## **School Wellness Collaborative**

# Revision and Implementation of the School Wellness Policy Using the WSCC Model in Partnership with Parent and Student Community Health Workers

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### BACKGROUND/OVERVIEW

- In 2012, the Board of the Buffalo Public School (BPS) District approved a school wellness policy that was developed by a broad cross-section of school stakeholders, including parents and students. This was preceded by the implementation of the Youth Risk Behavior Survey in 2011, which elucidated many areas of health and health risk behavior concerns that were incorporated into the initial school wellness policy. Parents and students played a critical role in advocating for passage and implementation of the YRBS and District Wellness Policy— they attended Board of Education meetings, workgroup sessions, engaged policy makers and community leaders, etc.
- By 2014-2015 School Wellness Teams (SWTs) were established at each of 60 schools.
- In 2015, the School Health and Wellness Collaborative of Buffalo was established, composed of the Buffalo Public Schools, the Community Health Worker Network of Buffalo, the District Parent Coordinating Council and Buffalo Parent Teacher Organization (parent representative groups), and the D'Youville College Department of Health Services Administration. Funds were awarded to the Collaborative by the Community Foundation for Greater Buffalo.
- In 2017 the Wellness Policy was revised to reflect the categories of the Whole School Whole Community Whole Child (WSCC) model.

#### DEMOGRAPHICS

- The Buffalo Public Schools serve about 34,000 students
- 80% are eligible for free/reduced lunch.
- 80% of students are racial/ethnic minorities
  - 48.1% Black/African American
  - 18.7% Hispanic/Latino
  - 8.5% Asian/Native Hawaiian/Pacific Islander
  - 3.4% multiracial
  - 0.9% Native American/Alaska Native
- 15% are English Language Learners
- 20.5% are Students with Disabilities
- The 4-year graduation rate is 61%.; for African American males it is 50%.



#### LESSONS LEARNED

- Those who are directly impacted by decisions must be at the table helping to make decisions one of the CHW mottos is "Nothing About Us Without Us Is For Us"
- Parents and students consistently cited difficulty getting engaged in their school wellness teams (SWTs). Many SWT chairpersons perceived parents and students to be uninterested or unable to participate. SWT leaders were encouraged to accommodate parent and student schedules for meetings. Parents and students were provided "tip sheets" on how to get on their school wellness team.
- Relationship-building is key—families and school staff had similar goals in terms of a healthy and vibrant school, but had very different backgrounds in regards to race, culture, language, socioeconomics, etc. Creating "safe spaces" through training, project work, and a shared advocacy agenda allowed trust to be built.
- Parents, students and school staff are receptive to providing feedback through an automated text message system. Providing opportunities for open-ended feedback supports timely efforts by school staff to address barriers. This increases the perception among all parties that their voices matter. This and other methods of ongoing evaluation are essential to effective and responsive program planning and implementation.
- A format where parents and students can experience relatively quick and tangible change should be integrated with a systems-change approach (e.g. community-based participatory research, advocating at Board of Education meetings for policy change)
- Parents and students may have a unique advantage over community based organizations and institutions to instigate system change within schools through use of strategic advocacy, filing legal appeals, and use of media.

# INPUTS STRATEGIES/ACTIVITIES













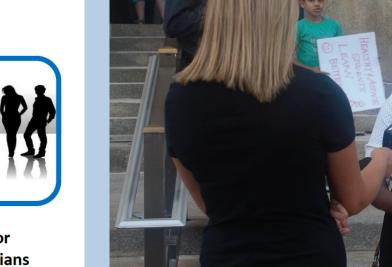
WE CAN'T LOSE THE GAINS WE'VE MADE IN 2015!!!













LONG TERM OUTCOMES

- Parents, students, and trusted community members
- School and District staff
- Community Based Organizations representing a variety of sectors:
- Health and wellness
- Community development
- Referral
- Afterschool program providers
- Healthcare providers
- Academic Institutions
- Undergraduate and graduate students

Community-based researchers

- Funding
  - Directly funded by local foundation
  - Aligned with initiatives funded by
  - NYS Healthy Schools Healthy Communities
  - US Department of Education Carol M. White Physical Education Program
  - Buffalo Public Schools Community Schools initiative
- Healthy food provided by local caterer and BPS food services department

#### Train BPS parents and students as Community Health Workers (CHWs)

- Provide school staff and partners training and technical assistance on District Wellness Policy and parent/family engagement
- Monthly School Wellness Collaborative meetings to share a meal and identify best practices, troubleshoot issues, and build relationships and collaborations
- Include parents and students as trainers in school wellness team leadership training
- Advocate for school district support for wellness through press conferences and speaking at school board of education meetings
- Creative and experiential activities:
  - WOW (Wellness Our Way)- student-designed health and wellness event with food, music, dance, yoga, taste-testing, etc.
  - "Unheard Voices"- working with local theatre, gathering parent and student stories and presenting them in a multi-media format and research project

#### 60 parents, students, school staff, and community partners trained in Community Health Worker core competencies

**OUTPUTS** 

- 15 meetings from 2015-2017 of the School Wellness Collaborative group
- Over 40 parents and students consistently engaged in school wellness team evaluation through texting survey
- 250+ school and District wellness leaders trained by teams of BPS staff with CHW leaders and/or parent and student CHWs
- 300 parents, students, and community members engaged in meetings, events, and planning sessions related to health and wellness in BPS
- 10 parents and students presenting school wellness work at 20 District and city-wide events
- Parents and students speaking at 8 board of education meetings, hosting 3 press conferences, and earning 10+ media mentions in support of issues related to school wellness.
- 5 letters to the editor and 2 white papers written on issues related to school health and wellness
- 6 abstracts accepted at national conferences
- Work from CHWs and district used to apply for and receive the 2016 Carol M. White Physical Education Program
   (PEP) grant for \$2.1 million

## OUR CHILDREN ACTIVE Bodies Health FOUNDATION PROGRAM

Increase in parent and student engagement on wellness teams

Healthy Vending Comes to the Buffalc Public Schools

SHORT TERM OUTCOMES

- 3 teams include parents as co-chairs, 1 elected a student as co-chair
   CHW parents and students on the 13 District Whole Child Well-Being committees and the WSCC Advisory Board
- Increase in knowledge among school district administrators of the assets of parents and students as wellness leaders; and Community Health Workers as a model to
- support this
   Implementation of 2012 Wellness Policy on topics for which parents and student advocated:
  - Farm to School Program
  - Healthy Vending and Salad Bars
  - Condom Availability Program and Sexuality Education
  - Expansion of Physical Education and Recess
  - Expansion of Healthcare, Dental, and Mental Health Services
  - Implementation of Trauma-Informed Approaches and Restorative Practices
- Revised Wellness Policy approved by the Board of Education in 2017





- Transformation of school climate and curriculum (supportive, challenging and engaging)
- Improved student health
- Physical health and Sexual health
- Social-emotional health
- Mental health
- Decreased health risk behaviors (indicated by YRBS)
- Increased school attendance
- Decreased student suspension rates
- Improved scores on standardized tests
- Improved grades in courses
- Improved graduation rates
   More students and parents in college, trade schools, and
- careers (impacting economic health of population)
- Decreased staff absenteeism
- Improved staff health
- A healthier and more vibrant community

