



Position Statement

Using the Whole School, Whole Community, Whole Child Model To Ensure Student Health and Academic Success

Position

SHAPE America – Society of Health and Physical Educators supports schools' use of the Whole School, Whole Community, Whole Child (WSCC) model as a framework for ensuring that students are healthy and successful academically.

Rationale

The WSCC model allows for greater integration of and collaboration between education and health for the purposes of improving each child's cognitive, physical, social and emotional development. It expands upon the components of a coordinated health program, built around the whole child approach to education, and provides a more collaborative framework for addressing the relationship between health and learning.

Background

Schools and public health have been intertwined in the United States since the 1850s. As health professionals gained better control over infectious diseases in the 1950s and 1960s, the mental, social and emotional health of school-age children and adolescents became a more pressing concern. Increases in substance abuse, suicide, homicide and addiction caused a shift in the way that schools approached health-promotion programs, and they no longer focused solely on the medical model (Birch & Videto, 2015).

In 1987, the Coordinated School Health (CSH) model emerged in response to overlap and duplication of education and health-related services. CSH presented a systematic approach to improving students' health and well-being so that they could succeed in school. Its eight components are health education, physical education, health services, nutrition services, counseling, psychological and social services, healthy school environments, health promotion for staff, and family and community involvement. CSH involves bringing together school administrators, teachers, staff, students, families and community members to assess health needs, set priorities, implement policies and programs, and evaluate health-related activities in the school setting. Recently, however, a more holistic approach that focuses on the whole child — the WSCC model — has emerged.

Developed under the leadership of the Centers for Disease Control and Prevention (CDC) and ASCD (formerly the Association for Supervision, Curriculum and Development), WSCC expands on CSH's eight components and incorporates the tenets of ASCD's whole-child approach —

Using the WSCC Model to Ensure Student Health, Academic Success (Cont.)

which ensures that all students are healthy, safe, engaged, supported and challenged — to provide a framework for collaboration devoted to improving student learning and health in schools (ASCD, 2014).

Components of the WSCC Model

- 1. Health Education.** Schools play a vital role in promoting students' health and well-being. Increasing the number of schools that provide comprehensive health education is one objective described by Healthy People 2020 as necessary for improving the health of the nation. Comprehensive school health education encompasses planned, sequential, developmentally appropriate and culturally inclusive education experiences taught by certified health education teachers (Birch & Videto, 2015). A comprehensive health education curriculum helps students recognize how personal choice affects their short-term and long-term goals, and how responsible decision making can lead to risk-reduction and an improved quality of life.
- 2. Physical Education and Physical Activity.** Physical education provides students with a planned, sequential, standards-based program of curriculum and instruction designed to develop motor skills, knowledge and behaviors for active living, physical fitness, sportsmanship, self-efficacy and emotional intelligence (SHAPE America, 2015). The goal is to develop physically literate individuals who have the knowledge, skills and confidence to enjoy a lifetime of healthful physical activity (SHAPE America, 2014).

A comprehensive school physical activity program (CSPAP) is the national framework for physical education and physical activity in schools today. CSPAP includes high-quality physical education as the foundation of a program that offers physical activity before, during and after school, and that promotes staff involvement, and family and community engagement (CDC, 2013). CSPAP provides a framework for students to perform the recommended 60 minutes of moderate to vigorous physical activity per day (Department of Health and Human Services, 2008).

- 3. Nutrition Environment and Services.** A school's nutrition environment focuses on creating an environment that supports proper nutrition for students by teaching, modeling and providing opportunities for healthy eating in schools by following the *Dietary Guidelines for Americans, 2015-2020* (U.S. Department of Agriculture, 2015). WSCC emphasizes the importance of giving students opportunities to learn about and practice eating healthy foods based on the foods that are provided in schools. Schools should provide messages about healthy eating, including how proper nutrition plays a critical role in health and academic achievement.
- 4. Health Services.** School-based health services are designed to ensure access to and promote appropriate use of primary health care services, and to prevent and control communicable diseases and other health problems. They also provide emergency care in case of illness or injury, and promote and provide the best possible sanitary conditions for ensuring a safe school facility and school environment. Last, schools' health services provide education-based opportunities for promoting healthy children, healthy families and a healthy community.

