



DESTINATION

HEALTHY SCHOOLS
SUCCESSFUL STUDENTS

A ROADMAP & GUIDEBOOK
TO IMPLEMENTING A
COLLABORATIVE APPROACH
TO LEARNING & HEALTH
AT THE SCHOOL LEVEL





ACKNOWLEDGEMENTS

Destination: Healthy Schools Successful Students, A Roadmap & Guidebook to Implementing a Collaborative Approach to Learning and Health at the School Level is a stellar example of what can happen when a desire for systems change and collaborative work exists among agencies.

In 2006, RMC Health, the Colorado Department of Education, the Colorado Department of Public Health and Environment, and the Center for Research Strategies embarked on a journey to create a step-by-step process for schools implementing Coordinated School Health. The original *Roadmap to Healthy Schools* has been utilized by hundreds of Colorado schools and adapted for use in other states.

To create the **Destination**, RMC Health and the Colorado Department of Education have drawn heavily on the experiences of Colorado schools that are implementing Whole School, Whole Community, Whole Child under conditions that range from simple to challenging. The **Destination** includes a revised **Roadmap** written as a step-by-step guide for school health teams just getting started and a **Guidebook** for experienced teams seeking in-depth support in specific areas.

As with all collaborative efforts, thanks are in order. It is with great appreciation that we recognize:

- The Colorado Health Foundation for funding this and other important projects focused on healthy schools and students
- Colorado school health team members and District Health and Wellness Coordinators for their input and feedback
- DuffyDoyen Consulting for their research, organization, and writing of this tool
- Creative Media Solutions, Inc., for design and layout
- The Colorado Education Initiative for the creation of *Colorado's Best Practice Guidelines for Schools*

For more information or to download the **Destination: Healthy Schools Successful Students, A Roadmap & Guidebook to Implementing a Collaborative Approach to Learning and Health at the School Level**, visit rmc.org/destination.

THE CASE FOR WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD

The *Whole School, Whole Community, Whole Child* model developed by ASCD and the CDC takes the call for greater collaboration over the years and puts it firmly in place. For too long, entities have talked about collaboration without taking the necessary steps. This model puts the process into action.

—Dr. Gene R. Carter, CEO and Executive Director, ASCD

Why a Collaborative Approach

Schools are one of the most efficient systems for reaching children and youth to provide health services and programs, as approximately 95 percent of all U.S. children and youth attend school. At the same time, integrating health services and programs more deeply into the day-to-day life of schools and students represents an untapped tool for raising academic achievement and improving learning.

Studies demonstrate that when children's basic nutritional and fitness needs are met, they attain higher achievement levels. Similarly, the use of school-based and school-linked health centers—ensuring access to needed physical, mental, and oral health care—improves attendance, behavior, and achievement. The development of connected and supportive school environments benefits teaching and learning, engages students, and enhances positive learning outcomes. The development of a positive social and emotional climate increases academic success, reduces stress, and improves positive attitudes toward self and others.

In turn, academic success is an excellent indicator for the overall well-being of youth and a primary predictor and determinant of adult health outcomes. Individuals with more education are likely to live longer; experience better health; and practice health-promoting behaviors such as exercising regularly, refraining from smoking, and obtaining timely health care check-ups and screenings. These positive outcomes are why many of the nation's leading educational organizations recognize the close relationship between health and education, as well as the need to foster health and well-being within the educational environment for all students.

The Need for a New Model

The traditional Coordinated School Health (CSH) model has been a mainstay of school health in the United States since 1987. Disseminated by the U.S. Centers for Disease

Control and Prevention (CDC), the CSH model has provided a distinct framework for organizing a comprehensive approach to school health. In addition to the CDC, many national health and education organizations have supported the CSH approach. However, the approach has been viewed by educators primarily as a health initiative and has consequently gained limited application across the education sector at the school level.

The Whole School, Whole Community, Whole Child (WSCC) model combines and builds on elements of the traditional WSCC approach and the whole child framework. ASCD and the CDC developed this expanded model—in collaboration with key leaders from the fields of health, public health, education, and school health—to strengthen a unified and collaborative approach to learning and health.

Expanded Components

The traditional CSH model contained eight components, while the WSCC model has ten, expanding the two original components of Healthy and Safe School Environment and Family and Community Involvement into four distinct components. The expansion focuses additional attention on the effect of the Social and Emotional Climate in addition to the Physical Environment. Family and Community Involvement is divided into two separate components to emphasize the role of community agencies, businesses, and organizations, as well as the critical role of Family Engagement. This change marks the need for greater emphasis on both the psychosocial and physical environments as well as the ever-expanding roles that community agencies and families must play. Finally, this new model also addresses the need to engage students as active participants in their learning and health.¹

¹Excerpted and adapted from "Whole School Whole Community Whole Child: A Collaborative Approach to Learning and Health," ASCD, www.ascd.org/ASCD/pdf/siteASCD/publications/wholechild/wsc-a-collaborative-approach.pdf

A COLLABORATIVE APPROACH TO LEARNING AND HEALTH

WHOLE SCHOOL WHOLE COMMUNITY WHOLE CHILD

A Collaborative Approach to Learning and Health



WELCOME TO THE HEALTHY SCHOOL JOURNEY



The beginning of any journey is full of both anticipation and uncertainty, and the journey of creating a healthy school is no different. The

Destination: Healthy Schools

Successful Students provides a structure for you to track your milestones and log your progress

along the way. When you get stuck, the **Destination** provides guidance, direction, and tips for success for school health co-leaders, team members, and school administrators.

The **Destination** is written in two sections. **The Roadmap:**

Getting Started with School Health is written primarily for schools that are just starting to implement school health initiatives or programs. It is also appropriate for school teams that have had significant turnover in members or administrators, and who will benefit from going back to the basics. **The**

Roadmap has step-by-step guidance for creating a team with administrator support, conducting an assessment, and implementing and evaluating a School Health Improvement Plan. Like any good map, we hope it will be dog-eared, bent, and marked with coffee stains from use. **The Guidebook:**

Creating a Healthy School Culture is appropriate for all school teams, and will be particularly relevant for experienced school teams that have been in place for more than one school year. The **Guidebook** includes research, strategies, and sample documents to create a healthy, sustainable school culture.



Overview of The Roadmap: Getting Started with School Health

The **Roadmap** starts at the very beginning of the school health journey and is intended to be chronological. It includes information about creating the infrastructure for a school health team, and provides step-by-step guidance about conducting a school health assessment and using the results to write a School Health Improvement Plan. These are foundational steps to create a school health program and, ultimately, a healthy school culture.

The **Roadmap** includes *Mile Markers* with information and tips for each part of the process. At the end of each section, the “traffic light” will help you pause and assess your readiness to move on to the next section. Travel Log worksheets will help your team document progress and create a written history of your process.

Roadmap Mile Markers:

1. Get your administrators on board
2. Identify leaders for the school health team
3. Assemble a school health team
4. Conduct an assessment of your current school health efforts
5. Identify a priority for the School Health Improvement Plan
6. Write a School Health Improvement Plan
7. Implement the School Health Improvement Plan



Overview of The Guidebook: Creating a Healthy School Culture

The **Guidebook** is relevant for all school teams, especially teams that have already become proficient at conducting an assessment and writing/implementing a School Health Improvement Plan. It includes research, strategies, and sample documents to “go deeper” by strengthening administrative support, using data effectively, building the team infrastructure, and ultimately creating a school culture in which health and academics are inextricably intertwined.

While the **Roadmap** is chronological in nature, the **Guidebook** can be used as needed. For example, a school team that has implemented many different School Health improvement Plans may decide that they need to use data more effectively for planning and/or to measure their success. Another school team may want to be able to articulate the research linking health and academics more readily and to provide that information to others. Some teams may need to recharge and energize themselves to become high performing. The **Guidebook** has resources to support these kinds of efforts, including examples from successful schools.

The Guidebook includes the following Travel Guides:

- Carpooling with your Community Partners
- Creating a High Performing Team
- Getting Others to Notice and Support Your Efforts
- Making Meetings Matter
- Using Data to Drive Decisions

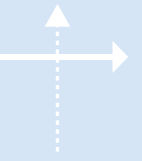
The **Guidebook** will be updated periodically and is available at www.rmc.org/destination.

NOTE:

The Destination: Healthy Schools Successful Students was created for use by building-level school health teams. Every part of the document is downloadable at www.rmc.org/destination.

THE ROADMAP:

Getting Started with School Health



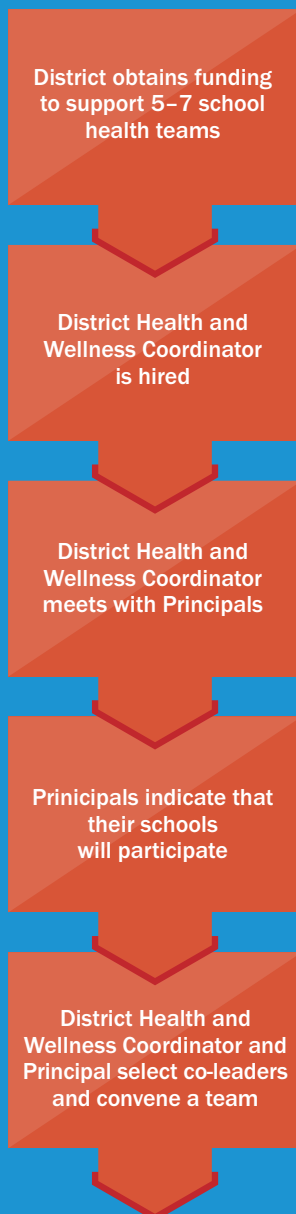
MILE 1	Get Your Administrators on Board	1
MILE 2	Identify Leaders for the School Health Team	4
MILE 3	Assemble a School Health Team	7
MILE 4	Conduct an Assessment of Your Current School Health Efforts	11
MILE 5	Identify a Priority for the School Health Improvement Plan	14
MILE 6	Write a School Health Improvement Plan	17
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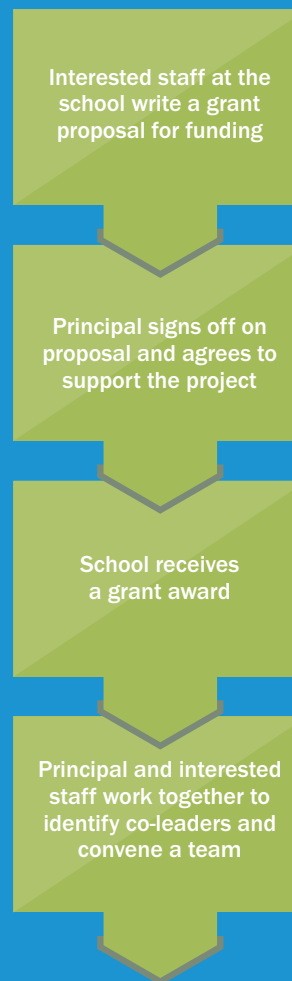
THE ROADMAP: GETTING STARTED WITH SCHOOL HEALTH

The way that the healthy school journey starts is different for each school and often depends on how funding is provided and whether there is a District Health and Wellness Coordinator. Here are two examples of how the process could unfold:

SCENARIO 1 THE SCHOOL **DISTRICT** IS AWARDED FUNDING



SCENARIO 2 THE **SCHOOL** IS AWARDED FUNDING



Regardless of how your school gets started in Whole School, Whole Community, Whole Child, all of the *Mile Markers* in the **Roadmap** will provide guidance and support. Some schools may implement *Mile Markers* 1 and 2 in reverse order.

DESTINATION: ICON DESCRIPTIONS



For each *Mile Marker*, a traffic light icon will help you think through whether or not you have a “green light” to move forward. If you feel like you are “yellow” you might want to take another look, and a “red” light means you should definitely double check that you’ve got all the pieces of that *Mile Marker* in place before you head down the road. Remember, foundational work is important to do correctly before you tackle more advanced markers.



Alert! Think through the information provided when you see this icon. It provides some additional guidance to consider that may contribute to your success.



Fuel up! This icon could give you more “juice” (e.g., more content, a tip) to help you get better mileage in your journey.



The best road trips are the ones you want to remember! The Travel Logs are there to do a couple of things:

- a) Help your team process logistical details (worksheets, checklists, etc.)
- b) Provide a record of decisions and destinations arrived at in case you get on a side trip along the way, new members join the team, or new drivers/leaders become a part of the journey!



Points of interest to make notes on your journey to a healthier school.



Roadside Assistance: Where your District Health and Wellness Coordinator can assist you. Don’t hesitate to ask for help!

THE ROADMAP: GETTING STARTED WITH SCHOOL HEALTH



Mile Marker 1: Get Your Administrators on Board



You'll know you have strong administrative support when:

- ☐ The school health team has the same status and authority as other content-focused teams (e.g., Math, Reading).
- ☐ Administrators naturally connect health with academics in their daily communications with others.
- ☐ Administrators authorize and participate in school health programs and activities.
- ☐ Health and wellness are an integral part of school improvement plans.
- ☐ Others in the district are paying attention to your school health efforts (e.g., staff from other schools; school board members; PTA).



In schools where health becomes embedded into the fabric and culture of the school, the leadership role of the administrators continues to grow and deepen.



"It is not sufficient for a principal to merely give permission for the school staff to carry out health initiatives. The principal must lead or co-lead the effort for it to be systemic and sustainable."

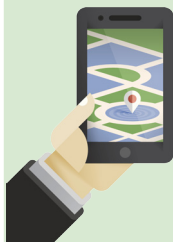
Valois & Slade, 2011

This step of the journey may be the most critical of all. The research clearly states that administrative support is required for successful school health efforts. Principal support is key, but don't stop there. Widen your reach to other administrators inside and outside the building. Often the assistant principal plays a valuable role with the school health team. If you have a District Health and Wellness Coordinator, that person will provide valuable support and guidance to get your administrators on board.

Ideas for getting administrative support:

- Share research with administrators about the relationship between learning and health. Be able to articulate how creating a healthy school culture aligns with school and district priorities. Be able to answer the "What's in it for us?" questions.
- Adopt a common message in your school related to health and wellness. Ask your principal to share that message with staff, parents, the community, and the district.

He always has a wellness agenda item at the school accountability meeting. He talks publicly about school wellness at parent meetings. At staff meetings, he talks about public support for wellness. In the school newsletter, there's always a segment on school wellness. (High School)



Roadside Assistance

Your District Health and Wellness Coordinator Can:

- Provide research linking learning and health for you to share with your administrators
- Help you create concise talking points to engage administrators
- Meet with your principal to discuss the alignment of health and wellness with school priorities as well as grant expectations and timelines

THE ROADMAP: GETTING STARTED WITH SCHOOL HEALTH



Points of Interest

- Invite an administrator to join the school health team. This may include attending meetings and trainings, or being updated by a team member after meetings.

He's on our Health Advisory Committee and, any time we create subgroups, he's the first to join and he encourages others to join. (High School)

- When you have supportive administrators, continue to strengthen those relationships. Speak publicly about how important their support is to the health of the school community.

We are so lucky to not have to break through administrator resistance. I ask for something and our principal is in. She's so in with kids, staff, parents—in every aspect of school health, she's 100% behind us. (Elementary School)

- Create opportunities to reach beyond the walls of the school. Make presentations at school board meetings. Invite the superintendent to observe health and wellness in action at your school. If you have a District Health and Wellness Coordinator, ask that person to help spread your school's health message.

I'm proud of our commitment to serve the whole child, and health and wellness is certainly a big part of that. If we can keep our staff and kids healthy, learning progresses. (Superintendent)

The district got wind of our program and now it's "going up the chain" and impacting the district. The things that happen in our little school have expanded to the district and the entire community. (Elementary School)



Mile Marker 1 Travel Log: Who’s On Board?

