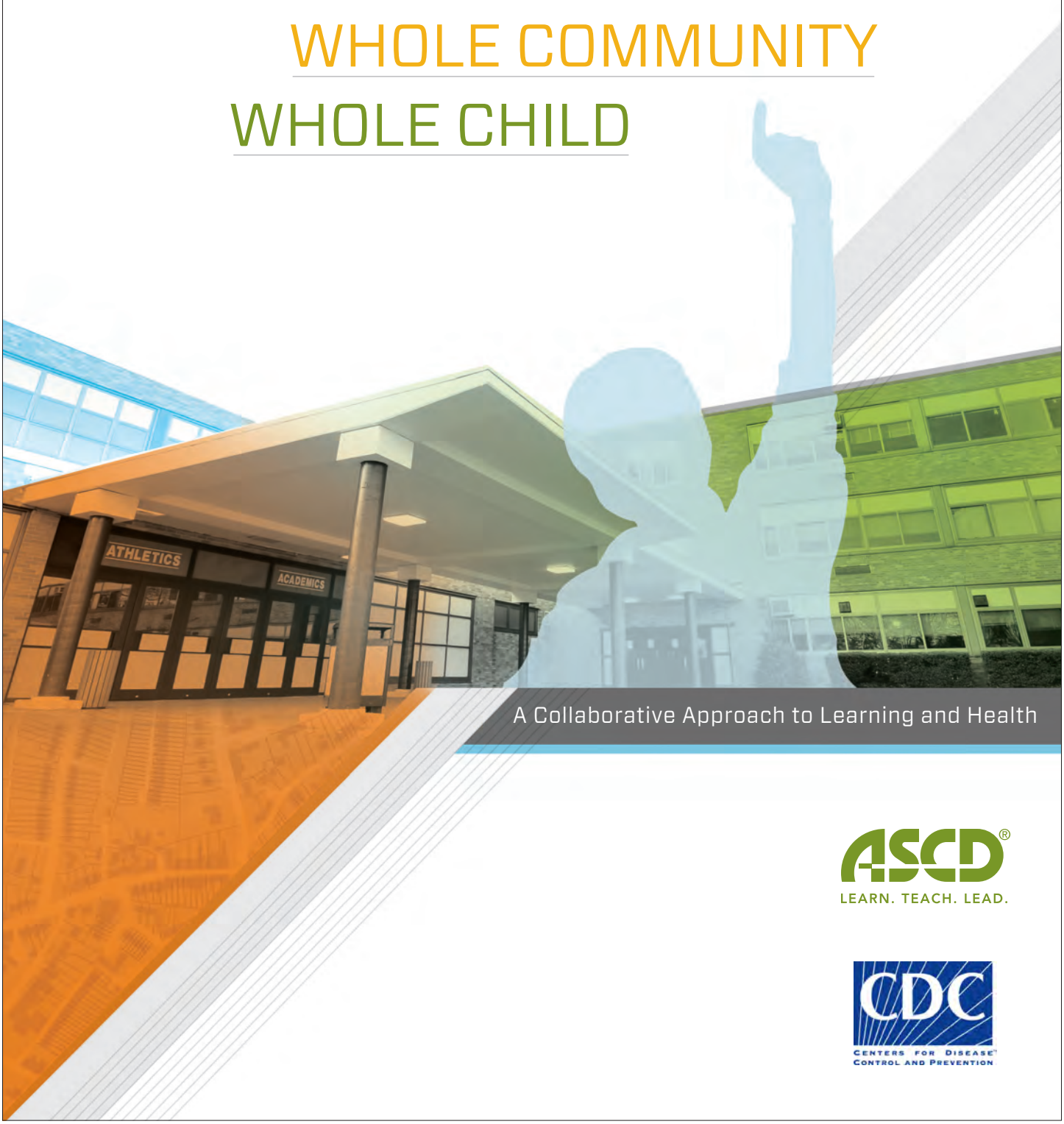
WHOLE SCHOOL
WHOLE COMMUNITY
WHOLE CHILD



A Collaborative Approach to Learning and Health

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CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

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ABOUT ASCD

ASCD is a global community dedicated to excellence in learning, teaching, and leading. Comprising 140,000 members—superintendents, principals, teachers, and advocates from more than 138 countries—the ASCD community also includes 56 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**.

ABOUT ASCD'S WHOLE CHILD INITIATIVE

Launched in 2007, ASCD's Whole Child Initiative is an effort to change the conversation about education from a focus on narrowly defined academic achievement to one that promotes the long-term development and success of children. Through the initiative, ASCD helps educators, families, community members, and policymakers move from a vision about educating the whole child to sustainable, collaborative action. ASCD is joined in this effort by Whole Child Partner organizations representing the education, arts, health, policy, and community sectors. Learn more at **www.ascd.org/wholechild**.

