



DESTINATION

**HEALTHY SCHOOLS
SUCCESSFUL STUDENTS**

CREATING A SUSTAINABLE
CULTURE OF LEARNING & HEALTH
AT THE DISTRICT LEVEL





A C K N O W L E D G E M E N T S

Destination: Healthy Schools Successful Students, Creating a Sustainable Culture of Learning & Health at the District Level is the companion document to the school-level **Destination: Healthy Schools Successful Students, A Roadmap & Guidebook to Implementing a Collaborative Approach to Learning and Health at the School-level**.

To create the district-level **Destination**, RMC Health and the Colorado Department of Education have drawn heavily on the experiences of Colorado District Health and Wellness Coordinators who are facilitating, guiding, and championing the implementation of school health initiatives across the state. The **Destination** includes both a **Roadmap** written as a step-by-step guide about the role of District Health and Wellness Coordinators in supporting school health teams at each Mile Marker, and a **Guidebook** for all District Health and Wellness Coordinators 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 students, schools, and districts
- 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

For more information or to download the **Destination: Healthy Schools Successful Students, Creating a Sustainable Culture of Learning & Health at the District Level**, visit www.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 coordinated school health 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

¹"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

WHOLE SCHOOL WHOLE COMMUNITY WHOLE CHILD

A Collaborative Approach to Learning and Health



WELCOME TO THE JOURNEY TO CREATE A HEALTHY SCHOOL DISTRICT

The role of the District Health and Wellness Coordinator is complex and multi-faceted, and varies from district to district due to size, geography, and other unique characteristics. This district-level **Destination** provides guidance, resources, and tips for success for District Health and Wellness Coordinators and was written to complement the school-level **Destination: Healthy Schools Successful Students** document.

The district-level **Destination** is written in two sections.

The Roadmap:
The District Health and Wellness Coordinator Role at each Mile Marker

The **Roadmap** is your companion piece to the school-level Roadmap: Getting Started With School Health. The **Roadmap** outlines the District Health and Wellness Coordinator's overall roles and responsibilities throughout the school year as well as those specific to every Mile Marker. In addition, tips for success and resources are provided throughout the **Roadmap**.

The Guidebook:
Creating a Culture of Learning & Health

The **Guidebook** is comprised of several Travel Guides, each of which is topic-focused and provides in-depth information and strategies. Currently, the following Travel Guides are included:

- Carpooling With Your Community Partners*
- Creating a High Performing Team*
- Driving the District Health Advisory Committee
- Getting Others to Notice and Support Your Efforts*
- Making Meetings Matter*
- Using Data to Drive Decisions*

Four additional Travel Guides are under construction:

- The Link Between Learning and Health
- Policy
- Sustainability
- Marketing a Collaborative Approach to Learning & Health

*NOTE: Every part of the district-level **Destination** is downloadable at www.rmc.org/destination.*

**These Travel Guides are also included in the school-level Destination*

INTRODUCTION



The job of a District Health and Wellness Coordinator is complex and highly dependent on circumstances specific to the district. Even so, there are many roles and responsibilities that seem to be similar across districts. This district-level **Roadmap** was developed to identify common tasks that coordinators are charged with accomplishing, regardless of district size, location, and unique characteristics.

Over 50 District Health and Wellness Coordinators from Colorado contributed to the content in this document. The first section, **General District Health and Wellness Coordinator Roles and Responsibilities**, identifies tasks related to getting organized, becoming a school health expert, and establishing connections. The second section, **Roles and Responsibilities Related to Supporting School Health Teams**, identifies tasks directly related to managing and supporting school health teams. Specific tasks are identified for each Mile Marker, along with tips for success and resources. This section is aligned with the Mile Markers in the school-level *Destination: Healthy Students Successful Students, A Roadmap & Guidebook to Implementing a Collaborative Approach to Learning and Health at the School Level*.

This entire document is downloadable at www.rmc.org/destination



Get Organized

- ☐ If your program is grant-funded, become familiar with requirements, assurances, budget, and reporting dates.
- ☐ Create a year-long timeline for grant requirements and/or other key activities. Monitor grant timelines and budget, and remind co-leaders of upcoming deadlines.
- ☐ Create a year-long meeting calendar. Include outcomes expected from each meeting, suggested dates, and who should be in attendance.
- ☐ Become familiar with all district-level policy and regulations related to health and wellness. To see policies enacted by other states, go to: www.nasbe.org/project/center-for-safe-and-healthy-schools/state-school-health-policy-matrix/
- ☐ Work with the district business or finance office to develop procedures to monitor contracts with funders as well as school health team budgets.
- ☐ Work with district communications staff to create a strategic marketing/communication plan. Establish communication systems to share activities and decisions of the District Health Advisory Committee with co-leaders and principals as well as communicating school successes with stakeholders and district administrators. Stay engaged with social media. Refer to the *Travel Guide: Getting Others to Notice and Support Your Efforts*.
- ☐ Utilize available technology and established e-communication channels (e.g., district website or Facebook page) to your advantage. They can be used to share stories, successes, and events.
- ☐ Create a list of key accomplishments during the school year, as well as a list of successes from schools. Include photos, quotes, and other documentation. Consider using Google docs or other electronic tools that are easily shared with others.

INTRODUCTION



Become the School Health Expert in Your District

- ☐ Think of your role as a health and wellness “GPS.” If you don’t have answers, find them and link the team to appropriate resources and best practices. Help the team accomplish their best work, but don’t fall into the trap of doing it for them.
- ☐ Become the expert on best practices in school health and wellness. Read the research, talk to other coordinators, and get resources from trusted sources. Be prepared to answer questions from co-leaders, school health teams, administrators, and other stakeholders.
- ☐ Provide relevant resources and training to co-leaders to help them accomplish their School Health Improvement Plan, engage others, collect and utilize data, and maintain an effective team. Establish yourself as the teams’ “go-to” person. Be their cheerleader at the district level.
- ☐ Join appropriate national organizations (e.g., ASCD, American School Health Association) to stay up-to-date on current research. Attend local and national professional development events to build your knowledge and skills.
- ☐ Become “resource central” for data relevant to school health (e.g., Healthy Kids Colorado Survey, climate surveys, parent surveys, data related to instructional practices).



Establish Connections




- ☐ Establish and maintain a District Health Advisory Committee (refer to the *Travel Guide: Driving the District Health Advisory Committee*).
- ☐ Ask to attend the District Leadership Team and principals’ meeting at least annually to provide an activity break or healthy breakfast, and give a quick wellness “commercial.” Leave behind a relevant resource (e.g., information from the **Destination**, a brief research synopsis on learning and health).
- ☐ Present to the School Board at least annually to update them on the need for health and wellness efforts and to showcase the work being done at the school and district levels.
- ☐ Attend meetings of community partners who have a tie-in to school health and wellness (e.g., local public health departments, parks and recreation departments, non-profit organizations, Boys and Girls Clubs). Be an advocate for partnerships.
- ☐ Convene co-leaders from different schools to share information, successes, and challenges at least twice each school year.

ROLE OF THE DISTRICT HEALTH & WELLNESS COORDINATOR

Get Your Administrators on Board



At first glance, these may seem more like district-level roles and responsibilities than those related to supporting school health teams. Many of these are foundational tasks, necessary to set the stage for school health teams and build the District Health and Wellness Coordinator's expertise and credibility.