Administrators we want to engage in our school health efforts:

Name	Title
Name	Title
Name	Title
Name	Title

Specific roles and responsibilities we’d like them to assume related to school health efforts:

Roles and Responsibilities	Principal	Asst. Principal	Other(s)
Attend and/or co-lead team meetings			
Set up a team budget within the school budget			
Participate in the assessment			
Participate in writing the School Health Improvement Plan			
Approve team decisions			
Become familiar with research linking learning and health			
Share team objectives, progress, and success with others in the district			
Schedule time at staff meetings for team updates			
Approve time and space for the team to meet			
Be a role model by participating in wellness events			
Ensure the school health team has the same status and authority as other content-focused teams (e.g., Math, Reading)			

Here’s how we’ll communicate with our administrators to keep them in the loop:

- ☐ Invite them to attend meetings
- ☐ Assign one or two team members to meet with administrators after meetings to bring them up to speed
- ☐ Include administrators on the distribution list for meeting minutes
- ☐ _____
- ☐ _____

Down the road, we’ll reach out to these additional people who are influential in our school and district:

Name	Title
Name	Title
Name	Title
Name	Title

THE ROADMAP: GETTING STARTED WITH SCHOOL HEALTH



Mile Marker 2: Identify Leaders for the School Health Team



The co-leader model may be one of your team's strongest assets. Even so, co-leaders are **not** responsible for doing all the work! Team disintegration happens most often when all the work is left in the hands of a few. The most successful teams have members who step up to tasks, volunteer to take the lead on specific goals or projects, and have a shared sense of ownership. Be intentional about taking advantage of team member strengths and interests.

Remember: people support what they help create.

**Leadership
is a behavior,
not a role.**



**You are ready to
move forward
with team
development if:**

- ☐ Co-leaders are identified.
- ☐ A list of co-leader responsibilities is written.
- ☐ School administrators approve the designated team co-leaders.

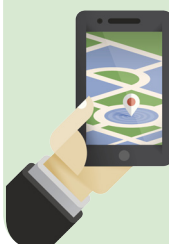
Many school health teams have adopted the “co-leader” model with great success. Co-leaders often are the “health champions,” especially in the beginning stages of team development. They get the team started by recruiting team members and taking on the team’s organizational tasks, such as:

- Convening team meetings and handling meeting logistics;
- Creating meeting agendas;
- Serving as a communication conduit—keeping information circulating among team members and staff; and
- Managing the team budget (if you are fortunate enough to have one).

One of the first tasks of the principal or other administrators is to help identify co-leaders and work with them to create a list of co-leader responsibilities. This process engages the principal from the very beginning and helps establish a structure to support the team down the road.

Desirable characteristics of co-leaders:

- ☐ Strong organizational skills
- ☐ Ability to communicate with students, staff, administrators, and parents
- ☐ Ability to conduct meetings effectively
- ☐ Sufficient time to assume additional tasks at school
- ☐ Unwavering belief in the relationship between learning and health
- ☐ Willingness to serve as co-leader for a minimum of one school year



Roadside Assistance

Your District Health and Wellness Coordinator Can:

- Share co-leader job descriptions from other schools
- Help write a co-leader job description unique to your school
- Explain options for substitute and/or stipend pay for co-leaders

THE ROADMAP: GETTING STARTED WITH SCHOOL HEALTH



Points of Interest

- Here's a sample list of co-leader responsibilities:**

- ❑ Facilitate school health team meetings
- ❑ Serve as liaison with the district wellness committee or District Health Advisory Committee (DHAC)
- ❑ Oversee and monitor annual completion of a school health assessment
- ❑ Complete and monitor progress of the School Health Improvement Plan and oversee the budget
- ❑ Provide input for future grant applications
- ❑ Submit success stories
- ❑ Assist with completion of required surveys or data collection

Co-leaders:

Here's our initial list of co-leader job responsibilities for the _____ school year:

Note: Your list may have more or fewer responsibilities.

- ☐ With the administrator, recruit additional team members
- ☐ Schedule and facilitate meetings of the school health team
- ☐ Monitor the school health team budget
- ☐ Oversee implementation of the assessment
- ☐ Oversee development of the School Health Improvement Plan
- ☐ Establish a system of communication with administrator(s)

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THE ROADMAP: GETTING STARTED WITH SCHOOL HEALTH



Mile Marker 3: Assemble a School Health Team



Consider this: before starting a new team, take a look at existing teams in your school and their missions. It's possible the school health team could combine with another team or even be a subgroup of a larger team. Look for ways to integrate efforts with teams that have similar goals, such as the Positive Behavioral Interventions and Supports Team (PBIS), or a Wellness Policy Team.

In small schools, staff members wear many hats and may represent more than one component on the team. Get the strongest team possible assembled, and make a point of revisiting team membership over time.



You are ready to move forward when:

- ☐ Team structure and mission have been developed.
- ☐ A critical mass of team members has been recruited.



Creating a high performing team takes time and attention, but it pays off down the road when the team starts

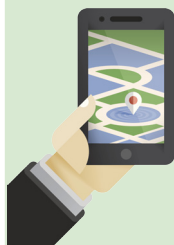
taking on more complex tasks. See the *Travel Guide for Creating a High Performing Team* for specific tips and strategies to help your team move from ordinary to extraordinary.

Effective school health teams have representatives from the ten components of Whole School, Whole Community, Whole Child:

- Health Education
- Physical Education and Physical Activity
- Nutrition Environment and Services
- Health Services
- Counseling, Psychological, and Social Services
- Social and Emotional Climate
- Physical Environment
- Employee Wellness
- Family Engagement
- Community Involvement

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

- Team purpose or mission statement
- Tentative meeting schedule (frequency and length of meetings)
- Initial objectives for the team (e.g., secure funding, merge with Positive Behavioral Interventions and Supports [PBIS], conduct an assessment)
- Degree of decision-making and authority the team will have
- Team member “job description,” including roles and responsibilities of members and how long they are being asked to serve on the team



Roadside Assistance

Your District Health and Wellness Coordinator Can:

- Help you create an initial job description for team members
- Provide information about grant expectations and timelines to team members
- Convene an informational session for potential team members on the Whole School, Whole Community, Whole Child model

THE ROADMAP: GETTING STARTED WITH SCHOOL HEALTH



Points of Interest

With this structure in place, co-leaders can begin to recruit members who represent the ten components. Think broadly about these components as you are inviting team members.

- If your school doesn't have a full-time nurse, who is responsible for handling day-to-day student medical issues?
- Who is responsible for school safety?
- Who communicates most often with parents and community members?

Strong teams often look beyond the obvious members (e.g., health teacher, food services director), and involve staff such as librarians, custodians, secretaries, and others. Many teams have parent and community members, and some teams have student members as well. Try to have your team represent the diverse demographics of your school.

Team purpose or mission statement:

Example: Improve the health of students to increase academic achievement

Tentative meeting schedule (frequency, location, and length of meetings):

Example: 2nd Tuesday of every month from 3:00 – 4:30 pm in the school library. A note about meeting times—finding a workable meeting time may be a challenge. Be flexible and try different options until you find one that works for most members.

Initial objectives for the team:

Example: Meet the requirements of our funder by completing the assessment, creating a School Health Improvement Plan, evaluating the success of the School Health Improvement Plan, and completing all reporting requirements

Degree of decision-making and authority the team will have:

Walk: decisions the team can make on our own

Don't walk: decisions that must be approved by an administrator



Example: Assign team member roles (e.g., note-taker, budget overseer, parent liaison)



Example: Conduct meetings during the school day and provide substitutes for appropriate team members



Mile Marker 3 Travel Log: Rules of Engagement

Initial team member responsibilities:

- ☐ Attend _____ meetings during the _____ school year
- ☐ Participate in team meeting tasks (e.g., recorder, snack provider)
- ☐ Participate in completing the assessment
- ☐ Participate in writing a School Health Improvement Plan
- ☐ Participate in implementing the School Health Improvement Plan
- ☐ Take an active role in team activities
- ☐ Assist in monitoring team progress toward meeting objectives
- ☐ Become familiar with research linking learning and health
- ☐ Be a spokesperson for integrating health into the school culture
- ☐ _____
- ☐ _____
- ☐ _____

Team Member	Component	Other School Teams This Person Represents
Example: Chris Black	Physical Environment	Accountability Team
	Health Education	
	Physical Education and Physical Activity	
	Nutrition Environment and Services	
	Health Services	
	Counseling, Psychological, and Social Services	
	Social and Emotional Climate	
	Physical Environment	
	Employee Wellness	
	Family Engagement	
	Community Involvement	

THE ROADMAP: GETTING STARTED WITH SCHOOL HEALTH



Mile Marker 4: Conduct an Assessment of Your Current School Health Efforts



Before the team decides which assessment to use, consider these questions:

- Does our funder have a preferred or required assessment?
- Which assessment are other schools in our district using?
- What are we trying to accomplish with the assessment?

Your District Health and Wellness Coordinator or funder will provide guidance to the team during the process of choosing and conducting an assessment.



You are ready to move forward when:

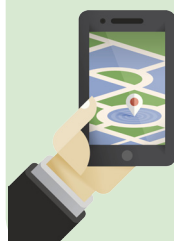
- ☐ The team has consulted with the funder, the District Health and Wellness Coordinator, and the administrator to agree on which assessment to use.
- ☐ The assessment has been completed with input from staff, administrators, parents, and community members.
- ☐ The results of the assessment have been tabulated and team members have reviewed them.

Typically, the team's first job is to take an in-depth look at each of the ten components of Whole School, Whole Community, Whole Child and identify the school's strengths and weaknesses. This step is critical to develop a School Health Improvement Plan that fits your school's unique characteristics.

In Colorado, school teams generally use one of the following assessments:

- School Health Index: www.cdc.gov/healthyyouth/shi/
- Healthy School Champions Score Card: healthyschoolchampions.org

Assessment	Description
School Health Index	<p>A free, online self-assessment and planning tool that schools can use to improve their health and safety policies and programs. A paper version can also be downloaded.</p> <p>The School Health Index was developed by the Centers for Disease Control and Prevention to:</p> <ul style="list-style-type: none">• Enable schools to identify strengths and weaknesses of health and safety policies and programs;• Enable schools to develop an action plan for improving student health, which can be incorporated into a school improvement plan;• Engage teachers, parents, students, and the community in promoting health-enhancing behaviors and better health. <p>The School Health Index assesses all ten components of Whole School, Whole Community, Whole Child.</p>
Healthy School Champions Score Card	<p>The Score Card was developed as a collaborative effort between the Colorado Department of Education and the Colorado Department of Public Health and Environment with guidance from the Center for Research Strategies. The Score Card:</p> <ul style="list-style-type: none">• Enables schools to identify strengths and weaknesses of health and safety policies and programs;• Can be used to assess and monitor your school's progress in becoming a healthy school;• Serves as a Healthy School Champion Award recognition program. <p>The Score Card assesses all ten components of Whole School, Whole Community, Whole Child. There is no cost for using the Score Card.</p>



Roadside Assistance

Your District Health and Wellness Coordinator Can:

- Provide guidance on which assessment to use
- Orient administrators, co-leaders, and team members to the assessment
- Assist with implementation of the assessment as needed

THE ROADMAP: GETTING STARTED WITH SCHOOL HEALTH



Points of Interest

Recommendation for first-year teams

First-year teams will benefit from going through an in-depth process of assessing each component and engaging in discussion with staff, administrators, parents, students, and community members. For this reason, we recommend that new teams complete the School Health Index in the first year. In subsequent years, the team may decide to choose another assessment.

Following are the steps to complete the School Health Index:

1. Convene a meeting with all members of the School Health Index team.

- Explain the School Health Index and its purposes to the team. Use the resources provided in the *School Health Index Training Manual* to help plan this meeting:
cdc.gov/healthyyouth/shi/training/
- Decide whether to use the paper or online version of the School Health Index.
- Encourage team members to answer all questions as accurately as possible.
- Some teams complete the School Health Index together; others divide into component groups of two or more people to work on each module. Choose the option that works best for your team.

2. Agree on a date when all components of the School Health Index will be completed.

3. Transfer component scores to the Overall Score Card.

Assign someone from the team to collect the Score Cards for each module and transfer the scores to the Overall Score Card (located in the Planning for Improvement section of the School Health Index). Make copies of the completed Overall Score Card for every team member.

4. Identify top priority actions for the School Health Improvement Plan.

Convene a meeting with all School Health Index team members to review component scores and the Overall Score Card. Discuss the identified strengths and weaknesses. Work together to reach agreement on priorities.



Mile Marker 4 Travel Log: Figuring Out Where To Go

We've checked with the following to get input on which assessment to use:

- ☐ Funder(s)
- ☐ District Health and Wellness Coordinator (if applicable)
- ☐ Principal or other administrator

The assessment that best meets our needs is:

- ☐ School Health Index
- ☐ Healthy School Champions Score Card
- ☐ Other _____

Individuals we'll invite to help complete the assessment:

Component	Representative(s)
Health Education	
Physical Education and Physical Activity	
Nutrition Environment and Services	
Health Services	
Counseling, Psychological, and Social Services	
Social and Emotional Climate	
Physical Environment	
Employee Wellness	
Family Engagement	
Community Involvement	

Administrators: _____

Students: _____

Other individuals: _____

Our timeline and process for conducting the assessment:

- ☐ Do the assessment together as a team

Date/time: _____

- ☐ Assign small teams to complete each component.

Due date to complete component assessments: _____

Person responsible for transferring component scores to Overall Score Card: _____

Date and time we'll convene to review results: _____

THE ROADMAP: GETTING STARTED WITH SCHOOL HEALTH



Mile Marker 5: Identify a Priority for the School Health Improvement Plan



You are ready to move forward when:

- ☐ The team has agreed on a priority area for the School Health Improvement Plan for the current school year based on importance, feasibility, and best practices.
- ☐ The team has support from the administrator to proceed with writing a School Health Improvement Plan.

Now that the assessment is complete and the team has reviewed the results, it's time to decide on a focus for the School Health Improvement Plan. It's likely that the assessment indicated more than one priority area.

The team's first task is to select a priority area that is important and feasible.



Importance

Would this be considered a best practice?



Feasibility

Can we really do this?

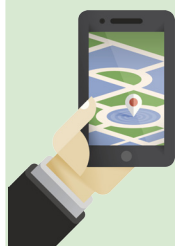
Will this lead to behavior change?	Will staff/students/parents support this?
Could this result in policy change?	Will administrators allow/support this?
Could we sustain this?	Do we have, or can we get, the needed resources?

The next step for the team is to research best practices related to the high priority area(s).

Best Practices refer to strategies and actions that are based on research and consistently produce the best outcomes. Best Practices will define how you address your priority area in the School Health Improvement Plan.

The following are examples of best practices:

- Scheduling recess before lunch for elementary students
- Providing non-food or healthy food rewards in the classroom
- Adopting a sequential, mastery-based, health education curriculum consistent with the state's Comprehensive Health Education and Physical Education Standards



Roadside Assistance

Your District Health and Wellness Coordinator Can:

- Demonstrate the priority setting process to co-leaders and team members
- Provide best practice resources to administrators, co-leaders, and team members
- Highlight best practices that align with district policies

THE ROADMAP: GETTING STARTED WITH SCHOOL HEALTH



Points of Interest

- Providing 30 minutes of physical activity a day for all elementary students
- Embedding behavioral health practices in the school improvement planning process
- Monitoring student attendance records routinely to identify absences related to health concerns

This is a partial list! Refer to the [Colorado Education Initiative website](https://coloradoeducationinitiative.org/healthy-schools-best-practices-guides/) for more best practices that support Whole School, Whole Community, Whole Child: coloradoeducationinitiative.org/healthy-schools-best-practices-guides/

Take a look at the *Mile Marker 5 Travel Log: What's Our Priority This Year?* It provides a process for your team to identify a priority area for your School Health Improvement Plan. Here's an example of how the process worked for the Happy Kids Elementary School.

First, they looked at their five priority areas from the assessment and ranked them by importance and feasibility.

