



A Guide For Incorporating

HEALTH & WELLNESS

into

SCHOOL IMPROVEMENT PLANS



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

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Introduction

Over the last twenty years, the development and implementation of school improvement plans (SIPs) have emerged as an important strategy and accountability system for increasing student achievement and overall school reform. While many schools and local school districts have long been engaged in strategic planning, the prominence of SIPs as a defined process and product was developed under the No Child Left Behind (NCLB) Act of 2001. Since then, many states and local districts have looked to SIPs as a key element for increasing accountability and ensuring that the greatest number of students achieve academic proficiency, not only for low-performing schools as once required by NCLB, but as a valuable process for all schools that is still very relevant under the Every Student Succeeds Act of 2015.

For many schools, a SIP is the most important planning document developed by a school on an annual or biannual basis. A SIP, also known as a unified improvement plan, campus improvement plan, continuous improvement or comprehensive school improvement plan, outlines a process of continuous improvement to guide schoolwide strategies, goals, activities and professional development. In this document, “school improvement plan” or SIP is used throughout, although the term may vary locally. No matter how it is written or the goals or strategies it may contain, the ultimate purpose of all SIPs is to **increase students’ academic achievement**.

Boosting academic achievement is about much more than providing high-quality instruction and resources. Despite this truth, many schools miss the opportunity to take a broader, more comprehensive approach in a SIP, taking into account the needs of the whole child, and incorporating goals or activities designed to address non-academic barriers to learning. This broader approach is best represented by the Whole School, Whole Community, Whole Child (WSCC) Model (Visual 1), released by the Centers for Disease Control and Prevention and ASCD in 2014, which supports a systematic, integrated and collaborative approach to health and learning. The WSCC Model is an evolution of Coordinated School Health and provides a framework to address the relationship between learning and health. Evidence demonstrates the important link between the health of students and academic

achievement, particularly related to healthy eating, physical activity, chronic health conditions, and safe and positive school environments.^{1|2|3} While this link is intuitive to many teachers and education leaders who see the effects of non-academic barriers to learning on a daily basis, there is often a disconnect when it comes to incorporating these into a SIP.

The WSCC model focuses attention foremost on the child, highlighting the importance of a foundation based on the Whole Child Tenets from ASCD. The Whole Child Tenets (Visual 2) emphasize the importance of each student being healthy, safe, engaged, supported and challenged in order to achieve academically. The WSCC Model highlights the importance of coordinating policy, processes and practices, and the full range of learning and health supports that are needed to enable each student to achieve academically. The school acts as the hub in providing these supports, with significant input, resources and collaboration from the community.

Visual 1: WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD

A collaborative approach to learning and health



Visual 2:

ASCD WHOLE CHILD TENETS

- 1 Each student enters school healthy and learns about and practices a healthy lifestyle.
- 2 Each student learns in an environment that is physically and emotionally safe for students and adults.
- 3 Each student is actively engaged in learning and is connected to the school and broader community.
- 4 Each student has access to personalized learning and is supported by qualified, caring adults.
- 5 Each student is challenged academically and prepared for success in college or further study and for employment and participation in a global environment.⁴

SIPs provide a systematic opportunity to address the needs of the whole child, as reflected in the WSCC model, incorporating physical, social, emotional and/or behavioral health priorities into schools. The purpose of this guide is to explore that opportunity. The guide has two distinct aims: 1) To provide public health agencies and other partners an understanding of improvement plans and their purpose and role in schools and districts, and 2) To outline the opportunities to incorporate health and wellness-related goals and aligned activities into improvement plans, highlighting examples from schools and districts that have done it. The primary focus of the guide is school-level improvement plans, with an understanding that improvement plans are often developed at the district level also. The guide was designed to be useful for a broad array of readers, including both education and health leaders at the local, state and national levels.

Every reader will come to this guide with different levels of knowledge about school improvement plans. If SIPs are new to you, or if you could benefit from an overview, see **Section I—What is a School Improvement Plan?** If you are very familiar with SIPs but would like to know more about how to incorporate health and wellness into SIPs, see **Section II—Integrating Health and Wellness into School Improvement Plans.** For examples of how states, districts and schools have already done it, see **Section III—Examples of School Improvement Plans Incorporating Health and Wellness.**

It is the hope of NACDD and the many organizations and individuals that contributed to the development of this guide that it will spur many more schools and their collaborative partners to explore the opportunity in SIPs to strengthen health and wellness in a systematic way.

Section I

WHAT IS A SCHOOL IMPROVEMENT PLAN?



At its core, the school improvement planning process is about strengthening student achievement. The United States Department of Education defines its purpose as “improving the quality of teaching and learning in the school, so that greater numbers of students achieve proficiency in the core academic subjects of reading and mathematics. The school improvement plan (SIP) provides a framework for analyzing problems, identifying underlying causes, and addressing instructional issues in a school that has not made sufficient progress in student achievement.”⁵

School improvement planning is not a new concept. Over the past two decades, however, the importance and visibility of school improvement plans has increased. Part of the increase in SIPs can be attributed to the requirements of NCLB (2001), which mandated SIPs for schools officially designated as “in need of improvement.” In addition, many states either require or strongly suggest schools have an improvement plan in place regardless of improvement designation, often providing specific guidance regarding format and/or content.^{6,7} Although the federal SIP requirement for underperforming schools is no longer in place under the Every Student Achieves Act (ESSA) (2015), it is anticipated that SIPs will continue to play a role in many state-designed accountability systems under the new law.

School improvement plans have been described in various ways. Despite their widespread use, there is not a single agreed upon definition or format. For example, the South Carolina Education Oversight committee

states a SIP should include the following: 1) strategies for improving student performance in the targeted goal areas, taking into account the performance on multiple assessments, 2) how and when improvements will be implemented, 3) use of federal and state funds, and 4) requests for waivers.⁸ The North Carolina Department of Education’s (NCDOE) SIP guidance states that “School improvement planning provides a mechanism for identifying needs and establishing a common approach to meeting those needs at the school level.” The guidance recommends a Plan-Do-Study-Act improvement cycle, with activities focused on 1) Understanding the school (including vision, mission, and current state based on internal and external analysis), 2) Establish highest-priority areas to address, 3) Identify root causes, and 4) Setting goals and identify strategies.⁹

Colorado, which requires improvement plans for all schools in the Education Accountability Act of 2009,¹⁰ states that the primary purpose of improvement planning is to “Ensure all students exit the K-12 education system ready for postsecondary education, and/or to be successful in the workforce, earning a living wage immediately upon graduation.”¹¹ The Colorado Department of Education promotes a defined SIP cycle of *Focus, Evaluate, Plan, Implement, Evaluate* (see Visual 3). Other states have a similar process.

All school improvement plans share a common goal of **identifying deficiencies in order to implement strategies aimed at boosting academic achievement**. They provide a structured opportunity to engage

While improvement plans are commonly used in schools across the country, they are not used by every school district and school. To find out if a district or school has an improvement plan, first consult the district or school’s website, as improvement plans are often posted for the public. If a plan cannot be found, contact a district or school leader (e.g., school administrator) to inquire.

Visual 3: EXAMPLE OF A SCHOOL IMPROVEMENT PLANNING PROCESS

Focus attention on the right things (performance indicators).

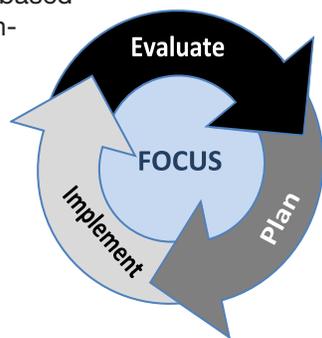
Evaluate performance by gathering, analyzing, and interpreting data about performance.

Plan improvement strategies based on performance data and root cause analysis.

Implement planned improvement strategies.

Evaluate (or monitor) performance (based on interim measures) and implementation of improvement strategies (based on implementation benchmarks) at least quarterly.

