HEALTHY KIDS COLORADO SURVEY

COLORADO HEALTHY SCHOOLS SMARTSOURCE

PAIRED INDICATOR REPORT

STATE RESULTS

2021

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 best practices, 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 supported by the Colorado Departments of Public Health and Environment, Education, Human Services, and Public Safety. Both surveys are administered by the Colorado School of Public Health.

READING THE REPORT

HKCS results are displayed in figures or call-out boxes within each section. For figures, health outcomes are listed across the horizontal axis with the percentage of students in the state who reported each outcome shown as a red bar (high school) or a blue bar (middle school). Not all outcomes are available for both levels.

Sample Size

- 45,363 high school students, grades 9-12
- 7,436 middle school students, grades 6-8
- An asterisk appears when a result is suppressed due to insufficient responses from sampled schools.

Smart Source results are based on the statewide aggregate of all participating schools in Colorado. Results are provided in each section using tables, which display the percentage of schools in the state that reported each best practice or the average state result. Tables are split by school level, defined below:

Sample Size

- 229 elementary schools, grades K-6
- 187 secondary schools, grades 6-12
- 49 combined schools, both elementary & secondary grades

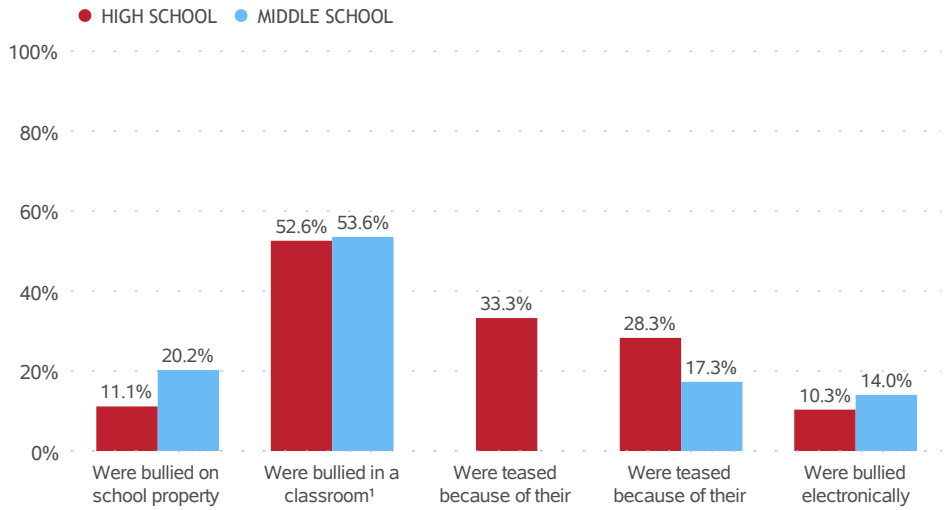
Questions? Email CSPHSurveyTeam@cuanschutz.edu or visit www.healthykidscolo.org.

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. Schools with healthy environments 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 IN THE PAST 12 MONTHS



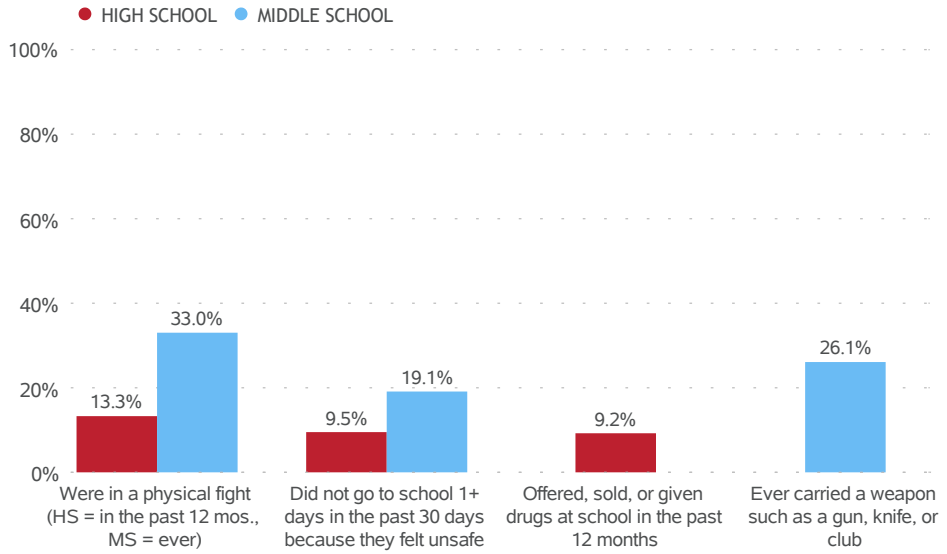
¹Percentage among students bullied on school property
²Percentage among students who were teased

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

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
HAVE A WRITTEN POLICY PROHIBITING HARASSMENT AND BULLYING (INCLUDING ELECTRONIC BULLYING)	85.1%	90.9%	89.6%
CONDUCT TRAININGS FOR STAFF ABOUT HOW TO RESPOND TO BULLYING	77.6%	71.1%	70.8%
PROVIDE INFORMATION TO STUDENTS ABOUT THE CONSEQUENCES OF BULLYING	91.2%	92.5%	91.7%
IMPLEMENT STRATEGIES OR PROGRAMMING TO PREVENT BULLYING	94.7%	89.3%	93.8%
PROVIDE ANONYMOUS METHODS FOR STUDENTS TO REPORT BULLYING	87.7%	95.7%	87.5%

