



NORTH CAROLINA
Healthy Schools

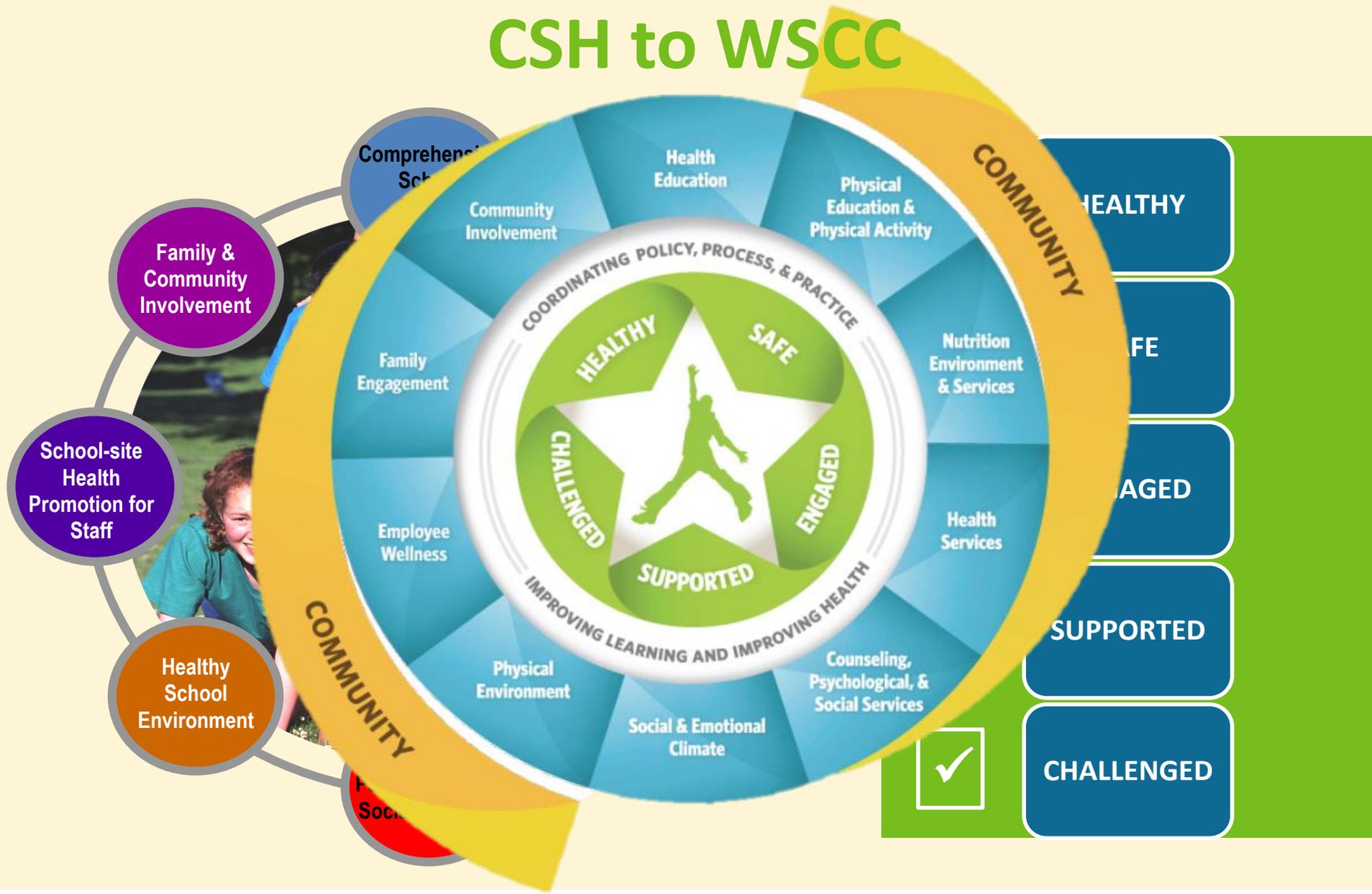
Healthy You, Healthy Youth:

A Whole School, Whole Community, Whole Child Approach
to Student and Staff Success

Objectives

- Describe the relationship between employee wellness and student success.
- Explain the role of employee wellness in the WSCC Model.
- Develop a plan for implementing the WSCC Model that includes employee wellness.