Make adjustments to planned improvement strategies, and implement revised strategies, as needed.¹²



Source: Colorado Department of Education

stakeholders and identify effective practices and/or actions that should be continued and ineffective practices and/or actions that should be revised or eliminated.¹³ When developed and implemented consistently over time, they can facilitate a process of continuous improvement in schools, improving school and student performance.¹⁴

School Improvement Plans from an Educator’s Perspective

Improvement plans are often viewed as a roadmap. This roadmap sets out the changes a school or district needs to make to improve the level of student achievement for all students. The roadmap shows how the changes will be made, what strategies and activities will be used, and who will be responsible for ensuring the plan and its components are carried out. In many schools and

districts, the school-level and district-level improvement plans are the most important planning documents, driving what gets accomplished. A common perspective from education leaders is that an improvement plan drives school- and district-level priorities: what is included in an improvement plan is what gets measured and accomplished on an ongoing basis. The opposite is also true in many cases: if it is not included in an improvement plan, it may not be a high priority. For this reason, for schools and districts that embrace the WSCC model and prioritize the role of health in learning and academic achievement, it is important to consider how health and wellness-related goals and aligned activities can be incorporated into improvement plans.

While the process used to develop them is similar and they may share similar components, district-level and school-level improvement plans serve distinct purposes. A district-level improvement plan is designed to guide a district and the leaders of individual schools within a district in the improvement of academic performance for all students. District-level plans are often based on a comprehensive needs assessment, and include goals and overarching strategies to improve student performance, a timeline, evaluation metrics, along with a description of resources available and staff responsible for implementing the strategies. School-level plans generally include many of these same elements, but are specific to each school campus and are based on individual school-level assessments and decision making. School-level improvement plans are responsive to the particular needs of the students in the school, the community that surrounds it, and the community resources available to support the plan’s implementation.

Improvement plans are unique to each district and school and are usually completed on an annual or bi-annual basis, although longer term cycles of three or more years are also used. Some states require improvement plans for all districts and schools, and provide specific guidance, a standardized process and uniform templates. An example of this is Colorado, where the Colorado Department of Education provides an improvement planning template and process to support districts and schools in their performance management efforts,

and publishes all improvement plans online.¹⁵ Similarly, Arkansas requires annual comprehensive school improvement planning (ACSIP) for all districts and schools, facilitated by a state-designed planning model.¹⁶ Arkansas also requires specific wellness-related elements to be included in the ACSIP, including results of the Centers for Disease Control and Prevention (CDC) School Health Index.¹⁷ Other states such as Michigan require improvement plans for all districts and schools, including specific requirements for content per legislation, but do not require use of a uniform template. Rather, the Michigan Department of Education provides guidance through a framework and process guide.¹⁸ On the other hand, some states such as Maine only require school improvement plans for districts and/or schools identified as low-performing. It is important to note that some of the requirements for SIPs are likely to change under the new state-designed accountability systems for ESSA.

Even in states that do not require SIPs for all schools, school districts often require SIPs for all schools in their district, and may provide guidance and/or templates. In addition, school districts may choose to expand on state requirements, developing district-specific tools, resources and requirements for SIPs to complement state requirements. For example, Austin Independent School District in Texas provides various SIP resources, including a timeline, templates, required and recommended objectives, and recommended strategies for improvement, including strategies to improve health and wellness.¹⁹ Even without a requirement, many districts and schools choose to engage in the improvement planning process, as it is seen as a key process to guide overall strategic planning, identifying needs, effective and ineffective practices, and strategies to address them.

Overview of the School Improvement Planning Process

While no two school improvement plans are alike, there are some commonalities to the school improvement planning process. First, school improvement planning usually involves the formation of a school improvement planning team. According to the Maryland Department of Education, the role of the school improvement team is “to lead the development of a school improvement plan that addresses student achievement needs, to monitor the implementation of the plan, and to revise it when appropriate.”²⁰

At the school level, members of a SIP team vary, but can include any of the following:

- Principal
- Assistant principal(s)
- Classroom teachers
- Support staff such as teaching assistants
- Other school staff such as a school nurse, psychologist, school counselor, nutrition director, school social worker
- Parent representative(s)
- Representative(s) from School Health Advisory Committee or School Wellness Team^A
- Representatives from community agencies (e.g., local health department, YMCA, social services)
- Business representative(s)
- Students

At the district level, members of an improvement team can include many of those listed above, in addition to district leadership (e.g., superintendent, assistant superintendents), leads of instructional areas (e.g., math, science, language arts), directors of curriculum and instruction, student services, testing, student information (including attendance), food services and student health and mental health services.

Members of a school-level SIP team are often elected or nominated, and serve a specific amount of time, such as two years. The structure of a SIP team is designed to bring stakeholders from various perspectives together to develop a shared understanding of what aids and impedes student academic success, to identify critical issues affecting a school's success and associated priorities, and plan relevant goals and strategies. The opportunity for community members to be involved in a SIP team and a school's overall planning process is important, and frequently overlooked. Although not all schools include community members in SIP teams, for the ones that do, it opens the door for public health and other partners, including local health departments, community agencies such as hospitals, physician practices, and other community organizations such as the YMCA

^A School Health Advisory Committee (SHAC) or School Wellness Team (or Committee) is an advisory group of individuals formed to advise schools or districts on the health and wellbeing of students and staff. A SHAC or Wellness Team can be formed at the school or district level and includes school staff, students, parents or other family members and community representatives.

and food banks to have seats at the table. These seats can provide community agencies with a much greater understanding of school-specific challenges and priorities, encourage school leaders to have a broadened perspective of student and community needs, and help facilitate school-community partnerships that can support schools in their improvement goals.

Common Process of Developing a School Improvement Plan

Each school is unique in how it approaches the improvement planning process. However, most improvement planning teams follow the sequence of activities outlined below:

1. Conduct a comprehensive needs assessment using multiple tools and types of data
2. Gather and organize data from assessments
3. Review and analyze data
4. Describe important trends
5. Prioritize challenges and needs
6. Identify root causes
7. Set and prioritize goals
8. Research and select effective practices to meet goals
9. Action plan, identifying activities to support goals, targets, indicators and milestones
10. Monitor implementation of the plan
11. Evaluate impact on student achievement²¹

Each stage of the school improvement planning process provides an opportunity to apply the lens of the WSCC Model, considering non-academic barriers to learning and incorporation of health and wellness. These opportunities are discussed in further detail in Section II.

The process outlined above is usually conducted on a specific timeline. SIP teams meet regularly, often monthly, and hold to a timeline with defined deliverables. These deliverables can include submission of a final SIP to a district or state by a specific date. **The timeline is very important to keep in mind when approaching school leaders about their improvement planning process and associated team.** Joining a SIP team mid-cycle may not be possible if team members are identified during a specific

ENGAGING AS COMMUNITY PARTNERS IN THE SIP PROCESS

Health departments and other community partners are often interested in identifying ways that they can support student health and wellness in schools. Serving as a member of a SIP team is one way that community partners can lend their expertise and resources to support schools in their efforts to meet the needs of the whole child and strengthen academic achievement. For external partners, the first step towards this is fostering a strong relationship with the leaders in a school district and/or school. While not all SIP teams include representatives from community agencies, those that do generally have an existing relationship with the agencies or organizations. While building a relationship, learn about the SIP and the school or district's process and goals. Expressing interest in and becoming familiar with the SIP can be an important first step towards being included in the process at a later date. For more guidance on how external partners can successfully communicate and work with schools, see *Speaking Education's Language: A Guide for Public Health Professionals Working in the Education Sector* (NACDD).^B

^B National Association of Chronic Disease Directors. (2013). *Speaking Education's Language: A Guide for Public Health Professionals Working in the Education Sector*. Available at: http://c.ymcdn.com/sites/www.chronicdisease.org/resource/resmgr/school_health/nacdd_education-sector_guide_.pdf

timeframe, for example at the end of the academic year for the following year. In addition, recommending an additional health-related assessment may not be possible if data has already been analyzed and trends identified. Although SIP timelines vary, in general they follow the academic calendar. A sample timeline and activities is included below.

