A Positive School Climate Toolkit
For Public Health Practitioners
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School Climate is defined as the quality of school life as experienced by those interacting with school environments (students, caregivers, school personnel). It encompasses the “norms, goals, values, interpersonal relationships, teaching and learning practices, and organizational structures” present within school systems.¹

A positive school climate can have impacts on a wide range of outcomes, both health and academic, and has increasingly become an essential component in school improvement and bullying prevention.² Although characterized as something experienced within a school setting, schools as well as the greater community have a role in ensuring a safe and healthy environment for students to reach their full potential.

With nearly half of middle school students (47%) and one fifth (20%) of high school students in Colorado reporting being bullied on school property, in conjunction with the reality that only 40% of students would likely talk to an adult when feeling sad, school climate is an important factor that Colorado must commit to addressing.

This toolkit was developed to provide an introduction into how public health practitioners can use their expertise to create meaningful partnerships with schools and work to strengthen positive school climate. Appreciating the contextual differences within communities and schools, this toolkit focuses on broad-based approaches that can be implemented concurrently and with any strategy.

Using three approaches, Shared Risk and Protective Factors; Positive Youth Development; and Data Informed Processes, public health practitioners can partner with schools in multiple ways including:

1. Ensuring a focus on primary prevention
2. Encouraging evidence-based programming and best practices
3. Making the health connection meaningful to schools
4. Leveraging and developing community partnerships
5. Strengthening school-based policy supports

While not a comprehensive list of ways to engage around school climate, this toolkit provides a foundation for this work and is intended to stimulate thinking around what partnerships between public health practitioners and schools can look like.
School Climate is the quality of school life as experienced by those interacting with school environments (students, caregivers, school personnel). It encompasses the “norms, goals, values, interpersonal relationships, teaching and learning practices, and organizational structures” present within school systems.³

A review by the National School Climate Center has further defined five dimensions of school climate:⁴

1. Safety
   a. This refers to a student’s feeling of being safe (physically, socially, intellectually and emotionally) in school. This is also inclusive of the rules and norms that exist within a school, and more specifically how “fairly” they are perceived to be enforced.

2. Relationships
   a. This refers to how students feel towards one another and the perceptions students have around teacher and peer support (i.e. having a teacher who cares about them).

3. Teaching and Learning
   a. This refers to the teaching and learning styles present within classrooms and encouraged by schools, such as social-emotional learning and service learning. This dimension is also inclusive of teacher perceptions of school climate and their beliefs that they can positively impact student learning.

4. Institutional Environment
   a. This dimension includes school connectedness as well as the physical layout, resources and supplies of a school.

5. School Improvement Process
   a. This refers to a school’s ability to improve student outcomes based on four core elements:
      • professional capacity - “teachers’ knowledge and skills, support for teacher learning, and school-based learning communities”
      • the school learning climate - “order, safety, and norms”
      • parent-school-community ties
      • instructional guidance - “curriculum alignment and the nature of academic demands”⁵

Social Emotional Learning - provides an opportunity for students to develop and apply positive social and behavioral skills to manage emotions and maintain healthy relationships.

Service Learning - provides students with opportunities to engage in experiential instruction and reflection through community service and other activities beyond the classroom.
**What does a positive school climate look like?**

A safe, nurturing school with a positive climate may include the following:

- Students are actively involved with their school and its activities.
- Students feel comfortable with their peers and can make friends easily.
- Students feel comfortable seeking assistance from school personnel.
- Teachers and other school personnel (i.e. school based health center staff) actively contribute to creating safe spaces at school and providing positive and healthy learning opportunities.
- The school and its surroundings are clean, welcoming, reflect student culture, and are physically safe.
- Norms and rules are consistently enforced in a fair manner.
- Students are involved in shared decision-making opportunities related to school policies and school improvement.
- Classroom curricula reflect student needs and are inclusive of student experiences (i.e. sexual orientation, gender identity, race, etc.).
- School based health centers (SBHC) are available and accessible on site for students. If SBHCs are unavailable, then school personnel are aware of and utilize referral options and protocols.

**Why is school climate important?**

A positive school climate can have impacts on a wide range of outcomes and has increasingly become an essential component in school improvement and bullying prevention.

School climate has been shown to be associated with academic achievement, starting as early as elementary school and having impacts that last over several years. Positive effects have also been identified in decreased dropout rates, increased graduation rates and teacher retention.

