# UPPER RIO GRANDE SCHOOL DISTRICT COMPREHENSIVE HEALTH & WELLNESS PLAN



[2019-2024]

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# BACKGROUND

## PLANNING GRANT FROM THE COLORADO HEALTH FOUNDATION

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

## SUPPORT FROM CENTER FOR RURAL SCHOOL HEALTH & EDUCATION

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

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

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

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

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

# A VISION FOR HEALTH IN OUR DISTRICT

## OUR VISION STATEMENT

*Every student in the Del Norte School District will feel safe, heard, and engaged. They will have the confidence needed to find and own who they are while receiving a holistic approach to learning that they can bring home and carry into their community. The staff and community will support the students by providing a diverse set of tools that encourages students to advocate for their own success.*

## THE WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD MODEL




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

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

# WHO WAS INVOLVED



AIM-XL Taskforce

| | |
|---|---|
| Chris Burr, Superintendent | Amy Duda, Elementary Principal |
| Julie Sauvigne, Wellness Co-Coordinator/Parent | Melonie Dominguez, Wellness Co-Coordinator/Parent |
| Russell Randolph, HS/JH Principal/Parent | Natalie Horrocks, High School Teacher/Parent |
| Bill Sauvigne, High School Teacher/Parent | Eva TImberlake, RGH Representative |
| Donna Velasquez, DNS Board Member | Laura Anzalone, DN Town Board Member/Parent |
| Mayah Dominguez, DNHS Student | Max Garcia, DNHS Student |
| Richie Madrid, Athletic Director/Parent | Korissa Roesch, Behavioral Health Counselor/Parent |
| Elise Lovato, HS Counselor | Adrienne Atencio, Director High Valley Community |
| Emily Brown, RGPH Director | |

# WHAT WE LEARNED




## SURVEY DATA ON STUDENT HEALTH

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

**Positives**

- ➔ Important to finish high school
- ➔ Extra-curricular activities
- ➔ Number of trusted adults to go to
- ➔ Health care
- ➔ Low soda intake
- ➔ 95% feel safe

- ➔ Use of seatbelts
- ➔ Low percentage for drugs

**Concerns**

- ➔ 26.4% have wanted to hurt themselves
- ➔ 20.9% seriously considered suicide
- ➔ 11.3% attempted suicide
- ➔ Drug and substance abuse
- ➔ Not enough physical activity (non-athletes)
- ➔ Sleep patterns
- ➔ Screen time
- ➔ Vaping – tobacco
- ➔ Meaningful schoolwork
- ➔ Need more positive feedback from teachers
- ➔ Amount of children who went hungry or didn't eat provided breakfast
- ➔ Nutrition / quality of food
- ➔ Sexual activity

## SURVEY DATA ON HEALTH PROMOTING PRACTICES



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

**Smart Source Strengths**

Our school district has many practices in place to encourage healthy habits:
Two meals a day and access to water
No junk food advertisements
Healthy food items available
PE required through ninth grade
Students active 50% of time in PE classes- inclusion of all students
PE promotes participation
PE program has curriculum and assessments
Elementary has recess times
K-6 Grade Education
Health Education topics are taught

Prioritize instruction on Health Skills
Comprehensive set of health topics
Have a full time school nurse
Electronic Student Health Records
Procedure for health referrals in place
Outside funding for health
504s team to evaluate
Mental Health Professionals available
Provide or refer for therapeutic services
Formal Crisis Plan
Positive school climate
Strategies exist to determine credibility of threat
Policy and strategies to prevent and address bullying
School involves community
Variety of methods of communication with parents/guardians & families

**Smart Source Areas for Improvement**

Wellness Team with stakeholders
Chronic absenteeism
Quality of food
Lunchtime for 20 minutes
Create written policies and strategies to promote healthy eating inside and outside of the cafeteria
Intramural/club sports or activities
Access to facilities after school
Not use physical activity as punishment
Elementary students have recess before lunch
Policies to protect recess time
Sex education in high school
Health education curriculum
Oral health
Training for staff and school board in social/emotional behavioral needs
Student assemblies on mental health using engaging and information speakers
Availability of mental health services-improve referrals
Using partners/agencies e.g. BOCES/Mental Health
Get student input on all components of school health
Staff health promotion
Community access
Absenteeism
Communication with parents/community

# STUDENT AND COMMUNITY INPUT



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

- ➔ Taskforce-generated school health survey
- ➔ Listening sessions with middle and high school students

## School Health Survey

We administered a school health survey to all students in middle and high school, 5th and 6th grade students were also given an age appropriate survey separately. In addition we surveyed all district staff members, parents and guardians, community partners, and school board members. We accomplished this with a paper survey administered to parents during the fall parent teacher conferences, there were 76 respondents. Electronic surveys were completed by students during homeroom and emailed to all others. Response rate for electronic survey given to middle school, high school, community and staff was 55% students, 27% staff, 5% healthcare workers, and 13% other (community, parents, etc.).

## Listening Sessions

We conducted 2 listening sessions with students at the middle and high school levels to hear student perspectives on health problems. Listening sessions took place during the school day and were facilitated by the wellness coordinator and a teacher. Each session took approximately 1 hour.

