

Developing Healthy, Successful Urban Students Through School District Infrastructure

The Link Between Health and Education

School districts around the country face a multitude of operational challenges to ensure every student succeeds, including budget constraints, disparities across schools, and significant competing priorities. Schools also face unique challenges when it comes to supporting the health and wellness of students. Schools across the country face differences in size, demographics and funding, among other factors, that impact their ability to effectively and efficiently implement federal, state or district requirements related to health and wellness. In addition, some urban school districts serve a greater number of low income and impoverished students and families than their rural and suburban counterparts. Urban students are more likely to be exposed to safety and health risks and engage in risk-taking behaviors, and less likely to have access to health care. Urban students often face additional struggles at home and in their communities, leading to issues of equity, such as poverty, racial, class, family stability, workforce preparedness, safety, and health¹. These especially difficult challenges perpetuate inequities and hinder urban school districts' efforts to close academic achievement gaps and realize improved academic outcomes for all students. As a result, urban schools often face negative perceptions, and realities, of their achievement levels environmental conditions and student success.

To address these challenges, innovative urban school districts, in conjunction with community partners, are allocating resources to address social, economic and health issues and are working to connect these efforts to academic success. Many large urban schools districts have recognized and prioritized the intrinsic connection between health impacts and academic achievements and outcomes — referred to as **The Learning Connection** — which are important considerations for educational equity. As a result, some large urban school districts are purposefully increasing their investment in student health and wellness initiatives to enhance district infrastructure, policy and programs.

To lend support, Action for Healthy Kids (AFHK) convened the Urban School Wellness Coalition in 2013, at the request of urban school districts, with the goal of supporting a platform for its members to share information surrounding peer-approved best practices and to further advance urban school wellness. The Coalition brings together health and wellness leaders from 20 urban districts to facilitate discussion around mutually important issues, provide opportunities to share information, network with peers, coordinate joint efforts and inform urban education leaders on the importance of student health as a driver of academic success. This coalition provides a unique opportunity for these leaders to engage in in-depth discussion on a broad spectrum of issues related to health and wellness. The 20 participating districts, representing 6,185 schools and over 3.8 million students, are amongst the 120 largest U.S. districts, have diverse urban cultures, battle significant political barriers and represent a geographically diverse cross-section of the country.

Urban School Wellness Coalition: Member Districts*

Boston Public Schools (MA)	Los Angeles Unified School District (CA)
Charlotte-Mecklenburg Schools (NC)	Mesa Public Schools (AZ)
Chicago Public Schools (IL)	New York City Department of Education (NY)
Columbus City Schools (OH)	Oakland Unified School District (CA)
Dallas Independent School District (TX)	Oklahoma City Public Schools (OK)
Denver Public Schools (CO)	San Francisco Unified School District (CA)
Detroit Public Schools Community District (MI)	School District of Palm Beach County (FL)
District of Columbia Public Schools (DC)	School District of Philadelphia (PA)
Duval County Public Schools (Jacksonville, FL)	Seattle Public Schools (WA)
Fort Worth Independent School District (TX)	Shelby County Schools (Memphis, TN)



Our Goals

The Action for Healthy Kids Urban School Wellness Coalition is committed to helping urban school districts inform, coordinate and enhance the development of wellness practices and policies serving the whole child in support of health and education equity. Our vision is for urban students to be cognitively, socially, emotionally and physically healthy in support of positive education and life outcomes.

To reach these goals, the Urban School Wellness Coalition focuses on three strategic areas:

- 1. Infrastructure:** Supporting strong district and school-level infrastructure to design strong school environments that support progressive policies and programming.
- 2. Policy:** Ensuring strong Local School Wellness Policies that align with United States Department of Agriculture (USDA) requirements and the Association for Supervision and Curriculum Development's (ASCD) Whole School, Whole Child, Whole Community (WSCC) model².
- 3. Programming:** Implementing best practice, evidence-based programs on various WSCC model components.

Urban Infrastructure: Setting Up Urban Wellness Initiatives for Success

The focus of this Urban School Wellness Issue Paper is district-level infrastructure. Future issue papers will discuss additional topics related to school-level infrastructure, wellness policies and programming.

The organizational structure and staffing models urban districts use for health and wellness programs lay the foundation for successful results. Urban school district leaders should thoroughly consider the staffing structure of district leaders for federally required Local School Wellness Policies and how cross-departmental supports and relationships can be structured and utilized to ensure a strong implementation of the WSCC model.

*The Coalition will be expanded to 30 districts in fall 2017.

Between 2014 and 2016, utilizing the Rudd Center for Food Policy and Obesity's Wellness School Assessment Tool (WellSAT 2.0)³, AFHK partnered with Coalition districts to analyze the strength of the written language in each district's Local Wellness Policy. Since 2004, all school districts that participate in the Federal Child Nutrition Programs for school breakfast and lunch are required to have a Local School Wellness Policy in place. In 2010 and again in 2016, updates to this requirement, through the Healthy Hunger Free Kids Act, strengthened requirements for policies⁴. The WellSAT results for urban districts were compared to the district's staffing infrastructure for implementing its policy. These two dimensions were selected based on a survey in which Coalition members indicated their top priorities in the 2015-2016 school year as (1) revision of Local School Wellness Policy and (2) implementation of the Policy (requiring a strong infrastructure).

