The Whole School, Whole Community, Whole Child (WSCC) Model: Resources to Guide Implementation

September 21, 2017
1-2 pm EDT
Housekeeping

• Participant lines are muted
• Type questions into the Questions box
• Technical difficulties? Use the questions box
Since 1988, the National Association of Chronic Disease Directors and its more than 6,500 members have worked to strengthen state-based leadership and expertise for chronic disease prevention and control in all states, territories, and nationally. Learn more at chronicdisease.org.

The School Health Project assists Chronic Disease Directors and their staff to make informed decisions about a variety of school health issues.
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 or CDC.
Objectives

• Describe the purpose of the WSCC Implementation Guide

• Describe the process and steps outlined in the WSCC Implementation Guide

• Describe the positive changes in school health environments, policies and practices that have occurred in Boston Public Schools as a result of adopting the WSCC model.
Speakers

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Lara Peck, MPH
Professional Development Consultant
RMC Health
Speakers

Jill Carter, EdM, MA
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Policy and Operations
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The Whole School, Whole Community, Whole Child Model:
A GUIDE TO IMPLEMENTATION

http://www.chronicdisease.org/?SchoolHealthPubs
WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD
A collaborative approach to learning and health
Purpose

• To create a resource that can support schools and school districts interested in adopting and implementing the Whole School, Whole Community, Whole Child model.
Enjoying the View of the Final Product!
The Initial Challenge

A Team Effort with the Support of Many!
Process

• Conducted key informant interviews and focus groups to guide the content development.

• Worked with an advisory group of local, state and national stakeholders.

• Worked closely with CDC School Health Branch through multiple iterations
WSCC Implementation Guide: Part I

- Overview of the WSCC Model and the 5 Whole Child Tenets
- Descriptions of the 10 WSCC Components
- Provides important background information for learning and health, policies and practices
- Opportunities for integration into existing policies and practices
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. 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 team identifies improvements that can be made in the school related to asthma. Asthma is one of the leading causes for school absenteeism, and children with asthma are more likely to have depression and anxiety. 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:

1. 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.
Steps to Adopting the Whole School, Whole Community, Whole Child Model

Lara Peck, RMC Health
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?

- School Board Member
- Superintendent
- School Principal
- School Staff
- Families and Parents
- Students
- Community Members
Each step includes the following sections:

- Ideas for student engagement
- Signs of progress
- A school-level Team Leader can:
- A WSCC Coordinator can:
- At the District-level:
- Step Log
Focus on Administrative Buy-in and Support
Identify a WSCC Coordinator and WSCC Team Leaders
Assemble a District and School Team
Assess and Plan WSCC Efforts
Step 5

Implement the Plan
Step 6

Reflect and Celebrate
Thank you!

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Creating Safe, Healthy and Sustaining Learning Environments
A Whole School, Whole Community, Whole Child Approach to Learning

Jill Carter
Senior Executive Director
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Session Presenter

Jill Carter, EdM, MA
Senior Executive Director
Office of Social Emotional Learning and Wellness (SELWell)
Policy and Operations
Health and Wellness Department
Presentation Overview

- Why is BPS focused on creating safe, healthy and sustaining school environments?
- How have we integrated Wellness and WSCC into district priorities?
- What is the infrastructure at the district and school levels to support this?
- How did we build district support for Wellness?
- What positive changes have we seen?
- What are our next steps moving forward?
District Priorities
BPS HEALTH & WELLNESS MISSION: The Boston Public Schools will actively promote the social, emotional and physical wellness of all students to support both their healthy development and readiness to learn.

Addressing the social, emotional and physical wellness of all students is essential to closing the opportunity and achievement gaps.
Wellness is a Key Strategy for BPS

Addressing the BPS Problem of Practice: BPS does not consistently provide authentic learning opportunities for students who are most marginalized to develop into self-determined, independent learners, able to pursue their aspirations. Our failures lead to disengaged students and significant achievement gaps.

Focus Area 1: Implement an inclusive, rigorous, and culturally/linguistically sustaining PK-12 instruction program that serves the development of the whole child.