Priority areas from the assessment	Importance	Feasibility	Ranking
1. Increase participation in school breakfast program	High	Low	Need more partners/funding
2. Implement a staff wellness fitness program	High	Medium	★ ★
3. Provide family access to indoor school facilities outside school hours	Low	High	Not this year
4. Hire a licensed PE teacher	High	Medium	★ ★
5. Increase the amount of physical activity during the school day	High	High	★ ★ ★

Based on their ranking, it was clear that their highest priority was to increase the amount of physical activity during the school day.

After researching best practices, the Happy Kids Elementary School team identified the following best practice that relates to their priority areas:

Implement physical activity brain breaks in the classroom to meet state requirements by offering 30 minutes of physical activity a day for all elementary students

The Happy Kids Elementary School team is ready to write a School Health Improvement Plan!

Now it's your turn. Complete the *Mile Marker 5 Travel Log: What's Our Priority This Year?* to identify the priority area for your School Health Improvement Plan.

Mile Marker 5 Travel Log: What’s Our Priority This Year?

Based on our assessment (School Health Index or other), the following are the top five priority areas we could address this year (your team may have more or fewer than five). Write them in column 1.

Priority areas from the assessment	Importance (low, medium, or high)	Feasibility (low, medium, or high)	Ranking (low, medium, or high)
1.			
2.			
3.			
4.			
5.			

Complete your matrix by rating each priority area on importance and feasibility, considering the questions below.

Importance			Feasibility		
Would this be considered a best practice?	YES	NO	Can we really do this?	YES	NO
Will this lead to behavior change?	YES	NO	Will staff/students/parents support this?	YES	NO
Could this result in policy change?	YES	NO	Will administrators allow/support this?	YES	NO
Could we sustain this?	YES	NO	Do we have, or can we get, the needed resources?	YES	NO

After you’ve rated each priority on importance and feasibility, use this chart to fill in the Ranking column. Go back and look at the example from Happy Kids Elementary School in Mile Marker 5.

Feasibility

LowMediumHigh

Importance

HighMediumLow

<div> <div>You might need:</div> <ul style="list-style-type: none"> Resources Partners Permission </div>	<div> <div>★ ★</div> </div>	<div> <div>★ ★ ★</div> </div>
<div> <div>Put it on the back burner, but don't lose the thought</div> </div>	<div> <div>★</div> </div>	<div> <div>★</div> </div>
<div> <div>Not this year</div> </div>	<div> <div>Not this year</div> </div>	<div> <div>Not this year</div> </div>

Based on our ranking of importance and feasibility, the priority for our School Health Improvement Plan is: _____

A best practice that relates to our priority area is: _____

Refer to the [Colorado Education Initiative website](https://coloradoeducationinitiative.org/resources/healthy-schools-best-practices-guides/) for more best practices that support Whole School, Whole Community, Whole Child: coloradoeducationinitiative.org/resources/healthy-schools-best-practices-guides/

THE ROADMAP: GETTING STARTED WITH SCHOOL HEALTH



Mile Marker 6: Write a School Health Improvement Plan



Complete the Mile Marker 6 Travel Log: Writing a SMART objective. When the SMART objective is complete, write it on your School Health Improvement Plan.



You are ready to move forward when:

- ☐ A first draft of a School Health Improvement Plan is written.
- ☐ The team has made the draft School Health Improvement Plan available to the principal and staff for input at a staff meeting.
- ☐ The draft School Health Improvement Plan has been revised based on staff and principal input.



Note: If your team wants to go deeper into data collection, refer to the Travel Guide *Using Data to Drive Decisions*.

The development of your School Health Improvement Plan should be a collaborative process. To maximize buy-in, engage the full school health team and your administrator, as well as interested staff, students, and parents. Build in a communication strategy to keep all staff and parents informed of your plan and progress.

The School Health Improvement Plan has three parts that are all interconnected:

1. SMART Objective (desired change):

2. What data will you collect that will indicate the SMART objective has been achieved?

3. Action steps to achieve SMART objective

Timeline (by when)	Person(s) Responsible	Budget Needed	Action Step Completed

1. SMART Objective

The SMART objective describes the results you want to achieve and how they will be achieved. The SMART acronym stands for:

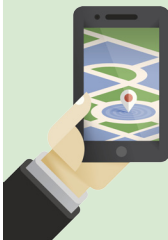
Specific – Have you identified the population or setting and the actions that will occur? What is the activity? Who is it for?

Measurable – Can you count, document change or completion, or quantify an activity or results of the activity?

Roadside Assistance

Your District Health and Wellness Coordinator Can:

- Provide hands-on technical assistance for writing the School Health Improvement Plan, including the identification of data collection resources
- Review School Health Improvement Plans and provide feedback
- Help develop a plan to present the School Health Improvement Plan to staff, administrators and other partners.



THE ROADMAP: GETTING STARTED WITH SCHOOL HEALTH

Attainable – Can you realistically accomplish this objective in the proposed time frame with the resources available?

Relevant – Is this objective aligned with your student and school needs?

Time-Phased – When do you plan to accomplish this objective?

In the *Mile Marker 5 Travel Log*, your team identified a priority area and best practices that support that priority. Write a SMART objective that ranks high on importance and feasibility, and is considered a best practice.



The more specific your action steps, the easier it will be to track your progress, involve others, and document your success.



This is your chance to involve more people, so don't assign everything to one or two team members.

2. Data to collect that will indicate the objective has been achieved

Look at your SMART objective with data collection in mind. Think about all of the data you'll need to collect to achieve the objective, and write those data collection activities in your School Health Improvement Plan. Look at the example below to see the relationship of data collection to the SMART objective.

3. Action steps

Action steps are all the activities needed to implement your School Health Improvement Plan and reach your SMART objective. Every action step should relate back to the SMART objective. If it doesn't, don't include it. Make sure there is an action step for every piece of data collection. Begin each action with a verb and describe exactly what will happen. Once the action is written, determine when it will be completed, who is responsible, and whether there is a cost associated. Fill in these columns on the School Health Improvement Plan.

Action steps should:

- Begin with a verb
- Be realistic for the available budget
- Be chronological
- Identify data collection activities
- Respond to grant expectations
- Incorporate best practices
- Share the work among team members and others
- Contain a single action (not multiple actions)

Here is an example of how the SMART objective, data collection, and action steps are connected in the School Health Improvement Plan:

SMART Objective:	By June 1, 2014, 80% of staff at Healthy High School will participate in at least one staff wellness activity.
Data to collect:	Synthesis of survey responses indicating the top five staff wellness activities based on staff interest
Action step:	Conduct teacher survey to assess interest in specific staff wellness activities

Download a School Health Improvement Plan template at www.rmc.org/destination

THE ROADMAP: GETTING STARTED WITH SCHOOL HEALTH



Think big picture when writing your School Health Improvement Plan. Consider policy, behavior change, and the link to district priorities. Be thoughtful about how this one-year plan will be carried forward in future years.



Points of Interest

Example

Following is an example of a completed School Health Improvement Plan from Happy Kids Elementary School:

Sample School Health Improvement Plan

The School Health Team at Happy Kids Elementary School is about to embark on writing their first School Health Improvement Plan. After completing the assessment, it was clear that physical activity and nutrition were both areas of concern. The team realized they needed additional information to narrow their focus to determine their priority. The team was committed to the goal of improving student performance. They were aware of the evidence that links physical activity to improved academic performance and had reviewed best practices in the areas of nutrition and physical activity. The team considered several options (e.g., recess before lunch, hire another PE teacher, implement brain breaks). Co-leaders suggested they complete the *Mile Marker 5 Travel Log*. Ultimately the team agreed that their first School Health Improvement Plan would be focused on brain breaks in the classroom for the following reasons:

- It was feasible.
- It was important—it met their goal of improving student performance.
- It was doable in a relatively short amount of time—they wanted to see results quickly to keep the team motivated.
- It was a best practice.
- It was a long-term, sustainable change.

THE ROADMAP: GETTING STARTED WITH SCHOOL HEALTH

Healthy Schools Successful Students: School Health Improvement Plan		Date:		
School Name: Happy Kids Elementary		District Name: Very Fine SD		
Co-leader Names:		Principal's Name:		
SMART Objective (desired change): By December 1, 2014, 75% of classroom teachers at Happy Kids Elementary will implement physical activity breaks in their classrooms at least three times per week.				
What data will you collect that will indicate the objective has been achieved? Data Specific to Objective <ul style="list-style-type: none"> # of classroom teachers currently implementing physical activity breaks in the classroom # of days per week classroom teachers are currently implementing physical activity breaks in the classroom # of teachers implementing physical activity breaks in the classroom at least three times per week on or before December 1, 2014 				
Action steps to achieve SMART Objective	Timeline (By When)	Person(s) Responsible	Budget Needed	Action Step Completed
Meet with team to discuss proposed School Health Improvement Plan and assign responsibilities for completing various tasks	9/9/14	Co-leaders	none	
Purchase three copies of <i>The Kinesthetic Classroom: Teaching and Learning Through Movement</i> (Lengel & Kuczala)	9/9/14	Librarian	\$90	
Develop a survey asking the first two questions described in the data section above	9/16/14	Librarian, District Health and Wellness Coordinator	none	
Implement the survey to gather baseline data at September 23 weekly staff meeting	9/23/14	Assistant Principal and Wellness Team Member	none	
Develop one hour in-service	9/29/14	PE Teacher and two other Wellness Team members (In-service Team)	none	
Conduct hour-long in-service to fellow teachers utilizing <i>The Kinesthetic Classroom: Teaching and Learning Through Movement</i>	9/30/14	In-service Team	\$25 for snacks	
Provide brain break example as warm-up activity at weekly staff meetings during the month of October	10/28/14	In-service Team	none	
Conduct post-test survey at November staff meeting	11/25/14	PE Teacher, Parent Team Member	none	
Tabulate results	12/2/14	Parent Team Member	none	
Share results with Wellness Team and consider possible next steps (i.e., new School Health Improvement Plan)	12/16/14	Co-leaders	none	
Share results with school accountability committee	12/18/14	Co-leaders	none	



Mile Marker 6 Travel Log: Writing a SMART Objective

A SMART objective identifies results to be achieved and the manner in which those results will be achieved. Well-written objectives help set priorities and targets for progress and accountability (see descriptors below). SMART objectives are based on the best practices identified in the *Mile Marker 5 Travel Log*.

Here are two examples of objectives based on the examples in the previous section, using color coding on the word “**SMART**” so you can see the parts clearly:

- By December 1, 2014, 75% of classroom teachers at Happy Kids Elementary will implement physical activity breaks in their classrooms at least three times per week.
- By June 1, 2014, 80% of staff at Healthy High School will participate in at least one staff wellness activity identified through a staff interest survey.

To write a SMART objective, fill in these blanks:

By ____/____/____ _____ _____
When; time-phased Number; measureable Who/What; specific

Our draft SMART Objective:

Complete the checklist below to ensure that your objective is SMART. If not, keep rewriting it until it meets the SMART criteria.

	Yes	No
Specific: Who? (target population) and What? (action/activity)		
Measureable: How much change is expected?		
Attainable: Can be realistically accomplished given current resources and constraints.		
Relevant: Addresses the scope of the plan and proposed reasonable action steps.		
Time-phased: Provides a timeline indicating by when the objective will be met.		

Does the SMART objective relate to a single result? ☐ Yes ☐ No (rewrite it!)

Does the SMART objective incorporate a best practice? ☐ Yes ☐ No (rewrite it!)

Our revised SMART Objective:

THE ROADMAP: GETTING STARTED WITH SCHOOL HEALTH



Mile Marker 7: Implement the School Health Improvement Plan



Congratulations! Look how far you've come.

- ☐ Celebrate your achievements!
- ☐ Take time to debrief with your team.
- ☐ Go boldly ahead with your next School Health Improvement Plan.
- ☐ Remember, you can revisit Mile Markers as needed.



Note: The Travel Guides will give you more detailed guidance on your school health journey. Explore how

they can make your next School Health Improvement Plan even more successful.

Once the School Health Improvement Plan is written, the focus shifts to implementation. During the implementation period, stay focused and pay attention to these opportunities and distractions:

- Avoid side trips
- Track your progress
- Collect data from the beginning
- Pay attention to team functioning
- Share your successes

Avoid side trips!

During the school year, it's possible some action steps and timelines will need to be revised. That's expected. Remember that your revised action steps must always relate directly to the SMART objective. Some teams get distracted from their objective and start to take on other activities or tasks. If you find this happening, document those interests for future consideration but don't be led off on a side trip. Your team may take them on at a later time, or it's possible that a parent or community group might get involved with those issues.

Track your progress

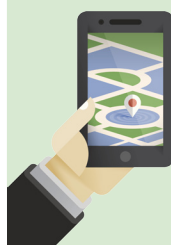
At every team meeting, take time to assess the progress made on the School Health Improvement Plan. Check off action steps that have been completed. Revisit next steps and timelines and confirm the commitment of team members and others who have assumed responsibility to complete them. Keep looking for opportunities to engage more staff, students, parents, and community members.

As you move through the school year, be sure to keep the school staff updated on your activities and progress. Talk with your administrators about having time at staff meetings to share updates and ask for input or assistance. Keep looking for new resources and ways to leverage existing resources (e.g., use in-service days for team meetings when possible).

Roadside Assistance

Your District Health and Wellness Coordinator Can:

- Provide examples of exemplary Success Stories from other schools
- Schedule co-leader meetings during the school year to share successes and struggles
- Help co-leaders develop strategies to improve team functioning



THE ROADMAP: GETTING STARTED WITH SCHOOL HEALTH



Points of Interest

Collect data from the beginning

For new teams, it's sometimes easy to complete the action steps, forgetting about the data collection. Don't let that happen to your team! In order to make sure you complete the data collection necessary to prove you've met your objective, include data collection in your action steps. By showing who is responsible and the timeline for collecting data, you'll have the evidence you need to show you've met your objective. See sample School Health Improvement Plan (page 17).

As part of your updates to staff, include what you are learning from the data you've collected. What did the staff survey indicate? How many parents responded to the breakfast questionnaire? How many teachers are currently implementing brain breaks? Try to make data an integral part of the team's thinking and conversations with others. Data gives the team credibility and can provide rationale for team actions.

Pay attention to team functioning

How's the team doing? Are members still excited and engaged, or are the co-leaders taking on more and more responsibilities? Are team meetings productive and well attended? Even teams that start out strong can need some extra fuel during the year. At this point in your team's development, here are three common problems and suggestions.

Team meetings seem disorganized and a bit haphazard.	Develop a meeting agenda before each meeting and send it out. Only include items that are important at this point in time. Plan on discussion time for each item, which means you'll need to put less on the agenda overall.
The team keeps bringing up the same issues at every meeting.	Be sure to have someone responsible for taking notes at each meeting. Clearly document team decisions in the notes. Have these notes distributed and also available at subsequent meetings. Don't revisit decisions for which there has already been agreement.
Members show up late to team meetings or leave early.	You may need to adjust your meeting length or time of day. Ask members what would work better. Create a group norm that members will arrive on time and stay for the whole meeting.

Take a look at the *Travel Guide for Creating a High Performing Team* in the **Guidebook**. It has a wealth of suggestions and tips to keep your team motivated and high functioning.

Share successes!

Don't wait until the end of the year to celebrate! Small steps deserve celebration and also serve as reminders to the staff, students, and parents that the team is working hard and moving forward. Look for ways to incorporate fun and celebration into the team's work. For example, if you've completed a staff survey, find a creative way to share results and get others excited. Be visible and passionate about progress and plans.



Mile Marker 7 Travel Log: Lessons Learned Along the Road

Toward the end of the school year, schedule a team retreat to debrief everything from this year. These learnings will be valuable next year when the team reconvenes.

