

Reaching the Whole Child: New Opportunities for Integrating Health and Education in the Whole School, Whole Community, Whole Child (WSCC) Model

February 26, 2015



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National Association of Chronic Disease Directors (NACDD) is comprised of over 5,000 specialized chronic disease practitioners working in public health departments across all 50 States and US Jurisdictions to prevent and control chronic disease.

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



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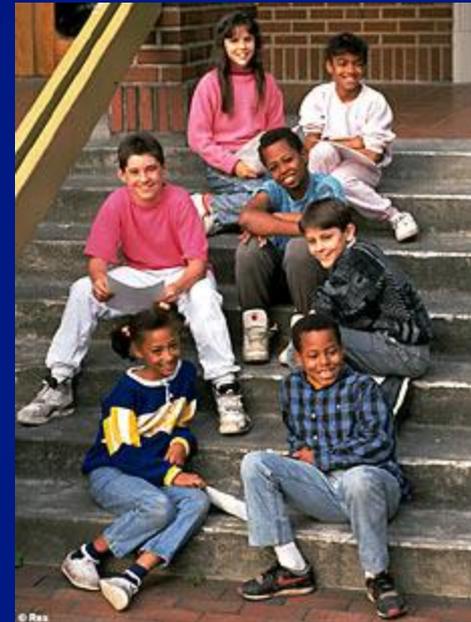
Learning Objectives

At the end of this webinar, participants will be able to:

- Explain the Whole School, Whole Community, Whole Child (WSCC) model and the relationship to Coordinated School Health (CSH)
- Explain the roles of CDC, ASCD and the linkage of the WSCC model to current chronic disease prevention initiatives.
- Identify opportunities and roles for health departments to advance health and learning through the dissemination and implementation of the model.



Whole School, Whole Community, Whole Child: An Expanded Approach



Holly Hunt, MA
Chief, School Health Branch
Centers for Disease Control and Prevention

Partnering with Schools to Improve Outcomes



- ❑ Schools have always had a public health role
- ❑ Health status and academic performance are connected
- ❑ Risk behaviors are established during youth
- ❑ Well-designed school health programs can promote health behaviors
- ❑ Good place to reach underserved children and youth

CDC + ASCD

■ CONSULTATION

- **Diane D. Allensworth**, PhD, Kent State University
- **Robert Balfanz**, PhD, John Hopkins University
- **Charles E. Basch**, PhD, Columbia University
- **Mark Ginsberg**, PhD, George Mason University
- **Lloyd J. Kolbe**, PhD, Indiana University
- **Richard A. Lyons**, MA, Superintendent of the Year
- **Laura Rooney**, MPH, OH Department of Health
- **Susan K. Telljohann**, HSD, CHES, University of Toledo

■ REVIEW

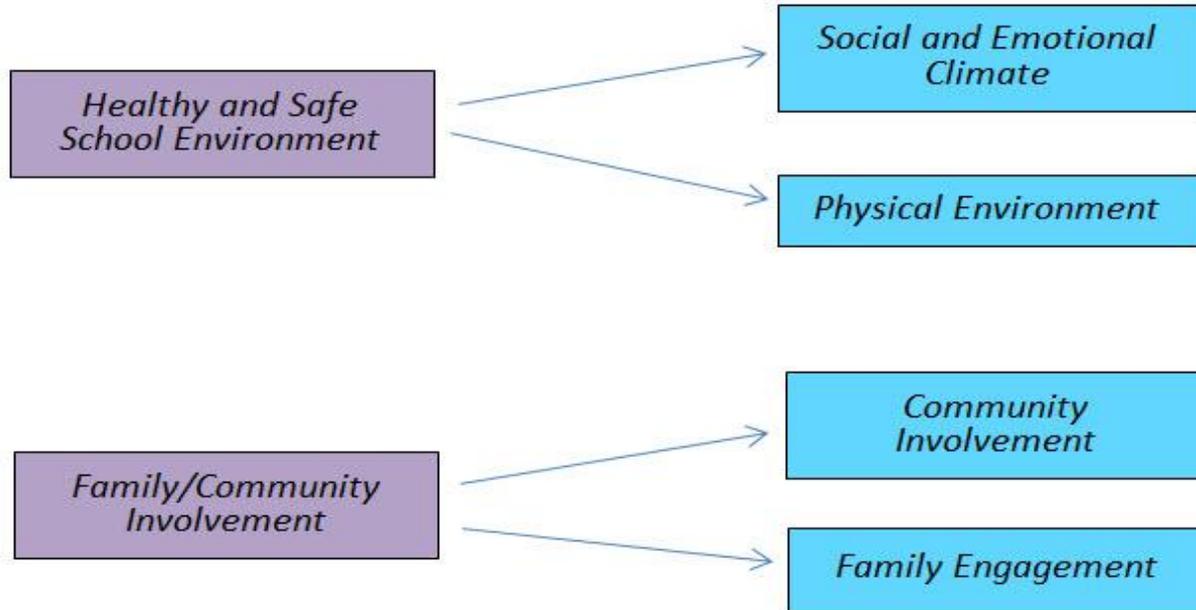
- **Elaine Auld**, MPH, MCHES, CEO, SOPHE
- **David Birch**, PhD, Department Chair, University of Alabama
- **Marty Blank**, Exec. Director, Coalition of Community Schools
- **Maurice Elias**, PhD, Professor, Rutgers University
- **Susan Goekler**, PhD, MCHES, FAAHE, FASHA, Exec. Director, DHPE
- **Dave Lohrmann**, PhD, Department Chair, Indiana University
- **Donna J. Mazyck**, RN, MS, NCSN, Exec. Director, NASN
- **Douglas McCall**, Exec. Director, International School Health Network
- **Robert Valois**, PhD, Professor, University of South Carolina

