Using the Whole School, Whole Community, Whole Child (WSCC) Model to Build Bridges and Break Down Silos

April 24, 2018
12-1 pm CT
Disclaimer

• This webinar was produced under a cooperative agreement with the Centers for Disease Control and Prevention (CDC)

• Its contents are solely the responsibility of the authors and do not necessarily represent the official views of NACDD, the Alliance for a Healthier Generation, or CDC
Objectives

• Describe how the Whole School, Whole Community, Whole Child (WSCC) model can be used as a framework to improve coordination and integration

• Identify examples of how school districts have used the WSCC model to break down internal silos and build bridges to the community

• Identify resources for further information and support
Introductions

Laura Rooney, MPH
Maternal and Child Health
Block Grant Administrator
Ohio Department of Health

Sara D. Harmon, MS
Program Manager, Health and Physical Education
Winston-Salem/Forsyth County Schools

Cindy Marten, MEd
Superintendent
San Diego Unified School District

Kate McDevitt
Wellness Supervisor
San Diego Unified School District
Background

Laura Rooney, MPH
Ohio Department of Health
Connection Between Health Disparities and Academic Indicators

- Vision
- Asthma
- Teen Pregnancy
- Aggression and Violence
- Physical Activity
- Breakfast
- Inattention and Hyperactivity

- Discipline
- Grades
- Absenteeism
- Truancy
- Drop-out
- School Climate
- Graduation Rate

Maslow's Hierarchy of School Needs

- **Physiological**
  - Basic Needs Are Met
    - eats breakfast, has clean clothing, safe place to go home, able to sleep

- **Safety**
  - Emotional and Physical Safety
    - clear school/class routines, access to counselors/nurse, ok to take risks

- **Belonging**
  - Forming Relationships
    - advisory, adult role models, friendship groups, peer relationships

- **Esteem**
  - Positive Classroom Culture Present
    - positive feedback, time for reflection, encouragement to take risks

- **Self-Actualization**
  - Student Is Available to Learn
Whole School, Whole Community, Whole Child (WSCC) Model
ASCD’s 5 Tenets

• Enters school **HEALTHY** and learns about and practices a healthy lifestyle.

• Learns in an environment that is physically and emotionally **SAFE** for students and adults.

• Is actively **ENGAGED** in learning and is connected to the school and broader community.

• Has access to personalized learning and is **SUPPORTED** by qualified, caring adults.

• Is **CHALLENGED** academically and prepared for success in college or further study and for employment and participation in a global environment.
WSCC Components

• Health Education
• Physical Education & Physical Activity
• Nutrition Environment & Services
• Health Services
• Counseling, Psychological & Social Services
• Social & Emotional Climate
• Physical Environment
• Employee Wellness
• Family Engagement
• Community Involvement
Framework for Coordination and Integration

- Creates a framework for assessing and improving policies, programs, and processes
- Identifies multiple disciplines across the school and community not traditionally involved in academic improvement
- Can enhance existing processes and plans such as:
  - ESSA
  - School Improvement
  - School Climate
Functions of WSCC

• Utilize leadership and partnerships across the school and community
• Systematically assess student and staff needs, assets, and strengths
• Plan realistic and achievable strategies for school improvement that meet the needs of the whole child
Data Examples For Assessment and Planning

- Discipline referrals
- Attendance
- School climate and culture surveys
- Social-emotional well-being surveys
- Utilization data for school health services
- Community health assessments
Connect Existing Initiatives

Whole Child
- Healthy
- Safe
- Engaged
- Challenged
- Supported

School Climate
- School Connectedness
- School Safety
- Parent/Community Engagement

Improvement Plans
- Academic Indicators
- School Climate
- Whole Child Strategies

School Connectedness
- School
- School Safety
- Parent/Community Engagement
School District Examples
Winston-Salem/Forsyth County Schools (WS/FCS)
Sara D. Harmon, M.S.
Healthful Living Program Manager
Winston-Salem/Forsyth County Schools

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sdharmon@wsfcs.k12.nc.us
Twitter: @wsfcshealthpe
WS/FCS – Our District

• WS/FCS formed in 1963
• 4th largest system in NC
• 81st largest system in the nation
  • 81 schools, 54,000+ students
• Demographics:
  • 60% of students receive free/reduced lunch
  • 40% white, 29% African-American, 25% Hispanic, 4% multiracial, 3% Asian
WS/FCS: Goals

• By 2020, 90% of third-grade students will read on or above grade level

• By 2018, our graduation rate will be 90%

• By 2018, we will close the achievement gap between subgroups by 10 percentage points while increasing the performance of all subgroups
WS/FCS: Priorities

• Provide all schools and departments the support they need to maximize student outcomes
• Train and support individuals to be strong instructional leaders and hold them accountable for district goals
• Equip staff to support struggling students
• Engage parent and community partners in service of students
Our School Health Advisory Committee (SHAC)

