The Whole School, Whole Community, Whole Child (WSCC) Model: A Workshop on Implementing the Model

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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.
Mission: To strengthen the effectiveness of those working to improve the health and well-being of children and youth.
Disclaimer

• This session is made possible by 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, RMC Health or CDC.
Objectives

• Summarize the step-by-step process in the guide for implementation of the WSCC model.

• Describe how districts and school have utilized the WSCC model.

• Develop an action plan to implement the guide in schools, districts, or organizations.
Facilitators

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Introductions

• Name
• Position
• Organization
• One thing you are excited about related to your school health work
Overview of Implementation Guide
The Whole School, Whole Community, Whole Child Model: A GUIDE TO IMPLEMENTATION

http://www.chronicdisease.org/?SchoolHealthPubs
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 Healthy Schools through multiple iterations
Overview of WSCC Model and Guide
WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD
A collaborative approach to learning and health

COORDINATING POLICY, PROCESS, & PRACTICE

HEALTHY

SAFE

CHALLENGED

SUPPORTED

ENGAGED

IMPROVING LEARNING AND IMPROVING HEALTH

Family Engagement
Employee Wellness
Physical Environment
Social & Emotional Climate
Counseling, Psychological, & Social Services
Nutrition Environment & Services
Health Services
Physical Education & Physical Activity
Education
Community Involvement
Part I of Guide:

- 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
Part I of Guide:
Opportunities for integration:

Local Wellness Policy
SCHOOL IMPROVEMENT PLANS
Building on Existing Teams
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.
## 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](https://www.cdc.gov/healthyschools/resources.htm)
- Virtual Healthy School (CDC): [https://www.cdc.gov/features/virtual-healthyschool/](https://www.cdc.gov/features/virtual-healthyschool/)
- School Health Index (CDC): [https://www.cdc.gov/healthyschools/shi/index.htm](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](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5022a1.htm)
- Healthy Schools Program (Alliance for a Healthier Generation): [https://www.healthiergeneration.org/take_action/schools/](https://www.healthiergeneration.org/take_action/schools/)
- Game On Program (Action for Healthy Kids): [http://www.actionforhealthylkids.org/game-on](http://www.actionforhealthylkids.org/game-on)
- WellSAT 2.0 (Rudd Center): [http://www.wellsat.org/](http://www.wellsat.org/)

#### Health Education
- Health Education Curriculum Analysis Tool (CDC): [https://www.cdc.gov/healthyyouth/hecat/](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](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/npsp/strategies.htm](https://www.cdc.gov/healthyschools/npsp/strategies.htm)
- Physical Education Curriculum Analysis Tool (CDC): [https://www.cdc.gov/healthyschools/pecat/index.htm](https://www.cdc.gov/healthyschools/pecat/index.htm)
- Comprehensive School Physical Activity Programs (CDC): [http://www.cdc.gov/healthyschools/physicalactivity/cspap.htm](http://www.cdc.gov/healthyschools/physicalactivity/cspap.htm)
- Recess in Schools (CDC): [https://www.cdc.gov/healthyschools/physicalactivity/recess.htm](https://www.cdc.gov/healthyschools/physicalactivity/recess.htm)
- Essential Components of Physical Education (SHAPE America): [http://www.shapeamerica.org/upload/TheEssentialComponentsOfPhysicalEducation.pdf](http://www.shapeamerica.org/upload/TheEssentialComponentsOfPhysicalEducation.pdf)
Examples of School Districts

Spotlight on Success: Frisco Independent School District

The Frisco Independent School District (Frisco ISD) is a large school district in the suburbs of Dallas, Texas. The district has over 45,000 students of diverse racial and ethnic backgrounds, serving families speaking 70 different languages, and eleven percent of students are considered economically disadvantaged. Over the last 10 years, Frisco ISD has been one of the fastest growing school districts in the country, typically adding 2,500-3,500 students each year. Aims of this rapid expansion is the mission of Frisco ISD is “to know every student by name and need.” As a part of this mission, the district leadership has adopted a strong focus on the whole child, embedding the Whole School Whole Community Whole Child (WSCC) model as a guiding framework at both the district and school level.