Sample Timeline for a School Improvement Planning Process

This timeline is for demonstration purposes only based on a one-year SIP cycle, and timelines will vary according to each district and school. Some districts and schools have a two- or three-year planning cycle.

SPRING/EARLY SUMMER

- Review progress of current SIP (Year 1): strengths, weaknesses, successes, failures.
- Complete year-end summary report for current SIP (Year 1).
- Initiate discussion of priority areas for next year's SIP (Year 2).
- Review and understand changes in state accountability plans (if applicable) to incorporate into SIP.
- Review and understand changes in school district and school board goals for upcoming year, their relation to SIP.
- Identify and orient new members for SIP team for upcoming year.
- Create schedule for SIP team meetings.

SUMMER/EARLY FALL

- Implement current SIP (Year 1).
- Conduct comprehensive needs assessment for next year's SIP (Year 2).
- Analyze available data to determine achievement gaps, academic growth, and specific areas of deficiency.
- Prioritize areas of highest need.
- Research evidence-based strategies to address deficiencies.

- Identify possible goals and strategies to improve student achievement.

FALL

- Continue to implement current SIP (Year 1), making adjustments as needed.
- For next SIP (Year 2), using needs assessment data, write measurable goals or objectives to address highest priority areas.
- Write measurable strategies and activities to support the goals or objectives.
- Identify responsibility for oversight of the next SIP's (Year 2) goals, objectives, strategies and/or activities.
- Identify resources to support implementation of the plan.

LATE FALL/EARLY WINTER

- Continue implementation of current SIP (Year 1).
- Review completed/updated SIP (Year 2), soliciting feedback from SIP Team and external reviewers.
- Incorporate feedback and submit updated SIP (Year 2) to district, if required.
- Make SIP plan available to the public.
- Implement and monitor new SIP (Year 2).



Section II

INTEGRATING HEALTH & WELLNESS INTO SCHOOL IMPROVEMENT PLANS:

**Addressing the
Questions of
Why? And How?**



The opportunities to incorporate health and wellness into school improvement planning are abundant, and there are many low-cost and no-cost resources to support health-related initiatives in schools. Focusing on health is something that also has an immediate and intimate appeal to many classroom teachers, because teachers understand so vividly just how important the link between health and learning, between healthful student habits and academic outcomes is.

Dr. John Skretta

Superintendent, Norris School District, Nebraska

Why is student health and wellness important to meeting the goals of increasing academic achievement?

Each day, millions of students enter school buildings across the U.S. to learn. Schools focus intensely on achieving this goal, emphasizing the importance of high-quality instruction and ongoing evaluation in order to strengthen academic achievement for all students. In their strong focus on core academics, many schools overlook the important role that health and wellness play in student achievement.

Health matters to academic achievement. Research supports the important connection between health and learning, showing that health-related barriers limit students' ability and motivation to learn,²² and that improving access to healthy foods and physical activities in particular can positively influence the health of students and improve academic achievement.^{23|24|25}

The Whole School, Whole Community, Whole Child (WSCC) Model, as described in the introduction, promotes a collaborative approach to learning and health, taking into account the needs of the whole child. Six of the WSCC components clearly address the health needs of students (physical education and physical activity; nutrition environment and services; health education; health services; counseling, psychological, and social services; and employee wellness) while four are cross-cutting and help to support healthy behavior in students (social and emotional school climate, physical environment, family engagement, and community involvement). Research supports the ability of WSCC's six health-related components to impact educational outcomes, and notes that the others are essential to support healthy behaviors among students.²⁶

Schools that incorporate student health and wellness as a priority often see positive benefits in various areas

including improved attendance and classroom behavior, improved cognitive performance (i.e., concentration, attention), better educational outcomes including overall test scores and grades, graduation rates, and fewer behavioral problems.²⁷ Because of this, many education leaders recognize the importance of approaching school improvement with a broadened lens.

School improvement plans (SIPs) provide a key opportunity to consider the needs of the whole child when developing plans for strengthening student academic achievement. When health and wellness are incorporated into a SIP, whether as a goal, strategy or as a part of supporting activities, they become part of the foundation of a district and/or school rather than an add-on or extra task. They are measured and tracked as a part of a school's accountability system, and part of a systemic and cyclical process of review.

The purpose of this section is to provide answers to the practical questions of **how** schools can begin to incorporate health and wellness into SIPs. **The good news it is not only possible, but is already being done in many**

We have a great opportunity to help to instill lifelong healthy habits in students, to help them grow into healthy adults. Part of making sure that happens is putting it into a school's improvement plan. If you don't, it won't get done.

Cara Blackmon

Director of Curriculum, Instruction and Assessment, Bardstown City Schools, Kentucky



schools across the country. Schools and their leaders are seeing the benefits of integrating health and wellness into SIPs. In Tennessee, 72% of schools include health goals in their School Improvement Plans and their Tennessee Comprehensive System-wide Planning Process plans.²⁸ In addition, data from the School Health Profiles (2014) indicates that secondary schools across states are including health-related objectives in school improvement plans. Specifically, the median percentage of schools that include physical activity in SIPs is 23.3%; 28.6% include mental health and social services; and 57.5% include healthy and safe environments. There is great variability across states, however. For example, 79% of secondary schools in Arkansas have incorporated physical activity objectives into SIPs, compared to 13% in Nevada. For foods and beverages available outside of the school meals program, 8% of secondary schools in Washington have included related objectives in the SIP, compared to 62% in Arkansas.

Section III of this guide provides a number of examples and approaches from various schools around the country. What is evident from these examples is that there is no single “right” way to approach it. Like with anything else, each district and school improvement planning team needs to use health and wellness related data, along with their insights and knowledge of the school culture, climate and community to drive decisions and strategies.



In our district we had several important learning and environmental goals that we were trying to achieve. Addressing school health, including student health, teacher health and environmental health was an important part of achieving those goals. We made a conscious effort to ensure that those elements were incorporated into the plan that went to the school board.

Sarah Jerome

Former Superintendent,
Arlington Heights School District 25, Illinois

How to Get Started?

Schools that are interested in integrating the needs of the whole child and incorporating student health and wellness into school improvement planning can begin by following the important steps outlined below.

1 Take a look at the school improvement team. Who is at the table? Who isn't but needs to be, based on the WSCC Model?

Are there voices on the SIP team that can speak to the physical, social, nutritional, emotional and/or behavioral needs of students/help to identify needs and gaps? At the school level these can include a physical education teacher, health education teacher, school nurse, school counselor, psychologist, social worker, nutrition director, cafeteria manager, community agency representative (e.g., local health department, YMCA), parent, school health advisory committee (SHAC) members, or school wellness team members (if the school has either of these groups). At the district level, it may include directors of various programs including school health services, school nutrition, school counseling and safety, along with leaders from the local health department and other community agencies. SIP committees may not include adequate representation from a variety of staff, parents and community members that interact with students on a regular basis. Each of these people can provide valuable perspectives on some of the challenges students face and underlying root causes impeding academic achievement.

It is important to acknowledge that some stakeholders may not embrace the incorporation of health and wellness into an improvement plan. This perspective may relate to a belief that school improvement planning should be narrow, focused on traditional strategies to boost core academic instruction, and that health and wellness do not belong in an improvement plan as schools are not accountable for these areas with less direct ties to education. Schools have limited resources, and health and wellness are sometimes viewed as competing for financial resources, rather than key supporting factors as demonstrated in the WSCC model (Visual 1). If this is the case, incorporating health and wellness into an improvement plan may be more challenging. In addition, resistance may be based on concerns that the structure and requirements of

improvement plans do not allow for incorporation of health and wellness. One strategy to address these concerns is to provide examples of how other schools and districts have integrated health and wellness goals into improvement planning templates and continued to meet school, district or state-level requirements.

2 Include health and wellness-related data in the improvement planning assessment process to ensure a more complete picture of students' needs.

