Schools for Healthy and Thriving Students: A Wellness Policy Consortium

May 13, 2022

Dear Superintendent Morris,

We are very excited that Washington Unified School District has agreed to participate in the Schools for Healthy and Thriving Students: A Wellness Policy Consortium. A primary goal of this consortium is to support school districts in making improvements to their local school wellness policies (LSWP). To monitor progress towards reaching this goal, your current local school wellness policy was assessed at the start of the consortium using a policy assessment tool called the WellSAT Whole School Whole Community Whole Child (WellSAT WSCC). We will re-score the local school wellness policy again at the end of the consortium to recognize improvements made to the LSWP during the consortium.

School districts were given the opportunity to complete the policy assessment collaboratively with a member of the Public Health Institute Center for Wellness and Nutrition (PHI CWN) team or have PHI CWN complete the assessment on the district's behalf. Your district opted to have PHI CWN complete the assessment on the district's behalf.

We are reaching out to share your district's wellness policy assessment results. The following information is attached.

- A brief handout that describes the WellSAT WSCC tool.
- Your school district's WellSAT WSCC scorecard.
- Your school district's current local school wellness policy with scoring information noted with highlighting and comment boxes.
- A journal article describing the development of the WellSAT WSCC tool.

We invite you to review the WellSAT results and share with relevant staff in your school district. They may include your school wellness committee members, PE teachers, health teachers, school nurses, food & nutrition services staff, and anyone else who is working to improve school wellness.

The results of this assessment can help your district to identify areas of your local school wellness policy that are strong and comprehensive, as well as areas for improvement. Our team at the Public Health Institute Center for Wellness and Nutrition is available to review your individual results in detail or answer any questions you may have. You may reach out to Jane Alvarado-Banister at jane.banister@wellness.phi.org

Thank you,

Tim Curley
Director of Community and Government Relations
Valley Children's Healthcare

Jane Alvarado-Banister
Program Manager
Center for Wellness and Nutrition

Schools for Healthy and Thriving Students: A Wellness Policy Consortium

What is included in the packet?

- *WellSAT WSCC: A Comprehensive Tool for Evaluating School Wellness Policies:* A brief handout that describes the WellSAT WSCC tool.
- *WellSAT WSCC Scorecard:* Your school district's WellSAT WSCC scorecard.
- *School District Local School Wellness Policy:* Your school district's current local school wellness policy with scoring information noted with highlighting and comment boxes.
- *Development of a Comprehensive Tool for School Health Policy Evaluation: The WellSAT WSCC:* A journal article describing the development of the WellSAT WSCC tool.

How to read your score

As you review your scorecard you will see the score of each domain. Once you reach the end of your scorecard, you will see your school district's local school wellness policy Comprehensiveness Score and Strength score which are both scaled to range from 0 to 100. A Comprehensiveness score tells us everything that the policy covers in any way (using strong or weak language) and a Strength score tells us everything the policy covers using strong language. Sometimes districts start off with vague language that acknowledges an issue is important, and later the language is strengthened. The WellSAT WSCC is intended to recognize that process and acknowledge everything that is covered by the policy, but then pay particular attention to which policy items are stronger. It is extremely rare to get a score near 100 and these scores should not be interpreted like letter grades.

More about the WellSAT WSCC scorecard

Five of the twelve domains of the WSCC model were scored. These include the following:

WellSAT WSCC Domain	Scored
Physical Activity	X
Nutrition Environment and Services	X
Health Education & Nutrition Education	X
Social and Emotional Climate	X
Safe Environment	
Health Services	
Behavioral Supports	
Employee Wellness	
Community Involvement	X
Family Engagement	
Integration, Implementation, Communication & Evaluation	
Wellness Promotion and Marketing	

Please note the following graphics while reading through your scorecard:

- *Federal Requirements:* The item is a federal requirement.
- *Farm to School:* The item addresses farm to school standards.
- *CSPAP:* The item is one of the five components of the Comprehensive School Physical Activity Program
- *WellSAT3.0 Item:* The section is made up of standards that are part of the WellSAT 3.0, another assessment tool.

WELLSAT WSCC: A COMPREHENSIVE TOOL FOR EVALUATING SCHOOL WELLNESS POLICIES

A CSCH Brief by Breanna McFarlane, Sandra M. Chafouleas, Marlene B. Schwartz, Helene M. Marcy, Jessica Koslouski, and Emily Iovino

What is the WellSAT WSCC?

The WellSAT WSCC 2.0 is an evaluation tool aligned with the Whole School, Whole Community, Whole Child model and developed jointly by the UConn Collaboratory on School and Child Health (CSCH) and the UConn Rudd Center for Food Policy & Obesity. It is designed to assist users in applying a comprehensive and integrated lens to school policy evaluation, and is available in paper or online formats

What are its Origins?

The WellSAT WSCC builds from the WellSAT (Wellness School Assessment Tool), a tool for evaluating school wellness policy. The WellSAT was first developed by the Rudd Center after a 2006 federal law required districts participating in national school meal programs to have a written school wellness policy in place. The tool has been used by researchers, state government agencies, and individual school districts since its inception in 2010. The WellSAT was updated in 2014 and again in 2019 (to the current version 3.0) to align with revisions to federal requirements.

Federal requirements in school wellness policy focus heavily on physical activity and nutrition, yet the idea of incorporating a comprehensive wellness perspective in schools was garnering interest. In 2014, the ASCD and U.S. Centers for Disease Control and Prevention (CDC) jointly developed the Whole School, Whole Community, Whole Child (WSCC) Model. The WSCC model is comprised of ten domains linked to child well-being: health education; physical education and physical activity; nutrition environment and services; health services; counseling, psychological, and social services; social and emotional climate; physical environment; employee wellness; family engagement; and community involvement.

In 2019, the Rudd Center and CSCH collaborated to create the WellSAT WSCC. The WellSAT WSCC uses the WellSAT structure to incorporate the complete WSCC model into school policy evaluation.

How are WellSAT and WellSAT WSCC Different?

The WellSAT and WellSAT WSCC both include domains related to nutrition and physical education as well as a wellness, promotion and marketing section and an implementation, evaluation, and communication (IEC) section. The WellSAT WSCC expands the WellSAT by including the eight additional domains outlined in the WSCC Model and adds an integration component to the IEC section.

To develop the WellSAT WSCC items, researchers from the Rudd Center and CSCH consulted national guidelines, reviewed recommendations from professional organizations, and conducted a synthesis of the literature in each of the domains of the WSCC model. The team then consulted with research and practice experts to finalize the items included within each domain.

In 2021, the WellSAT WSCC team revised the tool (v 2.0) and developed an online version.

What are the Benefits to Using the WellSAT WSCC?

The WellSAT WSCC tool is designed to assist users in applying a comprehensive and integrated lens to school policy evaluation and allows for the evaluation of both the *comprehensiveness* and *strength* of school policies. Because integration of the WSCC domains within and across school policies and practices is foundational to the WSCC model, school districts are provided with instructions on assessing *all* their relevant policies. Through use of the WellSAT WSCC, school districts can assess the alignment of their written policies and their school and district practices with identified best practices and policies. This enables districts to identify areas of strength, areas in need of improvement, and opportunities for increased integration across domains.

What Does the WellSAT WSCC Evaluate?

