



# **WSSC: The Current Focus of Coordinated School Health**

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# Objectives

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- Define the Whole School, Whole Community, Whole Child (WSCC) conceptual model.
- Explore the collaborative approach to learning and health
- Apply the WSCC model to the Centers for Disease Control 5 Determinants of Health
- Identify current school health initiative policies regarding the WSCC model.
- Determine the WSCC model implications to school policies, processes, and practices.

# Who am I and Why do I care

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- One person, several roles
  - Wife
  - Mother
  - Student
  - Doctor – Pediatrician
  - School Doctor

# History behind the Coordinated Effort

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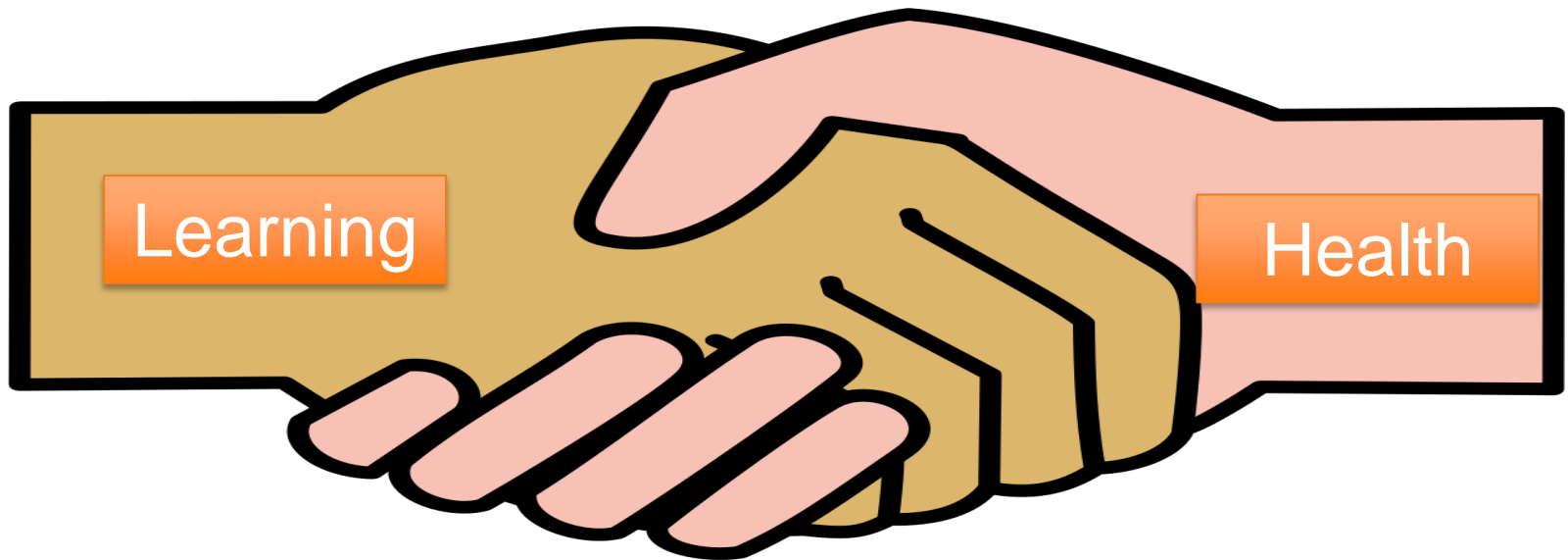
## CDC's focus on school health

- Focusing on school health as it relates to public health since the 80s
- Coordinated School Health (CSH) approach became the essential public health framework for school health
  - To help address health promotion in children enrolled in school

## ASCD – Assoc. for the Supervision of Curriculum Development

- Group of educators
- Developed the Commission on the Whole Child
- Each child should be healthy, feels supported, challenged and safe

