

Greeley-Evans School District 6
Wellness Policy Committee Meeting Minutes
4-11-2017, 3:30 pm – 5:30 pm

1. Attendance

Marianna Poling	Health Teacher
Marissa Hughes	PE Teacher
Courtney Bell	Wellness Specialist
Amy Tuttle	Assistant Director of Advanced Academics, PE, Art, and Music
Katie Castillo	Healthy Kids Club
Danielle Bock	Director of Nutrition Services
Kara Sample	Assistant Director of Nutrition Services/RDN
Rachel Hurshman	Wellness Coordinator/RDN
Leslie Beckstrom	Weld County Health Department
Maribeth Appelhans	Head Nurse
Doris Stillman	Medicaid Specialist
Catherine Holmes	Sunrise Clinic
Ashlee Garcia	Sunrise Clinic
Jessie Caggiano	Social Worker
Suzannah Fuller	Social Worker
Annie Baker	Northern Colorado Health Alliance
Ellie Dudley	Integrated Nutrition Education Program
Roxane Conant	Banner Health
Karen Wainscott	Welcome Center Facilitator/Summit Specialist
Jennifer Smith	Sunrise Clinic

2. Introductions

- Committee members were split into groups before the meeting started.
- Rachel welcomed new attendees. Welcome Jennifer, Marianna, Danielle, Doris, Jesse, Suzannah, Annie, and Karen!
- Rachel explained to newcomers that the Student Wellness Policy Committee is responsible for developing, implementing, and evaluating the student wellness program and policies.

3. Smart Source District-level Data

- a. Courtney reviewed Smart Source, a comprehensive assessment that measures general health policies and practices, nutrition, physical education and activity, health education, health services, counseling/psychological/social services, healthy and safe school environments, family/community/student involvement, and staff health promotion. All schools in our district filled out Smart Source this year (except some charters). 131 schools across the state completed the survey.
- b. Committee members were instructed to review the Smart Source data assigned to their groups, which were: (1) health education and physical education (2) nutrition education and worksite wellness (3) health services and physical environment and (4) counseling, psychological, social services and family engagement/community involvement. After groups reviewed their respective data, they reported back our district's strengths and weaknesses (compared to other districts), and how we can improve. If they had time, they reported back what they found surprising or interesting, and if the data aligns with other data sources or first-hand experiences.
 - i. (1) Health Services and (2) Physical Environment

1. Strengths

- a. Elementary:

- i. Components of health service records at elementary level included immunization status (100%) and health conditions (100%).

b. Secondary:

- i. Components of health service records at secondary level included immunization status (100%) and health conditions (100%).
- ii. Bullying prevention policies and practices were strong (100%) in some areas, such as instituting corrective measures for students engaged in bullying, implementing programming to prevent harassment and bullying, and conducting trainings for school staff about how to respond to harassment and bullying.
- iii. District had stronger practices to support LGBTQ students when compared to our region, such as identifying “safe spaces” where LGBTQ youth can receive support from administrators, teachers, or other school staff, and prohibiting harassment based on perceived sexual orientation.
- iv. Hearing and vision screenings, along with follow-up of the screenings were higher compared to regional and state aggregates.

2. Improvements:

a. Elementary:

- i. Improve dental screenings
- ii. Strengthen bullying policy (i.e., improve by providing information to parents/guardians about bullying)
- iii. Improve LGBTQ supports
- iv. Tracking nurse/health office visits across district
- v. Parent/guardian involvement with wellness team.
- vi. Improve health insurance recording on health records.

b. Secondary:

- i. Monthly health room visits per student are higher than the regional and state aggregates. Increase access to school nurse (only 63% reported having a school nurse/school nurse consultant)
- ii. Provide and increase awareness of anonymous methods for students to report harassment and bullying.
- iii. Only 29% of schools reported a program or partnership for safe biking and walking routes to school. This is significantly below regional and state levels and of particular concern due to the lack of bussing next year.

