

The

# WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD Model

Ideas for Implementation

ASCD®



THE WHOLE  
CHILD



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#### **About ASCD**

ASCD is a global community dedicated to excellence in learning, teaching, and leading. Comprising 125,000 members—superintendents, principals, teachers, professors, and advocates from more than 128 countries—the ASCD community also includes 54 affiliate organizations. ASCD's innovative solutions promote the success of each child. To learn more about how ASCD supports educators as they learn, teach, and lead, visit [www.ascd.org](http://www.ascd.org).

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

The WSCC model combines and builds on elements of the traditional coordinated school health approach and the whole child framework. The focus is directed at the whole school, with the school in turn drawing its resources and influences from the whole community and serving to address the needs of the whole child. ASCD and the U.S. Centers for Disease Control and Prevention encourage use of the model as a framework for improving students' learning and health in our nation's schools.

# The **WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD** Model

## Ideas for Implementation

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About the

## **WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD** Model

In 2014, ASCD partnered with the Centers for Disease Control and Prevention (CDC) to release the Whole School, Whole Community, Whole Child (WSCC) model as the next evolution of the CDC's coordinated school health approach. Organized around the tenets of a Whole Child approach to education, the model (Figure 1) provides a framework that stakeholders—including schools, districts, state boards of education, school and public health professionals, and community organizations—can use to coordinate the educational and health policies, processes, and practices that serve each child.



## We developed the model to be broad, flexible, and adaptable to individual needs across sectors at the district, state, and national levels.

Since its release, more than a dozen states, two dozen large school districts, community-based groups, and many organizations across the fields of education, public health, and school health have put the model into practice. ASCD has sourced and compiled these diverse entities to showcase how they have implemented the model, and how they are using it to ensure the well-being of each child.

If your organization is seeking ways to approach children's education and health holistically, the WSCC model can help. Read on for concrete examples, provided by professionals across all sectors and all levels, for applying the model to real-world problems. To help you visualize your own approach, many contributors provided examples of support documents they successfully used in their implementation efforts—these resources can be

found at [www.ascd.org/wsc](http://www.ascd.org/wsc). Use their stories to start dialogues, engage stakeholders, and spur ideas for developing environments that support the health and education of each child, in each school, in each community.

“WSCC IS NOT A MODEL THAT CALLS FOR HEALTH FOR EDUCATION'S SAKE. NOR DOES IT CALL FOR EDUCATION FOR HEALTH'S SAKE. RATHER, IT IS A CALL FOR HEALTH AND EDUCATION FOR EACH CHILD'S SAKE.”

