

Leveraging School Improvement Plans to Strengthen Health and Wellness

September 27, 2016

1:00-2:00 PM EDT



**NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS**
Promoting Health, Preventing Disease

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- Handouts - 3

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National Association of Chronic Disease Directors (NACDD) is comprised of over 6,000 specialized chronic disease practitioners working in public health departments across all 50 States and US Jurisdictions to prevent and control chronic disease.

The School Health Project assists Chronic Disease Directors and their staff to make informed decisions about a variety of school health issues.



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Disclaimer

- This webinar was produced under a cooperative agreement with the Centers for Disease Control and Prevention (CDC).
- Its contents are solely the responsibility of the authors and do not necessarily represent the official views of NACDD or CDC.



Learning Objectives

- Explain school improvement plans (SIPs) and the process that is commonly used to develop them
- Describe the rationale and opportunities for incorporating health and wellness into SIPs
- Describe the efforts in two states to incorporate health and wellness goals, objectives and activities into SIPs
- List challenges to incorporating health and wellness into SIPs and strategies to overcome them.



Speakers



Rachelle Johnson Chiang, MPH
Senior Consultant, School Health
National Association of Chronic
Disease Directors



Audra Walters, MHS, CHES
Director, Coordinated School Health,
Arkansas Department of Education



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Speakers



Jeri Clark, BS, Director
School Health Services
Arkansas Department of Education



Amy Dyett, MAT, Director
Health and Wellness
Colorado Education Initiative





A Guide For Incorporating

**HEALTH &
WELLNESS**

into

**SCHOOL
IMPROVEMENT
PLANS**



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<http://www.chronicdisease.org/?SchoolHealthPubs>



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WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD
A collaborative approach to learning and health



School Improvement Plans

- ➔ Strategic plans that are focused on improving the quality of teaching and learning to strengthen academic achievement.
- ➔ Provide a framework and systematic process for analyzing challenges, identifying underlying problems and solutions.

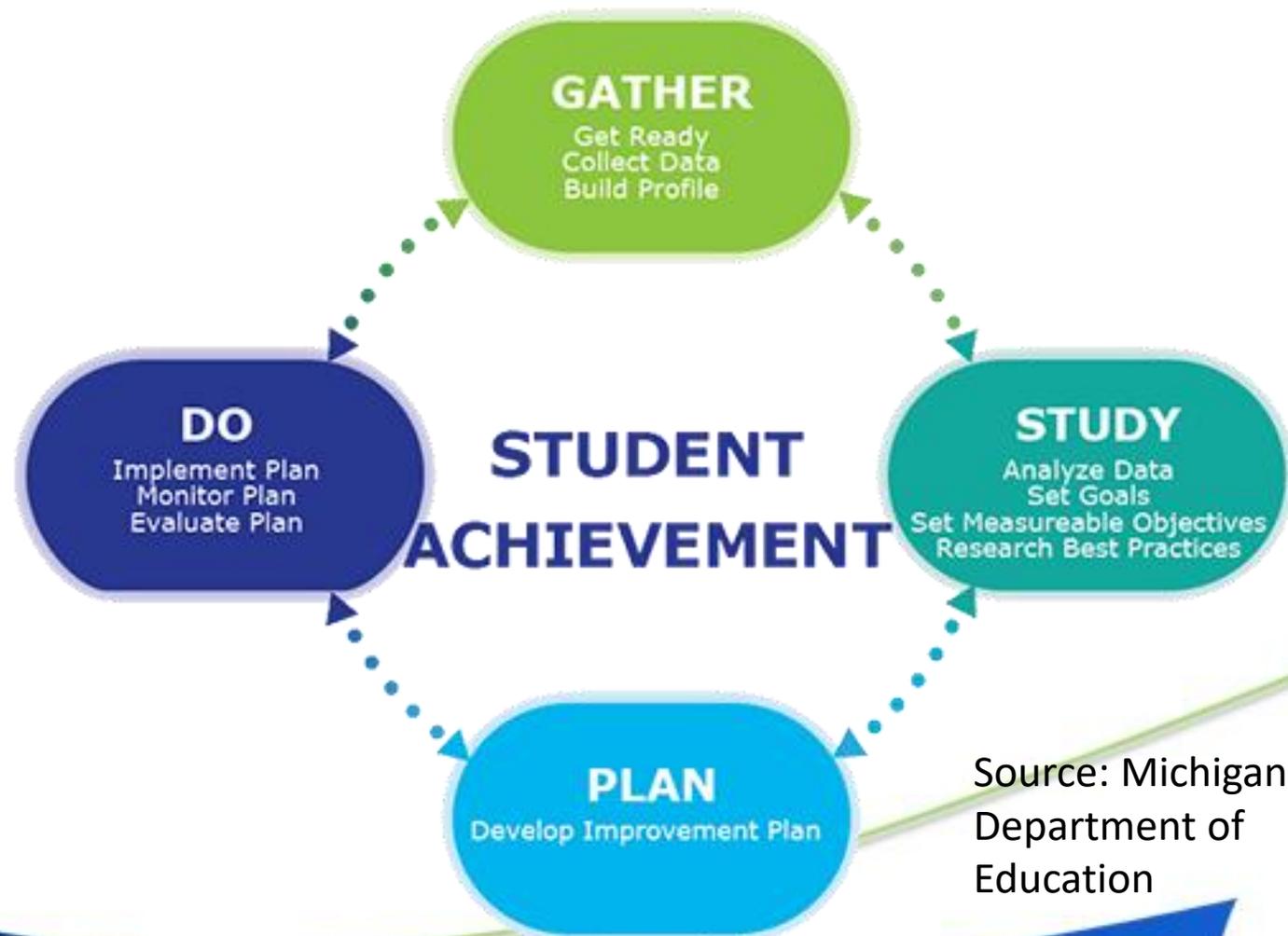


School Improvement Plans

- ➔ For many schools, the SIP is the most important planning document developed annually or bi-annually
- ➔ The ultimate purpose of all SIPs is to increase students' academic achievement.



