The Whole School Whole Community Whole Child Model: Opportunities to Promote Health and Learning

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Nebraska SHAPE Conference
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Overview

- Connections between health and academic achievement
- Strategies for supporting a healthy school environment
- Tools to support adoption of the Whole School Whole Community Whole Child (WSCC) Approach
In 2015, among U.S. high school students...

- 14% of students were obese and 16% were overweight
- 20% ate fruit or drank 100% fruit juices three or more times per day
- 15% ate vegetables three or more times per day
- 27.1% of students achieved the recommended 60 minutes per day every day of the week
- 11% currently smoked cigarettes
- 41% ever had sexual intercourse
- 32% reported current alcohol use
- 16% carried a weapon (e.g., a gun, knife, or club)

Whole School
Whole Community
Whole Child (WSCC)

www.cdc.gov/healthyyouth/wssc
• Block grant: Student Support and Academic Enrichment Grants (SSAEG) (Title IV)
• “Well—rounded” includes health education and physical education
• Requires districts to allocate 20% of Title IV funds to programs that support safe and healthy students (mental health, health services, nutrition, physical education, bullying, crisis management, and others)
Special Issue: The Whole School, Whole Community, Whole Child Model

Critical Connections: Health and Academics
Healthy Students Do Better in School

**STUDENTS THAT ARE**

- Physically active
- Eating breakfast and healthy foods
- Managing their chronic health conditions like asthma or diabetes

- Have increased test scores.
- Have better grades.
- Have increased school attendance.
- Have improved classroom behavior.
CDC’s Morbidity and Mortality Weekly Report (MMWR): Health-related behaviors and academic achievement among high school students, United States, 2015
2015 Health-Related Behaviors and Academic Grades Fact Sheets

Making the Connection: Physical Activity and Sedentary Behaviors and Academic Grades

Making the Connection: Dietary Behaviors and Academic Grades

Making the Connection: Health Risk Behaviors and Academic Grades

Making the Connection: Alcohol and Academic Grades

Making the Connection: Drug Use and Academic Grades

Making the Connection: Youth Violence and Academic Grades

Making the Connection: Sexual Behaviors and Academic Grades
Resources For Health and Academic Achievement

- Health and Academic Achievement overview document
- Presentation slides with notes
- Podcast on physical activity, nutrition, and academic achievement

www2c.cdc.gov/podcasts/player.asp?f=8634967

www.cdc.gov/healthyschools/health_and_academics/index.htm
Comprehensive School Physical Activity Programs & Academic Achievement

Better grades, standardized test scores, & classroom behavior

Improved cognitive performance & classroom behaviors

Higher GPAs, lower dropout rates, & fewer disciplinary problems

School Nutrition Environment and Services & Academic Achievement

School Breakfast Program: increased grades, test scores, attendance, and cognitive performance

Adequate hydration: increased cognitive function

School Health Index

2017 Elementary School

SHI: SCHOOL HEALTH INDEX
A Self-Assessment and Planning Guide

CDC School Health Index

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Coordinating Policy, Process, & Practice
Healthy
Safe
Supported
Challenged
Engaged

Healthy Learning and Improving Health

Physical Environment
Social & Emotional Climate
Counseling, Psychological, & Social Services
Nutrition Environment & Services
Health Services

Family Engagement
Employee Wellness
Community Involvement
Physical Education & Physical Activity
Health Education

COMMUNITY
Whole School
Whole Community
Whole Child (WSCC)

www.cdc.gov/healthyyouth/wssc/
Health Education Curriculum Analysis Tool

- Conduct clear, complete and consistent analyses of health education curricula
- Based on
  - National Health Education Standards
  - CDC’s Characteristics of Effective Health Education Curricula
- Select or develop appropriate and effective curricula
- Customizable to meet local needs and requirements
Whole School Whole Community Whole Child (WSCC)
**RECOMMENDATION:**
Offer and promote healthy food and beverage options in all areas of the school

**REALITY:**

Only 6% of schools sell fruits and vegetables in vending machines, school stores, or snack bars.

Over 1/2 of schools sell baked goods not low in fat, such as cookies, for school fundraisers.