— Sean Slade, Director of Outreach, ASCD

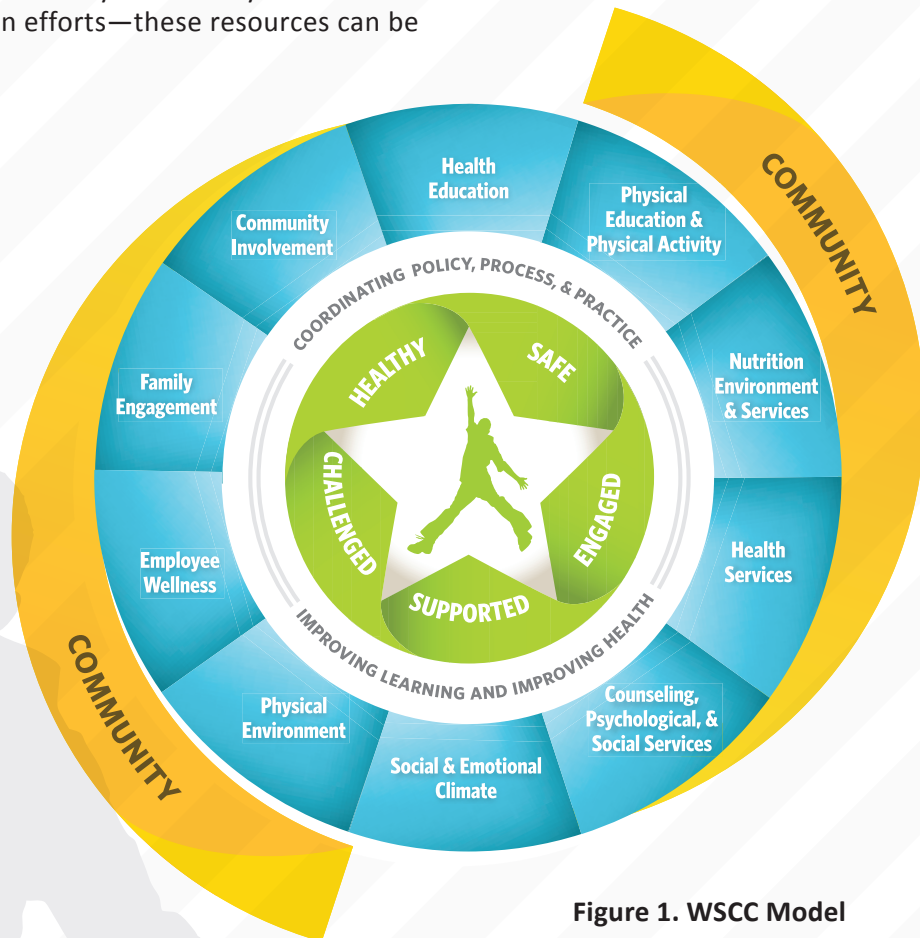


Figure 1. WSCC Model



**LEVEL**  
NATIONAL

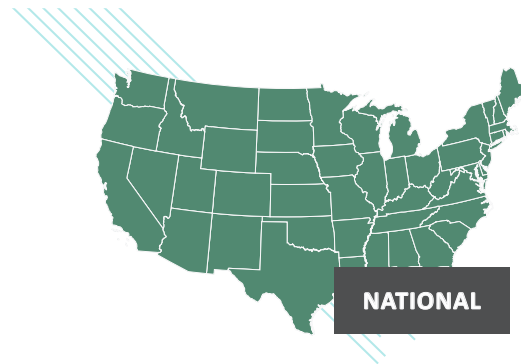
**FIELD**  
EDUCATION

## *How do you use the WSCC model?*

ASCD and the CDC developed this new model—in collaboration with key leaders from the fields of health, public health, education, and school health—to strengthen a unified and collaborative approach to learning and health. The WSCC model combines and builds on elements of the traditional coordinated school health approach and the ASCD Whole Child framework. The ASCD Whole Child framework comprises five tenets—healthy, safe, engaged, supported, and challenged—that all schools need to ensure an effective education for their students. Since launching the framework in 2014, ASCD has provided a range of resources and supports for states, districts, and schools to use regarding the model and its implementation.

## *What lessons have you learned?*

Health and education are symbiotic. What affects one affects the other. The healthy child learns better, just as the educated child leads a healthier life. Similarly, a healthier environment—both physical and social-emotional—provides for more effective teaching and learning. Sectors cannot and should not be working in isolation. We serve the same students, in the same locations, and too frequently, for the same issues.



## *What planning, policies, and presentations have you developed to implement the WSCC model?*

**PLANNING** [WSCC Backgrounder >](#)

**PLANNING** [ASCD School Improvement Tool \(free\) >](#)

**PRESENTATION** [WSCC Video >](#)

**PLANNING** [WSCC Poster \(English and Spanish\) >](#)

**PLANNING** [Stock WSCC Presentation >](#)

Additionally, we have a series of steps that schools and districts should take when considering implementation of the WSCC model ([Get Started](#)) and recommendations on how the Every Student Succeeds Act can help with WSCC implementation.

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### LEVEL NATIONAL

### FIELD HEALTH

#### *How do you use the WSCC model?*

Since 1987, CDC's coordinated school health approach has been the blueprint for integrating health-promoting practices in the school setting. The WSCC model, developed by ASCD and the CDC, meets the need for greater emphasis on both the psychosocial and physical environment as well as the ever-increasing and growing roles that community agencies and families must play. This new model also addresses the need to engage students as active participants in their learning and health.

#### *What lessons have you learned?*

Schools play a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behavior patterns. Research shows a link between the health outcomes of children and their academic success. To have the most positive impact on these health outcomes, government agencies, community organizations, schools, and other community members must work together through a collaborative and comprehensive approach.

Public health and education serve the same children, often in the same settings. The WSCC focuses on the child to align the common goals of both sectors.