- Winston-Salem/Forsyth County Schools - 7
- School Health Alliance For Forsyth County - 3
- Forsyth County Department of Public Health - 6
- Wake Forest Baptist Health - 3
- Parent Representatives - 3
- Downtown Health Plaza/Winston East Pediatrics
- Forsyth County Emergency Services
- Forsyth-Stokes-Davie County Medical Society
- Children’s Home Society of North Carolina
- Department of Social Services
Our School Health Advisory Committee (SHAC)

- Meetings include goal presentations from the WSCC model, as well as Healthy Active Children (HAC) member input

- Meetings are open to the public
Getting Started with WSCC

• Began using the WSCC model in the 2016-2017 school year

• Previously used the Coordinated School Health approach and wanted to keep up with changes

• Used the WSCC model to design the 2016-2017 SHAC plan
Strengthening Relationships

Using the WSCC model has:

• Helped identify work being done by various programs and departments
• Reduced duplication
• Improved connections
• Made us feel like more of a team
<table>
<thead>
<tr>
<th>Goal Areas</th>
<th>Plan/Strategy</th>
<th>Measure(s) of Success/Impact</th>
<th>Person(s) Responsible</th>
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<tbody>
<tr>
<td>PE/PA</td>
<td></td>
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<td>Sara Harmon</td>
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</table>
| Improve/enhance the quality of physical education courses in one high school by December, 2017 by piloting an “instructional coach” model at the start of the 2017-2018 school year | Solicit principals to have their physical education department participate. Collaborate with instructional coaches, curriculum coordinators, assistant principals, and principals to develop a plan of action. Implement a district “coaching” model during Fall 2017 at the selected schools | Increase the following:  
• Number of students participating  
• Amount of time spent in moderate to vigorous physical activity during each class meeting  
• Instructional units introduced/taught  
• Student course satisfaction | (November) |
<table>
<thead>
<tr>
<th>WSCC Goal Area</th>
<th>District Employee</th>
<th>Community Members</th>
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<tbody>
<tr>
<td>Physical Environment</td>
<td>Asst. Superintendent of Operations Security Director</td>
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<tr>
<td>Physical Ed/Act</td>
<td>Curriculum Program Manager</td>
<td>Phy. Act. Community Providers</td>
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<tr>
<td>Health Education</td>
<td>Curriculum Program Manager School Nurses/Director</td>
<td>Junior League School Health Alliance No’Bacco Club Leader</td>
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<td></td>
<td>Child Nutrition Specialists/Director</td>
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<tr>
<td>Health Services</td>
<td>Safe &amp; Drug Free Schools Program Manager</td>
<td>Cardinal Healthcare Insight Human Services Forsyth County EMS No’Bacco Club Leader</td>
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<td>Alternative Education Director</td>
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<tr>
<td>Counseling, Psychological &amp; Social Services</td>
<td>Psychological Services Director School Social Work Director</td>
<td>Pediatrician (serving refugee and immigrant populations)</td>
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# Our WSCC Goal Leaders

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<tr>
<th>WSCC Goal Area</th>
<th>District Employee</th>
<th>Community Members</th>
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</thead>
<tbody>
<tr>
<td>Nutrition Environment &amp; Services</td>
<td>Child Nutrition Directors, Cafeteria Managers</td>
<td>PTA Council</td>
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<tr>
<td>Family Engagement</td>
<td>Parent Engagement Coordinator</td>
<td>Junior League</td>
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<tr>
<td>Employee Wellness</td>
<td>Principal Human Resources Director</td>
<td>DRIVE (educational solutions company) Adult health programs</td>
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<tr>
<td>Community Involvement</td>
<td></td>
<td>Winston-Salem State University</td>
</tr>
<tr>
<td>Social &amp; Emotional Climate</td>
<td>Deputy Superintendent Student Services Department</td>
<td>Health Department</td>
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Using the WSCC Model to Make Community Connections

Operation Zero Suspensions (Exclusions) - OZS

• Worked with several community partners to reduce mandatory exclusions
• Implementation began Summer 2014
• Grew into more concerted community effort and collaboration with multiple agencies
OZS District Activities

• School data tracking of exclusions at 10- and 30-day marks

• Information at kindergarten events, Head Start and preschools

• School nurses contacted 6th grade families at the end of the school year and over the summer
OZS District Activities

• **Summer programs sent home informational flyers for incoming kindergarteners and rising 7th graders**

• **WS/FCS contacted enrolled families via robotic calls**

• **District fax line was shared with local practitioners to allow them to fax health assessments directly to the school system**
OZS Community Activities

• **Mobile Medical Unit** at high-risk elementary schools before the start of school, as well as in the first 30 days of school