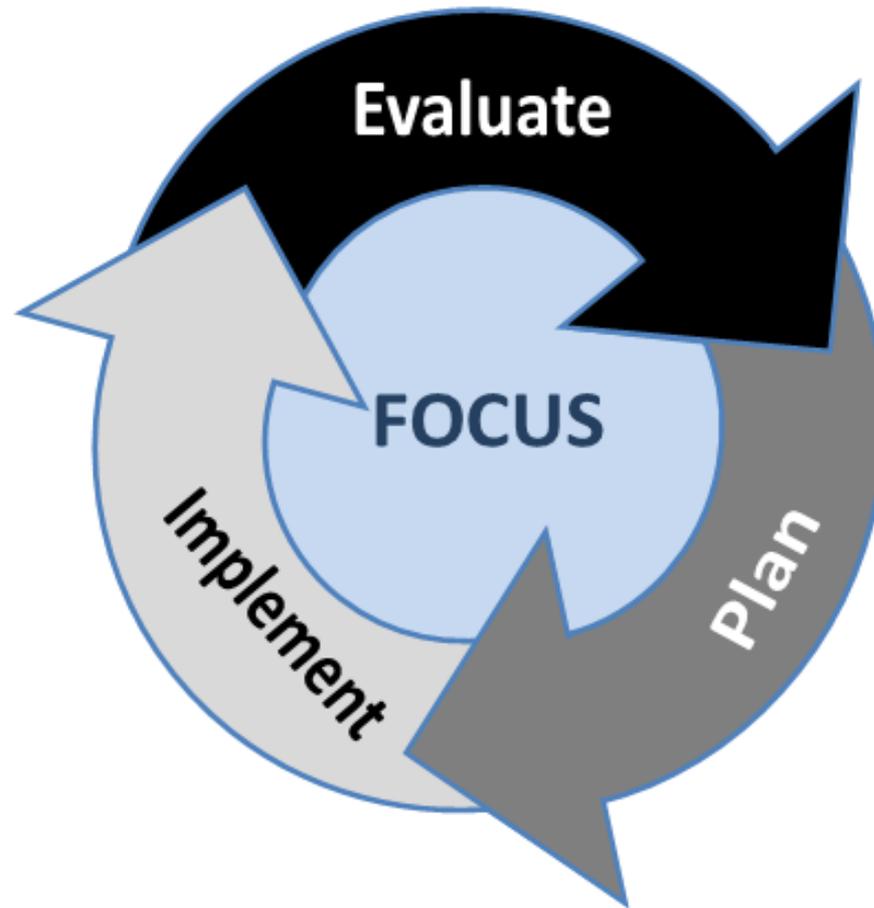
Example of Planning Process



Source: Michigan
Department of
Education



Example of Planning Process



Source:Colorado
Department of
Education



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School Improvement Planning Team

- Principal
- Assistant principal(s)
- Classroom teachers
- Support staff such as teaching assistants
- Other school staff such as a school nurse, psychologist, school counselor, nutrition director, school social worker
- Parent representative(s)
- Representative(s) from School Health Advisory Committee or School Wellness Team
- Representatives from community agencies
- Business representative(s)
- Students



Why Incorporate Health & Wellness?

➔ Health impacts academic achievement!

➔ The ultimate purpose of all SIPs is to increase students' academic achievement.

➔ For many schools, the SIP is the most important planning document developed annually or bi-annually.



Why Incorporate Health & Wellness?

- ➔ Improvement plans often drive school- and district-level priorities.
- ➔ What is included in an improvement plan is what gets measured and accomplished on an ongoing basis.
- ➔ Assessments are a key part of creating a SIP. Ideal opportunity to include health-related assessments.



Incorporating Health & Wellness in School Improvement Plans



Jerri Clark & Audra Walters
Arkansas Department of Education

Childhood Obesity in Arkansas

Figure 2. Year 12 Student BMI Classification for Arkansas Public School Students (Grades K, 2, 4, 6, 8, and 10)