While Frisco ISD always has prioritized the health and wellness of students and staff, the district formalized its commitment in 2015 with a new five-year strategic plan that included an objective related to the whole child, along with strategies and specific targeted results and action steps (Figure 1). In a fast-growing district, this step helped to provide a model structure and clarity for whole child strategies and actions, along with accountability at the school and district level. Around the same time, the district hired a Director of Coordinated School Health to oversee the whole child efforts. In addition, the leadership reconfigured the district-level School Health Advisory Council (SHAC) to ensure that members reflect the ten components of the WSCC model. Under Texas law, each district must have a SHAC, and the majority of members must be persons who are parents of students enrolled in the district who are not employed by the district. Frisco ISD went beyond the requirements, building a SHAC that includes broad representation from parents, students, staff, community agencies, and local businesses. In addition, standing sub-committees were created, grouping components of the model together under four umbrellas: 1) Health Education, Physical Education & Physical Activity, Nutrition Environment & Services, Physical Environment, 2) Family Engagement/Community Involvement, 3) Health Services/Employee Wellness, 4) Counseling & Psychological Services, Social & Emotional Climate. The SHAC meets quarterly (with sub-committees meeting more frequently) and uses the objective and actions outlined in the strategic plan to guide their work and report back to the Assistant Superintendent and Superintendent on progress made.

At the campus level, the whole child programming is overseen by a building-level Whole Child Committee (WCC) in each school, with membership reflecting the components of the WSCC model. The WCC meets once a month and is charged with developing an action plan based on the school’s needs.

Spotlight on Success: Thomasville City Schools

Thomasville City Schools (TCS) is a small school district located in Thomasville, North Carolina (population 27,000). The school district has approximately 2,500 students of diverse racial and ethnic backgrounds, and over 95% of students are from families that live below the federal poverty line.

TCS has four school buildings including primary, elementary, middle and high school, and three of the school’s receive Title I funding. This district is a long history of prioritizing the health and wellness of students and staff. This is reflected in its mission and vision, which include educating the whole child and “nurturing the health and well-being of students and staff emotional, physical and nutritional.”

TCS focuses on health and wellness began in 2005 with the adoption and implementation of the Coordinated School Health (CSH) model, led by a visionary superintendent who was passionate about addressing the needs of the whole child. As a result of this vision, a part-time wellness coordinator position was created, funded locally. The wellness coordinator played a pivotal role in educating school administrators, staff and parents about the importance of health and wellness and the CSH model. This helped to facilitate support and buy-in, leading to the adoption of a strong district wellness policy in 2006 that exceeded the federal requirements of the time. In addition, school-level wellness teams and the county-level School Health Advisory Council (SHAC) adopted a CSH framework for decision-making, and began to use the CSH model to regularly report to the school board on needs and progress in each of the CSH components.

Over time, internal and external support for CSH grew, leading to strong community partnerships and grant funding to support various health-related initiatives. In 2014, TCS was awarded a Healthy Eating Active Living grant from the North Carolina Department of Health and Human Services. Thanks to this funding, the district was able to enact a full-time Community Liaison for School Health dedicated to improving physical education and activity, staff wellness and community engagement. In addition, the district strengthened health and mental health services. Currently, the TCS employs a full-time school-based therapist and each of the four schools has 1-2 counselors. Each school has a full-time nurse, with three nurses funded through a partnership with Davidson County Health Department and one funded by TCS.

Because of this strong foundation and support for health and wellness, TCS easily transitioned to the Whole School Whole Community Whole Child (WSCC) model when it was introduced in 2014. TCS administrators and staff emphasize the importance of “educating the whole child and providing them with the tools needed for success in life.” The district continues to build upon the foundation established...
Steps to Adopting the Whole School, Whole Community, Whole Child 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
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
Step 2

Identify a WSCC Coordinator and WSCC Team Leaders
Assemble a District and School Team
Assess and Plan WSCC Efforts
Step 5

Implement the Plan
Reflect and Celebrate
Activity:
Becoming the Expert
Thank you!

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