Essential Competency 1: Create safe, healthy, and sustaining learning environments
The Roadmap for Wellness

- Cultural Proficiency
- School Food and Nutrition Promotion
- Comprehensive Physical Activity & Physical Education
- Comprehensive Health Education
- Healthy School Environment
- Safe and Supportive Schools
- Health Services
- Staff Wellness

*Aligned with the WSCC Model
Creating a Safe, Healthy & Welcoming Environment

District Wellness Council: Superintendent-appointed members access implementation and recommend revisions of the District Wellness Policy.

School-based Wellness Councils: Each school should have a wellness council to create an action plan to implement the wellness policy.

Authentic participation of students and families in wellness councils helps build support and buy-in for the wellness policy.
Multilevel Policy Implementation

- School Food & Nutrition Policy
- Health Education Policy
- Physical Activity & Physical Education Policy
- Health Services Policy
- Healthy School Environments Policy

- Cafeteria Promotions
- Meal times & nutritious food
- Recess, In-class movement,
- Safe routes to school

- School Meals Program
- Nutrition Health Education
- Physical Education classes
- Health Services

- Eating & Physical Activity Behaviors
- Body Mass Index (BMI)
A Whole School Approach

School Wellness Council

- Administration
- Custodial Staff
- Cafeteria Staff
- PE/Health Teacher
- Parent/FCOC
- Wellness Champion
- Nurse
- Students
- Classroom Teacher
- Guidance Counselor
- School Psychologist
- Community Partner
- Social Worker
Safe, Healthy & Sustaining Learning Environment

- Use culturally & linguistically relevant examples in curriculum
- Access to water & don’t use food as reward/punishment
- Physical activity breaks & incorporate movement into class
- Make sure your students have comprehensive health education & topics incorporate into other subjects
- Declutter your classroom, recycle & use green cleaners
- Incorporate SEL standards, build trusting & supportive relationships
- Make sure students have access to necessary medications
- Model healthy habits, practice self care & build social emotional supports
Infrastructure to Support WSCC
Linking Health and Academics
Academics Student Support Equity Team (ASSET) Division

Academics & Student Support Service

Opportunity & Achievement Gap Office
Academics
Special Education
English Language Learners
Social Emotional Learning & Wellness
Office of Social Emotional Learning and Wellness Leads on WSCC

Office of Social Emotional Learning and Wellness
Assistant Superintendent

Policy, Operations & HWD
Senior Executive Director

SELWell Operations
Wellness Policy/Eval

SEL Instruction & Services
Executive Director

Ostiguy High
Guidance Services
SEL Instruction
Behavioral Health Services
Succeed Boston

Physical Education
Health Education
Physical Activity
HWD Operations

Opportunity Youth
Athletics
Health Services
SEL Youth Initiatives
Improving alignment, coordination, instruction and services

SELWell Strategic Priorities:

1. Improve social-emotional learning for all students
2. Provide equitable access to a continuum of high quality services and supports to reduce health inequities, increase student engagement and overcome barriers to learning
3. Design, expand and promote systems and strategies that foster safe, healthy, and welcoming environments
4. Ensure health and physical literacy off all BPS students
5. Improve alignment and coordination of implementation supports, partnerships, communications, evaluation, and resources to foster shared ownership, valuing and accountability of social, emotional and physical wellness district-wide
Aligning and Improving Communication to all Stakeholders

SELWell Program Brochure
Strategies to Build Support for Wellness
Making Wellness a Key Priority

Wellness Policy created
2006

Wellness Policy updated to include coordinated school health
2013

Whole Child a priority in BPS Strategic Plan
2016

2010
- Health and Wellness Strategic Plan created
- Health and Wellness Department established

2015
- Office of Social Emotional Learning and Wellness established

2017
- Wellness Policy updated to include WSCC language
Strategies

- Strong Policies
- Implement Federal & State Laws
- Funding
- Community Partners
- City Support
  - Mayor and City Council
- Infrastructure & organization
  - District
    - Department
    - District Wellness Council
  - Key Champions
  - Strong Team
- Communications
  - Message aligned with Superintendent
  - Link to Learning
  - Tools and tactics
- Schools
  - Wellness Councils
  - Key Champions and bright spots
  - Tools and Supports
- Evaluation Plan
Engaging District and School Leadership
Policy Evaluation and Impact
Focused on School-level Outcomes

Central Office departments support schools in eight areas of the District Wellness Policy. They use a Whole School, Whole Community, Whole Child (WSCC) model.

