

The Whole School, Whole Community, Whole Child Model: A GUIDE TO IMPLEMENTATION



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

Table of Contents



Introduction	3
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Part I

Overview of the Whole School, Whole Community, Whole Child (WSCC) Model	6
Strengthening Education Policies and Accountability Measures Using the WSCC Model	12
Whole School, Whole Community, Whole Child Model in Action	15

Part II

Step-by-Step Guidance for Districts and Schools	22-23
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Step 1: Focus on Administrative Buy-in and Support.....	26
Step 2: Identify a WSCC Coordinator and/or WSCC Team Leaders	32
Step 3: Assemble a District and/or School Team	36
Step 4: Assess and Plan WSCC Efforts.....	42
Step 5: Implement the Plan	53
Step 6: Reflect and Celebrate.....	56

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Introduction



Every school strives for its students to reach their highest academic potential. In order to achieve this, students need not only to be challenged academically, but also need to be healthy, safe, engaged and supported. Each student enters a classroom with unique needs related to learning health (physical, social, and emotional well-being), safety and support. One of the most challenging tasks for an educator, and education leaders, is finding a way to reach each student to ensure learning takes place.

The Whole School, Whole Community, Whole Child (WSCC) model uses an integrated, collaborative approach to address barriers and supports related to learning and health. The model, released in 2014, has gained significant traction with schools across the country in a short period of time. The WSCC model represents a combination of the traditional Coordinated School Health (CDC) approach and the Whole Child (ASCD) approach. The model provides a valuable framework designed to help school districts and schools address the needs of students by strategically and systematically focusing on the whole child. Districts and schools are using it to re-think and re-structure the way they approach learning and health. This guide is designed to help educators and other school-related stakeholders understand, adopt and implement the model.

This implementation guide is designed with a variety of readers in mind, including administrators, teachers, and other school- and district-level staff, community partners,

No matter how well teachers are prepared to teach, no matter what accountability measures are put in place, no matter what governing structures are established for schools, educational progress will be profoundly limited if students are not motivated and able to learn...School leaders must prioritize how to use scarce resources to address the critical health problems affecting youth.

—Charles Basch¹

public health professionals, parents and others interested in strengthening the learning and health of students. Part I provides an overview of the WSCC model and the Whole Child Tenets (ASCD), highlights opportunities for alignment with school, district, state and national policies and practices, and provides examples of integrating the model with goals in school and district-level improvement plans. Part II gives step-by-step guidance for districts and schools seeking to adopt and implement the WSCC model. It is important to remember that the WSCC model is a framework designed to flex with the unique needs of school, district and community. The guidance is meant to provide a structure to follow, with the understanding that in the same way that every school building is different, every school and school district's process for implementing the model will be different.

Bringing the WSCC Model to Life

The following scenarios could take place in any school and demonstrate the value of using the WSCC model to address the needs of the whole child.

Sara is disengaged from instruction and her teacher wonders why she is increasingly isolating herself and lacks motivation. James is regularly getting into physical fights and his teachers aren't sure what to do anymore. Lia's grades have dropped since her asthma began to worsen. Roman bullies his peers. All four of these students will feel the impact of these experiences on their learning and their health. If these students are to feel healthy, safe, engaged, supported and challenged, schools need to engage the whole school and the whole community to support the whole child.

The WSCC model provides a structure to ensure that students receive the support necessary to succeed academically. Schools can engage staff and community partners

from multiple components of the model to provide support to students like Sara, James, Lia and Roman. For example, a school can strengthen efforts to support students and staff alike through the social and emotional climate, equipping students with the attitudes and skills necessary to understand and manage emotions, and providing access to counseling and social services to address underlying mental health challenges. Health services can identify strategies to improve support for students with chronic health conditions, and classroom and physical education teachers can provide daily physical activity to improve stress management and social interactions. Family and community involvement can help to ensure that student supports continue outside of school, and employee wellness programs can aid in reducing stress and improve overall well-being for staff. Working collaboratively, schools can use the WSCC model to strengthen the school environment, putting the supports in place so that all students have the opportunity for academic success.

Finally, it is important to note that while resources specific to adoption of the WSCC model are only beginning to emerge, there are many valuable tools and resources that have been developed to support districts and schools to create healthier school environments. A list of these resources can

be found in Appendix A, organized by WSCC component. This guide is not meant to replace any of the resources listed, but rather to complement them, with a strong focus on helping districts and schools to understand and implement the full 10-component WSCC model.



PART 1:

**The Whole School, Whole Community,
Whole Child Model**

PART 1:

The Whole School, Whole Community, Whole Child Model

The Whole School, Whole Community, Whole Child (WSCC) model (Figure 1) is centered on the child, the student, and emphasizes a school-wide approach, acknowledging that learning, health and the school are a part of the local community. The model emerged from a cross-sector collaboration between the Centers for Disease Control and Prevention (CDC) and ASCD that brought together leaders from education, health, and public health to strengthen and unify a collaborative approach to learning and health. The WSCC model was released in 2014, building and expanding on CDC’s Coordinated School Health (CSH) model and the five tenets of ASCD’s Whole Child Initiative to strengthen a unified and collaborative approach to learning and health.

Because the WSCC model was released in 2014 and ASCD’s Whole Child Initiative was already well-established in the education community, it is common for educators and others to refer to WSCC-related efforts as “Whole Child” initiatives rather than using the term WSCC. Although this can sometimes create some confusion, the essence and intent are the same. The term “WSCC model” is used throughout this guide, with the understanding that for some schools and school districts, Whole Child may be the phrase being used.

FIGURE 1
Whole School, Whole Community, Whole Child Model
A Collaborative Approach to Learning and Health



The Whole Child Initiative – Five Tenets

The WSCC model is built upon the five tenets of ASCD’s Whole Child Initiative — **healthy, safe, engaged, supported, and challenged**. These can be found in the center ring of the model. These tenets are the intermediary, desired outcomes for every student, and are critical in supporting academic achievement and student health. According to Maslow’s hierarchy of needs, before we can meet our social and emotional needs (self-esteem and self-actualization), we must first meet our physical needs (physical health, safety, sense of belonging). The Whole Child Tenets are structured to reflect Maslow’s hierarchy of needs. The Tenets of healthy and safe provide the foundation that allows students to be academically engaged, supported and challenged.

Each student...

- 1 Enters school HEALTHY and learns about and practices a healthy lifestyle.** Research confirms that students do better in school when they are emotionally and physically healthy. They concentrate more, achieve higher test scores, miss fewer classes, and are less likely to engage in risky or antisocial behavior.
- 2 Learns in an environment that is physically and emotionally SAFE for students and adults.** Feeling safe in school translates into higher academic achievement, increased student well-being, and greater engagement, according to numerous studies. Children who feel safe are better able to concentrate on their studies and connect with their classmates, and are more likely to go to school.

- 3 Is actively ENGAGED in learning and is connected to the school and broader community.** To learn at their best, students must be engaged and motivated. Substantial research shows that students who feel both valued by adults and a part of their schools perform better academically and also have more positive social attitudes, values and behavior. Plus, they are less likely to engage in drug use, violence, or sexual activity.
- 4 Has access to personalized learning and is SUPPORTED by qualified, caring adults.** Central to a supportive school are teachers, administrators, and other caring adults who take a personal interest in each student. Research shows that supportive schools also help prevent a host of negative consequences, including isolation, violent behavior, dropping out of school, and suicide.
- 5 Is CHALLENGED academically and prepared for success in college or further study and for employment and participation in a global environment.** To succeed in college or other postsecondary education and the workplace, students need higher-level thinking, communication, and problem-solving skills as well as knowledge of the world and its people. These are all products of a curriculum that challenges students to work harder as they investigate a wide range of real-world subjects.^a

^a Adapted from ASCD’s *Making the Case for Educating the Whole Child*
<http://www.wholechildeducation.org/assets/content/mx-resources/WholeChild-MakingTheCase.pdf>

10 Components of the WSCC Model

The WSCC model reflects schools as a central and integral part of the community, and reflects a greater integration and alignment between learning and health.⁸ A brief summary of each of the ten components of the WSCC model is included below. More detailed definitions are available from the CDC.⁴ In addition, resources to support each component can be found in Appendix A.

- 1 Health Education:** Formal, structured health education consists of any combination of planned learning experiences that provide the opportunity to acquire the information and skills students need to make quality health decisions. Health education curricula and instruction should address the National Health Education Standards (NHES), incorporate the characteristics of an effective health education curriculum, and be taught by qualified, trained teachers.
- 2 Physical Education and Physical Activity:** A comprehensive school physical activity program (CSPAP) is the national framework for physical education and youth physical activity. It reflects strong coordination across five components: physical education, physical activity during school, physical activity before and after school, staff involvement, and family and community engagement. Physical education is the foundation of CSPAP, and is an academic subject for grades K-12. Curriculum should be based on the national standards for physical education, and classes should be taught by certified or licensed teachers endorsed by the state to teach physical education.
- 3 Nutrition Environment and Services:** The school nutrition environment provides students with opportunities to learn about and practice healthy eating through nutrition education, messages about food in the cafeteria and throughout the school campus, and available food and beverages, including in vending machines, “grab and go” kiosks, school stores, concession stands, food carts, classroom rewards and parties, school celebrations, and fundraisers. School nutrition services provide meals and snacks that meet federal nutrition standards. All individuals in the school community can support a healthy school nutrition environment.
- 4 Health Services:** School health services intervene with actual and potential health problems, including providing first aid, emergency care and assessment and planning for the management of chronic conditions (such as asthma, food allergies or diabetes). Health services also facilitates access to and/or referrals to providers, collaborates with community support services, and works with families to promote the health care of students and a healthy and safe school environment.
- 5 Counseling, Psychological, and Social Services:** These prevention and intervention services support the mental, behavioral, and social-emotional health of students, and promote success in the learning process. Services include psychological, psychoeducational, and psychosocial assessments; direct and indirect interventions to address psychological, academic, and social barriers to learning, such as individual or group counseling and consultation; and referrals to school and community support services as needed.