Although school climate is directly associated with learning environments, impacts of school climate are not exclusive to education-related outcomes. School climate has also been shown to influence multiple health outcomes, such as bullying, youth substance abuse, mental health, sexual harassment and violence.

Considering the impact school climate has on both health and education, it is important to also understand the connection between these outcomes themselves. Understanding this will help educational and health systems collaborate and explore the alignment between their goals and strategies.

Students who are both physically and emotionally healthy learn better in school. To this point, schools that promote student health within their learning environment see increases in student academic achievement.
Data suggest that chronic absenteeism, missing 10 percent of days or more during the school year, is one of the strongest predictors of dropping out of school. While physical health conditions can negatively impact a student’s ability to attend school, so can a student’s perception of safety in and around their school. Students who are bullied or engage in bullying behaviors are more likely to miss school. This ultimately leads to decreased learning opportunities, lower test scores and possible drop out.

**Current Status in Colorado**

**Prevalence**

There are limited aggregated data for school climate in Colorado; however, there are significant data around measures that either impact or are impacted by school climate. These data can serve to guide communities as they select prevention strategies and programs.

A synopsis of current statewide data relevant to school climate is provided below. Accessing existing regional and school level data is detailed later in this toolkit. As of 2015, students in Colorado reported the following:

**Bullying**
- Nearly half of middle school students (47.5%) reported ever being bullied on school property, and almost a quarter of students (24.7%) reported being bullied electronically.
- Approximately 20% of high school students in Colorado experienced being bullied at school within the past 12 months and 15% of students experienced being electronically bullied in the past 12 months.

**Violence and Personal Safety**
- Almost 4% of high school students have carried a weapon (gun, knife or club) onto school property; with a slightly higher percentage of students reporting being threatened or injured with a weapon on school property in the past 12 months.
- Slightly over 5% of high school students did not go to school one or more days because they felt they would be unsafe at school or on their way to or from school. However, generally 91% of high school students in Colorado report feeling safe at school.

**Teen Dating Violence**
- A little over 9% of high school students in Colorado report being physically injured on purpose by someone they are dating one or more times in the last 12 months. Approximately 7% of high school students have been forced to have sex when they did not want to.

**Mental Health/Suicide**
- There are similar rates of students who feel sad and hopeless among middle and high school with 27% of middle school students and 30% of high school students reporting feeling sad or hopeless every day for 2 weeks.
• Approximately 12% of middle school students reported ever making a suicide plan and 6% of students had ever attempted suicide.
• 14% of high school students indicated they had made a suicide plan within the last year and 8% of students attempted suicide at least once in the last year. Both of these indicators have increased slightly over the last 5 years.

Connection to a Caring Adult
• Majority of both middle (78%) and high (71%) school students reported having an adult that they could go to for help if they had a serious problem; however, far fewer middle (42%) and high (40%) school students reported that they would likely talk to a parent, teacher, or other adult when feeling sad.

School Connectedness
• Approximately 69% of high school students reported participating in extracurricular activities at school.
• Only 34% of high school students feel that school work is often or almost always important and meaningful. Additionally, almost 23% of students report skipping at least one day of school.
• Slightly over 60% of high school students strongly agree or agree that teachers care about them and encourage them.

Special Populations
There are several populations that are particularly vulnerable to a negative school climate and outcomes associated with it such as bullying, suicide and personal safety. Research has shown that stigma-based bullying can “have stronger associations with poorer mental health, more substance abuse, and greater odds of truancy than non stigma-based bullying”.  

Stigma-Based Bullying - bullying based on socially stigmatized characteristics such as race, weight, gender, class or sexual orientation.

It is thus important to consider these students’ unique experiences when both attempting to understand the contextual aspects of a school’s climate as well as selecting prevention strategies to implement.

Lesbian, Gay, Bisexual and Transgender (LGBT) youth
“LGBT students experience the highest rates of bullying and threats to personal safety and violence within Colorado”12. Approximately 36% of high school students in Colorado who identify as gay, lesbian or bisexual experience bullying on school property and 29% reported being bullied electronically. Additionally, in Colorado 42% of gay and lesbian students and 33% of bisexual students are bullied because of their perceived sexual orientation.