This analysis revealed that districts with a stronger wellness policy (as indicated by a higher WellSAT 2.0 score) and a department or full-time individual focusing strictly on health and wellness were better positioned to influence and hold schools accountable for the implementation of that policy.

Across the member districts of the Urban School Wellness Coalition, structure of the staffing and programming model vary dramatically. The following differences can be noted:

- » Some districts began to invest in health and wellness as early as 2002, while others only started a true focus on health and wellness in 2015.
- » The number of district staff focusing only on health and wellness initiatives ranges from 0-50.
- » 16 of the 20 districts have District Health or Wellness Council/Committees, which range in size from 8 to 100 people.
- » 50% of districts put their health and wellness services under Operations, while the other 50% of districts housed them under Education/Curriculum.

To commit to strong, progressive wellness policies, urban school districts must ensure they have the district level infrastructure in place to support those policies. To this end, **the Coalition recommends urban districts adopt one of two models of infrastructure:**

1. **Build an Office of Health and Wellness or an Office of the Whole Child** to lead coordination efforts and where staff working to support any component of the WSCC model will reside. This Office will be a cross-section of Operations and Education/Curriculum and can sit in either department. However, urban partners recommend placing this Office of the Whole Child within Education/Curriculum so it can be closely tied to education outcomes.
2. **Create a dedicated full-time staff position to assist in coordinating activities of all WSCC components (a Whole Child Coordinator)** if a district is unable to dedicate an office/department for health and wellness. This person will facilitate efforts across the district on behalf of Whole Child topics, including communications across departments, bring together WSCC component staff for regular meetings and ensure collaboration where work areas overlap. This individual will help others understand how their specific topic areas fit into the more holistic Whole Child approach.



While districts have historically invested in Whole Child supports for decades, it has been done in a manner disconnected from academic success. The boldness of the above recommendation lies in building connections across the multitude of Whole Child support programs and services and to academic outcomes. More and more urban school districts are committed to recognizing the overlap between education and health through addressing the 10 components of the Whole Child model. As districts begin to implement coordinated approaches to address the WSCC model, it becomes important to share best practices from wellness policy changes that reflect this broader approach. This will help to build stronger health and wellness infrastructure, policy and practices, address issues of health equity and encourage cross-departmental collaboration across complex district systems.

The analysis of district wellness policies utilizing the WellSAT 2.0 tool shows a negative impact of relying strictly on cross-departmental collaboration as compared to a more coordinated model recommended above (either a Department of the Whole Child or a Whole Child Coordinator). As depicted in the table below, cross-departmental collaborations may result in a lower wellness policy score. Districts with lower overall scores may have strong scores in certain sections of WellSAT 2.0 where individuals are focusing. However, they do not have strong overall implementation, as the work is scattered, and implementation at the school level is viewed as individual departmental priorities rather than a comprehensive approach.

Infrastructure Model	WellSAT 2.0 Score Range
Office of Health and Wellness or Whole Child	137–173
Full-time staff coordinating WSCC Activities	132–153
Cross-Departmental Collaborations	71–156

By creating a district-wide focus on the Whole Child model, with a reliable department or a single coordinator that is focused on all 10 components of the WSCC model and has established relationships and an understanding of complementary scopes of work, districts can be poised to effectively respond to important health and wellness issues across any topic, as they arise.

Examples of Innovative Practices

Through the work of the Urban School Wellness Coalition, some of the most progressive urban school districts in the country have already begun to make changes to their district infrastructure, reflecting a significant investment in the Whole School, Whole Child, Whole Community model:

- » **Boston Public Schools:** Boston is making a significant investment to integrate wellness into their district priorities. The district designated a wellness policy coordinator in 2007 and launched a Health and Wellness Department in 2010. The district aligned its wellness policy with the Coordinated School Health approach (now the WSCC model) in 2013. In 2016, the Whole Child commitment was reinforced in the first of five key implementation focuses for the district's strategic plan: Implement an inclusive, rigorous and culturally/linguistically sustaining PK-12 instruction program that serves the development of the whole child. To ensure successful implementation of this model, the district shifted the Health and Wellness Department to the new Office of Social Emotional Learning and Wellness (SELWell), in the Division of Academics and Student Services for Equity, which supports Whole Child components across the district. The Wellness Policy (which was one of the first to extend beyond the USDA requirements to include the full WSCC model) is the district's road map for creating safe, healthy and welcoming school environments. This improved system ensures quality, equity, alignment, and coordination of policy implementation, communication, data, professional development, school-based supports and partnerships. It firmly links the district's strategies for the cognitive, social, emotional and physical development of students using multi-tiered systems of supports.
- » **Denver Public Schools:** As part of Denver Public Schools' (DPS) strategic plan, the Denver Plan 2020, the district has committed to five goals designed to close academic achievement gaps and prepare all students for success in college and careers. One of those goals is Support for the Whole Child.

