

A practical approach to enhancing a healthy school community by adopting the WSCC model

Matthew T. Moyer, John T. Foley, Bonni C. Hodges, and Jill Pace

Abstract

The introduction of the Whole School, Whole Community, Whole Child (WSCC) model has challenged professionals working in school health to inspire school districts to embrace WSCC's philosophical and practical components. Adopting the WSCC model to foster wellness priorities in school districts encourages healthy people and healthy environments to support academic achievement. Building upon the District's existing coordinated school health practices and two emerging themes, proactive measures from the District and school administrators, the District Health and Wellness Coordinator, and the school health education faculty from a local college envisioned the roll-out of the WSCC model as an opportunity to refocus and recharge the District's commitment to wellness priorities and stimulate the teacher's role to foster a healthy school setting. The successful experiences of early adopter school districts during the roll out of the WSCC model can provide guidance to others as they plan to introduce the model and advocate for its adoption. This paper models one strategy to introduce the WSCC model to districts; and provides participants with functional knowledge and ideas for practical application. With a focus on merging academics with health, the staff was recognized as the change agent and practices were instituted to rebrand the district's wellness program.

Introduction

National attention has surrounded the quest to ensure the success of American youth in today's global economy and society (Common Core State Standards Initiative, 2016). The Common Core State Standards Initiative (Common Core) was developed, designed, and implemented to prepare American youth for college and the workforce. The Centers for Disease Control and Prevention (CDC) emphasizes how the health of the youth and academic success are intertwined (CDC, 2015). Yet, recent work suggests that during the implementation of Common Core and often in combination with declining budgetary resources, many school districts shifted resources away from health services, health promotion, and school health education (Videto & Hodges, 2015). This shift risks leaving schools in peril of achieving educational benchmarks if the students and staff are not healthy (CDC, 2015). The recently developed Whole School, Whole Community, Whole Child (WSCC) model provides a framework for school districts to refocus on health and wellness as a means to support academic achievement and career readiness (Lewallen, Hunt, Potts-Datema, Zaza & Giles, 2015).

The WSCC model, a collaboration between ASCD (formerly known as the Association for Supervision and Curriculum Development) and the CDC was released in 2014 (ASCD, 2014). WSCC combines ASCD's Whole Child concepts and an expanded coordinated school health (CSH) approach (see figure 1). The CSH approach is a framework for addressing school health policies, practices, and programs (Allensworth & Kolbe, 1987). Launched in 1987, CSH adoption by school districts has been limited (Lewallen, Hunt, Potts-Datema, Zaza & Giles, 2015). Reflecting the need for education, public health, and school sectors to work collaboratively, ASCD and CDC developed WSCC (Fox, Connolly & Snyder, 2005). This model places the child at the center, surrounded by an expanded set of CSH components; five whole child tenets (healthy, safe, engaged, supported and challenged); the coordination of policy, process, and practice; and community support. Components of the WSCC model interact collectively to enable development and maintenance of health as learning takes place. The outcome of the collaboration is a child's improved cognitive, physical, social, and emotional development (ASCD, 2014).

This paper describes the initial phases of an ongoing process used by one school district to use the release of the WSCC model to refocus and revitalize the district's health and wellness priorities.

*Matthew T. Moyer, Ph.D., CHES, ESG Chapter: National Chapter, member-at-large, SUNY Cortland, P.O. Box 2000, Cortland, NY 13045; Phone: 607-753-2988; Fax 607-753-4226; Email: matthew.moyer02@cortland.edu

John T. Foley, Ph.D., SUNY Cortland, P.O. Box 2000, Cortland, NY 13045; Phone: 607-753-5531; Email: John.Foley@cortland.edu

Bonni C. Hodges, Ph.D., SUNY Cortland, P.O. Box 2000, Cortland, NY 13045; Phone: 607-753-4225; Email: bonni.hodges@cortland.edu

Jill Pace, M.S.Ed., Cortland Enlarged City School District, 1 Valley View Drive, Cortland, NY 13045; Phone: 607-758-4100; Email: jdp@cortlandschools.org

* Corresponding Author



Figure 1.

ASCD Whole School, Whole Community, Whole Child Conceptual Model

Background

The small city school district (the District) is located in central New York State. The District consists of five neighborhood-based elementary schools, one junior high school, and one senior high school. The junior and senior high schools are in adjacent, connected buildings and share common areas such as the gymnasium and a cafeteria. The District's kindergarten through 12th grade enrollment is approximately 2,700 students complemented by a faculty and staff of just under 500 employees (Common Core of Data, n.d). The District has a Health and Wellness Coordinator (the Coordinator) who chairs a district-wide Wellness Council (the Council).

