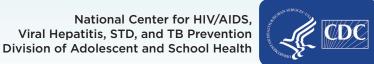
### THE WSCC MODEL:

**How It Informs HIV, STD, & Pregnancy Prevention** 



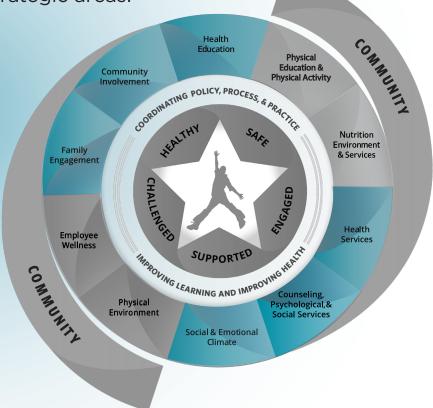


# How the Whole School, Whole Community, Whole Child (WSCC) Model Informs HIV, STD, and Pregnancy Prevention

The WSCC model is based on the idea that health and education organizations should work together to improve student health and academic achievement.

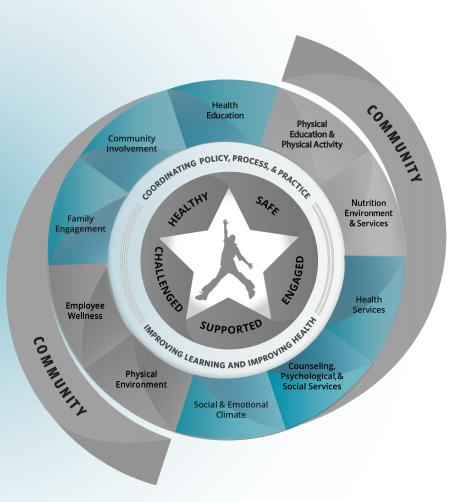
CDC's Division of Adolescent and School Health (DASH) works closely with youth-serving education and health organizations to ensure programs, policies, practices, and research integrate the WSCC model's school components. DASH focuses on these six strategic areas:

- Funding school-based HIV, STD, and pregnancy prevention: DASH invests in schoolbased prevention because most youth attend school. Health education, safe and supportive environments, and health services help youth make healthier decisions and achieve better health and academic outcomes.
- Developing research and program tools:
   DASH conducts research to help schools, students, communities, and families better understand how to support healthier choices and outcomes for youth. DASH develops program tools, such as the Health Education Curriculum Analysis Tool (HECAT), to support schools in developing health education curricula based on research and best practices.



## How the Whole School, Whole Community, Whole Child (WSCC) Model Informs HIV, STD, and Pregnancy Prevention

- Monitoring sexual health behaviors, policies, and practices: DASH provides guidance, assistance, and tools for schools to help better understand student health behaviors, including sexual health. DASH's Youth Risk Behavior Survey, School Health Profiles, and School Health Policies and Practices Study (SHPPS) provide survey data about health risk behaviors and health policies and practices in schools at the national, state, and local levels.
- Creating partnerships and communication resources:
   DASH works with partners to support schools by developing partnerships that can assist with communication outreach and create resources for schools to use in national, state, and local outreach efforts.



### Overview of the Whole School, Whole Community, Whole Child (WSCC) Model

The WSCC model focuses on the integration of health and learning to improve students' academic, physical, and emotional development. Ten School Components • These components assist in creating a

