

GENERAL ARTICLE

Supporting the Whole Child Through Coordinated Policies, Processes, and Practices

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ABSTRACT

BACKGROUND: The Whole School, Whole Community, Whole Child (WSCC) model provides a framework for promoting greater alignment, integration, and collaboration between health and education across the school setting and improving students' cognitive, physical, social, and emotional development. By providing a learning environment that ensures each student is emotionally and physically healthy, safe, actively engaged, supported, and challenged, the WSCC model presents a framework for school systems to evaluate, streamline, implement, and sustain policies, processes, and practices.

METHODS: This article examines the essential roles of the school district and of schools in aligning, developing, and implementing policy, processes, and practices to create optimal learning environments that support the whole child.

RESULTS: Three key factors advance efforts to align policies, processes, and practices. These include hiring a coordinator at the district and school levels, having collaborative teams address health and learning at the district and school levels, and using data to make decisions and build health outcomes into school and district accountability systems.

CONCLUSIONS: These key factors provide a road map for successfully implementing WSCC. More research is needed to determine the extent that coordinators, collaborative teams, and the inclusion of health indicators in accountability systems impact student health and learning.

Keywords: school health; health and academics; Whole School, Whole Community, Whole Child (WSCC) model.

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The Whole School, Whole Community, Whole Child (WSCC) model provides a framework for promoting greater alignment, integration, and collaboration across the school setting and improving each child's cognitive, physical, social, and emotional development. Policies, processes, and practices addressing these developmental factors must be aligned across the entire school spectrum to achieve the best outcomes for students. In his publication, *Healthier Students Are Better Learners*, Charles Basch writes: "School health is currently not a central part of the fundamental mission of schools in America nor has it been well integrated into the broader national strategy to reduce the gaps in educational opportunity and outcomes."¹ Aligning and integrating school health practice with the WSCC model provides an important opportunity to integrate school health into the core mission of schooling and school reform.

There is broad recognition and understanding that physical, mental, and behavioral health concerns have a profound effect on learning and performance.^{1,2} To meet the needs of the whole child, school health and wellness initiatives should support and reinforce these educational reforms. This means aligning and adapting policies, processes, and practices that serve each child.³

*Redesigning school systems to meet the comprehensive needs of children helps education reform fulfill its promise . . . Attention to children's health is not optional. Beyond the delivery of actual services, often coordinated through other agencies, schools must rethink the role of curriculum, instructional strategies, school environment, student and personnel policies, and all aspects of school life to foster healthy children who are ready to learn every day.*⁴

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The WSCC model provides the structure to advance education reform in ways that break down traditional siloes through a coordinated and comprehensive set of services, policies, and programs that focus on the whole child and reduce barriers to learning. By providing a learning environment that ensures each student is emotionally and physically healthy, safe, actively engaged, supported, and challenged, the WSCC model presents a framework for school systems to evaluate, streamline, implement, and sustain policies, processes, and practices. This article examines the essential roles of the school district and of schools in aligning, developing, and implementing policy, processes, and practices to create optimal learning environments that support the whole child.

LITERATURE REVIEW

The Role of School Districts and Schools

Policy can compel the implementation of processes and practices. However, adopting policy is a complex and challenging process. Generally speaking, policies are statements that define requirements and provide guidance. Education policies exist at the federal, state, and local levels. Constitutionally, state governments hold responsibility for public education with local school boards acting as their agents.⁵ In addition, a state, school district, or school may be governed by legal codes, rules, standards, resolutions, mandates, or other means of exercising authority.⁵ For this article, we limit the discussion to district-level policy that influences processes and practices at the district and school building levels.

School policy is critical to create and sustain processes and practices that advance health and learning. The WSCC model can inform the development of new policies and provides a framework to review existing school policies that keep the whole child in focus. The 10 components provide a lens for a comprehensive scan of all policies, processes, and practices that foster learning environments where each student is emotionally and physically healthy, safe, actively engaged, supported, and challenged. It moves health and wellness from another “to do” for schools and districts to the work of supporting the whole child in an effort to reduce barriers to learning and improved health. In doing so, education leaders will be able to identify gaps, overlaps, and supports to better align, streamline, and be accountable for systems that support health and learning.