## Key Takeaways from Student and Community Input

**Input about Student Health Problems**

- ➔ Mental health concerns and awareness
- ➔ Nutrition
- ➔ Substances (alcohol / tobacco / drug use / vaping)
- ➔ Disconnection from school

**Input about Health-Promoting Practices**

- ➔ Clean water
- ➔ Family, community & student involvement
- ➔ Substance abuse

- ➔ Nutrition
- ➔ Healthy and safe school

# WHAT WE WILL DO




## STUDENT HEALTH PROBLEMS WE WILL FOCUS ON

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

### Mental Health Concerns and Awareness

- The HKCS shows that 14.8% of middle school and 20.9% of high school students have seriously considered suicide. 11.3% of high school students have attempted suicide,

and 18.6% of middle school an 32% of high school students have felt sad or hopeless for 2+ weeks in a row.

### Nutrition

- The HKCS shows only 44% of our students eat 1 or more fruits and vegetables a day.
- Only 27% of high school students ate breakfast all of the past 7 days.
- 12% of high school students went hungry from lack of food in the past 30 days.

### Substances (alcohol/tobacco/drug use/vaping)

- 41% of students have used Marijuana
- 19.1% have used marijuana in the last 30 days
- 26.9% of high school students have had 1+ alcoholic drinks in the past 30 days
- 45.8% of high school students have used a vapor product

### Disconnected from School

- 25.9% of high school students skipped 1+ whole days of school during the last 4 weeks.
- 28.5% feel school/work assignments are often/almost always important and meaningful.

## CURRENT PRACTICES WE WILL KEEP IN PLACE

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

- ➔ School provides access to drinking water throughout the day.
- ➔ Physical Education/Activities.
- ➔ Full Time School Nurse for K-12.

# NEW PRACTICES WE WILL IMPLEMENT

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

| New practices to implement in 2019-2020 | | | |
|---|---|---|---|
| **WSCC Component** | **Practice(s)** | **Champion** | **Date implemented** |
| Community Involvement | ➔ GHPP 1. (a,b,c,d,e) School has wellness team that includes key stakeholders<br>➔ GHPP 2. School wellness team meets as regularly as possible and at least once per school year<br>➔ FCSI 3. (a,b,c,d,e,f,g,h,I,j,k,l,m) School collaborates with organizations in developing or coordinating health activities/programs for students | Nikki, Bill, Julie, Amy, Eva | |
| Physical Education & Physical Activity | ➔ PEPA 10. (d) School uses a variety of strategies to promote physical activity | Nikki, Bill, Julie, Adrienne, Eva | |
| Counseling, Psychological, & Social Services | ➔ CPSS 3. Teachers practice mindfulness with students in their classrooms<br>➔ CPSS 9. Teachers and other staff received training on how to respond to an individual in crisis<br>➔ HSSE 3. Teachers and other staff receive training in implementing the crisis preparedness, response, and recovery plan | Amy, Korissa, Emily, Aaron | |

| | | | |
|---|---|---|---|
| Social & Emotional Climate | ➔ FCSI 7. Promote the value of education | Adrienne, Emily | |
| Nutrition Environment & Services | ➔ N 10. (a,b,c,d,e,f,g) School uses a variety of strategies to promote healthy eating inside the cafeteria<br>➔ N 3. School has strategies in place to increase universal student access to nutritious breakfast | Chris, Adrienne | |

## New practices to implement in 2020-2021

| WSCC Component | Practice(s) | Champion | Date implemented |
|---|---|---|---|
| Community Involvement | ➔ GHPP 3. (a,b,c,d,e,f,g,) School wellness team engages in a variety of activities to move health and wellness agenda forward<br>➔ FCSI 2. (a,b) School involves community in school health events | Nikki, Bill, Julie, Eva | |
| Nutrition Environment & Services | ➔ N 10. (a,b,c,d,e,f,g) School uses a variety of strategies to promote healthy eating inside the cafeteria | Chris, Adrienne | |
| Counseling, Psychological, & Social Services | ➔ CPSS 2. Staff members regularly receive training on how to identify and support students with social, emotional, and behavioral health needs<br>➔ CPSS 5. School provides opportunities for all students to develop the knowledge, attitudes, and skills for student social and emotional wellness<br>➔ CPSS 10. School has re-entry plan for students after a prolonged absence that includes social and emotional support for reintegration into school<br>➔ CPSS 11. (a,b,c,d) School provides or refers for therapeutic services | Amy, Korissa, Emily | |
| Social & Emotional Climate | ➔ HSSE 4. School has a process that uses a set of strategies or pathways to determine the credibility and seriousness of a threat | Aaron | |

## New practices to implement in 2021-2022

| WSCC Component | Practice(s) | Champion | Date implemented |
|---|---|---|---|
| Social & Emotional Climate | ➔ GHPP 8. (a,b,c,d) School collects feedback to assess perception of school climate | Julie | |
| Health Education | ➔ HE 8. Health education courses and lessons prioritize instruction on health skills | Richie, Emily | |
| Community Involvement | ➔ FCSI 4. (a,b,c,d,e,f,g) School uses a variety of communication methods to provide information to parents/guardians and families about school health programs and activities<br>➔ FDSE 5. (a,c,d) School uses a variety of strategies to engage parents/guardians and families in school health programs and activities | Nikki, Julie, Melonie, Eva | |