CSH to WSCC



Investing in Our Children



Why Schools?

- **73 literature reviews supporting the association between health behaviors and academic achievement**
- **Over 100 studies showing school health programs positively impact health behaviors, health outcomes, and academic achievement**



Mental Health

- Diagnosing and treating depression has an ROI of \$7 for every \$1 invested in the United States.

Harwood H. An Inventory Costs Offset Studies for State Substance Abuse Agencies. National Association of Alcohol and Substance Abuse Directors, 2009.

- For each suicide prevented, the United States could save an average of \$1,182,559 in medical expenses and lost productivity.

Research America, www.researchamerica.org/uploads/factsheet21suicide.pdf

- From 2009-2015 the percentage NC High School students reporting making a plan on how to attempt suicide increased from 10.1%-14.1%, an increase of 39.6%. (YRBS, 2015)

Healthy Children Learn Better!



Investing in Our Staff



Why School Employee Wellness?

School Employee Wellness (SEW) Programs:

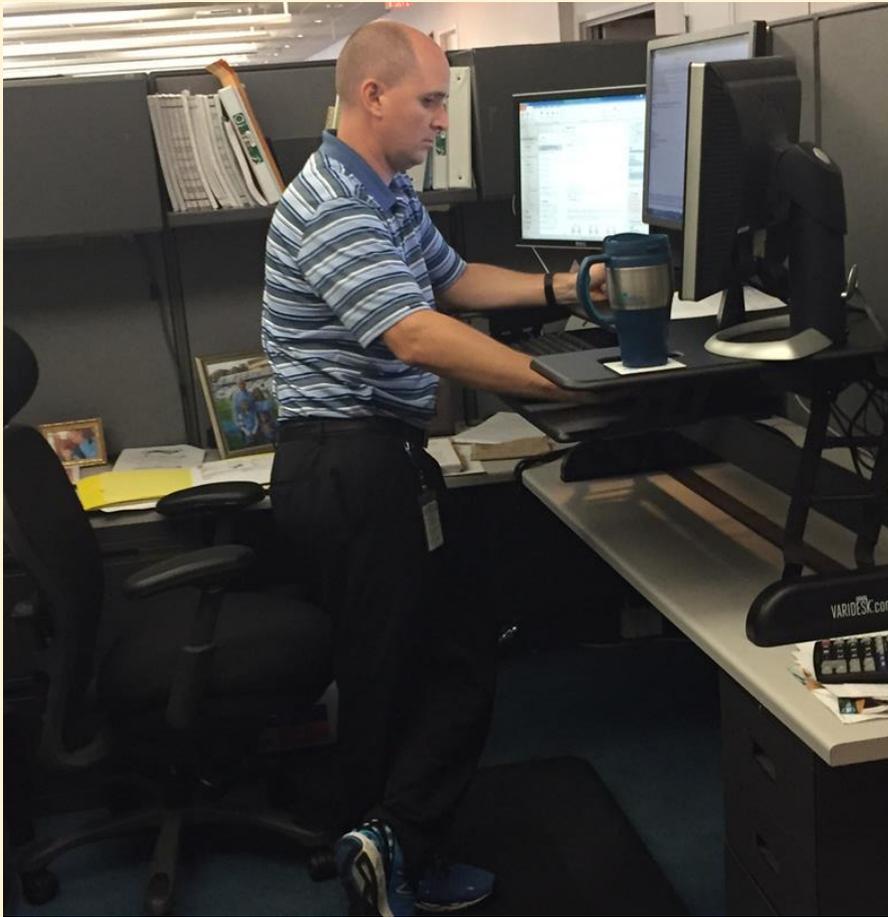
- Improve the health and health behaviors of school staff
- Increase productivity
- Improve employee-related expenses
 - Absenteeism
 - Healthcare and insurance costs
 - Workers compensation and disability
- Improve morale
- Provide role models for students
- **STAFF NEEDS TO HAVE MORE FUN**