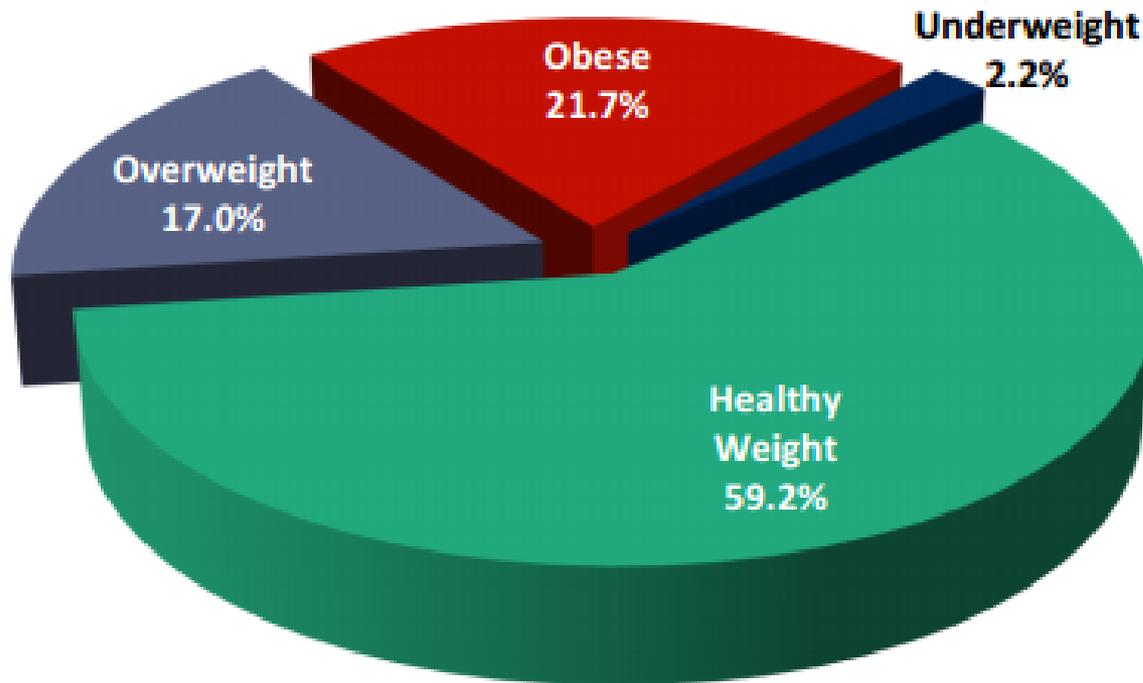
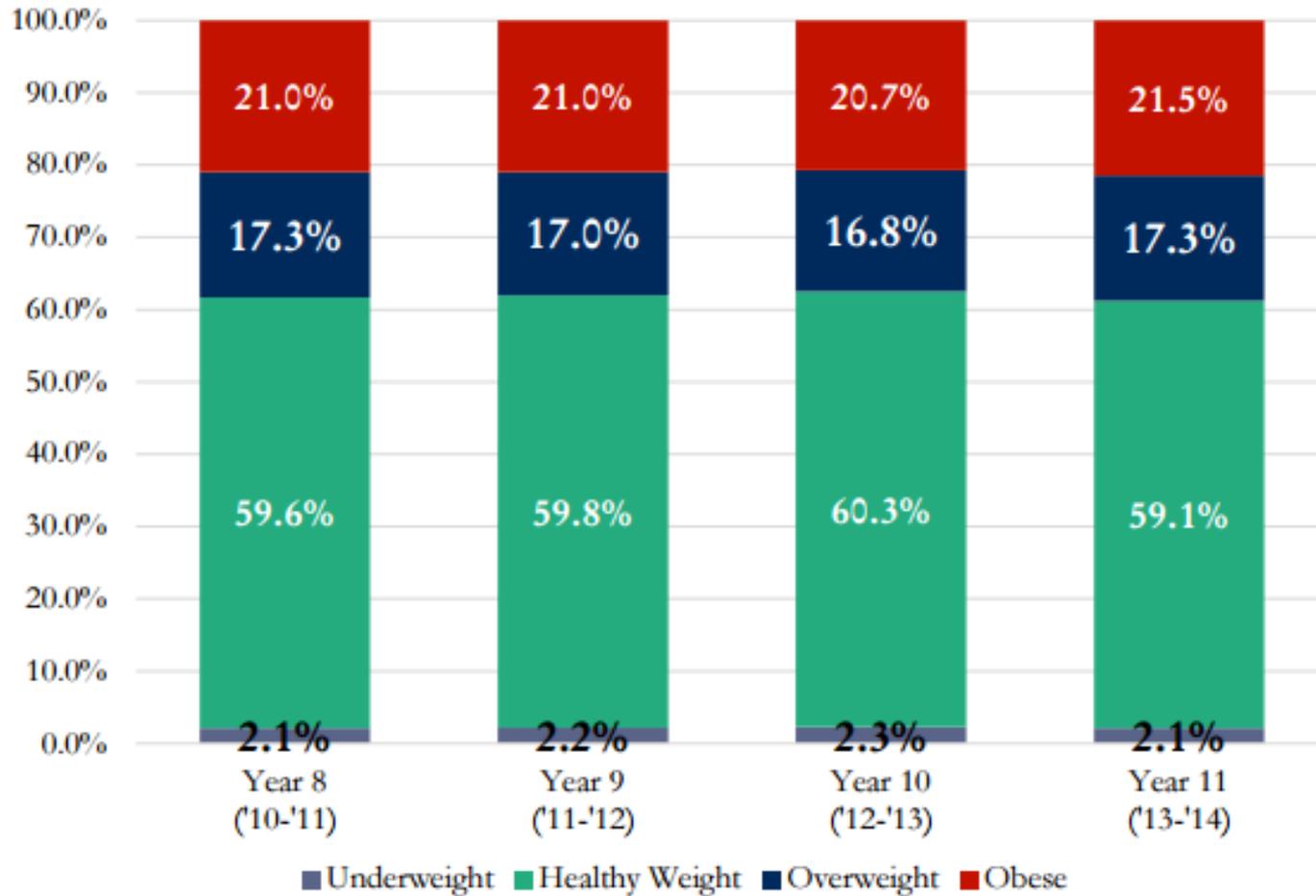


Figure 2. Year 8–Year 11 Trends in BMI Classification for Arkansas Public School Students (Grades K, 2, 4, 6, 8, and 10)



Act 1220 of 2003

1. Created a Child Health Advisory Committee
2. Reduced access to unhealthy food and beverages
3. Required a local district wellness committee
4. Schools report BMI for grades K, 2, 4, 6, 8, and 10
5. Quarterly menu reviews by district wellness committee
6. Require School Health Index modules 1-4 and 8
7. Require nutrition and physical activity goals in school improvement plans



