



WHOLE CHILD APPROACH TO WELLNESS

RUTH
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**Rales
Center**

for the Integration
of Health
and Education



JOHNS HOPKINS
CHILDREN'S CENTER

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What did we do?

The Rales Center designed a universal whole child wellness program at KIPP Baltimore guided by the Centers for Disease Control and Prevention's (CDC) Whole School, Whole Community, Whole Child (WSCC) model [1]. KIPP Harmony and KIPP Ujima completed the CDC Healthy Schools Index and/or the Alliance for a Healthier Generation's Healthy Schools Assessment to assess the baseline state of whole child wellness [2]. In partnership with school leadership, we assisted in the implementation of programs in areas the schools prioritized. We also worked to understand and characterize barriers to the adoption of wellness programs to inform future scaling efforts.

Rationale

Health and long-term academic success are inextricably linked. Healthier students are better learners [3]. Access to education is a key social determinant of health, and as such, it has been integral for KIPP Baltimore and the Rales Center to ensure that all students have access to high quality health care, and to programs beyond health care that support their development into healthy adults. In adopting the WSCC model, we leveraged an evidence-based approach to guide our planning and program implementation. Each component of the WSCC model has been positively associated with improved academic performance, cognition, concentration, memory, and behavior, and school attendance [4].



Summary of Implementation and Results

In partnership with school leadership, we created programs to promote a school climate and culture focused on social emotional development, trauma informed approaches, restorative practices, and principles of social justice. We created opportunities for students to engage in and learn the benefits of regular physical activity and proper nutrition. The school and Rales Wellness team worked collaboratively to implement comprehensive health education to support students' healthy behaviors. We created programs to assess and support staff wellbeing, recognizing that when staff are healthy and happy, they are better able to support students. While we dedicated specific effort to the areas identified by school leadership, including school culture and climate, physical activity, and staff wellness, we delivered programs across all areas of WSCC model.

Summary of Rales Model Wellness Programs by domain of the Whole School, Whole Community, Whole Child (WSCC) Model

Social & Emotional Climate*

- Served as thought partner for long term culture and climate planning focused on social and emotional learning, trauma informed approaches, restorative practices, and principles of social justice
- Led communities of practice focused on implementing restorative practices
- Facilitated professional development, and coached staff in social and emotional learning, trauma, and restorative practices

Health Education

- Advocated for delivering comprehensive, standards-based health education
- Collaboratively planned health education units and lessons with health educators
- Delivered health-specific campaigns on topics including hygiene, oral health, cold and flu prevention, and nutrition
- Supported social media campaigns on health and wellness

Physical Education and Physical Activity *

- Redesigned recess policies and procedures based on the CDC's Recess Planning in Schools guidelines
- Trained recess monitors in best practices for structuring indoor and outdoor recess to maximize opportunities for physical activity
- Supported the use of GoNoodle for in-class physical activity and brain breaks
- Supported FitnessGram assessment as part of physical education classes

Physical Environment

- Secured funding to build school garden
- Provided resources and shared knowledge on the impact of building temperatures and heating/cooling system challenges on student health, especially for students with asthma

Family and Community Engagement

- Supported the creation of the School Family Council
- Engaged community and university volunteers to support health and wellness program delivery
- Organized activities for families including 5k/1k Fun Run, and healthy cooking demonstrations

Employee Wellness *

- Created KIPP Well, the staff health and wellness program
- Organized healthy eating activities for staff including Salad Fridays and healthy cooking demonstrations
- Organized staff wellness competitions designed to encourage healthy activities for our staff
- Conducted Mindfulness Based Stress Reduction class for staff
- Conducted yearly staff wellness survey to assess state of staff mental and physical health

Nutrition Environment and Services

- Delivered whole school nutrition campaigns
- Led cooking club for elementary students
- Partnered with local chefs for Chefs Move to Schools cooking demonstrations for students, families, and staff
- Partnered with Days of Taste to bring interactive healthy eating program to all 4th grade students, including a trip to Great Kids Farm



(Domains with an * are described in supplemental reports)

WSCC model Source: <http://www.ascd.org/programs/learning-and-health/wsc-model.aspx>

Understanding Barriers to Adoption of Wellness Programming in Schools

KIPP staff were keenly aware of the importance of health and wellness programming in school and were enthusiastic about the Wellness team's efforts. The Wellness team conducted in-depth interviews to characterize barriers and facilitators to implementing wellness programs in schools. Three major barriers emerged: (1) competing academic, financial, and staffing priorities; (2) limited staff knowledge of ways to access resources from community and partner health organizations; and (3) logistical challenges including communication and the physical space. The findings from these interviews were presented at the American School Health Association and are under review [5].