*What planning, policies, and presentations have you developed to implement the WSCC model?*

**PLANNING** [CDC Healthy Schools: Whole School, Whole Community, Whole Child website >](#)

**PLANNING** [Journal of School Health—Special Supplement: The Whole School, Whole Community, Whole Child Model \(November 2015\) >](#)

**PLANNING** [Whole School, Whole Community, Whole Child: A Collaborative Approach >](#)

**PRESENTATION** [The Role of Schools and the Whole School, Whole Community, Whole Child Model \(A Portion of the CDC's School Health Guidelines Training\) >](#)



## AASA, THE SCHOOL SUPERINTENDENTS ASSOCIATION

**LEVEL**  
NATIONAL

**FIELD**  
EDUCATION

### *How do you use the WSCC model?*

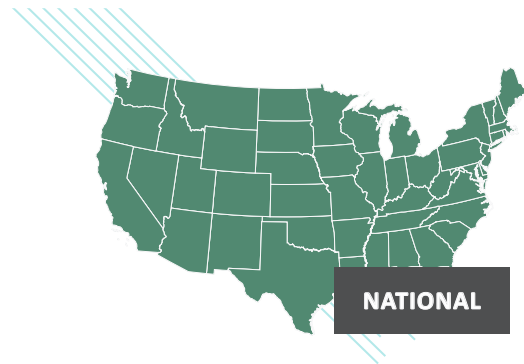
AASA is using the new model with our superintendent cadre. We've updated all of our coordinated school health training materials to include the new model as the model for coordinated school health. Our cadre booster session at our 2015 national conference was on the new model. We continue to encourage our members to use the WSCC model as the model for coordinated school health going forward. Having the head of the district educated on and aware of the model makes it easier for it to be adopted and used in schools.

### *What planning, policies, and presentations have you developed to implement the WSCC model?*

**PLANNING** We've created a booster session and updated training materials to reflect the WSCC model.

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## CAIRN GUIDANCE

**LEVEL**  
DISTRICT, STATE, AND NATIONAL

**FIELD**  
SCHOOL HEALTH

### *How do you use the WSCC model?*

I use it in all training opportunities I have with educators and partners of education. For example, I used it in my keynote for Tennessee's Coordinated School Health Conference, as well as in my three-hour pre-conference and in a workshop, Creating Sustainable School Health Initiatives. I also worked with the Kentucky state board of education work group recently; they are trying to figure out how to use the WSCC model throughout the state.

I teach the model through a variety of activities, from examining its history, to doing an activity that uses a balloon and caution tape and 10 volunteers, to applying what people have learned from the model by doing a carousel activity. I used it recently in Hawaii at a conference with physical education and health teachers.

I also have nonschool organizations that want to know more about it and how their products align with the model. In the future, I will be working with the model in Michigan, Oklahoma, and Indiana.



*What planning, policies, and presentations have you developed to implement the WSCC model?*

**PLANNING** [Coordinated Web Activity >](#)

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## ARKANSAS DEPARTMENT OF HEALTH SCHOOL HEALTH SERVICES



### LEVEL STATE

### FIELD SCHOOL HEALTH

#### *How do you use the WSCC model?*

Arkansas's Office of School Health Services introduced the WSCC model to state wellness coordinators in September 2014 and 2015 at the quarterly professional development meetings. We have incorporated the WSCC framework into school health banners, e-mail signatures, posters, brochures, and agendas for quarterly coordinated school health meetings. The state department of health has also updated its wellness toolkit to include the WSCC model.

Arkansas's Office of School Health Services is a partnership and collaboration of both state departments of health and education. Both state agencies are striving to provide professional development that recognizes the WSCC model as the evolution of coordinated school health.

The state will continue to offer professional development that incorporates the WSCC model into professional development trainings. Our state will be updating its coordinated school health website and newsletter to include the new model.

#### *What lessons have you learned?*

The coordinated school health model is well institutionalized within our state, so the recognition, transition, and adaptation of the new model will take time.

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## COLORADO DEPARTMENT OF EDUCATION

LEVEL  
STATE

FIELD  
EDUCATION

### *How do you use the WSCC model?*

I have used it in statewide presentations with educators and in comprehensive health and physical education curriculum trainings in school districts.

### *What planning, policies, and presentations have you developed to implement the WSCC model?*

**PLANNING** [Instructional Unit Samples—Comprehensive Health >](#)

**PLANNING** [Instructional Unit Samples—Physical Education >](#)

These links provide information for the K–12 instructional units that the Standards and Instructional Support team has developed with teachers across Colorado through the District Sample Curriculum Project. These concept-based units align with the Colorado Academic Standards and many of the concepts easily integrate into instruction into other content areas.