The first ten domains include those outlined in the WSCC Model:

Domain	What is included	Relevant Materials & Policies
Physical Activity	Comprehensive strategies to facilitate student physical activity	Physical education curriculum and physical activity opportunities
Nutrition Environment and Services	Facilitation of healthy eating by providing nutritious food options, education, and messages	School meal program and schools' nutrition environment
Health Education	Experiences and opportunities to help students learn information and skills that facilitate healthy behaviors	Health education curriculum
Social and Emotional Climate	Bullying prevention and intervention, school climate monitoring, and social emotional learning standards	Policies and strategies in place for bullying, school climate, discipline, and social emotional learning
Safe Environment[1]	Physical condition of school buildings; protection of students from physical and psychological threats and injuries	Policies concerning maintenance of physical building conditions and safety and security measures, including crisis prevention and response
Health Services	Preventive care and management of students' acute and chronic health conditions	Plans for the preventive and interventive care of students' physical heath
Behavioral Supports[2]	Supports for the social, emotional, and behavioral well-being of students	Prevention through intervention policies and strategies that identify and address student mental health concerns
Employee Wellness	Personalized health programs that address the health and well-being of the staff	Policies addressing supports for employees' physical and mental health
Community Involvement	Resource sharing and volunteer opportunities through partnerships with groups, organizations, and businesses in the community	Policies regarding the involvement of community stakeholders in schools
Family Engagement	Family-school partnerships that actively support the successful development of students	Policies and strategies for communication with and involvement of families

The final two domains were derived from the WellSAT 3.0 tool.

Integration, Implementation, Communication, and Evaluation	Successful integration, implementation, communication, and evaluation of district wellness policies	Policies that cut across domains relevant to school and child wellness
Wellness, Promotion, and Marketing	Policies concerning staff wellness, use of physical activity as a reward and not as a punishment, and food marketing in school buildings	District wellness policy

[1] In the WSCC model, this is called Physical Environment.
[2] In the WSCC model, this is called Counseling, Psychological, and Social Services.

How do I Use the WellSAT WSCC?

1. **Decide who will be involved in the process.** People to consider include district and school level officials, members of school wellness committees, and school climate committee members.

2. **Determine which policies and domains to evaluate.** The WellSAT WSCC User Manual has suggestions about the types of policies that users can evaluate under the description of each domain.

3. **Create a timeline and process.** The WellSAT WSCC User Manual contains an action planning template to help with creating a timeline and process for completion.

4. **Score the policies.** The WellSAT WSCC Coding Guide states the requirements needed to obtain a specific score and the Scoresheet helps track scores for each item.

5. **Reflect and Action Plan.** Using the results of the WellSAT WSCC, identify areas of strength in your school policies as well as areas for improvement. Identify top priorities and create an action plan for updating policy language and associated practices.

For support with identifying next steps, districts are encouraged to review the WSCC Think About the Link Project webpage, which offers videos and practice briefs that outline recommended best practices in each of the 10 WSCC model domains. The WSCC evidence-based practice briefs summarize each domain and why it is important, and outline strategies that those working in schools can use to promote WSCC implementation in their own setting. The practice briefs also describe the anticipated resource demand (i.e., funding, time, space, training, materials) needed for implementation.

Additional Resources

WellSAT WSCC Online Tool
Includes a description of the tool as well as links to the user manual, coding guide, and scoresheet.

WellSAT WSCC Podcast Episode
CSCH Co-Director Sandra Chafouleas and CSCH Steering Committee Member Marlene Schwartz discuss their development of the WellSAT WSCC.

WSCC Evidence-Based Practice Briefs
Each brief contains a description of the WSCC Model domain and evidence-informed practices that are categorized by the resource demand (i.e., low, medium, or high).

WSCC Video Modules
Provides an overview of each WSCC domain and outlines model practices.

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The WellSAT/WellSAT WSCC Venn diagram was created by Kristin Messina of the UConn Rudd Center for Food Policy & Obesity.

Your District's Scorecard

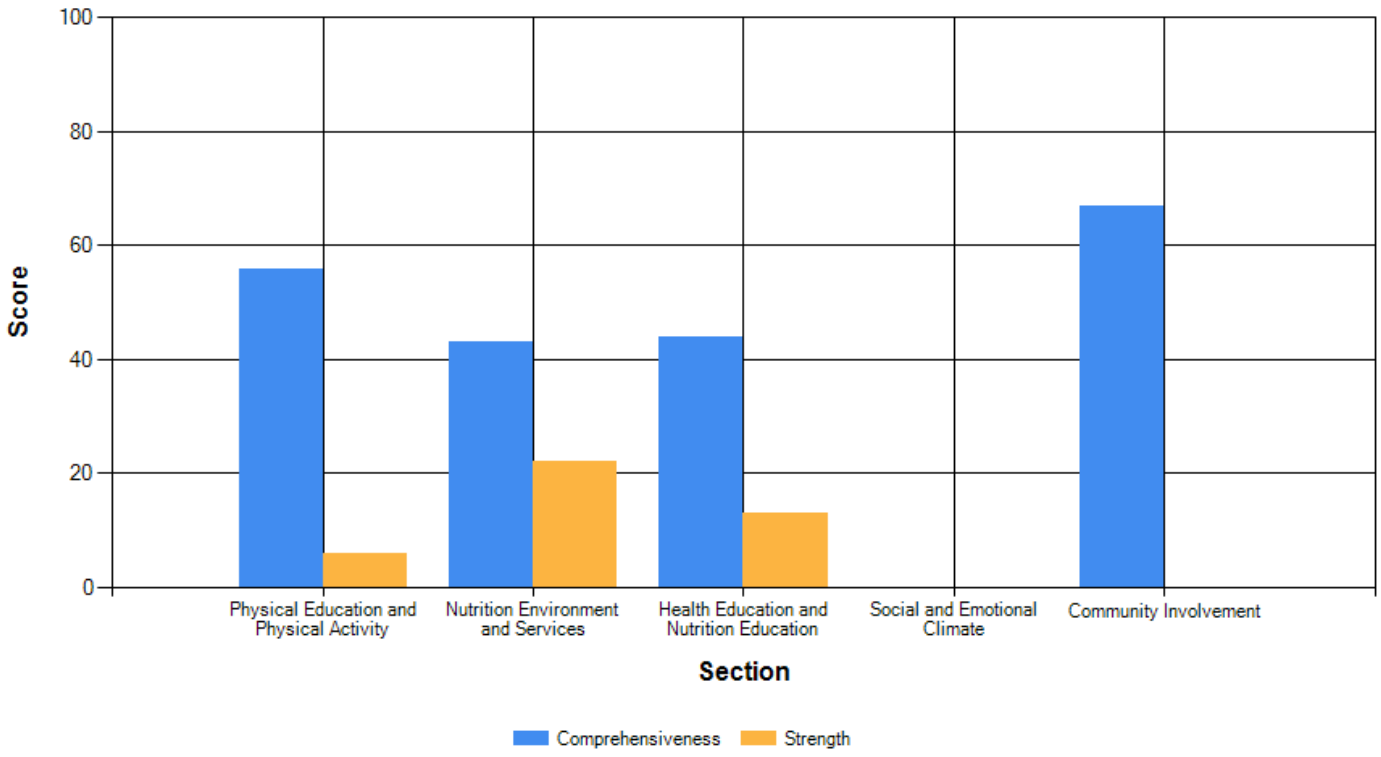
Close window

Congratulations! You have completed the WellSAT. Check out your scorecard below. It contains details of how you scored on each item and section of the assessment. It also provides resources that will help you improve your district's school wellness policy.

