SOCIETY FOR PUBLIC HEALTH EDUCATION

Global Leadership for Health Education & Health Promotion

Whole School, Whole Community, Whole Child Resolution

Call for advocacy, education and promotion activities directed to increase awareness and adoption of the Whole School, Whole Community, Whole Child Model.

Adopted by the SOPHE Board of Trustees
February 13, 2019

Whereas, Healthy People 2020 includes health objectives and sub-objectives for adolescents and young adults (United States Department of Health and Human Services and the Office of Disease Prevention and Health Promotion [Healthy People 2020], 2018). Included in the objectives for the nation are a combination of personal health and educational attainment topic areas (Healthy People 2020, 2018). The inclusion of both health and academics reflects the recognition that both are important to the well-being and development of young people.

Whereas, six priority risk behaviors (tobacco use; unhealthy dietary behaviors; inadequate physical activity; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted disease, including HIV infection; and behaviors that contribute to unintentional injuries and violence) contribute to the leading causes of death, disability, and social problems among adolescents and adults in the United States (Kann et al., 2018).

Whereas, the six priority health-risk behaviors are often established during youth, persist into adulthood, are interrelated, and are preventable (Kann et al., 2018).

Whereas, families, schools, and neighborhoods influence how adolescents establish risky or protective health behaviors (Healthy People 2020, 2018; Kann et al., 2018).

Whereas, schools are settings for teaching youth to adopt or maintain health-enhancing behaviors that last a lifetime. Approximately 56 million children and adolescents attend public elementary and secondary schools in the United States annually (Kann et al., 2018). Since children spend a significant portion of their waking hours at schools, the school can play a critical role in helping students practice skills and establish health promoting behaviors (Healthy People 2020, 2018).

Whereas, school wellness committees, often called School Health Advisory Councils and District Health Advisory Councils, are teams of school staff, families, students, and health professionals that come together to make recommendations and address health issues specific to the students in the district or school (Alliance for a Healthier Generation, 2018).

Whereas, historically, school health programs have not been financially supported at the level that can sustain a coordinated approach to school health promotion (Basch, 2011b). Additionally, resources available for school health programs are not equitably distributed across schools, with low-income schools receiving far fewer resources than those in wealthier communities (Basch, 2011b).

Whereas, the Every Student Succeeds Act (ESSA) provides the opportunity and financial support for schools to coordinate and implement activities that improve student safety, student mental and physical health, and social and emotional learning (Alliance for a Healthier Generation Healthy Schools Campaign, 2018). ESSA identifies health education and physical education in the definition of subject areas that are a part of a well-rounded education (Alliance for a Healthier Generation Healthy Schools Campaign, 2018).

Whereas, the link between health disparities and education outcomes has been established and requires continued effort from both the education system and health system to address these health and educational achievement gaps in a comprehensive way (Basch, 2011b). A causal pathway has been established for at least seven health disparities including vision, asthma, teen pregnancy, aggression and violence, physical activity, breakfast, and inattention and hyperactivity. The listed health disparities are known to affect academic achievement through issues related to sensory perceptions, cognition, school connectedness, absenteeism, and dropout (Basch, 2011b).

Whereas, in 2014 the Whole School, Whole Community, Whole Child model (WSCC) was developed through a partnership with ASCD (formerly the Association for Supervision and Curriculum Development) and the Centers for Disease Control and Prevention (CDC) to align the ASCD's Whole Child approach with CDC's Coordinated School Health model to allow for integration and collaboration between the education and health sectors. The WSCC framework uses an ecological approach to address the relationship between learning and health (ASCD, 2018).

Whereas, the CDC and ASCD recommend that schools coordinate multiple components using multiple strategies (instruction, policy mandates, environmental changes, social support, media); coordinate health and education agencies, as well as other organizations (school health council and school health coordinator); implement CDC's school health guidelines; and use a program planning process to achieve health promotion goals (ASCD & CDC, 2014). Health educators are uniquely well-suited to advocate at the local level, with local school districts, for the creation and support of quality school health programs and health curricula that are based on national or state health education standards (Birch, Priest, & Mitchell, 2015).

Whereas, there is evidence to support the adoption of the ten components of the WSCC model that provide a full range of support for students.

Health Education

Students who receive health education that includes the use of effective curricula improve their health-related knowledge and skills, increase their involvement in healthy behaviors, and decrease their involvement in risky behaviors (Bavarian et al., 2016; Inman, van Bakergem, LaRosa, & Garr, 2011). A comprehensive Health Education curriculum is best when knowledge and skill expectations are subsequent and increase in complexity over time (CDC, 2012).

Physical Education and Physical Activity

Students who receive health-optimizing physical education instruction are more likely to be physically active during physical education class than students who receive traditional physical education instruction (Hills, Dengel, & Lubans, 2015; Metzler et al., 2013; Sallis et al., 2012). Additionally, students' participation in physical activity and physical education appears to be positively associated with academic performance (Santana et al., 2017; Simms, Bock, & Hackett, 2014).

