

Sargent is Making it Happen



Health and Wellness Implementation Report Spring 2022



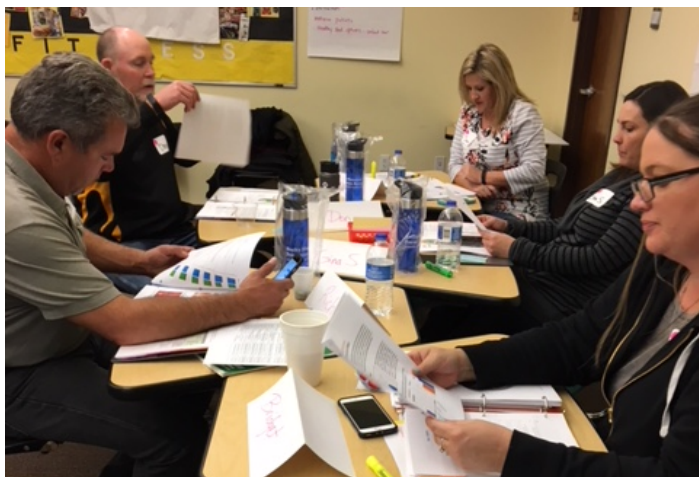
Center for Rural School Health & Education
MORGRIDGE COLLEGE OF EDUCATION | UNIVERSITY OF DENVER





Background

In 2018, our school district completed a strategic planning process called AIM (Assess, Identify, Make it Happen) to create a Comprehensive Health and Wellness Plan (CHWP). Since then, we have been working on implementing practices included in this plan. This report outlines our progress in implementation, and our plans for next steps for health and wellness in our school district.

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**Sargent School District
Comprehensive Health and
Wellness Plan**

Home of the Farmers!
Sargent District RE-33J
2018-2023

About the Process

In the AIM(XL) process, a task force of community stakeholders was convened to Assess the current status of evidence-based practices (EBPs) shown to promote student health, Identify practices to put in place, and Make it happen by implementing those EBPs. This process was aligned with the Whole School, Whole Community, Whole Child (WSCC) Model and facilitated by the Center for Rural School Health & Education (CRSHE).



A planning process for school districts to engage in comprehensive health and wellness planning using the *Whole School, Whole Community, Whole Child (WSCC) model*.

WHO IS INVOLVED?



A Wellness Coordinator (WC) or meeting leader manages the effort at the district and leads taskforce meetings.



A district taskforce of teachers, students, community members, and other school stakeholders convenes to get the work done.

HOW DOES IT WORK?



Surveys are completed at schools to get a baseline assessment of student health and health promoting practices.



The taskforce convenes for three meetings to review information, discuss, and make key decisions together.



Outreach to the community helps ensure the plan is relevant to students and leverages available resources and partnerships. The WC and taskforce members lead this effort.

