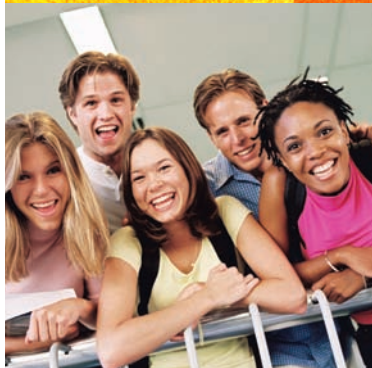




DPS Health Agenda 2015



Health Priorities for Denver Public Schools



*Healthy Kids
Learn Better.*

October 2010

DPS Health Agenda 2015: Health Priorities for Denver Public Schools

Introduction

Denver Public Schools (DPS) recognizes the significant impact that health has on the academic achievement of students. Healthy kids make better students, and better students make healthier communities. Plus, a healthy workforce contributes to more effective instruction, operations and positive role modeling in school settings.

Schools contribute to health in many ways, including nutrition services, physical education and the work of school nurses, social workers and psychologists. Schools also strive to provide a safe and enriching environment for learning. DPS hopes to make a notable difference by focusing energies and resources on a targeted set of health goals that can be accomplished within five years. This set of goals is called the DPS Health Agenda 2015.

The DPS Health Agenda 2015 was developed by the Denver School Health Advisory Council through the work of committees and with input from more than 1,200 stakeholders who completed a survey.

Planning Process

Priority was given to:

- 1) Health issues with the strongest correlation to learning and/or readiness to learn
- 2) Strategies that are evidence-based and best practices
- 3) Health indicators that are measurable and ones that schools can directly affect
- 4) Goals that are ambitious yet feasible within five years
- 5) Objectives that build on existing programs and strategies proven successful in DPS

Special consideration was given to:

- 1) Goals that are aligned with local health concerns and priorities
- 2) Goals that emphasize prevention and population-level impact
- 3) Goals that contribute to reducing health and/or educational disparities
- 4) Goals that are aligned with other DPS priorities, especially the 2009 Denver Plan and Board of Education Five-Year Goals

The health goals selected through this collaborative process are outlined in this document. They are organized into the areas of Coordinated School Health, a framework endorsed by the Centers for Disease Control and Prevention. A variety of funding strategies will be employed to actualize these goals, including district contributions, private donations, public and private grants, and other innovative partnerships.



1. NUTRITION

- 1a. Increase student participation in the free school breakfast program from 30 to 50 percent.
- 1b. Make nutritional changes to school breakfast, including:
 - Serve only unflavored milk (skim and 1%).
 - Offer oatmeal daily.
 - Limit sugar in cereals to less than 6g of sugar per serving, and include at least 2g of fiber per serving (excluding rice cereals).
 - Increase the weekly protein options available from six to 10.
 - Increase organic produce offerings as variables allow.

Breakfast is the most important meal of the day. Research shows that eating breakfast is associated with better student performance on standardized tests, fewer behavioral problems, reduced risk for obesity and diabetes, and overall improved attention to academic tasks.

Although DPS offers free breakfast for all students (in schools where breakfast is served), many students do not eat breakfast for a variety of reasons. Schools cannot guarantee that kids eat at home, but they can offer and promote free, healthy breakfast at school. Not only does this improve student learning and health outcomes, it also eases the strain on parents' wallets.



“Physical education not only improves fitness, but also teaches skills that lead to lifelong health and wellness.”

– Eric Larson
DPS Physical Education Coordinator

2. PHYSICAL EDUCATION

- 2a. Emphasize the importance of scheduled physical education and recess.
- 2b. Ensure that all students are moderately to vigorously active at least 50 percent of the time in physical education classes.

Kids who are physically active are healthier and more ready to learn. Physical activity and fitness are positively associated with academic performance, higher levels of self-esteem and lower levels of anxiety and stress. Physical education increases physical activity and fitness, and can contribute to weight management when offered daily.

Goal 2a. – DPS will encourage schools to address student discipline and make-up work in ways other than taking away physical education and recess time. Also, schools will be encouraged to schedule prevention and intervention programs on a rotating basis with all classrooms, not just physical education. This goal will be integrated into the framework of Positive Behavior Interventions and Supports (see goal #6) and the work of school wellness teams (see recommendation #9f).

