

Spotlight on Success

Denver Public Schools



Denver Plan 2020 Goal 4: Support for the Whole Child

DPS is committed to creating a setting that fosters the growth of the Whole Child. Our school environments will encourage students to pursue their passions and interests, support their physical health and strengthen the social/emotional skills they need to succeed, including managing emotions, establishing and maintaining positive relationships and making responsible decisions.¹

Denver Public Schools (DPS) is a large school district with more than 92,000 students in 207 schools, including traditional, innovation, magnet, charter and pathway schools. The district is among the fastest growing urban school districts in the nation, serving a diverse student population where approximately 67% qualify for free-and reduced-price lunch and 37% are English-language learners.

In 2014, DPS engaged in a year-long process to develop the Denver Plan 2020, a five-year strategic plan to achieve its vision: *Every Child Succeeds*. During the development, district leaders spoke with nearly 3,000 stakeholders — students, family members, teachers, school leaders, community partners and district employees. Based on their input, it was evident that there was robust support for identifying a districtwide strategic goal around supporting the Whole Child. As a result, “Support for the Whole Child” is one of the five overarching goals in the Denver Plan 2020.

Following the release of the Denver Plan 2020, the district established a Whole Child steering committee to develop a plan to measure and track progress on the goal. The committee was co-chaired by students and established the vision of being “committed to providing equitable and inclusive environments where we ensure students are Healthy, Supported, Engaged, Challenged, Safe, and Socially and Emotionally Intelligent.”² Students, in particular, advocated for the vision to include Socially and Emotionally Intelligent.

The Whole Child steering committee developed a roadmap for reaching the Denver Plan 2020 goal, recommending the following: 1) an annual, reliable and valid instrument to measure progress in all six areas, 2) tools for schools to share and action plan with students, parents, staff and community partners, and 3) the integration of Whole Child into each school’s improvement plan.

To achieve this, the district established a Whole Child task force comprised of DPS staff, parents and representatives of community organizations. The task force was charged with operationalizing the vision and recommendations, including examining best practices of Whole Child work, defining high-level strategies and overseeing the development of a district menu of resources and initiatives, along with internal and external supports.

Over the last few years, the Whole Child task force and a team of DPS staff representing all areas of the Whole Child model have worked diligently to establish the systems and resources needed to support the Whole Child goal. This includes developing a Whole Child Student Survey³ to measure student perceptions aligned to the six areas of DPS' Whole Child definition.

The first survey (grades 3 and above) was introduced in 2015-16 and continues to be refined through a process of question development, testing and validation. School leaders are provided school-level reports comparing campus and district-level data and identifying gaps. To date, the survey data has highlighted critical areas of focus, including bullying and chronic absenteeism, and confirmed a strong link between Whole Child factors and success in school.

In addition, DPS developed an online resource bank containing a dynamic list of district staff who can assist as connectors, thought partners and providers in any of the Whole Child focus areas, along with a streamlined process for leaders and educators to request support from centralized district teams. It also developed an online community partnership system that is a comprehensive inventory of local organizations serving DPS schools. Finally, the district is developing systems and supports, including specific examples and descriptors, to assist schools with alignment of Whole Child within their school improvement plans.

DPS and the Whole School, Whole Community, Whole Child Model

DPS' focus in this area began in 2010 with its Health Agenda 2015, a five-year strategic plan to promote the health and wellness of every student. The development of the plan was led by the DPS Health Advisory Council and developed with significant input and collaboration from more than 1,200 stakeholders, including students, parents, staff and community members. The plan addressed eight areas of coordinated school health and its implementation over five years led to numerous successful outcomes, including a large increase in the number of students eating a nutritious breakfast and an increase in moderate to vigorous physical activity in physical education classes. In addition, DPS added multiple school-based health centers throughout the district thanks to community collaborations and partnerships. The success of Health Agenda 2015 helped to lay the groundwork for an expanded, more integrated plan to strengthen the health and wellness of students and staff.

