

PAIRED INDICATOR REPORT

STATE RESULTS

2019

This Paired Indicator Report presents statewide results for both the Healthy Kids Colorado Survey (HKCS) and Smart Source. The HKCS is a comprehensive survey on the health of young people, administered in secondary schools. Smart Source is an inventory of school health practices and policies, completed by school staff in K-12 schools. Data from these surveys are complementary and can be used together to provide a more complete picture of student and school health.

The HKCS and Smart Source are informed by the Colorado Department of Public Health & Environment, Education, Human Services, and Public Safety. Both surveys are administered by the Colorado School of Public Health.

READING THE REPORT

HKCS results are provided in each section for both high school and middle school students, when available, in call-out boxes or figures. For figures, health outcomes are listed across the horizontal axis with the percentage of students who reported each outcome shown as a red bar (high school) or a blue bar (middle school).

Sample Size

- **46,537** high school students, grades 9-12
- **6,983** middle school students, grades 6-8

Smart Source results are based on the statewide aggregate of **695** participating schools across the state. Results are provided in each section as tables, displaying the percentage of schools that reported each best practice. Tables are stratified by school level, defined below:

Sample Size

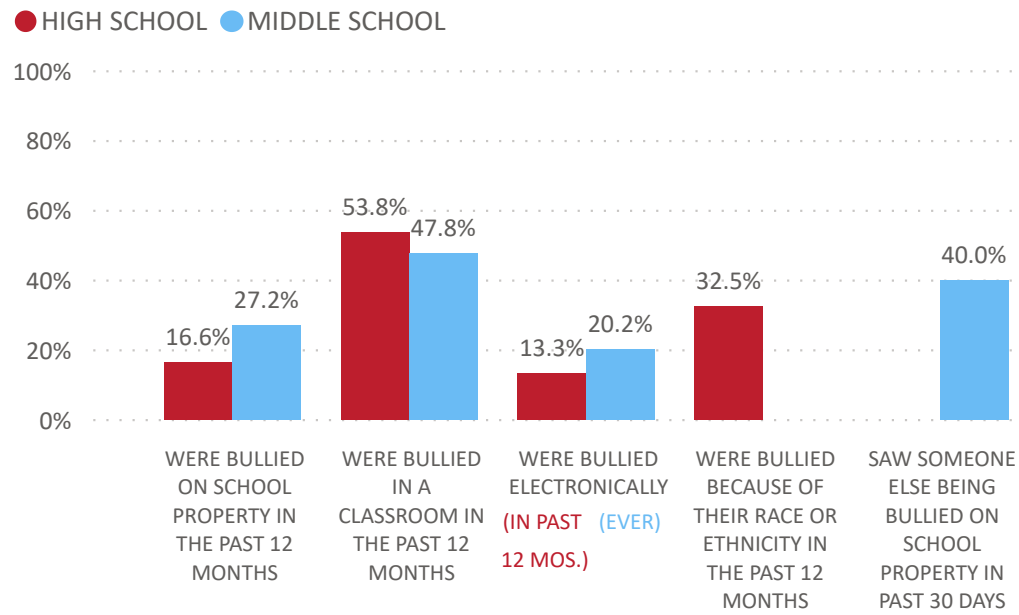
- **351** elementary schools, grades K-6
- **277** secondary schools, grades 6-12
- **67** combined schools, both elementary & secondary grades

SCHOOL SAFETY

Students who perceive school to be physically or emotionally unsafe, due to bullying or other threats, are more likely to skip school and less likely to perform well academically. For a healthy school environment, schools should address the impact of school climate and culture on students and staff, implement strategies for bullying prevention and crisis preparedness, and provide a safe and accessible physical environment.

BULLYING

FIGURE 1. % OF STUDENTS WHO REPORTED NEGATIVE OUTCOMES RELATED TO BULLYING



SAFE SCHOOL ENVIRONMENTS

FIGURE 2. % OF STUDENTS WHO REPORTED NEGATIVE OUTCOMES RELATED TO SAFE SCHOOL ENVIRONMENTS

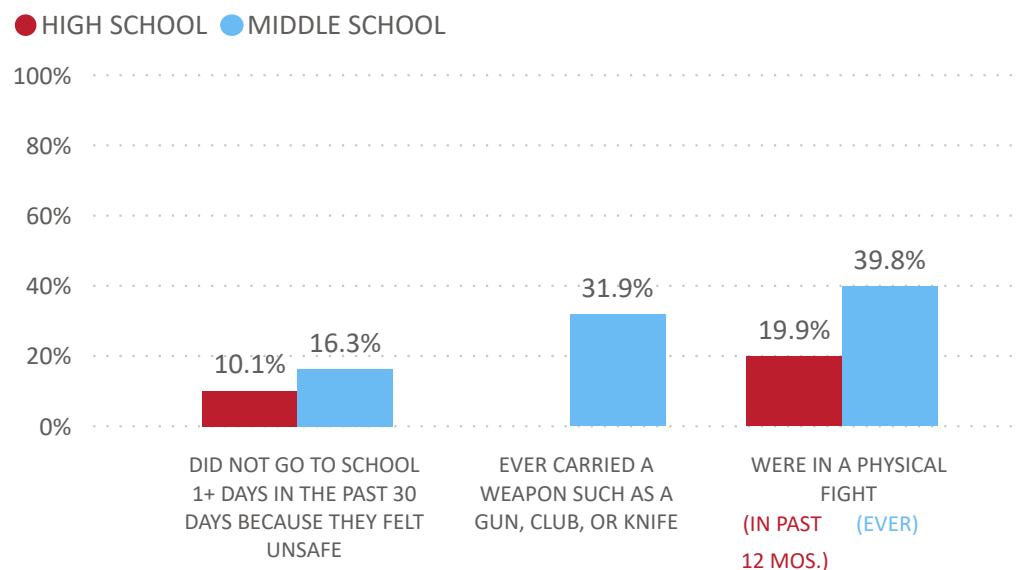


TABLE 1. % OF SCHOOLS WITH BEST PRACTICES RELATED TO BULLYING PREVENTION

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
HAVE A WRITTEN POLICY PROHIBITING HARASSMENT & BULLYING (INCLUDING ELECTRONIC BULLYING)	80.2%	87.4%	94.0%
CONDUCT TRAININGS FOR STAFF ABOUT HOW TO RESPOND TO BULLYING	74.6%	72.2%	71.6%
PROVIDE INFORMATION TO STUDENTS ABOUT THE CONSEQUENCES OF BULLYING	88.8%	93.1%	95.5%
IMPLEMENT STRATEGIES OR PROGRAMMING TO PREVENT BULLYING	91.7%	88.5%	91.0%
PROVIDE ANONYMOUS METHODS FOR STUDENTS TO REPORT BULLYING	89.4%	95.3%	97.0%