Next year, when we write our School Health Improvement Plan, we need to remember to:

Our team's biggest success this year, and how we made it happen:

Our team's biggest challenge this year, and what we can do differently in the future:

Thoughts about team leadership and membership for next year:

Additional people/organizations we need to get involved:

Additional resources we need to be successful:

Professional development we'd like to have that will help us create a healthy school culture:

REFERENCES

- Lengel, T., & Kuczala, M. (2010). *The kinesthetic classroom: Teaching and learning through movement*. Thousand Oaks, CA: Corwin.
- Valois, R. F., Slade, S., & Ashford, E. (2011). *The healthy school communities model: Aligning health and education in the school setting*. Alexandria, VA: ASCD. Retrieved from <http://www.ascd.org/ASCD/pdf/siteASCD/publications/Aligning-Health-Education.pdf>
- Whole School, Whole Community, Whole Child: A collaborative approach to learning and health. (2014). Alexandria, VA: ASCD. Retrieved from <http://www.ascd.org/ASCD/pdf/siteASCD/publications/wholechild/wsc-a-collaborative-approach.pdf>

THE GUIDEBOOK:

Creating a Culture of Learning & Health

#1 Travel Guide: Carpooling With Your Community Partners

#2 Travel Guide: Creating a High Performing Team

#3 Travel Guide: Getting Others to Notice & Support Your Efforts

#4 Travel Guide: Making Meetings Matter

#5 Travel Guide: Using Data to Drive Decisions

THE GUIDEBOOK





CARPOOLING WITH YOUR COMMUNITY PARTNERS: Speed Bumps, Potholes, and Detours

Increasingly, it is evident that schools, families, and communities should work closely with each other to meet their mutual goals. Schools are located in communities, but often are islands with no bridges to the mainland. Families live in neighborhoods, often with little connection to each other or to the schools their youngsters attend. Neighborhood entities such as agencies, youth groups, and businesses have major stakes in the community. All these entities affect each other, for good or bad. Because of this and because they share goals related to education and socialization of the young, schools, homes, and communities must collaborate with each other if they are to minimize problems and maximize results.

~ Center for Mental Health in Schools at UCLA



Vast resources are dedicated to building effective and sustainable partnerships. School teams depend on these partnerships for expertise, support, and coordination. Before you jump into the high speed carpool lane with your community partners, consider these tips for success—and be aware of potential speed bumps, potholes, and detours.



1. Learn the “rules of the road” before you start building community partnerships.

Finding the answers to these questions will help you avoid potential roadblocks:

- Is there a stated policy for building or enhancing school-community partnerships (e.g., from the school, district, or community agencies)?
- Is there a designated person in the school who has the responsibility to build school-community partnerships?
- How much autonomy does the school health team have in pursuing and creating community partnerships?
- Are any partnerships off limits?



2. Read your map.

Selecting appropriate community partners requires planning. A helpful strategy is for the school and the health-focused community partners to create a “map” of their priorities and resources. Mapping resources helps clarify opportunities for achieving organizational priorities for both partners. Once resources are mapped, partners can create a plan that benefits all partners. Here’s a template that would help a school identify appropriate community partners:

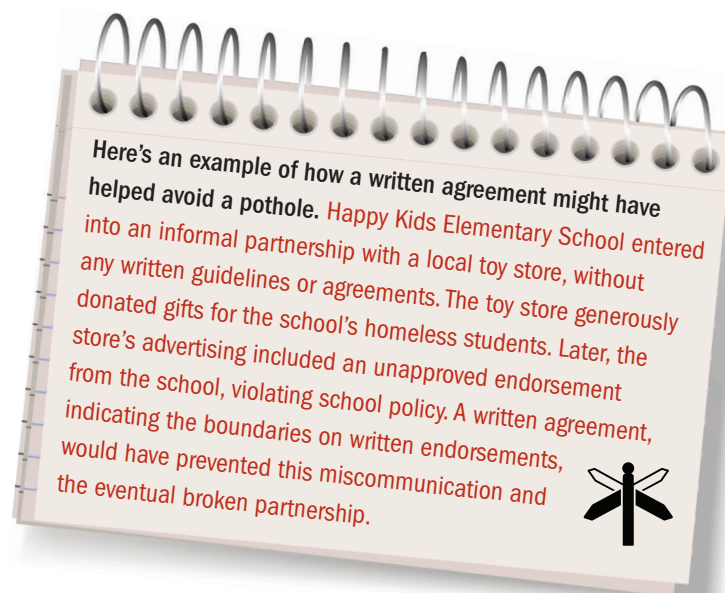
Organization	Mission	Population served	Services offered	Funds available to blend/match
Youth impact	Decrease bullying and gang membership	Youth ages 7–13 who attend public school in Parker County	After school activities for youth 7–13; transportation provided	Currently have \$2,000 to provide activities in a school setting



3. Is this a true partnership, or are you on a one-way street?

True partnerships imply mutual benefit. For example, a school might partner with a local dentist to do dental screenings. The school gets free/reduced cost dental services and the dentist gets referrals from the school. Both parties benefit.

In the process of reaching out to community partners, be sure to have the discussion about what each partner wants and needs from the relationship. Perhaps it is a one-way street, and the community partner is willing to provide expertise or support to the school without expecting anything in return. However, if there is an expectation of mutual benefit, it’s critical to uncover that at the very beginning of the relationship. Allow time up front for both partners to explore “what’s in it for us?”



► For purposes of this travel guide, the term “partnership” is used to encompass various forms of temporary or permanent structured connections among schools and community resources. Some partnerships connect for purposes of communication and cooperation; others focus on coordinating activities. They differ in terms of the degree of formality and the breadth of the relationship.

CARPOOLING WITH YOUR COMMUNITY PARTNERS: Speed Bumps, Potholes, and Detours



4. Who's driving?

Once the school engages a community partner, how much control does the partner have? Create a written agreement with the partner to cover the following:

- What services/support/resources will the community partner provide?
- What's the timeline for services/support/resources?
- What is the term of the partnership? For a specific activity? For the whole school year?
- How will partners make decisions together?
- How will partners manage conflict?
- How will partners hold each other accountable?
- What kind of endorsement is allowable?



5. Kilometers? Miles? What are we measuring?

All partners collect and utilize data. When data collection efforts are coordinated, you're more likely to get to your destination on time with fuel to spare. Sharing common data enables partners to understand learnings and challenges at various points, and helps them hold themselves accountable for making measurable progress on outcomes.

Here's an example of how an elementary school in Colorado collaborates with their community partner to collect and utilize fitness data on students. The community partner measures body mass index (BMI) for every student, every year. The school collects fitness data on students in muscular strength, muscular endurance, flexibility, and cardiovascular endurance through the FitnessGram® program. This shared data is used by the school team (including the community partner) to drive decisions for lesson plans in PE and health education and to create the team's SMART goals for the following year. Over a three-year period, the data indicates that the total BMI percentage of obese or overweight students has decreased, and the proficient and advanced fitness levels have increased.



In addition to coordinating data collection efforts, the partners may want to assess the success of the partnership. To do this, partners could collect data to answer questions such as these:

- Regarding students, did the partnership have an impact on knowledge, skills, and/or attitudes?
- Regarding families, did the partnership increase family access to special assistance offered by the school?
- Regarding the community, did the partnership increase community participation in school activities?
- Regarding programs and services, did the partnership increase the number of community programs and services offered at the school site?
- Regarding sustainability, what would we change about the partnership in the future? Is the partnership worth continuing?



6. We need a bigger car to hold all these partners!

Strategically think about your school health events as a means to increase partnerships. For example, a health fair brings in parents, community organizations, health professionals, health-related vendors . . . the list goes on and on. The health fair can introduce school staff to a wide range of potential partners such as a physician who might do school physicals at a reduced cost; a parent who has expertise in grant writing; a community organization focused on mental health services for students. In the best-case scenario, the health fair becomes not a one-time event, but a bridge to long-lasting partnerships.

Here's another example. Many schools in Colorado have developed school/community gardens. These gardens serve many purposes beside the obvious one of enabling families to grow their own produce. The garden is also a source of school community partnerships: Colorado State University Extension has Master Gardeners and a wealth of resources about nutrition and health; parents bring their expertise in using fresh produce in healthy recipes and could provide cooking classes; a local literacy coalition can interact in the garden with parents who are seeking language or GED assistance; the local PTA can meet parents and encourage their participation in activities.

“At every school event, ask yourselves ‘what are the potential partnerships that we can establish/nurture from this event?’”

CARPOOLING WITH YOUR COMMUNITY PARTNERS: Speed Bumps, Potholes, and Detours

FIRING ON ALL CYLINDERS: Developing Partners Within the School

So far, this travel guide has provided information about school/community partnerships. Strengthening your “internal” partnerships is equally important. Following are some considerations to enhance partnerships with other school teams.

It's likely many teams share common goals with the school health team. Positive Behavioral Interventions and Support (PBIS) may have the most in common with school health. Others might include Response to Intervention (RTI), the school culture team, and the school garden team. All school teams are linked to accountability. It's worth the time and effort it takes to find out how you share common goals and, when possible, combine efforts for the benefit of the students.

How can your school health team strengthen partnerships with other school teams? Here are some strategies that might help:

- ▶ **Examine the mission/vision of both teams.** Identify what they have in common and specific steps each team could take to support each other.
- ▶ **Compare both teams' plans and timelines.** Where can activities be coordinated? What is duplicative that can be merged? How can communications to parents and stakeholders be combined?
- ▶ **Take a look at the data being collected by school teams.** Look for common data needs and identify ways to coordinate some aspects of data collection. Schedule meetings to share data and implications across programs.
- ▶ **Consider joint meetings occasionally so all members of both teams can seek ways to support the partnership.** Don't just share updates. Make an attempt to coordinate activities, collect common data, or share communications with parents. On the agenda, have a specific team-building activity to help members become more familiar with the mission, goals, and activities of other teams.



References

Center for Mental Health in Schools. (n.d.). School-community partnerships: A guide. Los Angeles: Author. Retrieved from smhp.psych.ucla.edu/pdfdocs/guides/schoolcomm.pdf

TRAVEL LOG: CARPOOLING WITH PARTNERS

Gather this information before initiating a community partnership:

1. Our school’s policy for building or enhancing school-community partnerships (e.g., from the school, district, or community agencies) states:
2. Is there a designated person in the school who has the responsibility to build school-community partnerships?
3. How much autonomy does the school health team have in pursuing and creating community partnerships?
4. Are any partnerships off limits?

Use this template to map community resources and identify potential partners:

Organization	Mission	Population Served	Services Offered	Funds Available to Blend/Match

TRAVEL LOG: CARPOOLING WITH PARTNERS, CONT.

Once you've identified an appropriate community partner, create a written agreement. Check off each item to ensure that it's included:

- ☐ What services/support/resources will the community partner provide?
- ☐ What's the timeline for services/support/resources?
- ☐ What is the term of the partnership? For a specific activity? For the whole school year?
- ☐ How will partners make decisions together?
- ☐ How will partners manage conflict?
- ☐ How will partners hold each other accountable?
- ☐ What kind of endorsement is allowable?

Who needs to review/approve the agreement?

At the end of the school year, schedule a meeting with your community partner(s) to answer these questions:

- *Regarding students*, did the partnership have an impact on knowledge, skills, and/or attitudes?
- *Regarding families*, did the partnership increase family access to special assistance offered by the school?
- *Regarding the community*, did the partnership increase community participation in school activities?
- *Regarding programs and services*, did the partnership increase the number of community programs and services offered at the school site?
- *Regarding sustainability*, what would we change about the partnership in the future? Is the partnership worth continuing?

With whom does this information need to be shared?

What is the team's plan for sharing the information with appropriate people/groups?

Developing Partners Within the School – gather this information with each internal partner.

Team Name	Mission	Activities that can be combined or coordinated	Specific ways we can coordinate data and/or share evaluation results	Plan for holding joint meetings and sharing information between teams



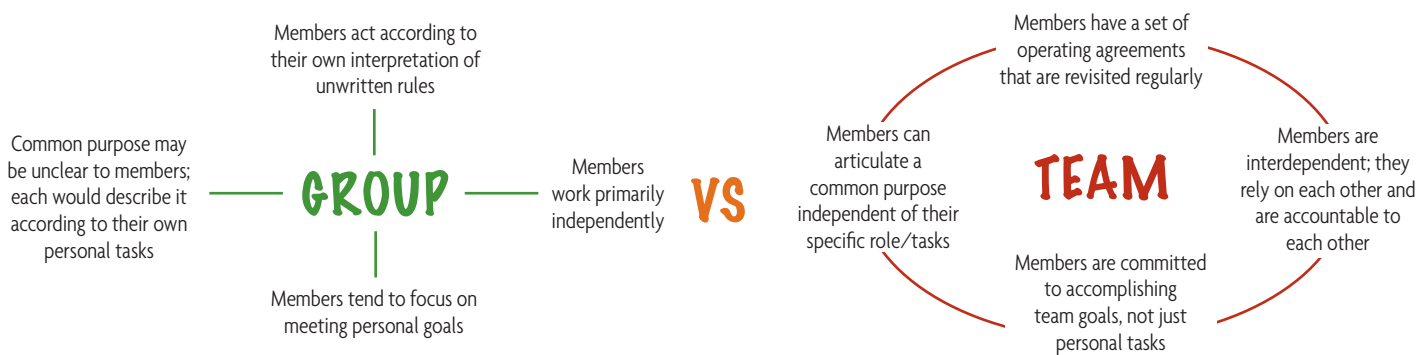
CREATING A HIGH PERFORMING TEAM

In the *Whole School, Whole Community Whole Child* model, teamwork is fundamental.

Members work together to define a common purpose and priority (School Health Improvement Plan), and the work is shared among many. Team members rely on each other to bring their “component perspective” to team decisions, and to collectively complete action steps and meet timelines. The team model supports the belief that “it takes a village”



There’s a big difference between a “group” of people working together and a “team” working together. Following are some defining characteristics of a group and a team:



But even tight-knit teams have their struggles. There are always conflicting demands on time in a school building. Members get pulled in all directions; team meetings may be rushed; and the team may feel like it’s been relegated to back-burner status. There are two basic strategies that every team should utilize: 1) Create operating agreements, and 2) Conduct effective meetings.

1. Create Operating Agreements

Operating agreements are the team’s collective agreements about how the team will function together over time. It’s best to create them early in the team’s development.

Characteristics of operating agreements:

- Written as observable behaviors (for example, “We will rotate the job of taking notes.”)
- Created and monitored by all team members
- Posted at team meetings
- Revisited and revised as needed

Sample operating agreements look like this:

- ▶ We will create a task list at every meeting.
- ▶ We will address conflict by talking directly and privately with the other person involved.
- ▶ We will make every effort to attend all team meetings. If we are absent, we will take responsibility to get caught up with team decisions within 48 hours.

2. Conduct Effective Meetings

Team meetings can propel the group forward or hinder the group’s progress, depending on how well they are managed. See the *Travel Guide: Making Meetings Matter* for ways to improve your meetings. In addition to incorporating the two basic strategies, the highest performing teams also demonstrate the following characteristics:

- Are fully accountable to each other
- Find ways to achieve buy-in, even when complete agreement is impossible
- Truly view mistakes as learning opportunities
- Creatively solve problems
- Are solution-driven
- Engage respectfully in unfiltered conflict around issues
- Trust each other
- 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 and do it with confidence, not guilt or remorse
- Have a light-hearted side
- Reflect often on how they work as a team

CREATING A HIGH PERFORMING TEAM

TEN COMMON TEAM DILEMMAS and possible solutions

1. *Our team meetings seem disorganized and a bit haphazard.*

Develop a meeting agenda before each meeting and send it out. Only include items that are important at this time. Plan on discussion time for each item, which means you'll need to put less on the agenda overall.

2. *We keep bringing up the same issues at every meeting.*

Be sure to have someone responsible for taking notes at each meeting. Clearly document team decisions. Have these notes distributed and also available at subsequent meetings. Don't revisit decisions for which there has already been agreement.

