

# WSCC References

The **Whole School, Whole Community, Whole Child (WSCC)** model provides a framework for schools and school districts to address a comprehensive range of issues that influence student well-being, including nutrition, physical activity, social and emotional health, the physical environment, community and family engagement, and other factors.

This analysis explores the extent to which a sample of local education agency (LEA) policies from the 2017-2018 school-year, representative at the state level, included references to the WSCC model, or its predecessor, Coordinated School Health. The LEAs studied are a sample of 432 agencies, spanning 19 states and the District of Columbia (hereafter “selected states”; see maps below and [Methods Appendix](#) for more details on the state selection), and include both public school districts (“districts”; n = 368) and charter LEAs (n = 64).<sup>1</sup>

Within the WSCC References domain, we assessed six topics (see [Coding Appendix](#)) for the districts and charter schools in each of the 20 states. In this brief, we present data separately for districts and charter LEAs.

## Public School District Policies

The district sample included 368 LEAs in 20 selected states, weighted to be representative of districts at the state level. For these data, we determined the percentage of the topics addressed, on average, across the districts within each state and across all districts studied. To support easy comparisons in the comprehensiveness of district policy across states, percentages were given one of four designations: none (0%), low (< 50%), moderate (50% to < 83%), or comprehensive (≥ 83%).

Notably, this assessment does not speak to the prescriptiveness of LEA policies; policies that included firm mandates and policies that merely encouraged activity counted equally in this measure of comprehensiveness. (See [Methods Appendix](#) for more information on our coding process).

For each of the 20 states, we also present a comparison between district data and state statutes and regulations for the same six WSCC reference topics. The same categorizations of none, low, moderate, and comprehensive are used to present the state data. Note that the state data presented herein only represent a sub-set of the state law data compiled and presented in our companion [state law report](#) and the state law data included in the National Association of State Boards of Education (NASBE) [State Policy Database on School Health](#).

### District policies in each of the 20 selected states had either low or moderate coverage of WSCC reference topics.

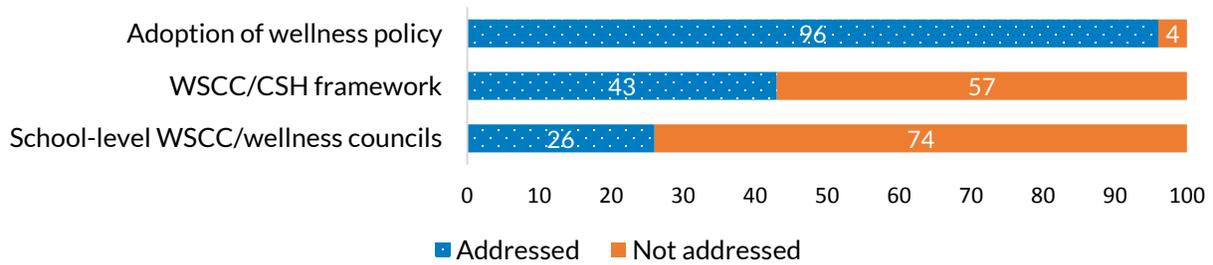
- On average, eight states’ districts had moderate coverage (range: 51% to 83%; average: 64%) of WSCC reference topics. 12 states’ districts had low coverage (range: 31% to 49%; average: 40%).
- Nine percent of districts in the 20 selected states referred by name to WSCC in their policies (see [Figure 1](#)). Another 33 percent of districts mentioned its predecessor, Coordinated School Health.
- A majority of districts studied either encouraged (11%) or required (66%) district-level wellness councils. Only about one-quarter (26%) of studied districts addressed school-level wellness councils.

which are recommended by many advocates of healthy school environments to aid in the implementation of district-level efforts.<sup>2</sup>

- **Ninety-six percent of districts in this sample had a wellness policy and 65 percent identified an individual responsible for wellness leadership.** The U.S. Department of Agriculture mandates that all school districts participating in federal child nutrition programs adopt and implement local wellness policies that include goals for nutrition, physical activity, and other school-based activities that promote student wellness, among other requirements.<sup>3</sup>
- **Thirteen percent of districts studied had an equity policy on file.** Policies captured in this study went beyond restatements of federal anti-harassment laws, detailing ways in which the school setting would

**Figure 1. Percentage of public school districts in 20 states addressing selected WSCC reference topics in policy.**

be inclusive and inviting to all students across the WSCC domains. Equity is an important cornerstone to ensure that all WSCC-related policies are open and accessible to all students.



### In half of states, district policies were more comprehensive on WSCC reference topics than state laws.

- **Four states' laws (CO, NM, SC, and WA) addressed WSCC in a more comprehensive fashion than district policies, on average (see Figures 2a and 2b).**
- **Nearly half of states' laws, as well as district policies, did not reference either the WSCC framework or Coordinated School Health.** Forty-five percent of states and 43 percent of the districts within the states addressed either the WSCC framework or Coordinated School Health.