Transgender students are particularly vulnerable and report the highest rates among all forms of bullying in Colorado with 48%oh high school students being bullied in school within the last 12 months, 40% being bullied electronically within the last 12 months.

Additional Data Resources
• https://www.colorado.gov/cdphe/hkcs/reports
• http://www.chd.dphe.state.co.us/topics.aspx?q=Adolescent_Health_Data
This trend is similar in regards to threats of personal safety and violence as 42% of transgender high school students reported being in a fight within the past 12 months, 32% have been threatened or injured with a weapon on school property within the past 12 months, and 31% have missed school because they felt unsafe in the past 30 days.¹⁴

According to school climate survey results released in 2013 by the Gay, Lesbian and Straight Education Network (GLSEN), LGBT students in Colorado experience persistent harassment from peers, do not have access to needed resources and are not explicitly protected by anti-bullying/harassment policies in schools.¹⁵

**Students with Special Needs**  
Research has shown that students with special needs are also at higher risk for bullying. More specifically, students with learning disabilities or behavioral difficulties are more likely to be teased and physically bullied by peers.¹⁶ Students with medical conditions that affect their appearance often experience verbal bullying by their peers as well.¹⁷

Considering that approximately 18% of children ages 1-14 in Colorado have special health care needs, it is important that strategies aimed at strengthening school climate are both accessible to these students and do not exacerbate negative experiences they may have in school.¹⁸

**Students with Trauma History**  
One out of four students in school has been exposed to a traumatic experience that can impact their learning and behavior. Specifically, students with trauma histories may have a higher rate of absences, increased suspensions, lower academic achievement, or unpredictable behavior and difficulty controlling emotions.¹⁹

A school climate that is safe and consistent and where school personnel have positive, caring relationships with students is particularly valuable to young people who have experienced trauma. Often times, traditional disciplinary policies do not account for the larger context within which a behavior occurs and can aggravate the sense of rejection that some students with trauma histories may already identify with. Being able to respond to and meet young people’s needs by understanding their previous experiences and focusing on ways to help the child succeed in school can help build connections between these youth, their teachers, and the larger school community.²⁰

**Students of Minority Race or Ethnicities**  
Research around bulling victimization and perpetration due to race is minimal, though it has been shown that Black and Hispanic youth who are bullied are more likely to have poor academic outcomes than their white peers.²¹

Since slightly over 14% of Colorado high school students report being teased or called names because of their race or ethnic background, it is important that this root factor is considered when developing and implementing positive school climate strategies.²²
Existing policy supports

There are state level policies that currently support the enhancement of school climate across Colorado. This legislation may provide leverage points to engage schools in conversations around strengthening climate.

SB 01-080, Bullying: School Violence
This legislation passed in 2001 requires every school district to have a written code of conduct and discipline code that is inclusive of policy around reducing bullying behavior.

HB 05-1036, School District Internet Safety Plan
This legislation passed in 2005 requires each school district to have an internet safety plan. This is specifically in regards to cyber bullying.

HB 11-1254, Concerning Measures to Reduce the Frequency of Bullying in Schools
This legislation passed in 2011 included the following key provisions:
- Changed the definition of “Bullying” to “any written or verbal expression, or physical or electronic or gesture, or pattern thereof, that is intended to coerce, intimidate, or cause any physical, mental, or emotional harm to any student”. This new definition is inclusive of cyber bullying.
- This legislation also enumerated protections for all students regardless of “disability, race, creed, color, sex, sexual orientation, national origin, religion, ancestry or need for special education services”.

HB 12-1345 / SB 12-046, School Finance and School Discipline
This legislation passed in 2012 aimed to eliminate “zero tolerance” policies and allow schools to determine appropriate disciplinary responses at their discretion.
- Zero tolerance policies mandate predetermined and often severe punishment for behaviors regardless of severity, context or mitigating circumstances. While these policies were intended to address legitimate environmental and safety concerns to youth, they have ultimately led to negative outcomes for students such as:

Bullying Prevention Grant Resource
http://www.cde.state.co.us/mtss/bullying/bpeg
• Student alienation and disengagement that often leads to absenteeism and adoption of more risky behaviors.
• Poor academic achievement, as these students often are required to miss school due to punishments.
• These policies often affect those who need help the most and remove them from opportunities to develop pro social and conflict management skills.\(^3\)
• Specifically, this legislation included the following:\(^4\)
  • The elimination of mandatory expulsions for drugs, weapons, assaults, and robbery
  • Addition of factors to consider in determining disciplinary actions
  • Promotion of alternatives to discipline to decrease out-of-school suspensions and expulsions
  • Required training for law enforcement officers
This toolkit focuses on approaches that any community can use to support and drive work around school climate rather than lay out specific programs and practices that may not fit the capacity or needs of every school. The following is a list of three broad-based approaches that public health practitioners can use to help support schools in adopting effective strategies that inform and impact school climate efforts.

