John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Department of Health and Hospitals
Office of Public Health

January 15, 2015

The Honorable John A. Alario, Jr., President
Louisiana State Senate
P.O. Box 94183, Capitol Station
Baton Rouge, LA 70804-9183

The Honorable Taylor Barras, Speaker
Louisiana State House of Representatives
P.O. Box 94062, Capitol Station
Baton Rouge, LA 70804-9062

Dear President Alario and Speaker Barras,

In response to Senate Concurrent Resolution No. 34 (SCR 34) of the 2015 Regular Session, the Louisiana Department of Health and Hospitals (DHH) submits the enclosed report. SCR 34 requested that DHH, the Department of Education (DOE), the Medicaid managed care organizations and representatives of the Whole Child Initiative collaborate to develop a plan to implement the Whole School, Whole Community, Whole Child (WSCC) model in Louisiana.

Louisiana's students face numerous challenges that affect their health and academic achievement. The WSCC model works to address those challenges by integrating learning and health in a coordinated and collaborative approach. The organizations listed in SCR 34 are poised to have a positive impact on both health and academic outcomes and are committed to the well-being of Louisiana's students. In the enclosed report, DHH, DOE, Medicaid managed care organizations and the Whole Child Initiative recommend a plan of action for expanding the reach of the WSCC model in Louisiana.

Thank you for giving us the opportunity to present this report to you. Kate Holmes, School Health Lead for the Health Promotion Team, is available to discuss the report with you should you have any questions or comments. Feel free to contact her at kate.holmes@la.gov with any questions or comments you make have.

Sincerely,

JT Lane
Assistant Secretary
Office of Public Health

Whole School, Whole Community, Whole Child Model

A Collaborative Approach to School Health

Prepared by:

Department of Health and Hospitals

Office of Public Health

Health Promotion Team

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DEPARTMENT OF HEALTH
AND HOSPITALS

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Introduction

In 2014, the Centers for Disease Control and Prevention (CDC) along with ASCD (formerly the Association for Supervision and Curriculum Development) launched the Whole School, Whole Community, Whole Child (WSCC) model. This new model revised and expanded upon elements of the coordinated school health approach and the whole child framework, resulting in a model that integrates learning and health in a coordinated and collaborative approach.

Few states and school districts are implementing this model; in many regards, Louisiana is leading the way on WSCC implementation. The Whole Child Initiative (WCI) in New Orleans has been implementing programs that utilize the approach addressed by the model for more than six years. WCI has seen incredible success in the outcomes related to health and academic achievement. Knowing that there has been success around WSCC utilization in New Orleans, this report explores the process by which Louisiana leaders could work together to implement the WSCC model in school districts across the state.

Background

Resolution

Senate Concurrent Resolution 34 of the 2015 Regular Legislative Session requires the Department of Health and Hospitals (DHH), Department of Education (DOE), Medicaid managed care organizations (hereby referred to as Bayou Health) and representatives of the Whole Child Initiative (WCI) to develop a plan for implementing the Whole School, Whole Community, Whole Child (WSCC) model in Louisiana. This WSCC model workgroup is required to submit a written report to the legislature no later than January 15, 2016.

Mission Statement

Given that a healthy child makes a better learner, the goal of this committee is to reduce the number of school-aged children who experience health barriers to learning and establish programs aimed at evaluating and addressing the health status and needs of each child.

Challenges for Louisiana Students

The health and education of our youth are both state priorities, but while the academic performance of Louisiana's students is improving as measured by nearly every indicator, significant gaps remain. The 2015 National Assessment of Educational Progress (NAEP) shows that Louisiana's students score lower than the national average on fourth and eighth grade assessments of math, reading, science and writing skills given in public schools.[1] Performance disparities exist within the state as well, with disadvantaged students scoring less well compared to their non-disadvantaged peers. Were one to attempt to anticipate the needs and challenges of every child, the list would be extensive, as each child's needs are based on his or her specific environment and those things that make each child unique. However, it is crucial to look at the data and consider the more common challenges that Louisiana's students are facing in regards to overall health and wellness, particularly those that are preventable.

[1] U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), 2009 Mathematics Assessment.

