

WSCC TEAM

# USING DATA

> Handout Packet



## Handout Packet for Using Data to Create a Whole School, Whole Community, Whole Child (WSCC) Improvement Plan

Handout #1: Key Points and Notes

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***“The goal is to turn data into information,  
and information into insight.”***

— CARLY FIORINA

## Handout #1: Key Points and Notes

NOTES:

### Warm-Up Activity

Think about a change that affected both health and learning in a school setting. What was it? How were health and learning impacted?

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

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD  
A collaborative approach to learning and health



### Steps to Create a WSCC Improvement Plan

1. Collect and analyze data from multiple sources
2. Use the data to identify gaps, needs, issues
3. Problem solve to determine root causes
4. Research effective practices
5. Create a plan—including goals, objectives, steps, persons responsible, deadlines evaluation
6. Take action—implement and monitor the plan
7. Reflect and celebrate—evaluate impact on health and learning and celebrate the team's work

## Handout #2: Sample Sources of Health and Wellness-Related Data

SOURCE
<b>Nationally Recognized School and District Level Assessments and Surveys</b>
<p><b>CDC School Health Index (SHI)</b> — An online self-assessment and planning tool to improve health and safety policies and programs in schools. <a href="http://www.cdc.gov/healthyschools/shi/index.htm">http://www.cdc.gov/healthyschools/shi/index.htm</a>  <i>NOTE The Alliance for a Healthier Generation, Action for Healthy Kids, and Fuel Up to Play 60 use modified versions of the School Health Index as their assessment and planning tool.</i></p>
<p><b>WellsAT 3.0 (Wellness School Assessment Tool)</b> — An assessment for measuring quality of written wellness policies. <a href="http://www.wellsat.org/">http://www.wellsat.org/</a></p>
<p><b>U.S. Department of Education School Climate Surveys</b> — Surveys for measuring engagement, safety, and environment at schools, including physical health and mental health. <a href="https://safesupportivelearning.ed.gov/edscls">https://safesupportivelearning.ed.gov/edscls</a></p>
<p><b>ASCD Whole Child School Improvement Tool</b> — A needs assessment survey based on a whole child approach to education, including indicators across the ASCD Whole Child Tenets (healthy, safe, engaged, supported, and challenged). <a href="http://sitool.ascd.org/Default.aspx?ReturnUrl=%2f">http://sitool.ascd.org/Default.aspx?ReturnUrl=%2f</a></p>
<b>National Datasets with State and/or Local Level Data</b>
<p><b>Youth Risk Behavior Surveillance System Survey (YRBSS)</b> — A national school-based survey of students in grades 9–12 that monitors priority risk behaviors. State-level data is available, along with district-level data for a select group of large school districts. <a href="http://www.cdc.gov/healthyyouth/data/yrbs/index.htm">http://www.cdc.gov/healthyyouth/data/yrbs/index.htm</a></p>
<p><b>CDC Adolescent and School Health: School Health Profiles</b> — A system of surveys assessing school health policies and practices in states, large urban school districts, and territories. State-level data is available. <a href="http://www.cdc.gov/healthyyouth/data/profiles/index.htm">http://www.cdc.gov/healthyyouth/data/profiles/index.htm</a></p>
<p><b>2019 County Health Rankings: Key Findings Report</b> — Provides a snapshot of vital health factors at a local level, including high school graduation rates, obesity, smoking, access to healthy foods, and teen births. County-level data is available. <a href="http://www.countyhealthrankings.org/">http://www.countyhealthrankings.org/</a></p>
<b>State-led Surveys</b>
<p><b>State-led surveys of youth risk behaviors</b> (e.g., California Healthy Kids Survey, Healthy Kids Colorado Survey, Georgia Student Health Survey, Florida Youth Tobacco Survey, Arkansas Prevention Needs Assessment Survey)</p>
<p><b>State-led school health policy and practice surveys</b> (e.g., Colorado Healthy Schools Smart Source)</p>
Other:
Other:
<b>Additional Sources of Data</b>
Discipline referral data, including in-school and out-of-school suspensions and expulsions
Graduation rates/Dropout rates
Attendance data, including identification of patterns of chronic absence and/or tardiness
School climate and culture surveys (for examples, see National Center on Safe Supportive Learning Environments: School Climate Survey Compendium, <a href="https://safesupportivelearning.ed.gov/topic-research/school-climate-measurement/school-climate-survey-compendium">https://safesupportivelearning.ed.gov/topic-research/school-climate-measurement/school-climate-survey-compendium</a> )
School meal participation data for breakfast and lunch
Utilization data for school health services, including average number of daily/weekly visits to the school nurse, common reasons for visits, and disposition data if available
Health-related fitness assessment data (e.g., FitnessGram®)
Surveillance or screening data
District- or school-created wellness assessments