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## FLORIDA DEPARTMENT OF EDUCATION

**LEVEL**  
**STATE**

**FIELD**  
**EDUCATION**

### *How do you use the WSCC model?*

We primarily follow the coordinated school health model but agree that the eight components of that model need to be expanded into the more appropriate WSCC 10 components and are working toward making those adaptations.

We promote the use of the Florida Healthy School District Self-Assessment Tool. The tool is organized around the eight coordinated school health components of the traditional model, so we are separating that model's "Healthy School Communities" component into ASCD's "Social & Emotional Climate" and "Physical Environment" areas, and breaking the traditional "Family & Community Involvement" component into ASCD's components of "Family Engagement" and "Community Involvement." This process will better align our self-assessment tool with the updated components of the WSCC model.



### *What planning, policies, and presentations have you developed to implement the WSCC model?*

**PLANNING** Florida statewide partners have been collaborating for over a decade to build a strong coordinated school health infrastructure, so moving fully into the WSCC model will be a gradual process over time.

These influential partners have been recognizing school districts that are implementing high-quality policies, practices, and procedures in the eight component areas. Over half of Florida's 67 districts have gone through this assessment and ranked at a bronze, silver, or gold level. This year, the state team revised the self-assessment to more closely align with the WSCC model. See [www.safehealthyschoolsfl.org/page.aspx/Index/Completing-Assessment](http://www.safehealthyschoolsfl.org/page.aspx/Index/Completing-Assessment) or [www.healthydistrict.com](http://www.healthydistrict.com).

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## IDAHO STATE DEPARTMENT OF EDUCATION

**LEVEL**  
**STATE**

**FIELD**  
**HEALTH**

### ***How do you use the WSCC model?***

We use the WSCC model as a framework to help school districts make the important connections to resources inside and outside of the schools to improve student's health. During our training with each school district, we presented the WSCC model and provided them with a handout explaining the model and its ten components. Some districts we work with in Idaho are rural and don't have readily available access to local health services. The WSCC model helps us create partnerships between the schools and parents, city municipalities, emergency health services, and local businesses to serve the needs of the youth and community. We are working with schools in the State Public Health Actions program to use Photovoice (a grassroots effort to build communication and skills in school communities through photography and digital storytelling) with students to capture images depicting five of the ten components of the WSCC model (Physical Education & Physical Activity, Nutrition Environment & Services, Physical Environment, Social & Emotional Climate,



and Community Involvement). We created an hour-long PowerPoint slide show about the Photovoice project that we presented to each group of students.

In Idaho, education and health sectors have partnered to move WSCC forward: one local health district has helped a rural school district establish an employee wellness program by connecting it with support from the local hospital.

### ***What lessons have you learned?***

Supportive leadership at the school is important in helping busy students stay motivated to create and complete activities like the PhotoVoice project. Students are excited to have their ideas heard, but need support in communicating findings and making time for the work in their busy schedules.

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## KENTUCKY DEPARTMENT OF EDUCATION

**LEVEL**  
**STATE**

**FIELD**  
**EDUCATION**

### ***How do you use the WSCC model?***

I'm working with a state-level group to align the WSCC model with our current coordinated school health initiatives. We have formed a work group to begin to align existing practices and policies within the WSCC framework. We plan to pursue closer and more specific work alignment with our state's Family Resource Youth Service Centers (FRYSCs). We see the WSCC model as the modernized approach to coordinated school health but most important, we see strong leadership coming from both ASCD and the CDC. This has a huge potential for better alignment to educational priorities.

### ***What lessons have you learned?***

Kentucky developed the FRYSCs in the early 1990s as a part of education reform. The FRYSCs help at-risk students with nonacademic barriers to learning. If we can align Kentucky's FRYSCs with coordinated school health work through our educational accountability system, we have the potential to be a leading state with the implementation of the WSCC model.

The research on the connections between health and academics is overwhelming.



So I am most excited about the involvement and engagement from ASCD. ASCD is recognized by educational leaders, so the partnership with the CDC will greatly benefit as a way to modernize the coordinated school health model.