In 2014, 28 percent of children in Louisiana – more than 300,000 children – were living in poverty, with stark disparities emerging by race.[2] African American children made up 48 percent of the children living in poverty, while non-Hispanic white children only made up 13 percent.[3] In 2011-2012, 15 percent of children were living in communities that were defined as "sometimes" or "never" safe.[4] In 2013, 28 percent of children lived in households that were food insecure at some point during the school year.[5]

In 2010, 4.1 percent of Louisiana high school students dropped out of school, and 29 percent of students did not graduate on time.[6] During the 2011-2012 school year, 15 percent of students aged 6-17 missed 11 or more days of school due to illness or injury[7], and in 2013, 21 percent of fourth graders were chronically absent from schools.[8] A further 11 percent and 10 percent of students missed class due to in-school and out-of-school suspension, respectively. These measures capture students' time away from the classroom, indicating that these students are not present and able to learn.

Chronic conditions can also often hamper a student's academic performance if they go unchecked. Oral health issues and asthma are both examples of any number of conditions that can distract a student's attention from lessons and cause them to miss school days. After all, a child with difficulty breathing or an aching tooth cannot fully focus on their learning. Over 3 percent of respondents from the National Survey on Children's Health reported an unmet dental need.[9] Similarly, the 26.1 percent of students in 2013 who had asthma may also struggle with giving their full attention to the lesson before them.[10]

Additional challenges have been measured by the Youth Risk Behavior Survey (YRBS), a national survey that monitors health-risk behaviors in high-school students. Key variables from the 2013 YRBS are presented below in Table 1, which compares Louisiana results to national averages.

Table 1. Youth Risk Behavior Survey, Louisiana 2013[11]

Question	Louisiana Total %	US Total %
Carried a weapon on school property	7.0	17.9
Were threatened or injured with a weapon on school property	10.5	6.9
Were in a physical fight	30.8	24.7
Did not go to school because they felt unsafe at school or on their way to or from school	13.1	7.1
Were bullied on school property	24.2	19.6
Felt sad or hopeless	31.4	29.9
Currently used tobacco	18.4	22.4

[2] The Annie E. Casey Foundation. 2015. 2015 Kids Count Profile: Louisiana. Baltimore, MD: The Annie E. Casey Foundation. Retrieved from www.aecf.org.
[3] Annie E. Casey Data Center
[4] Annie E. Casey Data Center
[5] Annie E. Casey Data Center
[6] Annie E. Casey Data Center
[7] Annie E. Casey Data Center
[8] Annie E. Casey Data Center
[9] Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey. 2011-2012 National Survey of Children's Health Frequently Asked Questions. April 2013. Available from URL: http://www.cdc.gov/nchs/slaits/nsch.htm
[10] Centers for Disease Control and Prevention. 2013 Youth Risk Behavior Survey. Available at: www.cdc.gov/yrbs. Accessed on December 18, 2015.
[11] 2013 Youth Risk Behavior Survey.

Currently drank alcohol	38.6	34.9
Currently used marijuana	17.5	23.4
Played video or computer games or used a computer three or more hours per day	30.9	41.3
Watched television three or more hours per day	33.7	32.5
Were obese	13.5	13.7
Were overweight	16.4	16.6
Had ever been told by a doctor or nurse that they had asthma	26.1	21

With all the challenges outlined above, we know that many of Louisiana's students are faced with numerous barriers to learning. A student who is nursing a tooth ache, who comes to school hungry or who is struggling with mental health issues at home is not able to come to school prepared and able to learn. We must do all we can to remove these barriers and arm them with the tools to overcome these and all other challenges. The resilience of children depends on the safeguards that have been established to anticipate and negate the negative factors that can hinder educational attainment.

Whole School, Whole Child, Whole Community Model

Although enormous resources have been focused on instructional practices, teacher preparation, education standards and school accountability, there has been minimal improvement in student achievement. A possible explanation for the lag in student achievement is that these education-specific approaches are not addressing the health and social barriers to learning. The Whole School, Whole Community, Whole Child Model developed by the Association for Supervision and Curriculum Development (ASCD) and the Centers for Disease Control and Prevention (CDC) provides greater alignment, integration and collaboration between education and health to improve each child's cognitive, physical, social and emotional development.[12] Building on the elements of the coordinated school health model and the whole child model approach, WSCC creates a fused model, promoting a methodical, integrated and collaborative approach to health and learning. The WSCC model is designed to provide a shared framework and approach for decision making and action that allow the health and education sectors to work together.

