: Sometimes the actions that get the highest priority score are not the actions that instill the most passion. This is where the team will need to strike a balance between passion and need. If the team and school are passionate about a particular school health issue, it makes sense to include it in the SHIP. However, the SHIP must also be built around areas in which the school has the lowest score and greatest need. Perhaps working on the high passion item will be the catalyst for getting more staff buy-in and engagement to tackle the areas of greatest need. You may also be able to find staff members who *do have passion* about the high need areas, recruit them to be part of your effort. When finding the balance between passion and need, reflect on "leverage points." A leverage point involves strategies that: 1) the group has the skills and resources to implement; 2) have a positive ripple effect toward other successes; and 3) address a critical issue or situation. A successful SHIP will reflect both passion and need.

Write your School Health Improvement Plan using the template in the Phase Two Resource section. Remember to utilize the input the team received from the rest of the building staff.

First – Write the low scoring School Health Index question or module you are targeting.

Second – Write one objective based on the desired change you wish to see in your low scoring question/module.

Make sure your objective is **SMART:**

Specific

Measurable

Attainable

Relevant

Time-Focused

Look in the Phase Two Resource section for information on how to write **SMART** objectives.

Third – Write your measure of accomplishment. How will you know that you achieved your objective? What data will you use to document your accomplishment?

Fourth – Consider what impact you hope to have at the school level over time, and write an outcome reflecting the desired impact.

Fifth – Consider how you hope to impact students over time. Are you trying to impact their health status? Behavior? Academic achievement? Write a student-level outcome to reflect this desired change.

Note: School and student-level outcomes don't happen immediately. Consider these to be long–term goals that your team focuses on over several years.

Look at the Phase Two Resource section for an example of a completed SHIP.

You'll know you've completed this step if:

✔ The team has prioritized actions related to the School Health Index questions/modules;
✔ The team has written one **SMART** objective based on the desired change;
✔ The team has written a measure of accomplishment;
✔ The team has written a school-level outcome;
✔ The team has written a student-level outcome;
✔ Look at your SHIP. The top half should be filled in!

Sample SMART objective:

By June 30, 2008, 80% of the middle school staff will participate in least one activity, developed by the CSH team, designed to promote healthy eating and physical activity.
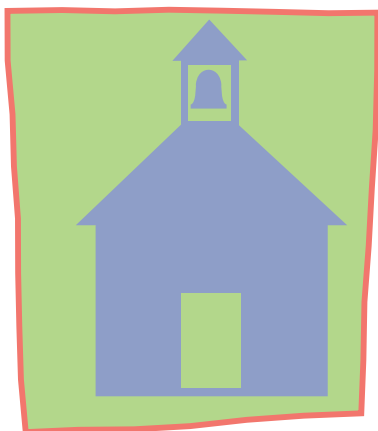
Step 4

The team researches best practices in the priority area selected for the School Health Improvement Plan

Now that you have identified your priorities, written a SMART objective, and identified both school and student outcomes, you can start writing specific action steps to complete your School Health Improvement Plan (SHIP). Utilizing what we know are "best practices" helps ensure that your efforts will result in the desired outcomes— that you get the most bang for your buck.

There are many resources for best practices related to the eight components of Coordinated School Health. "Best practices" are approaches that have been shown to be effective in research or experience. Look in the Phase Two Resource section for websites that include best practices in each component area.

You'll know you've completed this step if:

✔ The team has reviewed best practices for the School Health Index items that have been identified as high priority.

Step 5

The team completes the School Health Improvement Plan by writing action steps based on best practices

Using what you have learned from best practices research, you are ready to fill in the action steps on your School Health Improvement Plan (SHIP). Keep your objective as your target. Action steps are the arrows that you will aim at the target. If the content of the action step doesn't fit in with the objective, don't include it. By aiming all of your arrows at the center of your target, you increase the likelihood that you'll reach your desired outcomes.

One of the strongest lessons that Coordinated School Health teams have learned is that it's tempting to try to do too much in a school year. Most of the time, the SHIP is developed for one school year. Be realistic about what can be successfully accomplished, given the climate of your school and the team's other responsibilities.

Complete your SHIP by filling in all of the columns associated with action steps. Consider these tips as you determine the action steps, timeline, persons responsible, and budget.

▸ If the action step has budget implications, where will you get these funds? Include a comment about your proposed funding stream.

▸ When writing action steps, begin each step with a verb, and be specific. For example: *Present the School Health Index results to the building staff on October 6th.*

▸ Strive for success! It's more important that the team is successful in what it attempts than it is to get a lot done in a single year.

A note about best practices: Best practices are helpful not only when you are writing your action steps, but also when you are writing your objective, determining your measure of accomplishment, and writing school- and student-level outcomes. As the team starts researching best practices, you may want to go back and tweak your objective or outcomes to more accurately reflect what you learned from the literature.

You'll know you've completed this step if:

✔ The team has used best practices to write action items on the SHIP;

✔ All of the columns related to the action steps are filled in (action steps, timeline, person(s) responsible, and budget needed);

✔ The SHIP form is completely filled out.

Step 6

The team obtains approval from building administration to implement the School Health Improvement Plan

Earlier in this process, you obtained input from the staff about developing your School Health Improvement Plan (SHIP). As you look over your objectives, outcomes, and action steps, have you incorporated their input? Is the SHIP realistic and doable? If you answer yes to those questions, it's time to obtain approval from the principal (or other authorized building administrator) to implement the SHIP.

Be thoughtful about how and when you present the SHIP to the principal/administrators. You could invite the administrators to a team meeting or meet with them in person. Be sure to set aside enough time so that the team can explain how the SHIP was developed. Explain how you incorporated the School Health Index results, staff input and best practices to develop the SHIP. Be prepared to answer questions about staff time needed and budget implications. Some teams find that it's helpful to do a "dry run" before meeting with administrators.

After this discussion with administrators, you may need to make some adjustments or modifications. Continue to use the processes outlined above to finalize the SHIP. When it has been approved by the principal/administration, you're ready to roll!

Many Coordinated School Health teams design a kick-off event to roll out the SHIP. Think about ways to get staff, students, and parents familiar and involved with your SHIP and supportive of your goals. Several teams have utilized existing school events such as back-to-school night or sporting events to make the SHIP public.

You'll know you've completed this step if:

✔ Building administrators have approved the SHIP;

✔ The SHIP has been made public to staff, students, and parents.

Step 7

The team meets regularly to conduct Coordinated School Health business

At this point, your team has a well thought out plan, responsibilities are identified, and the School Health Improvement Plan (SHIP) has been made public. An equally well thought out meeting format and structure will greatly benefit implementation of the SHIP. Some strategies for co-leaders to remember include:

1. **Decide how often to meet.** Many Colorado teams have set a goal of meeting formally four times per year. Finding this meeting time can be challenging. Teams who try to squeeze in meeting time before school have found it to be difficult and minimally productive. The best scenario is to have dedicated meeting time for 2–4 hours. Some teams accomplish this by meeting after school; others get subs and meet during the school day. Your team will need to agree on the structure that works best, given your schedules and budget available. In general, it's probably more effective to have longer meetings less often rather than frequent, short meetings.