86.2%
OF HIGH SCHOOL STUDENTS REPORTED
FEELING SAFE AT SCHOOL

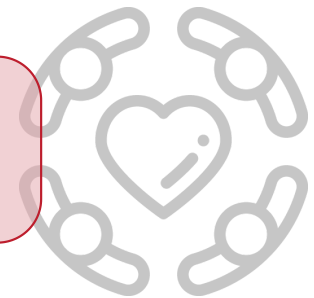


TABLE 2. % OF SCHOOLS WITH BEST PRACTICES RELATED TO SAFE SCHOOL ENVIRONMENTS

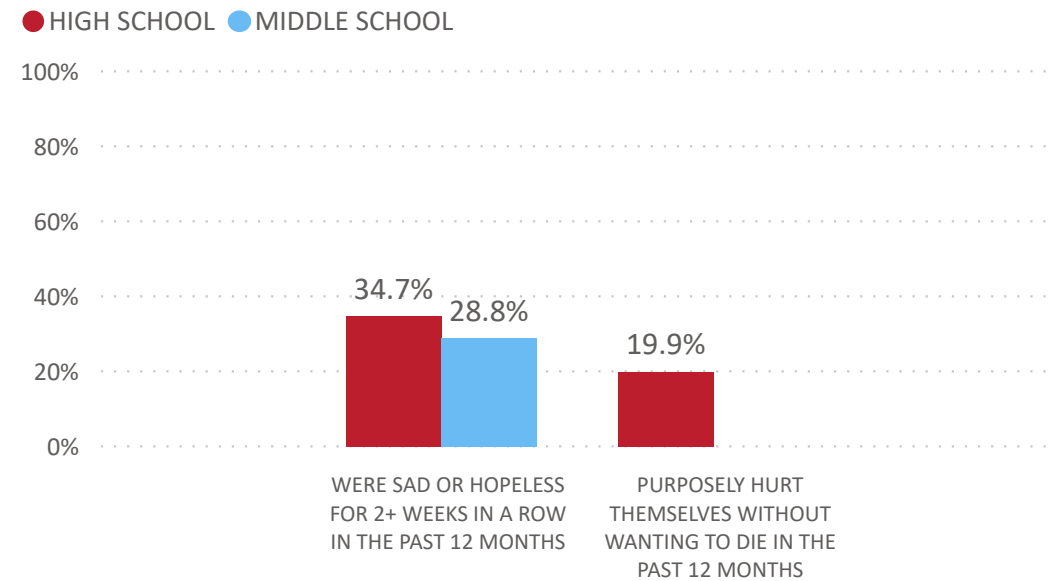
BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
COMMUNICATE EXPECTATIONS FOR LEARNING & BEHAVIOR TO STUDENTS	99.2%	99.3%	100%
HOLD SCHOOL-WIDE ACTIVITIES THAT GIVE STUDENTS OPPORTUNITIES TO SHARE IN DIVERSE CULTURES & EXPERIENCES	78.6%	69.9%	79.1%
HAVE A STUDENT-LED CLUB THAT CREATES A SAFE & WELCOMING SCHOOL ENVIRONMENT	38.0%	73.2%	53.7%

MENTAL HEALTH

Suicide is a leading cause of death among adolescents in the U.S. as well as in Colorado. Feeling sad or hopeless for an extended period of time is used as an indicator for depression, which can increase the risk for suicide. Having a relationship with a trusted adult to go to with a problem can be protective against suicide risk. Schools can address student behavioral health needs with supportive systems that focus on prevention, early intervention, and intervention to reduce barriers to learning.

PREVENTION & EARLY INTERVENTION

FIGURE 3. % OF STUDENTS WHO REPORTED NEGATIVE OUTCOMES IN MENTAL HEALTH



INTERVENTION

FIGURE 4. % OF STUDENTS WHO REPORTED NEGATIVE OUTCOMES RELATED TO SUICIDE

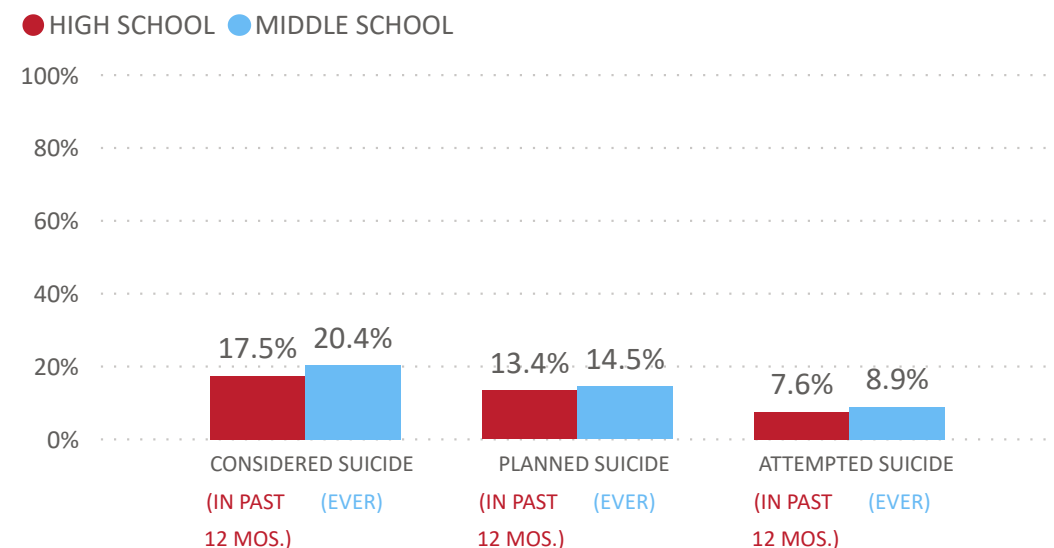


TABLE 3. % OF SCHOOLS WITH BEST PRACTICES RELATED TO BEHAVIORAL HEALTH PREVENTION & EARLY INTERVENTION

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
CONDUCT UNIVERSAL SCREENING	22.3%	24.7%	25.4%
HAVE FULL-TIME ACCESS TO A SCHOOL COUNSELOR	64.1%	91.3%	80.6%
HAVE FULL-TIME ACCESS TO A SCHOOL PSYCHOLOGIST	18.1%	27.2%	17.9%
TRAIN MOST, IF NOT ALL, TEACHERS ON HOW TO IDENTIFY & SUPPORT STUDENT BEHAVIORAL HEALTH NEEDS	46.0%	53.8%	52.2%