Whole School Whole Community Whole Child



CSH

WSCC



<http://www.cdc.gov/healthyyouth/wscs/components.htm>

Coordinated School Health



Coordinated School Health (CSH) Infrastructure and Sustainability

- ❑ Dedicated staff and programs in State Education Agencies and State Health Departments across the country
- ❑ Included health indicators in school improvement/review processes
- ❑ Improved and increased school health policies, practices and assessments
- ❑ Established School Health Advisory Committees at the state and local levels
- ❑ Strengthened collaboration between the public health and education sectors.



What are the implications of the WSCC for 1305 State Public Health Actions?

Local Wellness Policies

Comprehensive School Physical Activity Program



Nutrition Standards

Management of Chronic Conditions

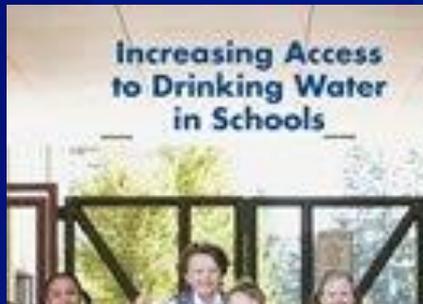
Journal of School Health

- **2015 special supplement dedicated to articles in support of the WSCC model. Topics include:**
- **A Framework for Improving Students' Learning and Health**
- **Health and Academics**
- **Lessons Learned from Whole Child and CSH**
- **Partnerships: Education and Public Health**
- **Alignment, Integration, and Collaboration: Health and Education**
- **Coordinating Policy, Process, and Practice**
- **Engaging the Power of Communities**

CDC's Healthy Schools Website and Virtual Healthy Schools

- **Launch of new Healthy Schools Website in 2015 with WCSS content**
- **The Virtual Healthy School (VHS) is an online interactive school building that will visualize how the ten components of the WSCC model are integrated into the classroom, staff break room, hallways, cafeteria, gymnasium, recreational field, community, and home.**

Resources and Tools



Centers for Disease Control and Prevention
MMWR
 Morbidity and Mortality Weekly
 Recommendations and Reports / Vol. 60 / No. 5
 September 1

School Health Guidelines to Promote Healthy Eating and Physical Activity



HEALTH AND ACADEMIC ACHIEVEMENT



National Center for Chronic Disease Prevention and Health Promotion
 Division of Population Health



Where Do They Stand and What Can You Do?

Local school wellness policies (i.e., wellness policies) provide an opportunity to create and support a healthy school environment, promote student health, and reduce childhood obesity. Because they are required for all school districts participating in the federal Child Nutrition Programs including the National School Lunch Program and the School Breakfast Program, millions of children can be reached through implementation of these policies which focus on creating supportive school nutrition and physical activity environments. Research has demonstrated that although almost all districts have adopted a wellness policy they lack specificity related to competitive foods as well as requirements for implementation and compliance.¹

BACKGROUND

The *Child Nutrition and WIC Reauthorization Act of 2004*² and more recently the *Healthy Hunger-Free Kids Act of 2010*³ required that school districts participating in the federal Child Nutrition Programs adopt, implement, and most recently report on local school wellness policies.