Diffusion of Innovation and Adaptation

Establishing a policy alone does not ensure effective or consistent implementation. According to the National Association of State Boards of Education’s *Fit, Healthy, and Ready to Learn*, “sound policy needs

to be supplemented by effective management, adequate training and technical assistance, and good staff morale.”^{5(pB2)} Developing and implementing a policy is a complex and time-intensive process that requires extensive planning, information gathering, and building support with stakeholders. As districts consider policies to support the whole child, the Diffusion of Innovations theory offers guidance on effective dissemination and implementation efforts.⁶ Rogers’s⁷ foundational research identified key elements that boost implementation of new innovations. Applied to policy development and implementation, policies should be perceived as advantageous and compatible with local values. This creates a strong rationale for the policy and guides development of communication and implementation resources. Policies should also be manageable. Complex strategies will make it less likely schools will implement the policy. Policies should have clear, measurable outcomes to allow schools to see observable results. Schools should also pilot interventions first, an important step supporting local adaptation. Attention to adaptation during the complex process of program implementation is critical to successful, sustained implementation.⁸ By providing clear guidelines for policy implementation efforts plus the ability for local schools to adapt the interventions to meet their needs, sustained efforts are more probable. These elements can be used to guide policy efforts and to develop effective implementation resources and plans.

Key Factors for Coordinating Policies, Processes, and Practices

The purpose of WSCC is to align policy, practices, and resources to support each student’s academic learning and provide experiences that encourage the development of the whole child—“one who is knowledgeable, healthy, motivated, and engaged.”³ Lessons learned from more than 25 years of implementation and evaluation of the Coordinated School Health approach have identified three key factors that enhance efforts to align policies, processes, and practices. These lessons provide a roadmap for WSCC.

Coordinator. A coordinator at both the district and school level is a critical factor in boosting school health efforts. Northouse states: “leadership is a process that involves influence, occurs in a group context, and involves goal attainment.”⁹ Northouse further defines leadership as “a process whereby an individual influences a group of individuals to achieve a common goal.”^{9(p3)} This illustrates the central importance of coordinators in the WSCC model. The overarching role of a district coordinator is to provide leadership and vision for health goals that advance learning goals. The district coordinator has traditionally played a key role in building the infrastructure for school health

by facilitating an action plan overseen by a council, guiding assessments and data gathering to ascertain policy and programmatic priorities, building support of school health with district leaders and stakeholders, forming community partnerships to secure essential health resources and services, and working with district staff to coordinate and align health-promoting instruction and programs. A district coordinator can also provide guidance, tools, and professional development for school level staff to implement health-promoting policies, programs, and best practices. The relational aspect of the district coordinator is crucial, fostering trust among district administration and school administrators and educators.

The district coordinator role takes on great significance for implementing the WSCC framework. In particular, the coordinator should be part of broader school improvement and accountability teams, providing important insight into health problems within school communities that impact student learning. The coordinator has an intimate knowledge of existing health-related policies, processes, practices, and community resources and can leverage this knowledge to identify necessary health and safety supports for students. Districts should consider a coordinator's placement within the organizational structure and how to best leverage their expertise, knowledge, and skills to be a champion for implementing best practices to reduce health-related barriers to learning.

As districts conduct a comprehensive scan of existing policies, processes, and practices, the coordinator will be integral to outlining priorities, identifying gaps, and recommending strategies to improve the health of students. A district coordinator is also necessary to facilitate and lead coordination between the 10 WSCC components and to engage community stakeholders and resources. Given that human and material resources are limited in districts and schools, coordinators should seek opportunities for synergy among stakeholders in the WSCC model, making certain the sum of outcomes is greater than its parts.

Having a coordinator, or leader, at the school level is also essential. Strong leaders have been shown across a wide range of studies to be an important component supporting implementation of policies, processes, and practices at the school level.^{10,11} Studies indicate this leader is important in the development of policies and the implementation, enforcement, and coordination of policies.¹² The leader can take the role of "sense maker" of district policies and processes as they are translated into school practice. As sense maker, the leader can be instrumental in determining how policies are implemented based on their knowledge of the school structure and local community values. Using guidance from the district coordinator on appropriate adaptations, this local knowledge will enable a better fit of the policies, processes, and programs in the school.