 Roles & Responsibilities	 Tips for Success	 Resources
<p>Identify your supervisor and/or key decision-maker, and establish a working relationship. Develop agreements about how you will communicate, share information, and work collaboratively.</p>	<p>Agree on a schedule for regular meetings, and provide meeting topics/agenda in advance. After the meeting, send an email documenting meeting highlights, decisions, and action items with a timeline and person responsible.</p>	<p>Check out the following article from the Mayo Clinic: <i>Improve Your Supervisor Relationship and Reduce Stress</i>: www-cgi.cnn.com/HEALTH/library/WL/00049.html</p>
<p>Become familiar with the district hierarchy of leaders. Identify key players and supporters of the <i>Whole School, Whole Community, Whole Child</i> model.</p>	<p>Become acquainted with a district administrative assistant (or someone in a similar position) who knows the administrators and the best way to communicate with them.</p>	<p>District organizational chart; existing structures such as district and building accountability committees</p> <p><i>Whole School, Whole Community, Whole Child</i>: www.ascd.org/programs/learning-and-health/wsc-model.aspx</p>
<p>Concisely communicate current school health research and data to administrators at the district and school level (your district data coordinator or grant writer may be helpful).</p> <p>Have local data available and be prepared to discuss success stories and practical strategies that relate to your district. Demonstrate the alignment of health and wellness to district priorities.</p>	<ul style="list-style-type: none"> • Write and practice a short “elevator speech” with compelling information that can be communicated in 1–2 minutes. • Address the priorities and passions of the audience. • Be visible enough that key administrators can put a name to your face. • Establish yourself as the “go-to” person for school health information and resources. • Use language that relates the mission and vision of school health to the mission and vision of the district. 	<p>Healthy Kids Colorado Survey: www.chd.dphe.state.co.us/topics.aspx?q=Adolescent_Health_Data</p> <p>State and Federal Legislation for School Health and Wellness: www.coloradoedinitiative.org/resources/state-federal-legislation-school-health-wellness/</p> <p>The Colorado Health Report Card: www.coloradohealth.org/report_card.aspx</p>
<p>Meet with key district administrators prior to the beginning of the school year (one-on-one or as a group).</p>	<p>Send out a written agenda in advance. Establish yourself as credible, competent, and passionate. Ask supportive principals and/or other administrators to help you plan the meeting. Put them on the agenda to appeal to their peers.</p>	<p><i>Travel Guide: Making Meetings Matter</i></p>
<p>Attend key meetings in the district and community to increase credibility, recognition, and opportunities where health and wellness can overlap.</p>	<p>Intentionally look for ways that the school health and wellness efforts can coordinate with and influence community health and wellness efforts. Carry the message that you are there to support and help however you can.</p>	<p><i>Travel Guide: Carpooling With Your Community Partners</i></p> <p>LiveWell Colorado, Healthy Schools: livewellcolorado.org/healthy-schools</p>

ROLE OF THE DISTRICT HEALTH & WELLNESS COORDINATOR

Get Your Administrators on Board




Notes, Ideas, and Inspiration:

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ROLE OF THE DISTRICT HEALTH & WELLNESS COORDINATOR

Identify Leaders for the School Health Team

MILE
2

 Roles & Responsibilities	 Tips for Success	 Resources
<p>Work with administrator(s) and other school staff to identify school health champions who might become co-leaders.</p>	<p>Create an information sheet with a draft co-leader “job description” along with the role and expectations of the school health team. Include resources available to teams and co-leaders. If the administrator is creating a roadblock, find other informal leaders in the school.</p>	<p>Mile Marker 2 in the School-level Roadmap Travel Log: Who’s Driving?</p>
<p>Meet with Business Office/Human Resources to clarify options for substitute and/or stipend pay for co-leaders and team members.</p>	<p>After this meeting, document the protocols and procedures regarding stipend pay, supplemental pay, and substitute pay. Explore options for recertification hours and professional development.</p>	<p>Internal district protocols and procedures, district professional development protocol.</p>
<p>Acquaint yourself with the specific protocols of different school buildings.</p>	<p>Familiarize yourself with school calendars, teacher schedules, security protocol, office codes, building access, building layout, etc.</p>	<p>School websites</p>
<p>Convene informational sessions about the <i>Whole School, Whole Community, Whole Child</i> model with potential co-leaders.</p>	<p>Be prepared to share information about roles, responsibilities, time commitment, and business office procedures.</p>	<p><i>Whole School, Whole Community, Whole Child</i>: www.ascd.org/programs/learning-and-health/wscc-model.aspx</p> <p>Engaging Youth Teams to Further School Wellness video: www.coloradokaleidoscope.org/Gallery-Detail/id/161/v/2/Engaging_Youth_Teams_to_Further_School_Wellness</p>
<p>Convene informational sessions about the <i>Whole School, Whole Community, Whole Child</i> model for administrators and stakeholders.</p>	<p>Tailor your handouts to the audience (e.g., school board, parents, community partners). Utilize existing meetings whenever possible.</p>	<p><i>Best Practices Guide for Healthy Schools</i>: www.coloradoedinitiative.org/resources/healthy-schools-best-practices-guides/</p>
<p>Once co-leaders are confirmed, meet with them to finalize roles and responsibilities and anticipated grant timelines.</p>	<p>Invite a successful co-leader from another school to meet with new co-leaders and possibly become a mentor.</p>	<p>Mile Marker 2 in the School-level Roadmap Travel Log: Who’s Driving?</p>
<p>Present benefits and process of the <i>Whole School, Whole Community, Whole Child</i> model at a staff meeting early in the year; provide handouts.</p>	<p>Make yourself visible and available to answer questions about <i>Whole School, Whole Community, Whole Child</i>. During professional development days, schedule time for the school team to provide information and updates.</p>	<p>Join RMC Health’s Healthy Schools Successful Students Facebook Group at www.facebook.com/groups/MYHSSS/ to get ideas from other coordinators about using professional development days for health and wellness efforts.</p>

ROLE OF THE DISTRICT HEALTH & WELLNESS COORDINATOR

Identify Leaders for the School Health Team






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ROLE OF THE DISTRICT HEALTH & WELLNESS COORDINATOR

Assemble a School Health Team

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 Roles & Responsibilities	 Tips for Success	 Resources
<p>Work with administrator(s) and co-leaders to identify potential team members.</p>	<p>Ensure that the school health team has equal status with other staff committees (e.g., math, literacy). Make the school health team an optional extra-duty committee choice for all staff members.</p>	<p>Mile Marker 3 in the School-level Roadmap Travel Log: Rules of Engagement—use the matrix to remind administrators and staff of the ten components of <i>Whole School, Whole Community, Whole Child</i>.</p> <p><i>Whole School, Whole Community, Whole Child</i>: www.ascd.org/programs/learning-and-health/wsc-model.aspx</p>
<p>Schedule time with co-leaders to support them in their team recruitment efforts.</p>	<p>Encourage additional staff beyond those who represent the ten components (e.g., custodian, librarian, administrative assistant, bus drivers, others) to join the team.</p>	<p>Use template in Mile Marker 3 of the School-level Roadmap Travel Log: Rules of Engagement to provide a written statement of team purpose, initial objectives, frequency of meetings, etc.</p>
<p>With co-leaders, establish a system for keeping team members and administrators up-to-date (agendas, meeting minutes, action plans, successes, etc.).</p>	<p>It's important to keep everyone in the loop and encourage participation throughout the school year.</p>	<p><i>Travel Guide: Making Meetings Matter</i> has a template for notes that could be shared after meetings.</p>
<p>With co-leaders, meet with PTO/PTA in late summer or early fall to recruit parent champions and school health team members.</p>	<p>If allowable, e-blast a health/wellness interest survey to parents. You could also promote the survey on the district website and Facebook page. Find out if this could be tied in with other paperwork required of parents at the beginning of the school year.</p>	<p>District PTO/PTA meetings</p> <p>Parents for Healthy Kids: www.actionforhealthykids.org/what-we-do/programs/parents-for-healthy-kids</p>






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ROLE OF THE DISTRICT HEALTH & WELLNESS COORDINATOR

Conduct an Assessment of Your Current School Health Efforts

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 Roles & Responsibilities	 Tips for Success	 Resources
<p>Review grant requirements and/or get district guidance to determine which assessment to use.</p>	<p>Keep administrators informed of all steps in the assessment process. Encourage their participation.</p>	<p>Mile Marker 4 in the School-level Roadmap describes the two most commonly used assessments in Colorado and gives links to their websites.</p>
<p>Familiarize yourself thoroughly with the questions and process of your selected assessment.</p>	<p>Practice taking the assessment and be prepared to answer detailed questions about the questions and process. Talk with coordinators or co-leaders who have previously completed this assessment and ask what worked and what they would do differently.</p>	<p>Healthy School Champions Score Card: www.healthyschoolchampions.org/score-card</p> <p>School Health Index: www.cdc.gov/healthyyouth/shi</p>
<p>Work with co-leaders to determine a plan and timeline for completing the assessment.</p>	<p>Include parents, students, community members, and other staff as appropriate.</p>	<p>Mile Marker 4 in the School-level Roadmap Travel Log: Figuring Out Where To Go</p>
<p>With co-leaders, meet with entire team before the assessment begins to explain the rationale, the process, and how results will be used.</p>	<p>Be able to articulate the benefits of doing the assessment and how the results will be used to establish or maintain a school health and wellness culture.</p>	<p>The Healthy School Champions Score Card and School Health Index (listed above) have information that can be used as handouts or resources.</p>
<p>Be available to answer questions during the period of time that the assessment is being completed.</p>	<p>Discuss assessment results and reflect on the assessment process with the school health team and co-leaders. This may require extra meeting time and sub pay as the team begins prioritizing and writing a School Health Improvement Plan.</p>	<p>Frequently asked questions and answers are on these websites: Healthy School Champions Score Card: www.healthyschoolchampions.org/score-card/faqs</p> <p>School Health Index: www.cdc.gov/healthyyouth/shi/faq.htm</p>