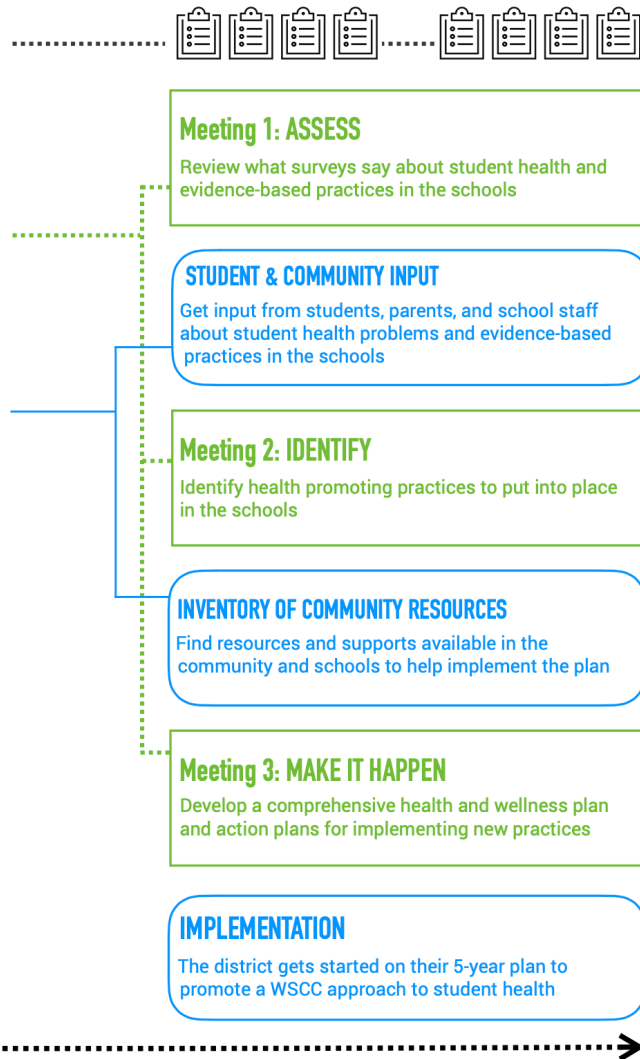


The process results in a community-informed, data-driven **Comprehensive Health & Wellness Plan**. The taskforce and WC create this plan in collaboration with key stakeholders.

WHAT THEN?



The district implements the plan, with key partners providing ongoing assistance to support implementation.



Our implementation progress

Our Comprehensive Health and Wellness Plan (CHWP) had a 5-year timeline of implementation. We included **125** practices and sub-practices in our plan across the 10 components of the Whole School, Whole