3. Action steps:

- a. *Courtney will discuss with Maribeth (Head Nurse) if improvement in the areas above, such as tracking nurse/health office visits, is feasible. Will research best practices for bullying prevention and programming. Develop materials with Safe Routes to School resources and present to administrators.*

ii. (1) Counseling, Psychology, Social Services and (2) Family, Community, and Student Involvement

1. Strengths

a. Elementary:

- i. High percentage of wellness teams (83%), staff member leading health efforts (100%), and communication of importance of health and wellness (100%)

b. Secondary:

- i. Access to school counselor for 31-40 hours/week (100%), counseling services is close to or at the regional and state level (individual counseling – 100% vs. regional at 93%, group counseling – 100% vs. regional at 86%, referrals to outside services – 100% vs. regional at 100%).

2. Weakness:

a. Elementary:

- i. Surprised by “access to school counselor hours per week” results as there are not school counselors at elementary schools. If other mental health specialties (school psychologist, North Range Behavioral Health staff, and social workers) were counted, it was concerning that 67% stated access to school counselor for 0 hours/week because each school has access to a school psychologist.
- ii. Parent/guardian involvement with school wellness (20%)
- iii. Only 64% provide opportunities to develop social emotional wellness (significantly below regional and state aggregates).
- iv. Only 45% report gathering feedback and input from families on school health and wellness activities (below regional and state levels).
- v. Lack of student engagement in school health programs and policies.
- b. Secondary:
 - i. Only 38% of secondary schools collaborate with doctor’s offices in health activities and programs, compared to 44% statewide
 - ii. Only 50% gather feedback and input from families on school health and wellness activities (compared to 59% statewide)
 - iii. Only 38% engage students in counseling, psychological, and social services by collecting data from students (compared to 53% state-wide)
- c. Action steps:
 - i. *Encourage Student Wellness Teams to include parents and students*
 - ii. *Research methods to engage secondary students and gain feedback in school health components*

3. Surprising:

- a. Elementary:
 - i. Figure 1.7.3 shows that “some, if not all” teachers (25%), administration (58%), and coaches (33%) are trained to identify and support behavioral needs of students. This is surprising because 100% of staff should be trained. Most of our schools indicated that “some receive training” in identifying and supporting behavioral health needs (teachers – 67%, administration – 42%, coaches – 33%)
 - ii. Figure 1.7.4 (Behavioral health therapeutic services and referrals) shows that individual counseling (in-school), group counseling (in-school), and referrals to outside services (outside of school) are all at 100%. This is surprising or misleading because our district does not have the resources. *Question on Smart Source asked if the school provides these services (individual/group counseling, outside referrals). Courtney will investigate to see to what extent North Range provides counseling services in schools.*

4. Action steps:

- a. More involvement at secondary level to host school activities for families (only 13% host school health activities for families). *Courtney will reach out to community partners, such as Cooking Matters, to see if they can host family activities at secondary schools.*

iii. (1) Employee Wellness and (2) Nutrition Services

1. Strengths

- a. Elementary:
 - i. Administrative support, non-food reward use, employee wellness, 100% communicated the importance of health/safety policies.
- b. Secondary:
 - i. Seated meal times are better than elementary.

2. Weaknesses

- a. Elementary:

- i. Unified Improvement Plan (UIP) inclusion of health and wellness is lacking, number of minutes of seated meal time (low), more inclusive wellness team members (low parents and community), only 50% student health needs identified through data.

b. Secondary:

- i. Advertising of unhealthy foods. *Rachel will investigate new USDA requirements on this.*
- ii. All district sites are supposed to have a designated appropriate space for breastfeeding support. The location of these spaces is not well known. *Rachel will follow-up with HR.*

3. Action Steps:

- a. Secondary participation in health data survey (Healthy Kids Colorado), share school-level data with Principals with the intention that data be reviewed when writing UIPs.
- b. *Courtney will find out when schools submit their UIPs for the next school year (due to Director in October, will be submitted in January). She will schedule a meeting with interested Principals and Assistant Principals to discuss Smart Source results and inclusion of health and wellness into their UIP to fall under requirements for Every Student Succeeds Act (ESSA).*

iv. (1) Health Education and (2) Physical Education and Activity

1. Strengths

a. Elementary:

- i. 73% moderate to vigorous physical activity, recess policies (prohibits taking away recess as punishment for misbehavior – 50%, prohibits taking away recess to make up for lost instructional time or testing – 50%).

b. Secondary:

- i. Violence prevention taught in health education (100%).