TABLE 4. % OF SCHOOLS WITH BEST PRACTICES RELATED TO BEHAVIORAL HEALTH INTERVENTION

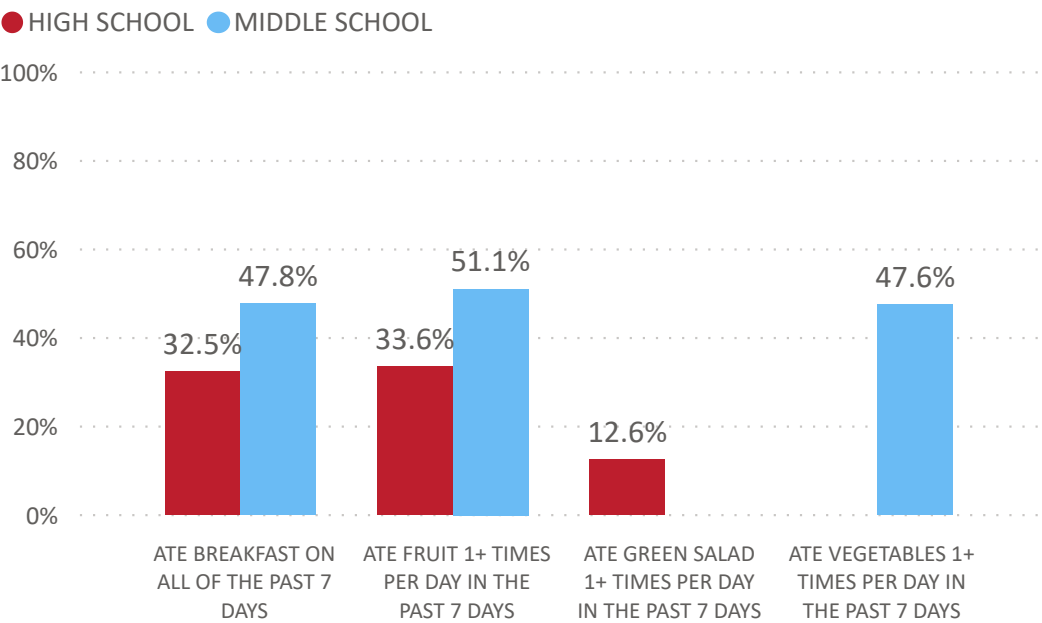
BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
PROVIDE CLASSES TO SELECT STUDENTS IN NEED OF BEHAVIORAL HEALTH SUPPORT	49.4%	49.3%	37.3%
TRAIN MOST, IF NOT ALL, STAFF ON HOW TO RESPOND TO A STUDENT IN CRISIS	40.3%	52.9%	41.8%
OFFER INDIVIDUAL COUNSELING	86.6%	93.8%	92.5%
PROVIDE "WARM HAND-OFF" REFERRALS TO EXTERNAL PROVIDERS	39.7%	48.1%	49.2%

NUTRITION

Obesity is a contributor to leading causes of death and chronic disease such as heart disease, cancer, and diabetes. Additionally, access to and consumption of healthy foods is important for students’ academic success and behavioral health. Effective school nutrition encompasses access to healthy foods and beverages, time allotted for meals, and activities that promote healthy eating.

HEALTHY EATING & FOOD ACCESS

FIGURE 5. % OF STUDENTS WHO REPORTED POSITIVE NUTRITION BEHAVIORS



SUGAR-SWEETENED BEVERAGES (SSBs)

FIGURE 6. % OF STUDENTS WHO REPORTED SUGAR-SWEETENED BEVERAGE CONSUMPTION

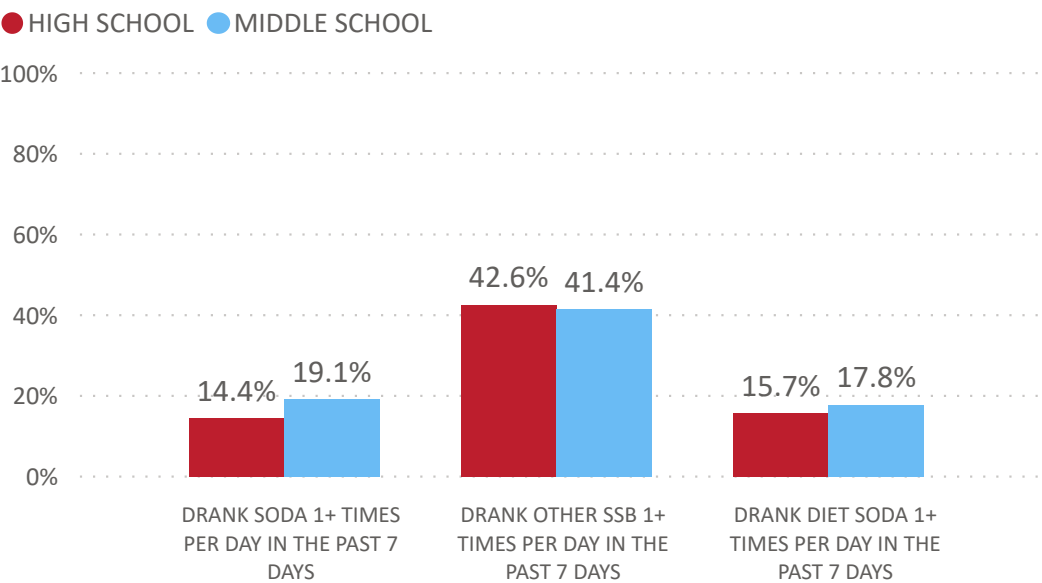


TABLE 5. % OF SCHOOLS WITH BEST PRACTICES RELATED TO HEALTHY EATING & FOOD ACCESS

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
PROVIDE BREAKFAST	90.6%	92.4%	71.6%
HAVE STRATEGIES TO INCREASE UNIVERSAL ACCESS TO BREAKFAST	58.8%	61.4%	50.0%
PROVIDE LUNCH	99.4%	97.8%	91.0%
AVERAGE NUMBER OF "SEATED TIME" MINUTES FOR LUNCH*	18.3	24.9	19.5
OFFER A SELF-SERVE SALAD BAR TO STUDENTS	70.8%	72.8%	58.2%

*It is recommended to allow students at least 20 minutes of seated lunch time.