Prior to the 2014 roll-out of the WSCC model, the District had been an early adopter of the CSH approach. As a result of the adoption of the CSH approach, wellness priorities became reflected in the District's philosophy and mission statement. An outgrowth of several years of focusing on Common Core implementation and New York State mandates that began in 2008, created a shift in priorities that steered the District's focus away from its earlier commitment to wellness and the CSH approach. The release of the WSCC model was seen by the Coordinator as an opportunity to revive health and wellness as a priority in the District.

Recognizing the Need

As the emphasis on Common Core and state mandates became the District's primary focus, the Council members sensed a regression in the District's wellness priorities which was appearing to have a negative impact on the students' academic success. The Coordinator sought technical assistance from school health faculty at a local college. Faculty alerted the Coordinator to the imminent release of the WSCC model and

suggested it might be a way for the District to reemphasize health and wellness. The Coordinator presented the WSCC model to the district level administrators and indicated that the college faculty were willing to collaborate in the implementation of the model in the District. In an important first step, the district-level administration gave their full support to this collaboration (Rooney, Videto & Birch, 2015) and the decision was made to capitalize on the timed release of the WSCC model to refocus and revitalize the wellness priorities of the district.

Validating Perceptions

The Council was directed to seek feedback and observations from staff members on their viewpoints and experiences about wellness in the school district community. At ongoing monthly meetings, members of the Council shared and discussed their interactions with the staff. Two themes emerged from this process: 1) the strong emphasis on Common Core implementation had left little time or energy for district staff to engage in activities supporting the health and wellness priorities in the District's mission and vision, or their own wellness; 2) school staff had "silo'd" academic achievement, health, and wellness so that they did not necessarily consider the effect of health on learning. The Council developed six questions to guide their efforts as they moved forward (see table 1).

The Council decided to begin the refocus and revitalization efforts with the staff. School staff wellness can promote and support the health and learning of students (Alliance for a Healthier Generation, 2013). Staff can also serve as role models for students and for each other (Birch, Mitchell, & Priest, 2015).

Table 1.

Guiding Questions

Questions

1. What are the needs of our district?
 2. How can we increase student achievement?
 3. What are the measures beyond test scores?
 4. Who do we need to connect with in the community?
 5. How can each component work together in the school and community to support the child?
 6. Can we create a common ground to increase awareness and collaboration with the community?
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Implementation Plan to Introduce the WSCC Model

Developing the implementation plan. The Coordinator reconnected with school health education faculty at the local college to collaborate on instituting strategies to refresh and rebrand the District’s focus on health and wellness. It was determined that the introduction of the WSCC model would be an ideal starting point for developing strategies to mobilize the staff. The introduction of WSCC would provide the touchpoint for the guiding question “*How can each component work together in the school and community to support the child?*” The district administration supported the use of one of the district-wide professional development days to begin the process of introducing WSCC. The Coordinator and college faculty met several times over three months to plan the activities of the professional development day.

Executing the implementation plan. The professional development day, themed “Lifestyle Impacts Learning” engaged all K-12 staff across all disciplines. The day consisted of a two-part opening session for the K-12 staff, followed by interactive workshops, and a concluding reflective session with workshop participants. Part one of the opening session introduced the WSCC model and part two focused on how lifestyle impacts learning.

For the interactive workshops, staff members chose one workshop of interest centered around mindfulness, health literacy, nutrition, physical activity, energy in the classroom, local foods, social media, or communication skills. The interactive workshops were designed to: promote the interconnected components of the WSCC model; foster the staff on how health impacts academic achievement; to help the staff understand and embrace the importance of environment in the WSCC model; and explain their role in supporting healthy, engaged, challenged, safe, and supported students. The workshops emphasized how personal health practices may influence the physical, social, and emotional wellness of their classroom thus, impacting how each student learns.

At the conclusion of each workshop, a set of reflection questions structured around the Whole Child tenets and the WSCC model were administered and discussion points were logged for review (see table 2). In reviewing the logs of the discussions, it was apparent that the staff began to understand

the significance of the WSCC model and the importance of transferring a health-based perspective into the classroom to improve the social, emotional, physical, and cognitive health of the student. Based on the responses logged, the professional development day empowered the staff as a change agent to revitalize the comprehensive wellness approach of the district.