2. Weaknesses

a. Elementary:

- i. Weekly minutes of physical education per student was low compared to our region and state aggregate (58 vs. 61 vs. 83, respectively). Minutes may improve with the schedule change next year (students will not be releasing early on Mondays).
- ii. Recess policies (requires outdoor recess to be replaced with comparable indoor physical activity in the case of inclement weather – 17%). Average recess minutes is below regional and state (23 vs. 31 vs. 29). On average, only 29% of K-4th grades are offering a health education course, compared with 40% at the regional level and 53% at state level.

b. Secondary:

- i. Data stated that intramural sports/physical activity clubs were at 63%, however PE teacher on committee does not think this is accurate as most students are involved with varsity sports that they have to try out for. Also found that only 50% of schools are reporting best practice in teaching “alcohol, tobacco, and other drug use/prevention” and “unintended injury” in health education.
- ii. No data reported for secondary schools requiring PE at any grade level.
- iii. Only 75% have instruction/curriculum aligned to the Comprehensive Health Education Standards (79% regional level, 88% state level).
- iv. Only 63% report that they have unit and lesson plans to guide instruction (71% regionally, 79% at state).
- v. Only 191 weekly health education minutes are offered per student (198 regionally, 209 at state level).

- vi. No data reported for “most, if not all, courses/subject areas have integrated health content and skills” = huge area of opportunity.
- vii. Only 50% report that alcohol, tobacco and other drug use prevention is a health education topic.
- viii. Only 75% report mental and emotional wellness as a topic and only 75% report human sexuality/ sexual health education as a topic.
- ix. The following sexual health education topics were far below the regional and state aggregates: HIV/STI awareness, safe relationships, abstinence, contraception, adolescent pregnancy, internet/social media literacy.
- x. No data reported for grades that offer a health education course.
- xi. No data reported for a certification or licensure in health education is required of health education teachers.

c. *Action Steps:*

- i. *Courtney will schedule meeting with Dianna Riley (Director of Curriculum, Instruction and Assessment) to discuss integrating Chef in the Classroom into content curriculum.*
- ii. *Rachel will send the applicable data out to appropriate parties. Also send aggregate reports to Student Wellness Team Leaders and encourage them to share with their administrators.*
- iii. *Courtney will work with student wellness teams to brainstorm methods of attracting high school student involvement in intramural sports and other wellness activities.*

4. Creating Healthy Schools Needs Assessment

- a. Our grant funder, The Colorado Health Foundation, requires funded organizations to complete a needs assessment that will be used to better professional development and support for districts. Committee members remained in the same groups and answered/ranked questions regarding knowledge/skills and level of support need in the following areas: District infrastructure, health education, physical activity/physical education, nutrition environment and services, health services, counseling, psychological, and social services, social and emotional climate, physical environment, employee wellness, family engagement, community involvement, topics for support and professional development, implementation challenges, training logistics and needs, and communication needs. Copy of assessment answers are linked on our webpage: <http://www.greeleyschools.org/studentwellness>

5. Updates

- a. Student Wellness Team Celebration: Last year, to celebrate the Student Wellness team leader success, we provided an opportunity for team leaders to get a free drink at 3 different locations (2 coffee, 1 smoothie) along with a “thank you” certificate. Wellness team leaders liked this a lot because they didn’t have to go to a meeting. Some wellness leaders stated that the locations were not convenient. Danielle brought up in meeting last week that we could do a celebration during the summer feeding program and invite the student wellness and worksite wellness leaders for free food and drinks. The date is TBD.
- b. Children’s Festival: There were a few hiccups with the bicycle rodeo set up. Overall the fair went well. There were booths from Healthy Hearts Club, Student Wellness team, the smoothie bicycle, Cooking Matters, UNC’s Bear PAW summer camp, the bicycle rodeo, silly bikes, and soccer. 77 people participated in the Bike Rodeo, a few 11 year olds were learning how to ride a bike for the first time.
- c. Bike to School Day will occur on May 10th, 2017. If anyone would like to volunteer, please contact Courtney and let her know.

Next meeting: Tuesday, June 6th from 4:00-5:30 pm