The biggest challenge we've seen is staffing dedicated to alignment and funding to move forward systematically. I serve as co-lead of our state's CDC 1305 grant and our school health lead; those commitments keep me very busy and I'm not able to dedicate as much time as I would like to move the WSCC implementation forward more quickly.

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## LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS

**LEVEL**  
**STATE**

**FIELD**  
**HEALTH**

### *How do you use the WSCC model?*

Louisiana's 2015 legislative session introduced Senate Concurrent Resolution (SCR) 34, calling for the development of a workgroup of named partners to create a statewide implementation plan of the WSCC model. The workgroup included Louisiana's department of health and hospitals, its department of education, Medicaid managed care organizations, and subject matter experts from ASCD's Whole Child approach to education. The workgroup convened and submitted an implementation plan to the legislature on January 15, 2016.

Specifically, the state's department of education created a map of all school-based health centers, local educational agencies with wellness councils, federally qualified health centers, and WellSpots (places and organizations that have implemented voluntary, smart changes to make healthier living easier for all Louisiana residents), which they overlaid with 2015 County Health Rankings provided by the Robert Wood Johnson Foundation. This map helped us identify regions of need within the state, and we used this information to shape the implementation plan. We didn't have data that touched every part of the WSCC model, but we overlaid important data points to identify needs and gaps.



### *What lessons have you learned?*

**Bring together the right partners:** While our partners required by legislation were engaged and helpful in reaching the outcomes, the workgroup would have benefited from additional, diverse stakeholders.

### **Start with an understanding of the model:**

At our first meeting, we had Sean Slade from ASCD give a presentation on the model, which gave us a knowledge base to fall back on as we made decisions about the report.

**Stay focused:** The WSCC model is broad, but a required deliverable kept the group engaged and focused. Knowing that we had to submit a report by a certain due date meant our meetings had to be efficient.

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## MARYLAND STATE DEPARTMENT OF EDUCATION

**LEVEL**  
STATE

**FIELD**  
EDUCATION

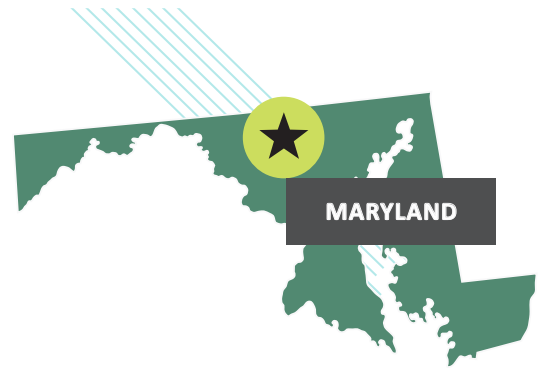
***How do you use the WSCC model?***

Maryland has used the WSCC model to support the move from multitiered systems of support to an overarching and coordinated one. It overlaps extremely well with Maryland's coordinated student services model and the mission of the Division of Student, Family, and School Support at Maryland's department of education. For example, we have often defined employee wellness as ready for students and have instituted the professional development needed to ensure that they are equipped to support student needs.

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# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES



## LEVEL STATE

## FIELD HEALTH

### *How do you use the WSCC model?*

We incorporate the WSCC model through informational presentations as well as more formal and extensive professional development opportunities in which we train schools and school health stakeholders about the interconnectedness of health and education. This training includes:

- Professional development opportunities for school staff
- Presentations for partner groups working in school health
- Networking and sharing information during various meetings and statewide workgroups
- Technical assistance to local school districts and other stakeholders

The 22 coordinators who make up Michigan's network of regional school health coordinators promote WSCC in their local areas. They educate local districts about the model, use of the model, and how to incorporate it into school improvement planning. Two such regional sites, the Ottawa Area Intermediate School District and the Jackson County Intermediate School District, have become leaders in the state for promoting WSCC beyond their regional school districts.

The Healthy Kids, Healthy Michigan statewide coalition to prevent childhood obesity

promotes WSCC to improve the nutrition and physical activity environment in schools. The interagency school health team working on school health at the state's departments of health and human services and education is working to incorporate the WSCC model within various programs and initiatives related to school health across both agencies.

We plan to transition from the coordinated school health model to the WSCC model within our online assessment tools, including Michigan's Healthy School Action Tools; Michigan's School Success Stories, a website that invites schools across the state to share their positive experiences implementing the Michigan Nutrition Standards; and the School Wellness Award, which recognizes schools for efforts to encourage healthy eating, physical activity, and tobacco-free lifestyles.