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ROLE OF THE DISTRICT HEALTH & WELLNESS COORDINATOR

Identify a Priority for the School Health Improvement Plan (SHIP)

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 Roles & Responsibilities	 Tips for Success	 Resources
<p>Learn the priority-setting process in the School-level <i>Roadmap</i> and become comfortable enough to teach it to others.</p>	<p>Practice using the priority-setting process with real or sample data from your selected assessment.</p>	<p>Mile Marker 5 in the School-level Roadmap <i>Travel Log: What's Our Priority This Year?</i></p>
<p>Become thoroughly familiar with best practices in all ten components of the <i>Whole School, Whole Community, Whole Child</i> model. Be prepared to share best practices that align with the identified priority area.</p>	<p>Provide best practices resources to the co-leaders in every school implementing <i>Whole School, Whole Community, Whole Child</i>. Make copies available to interested administrators. Highlight best practices that align with district policy and/or the selected priority area. Identify what schools are already doing that represent best practices.</p>	<p>Colorado Education Initiative (CEI) <i>Best Practices Guide for Healthy Schools</i>: www.coloradoedinitiative.org/resources/healthy-schools-best-practices-guides/</p> <p>CDE Best Practices and Policies web page: www.cde.state.co.us/healthandwellness/csh_best_practices</p> <p>Best Practices and Policies: www.cde.state.co.us/healthandwellness/csh_best_practices</p>
<p>Demonstrate the priority-setting process to co-leaders before having the team set a priority.</p>	<p>Understand that the priority that you identify in your practice session may not be the one that the team selects.</p>	<p>Use actual data from your assessment to practice the priority-setting process.</p>
<p>Assist the co-leaders in convening a team meeting to go through the priority-setting process; help facilitate as needed.</p>	<p>Invite administrators to join this meeting and participate in priority-setting. This will ensure that there is approval for the selected priority. Tie the identified priority to district/school definitions of academic success. Remind the team to make decisions based on data, not passion.</p>	<p>Provide Mile Marker 5 in the School-level Roadmap <i>Travel Log: What's Our Priority This Year?</i> as a handout during the meeting. Also provide copies of the assessment results/summary.</p>

ROLE OF THE DISTRICT HEALTH & WELLNESS COORDINATOR
Identify a Priority for the School Health Improvement Plan (SHIP)



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ROLE OF THE DISTRICT HEALTH & WELLNESS COORDINATOR

Write a School Health Improvement Plan (SHIP)

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 Roles & Responsibilities	 Tips for Success	 Resources
<p>Become familiar with the School Health Improvement Plan (SHIP) format. Review successful SHIPs from other schools/districts.</p>	<p>New co-leaders may need extra assistance during this Mile Marker. Be available to answer questions and help co-facilitate as requested. Expect that co-leaders will struggle the first time through a SHIP, and accept that it won't be perfect. Provide guidance without taking over the process. Keep the team focused on best practices throughout the entire process of writing a SHIP.</p>	<p>Coming Fall 2014: Samples of Exemplary SHIPs: www.rmc.org/destination</p> <p>RMC Health SHIP Template and Checklist: www.rmc.org/destination</p>
<p>Practice writing SMART objectives for different component areas until you become proficient.</p>	<p>Use the RMC Health Healthy Schools Successful Students Facebook Group to ask other coordinators for exemplary SMART objectives from their teams.</p>	<p><i>Travel Guide: Using Data to Drive Decisions</i>, pages 2-3.</p> <p>Best Practices and Policies: www.cde.state.co.us/healthandwellness/csh_best_practices</p>
<p>Review with co-leaders:</p> <ul style="list-style-type: none"> • Process of writing a SMART objective and SHIP. • Importance of including data collection action steps. • Amount of budget available as well as district budget process and guidance. 	<p>When writing the SHIP, consider how this one-year plan can have an impact in subsequent years.</p>	<p>Provide samples of exemplary SHIPs to co-leaders.</p> <p><i>Travel Guide: Using Data to Drive Decisions</i></p> <p>RMC Health SHIP Template and Checklist: www.rmc.org/destination/</p>
<p>Be available to assist co-leaders and teams the first time they are writing a SHIP. Provide an electronic SHIP template to use as a working document.</p>	<p>Consider convening a joint co-leader meeting during the SHIP writing process. Co-leaders can share ideas, and you could provide technical assistance to the group.</p>	<p>Join RMC Health's Healthy Schools Successful Students Facebook Group at www.facebook.com/groups/MYHSSS/ to get ideas from other coordinators about planning co-leader meetings.</p>
<p>Review all SHIPs; provide input and suggestions for improvement.</p>	<p>It will take time to do this review effectively; set aside a considerable block of time.</p>	<p>RMC Health SHIP Template and Checklist: www.rmc.org/destination/</p>
<p>Help co-leaders develop a plan to present the SHIP to the rest of the staff, the Accountability Committee, and other interested stakeholders.</p>	<p>Utilize the district website and/or Facebook page to highlight the SHIPs. Consider using Google docs or other electronic tools that are easily shared with others.</p>	<p>Look at other district websites to see how they have highlighted SHIPs.</p>



Notes, Ideas, and Inspiration:

ROLE OF THE DISTRICT HEALTH & WELLNESS COORDINATOR

Implement the School Health Improvement Plan

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 Roles & Responsibilities	 Tips for Success	 Resources
<p>Provide examples of success stories and encourage co-leaders to write and share success stories throughout the entire school year, not just at the end.</p>	<p>Writing the success story throughout the year helps the team celebrate small steps and remember what worked and what hindered progress.</p>	<p>Healthy Schools Successful Students, Success Stories: www.rmc.org/success</p> <p>Healthy School Champions Score Card, Champions Showcase: www.healthyschoolchampions.org/champion's-showcase</p> <p><i>Travel Guide: Getting Others to Notice and Support Your Efforts</i></p>
<p>Check in monthly with co-leaders to monitor SHIP implementation and budget/spending.</p>	<p>Help the team find appropriate ways to tie the budget to their School Health Improvement Plan action steps. Keep their spending on track.</p>	<p>Involve the school or district budget personnel as appropriate.</p> <p>Coming Fall 2014: Healthy Schools Successful Students Spending Solutions: www.rmc.org/destination</p> <p>Best Practices and Policies: www.cde.state.co.us/healthandwellness/csh_best_practices</p>
<p>Schedule a joint co-leader meeting to debrief the year, identify areas of change necessary, and celebrate success.</p>	<p>Be prepared to share successes from other schools/districts, and the impacts they are having.</p>	<p>Healthy Schools Successful Students, Success Stories: www.rmc.org/success</p> <p>Healthy School Champions Score Card, Champions Showcase: www.healthyschoolchampions.org/champion's-showcase</p> <p><i>Travel Guide: Making Meetings Matter</i></p>
<p>Assist in identifying new co-leaders as necessary.</p>	<p>Use RMC Health's Healthy Schools Successful Students Facebook Group to get co-leader job descriptions from other coordinators. Revisit the co-leader job description and revise as necessary. Make the revised job description available to interested persons.</p>	<p>Revisit Mile Marker 2 in the School-level <i>Roadmap</i> for a sample list of co-leader responsibilities.</p>
<p>Review team membership and identify changes for next year.</p>	<p>Invite potential new team members to end-of-year meetings and celebrations.</p>	<p>Revisit Mile Marker 3 in the School-level <i>Roadmap</i> for information on assembling a school health team.</p> <p><i>Travel Guide: Creating a High Performing Team</i></p> <p>Exploring the Guidebook (<i>Carpooling and Teams</i>) webinar: www.rmc.org/destination/destination-resources</p>