## Handout #2: Sample Sources of Health and Wellness-Related Data - continued

SOURCE
Social-emotional wellbeing surveys (e.g., Panorama for Social Emotional Learning: Measure and understand social-emotional learning, <a href="https://www.panoramaed.com/social-emotional-learning">https://www.panoramaed.com/social-emotional-learning</a> )
Student/Teacher perception surveys (e.g., Colorado Education Initiative Teacher Perception Survey and Student Perception Survey)
Other:
Other:
Other Sources of Qualitative Data
Focus groups (students, staff, parents, community)
Interviews (students, staff, parents, community)
Observations (students, staff, parents, community)
Videos/Photos
Other:
Other:

Source: National Association of Chronic Disease Directors (NACCD). (2016). *A guide for incorporating health & wellness into school improvement plans* (pp. 14–15) [PDF]. [https://cdn.ymaws.com/www.chronicdisease.org/resource/resmgr/school\\_health/NACDD\\_SIP\\_Guide\\_2016.pdf](https://cdn.ymaws.com/www.chronicdisease.org/resource/resmgr/school_health/NACDD_SIP_Guide_2016.pdf)

## Handout #3: Building Your Plan: Key Elements of a WSCC Plan

**Goal** — What you want to achieve, an aim, a desired result

**Supporting Data** — Data that supports the need for the plan and is relevant to the work. Consider multiple sources.

**Objectives** — Outline and measure your success toward the goal. Objectives should be written in SMART format. CDC defines SMART as:

- Specific:** Who? (target population and persons doing the activity) and What? (action/activity)
- Measurable:** How much change is expected
- Achievable:** Can be realistically accomplished given current resources and constraints
- Realistic:** Addresses the scope of the health program and proposes reasonable programmatic steps
- Time-phased:** Provides a timeline indicating when the objective will be met

Each objective should include:

- Success metrics — how you will know you have accomplished your objective
- Steps — the specific tactics or actions you will take to achieve the objective
- Step metrics — how you will know each step or action has been completed, evidence of completion
- Person(s) responsible — the name of the person(s) responsible for achieving the step
- Timeframe — due date

**Engagement of WSCC 10 Components** — Engage as many components of the WSCC model as possible. Use handout #4 with your team to brainstorm ideas once you have decided on your health and learning goal/focus. For definitions of the 10 components, see Module 1: Whole School, Whole Community, Whole Child Overview. The module can be found at: <https://www.sophe.org/focus-areas/school-health/>

## Handout #4: WSCC Improvement Plan Example

**Whole School, Whole Community, Whole Child (WSCC) Improvement Goal:** We will improve health and behavior of students by initiating strategies to increase physical activity (PA) time and opportunities for all students.

**Supporting Data:** School Climate Survey from Students, Staff and Families; School Health Index PA indicators; Fitnessgram, Discipline data