Nutrition Environment and Services

School breakfast programs increase learning and academic achievement, improve student attention to academic tasks, reduce visits to the school nurse, decrease behavioral problems, and reduce tardiness and absenteeism (Anzman-Frasca et al., 2015; Basch, 2011a; Basch, 2011b).

Health Services

Students having access to health services by trained a qualified health professional can improve the way students and families adapt to stressors, manage chronic health conditions, deal with social and economic barriers to health, and advocate for their own health needs (Lewallen, Hunt, Potts-Datema, Zaza, & Giles, 2015). Different health care professionals can provide school health services, such as nurses, health educators, dentists, physicians, physical assistants, nurse practitioners and allied health professionals; these health care providers oftentimes collaborate with other support services specialists in the WSCC model, such as counseling, psychological, and social service staff members (Lewallen, Hunt, Potts-Datema, Zaza, & Giles, 2015). Some examples of how nurses can improve the wellbeing of students include taking the lead role during a medical crisis, and assisting during emergency events, disasters, environmental exposures, and violent crimes (Tuck, Kaynie, & Davis, 2014). Studies have shown that students who have access to school health services results in improved clinical outcomes in conditions such as asthma, allergies, diabetes, epilepsy, and poor oral health, and reduced absences among students diagnosed with a chronic health condition (Leroy, Wallin, & Lee, 2017). Lastly, schools with school-based health centers increase school attendance, decrease drop-outs and suspensions, reduce behavioral problems, and improve graduation rates (Padula et al., 2018; Keeton, Soleimanpour, & Brindis, 2012; Kerns, Pullmann, Walker, 2011).

Counseling, Psychological, and Social Services

School-based social service interventions increase students' self-esteem, school bonding, and academic achievement (Bavarian et al., 2013; Sklad, Diedstra, De Riter, & Gravesteijn, 2012).

Social and Emotional Climate

Students' exposure to a positive and caring social and emotional climate results in higher engagement in school activities, development of relationships with other students and staff members, and increased academic performance (Lewallen, Hunt, Potts-Datema, Zaza, & Giles, 2015; Rucinski, Brown, & Downer, 2018; Ciotto & Gagnon, 2018).

Physical Environment

The physical condition of the school is related to students' satisfaction with school and their academic achievement (Haverinen-Shaughnessy et al., 2015; Maxwell, 2016).

Employee Wellness

Teachers who participate in health promotion programs increase their engagement in exercise, decrease their weight, are better able to handle job stress, and have a higher level of general well-being (Herbert, Lohrmann, & Hall, 2017; Lewallen, Hunt, Potts-Datema, Zaza, & Giles, 2015).

Family Engagement

Schools in which staff and families work together to support and improve student learning opportunities and development are creating an environment that fosters student wellbeing (Lewallen, Hunt, Potts-Datema, Zaza, & Giles, 2015; Tran, 2014). In addition, when there is consistent communication and engagement of families, teachers, and staff members, there is the opportunity for mutual goals to be reached and to have an understanding that by working together they are creating a place where students can grow and develop (Tran, 2014).

Community Involvement

By collaborating with community groups, organizations, and local businesses, schools are able to share resources. Some examples of resource-sharing are securing volunteers to help with activities that promote health, like afterschool programs, and community groups participating in developing school health policies and practices (Lewallen, Hunt, Potts-Datema, Zaza, & Giles, 2015; Kehm, Davey, & Nanney, 2015; Pelcher, & Rajan, 2016).

Therefore, be it resolved, the Society for Public Health Education. Inc. (SOPHE) shall:

1. Actively participate, along with SOPHE chapters, in coalitions at the national, state, and local levels to educate the public about WSCC and ESSA.

2. Work with SOPHE chapters to provide resources, professional development, and technical assistance related to WSCC and ESSA.
3. Support SOPHE chapters in providing continuing education related to WSCC and ESSA.
4. Encourage and enable
    a. Every member of SOPHE to become an active advocate for the WSCC model and school health programs at the national, state, and local levels.
    b. SOPHE chapters to establish formal liaisons with state school health advisory councils.
    c. SOPHE members to seek appointment to, and leadership roles in, state and local school health advisory councils.

External Actions

1. Continue to urge the Administration and Congress to increase funding for the CDC related to WSCC and school health programs.
2. Urge the Administration and Congress to increase funding for the United States Department of Health and Human Services, the United States Department of Education, and other federal agencies that conduct initiatives related to collaborative WSCC programs.
3. Send a copy of this resolution to each member organization of the Coalition of National Health Education Organizations (CNHEO) and other national organizations that are eligible to receive funding from the Centers for Disease Control and Prevention to provide initiatives related to coordinated school health programs.
4. Support public policies that increase funding opportunities for recruiting and training public health educators, especially public health educators from underrepresented groups, for professional training opportunities related to coordinated school health programs.

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