Act 1220 of 2003

Challenges of Act 1220

- Relevance to academics

- Compliance with state and federal requirements

- Buy-in from district administrators

Successes of Act 1220

- Provides a platform for integrating the Whole Child Model

- Encourages inter- and intra-agency collaboration

- State, district, and school level BMI reports available



Partnerships & Collaboration



- ADE School Health Services
- ADE School Improvement
- ADE Child Nutrition
- Arkansas Department of Health, Community Health Promotion Specialists & Community Health Nurse Specialists



School Improvement Health and Wellness Planning

1. Data collection (School Health Index & BMI)
2. Analyze data and needs assessment
3. Develop goals & objectives
4. Identify actions and a timeline
5. Monitor and evaluate



Health and Wellness District Improvement Priority

Section I: District Information

School Year:	<input type="text"/>
District LEA Number:	<input type="text"/>
School District:	<input type="text"/>
LEA Number:	<input type="text"/>
LEA Name:	<input type="text"/>
District Wellness Committee Chair Name:	<input type="text"/>
Committee Chair Position:	<input type="text"/>
Committee Chair Email:	<input type="text"/>
Committee Chair Phone:	<input type="text"/>
District Wellness Committee Co-Chair Name:	<input type="text"/>
Committee Co-Chair Position:	<input type="text"/>
Committee Co-Chair Email:	<input type="text"/>
Committee Co-Chair Phone:	<input type="text"/>

Repeat

District Wellness Committee Members:

Hint

Hint

[Arkansas Rules Governing Nutrition, Physical Activity, and Body Mass Index Protocols in Public Schools \(Act 1220 of 2003\), Section 6.01:](#)

[Health Hunger Free Kids Act \(HHFKA\) of 2010, Section 204](#)

First Name	Last Name	Position or Role	School or Organization
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section II: Needs Assessment

School Health Index Assessment

Hint

- Check box if completing the SHI Assessment online
- Check box if the school completed the pdf version of the SHI Assessment, upload the Completed Overall Score Card and the School Health Improvement Plan to the Health & Wellness Folder.

If completing the SHI Assessment online you must provide a Reference Number.

Reference Number:

Body Mass Index (BMI)

Hint

- The school can verify the analysis of the School Level Body Mass Index screening data conclusions.**

Description/Conclusion

Other health and wellness related data (Optional)

Description/Conclusion

Section II: Needs Assessment

School Health Index Assessment

Hint

Check box if completing the SHI Assessment online

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Reference Number:

Body Mass Index (BMI)

Hint

The school can verify the analysis of the School Level Body Mass Index screening data conclusions.

Description/Conclusion

Other health and wellness related data (Optional)

Description/Conclusion

Hint

[Online version of the SHI Assessment](#)

[Elementary PDF version of the SHI Assessment](#)

[Middle/High PDF version of the SHI Assessment](#)

Hint

[Arkansas Center for Health Improvement \(ACHI\) Public School BMI Reports](#)

Section III: Health and Wellness Goals

(Provide a detailed description of each required activity)

Goal 1: How will the LEA provide coordination and support to create a healthy nutrition environment for students? {HINT: see 3 required activities.}

Hint

Activity	Person Responsible	Timeline

Description

Goal 2: How will the LEA provide coordination and support to create an environment that promotes physical activity and provides quality physical education for students? {HINT: see 3 required activities.}

Hint

Activity	Person Responsible	Timeline

Description

Section III: Health and Wellness Goals

(Provide a detailed description of each required activity)

Goal 1: How will the LEA provide coordination and support to create a healthy nutrition environment for students? {HINT: see 3 required activities}

Hint



Hint

Requirement 1: Coordinate with child nutrition personnel to ensure menus are reviewed quarterly by the district wellness committee and healthy food choices are being marketed.

Requirement 2: Ensure that all students served by the LEA receive grade-appropriate nutrition education.

Requirement 3: Ensure the district's wellness policy is in compliance with federal and state mandates.

Activity

Description

Goal 2: How will the LEA provide coordination and support to create an environment that promotes physical activity and provides quality physical education for students? {HINT: see 3 required activities}

Hint



Hint

Requirement 1: Ensure that minimum levels of physical education and physical activity are being provided. If more than the minimum is being provided, please provide a description.

Requirement 2: Ensure that physical activity is implemented across the curriculum for all grade levels.

Requirement 3: Ensure that the district policy is in compliance with federal and state mandates.

Activity

Description

Goal 3: How will the LEA promote a healthy school environment that promotes learning throughout the school culture? {HINT: see 1 required activity.}

Hint

Activity	Person Responsible	Timeline

Description

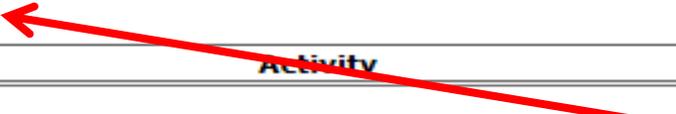
Goal 4: (Optional) How does the school address other health disparities trending among students identified from the Needs Assessment?

Activity	Person Responsible	Timeline

Description

Goal 3: How will the LEA promote a healthy school environment that promotes learning throughout the school culture? {HINT: see 1 required activity.}

Hint



Activity	Person Responsible	Timeline

Hint

Requirement 1: Provide professional development for staff that includes nutrition and physical activity

Description

Goal 4: (Optional) How does the school address other health disparities trending among students identified from the Needs Assessment?