2. **Decide how your team will function.** In your first meeting, it would be helpful for the team to agree on the following:

   ▸ Operating agreements (What needs to happen for the team to work effectively together?);

   ▸ Decision-making process (Voting? Consensus? Seeking agreement?);

   ▸ Roles (e.g., facilitator, recorder, etc.);

   ▸ Communication system (How will the team communicate between meetings? How will the team communicate with the rest of the staff? With parents?);

   ▸ Meeting schedule (frequency, length, location).

3. **Have an agenda.** If possible, circulate it in advance. Try not to overcrowd the agenda. Think about what can be done prior to the meeting and what can be done after the meeting. Use the meeting to move the group forward—to make decisions, agree on actions, make commitments. Ask yourself, "will the people who attend this meeting feel it was a good use of their time?" If the main purpose of the meeting is to provide updates, you might not need a meeting! Updates can be circulated effectively via email or through office mail. Your meeting agendas will be largely focused around your SHIP.

4. **Start the meeting on time.** Sometimes we hesitate to start a meeting because everyone isn't there yet. In delaying the start, we are dishonoring the people who made the effort to be there on time. Late starts also mean a rushed agenda, and the group loses valuable discussion time. If you have many people who are consistently late to meetings, you may need to revisit your meeting time. If you have a few people who are consistently late, you can assign them a "buddy" who will bring them up to date with what they missed. The "buddy" can do this on breaks or after the meeting. You can also help late-comers catch up by posting key discussion items and decisions on chart paper and having them posted on the wall.

5. **End the meeting on time.** This isn't always as easy as it sounds, and requires some planning. Always build in time for some sort of meeting closure. This helps group members remember what happened and builds a bridge to the next meeting. Save time at the end to review any action steps that the group agreed on and to remind people when and where the next meeting will take place. It's helpful if group

members have a chance to reflect on what took place during the meeting. This can be a simple as having a "go around" in which each person offers one statement about the meeting content or process. Just remember this: the worst way to end a meeting is to look up at the clock in the middle of a discussion and realize that time is up.

6. **Consider rotating some of the meeting roles.** There are many different roles that members can play in meetings: convener, facilitator, recorder, process observer, snack provider, timekeeper. You may not need all of these roles in every meeting. Be intentional about the roles you need and let members try out different roles at different times. Having a role increases buy-in and attention.

A process observer is a role that you may not have experienced. During the meeting, the process observer pays attention to *how* the group works together. This is important because members can get so caught up in the content of the meeting that they don't pay enough attention to group dynamics. Process observations allow members to have their collective behavior "mirrored" back to them. The group can use this information to examine, reflect upon and improve the way they work together. At the end of the meeting, the process observer can report on his/her observations. Process observers should report *objectively* on group behavior, not individual behavior, never mentioning names. Report on things like: how the group made decisions; spoken and unspoken rules; communication patterns; shifts in energy; how the group avoids or manages conflict. An effective process observer reports objectively on what s/he observed without giving an explanation or interpretation of the behavior.

During meetings, pay attention to the team's process issues as well as the content issues. Provide time for an opening warm-up activity, if possible.

Always end the meeting with a synthesis of decisions made and tasks assigned. Provide time during the meeting for team members to interact with each other and discuss issues on the table. Remember this quote: *A group that's too busy to reflect is too busy to improve.*

You'll know you've completed this step if:

✔ The team has an agreed-upon meeting structure and format;

✔ Team meetings are held at least four times per year;

✔ The team utilizes effective meeting strategies;

✔ The team is making progress toward implementing the SHIP.

Step 8

Co-leaders submit documentation of their progress to appropriate persons

Documenting progress serves a variety of purposes. At the school level, it helps you track changes in the school climate and culture and, eventually, student-level outcomes. It helps your team keep track of decisions made and actions taken. It helps you get buy-in and support from administrators and other building staff, **and**, it gives you valuable information to share with district-level administrators and school board members as you work toward policy changes. In the Phase Two Resource Section, there are three tracking tools you could use: the *Team Tracking Tool*, the *Coordinated School Health Team Checklist*, and *Documenting Progress on the School Health Improvement Plan*.

At the state level, it helps paint the picture of Coordinated School Health across the state. This information is used for progress reports to funders like the Centers for Disease Control and Prevention. It provides data and stories for state-level staff to use when seeking new funding. It helps track changes in school and student outcomes over time.

If your school has funding from a public or private source, follow their reporting guidelines closely. But don't stop there; use this information locally to gain support for your school-level efforts and to share your successes.

You'll know you've completed this step if:

- ✔ The team has met the reporting guidelines of your funders;
- ✔ The team uses progress reports, data, and other information to support team functioning.

"Coming together is a beginning; keeping together is progress; working together is success."

Henry Ford

Phase Two Resource Section

Step 2   Coordinated School Health Overview (Power Point presentation)
http://www.rmc.org/CSH/resources.html

Step 3   School Health Improvement Plan (SHIP) template
http://www.rmc.org/CSH/roadmap.html

SMART Objectives handout
http://www.rmc.org/CSH/roadmap.html

Healthy High School Health Improvement Plan (SHIP)
http://www.rmc.org/CSH/roadmap.html

Step 4   **Best Practices**

Coordinated School Health
American School Health Association
http://www.ashaweb.org

Centers for Disease Control and Prevention
http://www.cdc.gov

Colorado Connection for Healthy Schools
http://www.cde.state.co.us/cdeprevention/index.htm

Rocky Mountain Center for Health Promotion and Education
http://www.rmc.org/CSH/news.html

School Health Index: in addition to the websites below, the School Health Index website has a wealth of resources.
http://apps.nccd.cdc.gov/SHI/Static/Resources.aspx

Module 1: School Health and Safety Policies and Environment
Environmental Protection Agency – Indoor Air Quality Tools for Schools Program
http://www.epa.gov/iaq/schools/

Health, Mental Health and Safety Guidelines for Schools
http://www.nationalguidelines.org/

National Association of State Boards of Education's Center for Safe and Healthy Schools
http://www.nasbe.org/healthy_schools/

Module 2: Health Education

American Alliance for Health, Physical Education, Recreation, and Dance
http://www.aahperd.org/index.cfm

American Association of Health Education
http://www.aahperd.org/aahe/

Rocky Mountain Center for Health Promotion and Education
http://www.rmc.org

Module 3: Physical Education and Other Physical Activity Programs

Action for Healthy Kids
http://www.actionforhealthykids.org

Alliance for a Healthier Generation
http://www.healthiergeneration.org/

Colorado Physical Activity and Nutrition Program - School Site Resource Kit
http://www.cdphe.state.co.us/pp/COPAN/resourcekits/resourcekits.html