It is important that these approaches are used jointly as they each provide important guidance in leveraging resources, engaging the right audience and selecting appropriate strategies.

**Using a Shared Risk and Protective Factor Approach**

Using a shared risk and protective factor approach acknowledges that health outcomes are often interconnected and share root causes. Addressing risk and protective factors which may influence a broad range of health outcomes allows for more effective programming and broader public health impact.

This is especially true for violence, as research has shown that there are key risk and protective factors that are shared between child maltreatment; teen dating violence; intimate partner violence; sexual violence; youth violence; bullying; suicide; and elder maltreatment.  

For example, schools looking to address youth violence, bullying, and suicide could focus on a single strategy that increases school connectedness, a protective factor for all three outcomes, rather than supporting three separate strategies that require greater funding, time, and human capacity.
Leveraging Multiple Approaches for More Effective Impact

The Individual - this level reflects the biological, personal or historical factors that make a person more or less likely to experience certain outcomes (i.e. academic achievement, substance abuse, etc.). Prevention strategies at this level often focus on promoting an individual’s attitudes, beliefs, and behaviors.

The Relationship - this level reflects relationships (peers, partners, family members) that may increase or decrease the risk of experiencing certain outcomes. Prevention strategies on this level generally focus on reducing conflict and promoting healthy relationships between people (i.e. youth and adults).

The Community - this level explores distinct settings, such as neighborhoods, schools, or workplaces, to identify characteristics that are positively or negatively associated with experiencing a given outcome. Prevention strategies on this level impact the physical and social environment, such as increasing community coordination, connectedness, or school climate.

The Societal - this level looks at broad factors that support a climate in which an outcome is encouraged or inhibited. This level includes norms and policies that exist within the larger environment (i.e. norms around masculinity). Strategies at this level can increase reach which in turn has the potential to lead to greater impact.

This model appreciates the connections between all components within an environment and that one level ultimately impacts the other. This is important in prevention work, as it not only allows public health practitioners to work at a variety of levels, but also shows that strategies must account for all components within an environment. Additionally, for public health practitioners working on the higher levels of the SEM, there is opportunity to complement and support existing work of other community partners working at other levels. Research into effective school disciplinary measures and bullying prevention efforts has shown that it is important to address these issues at all levels of the socio-ecological model: individual, relationship, community, and societal. Changes in school climate will not be effective if focused solely on one level of the social ecology model (i.e. individuals). Strategies must be comprehensive and work across all levels.
**Examples of Shared Protective Factors**

Prevention programs frequently focus on youth deficits and risk factors when designing or selecting a strategy for improving outcomes. This process often overshadows the strengths and assets youth and their community have; strengths that can be built up and that can provide more sustainable opportunities for young people to thrive.\(^{36}\) Considering this, the following specifically provides a selection of relevant shared protective factors related to school climate occurring across the social ecological model.

**School Connectedness/Commitment**

School Connectedness is defined by the Centers for Disease Control as “the belief by students that adults and peers in the school care about their learning as well as about them as individuals”.\(^{37}\)

Research has shown that school connectedness is associated with student satisfaction and conduct problems and serves as a protective factor against sexual violence, bullying, suicide and negative drug use behaviors.\(^{38,39}\)

**Connection to a Caring Adult**

There is significant evidence showing that the availability of caring adults, someone that a young person trusts and feels they can go to for help, has a positive outcome on student perceptions and ultimately their educational and health outcomes. Youth who have access to a trusted and caring adult:

- Have greater willingness to seek help in situations of bullying\(^{40}\)
- Have lower suspension rates\(^{41}\)
- Are 3.5 times less likely to attempt suicide\(^{42}\)