### *What lessons have you learned?*

Though the coordinated school health model was popular, the education community embraced the WSCC model because they believe it more accurately incorporates the educational process and more clearly addresses the interconnectedness between education and health. Because the coordinated school health model was well-branded and visible, it will take time to fully transition to the WSCC model in our tools and resources.

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## MISSISSIPPI DEPARTMENT OF PUBLIC HEALTH

**LEVEL**  
**STATE**

**FIELD**  
**HEALTH**

### ***How do you use the WSCC model?***

The Office of Healthy Schools within Mississippi's department of education (MDE) released the WSCC model in our *Tools That Work—Your Guide to Success for Building a Healthy School* document. The publication supports teachers and administrators in implementing quality coordinated school health programs through the Mississippi Healthy Students Act (MS Code 37-13-134). Mississippi's Office of Healthy Schools and our department of health a three-tier plan to implement the WSCC model statewide. First, the Office of Healthy Schools introduced the WSCC model to school administrators during visits to 50 participating public schools during the 2014–2015 school year. Second, the MDE developed a train-the-trainer module for the state's school board association to educate 10 state school board members, who then trained other public school board members as a professional development opportunity to earn continuing education units. Third, the Office of Healthy Schools, the Office of Child Nutrition, the Mississippi department of health, the Southeast United Dairy Association, and the Healthier U.S. School Challenge collaborated to develop a training module as part of six improving school health trainings held across the state, reaching more than 300 public school teachers, administrators, nutrition directors, school

nurses, and staff at the department of health workers. Approximately 200 people received 0.6 continuing education credits for attending the course, for a combined total of 120 hours of continuing education units.

### ***What lessons have you learned?***

Because the WSCC model was new to most participants, we realized that we needed to provide technical assistance in implementing the WSCC. Our approach ultimately emphasized collaborative efforts in improving school health and wellness and encouraged schools to bring all ten components of the WSCC and community involvement together when structuring their school wellness councils. Also, we used the WSCC model overview and infographic during the technical assistance trainings, and shared the CDC website as a great resource.

### ***What planning, policies, and presentations have you developed to implement the WSCC model?***

**PLANNING** *Tools That Work—Your Guide to Success for Building a Healthy School* >

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## OREGON DEPARTMENT OF EDUCATION AND OREGON PUBLIC HEALTH DIVISION



### LEVEL STATE

### FIELD HEALTH AND EDUCATION

#### *How do you use the WSCC model?*

In Oregon, state-level partners use the WSCC model to make the connection between health, learning, and teaching through academic success, attendance, climate, and staff morale. Through the CDC State Public Health Actions program, the Oregon departments of education (ODE) and public health (PH) have used the WSCC model to connect different programs, highlight where programs fit within the model, and decide how we can synergize efforts through coordination. We use a picture of the model in ODE and PH leadership meetings to remind us of how our multiple programs influence our goal to create a healthy, engaged child and community. We also use the model to engage our Wellness in School Environments partners, which are approximately 20 statewide organizations that meet quarterly.

Additionally, Oregon ASCD facilitated the first of a series of annual statewide conferences that focus on each component of the WSCC model. Oregon ASCD also presents a Whole Child Award each year to schools that demonstrate a commitment to a sustainable, whole child approach to education and community engagement.

#### *What lessons have you learned?*

The WSCC model helps us frame connections between the ODE and PH, as well as within school districts and work associated with wellness policy implementation and evaluation.

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## WEST VIRGINIA DEPARTMENT OF EDUCATION

**LEVEL**  
STATE

**FIELD**  
EDUCATION

### *How do you use the WSCC model?*

The WSCC model is reflected in West Virginia's full-service community schools concept and the related West Virginia board of education's Policy 2425 on Community Schools: Promoting Health, Safety, Well-Being, and Academic Success of Students. It embraces the enhanced coordination of early childhood development; youth development; expanded learning opportunities; and college, career, and citizenship goals to ensure an aligned vision with an integrated focus on supporting improved student learning, stronger families, and healthier communities. We plan to continue to promote the use of WSCC through this policy.

### *What lessons have you learned?*

West Virginia is in the emerging state of implementing community schools (based on the WSCC model). The biggest barriers we work to overcome are finding a champion, time, and strategic alignment of the pieces (including funding).