SAFE SCHOOL ENVIRONMENTS

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



90.0%
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 AND BEHAVIOR TO STUDENTS	100.0%	99.5%	100.0%
HOLD SCHOOL-WIDE ACTIVITIES THAT GIVE STUDENTS OPPORTUNITIES TO SHARE IN DIVERSE CULTURES AND EXPERIENCES	76.2%	72.7%	77.6%
HAVE A STUDENT-LED CLUB THAT CREATES A SAFE AND WELCOMING SCHOOL ENVIRONMENT	30.3%	70.6%	46.9%

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

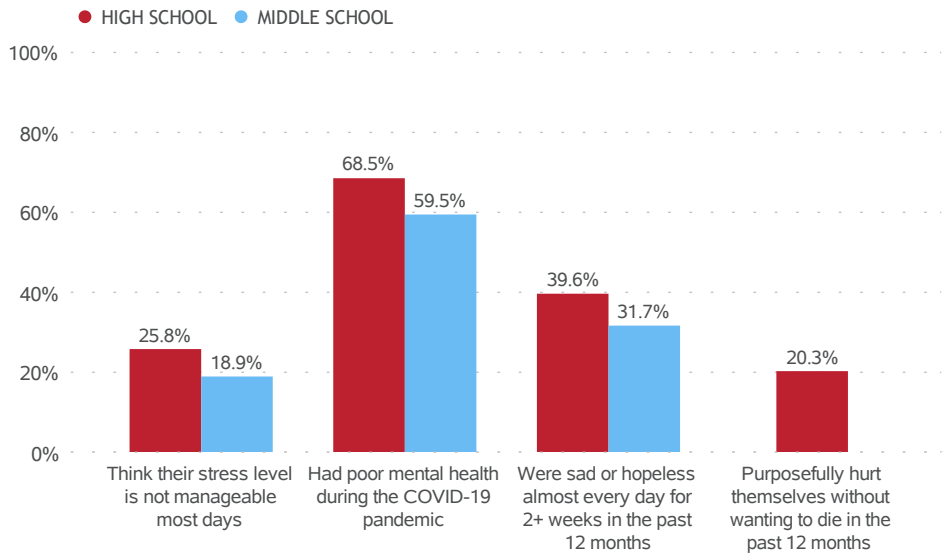
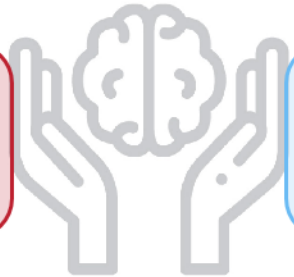


TABLE 3: % OF SCHOOLS WITH BEST PRACTICES RELATED TO BEHAVIORAL HEALTH PREVENTION & EARLY INTERVENTION

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
CONDUCT UNIVERSAL SCREENING	38.2%	34.6%	37.5%
HAVE FULL-TIME ACCESS TO A SCHOOL COUNSELOR	72.8%	88.2%	81.6%
HAVE FULL-TIME ACCESS TO A SCHOOL PSYCHOLOGIST	21.5%	28.0%	16.3%
TRAIN MOST, IF NOT ALL, TEACHERS ON HOW TO IDENTIFY & SUPPORT STUDENT BEHAVIORAL HEALTH NEEDS	50.2%	55.9%	52.1%