• **Local practitioners offered extended hours** and Saturday appointments

• **Northwest Community Care Network contacted** their Medicaid patients via robotic calls, based on patient birthdate
OZS Community Activities

- The health department sponsored radio ads about how and where to get health assessments/immunizations.
- Kate B. Reynolds Charitable Trust provided funding for marketing, such as bus infographics.
- Transportation vouchers were purchased to help families get to medical appointments.
Pruebas de salud para el Kindergarten
Visita al doctor para hacerse un examen físico/salud

Vacunas requeridas en North Carolina
- Vacunas para Kindergarten
- Vacunas para los estudiantes que van al 7mo grado contra el Tétanos, difteria, tos ferina (Tdap, por sus siglas en inglés)
- Vacuna contra la meningitis para los estudiantes que van al 7mo grado
- Examen Físico para los estudiantes de escuelas secundarias/preparatorias
(No se olvide el formulario que deben completar para los estudiantes que van a participar en deportes)

Sabia usted que...
- La ley de NC requiere que todos los estudiantes tengan las vacunas de Tdap y Meningitis para cuando ingresen al 7mo grado
- Los estudiantes que no tengan las vacunas en o antes del 28 de Sept. SERAN SUSPENDIDOS de la escuela hasta que traigan pruebas de haber recibido las vacunas
- La ley de NC requiere pruebas de salud para TODOS los estudiantes que van a entrar al Kindergarten
- Los estudiantes que no tengan la vacuna KHA SERAN SUSPENDIDOS el 28 de Sept. hasta que se cumplan con los requisitos médicos.

Evaluación de salud de Kindergarten y las visitas al doctor para niños que estén en la escuela están disponibles:
- Desde el 1ro de Julio hasta el 13 de Octubre del 2017 en el centro de salud Bulldog en Mineral Springs (incluyendo Vacunas)
- En las clinicas de salud móviles – programadas para las siguientes fechas en los siguientes lugares desde las 10:00 am hasta las 6:00 pm.

August 7 Forest Park ES
August 8 Speas ES
August 9 Gibson ES
August 15 Sedge Garden ES
August 16 Diggins-Latham ES
August 17 North Hills E

Las vacunas estarán disponibles en cualquiera de estos dos lugares en el centro de salud Bulldog en Mineral Springs (703-4273) o en el Departamento de Salud (703-3100).
Para programar una cita o para obtener más información, comuníquese con Karen Virga, RN, al 336-703-4273

Kindergarten Health Assessments and Well-Check Visits for school-aged children are available:
- July 1-Oct. 13, 2017 @ the Bulldog Health Center at Mineral Springs (including immunizations)
- On the Mobile Health Clinic – scheduled for the following dates and locations from 10:00 am to 6:00 pm.

August 7 Forest Park ES
August 8 Speas ES
August 9 Gibson ES
August 15 Sedge Garden ES
August 16 Diggins-Latham ES
August 17 North Hills E

NC Required Immunizations
- Kindergarten Immunizations
- Seventh Grade Tdap
- Seventh Grade Meningitis Vaccinations

- Middle/High School Sports Physicals
  (Don't forget your sports form!)
OZS Data: 2013-2017

![Graph showing OZS Data trend from 2013-2017](image)
Challenges Solved by WSCC

- Allowed our SHAC to develop goals and a yearly plan that were more specific to our needs
- Allows people to take ownership of goal areas
- Allows us to facilitate better collaboration between community partners and district personnel
- Allowed us to ensure decision-makers for each goal area were actively involved
Next Steps: Our Plans for the WSCC model

- Further develop our SHAC goals and support district goals/priorities
- Continue to identify leaders and community partners in each of the 10 WSCC areas
- Develop 1-2 goals that are informed by YRBS data and identify measurable ways to monitor changes
- Invite feedback from SHAC members about how their work aligns with the WSCC components
Wellness in Action:
San Diego Unified School District’s Approach
The Support of Superintendent Cindy Marten

MEMORANDUM

To: Principals
From: Cindy Marten
Date: October 5, 2017
Subject: Board Policy 5030 Student Wellness/Policy Implementation

In the summer of 2017, the Board of Education took another step towards fulfilling our vision of having a quality school in every neighborhood by approving the revision of our District Wellness Policy (BP 5030 Student Wellness, formerly H-7700).

San Diego Unified remains committed to providing an environment where students and staff can learn to make healthy choices for lifelong well-being. We acknowledge the strong relationship between students’ health and learning, and that the district’s mission cannot be accomplished without explicitly planning for and supporting student health and wellness. The Board of Education realizes wellness is a cornerstone of student success.

District Wellness Council, in collaboration with our Nursing & Wellness Department, will continue providing support and guidance along the path to implementation.
A Foundation & Springboard

“The district acknowledges the strong relationship between students’ health and learning, and that the district’s mission cannot be accomplished without explicitly planning for and supporting student health and wellness.”

