

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD
SCHOOL HEALTH NJ PROJECT

WSCC Guidance Document

Revised Oct2023



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GUIDANCE DOCUMENT INTRODUCTION

A. Overview – Building and Sustaining Healthy Schools for All Students

Schools strive to help students reach their highest academic potential. The Whole School, Whole Community, Whole Child (WSCC) School Health NJ Project, administered by the NJ Department of Health (NJDOH), has more than 10 years of experience promoting healthy schools. The WSCC model (below) is the project’s framework, and it utilizes a collaborative approach to learning and health.

This model helps schools address the health needs of students with its focus on the whole child, strengthened by a school-wide approach and support from the local community and its resources.

New Jersey schools have a unique opportunity to join a national movement to positively influence learning by addressing the health of students. Addiction (alcohol, tobacco and other drugs and technology), bullying and harassment, food insecurity, overweight/obesity, and inactivity have been ongoing concerns. Anxiety, depression, and other behavioral health conditions, worsened by the pandemic and social injustice issues over the past year, are presenting additional concerns for students’ mental health and learning. By joining a diverse and concerned group of state and national partners, schools can strengthen their voice and have a powerful impact.

The funding for this grant initiative is the beginning for schools to be the leaders around health and learning. This guidance document is just that –guidance. We recognize that every school district is unique and every school district’s process for implementing the model will be different. As we embark on this initiative, we’ll surely face challenges but as we address these challenges together, slow and steady progress will be made.

Over the years, the WSCC School Health NJ Project has collaborated with various state, local and professional organizations to improve school health to enhance student learning for life success. Our vision is to begin to transform the New Jersey public school landscape by directing resources to build and sustain healthy schools for all students. This grant initiative was developed in response to the National Association of Chronic Disease Directors’ (NACDD) recently released document: [The Whole School, Whole Community, Whole Child Model: A Guide to Implementation](#) (hereafter referred to as “Guide”). This Guide is designed to help schools understand, adopt and implement the WSCC model.

This grant initiative is based on these principles:

- Healthy children learn better.
- Health and academic achievement are inextricably intertwined.
- Schools are an ideal venue for chronic disease prevention.
- Administrative and Board of Education support are critical for creating a culture of health in schools.
- A commitment to systems change is required to sustain healthy schools.



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The NJDOH and its regional agencies will provide programmatic guidance and support throughout the time the school participates in the grant initiative to help develop the school's and district's capacity in creating a holistically healthy school environment for students. Schools can expect to gain knowledge, skills, and experience in:

- Accessing state and local resources and creating community partnerships in support of healthy students, healthy staff, and healthy environments (Guide, Appendix A). Also visit the project's website at: www.SchoolHealthNJ.org.
- Engaging parents as advocates. Parents will have the opportunity to gain the knowledge, skills and confidence needed to effectively advocate and partner with their child's school and district to create a healthy school environment. By working in partnership with parents, schools will benefit from the valuable contributions that engaged parents bring to support student learning and positive change.
- Developing leadership opportunities for students. Students bring new insights to this work, support change efforts, and provide an understanding of how and what youth think about health. Students engaged in this process will positively impact their schools now, while increasing their skills and confidence to impact positive social change in the future.

Sustainability of the accomplishments achieved during this grant initiative requires administrative and BOE support of policies and practices as well as the engagement of youth, parents and the broader school community.

B. Core Capacity and Financial Responsibilities

The successful implementation of the CDC WSCC model requires these foundational core capacity components:

- A WSCC Health and Wellness (H&W) Team Leader and a WSCC H&W Team with members who reflect the WSCC model components and represent school administration and staff, youth, parents, and the community. Teams with the greatest success are culturally representative of the school community and have members with various perspectives. Together, the H&W Team Leader and Team will champion this grant initiative in their school with the support of school administration and the local BOE.
- A self-assessment of school health-related policies, programs, curriculum, and services using the CDC's [School Health Index \(SHI\)](#).
- A School Health Improvement Plan (SHIP) based on the results of the SHI and considering the priority health needs of students.
- A health and wellness-related goal and/or objective in the School Health Improvement Plan (also noted in Guide, p13).

