

“When health is absent, wisdom cannot reveal itself, art cannot manifest, strength cannot fight, wealth becomes useless and intelligence cannot be applied.”

Herophilus (Goodreads.com)

Whole School, Whole Community, Whole Child

Summer 2016 e-Bulletin

Topics

- 1) The Whole School, Whole Community, Whole Child Model
- 2) Chronic Absenteeism
- 3) District and School Wellness Teams

There are two cross-cutting themes highlighted in the Summer 2016 e-Bulletin: teamwork and community involvement. Each topic below highlights the importance and need for teamwork, inclusive of community support, when addressing student health and academic achievement.

The Whole School, Whole Community, Whole Child Model

Have you heard about the Whole School, Whole Community, Whole Child Model? Do you know the first steps to implementing this model in your school?



Move over Coordinated School Health, there's a new and improved collaborative and comprehensive approach to promoting the health and academic achievement of students: The Whole School, Whole Community, Whole Child Model (WSCC). According to the Centers for Disease Control and Prevention (CDC), WSCC (pronounced wisk) is both “an expansion and an update of the eight-component Coordinated School Health (CSH) approach.” This whole child approach ensures that students are healthy, safe, engaged, supported and challenged. “The WSCC model incorporates the components of CSH and the tenets of the ASCD’s whole child approach to strengthen a unified and collaborative approach to learning and health.”

All schools, parents and community partners should be aware of this collaborative approach to learning and health and have a clear understanding of how they, in turn, can support the implementation of the model.

Consider introducing the WSCC model at back-to-school meetings. Place topics framed by the WSCC model on staff and school board meeting agendas. Invite input from faculty, staff, students, parents and community partners on how the implementation of the WSCC model can support and enhance the student focused health and academic goals and objectives that are in

place in your school. To learn more about WSCC, including how to take those important first steps to implementation, view the [Get Started](#) section on the ASCD Web site.

Additional WSCC Resources

- [The Whole School, Whole Community, Whole Child Model: Ideas for Implementation](#)
- [Implementing the WSCC Model](#): Local School District Examples to Promote Learning and Health (Webinar from National Association of Chronic Disease Directors)
- November 2015 volume of [The Journal of School Health](#) (Focused on WSCC and available for viewing at no charge.)
- [Fostering School Connectedness \(CDC\)](#): Information for Teachers and Other School Staff
- [Expanding the Coordinated School Health Approach](#) (CDC).

Chronic Absenteeism

Do you understand what chronic absenteeism is and whom it affects? Do you know the chronic absenteeism rate for your school? Do you know what role you and your colleagues can play to keep students connected, engaged and successful in school?

Chronic absence is defined as missing 10 percent, or more, of school days for any reason, including excused, unexcused and disciplinary absences. For example, children who are enrolled for the full school year (e.g., 180 days) become chronically absent if they miss at least 18 days of school for any reason. Being chronically absent has a significant impact on a student's ability to read at grade level, perform well on standardized tests and graduate on-time. For more information, access [Guidelines for Implementation of the Definitions of Excused and Unexcused Absences and Best Practices for Absence Prevention and Intervention](#) (CSDE April 2013).

Find out the chronic absenteeism rate for your school on the Connecticut State Department of Education (CSDE) new portal, [EdSight](#). Become aware of the role you can play to address chronic absenteeism in the document, [Every Student, Every Day: A Community Toolkit to Address and Eliminate Chronic Absenteeism](#). It contains information, a list of action steps, tools and resources for diverse stakeholders. The toolkit should be disseminated widely to faculty, staff, parents and community partners to spread awareness of the problem and gain commitment to action. Encourage students to place an attendance objective in their [Student Success Plan](#).



Below is a sampling of efforts already underway to reduce absenteeism in Connecticut (Note the engagement of multiple partners to address a singular issue):

- school attendance teams (consisting of school social workers, nurses, truancy officers, DCF liaisons, school counselors and administrators) are meeting every week to discuss policy and address the underlying reasons some students are chronically absent;
- attendance problems are addressed early on through the use of a multi-tiered intervention model;

- schools are communicating early and directly with parents through email and other means on the importance of “Making Every Day Count!” and setting the clear expectation that students should be in school every day;
- school-based medical and mental health clinics are developing ongoing relationships with students to help address their health needs and engage them in school; and
- The Governor’s Prevention Partnership is providing school districts with technical assistance and training to increase efforts to provide mentors for students who are chronically absent. [Learn more!](#)

Start planning now to celebrate September as Attendance Awareness Month. More information including tool-kits, graphics and downloadable materials are available on the [Attendance Works](#) Web site. If you have any questions about chronic absenteeism, please contact Kari Sullivan, at the CSDE at 860-807-2041 or e-mail at kari.sullivan@ct.gov.