**Coordination Ring** 

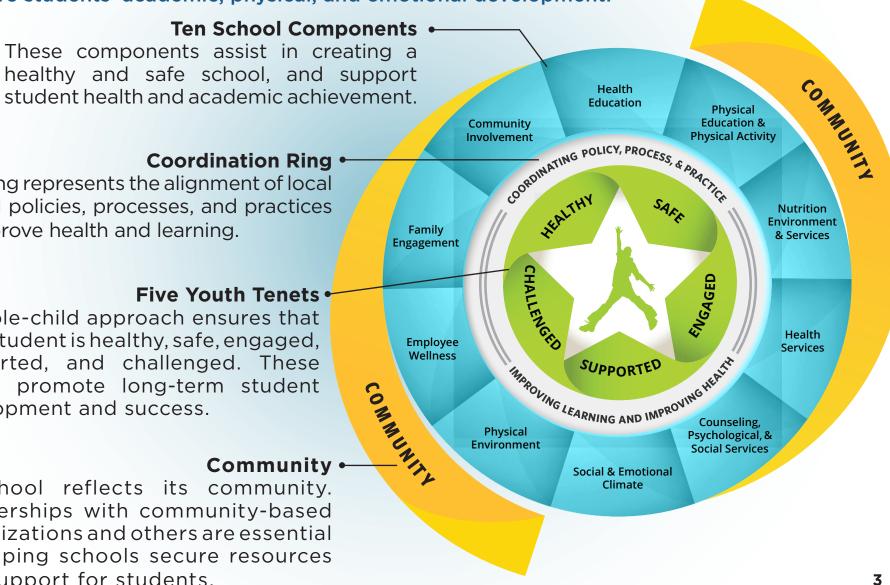
This ring represents the alignment of local school policies, processes, and practices to improve health and learning.

#### Five Youth Tenets •

A whole-child approach ensures that each student is healthy, safe, engaged, supported, and challenged. These tenets promote long-term student development and success.

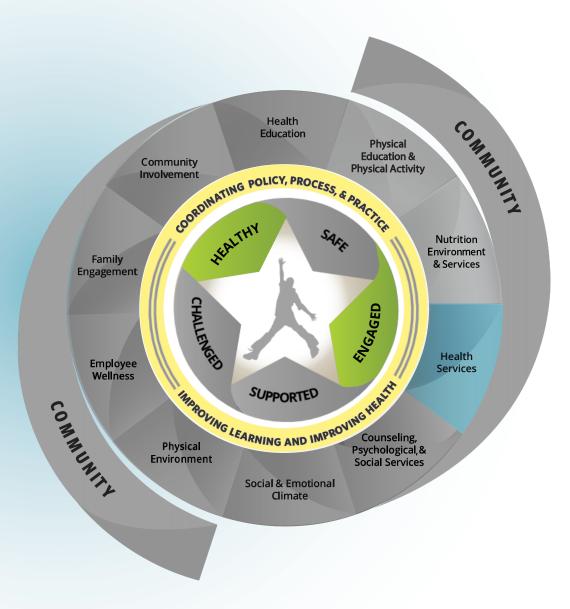
#### Community •

A school reflects its community. Partnerships with community-based organizations and others are essential to helping schools secure resources and support for students.



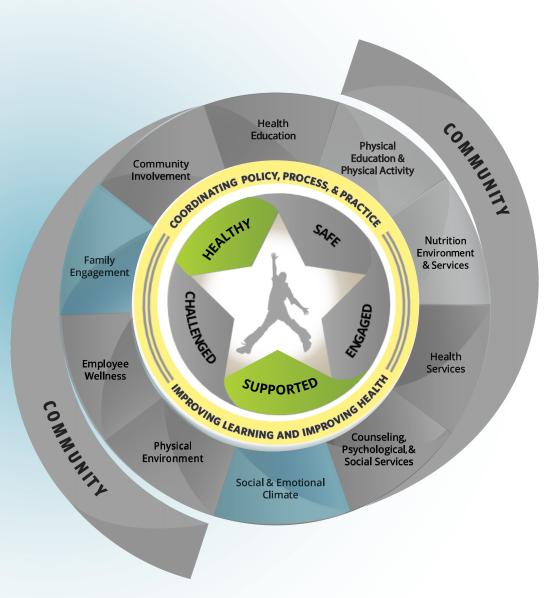
### Aligning HIV, STD, and Pregnancy Prevention with the WSCC Model

- Youth have better outcomes when education and health programs are aligned. For example, community- and school-based sexual health services help improve HIV, STD, and pregnancy prevention outcomes among youth.
- Health services provided at school or through referrals to community-based services play a vital role in helping students access supportive and youthfriendly health care.