3. *Some members agree to do a task, but they don't complete it, or they complete it late. It impacts everyone else.*

At every meeting, create a task list on chart paper. Write three columns: Task, Timeline, and Person Responsible. Write on this chart as tasks are identified during the meeting. Leave time at the end of the meeting to revisit and confirm tasks. Create an operating agreement like: "We agree to complete tasks on time. If we are unable to complete the task, we will renegotiate the timeline in advance and get team approval."

4. *Some of our team members regularly show up late to meetings or leave early.*

You may need to adjust your meeting length, frequency, or time of day. Ask members what would work better. Create an operating agreement that members will arrive on time and stay for the whole meeting.

5. *Team members started out enthusiastic and motivated, but seem to have little interest now.*

Most of us join teams because we are passionate about the team purpose and want to contribute. However, if a handful of people are making all the decisions and doing most of the work, others may lose interest and withdraw. Be intentional about identifying the individual strengths of team members and having them take on tasks that utilize their strengths and interests. A helpful operating agreement might be: "Each of us will commit to sharing the work by volunteering to take leadership on specific tasks."

6. *We never get through our agendas. Things are left hanging and we don't get around to the important items.*

There is simply too much on the agenda. Packed agendas don't leave enough time for group discussion and processing—both of which are critical for making good decisions. If there are items that can be shared in other ways (e.g., simple updates can be shared by email), don't put them on the agenda. One rule of thumb is to create an agenda and then cut it in half!

7. *We are working hard as a team, and moving through our activities, but we aren't really working well together. People are often frustrated with each other.*

Teams can get so caught up in tasks that they forget to pay attention to team dynamics and processes. Step back and talk about how the team is working together. At the end of every meeting, save five minutes for closure and have the team answer these two questions: 1) How did we work together today? and 2) What can we do differently to work more effectively as a team? You may need to create new operating agreements based on ideas for working better together.

8. *There's lots of grumbling about how much we are expected to do for this team.*

First, revisit the team member job description. Make sure everyone has a copy and agrees to the requirements. Some team members may choose to leave the team. That's okay. When you recruit new members, be sure they have the job description in advance and are in agreement with the work commitment (refer to Mile Marker 3 Travel Log in the School-level Roadmap for job description). Second, have a team discussion about how the work can be managed better. Perhaps there are tasks that could be done by a parent group, a community partner, or students. Third, it's possible the team took on too much this year. Revisit your School Health Improvement Plan and make adjustments.

9. *Oh no, our co-leaders are leaving!*

Be clear about the length of the term that the co-leaders will serve, and have a process in place to assign new co-leaders. A helpful structure is to have one co-leader stay on for another year and bring on a new co-leader to join him/her. That provides consistency from year to year. At the end of each school year, the team should decide on co-leaders for the following year.

10. *We did it! We made it through another school year. Now what?*

CELEBRATE! Plan a celebration for the team and the school. Let others know how much you've accomplished and how it impacts the school, staff, and students. This is the time to be visible and vocal about your successes. Plan a team retreat to debrief successes and challenges from the year. Talk about your SMART objective, how you accomplished it and how the team worked together; consider changes you might make in your operating agreements. Revisit team membership; you may have some members leaving and need to have a plan to replace them. Confirm your co-leaders for next year. Then enjoy summer!

TRAVEL LOG: TEAM TALK

Have your team members complete this worksheet individually. Schedule team time to explore responses and discuss implications.

I do my best work when:

Barriers for me in getting my work done and/or doing my best are:

The best way to communicate with me in our work environment is to:

Major stressors for me:

When I'm stressed, my behavior looks like:

Specific skills I bring to our team:

Other things I want my team to know:

TRAVEL LOG: IS YOUR TEAM REALLY READY TO WORK?

Answer the following questions about your School Health Team. You could use this mini-assessment as a springboard for discussion with your team. Ideally, you'd be able to answer YES to all questions.

1. Does your team have a written mission statement? <i>A mission statement would relate the work of your team to school priorities, e.g., "The school health team will support academic achievement by improving student health behaviors."</i>	Yes	No
2. Has your team clearly written its purpose? <i>e.g., implement the requirements of a specific grant, or implement a specific health initiative.</i>	Yes	No
3. If we interviewed your team members individually, would all of them be able to accurately articulate the team mission and purpose?	Yes	No
4. Have you written a "job description" for team members, including their roles, responsibilities, and length of service?	Yes	No
5. Have you written a "job description" of co-leaders, including their roles, responsibilities, and length of service?	Yes	No
6. Do you have a process in place to replace co-leaders?	Yes	No
7. If we interviewed your team members individually, would all of them describe their roles, responsibilities, and length of service similarly?	Yes	No
8. Does your team regularly re-visit team membership and make additions as needed?	Yes	No
9. Do you use the job description, purpose, and mission to recruit new members?	Yes	No
10. The team is clear about their level of authority and accountability. <i>Does everyone know to whom the team reports? Is everyone clear about the team's level of authority (e.g., what decisions the team can make alone, and what decisions need approval from someone else)</i>	Yes	No
11. Are meeting agendas sent out prior to meetings?	Yes	No
12. Are notes taken at every meeting and distributed to team members and others to whom the team is accountable?	Yes	No
13. Has your team created a set of team operating agreements? Are they available at every meeting and revisited occasionally?	Yes	No
14. Does the team create a task list at every meeting and include it in the notes?	Yes	No

TRAVEL LOG: IS YOUR TEAM REALLY READY TO WORK?, CONT.

Our team needs to work on the following:

- ☐ Team Mission
- ☐ Team Purpose
- ☐ Team member “job description”
- ☐ Co-leader “job description”
- ☐ Designated process to replace co-leaders
- ☐ Team membership
- ☐ Understanding our level of authority and accountability
- ☐ Creating and distributing meeting agendas in advance
- ☐ Taking and distributing meeting notes
- ☐ Creating and following through with task lists
- ☐ Creating team operating agreements

Other Notes:



GETTING OTHERS TO NOTICE & SUPPORT YOUR EFFORTS

In order to accomplish the desired outcomes and long-term goals of your healthy school efforts, you need others to understand the benefits of what you are doing or plan to do. Strategically thinking about those you need to “get on board”

is an important part of any change effort, and marketing and communication must be part of the plan. The tips and strategies in this Travel Guide will help your team to create a plan for getting attention and support for *Whole School, Whole Community, Whole Child*.



Information Overload

How many marketing messages do you think you are exposed to each and every day? It’s hard to believe, but research shows that on average, a person is touched by **5,000 messages** every day. Billboards, buses, TV commercials, cable, radio, internet, social media, signage, overheard conversations, word of mouth, email, e-newsletters — all suggest what to buy or what to do.

How many messages do you think you can actually pay attention to every day? On average, one person can only pay attention to about **100 messages**. This gap between exposure and attention clearly shows that we need to think about what will make a message stand out, because given the volume, we can’t expect others to just notice.

Picture a school setting and the message chaos that can be present, complicated by competing priorities and perceptions of “what’s MOST important.” Administrators are focused on time in the classroom and test scores. Teachers are challenged to “do more with less” and to best use available time to help students master academic content. Add to this mix students, staff, and parents who are multi-tasking like never before in order to accomplish diverse academic, social, and personal goals.

The good news is that there is a strategic process that can increase the opportunities of healthy schools work being seen and heard and to focus attention on the benefits of a *Whole School, Whole Community, Whole Child* approach.

It’s About Relationships

Old school marketing was based on selling products, but new school marketing is based on satisfying needs. It is about creating relationships. People don’t want to be marketed “to” (see the 5,000/100 fact above); they want to build a relationship “with.”

When marketing is considered in terms of relationships it is easier to understand that it is about acquiring an

understanding of the needs and desires of audiences and designing messages, programs, and outreach to meet them.

The Marketing Process

The term “marketing” typically refers to a broad set of promotional and outreach activities aimed at communicating information to important audiences. These activities often include advertising, public relations, direct mail, online education, information materials, and other marketing tactics. In a school environment, marketing may happen during student orientation, assemblies, PTA meetings, staff meetings, or in-service trainings. A marketing opportunity might present itself in unexpected, less typical settings, such as having lunch or sharing a walk with a potential stakeholder.

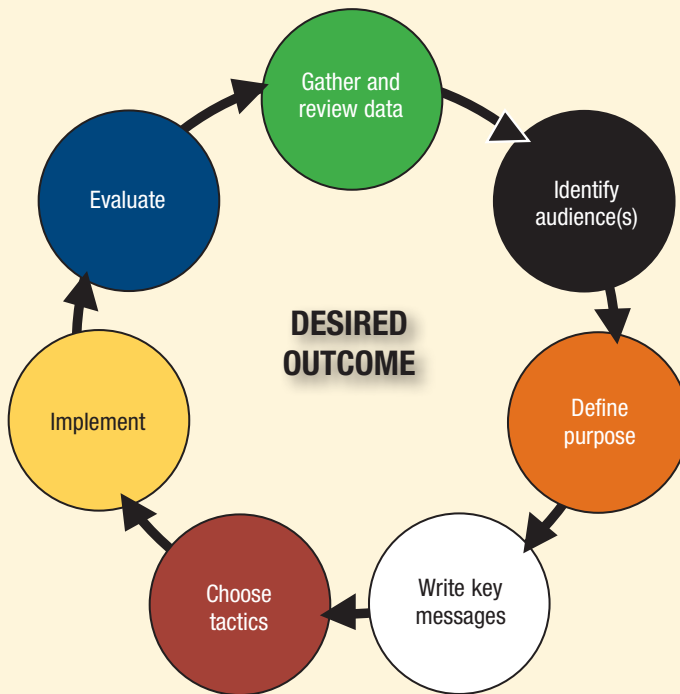
There is a **science** to marketing, and it typically involves several steps in order to achieve a desired end result, outcome, or goal. These steps include:

- Gathering and reviewing data
- Identifying audience(s)
- Defining purpose
- Writing key messages
- Choosing tactics/channels
- Implementing
- Evaluating

This process is built upon a foundation from product marketing (the 5 P’s—Product, Price, Place, Promotion, and Positioning) but with a twist because what we’re talking about is social and strategic marketing. We aren’t selling a “thing” but instead are selling a “change.” Maybe it’s to get kids to wear bike helmets, to move recess before lunch, or to get school staff to engage in wellness activities. It might be to gain support for your school health efforts and create sustainability. Whatever the desired outcome, walking through the steps can help you plan a strategic marketing and messaging platform.

GETTING OTHERS TO NOTICE & SUPPORT YOUR EFFORTS

A Closer Look at the Marketing Process



Desired Outcome

The change you want to happen as a result of the marketing process and your communication efforts.

Gather and review data

Information that is important to share to achieve the outcome (e.g., data, results, and/or other program information).

Identify audiences

The people who should know about the data and who might use that information to help achieve the outcome.

Define Purpose

The reason you are sharing the information (e.g., attract attention and interest, elicit action, build alliances).

Key messages

The important stories the data tell that provide support for the outcome.

Tactics

The channels that will be used to deliver your message to target audiences.

Implement

Putting the plan into action.

Evaluate

Checking to see if you've accomplished what you set out to do.

“Once Upon a Time...”

Storytelling is an ancient tradition that has, over time and across cultures, served many different purposes, from education and the transmission of values to political mobilization and pure entertainment. It can take many forms, from oral and written narratives to gesture, movement, art, music, movies, and more.

Storytelling is a powerful mode of human expression and a sophisticated form of “meaning-making.” It begins with a storyteller, a singular experience, a unique point of view.

Why Storytelling Works

- Storytelling values and respects diverse ways of knowing and learning.
- It is empowering and participatory, and is based on popular knowledge.
- Stories can be used effectively alongside statistics and surveys.
- Including stories in your program evaluations puts a face on the facts and figures, and it helps you figure out what's working, what's not, and why.
- Stories speak to a broad audience.

“Key messages are the anchor elements (e.g., chapters) in a story. They should be simple and easy to understand. They can be written as general messages that are directed at a few of your target audiences, or they can be more specific to the interests and needs of a specific audience group.”



GETTING OTHERS TO NOTICE & SUPPORT YOUR EFFORTS

Sharing Your Stories

Once created, you need to get the story out there. One way to start is to select statements from your stories that “speak to” specific audiences and present them in the appropriate format for that audience. Here are some examples:

For funders

Write an evaluation report with an executive summary that highlights, in brief, the main stories compiled in your report.

For policymakers

Write policy briefs that incorporate vignettes of your most compelling stories along with salient facts and figures.

For the media

Write a press release that includes one or more compelling stories and includes direct quotes from participants.


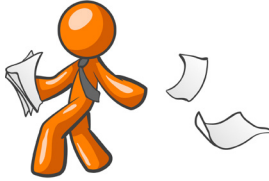




For community members and stakeholders

Weave stories and quotes into your publications such as newsletters, brochures, and annual reports. Write an article in a popular community newspaper or a community newsletter. Use story theater to dramatize community concerns and potential solutions.



“Including your stakeholders’ voices and perspectives can help you communicate to your partners, your funders, and the larger community what you are accomplishing and why your program is so important.”