Employee Wellness

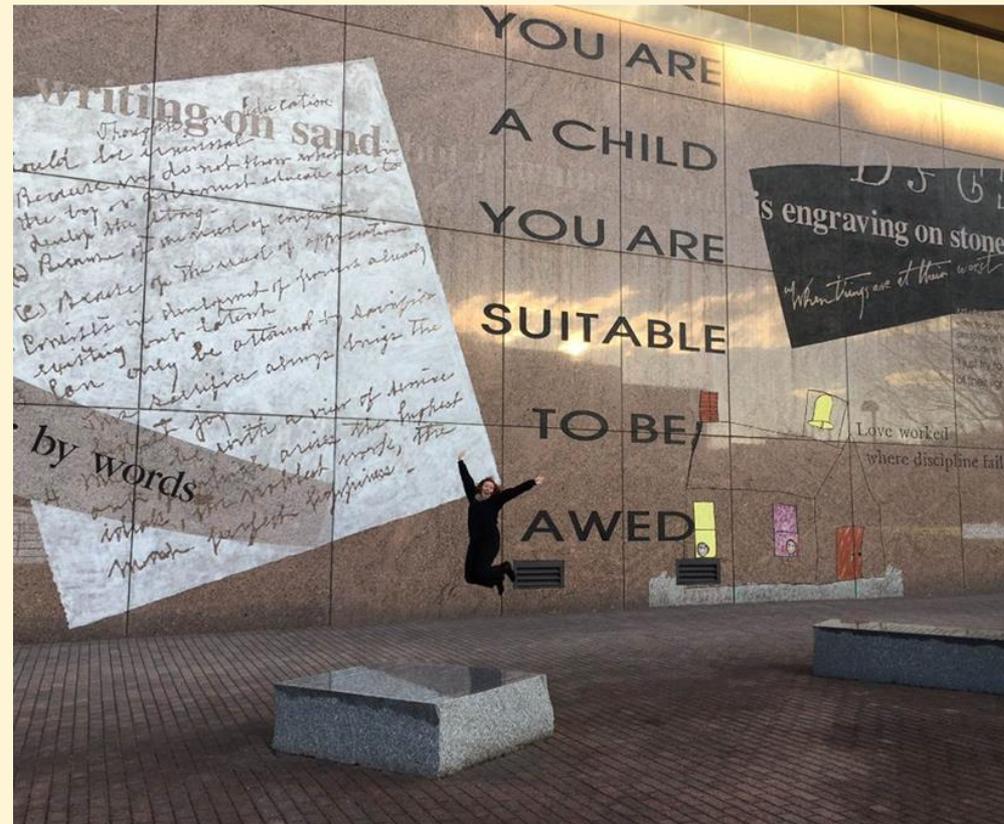
- ROI of \$1.50, or a return of \$1.50 for every dollar that the employer invested in the entire wellness program.
- Return for disease management was \$3.80
- However, the researchers did not take into account an additional productivity benefit from the lifestyle management component, which is commonly excluded from ROI analyses of wellness programs—it could be called “the Employee Positivity Factor.”
 - The Rand Corp.’s analysis

Employee Positivity Factor



- Higher customer experience
- Generation of new ideas or solutions
- A more positive working environment
- Contributions made by employees who are “well” could bury the ROI estimated by cost savings.

Research from the National Bureau of Economic Research has shown that when teachers are absent for 10 days, there is a significant decrease in student outcomes.



Healthy Staff Help Children Learn Better!