6 Social and Emotional Climate: This refers to the psychosocial aspects of students' educational experience that influence their social and emotional development. The social and emotional climate of a school can impact student engagement in school activities; relationships with other students, staff, family and community; and academic performance.

7 Physical Environment: A healthy and safe physical school environment promotes learning by ensuring the health and safety of students and staff. A healthy school environment will address a school's physical condition during normal operation as well as during renovation, protecting occupants from physical threats, biological and chemical agents in the air, water, or soil, as well as those purposefully brought into the school.

8 Employee Wellness: Fostering school employees' physical and mental health protects school staff, and by doing so, helps support students' health and academic success. A comprehensive school employee wellness approach is a coordinated set of programs, policies, benefits, and environmental supports designed to address multiple risk factors (e.g., lack of physical activity, tobacco use) and health conditions (e.g., diabetes, depression) to meet the health and safety needs of all employees.

9 Family Engagement: Families and school staff work together to support and improve the learning, development, and health of students. School staff are committed to making families feel welcomed, engaging families in a variety of meaningful ways, and sustaining family engagement. Families are committed to actively supporting their child's learning and development.

10 Community Involvement: Community groups, organizations, local businesses, social service agencies, faith-based organizations, health clinics, and colleges and universities create partnerships with schools, share resources, and volunteer to support student learning, development, and health-related activities.

Additional details of the components can be found at <https://www.cdc.gov/healthyschools/wscs/components.htm>

The Connection between Learning and Health

The WSCC model provides a useful framework that school districts and schools can use to systematically identify and address barriers and supports related to learning and health. Academic achievement and health are closely linked, and healthy students are more ready and able to learn. For this reason, school districts and schools that create and sustain systemic supports for students' physical, mental, and social health see a positive impact on academic performance, educational behavior, cognitive ability and attitude.⁷

This important connection between learning and health is often intuitive to educators, but has also been backed by research:

- When students' basic nutritional and physical activity needs are met, they are able to attain higher achievement levels.^{8, 9, 10, 11, 12, 13, 14}
- Providing students access to physical, mental, and oral health care improves attendance, behavior, and achievement.^{15, 16, 17, 18, 19}
- The development of connected and supportive school environments benefits

teaching and learning, helps to engage students, and enhances positive learning outcomes.^{20, 21}

- A positive social and emotional climate increases academic achievement, reduces stress, and improves positive attitudes towards self and others.^{22, 23}

While healthier students are more able to learn, academic achievement also matters to health. Academic achievement is an excellent indicator for the overall well-being of youth.^{24, 25} It also makes a difference in long-term health outcomes: individuals with more education are likely to live longer; experience better health outcomes; and practice health-promoting behaviors such as exercising regularly and refraining from smoking.^{26, 27, 28, 29} These positive outcomes are why many of the nation's leading educational organizations recognize the strong relationship between learning and health and the need to foster health and well-being within the educational environment for all students.^{30, 31, 32, 33, 34}

Coordination of Policies, Processes, and Practices

The coordination of policies, processes, and practices (represented by the white band around the five Whole Child Tenets) plays a critical role in creating and sustaining a school environment that supports both learning and health. Districts and schools can use the WSCC model to guide coordination and collaboration between component areas, facilitating awareness of issues across administrators, staff and community partners in different areas. As a result, schools are often able to leverage new resources, reduce duplication, and provide

consistent messaging to create awareness and garner support for the identified priority areas.

One of the strategies to achieve coordination is establishing a WSCC team or building on an existing district- and/or school-level team, such as a school improvement team or wellness committee, and expanding it to include representation from as many WSCC components as possible. Guidance for this is provided in Part II. In addition, [*Whole School, Whole Community, Whole Child Model: Ideas for Implementation*](#)³⁵ provides examples of how districts have approached forming a team and integrating WSCC into school district processes and practices. Working collaboratively, a team can take a district or school priority, such as improving school climate and reducing disciplinary referrals, and work through the WSCC components, identifying what evidence-based strategies and practices are already in place, and what might be implemented in each of the component areas that would support the priorities. Some strategies or practices might fit in one or two components, but also reinforce other components. Depending on the priority, it may not be necessary nor make sense to have all ten components involved in every implementation or action. However, using the WSCC model affirms that all ten components are important, and helps to facilitate coordination between them.



The Community

The outside yellow ring of the WSCC model (Figure 1 on page 6) reflects the importance of support from and partnership with the community, and that schools are a part of the community. It is important to remember that the WSCC model was not designed with the idea that schools would adopt and implement it on their own. Schools have limited resources to meet the wide array of needs of students and their families. Partnerships and collaboration with community agencies are essential to helping schools secure the resources and support necessary to implement

the WSCC model. Schools can more effectively accomplish their goals with community support and school-community collaborations connected to each component of the WSCC model.³⁶

School districts and schools implementing the WSCC model leverage a wide variety of partnerships, including local health departments, hospitals, physician practices, social service agencies, churches, food banks, local foundations and businesses. It is important to keep in mind that developing strong school-community partnerships take time, relationship building and concerted effort.

Strengthening Education Policies, Practices and Strategic Planning using the WSCC Model

The WSCC model can be used to enhance existing structures by fostering coordination and collaboration across multiple sectors and disciplines within the school to address non-academic barriers to learning. School districts and schools seeking to implement the WSCC model rarely start from zero. The majority have existing policies, practices, funding sources and accountability measures that support addressing non-academic barriers to learning, including student health and healthy school environments. These structures and systems can be leveraged to enhance coordination and collaboration to bolster implementation of the WSCC model in districts and schools. Support for the WSCC model and opportunities to leverage and strengthen policies and practices exist at the federal, state and local levels.

Opportunities in Federal Education Policy

The Every Student Succeeds Act (ESSA) of 2015 provides several opportunities to integrate health into education policies and practices and support student health and wellness through state accountability systems, state report cards, and school improvement plans. In ESSA, the term “well-rounded education” includes both health education and physical education. This is a major change from previous policy and aligns well with the

WSCC model. As a part of ESSA, states have developed their own consolidated state plans, some of which have incorporated health-related measures. In addition, through funding provided to states, opportunities may exist to support school-wide health programs and practices including health education and prevention programs, physical education, nutrition programs, social-emotional and mental health, professional development, and community involvement and services. As ESSA continues to evolve, school districts and schools that are working to implement the WSCC model may consider how state allocated funding for Titles I-IV of ESSA could be used to support health-related priorities.^b

State-Level Policies

At first glance, the WSCC model may appear as something unattainable – nice to do but not feasible. However in many cases, districts and schools are already doing many great things to support students, as they follow state requirements and guidance in multiple areas of the WSCC model. State-level policies related to the model are governed by an array of legislated statutes, state agency rules and regulations, state board of education policies,

^b For additional information about ESSA, see the U.S. Department of Education’s website <https://www.ed.gov/essa?src=rn>

and/or state board of health or nursing regulations. In addition, state agencies and boards often issue policy guidance in various areas of school health, providing clear policy recommendations but leaving decision-making in the hands of local education agencies and their leadership.³⁷

As a part of the assessment process, WSCC teams at the district and/or local level can begin by listing the existing required policies and/or state guidance for each component, identifying areas of success and those where daily practice could be strengthened. State health and education agencies are a good source of information about state-level policies and guidance relevant to the ten components of the WSCC model.

District- and School-Level Opportunities for Integration

The WSCC model can be used to guide development of a district and school's mission, vision and strategic plan to foster whole child initiatives and supports. Students' academic achievement and overall well-being can effectively be addressed by using the WSCC model as a framework to create these driving forces in a district and school. School districts may consider creating an accountability and continuous improvement system aligned with the whole child, with defined benchmarks, monitoring and reporting mechanisms to measure whether students are healthy, safe, supported, engaged and challenged. In addition, district leaders may adopt additional policies based on the documented health needs of students and school personnel. At the school level, the WSCC model and steps described in this guide can be leveraged to

implement district-wide initiatives. School leaders may also consider opportunities to incorporate whole child language and priorities into school-level policies and practices, including school improvement planning and wellness policies.

District and School Improvement Plans

Many states require districts and schools to create and implement an improvement plan that focuses on academic goals and actions. District and school improvement plans can provide a systematic opportunity to address the needs of the whole child, incorporating physical, social, emotional and/or behavioral health priorities into schools, as reflected in the WSCC model. [*A Guide to Incorporating Health and Wellness into School Improvement Plans*](#)³⁸ outlines opportunities and strategies to incorporate health and wellness-related goals and aligned activities into the school improvement planning process.

District and School-Level Policies and Practices Supporting Health and Wellness

School policies are principles, rules, or guidelines adopted by the school district or school to reach their long-term goals. The majority of districts and schools already have some policies in place to address physical, mental, and social needs of students and staff. To begin, all local education agencies (LEAs) participating in the National School Lunch Program are required to have a wellness policy outlining their efforts to create and implement supportive nutrition and physical activity environments (Child Nutrition and Women, Infant and Children (WIC) Reauthorization Act of 2004). In 2010 the wellness policy requirements were updated and strengthened under the Healthy Hunger-Free Kids Act, and the USDA Final Wellness Policy Rule (2016).³⁹



In addition to wellness policies, many districts and schools also have policies related to other health topics such as tobacco use, alcohol and drug use, bullying, and school safety. While policies may have been adopted, they may not have been implemented, or may have vague or weak language. The WSCC model can be used to systematically examine existing policies for opportunities to strengthen language and allow for more comprehensive policies/or implementation. Model policies have been developed by various organizations for schools and districts to modify and adopt. In addition, best practice resources provide guidance about implementation of policy and practice. Appendix A includes resources and tools for each component of the WSCC model that can be used to inform the review and development of policy and practices.

Building on Existing Teams

Many school districts and schools have used wellness policies and wellness policy committees as a starting point for aligning school policies and practices with the WSCC model. Similarly, districts and schools often have existing committees that address student and/or staff health, including school health advisory committees (SHAC) or coordinated school health committees, along with health- or school-climate related sub-committees of school improvement planning teams or parent teacher organizations. In all cases, these groups can often be easily expanded or adapted so that team members reflect the ten components of the WSCC model. Doing this often provides new opportunities to engage various school and community stakeholders not included previously, and can open the door to new perspectives and resources to meet the needs of the whole child.