- 5. Social and Emotional Climate.** A school's social and emotional climate encompasses the psychosocial aspects of students' school experience that affect their social and emotional development (ASCD, 2014). A positive social and emotional environment is one that provides a supportive culture of learning that is inclusive and allows all students, families and staff members to feel safe, secure, accepted and valued.
- 6. Counseling, Psychological and Social Services.** Provided by professionals such as certified school counselors, school psychologists and school social workers, these services support students' social and emotional development and promote success in the learning process. Services include individual and group assessments, interventions and referrals to school and community support services. Mental health professionals within the school can provide consultations with school staff and community stakeholders and ensure that school services and community interventions reinforce learning. Systems-level approaches, such as conducting needs assessments, also contribute to students' health and the school environment (ASCD, 2014).
- 7. Physical Environment.** Schools promote learning by ensuring the health and safety of students and staff across the physical environment, which encompasses the school building and the areas surrounding it. A healthy physical environment protects students and staff from physical threats, including violence, traffic and injuries; and from exposure to chemical and biological hazards, including pesticides, mold and corrosives; and ensures proper ventilation and lighting, among other factors (ASCD, 2014).
- 8. Employee Wellness.** Schools are places of learning, but they also are worksites for teachers, administrators and staff. Supporting the physical, emotional and social health and wellness of employees who work with students, either directly or indirectly, contributes to greater productivity in schools. Healthy school employees help foster an environment in which students can be healthy. Employee wellness includes a coordinated set of programs, policies, benefits and environmental supports designed to meet the needs of all employees, both instructional and non-instructional.
- 9. Family Engagement.** Family engagement within the school setting plays a powerful role in supporting the whole child, with school staff and families working together to support students' learning, development and health (ASCD, 2014). Engaging families is a shared responsibility, in which schools provide opportunities for families to engage with purpose and intent, and families commit to participating in their children's learning and development.
- 10. Community Involvement.** Schools, by themselves, cannot solve the health and social problems that plague children and families. Families, health care workers, religious organizations, organizations that serve children and adolescents, and young people themselves also must participate in the process. Community engagement is a call to action for local businesses, grocery stores, social service agencies, colleges, faith-based organizations, nonprofit organizations, medical organizations and government agencies to work with schools to develop strategies that promote students' health and success.

Evidence Supporting WSCC Adoption

These trends illustrate the importance of schools' adopting WSCC's coordinated approach to enhancing students' health and academic achievement.

- Childhood obesity rates have plateaued recently, but the prevalence of obesity among school-age youths continues to remain high (Ogden, Carroll, Kit, & Flegal, 2014). More troubling, obesity prevalence is inversely correlated with family income, with children from families living at or below the poverty threshold having the highest likelihood of being obese.
- Children and adolescents are not as physically active as they were a decade ago. In 2012, only about a quarter of U.S. youths age 12 to 15 engaged in moderate to vigorous physical activity for at least 60 minutes daily (CDC, 2014).
- Changes in diet also contribute to obesity. Children and adolescents today derive up to 15 percent of their calories from sugar-sweetened beverages and fruit juices. Also, nearly 40 percent of the calories consumed by Americans age 2 to 18 are considered "empty" calories (CDC, 2014).

Those statistics demonstrate the need for schools to promote a positive environment in which healthy eating and physical activity are encouraged, valued and made available (Birch & Videto, 2015). Also, recent results from CDC's Youth Risk Behavior Surveillance System (YRBSS) indicate that schools should adopt WSCC to address students' health and sense of well-being. For example:

- 7.1 percent of students surveyed nationwide had not attended school on at least one day during the 30 days before the survey because they felt they would be unsafe at school or while traveling to or from school (CDC, 2014).
- 19.6 percent reported having been bullied on school property during the 12 months before the survey (CDC, 2014).
- 15 percent reported being bullied through e-mail, chat rooms, instant messaging, websites or texting.

Even more alarming is the number of young people who reported feeling so sad or hopeless almost every day for two or more weeks in a row that they stopped pursuing their regular activities. In addition, 29.9 percent of students surveyed reported feeling sad or hopeless sometime during the year preceding the survey, and 17 percent reported seriously considering suicide.

It seems unlikely that a school, acting alone, could counter all of those health issues. By using the appropriate components of the WSCC model, however, schools can enact physical activity and nutrition policies, initiate or improve upon bullying-prevention programs and marshal counseling services to reduce mental health concerns for students. Through a collaborative approach that uses existing personnel and services within the school and community, schools can improve health outcomes for their students.

Using the WSCC Model to Ensure Student Health, Academic Success (Cont.)

SHAPE America supports schools' using all components of WSCC as a framework for developing policies, programs and environments that counter the many physical, emotional and psychological health issues that are prevalent among children and youths today. SHAPE America recommends that health and physical educators take the lead in promoting schoolwide wellness based on WSCC's 10 health components of the WSCC model.

Support for Adopting Best Practices From WSCC

SHAPE America supports these **best practices** for delivering high-quality **health education**:

- Implementing a skills-based curriculum that fosters development of self-efficacy, personal and social competence, and health literacy.
- Linking the six risk behaviors that CDC has identified as important tenets of instruction (alcohol and/or other drug use; physical inactivity; sexual behaviors that contribute to unintended pregnancy and sexually transmitted infections; tobacco use; unhealthy dietary behaviors; and behaviors that contribute to unintentional and intentional injuries and violence) within the curriculum.
- Aligning the curriculum with the National Health Education Standards.
- Updating curriculum and programming decisions based on local needs-assessment data and current national data such as YRBS.