To achieve this goal, DPS is 1) creating reliable measurement tools to assess students' experiences of being challenged, engaged, supported, safe, healthy and socially and emotionally intelligent and 2) prioritizing supports to ensure that tools, strategies and resources are in place to support achievement of this goal. In addition, in November 2016 a community tax levy was approved that includes support for the Whole Child model, resulting in increased funding for the work. To learn more, visit wholechild.dpsk12.org.

- » **Los Angeles Unified Public Schools:** The Los Angeles Unified School District is establishing a Wellness Programs Department within the Student Health and Human Services Division to ensure the coordination of numerous health and wellness services and initiatives throughout the District. Through best practices learned from the Urban School Wellness Coalition, they are also creating a Director of Wellness Programs position who will not only oversee the implementation of the Local School Wellness Policy, but will also be responsible for coordinating across departments working on the 10 components of the Whole Child model. In addition, as part of a new strategic plan announced by the district in 2016, one of the district-wide objectives is school safety, with a key initiative to serve the whole child. Los Angeles is committed to offering a comprehensive array of tiered supports for students and families to ensure students are physically and mentally healthy⁵.

Summary

In order for urban school districts to significantly address health and wellness in a meaningful way that generates positive outcomes, they must make a strong commitment to one of the recommended models for district-level infrastructure. This dedicated department or full-time staff approach is vital in district-wide coordination of various departments addressing student health and wellness issues within the WSCC model.

Although many urban districts are demonstrating a renewed priority towards health and wellness, others in the coalition and across the country struggle to prioritize health in the educational arena. USDA Local School Wellness Policy requirements present the perfect opportunity for districts to re-examine how they are structuring their district-level infrastructure to provide at least one full time-staff member (if not a department) for health and wellness or Whole Child supports. Urban districts are in a unique position to be state and national leaders in implementing best-practice models that are peer-approved and celebrated.

The Urban School Wellness Coalition exemplifies how sharing best practices and providing a network to brainstorm ideas can lead to significant, positive changes and advances to support the connection between health and learning. Through the collaboration facilitated by the Coalition, all 20 participating districts have experienced positive results by learning from each other. Action for Healthy Kids applauds its member districts for their passion, support and recognition of the link between health and education and looks forward to sharing future urban successes.

To learn more about or to connect with the Urban School Wellness Coalition, visit ActionforHealthyKids.org/Urban-School-Wellness.

Action for Healthy Kids (AFHK) mobilizes school professionals, parents, families and communities to take actions that lead to sound nutrition, physical activity, and healthier schools where kids thrive. Its initiatives focus on promoting healthy living while fighting childhood obesity and undernourishment by helping kids across the country eat better, move more and develop the lifelong habits necessary to promote health and learning.

Acknowledgments

Hannah Laughlin, Director of Field Operations,
Action for Healthy Kids

Amy Moyer, VP of Program and Field Operations,
Action for Healthy Kids

Urban School Wellness Coalition Members:

Jill Carter, Boston Public Schools

Kim Cooke, Charlotte-Mecklenburg Schools

Keith Kraemer, Charlotte-Mecklenburg Schools

Andrew Romberger, Charlotte-Mecklenburg Schools

Tarrah DeClemente, Chicago Public Schools

Jacqueline Broderick-Patton, Columbus City Schools

Smita Yerramilli, Columbus City Schools

Olivia M. Warzycha, Columbus City Schools

Barbara Johnson, Dallas Independent School District

Amber Leytem, Denver Public Schools

Skyla Butts, Detroit Public Schools Community
School District

Tanisha Douglas, District of Columbia Public Schools

Valentine Breitbarth, District of Columbia Public Schools

Heather Crowley, Duval County Public Schools

Georgi Roberts, Fort Worth Independent School District

Brooke Sharples, Fort Worth Independent School District

Mike Romero, Los Angeles Unified School District

Loretta Zullo, Mesa Public Schools

Deb Pangrazi, Mesa Public Schools

Sarah Byrd, Mesa Public Schools

Jeremy Walters, New York City Department of Education

Michelle Oppen, Oakland Unified School District

Dawn Chernicky, Oklahoma City Public Schools

Saeeda Hafiz, San Francisco Unified School District

Eric Stern, School District of Palm Beach County

Bettyann Creighton, School District of Philadelphia

Lori S. Dunn, Seattle Public Schools

References

1. National Center for Education Statistics. Urban Schools: The Challenge of Location and Poverty. Retrieved from: <https://nces.ed.gov/pubs/web/96184ex.asp>.
2. Association for Supervision and Curriculum Development (2017). Whole School, Whole Child, Whole Community. Retrieved from: <http://www.ascd.org/programs/learning-and-health/wsc-model.aspx>.
3. University of Connecticut, Rudd Center for Food Policy and Obesity (2013). Wellness School Assessment Tool (WellSAT 2.0). Retrieved from: <http://www.wellsat.org/>.
4. United States Department of Agriculture (2017). Local School Wellness Policies. Retrieved from: <https://www.fns.usda.gov/tn/local-school-wellness-policy>.
5. Los Angeles Unified School District (2016). A District on the Move: Strategic Plan: 2016-2019 Retrieved from: <http://achieve.lausd.net/Page/477>.