[12] *Whole School, Whole Community, Whole Child.* Web. October 22, 2015. https://www.ascd.org/programs/learning-and-health/wscc-model.aspx

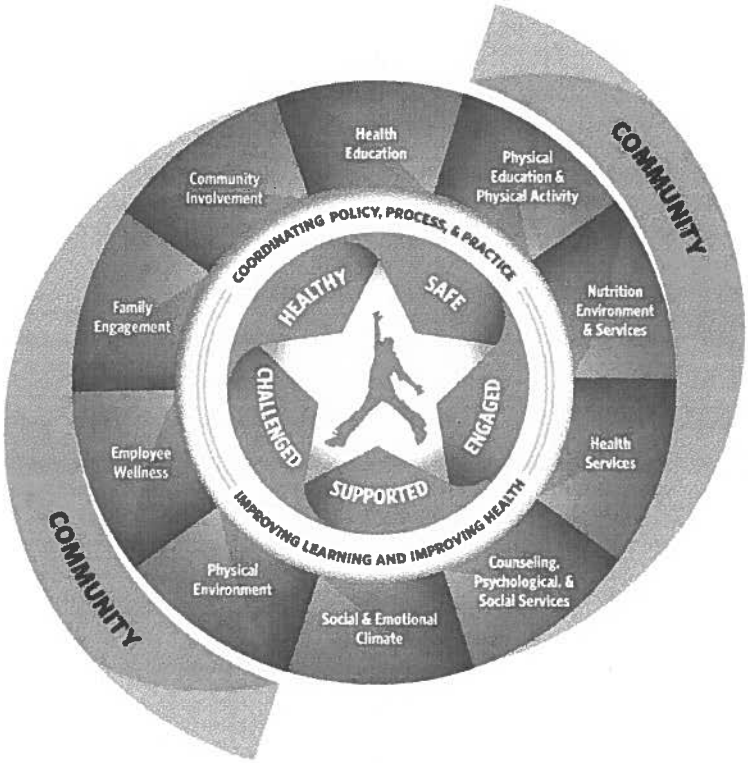

Figure 1. Whole School, Whole Community, Whole Child Conceptual Model

At the center of the WSCC model is the child: healthy, safe, challenged, engaged and supported. Surrounding the child are ten components that promote a comprehensive school health approach that is strategic, high-quality, integrated and coordinated across sectors. These components stress the school as the hub for achieving coordination among numerous policies, programs and partners. Table 2 explores these components in great detail. Encircling the child and the school is the community; this piece stresses the integration of school resources with additional services available in each community.[13]

Elements of the WSCC model have found success in Louisiana already through the Louisiana Whole Child Health Initiative. Working in Central City and Treme/Iberville in New Orleans, the Whole Child Initiative (WCI) identified student health needs through preventative health screenings, referred those students with health care needs to community health resources, educated parents and students on health care options and developed a financial strategy that ensured the availability and sustainability of services for all students. This project employed the WSCC components of family engagement, community involvement, health education and health services to achieve success.

For the past six years, WCI has served more than 26,800 students in 22 schools in New Orleans and has seen impressive outcomes. Across the board, School Performance Scores (SPS) of participating schools

[13] Lewallen, T. C., Hunt, H., Potts-Datema, W., Zaza, S. and Giles, W. (2015), The Whole School, Whole Community, Whole Child Model: A New Approach for Improving Educational Attainment and Healthy Development for Students. Journal of School Health, 85: 729–739. doi: 10.1111/josh.12310

have improved along with standardized test scores, attendance rates and student and teacher morale. Additionally, discipline issues have declined. At the student level, the immunization rate of the students at the schools have improved from 55 percent to 95-98 percent, preventative health screenings have improved, rate at which follow-up for health barriers occurred improved, dental care has improved and the number of eyeglasses issued has increased. Finally, the initiative has seen parent participation rates improve from approximately 8 percent to 39 percent, and multidisciplinary collaboration between professional students (nursing, dental hygiene, medical students, etc.) has increased as well.