Health, Mental Health and Safety Guidelines for Schools - Physical Education
http://www.nationalguidelines.org/chapter_full.cfm?chapter=physEd

National Association for Sport and Physical Education - PE Best Practices
http://www.aahperd.org/naspe/template.cfm?template=peappropriatepractice/
index.html

SPARK PE (Sports, Play and Active Recreation for Kids)
http://www.sparkpe.org/

Module 4: Nutrition Services

Action for Healthy Kids
http://www.actionforhealthykids.org

Alliance for a Healthier Generation
http://www.healthiergeneration.org/

Colorado Department of Education, School Nutrition Unit
http://www.cde.state.co.us/index_nutrition.htm

Colorado Physical Activity and Nutrition Program - School Site Resource Kit
http://www.cdphe.state.co.us/pp/COPAN/resourcekits/resourcekits.html

Centers for Disease Control and Prevention
http://www.cdc.gov/HealthyYouth/publications/guidelines.htm

Eat Smart Move More North Carolina
http://www.eatsmartmovemorenc.com/programs_tools/school/index.html

USDA Food and Nutrition Service, Team Nutrition
http://www.fns.usda.gov/tn/

Module 5: School Health Services
American Academy of Pediatrics
http://www.aap.org

Colorado Association of School Based Health Centers
http://www.casbhc.org/

National Association of School Nurses
http://www.nasn.org

National Assembly on School-based Health Care
http://www.nasbhc.org

The Center for Health and Health Care in Schools
http://www.healthinschools.org/home.asp

Module 6: School Counseling, Psychological and Social Services
American Psychological Association, Children and Families
http://www.apa.org/topics/topicchildren.html

Center for School Mental Health Analysis and Action
http://csmha.umaryland.edu/

Health, Mental Health and Safety Guidelines for Schools
http://www.nationalguidelines.org/

Substance Abuse and Mental Health Services Administration (SAMHSA), National Mental
Health Information Center, Safe Schools/Healthy Students Initiative
http://www.mentalhealth.samhsa.gov/schoolviolence/

The Center for Health and Health Care in Schools
http://www.healthinschools.org/home.asp

UCLA Center for Mental Health in Schools
http://www.smhp.psych.ucla.edu

Module 7: Health Promotion for Staff
Action for Healthy Kids
http://www.actionforhealthykids.org

Alliance for a Healthier Generation
http://www.healthiergeneration.org/

School Employee Wellness: A Guide for Protecting the Assets of our Nation's Schools
http://www.schoolempwell.org/

Wellness Councils of America
http:www.welcoa.org

Module 8: Family and Community Involvement
Harvard's Family Involvement Network of Educators (FINE)
http://www.gse.harvard.edu/hfrp/projects/fine.html

National Network of Partnership Schools: Center on School, Family and Community Partnerships
http://www.csos.jhu.edu/P2000/center.htm

National Parent Teacher Association
http://www.pta.org

Tobacco
Centers for Disease Control and Prevention, Healthy Youth, School Health Guidelines and Strategies
http://www.cdc.gov/HealthyYouth/publications/guidelines.htm

Colorado Department of Public Health and Environment: State Tobacco Education & Prevention Partnership
http://www.cdphe.state.co.us/pp/tobacco/index.html

Rocky Mountain Center for Health Promotion and Education
http://www.rmc.org/K12/k12tobacco.html

Step 8

Team Tracking Tool
http://www.rmc.org/CSH/roadmap.html

Coordinated School Health Team Checklist
http://www.rmc.org/CSH/roadmap.html

Success Story Template: Documenting Progress on the School Health Improvement Plan
http://www.rmc.org/CSH/roadmap.html

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Phase Three
Implementing the School Health Improvement Plan

Step 1

The Coordinated School Health team is high functioning and focused on implementing the School Health Improvement Plan

Step 2

The team is intentional about tracking their process and progress

Step 3

The team collects data for measuring changes in school- and student-level outcomes

Step 4

The team summarizes results and shares successes

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Step 1

The Coordinated School Health team is high functioning and focused on implementing the School Health Improvement Plan

At this stage in your team's development, the focus is on successfully implementing the School Health Improvement Plan (SHIP) and sharing your successes throughout the year. Many teams discover that their timelines need to be revisited and/or their activities modified somewhat. This is expected–your team now has more knowledge and experience than you did when your SHIP was created. The parts of your SHIP that are *less* subject to change are:

▸ The **SMART** objective you wrote that relates directly to your School Health Index results

▸ The measure(s) of accomplishment (although these may be changed if your action steps change significantly)

▸ The school-level outcomes

▸ The student-level outcomes

Don't get derailed from trying to meet your objective. Remember, the objective was written based on the input of many individuals as well as the School Health Index results. It reflects a priority area that was agreed upon by the team and presented to the school staff. If there is strong interest in actions/activities that don't meet your objective, document those interests for future reference. It's possible that your team will tackle them later. It's also possible that another school, parent or community group could get involved with those issues. Phase Three teams constantly reach out for support beyond their own membership.

It's possible to get overwhelmed during this phase of implementation. Remember, you can't do it all at once! Take another look at the timeline you developed when your team wrote the SHIP. With the reality of bringing it to life, you may need to make adjustments in the timing and/or sequence of your action steps. Set target dates to break the SHIP into manageable steps during the school year. For example, at the beginning of the school year, set small goals that can be met in short periods of time. What's realistic to have accomplished by Halloween? What else could be done before Thanksgiving? Look for natural breaks or timelines in your school, and plan around them. Be realistic about what you can accomplish between the start of school and the winter holiday break. Before the end of the calendar year, celebrate the success that you've achieved so far and find opportunities to let others know about your team's progress.

Plan wisely around your school's CSAP schedule, knowing that team members will be focused on CSAP testing for several weeks. Physical activity and sound nutrition can have a positive impact on student test-taking and achievement. This may be an opportune time to engage other school staff and parents/community members for providing breakfast or snacks, or facilitating short classroom-based physical activity breaks. The key is to continually move forward, pacing your actions around the natural rhythms of your school calendar year.