School districts and states often provide schools with a standard list of academic data sources and points that they are encouraged or required to use in the development of a school improvement plan. Depending on the grade level, this can include data related to academic proficiency in various areas, including reading, writing, math and science, academic growth, rates of graduation, dropout, attendance/absenteeism, behavior (suspensions, expulsions), and students receiving free and reduced lunch. Schools are generally free to incorporate additional data from other assessments into the SIP process.

Data from health and wellness-related assessments and surveys can provide valuable information not found in the traditional academic data. This data can help provide a broader understanding of the challenges that students face, and some of the potential root causes that can be addressed. Some sources of health and wellness-related data include the following:

NATIONALLY RECOGNIZED SCHOOL- AND DISTRICT-LEVEL ASSESSMENTS AND SURVEYS

- **CDC School Health Index (SHI)**—An online self-assessment and planning tool to improve health and safety policies and programs in schools.
<http://www.cdc.gov/healthyschools/shi/index.htm>
The School Health Index is also available from the following organizations:
 - **Alliance for a Healthier Generation (AHG)**—The Healthy Schools Program utilizes multiple modules of the CDC SHI as an assessment and planning tool.
www.healthiergeneration.org
 - **Action for Healthy Kids (AFHK)**—The AFHK School Portal utilizes a modified version of the CDC SHI as an assessment and planning tool. www.actionforhealthykids.org

- **WellSAT (Wellness School Assessment Tool)**—An assessment measuring quality of written wellness policies.
<http://www.wellsat.org/>
- **U.S. Department of Education School Climate Survey**—A survey measuring school engagement, safety and environment at school, including physical health and mental health.
<https://safesupportivelearning.ed.gov/edscls>
- **ASCD School Improvement Tool**—A needs assessment survey based on a whole child approach to education, including indicators across the ASCD Whole Child Tenets (healthy, safe, engaged, supported and challenged).
<http://sitool.ascd.org/Default.aspx?ReturnUrl=%2f>

NATIONAL DATASETS WITH STATE AND/OR LOCAL-LEVEL DATA

- **Youth Risk Behavior Surveillance System Survey (YRBSS)**—A national school-based survey of students in grades 9-12 that monitors priority risk behaviors. State-level data is available, along with district level for a select group of large school districts.
<http://www.cdc.gov/healthyyouth/data/yrbs/index.htm>
- **School Health Profiles**—A system of surveys assessing school health policies and practices in states, large urban school districts, and territories. State-level data is available.
<http://www.cdc.gov/healthyyouth/data/profiles/index.htm>
- **County Health Rankings**—Provides a snapshot of vital health factors at a local level, including high school graduation rates, obesity, smoking, access to healthy foods, and teen births. County-level data is available.
<http://www.countyhealthrankings.org/>

STATE-LED SURVEYS

- State-led surveys of youth risk behaviors (e.g., California Healthy Kids Survey,^C Healthy Kids Colorado Survey,^D Georgia Student Health Survey,^E Florida Youth Tobacco Survey,^F Arkansas Prevention Needs Assessment Survey^G)

C <http://chks.wested.org/>

D <https://www.colorado.gov/cdphe/hkcs>

E <https://www.gadoe.org/Curriculum-Instruction-and-Assessment/Curriculum-and-Instruction/GSHS-II/Pages/Georgia-Student-Health-Survey-II.aspx>

F <http://www.floridahealth.gov/statistics-and-data/survey-data/fl-youth-tobacco-survey/index.html>

G <https://arkansas.pridesurveys.com/>

- State-led school health policy and practice surveys (e.g., Colorado Healthy Schools Smart Source^H)

ADDITIONAL SOURCES OF DATA

- Discipline referral data
- Attendance data, including identification of patterns of chronic absence and/or tardies
- School climate and culture surveys (For examples see <https://safesupportivelearning.ed.gov/topic-research/school-climate-measurement/school-climate-survey-compendium>)
- School meal participation data for breakfast and lunch
- Utilization data for school health services, including:
 - Average number of daily/weekly visits to the school nurse
 - Common reasons for visits and disposition data,^I if available
- Physical fitness assessment data (e.g., FitnessGram®)
- Body Mass Index (BMI) surveillance or screening data
- District- or school-created wellness assessments
- Social-emotional wellbeing surveys (e.g., Panorama for Social-Emotional Learning <https://www.panoramaed.com/social-emotional-learning>)
- Student/Teacher perception surveys (e.g., Colorado Education Initiative Teacher Perception Survey^J and Student Perception Survey^K)

3 When analyzing data, identifying trends and prioritizing challenges, keep root causes in mind.

After data from various assessments is assembled, schools and districts generally go through a process of data review and analysis. This is an important step in the development of a SIP, allowing SIP teams to do a deep dive into their data to identify trends and challenges, and begin to brainstorm strategies to address them. As a part of this, many SIP teams use a root cause analysis strategy. One commonly cited definition of a root cause analysis in education is “the deepest underlying cause, or causes, of positive or negative symptoms within any process that, if dissolved, would result in elimination, or substantial reduction, of the symptom.”²⁹ This type of analysis encourages SIP teams to look beyond the obvious and dig deep, considering the symptoms, potential causes, and considering what might be contributing to both failures and successes in student behavior and

achievement.³⁰ AdvancEd, a non-profit accreditation organization that conducts rigorous, on-site external reviews of PreK-12 schools and school systems throughout the U.S., emphasizes the importance of root cause analysis for enhancing continuous school improvement and improvement student achievement (Visual 4).

Visual 4:

*A sometimes overlooked, but critical, component of continuous improvement is meaningful diagnostic review. Just as in medicine, diagnosis, or the practice of determining the nature or cause of a problem, is of vital importance to the health and well-being of schools and school systems. Without effective diagnostic review that includes a root cause analysis, the evaluation of school and system performance is likely to hinge only on performance data (“the numbers”) without fully addressing the myriad factors that may contribute to academic performance. Solutions that are being implemented based solely on “the numbers” have little chance of creating sustainable, continuous improvement in schools and school systems.*³¹

The key to incorporating health and wellness into a root cause analysis phase of the school improvement planning process is to ensure that the assessment phase includes data related to these areas. More comprehensive information helps to draw a broader picture, and can help SIP teams to consider the potential underlying causes that may be impacting student outcomes.

H <http://www.coloradoedinitiative.org/our-work/health-wellness/smart-source/>

I School nursing disposition data tracks the plan for continuing health care for a student following discharge from a school nursing encounter. For example, after visiting a nurse, a student may remain in school and return to class, be sent home, be sent to a school-based health center for evaluation, be released to go home at the request of parents, or sent to other medical facility by emergency medical services.

J <http://www.coloradoedinitiative.org/toolkit/teacher-perception-survey-toolkit/>

K <http://www.coloradoedinitiative.org/studentsurvey/>

4 Identify strategies for addressing challenges, taking into consideration health and wellness-related strategies that support goals to strengthen the learning environment and increase academic achievement.

A root cause analysis often facilitates broader discussions about some of the non-academic barriers to learning that students are facing, and provide opportunities for exploring how the SIPs goals, strategies or activities can help to address some of the root causes. For example, schools may review assessment data and determine that deficits in multiple areas point to a need to approach student success more holistically, incorporating an overall goal related to meeting the needs of the whole child through the WSCC model. Schools with a significant percentage of students in poverty and/or dealing with hunger may include strategies or activities that will help to ensure that more students have access to adequate nutrition, by focusing on increasing access and use of school breakfast, or providing supplementation food through backpack buddies^L on weekends. Schools that have high rates of classroom discipline issues may decide to consistently incorporate more physical activity into the school day or specifically in the classroom, which has been shown to positively impact cognitive skills, attention and on-task classroom behavior.³² And a school that has high rates of absenteeism may include strategies or activities improving school nursing support and collaboration with community partners to address student health needs (e.g., management of chronic health conditions such as asthma or mental health needs, etc.).

The examples provided are only a sample of what is possible. There is not one “right” way to approach incorporating health and wellness into a SIP. Each district and school is different, and gaps, needs and resources, both internal and from the community, will be different. Possible approaches include:

- Including a major goal in the SIP designed to address student health or wellness. This can be specific, for example, to physical, social/emotional, behavioral health, or school climate. It can also be more general and overarching, referencing implementation of the WSCC model.
- Incorporating strategies or objectives related to health and wellness in support of larger goals.
- Including activities or action steps related to health and wellness in support of strategies or objectives.