Activity	Person Responsible	Timeline

Description



ARKANSAS DEPARTMENT OF EDUCATION

Arkansas Department of Education Office of School Health Services

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SCHOOL HEALTH SERVICES

Creating and Sustaining a Healthy School Culture



THE
COLORADO
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INITIATIVE

**Leveraging School Improvement Plans to
Strengthen Health and Wellness in Colorado**

Amy Dyett, Director of Health and Wellness

September 27, 2016



Colorado Education Initiative

Vision

Every student in Colorado is prepared and unafraid to succeed in school, work, and life, and ready to take on the challenges of today, tomorrow, and beyond.

Mission

The Colorado Education Initiative unlocks the unique potential of every student in Colorado by incubating innovation, shining a spotlight on success and investing in sustainable change that improves outcomes for students.

Professional
Learning

Next
Generation
Learning

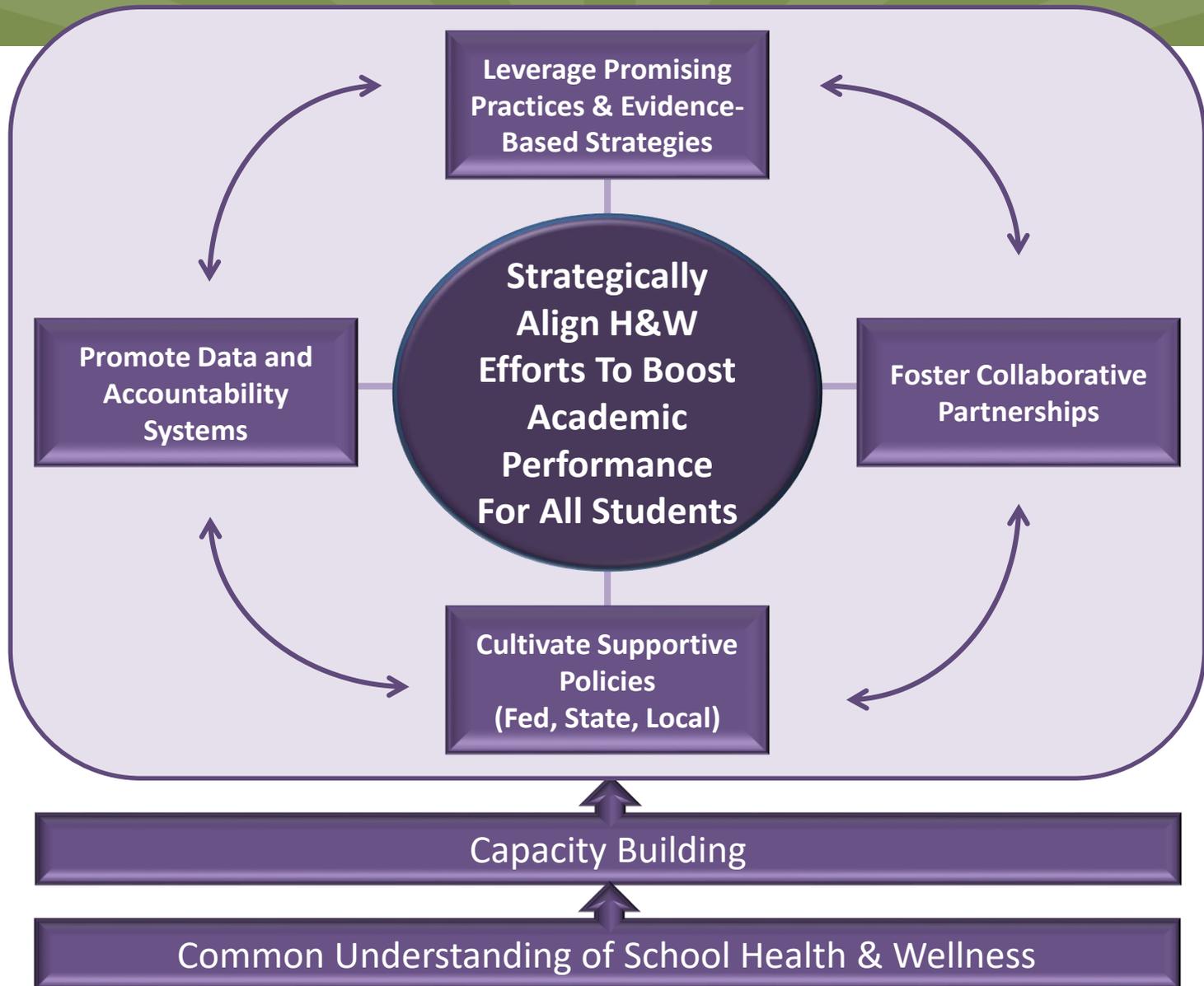
Colorado
Legacy
Schools

STEM

Health &
Wellness



Health and Wellness Vision



School Health Assessment of Policies and Practices

Comprehensive
of all school
health
components

Streamlines
how data are
collected and
reported

Developed and
informed by
multiple
stakeholders

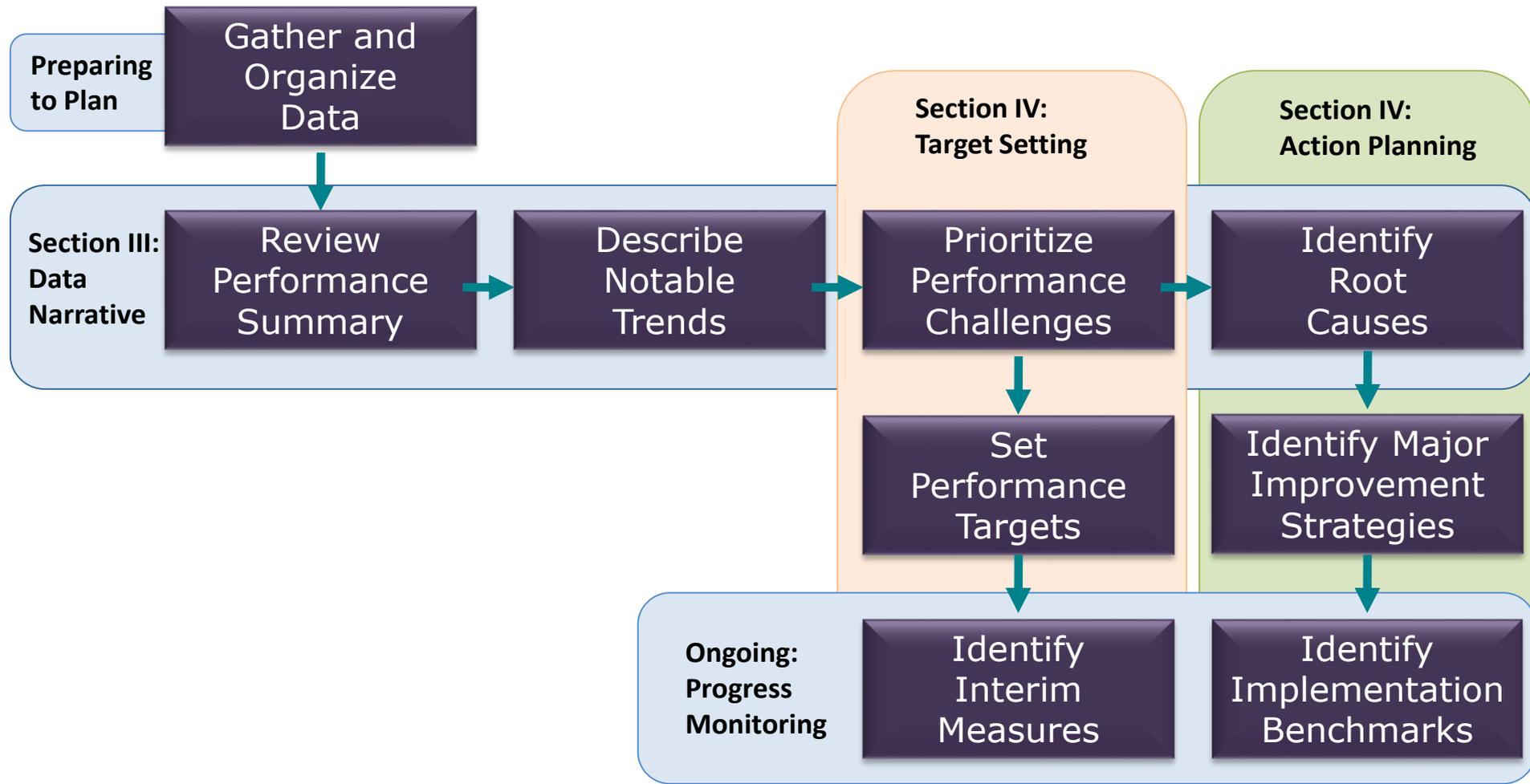
Administered
statewide to all
school-levels

Used to inform
improvements
to school
health efforts

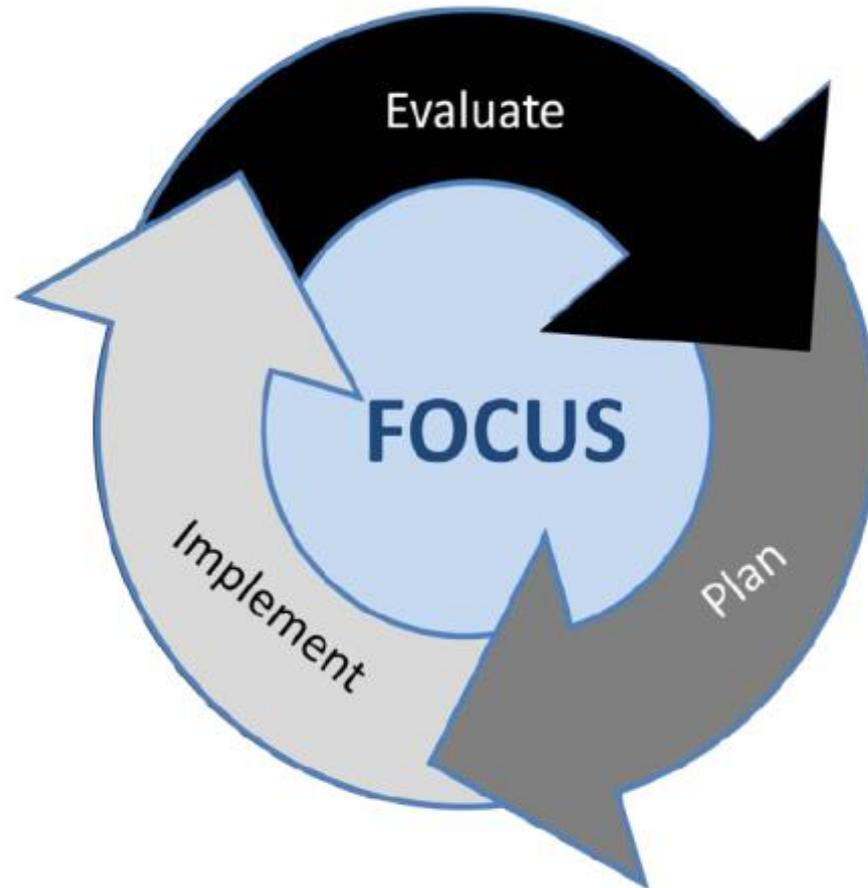
What is Unified Improvement Planning?