WHAT?

Issues where policy and existing wellness policy on and promotion, distribution, and enforcement, (e.g., PA outside of PE) establish key monitoring, evaluation, and the scope of policy areas from the site level to state level. All data by RTD researchers will be available on-line from report template details about how implied are available in the tool.⁴

¹ [Health and Academic Achievement](#)

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Competitive Food and Beverages in U.S. Schools: A State Policy Analysis



PARENT ENGAGEMENT



A Guide for Developing Comprehensive School Physical Activity Programs

Healthy Kids. Successful Students. Stronger Communities. Improving Academic Achievement through Healthy Eating and Physical Activity

National Center For Chronic Disease and Health Promotion
 Division of Population Health



What Do the Experts Recommend?

In addition to the federal local wellness policy requirement, several national organizations such as the Centers for Disease Control and Prevention, Institute of Medicine, and the American Academy on Physical Activity and Health have published guidance on school nutrition and physical activity environments.

When Do the Experts Recommend?

When policy opportunities exist, as well as issues where policies are well-established relative to the following topics: a) nutrition standards for competitive foods and beverages (i.e., items sold or served outside the school cafeteria); b) nutrition standards for school nutrition programs; and c) nutrition standards for school nutrition programs.

SCHOOL CONNECTEDNESS

STRATEGIES FOR INCREASING PROTECTIVE FACTORS AMONG YOUTH



ASCD and the Whole Child

Sean Slade, M.Ed
Director, Whole Child Programs
ASCD

FOR THE SUCCESS OF EACH LEARNER



125,000
members



Principals,
Superintendents,
Experienced
teachers



State Affiliates

Whole Child
2007

*"What's good for
the child"*



healthy



safe

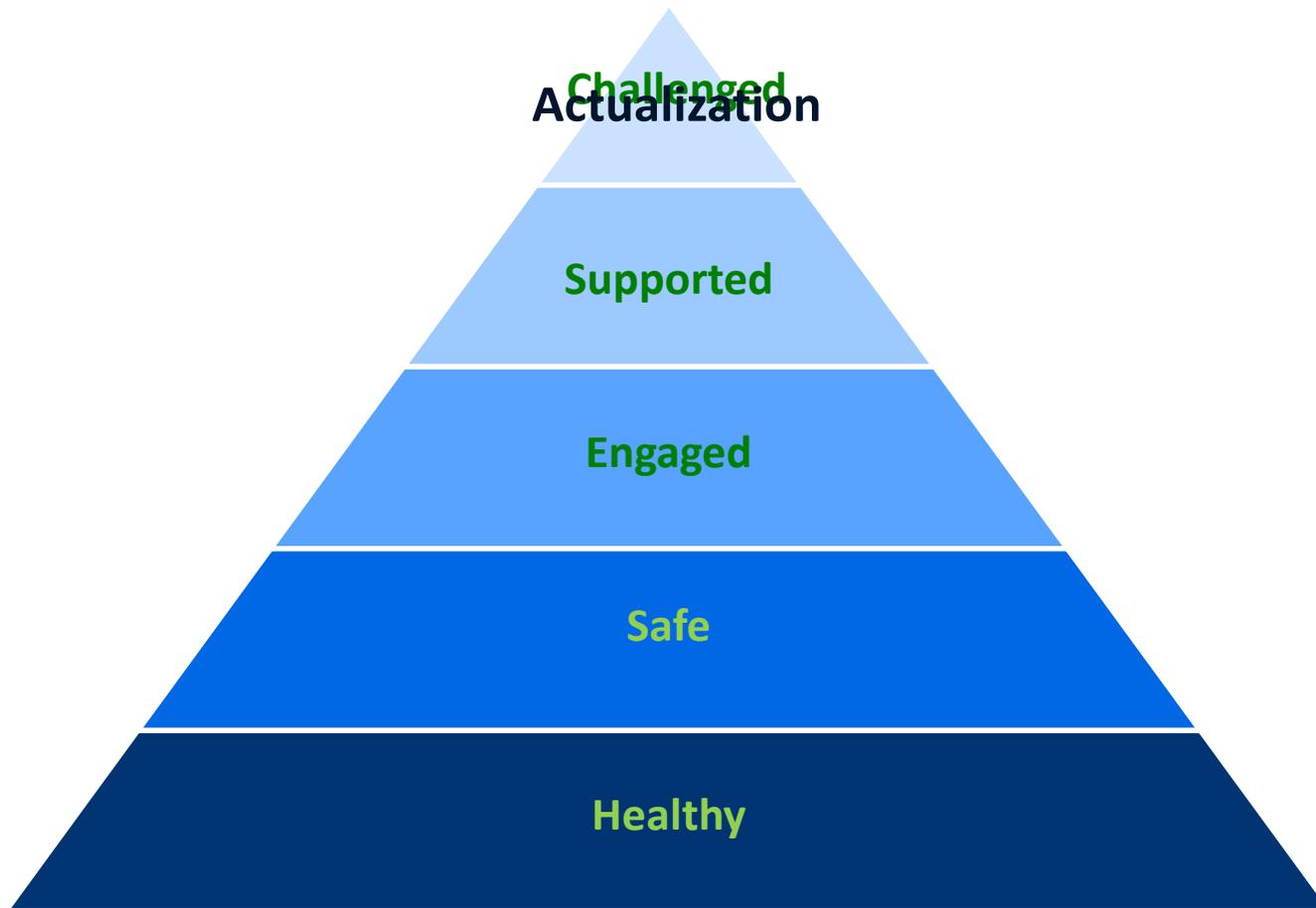


engaged

supported

challenged





Abraham Maslow's Hierarchy of Needs
ASCD's Whole Child Theory of Needs
FOR THE SUCCESS OF EACH LEARNER



ASCD

We challenge communities to redefine learning to focus on the whole person. We encouraged schools and communities to put aside perennial battles for resources and instead align those resources in support of the whole child. Policy, practice, and resources must be aligned to support not only academic learning and growth for the success of each child.

- Whole Child Commission, 2007

FOR THE SUCCESS OF EACH LEARNER



CDC

In sum, if American schools do not coordinate and modernize their school health programs as a critical part of educational reform, our children will continue to benefit at the margins from a wide disarray of otherwise unrelated, if not underdeveloped, efforts to improve interdependent education, health, and social outcomes. And, we will forfeit one of the most appropriate and powerful means available to improve student performance.