For additional insight into how various schools and districts have uniquely approached incorporating health and wellness into their improvement plans, see **Section III—Examples of School Improvement Plans Incorporating Health and Wellness.**

^L The term “backpack buddies” is often used for programs that provide students from food-insecure homes with healthy weekend meals and snacks.

Section III

EXAMPLES OF SCHOOL IMPROVEMENT PLANS INCORPORATING HEALTH & WELLNESS



The pages that follow provide valuable real-life examples of how a state, large school district and a number of schools have approached incorporating health and wellness into the school improvement planning process. These examples demonstrate the wide variety of approaches that states, districts and schools can take, and are just a sampling of what is possible.

State Level Example

Arkansas

Arkansas' Act 1220 of 2003 was a comprehensive piece of legislation aimed at addressing the increasing rates of childhood obesity in the state. Act 1220 requires a Health and Wellness Priority to be included in the Arkansas Comprehensive School Improvement Plan (ACSIP) developed by every school and district.³³ The purpose of health and wellness priority in ACSIP is to:

- Improve the health and academic performance of students.
- Address nutrition, education, and physical fitness activities for the development of lifelong habits and promotion of healthy lifestyles for students, staff, parent and community networks.
- Create a safe and healthy school environment that supports learning.³⁴

The health and wellness components are included in the Arkansas' Comprehensive School Improvement Plan in Indistar®, the web-based school improvement system used by Arkansas.

REQUIREMENTS FOR ALL SCHOOL IMPROVEMENT PLANS:

Coordination of Programs

*Describe how the school will coordinate and integrate federal, state and local services and programs. Specifically, how the school will create coherent services among (a) other ESEA (NCLB) Title programs such as limited English proficient, Migrant, and Homeless education services, (b) Individuals with Disability Education Act (IDEA) programs, and (c) as applicable, violence prevention programs, **health services and***

nutrition programs, housing programs, Head Start, adult education, vocational and technical education, and job training.

Health and Wellness

The purpose of the Health and Wellness Priority is to improve the health and academic performance of students. Wellness activities will address nutrition and physical fitness activities for the development of lifelong habits and promotion of healthy lifestyles for the following groups: students, school staff, and parent and community networks. School health and wellness activities will create a safe and healthy school environment that supports learning.

The **district-level ASCIP** requires identification of wellness committee chairperson, wellness committee representatives as identified by the Healthy, Hunger-Free Kids Act, and any additional representatives that serve on the committee.

The **school-level ACSIP** requires assessment data from the School Health Index (SHI) modules 1-4 and 8 for all elementary, middle and high schools, as well as school-level Body Mass Index results. School improvement committees have the option to complete the SHI online and provide the reference number or to complete the paper version and upload the Module 1-4 and 8 Scorecards, Overall Scorecard, and Plan for Improvement.

Arkansas schools must develop health and wellness goals for physical activity, nutrition, and professional development in their ACSIP, as outlined below. There is also an opportunity to develop a goal addressing any academic related health disparities. The Arkansas Department of Education (ADE) provides the following guidance for the development of goals.

Goal 1: How will the local education agency (LEA) provide coordination and support to create a healthy nutrition environment and provide quality nutrition education and services for students?

Requirement 1: Coordinate with child nutrition personnel to ensure menus are reviewed quarterly by the district wellness committee and healthy food choices are being marketed.

Requirement 2: Ensure that all students served by the LEA receive grade-appropriate nutrition education.

Requirement 3: Ensure the district policy is in compliance with federal and state mandates.

Goal 2: How will the LEA provide coordination and support to create an environment that promotes physical activity and provides quality physical education for students?

Requirement 1: Ensure that minimum levels of physical education and physical activity are being provided. If more than the minimum is being provided, please provide a description.

Requirement 2: Ensure that physical activity is implemented across the curriculum for all grade levels.

Requirement 3: Ensure that the district policy is in compliance with federal and state mandates for physical education and physical activity.

Goal 3: How will the LEA promote a healthy school environment that promotes learning throughout the school culture?

Requirement 1: Provide professional development for staff that includes nutrition and physical activity.

Goal 4: (Optional): How does the school address other

healthy disparities trending among students identified from the needs assessment above in Section II of the ASCIP?

If the school operates a school-based health center or offers school-based mental health programs/ services, etc., a goal can be developed for those services here. ^{35 | 36}

ACCOUNTABILITY AND SUPPORT

In support of these requirements ADE's Office of School Health Services (OSHS) is working with the ADE School Improvement Unit to increase accountability and support for the wellness priorities. Under a new system, OSHS has provided guidance for schools related to developing relevant and realistic goals regarding health and wellness. OSHS staff is also able to access the school-level ACSIP plans and relevant wellness goals online and provide coaching comments throughout the year. The goal is to help schools create academically relevant health and wellness goals in their SIPs, and assist with implementation of goals and activities.

EXAMPLE OF A SCHOOL-LEVEL IMPROVEMENT PLAN DEVELOPED WITH ASCIP GUIDELINES

A local level example of how the ACSIP requirements guided the development of health and wellness objectives in an elementary-level SIP in Arkansas is included on the following pages. Of note, this CSIP was developed under an earlier version of guidance from ADE OSHS that differs slightly from the most current guidance for health and wellness goals and requirements released in 2016.

Comprehensive School Improvement Plan for Faulk Elementary (West Memphis, Arkansas) 2014-2015

Full document available at:

http://faulk.wmsd.net/files/_DbJQy_/a92418961d00fc963745a49013852ec4/acsip14-15new.pdf

PRIORITY 1: TO IMPROVE LITERACY SKILLS

Goal: Faulk Elementary School will implement a focused and data-driven process to drive curriculum decisions, instructional practices, and professional development.

Goal: All students will improve their language expressions skills including writing content/style.

PRIORITY 2: TO IMPROVE MATH SKILLS

Goal: Students will improve their abilities to solve problems and communicate their understanding of mathematics through Algebra, Geometry, and Data Analysis & Probability, as well as measurement.

Goal: Faulk Elementary School will implement a focused and data-driven process to drive curriculum decisions, instructional practices, and professional development in mathematics.

PRIORITY 3: WELLNESS

Goal: Faulk Elementary School will provide support for students in making healthy lifestyle choices by implementing systems to aid in decreasing the average Body Mass Index score on annual screenings.

PRIORITY 4: SPECIAL EDUCATION

Goal: The West Memphis School District (WMSD) will decrease the number of African American males that have been identified with an intellectual disability by reviewing the current district data to ensure that is the most appropriate categorical disability.

PRIORITY 3: To improve academic performance for all students through better nutrition and increased physical activity.

SUPPORTING DATA

1. In the 2011-2012 school year, the BMI assessment reported that 30.3% of males at Faulk Elementary School were reported as being overweight or at risk for being overweight, and 69.7% were reported as being healthy. That same year, 43% of female students were reported as being overweight or at risk for being overweight, and 57% were reported as being healthy.

In the 2012-2013 school year, the BMI assessment reported that 41.9% of males at Faulk were reported as being overweight or at risk for being overweight, and 58.1% were reported as being healthy. That same year, 45.9% of females were reported as being overweight or at risk for being overweight, and 54.1% were reported as being healthy.

In the 2013-2014 school year, the BMI assessment reported that 27.5% of males at Faulk were reported as being overweight or at risk for being overweight, and 72.5% were reported as being healthy. That same year, 42.9% of females were reported as being overweight or at risk for being overweight, and 53.1% were reported as being healthy.
2. The results of the 2011-2012 School Health Index were compiled as follows: Module 1: School Health and Safety Policies and Environment- 99%, Module 2: Health Education- 98%, Module 3: Physical Education and Other Physical Education Programs- 100%, Module 4: Nutrition Services- 95%, and Module 8: Family and Community Involvement- 89%. Areas of concern include Health Education at all levels and Crisis Management.