Alignment	A system to align improvement planning requirements for state and federal accountability into a “single” plan.
Documentation	A common format for schools and for districts to document improvement planning efforts. Schools/districts on accountability clock must demonstrate a coherent plan for dramatic change and adjustments over time. Reviews conducted by CDE and the State Review Panel.
Transparency	A process for including multiple voices, including staff, families and community representatives. Plans are also posted publicly.
Best Practice	A statewide strategy to promote improvement planning based on best-practice, including use of state and local data and engagement in a continuous improvement cycle.
Support	A mechanism for triggering additional supports through CDE (especially for schools/districts on accountability clock).

Unified Improvement Planning Processes



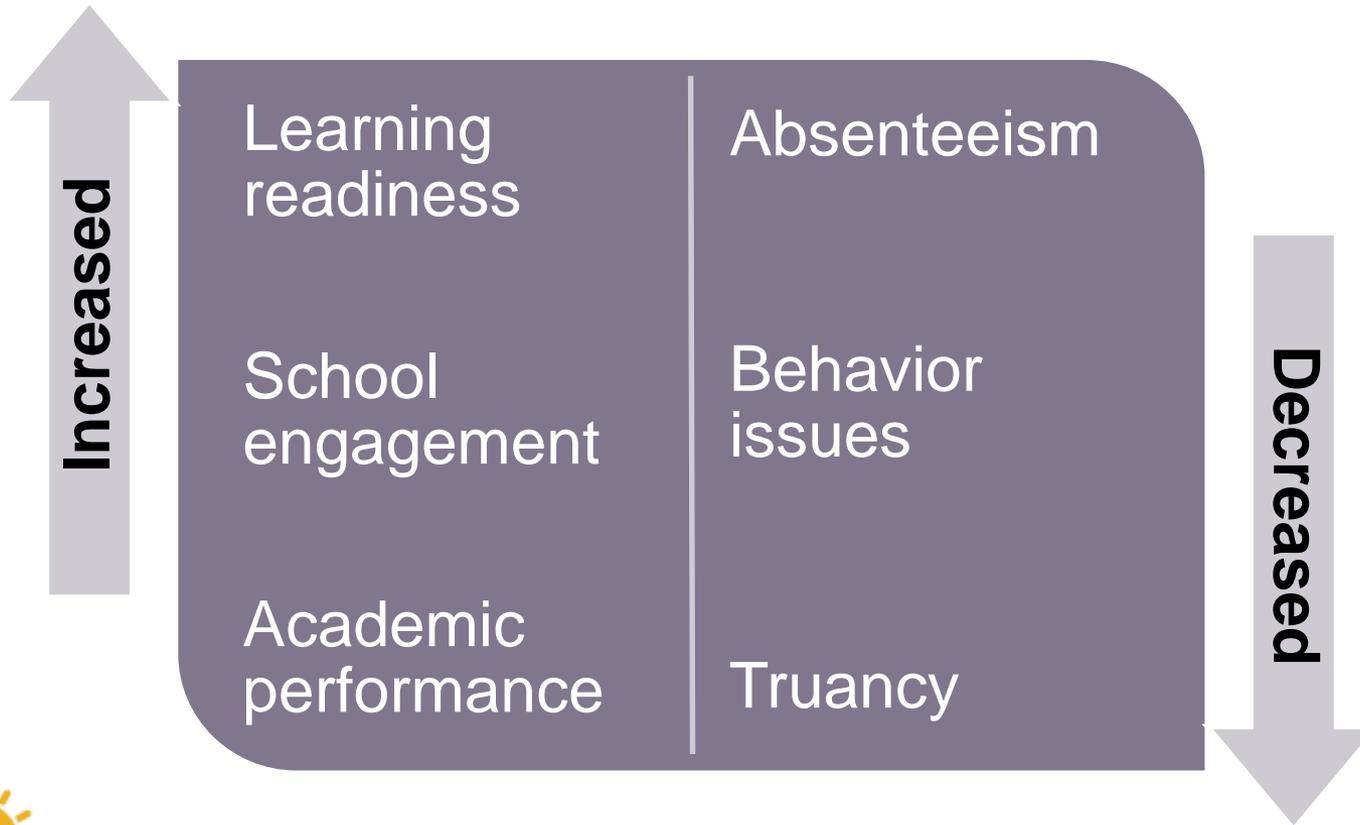
Continuous Improvement



UIP and Data Sources

Student Learning	Demographic Data	Process Data	Perception Data
<ul style="list-style-type: none"> • Local summative and interim assessment results • Student work samples • Classroom assessment results • CBLA assessment results 	<ul style="list-style-type: none"> • School locale and size of student population • Student characteristics, including poverty, language proficiency, IEP, migrant, race/ethnicity • Student mobility rates • Staff characteristics (e.g., experience, attendance, turnover) • List of schools and feeder patterns 	<ul style="list-style-type: none"> • Comprehensive evaluations of the school/district (e.g., SST, CADI) • Curriculum documents • Instructional materials • Observations of Instructional Practice • Academic interventions available to students • Student attendance • Discipline referrals and suspension rates • Schedules and class sizes • Family/community involvement policies/practices • Professional development (structure, participation, focus) • Services and/or programs (Title I, special ed, ESL) • Extended day or summer programs • RTI Fidelity of Implementation (based on RTI Rubrics) 	<ul style="list-style-type: none"> • Teaching and learning conditions surveys (e.g., TELL Colorado) • Perception survey data (e.g., parents, students, teachers, community, school leaders) • Self-assessment tools