73.5%
OF HIGH SCHOOL STUDENTS REPORTED HAVING AN ADULT TO GO TO FOR HELP



74.9%
OF MIDDLE SCHOOL STUDENTS REPORTED HAVING AN ADULT TO GO TO FOR HELP

INTERVENTION

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

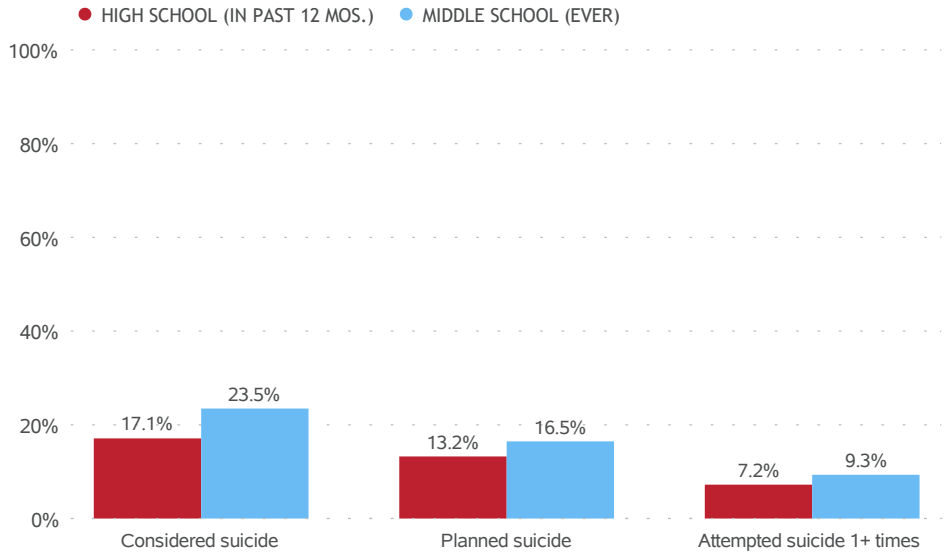


TABLE 4: % OF SCHOOLS WITH BEST PRACTICES RELATED TO BEHAVIORAL HEALTH INTERVENTION

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
PROVIDE CLASSES TO SELECT STUDENTS IN NEED OF BEHAVIORAL HEALTH SUPPORT	44.3%	52.2%	37.5%
TRAIN MOST, IF NOT ALL, STAFF ON HOW TO RESPOND TO A STUDENT IN CRISIS	38.6%	52.4%	51.0%
OFFER INDIVIDUAL COUNSELING	89.0%	92.5%	91.8%
PROVIDE "WARM HAND-OFF" REFERRALS TO EXTERNAL PROVIDERS	39.1%	53.4%	37.8%

NUTRITION

Obesity contributes to 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 practices encompass 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

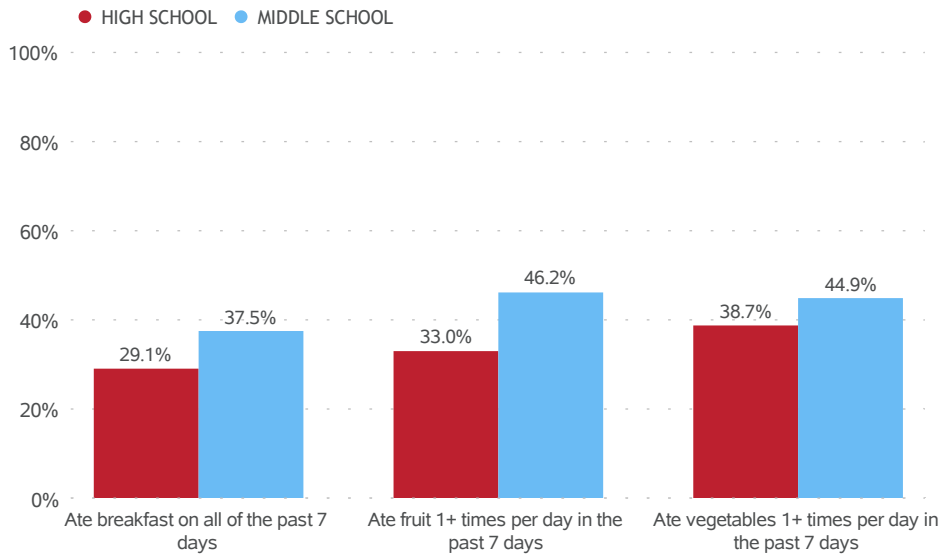


TABLE 5: STATE RESULTS FOR BEST PRACTICES RELATED TO HEALTHY EATING & FOOD ACCESS

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
% OF SCHOOLS THAT PROVIDE BREAKFAST	91.7%	93.6%	69.4%
% OF SCHOOLS THAT HAVE STRATEGIES TO INCREASE UNIVERSAL ACCESS TO BREAKFAST	82.4%	75.7%	70.6%
% OF SCHOOLS THAT PROVIDE LUNCH	99.6%	96.8%	89.8%
AVERAGE NUMBER OF "SEATED TIME" MINUTES FOR LUNCH[1]	19	26	21
% OF SCHOOLS THAT OFFER A SELF-SERVE SALAD BAR TO STUDENTS	44.5%	44.6%	30.6%

[1]It is recommended to allow students at least 20 minutes of seated lunch time.

12.4%
OF HIGH SCHOOL STUDENTS REPORTED GOING HUNGRY FROM LACK OF FOOD IN THE PAST 30 DAYS

SUGAR-SWEETENED BEVERAGES (SSBs)