Items with a rating of "0" (item not addressed in the policy) or "1" (general or weak statement addressing the item) can be improved by referring to the resource links next to the items. Multiple resources addressing school wellness policy topics are available online. To avoid duplicative information, we have included a small selection, rather than a comprehensive listing.

Version: WSCC

Policy Name: Washington Unified Pre-Assessment



Physical Education and Physical Activity

Note: This Physical Activity Section is the same as the Physical Education and Physical Activity (PEPA) section in the WellSAT 3.0.

		Rating
PEPA1	There is a written physical education curriculum for grades K-12	**1**
PEPA2	The written physical education curriculum for each grade is aligned with national and/or state physical education standards	**2**
PEPA3	Physical education promotes a physically active lifestyle.	**1**
PEPA4	Addresses time per week of physical education instruction for all elementary school students	**0**
PEPA5	Addresses time per week of physical education instruction for all middle school students	**0**
PEPA6	Addresses time per week of physical education instruction for all high school students	**0**
PEPA7	Addresses qualifications for physical education teachers for grades K-12.	**0**
	Addresses providing physical education training for physical education teachers.	

PEPA8		**1**
PEPA9	Addresses physical education exemption requirements for all students.	**0**
PEPA10	Addresses physical education substitution for all students.	**0**
PEPA11	Addresses family and community engagement in physical activity opportunities at all schools.	**0**
PEPA12	Addresses before and after school physical activity for all students including clubs, intramural, interscholastic opportunities	**1**
PEPA13	Addresses recess for all elementary school students	**1**
PEPA14	Addresses physical activity breaks during school	**1**
PEPA15	Joint or shared-use agreements for physical activity participation at all schools	**1**
PEPA16	District addresses active transport (Safe Routes to School) for all K-12 students who live within walkable/bikeable distance.	**1**
Subtotal	**Comprehensiveness Score**: Count the number of items rated as "1"or "2" and divide this number by 16 (the number of items in this section). Multiply by 100. Do not count an item if the rating is "0."	**56**
	Strength Score: Count the number of items rated as "2" and divide this number by 16 (the number of items in this section). Multiply by 100.	**6**

Nutrition Environment and Services

Note: This Nutrition Environment and Services Section is made up of the Nutrition Standards for Competitive and Other Foods and Beverages (NS) and Standards for USDA School Meals (SM) sections in the WellSAT 3.

		Rating
NS1	Addresses compliance with USDA nutrition standards (commonly referred to as Smart Snacks) for all food and beverages **sold** to students during the school day	**2**
NS2	USDA Smart Snack standards are easily accessed in the policy.	**0**
NS3	Regulates food and beverages sold in a la carte.	**1**
NS4	Regulates food and beverages sold in vending machines	**2**
NS5	Regulates food and beverages sold in school stores	**2**
NS6	Addresses fundraising with food to be consumed during the school day	**1**
NS7	Exemptions for infrequent school-sponsored fundraisers.	**0**
NS8	Addresses foods and beverages containing caffeine at the high school level	**0**
NS9	Regulates food and beverages **served** at class parties and other school celebrations in elementary schools	**0**

NS10	Addresses nutrition standards for all foods and beverages **served** to students **after** the school day, including, before/after care on school grounds, clubs, and after school programming.	**0**
NS11	Addresses nutrition standards for all foods and beverages **sold** to students **after** the school day, including before/after care on school grounds, clubs, and after school programming	**0**
NS12	Addresses food not being used as a reward	**1**
NS13	Addresses availability of free drinking water throughout the school day	**0**
SM1	Assures compliance with USDA nutrition standards for reimbursable school meals	**1**
SM2	Addresses access to the USDA School Breakfast Program	**2**
SM3	District takes steps to protect the privacy of students who qualify for free or reduced priced meals	**0**
SM4	Addresses how to handle feeding children with unpaid meal balances without stigmatizing them	**0**
SM5	Specifies how families are provided information about determining eligibility for free/reduced priced meals.	**0**
SM6	Specifies strategies to increase participation in school meal programs	**0**
SM7	Addresses the amount of “seat time” students have to eat school meals	**0**
SM8	Free drinking water is available during meals	**2**
SM9	Ensures annual training for food and nutrition services staff in accordance with USDA Professional Standards	**1**
SM10	Addresses purchasing local foods for the school meals program	**0**
Subtotal	**Comprehensiveness Score**: Count the number of items rated as "1"or "2" and divide this number by 23 (the number of items in this section). Multiply by 100. Do not count an item if the rating is "0."	**43**
	Strength Score: Count the number of items rated as "2" and divide this number by 23 (the number of items in this section). Multiply by 100.	**22**

Health Education and Nutrition Education

Rating

Note: This section incorporates the Nutrition Education (NE) section from the WellSAT 3.0.

HE1	Addresses health education for students in district	**0**
HE2	Specifies that health education is provided by qualified, trained professionals	**0**
HE3	Includes topics for health education that are designed to promote student wellness in a manner that the local education agency determines is appropriate and aligned with state requirements	**0**
HE4		**0**

	Addresses alignment between health education curriculum goals and the needs of students in the community with the goal of reducing health inequity	
HE5	Addresses opportunities for interdisciplinary connections and practicing health-related skills outside of health education classes	**0**
HE6	Addresses National Health Education Standards (NHES)	**0**
HE7	Incorporates the CDC's characteristics of an effective health education curriculum	**0**
HE8	Specifies that health education curriculum will be evaluated and revised	**0**
	The following items are the same as the Nutrition Education (NE) section from the WellSAT 3.0	
NE1	Includes goals for nutrition education that are designed to promote student wellness	**2**
NE2	Nutrition education teaches skills that are behavior focused, interactive, and/or participatory	**1**
NE3	All elementary school students receive sequential and comprehensive nutrition education	**1**
NE4	All middle school students receive sequential and comprehensive nutrition education	**1**
NE5	All high school students receive sequential and comprehensive nutrition education	**1**
NE6	Nutrition education is integrated into other subjects beyond health education	**2**
NE7	Links nutrition education with the food environment	**1**
NE8	Nutrition education addresses agriculture and the food system	**0**
Subtotal	**Comprehensiveness Score**: Count the number of items rated as "1"or "2" and divide this number by 16 (the number of items in this section). Multiply by 100. Do not count an item if the rating is "0."	**44**
	Strength Score: Count the number of items rated as "2" and divide this number by 16 (the number of items in this section). Multiply by 100.	**13**

Social and Emotional Climate

		Rating
SEC1	Addresses participation in school climate surveys	**0**
SEC2	Addresses sharing aggregate results of school climate data with stakeholders (e.g., families, community members, staff, state and/or district leadership).	**0**
SEC3	Addresses promoting positive relationships between students and employees	**0**
SEC4	Identifies school-wide approaches to address harassment, bullying, and/or cyberbullying	**0**
SEC5	Addresses diversity and inclusion to promote engagement of all students in school activities	**0**