UIP and Research/Best Practices



Examples of Integrating Health

Performance Indicators	Measures/Metrics	Priority Performance Challenges	Annual Performance Targets	Interim Measures for 2012-13	Major Improvement Strategy
Health and Wellness	Discipline Data	<p>ES – Significant increase in number of incidents from 10-11 to 11-12</p> <p>MS – Significant increase in number of incidents from 9-10 to 10-11</p> <p>HS – increase in number of incidents from 9-10 to 10-11</p>	<p>ES – Reduce number of incidents in 12-13 school year by 5%</p> <p>MS – Continue downward trend in incidents in 12-13 SY</p> <p>HS – Continue downward trend in incidents in 12-13 SY</p>	<p>ES – Reduce number of incidents in 13-14 school year by 5%</p> <p>MS – Continue downward trend in incidents in 13-14 SY</p> <p>HS – Continue downward trend in incidents in 13-14 SY</p>	<p>SWIS data</p> <p>District: Provide support to staff at all levels, Kindergarten through 12th grade, through a district wide focus on improved climate and culture: comprehensive health; improved nutrition; implementation of behavior support systems; and improved attendance.</p>
	Attendance Data	<p>With the exception of the elementary school, attendance has consistently been below the 95% average that the district aspires to.</p>	<p>Increase attendance to 94% at the middle and high schools for 2012-2013 SY</p>	<p>Increase attendance to 95% at the middle and high schools for 2013-2014 SY</p>	<p>Attendance data from year-end report as well as interim attendance data from Asst. Principals</p> <p>District: Provide support to staff at all levels, Kindergarten through 12th grade, through a district wide focus on improved climate and culture: comprehensive health; improved nutrition; implementation of behavior support systems; and improved attendance.</p>
	Healthy Kids Colorado Data	<p>Middle and High School</p> <p>Between 2010-2011 and 2011-2012, the percent of students in grades 6-12 that feel safe at school dropped from 93% to 86%</p>	<p>Increase percent of students who feel safe at school to 89%</p>	<p>Increase percent of students who feel safe at school to 93%</p>	<p>Student perception survey data</p> <p>Healthy Kids Colorado Survey</p> <p>District: Provide support to staff at all levels, Kindergarten through 12th grade, through a district wide focus on improved climate and culture: comprehensive health; improved nutrition; implementation of behavior support systems; and improved attendance.</p>
	Free and Reduced Lunch Data	<p>Percent of students qualifying for free and reduced lunch continues to exceed 50%</p>	<p>Increase students participating in breakfast program through breakfast in the classroom at the ES.</p>	<p>Increase amount of meals that are freshly prepared at all grade levels.</p>	<p>Food services participation data</p> <p>District: Provide support to staff at all levels, Kindergarten through 12th grade, through a district wide focus on improved climate and culture: comprehensive health; improved nutrition; implementation of behavior support systems; and improved attendance.</p>

Examples of Integrating Health

Major Improvement Strategy:

- Provide support to staff at all levels (K-12) through a district wide focus on improved climate and culture, comprehensive health, improved nutrition, implementation of behavioral support services and improved attendance.

Activities:

- PD on classroom management to all classroom teachers.
- Increase students participating in breakfast program through breakfast in the classroom.
- Create student wellness team at each level to address school climate.



Examples of Integrating Health

Major Improvement Strategy:

- Establish schedules and implement strategies to support increased instructional learning time and student achievement.

Activities:

- Collaborate with the School Health Team to provide a healthy breakfast program, brain boosters in the classroom and other activities that support student and staff general health and well-being.



Examples of Integrating Health

Major Improvement Strategy:

- A positive climate and culture exists as evidenced by Positive Behavior Support system, implemented with fidelity, parent and community involvement and a sense of community as evidenced.

Activities:

- Recognition of all students and communication with all students and parents will ensure that even the most disenfranchised families will find a staff member at school with whom they can communicate.
- Provide coaching and professional development to teachers related to managing student behavior in the classroom.

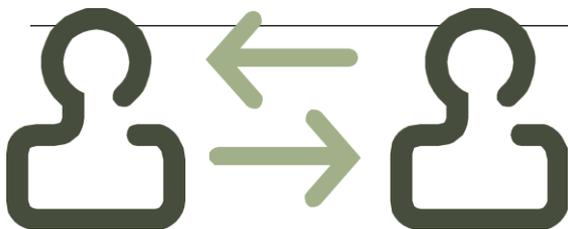
Implementation Benchmark:

- By March 2014 the number of student referrals of the classroom will decrease from December baseline by 50%.



What can YOU do to incorporate health into the UIP?

- Convene a school health team
- Collect school health data!
- Educate! Bring awareness to administrators and school board about link between health, school climate and learning
- Tie to other mandates and programs
 - USDA local wellness policy, Every Student Succeeds Act, Whole School, Whole Child, Whole Community (WSCC)
- Create an implementation plan



CEI Resources

- [*Connecting Health and Learning*](#)
- [*School Health and Wellness: Implications of State and Federal Legislation*](#)
- [*Colorado Framework for School Behavioral Health*](#)
- [*Measuring School Climate: A Toolkit for Districts and Schools*](#)
- [*School Health Best Practice Guide*](#)
- [*OTHER Health and Wellness Resources*](#)





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Thank you!

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QUESTIONS?

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