This grant initiative has a year-to-year project and budget period. An annually renewed MOA is required between the NJDOH regional agency and the school. The NJDOH will provide up to \$8,500 of grant funding in Year 1. The stipend compensates the WSCC H&W Team Leader for approximately 100 hours per school year.

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C. Year One Requirements

Schools and their districts are required to meet the following Year One requirements:

Timeline	Activities	Person(s) Responsible	Actions
Pre-grant initiative By August	In-person meeting between school/district and as needed, NJDOH	School: Superintendent or designee, Principal(s) of participating school(s), Business Manager, WSCC H&W Team Leader (if available) DOH: Regional Agency Coordinator, and, as available, NJ DOH Program Management Officer (PMO)	Read NACDD document, <i>The Whole School, Whole Community, Whole Child Model: A Guide to Implementation</i> . Signed MOA by September 30
Baseline By mid-October	1) Identify and recruit WSCC H&W Team 2) Collect baseline school data 3) Discuss YAB recruitment	School Administrator & WSCC H&W Team Leader	By October 31, submit member list with name, position and contact email to meet Team membership requirements for administrator(s), staff, students, parent(s) and community. By October 31, submit baseline-school data Ongoing
Check-in phone call By mid-November	NJDOH regional agency Coordinator schedules call to review/discuss: <ul style="list-style-type: none"> • Team membership and Team orientation meeting (by mid-Dec). Review SHI eLearning. • Needed resources or support. • Review leader task checklist • Discuss SEL program options. 	School Administrator and WSCC H&W Team Leader	Participate on Nov. call & complete CDC School Health Index

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Complete CDC School Health (SHI) by Dec 31st	SHI School Health Index Healthy Schools CDC cdc.gov/healthyschools/shi/index.htm	School Administrator, WSCC H&W Team Leader, School Staff, school community	Submit results to CFPC by Dec 31 st .
Check-in phone call By January	NJDOH regional agency Coordinator schedules call to review/discuss: <ul style="list-style-type: none"> • Needed resources or support. • Review SHI results and discuss SHIP action plan. • check in with SEL program schedule. • discuss Parents as Champions (PAC) 	School Administrator and WSCC H&W Team Leader	Participate on Jan. call & complete School Health Improvement Plan
Complete School Health Plan (SHIP) by Feb 28th	Create a comprehensive program with at least 5 components of the WSCC model with SEL alignment.	School Administrator and WSCC H&W Team Leader	Submit results to CFPC by Feb 28 th .
Check-in phone call By March	NJDOH regional agency Coordinator schedules call to review/discuss: <ul style="list-style-type: none"> • Review of SHIP • Team membership status • Needed resources or support. • Lessons learned/ Successes to date. • Methods to communicate/ disseminate SHIP to school community 	School Administrator and WSCC H&W Leader	Participate on March call. By March 31, submit: Team requirements met: meeting schedule of 4-6x & agenda/ minutes for SY & Team members reflect diverse representation. Methods include but are not limited to: <ul style="list-style-type: none"> • website posting, • written articles for the district, newsletter, or local press • press announcement • staff meetings, presentations at a PTA/PTO, BOE meeting or a student assembly.

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April – May	Complete following documents: Year 1 evaluation survey, Year 1 success story, and final budget form.	Team leader w/ input from H&W team & School administrator	No later than May 26 th .
Year-end By June 15	1) Participate in regional & statewide meetings.	School Administrator and WSCC H&W Team Leader	Project meeting date & location TBD. The state and regional meeting are 2 separate dates & locations (whether virtual or in person). Schools to prepare slide(s) with lessons learned, accomplishments achieved, success story.