## HEALTHY STUDENTS ARE BETTER LEARNERS



# The Whole School, Whole Community, Whole Child (WSCC)

**WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD**  
*A collaborative approach to learning and health*



# The Whole School, Whole Community, Whole Child (WSCC) and the CDC's 5 determinants of health

- Biology and genetics – who and what the child is made up of
- Individual behavior – choices a person makes (ie substance use, high risk behaviors like unprotected sex, piercing, tattoos)
- Social environment – poverty, discrimination, diversity, gender roles
- Physical environment – where a person lives, crowding, access to good foods, diverse environment, safety
- Health services – access to quality health care; access to and possession of health insurance

# The 10 major components of the WSCC model

## 1. Health Education

- Gives students the information they will need to help care for themselves
- Should follow a pre-defined curriculum
- Should fall in line with community needs and should include topics such as substance use and abuse, healthy eating/nutrition, behavioral health, sexual health, and injury prevention





# The 10 major components of the WSCC model



## 2. Nutrition Environment and Services

- Children should be able to learn about and practice healthy eating during all school activities where food is offered
- Services should meet federal nutrition standards

# The 10 major components of the WSCC model

## 3. Employee Wellness

- Putting an emphasis on the health of all employees within the school community fosters an environment that supports students' overall health and academic success
- The work environment should encourage and support healthy eating, active lifestyles, and safety



# The 10 major components of the WSCC model



## 4. Social and Emotional School Climate

- A school environment with a positive climate is conducive to effective teaching and learning.
- A positive school climate provides a safe and supportive learning environment

# The 10 major components of the WSCC model

## 5. Physical Environment

- A healthy and safe environment ensures the health and safety of all students and staff
- This is especially true of the surrounding environment
- Addresses the actual physical building and its contents, the land on the property and the surrounding community
- Addresses the school's physical environment and helps to promote the occupants from physical threats (crimes, violence, traffic, or other injuries) and biological/chemical agents



# The 10 major components of the WSCC model

## 6. Health Services

- Should provide first aid, emergency care and disease management for chronic conditions like asthma and diabetes
- Ensure students have access or referrals to the medical home and/or specialists when appropriate
- Also provides health education
- Serves as a conduit between the students and staff and other healthcare providers



# The 10 major components of the WSCC model

## 7. Counseling, Psychological and Social Services

- Supports the mental, behavioral and social-emotional health of students
- Works to look at the whole child and promotes learning success
- Provided by certified school counselors, school psychologists, and school social workers
- Includes assessments and interventions as necessary



# The 10 major components of the WSCC model



## 8. Community Involvement

- Created by partnerships between community groups, organizations and local businesses
- Schools can contribute to the community through service-learning projects and by sharing school facilities with community members (ie health centers, fitness centers, youth or after school programs)

# The 10 major components of the WSCC model

## 9. Family Engagement

- Reinforces the shared responsibility of student health and development
- Schools should help families feel welcomed and engaged in meaningful ways
- Families should be committed to actively supporting their child's learning and development
- Should be on-going across a child's life as a student

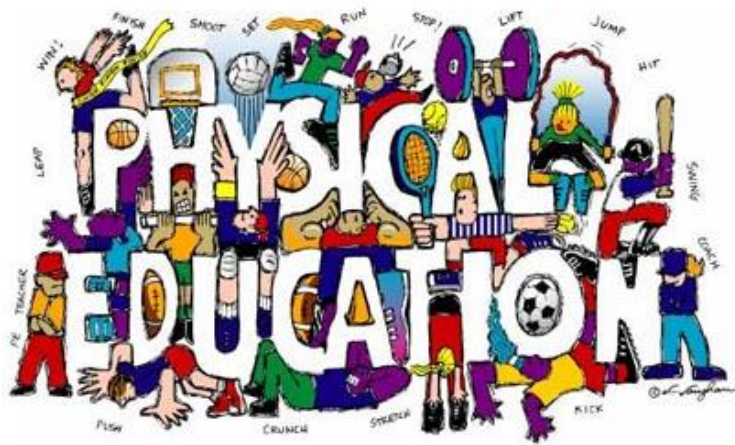




# The 10 major components of the WSCC model

## 10. Physical Education and Activity

- Schools should provide multiple opportunities for students to be physically active throughout the school day
- National framework for PE is found in a CSPAP (Comprehensive School Physical Activity Program) which includes
  - Physical education
  - Physical activity before and after school
  - Physical activity during school
  - Staff involvement
  - Family/community engagement