During this phase, take time to reflect on how well your team is working. Following are some characteristics of high performing teams. Strive to attain this level of functioning.
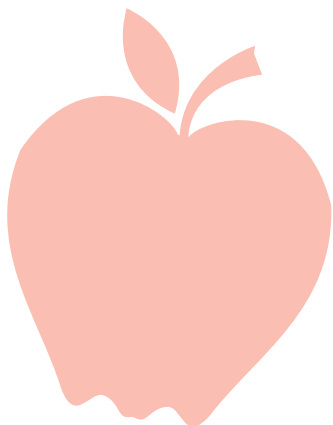
High performing teams:

▸ Have a common purpose and goals, and can articulate them

▸ Focus on results

▸ Understand their level of authority

▸ Are fully accountable to each other

▸ Find ways to buy in, even when complete agreement is impossible

▸ View mistakes as learning opportunities

▸ Creatively solve problems

- Are solution-driven
- Don't avoid conflict
- Communicate wisely
- Are willing to be vulnerable with each other
- Find the balance between content and process issues
- Value interdependence
- Forego personal credit to acknowledge team success
- Make decisions and follow through with confidence
- Change direction when needed
- Have fun together
- Reflect on how they work as a team

You'll know you've completed this step if:

- ✔ Team meetings are focused on implementing the SHIP;
- ✔ Team structures, functions, and processes reflect those of a high performing team;
- ✔ Team members are proud of the work they've accomplished, willing to stay committed to the team, and willing to share their progress and success with other school/district and community members.

Step 2
The team is intentional about tracking their process and progress

At the same time that the team is focusing on implementation of the School Health Improvement Plan (SHIP), it's crucial to also focus on team process and progress. Take note of areas where the group seems to be getting stuck and develop strategies for re-creating group momentum. Focus on the long-range objectives your team wants to accomplish over the school year and the progress you are making towards these objectives. Celebrate milestones of success along the way. By keeping your focus on the team's ultimate targets, you can maintain momentum, keep your team members engaged, and be more likely to achieve progress toward reaching your goals.

Be purposeful about finding ways for your team to become more cohesive and work strategically. Time is precious! To maximize the efficiency of your team meetings, plan ahead and utilize effective meeting strategies. Look back at Phase Two, Step Seven, for an overview of effective meeting strategies. In Phase Three, add these actions to your meetings:

- **Document your team decisions and process.** When appropriate, write notes on flip charts during the meeting. These notes can be typed up and distributed as meeting follow-up. Utilize your rotating recorders to capture meeting highlights and decisions. All of this documentation will be valuable in future meetings and for measuring success. These process/progress notes can also be used to plan agendas for subsequent meetings. Ask yourself: What have we accomplished? What more needs to be done? What are the highest priority areas for the team to tackle at its next meeting?

- **Revisit your team membership.** Do you still have the "right" people on the

team? Are there others who would like to join? Are you missing key players? Team membership is fluid, not static. Be open to changing your membership as necessary to accomplish your team goals. When new members join your team, have a system in place to orient them to the team's processes, goals, and structure. One way to do this is to assign each new team member a mentor from the existing team.

▸ **Take stock of your current and potential resources.** When you developed your SHIP, you based it on known resources. As you implement the SHIP, look for ways to leverage those resources to your advantage. For example, can you utilize any teacher release days to conduct your meetings? Doing so would create a budget savings by not paying for substitutes. At the same time, keep your eyes open for untapped resources– including data, people, and financial resources. Whenever possible, lay the groundwork for new partnerships.

▸ **Monitor progress on your SHIP.** At every meeting, take time to assess the progress you're making on your SHIP. Check off action steps that have been completed. Revisit next steps and who will take responsibility. Decide how to engage more school staff, students, parents, and community members. Look for ways to strengthen and focus your activities, keeping your school and student outcomes as your ultimate goal.

What to Document?

In Colorado, we have identified ten critical elements of effective Coordinated School Health teams. These ten elements were identified based on a review of research and the ongoing experience of Colorado school teams. The *Roadmap to Healthy Schools* incorporates these ten critical elements.

The Coordinated School Health team:

1. Has strong administrative buy-in

2. Represents the eight components of Coordinated School Health

3. Participates in an initial Coordinated School Health training (if available) and shares learnings with other team members and building staff

4. Completes the School Health Index

5. Creates a SHIP based on their School Health Index results

6. Shares their SHIP with building staff and seeks input

7. Meets at least four times per school year to conduct team business and implement the SHIP

8. Regularly documents their progress

9. Reports progress to building staff and seeks input

10. Reports progress to other district-level groups (e.g., school board)

There are two reporting forms used by Coordinated School Health teams in Colorado to document their progress. The *Team Tracking Tool* is particularly useful as the team is being built. It documents team membership and tracks dates that the team reaches specific milestones indicated in the ten critical elements (e.g., the date the School Health Index was completed). The *Team Tracking Tool* also allows the team to rate and explain their progress during the year. Finally, this instrument provides space for the team to highlight their general successes and challenges during a specified reporting period.
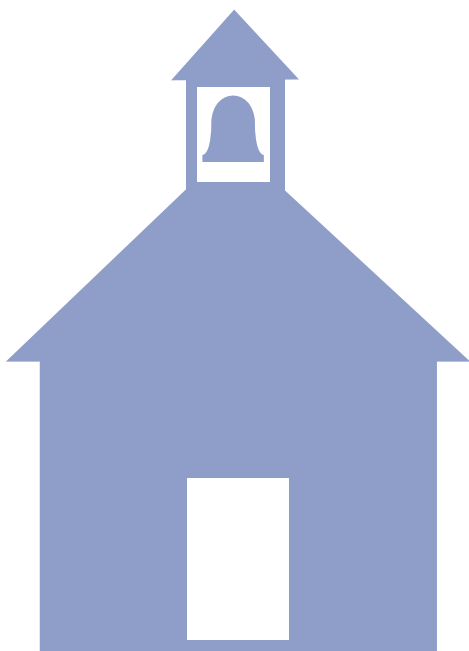
The *School Checklist* provides an opportunity for teams to document specific successes and challenges in each of the ten critical elements during a specified reporting period. The *School Checklist* is an effective way for the team to reflect on their progress as they move through the phases of the "Roadmap."

Most of the Colorado Coordinated School Health teams utilize these (or similar) reporting instruments. It is recommended that the team complete one of these forms every six months. These instruments are an easy and efficient way

to keep track of team progress over time and supplement the school and student data that your team collects.

You'll know you've completed this step if:

✔ Your team meets (or has plans to meet) at least four times during the school year;

✔ The team regularly takes time to reflect on its process, function, and structure;

✔ The team tracks process, progress, and success throughout the school year.

Step 3
The team collects data for measuring changes in school- and student-level outcomes

At this point, your team has focused most of its energy on creating a School Health Improvement Plan based on the unique needs of your school. The SHIP is crucial and represents a shift in your actions from "getting ready" to "get going!" Implementing the SHIP is now the main business of your team.

As part of your SHIP, the team identified both school- and student-level outcomes. One of the most important actions your team can take is to collect data to measure change. Why is this so important? Consider these reasons:

▸ Data collected *now* can give you a baseline, or starting point, to measure changes over the years.

▸ Data can provide a snapshot of what is currently happening in the "culture" of your school.