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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: Driving the District Health Advisory Committee

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

#5 Travel Guide: Making Meetings Matter

#6 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:

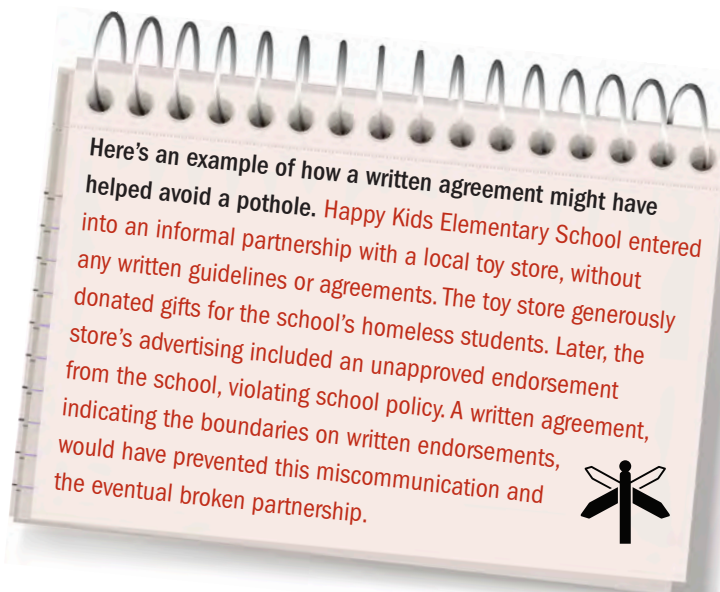
Organization	Mission	Population served	Services offered	Funds available to blend/match
Youth impact	Decrease bullying and gang membership	Youth ages 7-13 who attend public school in Parker County	After school activities for youth 7-13; transportation provided	Currently have \$2,000 to provide activities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

CARPPOOLING 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 that 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 team's 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



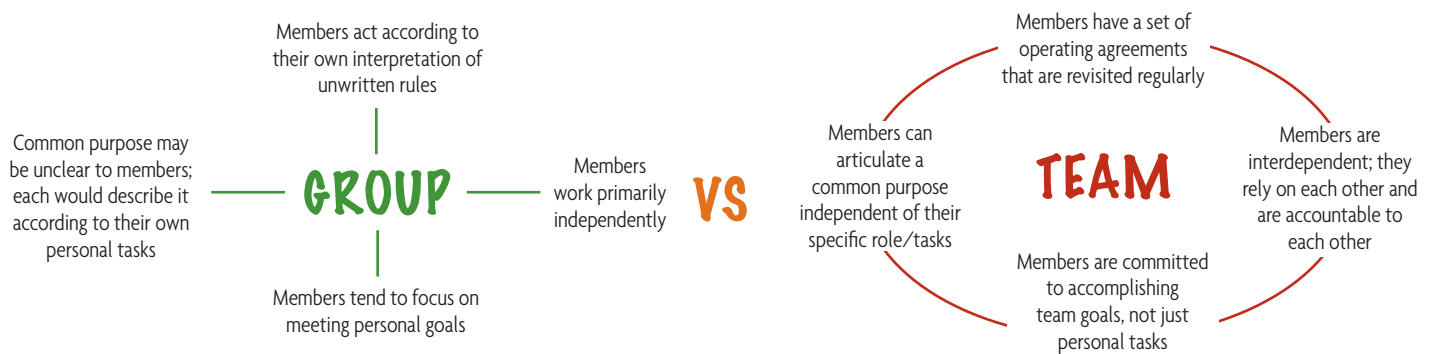
CREATING A HIGH PERFORMING TEAM

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 teamwork 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” to create a healthy school culture.



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 that 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 “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:



DRIVING THE DISTRICT HEALTH ADVISORY COMMITTEE

Many school districts use a team approach to guide school health programming and facilitate collaboration between the school and the community. At the school level, the responsible group is typically called a school health team, while at the district level, it is called a **District Health Advisory Committee**, or “**DHAC**” (CDC, 2013). This Travel Guide focuses on the structure and function of the DHAC to create a healthy school culture.



DHAC Roles and Responsibilities

In the big picture, the DHAC serves as a link between the district, state/community agencies, school board, parents, and district/school staff. The DHAC can help schools meet community involvement mandates and community expectations, while providing a way for community members to work together with school personnel to accomplish district goals. A DHAC may be charged with responsibilities in the areas of program planning, advocacy, policy development, evaluation, and sustainability planning in any or all of the components of the *Whole School, Whole Community, Whole Child* model (Public Schools of North Carolina & North Carolina Department of Health and Human Services, 2003; Texas Department of State Health Services, 2007). Prior to developing specific DHAC roles and responsibilities, check to see if the district provides guidance for district-level committees.

Specific roles and responsibilities could include:

- Advocate for school health within the district and the community, ensuring that local community values are reflected in the district’s health initiatives
- Develop/review district policy that supports school health (e.g., graduation requirement for health classes, mandates for school health teams, recommended number of hours of physical education, bullying prevention policy, tobacco prevention policy)
- Assist in fundraising to support school health programs (e.g., identifying funding opportunities, grant writing, collaborating with other state agencies to obtain federal funds)
- Provide research and resources on best practices to school staff and other stakeholders
- Provide research to the school board linking learning and health, including examples of how schools are making that connection to increase academic achievement
- Serve as the federally mandated Wellness Policy Committee for policy development and quality control (e.g., Healthy Kids Colorado Survey)
- Review and approve requests for school health surveys (in partnership with other appropriate district staff)
- Develop processes to align health standards and curriculum
- Ensure that Unified Improvement Plans include health and wellness
- Serve as the clearinghouse for district data related to health and wellness
- Review and approve School Health Improvement Plans with a focus on SMART objectives, best practices, and data collection
- Leverage resources and lessons learned from others in order to coordinate resource delivery and improve and promote school health
- Provide professional development in the components of school health (if applicable)
- Develop a DHAC work plan (see Travel Log: Formalize the District Health Advisory Committee Work Plan on page 11) and assist the District Health and Wellness Coordinator in carrying it out
- Approve annual Memoranda of Understanding related to school health
- Assist with school health program evaluation
- Represent the interests of the *Whole School, Whole Community, Whole Child* constituents in the district and community

DRIVING THE DISTRICT HEALTH ADVISORY COMMITTEE



The Role of the District Health and Wellness Coordinator and the DHAC

In reviewing the literature and gathering information from Colorado District Health & Wellness Coordinators, it's clear that there is great variability in the roles and responsibilities of the District Health and Wellness Coordinator in relationship to the DHAC. Leadership roles may vary, and generally include leading, co-leading, and/or facilitating the DHAC. Additional roles often include:

- Establish a DHAC (if one isn't already in existence), or add DHAC goals to an existing district-level committee
- Facilitate the creation/revision of a DHAC vision and mission
- Identify the level of authority and decision-making capability of the DHAC
- Ensure that all *Whole School, Whole Community, Whole Child* components are represented on the DHAC
- Establish a connection between school teams and the DHAC for the purpose of sharing resources and expertise, as well as reporting school team successes and challenges
- Establish communication links between the DHAC and parents, school board, district and school-level administrators, community agencies, and students
- Represent the DHAC on appropriate stakeholder committees (e.g., local health department youth committee)
- Utilize DHAC member contacts in fundraising efforts
- Inform the DHAC of local, state, and federal policies and regulations that impact school health
- Oversee evaluation of district and school health efforts



Vision/Mission

Once the DHAC is formed, an initial step should be to create (or revisit) the existing vision and mission. A vision statement describes the optimal desired future state and is usually inspirational (e.g., all children are healthy and ready to learn). A mission statement describes the overall purpose for which the DHAC exists (e.g., promote health and safety). It should be something committee members will be able to articulate if asked. DHAC mission statements are most powerful when they are aligned with the district vision or mission related to academic success. Following are examples from Colorado school districts.

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In Poudre School District, the DHAC vision states:

“Poudre School District embraces a culture of wellness that creates, empowers, and sustains lifelong attitudes, skills and behaviors that promote healthy lifestyles” The DHAC mission states: “The purpose of the DHAC is to support and enhance student health and wellness for the district.”