Whole School, Whole Community, Whole Child



Whole School, Whole Community, Whole Child Resolution

NORTH CAROLINA STATE BOARD OF EDUCATION

Resolution Establishing a **A WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD FRAMEWORK** *for the State Board of Education*

- WHEREAS,** the North Carolina Constitution declares that the people have a right to the privilege of education, and that it is the duty of the State to guard and maintain that right, and
- WHEREAS,** the North Carolina Constitution establishes the North Carolina State Board of Education as a body whose duty is to make all needed rules and regulations as it supervises and administers the free public school system, subject to laws enacted by the General Assembly, and
- WHEREAS,** the North Carolina State Board of Education acknowledges the critical linkages to education that help ensure the privilege of education for all of its children, including initiatives and programs that support student health and safety and that develop student responsibility, and
- WHEREAS,** the Board acknowledges that other State and local agencies, along with educators, parents, and the community, have significant roles in meeting the needs of children and in removing barriers to their success, and
- WHEREAS,** the barriers to success for many children include poverty, poor health, unsafe environments, lack of access to services and supporting infrastructure needed to support their long-term health and safety and that will ensure their access to a quality public education that strives for high academic achievement for all, and
- WHEREAS,** research shows that the health of students is inextricably linked to their academic achievement, and
- WHEREAS,** public schools, health agencies, parents and communities share a common goal of supporting the health and academic achievement of adolescents, and
- WHEREAS,** *the Whole School, Whole Community, Whole Child model* emphasizes the relationship between educational attainment and health, by putting the child at the center of a system designed to support both, and
- WHEREAS,** *the Whole School, Whole Community, Whole Child model* focuses attention on the pre-K-12 child; emphasizes a school-wide approach; and acknowledges learning, health, safety and the school as being a part and reflection of the local community, and
- WHEREAS,** the Healthy Active Children policy is grounded in *the Whole School, Whole Community, Whole Child model* and requires that all Local Education Agencies maintain a School Health Advisory Council,
- NOW THEREFORE BE IT,**
- RESOLVED,** that the North Carolina State Board of Education adopts *the Whole School, Whole Community, Whole Child model* as a framework for supporting the health behaviors and academic performance of students, and
- RESOLVED,** that the North Carolina State Board of Education directs staff to change the name of the North Carolina State Board Interagency Committee, whose work it is to identify wrap-around services needed by public school students and to ensure coordination and collaboration of these services from State agencies and related external partners, to now be known as the North Carolina State Board of Education Whole Child NC Committee, and
- RESOLVED,** that the North Carolina State Board of Education encourages Local Education Agencies to use *the Whole School, Whole Community, Whole Child model* as a framework for creating collaborative school/community relationships and improving students' learning and health, and
- RESOLVED,** that Board members direct the Secretary to the State Board of Education to enter a copy of this resolution into the official minutes of the North Carolina State Board of Education.



William W. Cohey, Chairman
North Carolina State Board of Education



June St. Clair Atkinson, State Superintendent
North Carolina Department of Public Instruction

November 3, 2016

**How can I think
outside the box
when I work in
a cube?**

Changes to our Approach with SHACs

Before

8 areas represented



After

10 areas represented

Members are school
champions or assigned by
Superintendent



Intentional selection of
community representatives
and decision makers

Resources provided for
activities



Professional development
for making data-driven
decisions

Data Driven Prevention + Data Responsive Problem Solving = Healthy School Environment