SHAPE America supports these **best practices** for high-quality **physical education and physical activity**:

- Establishing a positive learning environment in the gym and classroom.
- Promoting options for pursuing lifelong physical activity.
- Employing effective and efficient instructional strategies, along with adequate assessment strategies.
- Adopting the CSPAP model for providing students with opportunities for daily physical activity before, during and after the school day (SHAPE America, 2013).
- Requiring daily recess in grades K-6.

SHAPE America supports these **best practices** for promoting a healthy **nutrition environment and nutrition services**:

- Developing a healthy snack policy, as well as policies for classroom rewards, classroom parties, school celebrations and fundraisers that promote compliance with federal nutrition guidelines.
- Using the school cafeteria as a learning laboratory to encourage and reinforce nutrition concepts that are covered in the classroom.
- Offering a daily schedule that makes it convenient for students to eat breakfast at school (e.g., building breakfast into the school day after first period, "grab and go" breakfast to be eaten during first period).
- Promoting the health benefits *of* and strategies *for* healthy eating, through messaging to students, families and the community.

Using the WSCC Model to Ensure Student Health, Academic Success (Cont.)

SHAPE America supports these **best practices** for providing **counseling, psychological, social services and health services**:

- Training guidance counselors, school psychologists, social workers and nurses to understand and recognize the connection between depression and anxiety and attendance and success in school.
- Adopting or creating suicide-awareness and -prevention policies, and offering ongoing professional development for school faculty and staff.
- Enacting systematic protocols for the early identification of students who are facing challenges and crises.
- Participating in ongoing school safety and crisis-response efforts.

SHAPE America supports these **best practices** for promoting a healthy **social and emotional climate**:

- Adopting a culturally responsive curriculum that fosters the development of respect and appreciation for all.
- Enacting school policies that reflect a zero-tolerance approach to weapons, discrimination, hazing, harassment and gang activity.
- Offering activities that help students reduce and control stress during the school day (e.g., brain breaks, social events, breathing exercises, activities that promote laughter and cooperation, physical activity).
- Enacting a comprehensive, evidence-based bullying-prevention program.
- Creating a culture of intolerance for violence by enforcing all school policies promptly, fairly and consistently.

SHAPE America supports these **best practices** for promoting a healthy and safe **physical environment**:

- Ensuring access to water during the school day so that students, faculty and staff can remain hydrated and alert.
- Ensuring access to soap and warm water in bathrooms and appropriate classrooms so that students, faculty and staff can practice good hygiene to decrease disease transmission.
- Creating safe, clean and appropriately designated spaces for physical activity and learning.
- Offering a physical environment that provides adequate heating and cooling, clean air, ventilation and noise control, and is free of hazards, including tobacco smoke and vapor.

SHAPE America supports these **best practices** for promoting **employee wellness**:

- Adopting a systematic process for establishing an employee wellness program in the school setting.
- Assessing existing programs and community resources to help facilitate employee wellness programs.
- Establishing a planning committee to oversee programs and policies that promote employee wellness.
- Undertaking ongoing and consistent evaluation to measure success of employee wellness programs.
- Including elements of a comprehensive school employee wellness program (Directors of Health Promotion and Education, n.d.).

SHAPE America supports these **best practices** for engaging **families and the community** in school health efforts:

- Providing families and community stakeholders with information about health policies, programs and events through school newsletters, web pages, community meetings and social media.
- Involving parents and community stakeholders in ongoing health initiatives.
- Helping families provide opportunities for students to learn at home.
- Providing opportunities for parents and community stakeholders to be a part of the decision-making process regarding health initiatives.

Impact on the Profession

It's time to align health and education and put the student at the center. By focusing on students' education *and* health needs, educators can provide a safe, protective and challenging environment in which students can grow and learn. The WSCC model carries far-reaching potential for helping prepare students to be lifelong learners, and it solidifies the link between student health and academic achievement. School teachers and administrators can use the WSCC model as an all-encompassing framework for advocating for the alignment of health and education goals in the effort to meet the needs of all students.

Policy Recommendations

The WSCC model expands upon CSH and allows for policy development that includes all of the needed elements encompassing the overall health and wellness of children and school staff. When developing school policy, use the appropriate categories of the WSCC model to incorporate targeted strategies for enhancing health and physical education curricula, involving family and community in investing in health initiatives, developing employee wellness programs and all of the other categories of the WSCC model.

SHAPE America – Society of Health and Physical Educators

800-213-7193

www.shapeamerica.org

membership@shapeamerica.org

Position Statement Writing Team

Retta Evans (Lead Writer) – University of Alabama at Birmingham

Hannah J. Brewer – Slippery Rock University of Pennsylvania

Samuel Karns – Spring Branch, TX, Independent School District

Heather Erwin – University of Kentucky

Contributors

Deanna Castelvechi, Chesterfield County, VA, Public Schools

Brent Powell – SHAPE America Health Education Council

Joe Halowich – SHAPE America

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