Within the WSCC framework, the school leader plays a key role by steering a team to develop and implement an action plan that addresses how the school will create a culture where each student is healthy, safe, challenged, supported, and engaged. Health and safety can be addressed within this structure by developing a school health improvement plan that is linked to or embedded within school improvement efforts, and connecting students, families, and staff to health-promoting resources and referrals.

The team may include a coordinator specifically for school health efforts. This coordinator can work with the team and faculty leaders to facilitate communication and engage students, families, and the community, and leverage resources to support health and learning. A school coordinator also ensures instruction and services provided through various components of the school health program and overall environment are mutually reinforcing and present consistent messages; facilitates collaboration among school personnel; assists the principal and other administrative staff with the integration, management, and supervision of the school health program; provides or arranges for necessary technical assistance; identifies essential resources; facilitates collaboration between the district, school, and other community agencies; conducts evaluation activities that assess the implementation and results of the school health program, and reports evaluation results.

This work, essential to improving the school climate, can ensure collaboration across traditional siloes and eliminate duplication of efforts. In Colorado, school teams are encouraged to have co-leaders, which allow for a shared workload and supports sustainability during turnover. Whereas it can be a challenge to build the capacity of 2 leaders, teams have found this model effective. In fact, busy school professionals are often more willing to take on shared coordinator responsibilities, thus making recruitment easier.¹³

Finally, district coordinators and school leaders will want to remain in close contact with one another to leverage support and resources. This critical communication between coordinators and leaders ensures district policies are translated into processes and practices at each school. In Maine, O'Brien et al¹² found in schools with School Health Coordinators, there was a stronger association with improved school programs than schools without coordinators. Improved policies and programs were also associated with decreases in risk behaviors such as physical inactivity, soda consumption, and tobacco use among students. A coordinator, at both the district and school levels, will play an integral role coordinating and aligning policies, processes, and practices to ensure each student is healthy, safe, engaged, and motivated to learn.

Collaboration. Creating and fostering high-functioning, collaborative teams, both at the district

and school levels, whose common mission is to enhance student health has been a hallmark of the Coordinated School Health approach.¹⁴ Within the new paradigm of the WSCC framework, district collaboration may be addressed with a Whole Child council representing all WSCC components, administrators, community members, and appropriate stakeholders, including school team leaders.

The WSCC framework intentionally wraps the role of community around the entire model, thereby signaling its importance to developing the whole child. Council membership should reflect the makeup and views of the community and be as broad and diverse as possible, including those who understand the cultural, political, geographic, demographic, and economic structure of the community. Stakeholders who are invested in the system, including students and parents, are vital members. Districts are encouraged to welcome the participation of health-promoting and youth-focused community organizations and participation from law-enforcement, legal services, transportation, business, and faith communities. Diverse community representation enriches the level of discussion, ensures local community values are understood, and increases acceptance of proposed activities. Councils are well positioned to engage with district leaders and accountability teams to conduct comprehensive scans of policies, processes, and practices that support whole child development.

The Whole Child council would encompass and integrate the scope of work of a traditional district health council, which is to assess

*... the health status, issues, and concerns of children and their families district-wide; obtain input from the community about the overall direction of the school health program; develop a shared vision for the health of children and their families; make policy recommendations to the board of education; identify and help coordinate community resources; help secure district-level support for coordinated school health programs; and initiate planning for district-wide adoption.*¹⁵

In doing so, Whole Child councils will be able to develop meaningful policy, process, and practice recommendations that bolster student health and learning for district administration and local school board consideration.

School Whole Child teams should mirror district council membership, with a focus on the school community. Teams can engage school staff, parents, and students to identify local health priorities using a continuous improvement process. Teams examine local data, create a school health improvement plan based on best practices, implement the plan, and observe implementation effectiveness. District policies provide guidance to teams. However, teams should be afforded a degree of autonomy to adapt processes

and practices to local needs. These efforts should be built around the whole child and support the WSCC tenets with a specific focus on reducing health-related barriers to learning.