Six Characteristics of an Effective Story

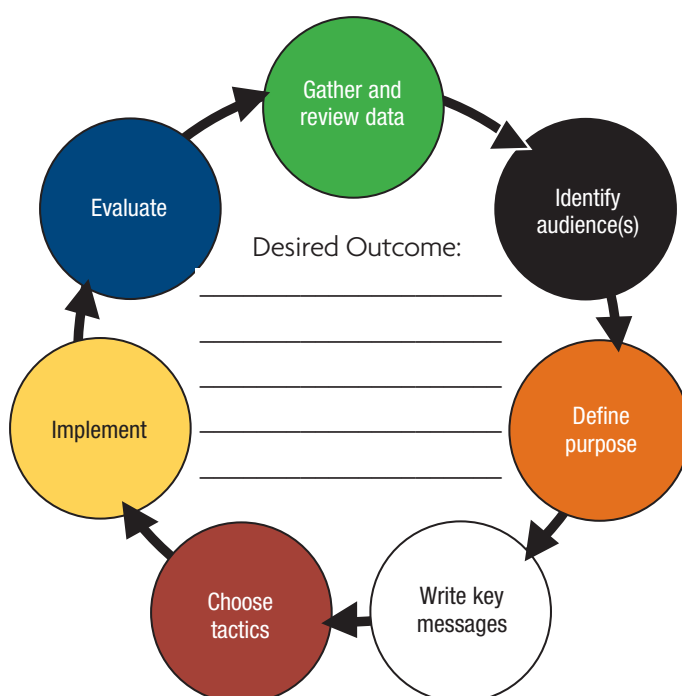
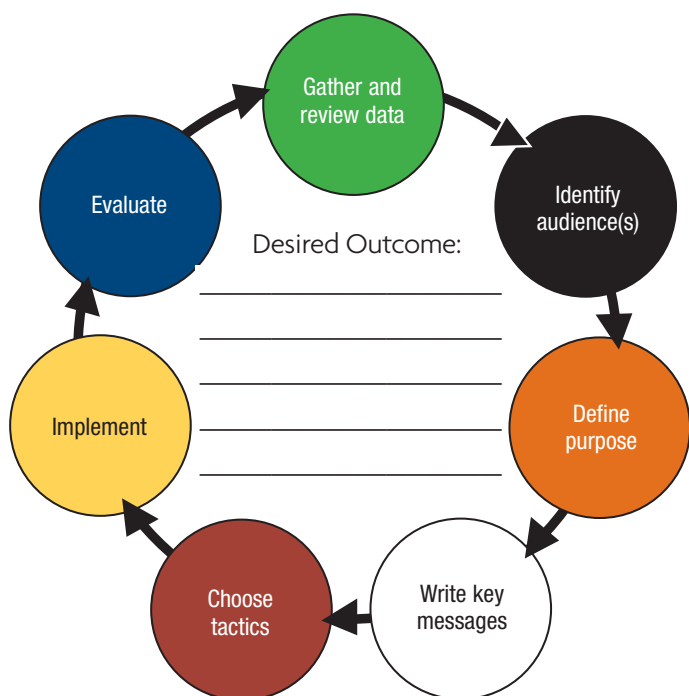
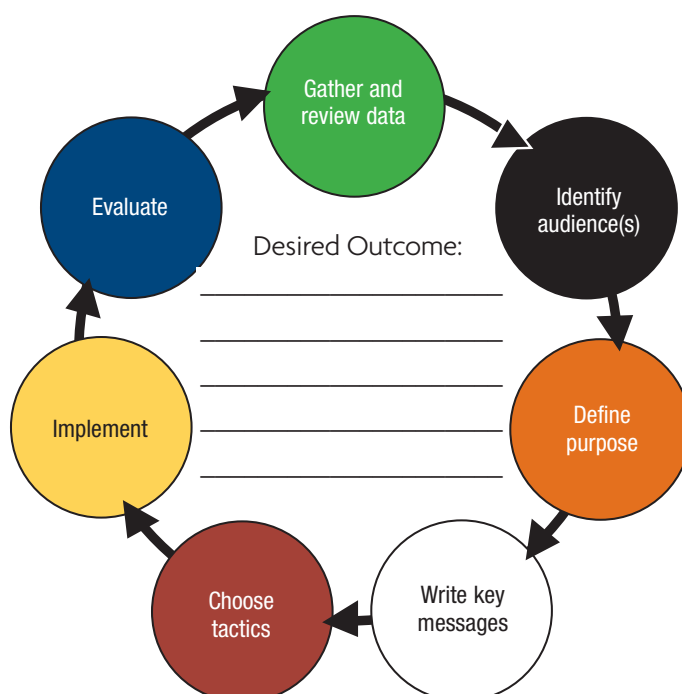
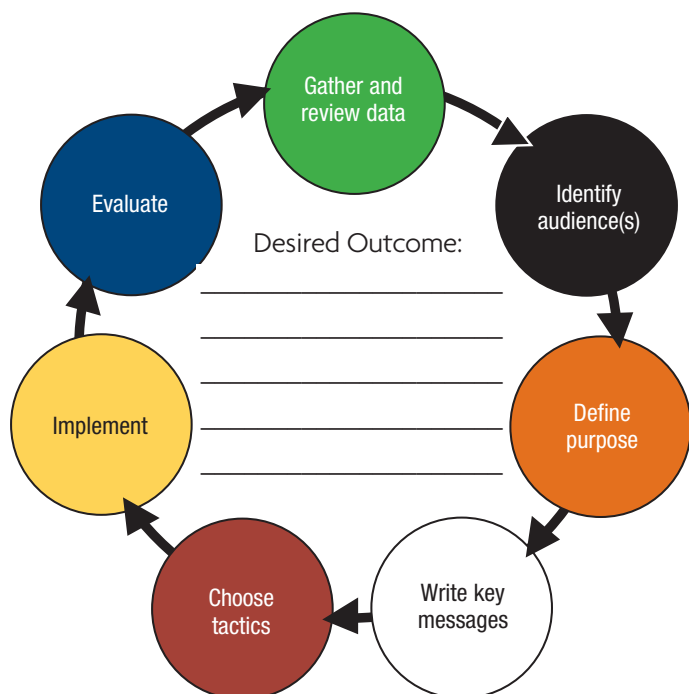
1. Invites people into a "conversation" 	4. Allows people to make personal connections 
2. Has a clear purpose 	5. Helps people see the "what if?" and future possibilities 
3. Is relevant/framed for the "listener" 	6. Ends with a call to action 

What's a story? It can be eight words, eight paragraphs, or eight chapters. The story is told through strategically selected tactics which maximize the story's impact.

1. “Conversation” can mean actual dialogue, or thoughts that are triggered/stimulated in the “listener’s” brain.
2. Answers the question, “Why are you telling this to me?”
3. Answers the question, “What’s in it for me?”
4. “The listener” can process the information and make personally relevant decisions.
5. Stimulates thinking and energy towards action.
6. Connects the dots by suggesting “Something you can do is...”

TRAVEL LOG: MARKETING PROCESS

1. What is the desired outcome of your marketing effort? Depending on your program “age,” you might have a few different outcomes you’d like to achieve (e.g., sustainability).



TRAVEL LOG: MARKETING PROCESS

2. Complete the table below to help you think through the marketing process steps that will support achievement of one of your desired outcomes.

Gather & Review Data	Identify Audiences	Define Purpose	Write Key Messages	Choose Tactics
What data, results, or other information do you currently have, or do you need to gather, to support the desired outcome?	What audience(s) should be reached in order to get to your desired outcome? (complete for each audience)	What is your intent for reaching this particular audience? (select all that apply)	What important story does your data tell?	What channels work best to deliver your message (and work within your resources)?
<input type="checkbox"/> Healthy School Champions Score Card Results <input type="checkbox"/> SHI results <input type="checkbox"/> YRBS/HKCS results <input type="checkbox"/> Indicator data <input type="checkbox"/> Program evaluations <input type="checkbox"/> Needs assessments <input type="checkbox"/> Workplan goals/deliverables <input type="checkbox"/> SHIP outcomes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Who should be informed or educated about the topic and the intended outcome?</p> <p>Who is in a position to take action as a result of your data/information?</p> <p>Who has the ultimate power to help the outcome become reality?</p> <p>Who could serve as allies in the process?</p>	<input type="checkbox"/> Attract attention <input type="checkbox"/> Educate <input type="checkbox"/> Generate an emotional response <input type="checkbox"/> Gain support <input type="checkbox"/> Elicit action <input type="checkbox"/> Build alliance <input type="checkbox"/> Counter opposition	<p>Key messages are:</p> <ul style="list-style-type: none"> • Simple and easy for the audience to understand. • Consistent and focused. • Specific to the needs and interests of the audience. • Make the audience want to find out more, and ultimately, to do something (call to action). <p>Draft key messages using my data/info, audience, and purpose:</p>	<input type="checkbox"/> Fact sheets <input type="checkbox"/> Issue briefs <input type="checkbox"/> Infographics <input type="checkbox"/> Brochures <input type="checkbox"/> Newsletters <input type="checkbox"/> Posters <input type="checkbox"/> Postcards <input type="checkbox"/> Photo essay <input type="checkbox"/> Video story <input type="checkbox"/> Advertisement <input type="checkbox"/> Presentation <input type="checkbox"/> Event outreach <input type="checkbox"/> Report <input type="checkbox"/> Branded “stuff” <input type="checkbox"/> Public relations <input type="checkbox"/> Social media <input type="checkbox"/> Strategic alliances <input type="checkbox"/> Website/internet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

TRAVEL LOG: TARGET AUDIENCE PROFILE

1. Who is the target audience you want to reach?
2. What are your target audience's **three most important goals or priorities** for improving the health of children and youth?
3. Why are your services important to this target audience? What's in it for them? How will they benefit?

TRAVEL LOG: TARGET AUDIENCE PROFILE

4. Are you currently reaching this target audience effectively? If yes, how do you reach them? What evidence do you have that you reach them effectively? Which strategies have been successful?

If no, why do you think these messages aren't reaching this target audience?

5. What are some ideas for improving the effectiveness of your messages to reach this target audience?

TRAVEL LOG: KEY MESSAGES

“So what you’re saying is...”

Key messages should be simple and easy to digest. They can be crafted as general messages that appeal to a number of your target audiences, and they can also be specific to the needs and interests of specific groups. Limit the number of key messages to three or four and support them with a few bullets that illustrate or enhance the message. Use simple language and brief phrases that can prompt sharing of more personal stories or examples.

Benefits of Key Messages

When messaging is focused on repeated themes, it has more strength due to redundancy and consistency. Key marketing messages contain all the important points about your service or “product” (in this case, Healthy Schools Successful Students). The goals of creating key messages include:

- Attract attention and interest
- Generate an emotional response
- Elicit action or alliance
- Counter opposition

Having consistent and focused marketing messages allow you to respond to the needs of your audience and create a buzz about your services, campaign, or program. Key messages should focus on:

- Educating and informing
- Explaining benefits
- Creating an image

Key messages must be focused, be crystal-clear and speak to the interests and needs of your target audiences. Your carefully crafted messages should make them want to find out more, and ultimately, to do something to support your cause.

Messaging by Target Audience

An audience “profile” is a good place to start as you define the people you want to reach with your messages (see previous Travel Log). The profile provides a snapshot of your target audiences, and is important for your outreach because it gives you insight into how to impact your audiences and their “investment” in the issue.

The best way to get target audiences to listen to your message is to frame it in a way that addresses their perspectives, needs, and wants—and you can’t do that without understanding them. Consider what your target audience needs and wants to know about Healthy Schools Successful Students, and choose your messages based on that perspective. Select messages based on what outcomes you want to achieve as well. Are you increasing awareness, requesting action, or eliciting an emotional response? Here are some of the audiences you may want to consider as you frame your messages:

- School Administrators
- School Staff
- Funders
- Students
- Parents

TRAVEL LOG: SAMPLE KEY MESSAGES

About YOU

I am the _____, where I work with others in our school to make it a healthy place for students. We work with the nutrition department, PE and classroom teachers, the school nurse and counselor, as well as the parents, looking at what happens with all school activities. The goal is to help kids be healthy and learn healthy habits so that they can be more successful in school and grow into healthy adults.

About Healthy Schools Successful Students

Healthy Schools Successful Students is a program of RMC Health and the Colorado Department of Education and is funded by The Colorado Health Foundation. It addresses childhood obesity and creates a culture of health by implementing a coordinated approach to healthy schools in 23 Colorado school districts: (13 funded by RMC Health and 10 funded by the Colorado Department of Education).

For School Administrators

- Children spend the majority of their waking hours in school, making schools the ideal place to increase students' physical activity and healthy eating. This improves our students' health and fitness, including aerobic capacity, muscle and bone strength, flexibility, and helps reduce stress, anxiety, and depression.
- Not only do physical activity and healthy eating improve health outcomes, they have been shown to improve academic performance and school behavior as well. *Tip: if you have your own evaluation data or success stories that show improved academic performance and/or behavior in school, use them!*
- As a champion of school health and wellness, would you be willing to ask the Superintendent and the Board to fund the district's school health and wellness coordinator and school teams in next year's budget?
- With funding, our school district can continue to improve the health and education outcomes of our students!

For Funders/Decision Makers

- Childhood obesity has more than doubled in children and quadrupled in adolescents in the past 30 years. In 2012, more than one-third of children and adolescents in the United States were overweight or obese.
- School health and wellness efforts focus on increasing student physical activity and improving healthy eating. Healthy eating and active living reduce the risk for a variety of health concerns which occur later in life, but some of which can occur while children are young. These include heart disease, diabetes, high blood pressure, osteoporosis, and obesity. *Tip: if you have your own evaluation data or success stories that show improved student health, use them!*
- We would like to submit a grant application. If we were to do so, would you consider funding our school district's health and wellness efforts?
- School health and wellness not only reduces childhood obesity and improves the health of our students, but also sets up a lifelong habit of healthy living that reduces the incidence of chronic diseases in seniors.

TRAVEL LOG: SUCCESS STORY TEMPLATE

This success story template is intended for use by schools funded through Healthy Schools Successful Students to implement Whole School, Whole Community, Whole Child programs. The success story is meant to describe the school health prevention program, the activities implemented, and the school and student outcomes reached related to a school’s specific School Health Improvement Plan(s). Overall Style Reminders:

- Keep paragraphs short – no more than 5-6 sentences.
- Keep story to no more than two to three pages.
- Include significant and compelling facts. Do not include opinions unless you attribute them to someone.
- Avoid using passive voice (e.g., “Trainings were provided.”). Use active voice (e.g., “X partner provided Y trainings.”), and be clear about who is doing the action.
- Include direct quotes if they strengthen the story.
- Limit use of acronyms. If you use acronyms, spell them out on first mention.
- Avoid jargon so that the story is easy to read.
- Keep messages simple and concise.
- Avoid broad, sweeping statements such as, “There was a noticeable increase in attitudes.” Be specific and use your data.

Success Story Components

Healthy Schools Successful Students *requires* schools to develop and implement at least two School Health Improvement Plans (SHIPs) during a school year. A school needs to write **at least one** success story related to one of their SHIPs that focused on PE/PA or nutrition.

The final success story(s) should be written following the template. Schools should submit their success story online to the Healthy Schools Successful Students database at healthyschoolscolorado.civicore.com.

- | | | |
|--------------------------------|--------------------------|--------------------------|
| ● Title | ● Number of Participants | ● Plans to Continue |
| ● Problem Overview | ● Program Outcomes | ● Conclusion |
| ● Program Activity/Description | ● Program Challenges | ● Program Sustainability |

Success Story Template

1. *Write Down the Title of Your Success Story:*

Pit Stop. Have you:

- ☐ Captured the overall message of the story?
- ☐ Captured the reader’s attention?

TRAVEL LOG: SUCCESS STORY TEMPLATE

2. Describe the Problem You Addressed in Your School Health Improvement Plan (SHIP):

Pit Stop. Have you:

- ☐ Described the background, context, and environment of your school?
 - ☐ Described the health problem(s) being addressed in your school?
 - ☐ Described the objective or focus of the SHIP?
-

3. Describe Your Program/Activity:

Pit Stop. Have you:

- ☐ Described the program/activity(s) implemented as part of the SHIP?
 - ☐ Identified who was involved, including your partners?
-

4. Who Are Your Program Participants?

Pit Stop. Have you:

- ☐ Identified the target audience the program/activity(s) reached? (e.g., students, staff, families)
- ☐ Included the number of participants reached?

TRAVEL LOG: SUCCESS STORY TEMPLATE

5. What are Your Program Outcomes*?

Pit Stop. Have you:

- ☐ Described who benefited from your SHIP and how?
- ☐ Described the outcomes* of your SHIP?
- ☐ Described the data and information collected on your SHIP?

* Outcomes refer to the specific changes that are a result of the project’s activities. These include changes in attitudes, knowledge, skills, and behaviors. Outcomes can be measured using surveys, interviews, assessments, observations, testimonials, etc.

6. Program Challenges:

Pit Stop. Have you:

- ☐ Described any challenges you encountered in implementing your SHIP?
- ☐ Described how you overcame challenges?

TRAVEL LOG: SUCCESS STORY TEMPLATE

7. Plans to Continue Program:

Pit Stop. Have you:

- ☐ Described if you will continue the program/activities in the next school year?
- ☐ Described what you will change/keep the same in the next school year?

8. Conclusion

Pit Stop. Have you:

- ☐ Described the difference your SHIP made to your school?
- ☐ Provided a conclusion to the success story?

9. Program Sustainability

Pit Stop. Have you:

- ☐ Discussed strategies for the ongoing success of your program?
- ☐ Described how future activities will build on and support your SHIP? Where is your school headed?
- ☐ Sustainability efforts can include: developing and/or enforcing policies; securing ongoing funding support; linking with community partners; specific work to institutionalize healthy school efforts.

RESOURCES

- **Healthier Students are Better Learners**, Charles E. Basch, PhD, Journal of School Health, October 2011, Vol 81 No 10
- **Storytelling Approaches to Program Evaluation: An Introduction**, The California Endowment, www.calendow.org/uploadedFiles/Publications/Evaluation/General/StorytellingApproachestoProgramEvaluation_Final%281%29.pdf
- **Are We There Yet?** Asibey, Edith, Parras, Toni, and van Fleet Justin. New York: Asibey Consulting, 2008
- **Marketing That Matters** Chip Conley and Eric Friedenwald-Fishman San Francisco, Berrett-Koehler Publishers, Inc., 2006
- **Streetwise Marketing Plan** Don Debelak, Massachusetts, Adams Media Publications, 2000
- **The Purple Cow** Seth Godin, New York, The Penguin Group, 2003
- **Guerrilla Marketing in 30 Days** Jay Conrad Levinson and Al Lautenslager Canada, Entrepreneur Press, 2005
- **Resources for Marketing Professionals** www.marketingprofs.com/Photos
- **istockphoto.com**
- **photobucket.com**
- **thinkstockphotophotos.com**
- **Fonts**
Dafont.com
Urbanfonts.com
Acidfonts.com
Fontfreak.com
- **Templates**
stocktemplates.com
- **Clipart**
clipart.com
free-clipart.net
- **Presentation Zen: Simple Ideas on Presentation** www.presentationzen.com
- **Design and Delivery** Garr Reynolds California, New Riders, 2008
- **Resonate: Present Visual Stories that Transform Audiences** Nancy Duarte New Jersey, John Wiley & Sons, 2010



MAKING MEETINGS MATTER

Regardless of how we feel about it, meetings are here to stay. Well-organized meetings can have real value for participants and their organizations. The question is, are your meetings productive, well-planned, conducted with full participation, and results-oriented? Or are they a bit more haphazard, with recycled topics, inconsistent attendance, and unclear outcomes? The tips and strategies in this Travel Guide will help improve the odds of making your meetings matter.