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

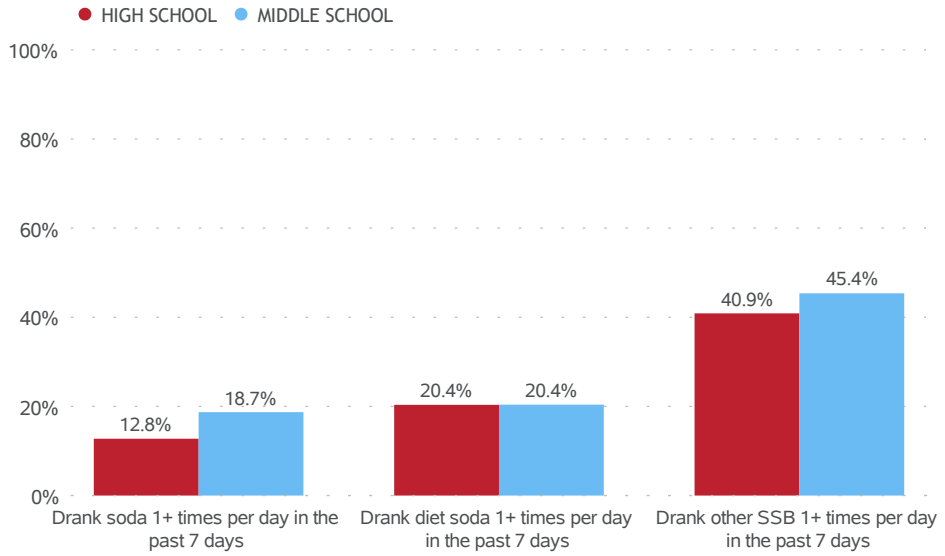


TABLE 6: % OF SCHOOLS WITH BEST PRACTICES RELATED TO WATER AND SUGAR-SWEETENED BEVERAGE ACCESS

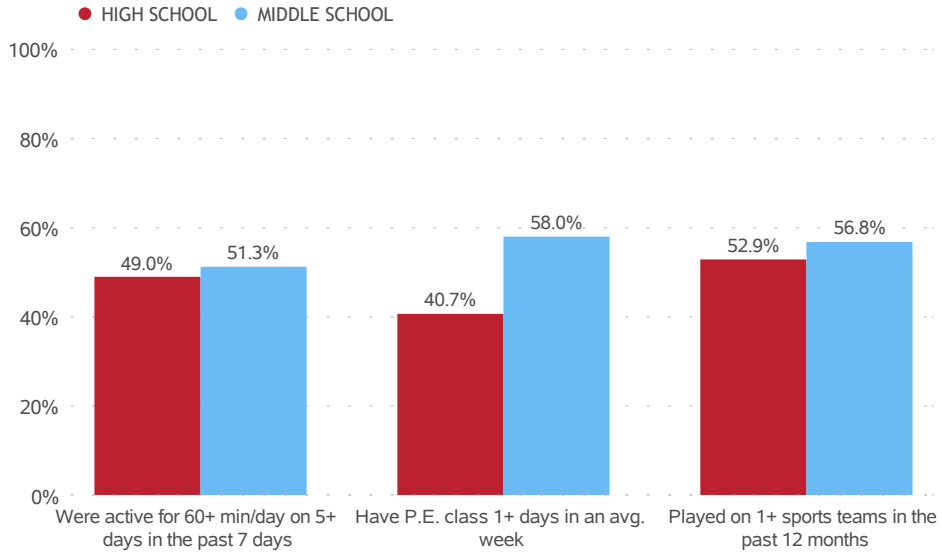
BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
ENCOURAGE STUDENTS TO DRINK PLAIN WATER	90.8%	86.5%	91.8%
PERMIT STUDENTS TO HAVE A DRINKING WATER BOTTLE IN ALL LOCATIONS DURING THE SCHOOL DAY	92.1%	97.8%	100.0%
DO NOT ALLOW STUDENTS TO PURCHASE SODA OR FRUIT DRINKS THAT ARE NOT 100% JUICE	77.5%	65.6%	90.0%
PROHIBIT ADVERTISEMENTS FOR SODA IN SCHOOL BUILDINGS	74.1%	71.0%	85.4%
REQUIRE PREDOMINANTLY HEALTHY FOOD/BEVERAGES FOR CELEBRATIONS	55.1%	37.8%	49.0%

PHYSICAL ACTIVITY

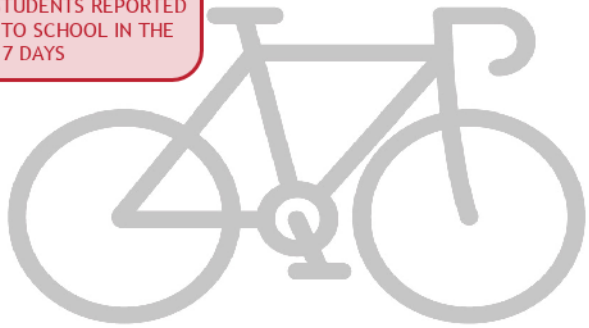
Physical activity can help youth improve their concentration, memory, and classroom behaviors. Schools that follow state and national standards for physical education help students reach the nationally recommended 60 minutes per day of physical activity and develop the knowledge and skills to be physically active for a lifetime. Additional best practices include maximizing 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



17.5%
OF HIGH SCHOOL STUDENTS REPORTED WALKING/BIKING TO SCHOOL IN THE PAST 7 DAYS



74.0%
OF HIGH SCHOOL STUDENTS REPORTED SPENDING 3+ HOURS PER AVG. SCHOOL DAY IN FRONT OF A SCREEN FOR SOMETHING OTHER THAN SCHOOLWORK

63.2%
OF MIDDLE SCHOOL STUDENTS REPORTED SPENDING 3+ HOURS PER AVG. SCHOOL DAY IN FRONT OF A SCREEN FOR SOMETHING OTHER THAN SCHOOLWORK

TABLE 7: STATE RESULTS FOR BEST PRACTICES RELATED TO PHYSICAL ACTIVITY

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
AVERAGE NUMBER OF P.E. MINUTES OFFERED PER WEEK PER ELEMENTARY STUDENT[1]	105	N/A	109
AVERAGE NUMBER OF P.E. MINUTES OFFERED PER WEEK PER SECONDARY STUDENT[2]	N/A	242	168
AVERAGE % OF P.E. TIME WITH MODERATE TO VIGOROUS PHYSICAL ACTIVITY (MVPA)[3]	72	66	68
% OF SCHOOLS THAT OFFER CLASSROOM PHYSICAL ACTIVITY BREAKS	98.7%	73.5%	91.8%
% OF SCHOOLS THAT HAVE PROGRAMMING FOR SAFE BIKING & WALKING ROUTES TO SCHOOL	44.7%	40.9%	30.6%

[1]It is recommended that elementary students receive at least 150 minutes of P.E. per week.
[2]It is recommended that secondary students receive at least 225 minutes of P.E. per week.
[3]It is recommended that at least 50% of each P.E. session consists of MVPA.