D. Year 1 Required Conference Call, Meetings

First Half of the Year

November - NJDOH regional agency Coordinator schedules check-in call with School Team

Second Half of the Year

January - NJDOH regional agency Coordinator schedules call with School Team

March - NJDOH regional agency Coordinator schedules call with School Team

June - NJDOH regional agency coordinator will update with dates & times for state & regional meetings

ESTABLISHING A WSCC HEALTH & WELLNESS (H&W) TEAM – YR. 1

One of the activities for this first year is to establish an active Health and Wellness (H&W) Team (hereafter referred to as “Team”) that proactively works for healthy students, healthy staff, and a healthy school environment. Accomplishing this activity involves these tasks:

- 1) Recruit and establish a Team that has engaged a diverse group of individuals. The Team, comprised of school administration and staff, students, parents, and community members, works together as partners to promote and advocate for a healthy school (students, staff and the environment).
- 2) Complete the Centers for Disease Control and Prevention’s (CDC) self-assessment and planning tool, the [School Health Index \(SHI\)](#) and collect school specific data.
- 3) Based on the SHI results, the Team will develop a School Health Improvement Plan (SHIP). The SHIP determines the actions to be taken to address the identified health priorities. Your Team can check [Sustainable Jersey for Schools](#) and other resources for evidence-based or best- and promising practice ideas.
- 4) Communicate and disseminate the SHIP to school administration, staff, students and families to educate them, solicit their input and engage their support.

Why is it important?

A fundamental mission of schools is to provide students with the knowledge and skills needed to become healthy and productive adults. Schools play a critical role in establishing a supportive environment where students can develop positive health behaviors. Research shows that healthy schools enhance student learning by positively impacting students’ attention span, class participation, classroom behavior, self-esteem, and reducing absenteeism.

A Team is an effective best practice for schools to identify health priorities that need to be addressed and to work together with the greater school community to implement programs, services or policies that effectively improve school health. The Team is an action-oriented group that helps ensure the implementation of the wellness policy and makes needed improvements to address other health priorities. Depending on school administration, Teams get involved in a variety of activities including, but not limited to those listed on the Team member activities handout that will be provided to your school by the regional agency Coordinator.



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Timeframe

The suggested time lines for the successful completion of these activities:

- By October 31: Team members recruited
- Mid-December: Team orientation meeting convened
- January and February: Team meetings to complete the SHI
- March and April: Team meetings to develop the SHIP and identify methods for communicating about and disseminating the SHIP to the administration, school staff, students and families to solicit input and engage their support
- April and May: Communicate about and disseminate the SHIP

Project costs and resource needs



The start-up cost to establish a Team is nominal. The primary cost is the value of people's **time**: time to recruit members to create the Team; time needed to meet and complete the SHI and develop the SHIP; time to communicate and disseminate the SHIP. Additional costs of sustaining the Team arise with implementing the actions to address the identified health priorities and needed improvements.

What to do and “how to” do it

A school does not need to strictly follow this guidance as long as the school meets the required outputs or outcomes. The CDC and the [Alliance for a Healthier Generation \(AHG\)](#) have resources to help schools establish a successful Team.

The first step for establishing an effective Team is to have school administration that is engaged and supportive. Administrative support is critical, not only for the Team's success but also for the Team to sustain the work of this pilot after the funding ends. School administration is responsible for providing an identified time and meeting location for the Team. When school administration is “on-board”, the **next steps** are to:

1. Recruit Team Members.

The recommended Team size ranges from five or six to up to 12 members. The Team should be diverse in its make-up, as varied perspectives contribute toward uncovering potential health issues. Diversity in Team composition also ensures that the needs of all groups within the school are identified so effective solutions are implemented. Recruit a diverse representation of Team members from the groups below:

- District and/or School Administration - Principal, Assistant or Vice Principal, Board of Education member, NJEA member, school secretary

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- School Staff - Health and PE teachers, other classroom teachers with an interest in health, school nurse, nutrition/food service staff, counselor, psychologist or social worker, custodial staff, school security personnel, bus driver
- Students
- Parents or other family representatives
- Representatives of the greater school community such as the local health department, non-profits working on health-related issues, other healthcare professionals or health-related organizations, parks and recreation departments, civic organizations, and local business.

Use an invitation for prospective Team members. Once the Team is up and functioning, members may decide that new member recommendations come from within the current Team membership. The Team needs to be recruited no later than October 31st.