SEC6	Addresses reviewing and responding to school climate data (e.g., bullying reports, discipline data, or other related data sources).	**0**
SEC7	Addresses use of positive behavior support practices	**0**
SEC8	Addresses minimization of exclusionary disciplinary practices (e.g., suspension and expulsion)	**0**
SEC9	Addresses social emotional learning (SEL).	**0**
SEC10	Connects social emotional learning standards (SEL) and academic standards.	**0**
Subtotal	**Comprehensiveness Score**: Count the number of items rated as "1"or "2" and divide this number by 10 (the number of items in this section). Multiply by 100. Do not count an item if the rating is "0."	**0**
	Strength Score: Count the number of items rated as "2" and divide this number by 10 (the number of items in this section). Multiply by 100.	**0**

Community Involvement

		Rating
CI1	Addresses community representation on district wellness committee	**1**
CI2	Addresses community stakeholders participation in the development, implementation, and periodic review and update of the local wellness policy	**1**
CI3	Specifies community-based opportunities for student service learning	**0**
Subtotal	**Comprehensiveness Score**: Count the number of items rated as "1"or "2" and divide this number by 3 (the number of items in this section). Multiply by 100. Do not count an item if the rating is "0."	**67**
	Strength Score: Count the number of items rated as "2" and divide this number by 3 (the number of items in this section). Multiply by 100.	**0**

Overall District Policy Score

Total Comprehensiveness Add the comprehensiveness scores for each of the five sections above and divide this number by 5.	**District Score** **42**
Total Strength Add the strength scores for each of the five sections above and divide this number by 5.	**District Score** **8**

Federal Requirement Farm to School CSPAP WellSAT 3.0 Item

Completed Modules

✓		Physical Education and Physical Activity
✓		Nutrition Environment and Services
✓		Health Education and Nutrition Education
✓		Social and Emotional Climate
		Safe Environment
		Health Services
		Behavioral Supports
		Employee Wellness
✓		Community Involvement
		Family Engagement
		Integration, Implementation, Communication & Evaluation
		Wellness Promotion and Marketing

Washington Unified School District

Board Policy

Student Wellness

BP 5030
Students

The Governing Board recognizes the link between student health and learning and desires to provide a comprehensive program promoting healthy eating and physical activity for district students. The Superintendent or designee shall coordinate and align district efforts to support student wellness through health education, physical education and activity, health services, nutrition services, psychological and counseling services, and a safe and healthy school environment. In addition, the Superintendent or designee shall develop strategies for promoting staff wellness and for involving parents/guardians and the community in reinforcing students' understanding and appreciation of the importance of a healthy lifestyle.
(cf. 1020 - Youth Services)
(cf. 3513.3 - Tobacco-Free Schools)
(cf. 3514 - Environmental Safety)
(cf. 5131.6 - Alcohol and Other Drugs)
(cf. 5131.61 - Drug Testing)
(cf. 5131.62 - Tobacco)
(cf. 5131.63 - Steroids)
(cf. 5141 - Health Care and Emergencies)
(cf. 5141.22 - Infectious Diseases)
(cf. 5141.3 - Health Examinations)
(cf. 5141.31 - Immunizations)
(cf. 5141.32 - Health Screening for School Entry)
(cf. 5141.6 - School Health Services)
(cf. 6142.1 - Sexual Health and HIV/AIDS Prevention Education)
(cf. 6164.2 - Guidance/Counseling Services)

School Wellness Council

The Superintendent or designee shall encourage parents/guardians, students, food service employees, physical education teachers, school health professionals, Board members, school administrators, and members of the public to participate in the development, implementation, and periodic review and update of the district's student wellness policy.
(42 USC 1758b; 7 CFR 210.30)

Goals for Nutrition, Physical Activity, and Other Wellness Activities

The Board shall adopt specific goals for nutrition promotion and education, physical activity, and other school-based activities that promote student wellness. In developing such goals, the Board shall review and consider evidence-based strategies and techniques.
(42 USC 1758b; 7 CFR 210.30)

(cf. 0000 - Vision)
(cf. 0200 - Goals for the School District)

The district's nutrition education and physical education programs shall be based on research, shall be consistent with the expectations established in the state's curriculum frameworks and content standards, and shall be designed to build the skills and knowledge that all students need to maintain a healthy lifestyle.
(cf. 6011 - Academic Standards)
(cf. 6142.7 - Physical Education and Activity)
(cf. 6142.8 - Comprehensive Health Education)
(cf. 6143 - Courses of Study)

The nutrition education program shall include, but is not limited to, information about the benefits of healthy eating for learning, disease prevention, weight management, and oral health. Nutrition education shall be provided as part of the health education program and, as appropriate, shall be integrated into other academic subjects in the regular educational program, before- and after-school programs, summer learning programs, and school garden programs.
(cf. 5148.2 - Before/After School Programs)
(cf. 6177 - Summer Learning Programs)

All students shall be provided opportunities to be physically active on a regular basis. Opportunities for moderate to vigorous physical activity shall be provided through physical education and recess and may also be provided through school athletic programs, extracurricular programs, before- and after-school programs, summer learning programs, programs encouraging students to walk or bicycle to and from school, in-class physical activity breaks, and other structured and unstructured activities.
(cf. 5142.2 - Safe Routes to School Program)
(cf. 6145 - Extracurricular and Cocurricular Activities)
(cf. 6145.2 - Athletic Competition)

The Board may enter into a joint use agreement or memorandum of understanding to make district facilities or grounds available for recreational or sports activities outside the school day and/or to use community facilities to expand students' access to opportunity for physical activity.
(cf. 1330.1 - Joint Use Agreements)

Professional development may be regularly offered to the nutrition program director, managers, and staff, as well as health education teachers, physical education teachers, coaches, activity supervisors, and other staff as appropriate to enhance their knowledge and skills related to student health and wellness.
(cf. 4131 - Staff Development)
(cf. 4231 - Staff Development)
(cf. 4331 - Staff Development)

In order to ensure that students have access to comprehensive health services, the district may provide access to health services at or near district schools and/or may provide referrals to

community resources.

The Board recognizes that a safe, positive school environment is also conducive to students' physical and mental health and thus prohibits bullying and harassment of all students, including bullying on the basis of weight or health condition.
(cf. 5131.2 - Bullying)
(cf. 5145.3 - Nondiscrimination/Harassment)

The Superintendent or designee shall encourage staff to serve as positive role models for healthy eating and physical fitness. He/she shall promote work-site wellness programs and may provide opportunities for regular physical activity among employees.

Nutrition Guidelines for All Foods Available at School

For all foods and beverages available on each campus during the school day, the district shall adopt nutrition guidelines which are consistent with 42 USC 1758, 1766, 1773, and 1779 and federal regulations and which support the objectives of promoting student health and reducing childhood obesity. (42 USC 1758b)

In order to maximize the district's ability to provide nutritious meals and snacks, all district schools shall participate in available federal school nutrition programs, including the National School Lunch and School Breakfast Programs and after-school snack programs, to the extent possible. When approved by the California Department of Education, the district may sponsor a summer meal program.
(cf. 3550 - Food Service/Child Nutrition Program)
(cf. 3552 - Summer Meal Program)
(cf. 3553 - Free and Reduced Price Meals)
(cf. 5141.27 - Food Allergies/Special Dietary Needs)
(cf. 5148 - Child Care and Development)
(cf. 5148.3 - Preschool/Early Childhood Education)

The Superintendent or designee shall provide access to free, potable water in the food service area during meal times in accordance with Education Code 38086 and 42 USC 1758, and shall encourage students' consumption of water by educating them about the health benefits of water and by serving water in an appealing manner.