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“

In Center Consolidated Schools, the District Health Vision encompasses the DHAC. Here's their vision:

“To promote through education and modeling the physical, emotional, intellectual and social well-being of the school and community to enable all to reach their fullest potential. The District will maintain and support the formation of a District Health Advisory Committee in order to ensure the sustainability of the district's Wellness Policy and all other district wellness policies that would promote the safety, health and wellness of the district.”

”



“

In Jeffco Public Schools, the DHAC Mission is to:

“Support culture, policy, and environments that promote healthy lifestyle choices, life skills and attitudes, benefiting staff, students and their families thus enhancing individual potential, well-being, academic achievement, and establishing Jeffco Schools as a leader in wellness promotion.”

”

Creating a vision and mission is sometimes seen as a waste of time. You might hear things like “It takes too much time” or “We have goals, we don't need anything else.” If your DHAC can't define its reason for existing (mission) and where it's going (vision), it will be difficult to implement programs and practices that define success. There are a number of resources that can help. Consider using an on-line tool (www.missionstatements.com/nonprofit_mission_statements.html) or identify someone in your district with the skills to facilitate this process.

DRIVING THE DISTRICT HEALTH ADVISORY COUNCIL

When Colorado District Health and Wellness Coordinators were asked if their DHAC had a mission/vision statement, 52% responded yes to mission and only 26% to vision (Doyen and Duffy, 2014). It's never too late to define your vision and mission. You may even reinvent your DHAC by starting with this process.

Once created, the DHAC's mission should guide all future decision-making. For example, if a DHAC member requests that the DHAC take on some new responsibility, your first question should be "Is what you're asking aligned with our mission?" Whether you ask it of the committee, or just think about it silently, answer that question every time you're considering embarking on something new or different. If the answer is no or if you're not sure, it's likely a mistake to go down that road.

To make the vision and mission more visible consider the following:

- Make them a part of your district wellness policy
- Print them on the back of all agendas, along with operating agreements
- Make them a part of your DHAC letterhead (if utilized)



Members

Ideally, the DHAC includes at least one representative from each of the 10 components of the *Whole School, Whole Community, Whole Child* model, and may also include school/district administrators and leaders of school health teams.

In some school districts, there is a core group of district personnel representing the *Whole School, Whole Community, Whole Child* model who are assigned to the DHAC, with additional members being added through an application process. Other districts have DHAC membership that is completely voluntary. In some cases, the Superintendent appoints members. Check your district policy. It may provide guidance about how members are recruited and selected. If the mission of the DHAC

is closely aligned with another district-level team (e.g., Positive Behavioral Supports and Intervention), these teams may merge or identify common members to serve as liaisons.

Most DHACs include representatives from a variety of community organizations (see Travel Log: District Health Advisory Committee Membership). DHAC members who represent community or state agencies may not be thoroughly familiar with school systems in general, and more importantly, with the policies, priorities, and processes of your district. Provide a new member orientation annually to help all members understand the specifics related to your district's health and wellness policies and programs. (See the section below, "Recruiting New Members," for more discussion of new member orientation.)

DHAC membership should reflect the makeup and views of the community. In addition to expertise, consider age, gender, race, ethnicity, sexual orientation, income, geography, and politics when building the DHAC. Parents and others in the community may question policies and programs that fall under the purview of the DHAC. A DHAC that represents a broad segment of the community has the potential to increase community support for these programs and policies and minimize the negative effects of controversy.

Take a look at the Travel Log: District Health Advisory Committee Membership for guidance on identifying appropriate DHAC members. It may also be a good reference when recruiting new members.



Recruiting New Members

To protect stability and develop consistency, many DHACs maintain a balance of term lengths by assigning new members to one, two, or three-year terms. Consider term limits as another way of ensuring some rotation in membership (e.g., members can be re-elected to one additional term).

In a survey of Colorado District Health and Wellness Coordinators (Doyen and Duffy, 2014), over **50%** of



respondents reported that DHAC membership included the District Health and Wellness Coordinator, Principal, Food Service Director, Physical Education Coordinator, Health Services Coordinator, Co-Leaders, Parents, and Community Representatives. The three component areas representatives reported least often were Counseling/Psychological Services (48%), Health Education (**33%**), and Healthy School Environment (**22%**). The Superintendent was listed by **30%** of respondents. Thirteen percent of districts responded that students were part of the DHAC. When asked, "Who's missing from the DHAC?" the most common response was "principal" (**22%**).

DRIVING THE DISTRICT HEALTH ADVISORY COUNCIL

When replacing DHAC members consider the following options:

- Current member suggests his/her replacement
- Person who made the original appointment may want to suggest a replacement
- Utilize a work group to serve as a nominating committee

Whichever option you choose, begin the selection process several months prior to the end of the existing member's term.

Regardless of the method used to recruit members, the District Health and Wellness Coordinator, along with a small committee, should plan a new member orientation. Provide potential members with the DHAC vision, mission, roles and responsibilities, and member expectations. If these documents aren't in existence, begin working on their development. Minutes of the past year's meetings should be made accessible. It's best to have a face-to-face meeting with any potential new members. Have a conversation about expectations. Emphasize the importance of attending all meetings. If the potential member cannot attend meetings on a regular basis, it's best to look elsewhere.

Once new members are selected, send a letter confirming membership and welcoming the new member to the DHAC. If possible, have the appointment letter come from the Superintendent and/or School Board. The letter should indicate how much the school system values the person's willingness to participate. The content of the letter should also refer to the name of the DHAC, its purpose, term of appointment, frequency of meetings, name of the DHAC contact person, and DHAC chairpersons (if applicable). Finally, the letter should inform the person about the next communication for getting started with the DHAC. Remember to send all members, including newly appointed members, an updated membership roster and announcement of the next meeting. (Public Schools of North Carolina & North Carolina Department of Health and Human Services, 2003).



Getting Work Done!

In Colorado, the size of the DHAC varies widely and is not necessarily related to district size. One of Colorado's smallest districts has 35 members on their DHAC; one of the largest districts has 20 members. Large DHACs work most effectively if members are able to work in smaller work groups and report their work to the larger group. This structure requires a strong operating agreement identifying the degree of autonomy and decision-making authority of the work groups.



Regardless of the size of the DHAC, it's critical to clearly identify the roles of individuals, work groups, the whole group, and staff in doing the work of the DHAC. As much as possible, create a structure that encourages members to choose roles that match their talents and strengths. Members who do not feel involved tend to stop attending meetings. Sharing or rotating roles can help prevent burnout and ensure that members feel valued.

Utilize the template in the *Travel Log: Formalize the District Health Advisory Committee Work Plan* to create a 12-month scope of work. This document will identify specific member responsibilities; keep the group on task, on budget, and focused on goals and objectives.

From the very beginning, it's critical that DHAC members know to whom they are accountable. Is it the superintendent? School board? Someone else? Develop a communication system to keep these individuals in the loop with DHAC meetings, activities, decisions, and challenges. Invite them to attend meetings, and if that is not possible, assign a DHAC member to personally communicate with them after each DHAC meeting. You need these individuals not only for accountability, but also to authorize the work of the group (including meeting time), and represent the group at higher levels in the district.

Be crystal clear on the DHAC's level of authority related to decision-making. There's nothing worse than dedicating time, resources, and expertise into making a decision, and then learning that the group wasn't authorized to make that decision in the first place. Find out to whom the DHAC is accountable and establish a system for communicating the group's goals, actions, and impending decisions regularly to that person.

Another thought about decision-making: your DHAC will be faced with many decisions, both large and small (e.g., choosing co-chairs, deciding on meeting location). It's helpful to have a decision-making process agreed upon

DRIVING THE DISTRICT HEALTH ADVISORY COUNCIL

before the group finds itself in the middle of a heated debate. The best place to work out disagreements and actions is in the DHAC meetings, not in the newspaper or in private conversations! Check out the Travel Log: Making Decisions for decision-making options and guidance on when to use each one.



A Word About Policy

A role of many DHACs is to develop/review/communicate district policy that supports school health. A thorough discussion of District Health and Wellness policy is a topic for a future Travel Guide. In the meantime, three documents are recommended for District Health and Wellness Coordinators wanting more information about this important topic. RMC Health has created two documents that can be downloaded at www.rmc.org/destination. The Colorado Education Initiative (formerly the Colorado Legacy Foundation) has recently revised its comprehensive list of State and Federal Legislation with Implications for School Health and Wellness. The PDF can be retrieved at www.coloradoedinitiative.org/resources/state-federal-legislation-school-health-wellness/



Enhancing the Work of the DHAC

All work groups benefit from self-reflection and evaluation of their effectiveness on an ongoing basis. A DHAC work group could be tasked with developing and implementing this evaluative process. Refer to the *Travel Log: Evaluating the District Health Advisory Committee* for evaluation questions and process suggestions.