HEALTH EDUCATION

Youth substance use is associated with lower academic achievement, increased risk of injuries, and worse mental health outcomes. Comprehensive, science-based health education should be offered to students to help them access valid, 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

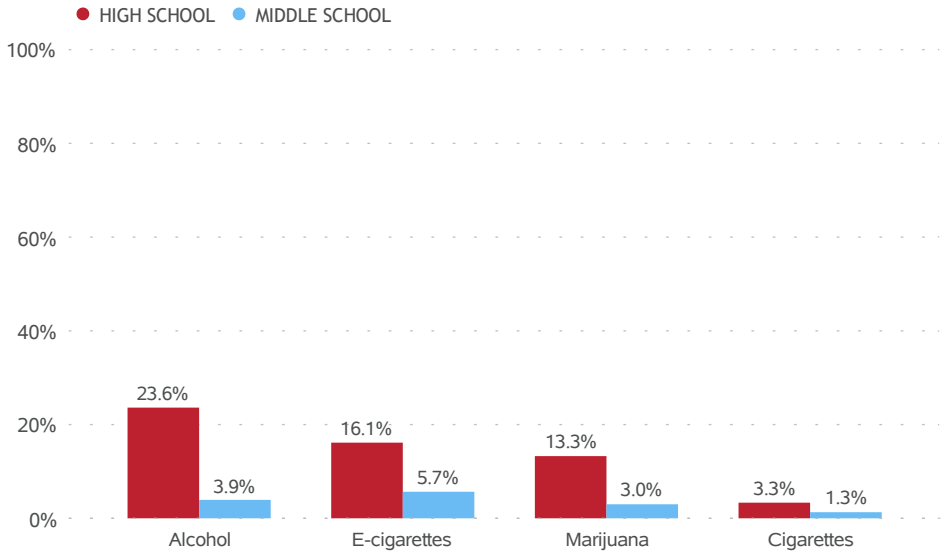


FIGURE 9: % OF STUDENTS WHO REPORTED PERCEIVING MODERATE TO GREAT RISK USING THE FOLLOWING SUBSTANCES

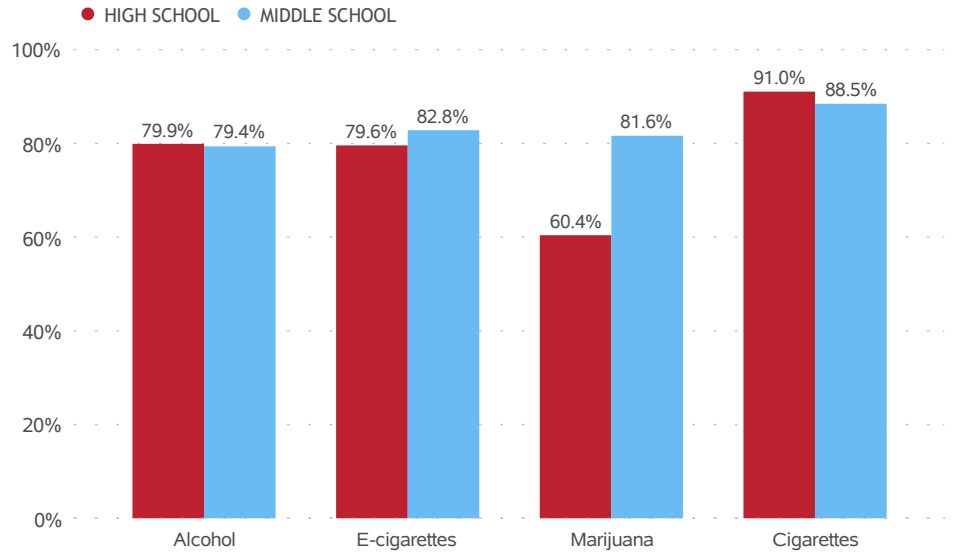


TABLE 8: STATE RESULTS FOR BEST PRACTICES RELATED TO SUBSTANCE USE PREVENTION

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
AVERAGE NUMBER OF HEALTH EDUCATION MINUTES OFFERED PER WEEK PER ELEMENTARY STUDENT[1]	51	N/A	73
AVERAGE NUMBER OF HEALTH EDUCATION MINUTES OFFERED PER WEEK PER SECONDARY STUDENT[1]	N/A	218	148
% OF SCHOOLS WITH HEALTH EDUCATION COURSES AND LESSONS THAT PRIORITIZE INSTRUCTION ON HEALTH SKILLS	81.9%	91.9%	91.8%
% OF SCHOOLS THAT TEACH ALCOHOL, TOBACCO, AND OTHER DRUG USE PREVENTION AS A TOPIC OF HEALTH EDUCATION	58.9%	91.9%	85.7%