Whole School, Whole Community, Whole Child Model in Action

How does the WSCC model work? There is no single answer to this question. Implementation of the model varies depending on district and school leadership, policy, culture, school and community needs and assets, staff availability, time, resources, family engagement, and community involvement.⁴⁰ The model is a framework that can be modified and adapted to meet the local needs of districts, schools, and communities to increase sustainability. Included below are two examples for how a school and district could use the model to strategically think through and the model and create a plan for implementation.

School-Level Example

District Improvement Goal:

Increase attendance, decrease chronic absenteeism

Health Priority: Asthma

In District X, one of the goals in the school improvement plan is to increase attendance and decrease chronic absenteeism. Together, the school improvement planning team and the WSCC team consider strategies to address these goals. After reviewing data such as the Youth Risk Behavior Survey, community health data, school attendance data, and researching practices to increase attendance and decrease chronic absenteeism, the teams identify improvements that can be made in the school related to asthma. Asthma is one of the leading causes for school absenteeism,⁴¹



and children with asthma are more likely to have depression and anxiety.⁴² By improving management of students with asthma and reducing environmental triggers in schools, school attendance can be improved.

The teams use the WSCC model to review guidelines and strategies to address policies, processes, and practices to improve the social and emotional health of students. At first glance, Health Services is the component that has an obvious role in managing and preventing asthma in the school setting. However, the other components can support and reinforce these efforts. The school prioritizes the following policies, processes, or practices to impact attendance by addressing asthma management and prevention^c:

^c This is an example and does not include all policies, processes, and practices that could be implemented to address social and emotional health and/or attendance. CDC's [Asthma](#) webpage provides guidelines and strategies for managing and preventing asthma in schools.

WSCC Component	Policies, Processes, or Practices
Health Education	<ul style="list-style-type: none"> • Implement evidence-based asthma education program for all students, including how to recognize and respond in an asthma emergency. • Provide professional development to staff on asthma triggers, basic asthma management, and how to recognize and respond in an asthma emergency.
Physical Education and Physical Activity	<ul style="list-style-type: none"> • Provide safe, enjoyable and challenging physical education and activity opportunities all students, including those with asthma. • Supervise students at all times (e.g., before and after school activities and during recess) to ensure physical and psychological safety.
Nutrition Environment and Services	<ul style="list-style-type: none"> • Work with nutrition services to ensure that practices are in place to minimize exposure to allergens for students with food allergies (a possible trigger for asthma).
Health Services	<ul style="list-style-type: none"> • Teach students with an asthma diagnosis how to manage their condition through asthma self-management education. • Identify state and/or district policies that permit students to carry and self-administer prescribed quick-relief medications and ensure that all staff are aware of policies. • Review and revise policies and procedures to facilitate identification of students with asthma, and to ensure that identified students have an Asthma Action Plan,^d along with a 504 plan^e and/or Individualized Education Program (IEP) as needed. • Use attendance records to monitor absenteeism of students with asthma. • Establish an emergency plan for assessing, managing, and referring students and staff members suffering from a medical emergency (e.g., severe asthma episode) to the appropriate level of care. • Leveraging community resources (community involvement), establish a referral system for students with asthma that do not have a medical home. • Share data about the percentage of students with asthma with school administrators.

WSCC Component	Policies, Processes, or Practices
Counseling, Psychological, and Social Services	<ul style="list-style-type: none"> • Working with community mental health partners and school counseling and psychology staff, establish a referral system for students with asthma in need of counseling services.
Social and Emotional Climate	<ul style="list-style-type: none"> • Create safe, caring, well-managed and participatory learning environments that are respectful of diversity, different abilities and cultural difference.
Physical Environment	<ul style="list-style-type: none"> • Establish written policies that permit students to carry and self-administer prescribed quick-relief medications for asthma. • Use asthma friendly cleaning strategies and products in all areas of the school building. • Use Integrated Pest Management^f to eliminate asthma triggers related to mouse droppings. • Determine appropriate improvements to be made to the physical environment to reduce asthma triggers such as mold, dust, chemicals, pesticides, etc.
Employee Wellness	<ul style="list-style-type: none"> • Offer an asthma management program to all employees.
Family Engagement	<ul style="list-style-type: none"> • Engage parents/guardians on identifying needs of students. Educate parents/guardians about asthma basics, asthma management, connecting to community resources, and how to recognize, respond to and manage an asthma emergency.
Community Involvement	<ul style="list-style-type: none"> • Establish a referral system for students with asthma in need a medical home and/or mental health services. Partner with community counseling services to allow access to school facilities for provision of services to students.

^d American Lung Association. Create an Asthma Action Plan. Available at: <http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/living-with-asthma/managing-asthma/create-an-asthma-action-plan.html>

^e U.S. Department of Education. Protecting Students with Disabilities. Available at: <https://www2.ed.gov/about/offices/list/ocr/504faq.html>

^f U.S. Environmental Protection Agency. Integrated Pest Management. Available at: <https://www.epa.gov/managing-pests-schools/introduction-integrated-pest-management>

As the components within schools and districts work together to implement these policies, processes, and practices, the district shares their plan with community organizations that provide afterschool care to students to see how they can align, support, and reinforce similar strategies in their programs and facilities.

How Using the WSCC Model Can Make a Difference in the Life of a Student

As a part of a larger initiative, a school's WSCC team identifies chronic absenteeism as a priority, and works through the process outlined above. As a result, Abby, a 4th grade student who has recently been missing many days of school, is identified as being frequently absent and also having a chronic health condition. Abby's teacher knows that she has struggled with asthma in the past, and she often requests to sit out during recess and physical education. Recently, she has been falling behind in class and is no longer on target to pass fourth grade. The school social worker and school nurse contact Abby's family to express their concern and ask how they can support her family so she can return to school. They find out that she has not recently seen a medical provider, and her parents are unsure of how to manage her asthma or the potential triggers within their home. Working together, the school nurse and social worker connect Abby's family with a community partner that refers her to a local physician, meet with the

parents to identify and remove asthma triggers in the home, and provide asthma management education. As a result, Abby receives the medicine she needs, peanuts are identified as a food allergy that can trigger an asthma attack, and environmental triggers are removed from her bedroom and minimized in the school cafeteria and her classroom. The school nurse works with the parents to develop an Asthma Action Plan, and works with Abby to improve her ability to self-manage. The guidance counselor meets with Abby to talk about the isolation she has felt from missing so much school, and her teacher feels better equipped to support Abby once she returns as a result of participating in an in-service training on asthma management in the classroom. In addition, the physical education teacher provides alternatives that will not induce asthma or isolate Abby, while still allowing her to be active. The end result? Abby is no longer chronically absent and completes 4th grade on track and on time.

District Level Example

District Improvement Goal: Increase school connectedness

Health Priority: Social and Emotional Health

In District Y, one of the goals in the district improvement plan is to increase school connectedness. District Y considers various strategies to reach this goal. After reviewing data, such as the Youth Risk Behavior Survey, community health data, and district attendance data, district leaders determine that improvements can be made to school culture and environment related to social

and emotional health. By improving school culture and the environment with a focus on improving social and emotional health, school connectedness can be increased.

District Y uses the WSCC model to review guidelines and strategies to address policies, processes and practices to improve the social and emotional health of students. At first glance, Health Education, Counseling, Psychological, and Social Services, and Social and Emotional Climate are the three WSCC components that have an obvious role in social and emotional health. However, the other components can support and reinforce these efforts.

The district prioritizes the following policies, processes, or practices to impact attendance by addressing students’ social and emotional health:

WSCC Component	Policies, Processes, or Practices
Health Education	<ul style="list-style-type: none"> • Implement a school-wide, evidence and skills-based social and emotional curriculum aligned with national or state health education standards that addresses social and emotional competencies (self-awareness, self-management, social awareness, relationship skills, and responsible decision-making). • Provide professional development to teachers on effective teaching strategies to develop social and emotional competencies.
Physical Education and Physical Activity	<ul style="list-style-type: none"> • Use instructional strategies that support teamwork and sportsmanship. • Supervise students at all times (e.g., before and after school activities and during recess) to ensure physical and psychological safety.
Nutrition Environment and Services	<ul style="list-style-type: none"> • Implement strategies to create a pleasant, friendly, and supportive cafeteria environment. • Adopt policies and practices that prohibit withholding or taking away food as a consequence, and eliminate practices that may alienate students such as identifying, punishing or shaming students with insufficient funds to purchase a meal.

WSCC Component	Policies, Processes, or Practices
Health Services	<ul style="list-style-type: none"> • Working together with counseling, psychological and social services, establish a confidential reporting system that allows student to report victimization and record details on bullying incidents. • Offer training to all staff on how to identify and respond appropriately to potential signs of anxiety or distress.
Counseling, Psychological, and Social Services	<ul style="list-style-type: none"> • Working together with community mental health services, establish a referral system for students in need of social, emotional and mental health services. • Implement daily check in programs for students identified as in need of additional social, emotional and/or mental health support.
Social and Emotional Climate	<ul style="list-style-type: none"> • Create safe, caring, well-managed and challenging participatory learning environments that are inclusive and respectful of diversity, different abilities and cultural differences. • Adopt and implement policies and practices that prevent harassment, bullying, and violence. • Working together with community partners (Community Involvement), implement an adult mentoring programs for students identified at-risk. • Encourage staff to build stronger relationships with students who are experiencing academic challenges or social problems, such as bullying or harassment.
Physical Environment	<ul style="list-style-type: none"> • Identify improvements that can be made to the physical environment to prevent harassment, bullying, and violence (e.g., increased lighting, reduction of secluded areas).
Employee Wellness	<ul style="list-style-type: none"> • Model healthy social and emotional behaviors for students. • Partner with district counseling and psychological staff and community partners to offer stress-management programs for employees.

WSCC Component	Policies, Processes, or Practices
Family Engagement	<ul style="list-style-type: none"> • Visibly demonstrate district support of family involvement in school activities, whole child teams, mentoring, or tutoring. • Provide educational opportunities for parents to learn about social and emotional competencies (self-awareness, self-management, social awareness, relationship skills, and responsible decision-making) their student is learning about in school how they can reinforce them at home. • Provide materials in languages spoken at home and translation services.
Community Involvement	<ul style="list-style-type: none"> • Partner with community agencies to allow community counseling services access to school facilities to provide mental health services to students and their families. • Partner with community agencies to offer student service learning projects.