First things first. Do you really need a meeting?

Meeting just to meet is a time-waster, and it costs a significant amount of money in human resources. Deciding whether a meeting is necessary is an often-missed—but critical—first step. Meetings are generally held for one of these reasons:

- To share information
- To determine recommendations, make decisions, or reach agreement
- To problem-solve through idea generation and dialogue

Before scheduling a meeting, ask yourself these questions:

1. Do we need face-to-face interaction to accomplish this outcome/task?
2. Do we need to focus on relationships or team-building?

If you answered yes to either of those questions, a face-to-face meeting is probably warranted. If you didn't answer yes to either of those questions, consider other options, such as a conference or video call, an email update, a training, or a social event. Perhaps a small working group can accomplish that task rather than engaging the entire team.

Share Roles and Responsibilities

One way to engage more people in the meeting is to share responsibilities. There are at least five roles that can easily be shared by meeting participants. Consider rotating these roles to increase participation.

Convener: This person is responsible for the meeting logistics, including finding a meeting space, sending out the meeting notice and reminders, and getting there early to set up the room. This person also works with the facilitator to define the meeting purpose, identify topics, and set outcomes.

Facilitator: This is a key role and one that requires a specific skill set, which means that it is not as easily rotated among members. The facilitator can be a member of the group or an outside consultant. The key role of the facilitator is to guide the group through the agenda, utilizing processes that engage participants and accomplish the stated outcomes. It's best if the facilitator is neutral related to meeting outcomes. Some groups have co-

facilitators who can share the work as well as step in and out of the role when their neutrality is in question.

Note-taker: It's hard to overemphasize the importance of this role because the meeting notes become the written record of the group's activities and decisions. To maximize consistency in the notes, use a template that is customized for your group's needs. The template can be loaded on a laptop and provided to the note-taker at the beginning of the meeting. In the School-level Roadmap Travel Log on page 5, you'll find a sample template for taking notes at a meeting. Have an agreement about when and how meeting notes are distributed and stored.

Snack provider: The best meetings have snacks! If you are able to provide snacks for your meeting, share responsibility for bringing them. If there's a snack budget, make sure the snack-provider knows how much to spend and how to be reimbursed. Set guidelines for healthy snacks as part of your meeting norms. One caution: keep it simple! Don't let snack preparation keep the meeting from starting on time.

Process observer: This is a role that may be new to some groups. The purpose of a process observer is to give the group objective, non-personal feedback about the group's process and dynamics during the meeting. Process observations are given at the end of the meeting, and should take no more than a few minutes. Examples of process observations might be:

- Members had lots of questions about the budget
- There was very little side talk going on
- We didn't start the meeting until 20 minutes after our agreed-on start time

Groups that pay attention to process observations are able to improve the group's functioning over time.

Did You Know?

A common complaint is that meetings are all about information-sharing or updates. If that's the case, find a different way to share the information (e.g., email, newsletter). People are generally willing (maybe even enthusiastic!) about attending meetings that are action-oriented and end with a clear result. That's your goal.

MAKING MEETINGS MATTER

Add These Actions to Your Meetings

Norms

Meeting norms are created by the group to define acceptable meeting behavior and identify ways to participate in the meeting. Many groups create norms initially and revisit them at each meeting, revising or adding to them as necessary. Some groups have more in-depth Operating Agreements that may encompass meeting norms (refer to the *Travel Guide* on Creating a High Performing Team).

Warm-up activity

This is typically a short activity, designed specifically to relate to the meeting agenda. An effective warm-up activity helps the meeting participants get settled and thinking about the topic(s) that will be discussed. You can also prepare a warm-up activity with the purpose of team-building. These take longer and must be appropriate for the group's stage of development.

Process pauses

These are intentionally scheduled pauses throughout the meeting. Process pauses provide time for people to apply what they just heard, consider the consequences of a decision, or just wake up the brain after a discussion. Examples of process pauses are: individually writing down notes about key information, debriefing in pairs or small groups, and engaging in a physical activity break. Process pauses need to be included on the facilitator agenda with the appropriate amount of time allowed.

Planning for follow-up or next steps

A simple way to track follow-up actions is to develop a task list during the meeting. Before the meeting, create this matrix on chart paper and display it in the room. During the meeting, write down any tasks that are identified, with a timeline and person responsible. Allow time at the end of the meeting to review the task list and fill it in completely. The note-taker should include the task list in the meeting notes, and it should be revisited at the beginning of the next meeting.

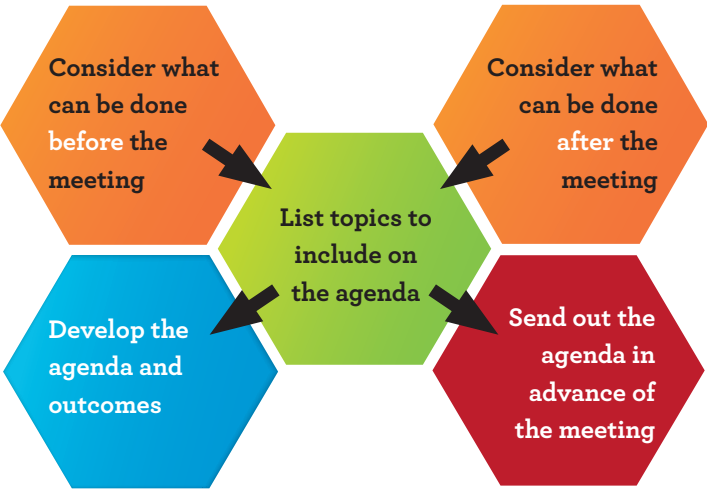
Task	Who	When

Closure

How many times have you been at a meeting where the facilitator suddenly looked at the clock and said something like “Oh no! We’re out of time,” and people started leaving? That’s the worst way to end a meeting—it leaves people hanging, decisions unclear, and next steps unknown. The way to avoid this is to set aside time for closure when creating the agenda, and—this is important—actually take that time for closure at the end of the meeting. Look at the sample facilitator agenda (bottom of page 3) to see how closure can be managed. Closure is critical for participants to reflect on meeting outcomes, integrate key decisions, and make a mental bridge to the next meeting.

Create the Agenda

When asked about their pet peeves related to meetings, most people rank the lack of an agenda high on the list. An effective agenda takes into account the groups’ past decisions as well as future goals. Here’s a look at the steps in preparing an agenda:



*Remember: not everything needs to be covered during a face-to-face meeting. Some items can be handled before or after the meeting by a small group, through email, or a conference call.

MAKING MEETINGS MATTER

Sample Facilitator Agenda District Health Advisory Committee Meeting December 3, 2015, 3:00 – 5:00 pm District Media Center

Time	Topic	Who	Outcome
3:00	Welcome <ul style="list-style-type: none"> • Introduce new members • Agenda overview • Create/review norms • Warm-up 	Pat	New members introduced, stage set for topic discussions
3:15	Develop a plan to present district progress in implementing Coordinated School Health to the School Board. <i>Process pause (pairs) to discuss content of the presentation. Follow with group discussion.</i>	Deb, Geraldo	Outline content to include in the School Board presentation. Create initial task list with persons responsible and timelines.
4:00	Finalize team member responsibilities for staff training to be held on February 3, 2016 <i>Note: Review training task list from previous meetings. Allow 20 minutes for co-presenters to meet, and 10 minutes for group discussion.</i>	Chris	Create final training agenda with presenters, times, and handouts required. Write additional assignments on task list.
4:40	Closure <ul style="list-style-type: none"> • Group members complete this sentence: <i>Before the next meeting, I commit to...</i> • Review task list and timelines • Role assignments for next meeting • Process observations • Reminder of next meeting time/location 	Pat	Commitments shared publicly, task list finalized, roles assigned for next meeting
5:00	Adjourn	Pat	Clean up room, reset tables and chairs

The participant's agenda might have less detail. Some facilitators prefer to give the participants an agenda without specific times—this gives the facilitator more flexibility without having members fret over exact times.

Sample Participant Agenda District Health Advisory Committee Meeting December 3, 2015, 3:00 – 5:00 pm District Media Center

Meeting Topic	Outcome
Welcome: agenda overview, review norms Warm-up activity <i>Pat</i>	All members introduced, meeting outcomes defined
School Board presentation on implementation of Coordinated School Health in the district <i>Deb and Geraldo</i>	Outline content of the presentation and create initial task list
February 3rd Staff Training <i>Chris</i>	Finalize agenda, tasks, and handouts required
Closure <i>Pat</i>	Commitments made

Template for Meeting Planning

In the Travel Log, you'll find a sample template for planning a meeting. You can customize it to meet the needs of your group. Here's the catch: this takes time. It's not possible to plan an effective meeting the day before. Start early, get input, share roles, and be clear about the meeting purpose and outcomes. Be realistic about how much can be accomplished in your timeframe. Set the standard that your meetings are well-prepared, well-run, and worthy of people's time.

MAKING MEETINGS MATTER

Using Conference Calls to Conduct Meetings

Meeting face-to-face is not always possible or necessary. In those instances, a well-run conference call can be an effective substitute. As with a face-to-face meeting, the success of the conference call lies largely in the planning. The information provided earlier about meeting planning, agenda development, and note-taking is also relevant to conference calls. Identify those roles that can reasonably be shared on a conference call (e.g., note-taker, process observer). If you are able to utilize a video component, you can also create a working task list during the meeting for everyone to see. Take a look at the graphic below to learn more about the critical components of a conference call.

Conference Call Participant?

If you are a participant on a conference call, here are some tips to get the most out of the call:

- *Avoid using a cell phone if possible. On a land line, you won't have to deal with connection issues or interference.*
- *If you are using a speakerphone with others, test it out ahead of time and become familiar with the phone's features.*
- *Keep your phone muted until you intend to speak, and remember to identify yourself when you do.*
- *Avoid the urge to multi-task during the call.*

THE BASICS

It sounds obvious, but be intentional about selecting a quiet place to conduct the call, away from office noise and machines. If you are using a video component, test it out ahead of time. Begin and end the call on time, just as you would for a face-to-face meeting.

BEFORE THE CALL

At least one day before the call, send all participants the agenda and any meeting materials, including a participant list with names, titles, and contact information. Tell participants how to connect to the call and what they should do if they have connection issues. Instruct participants who join the call in progress, or have to leave early, to email that information to you along with any questions or comments. Have participants RSVP for the call so you'll know who is attending. Keep that list in front of you during the call and provide it to the note-taker.

AT THE BEGINNING OF THE CALL

Depending on the time available, the size of the group, and the meeting purpose, you'll need to decide how to handle introductions. In a smaller group, members can introduce themselves. In a larger group, you may need to refer them to the participant list. Establish group norms such as: muting and unmuting the line; asking questions; saying your name before speaking; and silencing cell phones. Review the agenda and desired outcomes.

DURING THE CALL

If the group is small, and you have an audible signal that someone has joined the meeting, find an appropriate time to ask them to introduce themselves. Stick to the agenda and don't let the call take off on a tangent. You may need to pause and restate the purpose and desired outcomes of the call if members go off track. Provide a time-check about halfway through the call and again near the end. Remember to save time for closure in order to review the task list, recap decisions or key information, and give a reminder about next steps or the next call.

AFTER THE CALL

Review the meeting notes for accuracy and send them to participants within 24 hours (or one working day). Include the task list in the notes as well as a list of call participants.

TRAVEL LOG: MEETING PLANNING TEMPLATE

Meeting Date: _____

Time (starting): _____ Time (ending): _____

Location: _____

Planning Checklist:

- ☐ Agenda sent to all members in advance of meeting
- ☐ Meeting roles identified:
 - Convener: _____
 - Facilitator: _____
 - Note-taker: _____
 - Snack provider: _____
 - Process observer: _____

Meeting Elements Checklist:

- ☐ Review of norms (or creation of norms if this is the first meeting or a one-time meeting)
- ☐ Warm-up activity
- ☐ Topics and outcomes
- ☐ Decisions to be made
- ☐ Process pauses included
- ☐ Time to complete task list
- ☐ Closure activity

Detailed Agenda for Meeting Convener and Facilitator

Time	Topic/Activity	Who	Outcome

TRAVEL LOG: MEETING PLANNING TEMPLATE SAMPLE

Monthly Healthy Schools Team Meeting

March 3, 2015

9:00–11:00 am

Elementary School Library

Planning Checklist:

- ☒ Agenda sent to all members in advance of meeting
- ☒ Meeting roles identified:
 - Convener: Ming
 - Note-taker: Lee
 - Process observer: Kelli
 - Facilitator: Bill
 - Snack provider: Finn

Meeting Elements Checklist:

- ☒ Review of norms (or creation of norms if this is the first meeting or a one-time meeting)
- ☒ Warm-up activity
- ☒ Topics and outcomes
- ☒ Decisions to be made
- ☒ Process pauses included
- ☒ Time to complete task list
- ☒ Closure activity

Detailed Agenda for Meeting Convener and Facilitator

Time	Topic/Activity	Who	Outcome
9:00–9:20	Welcome, review group norms Agenda overview Warm-up activity	Bill	Group reminded of norms Team-building
9:20–9:45	SHIP updates and requests for help, create task list	Ming & Lee	Tasks and timelines negotiated and/or established
9:45–10:00	New school team budget reviewed, forms passed out, process pause for questions	Finn	All members familiar with team budget and required forms
10:00–10:45	Review data from survey; decide how to share information at staff meeting	Ming	Plan developed to share key parts of survey at April staff meeting
10:45–10:55	Review task list, complete as necessary Process observations	Kelli	Commitment to action steps Opportunity to reflect on group process
10:55–11:00	Closure: reminder of next meeting and roles	Bill	Team agreement on date and roles for next meeting

TRAVEL LOG: NOTE-TAKING SAMPLE TEMPLATE

Meeting Name: _____

Date/Time/Location: _____

Persons in Attendance:

Meeting Roles

- Convener: _____
- Facilitator: _____
- Note-taker: _____
- Snack provider: _____
- Process observer: _____

Updates:

Topics Covered:

Decisions Made:

Task List:

Task	Who	Due Date

Next Meeting Date/Location:

Assignments for Next Meeting:

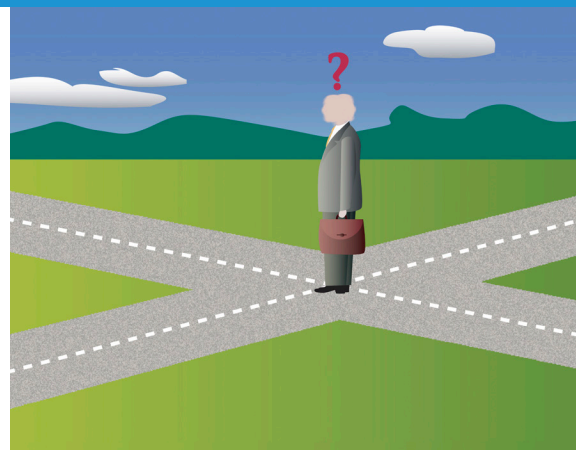
- Convener: _____
- Facilitator: _____
- Note-taker: _____
- Snack provider: _____
- Process observer: _____

Location where minutes are filed electronically:



USING DATA TO DRIVE DECISIONS

Data-driven decisions are a necessity in this era of accountability and high-stakes testing. It simply isn't good enough to implement health and wellness efforts because "we just know we're making a difference" without having data to support our claims. For school health efforts to take their rightful place alongside reading, writing, and math, it's imperative that we show results. In this **Travel Guide**, we'll talk about what data-driven decisions are all about, give you a chance to take a simple test to see if you're on track with your current data collection efforts, discuss how important it is to develop a long-term plan for data collection, and provide samples of effective data collection efforts. Finally, we'll provide additional resources focused on data.