In an effort to build upon the success of the first professional development day, a small team of planners met to discuss the next steps for implementing WSCC and supporting the staff as the change agents. The focus point of the meeting centered on strategies to further immerse the district in the constructs of the WSCC model and the Whole Child tenets. It was decided to plan a second staff professional development day for the following academic term. In addition, a series of staff activities would be offered throughout the school year.

The theme of the second professional development day was, “Optimize the year with healthy habits: Incredible you, incredible year.” The day began with a general session where the staff assessed their school’s ability to address each Whole Child tenet. This was followed by a presentation on transformational learning. Next, the staff had an activity session designed to focus on simple ways to increase physical activity, a community-wide public health objective. Following lunch, the staff participated in one of the scheduled interactive workshops. The focus of these sessions was to enhance the staff’s skill set on how to support the whole child and create a more positive social, emotional, physical, and cognitive climate. Table 3 shows some choices of workshops.

Throughout the school year a series of wellness challenges were designed for the staff to serve as cues to action for modeling healthy behaviors in the classroom. Designed by the Council, these challenges involved a variety of nutrition, physical activity, social and emotional wellbeing, and community interaction activities. Hosted on the school website, each activity had a hyperlink connecting to a worksheet or resource to complement and make the activity engaging and interactive. Notifications and reminders during this challenge, encouraged the staff to incorporate a specific activity into their classroom.

Where the District is now. Participation in the professional development activities helped the Coordinator and the elementary staff realize the need to update the District’s elementary health curriculum. The WSCC components and

Table 2.

Reflection Questions to Link Session Topics to Academic Achievement

Professional Development Day Reflective Questions
1. How would insert name of session/topic help our school effectively address barriers to academic success?
2. How would insert name of session/topic help our students learn in a safe and healthy school community?
3. How would insert name of session/topic help our staff, parents, and students communicate academic, social, health, and developmental needs?
4. How would insert name of session/topic increase the opportunities for students to become academically and socially successful?

Whole Child tenets are providing direction and guidance to the updates. For example, the planned experiences will foster health literacy skill practice to make informed decisions (Michael, Merlo, Basch, Wenzel & Wechsler, 2015) and more emphasis is being placed on family engagement activities and the social/emotional climate.

The WSCC model is also being considered to support the development of school year themes. The Social and Emotional Climate component of the WSCC model acknowledges that a positive school environment builds relationships (Michael, Merlo, Basch, Wenzel & Wechsler, 2015). The expectation, is the school year themes will engage students and the staff to have a greater connection to the school thus enhancing attendance, grades and classroom behavior (Michael, Merlo, Basch, Wenzel & Wechsler, 2015).

The District is also working to create a closer connection between school and community agencies by creating mechanisms for more consistent and systematic interactions to work toward integrating community resources into the academic day and having schools serve as one of the points of delivery and coordination of these services. By partnering with outside agencies, students receive a skill set that complements academic achievement (Michael, Merlo, Basch, Wenzel & Wechsler, 2015). The social relationships and learning opportunities beyond the classroom have the potential to improve school-related behaviors (Michael, Merlo, Basch, Wenzel & Wechsler, 2015).

Discussion

Before the District's narrowing of priorities to an emphasis on Common Core implementation, the CSH approach served as the primary organizing framework to support student's health needs (Lewallen, Hunt, Potts-Datema, Zaza & Giles, 2015). By having a previous background with CSH, the staff was more accepting of the WSCC concepts and components and able to refocus their role in achieving academic success. This was evident during the reflection portion of the first professional development day when the staff began to make connections and understood the significance of transferring a health-based perspective into the classroom to support physical, cognitive and emotional development. With a better understanding of the WSCC model, the staff indicated they would be more inclined to bring the model into their classroom.

Vital to the District's ability to refocus the staff and once again observe and practice wellness policies in the classroom was the District's Wellness Council chaired by the District's Health and Wellness Coordinator. At the school level, the voice of a wellness team can help advance the importance of health needs over other district priorities (Hunt, Barrios, Telljohann & Mazyck (2015). The support of school administrators has been found to be a key element in successful school health programs (American School Health Association 2010; Lucarelli, et al, 2014). In this case, the Council was able to gain the support of the district and school administrators which both signaled

Table 3.

Choices for Interactive Workshops: Professional Development Day 2

Choices
Social emotional learning and develop
Engaged and challenged child
Your brain, your body, and you healthy for decades
Positive energy
School support systems and the WSCC
Creating community in the classroom

and supported that health and wellness were reemerging as priorities validating the efforts of the Council.