Working collaboratively across all of the components, the administrators, staff, parents and community partners within schools and districts work together to implement these policies, processes, and practices. In addition, the district shares the plan with community organizations that provide afterschool care to students to see how they might align, support, and reinforce similar strategies in their programs and facilities.

This is an example and does not include all policies, processes, and practices that could be implemented to address social and emotional health and school connectedness. CDC's [School Connectedness](#) website provides guidelines and strategies to increase school connectedness.





PART 2:

Step-by-Step Guidance for Districts and Schools

PART 2:

Step-by-Step Guidance for Districts and Schools



The beginning of any journey is full of both anticipation and uncertainty, and the journey of creating a district and school environment and culture that embraces health throughout its policies, processes, and practices is no different. This guide provides step-by-step guidance for creating a team with administrator support, conducting an assessment, and implementing a district- or school-level plan to meet the needs of the whole child using the Whole School, Whole Community, Whole Child (WSCC) model. Specific guidance and tips are included for each step of the process. At the end of each step, districts and school will be prompted to check their progress. Worksheets will help teams to document progress and create a written history of their process.

While the steps are intended to be implemented chronologically, this process is not always linear. Depending on the systems or infrastructure a district or school has in place, a planning team can enter into the step-by-step process at any point. For example, a district or school may need to reflect and celebrate past achievements (Step 6) in order to move into using the WSCC model. Districts and schools may need to revisit steps as leadership and staff changes, plans are completed, and policies, processes, and practices are sustained. In addition, the policies, processes, and practices a district or school chooses to implement will vary depending on their unique context and identified needs and priorities, while the steps for planning and implementation will remain similar.

STEPS to Adopting the Whole School, Whole Community, Whole Child (WSCC) Model

STEP 1: Focus on Administrative Buy-in and Support

STEP 2: Identify a WSCC Coordinator and WSCC Team Leaders

STEP 3: Assemble a District and School Team

STEP 4: Assess and Plan WSCC Efforts

STEP 5: Implement the Plan

STEP 6: Reflect and Celebrate



What is My Role?

Everyone can play a role in supporting the whole child by adopting the WSCC model. There are several actions that can be taken in the planning and implementation process to create and sustain a school environment that promotes learning and health. The table on the next page outlines some of the possibilities.

Role in District or School	Possibilities
School Board Member	<ul style="list-style-type: none"> • Use the WSCC model to guide district infrastructure. • Support evidence-based policies, processes, and practices to care for the whole child. • Support funding for the implementation of WSCC plans, policies, processes, and programs at the district and school level.
Superintendent	<ul style="list-style-type: none"> • In collaboration with the school board, create the district mission, vision, and goals that align with the WSCC model. • Identify accountability metrics that align with the WSCC model. • Support evidence-based policies, processes, and practices to care for the whole child. • Provide funding for implementation and alignment of policies, processes, and practices at the district and school level.
School Principal	<ul style="list-style-type: none"> • Create the school mission, vision, and goals that align with the WSCC model. • Be a champion for WSCC by prioritizing its implementation and communicating its importance to staff, students, families, and community partners. • Support policies, processes, and practices to care for the whole child. • Provide funding for implementation and alignment of policies and practices at the school level, including stipends for team leaders, if feasible.
School Staff	<ul style="list-style-type: none"> • Be a school leader for WSCC. • Serve as member of the school’s WSCC team. • Participate in the needs assessment process (as described in Step 4 of this guide). • Advocate for, support and participate in WSCC-related initiatives. • Model healthy behaviors for students.

Role in District or School	Possibilities
Families/ Parents	<ul style="list-style-type: none"> • Advocate for use and implementation of the WSCC model at the school level and/or district level. • Serve as a member of the school or district’s WSCC team.
Students	<ul style="list-style-type: none"> • Serve as a member of the school or district’s WSCC team. • Advocate for the needs of students that relate to the WSCC model.
Community Members	<ul style="list-style-type: none"> • Serve as a member of the school or district’s WSCC team. • Share expertise and resources, and facilitate links to community services.

STEP 1: Focus on Administrative Buy-in and Support

Administrative support is important for effective and sustained efforts around the WSCC model.⁴³ District and school administrators can provide leadership to develop school environments supportive of the whole child to impact both student health and academic achievement by:

- Leading efforts to include the WSCC model in district and school vision, mission, and goals.
- Aligning or including WSCC-related efforts in school improvement plans or strategic plans.
- Actively participating in data analysis, assessment, and planning processes.
- Enabling staff with support and resources to implement WSCC plans.

- Communicating the link between academics and health to staff, families and key stakeholders.
- Regularly seeking feedback from students, families, staff, and expert partners on issues affecting health and wellbeing.

Ideas for gaining administrative buy-in and support:

While school and district administrators often lead efforts around adoption and implementation of the WSCC model, school staff and parents may also be in leadership roles that relate to student and staff health and wellness. In these cases, it is important to work toward gaining administrative buy-in and support. Some ideas for building administrative support: Share research with administrators about the relationship between

learning and health; be able to articulate how creating a healthy school culture aligns with district and school priorities, and can support broader efforts around improvement planning or accreditation, for example. Be able to answer the questions “What’s in it for us?” and “What’s our return on investment?”

- Adopt a common message in the district and school related to health and wellness. Ask administrators to share that message with staff, parents, the district, and the community during parent meetings, in the school newsletter, or on the school website.
- Invite an administrator to join the district or school WSCC team. This may include attending meetings and trainings, or being updated by a team member after meetings.
- When administrators are supportive, continue to strengthen those relationships. Speak publicly about how important their support is to the health of the school community.
- Create opportunities to reach beyond the walls of the school. Make presentations at school board meetings and the Parent Teacher Association/Parent Teacher Organization (PTA/PTO) to garner support.
- Invite the superintendent to observe health and wellness in action in the district or school. If the district has a WSCC Coordinator, ask that person to help spread the school’s health message via social media, districts or school newsletters, blogs, and other communications. Leverage school building administrators that are champions for the WSCC model to share their experiences.



Ideas for Student Engagement:

Have students create talking points to engage peers and administrators about the importance of addressing the whole child.

Build student capacity to advocate for WSCC-related programs at the district and school level.

Create age appropriate learning experiences that engage students in advocating for health and wellness in the school and at the district level.



Signs of Progress:

- The team addressing the WSCC model has similar status and authority as other content-focused teams (e.g., Math, Reading).
- Administrators begin to naturally connect academics with health in their daily communications with others.
- Administrators authorize and participate in WSCC-related programs and activities.
- Health and wellness are integrated into school and/or district improvement plans.
- Others in the district (e.g., staff from other schools, school board members, PTA/PTO) are paying attention to the WSCC efforts.



What's meant by a WSCC Team?

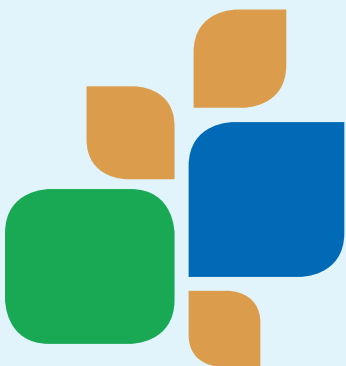
Throughout Part II of this guide, “WSCC team” is used to refer to a school or district-level committee whose membership reflects the components of the WSCC model, and whose priorities include using the model to address the needs of the whole child. **It is important to note that this does not need to be a new team!** District- and school-level committees, sub-committees or teams often exist that can be expanded to include representation from the ten WSCC component areas. Possibilities include but are not limited to, wellness committees, a school health advisory committee (SHAC), a sub-committee of a school or district improvement planning team or strategic planning team, Positive Behavioral Intervention and Support (PBIS) team, and PTA/PTO health and wellness committees.

A WSCC Coordinator can:

- Provide research linking learning and health to share with administrators.
- Help create concise talking points to engage administrators.
- Meet with the principal to discuss the alignment of health and wellness with school priorities as well as grant expectations and timelines.

At the District-level:

- Consider which administrators could be included in planning, implementation, and evaluation of WSCC such as school board members, superintendent, executive directors, or department directors.
- Determine what specific roles and responsibilities they could assume.
- If administrators are in support but not able to regularly attend meetings, identify who will be responsible for keeping administrators informed, and how frequently.
- Consider how community partners could support the district level health and wellness.
- Build whole child language into job descriptions and interviews.
- Identify opportunities for incorporating WSCC as policies come up for regular renewal.



STEP 1: Log

Administrators in support of the WSCC efforts:

Name _____ Title: _____

Name _____ Title: _____

Name _____ Title: _____

Administrators to reach out to and engage, who are not yet in support of the WSCC efforts:

Name _____ Title: _____

Name _____ Title: _____

Name _____ Title: _____

Specific roles and responsibilities administrators can assume related to WSCC efforts:

- Become familiar with research linking learning and health.
- Communicate the priority of WSCC to all staff and families.
- Identify opportunities to incorporate WSCC into the mission, vision, policies and messaging to students, families and staff.
Be consistent with messaging.
- Identify opportunities to incorporate WSCC-related goals, strategies and activities into the district or school improvement plan.
- Participate in the writing of the district or school plan to implement the WSCC model.
- Align WSCC efforts to current district and school accountability measures.
- Identify the WSCC Coordinator at the district-level or WSCC Team Leaders at the school-level.
- Attend and/or co-lead WSCC team meetings.
- Set up a team budget with the district/school budget.