“ Knowledge is power, and there's nothing more powerful than data to help district and school leaders develop a solid blueprint with measurable results for continuous improvement. (Messelt, 2004) **”**

Data-driven Decisions—Fueling Up

In its most basic form, data-driven decisions are about:

- Collecting appropriate data
- Analyzing the data in a meaningful fashion
- Getting the data into the hands of the people who need it
- Using the data to increase school efficiencies and improve student achievement
- Communicating data-driven decisions to key stakeholders

(Messelt, 2004)

If you've done a good job writing your School Health Improvement Plan, it includes a plan for data collection efforts that provides evidence that you've met your objective. As you've matured as a team, your School Health Improvement Plans have likely become more focused on impacting staff or student behavior. You've interpreted the data accurately and your school has adopted changes as a result of what you've learned. You've shared your findings with your team members, administrators, students, and community members. Ideally, your school health team has embarked upon a continuous improvement process in which data collection plays an integral part.

Initial School Health Improvement Plan Development

In Mile Marker 4 of the School Level Roadmap, it's suggested that first-year teams and teams that have encountered lots of turnover complete the *School Health Index*. This assessment provides teams an opportunity to identify strengths and weaknesses in each of the ten components of Whole School, Whole Community Whole Child (WSCC). If your team completed another assessment,

that's okay too. The point is that your team has taken the time to assess how well you're doing against some standard of best practice. Once the team has completed the assessment, instructions are given to identify top priority actions, determine if the priority actions are both important and feasible, research best practices related to the high priority areas, and write a School Health Improvement Plan.



Look at your most recent School Health Improvement Plan and answer these questions:

- | | |
|--|-----------|
| Our School Health Improvement Plan was based on results of the School Health Index or another assessment (e.g., Healthy School Champions Score Card) | YES or NO |
| | |
| Our School Health Improvement Plan objective was directly related to a Best Practice (refer to Sample Best Practices p. 11 in Roadmap) | YES or NO |
| | |
| Our objective was SMART | YES or NO |
| <input type="checkbox"/> Specific | |
| <input type="checkbox"/> Measurable | |
| • Do you have measurable results? | |
| • Did you share the results with stakeholders? | |
| • Did you implement a change as a result of your findings? | |
| <input type="checkbox"/> Attainable | |
| <input type="checkbox"/> Relevant | |
| <input type="checkbox"/> Time-phased | |

If you answered no or aren't sure how to answer any of these questions, detour back to Mile Marker 4 of the School Level Roadmap and recommit your efforts to writing your next School Health Improvement Plan following the steps outlined in the School-level Mile Markers 4, 5, and 6.

USING DATA TO DRIVE DECISIONS

“Using data makes setting school health goals deliberate and worthwhile and helps guarantee that precious resources won’t be wasted.”



Developing a Long-range Plan

If your team hasn’t spent time thinking about what you want to achieve over time, now’s the time to start the process. Teams often start by asking the question, “What is it we’re trying to accomplish as a school health team?” This translates into an overall goal statement.

Examples of school health team goals:

- Improve student achievement
- Assure that students are healthy and ready to learn
- Implement policies that will impact the health behavior of our staff and/or students.
- Influence student health behaviors

By working together as a team to write a goal statement, you greatly reduce the chances that your School Health Improvement Plan will be based on passion. You commit yourselves to research-based ideas that link health and academics, put policy in place, or improve student or staff health behaviors. You’re starting to make real change and you’re gaining clout in your school.

Once the team has agreed on a goal statement, use it to guide the development of your SMART objectives.

Here’s where data collection comes into play. Quality data collection efforts are dependent on a well-written objective. If your objective is vague or not measurable it’s virtually impossible to know if you’ve accomplished anything.

It’s a bit like Alice in Wonderland when she asked the Cheshire Cat for directions:



“Would you tell me, please, which way I ought to go from here?”

“That depends a good deal on where you want to get to,” said the Cat.

“I don’t much care where—” said Alice.

“Then it doesn’t matter which way you go,” said the Cat.



(Lewis Carroll, Alice’s Adventures in Wonderland)



Sample Objectives and Corresponding Data Collection Activities

Below are three samples of SMART objectives with corresponding data collection activities for each. Generally speaking, data are collected to get a baseline and then again after a plan has been implemented.

Sample 1

SMART Objective (desired change):

By December 1, 2014, the school will increase daily breakfast participation from its current average of 60 students to 120 students.

Data to collect that will indicate the objective has been achieved:

- Daily average number of students who participate in the school’s breakfast program during the week of September 8, 2014.
- Daily average number of students who participate in the school’s breakfast program during the first week in December 1, 2014.

Sample 2

SMART Objective (desired change):

By May 15, 2015, 50% of teachers will implement a minimum of 30 minutes of instruction per week in the district-approved curriculum.

Data to collect that will indicate the objective has been achieved:

- # of teachers currently implementing some portion of the district-approved curriculum.
- # of teachers implementing a minimum of 30 minutes of instruction per week in the district approved curriculum as of May 15, 2015.

Sample 3

SMART Objective (desired change):

By May 15, 2015, the state health standards will be infused into the health education curriculum with 85% of 9th graders proficient or advanced based on the standards and local assessments.

Data to collect that will indicate the objective has been achieved:

- Documentation that 100% of health education standards are aligned with the health education curriculum.
- Documentation that assessments in all health content areas have been developed.
- Percent of students proficient or advanced on May 15, 2015.

USING DATA TO DRIVE DECISIONS

Sample School Health Improvement Plan

Quality data collection begins with a well-written objective. Data collection activities are specific to the objective and are highlighted in both the data section and as activities in the School Health Improvement Plan (see below).

Healthy Schools Successful Students: School Health Improvement Plan		Date:		
School Name: Happy Kids Elementary		District Name: Very Fine SD		
Co-leader Names:		Principal's Name:		
SMART Objective (desired change): By December 1, 2014, 75% of classroom teachers at Happy Kids Elementary will implement physical activity breaks in their classrooms at least three times per week.				
What data will you collect that will indicate the objective has been achieved? Data Specific to Objective <ul style="list-style-type: none"> # of classroom teachers currently implementing physical activity breaks in the classroom # of days per week classroom teachers are currently implementing physical activity breaks in the classroom # of teachers implementing physical activity breaks in the classroom at least three times per week on or before December 1, 2014 				
Action steps to achieve SMART Objective	Timeline (By When)	Person(s) Responsible	Budget Needed	Action Step Completed
Meet with team to discuss proposed School Health Improvement Plan and assign responsibilities for completing various tasks	9/9/14	Co-leaders	none	
Purchase three copies of <i>The Kinesthetic Classroom: Teaching and Learning Through Movement</i> (Lengel & Kuczala)	9/9/14	Librarian	\$90	
Develop a survey asking the first two questions described in the data section above	9/16/14	PE Teacher, District Health and Wellness Coordinator	none	
Implement the survey to gather baseline data at September 23 weekly staff meeting	9/23/14	Co-leaders	none	
Develop one hour in-service	9/29/14	PE Teacher and two other Wellness Team members (In-service Team)	none	
Conduct hour-long in-service to fellow teachers utilizing <i>The Kinesthetic Classroom: Teaching and Learning Through Movement</i>	9/30/14	In-service Team	\$25 for snacks	
Provide brain break example as warm-up activity at weekly staff meetings during the month of October	10/28/14	In-service Team	none	
Conduct post-test survey at November staff meeting	11/25/14	PE Teacher, District Health and Wellness Coordinator	none	
Tabulate results	12/2/14	Parent Team Member	none	
Share results with Wellness Team and consider possible next steps (i.e., new School Health Improvement Plan)	12/16/14	Co-leaders	none	
Share results with school accountability committee	12/18/14	Co-leaders	none	

NOTE:

Green highlighted cells indicate data collection activities in the School Health Improvement Plan.

USING DATA TO DRIVE DECISIONS



Using the Data to Make a Difference

Data-driven decisions go far beyond collecting appropriate data to measure your School Health Improvement Plan. To be most effective, teams must:

- Analyze the data in a meaningful fashion
- Get the data into the hands of the people who need it
- Use the data to increase school efficiencies and improve student achievement
- Communicate data-driven decisions to key stakeholders

(Messelt, 2004)

Analyze the data

It's possible that you will need help to analyze your data. If your objective is simple (e.g., complete a task, implement a new program), you may have the skill on your team to analyze the data. If, however, your objective is a bit more complex, you may require the services of an evaluator. If this is the case, bring the person on board as you write your objective. Consider engaging your district evaluation team or those in charge of writing your Unified Improvement Plan to guide evaluation.

Get the data into the hands of people who need it/ Communicate data-driven decisions to key stakeholders

As soon as you begin implementing the School Health Improvement Plan, you will begin to interpret the data you collect. A standard question you should discuss at each team meeting is "How are we doing in terms of completing our objective?" In other words, "What are we learning?" Learnings should be shared with administrators, staff, community members, and others who might be impacted. Share the data in success stories. Write the success stories throughout the year, not just when applying for funds. Examples of success stories can be found on the website of the Colorado Education Initiative (formerly the Colorado Legacy Foundation):

www.coloradoedinitiative.org/resources/healthy-schools-best-practices-guides/

Use the data to increase school efficiencies and improve student achievement

Discuss the implications of the findings with your team and with others who will be impacted. Once dialogue has begun, you're on the road to creating change. Change might come in the form of a new policy on healthy snacks in the classroom or the implementation of a new research-based standards-based health education curriculum. Using the data to make future decisions saves valuable resources and ensures continuous improvement.



Looking Beyond the School Health Improvement Plan

You'll know data are really driving your decision-making when you can connect your school health efforts to academic achievement or show meaningful change in student and/or staff behavior.

To do that, school teams will need to look beyond checking the boxes that indicate they've completed the School Health Improvement Plan. One strategy for putting a longer-term plan in place is the use of action research. Action research is a collaborative activity among colleagues searching for ways to improve instruction or increase academic achievement, or to determine a solution to a problem such as childhood obesity, asthma management, or mental health issues (Ferrance, 2000).

There are four basic themes to action research: empowerment of participants, collaborations through participation, acquisition of knowledge, and social change. For it to be successful, teams routinely consider data on the health of a school community.

School Data

The amount of data available to review in a school is enormous. Flowers and Carpenter (2009) outlined several types of available school data. A partial list includes:

Instructional Practices

- Standardized test results
- Attendance rates
- Discipline rates
- Curriculum materials
- Lesson plans
- Examples of student work
- Student self-assessments

School Climate

- Safety data
- Climate survey results (homegrown or commercial)
- Dropout rates

Parent Involvement

- Parent attendance rates at activities
- PTA and PTO meeting minutes
- Parent survey results

USING DATA TO DRIVE DECISIONS

Leadership and Professional Development

- Leadership team meeting minutes
- Professional development calendar
- Budgets
- Type of certification
- Years of teaching experience
- Turnover rates of teachers and staff

Looking at numerous pieces of data together (e.g., demographics, achievement, absenteeism, climate) helps schools form hypotheses to decide how best to use the information.

The action research model (below) shows how data should play a central role in the development of any school health improvement plan.



From Eileen Ferrance (2000), *Action Research Cycle, Themes in education: Action research*, fig. 2. Retrieved from www.alliance.brown.edu/pubs/themes_ed/act_research.pdf

A Colorado Example

Here's an example of how one Colorado school district utilized Colorado middle school weighted data from the Youth Risk Behavior Survey (YRBS) to track changes in alcohol, tobacco, and other drug use over time. Various research-based programs were implemented over the course of seven years. Though it's not possible to say that school health efforts caused these positive changes, the data produce accountability and give school health its rightful place alongside more traditional academic areas.

Partial list of data collected for seven years:

Healthy Kids Colorado: ATOD Use in Previous 30 Days									
	2005	2006	2007	2008	2009	2010	2011	2012	% change
Alcohol	55%	43%	44%	48%	38%	26%	25%	20%	-52.73%
Cigarettes	26%	19%	15%	20%	18%	15%	10%	8%	-42.31%
Chew	15%	22%	9%	8%	5%	3%	0%	2%	-80.00%
Marijuana	21%	19%	13%	18%	16%	9%	11%	8%	-57.14%
Overall ATOD use	29%	26%	20%	24%	19%	13%	12%	10%	-54.70%

(Caldon-Ruggles, 2013)

Caldon-Ruggles (2013) outlines the following steps to utilize data to build program relevance, impact, and sustainability:

1. Identify what data you have available to you.

- School Information System
- Behavior Referrals
- Informal Surveys
- Free surveys
- Climate Survey
- Pre/Post Tests
- Healthy Kids Colorado Survey
- County/State data
- Observations

2. Analyze this data for needs/gaps.

- Input into Excel spreadsheet.

3. Create measurable objectives using the data for a baseline measurement.

4. Implement an intervention.

5. Measure using the same method used for the baseline data.

6. SHARE YOUR RESULTS!

- Be your own best champion!

TRAVEL LOG: DATA COLLECTION

Our goal statement:

Our SMART objective:

Objective check: the objective is SMART

_____ Specific

_____ Measurable

_____ Attainable

_____ Relevant

_____ Time-phased

Data we are going to collect to indicate that our objective has been achieved:

Data collection points are included in the activities section of our School Health Improvement Plan. YES NO

RESOURCES: DATA-DRIVEN DECISIONS

This section lists additional resources related to data-driven decisions.

1. Utilizing the Healthy School Champions Score Card as an assessment tool

In addition to applying for the Healthy School Champions Recognition Program sponsored by the Colorado Education Initiative, many seasoned teams have started to utilize the Healthy School Champions Score Card to assess their school health programs. In addition to helping schools identify strengths and weaknesses of health and safety policies and programs, it provides schools an opportunity to monitor progress over time.

- Part 1 of the assessment can be completed in approximately one hour
- Schools can assess proficiency in each of the ten components of *Whole School, Whole Community, Whole Child*
- Proficiency areas are all best practices

One elementary school co-leader said it this way: “It’s like an independent study of the best practices in each of the eight components. Once the assessment is complete, it’s easy to translate a weakness into a School Health Improvement Plan objective.”

Sample Nutrition Assessment questions from the Healthy School Champions Score Card:

Do classroom celebrations offer non-food and nutritious food options and provide education to parents?	Fully in place	Partially in place	Not in place
Does your school incorporate innovative practices to increase student participation in the School Breakfast Program (i.e., hallway kiosks, education)?	Fully in place	Partially in place	Not in place
Does your school allow students to have adequate time to eat lunch, that is, at least 20 minutes of SEATED time (excluding recess and time standing in line)?	Fully in place	Partially in place	Not in place

2. Utilizing National, State, and County Health Data

State and county health data and, in some cases, health data specific to school districts are readily available and provide a wealth of information. These data are essential in answering big questions about student risk behaviors and protective factors. Colorado middle and high school weighted data are available through OMNI Institute at collaboration.omni.org/sites/hkc/Data%20Tables%20and%20Results/Forms/Front%20Page.aspx or through the Centers for Disease Control and Prevention at www.cdc.gov/healthyyouth/yrbs/overall.htm

In addition to the semi-annual state-sponsored Healthy Kids Colorado data collection effort, a randomized study of health risks and protective factors in middle school and high school students, districts may contract with OMNI to complete the Healthy Kids Colorado Survey as a district initiative.

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