14.7%
OF HIGH SCHOOL STUDENTS REPORTED GOING HUNGRY FROM LACK OF FOOD IN THE PAST 30 DAYS

TABLE 6. % OF SCHOOLS WITH BEST PRACTICES RELATED TO WATER AND SUGAR-SWEETENED BEVERAGE ACCESS

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
ENCOURAGE STUDENTS TO DRINK PLAIN WATER	87.6%	83.3%	89.6%
PERMIT STUDENTS TO HAVE A DRINKING WATER BOTTLE IN ALL LOCATIONS DURING THE SCHOOL DAY	78.1%	90.2%	79.1%
DO NOT ALLOW STUDENTS TO PURCHASE SODA OR FRUIT DRINKS THAT ARE NOT 100% JUICE	79.5%	74.7%	72.0%
PROHIBIT ADVERTISEMENTS FOR SOFT DRINKS IN SCHOOL BUILDINGS	76.3%	74.9%	71.6%
REQUIRE PREDOMINANTLY HEALTHY FOOD/BEVERAGES FOR CELEBRATIONS	52.2%	38.1%	48.5%

PHYSICAL ACTIVITY

Physical activity can help youth improve their concentration, memory, and classroom behaviors. In order to reach the nationally-recommended 60 minutes of daily physical activity and help students develop the knowledge and skills to be physically active for a lifetime, schools should follow state and national standards for physical education and maximize opportunities for physical activity before, during, and after school hours.

PHYSICAL ACTIVITY & SEDENTARY BEHAVIOR

FIGURE 7. % OF STUDENTS WHO REPORTED POSITIVE BEHAVIORS IN PHYSICAL ACTIVITY

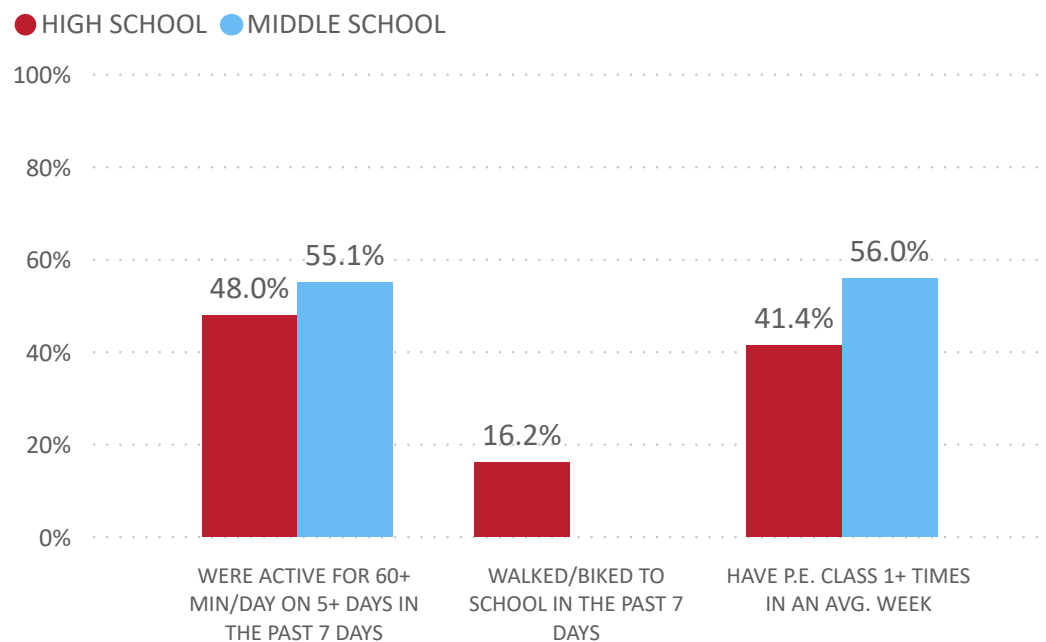


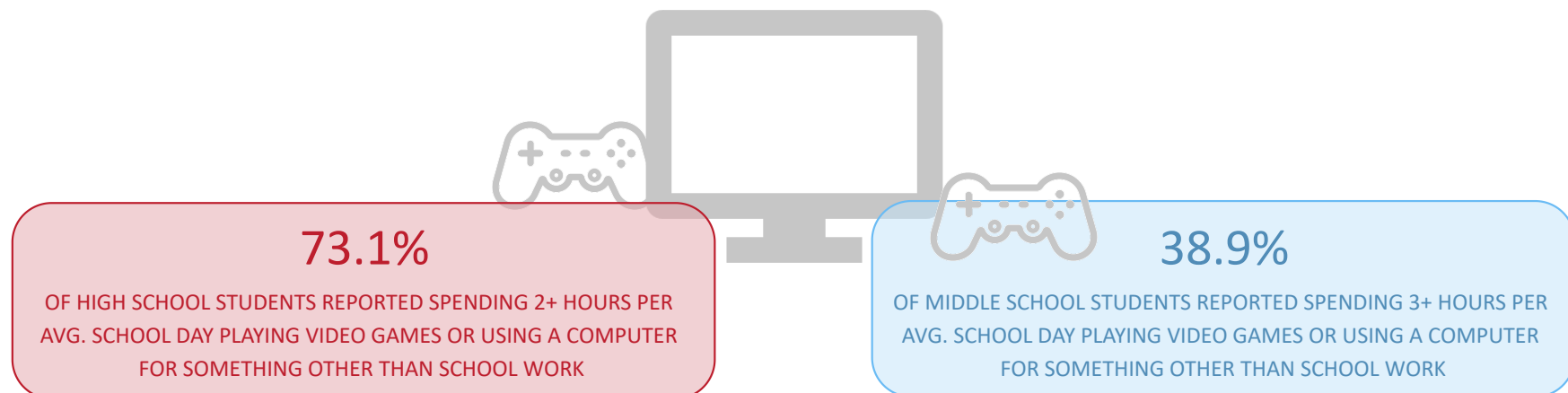
TABLE 7. % OF SCHOOLS WITH BEST PRACTICES RELATED TO PHYSICAL ACTIVITY

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
AVERAGE NUMBER OF P.E. MINUTES OFFERED PER WEEK PER ELEMENTARY STUDENT*	88.2	N/A	103.1
AVERAGE NUMBER OF P.E. MINUTES OFFERED PER WEEK PER SECONDARY STUDENT**	N/A	229.4	193.4
AVERAGE PERCENTAGE OF P.E. TIME WITH MODERATE TO VIGOROUS PHYSICAL ACTIVITY (MVPA)***	71.5%	67.3%	71.9%
OFFER CLASSROOM PHYSICAL ACTIVITY BREAKS	98.3%	61.4%	88.1%
HAVE PROGRAMMING FOR SAFE BIKING & WALKING ROUTES TO SCHOOL	48.0%	34.4%	34.3%

*It is recommended that elementary students receive at least 150 minutes of P.E. per week.