2. Convene an Orientation Meeting.

Orient the Team to the link of health to learning and academic performance, the WSCC model, the CDC's Assessment and Planning Tool - the School Health Index (SHI) and grant expectations and timelines. Before the orientation meeting, create a log-in account and distribute the log-in information to Team members at the meeting. Team members can complete the online SHI at any time using the log-in account information. Use the SHI version for middle and high schools. The [CDC School Health Index](#) is available to help guide you in this process or you can contact your regional School Health Coordinator for assistance.

The SHI uses a process that brings people together to improve a school's health programs, practices and policies in ten health components:

- | | |
|--|---------------------------------|
| 1) health education | 6) social and emotional climate |
| 2) physical education and activity | 7) physical environment |
| 3) nutrition environment and services | 8) employee wellness |
| 4) health services | 9) family engagement |
| 5) counseling, psychological & social services | 10) community involvement |

Convene the orientation meeting no later than mid-December.



3. Complete the comprehensive SHI assessment.

Some schools have all the Team members meet to complete the entire assessment in a series of meetings. Other schools form smaller sub-groups of three or more people to work on each of the 10 modules. What's most important is having a meaningful assessment completed by a diverse group of Team members working on each module. This increases the accuracy of what really exists within the school and elicits the various perspectives and insights needed for improving school health. Answer all the discussion questions.

At least one Team member needs professional expertise in the health module being assessed. For example, the food/nutrition services Director should be one of the Team members answering the questions in the nutrition environment and services module. A PE teacher should be one of the Team members answering the questions in the physical education and activity module. Read the questions carefully and select the answer that best describes your school. In the online version, clicking on words or phrases that are underlined and bolded will take you directly to their definition in the SHI glossary. If a question does not apply to your school, indicate "not applicable." If you are unsure or need more information, skip and return to it later. Before taking on the next step, be sure the Team reviews and approves the results of the SHI. Complete the SHI by December 31st.

4. Develop a School Health Improvement Plan (SHIP).

The SHIP is being developed during Yr. 1 for implementation in Yr. 2. The planning process is integral to a Team's long-term effectiveness and success. Again, a diverse Team membership contributes more varied ideas for potential improvements and effective solutions, and thus, the more successful the planning and implementation will be. The first step in making improvements is to identify the issues, so be sure to include all areas in need of improvement, whether or not the Team knows how to resolve them and whether or not there is available funding. Solutions may arise or become more feasible at a later time. Since the SHIP is based on the SHI results, it describes the action steps for making improvements and thus, justifies the work of the Team and what it wants to achieve. The SHIP is ideally developed for a 3 to 5- year period and is reviewed annually for progress made. The CDC has resources to help you, or you can contact your regional School Health Coordinator for assistance. Complete the SHIP and identify the methods for communicating about and disseminating the SHIP to the school community to solicit input and engage their support by February 28th.



5. Communicate and Disseminate the SHIP.

Use the SHI results to support the decisions being made for the actions being taken in the SHIP. Also be thinking about information and/or data that needs to be collected to measure the impact of improvements being made. Broadly communicate the SHIP to administrators, school staff, students and families to educate them, solicit their input and to engage their support in the SHIP activities for the coming school year. Methods include but are not limited to: presentations (staff meeting, Board of Education or PTO/PTA meeting, school assembly), small group meetings (parents or students) and surveys. If justified by the input received, the SHIP is revised and submitted to the regional agency Coordinator before the school year ends.

6. Take Action, Document Results and Track Progress.

The Team is most effective when there is consensus among all Team members on the health priorities to address, the steps that need to be taken, who is responsible for doing what, the timeframe for completing each step and the measures against which to evaluate progress. Match Team member's responsibilities to their interests and strengths. Involve all members in accomplishing the work. It is important to have accountability for what the Team does and the impact on the health of the school. Document Team activities, including meeting agendas and minutes, participation numbers for implemented activities and most importantly, the results and/or impact of the actions that were taken to improve school health.

Spotlight: What New Jersey schools are doing

School Health NJ is looking to highlight schools that have successfully established a Team and other health and wellness actions. Contact your regional agency Coordinator to showcase your school's accomplishments.