Although this toolkit focuses on protective factors, it is understood that they alone do not prevent poor outcomes and that risk factors must also be addressed in comprehensive strategies working across all levels of the social ecological model.\(^{43}\)

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For additional information on all shared risk and protective factors among violence outcomes:


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**Using Data to Inform Prevention Efforts**

Considering the unique make-up and needs of any given community, it is imperative to make informed decisions based on local level data. Having these data allow communities and schools to develop and tailor prevention activities to have greater impact. Public health practitioners can both advocate for schools to participate in these data collection opportunities as well as engage them in conversations around analysis and how to incorporate the results into their strategy selection process. It is the role of public health practitioners to help make the data measurement identification, collection and analysis meaningful to educators and school personnel.
Leveraging Multiple Approaches for More Effective Impact

- **Healthy Kids Colorado Survey (HKCS)** - This survey is Colorado’s version of the Youth Behavioral Risk Factor Surveillance System and is collected every other year. Focused on youth between the ages of 11 to 18, the HKCS collects data on a variety of health issues including bullying, suicide, mental health and protective factors. State and regional data is made public, while school level data can only be accessed by request from individual schools. For more information and to access the data visit: [https://www.colorado.gov/pacific/cdphe/hkcs](https://www.colorado.gov/pacific/cdphe/hkcs)

- **Colorado Healthy School Smart Source Survey** - Colorado’s School Health Assessment Tool, is implemented by the Colorado Education Initiative. Piloted in 2014 and 2015, it surveys school administrators on school assets, policies and services across nine areas including health education; healthy and safe school environments; family, community and student involvement. For more information and to access the data visit: [http://www.coloradoedinitiative.org/our-work/health-wellness/smart-source/](http://www.coloradoedinitiative.org/our-work/health-wellness/smart-source/)

- **Hot Spot Mapping** - Research has shown that violent events in school often occur repeatedly in specific places within a school. Hot spot mapping is an activity that can be used to collect data to identify unsafe areas or “hot spots” within the school environment. It is a participatory activity and should be implemented with both students and school personnel. This tool can help determine where violence occurs, the frequency of different types of violence, patterns of violence, and social organizational variables (such as school relationships, structures and responses to violence).

  For more information on how to implement this activity: [The Social Context of Schools: Monitoring and Mapping Student Victimization in Schools](#)

While these data sources primarily focus on student perceptions, attitudes and behaviors, it is important to note that student perceptions of school climate do not always match those of parents and teachers. Considering that school climate is inclusive of school personnel and can be impacted by the larger community and its stakeholders, it is important to explore data that can inform work with these groups as well such as the:

- **Behavioral Risk Factor Surveillance System** - This system collects state data from adult residents (ages 18 and older) around their health-related risk behaviors, chronic health conditions and use of preventative services. You can access Colorado specific data here: [http://www.chd.dphe.state.co.us/topics.aspx?q=Adult_Health_Data](http://www.chd.dphe.state.co.us/topics.aspx?q=Adult_Health_Data)

- **Colorado Child Health Survey** - Parents in Colorado are surveyed to capture data on their children (ages 1-14). It measures a variety of topics including: physical activity, access to health care, behavioral health, school health and injury. [http://www.chd.dphe.state.co.us/topics.aspx?q=Maternal_Child_Health_Data](http://www.chd.dphe.state.co.us/topics.aspx?q=Maternal_Child_Health_Data)
Using the Positive Youth Development Approach

Positive Youth Development is an evidence-based approach which results in the development of skills, opportunities and authentic relationships for youth. Organizations can use this approach to inform programs, policies and practices through the guidance of the following five principles:

1. Strengths-Based - Taking a holistic approach that focuses on the inherent strengths of an individual.
2. Inclusive - Addressing the needs of all youth by ensuring that your approach is culturally responsive.
3. Youth as Partners - Ensuring the intentional, meaningful and sustained involvement of youth as equitable partners in the programs, practices and policies that seek to impact them.
4. Collaborative - Creating meaningful partnerships within and across sectors to effectively align our work.
5. Sustainable - Addressing long-term planning through funding, training, capacity building, professional development and evaluation to ensure ongoing support and engagement of youth.

These five principles should inform each level of organizational work from individual interactions between youth and adults to the inclusion of youth in key decision making roles.