**It is recommended that secondary students receive at least 225 minutes of P.E. per week.

***It is recommended that at least 50% of each P.E. session consist of MVPA.



HEALTH EDUCATION

Youth substance use is associated with lower academic achievement, increased risk of injuries, and worse mental health outcomes. Instruction related to health education should be offered to students to help them access valid and medically-accurate information about their health, make healthy decisions, and analyze what influences health and wellness.

SUBSTANCE USE

FIGURE 8. % OF STUDENTS WHO REPORTED USING THE FOLLOWING SUBSTANCES IN THE PAST 30 DAYS

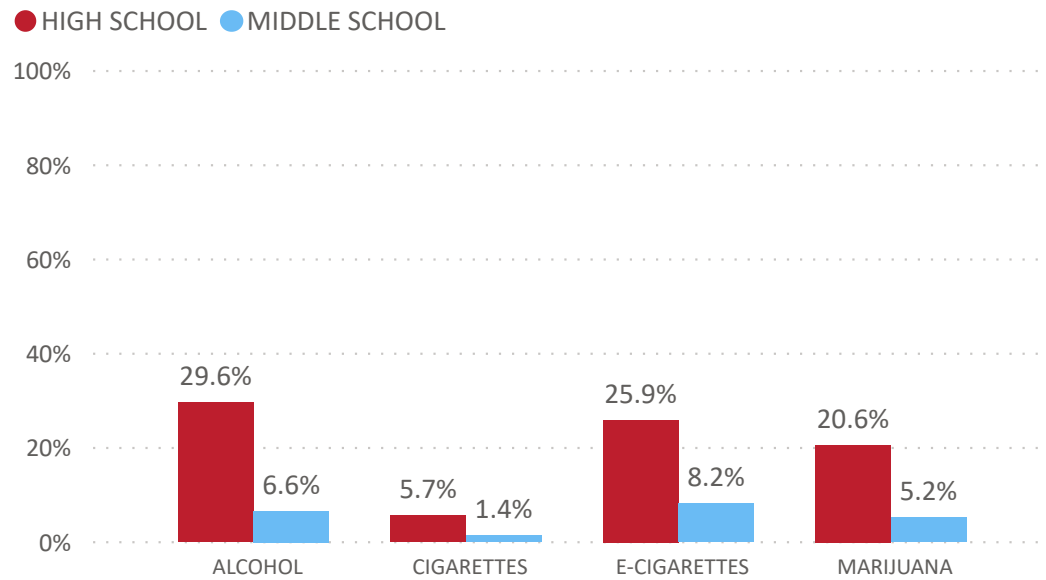


FIGURE 9. % OF STUDENTS WHO REPORTED PERCEIVING MODERATE TO GREAT RISK USING THE FOLLOWING SUBSTANCES

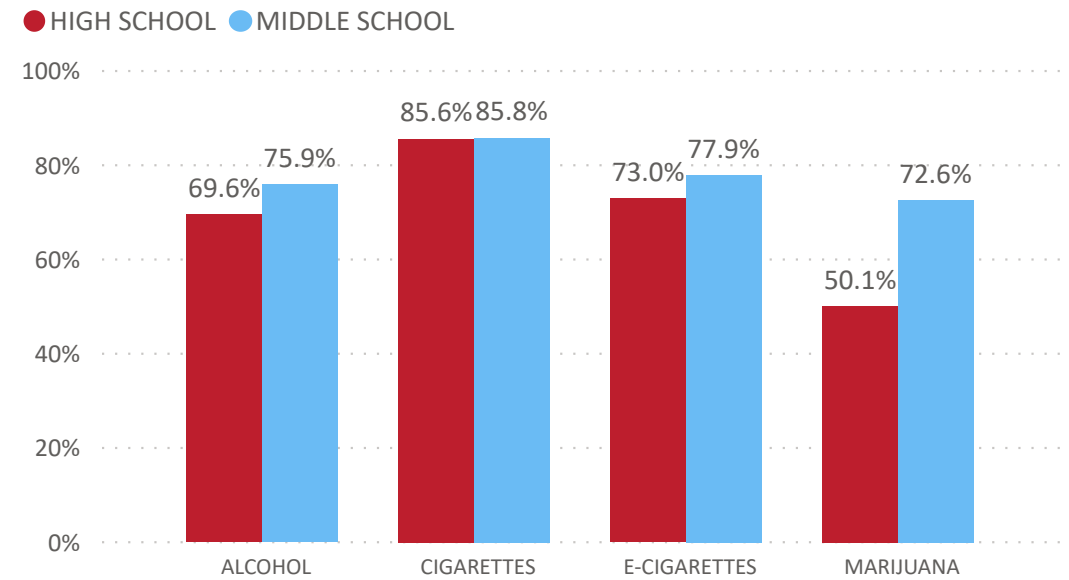


TABLE 8. % OF SCHOOLS WITH BEST PRACTICES RELATED TO SUBSTANCE USE PREVENTION

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
AVERAGE NUMBER OF HEALTH EDUCATION MINUTES OFFERED PER WEEK PER ELEMENTARY STUDENT*	43.2	N/A	66.0
AVERAGE NUMBER OF HEALTH EDUCATION MINUTES OFFERED PER WEEK PER SECONDARY STUDENT*	N/A	197.2	142.8
HEALTH EDUCATION COURSES AND LESSONS PRIORITIZE INSTRUCTION ON HEALTH SKILLS	72.1%	90.5%	91.0%
TEACH ALCOHOL, TOBACCO, AND OTHER DRUG USE PREVENTION AS A TOPIC OF HEALTH EDUCATION	60.1%	91.9%	80.6%