Goal 2b. – A quality physical education program engages students in moderate to vigorous physical activity (MVPA) at least 50% of class time. However, national research has found that MVPA averages 37% of lesson time due to variables such as transitions between locations or activities, distribution and collection of equipment, demonstration of skills, and class management including attendance and discipline. DPS will reduce time for these variables through ongoing teacher training and evaluation to ensure that all students are moderately to vigorously active at least 50% in all physical education classes.

These goals support the district's longer-term goal to implement recommendations from the DPS Commission on School Nutrition and Physical Activity (2004) regarding amount of physical education for elementary, middle and high school levels.

3. HEALTH EDUCATION

Develop and implement a quality assurance system for health education.

It has been said that “it is easier to raise a healthy child than to fix an unhealthy adult.” Effective health education provides students with skills to make healthy decisions and avoid risky behaviors. Research has shown that comprehensive health education and social skills programs, especially for high-risk students, are associated with improved school and test performance, attendance and school connectedness.

This recommendation will involve a district-level review process that approves programs, partnerships and curriculum related to health education in the classroom. This quality assurance process will ensure that all health education is evidence-based and aligned with standards outlined by the Colorado Department of Education. This goal includes the addition of a health education coordinator to manage the review process, promote comprehensive health education, and provide technical assistance to teachers and schools for quality health education in the classroom.

“When we teach students how to make healthy choices, they are more likely to be successful in school and in life.”

– Cathy Martin, Ph.D.
DPS Director of Mathematics and Science



4. SOCIAL-EMOTIONAL WELLNESS

4a. Increase the level of social work and psychological service to schools.

Even the best possible teaching and curricula can fall short for students in a diminished mental state. Many youths experience depression; mood disorders; violence and trauma; behavioral issues; low self-esteem; and abuse of alcohol, tobacco and drugs. Students coping with these issues are often at a disadvantage in the classroom.

School social workers and psychologists can help improve educational outcomes by addressing social-emotional issues and other barriers to learning. Many social workers and psychologists are only able to focus on students with the most acute issues, rather than providing preventive programs for the entire school population. With additional time in a school building, school social workers and psychologists could deliver more evidence-based programs that improve safety, social-emotional health and positive behaviors school-wide.

4b. Provide the Signs of Suicide curriculum to every 6th and 9th grader.

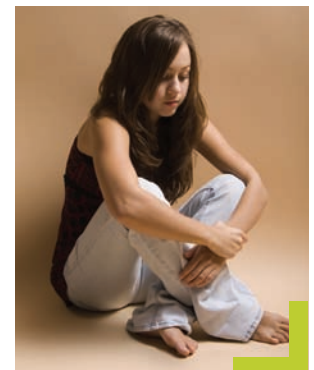
More Colorado teens die by suicide than by car accidents, and the state's suicide rate is sixth highest in the nation. For every attempted suicide, there are numerous others having thoughts of suicide. Most suicidal individuals want to live, but they are unable to see alternatives to their problems. Research indicates that suicidal youths are not likely to seek help.

Suicide prevention education can help protect adolescents from harming themselves and others. The "Signs of Suicide" curriculum involves three classroom sessions of 45 minutes each, and has been shown to reduce suicide attempts by 40 percent among the student population. This curriculum will be delivered to sixth and ninth graders because the transition years (to middle school and high school) are particularly challenging for youths.

“As educators, we are very serious about closing achievement gaps. We won't be successful unless we clearly coordinate efforts to address the full range of health issues that impact learning.”

– Eldridge Greer, Ph.D.

DPS Director of Special Education, Mental Health & Assessment Services





“School nurses manage the health needs of all students so they can attend school ready to learn.”

– Donna Shocks, MSN, RN
DPS Manager of Nursing and Student Health Services

5. HEALTH SERVICES

- 5a. Increase the level of nursing service to schools.
- 5b. Increase the number of students who have health insurance by 7,000.
- 5c. Increase the number of students who are served by school-based health centers and other physical health services on school grounds.
 - Add 3-5 Denver School-Based Health Centers serving a total of 2,000-3,500 more students; and increase the number of students served at 12 existing sites.
 - Serve students at 8 to 12 additional schools through mobile health services.

It is important that all children come to school healthy so they are ready to learn. Many families cannot afford health insurance, cannot access health care, and/or do not receive continuous and quality care. This reality impacts students and schools in many ways. When students have problems with hearing and vision, they struggle to read, write and learn. When students suffer from treatable health issues, like tooth pain, they cannot concentrate. When students have trouble managing chronic health conditions, like asthma, they miss a lot of school days due to illness.