### Aligning HIV, STD, and Pregnancy Prevention with the WSCC Model

- Youth who feel connected to their school are less likely to engage in risk behaviors, including early sexual initiation. Students who feel connected to their school tend to achieve academic success, attend school more regularly, and stay in school longer.
- School-based clubs and parental engagement activities help at-risk youth feel welcomed and supported. This support can reduce risk behaviors and improve academic outcomes.



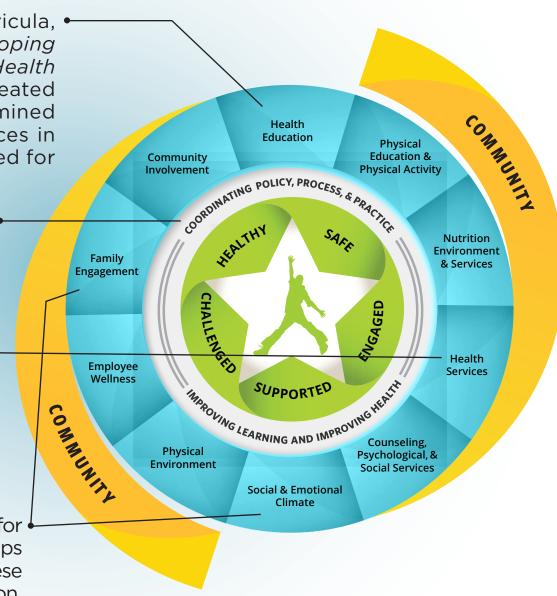
# School-based HIV, STD, and Pregnancy Prevention Programs

Sexual health education (SHE) curricula, • HECAT, and the publication, *Developing a Scope and Sequence for Sexual Health Education*, are examples of products created to develop and assess locally determined curricula and ensure that best practices in SHE are being followed and customized for local school systems.

Day-to-day school policies, processes, and practices must be aligned to move the model into action and create a school environment supportive of health and learning.

Sexual health services (SHS) aim to increase access to care for adolescents, either in schools or through referrals to youth-friendly, community-based clinics and health care providers. Services often include education, testing, counseling, treatment, and wellness promotion.

School environments should set the stage for developing caring and accepting relationships between adults, parents, and students. These conditions should be free of discrimination, taunting, harassment, and bullying.



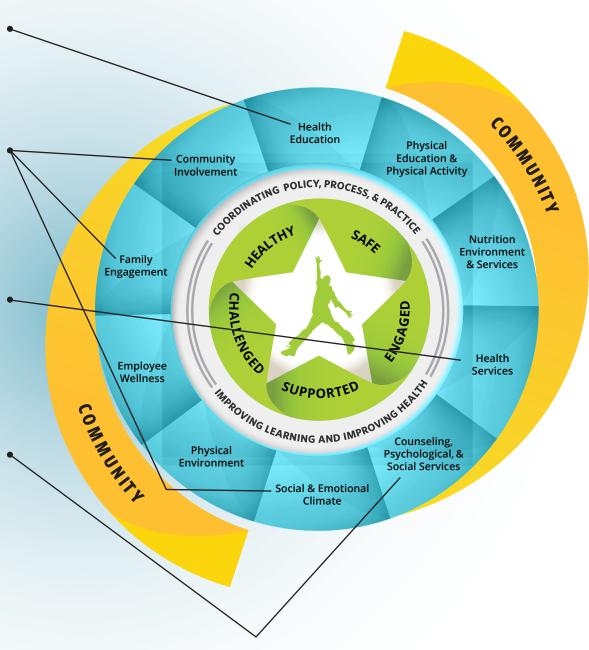
#### **Sexual Health Research and Program Tools**

HECAT is a program tool for developing health education curricula based on best practices and tailored to local school environments.

School-based programs use CDC research to address individual, relationship, community, and protective factors that can reduce risky sexual behaviors among youth.

School nurse programs provide important information for health services programs in schools. A CDC study concluded that for every dollar invested in a school nurse program, society would gain \$2.20.

Available research on high-impact counseling interventions and services for youth at disproportionate risk for HIV and STDs informs school-based programs, especially those focused on at-risk youth.