▸ Data can provide a snapshot of student health behaviors at a given point in time.

▸ The process of collecting data makes your team's efforts more visible, and gives your team credibility.

▸ Your team can use data to create opportunities to share your progress and success with staff, students, parents, community members, school board members, and others.

Yet for many teams, the idea of collecting data seems daunting. Team members may believe that collecting and utilizing data is far beyond their abilities, even though they know how important it is. The truth is, every team can collect and use data.

Start by finding out what kind of data already exists in your school. Look for data that supports your school- and student-level outcomes. What surveys

have been done with students in the recent past? Have there been any focus or discussion groups with students? What kinds of data are routinely collected by the school? The good news is that there is already a wealth of data readily available for your team to utilize. Some sources include the school report card, CSAP scores, attendance and graduation rates, office referral data (SWIS) in Positive Behavior Support schools, assessments collected by PE teachers and the school nurse… the list goes on and on.

The following are examples of data that could be located or collected to measure progress toward meeting your **school-level** outcome:

▸ Percentage of wellness policy guidelines implemented at the school

▸ Teacher absence rates

▸ Teacher turnover rates

▸ Teacher morale

▸ Percentage of staff participating in staff wellness activities

▸ Vending machine data

▸ Number of school breakfasts served

▸ Percentage of eligible students who eat breakfast at school

▸ Healthier choices offered in cafeteria

▸ Policy changes that support school health

▸ Parent contacts and issues

When you start locating/collecting data to measure changes in school- and student-level outcomes, consider the following sources for different types of **student-level** outcomes.

Student-level outcome	Data to find, collect, and utilize
Improvement in academic achievement	▸ CSAP scores/other standardized test scores ▸ Graduation rate/retention rate ▸ Grades (from teachers) ▸ Classroom test scores (from teachers) ▸ Student attendance rates ▸ Drop-out rate
Improvement in student behaviors	▸ Plate waste (from Food Services staff) ▸ Disciplinary referrals (from school report card) ▸ Suspension rates (from school report card) ▸ Expulsion rates (from school report card) ▸ Office referrals (from school report card) ▸ Suspensions and expulsions, including reasons ▸ Data from your Positive Behavior Support team (where applicable) ▸ Other survey data that has been collected on the students in your school
Improvement in student health	▸ Number of visits to the school nurse ▸ Body Mass Index ▸ Physical education assessments ▸ Percentage of students who eat breakfast ▸ Immunization rates ▸ Sales of healthier food choices in the cafeteria ▸ Visits to the nurse, and reasons for the visit ▸ Any health data collected by the school nurse

When you look at these examples, you'll notice that some kinds of data can be used for a variety of purposes. Some schools in Colorado have tracked plate waste as a way to measure the effects of having recess before lunch. Others have tracked a decrease in staff absenteeism to help support their staff wellness programs. Although it won't be possible to definitely say that your school health program *caused* these positive changes, having data that supports improved school and student outcomes is a powerful tool. These results will be meaningful to school staff, parents, school board members, legislators, and funders.

Teams can use a variety of simple data collection techniques to obtain feedback regarding specific activities or programs. These feedback techniques can include:

▸ **Focus groups:** Bring together groups of six to eight stakeholders (teachers, students or parents). Ask for their opinions regarding existing programs, alternatives being considered, or their reactions to program efforts that are underway. Focus groups are discussions that can generate lots of feedback and suggestions for program improvements. Arrange for the groups to come together for about an hour. Initiate the discussion by asking a broad question and then take notes on the types of responses you receive. It's best if the focus group moderator is seen as neutral by the group.

▸ **Surveys:** Prepare simple surveys to get feedback for specific events such as professional development trainings, parent events, or community activities. Give everyone a chance to tell you how they responded to the event and how it might be improved in the future. Keep the survey short and focused on what you want to know. Surveys can be handed out, sent home with students, or mailed. Internet-based surveys are also becoming popular and can be a very efficient way to collect information.

▸ **Interviews:** Obtaining input from key stakeholders can help your programs to move forward. Asking district administrators, school board members, or leaders of the Parent Teacher Organization for their views on specific school health issues can help teams to understand the levels of support that exist for specific types of program efforts.

The key to any type of data collection is to ensure that you have determined what you want to know and how you will use the information. Keep your data collection efforts as focused as possible and use the results to plan, implement, and improve your programs. Having this type of information can also provide useful indicators of your success that can then be used in reporting your success stories. If your district has staff with expertise in evaluation, get their help! If you have a college or university in your community, ask them for help with evaluation.

As your team starts thinking about utilizing data, remember that *small changes do make a difference* and can lead to big changes. The data your team collects today will be a valuable asset down the road. Don't wait to start gathering data! Start now, so you won't miss the opportunity to document progress toward achieving your desired school and student outcomes.

You'll know you've completed this step if:

✔ The team uses data to determine priority areas for action;

✔ The team has identified existing data in the building to support their SMART objective;

✔ The team has written measures of accomplishment on their SHIP and has a team member in charge of collecting these data;

✔ The team has collected baseline data;

✔ The team has developed a process for documenting and monitoring its progress on the SHIP.

Step 4
The team summarizes results and shares successes

Often we view the process of documenting progress as something we do *only* because it's required by funders. In reality, the process of documenting progress is one of the team's most useful activities. It helps you shift your thinking from "effort" to "results." Documenting progress helps your team track small and large successes. It provides data that you can share with administrators and school staff. It validates your work and value to the school. Imagine what might happen if your principal, the superintendent, or a school board member knew about your successes! Documenting your challenges is equally useful and provides a record of how you identified and managed obstacles. So when it comes down to the process of documentation, do it for yourselves!

Besides tracking and documenting progress, the team should write success stories on a regular basis. A success story template is included in the Resource Section of Phase Three.

Success stories can (and should!) be written throughout the year, not just at the end. Success stories are an excellent way for your team to thoughtfully and thoroughly explain your path to success, including the stumbling blocks. A compilation of success stories maintains the history of your team progress and activities, and provides valuable process data. Examples of success stories from other Colorado teams can be found on the website of the Colorado Connections for Healthy Schools.

So! Your team is making progress and experiencing success. Don't keep your success to yourselves! Be "noisy" and visible about your team's progress (one team member calls it "starting a commotion!"). There are at least four audiences with whom you should share your success:

- Building staff
- District administrators
- School board members
- Parents and community members

As you prepare to tell your story to each of these groups, realize that different parts of your story may be more powerful for particular audiences. Your mode and time of delivery may also be different, depending on the audience. Consider these questions as your team prepares to share success stories:

- What parts of the story will be most important and compelling to this audience?
- What kind of data will get their attention?
- How can you tell the story most effectively for this audience?
- Who should tell it?
- What do you want them to do with the information you provide?
- When is a good time of year to share your success story with this audience?