The one specified goal within the WSCC framework is to improve learning and health. Together, council and team members from all community sectors will generate education goals that consider the whole child when identifying priority areas. To implement the WSCC framework more completely, district councils and schools teams should work to integrate plans into school improvement and school accountability systems. In this manner, they can best identify opportunities, through coordinated policies, processes, and practices, to decrease health-related barriers to learning.

Accountability and data. Districts and schools are held accountable for a myriad of academic outcomes and process measures. As a result, “school improvement policy primarily emphasizes instruction and, in the process, usually marginalizes considerations related to dealing with barriers” to learning.^{2(p2)} Research by Adelman and Taylor has shown districts and schools’ focus on instruction to boost academic achievement is usually proactive and systematic, while interventions that address barriers to learning are often reactive and fragmented. Emotional, social, and physical health problems create barriers to learning, making it a challenge for youth to be motivated to learn and achieve academically.^{1,2} Addressing these barriers through comprehensive, integrated approaches reflects whole child development “including health-related goals and objectives in the school improvement plan is one way schools can integrate health into the education accountability structure, and reflect that health is a learning support that contributes to the success of the whole child.”¹⁶

Incorporating metrics related to health and wellness into data tracking and school accountability systems will provide educators, policymakers, and the public with a refined understanding of how to achieve learning and academic outcomes. The WSCC framework’s 10 components provide a high-level view of elements that can be embedded within accountability systems. The framework’s emphasis on improving student health and learning together expands the narrow focus on school improvement through instructional and academic goals alone. More importantly, it provides the foundation for making improvements wherein health as a barrier to learning is addressed.

Other data such as attendance, discipline, student behavior, graduation rates, truancy, school connectedness, and school safety are important measures that can be aligned with school level intervention efforts. For example, when implementing a breakfast program, schools will want to examine changes in attendance rates and student behavioral data that may

be attributed to the intervention. Effective use of data allows districts and schools to connect school health efforts to academic achievement and to show meaningful change in student and staff behavior which will inform policy, processes, and practices. Beyond data, policy assessment and practice measurement tools such as the School Health Index provide measures to inform decisions and best practices.¹⁷

Tacoma Public Schools (TPS) has created a “Whole Child Accountability System,”¹⁸ after an extensive community input and data collection process. Progress toward the district’s strategic goals is defined by specific benchmarks that measure whether students are healthy, safe, engaged, challenged, and supported. TPS reports publicly on the benchmarks, promoting trust, transparency, and accountability to the community. TPS engaged in a comprehensive gap analysis of all related policies, processes, and programs to identify action steps and define progress toward meeting stated benchmarks. By achieving this clarity in purpose, TPS has streamlined and aligned policy, programs, communication strategies, and budgeting processes. As a result, TPS has increased graduation rates by approximately 20% in 4 years, over 90% of students participate in PSAT and SAT testing, and an increased number of TPS students receive scholarships to community and four-year institutions.

Districts and schools may also employ an acknowledgment program that encourages adoption of best practices. Chicago Public Schools report card features a prominent “Healthy School Certification,” icon based on their achievement in the HealthierUS School Challenge. “This deeper understanding of how health impacts student learning can inform resource management and teaching practices, ensuring that student health and wellness is tracked over time and that school stakeholders understand the connection between health and learning.”¹⁹

Local wellness policies offer another accountability mechanism. Required for any school district participating in federal child nutrition programs, local wellness policies guide efforts to establish school environments that promote students’ health, well-being, and ability to learn. The Healthy, Hunger-Free Kids Act of 2010 added new provisions for local school wellness policies related to implementation, evaluation, and public reporting on progress, which emphasizes transparency, public engagement, and tracking results.²⁰ Communities can examine existing wellness policies to determine how to include the 10 WSCC components and link or embed wellness efforts to broader school improvement plans. The required wellness policy reporting elements can also be incorporated into other accountability plans that engage the entire school and community in implementation.