STEP 1: LOG (CONTINUED)

- Provide and analyze data.
- Support and participate in WSCC-related assessments.
- Approve team decisions.
- Share team objectives, progress, and successes with others in the district.
- Allow time at staff meeting for team updates.
- Approve time and space for the team to meet.
- Approve release time for the team or leaders to meet.
- Be a role model by participating in wellness events.
- Ensure all district teams are invited to learn about the WSCC team.
- Support employee wellness.
- Seek additional resources to support WSCC-related initiatives.
- _____
- _____
- _____
- _____

The WSCC team will communicate with administrators in the following ways:

- Invite administrator(s) to attend meetings.
- If an administrator is not actively participating, assign one or two team members to meet with him/her after each meeting to share progress and garner support.
- Include administrator(s) in the distribution list for meeting minutes.
- _____
- _____
- _____
- _____

STEP 1: LOG (CONTINUED)

In the future, the WSCC team will reach out to these additional people who are influential in the district and/or school:

Name _____ Title: _____

Name _____ Title: _____

Name _____ Title: _____

Name _____ Title: _____

STEP 2: Identify a WSCC Coordinator and WSCC Team Leaders

Leadership is found at both the district and school level. Two important leadership roles are the WSCC Coordinator and WSCC Team Leaders. The WSCC Coordinator is a staff member at the district-level whose job responsibilities include facilitating and coordinating WSCC efforts at the district-level and assisting schools with their efforts. WSCC Team Leaders are responsible for leading, organizing, and facilitating WSCC efforts at the school level.

At the school level, WSCC teams should consider adopting a “co-leader” model. This model allows for shared responsibility and sustainability of team leadership. Co-leaders often are the “WSCC champions,” especially in the beginning stages of team development. They get the team started by recruiting team members and taking on the team’s organizational tasks, such as:

- Convening team meetings and handling meeting logistics.
- Creating meeting agendas.
- Serving as a communication conduit—keeping information circulating among team members and staff.
- Managing the team budget.

At the district level, these responsibilities may be included in the job description of a WSCC Coordinator, or incorporated into the responsibilities of another position that oversees some of the areas represented in the model.



Consider This:

At the school level, a co-leader model may be one of a WSCC team’s strongest assets. Even so, co-leaders are not responsible for doing all the work! Team disintegration happens most often when all the work is left in the hands of a few. The most successful WSCC teams have members who step up to tasks, volunteer to take the lead on specific goals or projects, and have a shared sense of ownership. Be intentional about taking advantage of team member strengths and interests.



Remember:

Individuals support what they help create.

At the school level, one of the first tasks of administrators is to help identify team leader(s) and work with them to create a list of team leader responsibilities. This process engages the administrator from the very beginning and helps establish a structure to support the team down the road.

Desirable characteristics of School-level Team Leaders:

- Strong organizational skills.
- Ability to communicate and engage with students, staff, administrators, and parents.
- Ability to conduct effective, action-oriented meetings.
- Strong support for addressing health and understanding of the connections between academics and health.
- Sufficient time to assume additional tasks.
- Willingness to serve as co-leader for a minimum of one school year.



Ideas for Student Engagement:

- Consider reaching out to a student to be a co-leader or a student leader.
- Identify what roles students can play as a leader or what tasks they can take on to support the team.



Signs of Progress:

- WSCC Coordinator is identified.
- Team leader(s) are identified (school-level).
- A list of WSCC coordinator or team leader responsibilities is developed.
- Administrators approve the designated team leaders.

A School-level Team Leader can:

- Facilitate school-level WSCC team meetings
- Serve as a liaison between administrators and the team.
- Oversee and monitor completion of school-level WSCC-related assessments.
- Facilitate development of a plan.
- Complete and monitor progress of plans related to WSCC implementation.
- Identify and provide input on future funding opportunities.
- Utilize success stories to gain additional buy-in and support.
- Assist with completion of school-level surveys or data collection.
- Garner support from staff, parents and community for WSCC-related efforts.

STEP 2: IDENTIFY A WSCC COORDINATOR AND WSCC TEAM LEADERS (CONTINUED)

A WSCC Coordinator can:

- Facilitate district-level WSCC team meetings.
- Serve as liaison between administrators and the team.
- Oversee and monitor completion of WSCC-related assessments by individual schools and at the district level.
- Facilitate development of a district-wide plan to implement the WSCC model.
- Complete and monitor progress of plans related to WSCC implementation.
- Identify and provide input on future funding opportunities.
- Identify success stories within the district and utilize them to gain additional buy-in and support.
- Provide guidance to Team Leaders around surveys and data collection.
- Assist with completion of surveys or data collection at the district level.
- Garner support from staff, parents and community for WSCC-related efforts.
- Help write Team Leader job descriptions unique to each school.
- Share Team Leader job descriptions with other schools within the district.
- Identify options for substitute and/or stipend pay for Team Leaders at the school level.

At the District-level:

- Designate a WSCC Coordinator to oversee and coordinate district level policies, processes, and practices supported by the WSCC model.
- Identify a district level administrator to oversee the district WSCC component areas (as they align with district departments or offices) and efforts.
- Establish a WSCC Coordinator position and secure funding for the position.

STEP 2: Log

WSCC Coordinator/Team Leader(s) name(s) and title(s):

A sample list of WSCC Coordinator or Team Leader job responsibilities:

- In collaboration with the administrator, recruit additional team members.
- Schedule and facilitate meetings of the WSCC team.
- Monitor the WSCC team budget.
- Oversee implementation of the assessment.
- Oversee development of the plan to address the whole child through the WSCC model.
- Work with administrators and other appropriate staff to incorporate WSCC-related goals and objectives into the district or school improvement plan.
- Establish a system of communication with administrator(s).
- Engage students in the process and include them on the WSCC team, when appropriate.
- _____
- _____
- _____
- _____

At the school level, the plan for rotating or replacing co-leaders is:

STEP 3: Assemble a District and/or School Team

A well-represented WSCC team has members from both academic and health areas of the district or school. WSCC teams strive to have representatives from the ten components of the model, including:

- Health Education
- Physical Education and Physical Activity
- Nutrition Environment and Services
- Health Services
- Counseling, Psychological, and Social Services
- Social and Emotional Climate
- Physical Environment
- Employee Wellness
- Family Engagement
- Community Involvement

Strong WSCC teams often begin with members most closely related to the components of the model (e.g., physical education teacher, health teacher, school nurse, guidance counselor, school psychologist, nutrition services director), and expand to involve staff such as librarians, custodians, secretaries, parents, community members, and students. In addition, representatives from academic/curriculum departments and other student support services (e.g., special education, gifted and talented) can assist in the alignment of efforts to improve both learning and health. Many WSCC teams also invite leaders of community organizations, agencies (e.g., local health department, social services, law enforcement) and local businesses to participate. This can lead to community partnerships with schools and school districts and facilitate the sharing

of resources to support student learning, development, and health-related activities.

It is important to consider existing teams in the district or school and their mission and purpose. A WSCC team may be able to be combined with another team or even be a subgroup of a larger team. Look for ways to integrate efforts with teams that have similar goals, such as the Positive Behavioral Interventions and Supports (PBIS) Team,⁹ a wellness committee, a student support team or a school health council. Consider whether existing committees can be expanded to reflect the components of the WSCC model, or a sub-committee can be formed.

In smaller schools, staff members often wear many hats and may represent more than one WSCC component on the team. Full representation can be challenging particularly in small districts or schools or with teams just getting started. It is not a requirement to have all 10 components represented on a WSCC team, but rather something to strive for. Get the strongest team possible assembled, and make a point of revisiting team membership over time.

⁹ Positive Behavioral Intervention and Supports (PBIS) is “an application of a behaviorally-based systems approach to enhance the capacity of schools, families, and communities to design effective environments that improve the link between research-validated practices and the environments in which teaching and learning occurs. Attention is focused on creating and sustaining Tier 1 supports (universal), Tier 2 supports (targeted group) and Tier 3 supports (individual) systems of support that improve lifestyle results (personal, health, social, family, work, recreation) for all children and youth by making targeted behavior less effective, efficient, and relevant, and desired behavior more functional.” (www.pbis.org)

At the district level, members of a WSCC team can include representatives of the components, as well as district leadership (e.g., superintendent, assistant superintendents), directors of curriculum and instruction, local public health agencies, and hospitals.

Before recruiting team members, it is helpful for team leaders and/or administrators to create the following:

- Team purpose (e.g., the WSCC team will assess, develop and implement health, wellness and safe schools efforts throughout the district or school)
- Tentative meeting schedule (frequency and length of meetings)
- Initial objectives for the team (e.g., secure funding, merge with Positive Behavioral Interventions and Supports (PBIS), conduct an assessment)
- Degree of decision-making and authority the team will have
- Team member “job description,” including roles and responsibilities of members and how long they are being asked to serve on the team.



Ideas for Student Engagement

As a WSCC team is created, consider how students can be involved. Student engagement at the school or district level at a minimum should have student representatives that are part of the decision-making process. It is important to engage students in a meaningful way and recognize them as assets to the team. Beyond student representation on a WSCC team, consider creating a parallel student-led team that encourages youth to align their initiatives with the overall focus and objectives of the WSCC team. Identify existing student groups that can be engaged in this work, such as the student council, National Honor Society, after or before school clubs or programs. The level of participation will vary based on the age of students involved in the team.



Key points to remember as students are engaged:

- Create a safe place for students to share their perspectives.
- Focus on building skills and opportunities for students.
- Build authentic, dedicated, adult-student partnerships.
- Employ a strengths-based approach that is inclusive, collaborative, and sustainable.

Students may be engaged even in the team development process. For example, students can brainstorm community partners and advocate for their participation on the WSCC team.

A WSCC Coordinator can:

- Help create an initial job description for team members.
- Provide information about grant expectations and timelines to team members.
- Convene an informational session for potential team members on the WSCC model.



Signs of Progress

- Team structure and mission have been developed.
- A critical mass of team members has been recruited.
- Students are an integral part of the team.

At the District-level:

- Create a district level team with broad representation of all WSCC components. Consider representation from other student support services (special education, gifted and talented), and academic/curriculum specialist teams.
- Consider how existing teams for student and academic support can be expanded to represent the WSCC components.
- Engage community partners to be on the team to support the WSCC components.
- Identify other community coalitions that should have representation or be part of the district level WSCC team (e.g., Communities That Care Coalitions, local public health coalitions).
- Create an organizational structure that allows for alignment of policies, programs, and practices among the component areas.
- Establish a student-led WSCC team.