To be effective and relevant, positive school climate strategies and programming must be inclusive of and driven by students. This includes student identified needs, youth voice and engagement across all school climate programming. Appreciating that youth are those most affected by school climate strategies, students should play a significant role in partnership with adults in transforming their schools and community environments. Potential ways in which to do this are:

- Collecting youth data around perceptions of safety and unsafe spaces within the school environment.
- Encouraging and providing resources for students to drive the development of school policies or programs related to bullying, anti-harassment and school safety.
- Ensuring sustainable decision-making roles for youth in school committees and boards. As an example, School-Based Health Centers in Colorado require that youth serve as members of the center’s Community Advisory Committee.

For concrete guidance in the use of the PYD approach please visit: https://sites.google.com/a/state.co.us/pydtool/home-1
THE ROLE OF PUBLIC HEALTH PRACTITIONERS

INTRODUCTION TO THE PUBLIC HEALTH APPROACH

The Public Health Approach is a four step evidence-based approach that ensures public health work adequately and effectively responds to the true needs and realities of a community.

1. Define and Monitor the Problem
   a. It is important to understand the magnitude of an issue within a community. Data must be gathered to identify how frequently an outcome occurs, where it occurs, and identify the victims and the perpetrators (specifically noting those who may be disproportionately impacted). It is also important to utilize both quantitative and qualitative data in this effort. This ensures that the data is valued and responsive to varying groups of impacted individuals within a community.

   b. What this means for school climate: Several factors impact school climate and all of them must be identified and measured to understand the full context of an individual school. The issues around climate can vary significantly depending on student demographics, school resources and capacity, and community norms.

2. Identify Risk and Protective Factors
   a. Understanding the community specific characteristics that increase or decrease the likelihood of an outcome is the first step in developing prevention strategies.

   b. What this means for school climate: Schools are often held accountable for an increasing number of outcomes. Understanding root factors that may impact both health and educational outcomes can help streamline prevention programming in schools. Being able to streamline this programming (i.e. implementing one program instead of three) minimizes the burden of implementation which may allow for easier adoption in schools.

3. Develop and Test Prevention Strategies
   a. Using the data gathered to develop or choose a strategy that is the right fit. Following implementation, it is important to evaluate to make needed adaptations as well as ensure effectiveness of the strategy.

   b. What this means for school climate: Evidence-based programming ensures that time and money are being spent on effective activities. Additionally, considering that school climate is multifaceted and can be affected by regular changes in the environment (i.e. new students and teachers), it is important to continuously evaluate which school climate indicators have seen movement and what adaptations may be needed to better resonate with the current school community and needs.
4. Assure Widespread Adoption

a. Public health practice focuses on population level change, and as such, it is important that when a strategy is shown to be effective, it is adopted more widely to ensure greater impact.

b. What this means for school climate: Evidence-based strategies or programs that have been shown to be effective in school climate change should be encouraged and selected. Additionally, replicating an effective strategy in multiple schools within a district can ensure continuity for students as they progress through their education and can create positive healthy norms throughout a community.

**Working with Schools**

With expertise in utilizing the Public Health Approach, public health practitioners are in a unique position to guide and support schools in making informed decisions around prevention work using best practices and inclusive programs, policies and practices for positive school climate promotion.

Working in partnership with schools to build capacity, rather than practitioners providing direct prevention service themselves (such as facilitating curriculum/programming), allows for the sustainable development of evidence-based approaches to become normalized within school environments and can ensure long-term buy-in from school personnel and partners. There are several school personnel who may be particular assets when initiating this work including: school social workers, school psychologists, PBIS/MTSS coordinators or school based health clinic staff.

It is also important to note that working within already existing school coalitions, groups or structures is ideal as it can provide an opportunity to engage school personnel in a platform that they already own and embrace.

The following are ways in which public health practitioners can engage with schools around school climate. **Please note that all of these activities can and should be paired with the previously explored approaches: Shared Risk and Protective Factor Approach, Positive Youth Development, and Data Informed.**

**Ensuring a Focus on Primary Prevention in Schools**

Primary prevention aims to stop an event from ever occurring in the first place. Too often, outcomes are not prioritized until there is a need for intervention. As public health experts, it is within your role to encourage schools to focus on increasing protective factors and decreasing risk factors to prevent negative health outcomes from first occurring.