The Board believes that all foods and beverages sold to students at district schools, including those available outside the district's reimbursable food services program, should support the health curriculum and promote optimal health. Nutrition standards adopted by the district for foods and beverages provided through student stores, vending machines, or other venues shall meet or exceed state and federal nutrition standards.
(cf. 3312 - Contracts)
(cf. 3554 - Other Food Sales)

The Superintendent or designee shall encourage school organizations to use healthy food items or non-food items for fundraising purposes.

He/she also shall encourage school staff to avoid the use of non-nutritious foods as a reward for students' academic performance, accomplishments, or classroom behavior.

School staff shall encourage parents/guardians or other volunteers to support the district's nutrition education program by considering nutritional quality when selecting any snacks which they may donate for occasional class parties. Class parties or celebrations shall be held after the lunch period when possible.

To reinforce the district's nutrition education program, the Board prohibits the marketing and advertising of foods and beverages that do not meet nutrition standards for the sale of foods and beverages on campus during the school day. (7 CFR 210.30)
(cf. 1325 - Advertising and Promotion)

Program Implementation and Evaluation

The Superintendent designates the individual(s) identified below as the individual(s) responsible for ensuring that each school site complies with the district's wellness policy:
(42 USC 1758b; 7 CFR 210.30)
Director Food Services and Chief Business Official
(cf. 0500 - Accountability)
(cf. 3555 - Nutrition Program Compliance)

The Superintendent or designee shall assess the implementation and effectiveness of this policy at least once every three years. (42 USC 1758b; 7 CFR 210.30)

The assessment shall include the extent to which district schools are in compliance with this policy, the extent to which this policy compares to model wellness policies available from the U.S. Department of Agriculture, and a description of the progress made in attaining the goals of the wellness policy. (42 USC 1758b)

The Superintendent or designee shall invite feedback on district and school wellness activities from food service personnel, school administrators, the wellness council, parents/guardians, students, teachers, before- and after-school program staff, and/or other appropriate persons.

The Board and the Superintendent or designee shall establish indicators that will be used to measure the implementation and effectiveness of the district activities related to student wellness. Such indicators may include, but are not limited to:

1. Descriptions of the district's nutrition education, physical education, and health education curricula and the extent to which they align with state academic content standards and legal requirements
2. An analysis of the nutritional content of school meals and snacks served in all district programs, based on a sample of menus and production records
3. Student participation rates in all school meal and/or snack programs, including the number of students enrolled in the free and reduced-price meals program compared to the number of students eligible for that program

4. Extent to which foods and beverages sold on campus outside the food services program, such as through vending machines, student stores, or fundraisers, comply with nutrition standards
5. Extent to which other foods and beverages that are available on campus during the school day, such as foods and beverages for classroom parties, school celebrations, and rewards/incentives, comply with nutrition standards
6. Results of the state's physical fitness test at applicable grade levels
7. Number of minutes of physical education offered at each grade span, and the estimated percentage of class time spent in moderate to vigorous physical activity
8. A description of district efforts to provide additional opportunities for physical activity outside of the physical education program
9. A description of other districtwide or school-based wellness activities offered, including the number of sites and/or students participating, as appropriate

As feasible, the assessment report may include a comparison of results across multiple years, a comparison of district data with county, statewide, or national data, and/or a comparison of wellness data with other student outcomes such as academic indicators or student discipline rates.

In addition, the Superintendent or designee shall prepare and maintain the proper documentation and records needed for the administrative review of the district's wellness policy conducted by the California Department of Education (CDE) every three years.

The assessment results of both the district and state evaluations shall be submitted to the Board for the purposes of evaluating policy and practice, recognizing accomplishments, and making policy adjustments as needed to focus district resources and efforts on actions that are most likely to make a positive impact on student health and achievement.

Notifications

The Superintendent or designee shall inform the public about the content and implementation of the district's wellness policy and shall make the policy, and any updates to the policy, available the public on an annual basis. He/she shall also inform the public of the district's progress towards meeting the goals of the wellness policy, including the availability of the triennial district assessment. (Education Code 49432; 42 USC 1758b; 7 CFR 210.30)
(cf. 5145.6 - Parental Notifications)

The Superintendent or designee shall distribute this information through the most effective methods of communication, including district or school newsletters, handouts, parent/guardian meetings, district and school web sites, and other communications. Outreach to parents/guardians shall emphasize the relationship between student health and wellness and academic performance.
(cf. 1100 - Communication with the Public)
(cf. 1112 - Media Relations)
(cf. 1113 - District and School Web Sites)
(cf. 1114 - District-Sponsored Social Media)

(cf. 6020 - Parent Involvement)

Each school may post a summary of nutrition and physical activity laws and regulations prepared by the CDE.

Records

The Superintendent or designee shall retain records that document compliance with 7 CFR 210.30, including, but not limited to, the written student wellness policy, documentation of the triennial assessment of the wellness policy for each school site, and documentation demonstrating compliance with the community involvement requirements, including requirements to make the policy and assessment results available to the public. (7 CFR 210.30)

Legal Reference:
EDUCATION CODE
33350-33354 CDE responsibilities re: physical education
38086 Free fresh drinking water
49430-49434 Pupil Nutrition, Health, and Achievement Act of 2001
49490-49494 School breakfast and lunch programs
49500-49505 School meals
49510-49520 Nutrition
49530-49536 Child Nutrition Act
49540-49546 Child care food program
49547-49548.3 Comprehensive nutrition services
49550-49562 Meals for needy students
49565-49565.8 California Fresh Start pilot program
49570 National School Lunch Act
51210 Course of study, grades 1-6
51210.1-51210.2 Physical education, grades 1-6
51210.4 Nutrition education
51220 Course of study, grades 7-12
51222 Physical education
51223 Physical education, elementary schools
51795-51798 School instructional gardens
51880-51921 Comprehensive health education
CODE OF REGULATIONS, TITLE 5
15500-15501 Food sales by student organizations
15510 Mandatory meals for needy students
15530-15535 Nutrition education
15550-15565 School lunch and breakfast programs
UNITED STATES CODE, TITLE 42
1751-1769j National School Lunch Program, especially:
1758b Local wellness policy
1771-1793 Child Nutrition Act, especially:
1773 School Breakfast Program
1779 Rules and regulations, Child Nutrition Act
CODE OF FEDERAL REGULATIONS, TITLE 7
210.1-210.33 National School Lunch Program, especially:
210.30 Wellness policy
220.1-220.22 National School Breakfast Program
COURT DECISIONS
Frazer v. Dixon Unified School District, (1993) 18 Cal.App.4th 781