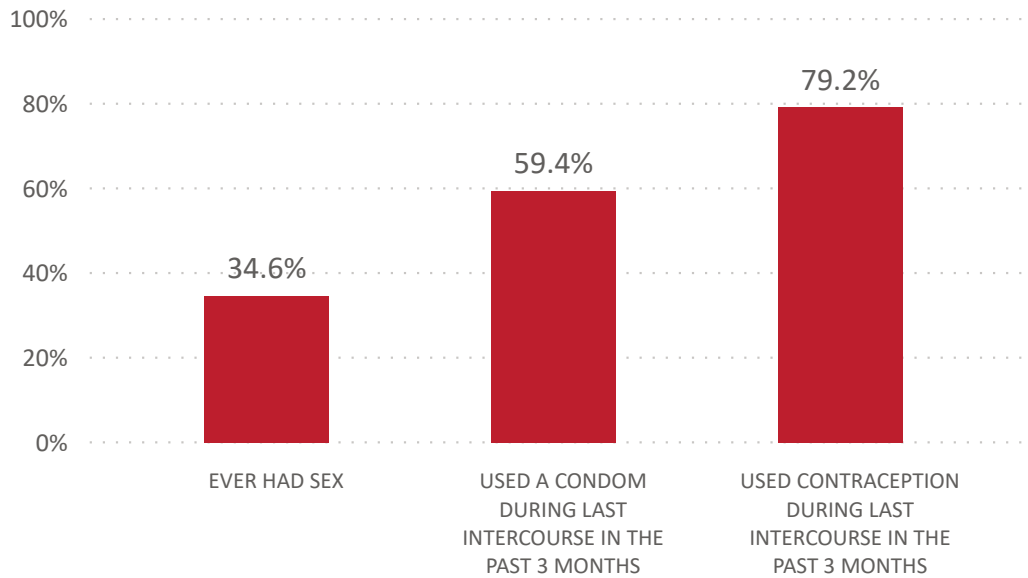
*It is recommended that students in pre-K through grade 2 receive at least 60 minutes of health education per week and students in grades 3 through 12 receive at least 120 minutes per week.

HEALTH EDUCATION (CONTINUED)

Risky sexual behaviors can lead to negative health outcomes including risk of sexually transmitted infections and unintended pregnancy. Comprehensive human sexuality education should be offered to students to help them access valid and medically accurate information about their health, make healthy decisions, and analyze what influences health and wellness.

SEXUAL HEALTH

FIGURE 10. % OF HIGH SCHOOL STUDENTS WHO REPORTED THE FOLLOWING SEXUAL HEALTH BEHAVIORS



HEALTHY RELATIONSHIPS

FIGURE 11. % OF HIGH SCHOOL STUDENTS WHO REPORTED NEGATIVE OUTCOMES RELATED TO SEXUAL HARASSMENT & VIOLENCE

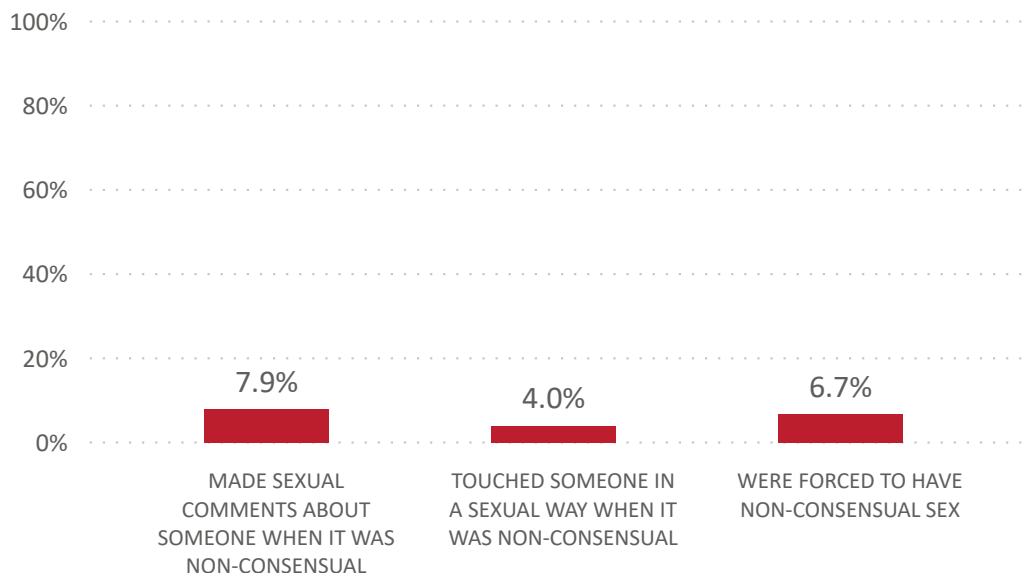


TABLE 9. % OF SCHOOLS WITH BEST PRACTICES RELATED TO SEXUAL HEALTH EDUCATION

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
TEACH HUMAN SEXUALITY/SEXUAL HEALTH EDUCATION	52.6%	77.4%	82.1%
TEACH MEDICALLY ACCURATE INFORMATION ABOUT METHODS OTHER THAN ABSTINENCE TO PREVENT SEXUALLY TRANSMITTED INFECTIONS	29.3%	84.8%	78.2%
TEACH MEDICALLY ACCURATE INFORMATION ABOUT METHODS OTHER THAN ABSTINENCE TO PREVENT PREGNANCY	23.0%	82.4%	76.4%
TEACH HOW ALCOHOL AND DRUG USE IMPAIRS RESPONSIBLE & HEALTHY DECISION-MAKING	42.5%	91.9%	87.3%
TEACH ADOLESCENT PREGNANCY OPTIONS & RESOURCES	14.9%	66.5%	64.8%