The results of the 2012-2013 School Health Index were compiled as follows: Module 1: School

Comprehensive School Improvement Plan for Faulk Elementary

SUPPORTING DATA (continued)

Health and Safety Policies and Environment- 99%, Module 2: Health Education- 99%, Module 3: Physical Education and Other Physical Education Programs- 100%, Module 4: Nutrition Services- 95%, and Module 8: Family and Community Involvement- 89%. Areas of concern include Health Education at all levels and Crisis Management.

The results of the 2013-2014 School Health Index were compiled as according the new guidelines: Module 1: School Health and Safety Policies and Environment- 89%, Module 2: Health Education- 76%, Module 3: Physical Education and Other Physical Education Programs- 89%, Module 4: Nutrition Services- 93%, and Module 8: Family and Community Involvement- 76%. Areas of concern include Health Education at all levels including suicide awareness, concussion, asthma, autism, dyslexia training for all staff, and crisis management.

- 3. For the 2013-2014 school year, there were 4,451 low-income public school students out of 5,629 students in the West Memphis School District for a total of 79% low-income students.

GOAL

Faulk School will provide support for students in making healthy lifestyle choices by implementing systems to aid in decreasing the average Body Mass Index score on annual screenings.

BENCHMARK

By the 2013-2014 school year there will be a decrease in the average Body Mass Index score for students by 1/2% as evaluated by the annual Body Mass Index screening.

INTERVENTION #1

Intervention: Faulk School will ensure the successful implementation of the Wellness policy, will utilize the resources and professional development provided by the district to improve the overall school nutrition environment, and will promote the health and physical activity curriculum and student health.

Scientific Based Research: Martha Y. Kubik; Leslie A. Lytle; Mary Story. Schoolwide Food Practices Are Associated With Body Mass Index in Middle School Students. Archives of Pediatric Adolescent Medicine. 2005.

ACTIONS

PERSON RESPONSIBLE

In actual SIP, all positions are identified by name of staff member

TIMELINE

RESOURCES

The West Memphis School District will adhere and follow all federal and state rules and regulations in accordance to nutrition and physical activity.
Action Type: Wellness

District Health and Wellness Coordinator, Physical Education Teacher

Start: 07/01/2014
End: 06/30/2015

District Staff, Teachers

The West Memphis School District has developed a district Wellness policy in collaboration with the district School Health Committee. The policy has been approved by the district school board and includes the five federal requirements of nutrition education, physical activity, nutrition guidelines, guidelines for reimbursable school meals, and a plan for measuring the implementation of the local Wellness policy and community involvement. The policy statement has been submitted to the ADE Child Nutrition Unit. Faulk School will support this plan.
Action Type: Professional Development
Action Type: Wellness

District Health and Wellness Coordinator
School Nurse
Physical Education Teacher

Start: 07/01/2014
End: 06/30/2015

District Staff, Teachers

Comprehensive School Improvement Plan for Faulk Elementary

INTERVENTION #1

(continued)

ACTIONS	PERSON RESPONSIBLE In actual SIP, all positions are identified by name of staff member	TIMELINE	RESOURCES
<p>Faulk School will provide access to health information, resources, and a healthy environment. The School Health Index Modules will be used to evaluate the school's effectiveness. ACSIP will be modified as needed.</p> <p>Action Type: Equity Action Type: Program Evaluation Action Type: Wellness</p>	Superintendent	<p>Start: 07/01/2014 End: 06/30/2015</p>	District Staff, Teachers
<p>Faulk School will implement and align the Arkansas Nutrition, Physical Education and Physical Activity Standards and the Arkansas Curriculum Frameworks. Resources, opportunities, and training will be provided to increase knowledge and advance skills for successful implementation.</p> <p>Action Type: Professional Development Action Type: Wellness</p>	School Nurse (Identified by Name)	<p>Start: 07/01/2014 End: 06/30/2015</p>	District Staff, Teachers
<p>The results for the School Healthy Index (SHI) module results for Faulk Elementary are as follows:</p> <p>For 2012-2013 school year, the averages scored on each module were: Module 1-99%, Module 2-99%, Module 3-100%, Module 4-95%, and Module 8-89%. Trend analysis indicates BMI results are the same, except Module 2, which increased by 1%. For 2013-2014 school year, the averages scored on each module were: Module 1-89%, Module 2-76%, Module 3-89%, Module 4-93%, and Module 8-76%.</p> <p>Trend analysis indicates BMI results decreased. SHI changes due to new guidelines.</p> <p>Action Type: Collaboration Action Type: Program Evaluation Action Type: Wellness</p>	Physical Education Teacher, School Nurse	<p>Start: 07/01/2014 End: 06/30/2015</p>	Teachers
<p>West Memphis School District has added a Health and Wellness section to the WMSD website. The Wellness link includes information about physical education, nutrition, exercise programs, and general information about health and wellness.</p> <p>Action Type: Wellness</p>	District Health and Wellness Coordinator, Physical Education Teacher	<p>Start: 07/01/2014 End: 06/30/2015</p>	
<p>West Memphis School District has implemented a developmental P.E. program for Special Education students. A certified P.E. teacher travels to seven different schools throughout the district to ensure that these students can gain the benefits of physical activity.</p> <p>Action Type: Wellness</p>	District Health and Wellness Coordinator, Physical Education Teacher	<p>Start: 07/01/2014 End: 06/30/2015</p>	

Comprehensive School Improvement Plan for Faulk Elementary

INTERVENTION #2

Intervention: Faulk School will implement a health promotion and physical activity curriculum that is aligned with the Arkansas Frameworks.

Scientific Based Research: Centers for Disease Control and Prevention, Guidelines for school and community programs to promote lifelong physical activity among young people. Morbidity and Mortality Weekly Report, 1997; 46 (No. RR-6):1-37.

ACTIONS	PERSON RESPONSIBLE	TIMELINE	RESOURCES
<p>Faulk School will make physical activity and healthy foods widely available in all areas of the school campus and will encourage students to make healthy behavior choices outside the school</p> <p>Action Type: Wellness</p>	<p>Child Nutrition Director</p>	<p>Start: 07/01/2014 End: 06/30/2015</p>	<p>District Staff, Teachers</p>
<p>The district's Physical Education Coordinator will help to ensure the implementation of increased physical activity and nutrition education at Faulk School.</p> <p>Action Type: Collaboration Action Type: Professional Development Action Type: Wellness</p>	<p>Physical Education Teacher</p>	<p>Start: 07/01/2014 End: 06/30/2015</p>	<p>District Staff, Teachers</p>
<p>Faulk School will support school staff exhibiting qualities of positive role models for healthy eating and physical activity. Eight elementary physical education teachers have been hired to provide the 60 minutes per week of physical education that is required by the state standards. In addition, classroom teachers will provide 90 minutes per week for physical activity opportunities.</p> <p>Action Type: Professional Development Action Type: Wellness</p>	<p>District Health and Wellness Coordinator, Physical Education Teacher</p>	<p>Start: 07/01/2014 End: 06/30/2015</p>	<p>District Staff, Teachers</p>
<p>Faulk School will offer breakfast in the classroom to promote healthy learners and lunches to students at no cost while under Provision 2. The recommended guidelines for school meals will be followed.</p> <p>Action Type: Wellness</p>	<p>Child Nutrition Director</p>	<p>Start: 07/01/2014 End: 06/30/2015</p>	<p>District Staff, Teachers</p>
<p>Faulk School will involve parents in physical activity and nutrition education through homework, national school lunch program menus, nutrition and healthy information flyers monthly, and parent-teacher organization meetings. The involvement opportunities will focus on physical activity, nutrition education, and health-risk indicators that compromise the ability of students to perform academically.</p> <p>Action Type: Collaboration Action Type: Parental Engagement Action Type: Wellness</p>	<p>Classroom Teacher, Physical Education Teacher, School Nurse</p>	<p>Start: 07/01/2014 End: 06/30/2015</p>	<p>District Staff, Teachers</p>
<p>Faulk School will create, communicate, and implement a policy eliminating advertising of foods and beverages on school property. Supporting activities include dental hygiene education, general hygiene education, an annual track meet, jump rope clubs, yoga classes, walking track, the use of SMART Boards and Distance Learning, and up at each Parent-Teacher Conference, and personal trainers are visiting schools to teach about physical fitness. Southland Greyhound Dog Track has provided new play systems at two elementary schools and The West Memphis Boys' Club has donated thirteen soccer goals to the schools.</p> <p>Action Type: Alignment Action Type: Collaboration Action Type: Parental Engagement Action Type: Technology Action Type: Wellness</p>	<p>School Nurse</p>	<p>Start: 07/01/2014 End: 06/30/2015</p>	<p>District Staff, Teachers</p>