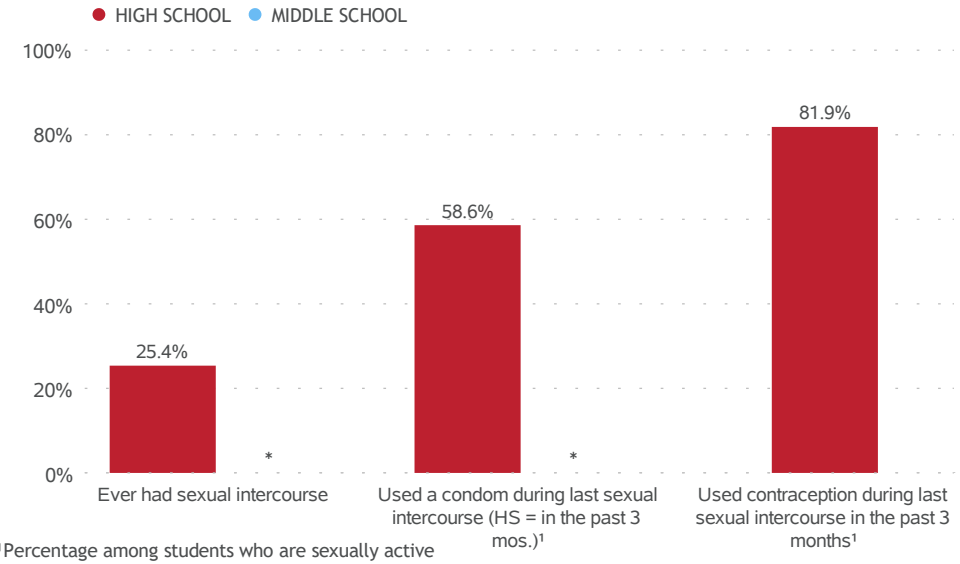
[1]It is recommended that students in pre-K through grade 2 receive at least 60 minutes of health education per week and students in grades 3 through 12 receive at least 120 minutes per week.

HEALTH EDUCATION (CONTINUED)

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

SEXUAL HEALTH

FIGURE 10: % OF STUDENTS WHO REPORTED THE FOLLOWING SEXUAL HEALTH BEHAVIORS



¹Percentage among students who are sexually active

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

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
TEACH SEXUAL HEALTH EDUCATION	48.4%	77.3%	79.6%
TEACH MEDICALLY ACCURATE INFORMATION ABOUT METHODS OTHER THAN ABSTINENCE TO PREVENT SEXUALLY TRANSMITTED INFECTIONS	34.3%	88.1%	74.4%
TEACH MEDICALLY ACCURATE INFORMATION ABOUT METHODS OTHER THAN ABSTINENCE TO PREVENT PREGNANCY	25.9%	85.9%	76.9%
TEACH HOW ALCOHOL AND DRUG USE IMPAIRS RESPONSIBLE & HEALTHY DECISION-MAKING	49.5%	91.6%	87.2%
TEACH ADOLESCENT PREGNANCY OPTIONS & RESOURCES	14.8%	72.5%	64.1%

17.6%

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

*

OF MIDDLE SCHOOL STUDENTS REPORTED USING ALCOHOL OR DRUGS DURING LAST SEXUAL INTERCOURSE

HEALTHY RELATIONSHIPS

FIGURE 11: % OF STUDENTS WHO REPORTED NEGATIVE OUTCOMES RELATED TO SEXUAL HARASSMENT AND VIOLENCE

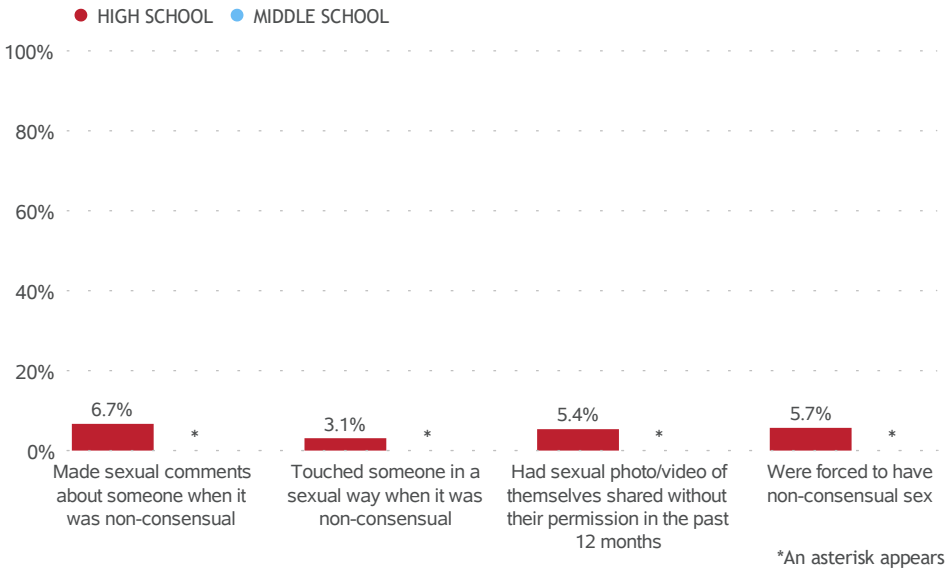


TABLE 10: % OF SCHOOLS WITH BEST PRACTICES RELATED TO INSTRUCTION ON HEALTHY RELATIONSHIPS

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
TEACH VIOLENCE PREVENTION AS A TOPIC OF HEALTH EDUCATION	86.8%	88.7%	89.8%
TEACH CONSENT AS A TOPIC OF SEXUAL HEALTH EDUCATION	45.4%	90.9%	84.6%
TEACH INTERNET/SOCIAL MEDIA LITERACY AS A TOPIC OF SEXUAL HEALTH EDUCATION	71.6%	92.3%	79.5%
TEACH HEALTHY RELATIONSHIPS AS A TOPIC OF SEXUAL HEALTH EDUCATION	65.7%	95.1%	84.6%