21.5%

OF HIGH SCHOOL STUDENTS REPORTED USING ALCOHOL DURING LAST SEXUAL INTERCOURSE IN THE PAST 3 MONTHS

TABLE 10. % OF SCHOOLS WITH BEST PRACTICES RELATED TO INSTRUCTION ON HEALTHY RELATIONSHIPS

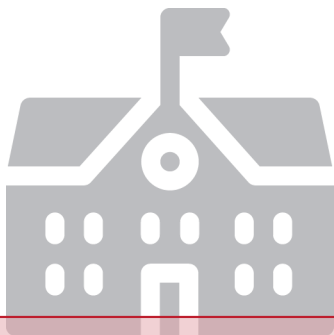
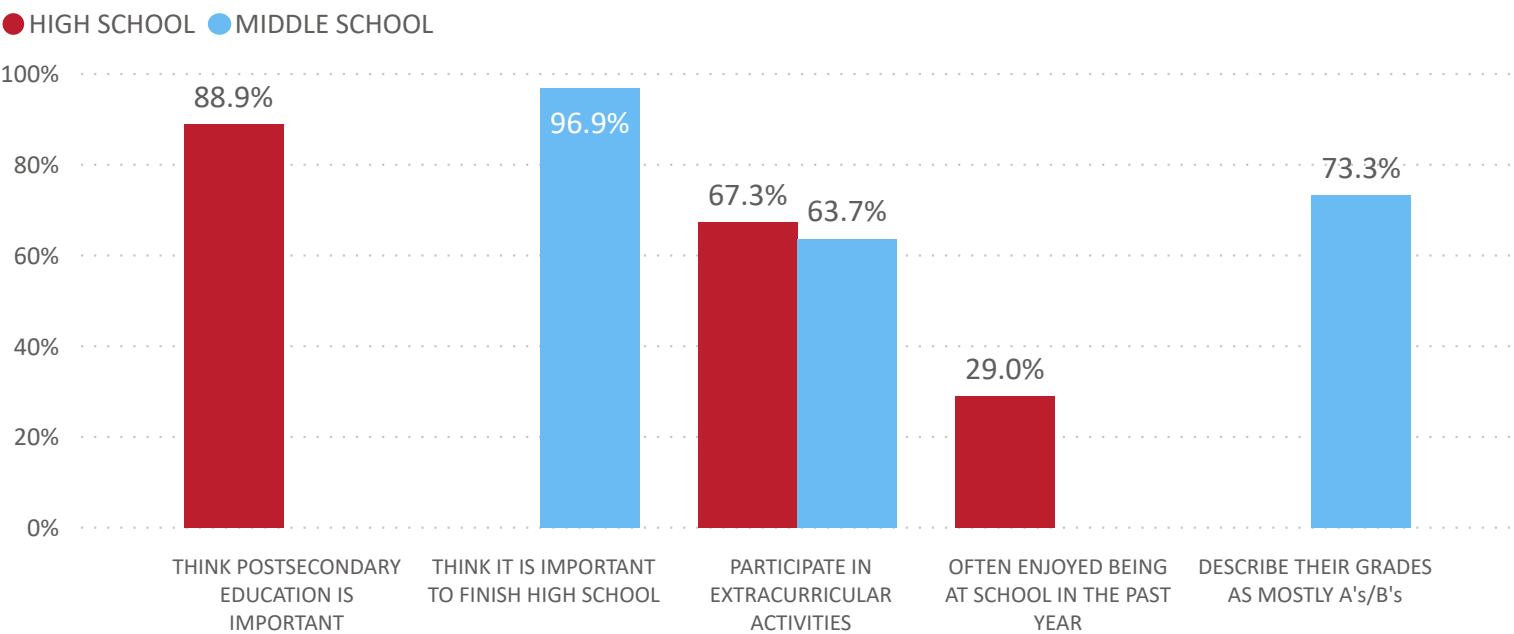
BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
TEACH VIOLENCE PREVENTION AS A TOPIC OF HEALTH EDUCATION	87.3%	85.8%	88.1%
TEACH HEALTHY RELATIONSHIPS AS A TOPIC OF SEXUAL HEALTH EDUCATION	62.5%	94.8%	87.3%
TEACH INTERNET/SOCIAL MEDIA LITERACY AS A TOPIC OF SEXUAL HEALTH EDUCATION	65.7%	90.0%	94.6%
TEACH CONSENT AS A TOPIC OF SEXUAL HEALTH EDUCATION	37.7%	88.2%	78.2%

SCHOOL CONNECTEDNESS

Students who feel connected to their school community (including parents and staff) are less likely to engage in risky health behaviors and more likely to have better academic achievement, such as higher grades, test scores and better school attendance. Schools can ensure connected environments with best practices such as monitoring chronic absenteeism, engaging students and families, and supporting staff members.

STUDENTS

FIGURE 12. % OF STUDENTS WHO REPORTED POSITIVE OUTCOMES IN SCHOOL CONNECTEDNESS



25.9%

OF HIGH SCHOOL STUDENTS REPORTED SKIPPING SCHOOL IN THE PAST MONTH

TABLE 11. % OF SCHOOLS WITH BEST PRACTICES IN SCHOOL CONNECTEDNESS RELATED TO STUDENTS

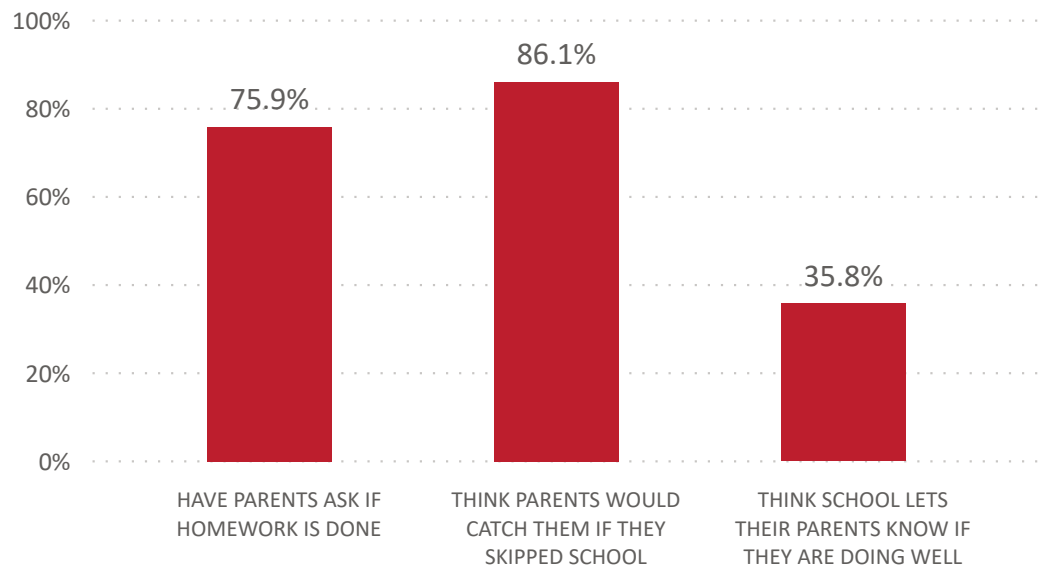
BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
INCLUDE STUDENTS AS MEMBERS ON WELLNESS TEAMS	31.3%	47.6%	50.0%
ADMINISTER CLIMATE ASSESSMENT TO STUDENTS	79.5%	87.7%	86.4%
HAVE PROCESS FOR IDENTIFYING STUDENTS WHO ARE AT RISK OF BEING CHRONICALLY ABSENT	97.4%	96.8%	97.0%
SCHOOL CULTURE AND CLIMATE ARE CO-CREATED BY STUDENTS	10.0%	17.8%	13.4%

SCHOOL CONNECTEDNESS (CONTINUED)

Students who feel connected to their school community (including parents and staff) are less likely to engage in risky health behaviors and more likely to have better academic achievement, such as higher grades, test scores and better school attendance. Schools can ensure connected environments with best practices such as monitoring chronic absenteeism, engaging students and families, and supporting staff members.