- Lloyd Kolbe, 2002

issue

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.

- Charles Basch

issue

Health-related problems play a major role in limiting the motivation and ability to learn of urban minority youth, and interventions to address those problems can improve educational, as well as health outcomes. This is why reducing educationally relevant health disparities must be a fundamental part of school reform.

- Charles Basch

issue

Though rhetorical support is increasing, 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.

- Charles Basch



CDC + ASCD

It is time to truly align the sectors and place the child at the center. Both public health and education serve the same students, often in the same settings. We must do more to work together and collaborate.

- **Wayne H. Giles, Director, Division of Population Health, CDC, 2014**

For too long entities have talked about collaboration without taking the necessary steps. This model puts the process into action.

- **Gene R. Carter, Emeritus Exec Director, ASCD, 2014**

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD



FOR THE SUCCESS OF EACH LEARNER

Key questions

Does this replace the CSH Model?

Yes and no – it allows for continued work using CSH and evolving work utilizing WSCC.

Does it affect YRBS, SHPPS or School Health Profiles?

No – the new model fits with all the CDC surveillance systems

Does it allow for greater collaboration across sectors?

Yes – the new model actively encourages more collaborative (integrative) policies, processes and practices across education & health.

Key questions

Why has the Healthy School Environment component been split?

Primarily to address the growing understanding of SEL and School Climate and how it affects both learning and health (and in particular mental health).

Why has Family/Community Involvement been split?

To emphasize the roles that Community Services/ Agencies play and the role that Families play. While these may overlap they are also key and distinct stakeholders each serving unique needs.

Key Questions

Where do children, students and peers appear in the WSCC Model?

The focus on all our actions should be directed towards the child. Additionally the student plays a key role through the Tenets and Components – in particular – Safe, Engaged, as well as Community Involvement, & Family Engagement. There is an increased role for peers to play in being both advocates and change makers across their communities.

Key Questions

Are there other grant opportunities that the model creates opportunities for?

Yes ...