**Figure 2a and 2b.** State law (left) and public school district (right) comprehensiveness of WSCC references topics in policy.



These maps show the proportion of states (left panel) and districts (right panel) in each of the 20 selected states that have [■] **comprehensive** (state panel: 0; district panel: 0), [▲] **moderate** (state panel: 7; district panel: 8), [●] **low** (state panel: 7; district panel: 12), or [-] **no** (state panel: 6; district panel: 0) coverage of WSCC-related topics in state and district policies, respectively. For this report, only the 20 states represented with colored squares were studied (at the state and district levels); states shown in gray were excluded from this analysis.

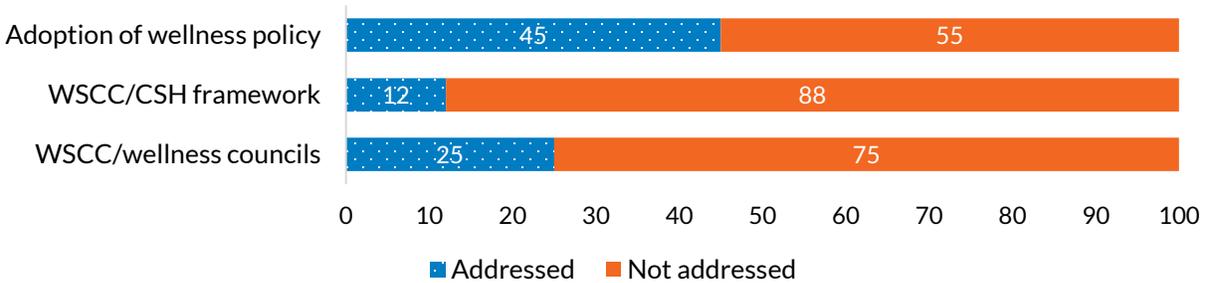
## Charter LEA Policies

We also collected policies for a sample of 64 charter LEAs across the 20 selected states. Depending on the structure of charter LEAs in a given state, such policies may be applicable for a single school or for multiple schools run by the same charter provider. Charter policies often addressed different aspects of the WSCC references domain when compared to public school district policies. Because the number of charter policies collected in a single state was often small (proportionate to their representation across all LEAs in the state), we chose to look across the full sample of charter schools rather than make generalizations at the state level.

### Fewer charter LEAs addressed WSCC reference topics compared to public school districts in the 20 states.

- Only 12 percent of charter LEAs in the selected states addressed implementing the Coordinated School Health or WSCC frameworks in their policies (see Figure 3).
- Forty-five percent of charter LEAs had a wellness policy. However, only 19 percent of charter LEAs had a policy that identified wellness leadership. One-quarter (25%) of charter LEAs addressed the creation of a district-level wellness council.
- Two percent of charter LEAs had an equity policy. WSCC supports the idea that a healthy school is one in which all students feel safe and valued, and an equity policy may help lay the foundational groundwork for such efforts.<sup>4</sup>

**Figure 3.** Percentage of sampled charter LEAs addressing selected WSCC reference topics in written policy.



The Institute for Health Research and Policy at the University of Illinois at Chicago, in partnership with Child Trends, examined the extent to which 11 healthy schools domains are addressed in local education policies across 20 strategically selected states (including 19 states and the District of Columbia; see Methods section for details on the sampling methodology). These domains include the 10 components of the Whole School, Whole Community, Whole Child (WSCC) model: Health Education; Physical Education and Physical Activity; Nutrition Environment and Services; Health Services; Counseling, Psychological, and Social Services; Social and Emotional Climate; Physical Environment; Employee Wellness; Family Engagement; and Community Involvement. An additional domain, WSCC References, addresses the extent to which district policies include explicit references to the WSCC model, or similar language such as the Centers for Disease Control and Preventions’ Coordinated School Health model. Sub-briefs covering the other domains can be found at <https://www.childtrends.org/publications/the-current-landscape-of-school-district-and-charter-policies-that-support-healthy-schools>.

<sup>1</sup> For purposes of this work, a charter LEA is an LEA listed in the U.S. Department of Education’s Common Core of Data (SY 2014-15) as an “Independent Charter District.”

<sup>2</sup> Alliance for a Healthier Generation. *School Wellness Committees*. Retrieved from: <https://www.healthiergeneration.org/take-action/schools/wellness-topics/policy-environment/school-wellness-committees>.

<sup>3</sup> Local School Wellness Policy Implementation Under the Healthy, Hunger-Free Kids Act of 2010, Final Rule, (2016). 81 Federal Register 50151. Retrieved from: <https://www.gpo.gov/fdsys/pkg/FR-2016-07-29/pdf/2016-17230.pdf>.

<sup>4</sup> Smith, D., Frey, N., Pumpian, I., Fisher, D. (2017). *Building Equity: Policies and Practices to Empower All Learners*. Alexandria, VA: ASCD.