The Whole Child, Healthy Child Agenda 2020,⁴ launched in 2015, is DPS's second iteration of its health agenda. The DPS Health Advisory Council led the plan's development, using an extensive stakeholder engagement process that included the input of more than 4,000 community members, including focus groups, surveys and meetings. The plan outlines objectives and performance metrics in each of the 10 areas of the Whole School, Whole Community, Whole Child (WSCC) model.

Recent funding from a 2016 mill levy approved by voters boosted the financial resources available to schools for Whole Child efforts, specifically to enhance mental health services, evidence-based social-emotional learning curriculum and instruction, and school climates to foster positive social-emotional outcomes for students. Going forward, DPS plans to continue to develop deeper systems of supports for implementing Whole Child goals and objectives, with the focus on ensuring that *Every Child Succeeds*.

For more information on the WSCC model:
<https://www.cdc.gov/healthyschools/wsc/index.htm>

FOOTNOTES

¹ Denver Public Schools. Denver Plan 2020. Available at:
https://www.dpsk12.org/wp-content/uploads/Denver_Plan_2020_English.pdf

² Denver Public Schools. No date. Whole Child. Available at:
<http://wholechild.dpsk12.org/>

³ Denver Public Schools. Whole Child Student Survey. Available at:
<http://wholechild.dpsk12.org/support-for-the-whole-child/whole-child-student-survey/>

⁴ Denver Public Schools. Whole Child, Healthy Child 2020. Available at:
http://healthyschools.dpsk12.org/wp-content/uploads/2016/04/DPS_WCHC_Agenda-Narrative_FINALsmall.pdf

Whole School, Whole Community, Whole Child Model A Collaborative Approach to Learning and Health



Spotlight on Success

Milwaukee Public Schools



Milwaukee Public Schools (MPS) is a large urban school district in Wisconsin with an estimated 76,856 students enrolled in 160 traditional neighborhood, specialty, and charter schools. MPS has a diverse student population. Approximately 88% of students are of color, with the majority of students representing African American (52%) and Hispanic (27%) racial/ethnic populations. A total of 80% of students qualify for free- and reduced-price lunch, and 20% have special needs.¹

Since 2014, MPS increasingly has coordinated policies, processes, and practices to align with a Whole Child approach and the Whole School, Whole Community, Whole Child (WSCC) model (a model developed jointly by Centers for Disease Control and Prevention and ASCD). Efforts in the eight areas of coordinated school health that

began more than a decade ago provided insight into the transition to the WSCC model. As of the 2016-17 academic year, all schools in the district (excluding 25 charter schools) are required to engage in the following:

- MPS schools use the ASCD School Improvement Tool (SiTool) that aligns with ASCD's Whole Child approach and the WSCC model.^{2,3}
- Each school develops an action plan that is informed by ASCD SiTool results and includes at least three goals for improvement — at least one goal each for school nutrition, physical activity, and another area of health based on the school's needs — that aim to reduce barriers to learning. Schools submit action plans to the MPS central office team and are responsible for making progress towards these goals over the school year. One example during the 2017-18 academic year is a school that identified three goals, one of which pertains to the social and emotional climate component of the WSCC model. The school plans to increase implementation of mindfulness through daily schoolwide meditations and regular use of "mindful minutes" in classrooms and staff meetings.

Education leadership to advance a Whole Child approach, spearheaded by the Superintendent, the Milwaukee Board of School Directors, and other district leaders, serves as a catalyst for the implementation of the WSCC model at the school level. In 2014, MPS initiated the development of a comprehensive plan to improve student outcomes. Three overarching goals and eight strategic objectives — known as the Eight Big Ideas —

Eight Big Ideas: Educate the Whole Child

MPS provides a nurturing, consistent and validating experience for every child so that both educational and social-emotional needs are met.

guide all district efforts, including prioritizations through the district's budget process, programs, and services for students. One of the objectives within the Eight Big Ideas, aligned with the overarching goal of academic achievement, is "Educating the Whole Child." Further, "Re-envision Partnerships" and "Strengthen Communications Systems & Outreach Strategies" are two objectives in improving student, family, and community engagement.⁴ The Eight Big Ideas helps to bridge the importance of the WSCC model to student learning and to position community involvement and family engagement as central driving components. Improving the capacity of quality community support activities also is a charge of a regional development effort under the MPS comprehensive plan.