Management Resources:
CSBA PUBLICATIONS
Integrating Physical Activity into the School Day, Governance Brief, April 2016
Increasing Access to Drinking Water in Schools, Policy Brief, April 2013
Monitoring for Success: A Guide for Assessing and Strengthening Student Wellness Policies, rev. 2012
Nutrition Standards for Schools: Implications for Student Wellness, Policy Brief, rev. April 2012
Student Wellness: A Healthy Food and Physical Activity Policy Resource Guide, rev. 2012
Physical Activity and Physical Education in California Schools, Research Brief, April 2010
Building Healthy Communities: A School Leader's Guide to Collaboration and Community Engagement, 2009
Safe Routes to School: Program and Policy Strategies for School Districts, Policy Brief, 2009
Physical Education and California Schools, Policy Brief, rev. October 2007
School-Based Marketing of Foods and Beverages: Policy Implications for School Boards, Policy Brief, March 2006
CALIFORNIA DEPARTMENT OF EDUCATION PUBLICATIONS
Physical Education Framework for California Public Schools, Kindergarten Through Grade Twelve, 2009
Health Framework for California Public Schools, Kindergarten Through Grade Twelve, 2003
CALIFORNIA PROJECT LEAN PUBLICATIONS
Policy in Action: A Guide to Implementing Your Local School Wellness Policy, October 2006
CENTER FOR COLLABORATIVE SOLUTIONS
Changing Lives, Saving Lives: A Step-by-Step Guide to Developing Exemplary Practices in Healthy Eating, Physical Activity and Food Security in Afterschool Programs, January 2015
CENTERS FOR DISEASE CONTROL AND PREVENTION PUBLICATIONS
School Health Index for Physical Activity and Healthy Eating: A Self-Assessment and Planning Guide, rev. 2012
FEDERAL REGISTER
Rules and Regulations, July 29, 2016, Vol. 81, Number 146, pages 50151-50170
NATIONAL ASSOCIATION OF STATE BOARDS OF EDUCATION PUBLICATIONS
Fit, Healthy and Ready to Learn, rev. 2012
U.S. DEPARTMENT OF AGRICULTURE PUBLICATIONS
Dietary Guidelines for Americans, 2016
WEB SITES
CSBA: http://www.csba.org
Action for Healthy Kids: http://www.actionforhealthykids.org
Alliance for a Healthier Generation: http://www.healthiergeneration.org
California Department of Education, Nutrition Services Division: http://www.cde.ca.gov/ls/nu
California Department of Public Health: http://www.cdph.ca.gov
California Healthy Kids Resource Center: http://www.californiahealthykids.org
California Project LEAN (Leaders Encouraging Activity and Nutrition): http://www.californiaprojectlean.org
California School Nutrition Association: http://www.calsna.org
Center for Collaborative Solutions: http://www.ccscenter.org
Centers for Disease Control and Prevention: http://www.cdc.gov
Dairy Council of California: http://www.dairycouncilofca.org
National Alliance for Nutrition and Activity: http://www.cspinet.org/nutritionpolicy/nana.html
National Association of State Boards of Education: http://www.nasbe.org
School Nutrition Association: http://www.schoolnutrition.org
Society for Nutrition Education: http://www.sne.org
U.S. Department of Agriculture, Food Nutrition Service, wellness policy: http://www.fns.usda.gov/tn/Healthy/wellnesspolicy.html
U.S. Department of Agriculture, Healthy Meals Resource System: http://healthymeals.fns.usda.gov

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CONTRIBUTED ARTICLE

Development of a Comprehensive Tool for School Health Policy Evaluation: The WellSAT WSCC

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ABSTRACT

BACKGROUND: Stakeholders increasingly recognize the role of policy in implementing Whole School, Whole Community, Whole Child (WSCC) frameworks in schools; however, few tools are currently available to assess alignment between district policies and WSCC concepts. The purpose of this study was to expand the Wellness School Assessment Tool (WellSAT) for evaluation of policies related to all 10 domains of the WSCC model.

METHODS: Developing the WellSAT WSCC was an iterative process that involved (1) identifying items for each domain based on key concepts and best practice recommendations; (2) expert review of the draft measure; (3) cognitive pre-testing; (4) developing scoring criteria; and (5) pilot-testing the measure.

RESULTS: Ratings from expert reviewers indicated that the tool included items that were both relevant and important to each of the 10 WSCC domains. Results of cognitive pre-testing indicated that the items were understood as intended. Feedback from expert reviews, cognitive pre-testing, and pilot-testing was used to further revise and refine the measure and develop a final version of the tool. Acceptable interrater reliability was established for the final selection of items.

CONCLUSIONS: The WellSAT WSCC provides a reliable means for assessing integration and alignment between WSCC model concepts and district policies.

Keywords: school health; whole child; policy evaluation; school health policy; WSCC model; WellSAT.

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School health and wellness-related fields are increasingly acknowledging the connections between student physical health, mental health, and academic outcomes.[1,2] Given these connections, the Whole School, Whole Community, Whole Child (WSCC) model[3,4] was developed to provide a framework for comprehensive whole child and coordinated school health approaches. The model depicts the child at the center and ensures that the whole child is supported and engaged across physical health, psychological health, academic, and social domains. The whole child is then surrounded by 10 domains impacting student wellbeing and outcomes. Rather than operating in isolation of each other, these 10 domains are depicted as working in tandem to support learning and health outcomes for the whole child through coordinating across policy, process, and practice. The whole model is then encompassed by the community environmental context surrounding the student.

District Wellness Policies

Although WSCC initiatives may be implemented in policy, process, or practice, school leaders are increasingly emphasizing the importance of school building and district-level policies to guide implementation of whole child and comprehensive school health initiatives.[5,6] District policies play an important role in employing the WSCC initiatives because they codify practices that schools are already implementing and facilitate consistent implementation over time. Poli-

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cies are considered an important factor in the outer context of influences on school-level adoption, implementation, and sustainment outcomes across a variety of domains.[7] In addition, unlike other outer context factors such as community socioeconomic status or geographic location, policy is malleable[8] by school leaders.

To date, the content of local wellness policies has been driven largely by federal legislation linked to child nutrition programs released in 2004[9] and 2010.[10] The regulations were written by the USDA with the primary goal of supporting nutrition and physical activity environments in schools that promotes student health. Specifically, these regulations require that all school districts participating in federal meal programs develop local wellness policies that address topics such as goals for nutrition and physical activity education; nutrition standards for school meals and competitive foods sold during the school day; and plans for evaluating the implementation of the wellness policy. Although there has been excellent compliance with the mandate to create wellness policies, 8 years of data from the National Wellness Policy Study document that these policies vary greatly with regard to both strength and comprehensiveness.[11] For example, a study evaluating wellness policies in a nationally representative sample found that only 57% of schools surveyed in the 2014-2015 school year included all required wellness policy components as defined by federal law.[12]

State and regional studies have also found that the quality of wellness policies varies across districts. An early study that evaluated wellness policies for school districts in rural Colorado noted anecdotally that many contained ''weak wording that produced minimal impact'' (p. S141).[13] In addition, Cox et al.[14] conducted a systematic evaluation of wellness policies in states in the Southeastern United States and found that many policies were poorly written and thus difficult to enforce. Existing research further suggests that the quality and comprehensiveness of district wellness policies may vary by district characteristics, in particular the size of the school district.[14,15]

Wellness Policy Evaluation

To support research on the predictors, correlates, and consequences of wellness policies, researchers needed an objective, quantitative tool to measure policy strength and comprehensiveness. In 2009, a national team of researchers from Connecticut, Pennsylvania, Minnesota and Washington published an initial 96-item measure to score wellness policies.[16] Subsequently, this measure was shortened, updated with input from a stakeholder advisory group, placed online, and named the Wellness School Assessment Tool (WellSAT). The WellSAT was later updated to a 2.0 version[17] in 2014 and a 3.0[18] version in 2019 in order to accommodate changes in federal requirements and reflect current research and best practices. Each version of the measure has demonstrated interrater reliability.[16,19,20] Data from registered users of the WellSAT website indicate that stakeholders from all 50 states have used the tool to code nearly 10,000 policies since the tool was published online.[20]

WellSAT 3.0 includes 67 items and evaluates wellness policies across 6 domains—Nutrition Education, Standards for USDA Nutrition Programs and School Meals, Nutrition Standards for Competitive Foods and Beverages, Physical Education and Physical Activity, Wellness Promotion and Marketing, and Implementation, Evaluation, and Communication. It is not an adequate tool, however, to assess school health as defined by the WSCC model because it primarily focuses on only 2 of the components—Nutrition Environment and Services and Physical Education and Physical Activity.