ABOUT THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

CDC works 24/7 to protect America from health, safety, and security threats, both foreign and in the U.S. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. As the nation's health protection agency, CDC saves lives and protects people from health threats. To accomplish its mission, CDC conducts critical science and provides health information that protects our nation against expensive and dangerous health threats, and responds when these arise. Learn more at **www.cdc.gov**.

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A Collaborative Approach to Learning and Health

HEALTH AND EDUCATION AFFECT INDIVIDUALS, SOCIETY, AND THE ECONOMY AND, AS SUCH, MUST WORK TOGETHER WHENEVER POSSIBLE. SCHOOLS ARE A PERFECT SETTING FOR THIS COLLABORATION.

WHY WE NEED A COLLABORATIVE APPROACH TO LEARNING AND HEALTH

Health and well-being have, for too long, been put into silos—separated both logistically and philosophically from education and learning.

In his meta-analysis *Healthier Students Are Better Learners*,[1] Charles Basch called a renewed focus on health the missing link in school reforms to close the achievement gap.

> No matter how well teachers are prepared to teach, no matter what accountability measures are put in place, no matter what governing structures are established for schools, educational progress will be profoundly limited if students are not motivated and able to learn.

Yet in the same publication Basch stated,

> Though rhetorical support is increasing, school health is currently not a central part of the fundamental mission of schools in America nor has it been well integrated into the broader national strategy to reduce the gaps in educational opportunity and outcomes.

Health and education affect individuals, society, and the economy and, as such, must work together whenever possible. Schools are a perfect setting for this collaboration. Schools are one of the most efficient systems for reaching children and youth to provide health services and programs, as approximately 95 percent of all U.S. children and youth attend school. At the same time, integrating health services and programs more deeply into the day-to-day life of schools and students represents an untapped tool for raising academic achievement and improving learning.

In short, learning and health are interrelated.

Studies demonstrate that when children's basic nutritional and fitness needs are met, they attain higher achievement levels.[2–14] Similarly, the use of school-based and school-linked health centers ensuring access to needed physical, mental, and oral health care improves attendance,[15] behavior,[16–21] and achievement.[22–25] The development of connected and supportive school environments benefits teaching and learning, engages students, and enhances positive

For the purposes of this document, academic achievement is defined as:

1. *Academic performance* (class grades, standardized tests, and graduation rates);
2. *Education behavior* (attendance, dropout rates, and behavioral problems at school); and
3. *Students' cognitive skills and attitudes* (concentration, memory, and mood).

Source: Centers for Disease Control and Prevention. *The association between schoolbased physical activity, including physical education, and academic performance.* Atlanta (GA): US Department of Health and Human Services; 2010.

It is time to truly align the sectors and place the child at the center. Both public health and education serve the same students, often in the same settings. We must do more to work together and collaborate.

—WAYNE H. GILES, DIRECTOR, DIVISION OF POPULATION HEALTH, NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION, CDC

learning outcomes. The development of a positive social and emotional climate increases academic achievement, reduces stress, and improves positive attitudes toward self and others.[26, 27]

In turn, academic achievement is an excellent indicator for the overall well-being of youth and a primary predictor and determinant of adult health outcomes.[28–29] Individuals with more education are likely to live longer; experience better health outcomes; and practice health-promoting behaviors such as exercising regularly, refraining from smoking, and obtaining timely health care check-ups and screenings.[32–34] These positive outcomes are why many of the nation's leading educational organizations recognize the close relationship between health[35–37] and education, as well as the need to foster health and well-being within the educational environment for all students.[38–41]

THE NEED FOR A NEW MODEL

In 2007, ASCD called for an acknowledgement of the interdependent nature of health and learning.

> We call on communities—educators, parents, businesses, health and social service providers, arts professionals, recreation leaders, and policymakers at all levels—to forge a new compact with our young people to ensure their whole and healthy development. We ask communities to redefine learning to focus on the whole person. We ask schools and communities to lay aside perennial battles for resources and instead align those resources in support of the whole child. Policy, practice, and resources must be aligned to support not only academic learning for each child, but also the experiences that encourage development of a whole child—one who is knowledgeable, healthy, motivated, and engaged.[42]

Similar calls for collaboration have come from the health sector, including the U. S. Centers for Disease Control and Prevention (CDC).