Find ways to share your successes on an on-going basis. Be intentional about linking your successes to your school- and student-level outcomes. Remember that small steps, over time, can lead to big changes in your school culture and the health of your students.

You'll know you've completed this step if:

- ✔ The team understands the value of documenting progress for their own purposes;
- ✔ The team writes success stories periodically during the school year;
- ✔ The team has developed a plan to share success stories with the following audiences during the school year– building staff, district administrators, school board members, and parents/community members.

PhaseThree Resource Section

Step 1   High Performing Teams
Factors that Contribute to High Performing Teams
http://www.rmc.org/CSH/roadmap.html

Step 2   Team Tracking Tool
http://www.rmc.org/CSH/roadmap.html

Coordinated School Health Team Checklist
http://www.rmc.org/CSH/roadmap.html

Step 4   Success Story Template: Documenting Progress on the School Health Improvement Plan
http://www.rmc.org/CSH/roadmap.html

Colorado Connections for Healthy Schools – Success Stories
http://www.cde.co.us/cdeprevention/csh_success_stories.htm

Phase Four

Institutionalizing Coordinated School Health

Step 1

Institutionalize your Coordinated School Health team

Step 2

The team identifies opportunities to impact school health policy at the building and district level

Step 3

The team increases the involvement of administrators at all levels

Step 4

The team connects with other school/community health initiatives

Step 5

The team involves parents and community members in school health programs

Step 6

The team continues measuring school- and student-level outcomes

And finally....

Keep going!!!

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Coordinated School Health programs sometimes start at the school level: sometimes they "trickle down" from the district level. Regardless where your program got its beginning, keeping your program going or *institutionalizing* it should be your goal. Phase Four will help you think about how to make Coordinated School Health an integral part of your building and district. To accomplish this, your team will need to use data to: write success stories; build foundations for next steps; inform the school board, administrators, parents, and community members; and link your efforts with the larger community. Your intentional use of data will be key to creating a healthy school.

Note: In Phase Four, the steps are not sequential as in other phases of the Roadmap. These steps are all equally important, and can be undertaken in any order.

Step 1

Institutionalize your Coordinated School Health team

Often, exceptional programs disappear because the persons who championed the program leave the school or district. One of your challenges in Phase Four is to make the team so important to your school that it will remain in place even when membership changes…even when administrators change. An institutionalized team becomes part of the fabric of the school–indispensable and valued. So, where to start? How does a Coordinated School Health team achieve institutionalization? Following are some strategies to consider:

Make friends in high places. Are you sitting at the right tables with the right people? Do the principal, superintendent, and school board know about your efforts and successes? Can parents articulate the purpose of the team? What about students? Have you engaged them in your work? Be purposeful about moving beyond the team's circle of friends. Look for ways your team can interact with other school committees and community initiatives. Always take the health message with you and help others understand that your work has a positive impact on academics.

Sharpen your identity. We can learn a lesson here from the business community: Clearly define your team's role and purpose. If you have too many identities, you'll end up with no identity. What does your team do best, given your context and circumstances? Jim Collins, in the book *Good to Great,* states that "greatness is not a function of circumstance. As it turns out, greatness is largely a matter of conscious choice." Take time to identify how and where your team can be great. Rather than trying to do everything, get focused and do one or two things exceptionally well. You might even start a "stop doing this" list instead of adding to your team's "to do" list.

Become a "critical mass." Your team membership is likely to change every single school year. Building strong relationships with others is crucial to keeping the team alive over time. One way to get others interested in your efforts is to articulate your "sharpened identity" and then ask them "what can we do for you?" Once you engage other staff, find ways for them to be meaningfully involved. They probably won't do this on their own–the team needs to create these opportunities. Look for ways to build leadership among team members. Be generous in sharing credit. Remember to celebrate your collective successes.

You'll know you've completed this step if:

✔ People in "high places" are familiar with your team's work and success;

✔ Your team has a sharp identity and narrow focus;

✔ You can count on others to raise a commotion if your team and efforts were to "go away";

✔ Other school staff, parents, and community members are actively engaged in the work of the team.

Step 2
The team identifies opportunities to impact school health policy at the building and district level

One of the best ways to institutionalize your team is to get connected with policy efforts. Creating policy at the district level may be the most critical factor for sustaining school health programs. Having policies in place protects programs from disappearing when there is turnover among key staff members. It also serves as a way to raise the importance of school health issues in the eyes of staff, parents, and community members. Your team can play a pivotal role in bringing forth policy issues to school administrators and board members. When district-level policies are adopted, the Coordinated School Health team can take a lead role in implementing the policy at the building level. The team can also impact policy at the building level by implementing policy changes such as: recess before lunch, healthy vending policies, healthy parties and meetings.

The School Health Index identifies many areas in which written policy can be developed to govern student health and safety. Another excellent resource is the National Association of School Board's *Fit, Healthy and Ready to Learn: A School Health Policy Guide.* Your team could add a policy objective to your School Health Improvement Plan (SHIP) in any of these areas:

▸ health education curriculum/standards

▸ health as a graduation requirement

▸ physical education curriculum/standards

▸ physical activity programs (e.g., intramural, interscholastic, recess, after school)

▸ scheduling recess before lunch

▸ designating a set amount of time for daily recess

▸ use of school facilities outside of school hours

▸ prohibiting the use of physical activity (or withholding physical activity) as punishment

▸ food and beverages available on campus beyond school food service

▸ prohibit using food as reward or punishment (or designate healthy foods)

▸ hand-washing before meals or snacks

▸ non-food fundraising efforts

▸ health promotion for staff

▸ control of tobacco use by students, staff, parents, and other visitors

▸ prohibit tobacco advertising

▸ preventing unintentional injuries

▸ preventing violence through disciplinary and bullying policies

▸ responding to crises, disasters, and associated injuries

▸ limiting the amount of time that school buses idle while loading/unloading students

All schools in Colorado have wellness policies and Tobacco-Free Schools policies, and many have other health-related policies (e.g., bullying, safety, crisis). Your team can play a significant role in implementing,

monitoring, and strengthening these policies, thus validating the role and importance of the Coordinated School Health team. Establish yourselves as the "go to" team for policy implementation in your building.

Policy development takes time, and the process looks different from district to district. There are many factors that help or hinder policymaking, including: local politics; school/district priorities; beliefs and values of key stakeholders and leaders; individual personalities; presence of a group of individuals committed to the policymaking process. The National School Board Association, in *Fit, Healthy and Ready to Learn,* lists five common tasks that must be accomplished to develop policy (see Phase Four Resource Section for more information):

1. lay the groundwork;
2. build awareness and support;
3. draft the policy;
4. adopt the policy; and
5. administer the policy.