Disruptions can occur when students come to school without the health attention they need. Connecting students to health insurance, school nurses and health care helps reduce the burden on schools while improving students' health, well-being and readiness to learn.

6. HEALTHY AND SAFE SCHOOL ENVIRONMENT

Implement Positive Behavior Interventions and Supports in all schools.

Positive Behavior Interventions and Supports (PBIS) is an approach to building a school culture that promotes and reinforces positive behavior. It also means that all adults in the school building are appropriately and consistently enforcing consequences for negative behavior, as outlined in the DPS discipline policy. The approach includes formal instruction of social skills so expectations are clear, and structuring the school day and environment in a way that decreases undesired behaviors and improves social and academic success. Schools should be mindful that the school climate is “culture-friendly,” taking into account the school location and make-up of the school population, which will improve family and community engagement and promote school connectedness.

Implementation of PBIS in a school will be measured with the School-wide Evaluation Tool (SET) and Benchmarks of Quality.





“The influence of adult role models should not be underestimated. Children learn as much by example as they do from instruction.”

– Charles Babb
DPS Principal

7. HEALTH PROMOTION TO STAFF

Implement a voluntary, comprehensive employee health promotion program.

Health promotion to staff is a component of Coordinated School Health that focuses on systems of support for employees so they can perform at their best and serve as healthy role models for students. It can be difficult for staff members to make healthy choices when so much time, energy and attention are focused on students and demands of the job. DPS is committed to supporting staff in making healthy choices and creating healthy worksites, which will result in improved employee health and morale, increased productivity, reduced health insurance costs, and fewer workers compensation claims and illness-related absences.

DPS will seek support from partners such as its health insurance providers to implement a comprehensive employee health promotion program based on best practices for worksite wellness.

8. FAMILY AND COMMUNITY INVOLVEMENT

Implement a culturally-responsive, health promotion campaign to families.

When schools actively engage families and community partners, they are able to respond more effectively to the health-related needs of students. Efforts should reflect a Positive Youth Development approach, which empowers students to reach their full potential and enjoy optimal health.

DPS will actively engage students, family members and community partners to achieve goals in the DPS Health Agenda 2015. Specific strategies will be outlined in the corresponding action plan.

Additionally, DPS will launch a culturally-responsive health promotion campaign for English and non-English speaking families that will:

- raise awareness about health issues
- promote skills and healthy behaviors
- provide explicit opportunities for families to participate in school health activities
- advance goals in the DPS Health Agenda 2015

Campaign measurements might include:

- enrollment in public health insurance programs
- improved skills for navigating the health care system
- healthy eating and active living
- ability to identify mental health issues and access related services
- effective management of chronic diseases
- understanding the connection between health and learning

“The success of our students greatly depends on our ability to effectively involve all families in their children’s education, health and well-being.”

– Alex Sánchez
DPS Director of the Multicultural Outreach Office



Going the Distance

In addition to the goals outlined above, the Denver School Health Advisory Council identified strategies to integrate health-related activities with other school efforts in order to improve efficiencies and effectiveness across multiple areas of health. Those recommendations are listed below.

- 9a. Include school nurses, social workers and/or psychologists on school leadership teams to incorporate measures of health in the school population.
- 9b. Conduct a biennial (every other year) survey of students, such as the Youth Risk and Behavior Survey, to assess health needs, risks and behaviors in DPS.
- 9c. Develop and publish a DPS-approved list of health-related programs and partnerships.

- 9d. Encourage staff to input appropriate student health data into Infinite Campus — the student information system — so the data may be used to inform health strategies.
- 9e. Solicit and promote ongoing research on the relationship between health and learning.
- 9f. Support school wellness teams in completing the DPS School Wellness Assessment to identify priorities for nutrition and physical activity (Policy ADF-School Wellness 2006).

The Denver School Health Advisory Council strongly believes that the recommendations in this document will strengthen the health and well-being of DPS students and staff and, ultimately, improve educational outcomes.

A detailed action plan including SMART (Specific, Measurable, Achievable, Relevant, Timely) objectives will be developed to ensure implementation of the health goals. The Denver School Health Advisory Council will monitor implementation, evaluate progress and publish findings at least twice a year on the DPS Web site.



**For more information about the
DPS Health Agenda 2015, please contact:**

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