Table 2. WSCC Model Components[14]

Element	Description	Key Stakeholders	Key Programs and Legislation
Health Services	Connects the school community and healthcare providers in order to promote the care of students	• School nurses • School staff • Nurse practitioners • Dentists • Health educators • Physicians • Physician assistants • Allied health personnel	• Referrals to medical homes or private healthcare providers • Wellness promotion • Preventative services • Student and parent education
Counseling, Psychological and Social Services	Helps support the mental, behavioral and social-emotional health of the student and promote success in learning	• School counselors • Mental health professionals • School staff • Social workers • Psychologists	• Community support services • Interventions to address psychological, academic and social barriers to learning
Social and Emotional Climate	Refers to the psychosocial aspects of students' educational experience that influence their social and emotional development	• School counselors • Mental health professionals • Community based organizations • School faculty and staff	• Title V • Educational programming (i.e. PATHS Program, Second Step curriculum) • Restorative justice • Peer mediation • Bullying prevention • Anger management • Safe and Supportive Schools
Physical Environment	Includes the school building and its contents and the land on which the school is located and the area surrounding it	• Superintendent • Principals • School faculty and staff • Maintenance and janitorial staff	• Joint use agreements • School/community gardens • Safe routes to schools • Complete streets

[14] Table created from Lewallen, T. C., Hunt, H., Potts-Datema, W., Zaza, S. and Giles, W. (2015), The Whole School, Whole Community, Whole Child Model: A New Approach for Improving Educational Attainment and Healthy Development for Students. Journal of School Health, 85: 729–739. doi: 10.1111/josh.12310

		• Community-based organizations • Local businesses	
Employee Wellness	Set of programs, policies, benefits and environmental supports designed to address risk factors and health conditions in order to meet the health and safety needs of all employees	• Superintendents • Principals • School faculty and staff • Community-based organizations • Health insurance providers	• Health assessments • Flu vaccinations
Family Engagement	Families and school staff working together to support and improve the learning, development and health of students	• Families (immediate and extended) • Guardians • School staff • Parent teacher associations/organizations	• Out-of-school programs • Parent education • Parent-teacher meetings
Community Involvement	Community groups, organizations and local businesses can create partnerships with schools; share resources; and volunteer to support student learning, development and health-related activities	• Community-based organizations • Businesses • Cultural and civic organizations • Social service agencies • Faith-based organizations • Health clinics • Colleges and universities • Other community groups.	• YMCA • Community events and activities • After school programs
Health Education	Provides students with opportunities to acquire the knowledge, attitudes and skills necessary for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors and promoting the health of others	• Department of Education • Louisiana Association for Health, Physical Education, Recreation and Dance (LAHPERD) • School nurse • Community partners who provide health education	• *Louisiana Health Education Standards, Health Education Handbook* • Programs that address alcohol/drug use and abuse, healthy eating/nutrition, mental and emotional health, personal health,

			physical activity, safety and injury prevention, sexual health, tobacco use and violence prevention
Physical Education and Physical Activity	Provides students opportunities for structured physical activity and physical activity before, during and after school	• Department of Education • Louisiana Association for Health, Physical Education, Recreation and Dance (LAHPERD) • PE teachers • School faculty and staff	• *Louisiana Physical Education Standards, Physical Education Handbook* • 30 minutes of daily physical activity (K-8) • 1.5 units of physical education required for graduation • Comprehensive school physical activity program
Nutrition Environment and Services	Provides students with opportunities to learn about and practice healthy eating through available foods and beverages, nutrition education, and messages about food in the cafeteria and throughout the school campus	• Department of Education, Nutrition Services • School Nutrition Association of Louisiana • School staff • LSU and SU Agricultural Center Extension Service Agents	• National School Lunch and Breakfast Program • USDA's Smart Snacks in Schools regulations • Louisiana's competitive food guidelines • Farm to school

Implementation Plan

There are two activities that need to occur in order to achieve statewide implementation: an environmental scan and a WSCC pilot project.