## New practices to implement in 2022-2023

| WSCC Component | Practice(s) | Champion | Date implemented |
|---|---|---|---|
| Employee Wellness | ➔ SHP 5. (c,d,e,f,h,l,j) School staff have opportunities to participate in a variety of employee wellness activities | Nikki, Julie | |

## New practices to implement in 2023-2024

| WSCC Component | Practice(s) | Champion | Date implemented |
|---|---|---|---|
| Nutrition Environment & Services | ➔ N 11. (b,c) School uses a variety of strategies to promote healthy eating outside the cafeteria | Chris, Adrienne | |
| Health Education | ➔ HE 12. Health content and skills are integrated into other courses/subject areas | Richie, Emily | |

# HOW WE WILL DO IT




## CHAMPIONS

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

## PARTNERS



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

- ➔ Town of Del Norte
- ➔ Rio Grande Hospital
- ➔ Rio Grande Public Health
- ➔ SLV Behavioral Health
- ➔ High Valley Community Center

## FUNDERS



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

- ➔ MIH grant
- ➔ Possible GOCO grant
- ➔ Possible Kaboom grant

## IMPLEMENTERS



After discussing these practices with implementers, we had the following key takeaways to support implementation:

- ➔ District Wellness Team

## OTHER ASSETS



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

- ➔ Full time K-12 nurse
- ➔ Full time Community Liaison
- ➔ Recess for K-6 grade

# IMPLEMENTATION GUIDANCE



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

## GET READY

- ➔ **Organize Your Team**
  - ◆ Designate a champion
  - ◆ Recruit a support team
  - ◆ Establish partnerships
- ➔ **Build Support**
  - ◆ Describe the practice in writing
  - ◆ Research the benefits of the practice
  - ◆ Find or create materials to inform key stakeholders
  - ◆ Communicate the practice to students, staff, parents, etc.
  - ◆ Get input on how to implement the practice from students, staff, parents, etc.
- ➔ **Set Groundwork**
  - ◆ Confirm approval from district leadership
  - ◆ Research resources, curricula, or other materials
  - ◆ Assess existing structures (spaces, schedules, etc.) in the school and plan to incorporate the practice into these structures
  - ◆ Create a plan to address equity
  - ◆ Create a staffing plan
  - ◆ Estimate a budget and research potential funding sources
  - ◆ Pursue external funding

## GET SET

- ➔ **Organize Logistics**
  - ◆ Use stakeholder input to finalize implementation plan
  - ◆ Finalize staffing plan
  - ◆ Select and purchase materials or equipment
  - ◆ Modify structures in the school environment (spaces, schedules, etc.) to accommodate the practice
- ➔ **Pilot the Practice**
  - ◆ Recruit and train a pilot group of implementers
  - ◆ Pilot the practice on a small scale
  - ◆ Evaluate implementation by pilot group and revise strategy accordingly

## GO

- ➔ **Spread the Word**
  - ◆ Communicate what the practice is and why it is important to students, parents, staff, and other stakeholders
  - ◆ Update school and district materials (e.g., handbooks, job descriptions)
  - ◆ Advertise the new practice through the district website, social media, staff meetings, and/or newsletters
- ➔ **Launch the Practice**
  - ◆ Provide initial training for staff
  - ◆ Put accountability measures in place
  - ◆ Begin implementation
- ➔ **Gather Feedback**
  - ◆ Gather feedback about implementation
  - ◆ Revise strategy based on feedback
- ➔ **Celebrate**
  - ◆ Celebrate the implementation (e.g., school-wide kickoff event, contest, assembly)
  - ◆ Thank the people who made it happen

## KEEP IT GOING

- ➔ **Make It Policy**
  - ◆ Add the practice to wellness policies
- ➔ **Provide Ongoing Support**
  - ◆ Provide ongoing training for staff
  - ◆ Replenish or update supplies and materials
  - ◆ Celebrate accomplishments
- ➔ **Evaluate Effectiveness**
  - ◆ Track the implementation of the practice annually
  - ◆ Track outcomes for students over time
  - ◆ Gather ongoing feedback from students, parents, and staff
  - ◆ Revise and update practice based on feedback and evaluation

## SHARING OUR PLAN

Our team will share the plan with school personnel, students, parents, and other community stakeholders. Our plan for sharing the plan is as follows:

- ➔ The plan will be posted on the school website.
- ➔ Printed copies of the plan will be available in the front office of each school and will be given out at Back to School Night.
- ➔ Media Release
- ➔ Copies will be given to Board of Education
- ➔ Email Blast to parents and staff
- ➔ Non-School taskforce members will receive plan and distribute through their relevant networks.

## EVALUATION & ACCOUNTABILITY

### Continued Data Collection

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

### Reconvening Key Stakeholders to Update the Plan

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

Send questions or comments to
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