HOW DO SCHOOL POLICIES ALIGN WITH THE WSCC MODEL? A CONNECTICUT EVALUATION

A CSCH Brief by Helene M. Marcy, Sandra M. Chafouleas, Marlene B. Schwartz, and Sarah L. McKee

Background

The ASCD and U.S. Centers for Disease Control and Prevention (CDC) developed the Whole School, Whole Community, Whole Child (WSCC) Model, comprised of ten domains linked to child well-being. The model is comprehensive, providing direction for schools to strengthen coordination of policies, processes, and practices. But how do district policies reflect this comprehensive focus on whole child well-being? Recent studies suggest that policymakers, researchers and practitioners need to work to strengthen policy alignment with the model.[1,2]

In 2019, UConn researchers set out to evaluate school district policies in Connecticut. They used the WellSAT WSCC evaluation tool developed by the UConn Collaboratory on School and Child Health (CSCH) and the Rudd Center for Food Policy & Health that is "designed to assist users in applying a comprehensive and integrated lens to school policy evaluation."[3] The tool measures both the comprehensiveness and strength of policies within a domain. The researchers studied 54 Connecticut school districts across socioeconomic categories, gathering relevant district policies in spring 2019 and spring 2020. This brief summarizes the discussion and recommendations from a recent article describing the project.[4]

Results

Out of a possible score of 100, average comprehensiveness scores ranged from 37 to 79.[4] Domains with the most comprehensive policies (the breadth of topics addressed) were **Social and Emotional Climate** (79), **Behavioral Supports** (75), and **Family Engagement** (70) (see table, next page). Domains reflecting the least comprehensive policies were Wellness Promotion and Marketing (37); Employee Wellness (40); and Physical Education and Physical Activity (52).

Average strength scores ranged from 23 to 65 (out of 100). Domains with the strongest policies (i.e., items most frequently addressed by strong and specific policy language), were: **Safe Environment** (65); **Behavioral Supports** (54); and **Health Services** (54). Domains reflecting the weakest policies were Physical Education and Physical Activity (23); Wellness Promotion and Marketing (28); and Employee Wellness (M = 30).[4]

Four items from the WellSAT WSCC tool were addressed in policy language by **every** district:

- schoolwide approaches to address harassment and bullying;
- minimizing exclusionary disciplinary practices;
- using positive behavior support practices; and
- goals for nutrition education.[4]

Five items were **not** addressed **in any** district policies:

- limiting unhealthy food marketing through fundraisers;
- providing space and time for lactation;
- forming school-level wellness committees;
- using the CDC's characteristics of an effective health education curriculum; and
- training for school resource officers, including positive behavioral approaches, cultural competence and humility, and related topics.[4]

Mean WellSAT WSCC Scores by Comprehensiveness and Strength

WellSAT WSCC Domain	Comprehensiveness	Strength
	Mean	Mean
Social & Emotional Climate	**79**	49
Behavioral Supports	**75**	**54**
Family Engagement	**70**	40
Community Involvement	70	44
Safe Environment	68	**65**
Health Services	61	**54**
Health Education	58	42
Integration, Implementation, Communication & Eval.	53	39
Nutrition Environment & Services	53	30
Physical Education & Physical Activity	52	23
Employee Wellness	40	30
Wellness Promotion and Marketing	37	28

Scores are out of a possible 100 points and are averaged across policies, n = 54. A three level coding system is used, with each item scored as "0" if it is not addressed in policy; "1" if it is addressed in a general or vague manner; or "2" if it is addressed using strong, specific language. Comprehensiveness scores are calculated by counting the number of items that received a score of '1' or '2' within a section, then dividing by the total number of items in the section. Strength scores are calculated by counting the number of items that received a score of '2' within a section, then dividing by the total number of items in that section.

Both Integration, Implementation, Communication & Evaluation and Wellness Promotion and Marketing are subscales of the WellSAT 3.0 measure and are not components of the WSCC Model.

Note: This table is adapted from Table 3 in McKee et al (2022). The WellSAT WSCC also asks questions about IIC (Implementation, evaluation and communication) and Wellness Promotion and Marketing. These scores are outlined in the McKee et al paper.[4]

Recommendations

Districts can do the following to ensure that school policies address all of the components of the WSCC model:

- **Gather all relevant school policies.** One challenge is that wellness-related policies are scattered throughout various kinds of policies (e.g., policies pertaining to unpaid meal balances are frequently found under Business and Operations, rather than under the wellness policy). This hinders a comprehensive approach that recognizes the interrelated components of school health. To remedy this, district administrators can create an index of all WSCC-related policies and cite them in their School Wellness Policy.

- **Evaluate district policies using the WellSAT WSCC or a related tool**. A quantitative evaluation of district policies will assist in identifying opportunities to strengthen policy language. As noted above, the 2019 research results showed that district policies were uneven across domains.

- **Engage a diverse group of stakeholders**. Determine directions for strengthening policy by actively engaging a team of district representatives that includes students, parents, teachers, administrators, food service staff, school health professionals and community members.

- **Advocate for alignment between state and district policy**. Districts are limited in what they can do to address the ten domains by state laws and policies. Districts can identify how state laws and policies can be strengthened and promote needed changes. Further, the 2019 research found that districts did not cite some strong Connecticut statutes already in place (e.g., one law requires employers to provide time and space for lactation). Districts can cite relevant state-level policies in their School Wellness Policy.

To cite this brief: Marcy, HM, Chafouleas S, Schwartz MB, & McKee SL. (2022, June). *How do school policies align with the WSCC Model? A Connecticut evaluation.* Storrs, CT: UConn Collaboratory on School and Child Health. Available from: http://csch.uconn.edu/.

The research was supported by a grant from the University of Connecticut Institute for Collaboration on Health, Intervention, and Policy (InCHIP) and a Dean's Research Incentive Award from the University of Connecticut Neag School of Education.

---

[1] Chriqui J, Leider J, Temkin D, Piekarz-Porter E, Schermbeck R, Stuart-Cassel V. State laws matter when it comes to district policymaking relative to the Whole School, Whole Community, Whole Child Framework. *J Sch Health*. 2020;90(12):907-917. doi:10.1111/josh.12959

[2] DeFosset A, Sivashanmugam M, Gase L, Lai E, Tan G, Kuo T. Local school wellness policy as a means to advance Whole School, Whole Community, Whole Child: Assessing alignment in Los Angeles County. *J Sch Health*. 2019;90(2):127-134. doi:10.1111/josh.12855

[3] McFarlane, B., Chafouleas, S., Schwartz, M., Marcy, H., Koslouski, J. and Iovino, E. (2021, August). *WellSAT WSCC: A Comprehensive Tool for Evaluating School Wellness Policies*. Storrs, CT: UConn Collaboratory on School and Child Health. Available from: http://csch.uconn.edu/

[4] McKee SL, Thorne T, Koslouski JB, Chafouleas S, Schwartz MB. Assessing district policy alignment with the whole school, whole community, whole child model in Connecticut, 2019 to 2020. J Sch Health. 2022; DOI: 10.1111/josh.13183