STEP 3: Log

Team purpose statement:

Example: Ensure that essential health and safety supports are in place and that students are supported, engaged, and challenged.

Tentative meeting schedule (frequency, location, and length of meetings):

*Example: 2nd Tuesday of every month from 3:00 - 4:30 pm in the school library. **A note about meeting times—finding a workable meeting time may be a challenge. Be flexible and try different options until the WSCC team finds one that works for most members.*

Initial objectives for the team:

Example: Complete the School Health Index and/or data review, identify strengths and gaps, and create a plan to plan to address the whole child using the WSCC model.

Degree of decision-making and authority the team will have:

Decisions the team can make on their own

Example: Assign team member roles (e.g., note-taker, budget overseer, parent liaison)

Decisions that must be approved by an administrator:

Example: Conduct meetings during the school day and provide substitutes for appropriate team members.

STEP 3: LOG (CONTINUED)

Initial team member responsibilities:

- Attend _____ meetings during the _____ school year.
- Participate in team meeting tasks.
- Participate in completing the assessment.
- Participate in creating a plan to address the whole child using the WSCC model.
- Take an active role in implementing the plan.
- Participate in team activities.
- Assist in monitoring team progress toward meeting objectives.
- Become familiar with research linking learning and health.
- Be an advocate for integrating health into the school culture.
- Identify grant opportunities.
- _____
- _____

STEP 3: LOG (CONTINUED)

Team Member	Component	Other District/School Team (s) This Person Represents
<i>Example: Chris Black</i>	<i>Physical Environment</i>	<i>Accountability Team</i>
	Health Education	
	Physical Education and Physical Activity	
	Nutrition Environment and Services	
	Health Services	
	Counseling, Psychological, and Social Services	
	Social and Emotional Climate	
	Physical Environment	
	Employee Wellness	
	Family Engagement	
	Community Involvement (Think broadly! This could include social service agencies, local health department, hospitals, physician or dental practices, food banks, YMCA, churches, local businesses, or others)	
	Administrator(s)	
	Parent(s)	
	Student(s)	

STEP 4: Assess and Plan WSCC Efforts

One of the district or school WSCC team's first responsibilities is to take an in-depth look at each of the ten components of the model and develop a plan to address areas in need of improvement. District and schools should gather and analyze data to determine district/school needs and priorities, prioritize actions, research best practices and develop a plan.

1 Gather and Analyze Data to Determine District/School Priorities

There are several data sources districts and schools can utilize during the assessment and planning process. Districts and schools often have access to data related to academic proficiency in various areas, including reading, writing, math and science, academic growth, rates of graduation, dropout, attendance/absenteeism, behavior (suspensions, expulsions), and students receiving free and reduced lunch. These data can inform the WSCC team about behaviors and outcomes and help provide a broader understanding of the challenges that students face. Some sources of health and wellness-related data include the following:

State and Local-Level Data

- **Youth Risk Behavior Surveillance System (YRBSS)** – A national school-based survey of students in grades 9-12 that monitors priority risk behaviors. State-level data is available, along with district-level for a select group of large school districts.
<http://www.cdc.gov/healthyouth/data/yrbs/index.htm>
- **State-led surveys of youth risk behaviors** (e.g., California Healthy Kids Survey, Healthy

Kids Colorado Survey, Georgia Student Health Survey, Florida Youth Tobacco Survey, Arkansas Prevention Needs Assessment Survey)

- **School Health Profiles** – A system of surveys assessing school health policies and practices in states, large urban school districts, and territories. State-level data is available. <http://www.cdc.gov/healthyyouth/data/profiles/index.htm>
- **County Health Rankings** – Provides a snapshot of vital health factors at a local level, including high school graduation rates, obesity, smoking, access to healthy foods, and teen births. County-level data is available. <http://www.countyhealthrankings.org/>
- **Other local data** from the juvenile justice system, law enforcement, and local and state public health departments may also be available.
- **School- and district-level data** – Districts and schools often collect data that can support WSCC implementation. For example, health services may have information about how many students are diagnosed with asthma, diabetes and other chronic conditions that impact the school experience. Counseling, psychological and social services may have data from school climate surveys that could be helpful in identifying needs.

Data from health and wellness-related assessments can provide valuable information not found in the other data sources. Assessment tools inform the district and/or school about policies, processes, and practices that are in place and identify areas for improvement.

School- and District-Level Assessments

- **CDC School Health Index (SHI)** – A self-assessment and planning tool, framed around the WSCC model, that schools can use to improve their health and safety policies and programs. <https://www.cdc.gov/healthyschools/shi/index.htm>
- **ASCD School Improvement Tool** – A needs assessment survey based on a whole child approach to education, including indicators across the ASCD Whole Child Tenets (healthy, safe, engaged, supported and challenged). <http://sitool.ascd.org/Default.aspx?ReturnUrl=%2f>
- **WellSAT 2.0 (Wellness School Assessment Tool)** – An assessment measuring the quality of written wellness policies. <http://www.wellsat.org>.
- **U.S. Department of Education School Climate Survey** – A survey measuring school engagement, safety and environment at school, including physical health and mental health. <https://safesupportivelearning.ed.gov/edscls>
- **State Assessment Tools** – Some states have their own tool. Check with the district WSCC Coordinator or school health staff in the state health or education agencies to see if one is available.
- **Community Health Needs Assessments** – Assessments completed by many communities and hospitals can provide valuable data to districts and schools.^h



Ideas for Student Engagement:

- Include students in the development and implementation of surveys and data collection.
- Invite students to the assessment and planning meetings. They can provide valuable input in determining priorities.
- Engage student groups in writing the plan for implementation of the WSCC model.



Signs of Progress:

- The SHI has been completed with input from staff, administrators, parents, and community members.
- The results of the SHI have been reviewed by WSCC team members.
- A first draft of a plan to address the whole child using the WSCC model is completed.
- The team has made the draft plan available to the principal and staff for input at a staff meeting.
- The plan has been revised based on staff and principal input.
- The plan is incorporated into or connected with the district or school improvement plan, and/or school or district goals.

^h Adapted from: National Association of Chronic Disease Directors, 2016. A Guide for Incorporating Health and Wellness into School Improvement Plans. Available at: https://c.ymcdn.com/sites/chronicdisease.site-ym.com/resource/resmgr/school_health/NACDD_SIP_Guide_2016.pdf

STEP 4: ASSESS AND PLAN WSCC EFFORTS (CONTINUED)

2 Identify Existing Policies and Guidance that Relate to the WSCC Model

Districts and schools are already doing many great things to support the whole child, as reflected in the WSCC model. As a part of the assessment process, WSCC teams at the district and/or local level should consider listing the required state- and district-level policies and/or recommendations/guidance that are relevant to each component, identifying areas of success and those where daily practice could be strengthened. For example, a state policy might require that students have the opportunity to be physically active 30 minutes during each school day, but in practice students only have the opportunity 3 days per week. This process helps to identify gaps and opportunities to not only meet the needs of the whole child, but also bring schools and districts closer to alignment with requirements and recommendations.

3 Prioritize Actions and Research Best Practices

The SHI utilizes five dimensions (importance, cost, time, commitment and feasibility) to assist teams in selecting priority actions to include in their improvement plan. Other data may be used to select priority actions.

WSCC teams should consider reviewing CDC's research-based guidelines and best practices for school health programs prior to prioritizing their actions to address areas for improvement. Refer to Appendix A for CDC's research-based guidelines and best practices for school health programs.

Some examples of practice and policy changes are included in this list:

- Provide non-food or healthy food rewards in the classroom.
- Adopt a sequential, mastery-based, health education curriculum consistent with the state or national health education standards.
- Provide physical activity breaks/brain boosters in the classroom.
- Prohibit tobacco use among students, staff members, and visitors, 24/7 on school grounds.
- Adopt and enforce policies permitting students with asthma to possess and self-administer quick-relief medications.
- Embed behavioral health practices in the school improvement planning process.
- Develop a system to identify and track students with chronic health conditions.

Schools will implement their priority policies, processes, and practices, while districts will support schools in their implementation by:

- Adopting policies,
- Developing district policies, processes, and practice implementation plans based on school priorities, and/or
- Providing resources (funding, professional development, curriculum, etc.) to assist schools in implementation.

4 Develop a Plan and Identify Opportunities for Integration into Broader District- or School Initiatives

Once a WSCC team has identified needs and gaps and selected their priority actions, it is time to develop a plan. Ideally, the plan should not stand alone, but be integrated into a district or school's broader improvement

STEP 4: ASSESS AND PLAN WSCC EFFORTS (CONTINUED)

plan, strategic plan, or plan for to improve school climate or PBIS, for example. A plan that is connected to important initiatives and supports identified priority areas is more likely to resonate with leadership, and more likely to succeed. When prioritizing actions and drafting a plan, always keep in the following question in mind: How might these actions enhance or support the district or school's priorities?

The plan should include SMART objectives based on priority actions, data to be collected that will indicate the objective has been achieved, and steps needed to achieve the objective. Guidance for developing SMART objectives is included below.

5 Develop SMART Objectives

SMART objective identifies results to be achieved and the manner in which those results will be achieved. Well-written objectives help set priorities and targets for progress and accountability (see descriptors below).

The SMART acronym stands for:

Specific – Has the population(s) or setting(s) been identified? What actions will occur? What is the activity? Who is it for?

Measurable – Can change or completion be documented? Can the results of an activity be quantified?

Attainable – Can the objective be realistically accomplish in the proposed time frame with the resources available?

Relevant – Is this objective aligned with student and school needs?

Time-Phased – What is the timeline to accomplish this objective?

Two examples of SMART objectives are provided below:

- By December 1, 20XX, 100% of teachers and staff will use non-food rewards for behavior or accomplishments.
- By June 1, 20XX, 80% of staff at Main Street Elementary will participate in at least one staff wellness activity identified through a staff interest survey.

6 Identify sources of data that can be used to measure success.

Data collected should show evidence that the SMART objective was successfully met or that there was progress made towards meeting the SMART objective. Data can be qualitative (e.g., student reactions) or quantitative (e.g., event participation or results from an assessment). Generally speaking, data are collected initially to estimate a baseline and then again after a plan has been implemented. Look at the example below to see the relationship of data collection to the SMART objective.