Community, Whole Child (WSCC) model, and tracked our progress implementing these practices in our school district. In collaboration with CRSHE technical assistance providers, we tracked practices as *Fully*, *Partially*, or *Not* implemented at five time-points across the last 3 years.

Key successes at Sargent:

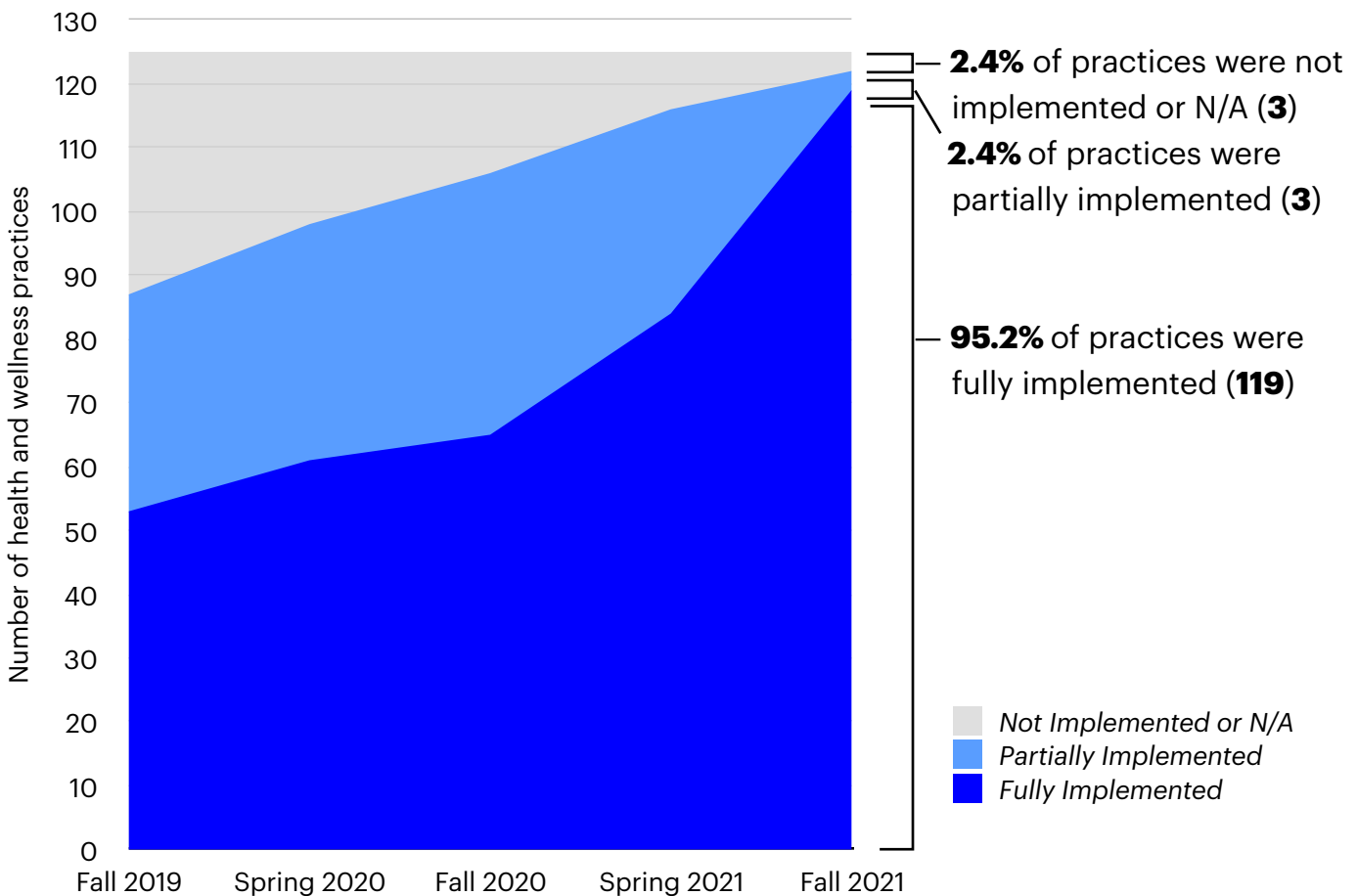
- ▶ Creating a comprehensive staff exercise room
- ▶ Implementing the “Leader in Me” curriculum
- ▶ Elementary physical fitness challenge
- ▶ Increasing time for physical education
- ▶ Increased healthy food items in the cafeteria