The technical assistance provided by the school health faculty at a local college helped the Coordinator and the Council in understanding the emerging WSCC model, identifying resources, and planning and delivering the professional development days. It is likely that the assistance of the college faculty enabled the Coordinator and the Council to move forward with the revitalization at a faster pace than would have been possible without their help. Moreover, the college faculty got the opportunity to work with the WSCC model soon after its release, informing their work with pre-professional students. Others have found that school district collaboration with college education faculty is beneficial to the advocacy for and implementation of school health programs as it was in this instance (Hodges, Videto, & Greeley, 2013). School districts looking to implement school health based on the WSCC model should look to collaborate with relevant university faculty.

Conclusion

Building upon the coordinated school health approach, a small city school district in central New York State instituted the Whole School, Whole Community, Whole Child (WSCC) model as a framework to revitalize the district's wellness priorities. Facilitation and support for the initiative came from committed district and school administrators, the District Health and Wellness Coordinator, the District's Wellness Council, and assistance from the school health faculty at the local college. Together, efforts led to the recognition of the school community's needs, the implementation of a plan to institute the WSCC model, and ongoing best practices to continue the observation of the WSCC model in the classroom. The coordination of these efforts led to the refocusing of the staff on the importance of their role regarding the health and academic success of students.

References

Allensworth, D.D., & Kolbe, L.J. (1987). The comprehensive school health program: exploring an expanded concept. *Journal of School Health, 57*, 409-412.

Alliance for a Healthier Generation. (2013). *Facts on employee wellness*. Retrieved from https://www.healthiergeneration.org/_asset/xd1mnq/08-734_EWFactSheet.pdf

American School Health Association. [ASHA]. (2010). *What school administrators can do to enhance learning by supporting a coordinated school health approach*. Retrieved from <http://files.eric.ed.gov/fulltext/ED516584.pdf>

Association for Supervision and Curriculum Development [ASCD]. (2014). *Whole School, Whole Community, Whole Child*. Retrieved from <http://www.ascd.org/programs/learning-and-health/wsc-model.aspx>

Birch, D.A., Mitchell, Q.P., & Priest, H.M. (2015). Components of the WSCC model. In D.A. Birch & D.M. Videto (Eds.), *Promoting health and academic success: The whole school, whole community, whole child approach* (pp.29-50). Champaign, IL: Human Kinetics

Centers for Disease Control and Prevention [CDC]. (2015). The Case for Coordinated School Health. Retrieved from <http://www.cdc.gov/healthyyouth/cshp/case.htm>

Common Core of Data. (n.d.) National Center for Educational Statistics. Retrieved from http://nces.ed.gov/ccd/districtsearch/district_detail.asp?Search=2&ID2=3608460

Common Core State Standards Initiative. (2016). Development Process. Retrieved from <http://www.corestandards.org/about-the-standards/development-process/>

Fox, M.A., Connolly, B.A., and Snyder, T.D. (2005). Youth Indicators 2005: Trends in the Well-Being of American Youth, (NCES 2005-050). U.S. Department of Education, National Center for Education Statistics. Washington, DC: U.S. Government Printing Office.

Hodges, B.C., Videto, D.M., & Greeley, A. (2013, November). *Barriers to school and community health organization collaboration*. Paper presented at the American Public Health Association Annual Meeting, Boston, MA.

Hunt, P., Barrios, L., Telljohann, S.K., and Mazyck, D. (2015). A Whole School Approach: Collaborative development of school health policies, processes, and practices. *Journal of School Health, 85*(11), 802-809.

Lewallen, T.C., Hunt H, Potts-Datema W, Zaza S, and Giles W. (2015). The Whole School, Whole Community, Whole Child model: A new approach for improving educational attainment and healthy development of students. *Journal of School Health, 85*(11), 729-739.

Lucarelli, J.F., Alaimo, K., Mang, E., Miles, R., Bailey, D., Kelleher, D.K...& Liu, H. (2014). Facilitators to promoting health in schools: Is school health climate the key? *Journal of School Health, 84*(2), 133-140.

Michael, S.L., Merlo, C.L., Basch, C.E., Wentzel, K.R., and Wechsler, H. (2015). Critical Connections: Health and academics. *Journal of School Health, 85*(11), 740-755.

Rooney, L.E., Videto, D.M., and Birch, D.A. (2015). Using the Whole School, Whole Community, Whole Child Model: Implications for practice. *Journal of School Health, 85*(11), 817-823.

Videto, D. M., & Hodges, B. C. *Going the Distance: Lessons Learned Working with the Schools*. Presentation at the American School Health Association annual meeting. Orlando, FL. October 2015.