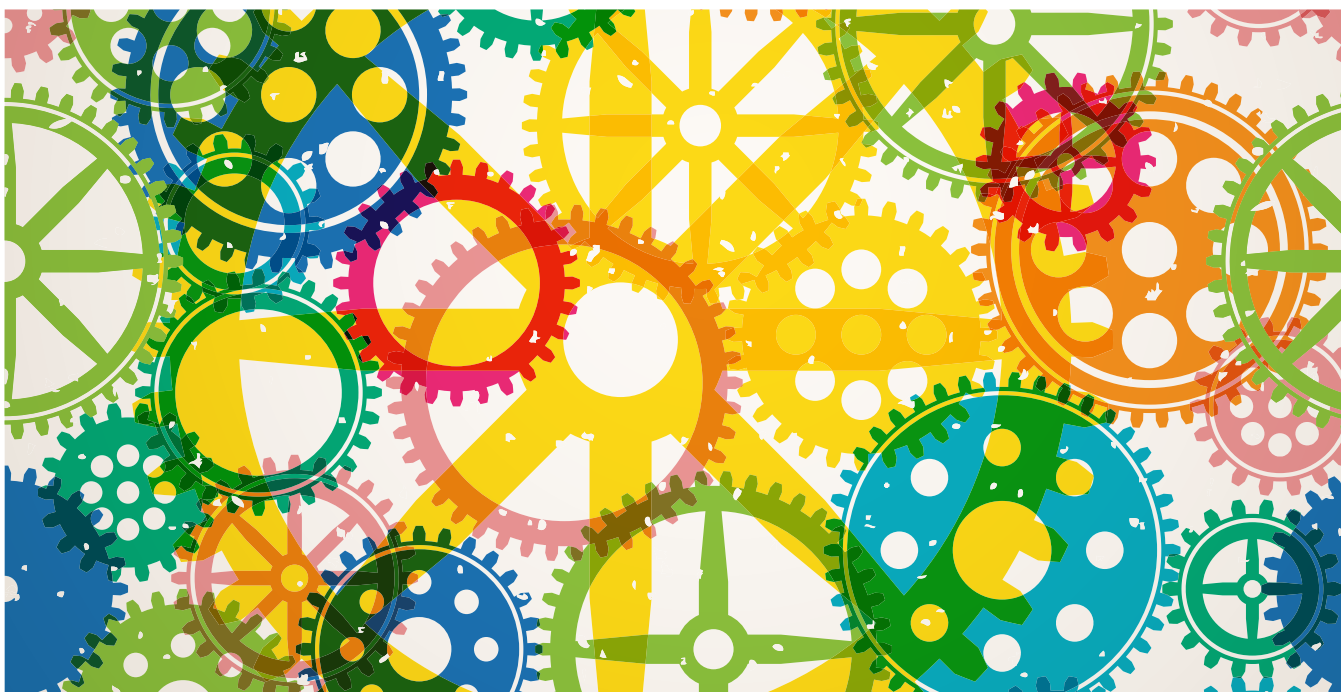
In addition to the Travel Logs, there are three additional Travel Guides that provide information relevant to the work, structure, and function of the DHAC:

- Making Meetings Matter
- Getting Others to Notice and Support Your Efforts
- Creating a High Performing Team

The Travel Guide Make Your Meetings Matter offers practical suggestions for planning and conducting successful DHAC meetings. There are suggestions for rotating meeting roles, adding specific actions to your meetings, agenda planning, and using conference calls effectively. You'll find templates for taking minutes at a meeting and for comprehensive agenda planning.

The Travel Guide Getting Others to Notice and Support Your Efforts provides an overview of a marketing process, along with tools that your team can use to strategically plan ways to get individuals and groups "on board" with healthy school efforts. Attracting the attention and support of key stakeholders is critically important to school health and wellness and long-term sustainability.

The Travel Guide Creating a High Performing Team has a wealth of tips and strategies to build and sustain an effective team. You'll find guidance on writing operating agreements, solving common team dilemmas, and assessing how "ready" your team is to accomplish its work.



TRAVEL LOG: DHAC MEMBERSHIP



This template represents the whole spectrum of possible District Health Advisory Committee (DHAC) members. Your DHAC will need to decide the ideal size and make-up of the committee. Keep the *Whole School, Whole Community, Whole Child* model in mind as you add members to your DHAC. Remember these members are responsible for coordinating policy, process, and practice in order to improve learning and health.

www.ascd.org/programs/learning-and-health/wsc-model.aspx

Step 1: Use the template below to identify current DHAC members.

Step 2: As a DHAC, take a look at the gaps in representation. Decide if you need to recruit additional members to fill those gaps.

Whole School, Whole Community, Whole Child Members

Health Education:

Social & Emotional Climate:

Physical Education & Physical Activity:

Physical Environment:

Nutrition Environment & Services:

Employee Wellness:

Health Services:

Family Engagement:

Counseling, Psychological, & Social Services:

Community Involvement:

TRAVEL LOG: DHAC MEMBERSHIP

Other District Members

Members of the *Whole School, Whole Community, Whole Child* model listed on the previous page may not represent all of the people in your district who have the influence required to make school health a priority. The following represents other important district personnel who might be included as members of the DHAC.

Superintendent/Assistant Superintendent:

Risk Manager:

Principal(s)/Assistant Principal(s):

Transportation Director:

District Grant Writer:

Co-leaders from School Health Teams:

Athletic Director:

Others (unique to your district):

Technology Coordinators:

Curriculum Director:

TRAVEL LOG: DHAC MEMBERSHIP

Community Members

Community representation on the DHAC could include public health, social services, business and industry, colleges and universities (where present), and volunteer organizations, to name a few. The exact size and makeup is a local decision. Who represents the following organizations/agencies from your community?

Local Public Health:

Physicians:

Social Services:

Civic and Service Organizations:

Business and Industry:

Media:

Colleges and Universities:

Law Enforcement:

Volunteer Health Agencies:

Government Officials:

Faith Community:

Professional Societies:

Hospitals/Clinics:

TRAVEL LOG: MAKING DECISIONS

In any group that meets over time, decision-making becomes one of the most important processes for effective group functioning. Having a decision-making process in place—agreed-upon by members and included in an Operating Agreement—will save your group time and frustration.

This Travel Log describes several decision-making options. If your DHAC doesn't already have an Operating Agreement related to decision-making, use this as a springboard for discussion. You may find that different decision-making options are appropriate for different types of decisions (e.g., those with minor impact vs. those with long-term consequences). It's never too late to decide how to decide!

Authorizing One Person to Make the Decision

Some decisions may not need to be made by a large group. Authorizing one person to make a decision may be appropriate in some cases, and may prove to be the most efficient option. For example, if your DHAC is trying to decide on a PE resource to provide to the school board, the person with the most PE content expertise may be able to make the decision—or, at least, make a strong recommendation for the group to approve. Use this process when the issue matches one individual's expertise and when the DHAC members agree to support that person's decision.

Our DHAC might authorize one person to make the following decision(s):

Our Operating Agreement will state:

Voting

The success of voting depends largely on the quality of the discussion prior to the vote. If members have had time to fully explore the topic, and clear choices have been identified, voting may be a good option. You can vote using an anonymous ballot or by a show of hands. Voting is a good option for decisions that don't have long-term consequences (e.g., deciding on the location for a DHAC retreat). If you need a high degree of buy-in to implement the decision, voting may not be your best choice.

Caution: there are always winners and losers in voting, and it may divide the group for future decisions.

Our DHAC might use voting for the following decision(s):

Our Operating Agreement will state:

TRAVEL LOG: MAKING DECISIONS

Consensus Building

Here's the challenge with consensus building: if you ask five people to define consensus building, you'll likely get five varying answers. This means the group will have to agree on a definition of consensus building before you can use it as a decision process. In general, consensus building includes these steps:

- Engaging in enough discussion that all members clearly understand the issue at hand.
- Systematically analyzing the many facets of the issue and consequences of different decisions.
- Jointly developing solutions or strategies, utilizing facilitated discussion to bring out the group's best thinking and problem-solving skills.
- Coming to an agreement that all (or the vast majority) of the group will support.
- Create an operating agreement that states, "Once a decision is made, I will support it fully, even if I was not initially in favor."