PARENTS & FAMILIES

FIGURE 13. % OF HIGH SCHOOL STUDENTS WHO REPORTED POSITIVE OUTCOMES IN SCHOOL CONNECTEDNESS WITH PARENTS/GUARDIANS



SCHOOL STAFF

FIGURE 14. % OF HIGH SCHOOL STUDENTS WHO REPORTED POSITIVE OUTCOMES IN SCHOOL CONNECTEDNESS WITH SCHOOL STAFF

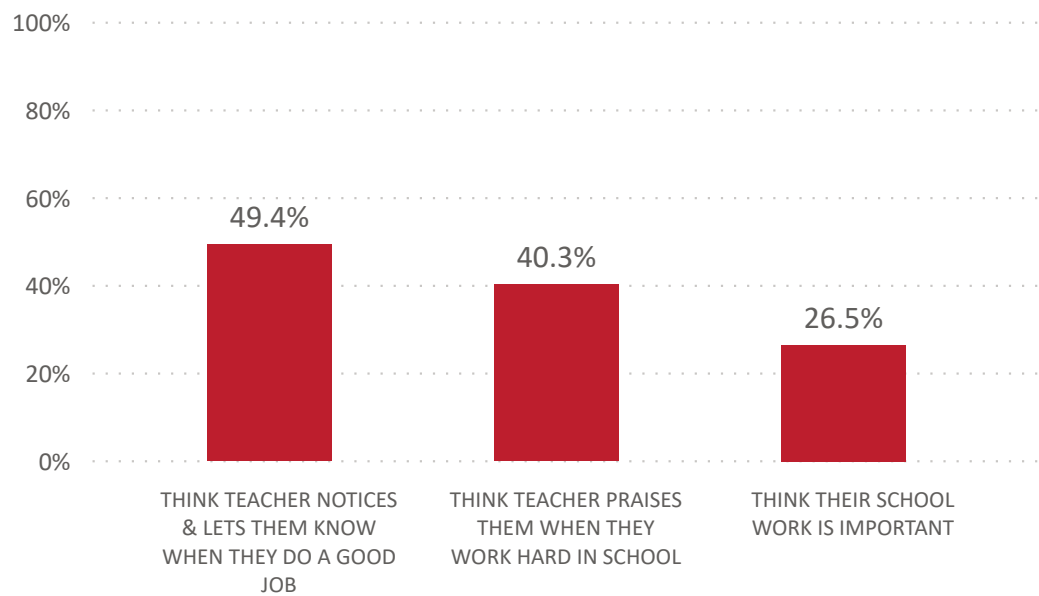


TABLE 12. % OF SCHOOLS WITH BEST PRACTICES IN SCHOOL CONNECTEDNESS RELATED TO PARENTS/GUARDIANS

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
INCLUDE PARENTS/GUARDIANS AS MEMBERS ON WELLNESS TEAMS	54.0%	51.2%	59.2%
ADMINISTER CLIMATE ASSESSMENT TO PARENTS/GUARDIANS	72.6%	61.0%	72.3%
DEVELOP CULTURALLY RELEVANT COMMUNICATIONS FOR STUDENTS, FAMILIES, AND THE COMMUNITY	63.4%	56.8%	56.7%
PROVIDE FAMILIES WITH INFORMATION ON SCHOOL HEALTH POLICIES, STRATEGIES, AND SERVICES	76.6%	74.3%	79.1%

TABLE 13. % OF SCHOOLS WITH BEST PRACTICES IN SCHOOL CONNECTEDNESS RELATED TO SCHOOL STAFF

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
ADMINISTER CLIMATE ASSESSMENT TO TEACHERS	89.5%	83.0%	86.2%
PROVIDE STRESS MANAGEMENT ACTIVITIES TO STAFF	74.4%	71.4%	62.7%
ENCOURAGE STAFF TO ATTEND PROFESSIONAL DEVELOPMENT ON SAFE & SUPPORTIVE ENVIRONMENTS FOR ALL STUDENTS	53.2%	67.4%	67.2%
DEVELOP A WRITTEN SCHOOL EMPLOYEE WELLNESS ACTION PLAN	41.1%	40.4%	32.8%

RESOURCES

STATE & NATIONAL AGENCIES

Colorado Department of Public Health and Environment (CDPHE), Healthy Kids Colorado Survey

www.healthykidscolo.org

Colorado Department of Public Safety, School Safety Resource Center

www.colorado.gov/cssrc

Colorado Department of Human Services

www.colorado.gov/cdhs

Centers for Disease Control (CDC), Division of Adolescent and School Health

www.cdc.gov/healthyyouth/index.htm



HEALTH TOPICS

School Safety

CDC Youth Violence Prevention:

www.cdc.gov/violenceprevention/youthviolence/index.html

CDPHE Injury Prevention: www.colorado.gov/cdphe/categories/services-and-information/health/prevention-and-wellness/injury-prevention

Mental Health

CDC Mental Health: www.cdc.gov/mentalhealth/tools-resources/index.htm

CDPHE Youth Suicide Prevention: www.colorado.gov/pacific/cdphe/youth-suicide-prevention

Nutrition

CDC School Nutrition: www.cdc.gov/healthyschools/nutrition/schoolnutrition.htm

Physical Activity

CDC Physical Education and Physical Activity:

www.cdc.gov/healthyschools/physicalactivity/guidelines.htm

Alcohol & Other Drugs

CDC Underage Drinking: www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm

CDPHE Youth and Marijuana: <https://responsibilitygrowshere.com/youth-and-marijuana>

E-Cigarettes/Tobacco

CDC Youth and Tobacco Use:

www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm

CDPHE Youth Tobacco Prevention: www.colorado.gov/pacific/cdphe/youth-tobacco-prevention

Sexual Health

CDC Sexual Health Education: www.cdc.gov/healthyyouth/whatworks/what-works-sexual-health-education.htm

CDPHE Youth Sexual Health: www.colorado.gov/pacific/cdphe/youth-sexual-health

School Connectedness

CDC School Connectedness:

www.cdc.gov/healthyyouth/protective/school_connectedness.htm

CDPHE Positive Youth Development: www.colorado.gov/pacific/cdphe/positive-youth-development