*What planning, policies, and presentations have you developed to implement the WSCC model?*

**PLANNING** The West Virginia Department of Education's Community School resource website >

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## WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES



**LEVEL**  
STATE

**FIELD**  
SCHOOL HEALTH

### ***How do you use the WSCC model?***

We have correlated the WSCC model with the community schools model because the two are so similar and complement each other very well. West Virginia currently has a community school policy that has no mandates but that offers a structure and support for schools or districts that would like to work toward becoming a community school. We plan to continue to use this model to support the work we are doing to develop community schools.



# WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION



**LEVEL**  
STATE

**FIELD**  
EDUCATION

***How do you use the WSCC model?***

I use the WSCC model in my presentations for our state comprehensive physical activity program, called Active Schools: Core 4+. I include a slide on the WSCC model within the first three slides of the presentation to show the connections between the programs. It sets the stage for all school and community involvement. I will continue to use the slide in Active Schools presentations, as well as adding it to Quality PE, Literacy in Health Education, and Literacy in Physical Education presentations.

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## ADAMS 12 FIVE STAR SCHOOL DISTRICT

**LEVEL**  
**DISTRICT**

**FIELD**  
**EDUCATION**

***How do you use the WSCC model?***

I lead a Whole Child Program for a large school district in Colorado (43,000 students and 39 percent receive free or reduced-price meals). We have used the WSCC model to guide our work. We are in the process of communicating the model to stakeholders, and then we will be using the model to create a district needs assessment. Where are we doing well? Where are our gaps? Where should we be putting our time, talent, energy, and funding in order to break down barriers to students success? We want to make sure every student has access to a healthy foundation (consisting of all 10 WSCC components) in order to be ready for instruction every day (to be healthy, safe, engaged, challenged, and supported). We are presenting data around health disparities that are challenges to students coming to school ready to learn and determining how we can best address them using the WSCC model.

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## BUFFALO PUBLIC SCHOOLS

**LEVEL**  
**DISTRICT**

**FIELD**  
**WELLNESS**

### *How do you use the WSCC model?*

We fully implemented this model across 58 schools at the district and school levels in May 2014. We also presented the model and our implementation activities at an American School Health Association national conference in October 2015. We are working to change the culture and climate in the district to one of health and wellness linked to academic improvement plans.

The Whole Child approach really resonates with building principals and district administrators as well as with board of education members. ASCD's support and leadership is recognized by these leaders and has really assisted us with disseminating this approach to health and academics.

### *What planning, policies, and presentations have you developed to implement the WSCC model?*

**PRESENTATION** Climate and Culture Change in an Urban District >

**PLANNING** Team Charter Worksheet >

**PLANNING** District Health Committees: Positions and Recommendations >

**PLANNING** School Wellness Team Report Form >

**POLICY** Wellness Policy Implementation Action Planning Chart >



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## CORTLAND CITY SCHOOL DISTRICT

**LEVEL**  
**DISTRICT**

**FIELD**  
**SCHOOL HEALTH**

### *How do you use the WSCC model?*

We conducted a consensus-building activity with the [ASCD School Improvement Tool](#) to help build awareness and support for the links between health and academics by focusing on the whole child. We created School–Community Partnerships by working with a number of local agencies that share a similar mission and focus to improve the social environment and to address gaps and needs in the district. Many of these partnerships impact learning in the classrooms.

We integrate wellness and academics by bringing together committees and individuals to address health and wellness with shared decision-making regarding academic efforts. We show support and connection to the WSCC model by communicating the links and information on the district website. We have offered professional development using the WSCC model as a guide to link academic achievement to health and well-being. In the course of this professional development, we have examined the tenets of the Whole Child and looked specifically at what we can do. We offered learning to the adults that can be transferred to their classrooms to impact the children. We have written SMART goals to encourage growth and learning beyond the professional development offered.



I intend to move forward by developing a theme and activities that highlight the spirit of the WSCC model. Conversations and decisions are made to reflect the WSCC model, and I see this continuing as well. We will also continue to offer professional development.

### *What lessons have you learned?*

People relate to the WSCC model. They understand it and can see their role in the model. “We are already doing this” is something we’ve heard many times. It is important to recognize that statement by trying to see what it is that they are actually doing and how the WSCC model can enhance, expand, and improve on that. The model is for everyone. Therefore, everyone is a stakeholder—it isn’t just the health, physical education, or food service workers.