Consensus building is a good option when the group is faced with a decision that will have a long-term impact, will affect many people, and will need to be supported by stakeholders and those who will live with the consequences of the decision. If you've been involved in consensus building, you know it takes time, data, and open-mindedness. When buy-in from a large population is desired, go with consensus building.

Note: Sometimes it's not possible to get 100 percent agreement. In these cases, ask the non-supporters to answer the question, "What will your non-support look like?"

Our DHAC might use consensus building for the following decision(s):

TRAVEL LOG: FORMALIZE THE DHAC WORK PLAN

Use the following template to develop the annual work plan for the District Health Advisory Committee (DHAC). Guidance for completing each section is on the following page.

[illegible]

Additional DHAC activities that further the health and wellness of students, staff, and families:

TRAVEL LOG: FORMALIZE THE DHAC WORK PLAN

The DHAC Work Plan covers a 12-month period. The following provides guidance for completing each section.

Section	Checklist
SMART Objective: <ul style="list-style-type: none"> Well-written objectives always answer the following question: WHO is going to do WHAT, WHEN, and TO WHAT EXTENT? They should describe participants, actions or interactions, and activities. Specific: Who? (Target Population) and What? (Action/Activity) Measurable: How much change is expected? Attainable: Can it be realistically accomplished given current resources and constraints? Relevant: Does it address needs and proposes reasonable action steps to lead to desirable results? Time-phased: Does it provide a timeline indicating by when the objective will be met? 	<input type="checkbox"/> Specific <input type="checkbox"/> Measurable <input type="checkbox"/> Attainable <input type="checkbox"/> Relevant <input type="checkbox"/> Time-phased
Data Collection: Data collected should show evidence that you successfully met or made progress towards meeting the SMART objective. Data can be qualitative or quantitative (e.g., focus group results, Healthy Kids Colorado survey data).	<input type="checkbox"/> Data collection is aligned with the SMART objectives
Action Steps: Action steps are the activities needed to implement the work plan and reach the stated SMART objective. When writing action steps, start them with a verb.	

TRAVEL LOG: EVALUATING THE DHAC

"The greatest danger a team faces isn't that it won't become successful, but that it will, and then cease to improve."
~ Mark Sanborn

All teams, whether stellar or struggling, can benefit from self-evaluation and reflection. While one person may believe a team is functioning as well as it could be, another member may have a different opinion. Annually evaluating the structure, function, and effectiveness of the District Health Advisory Committee (DHAC) provides the group an opportunity to make adaptations to enhance performance and work more effectively.

Consider utilizing a DHAC work group to create, implement, and synthesize the evaluation. Ensure that individual responses are anonymous, and be careful about reporting comments if they can even remotely be connected to any individual.

Use the template below to organize and carryout the evaluation process.

Task	Person(s) responsible	Timeline
Identify the evaluation objectives (e.g., to improve DHAC credibility in the district; to improve team functioning; to improve DHAC effectiveness in supporting school health and wellness).		
Identify evaluation questions that relate to your objective(s).		
Decide what mechanism to use (e.g., on-line survey).		
Conduct the evaluation and synthesize results.		
Report results to the entire DHAC.		
Create a process to apply the evaluation results as needed to achieve the objective.	Entire DHAC	

Note that the last task on the evaluation timeline is the responsibility of the entire DHAC. Consider a longer meeting or a retreat for the whole group to discuss and analyze the evaluation results and make decisions about how to apply them. This takes time! Try not to rush through the process of reflection and improvement.

Following are sample questions that could be included on a DHAC evaluation, depending on the evaluation objective. Use this list as a starting point; your work group may decide to edit questions and/or add additional questions. It's a good idea to run your list of questions past the entire DHAC for input before they are finalized.

- Do school staff and community members recognize the DHAC as a valuable asset in promoting the health of students and school personnel?
- Are regularly scheduled meetings occurring with most members attending?
- Does a positive relationship exist between the DHAC and:
 - school health teams?
 - school board members?
 - district administrators?
 - community organizations?
 - parents?
 - students?
- Does the school district seek appropriate advice from the DHAC?
- Does the school district accept and act on DHAC recommendations?
- Does DHAC membership represent the diversity of the community and represent varying perspectives on student health?
- Is the chairperson providing positive and productive leadership?
- Are members making the necessary time commitment and following through with tasks and work team opportunities?
- Is the importance of members' time recognized by keeping meetings on schedule and focused on the agenda?
- Have members received sufficient orientation to the school system and school health program?
- Is the DHAC given sufficient information and time to study and discuss issues before making recommendations?

(Adapted from: Public School of North Carolina and Department of Health and Human Services, 2003; Texas Department of State Health Services, 2007)

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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.

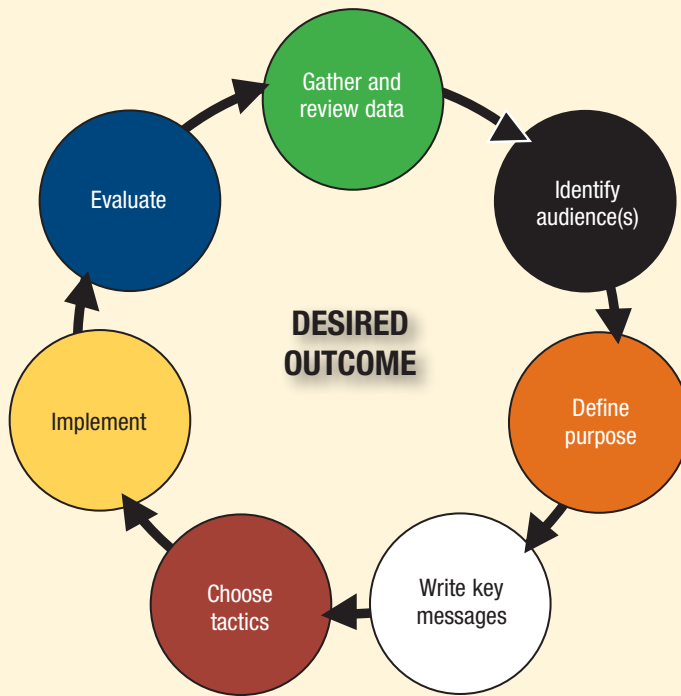
There is a **science** to marketing, and it typically involves several steps in order to achieve a desired end result, outcome or goal. These steps include:

- 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 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