Environmental Scan

The workgroup proposes distributing a survey to all local education agencies (LEAs) in the state to assess current policies, programs and partnerships that address each element of the WSCC Model and are currently in place within the LEA. The results of the survey will be used to achieve the following program goals:

1. Create a comprehensive report of all policies, programs and partnerships that currently exist and serve the goals of the WSCC model
2. Help identify targeted school districts for participation in the pilot project
3. Identify elements of the WSCC model that need to expanded or developed for each pilot site
4. Partner with and support local leaders as they develop a plan to implement the WSCC model

Pilot Project

This workgroup proposes a pilot project in order to demonstrate and test the efficacy, financial sustainability and scalability of the WSCC model in Louisiana. At least three school districts will be selected to participate in the pilot project based on their submission of a letter of intent and application. Targeted school districts will be selected based on a number of criteria.

The demographics listed below will be gathered from LEAs in their application and from partners during the selection process.

- Number of schools
- Number of students
- Breakdown of students by race/ethnicity
- Medicaid enrollment and Bayou Health participation
- ADHD data and utilization of medication
- Early childhood enrollment
- EPSDT compliance
- Childhood obesity rates

Once the environmental scan is complete and applications are submitted, the partners who developed this plan will meet to determine the pilot project LEAs. Districts that meet the considerations listed below will be given priority consideration.

- Have more than 50 percent of students eligible for free or reduced lunch or are otherwise deemed to be economically disadvantaged
- Is considered a high-need district based on health indicators and student academic performance
- Has a School-based health center or federally qualified health center within the district
- Have one to two established policies, programs or partnerships that relate to the WSCC model (based on the environmental scan)
- Have an established school health advisory council/school wellness council
- Express a willingness to participate and allocate staff resources
- Have the support of and a commitment from the superintendent and school board

In addition, the three pilot sites should be representative of the diversity of Louisiana schools. Among the three pilot sites, there will be a mix of geography, rural and urban schools, large and small LEAs, and public and charter schools.

Implementation Timeline

The workgroup proposes the following timeline for reaching a start date for the implementation. The actual pilot project implementation timeline will be developed in conjunction with a planning team and the selected school districts. The timeline below captures the activities in Year 1 required to achieve implementation.

Table 3. WSCC Pilot Project - Planning Timeline

Activity	**Year 1**			
	Q1	*Q2*	*Q3*	*Q4*
Develop the survey for the environmental scan	x			
Disseminate the survey to all LEAs		x		
Follow up and gather results from LEAs		x		
Create a report of the current school health environment in Louisiana using the results of the survey			x	
Create an application for the WSCC Pilot Project	x			
Disseminate application for WSCC Pilot Project	x			
Collect and review applications for WSCC Pilot Project		x		
Select LEAs for participation in the WSCC Pilot Project			x	
Work with selected LEAs and partners to create an implementation plan			X	X

Once these activities have been completed, implementation of the pilot projects can begin. Most importantly, a timeline and work plan for pilot project implementation will be created by a planning committee consisting of individuals from this workgroup in cooperation with staff and parents from the targeted LEAs and surrounding communities.

Defining Success

This workgroup consists of very diverse partners with diverse interests and investments in this project. In order to measure success once the pilot project is launched, diverse metrics must be collected that speak to the priorities of all stakeholders involved. The list of metrics below is not exhaustive, but rather serves as a preliminary list of short-term measures for defining success.

- Compliance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
- Improved access to services
- Emergency room use rates
- Absenteeism
- School graduation rates
- Student academic achievement
- Suspensions and expulsions
- Increase in healthcare resources
- School faculty and staff satisfaction
- Family satisfaction

Financial Sustainability

Models for providing services and how they are financed are inextricably related. The WSCC model implements a public health policy of population health where all children, regardless of their insurance status, receive preventative health screenings, primary care and behavioral health services. The WSCC model contends that only through provision of services at school sites can this be accomplished. The intent of the proposed pilot projects is to determine how effective the WSCC Model is in identifying health concerns and providing health interventions within the school setting.