# Community Partners and Key Stakeholders

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- Key Stakeholders
  - EVERYONE – parents, local medical providers, schools, politicians, faith-based and community organizations
- Examples
  - Mayor's back to school fair
  - School sponsored health fairs
  - Get up and Go Program with YMCA

# Collective Impact

- Collective impact is an organizational model that offers a proven and effective, means of achieving social change across populations.
- First published in 2011 in the Stanford Social Innovation Review by John Kania with Mark Kramer from Harvard.
- It involves a commitment of a group of community stakeholders and leaders to work on a common agenda (such as wellness in the schools) by aligning their efforts and resources. The stakeholders have a vested interest of resolving issues in the community
- Collective Impact is currently used by Children's Health regarding social movements of health with asthma and childhood weight management initiatives
  - Health and Wellness Alliance
    - Asthma
      - Asthma action plans and other tools for school nurses
    - Healthy Weight
      - Healthy Corner Store pilot

# Collective Impact



# Examples of WSCC in action throughout Region 10

- Richardson ISD
  - Healthier US School Challenge
- Melissa ISD
  - Sponsors community wide immunizations for children ages 2 months through 18 through a local Community Health Clinic
- Terrell ISD
  - School Health Advisory Council exists to provide advice and advocacy for school health programs that address topics like fitness, nutrition, abstinence education and substance abuse
- Denton ISD
  - Health Eating After-school program
- GoNoodle
  - Online program of videos that combine learning with physical activity through 3-5 minute videos
  - Designed for K-5 classes
  - Sponsored in part by Children's Health

# Policy changes that reflect WSCC

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- Dallas ISD
  - Problem – school recess not universally allowed at all elementary schools
  - Focus had shifted to academic achievement and away from the Whole Child
  - Cognitive breaks from structured learning improves overall well-being AND learning
  - Recess now mandatory for 20 minutes and will expand to 30 minutes in the fall

# Policy changes that reflect WSCC

- Irving ISD
  - Involved in Project LiiNK (Let's Inspire Innovation 'N Kids)
    - TCU program
      - Goal is to strengthen the public school system through better health, higher expectations of social responsibility, more time to be playful and creative, fewer standardized tests, and less time in a traditional classroom setting
      - 1 hour of recess daily
      - <http://on.today.com/1OZVa09>

# Summary

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- A coordinated school health approach is important for both the education and health sectors
- The WSCC is a framework for supporting this collaboration
- In order to support each child, where they are, we must look at the Whole Child, individually and meet them where they are
- Who is responsible for advocating for school health?
  - WE ALL ARE - Coaches, teachers, counselors, nurses, community leaders, politicians, parents, volunteers, administrators
  - We can all have a collective impact

**HEALTHY KIDS ARE  
BETTER LEARNERS**



# Resources

- <http://liinkproject.tcu.edu/about-us/>
- <http://www.healthandwellnessalliance.com/news-and-events/>
- <http://www.healthandwellnessalliance.com/>
- [http://www.cdc.gov/healthyschools/health\\_and\\_academics/data.htm](http://www.cdc.gov/healthyschools/health_and_academics/data.htm)
- <https://psed516diversityproject.wikispaces.com/Inclusion>
- <http://www.dallasnews.com/news/education/headlines/20151201-dallas-isd-trustee-pushes-mandatory-recess-in-elementary-schools.ece>
- <http://onlinelibrary.wiley.com/doi/10.1111/josh.2015.85.issue-11/issuetoc>
- <http://www.cdc.gov/healthyouth/wsc>
- <http://www.ascd.org/programs/learning-and-health/wsc-model.aspx>
- <http://www.schoolhealthnj.org/transitioning-to-the-wsc-model/>
- <http://blog.gonoodle.com/2014/11/neuroscience-for-teachers-intro-definitions-part-i/>

QUESTIONS?