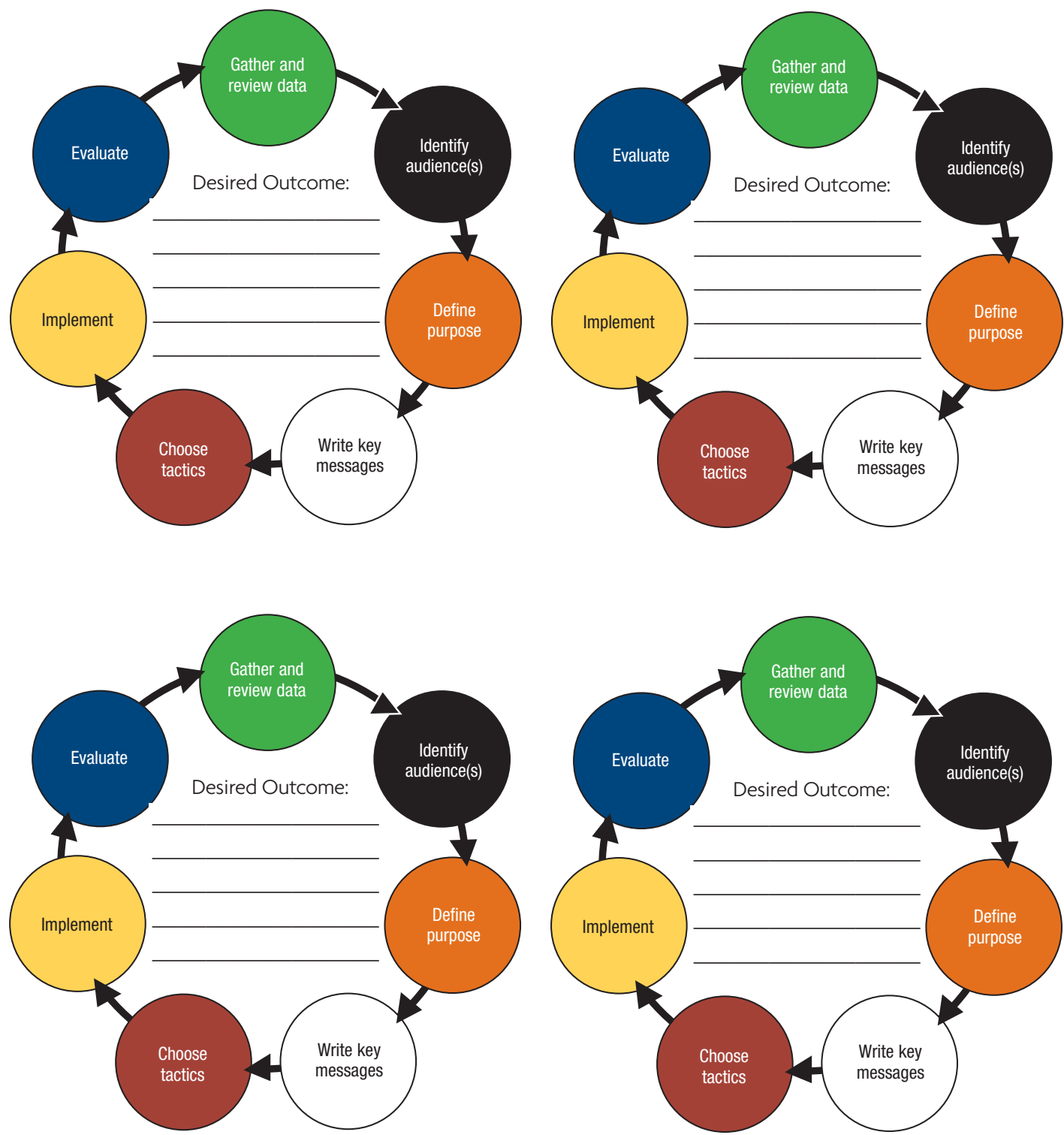
1. Invites people into a "conversation"		4. Allows people to make personal connections	
2. Has a clear purpose		5. Helps people see the "what if?" and future possibilities	
3. Is relevant/framed for the "listener"		6. Ends with a call to action	

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"/>

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 _____ Coordinator for _____, where I work to build wellness teams that evaluate all the different ways that schools can be healthy places for kids so that they can grow up to be healthier. 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 Coordinated School Health (CSH) 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 it 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 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.

Convenor: 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.*

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.

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.

AT THE BEGINNING OF THE CALL

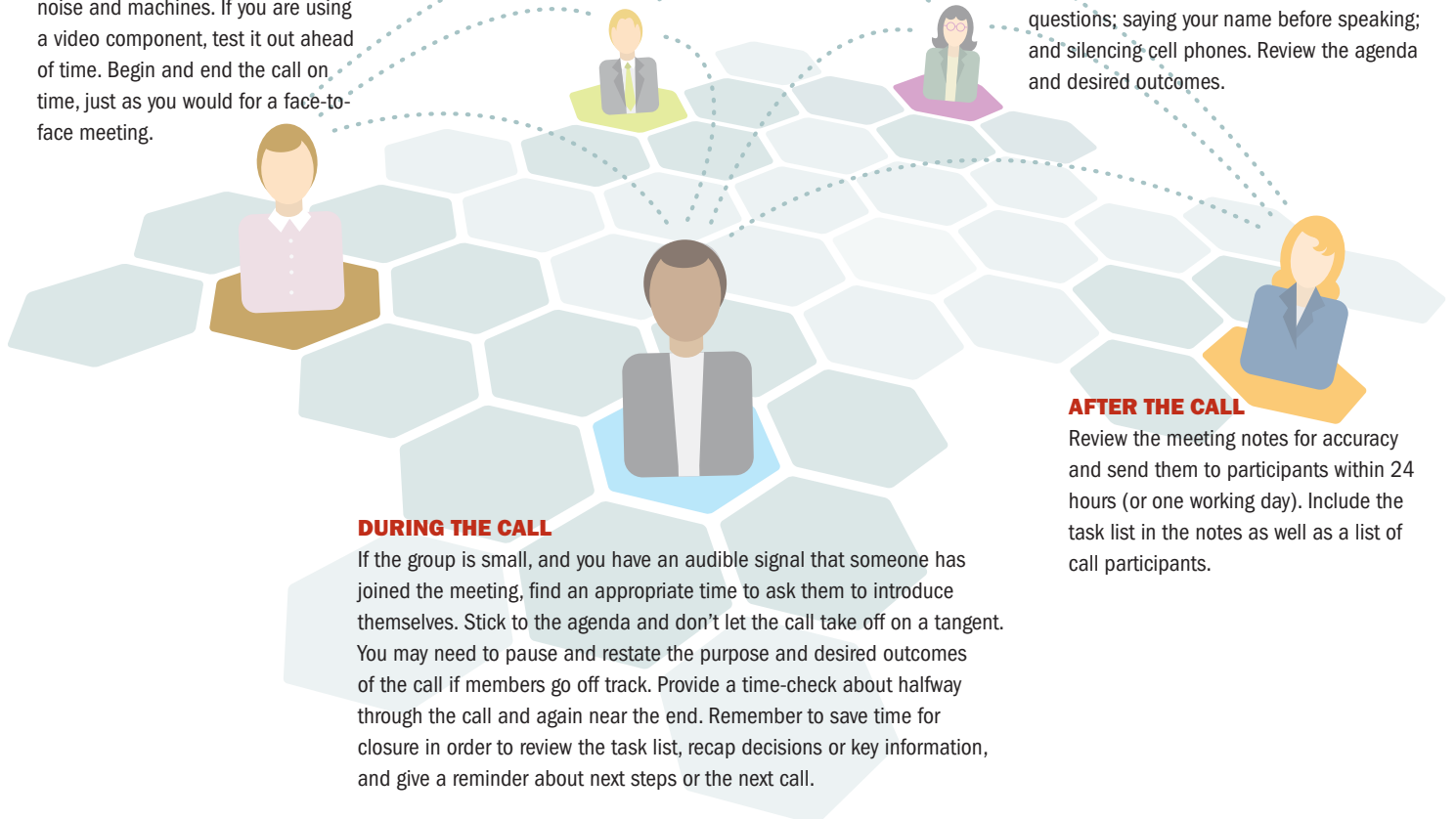
Depending on the time available, the size of the group, and the meeting purpose, you'll need to decide how to handle introductions. In a smaller group, members can introduce themselves. In a larger group, you may need to refer them to the participant list. Establish group norms such as: muting and unmuting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

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.

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.



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:

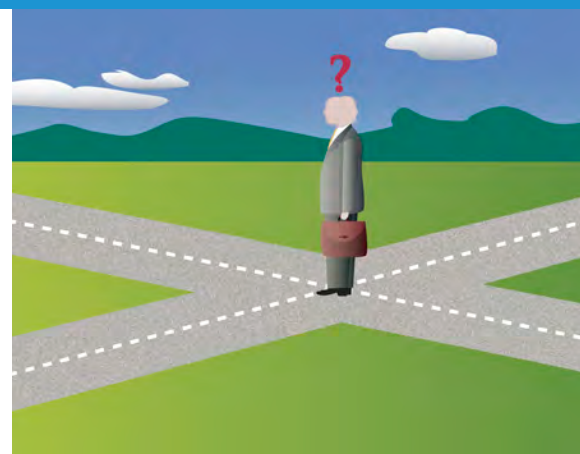
- Convener: _____
- Facilitator: _____
- Note-taker: _____
- Snack provider: _____
- Process observer: _____

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 eight components of Coordinated School Health. 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

- ☐ Specific
 - Do you have measurable results?
 - Did you share the results with stakeholders?
 - Did you implement a change as a result of your findings?
- ☐ Measurable
- ☐ Attainable
- ☐ Relevant
- ☐ 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	PE Teacher	\$90	
Develop a survey asking the first two questions described in the data section above	9/16/14	PE Teacher, District 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 Coordinator	none	
Tabulate results	12/2/14	District Coordinator	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 eight components of Coordinated School Health
- 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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