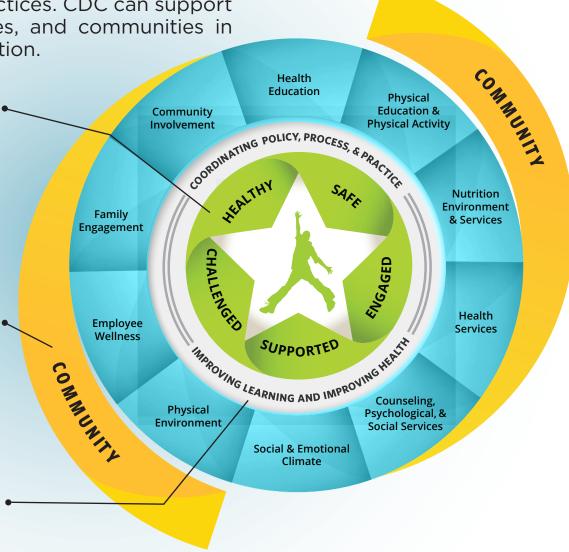
#### Monitoring Sexual Health Behaviors, Policies, and Practices

Data on student behavior and school policies and practices allow schools to identify changes over time, plan for programming, and develop or change policies and practices. CDC can support schools, education and health agencies, and communities in working together to gather this information.

The Youth Risk Behavior Surveillance System (YRBSS) monitors a wide range of health risk behaviors among high school students, including sexual behaviors related to pregnancy and STDs, including HIV.

Community feedback shapes how data are organized, shared, and translated into policies, processes, and practices.

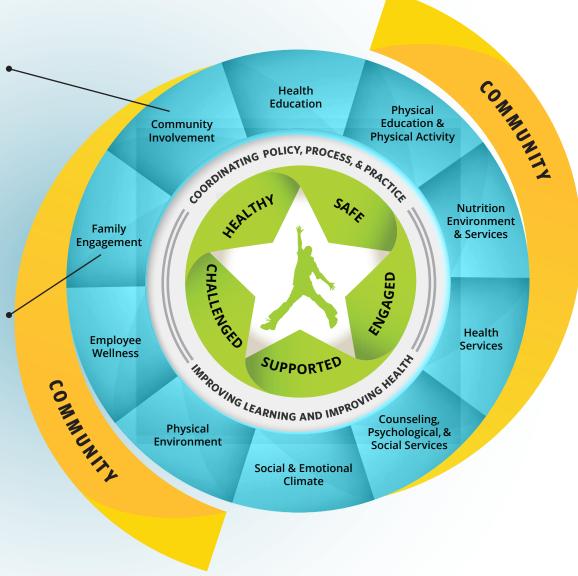
Districts and schools use data from SHPPS and Profiles to monitor policies and overall school health. Schools use these data to improve school health.



Creating Partnerships and Communication Resources Aligned with the WSCC Model

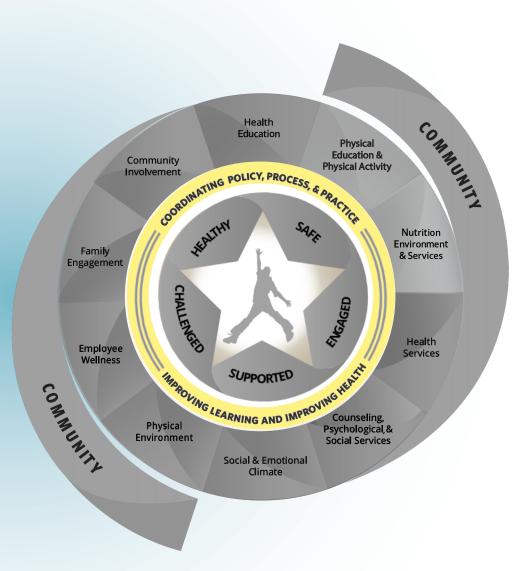
Youth development opportunities can come from partnerships with community-based organizations, busine sses, and foundations focused on school-based HIV, STD, and pregnancy prevention. Many schools work with these partners to provide youth with educational and developmental opportunities that teach new skills.