### *What planning, policies, and presentations have you developed to implement the WSCC model?*

**PLANNING** [Wellness Day Agenda >](#)

**PLANNING** [WSCC Approach Joint Professional Development Day >](#)

**PRESENTATION** [Going the Distance: Lessons Learned Working with the Schools >](#)

**PRESENTATION** [Coordinated School Health and WSCC >](#)

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## FALCON SCHOOL DISTRICT 49

**LEVEL**  
**DISTRICT**

**FIELD**  
**WELLNESS**

### *How do you use the WSCC model?*

Since 2006, the district has maintained a wellness policy and has followed a model of continuous improvement for guidelines. All schools have adopted the WSCC model, and each site maintains a WSCC team that assists in the implementation of the wellness guidelines and the components of the WSCC model. The district provides fall and spring trainings for all 34 coleaders, centered around the WSCC model. Each school's WSCC team develops and implements annual school health improvement plans (SHIPs) and shares success stories on their school website.

The districtwide wellness advisory council (DWAC) will continue to support the WSCC model through the School Wellness Policy. Schools will identify strengths and weaknesses based on the WSCC model through a Colorado-developed wellness assessment, Smart Source (currently in the pilot phase). This data will be useful in developing annual SHIPs. Updates around the progress and school-level successes with the WSCC model will be shared with the board of education on a biannual basis.



### *What lessons have you learned?*

Having a district-level wellness coordinator provides accountability, resources, and support to schools when implementing the WSCC model. At the school level, providing credit (such as recertification or salary advancement) for those serving on WSCC teams has been helpful in recruiting members. Also, some schools require staff to serve on a committee and the WSCC team is recognized as an official committee.

[Read Woodmen Hills Elementary School's success story >](#)

### *What planning, policies, and presentations have you developed to implement the WSCC model?*

[PLANNING WSCC School Team Template >](#)

[POLICY D49 School Wellness Policy ADF >](#)

[POLICY D49 School Wellness Overview >](#)

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## FORT WORTH INDEPENDENT SCHOOL DISTRICT

**LEVEL**  
DISTRICT

**FIELD**  
EDUCATION

### *How do you use the WSCC model?*

We are using it as the overarching rationale for many of the programs and initiatives within our district—health and PE, nutrition services, evaluating the culture of our individual schools—wellness fairs, community events, etc., and then some staff wellness. We have a wellness team at the district level as well as campus teams who have specific tasks each year. The nice part is that we can connect individual departments and their goals. Easier said than done at times but it helps justify changes!

### *What lessons have you learned?*

It can't be used in isolation. I think people need to be "trained" on the concept and need data to support it.

### *What planning, policies, and presentations have you developed to implement the WSCC model?*

As part of our Local Wellness Coordinator program, we outline two or three tasks each year for schools to do with their School



Wellness Action Team. One thing is that they use an evaluation tool—like the CDC's School Health Index or Let's Move Active Schools—then develop two or three goals for their individual schools. We require their action steps. We also do a districtwide wellness event that they manage!

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## MANITOU SPRINGS SCHOOL DISTRICT 14



**LEVEL**  
**DISTRICT**

**FIELD**  
**EDUCATION**

### ***How do you use the WSCC model?***

We have wellness teams in each of our four school buildings that use the model each year to develop SHIPs. We develop 10 SHIPs per building that are developed with teachers, staff, students, and, when possible, parents. This helps the district have a unified and intentional plan to place WSCC at the core of our mission and vision.

### ***What lessons have you learned?***

The WSCC is awesome, comprehensive, and provides a vehicle for strategic and powerful system change within a district and community. It also provides a common language for school districts and communities to support children and families.

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## SCHOOL DISTRICT 27J

**LEVEL**  
**DISTRICT**

**FIELD**  
**SCHOOL HEALTH**

***How do you use the WSCC model?***

Similar to coordinated school health, we're using WSCC as the model to improve students' health and learning in our district. School Health Teams are formed to coordinate programs, policies, and practices across the 10 components of WSCC. The district council intends to draft a communication and action plan that will include strategies and tools aligned with the model.

***What lessons have you learned?***

One simple story is just the subtle language change, from talking to administrators about coordinated school health to referring to the whole child. They are familiar with this terminology and it is more meaningful in conversations and integration.

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