School Year(s):		Administrative Leader: Team Members:		Action Plan		Status (Achieved/Obstacles) - What is the status -	Resources Needed/Notes - What resources are needed to accomplish the objective?
Objective(s)	Success Metrics for Objectives - How will you know you have accomplished your objective?	Steps/Tactics - What steps will you take to achieve your objectives? Consider WSCC components	Step/Tactic Metrics - How will you know you have completed your tactic/step?	Person Responsible - Who is responsible for this step/tactic?	Deadline - When is it due?	Resources Needed/Notes - What resources are needed to accomplish the objective?	
<p>1) All grade levels having specific written plans with scheduled time for PA that reflects at least 45 minutes of daily PA time.</p> <p>2) 10 percent increase in # of students in the healthy fitness zone in aerobic capacity as measured by the Fitnessgram PACER or one mile run</p> <p>3) Classroom behavior is improved as evidenced by discipline infraction data</p>		<p>Share strategies with teachers to increase daily PA in the classroom and encourage staff to engage in PA with their students (Health Education, Employee Wellness)</p> <p>Provide teachers with digital resources for classroom PA (Physical Education and Physical Activity)</p> <p>Create recess and daily physical activity policy (Physical Education and Physical Activity)</p> <p>Implement a before school line dance program for students and family members (Family Engagement)</p> <p>Promote community physical activity programs and resources to students, staff and families (Community Involvement)</p> <p>Integrate more MVPA activities during PE (Physical Education and Physical Activity)</p> <p>Implement physical activity as a part of morning announcements every day (Social and Emotional Climate)</p> <p>Administer Fitnessgram aerobic capacity and height weight assessments pre/post for grades 4-5 (Physical Education and Physical Activity, Health Services)</p> <p>Utilize physical activity in counseling sessions to help children deal with frustration and anger. (Counseling, Psychological and Social Services)</p> <p>Train student leaders to teach recess games and activities (Youth Engagement) <b>NOTE: Youth engagement is not a component, but important to consider.</b></p>	<p>Faculty meeting agenda and handout</p> <p>Web links provided to teachers</p> <p>Written policy communicated to staff, parents and students</p> <p>Students trained and report teaching games during recess</p> <p># of community opportunities shared with families and staff</p> <p>PE teacher uses SOfIT to measure MVPA time</p> <p>Monthly calendar of physical activities</p> <p>Pre-Post data is shared with school staff</p> <p># of times PA is used in counseling sessions</p> <p>List of student leaders and training schedule and content</p>	<p>Sheri - PE teacher</p> <p>Fred - Media Specialist</p> <p>Gina - Principal</p> <p>Sheri PE teacher/Bryan - Parent Dance Volunteer</p> <p>Jim - Assistant Principal</p> <p>Sheri PE Teacher</p> <p>Sheri PE Teacher, Students, Gina-Principal</p> <p>Sheri PE teacher, Frieda School Nurse</p> <p>Bill School Counselor</p> <p>Sheri PE Teacher, Students - 1 Physical Activity Leader per class.</p>	<p>Oct 1</p> <p>Oct 1</p> <p>Nov 1</p> <p>Nov 1</p> <p>May 30</p> <p>Sept 1-May 30</p> <p>Beginning of each month</p> <p>Oct 1 - (pre) May 1 - (post)</p> <p>End of each month</p> <p>Nov 1</p>		



## Handout #6: Additional Resources

American Association of School Administrators. (2002). *Using data to improve schools: What's working* [PDF]. [http://aasa.org/uploadedFiles/Policy\\_and\\_Advocacy/files/UsingDataToImproveSchools.pdf](http://aasa.org/uploadedFiles/Policy_and_Advocacy/files/UsingDataToImproveSchools.pdf)

Centers for Disease Control and Prevention. (2019). *Strategies for using the WSCC framework*. Retrieved from <https://www.cdc.gov/healthyschools/wscs/strategies.htm>

Elgart, M. (2017). Can schools meet the promise of continuous improvement? *Phi Delta Kappan*. 99(4), 54–59. <https://www.kappanonline.org/elgart-school-leaders-continuous-improvement/>

National Association of Chronic Disease Directors (NACCD). (2016). *A guide for incorporating health & wellness into school improvement plans* [PDF]. [https://healthyschoolscampaign.org/wp-content/uploads/2017/07/NACDD\\_SIP\\_Guide\\_2016.pdf](https://healthyschoolscampaign.org/wp-content/uploads/2017/07/NACDD_SIP_Guide_2016.pdf)

Richardson, J. & Mero, D. (2007). Analyzing data for schoolwide and individual student improvement. In *Making the mathematics curriculum count: A guide for middle and high school principals* (pp. 35–55) [PDF]. National Association of Secondary School Principals. [https://www.principalsmonth.org/igx\\_temp/nassp\\_leading\\_success/Mod\\_2\\_Act\\_5\\_reading\\_mathCurriculumCount\\_p35-55.pdf](https://www.principalsmonth.org/igx_temp/nassp_leading_success/Mod_2_Act_5_reading_mathCurriculumCount_p35-55.pdf)

Ronka, D., Lachat, M., Slaughter, R., & Metzler, J. (December 2008/January 2009). Answering the questions that count. *Educational Leadership*. 66(4), 18–24. <http://www.ascd.org/publications/educational-leadership/dec08/vol66/num04/Answering-the-Questions-That-Count.aspx>

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