Comprehensive School Improvement Plan for Faulk Elementary

INTERVENTION #2

(continued)

ACTIONS	PERSON RESPONSIBLE	TIMELINE	RESOURCES
<p>Faulk School will evaluate the effectiveness of the program by conducting pre and post assessments of the School Health Index Modules and surveys given to students and teachers. The results of the evaluation will be shared with the staff and modifications will be addressed per the results.</p> <p>Action Type: Program Evaluation Action Type: Wellness</p>	School Nurse	<p>Start: 07/01/2014 End: 06/30/2015</p>	District Staff, Teachers
<p>In the 2012-2013 school year, the BMI assessment reported that 41.9% of males at Faulk were reported as being overweight or at risk for being overweight, and 58.1% were reported as being healthy. That same year, 45.9% of females were reported as being overweight or at risk for being overweight, and 54.1% were reported as being healthy. In the 2013-2014 school year, the BMI assessment reported that 27.5% of males at Faulk were reported as being overweight or at risk for being overweight, and 72.5% were reported as being healthy. That same year, 42.9% of females were reported as being overweight or at risk for being overweight, and 57.1% were reported as being healthy.</p> <p>Action Type: Program Evaluation Action Type: Wellness</p>	School Nurse	<p>Start: 07/01/2014 End: 06/30/2015</p>	District Staff
<p>West Memphis School District provides dental education through local dental groups for grades K-3. The program also supplies the students with toothbrushes and toothpaste, etc.</p> <p>Action Type: Wellness</p>	School Nurse	<p>Start: 07/01/2014 End: 06/30/2015</p>	
<p>West Memphis School District, in conjunction with the local health departments, educates 6th grade students about the dangers of tobacco and drug use.</p> <p>Action Type: Wellness</p>	District Health and Wellness Coordinator, Physical Education Teacher	<p>Start: 07/01/2014 End: 06/30/2015</p>	
<p>Plans are in process to upgrade elementary playgrounds with new equipment.</p> <p>Action Type: Wellness</p>	Superintendent, Physical Education Teacher	<p>Start: 07/01/2014 End: 06/30/2015</p>	

District Level Example

Austin Independent School District (AISD) requires each school’s campus improvement plan (AISD term for SIP) to include strategies and performance objectives related to coordinated school health implementation, student participation in moderate to vigorous physical activity, compliance with the wellness policy, and completion of the FitnessGram® testing on all students in grades.³⁷ This requirement reflects AISD’s long-standing commitment to student health and wellness,

demonstrated in their values of “Whole Child, Every Child” and “Physical, social and emotional health and safety.”³⁸ AISD provides schools with recommended strategies to include in their SIPs that address multiple academic and non-academic areas, including campus climate and discipline, parent and community involvement, partnerships, social and emotional learning, and staff and student health, wellness and fitness.³⁹ Selected examples of AISD’s recommended objectives and strategies that address components of the WSCC model are included on the following pages.

Austin Independent School District— Recommended Strategies for Improvement

Objectives and strategies below are selected examples. Actual AISD recommendations include additional items.

Full document available at:

https://www.austinisd.org/sites/default/files/dept/cda/docs/campus-cip/Resources/1516_AISD_Recommended_Strategies_for_Improvement_0.pdf

CAMPUS CLIMATE AND DISCIPLINE

PERFORMANCE OBJECTIVE: We will improve our overall campus climate and culture.

Measurable Targets:

- On the Teaching, Empowering, Leading and Learning (TELL) Survey, there will be a 5% increase in the percent of teaching and non-teaching staff answering YES to the item “There is an atmosphere of trust and mutual respect.”
- The overall number of [year] discipline referrals will be reduced by 25%, as compared to [previous year].

Strategies:

- Implement a campus-wide behavior system from the beginning of the year that all campus staff can utilize and which includes strong systems with clear expectations.
- Engage students in the crucial development of campus-wide No Place for Hate activities that connect to current events to students' lives.
- Collaborate with Response to Intervention Specialists, Child Study Facilitators, Social Emotional Learning Specialists, and Special Education Behavior Specialists to integrate positive behavior support for campuses, classrooms, and individual students.
- Establish campus task force or advisory committee to address healthy relationships (include parents and community partners).

PERFORMANCE OBJECTIVE: We will ensure effective violence prevention and intervention measures are in place on our campus. (Required)

Strategies:

- Seek partnerships with organizations that provide counseling services for students and their families.
- Access professional learning opportunities for teachers on anti-bullying, cyber safety, and mental health concerns.
- Ensure all staff receives services and PD from CSS counselors and social service specialists on one or more of the following: ASK About Suicide to Save a life, Grief and Loss in the School Setting, Non-Suicidal Self Injury, Identifying Compassion, Fatigue and Burnout: Self-Care for Teachers, and Trauma Impact on Students and Creating a Trauma Sensitive Classroom.

PERFORMANCE OBJECTIVE: We will ensure effective violence prevention and intervention measures are in place on our campus. (Required)

Strategies:

- Seek partnerships with organizations that provide counseling services for students and their families.
- Access professional learning opportunities for teachers on anti-bullying, cyber safety, and mental health concerns.
- Ensure all staff receives services and PD from CSS counselors and social service specialists on one or more of the following: ASK About Suicide to Save a life, Grief and Loss in the School Setting, Non-Suicidal Self Injury, Identifying Compassion, Fatigue and Burnout: Self-Care for Teachers, and Trauma Impact on Students and Creating a Trauma Sensitive Classroom.

PARENT AND COMMUNITY INVOLVEMENT

PERFORMANCE OBJECTIVE: We will encourage increased parental and community involvement. (Required for all campuses)

Measurable Target:

The percent of parents who select “Strongly Agree” or “Agree” on the Parent Satisfaction Survey questions 13-18 will increase by at least 2 percentage points in [current year].

Austin Independent School District— Recommended Strategies for Improvement

PARENT AND COMMUNITY INVOLVEMENT

(continued)

Strategies:

- Provide multiple opportunities to engage parents in the educational process.
- Engage students in the crucial development of campus-wide No Place for Hate activities that connect to current events to student's lives.
- Invite parents as partners in the development and implementation of campus-wide No Place for Hate activities.

SOCIAL & EMOTIONAL LEARNING

PERFORMANCE OBJECTIVE: We will increase the social and emotional skills of our students and teachers.

Strategies:

- Provide professional development to teachers on Social and Emotional Learning (SEL) on a regular basis.
- Ensure social and emotional skills are integrated in classrooms lessons in all subject areas.
- Highlight social and emotional skills used during transitions and brain breaks.
- Establish campus steering committee for Social and Emotional Learning (SEL) development and oversight.

STAFF AND STUDENT HEALTH, WELLNESS, AND FITNESS

PERFORMANCE OBJECTIVE: We will continue to implement a Coordinated School Health plan on our campus. (Required)

Strategies:

- Form a Coordinated School Health team that meets four times a year to plan and implement the Districts' Coordinated School Health Events as well as other campus Coordinated School Health events and/or activities.
- Form a Student Wellness Team that supports/assists the campus Coordinated School Health team with school wide activities and events.
- Inform students of various health and wellness services on their campus and in their community.
- Increase the number of students and parents participating in the CATCH/Family Fun Fitness Night by 10%. Elementary and Middle School only.
- Ensure classroom teachers are teaching all the required health lessons, Sexuality and Responsibility lessons and the CATCH lessons.