As your team starts working toward policy development and implementation, take time to find out who has policymaking influence and authority, and the steps required in your district for practice to become policy. Consider how you will enlist public support, build a constituency base, and positively involve the media. Use the *Fit, Healthy and Ready to Learn* guide as a resource for your team. There is no better way to advance school health goals than to develop school health policy.

You'll know you've completed this step if:

✔ Your team has identified a policy issue to "take on;"
✔ The team has researched the district procedure for establishing new policy;
✔ The team has a plan in place to address the five tasks necessary to develop policy (listed above);
✔ Policy is implemented!
✔ Repeat these steps to continue implementing school health policies.

Step 3

The team increases the involvement of administrators at all levels

By this point, the building principal and/or assistant principal has some level of engagement with your team. But in the real world of schools, these key individuals are pulled in many directions, and school health may slip off of their radar screen. In order for Coordinated School Health to become an integral part of your school building, the team will need to develop strategies to keep administrators engaged and informed.

Colorado Coordinated School Health teams have begun to document their successes in all areas, including administrator involvement. Colorado success stories are posted on the website of Colorado Connections for Healthy Schools.

On this website, you can discover how teams like yours have worked with administrators to build successful programs in rural, urban, large and small districts across Colorado.

In the Phase Four Resource Section, there are three examples of success from other states, compiled by Action for Healthy Kids.

You'll know you've completed this step if:

- ✔ Your team has developed a structured process to increase the engagement of administrators at a variety of levels;
- ✔ The team documents successful strategies and disseminates them locally, throughout the district, and to the Colorado Department of Education;
- ✔ Focusing on administrator engagement is an ongoing priority of the team.

Step 4

The team connects with other school/community health initiatives

Now that you are "coordinating" with your school health team members and administrators, it's time to look around to examine the potential to connect with other school and district teams and similar community initiatives. Of course, everyone is busy and no one wants to add more meetings to their days! So consider the following:

▸ Identify the purposes and activities of the related groups (talk to a member, get a brochure, learn about them from the Internet, or go to a meeting);

▸ Prepare a succinct description of your school health team and your priorities;

▸ Match the purposes of the groups to your priorities;

▸ Build a relationship with relevant groups, to aid in meeting your goals or to infuse your health message in their work. They won't know about your exciting plans unless you share them, and you may find that you have many partners that can help.

Examples of other school teams with health-related goals:

▸ Wellness Policy Teams

▸ Positive Behavior Support Teams

▸ Accountability Committees

▸ Safety Committees

▸ Staff Wellness Committees

▸ Special Education Staffing Teams

▸ Local Health Advisory Councils

▸ Service Learning Youth Councils

▸ Student Councils

▸ Athletic Teams

Examples of community initiatives with health-related goals:

▸ LiveWell Communities

▸ *Get Real about Tobacco* Coalitions

▸ Colorado Prevention Partners Communities

▸ Local health department partners

▸ Prevention Coalitions

Examples of school/community connections:

▸ The Positive Behavior Support Team only uses healthy rewards for reinforcing positive behavior;

▸ The local health department conducts Body Mass Index screenings on students for the school nurse;

▸ The Student Council conducts a survey on vending machine preferences.

As you expand beyond your team, it is important to quantify the "bigger bang for the buck" you get when you coordinate efforts. Be sure to track number of partners, resources shared, and other outcomes. Documentation of this process, and its results, will be key to justifying why "coordination" is better than doing it alone.

The success of a program is often tied to the personality of the person running it, or the funding, but in Coordinated School Health we are aiming for **system change**. You want to create a new way of doing business, with new partners, and lots of partners, in order to sustain the effort as people and funding change. This step creates the infrastructure to sustain and institutionalize Coordinated School Health. No matter what issue comes along in the future, whether it is violence, depression, or teen pregnancy, the infrastructure to handle it will be in place in the building, at the district level, and in the community.

You'll know you've completed this step if:

✔ Your team has developed a structured process to connect beyond the school health team to other school and community groups that deal with health and prevention;

✔ The team has a system for measuring the success of their school/community-involvement strategies;

✔ The team documents successful strategies to leverage resources and disseminates them locally, throughout the district, and to the Colorado Department of Education;

✔ Focusing on school/community engagement is an ongoing priority of the team, and reviewed as priorities change for the school health team.

Step 5

The team involves parents and community members in school health programs

There is a wealth of research about creating effective school/community/family partnerships. A Google search yielded over 2,440,000 "hits" for parent, school, and community involvement. In Phase Two, Step Five, of the Roadmap, several excellent resources are listed for information on parent, family and community involvement in schools. However you go about it, strengthening the involvement of parents and community members in your school health programs is key to their sustainability.

Parent partnerships are integral to school success in general, and school health programs in particular. Joyce Epstein, Director of the Center for School, Family and Community Partnerships and the National Network of Partnership Schools at Johns Hopkins University, encourages us to consider a variety of ways that parents can be involved in schools. It's helpful to broaden the traditional notion of involvement from just "bodies in the building" or "attendance at a meeting" to strategies that may be more appropriate for the variety of schools, families, businesses, and organizations that comprise our school communities today. In the Phase Four Resource Section, you can find Epstein's six major types of parent/community/family involvement as well as a "redefinition" of each type.

It's likely that your team has already established some community partnerships. When considering new partners, be intentional about which partners you recruit and the type of partnership you wish to establish, particularly with business and community partners. Before approaching them, be clear about your desired outcome of the partnerhip. Do you want them to provide goods and services? Funding? Volunteers? Expertise? What's in it for them?

In a 2007 study by the DeHavilland Associates titled *Community School Partnerships: A National Survey*, schools ranked the importance of their current partners. The top five were:

1. Individual businesses
2. Parent organizations
3. Booster clubs
4. Local non-profits
5. Business coalitions

When asked to rank the partners with whom schools would most like to build relationships in the future, the top five were:

1. Business coalitions
2. Individual businesses
3. Regional/national foundations
4. Postsecondary institutions
5. Externally-run education foundations

There were clear differences in the responses of suburban, urban, and rural schools and districts. Schools in suburban areas have higher support from community-based partners. Schools in urban areas get their support primarily from institutional partners (non-profits, foundations, postsecondary institutions). Schools in rural areas reported below-average support from every partner except booster clubs.

A key finding from the study indicated that schools and districts are willing to invest time and talent to make partnerships successful. However, most schools have not established systematic procedures to recruit and monitor partnerships. The Daniels Fund has researched the reasons that some school partnerships are more effective than others. Their report, *School-Business Partnerships: What Works,* highlights seven strategies for successful partnerships, based on research, interviews, and focus groups with principals, business representatives, and district stakeholders. The seven strategies are:

1. Ensure that student learning and achievement are the focus of every partnership;
2. Develop a well-defined and well-managed program that supports school-based partnerships;
3. Make strategic matches between schools and businesses that advance a school's improvement goals;
4. Set clear expectations for schools and businesses;
5. Provide training for school staff and business employees;
6. Create a meaningful process for communicating about the program and recognizing the contributions of business partners; and
7. Regularly monitor and evaluate each partnership and the overall program.