74% of schools sell soft drinks to students.

22% of schools allow soft drink companies to advertise soft drinks on vending machines.

Less than 1/2 of schools prohibit or actively discourage staff from using food or food coupons as a reward for good behavior or good academic performance.

*School Health Policies and Practices Study data collected in Spring 2014, prior to implementation of Smart Snacks in School rules.*
Percentage of High School Students Who Drank a Can, Bottle, or Glass of Soda or Pop Two or More Times Per Day*

Not counting diet soda or diet pop, during the 7 days before the survey

State Youth Risk Behavior Surveys, 2015
Comprehensive Framework for Addressing the School Nutrition Environment and Services

- Define components of the school nutrition environment
- Highlight resources for each component

www.cdc.gov/healthyschools
Putting Local Wellness Policies into Action

Common themes from the 11 stories:

- Importance of a wellness champion
- Establishing wellness councils
- Partnerships
- Including parents and students in the process
- A need for more quantitative evaluation
Whole School
Whole Community
Whole Child (WSCC)
RECOMMENDATION:
Students should do 60 minutes (1 hour) or more of physical activity daily.

REALITY:
Many students are not getting opportunities to be active.

Over half of all schools have 10% or less of their students walking or biking to and from school.

Less than 4% of schools require daily physical education.

Only 45% of all schools provide opportunities for students to participate in classroom physical activity breaks.

Only 55% of all schools offer opportunities for students to participate in physical activity clubs or intramural sports programs.

Source: School Health Policies and Practices Study 2014
Percentage of High School Students Who Attended Physical Education Classes on 1 or More Days*

*In an average week when they were in school.

State Youth Risk Behavior Surveys, 2013
Percentage of High School Students Who Did Not Participate in at Least 60 Minutes of Physical Activity on at Least 1 Day*

*Doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey

State Youth Risk Behavior Surveys, 2015
Percentage of High School Students Who Were Physically Active at Least 60 Minutes Per Day on 5 or More Days*

*Doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey

State Youth Risk Behavior Surveys, 2015
National Framework for School-based Physical Education and Physical Activity

- Provides framework
- Cross-cutting resources
- Component specific resources
Resources for Comprehensive School Physical Activity Programs
New Resources for Recess in Schools
## Recess Impacts School Climate

<table>
<thead>
<tr>
<th>Schools can...</th>
<th>Practices that promote school climate</th>
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<tbody>
<tr>
<td>Provide students with daily recess</td>
<td>• Regardless of behavior, missed schoolwork, or weather</td>
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<td>Ensure physical and emotional safety</td>
<td>• Teach conflict resolution tools (e.g., rock-paper-scissors)</td>
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<td>• Provide age- and activity-appropriate equipment</td>
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<td>• Establish rules and norms for activities</td>
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<td>Provide opportunities for engagement</td>
<td>• Allow students to choose activities</td>
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<td>• Create an inclusive environment so everyone can participate</td>
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<td>• Use positive encouragement to maintain participation</td>
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<td>Foster adult-student relationships</td>
<td>• Adults participate with or cheer for students</td>
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<td>• Adults model inclusive and positive behaviors</td>
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<td>Foster student-student relationships</td>
<td>• Create leadership programs for students</td>
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<td>• Encourage activities that mix up students across friend groups</td>
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<td>• Create noncompetitive environment</td>
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</tbody>
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Source: London, R. *Physical Activity and School Climate in School-Based Physical Fitness and the Link to Improved Student Academic Outcomes and School Climate*, Webinar; 2015.
Think, Pair, Share

Think about these two questions

- What did you learn?
- How will you use this in your work?

Pair up with one other person

Share response with partner
Whole School
Whole Community
Whole Child (WSCC)
Guide for Getting Parents Involved from K–12

- Provides an overview of a healthy school environment
- Introduces the framework for engaging parents in school health
- Offers suggestions for how to use the resources for *Parents for Healthy Schools*
NOW WHAT?
Use the Whole School Whole Community Whole Child Model
Use the DATA!