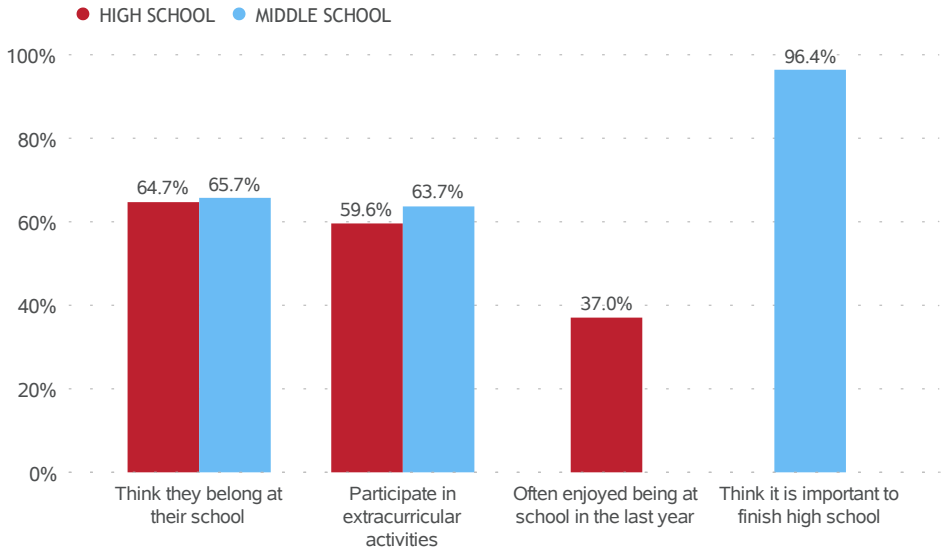
*An asterisk appears when a result is suppressed.

SCHOOL CONNECTEDNESS

Students who feel connected to their school community (including parents and staff) are less likely to engage in risky behaviors and more likely to have better school attendance and academic achievement, such as higher grades and test scores. Schools can promote 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



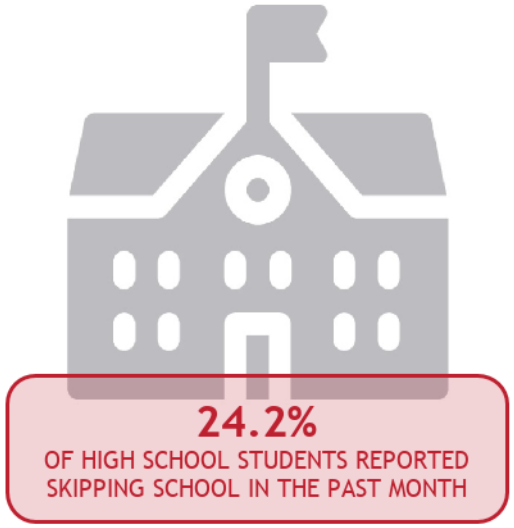


TABLE 11: % OF SCHOOLS WITH BEST PRACTICES IN SCHOOL CONNECTEDNESS RELATED TO STUDENTS

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
INCLUDE STUDENTS AS MEMBERS ON WELLNESS TEAMS	23.7%	41.9%	20.0%
ADMINISTER CLIMATE ASSESSMENT TO STUDENTS	83.8%	88.6%	83.3%
HAVE A PROCESS FOR IDENTIFYING STUDENTS WHO ARE AT RISK OF BEING CHRONICALLY ABSENT	94.8%	98.4%	93.9%
SCHOOL CULTURE AND CLIMATE ARE CO-CREATED BY STUDENTS	7.5%	23.8%	10.9%

SCHOOL CONNECTEDNESS (CONTINUED)