For school climate, a primary prevention activity may be instituting a school-based health center which can positively impact school connectedness as students may perceive school as a safer place with adults who genuinely care about all of their wellness needs.
The Role of Public Health Practitioners

Encouraging Evidence-Based Programming and Best Practices

School capacity and budgets are often limited and time and resources should be spent on prevention programming that has been shown to have positive and effective results on the desired outcome. Programming should be comprehensive and based on evidence or best practices. One-time awareness raising events (i.e. assemblies, presentations, plays, pamphlets and posters) are not considered evidence-based prevention.

Evidence Based Program Registries

http://www.blueprintsprograms.com/
http://nrepp.samhsa.gov/01_landing.aspx

Many schools in Colorado currently support and implement Positive Behavioral Interventions and Supports (PBIS) in an attempt to advance positive school climate. Understanding this school wide prevention framework that schools are already invested in, provides a potential entry point for public health practitioners. PBIS in Colorado is comprised of the following eight practices:49

1. Establish Administrative Leadership - Develop the buy in and active support of leaders within the state, district and school.
2. Develop Team-Based Implementation - A designated PBIS team present within a school to provide guidance and leadership of the PBIS implementation. Additionally, a PBIS “coach” who provides technical assistance on-site at schools. This individual is often the school psychologist or guidance counselor.
3. Define Behavioral Expectations - The establishment of school-wide behavioral expectations (i.e. be respectful or be ready to learn).
4. Teach Behavioral Expectations - Plans to define and teach the school wide expectations regularly.
5. Acknowledge and Reward Appropriate Behavior - A school wide system to reward students who exhibit defined behavioral expectations.
6. Monitor and Correct Behavioral Errors - A system to respond to behavioral violations consistently that includes who should respond to and manage different types of discipline issues.
7. Use Information for Decision Making - A system to collect, analyze and use disciplinary data, such as office referrals and suspensions, to inform implementation.
8. Build Parent Collaboration - engage parents within the schools and larger community

These practices are well aligned to the three approaches explored earlier within this toolkit and provide a structure in which local public health practitioners can help strengthen school climate efforts. For more information about PBIS in Colorado please visit: https://www.cde.state.co.us/mtss/pbistoolsresources.
Making the Health Connection Meaningful to Schools

It is important to recognize that, while the education system and the health system often prioritize different outcomes, these outcomes rarely happen within a vacuum and likely impact each other.

Considering the relationship between health and educational outcomes, it is vital that public health practitioners communicate the value of promoting health in schools in a manner that is relevant to and inclusive of school interests (i.e. highlighting the connection between improved academic achievement and health outcomes). Explaining these outcomes using shared risk and protective factors is a strong way in which to do this (i.e. positive relationships with adults is an important protective factor for decreasing both school suspension and youth suicide).\(^5\)

Additionally, school-based health centers (SBHC) serve as a unique way to bridge academic and health outcomes in a meaningful and tangible way. SBHCs provide a safe space and accessible health care that meet basic student needs which can positively impact their ability to attend and focus on class content while also building relationships between students and adult school staff. They also ensure the school’s role as a “place where wellness of mind, body and spirit exist in symbiosis.”\(^5\). The presence of a center can stabilize a school by bridging all those engaged in it: teachers, administrators, school staff, parents, students. Additionally, they are an outlet to engage those beyond the school system within the community.\(^5\)

Working in partnership with SBHCs may provide public health practitioners’ opportunities to guide schools in the development of policies and practices that support the development of protective factors aligned with both academic and health outcomes.\(^5\)

Additional Resources


Leveraging and Developing Community Partnerships

While school climate is typically explored within the physical confines of a school and traditional academic environments, it can also be supported or impacted by relationships with the outside community.

Creating accessible and safer community spaces can help strengthen community bonds and culture. Shared-use agreements, which open access to private spaces for community use (i.e. a school gym), can be encouraged to leverage safe space, create community partnerships, and connect school climate with the broader community.\(^5\)

Communities can offer much to schools as well and have many assets that can help move this work forward. Using a shared risk and protective factor approach can help frame issues to better connect and communicate with relevant community stakeholders.