Not implemented or N/A: No part of the practice or change is available to intended audiences. Some practices were deemed no longer applicable (N/A).

Partially implemented: The change was partially implemented either in the characteristics of the practice or in reach to students.

Fully implemented: The change was fully put into place as intended by the task force including the practice in the plan.

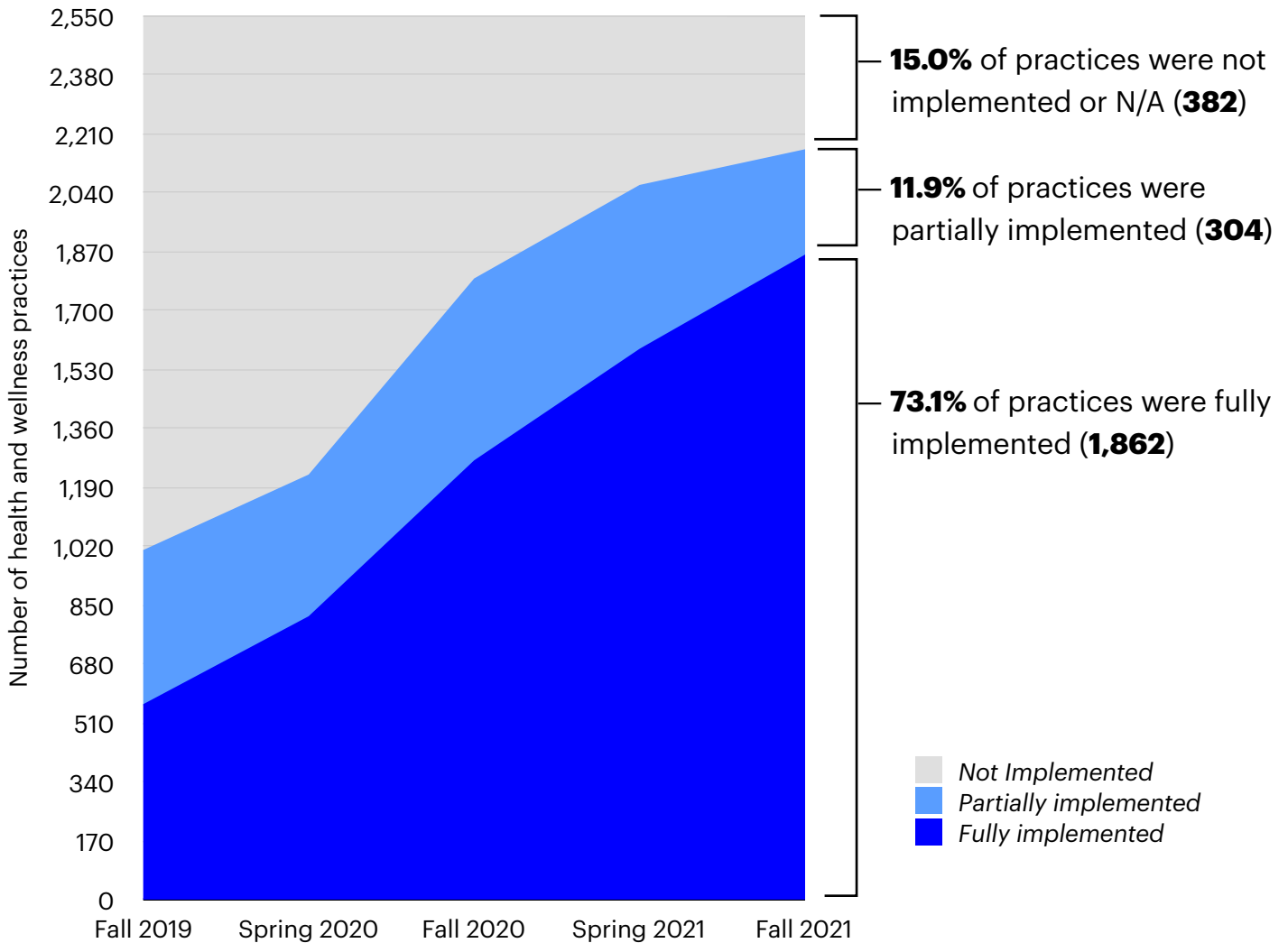
Implementation Progress at Sargent



Regional implementation progress

In total, school districts from across the region selected a total of 2,548 practices and sub practices to include in their district comprehensive health and wellness plans. The implementation status of these practices were tracked at five time-points over the last two and a half years (the fall and spring of each school year). Over this time, we saw steady growth in the number of practices implemented and a corresponding decrease in the number of practices not implemented. By the fall of 2021, 73% of all practices included in CHWPs were fully implemented, and **85% of all practices were either fully or partially implemented**. To our knowledge, this is one of the (if not the) biggest implementation efforts focused on health and wellness practices in school settings. These efforts will have a lasting influence the health and wellness of students and staff in southern Colorado for years to come.

Regional Implementation Progress



Who did this?

This work was championed by district wellness coordinators, district wellness teams, superintendents, principals, teachers, students, parents, community partners, and so many other roles across the region. This work was supported by CRSHE staff serving as facilitators of the AIM process and technical assistance providers.

This progress showcases the resilience of rural school communities and the potential of partnerships to support the implementation of health and wellness in schools. We observed steady implementation over the course of the COVID-19 pandemic and credit this to the creativity, drive, and perseverance of all involved.

What's next?

Our school district is also participating in the DREAM initiative in partnership with CRSHE. Specifically, our district is focused on promoting staff wellbeing, facilitating stronger family school partnerships, and promoting the mental health of students. This year we identified practices to implement in staff wellness and family school partnerships, and we're excited about continuing to focus on these efforts next year. We'll also continue to evaluate student and staff wellness, the practices of the school, and continue to communicate about how to best meet the needs of our students and community.



This report was prepared by the *Center for Rural School Health & Education* in partnership with our district. Send questions to Ben Ingman at benjamin.ingman@du.edu or Stephanie McBartlett at smcbartlett@sargent.k12.co.us.