- HHS Cooperative Agreement 1308 for LEAs and SEAs (DASH) Approach #3: Safe and Supportive Environments
- DOE School Climate Transformation Grant Announcements 84.184G and 84.184F for LEAs and SEAs (OSHS)
...Implement multi-tiered behavioral framework to improve school climate and behavioral outcomes for all students
- Additionally, the Center for Health and Health Care in Schools has produced a summary guide (PDF) for utilizing funds towards both learning and health outcomes.

Key Questions

Additional FAQs are viewable at www.ascd.org/learningandhealth



Frequently Asked Questions

The [Whole School, Whole Community, Whole Child \(WSCC\)](#) model combines and builds on elements of the traditional coordinated school health approach and the whole child framework. ASCD and the [U.S. Centers for Disease Control and Prevention \(CDC\)](#) developed this new model—in collaboration with key leaders from the fields of health, public health, education, and school health—to strengthen a unified and collaborative approach to learning and health.

Learn more about the WSCC model through these frequently asked questions:

- » [How was the WSCC model developed?](#)
- » [Why were the coordinated school health approach and whole child framework merged together?](#)
- » [What is new or different in the WSCC model?](#)
- » [What are the plans for implementation?](#)
- » [Can departments, districts, and schools use the model for their own initiatives?](#)
- » [Can current CDC grants be used with the WSCC model?](#)
- » [Are there other grant opportunities that can be used with the WSCC model?](#)
- » [How will the WSCC model affect School Health Profiles \(Profiles\) and the School Health Policies and Practices Study \(SHPPS\)?](#)
- » [How does the WSCC model affect the work of the CDC-funded FOA 1305 state health departments and 1101 national non-governmental organizations?](#)

Need Help?

For more information on how to start WSCC implementation in your school and community, [e-mail the ASCD Whole Child Implementation Team](#).

Poll Question

Previous to this webinar, how familiar were you with the Whole School, Whole Community, Whole Child (WSCC) Model?

- Very Familiar
- Somewhat Familiar
- This is the first time I am hearing about





Ohio's WSCC Story

Laura Rooney, MPH

School and Adolescent Health

Ohio ASCD

- Strive to provide professional development to education advocates for improved curriculum and instruction for all learners
- 1,100 Members (administrators, teachers, curriculum specialists, education directors, DOE, professors, and university students)
- Adopted Whole Child Framework
- Received WC Grant from ASCD



Ohio ASCD Whole Child Plan

- Create Collective Voice for the Whole Child
- Expand membership to include child advocacy organizations, agencies/businesses that address non-academic barriers
- Create annual product for marketing WC concepts
- Offer training and policy development
- Assure state legislature adopts Whole Child Resolution



Ohio ASCD Symposiums

2013 – Introduction to ASCD & Whole Child

- School administrators, teachers, support staff, community agencies
- First exposure for many agencies

2014 – Focused on Tenets & Education Outcomes

- Connect non-academic barriers to education
- Highlight new WSCC model
- Identify agencies addressing issues



2015-2016

- Focus on Community, Policy and Schools
- Planning and Implementation
- Increase the number of designated Whole Child schools
- Highlight Success Stories



My Role - Connecting the Dots

- Provide insight to ASCD members on creating systemic change for adopting Whole Child
- Explain research on connection between health and academic outcomes
- Encourage connection to School Improvement Process for recognition and sustainability



My Role - Connecting the Dots

Utilize Coordinated School Health Process to explain how to reach their Whole Child goals

- Connect Ohio ASCD to existing CSH and health initiatives
- Identify additional stakeholders and needed members
- Identify and explain how to use assessment, planning, implementation, and evaluation resources for health and wellness issues.
- Encourage the Ohio ASCD members to examine policies, processes and practices that impact non-academic barriers
- Share Nutrition and Physical Activity resources, as interest from schools develops



Insights from working with ASCD Committee

- Varying degrees of understanding & experience with health agencies, programming, policy development
- Child and Education Focused - want solutions to issues that impact daily academic issues
- Processes for creating change can be viewed as taking too long for the immediate needs of their students
- Concerned about competing priorities
- Passionate about children and learning



What was helpful

- Share research on connection between health and academics
- Utilize the your “State-Level Snapshots” and “Tenet Indicators and Components” from ASCD
<http://www.ascd.org/programs/whole-child-snapshots.aspx>
- Break down the WSCC Model into segments then share how they fit together holistically
- Incorporate Nutrition and Physical Activity strategies after you have buy-in
- Be patient, meet them where they are





QUESTIONS

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Thank you!



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