Health Data Collection

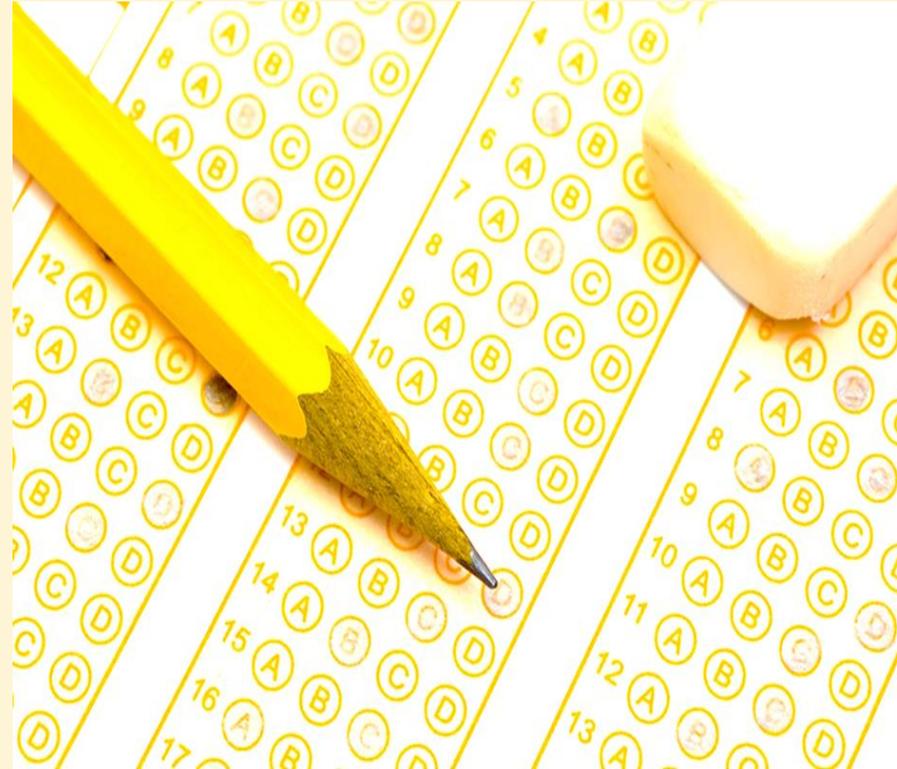
Youth Risk Behavior Survey

School Health Profiles

HAC Progress Report

School Health Services Report

NC Teacher Working Conditions



NC Students by the Numbers



Nutrition Environment and Services

• Percentage of students who ate breakfast on all 7 days (during the 7 days before the survey)	35.5%
• Percentage of students who ate fruit or drank 100% fruit juices one or more times per day (during the 7 days before the survey)	58%
• Percentage of students who did not eat fruit (one or more times during the 7 days before the survey)	15.3%
• Can students purchase snack foods or beverages from one or more vending machines at the school or at a school store, canteen, or snack bar? (Mark one response.)	63% (2014)

Health Services

• School Nurse-to-Student Ratio; 1:750 (or 1 per school)	1:1,112
• Suspensions for immunizations	

Counseling, Psychological, and Social Services

• School Counselor-to-Student Ratio; 1:400	1:384 (2013)
• Percentage of students who disagree or strongly disagree that they feel alone in their life	60.6%
• Percentage of students who attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (during the 12 months before the survey)	9.3%
• Percentage of students who made a plan about how they would attempt suicide (during the 12 months before the survey)	14.1%
• Percentage of students who seriously considered attempting suicide (during the 12 months before the survey)	15.9%



Social & Emotional Climate

Percentage of High School Students Who Strongly Agree or Agree That Their Teachers Really Care About Them and Give Them a Lot of Encouragement