As part of the effort, MPS capitalizes on numerous community partnerships to more effectively implement the WSCC model. Children's Hospital of Wisconsin (Children's Hospital) is one key partner that has had a longstanding commitment to MPS. Children's Hospital leads a strategic, coordinated initiative to strengthen community health outcomes by partnering with five Milwaukee neighborhoods with significant health challenges. As an arm of this neighborhood initiative, the hospital directs resources to the school setting, striving to better meet children's needs for healthcare and the social

and physical determinants of health (e.g., education, housing, public safety). Children's Hospital operates within 10 MPS schools, using the WSCC model as a guiding framework for the delivery of programs and services.

The school nurse program is a cornerstone of the Children's Hospital initiative with schools,⁵ and school nurses play an important role in integrating the health services component of the WSCC model. Children's Hospital employs a full-time school nurse at each of 10 MPS schools involved in the neighborhood initiative. School nurses conduct health screenings and care for students' various needs with chronic disease management (e.g., asthma, diabetes, seizure disorders, sickle cell anemia), mental health, obesity prevention, and more. School nurses are able to update students' electronic health records if they receive care from Children's Hospital or affiliated clinics, which improves care coordination and communication with the hospital's network of providers. Additional examples of community health strategies led by

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Children's Hospital in partnership with MPS include:

- Facilitating school, community, and clinical linkages including connecting students and families to Children's Hospital community health navigators for increased access to health insurance, primary care, dental health supports, and other community resources to help meet daily basic needs.
- Providing training on the WSCC model for MPS staff to embrace implementation and contribute to a culture that supports health and wellness.
- Assisting schools with the identification of a WSCC coordinator and WSCC team members to strengthen health-related policies and practices and enhance the use of the WSCC model.

While Children's Hospital focuses on 10 MPS schools, some strategies leverage support from the Wisconsin Department of Public Instruction (Wisconsin DPI) to extend reach to more MPS schools as well as other schools across the state. For example, Children's

Hospital provides health education resources, including e-learning courses for delivery to students by classroom teachers and school counselors, in collaboration with Wisconsin DPI to develop program content according to Wisconsin Standards in Health Education and the National Health Education Standards. MPS acknowledges the professional development and technical assistance provided by Wisconsin DPI as instrumental in building MPS's capacity to address components of the WSCC model, especially those tied to physical education, physical activity, and nutrition.

Moving forward, MPS will continue to strengthen a Whole Child approach that leverages the synergistic systems, processes, and partnerships already in place at the district- and school-levels. MPS plans to build upon the success of the Children's Hospital initiative and identify ways to further support for these schools and others through use of the WSCC model and with attention to action plans.

For more information on the WSCC model:

<https://www.cdc.gov/healthyschools/wsc/index.htm>

FOOTNOTES

¹ Milwaukee Public Schools At a Glance 2017-18. Available at:

<http://mps.milwaukee.k12.wi.us/MPS-Shared/Documents/MPS-District-Fact-Sheet.pdf>

² ASCD Whole Child approach. Available at:

<http://www.ascd.org/whole-child.aspx>

³ ASCD School Improvement Tool. Available at:

<http://sitool.ascd.org/Default.aspx?ReturnUrl=%2fSchools%2fSurveyManagement.aspx>

⁴ Milwaukee Public Schools Eight Big Ideas. Available at:

<http://mps.milwaukee.k12.wi.us/en/District/Initiatives/8-big-Ideas.htm>

⁵ Children's Hospital of Wisconsin School Nurse Program. Available at:

<https://www.chw.org/medical-care/primary-care/primary-care-access/school-nurse-program>

Whole School, Whole Community, Whole Child Model

A Collaborative Approach to Learning and Health



Spotlight on Success

Westport Public Schools



Westport Public Schools (WPS) is located in the Town of Westport, Connecticut. WPS has eight school buildings and more than 5,600 students. A total of 83.5% of students are white, and the largest minority groups are Asian (6.3%) and Hispanic/Latino (4.6%). Less than four percent of students are eligible for free or reduced-price meals.¹