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Strengthening School-Based Policy Supports

School-based policies can help support and sustain practices that enhance school climate and positively strengthen protective factors such as school connectedness, availability of caring adults, etc. Understanding and using a shared risk and protective factor approach, several policy initiatives can be cross-cutting in addressing bullying, suicide and other negative health outcomes, for example:

- **Comprehensive Health Education**

  Although current legislation does not mandate Colorado schools to teach comprehensive health education with any enforcement, the Colorado Department of Education has developed a set of clearly defined academic standards to guide schools.\(^{57}\) Much of the concepts and skills addressed in these standards are directly supportive of developing healthy peer and adult relationships, conflict management strategies, and appreciating the differences in individuals. These in turn impact youth attitudes around bullying and promote connectedness.

  As of the 2014-2015 school year, only 42.71% of schools in Colorado required comprehensive health education for all students.\(^{58}\) Considering the importance of increasing students’ skills and healthy attitudes and beliefs, practitioners can work in partnership with schools to ensure this essential knowledge and skills are incorporated into curriculum and supportive policies, such as teacher trainings and professional development, are created or strengthened.

- **Anti-Bullying and Harassment Policies**

  With the signing of SB 01-080 in 2001, every school district in Colorado is required to have a written bullying policy in their code of conduct; however, there is no requirement around enforcement.

  As explained previously within this toolkit, students’ perceptions of consistency and fairness in the regulations of school rules and norms plays a role in overall school climate. Thus, schools must have fair structures and practices in place to support the process of building positive school climate. Public health practitioners can partner with schools to guide the development of practices which ensure fair implementation. Considering that LGBT students do not feel supported by most anti-harassment policies, practitioners can also advocate for schools to enumerate sexual orientation and gender identity in school-wide anti-bullying policies.

**Resource for Model Policies**

http://www.glsen.org/article/model-laws-policies

Public health practitioners have a unique role in ensuring positive school climates. As this toolkit has outlined, there is opportunity to guide schools in the implementation of effective primary prevention program, policies, or practices that utilize data, integrate opportunities for youth development, and connect outcomes.

Although this toolkit only serves as an introduction to this, the following section provides a comprehensive list of additional resources that can assist professionals in moving forward with this work.
RESOURCE LIST

Bullying
• https://www.colorado.gov/pacific/cssrc/bullying-harassment
• https://www.colorado.gov/pacific/cssrc/cssrc-tools-and-templates
• https://cdpsdocs.state.co.us/safeschools/CSSRC%20Documents/CSSRC-Bullying-SchoolResource-Guide.pdf

Children with Special Needs
• http://www.cde.state.co.us/cdesped
• http://www.stopbullying.gov/at-risk/groups/special-needs/index.html

Connecting Health and Academics:
• http://www.coloradoedinitiative.org/wpcontent/uploads/2015/02/MakingtheCaseFF.pdf

Data Resources:
• https://www.colorado.gov/pacific/cdphe/hkc5
• http://www.chd.dphe.state.co.us/topics.aspx?q=Adolescent_Health_Data
• http://www.chd.dphe.state.co.us/topics.aspx?q=Adult_Health_Data
• http://www.chd.dphe.state.co.us/topics.aspx?q=Maternal_Child_Health_Data
• http://www.cde.state.co.us/schoolview

Evidence Based Programming
• http://www.blueprintsprograms.com/
• http://nrepp.samhsa.gov/01_landing.aspx

LGBT Populations and School Climate
• http://www.glsen.org/article/2013-national-school-climate-survey
• http://www.glsen.org/article/model-laws-policies
• http://www.one-colorado.org/issues/safe-schools/

Measurement Resources:
• http://www.coloradoedinitiative.org/our-work/health-wellness/smart-source/
• http://www.colorado.edu/cspv/safeschools/surveys.html

Mental Health and Youth Suicide
• http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669?WT.ac=EB_20120622_SMA12-4669
• http://www.sprc.org/resources-programs/after-suicide-toolkit-schools
Mental Health and Youth Suicide (con’t)
- https://www.cde.state.co.us/cohealth/suicideprevention
- https://www.colorado.gov/pacific/cssrc/suicide

Positive Behavioral Intervention and Supports
- https://www.cde.state.co.us/mtss/pbistoolsresources

Positive Youth Development
- https://sites.google.com/a/state.co.us/pydtool/home-1
- http://co9to25.org/pyd/positive-youth-development-pyd-trainings/

School Climate
- https://www.colorado.gov/pacific/cssrc/positive-school-climate

Shared Risk and Protective Factors