**"[THE RALES TEAM], THEY'RE JUST THERE TO
SERVE OUR KIDS IN EVERY WAY POSSIBLE."**

- KIPP Staff Member

Dissemination

- Addressing Educational Disparities through a Coordinated Approach to Wellness. School Health Interdisciplinary Program Conference in Maryland, August 2016.
- Coordinated Approach to Wellness: Think, Act, Grow in Action. 2016 American School Health Association Conference Maryland, October 2016.
- Fitnessgram Screening in an Urban K-8: Acceptability and Logistics (Poster). 2017 National School-Based Health Care in Long Beach, CA.
- Evaluating the Challenges of Implementing WSCC in Urban Schools (Poster). 2017 Annual School Health Conference in St. Louis, MO.
- Implementing and Evaluating Alignment with the CDC's Recess Planning Strategies (Poster). 2017 Annual School Health Conference in St. Louis, MO.
- Are Physical Activity Breaks Associated with Achievement and Behavior? (Poster). 2017 Annual School Health Conference in St. Louis, MO.
- Social Determinants and Population Health (Presentation). Plenary session at the 2018 Population Health Summit: Innovation Under the Maryland Model. Baltimore, MD. 2018.
- Seeing Eye to Eye: Community Stakeholder's Perceptions of Challenge and Value of Recess on Child Health and Development (Poster). 2019 Pediatric American Society, Baltimore, MD.
- Integrating School Health and Wellness in Urban Schools (Presentation). 2019 Elena M. Sliepcevich Centennial Symposium, Carbondale, IL.
- Creating a school of social justice and trauma informed model of SEL (Presentation). American School Health Association Conference (virtual), September 2020.
- Bhushan D, Marshall B, Connor R, Sussman L, Connor K, Johnson S. Trauma-informed schools: Extending the trauma-informed lens from clinic to classroom. (Manuscript under review).
- Suleman A, Calderon G, Haag T, Connor R, Marshall B. Implementation of CDC Guidelines for Recess: A Formative Research Study (Manuscript under review.)

Impact

- 100% of KIPP students participated in a wellness program, primarily through the WSSC components of health education, physical education and physical activity, and social and emotional climate.
- An average 5th grade student participated in a comprehensive health education class and a physical education class in which learning objectives were based on research-based fitness assessments. They had opportunities to be active during class using short physical activity breaks and participated in recess led by trained recess monitors. Staff interacting with this 5th grade student were trained extensively in social and emotional learning, trauma, and restorative practices. Additional reports and data summaries are provided for physical activity, staff wellness, and culture and climate programs.
- We identified key principles that can inform scaling, including needs assessment and coalition building, common barriers to wellness programs, strategies for optimizing recess, and creating a roadmap for implementing the WSSC model.

LESSONS LEARNED

- *Identifying wellness priorities requires a partnered strategy. Leveraging the Healthy Schools Index to assess and plan for areas of particular need helped increase investment from key school leaders. Developing and implementing programs to address these areas demonstrated our ability to make positive change in the school. This allowed us the opportunity to also recommend, plan, and deliver programs in other WSSC domains.*
- *Identifying and developing key “change champions” allowed us to leverage their relationships with others in the building to expand the scope of our work.*
- *Designing professional development that focused on the research behind and potential impact of our programs increased teacher investment. Providing time during professional development for staff to reflect on the changes they have experienced and discuss these impacts with other staff members supported our need to shift mindset to support programing.*
- *Building trusting relationships with staff members is essential to creating an environment in which where staff are interested and willing to implement health and wellness programs. These relationships take time to take root.*

"Having been without a Rales [Center] before, this is the first time I've ever experienced support to this level. Rales is everything."

- KIPP Staff Member

REFERENCES

1. ASCD. Centers for Disease Control and Prevention (CDC). Whole School, Whole Community, Whole Child: A collaborative approach to learning and health. Alexandria, VA; 2014. Available from: <http://www.ascd.org/programs/learning-and-health/wsc-model.aspx>.
2. Centers for Disease Control and Prevention. School Health Index: A self-assessment and planning guide (middle school/high school version). Atlanta, GA; 2017.
3. Basch CE. Healthier students are better learners: A missing link in school reforms to close the achievement gap. *Journal of School Health*. 2011;81(10):593-8.
4. Michael SL, Merlo CL, Basch CE, Wentzel KR, Wechsler H. Critical connections: Health and academics. *J Sch Health*. 2015;85(11):740-58.
5. Suleman A, Calderon G, Haag T, Connor R, Marshall B. Implementation of CDC guidelines for recess: A formative research study. Under review.





THANK YOU FOR YOUR SUPPORT

To Our Loyal Supporters

We are grateful to all those who have joined us in our mission to create models of school health that help every child to achieve their full health and academic potential. Special thanks to the Norman and Ruth Rales Foundation and our partners at KIPP Baltimore; without them this work would not be possible.

To learn more, please visit <https://ralescenter.hopkinschildrens.org/>