You'll know you've completed this step if:

- ✔ Your team has developed a variety of methods to engage parents;
- ✔ Community partners are engaged in the work of the Coordinated School Health team;
- ✔ The team is linking its efforts and activities to community programs and initiatives;
- ✔ The team has procedures to recruit and monitor partnerships.

Step 6

The team continues measuring school- and student-level outcomes

Phase Three of the Roadmap provided tips on how to measure changes in school and student level outcomes, as well as other ways to document progress and share successes. Being able to show how your school team is making a difference will help to ensure the ongoing success of your efforts. Successful teams build their own momentum that enables them to recruit new members, secure additional support, and galvanize a school community to become committed to creating a healthy school environment.

As part of your first-year efforts, your school team completed a SHIP that included:

1. **SMART** objectives (an objective that is specific, measurable, attainable, relevant, and time-focused)
2. Measures of accomplishment indicating how you will know your objective has been achieved
3. School-level outcomes that you are targeting and
4. Student-level outcomes (e.g. changes in health status, behavior, or academic achievement) that improve as your objective is achieved.

As your team moves into its second and subsequent years, this SHIP template can serve as a guide for where you have been and where you would like to go. Did you achieve your objectives? Will you now continue related efforts? How do you know you have been successful? What more remains to be done?

Sustaining momentum is easier when you build on your successes and chart your progress.

Three questions for your team to ask are:

▸ What did we set out to accomplish?
▸ What did we learn?
▸ Based on what we learned, what will we do next?

Setting aside time to examine your goals, understand what helped or hindered your progress, and plan your next strategies helps your team learn from its experience. Many teams find that actively reflecting on where they are and where they want to go helps to keep the team moving forward. Small, manageable cycles of change are more likely to lead to clear-cut improvements as compared to those that are more ambitious and require broader systems-level changes. Being realistic about the objectives you undertake and the sequence of changes that will ultimately create a healthy school environment is critical to your team's ongoing success.

Teams that can demonstrate success (whether small or large) benefit in a number of ways: team members are more likely to stay engaged, administrators are more likely to continue their support, and other stakeholders in the school and larger community are more likely to become more actively involved in the school team's efforts. As in any type of change process, success breeds success, so ensure that your plans enable you to demonstrate the progress you have made, the work that remains to be done, and the ways in which a broader circle of stakeholders can help support your efforts.

Go back and look at the different ways you can measure school- and student-level outcomes in Phase Three, Step Two. If you were able to increase the percent of wellness policy guidelines implemented at your school by 50 percent in your first year, perhaps your target should be to implement 100 percent of these policies in the next year. If teacher absence rates declined by 10 percent in your first year, your team could

aim for a 20 percent decrease in the second year.

Schools like those in McComb, Mississippi, have found that it may take many years for changes in student outcomes to be observed. When changes at the school and student levels were tracked, the results were convincingly impressive. Pat Cooper, the School Superintendent, reports that it took six years to implement a Coordinated School Health Plan in all district schools. Eight years into a 13-year project, here are the results that McComb has been able to report:

▸ School dropout rates went from 30 percent to less than two percent.

▸ School graduation rates climbed from 77 percent to 81 percent.

▸ ACT scores rose from 19 to 21 in three years, above state and national averages and among the highest in Mississippi.

▸ Second-graders reading at grade level jumped from 11 percent to 85 percent in three years.

▸ No school in the district has been designated "in need of improvement" of state goals set in accordance with the federal "No Child Left Behind Act."

▸ In the first three years of the program, in-school detentions dropped from 2,800 to 435, and out-of-school suspensions dropped from 1,769 to 83.

▸ From five fights a week and racial gangs, schools last year recorded five fights total – three of them involving girls fighting over a boy. Juvenile violent crime arrest rates have dropped 65 percent.

▸ Truancy dropped. Average attendance climbed from 95.59 percent of enrollment to 97.31 percent in three years.

You'll know you've completed this step if:

✔ The team uses data to compare the team's performance in year one and to determine priority areas for action for year two;

✔ The team has identified existing data in the building to support their objectives;

✔ The team has written measures of accomplishment on their SHIP, and a team member is in charge of collecting these data;

✔ The team has collected baseline data and a plan to collect data in year two to track changes in school and student level outcomes;

✔ The team actively monitors its progress on the SHIP.

And finally....

Keep going!!!

Educators are increasingly aware that successful schools create a learning environment that enables all stakeholders (teachers, administrators, parents, and the community) to recognize the common stake they have in the future of their school system and how they can learn from each other. Just as "learning communities" are vital to educational reforms, the same concept applies to school health teams. Through a systematic review of your school's health environment and a sequential planning process, your team can mobilize your school community to aspire to common health goals that will ultimately benefit everyone, but in particular your students and their ability to learn.

Through the School Health Index, you have become aware of the strengths of your school environment and the areas where more improvements can be made. You have defined your priorities, those areas that offer the greatest potential for further change. What will help to keep your team moving forward? **In the ideal,** your efforts have created momentum that has enabled your school community to commit to further change and the resources needed to support it. This process of learning, reflecting, and connecting is designed to create a broader school climate that recognizes the importance of health in its various dimensions, acknowledges the connection between health and learning, and supports an environment in which health is integrally connected to the mission of the school, that of promoting lifelong learning throughout the school and its supporting community. All best wishes as you continue this vital journey!

COLORADO
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Phase Four Resource Section

Step 1   Collins, Jim. *Good to Great*, HarperCollins Publishers, Inc., 2001.

Step 2   *Fit, Healthy and Ready to Learn*
http://www.nasbe.org/healthyschools/fithealthy.html

Step 3   Examples of success from other states, compiled by Action for Healthy Kids
(Action for Healthy Kids Field Report Volume 1, No. 3, 2006)
http://www.actionforhealthykids.org/special_exclusive.php

Colorado Connections for Healthy Schools – Success Stories
http://www.cde.state.co.us/cdeprevention/csh_success_stories.htm

Step 5   Joyce Epstein's Six Types of Parent/Family/Community Involvement
National Network of Partnership Schools: Center on School, Family and
Community Partnerships
http://www.csos.jhu.edu/P2000/center.htm

DeHavilland Associates, *Community School Partnerships: A National Survey*
http://www.dehavillandassociates.com

Daniels Fund, *School-Business Partnerships: What Works.* The Daniels Fund website
also includes information on potential barriers, strategies to overcome the barriers
and success tips for school/business partnerships.
http://www.danielsfund.org/sevenstrategies/Strategies/

Step 6   Coordinated School Health in McComb, Mississippi
http://www.mccomb.k12.ms.us/index.htm