At the school level, school improvement plans are an integral part of the continuous improvement

process held accountable by local parent associations or school accountability committees, which report to district accountability committees. At the classroom level, teachers can utilize student evaluation measures for the whole child. Although student evaluation is most commonly focused on academic achievement, the WSCC tenets offer a frame for teachers to assess the social, emotional, and physical health of students, their safety, and how actively engaged, supported, and challenged students are. Districts and schools can consider how accountability can be built into teacher and administrator evaluation systems that examine the extent that students are safe, engaged, challenged, and supported. Even with policies in place, accountability systems need to be applied to ensure that policies, programs, and practices are aligned and consistently implemented. Sharing of data and publicly disseminating school improvement plans can support broad community buy-in and accountability of whole child efforts.

IMPLICATIONS FOR SCHOOL HEALTH

The WSCC model provides an unprecedented opportunity to rethink the role of health in schools. Eliminating health-related barriers to learning and providing each student with an educational environment that is healthy, safe, challenging, supportive, and engaging will advance educational reform. The alignment, coordination, and implementation of policies, processes, and practices to create this educational environment represent critical steps for WSCC implementation. Policy at all levels is necessary to sustain best practices and processes and accountability for policy implementation is necessary. “School programs cannot survive for the long term without school board policy and support from district leaders.”^{15(p19)} At the district and school levels, foundational policies institutionalize health-promoting practices and processes thereby contributing to student success. To integrate school health practice with the WSCC model and the core mission of schooling, several implications for school health must be examined.

Dedicated Coordinators

District and school policies can require and fund coordinator and leader positions. These roles are critical to maximizing existing resources and impact, carrying out an action plan based on data and prioritization, and championing student health and wellness within the school, community, and district. The district coordinator should also be strategically placed in the organizational structure to best leverage their expertise, knowledge, and skills to be a voice for reducing barriers to learning across all the components of the WSCC model. The school leader should play

an important role in integrating health into school accountability systems.

Whole Child Teams

District and school policies are encouraged to consider including the formation of Whole Child teams to standardize the practice and define roles and responsibilities related to health and learning. Such policies may include guidance for individual school budgets, stipends for team leaders, and outline how teams interact with district coordinators to ensure a consistent, data-driven, and aligned approach to addressing health-related barriers to learning.

Professional Preparation

Colleges of education at institutions of higher education are encouraged to embed health-promoting and learning practices into all aspects of teacher and administrator preparation programs. Future teachers and administrators, regardless of subject matter expertise or professional focus, will play a role in implementing the WSCC framework. Teacher and administrative candidates should be prepared to view student health outcomes as integral to all aspects of learning and the school environment. Future administrators, in particular, are encouraged to understand the importance of enabling the key factors that support WSCC implementation, how to engage families and the community at large to support student health and learning, and measurement and accountability strategies to measure progress.

Professional Development

Robust and comprehensive professional development and in-service training programs for administrators and teachers will prepare current educators to support student health and wellness. Such offerings will equip school staff to integrate health-promoting practices while creating classroom and school environments that reduce health-related barriers to learning and enhance student success. Professional development for school and community partners can also facilitate links to systems and services that meet prioritized health needs.

Accountability and Data

Using the WSCC framework, new accountability strategies may be developed that address health, safety, and the extent that students are engaged, challenged, and supported. Metrics based on these tenets can be built into teacher and administrator evaluations to provide a more holistic view of the school culture and student experience and inform the implementation of policies, programs, and practices. Schools and districts can garner broad school and community participation in developing plans and publicly sharing progress.

Resource Development

Guidance documents and practice tools for districts and schools will be necessary in developing whole child metrics, building health into accountability systems, and learning how to conduct scans of policy, processes, and practices through the WSCC lens.

Funding

Current funding mechanisms supporting student health and wellness are fragmented by topic or health concern. To embrace and support WSCC implementation, funding to districts and schools could be made more flexible to support whole child development. School communities should be given the opportunity to define specific priorities to reduce barriers to learning based on local needs and student data.

Expanding the Evidence Base

Evaluation of existing practices is essential to strengthening the evidence base. More research is needed to determine the impact of coordinators, school teams, and the inclusion of health indicators in accountability and evaluation systems. Research supports that student health and learning are linked. Additional evaluation and research will support and promote best practices at the district and school levels ensuring each student is healthy, safe, engaged, supported, and motivated to learn.

Human Subjects Approval Statement

This paper involved no human subjects, and therefore, was exempt from examination by an Institutional Review Board.

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