55%





Community Involvement

Allow use of school facilities by community members: 84%

Allow use of community facilities for school-sponsored activities: 69%



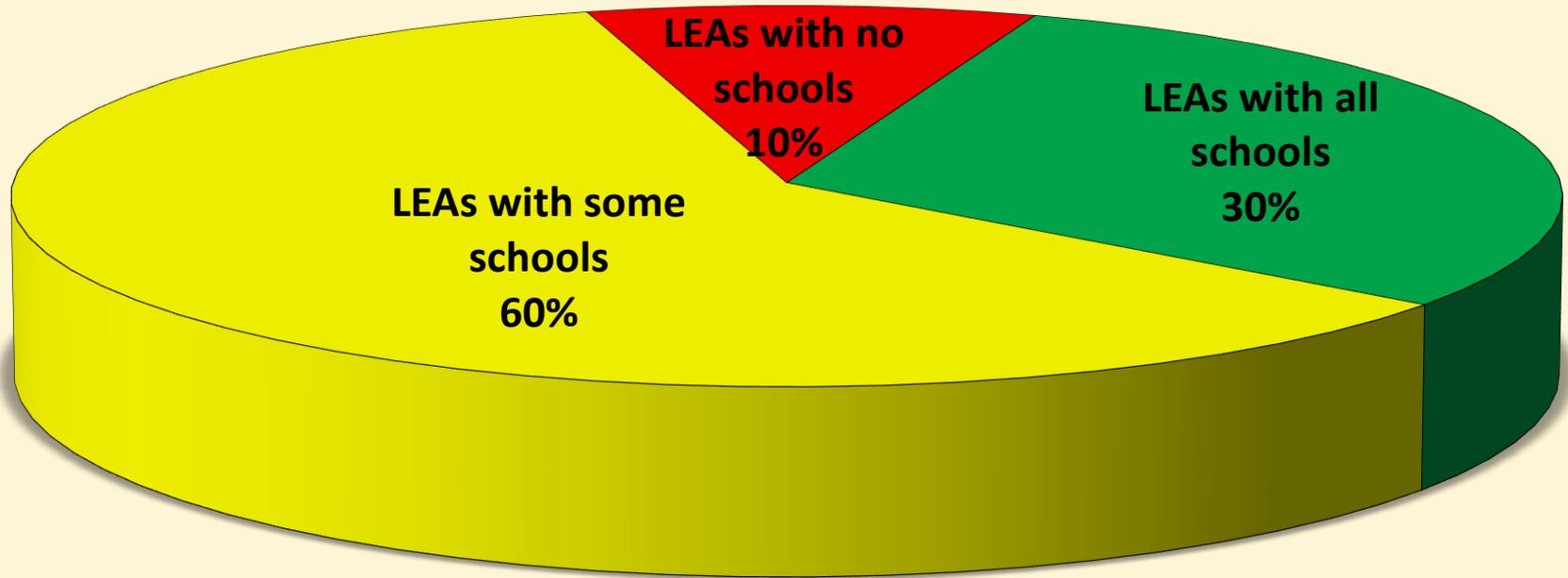


Employee Wellness

Percentage of LEAs that provide staff wellness programs in all schools

30%

Schools Providing Staff Wellness Programs





Employee Wellness

Teacher Turnover Rate

15%



Employee Wellness

What percentage of teachers "agree" or "strongly agree" with the statement: "Overall, my school is a good place to work and learn"?

87%

Oregon School Staff by the Numbers



Staff Wellness in Oregon



- 56 are overweight or obese
- 90 are trying to lose or maintain weight
- 61 meet national standards of physical activity
- 27 missed work in the past 30 days due to an illness
- 13 are depressed
- 5 smoke

Moving the Needle on Employee Wellness

- At your table, brainstorm a list of existing measures for employee wellness
- For each measure, indicate whether it is collected at the building, district or State level.
- Record measures on chart paper.



Making the Connection

Using the WSCC component on your table, brainstorm ideas for integrating employee wellness into the area.



Moving Forward...



Infrastructure and Sustainability

- Dedicated staff and programs at education agencies working with state/community partners
- Strengthened collaboration between the public health, community and education sectors
- Included employee wellness indicators in school improvement/review processes
- Improved and increased school health and staff wellness policies, practices and assessments
- Established School Health Advisory Councils to help coordinate the work.



Bridging the Gap



Who's in?



Creating a Plan


Action plan: District Name


Choose an item.

Goal/Vision:					
Objective(s):					
Data Sources:					
Identify tasks, activities, or strategies to achieve objective	Team <i>A. Lead</i> <i>B. Team Members</i> <i>C. Key Partners</i>	Timeline	Resources necessary <i>A. Resources Available</i> <i>B. Resources Needed</i>	Potential barriers <i>A. Who or what organization</i> <i>B. How?</i> <i>C. Strategies for overcoming barrier</i>	Communication strategies
Step 1	A		A	A	
	B		B	B	
	C			C	
Step 2	A		A	A	
	B		B	B	
	C			C	
Step 3	A		A	A	
	B		B	B	
	C			C	
Step 4	A		A	A	
	B		B	B	
	C			C	
Benchmarks / Evidence of Progress					
Evidence of Success					

“For too long entities have talked about collaboration without taking the necessary steps. This model puts the process into action.”

-Gene R. Carter, Emeritus Exec Director, ASCD, 2014