7 Identify steps needed to achieve the objective.

Action steps are all the activities needed to implement your improvement plan and reach your SMART objective. Every action step should relate back to the SMART objective. Make sure there is an action step for every piece of data collection. Begin each action with a verb and describe exactly what will happen. Once the action is written, determine when it will be completed, who is responsible, and whether there is a cost associated.

Using the School Health Index to Assess, Prioritize, and Plan

The School Health Index (SHI) was developed by the Centers for Disease Control and Prevention (CDC) in partnership with school administrators and staff, school health experts, parents, and national nongovernmental health and education agencies to:

- Enable schools to identify strengths and weaknesses of health and safety policies, programs and practices.
- Enable schools to develop an action plan for improving school and student health, which can be incorporated into the School Improvement Plan.
- Engage teachers, parents, students, and the community in promoting health-enhancing behaviors and better health.

The SHI is aligned with each component of the WSCC model and is based on CDC's research-based guidelines for school health programs, which identify the policies and practices most likely to be effective in reducing youth health risk behaviors.

The SHI has two activities that are to be completed by a school health team: a self-assessment process and a planning for improvement process.

Self-Assessment Process

The self-assessment process involves members of the school health team coming together to discuss what the school is already doing to promote good health and to identify the school's strengths and weaknesses. More specifically, the team will be assessing the extent to which the school implements the policies and practices recommended by CDC

in its research-based guidelines and strategies for school health and safety programs.

The most essential thing to remember is that completing the SHI should be a group effort: the strength of the process comes from having individuals from different parts of the school community sit down together and plan ways to work towards improving school health policies and programs. The connections that develop among SHI participants are among the most important outcomes of the process.

Planning for Improvement

The SHI planning for improvement process enables a school health team to identify recommended actions the school can take to improve its performance in areas that received low scores. It guides the team through a simple process for prioritizing the various recommendations. This step will help the team decide on a handful of actions to implement this year. Finally, the team will complete a plan to list the steps they will take to implement their actions.

The SHI can be completed online or follow the step-by-step instructions in the print version. Both methods are effective and the team will need to decide which one is best for their school. The online method is interactive and customizable. A team can select the topics they want to include in their SHI and invite team members to log in and participate.

Access the SHI online at <http://www.cdc.gov/HealthyYouth/SHI>.

The SHI is designed for use at the school level. However with appropriate adaption, it could be used at the district level as well, especially if the district has only a few schools and those schools have similar policies and practices.

STEP 4: ASSESS AND PLAN WSCC EFFORTS (CONTINUED)

Steps should:

- Begin with a verb.
- Be realistic for the available budget.
- Be chronological.
- Include how completion of the action will be measured.
- Share the work among all team members.

An example of one objective from a school-level plan developed around the WSCC model is included below:

School Name: Main Street Elementary School	District Name:
WSCC Co-leader Names:	Principal:
SMART Objective (desired change): <p>By December 1, 20XX, 75% of classroom teachers and staff at Main Street Elementary will implement brain boosters at least three times per week.</p> <p>All staff, including classroom and specialist teachers, school nurses, counselors, psychologists and administrators will be encouraged to build brain boosters into their daily routine and events, such as school assemblies, family engagement events, etc.</p>	
What data will be collected that will indicate the objective has been achieved? <ul style="list-style-type: none">• # of classroom teachers and staff currently implementing brain boosters with students• # of days per week classroom teachers and staff are currently implementing brain boosters• # of teachers and staff who are implementing brain boosters at least three times per week on or before December 1, 20XX	

STEP 4: ASSESS AND PLAN WSCC EFFORTS (CONTINUED)

Steps to achieve SMART Objective	Timeline	Person(s) Responsible	Budget Needed	Step Completed
Meet with WSCC team to discuss proposed plan and assign responsibilities for completing various tasks.	September 15	Co-leaders	\$0	
Develop a survey asking the first two questions described in the data section above.	September 30	PE Teacher, District WSCC Coordinator	\$0	
Partner with local health and wellness organization to provide an in-service training about using brain boosters in the classroom and school.	September 30	PE Teacher, local wellness organization, two other WSCC team members	\$0	
Implement the survey to gather baseline information at October 23 weekly staff meeting.	October 23	Co-leaders	\$0	
Conduct hour-long in-service training at September staff meeting.	November 1	In-service Team	\$0	
Staff begin to implement brain boosters.	November 15	All staff	\$0	
Provide brain booster example as warm-up activity at weekly staff meetings during October-December.	November-December	In-service Team	\$0	
Survey staff on implementation to determine successes and challenges to date.	January 15	Co-In-service Team	\$0	
Analyze survey data and adjust or modify implementation as needed.	February 15	PE Teacher, District WSCC Coordinator	\$0	
Share results with WSCC team and identify areas needing additional support.	March 15	Co-leaders	\$0	
Share results with school improvement team and/or other administrative team, along with strategies for supporting continued implementation.	April 15	Co-leaders	\$0	

A WSCC Coordinator can:

- Assist with implementation of the assessment as needed.
- Highlight best practices that align with district policies.
- Review WSCC-related plans and provide feedback.
- Help develop a communications strategy to present to staff, administrators, and other partners.

At the District-level:

- Adapt an assessment tool for use at the district level, especially if the district has only a few schools and those schools have similar policies and practices.
- Utilize academic, national, state, and local health data, survey, and assessment results to prioritize goals, objectives and activities related to the WSCC model.
- Ensure that WSCC-related goals and strategies are incorporated into the district and/or school improvement plan.

Quick Wins

As WSCC teams are assessing and planning they may identify “quick wins” or practices that are easier to implement. Quick wins can demonstrate to staff how simple changes can be made to impact learning and health, and encourage a WSCC team and staff to implement other policies, processes, and practices. For example, a school may recognize that teachers and staff are providing unhealthy food as rewards. To achieve a quick win, simple steps to implement healthy or non-food rewards might include:

- Meeting with teachers and staff to determine options for healthy or non-food rewards.
- Communicating healthy or non-food reward options to all teachers and staff along with a timeline to full implementation.
- Gathering feedback from staff and students to determine any necessary modifications to be made.

STEP 4: Log

Individuals to invite to help complete the assessment and planning process:

Component	Representative(s)
Health Education	
Physical Education and Physical Activity	
Nutrition Environment and Services	
Health Services	
Counseling, Psychological, and Social Services	
Social and Emotional Climate	
Physical Environment	
Employee Wellness	
Family Engagement	
Community Involvement	
Administrator(s)	
Student(s)	
Parents	
Other staff member(s) or individual(s)	

Timeline and process for conducting the assessment:

Do the assessment together as a team.

Date and time:

Assign small teams to complete each component of the assessment.

Due date to complete component assessments:

Date and time we'll convene to review results:

STEP 4: LOG (CONTINUED)

Timeline and process for reviewing state requirements and guidance in each of the WSCC component areas:

A SMART objective identifies results to be achieved and the manner in which those results will be achieved. Well-written objectives help set priorities and targets for progress and accountability (see descriptors below).

Two examples of SMART objectives based on the examples in the previous section:

- By December 1, 20XX, 75% of classroom teachers and staff at Main Street Elementary will implement brain boosters at least three times per week.
- By June 1, 20XX, 80% of staff at Main Street Elementary will participate in at least one staff wellness activity identified through a staff interest survey.

To write a SMART objective, fill in these blanks:

By ___/___/___ _____ _____
When; time-phased Number; measureable Who/What; specific

Draft a SMART Objective:

STEP 4: LOG (CONTINUED)

Complete the checklist below to ensure that the objective is SMART.

Is the following addressed in the SMART objective?	Yes	No
Specific: Who? (target population) and What? (action/activity)		
Measureable: How much change is expected?		
Attainable: Can it be realistically accomplished given current resources and constraints?		
Relevant: Does it address the scope of the plan and proposed reasonable action steps?		
Time-phased: Does it provide a timeline indicating by when the objective will be met?		

Does the SMART objective relate to a single result? Yes No (rewrite it!)

Does the SMART objective incorporate a best practice? Yes No (rewrite it!)

Revised SMART Objective:

STEP 5: Implement the Plan

Once the district or school has developed a plan to address the whole child using the WSCC model, the focus shifts to implementation. During the implementation period, stay focused on the following:

- Adhere to the plan, but revise as needed.
- Track progress.
- Collect data from the beginning.

Adhere to the Plan - But Revise as Needed

During the school year, it can be expected that steps and timelines will need to be revised. Remember that any revised steps should relate directly to the SMART objective. Some WSCC teams get distracted from their plan and start to take on other activities or tasks. If this happens, document those interests for future consideration. A WSCC team may take them on at a later time, or a parent or community group may get involved with those issues.

Occasionally, an emerging issue may take priority, or circumstances may occur (e.g., loss of funding, a traumatic event, etc.) causing a WSCC team to revise their plan to address the issue. A team can always revisit the original priorities when time permits and as needed.

Track Progress

At every team meeting, take time to assess the progress made on the plan. Check off steps that have been completed. Revisit next steps and timelines and confirm the commitment of team members and others who have assumed responsibility to complete them.



Ideas for Student Engagement

- Assign students responsibilities to implement the district or school plan related to the WSCC model. For example, create a student-led physical activity team that trains physical activity leaders in each classroom. The classroom physical activity leaders lead the physical activity breaks in classrooms and assess implementation.
- Engage students in the evaluation of the plan.



Signs of Progress:

- The team is accomplishing the action steps in their plan and adhering to both the timeline and budget.
- Needed modifications are identified and successfully implemented.
- Process and outcome evaluations are planned and implemented.

STEP 5: IMPLEMENT THE PLAN (CONTINUED)

Collect data throughout the process to guide implementation to measure success. Look for opportunities to engage additional staff, students, parents, and community members.

As a WSCC team moves through the school year, be sure to keep the district or school staff updated on their activities and progress. Talk with administrators about having time at staff or team meetings to share updates and ask for input or assistance. Look for new resources and ways to leverage existing resources (e.g., use in-service days for team meetings when possible).