The Obesity Epidemic and United States Students

What is the problem?
The 2013 national Youth Risk Behavior Survey indicates that among U.S. high school students:

- **Obesity**
  - 14% were obese (students who were ≥95th percentile for body mass index, based on sex- and age-specific reference growth charts).
  - 7% had 100% fruit juices during the 7 days before the survey.
  - 6% had 100% milk during the 7 days before the survey.
  - 5% drank three or more times per day during the 7 days before the survey.
  - 3% ate 3 or more fast food meals per week during the 7 days before the survey.
  - 8% ate 1 or more hours per day on an average school day.
  - 4% did 0 or more hours per day on an average school day.
  - 8% participated in at least 60 minutes of physical activity on any day during the school year.
  - 16% participated in 3 or more days per week during the school year.
  - 16% participated in 3 or more days per week during the school year.
  - 5% participated in 3 or more days per week during the school year.
  - 8% participated in 3 or more days per week during the school year.
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Hi, I'm Principal Paul. Welcome to Jefferson School, our interactive Virtual Healthy School (VHS) that shows you how components of the Whole School, Whole Community, Whole Child (WSSCC) model can be integrated into your school.

In the VHS, you can learn what we've done in 13 areas of our school to meet the needs of the whole child. You can visit these locations in any order by clicking on the doors in the middle of the page or by clicking a scene photo at the bottom of the page. The arrows or advance dots at the bottom of the page can also be used to navigate to different areas of the VHS tool.

You can click on the community map to see how we work with community partners to promote health in our town of Kobe.

The buttons at the top of the page allow you to:

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**File Formats Help:**

How do I view different file formats (PDF, DOC, PPT, MPEG) on this site?
Training Tools for Healthy Schools (TTHS)

- Health Education Curriculum Analysis Tool (HECAT)
- School Health Guidelines
- School Health Index
- Comprehensive School Physical Activity Program (CSPAP)
- Parents for Healthy Schools

Professional Development Practices

The ultimate goal of professional development (PD) is the effective implementation of skills and strategies that enhance knowledge and transfer of learning. The Professional Development Practices listed here are based on research and best practice and provide the best conditions for implementation to occur. They encompass the delivery of PD in a group setting (trainings, presentations, meetings) and one-on-one (general technical assistance, coaching/mentoring).

SUSTAIN a Professional Development Infrastructure
- Identify a person to provide leadership for PD efforts.
- Establish procedures/policies that promote timely, research-based, and responsive PD.
- Secure financial and human resources to support PD and collaboration.
- Establish and implement a PD plan that incorporates the PD-related components found in the cooperative agreement work plan.
- Ensure continuous learning among program staff.
- Develop a process for recruitment, development, and assessment of qualified PD providers (may be in-house). Ensure that PD providers are skilled to:
  - Apply the fundamentals of effective training design and delivery.
  - Are familiar with the specified content.
  - Apply adult learning principles.
  - Use a variety of strategies to meet needs of diverse learners.
  - Create a safe and functional learning environment for constituents.
  - Manage conflict/controversy.
  - Provide ongoing technical support for PD providers.
  - Establish a data management system.

DESIGN Professional Development Offerings

Group Setting
For each training or presentation offered
- Identify the target audience;
- Conduct a pre-assessment and review available data to guide the development of SMART (Specific, Measurable, Achievable, Realistic, Time-related) objectives.
- Develop a comprehensive training design (agenda).
- Develop/select an action planning template.
- Develop an evaluation plan.
- Develop a plan for follow-up support.
- Develop, design, and organize materials.
- Manage, or hire someone to manage, logistics (e.g., registration, site selection, transportation needs, AV/technology).

One-On-One Technical Assistance (TA)
Develop a TA protocol that includes
- Response time.
- Site data review (when available).
- Topics to be covered.
- Follow-up support.
- Materials to be sent.
- Data entry process.

Developed by RMHC Health Professional Development Partnership, funded by the Centers for Disease Control and Prevention.
Keys to success

- School health champion (strong leadership)
- Administrative buy-in
- Utilize School Health Index
- Team representation, cohesion, and commitment
- Start with small, achievable goals
- Highlight and build on successes
www.cdc.gov/healthyschools
Thank You!