> In sum, if American schools do not coordinate and modernize their school health programs as a critical part of educational reform, our children will continue to benefit at the margins from a wide disarray of otherwise unrelated, if not underdeveloped, efforts to improve interdependent education, health, and social outcomes. And, we will forfeit one of the most appropriate and powerful means available to improve student performance.[43]

The traditional coordinated school health (CSH) approach has been a mainstay of school health in the United States since 1987. Promulgated by the CDC, the CSH approach has provided a succinct and distinct framework for organizing a comprehensive approach to school health. In addition to the CDC, many national health and education organizations have supported the CSH approach. However, it has been viewed by educators as primarily a health initiative focused only on health outcomes and has consequently gained limited traction across the education sector at the school level.

ASCD's Whole Child Initiative is an effort to change the conversation about education from a focus on narrowly defined academic achievement to one that promotes the long-term development and success of the whole child. Through the initiative, ASCD helps educators, families, community members, and policymakers move from a vision about educating the whole child to sustainable, collaborative action. However, this approach has been viewed primarily as an education initiative and has gained limited traction with the health community.

The Whole School, Whole Community, Whole Child (WSCC) model combines and builds on elements of the traditional coordinated school health approach and the whole child framework. 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 new model responds to the call for greater alignment, integration, and collaboration between education and health to improve each child's cognitive, physical, social, and emotional development. It incorporates the components of a coordinated school health program around the tenets of a whole child approach to education and provides a framework to address the symbiotic relationship between learning and health.

The focus of the WSCC model is an ecological approach that 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 CDC encourage use of the model as a framework for improving students' learning and health in our nation's schools.

EXPANDED COMPONENTS

Whereas the traditional CSH approach contained eight components, this model contains 10, expanding the original components of Healthy and Safe School Environment and Family and Community Involvement into four distinct components. The expansion focuses additional attention on the effect of the Social and Emotional Climate in addition to the Physical Environment. Family and community involvement is divided into two separate components to emphasize the role of community agencies, businesses, and organizations as well as the critical role of Family Engagement. This change marks the need for greater emphasis on both the psychosocial and physical environments as well as the ever-expanding roles that community agencies and families must play. Finally, this new model also addresses the need to engage students as active participants in their learning and health.

THE WSCC MODEL RESPONDS TO THE CALL FOR GREATER ALIGNMENT, INTEGRATION, AND COLLABORATION BETWEEN HEALTH AND EDUCATION TO IMPROVE EACH CHILD'S COGNITIVE, PHYSICAL, SOCIAL, AND EMOTIONAL DEVELOPMENT.

The Whole School, Whole Community, Whole Child model developed by ASCD and the CDC takes the call for greater collaboration over the years and puts it firmly in place. For too long, entities have talked about collaboration without taking the necessary steps. This model puts the process into action.

—DR. GENE R. CARTER, CEO & EXECUTIVE DIRECTOR, ASCD

COORDINATING POLICY, PROCESS, AND PRACTICE

The key to moving from model to action is collaborative development of local school policies, processes, and practices. The day-to-day practices within each sector require examination and collaboration so that they work in tandem, with appropriate complementary processes guiding each decision and action. Developing joint and collaborative policy is half the challenge; putting it into action and making it routine completes the task.

To develop joint or collaborative policies, processes, and practices, all parties involved should start with a common understanding about the interrelatedness of learning and health. From this understanding, current and future systems and actions can be adjusted, adapted, or crafted to jointly achieve both learning and health outcomes.

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD

The new model redirects attention onto the ultimate focus of the two sectors—the child. It emphasizes a schoolwide approach rather than one that is subject- or location-specific, and it acknowledges the position of learning, health, and the school as all being a part, and reflection, of the local community.

The efforts to address the educational and health needs of youth should be seen as a schoolwide endeavor as opposed to being confined to a subject or sector. Rather than being an initiative owned by one teacher, one nurse, department or profession, this model outlines the whole school approach, with every adult and every student playing a role in the growth and development of self, peers, and the school overall.

Just as the whole school plays its part, the new model outlines how the school, staff, and students are placed within the local community. While the school may be a hub, it remains a focal reflection of its community and requires community input, resources, and collaboration in order to support its students. As with any relationship this works both ways. Community strengths can boost the role and potential of the school, but areas of need in the community also become reflected in the school, and as such must be addressed.

Each child, in each school, in each of our communities deserves to be healthy, safe, engaged, supported, and challenged. That's what a whole child approach to learning, teaching, and community engagement really is about. More than merely a way to boost achievement or academics, the whole child approach views the collaboration between learning and health as fundamental. The development of the whole child is more than the acquisition of knowledge or skills, behavior or character; it is all of these.

The new model calls for a greater collaboration across the community, across the school, and across sectors to meet the needs and reach the potential of each child.

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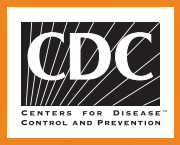

For more information on the Whole School, Whole Child, Whole Community collaborative approach to learning and health, visit **www.ascd.org/learningandhealth.**