-San Diego Unified Wellness Policy
Our District at a Glance

- 2nd largest district in California
- 226 total educational facilities
- 47% Free & Reduced Price Meals
SDUSD Wellness Initiative: Getting Started with WSCC

Why WSSC?

• Alliance for a Healthier Generation partnership
• Provides clear goals & framework
• Meets legal requirements
• Student-centered
• District’s Vision 2020
• Local Control Accountability Plan (LCAP) alignment
WSCC-Informed Wellness Policy & Framework

- Nutrition Services
- Physical Education
- Physical Activity
- Health Education
- Health Services
- Safe School Environment
- Social-Emotional
- Employee Wellness
- Family & Community Engagement
Established Wellness Governance

• Superintendent Cindy Marten & School Board

• Superintendent’s Designees for Wellness:
  • Program Manager of Nursing & Wellness, Michelle Bell
  • District Wellness Supervisor, Kate McDevitt

• District Wellness Council & Sub-Committees
  • Meets monthly, 54% growth
Reducing Silos: SDUSD Wellness Council Representation

SDUSD Departments:

- Nursing & Wellness
- Counseling & Guidance
- Mental Health
- Special Education
- Food Services
- Family & Community Engagement

- School Police
- Recycling
- Physical Education
- Sexual Health Education
- Early Childhood
- Physical Plant Operations
Reducing Silos: SDUSD Wellness Council Representation

Our Community Partners:

- Council of PTAs
- County of San Diego Health & Human Services
- Alliance for a Healthier Generation
- Dairy Council of California
- YMCA
- University of California San Diego School of Medicine
- California Schools Voluntary Employee Benefits Association
- UC CalFresh
- American Heart Association
- Social Advocates for Youth - San Diego
- Bayside Community Center
- San Diego County Childhood Obesity Initiative
- WilWin
- Council of Associated Student Bodies
Move from Policy to Practice: District-wide
2016: Launch of SDUSD District Wellness Initiative

- District Wellness Policy & Council
- School Site Wellness Program (178)
- High School Wellness Centers (6)
- Increasing Employee Wellness
- Advocacy for Wellness
Building Bridges: School Site Wellness Committees (178 sites)

Involvement of:

- Administrators
- School health personnel
- Teachers
- Counselors
- Food service staff
- Students
- Parents
- Community partners
School Site Successes: 2016-17 Student Wellness Strategies

Healthy Celebrations

Increased Physical Activity & “Brain Breaks”

Mindfulness in the Classroom

Nutrition Education

Health Fairs

TOP 5

- 58% Physical Activity
- 43% Health Education
- 33% Parent & Community
- 30% Site Wellness Committee
- 29% Social-Emotional
Impacting Student Success: Connections to Community Partners

- **ATTENDANCE** - Chronic Absenteeism Pilot (Attendance Works)
- **MINDFULNESS** - Social-Emotional Resource Nurse (Kaiser)
- **HEALTH EDUCATION** - Hands-Only CPR (AHA)
- **PHYSICAL EDUCATION** - Aquatics (Prevent Drowning Foundation)
- **FAMILY** - TB Risk Assessment for Parent Volunteers (PTA)
- **CARE NAVIGATION** - (6) High School Wellness Centers
School Site Wellness Program 2016-17 End of Year Reports

• 93% - Increased awareness of District Wellness Policy

• 90% - Increased awareness of resources to improve health & well-being

• 83% - Increased understanding of correlation between health & achievement

• 57% - Plans to invite students to join School Site Wellness Committee in 2017-18
Current Priorities

• Leadership sponsorship

• Family engagement

• Community partnerships for capacity building

• Funding opportunities
Next Steps and Resources
Laura Rooney, MPH
Ohio Department of Health
Benefits of Incorporating WSCC

• Reduces duplication of effort
• Focuses on student success not programs
• Streamlines processes and procedures
• Promotes shared leadership and collaboration at all levels
• Builds personnel capacity
• Develops and supports the entire system as a learning organization
Getting Started

• Designate a point person to address or help support integration of WSCC into existing initiatives or build WSCC team
• Review climate and data from district report cards and/or plans
• Use data and implementation responses to identify major strengths, as well as problems and causes
• Identify and implement strategies for improvement
• Evaluate
Resources

https://chronicdisease.site-ym.com/?SchoolHealthPubs
Resources

• NACDD Resource Guide: http://www.nacdd1305.org/schoolhealth/

• Healthier Generation Website: www.healthiergeneration.org

• CDC Virtual Healthy School: https://www.cdc.gov/features/virtual-healthy-school/index.html

• CDC Healthy Schools: https://www.cdc.gov/healthyschools/index.htm
Contact Info

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