Collect data from the beginning

For new WSCC teams, it is sometimes easy to complete the action steps while forgetting about the data collection. To ensure the

appropriate data is collected to show objectives were met, include data collection in a plan's action steps and include who is responsible as well as a timeline for the data collection. As part of updates to staff, include what is being learned from the data collected. For example, what did the staff survey indicate? How many parents responded to the school breakfast questionnaire? How many teachers are currently implementing brain boosters?

Additionally, consider the academic indicators expected to be impacted through these efforts, such as attendance, tardiness, discipline referrals, school connectedness or parent engagement. **Keep in mind that some indicators may need several years before impact can be measured.**

A WSCC Coordinator can:

- Make community connections to in-kind services or goods needed to implement the plan.
- Suggest how plans can be modified if a WSCC team determines things are not going according to the plan based on mid-point surveys.

At the District-level:

- Coordinate with district data and assessment coordinators to gather baseline academic and student health data prior to implementation of the plan.
- Track plan implementation with WSCC team members on a regular basis.
- Revise the plan's steps and timelines as needed based on process evaluations.
- Track progress through district and school accountability systems.



STEP 5: Log

Based on the plan developed by a WSCC team, identify when evaluations of implementation success will occur. Use this chart to determine any adjustments or modifications that need to be made:

The process evaluation says:	Based on the process evaluation, we need to make an adjustment/modification:	Adjustments/Modifications
<p>Example:</p> <p>Staff survey showed:</p> <ul style="list-style-type: none"> • Only half are implementing physical activity breaks in their classrooms after training. • Challenges include transitions from activity to seats. 	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • A physical activity break example will be modeled during weekly staff meetings. • A one-hour training will be provided to demonstrate classroom management and transitions related to physical activity.
	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

STEP 6: Reflect and Celebrate

Finally, WSCC team leaders should monitor how the team is functioning throughout the year. Are members still excited and engaged, or are the team leaders taking on more and more responsibilities? Are team meetings productive and well attended? Consider regular process checks (meeting “exit tickets”, a quick survey on regular intervals) to track how things are going. At the end of the school year, ask team members to reflect on the year using the questions found in the Step 6 Log. This feedback can help team leaders determine strengths and areas for improvement for the team’s functionality, potential new members, and resources that might be needed to succeed.

Take Time to Celebrate!

Do not wait until the end of the year to celebrate! Small steps deserve celebration and also serve as reminders to the staff, students, and parents that the team is working hard and moving forward. Look for ways to incorporate fun and celebration into the team’s work. For example, if a staff survey was completed, find a creative way to share results and get others excited about next steps. Be visible and passionate about progress and plans. Be creative when considering celebrations for the team.

Ideas for team celebrations:

- Begin each team meeting by recognizing accomplishments or celebrations.
- Send handwritten notes to team members to thank them for their time and efforts.
- Go on a fun team outing – go for a hike or walk in a local park or scenic area.

Sharing Success!

As plans to address the whole child through the WSCC model are implemented, it is important to take the time to capture the accomplishments a program attains along the way. Sharing achievements as plans progress will put a WSCC team and their efforts in an advantageous position when administrators, parents, community partners, and other stakeholders make decision that affect the program. The more educated they are about the WSCC-related goals, activities, and successes, the more likely they are to support the program.

Specific reasons for developing and sharing success stories may include:

- Capturing progress over time.
- Educating decision makers about the impact of a program.
- Demonstrating responsible use of resources to stakeholders
- Sharing “best practices” with other similarly-funded programs.
- Attracting new partners for collaboration.ⁱ

Success can be shared in many formats such as newsletter articles, blogs, photo essays, presentations, or infographics.

ⁱ Adapted from How to Develop a Success Story, Centers for Disease and Prevention.
https://www.cdc.gov/healthyschools/stories/pdf/howto_create_success_story.pdf



A WSCC Coordinator can:

- Share success stories and updates with district leadership, parents, community partners, and staff throughout the district.
- Coordinate data analysis of all schools in district to develop a district snapshot.
- Advocate for funding and resources to continue and expanding WSCC-related efforts at the school level.

At the District-level:

- Debrief with district WSCC team members to determine team functioning and areas of improvement.
- Celebrate district WSCC team members and their efforts.
- Share success at the district- and/or school-level with district administrators, school administrators, school board members, parents, community partners, and other stakeholders.

STEP 6: Log

Toward the end of the school year, schedule time to debrief everything from this year with the team. The lessons learned will be valuable next year when the team reconvenes.

Our team's biggest success this year, and how we made it happen:

Our team's biggest challenge this year, and what we can do differently in the future:

Next year, when we conduct an assessment and create our plan, we need to remember to:

What did you learn through your participation on the WSCC team this year?

Thoughts about team leadership and membership for next year:

Additional people/organizations we need to get involved:

Additional resources we need to be successful:

Professional development we would like to have to help us create a healthy and safe school environment and culture:

Appendix A

Resources to Support Implementation of the WSCC Model

Cross-Cutting Resources

- School Health Resources from CDC <https://www.cdc.gov/healthyschools/resources.htm>
- Special Edition of the Journal of School Health (focused on the WSCC model) <http://onlinelibrary.wiley.com/doi/10.1111/josh.2015.85.issue-11/issuetoc>
- Virtual Healthy School (CDC) <https://www.cdc.gov/features/virtual-healthy-school/>
- School Health Index (CDC) <https://www.cdc.gov/healthyschools/shi/index.htm>
- School Health Guidelines to Prevent Unintentional Injuries and Violence (CDC) <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5022a1.htm>
- Healthy Schools Program (Alliance for a Healthier Generation) https://www.healthiergeneration.org/take_action/schools/
- Game On Program (Action for Healthy Kids) <http://www.actionforhealthykids.org/game-on>
- ASCD Learning and Health Resources <http://www.ascd.org/programs/learning-and-health.aspx>
- School Improvement Tool (ASCD) <http://sitool.ascd.org/Default.aspx?ReturnUrl=%2f>
- WSCC Model: Ideas for Implementation (ASCD) http://www.ascd.org/ASCD/pdf/siteASCD/wholechild/WSCC_Examples_Publication.pdf
- WellSAT 2.0 (Rudd Center) <http://www.wellsat.org/>

Health Education

- Health Education Curriculum Analysis Tool (CDC) <https://www.cdc.gov/healthyyouth/hecat/>
- National Health Education Standards (Joint Committee on National Health Education Standards) <https://www.cdc.gov/healthyschools/sher/standards/index.htm>

Physical Education and Physical Activity:

- School Health Guidelines to Promote Healthy Eating and Physical Activity (CDC) <https://www.cdc.gov/healthyschools/npao/strategies.htm>
- Physical Education Curriculum Analysis Tool (CDC) <https://www.cdc.gov/healthyschools/pecat/index.htm>
- Comprehensive School Physical Activity Programs (CDC) <http://www.cdc.gov/healthyschools/physicalactivity/cspap.htm>
- Recess in Schools (CDC) <https://www.cdc.gov/healthyschools/physicalactivity/recess.htm>
- National Physical Education Standards (SHAPE America) <http://www.shapeamerica.org/standards/pe/index.cfm>
- Essential Components of Physical Education (SHAPE America) <http://www.shapeamerica.org/upload/TheEssentialComponentsOf-PhysicalEducation.pdf>

Nutrition Environment and Services:

- School Health Guidelines to Promote Healthy Eating and Physical Activity (CDC) <https://www.cdc.gov/healthyschools/npao/strategies.htm>
- CDC School Nutrition Resources <https://www.cdc.gov/healthyschools/nutrition/schoolnutrition.htm>
- Nutrition Tools for Schools (USDA) <https://www.fns.usda.gov/healthierschoolday>

Health Services

- School Health Services (CDC) <https://www.cdc.gov/healthyschools/schoolhealthservices.htm>
- Health Services Assessment Tool for Schools (American Academy of Pediatrics) <https://schoolhealthteams.aap.org/public/content.cfm?m=11&id=11&startRow=1&mm=0&parent-MenuID=0>

Counseling, Psychological, and Social Services

- School Health Assessment and Performance Evaluation System (Center for School Mental Health) <https://theshapesystem.com/>
- National Registry of Evidence-Based Practices (Substance Abuse and Mental Health Services Administration) <https://www.samhsa.gov/nrepp>
- ASCA Mindsets and Behaviors for Student Success (American School Counselor Association) <https://www.schoolcounselor.org/asca/media/asca/home/MindsetsBehaviors.pdf>
- NASP Practice Model (National Association of School Psychologists) <http://www.nasponline.org/standards-and-certification/nasp-practice-model>

Social and Emotional Climate

- CASEL District Resource Center (Collaborative for Academic, Social and Emotional Learning) <https://drc.casel.org/>
- School Climate Resource Package <https://safesupportivelearning.ed.gov/scirp/about> and School Climate Survey Compendia (National Center on Safe Supportive Learning Environments) <https://safesupportivelearning.ed.gov/topic-research/school-climate-measurement/school-climate-survey-compendium>

Physical Environment

- Healthy Schools, Healthy Kids (EPA) <https://www.epa.gov/schools>
- National School Climate Center <http://www.schoolclimate.org/>

Employee Wellness

- Workplace Health Promotion (CDC) <http://www.cdc.gov/workplacehealthpromotion/>
- Thriving Schools – School Employee Wellness (Kaiser Permanente) <https://thrivingschools.kaiserpermanente.org/why-school-employee-wellness/>
- Health Promotion for Staff (Alliance for a Healthier Generation) https://www.healthiergeneration.org/take_action/schools/employee_wellness/

Family Engagement

- Parents for Healthy Schools (CDC) <https://www.cdc.gov/healthyschools/parentengagement/parentsforhealthyschools.htm>
- Family Involvement Resources (Harvard) <http://www.hfrp.org/family-involvement>

Community Involvement

- Community Schools: Promoting Student Success, A Rationale and Results Framework (Coalition for Community Schools) http://www.communityschools.org/assets/1/AssetManager/CS_Results_Framework.pdf

Additional resources to support WSCC implementation are available at the CDC Virtual Health School: <https://www.cdc.gov/healthyschools/vhs/resources.html>.

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