SCHOOL ADMINISTRATION RESPONSIBILITIES

School administration

- Identify an Administrator (superintendent, principal, or dept director) with oversight to:
 - ⇒ integrate WSCC into district and/or school accountability measures such as the district or school improvement plan and incorporate into the mission, vision and goal statements, strategies, activities and best practices, policies.
 - ⇒ conduct an inventory of existing health-focused school committees, clubs, programs, activities, services and other resources in the school to ensure that health programming and practices are coordinated, efficient and effective.
- Become informed with research linking health to learning and academic performance to garner WSCC support from school staff, administrators, students, families and community partners
 - ⇒ develop a communications strategy.
 - ⇒ create concise talking points to communicate the health and learning linkage.
 - ⇒ identify and engage community partners and local health departments for in-kind resources (services or supplies).
- Establish WSCC District Coordinator and WSCC Health and Wellness (H&W) Team Leader positions; create job descriptions; advocate for and secure funding for WSCC health and wellness programs and activities; identify options for substitute and/or stipend pay.
- Approve time and location for the team to meet; attend and/or co-lead Team meetings; approve Team decisions; secure a team budget from the district/school.
- Schedule time at school or district staff meetings for Team updates including; objectives, progress, and accomplishments.
- Oversee, conduct, monitor, assist or otherwise provide guidance to Team Leader(s) on the completion of SHI or other assessments and/or surveys.
- Provide or collect and analyze baseline academic and student health data (develop a “snapshot”); review and use relevant academic, national, state, and local health data, survey and assessment results to prioritize goals, objectives and activities related to WSCC.
- Role model by participating in wellness events.
- Support employee wellness.



WSCC H&W District Coordinator

- Serve as liaison between school administration and school teams.
- Create a WSCC district team and facilitate meetings including representation of all components as well as representation from student specialty groups.
- Review individual SHIPs and provide feedback; make modifications as indicated.
- Responsibilities stated above as delegated by Administrator.

POTENTIAL WSCC PARTNERS FOR WSCC IMPLEMENTATION

The reality of providing the range of resources needed to meet students' physical, mental, emotional, and social health needs, extends well beyond the capacity of any single school district. The WSCC School Health NJ regional grantee works to establish and maintain strategic collaborative partnerships amongst State partners, the school community and local and county-based health and social service agencies. The goal of these relationships is to help provide needed resources for healthy students, healthy staff and a healthy school environment. The contribution of resources and/or services can take the form of, but is not limited to:



- ⇒ in-kind staff expertise to conduct educational presentations or trainings
- ⇒ contributing expertise in areas as such marketing, public relations, technology
- ⇒ assisting with data collection, analysis, grant-writing or evaluation services
- ⇒ providing student incentives, educational materials, office supplies or equipment
- ⇒ offering facility space
- ⇒ fund raising and/or cash contributions

The groups and organizations listed below have expertise in the various WSCC components and provide a range of perspectives on health. Partners are needed to help the schools sustain a focus on student and staff health and wellness. This list is neither exhaustive or definitive. Partners vary depending on the school district's health priorities and the needs of their schools.

Administrative Decision Makers & Influencers

- ⇒ Superintendents and other central office administrators
- ⇒ Principals and assistant principals
- ⇒ School board members
- ⇒ Equity coordinators

Health Education

- ⇒ Health education teachers
- ⇒ Community-based health educators
- ⇒ Health educators at local or county health departments
- ⇒ Health educators at local hospitals or health care systems
- ⇒ Members of the NJ Association for Health, Physical Education, Recreation & Dance (AHPERD)
- ⇒ Members of the NJ Society for Public Health Education (SOPHE)
- ⇒ Faculty at universities with WSCC-related departments to WSCC components

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Physical Education & Activity

- ⇒ Members of the NJ Association for Health, Physical Education, Recreation & Dance (AHPERD)
- ⇒ Before- and after-school staff involved in physical activity
- ⇒ Community-based organizations supporting out-of-school time physical activity (e.g., YMCA, Boys & Girls Clubs, Special Olympics)
- ⇒ PE teachers
- ⇒ Athletic coaches