BPS measures the quality, quantity, and equity of wellness programs outlined in the District Wellness Policy using the Profiles Survey and School Health Index.

When students have access to quality education, programs, and services, they will gain the necessary knowledge and skills to make healthy behaviors, which lead to improved health.

**District Wellness Policy Components**

- Cultural proficiency
- Comprehensive physical activity and physical education
- Comprehensive health education
- School food and nutrition promotion
- Healthy school environment
- Safe and supportive schools
- Health services
- Staff wellness

**School-Level Measures (Policy Implementation Outcomes)**

- Quality Indicators
- Quantity Indicators
- Equity Indicators

**Student-Level Measures (Health Outcomes)**

- Access to programs and services
- Health- and wellness-related knowledge and skills
- Health behaviors
- Health status (biometric and other indicators)
Policy Implementation Progress

SY 15-16 Spectrum of Policy Implementation

Change from SY13-14
- Improved
- Did not change
- Decreased
Policy Implementation Bright Spots

Health Education
There was an increase in the number of schools that have been trained and are using the district-approved Healthy & Safe Body Unit in grades 4 & 5 and sexual health education curriculum in grades 9-12.

Healthy Environment
All schools have Integrated Pest Management Plans and review their Annual Environmental Audit.

Safe & Supportive
8 out of 9 metrics of the School Profiles Survey metrics used to measure services, supports and programs increased.

Health Services
91% of high schools have a Condom Accessibility Team (CAT).
Cultural Proficiency

Offices of Equity increased the amount of trainings offered to staff, and culturally and linguistically sustaining practices have been strongly prioritized at the district level.

Physical Education & Physical Activity

The majority of elementary and middle school grades have recess & offer the required 45 min of PE and are appropriately staffed.

Food & Nutrition

100% of schools are meeting the standards set by the policy for school meals.
Student Outcomes: 
Bright Spots & Challenges

😊 Overweight & Obesity rates for all students have leveled off at 39%

😊 There have been improvements in high school students risk behaviors around injury and violence

😊 More high school students are delaying ever having sexual intercourse and more students are avoiding pregnancy or getting someone pregnant

😊 More high school students report receiving sexual health education and more students report being taught to use a condom

😢 Overweight & Obesity rates are higher among Black and Latinx students

😢 Asthma for all students rates have increased to 20% and rates are higher among Asian, Black and Latinx students

😢 There has been a decrease in sexually active high school students who have used a condom during last sexual intercourse

(Obesity/Asthma Source: SNAPNurse)
(High School Source: Youth Risk Behavior Survey 2015)
Wellness Policy Annual Report

ANNUAL REPORT
IMPLEMENTATION OF THE BPS WELLNESS POLICY
School Year 2015-2016

PREPARED BY
The BPS Health and Wellness Department
on behalf of the District Wellness Council
Month 2017

SY 15-16 BPS Annual Report
Next Steps
Essentials for Instructional Equity

DISTRICT STRATEGIC PLAN

STANDARDS FOR INSTRUCTION

CREATE SAFE, HEALTHY & SUSTAINING LEARNING ENVIRONMENTS

BPS STRATEGIC PLAN

BPS ESSENTIALS FOR INSTRUCTIONAL EQUITY

CREATING SAFE, HEALTHY SUSTAINING LEARNING ENVIRONMENTS
SY 17-18 District Wellness Council Goals

1. Improve effectiveness of communication of the BPS District Wellness Policy, District Wellness Council activities and the annual report of the wellness policy implementation in order to increase awareness, knowledge and buy-in of stakeholders.

2. Improve the functionality of the District Wellness Council and the subcommittees to execute the responsibilities of the council in all areas of the policy.

3. Improve the ability of the District Wellness Council to measure implementation of the wellness policy at the school level and the policy’s impact on student-level outcomes.

4. Increase engagement of students and families in advocating for and implementing the wellness policy at both the district and school levels.
Questions?

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