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

PARENTS & FAMILIES

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

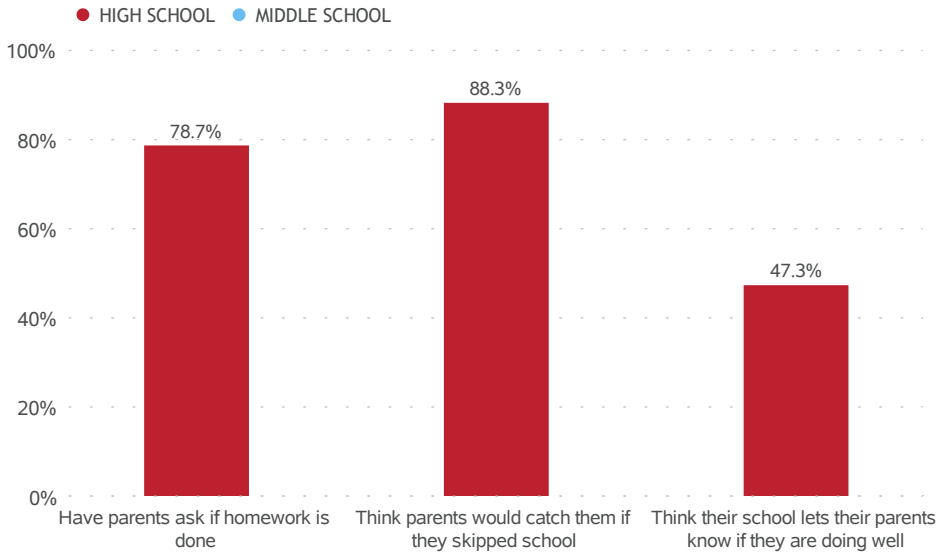


TABLE 12: % OF SCHOOLS WITH BEST PRACTICES IN SCHOOL CONNECTEDNESS RELATED TO PARENTS AND FAMILIES

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
INCLUDE PARENTS/GUARDIANS AS MEMBERS ON WELLNESS TEAMS	33.7%	33.8%	42.9%
ADMINISTER CLIMATE ASSESSMENT TO PARENTS/GUARDIANS	73.7%	62.2%	72.9%
DEVELOP CULTURALLY RELEVANT COMMUNICATIONS FOR STUDENTS, FAMILIES, AND THE COMMUNITY	65.4%	52.4%	59.2%
PROVIDE FAMILIES WITH INFORMATION ON SCHOOL HEALTH POLICIES, STRATEGIES, AND SERVICES	78.1%	74.3%	79.6%

SCHOOL STAFF

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

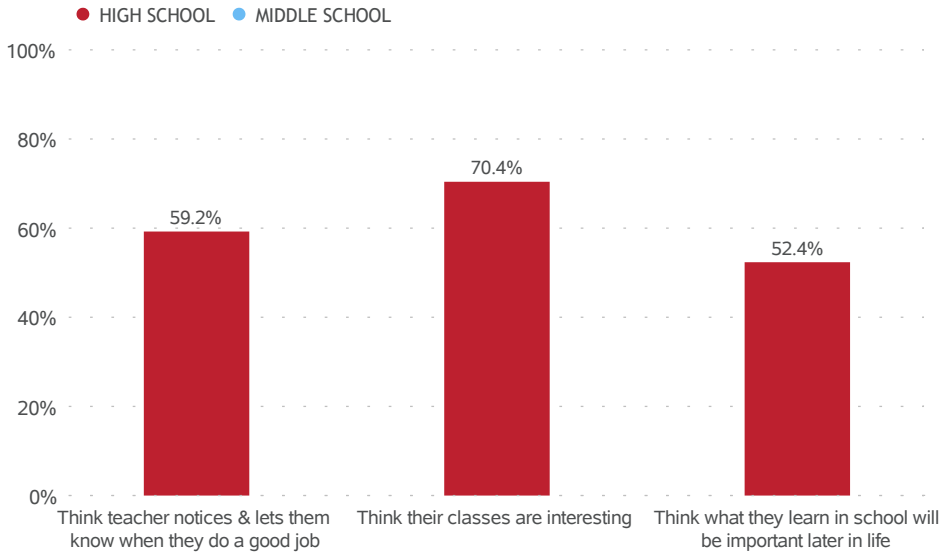


TABLE 13: % OF SCHOOLS WITH BEST PRACTICES IN SCHOOL CONNECTEDNESS RELATED TO STAFF

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
ADMINISTER CLIMATE ASSESSMENT TO TEACHERS	96.1%	87.0%	81.3%
PROVIDE STRESS MANAGEMENT ACTIVITIES TO STAFF	86.5%	82.9%	77.1%
ENCOURAGE STAFF TO ATTEND PROFESSIONAL DEVELOPMENT ON SAFE AND SUPPORTIVE SCHOOL ENVIRONMENTS FOR ALL STUDENTS	58.6%	73.8%	79.2%
DEVELOP A WRITTEN SCHOOL EMPLOYEE WELLNESS ACTION PLAN	53.7%	40.6%	41.7%

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
https://cssrc.colorado.gov/

Colorado Department of Human Services
https://cdhs.colorado.gov/

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:
https://cdphe.colorado.gov/health/prevention-and-wellness/injury-prevention

Mental Health
CDC Mental Health:
www.cdc.gov/mentalhealth/tools-resources/index.htm
CDPHE Youth Suicide Prevention:
https://cdphe.colorado.gov/suicide-prevention/youth-and-young-adult-suicide-prevention

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

Alcohol & Other Drugs
CDC Underage Drinking:
www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm
Colorado Cannabis, Working With Youth:
https://cannabis.colorado.gov/talking-about-marijuana/working-with-youth

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:
https://cdphe.colorado.gov/prevention-and-wellness/smoking-and-tobacco/youth-tobacco-prevention

Sexual Health
CDC Sexual Health Education:
www.cdc.gov/healthyyouth/whatworks/what-works-sexual-health-education.htm
CDPHE Youth Sexual Health:
https://cdphe.colorado.gov/maternal-and-child-health/youth-sexual-health

Physical Activity
CDC Physical Education and Physical Activity:
www.cdc.gov/healthyschools/physicalactivity/guidelines.htm

School Connectedness
CDC School Connectedness:
www.cdc.gov/healthyyouth/protective/school_connectedness.htm
CDPHE Positive Youth Development:
https://cdphe.colorado.gov/maternal-and-child-health/positive-youth-development