Positive parenting practices and family engagement strategies and practices can help youth make healthier decisions, avoid risk behaviors, and achieve academic success. DASH offers communication resources to help schools, teachers, and parents communicate about HIV, STD, and pregnancy prevention.



### Potential Barriers to Implementing the WSCC Model

- Providing team members with enough time to plan. To address this barrier, successful programs have suggested dividing tasks into short activities and developing rewards for completing activities.
- Addressing concerns that the model seems overwhelming. Successful programs recommend building on existing resources, such as a school wellness policy, wellness team, or school improvement plan. Use existing resources, such as CDC's School Health Index, YRBSS, School Health Profiles, SHPPS, and ASCD's products.
- Misunderstanding the purpose of the Coordination Ring. The Coordination Ring is how the model is put into action. When educators, health professionals, community members, parents, and students come together to coordinate policies, processes, and practices, the model comes to life.

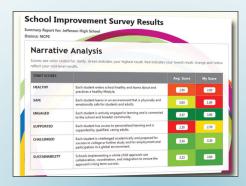


## How to Get Started Using the WSCC Model in HIV, STD, and Pregnancy Prevention Work

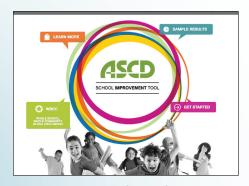
Many resources are available to start using the WSCC model.



Visit ASCD's Start Implementing the WSCC Model web page.



Take ASCD's School Improvement Tool Needs Assessment Survey.



ASCD's School Improvement Tool is designed for schools and educators who want to improve the work they do for youth.



CDC's web page demonstrates how DASH works with education and health organizations to ensure programs, policies, practices, and research integrate specific components of the WSCC model.



This web page provides an overview of the Whole School, Whole Community, Whole Child (WSCC) Model.

#### Resources

**CDC's Developing a Scope and Sequence for Sexual Health Education —** Identifies what students should know or do and when it should be taught for each grade to lower their risk of HIV, STD, and unplanned teen pregnancy. www.cdc.gov/healthyyouth/hecat/pdf/scope\_and\_sequence.pdf

**ASCD's Get Started Implementing the WSCC Model** — Helps you start by considering key implementation questions. www.ascd.org/programs/learning-and-health/wscc-implementation.aspx

**CDC's Health and Academics** — Research, fact sheets, and videos that detail how the academic success of America's youth is strongly linked with their health, and is one way to predict adult health outcomes. www.cdc.gov/healthyyouth/health\_and\_academics/index.htm

**CDC's HECAT** — Helps districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula. www.cdc.gov/healthyyouth/hecat

**CDC's School Health Index** — An online self-assessment and planning tool that schools can use to improve their health and safety policies and programs. www.cdc.gov/healthyschools/shi/index.htm

**CDC's School Health Profiles** — A system of surveys assessing school health policies and practices in states, large urban school districts, and territories. www.cdc.gov/healthyyouth/data/profiles/index.htm

**ASCD's School Improvement Tool (SiTool)** — Helps schools and districts analyze strengths and improvement areas, as well as next steps. See learn more: sitool.ascd.org/Default.aspx?ReturnUrl=%2f

**ASCD's School Improvement Tool Needs Assessment Survey —** Creates a snapshot of how well a school or district is doing and helps identify next steps for improvement. See sample results: sitool.ascd.org/Default.aspx?ReturnUrl=%2f

**CDC's SHPPS** — A national survey conducted to assess school health policies and practices at the state, district, school, and classroom levels. www.cdc.gov/healthyyouth/data/shpps/index.htm

**CDC's WSCC Model web pages** — An interactive and animated tour of DASH-supported components of the WSCC Model, as well as an overview of the whole model. www.cdc.gov/healthyyouth/wscc/index.htm

**CDC's YRBSS** — The nation's largest surveillance system designed to monitor health behaviors and experiences among high school students throughout the United States. Every other year a representative sample of students at the national, state, and local levels complete the Youth Risk Behavior Survey. www.cdc.gov/healthyyouth/data/yrbs/index.htm?s\_cid=tw-zaza-1171