Nutrition Environment & Services

- ⇒ School nutrition/food service directors and staff
- ⇒ School food vendors
- ⇒ Farmers and local food producers
- ⇒ Before- and after-school staff involved in food/nutrition activities
- ⇒ Community food bank staff



Health Services

- ⇒ School health services directors
- ⇒ School nurses
- ⇒ School-based youth service program (SBYSP) staff
- ⇒ Community-based health care providers (e.g., physicians, nurse practitioners) and dentists
- ⇒ Staff from local or county health departments



Counseling, Psychological, & Social Services

- ⇒ School counselors, Student Assistance Counselors (SACs), psychologists, social workers, and school nurses
- ⇒ Community-based counselors, therapists, psychologists and social workers

Social & Emotional Climate

- ⇒ School counselors, Student Assistance Counselors (SACs), psychologists, social workers
- ⇒ Culture and climate specialists, Antibullying (HIB) Specialist
- ⇒ Trained school staff including classroom teachers, aides, assistants, school bus drivers, etc.

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Physical Environment

- ⇒ School facilities and management staff
- ⇒ Custodial and maintenance staff
- ⇒ Pest management service staff

Family Engagement

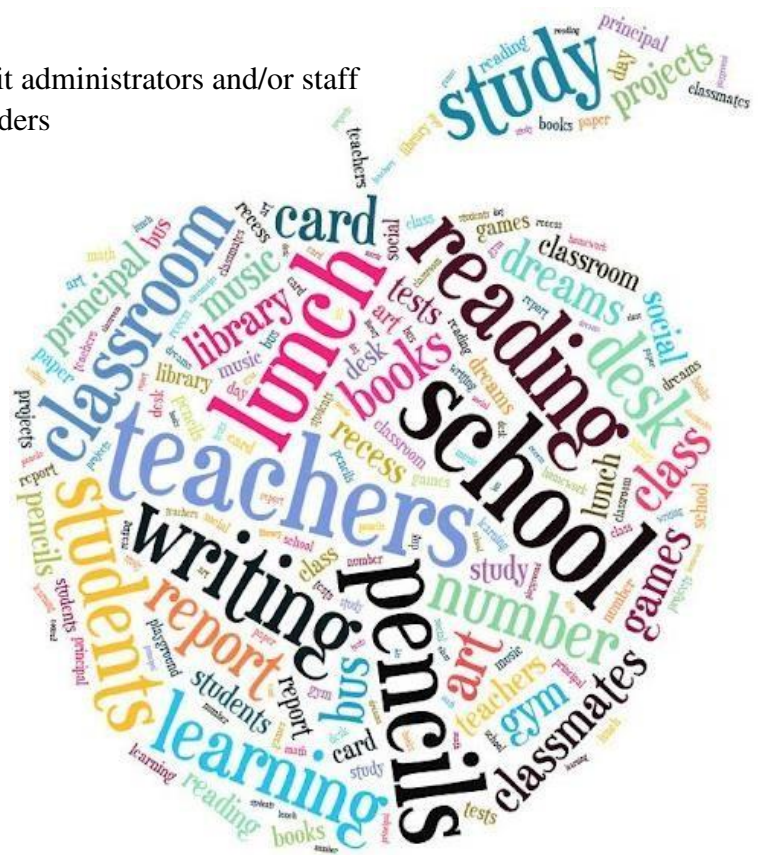
- ⇒ Parents, guardians and other family members
- ⇒ PTAs or Parent Teacher Organization (PTOs) members
- ⇒ Parent volunteer coordinators (Title 1 schools)
- ⇒ Family Support Centers (FSC)
- ⇒ Family Success Organizations (FSO)

Community Involvement

- ⇒ County or local health departments (LHD)
- ⇒ Local community-based organizations (CBO)
- ⇒ Community outreach department of local hospitals and health care systems
- ⇒ Municipal local government representatives
- ⇒ Churches and other faith-based community members
- ⇒ Local business sector representatives
- ⇒ Contract bus drivers for the school or district

Employee Wellness

- ⇒ Human resource and employee benefit administrators and/or staff
- ⇒ School district health insurance providers
- ⇒ School employee wellness leaders
- ⇒ Fitness industry representatives



WSCC COMPONENTS & OUTCOMES ON ACADEMIC SUCCESS

A symbiotic relationship exists between health and academic performance. Research shows that by improving health, there are positive outcomes that enhance learning to achieve academic success.