In 2016, WPS adopted use of the Whole School, Whole Community, Whole Child (WSCC) model, which was developed jointly by Centers for Disease Control and Prevention (CDC) and ASCD. WPS implements the WSCC model under the leadership of the district-level Health, Wellness and Positive Youth Development (PYD) Advisory Committee. This committee, which meets quarterly, is a partnership between WPS, Westport Parent-Teacher Association

(PTA), and the Westport Department of Human Services (DHS). It has diverse stakeholders with representation from school administrators and staff, parents, DHS, and students. Committee members collaborate with other groups, such as the Westport/Weston Health Department and the Westport Prevention Council, which focuses on substance use. PTA leaders and two parents from each of the eight schools serve as committee members, and these parents, together with other actively engaged parents/guardians in the district, strengthen WSCC implementation across the WPS school environment.

Through the Health, Wellness and PYD Advisory Committee, WPS has taken numerous actions to build and sustain a WSCC approach including:

- The committee provides training to its members, school staff, and parents to increase awareness of the WSCC model and advance implementation.
- The WSCC model logo and title appear at the top of committee meeting agendas and communications to reinforce the importance of the model and to help align discussion and priorities with WSCC.
- During the 2016-17 academic year, the committee developed an action plan for WSCC implementation using results from a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis of the 10 components of the WSCC model. The committee is developing a new wellness plan that will complement this work in response to the WPS Strategic Goals Framework, finalized by Westport Board of Education in December 2017. The framework has

Integrating the WSCC model into WPS's wellness policy will contribute to improved coordination of policies, processes, and practices and WSCC sustainability.

a "Healthy Learning Environments" area of focus that includes a charge to complete CDC's *School Health Index (SHI): Self-Assessment and Planning Guide* in establishing a plan of wellness for both students and staff members.² The committee completed the SHI assessment, and a wellness plan is under development for use beginning fall 2018.

- The district addresses all 10 WSCC components, while also being responsive to areas identified for improvement within each and every component. For example, WPS has an emphasis on enhancing the counseling, psychological, and social services component since WPS students report high rates of stress, anxiety, and depression. The district leverages its strengths in the family engagement component, as well as highly trained staff and effective social and emotional learning programs, to meet student needs. Current priorities include 1) making mindfulness and emotional regulation programs more consistently available for students, 2) providing education to help reduce stigma related to mental health, and 3) coordinating care to improve early identification of at-risk students and any needed referrals to supportive community services.

In addition, WPS is revising the district's wellness policy to make it stronger and more comprehensive. To guide this process, the Health, Wellness and PYD Advisory Committee conducted a policy review using WellSAT 2.0, the Wellness School Assessment Tool developed by Rudd Center for Food Policy and Obesity.³ WPS anticipates that the revised policy will incorporate the WSCC model, including all 10 components. The policy will continue to focus on two components: 1) nutrition environment and services and 2) physical education and physical activity. It also will support recent environmental changes in effect after WPS began implementing the WSCC model, such as increased fruit and vegetable offerings. Integrating the WSCC model into WPS's wellness policy will contribute to improved coordination of policies, processes, and practices and WSCC sustainability.

As implementation of the WSCC model continues, WPS plans to explore further opportunities to weave this approach into the fabric of the school community. WPS views parents as instrumental to student success and hopes to expand partnerships within the Town of Westport to improve learning and health.

For more information on the WSCC model:
<https://www.cdc.gov/healthyschools/wsc/index.htm>

FOOTNOTES

¹ District Profile and Performance Report for School Year 2016-17: Westport School District. Available at:
http://edsight.ct.gov/Output/District/HighSchool/1580011_201617.pdf

² School Health Index (SHI): Self-Assessment & Planning Guide 2017. Available at:
<https://www.cdc.gov/healthyschools/shi/index.htm>

³ WellSAT 2.0. Available at:
<http://www.wellsat.org>

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