Another priority of the pilot project is to explore the potential cost savings of the model. Currently, there is little evidence to show clear financial benefits to this model in regards to long-term health care costs; rather, the benefit is seen in student achievement and completion of health screenings. A crucial goal of the pilot project is to explore and demonstrate the financial benefits and potential cost savings of this model across the spectrum of the model components. It is important to note that as of the publication of this report there have been no promises of funding from the WSCC workgroup partners.

Funding Models

In order for implementation to be successful, the WSCC model must be financially sustainable and scalable. There are two fiscal needs that have to be addressed to achieve this goal:

1. revenue to cover the expenses of the services and programs for each element of the model and
2. funding to provide technical assistance (TA) to schools and key partners to help them achieve coordination among all elements of the model

Utilizing the pilot projects, various financial models will be explored in order to test the sustainability of the model itself and the ability to generate cost savings. We propose three models of funding the services and programs for the elements of the WSCC model.

1. Funding for services could come from philanthropic funds, grants and/or private corporations. Nontraditional sources could include area hospitals or other healthcare providers.
2. Sponsors of a school-based health center (SBHC) within a local education agency (LEA) could also provide funds. Historically, SBHCs are not financially sustainable without funds from the state and a sponsor. This site will continue to receive existing funding while working to improve their third party revenues.
3. Partnerships between an LEA and a federally qualified health center (FQHC) could also be a source of funding. FQHCs are grantees of the U.S. Department of Health and Human Services and receive payment for all of their costs for Medicaid clients and are required to provide primary care, behavioral health, and dental services. They see all patients regardless of their insurance status.

Technical assistance will involve hiring staff who can go on-site to negotiate partnerships between LEAs and community partners, aid partners in developing a viable implementation plan and provide ongoing support and training on the implementation of the WSCC model. Similarly, funding is needed develop and implement a research plan that identifies relevant outcomes, needed data, an analytic methodology and the processes to implement the plan. As of the writing of this plan, there is no defined budget, but one will be developed in conjunction with the WSCC workgroup partners during quarters 1 and 2 of year 1.

Potential Sources of Funding

We have identified a number of potential sources for funds in order to achieve implementation of this plan.

Table 4. Potential Funding Sources

Funding Source	Description
Medicaid/Bayou Health	Medicaid and Bayou Health act as payors for services rendered but have limited capacity to support TA and research. These funds are a primary revenue source for services.
Department of Education	Local education agencies may consider utilizing the following revenue sources to support this project: 1. federal education funds (e.g., Title I), 2. local school system funds (state MFP funds and local revenues) and 3. other grant funds.
Department of Health and Hospitals	DHH can assist in identifying grant opportunities and developing grant applications. The Office of Public Health (OPH) is particularly knowledgeable and skilled in both securing such grants and providing TA.
Private Corporations	Private corporations, including managed care organizations contracted by Bayou Health and companies participating as partners in schools, may provide financial support to the program as an opportunity to improve access to care and generate better health outcomes for students.
Philanthropic Organizations	There may be opportunities to secure these funds directly

	from a foundation or from healthcare organizations. Several of the MCOs have foundations, for example.
Local Public Funds	Where there is strong local support for improving health services for their children, parishes and LEAs may identify local funds that could be applied to this activity. In some cases, these monies may be used to leverage other funds.
Direct Appropriation	With sufficient recognition of the value of this approach to health services and their funding, a direct appropriation into the DHH budget or to another eligible organization could be incorporated into the state budget.
Grants	It is common practice to include a research aspect in the pilot programs funded by grants in order to support outcome measurement while funding the TA component through another organization.

Conclusion

When we think about children, a number of images and words come to mind. We think about jumping, playing, healthy, rested, bright eyes, curiosity, problem solvers, friendships, unaware of their potential and strengths, innocence, protected, and being free from harm. Unfortunately, the data shows us that poverty, lack of resources, lack of preventive services, hunger, challenges to learning, lack of parental involvement and unsafe environments are all realities in the lives of Louisiana's children. A commitment to the WSCC model represents a commitment to finding viable solutions to these issues that benefit all Louisiana children.

Louisiana's children are counting on us. One day they will be our doctors, musicians, teachers, scientists, leaders and engineers, and we must do everything in our power to give them the resources to succeed.

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