PERFORMANCE OBJECTIVE: We will achieve health and fitness for students through increased student participation in physical activities. (Required)

Measurable Target:

The percent of students in the Healthy Fitness Zone for BMI, Aerobic Capacity, Curl-Ups, Push-Ups, Sit and Reach and Trunk Lift will increase by at least 2% by the end of the [specify year] school year.

Strategies:

- Plan and implement Physical Education lessons that include 50% of moderate to vigorous activity weekly.
- Plan and implement AISD Brain Breaks during the instructional day using identified AISD Brain Break resources, Go Noodle, or HOPSports.
- Provide before/after- school physical activity opportunities, such as running clubs, intramurals, and open gyms for nonathletic students.
- Share FitnessGram® data with campus staff, parents and students.
- Plan and follow a campus Working out for Wellness (WOW) schedule to ensure 135 minutes of structured physical activity is provided per week. Elementary/Middle school only.
- Schedule and implement 10-15 minutes of daily recess (unstructured time) in addition to the required WOW time. Elementary/Middle School only.

Austin Independent School District— Recommended Strategies for Improvement

STAFF AND STUDENT HEALTH, WELLNESS, AND FITNESS (continued)

PERFORMANCE OBJECTIVE: We will continue to ensure compliance with nutrition and staff wellness guidelines. (Required)

Strategies:

- Choose 3 events to be excluded from the Texas Public School Nutrition Policy with the exception of during meal serving times (Ex: Winter Party, Track & Field, End of the Year party, and other celebrations), however, continue to provide healthy alternatives.
- Eliminate food fundraisers during the school day, including the sale of tickets for afterschool pickup of a food item.
- Develop additional guidelines concerning birthday celebrations, such as the number of celebrations per month and a certain time to celebrate so as not to interfere with instructional time.
- Provide healthy food alternatives for students, parents, and teachers when food and beverages are served.
- Ensure that 100% of your staff has the opportunity to take the Health Risk Assessment provided by the district, and increase staff participating by 10%.
- Offer at least 3 staff wellness opportunities per year.

School Level Examples

Many schools are including health and wellness-related goals, objectives and strategies in their SIP even when it is not part of the state or district’s requirements or recommendations. These schools embrace the importance of health and wellness to academic achievement. One of the challenges schools often face is finding creative ways to work within the parameters already established in SIP templates provided by the state and/or district. When faced with this challenge, it is important for leadership to remember that regardless of the template, schools generally have the ability to include a variety of data sources as part of their assessment and “root cause” analysis, as mentioned previously. In addition, in some cases schools are limited to a small number of overarching goals, as few as three. When this occurs, schools can opt to include health and wellness-related activities or strategies in support of a broader goal that addresses academic achievement.

Examples of how schools have chosen to incorporate WSCC, health- and wellness-related goals in goals, objectives, strategies and activities are included below.^M All of these examples come from actual SIPs from various schools and districts across the country (sources noted at the bottom of the examples). It is important to note that these are not comprehensive, nor to be considered model language, but rather provide examples of various approaches. Many possibilities exist beyond those included below, and schools should use their as-

sessments and analysis to guide the drafting of goals, strategies, objectives and activities that are relevant for their school.

Major Improvement Goals

- Focus on health and wellness for staff, students and community. Continued work on the Healthy Schools Champion grant from the Colorado Education Initiative.^A
- Redesign schedule to better support the Whole Student Focus.^B
- Collaborate to implement the District Wellness Policy for increasing physical activity during the instructional day, nutrition education, and using less food for rewards and celebrations by [date] as measured by teachers involved in the Students With Active Role Models (S.W.A.R.M.) program through the Humana Vitality Program, teacher and parent, surveys, and student participation in food services.^C
- Whole Child (WC): Every student will experience a complete education which encompasses the tenets of the ASCD Whole Child initiative.^D

M SIPs utilize a variety of terms for categories, including overarching goals, major improvement goals, major improvement strategies, interventions, objectives, performance objective, strategies, activities, actions and action steps. For the purposes of this document, these were simplified into the most common categories: major improvement goals, objectives and activities. SIPs usually have at least two levels (for example three overarching goals with multiple activities in support), but can have three or more (for example a goal, followed by objectives, strategies and activities).

- Continue to improve school-wide coordinated school health initiatives to meet the needs of the “whole child.” Helping students and families stay healthy is a fundamental part of the mission of [school name].^E
- Continue to develop, implement, and refine programs/systems to better meet the social, emotional, and physical needs of our students in order to increase academic success.^F
- Work towards Bronze level recognition with the Alliance for a Healthier Generation.^B
- Teachers in grades pre-K through 8 will evaluate websites that connect physical activity with curriculum so that teachers can use the websites in order to provide physical activity during instruction. The food service director will invite students in grades 6-12 and parents to help develop menus that will educate students on nutrition and encourage more participation in the food program.^C

Objectives

- Students will report a decrease in depression and suicidal ideation by 5% as measured by the Michigan Profile for Healthy Youth by [insert date].^D
- Students will report a decrease in observing bullying behavior by other students by 5% as measured by Michigan Profile for Healthy Youth.^D
- Students will increase overall health by 2% as measured by the Michigan Profile for Healthy Youth Student Physical and Emotional Health data by [date].^D
- Reduce student alcohol and drug use at [school name] as evidenced by pre- and post- survey data and discipline referrals.^G
- Increase nutrition/fitness knowledge as evidenced by pre- and post- survey data.^G
- Increase staff wellness as evidenced by health risk assessment results.^G
- Improve district/building climate as measured by pre- and post-“My Voice” survey data.^G
- Staff will participate in professional development to understand the impact of mental health on student learning and identify ways to identify mental health problems at the earliest possible point and provide support to students and families requiring mental health services.^D
- Teachers will participate in professional development for implementation of evidence-based health and physical activity curriculum that teaches social and emotional skills necessary to maintain and/or improve a classroom climate conducive to learning (e.g., empathy, effective communication, conflict resolution, goal setting, decision making), alcohol, tobacco and other drug prevention, nutrition and physical activity, HIV and sex education and safety.^D
- Implement district counseling curriculum “Second Step” into weekly lessons with students K-5.^E
- Inclusion of a determination of physical, social, emotional health issues/concerns during the Response to Intervention (RTI) process for individual students.^F
- Increased support for an increase of “protective” factors” and a decrease of “risk factors” that are in the school domain as identified by the Healthy Kids Survey and our students’ response to the survey. Specifically: symptoms of depression and treatment resources.^F

Activities to Support Goals and Objectives

- Staff will address the needs of all learners by implementing a comprehensive health curriculum which addresses the needs of the whole child, taking into account the developmental and health needs (physical, mental, and emotional) that impact learning.^D
- Promote nutrition and movement—Jammin Minutes, mini lessons in the lunchroom, collaborate with farm to school for nutrition lessons in the classroom.^A
- Complete Healthy Schools Champion Scorecard to evaluate progress.^A
- Develop healthy staff morale and relationships through team building.^A
- Educate families on health related topics—in the bulletin, suggested snack lists, monthly menu.^A
- Add advisory instruction throughout the week to meet social/emotional needs of all students.^B
- Add daily PE/Fitness for all students to support physical health of students.^B
- Develop and implement a “Take Ten” (physical activity break) program in all elementary buildings.^G
- Implement district’s fresh fruit and vegetable snack program in elementary buildings.^G

Sources:

- A** Gunnison Elementary, Gunnison Watershed School District, Colorado
- B** Pagosa Springs Elementary, Archuleta School District #50, Colorado
- C** Bardstown Middle School, Bardstown City Schools, Kentucky
- D** Jonesville Community Schools, Michigan (adopted for all schools)
- E** Animas Valley Elementary, Durango School District, Colorado
- F** Place Bridge Academy, Denver Public Schools, Colorado
- G** Freemont City Schools, Ohio (adopted for all schools)
- H** Azalea Elementary, Pinellas County Schools, Florida

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