Health Education

Students learn about and practice the skills needed to make informed health decisions and to develop their communication, decision-making, and social skills:

Increased Grades, Test Scores, Improved Student Behavior

Decreased School Absences and Reduced School Dropout

Physical Education and Physical Activity

The research on physical activity and academic achievement spans almost 50 years. There are consistent and positive correlations that physical activity is associated with:



Cognitive Performance
Attention and Concentration
Grades, GPA, Test Scores
Classroom and Pro-Social Behavior



Disciplinary Problems
Drop-out Rates
Absenteeism

Nutrition Environment and Services

Students learn about and practice healthy eating. Research shows that participating in School Breakfast and Lunch Programs can result in:

- ⇒ Better cognitive functioning due to increased nutrient consumption
- ⇒ Increased academic grades and standardized test scores
- ⇒ Reduced absenteeism

Access to healthy drinking water helps students maintain adequate hydration, which improves cognitive functioning.

Counseling, Psychological, and Social Services

Students have the mental and behavioral supports that they may need with **positive** outcomes on:

- ⇒ Improved attendance, student behavior, test scores, and GPA
- ⇒ Increased positive classroom behaviors
- ⇒ Decreased suspension rates

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Health Services

Students have improved attendance and subsequently do better in school when nurses are available to address their health needs. Unaddressed health needs **negatively** affect academic success:

Health Behavior or Condition	Adverse Effects
Lack of sleep	Reduced cognitive performance Impaired emotional & physical health
Vision Problems	Poor literacy and reading test scores
Drug Use	Lower educational attainment
Smoking, early sexual activity & engaging in violence	Lower grades
Obese or overweight	Increased absenteeism Decreased test scores
Diabetes	Decreased attention and test scores
Poor oral health	Increased absenteeism
Asthma	Lower cognitive performance Increased school absenteeism
Pregnancy	Higher drop-out rates

Social and Emotional Climate

Efforts within a school to create a **positive** school culture and climate and a focus on social and emotional learning is linked to student gains and reduced risk:

Student Gains	Reduced Risks
Social & emotional skills	Conduct/disciplinary problems
Improved attitudes about self, others, & school	Aggression
Positive classroom behavior	Violent behavior
11 percentile-point gains on standardized achievement tests	Emotional distress
Sense of belonging, connection & engagement w/the school	

Physical Environment

A healthy and safe physical school environment (school building, the land, and surrounding area) promotes a student's ability to learn:

- ⇒ Increased attendance and academic achievement
in schools with full spectrum-light or full-spectrum with ultraviolet enhancement
- ⇒ Decreased absenteeism and increased academic achievement
when students feel safe
- ⇒ Decreased absenteeism
when indoor air quality is not a trigger for asthma or allergies

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Family Engagement

Parents involved in their children’s and teen’s school lives **positively** impact their health behaviors AND their academic achievement. Students who have engaged parents are:

More Likely to have increased attendance, higher grades and test scores, better social skills, improved classroom behavior, and graduated high school

Less Likely to smoke cigarettes, drink alcohol, become pregnant, be physically inactive, and be emotionally distressed

Community Involvement

Schools that partner with community groups and organizations gain the benefit of additional services and resources to assist students with their health needs:

- ⇒ Increased grades and test scores
- ⇒ Improved school attendance
- ⇒ Improved student behavior

Service-learning opportunities and civic engagement:

- ⇒ Improved school-related behaviors
- ⇒ Increased academic achievement
- ⇒ Decreased school suspension rates

Employee Wellness

School staff wellness programs contribute toward creating a culture of health and can support student health and learning by:

- ⇒ Increasing a teacher’s ability to focus
- ⇒ Improving employee morale
- ⇒ Enhancing productivity and classroom effectiveness
- ⇒ Reducing absenteeism.

Journal of School Health. Special Issue: The Whole School, Whole Community, Whole Child Model. November 2015, Vol. 85, No. 11