To our knowledge, there are 3 measures that have been updated or developed to support the assessment and study of the WSCC model. First, in 2017 the CDC updated and expanded its School Health Index (SHI)[21] to allow schools to evaluate their practices related to WSCC implementation. However, the SHI focuses exclusively on practices; it does not evaluate the alignment between written district policies and the components of the WSCC model.

To fill this gap, 2 groups of researchers developed tools to study how written policies align with the full WSCC model. Chriqui et al[6] evaluated the alignment between state-level policies and the WSCC model across all 50 states. They noted that states varied greatly in terms of breadth and depth of coverage of WSCC domains in state-level guidance and legislation. In addition, only 10 states had what they considered ''deep'' coverage of the WSCC model in their policies, defined as comprehensive and thorough policies related to at least 6 of 10 WSCC domains. Recently, this research team released another report that evaluated both local district-level and state-level policies in 20 states to evaluate how well they captured WSCC domains.[22] Similar to their earlier findings,[6] results indicated a great amount of variability between states and districts in terms of WSCC coverage in their policies. In addition, they found that state-level policies were no more or less likely than district-level policies to demonstrate greater breadth or depth of coverage. In addition, the coding scheme developed by this team was utilized to create a database on the National Association of State Boards of Education website[23] which catalogs the overlap between state law and WSCC domains. In 2019, a second team of researchers published an evaluation of how Los Angeles County district policies align with the WSCC model.[24] Across the 37 district policies reviewed, on average, only

half of the items on the policy review measure were addressed. The authors also evaluated the strength of aligned policy language and found that fewer than 20% were strongly written.

The aim of the current study was to build upon this foundational work and develop an expanded version of the WellSAT that covers all of the domains of the WSCC model. We employed the same measure development process that was used with the most recent WellSAT 3.0 update, which included identifying best practices; input from a national group of advisors; cognitive interviewing; and usability and reliability testing.[19] The objective was to create a public-facing, user-friendly measure that is widely accessible to a range of stakeholders, including school district administrators and members of district wellness committees.

METHODS

Measure Development

The process of developing the WSCC WellSAT items included 6 phases: (1) developing an initial set of items; (2) soliciting expert review related to the importance and relevance of each item; (3) conducting cognitive pre-testing with experts; (4) developing scoring criteria; (5) pilot-testing the measure; and (6) creating additional revisions to the measure and conducting further testing. Each phase is described below; development of the measure was an iterative process and revisions to the measure were made after each of the steps.

Developing items. Development of WellSAT WSCC items began with identifying key concepts from the WSCC model. We reviewed the CDC's descriptions of the 10 WSCC domains[4] and identified key concepts outlined by the model within each domain. Each domain includes mention of concrete services to be provided, such as ''psychological, psychoeducational, and psychosocial assessments,'' in Counseling, Psychological, and Social Services and ''first aid and emergency care'' in Health Services. In addition, the model notes broader, more abstract concepts, such as ''engaging families in a variety of meaningful ways'' within the Family Engagement domain.

After identifying key concepts, the research team matched existing WellSAT 3.0 items to key concepts within each WSCC domain. Many existing WellSAT 3.0 items were retained to evaluate policies related to the Nutrition Environment and Services and Physical Activity and Physical Education domains; in addition, some items were adapted for use in the Family Engagement, Community Involvement, and Employee Wellness domains. In Table 1, items mirroring those on the most updated version of the WellSAT 3.0 are depicted in italics. Readers should note that all WellSAT 3.0 items included in the WellSAT WSCC measure were validated through a separate process;[20] therefore, this study included development and evaluation of *only* items that were unique to the WellSAT WSCC. In Table 2, an overview of the overlap between WellSAT WSCC and WellSAT 3.0 items is provided.

To develop new items for domains that the WellSAT 3.0 does not address, the research team consulted with policy recommendations from national organizations aligned with each domain. For example, for the Counseling, Psychological, and Social Services (renamed as ''Behavioral Supports'' in our measure), we consulted practice models and policy guidance from the National Association for School Psychologists, School Social Work Association of America, and the American School Counselor Association. We then cross referenced these policy recommendations with the list of key concepts outlined by the WSCC model for each domain. The final list of WellSAT WSCC items, each item's overlap with the model, and related policy recommendations are available in Appendix A. In addition to developing items for each of the 10 domains, we also identified key concepts to address the integration and coordination of WSCC-related policies across domains. Given that a primary goal of the model is the coordination of supports across each domain, we created an additional domain focused on the higher-level coordination of each of the elements of the model. This 11th domain was titled the ''Integration, Implementation, and Evaluation (IIE).''

We next created a set of preliminary items and a draft version of the measure. This initial version of the measure was arranged into 11 sections (one for each WSCC domain, plus the IIE domain) with approximately 10 items per section. This mirrors the structure of the WellSAT 3.0,[20] which has sections grouped by the focus of the items, and a mean of 10.7 items per section.

Expert review process. After developing an initial set of items, the research team conducted an expert review process regarding the preliminary items on the measure. We identified 2 levels of review: (1) those with experience in specific content areas to provide feedback on a single domain of the measure and (2) and reviewers to provide feedback for the entire measure. Reviewers included researchers with expertise in school wellness or other WSCC domains, employees of departments of public health and education, administrators of large public-school districts, and leaders of national non-profit advocacy organizations. In March and April of 2018, experts were invited to provide feedback via a Qualtrics survey; a total of 24 experts participated in the feedback and review process.

Reviewers were asked to provide both quantitative and qualitative feedback for items. First, expert reviewers were instructed to rate each item on importance