Additional Chronic Absenteeism Resources

- National Association of School Nurses: [School Nurses’ Role in Combating Chronic Absenteeism](#)
- CSDE: [Reducing Chronic Absenteeism in Connecticut Schools Every student “in school and engaged” every day!](#)
- Attendance Works: A national and state initiative that promotes better policy and practice around school attendance
 - [Bringing Attendance Home Toolkit \(Engaging Parents\)](#)
 - [Make the Case for Adopting Better Policy to Reduce Chronic Absence \(PowerPoint\)](#)

District and School Wellness Teams



Does your school or district have a well-represented and active wellness team, council or committee? Has your school ever assessed policies and practices and developed a plan based on that data?

Congratulations, if you answered YES to these questions. Many schools in the state, however are not as fortunate and are missing out on opportunities to systematically, efficiently and effectively implement best practices to support the health and academic achievement of students.

Data obtained from the 2014 Connecticut School

Health Profiles Survey, indicate that only 62 percent of secondary schools report that they have a team that offers guidance on the development of policies or coordinates activities on health topics. A well-functioning wellness team can perform many important functions for a school, such as assessment, planning, implementation and evaluation of school health efforts. A school health team often complements and supports the work of school safety teams, data teams and student assistance teams. All teams need to communicate and work in concert to address the needs of the whole child through the engagement of staff, students, families and communities.

The value of wellness teams are enhanced through data informed decision-making. Using a tool, such as the [CDC School Health Index](#) to assess school health policies and practices, assists wellness teams in identifying priorities and selecting a small number of attainable, cost-

efficient strategies for implementation. Each district participating in the National School Lunch Program or any other Federal Child Nutrition program is required by law to establish a local school wellness policy to be followed by all schools in the district. In 2010, Congress passed the [Healthy, Hunger-Free Kids Act of 2010](#) (Sec. 204 of [Public Law 111-296](#)) and added new provisions for local school wellness policies related to implementation, evaluation and publicly reporting on progress of local school wellness policies. It is anticipated that the [proposed rules](#) will become final sometime during the 2016-17 school year and thereby be evaluated as part of the USDA Administrative Review process.



Having an active, representative and informed district wellness team is critical for assuring compliance with the new local school wellness policy provisions. In addition, having a representative and active

wellness team in each school building is a means for districts to assure that the updated local school wellness policy is implemented with fidelity throughout all schools in their jurisdiction. The Alliance for a Healthier Generation’s, [School Wellness Committee Toolkit](#), provides excellent information to support wellness teams and outlines the difference between a district-level team and a school-level team.

It may seem like a daunting task to convene an active wellness team in each school. Consider expanding the role of another school team so that it can also serve as the wellness team. Perhaps only one or two additional stakeholders need to join an existing team to assure compliance with required membership, as outlined in the Healthy, Hunger-Free Kids Act of 2010. The important thing is that you identify and convene a team to meet regularly (at least four times each school-year) to review health-related data, identify priorities and implement strategies to address the needs of the whole child. Consider using the WSCC model as a method to identify and recruit members for the wellness team. The WSCC model can also provide a structure for wellness team activities and school collaboration across disciplines.

Remember, even a small dedicated team of “champions” working toward a common goal can make great things happen. The following quote succinctly identifies short, intermediate and long-term outcomes of working together:

“Coming together is a beginning;
keeping together is progress;
working together is success.”
[\(Henry Ford, BrainyQuote\)](#).

Additional District and School Wellness Team Resources

- [Guidelines for a Coordinated Approach to School Health](#) (Chapter 2: Fostering Collaboration and Establishing Local Practices)
- [Engaging School Leaders as Partners in Creating Healthy Schools: Tips and Insights for Action for Healthy Kids Teams](#)
- [Promoting Healthy Youth, Schools and Communities: A Guide to School Health Councils](#)
- [CDC School Health Profiles](#)

Useful Links to Start the School Year Off in a Healthy Way!

- CSDE [Healthy Connections](#) Web page (Links to all ten Whole Child Component areas.)
- [CDC Parents for Healthy Schools](#) (Set of resources to engage parents to create healthy school environments.)
- [National Health Observances](#) (Engage the entire school community in the preparation and celebration of a national health observance.)
- [National Association of School Nurses Back-to-School Toolkit](#)
 - The Back to School Family Checklist includes topics to assist families in how to best prepare their children for a safe and healthy school year.
 - The School Nurse Back to School Checklist provides timely tips to prepare for the return of students. Many other tools and resources are identified and electronically linked.
- [Comprehensive School Physical Activity Programs \(CSPAP\)](#) (Offer all students in your school the opportunity to be physically active at least 60 minutes each day.)

Stay in Touch!

This is the first of a series of quarterly e-Bulletins to be published to support district and school implementation of the WSCC Model. New information, resources and success stories are some of the items to be featured in the e-Bulletins. **What's going on in your school?** Let us know if you have a success story that you would like to share.

The Chronic Disease Prevention State Team, identified below, is funded in part through the Centers for Disease Control and Prevention Cooperative Agreement, "State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and **Promote School Health**" (CDC-RFA-DP13-1305). Feel free to contact the State Team if you would like technical assistance or additional resources to support the work you do to keep students healthy and ready to learn.

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