Table 1. **Final WellSAT WSCC Measure**

Domain	Items
Physical Education and Physical Activity (PEPA)	PEPA1. There is a written physical education curriculum for grades K-12
	PEPA2. The written physical education curriculum for each grade is aligned with national and/or state physical education standards.
	PEPA3a. Addresses time per week of physical education instruction for all elementary school students. Use N/A if no elementary school in district.
	PEPA3b. Addresses time per week of physical education instruction for all middle school students. Use N/A if no middle school in district.
	PEPA3c. Addresses time per week of physical education instruction for all high school students. Use N/A if no high school in district.
	PEPA4. Addresses qualifications for physical education teachers for grades K-12
	PEPA5. Addresses before and after school physical activity for all students including clubs, intramural, interscholastic opportunities
	PEPA6. Addresses recess for all elementary school students. Use N/A if no elementary schools in district
	PEPA7. Addresses physical activity breaks during school.
	PEPA8. Addresses physical activity not being used as a punishment.
	PEPA9. Addresses physical activity not being withheld as a punishment.
Nutrition Environment and Services (NES)	NES1. Assures compliance with USDA nutrition standards for reimbursable school meals.
	NES2. Addresses compliance with USDA nutrition standards (commonly referred to as Smart Snacks) for all food and beverages sold to students during the school day.
	NES3. Addresses fundraising with food to be consumed during the school day.
	NES4. Free drinking water is available during meals.
	NES5. Addresses availability of free drinking water throughout the school day.
	NES6. District takes steps to protect the privacy of students who qualify for free or reduced priced meals.
	NES7. Addresses how to handle feeding children with unpaid meal balances without stigmatizing them.
	NES8. Specifies strategies to increase participation in school meal programs.
	NES9. Links nutrition education with the food environment.
	NES10. Addresses the amount of "seat time" students have to eat school meals.
	NES11. Addresses purchasing local foods for the school meals program.
	NES12. Specifies marketing to promote healthy food and beverage choices.
	NES13. Restricts marketing on the school campus during the school day to only those foods and beverages that meet Smart Snacks standards.
	NES14. Addresses food not being used as a reward.
	NES15. Regulates food and beverages served at class parties and other school celebrations in elementary schools.
Health Education (HE)	HE1. Addresses health education for students in district (eg, hours, semesters, etc.).
	HE2. Specifies that health education is provided by qualified, trained professionals.
	HE3. Includes topics for health education that are designed to promote student wellness.
	HE4. Includes goals for nutrition education that are designed to promote student wellness.
	HE5. Addresses alignment between health education curriculum goals and the needs of students in the community.
	HE6. Addresses opportunities for interdisciplinary connections and practicing health-related skills outside of health education classes.
	HE7. Addresses National Health Education Standards (NHES).
	HE8. Incorporates the CDC's characteristics of an effective health education curriculum.
	HE9. Specifies that health education curriculum will be evaluated and revised.
Social & Emotional Climate (SEC)	SEC1. Addresses participation in school climate surveys.
	SEC2. Addresses sharing aggregate results of school climate data with stakeholders.
	SEC3. Addresses promoting positive relationships between students and employees.
	SEC4. Identifies school-wide approaches to address harassment, bullying, and/or cyberbullying.
	SEC5. Addresses diversity and inclusion to promote engagement of all students in school activities.
	SEC6. Addresses reviewing and responding to school climate data.
	SEC7. Addresses use of positive behavior support practices.
	SEC8. Addresses minimization of exclusionary disciplinary practices (eg, suspension and expulsion).
Safe Environment (SE)	SE1. Identifies regular cleaning and maintenance practices for district buildings.
	SE2. Addresses prevention and safe removal (if applicable) of mold and moisture in district buildings.
	SE3. Addresses reduction/minimization of student and staff exposure to toxins (eg, vehicle exhaust, mold, air pollution, pesticides, cleaning products).
	SE4. Addresses air quality and ventilation for district buildings and grounds.
	SE5. Specifies system for monitoring and addressing water quality in district buildings.
	SE6. Specifies an integrated pest management plan.
	SE7. Addresses district buildings' physical condition including lighting, noise, ventilation, moisture, and temperature during normal operating hours and construction.

Table 1. **Continued**

Domain	Items
	SE8. Addresses student and employee involvement in maintaining the school physical environment.
	SE9. Addresses maintenance of facilities and compliance to safety standards.
	SE10. Specifies physical safety measures (eg, double entry access, surveillance, locked doors and windows) and/or procedures in district buildings and grounds (eg, active supervision of hallways, check in check out systems for visitors, safe transport).
	SE11. Addresses the establishment on an ongoing school safety team.
	SE12. Specifies a crisis preparedness and response plan.
	SE13. Addresses presence of and training for school resource officers in district buildings (if applicable).
Health Services (HS)	HS1. Addresses presence of qualified health service providers in district schools.
	HS2. Addresses communication and care coordination with community-based healthcare providers to meet student health needs.
	HS3. Addresses school health service provider consultation and collaboration with other school staff to respond to a broad range of student health needs.
	HS4. Addresses alignment of health services with the health needs of students in the community.
	HS5. Addresses engagement of and communication with families to address individual student health needs.
	HS6. Specifies opportunities for dissemination of health information resources to students and families (eg, pamphlets, flyers, posters).
	HS7. Addresses student physical health screenings (eg, vision, hearing).
	HS8. Addresses assessment and planning for chronic disease management to meet individual student needs (eg, asthma, diabetes, etc.)
	HS9. Addresses management of allergies in the school environment.
	HS10. Addresses provision of acute and emergency care.
	HS11. Specifies a health services response to student sexual risk behavior (HIV/STD).
	HS12. Specifies a health services response to student substance use (eg, opioid overdose prevention policy).
Behavioral Supports (BS)	BS1. Addresses methods and procedures to identify students with social, emotional, and/or behavioral (SEB) needs (ie, what methods or procedures are in place if a student has a suspected behavioral risk).
	BS2. Identifies an internal (within school) referral systems for SEB needs (eg, Student Assistant or Student Support Team or other internal referral system or other means by which the student will gain access to service after identification).
	BS3. Addresses presence of credentialed behavioral health service providers in district schools (eg, social workers, school psychologists, and/or school counselors).
	BS4. Addresses use of evidence-based prevention and intervention strategies to meet a continuum of SEB needs.
	BS5. Defines a data-driven process for monitoring response to supports for students with SEB needs.
	BS6. Addresses communication and care coordination with community-based providers to meet student SEB needs.
	BS7. Addresses engagement of and communication with families to address SEB needs.
Employee Wellness (EW)	EW1. Designates employee wellness as a priority in the district organization structure.
	EW2. Addresses sharing of health education materials with school employees.
	EW3. Addresses coordination with health insurance providers to conduct health risk screening.
	EW4. Addresses creating an environment that supports employees' healthy lifestyles.
	EW5. Addresses social and emotional supports for school employees including the use of Employee Assistance Programs or other programs.
	EW6. Includes use of employee input in design and evaluation of employee wellness programs.
	EW7. Addresses tobacco use by school employees.
	EW8. Encourages staff to model healthy eating and physical activity behaviors.
	EW9. Addresses promotion of a positive workplace climate.
	EW10. Addresses space and break time for lactation/breast feeding.
	EW11. Addresses methods to encourage participation in available wellness programs.
Community Involvement (CI)	CI1. Addresses community representation on district wellness committee.
	CI2. Addresses how community stakeholders will participate in the development, implementation, and periodic review and update of the local wellness policy.
	CI3. Addresses making the wellness policy available to the public.
	CI4. Joint or shared-use agreements for physical activity participation at all schools.
	CI5. Specifies community-based opportunities for student service learning.
Family Engagement (FE)	FE1. Addresses family representation on district wellness committee.
	FE2. Addresses how families will participate in the development, implementation, and periodic review and update of the local wellness policy.
	FE3. Addresses opportunities for ongoing, sustained family engagement throughout the school year.
	FE4. Addresses regular 2-way communication with families.
	FE5. Addresses alignment of family engagement activities and the needs of the community.
	FE6. Addresses alignment of family engagement programs and district wellness objectives.
	FE7. Addresses use of culturally responsive practices to engage families.
	FE8. Addresses sharing wellness-related information with families.
	FE9. Addresses school-based volunteer opportunities for families (eg, parent teacher associations, parent teacher organizations, family-school committees).

Table 1. **Continued**

Domain	Items
Implementation, Integration, and Evaluation (IIE)	IIE1. Specifies use of Centers for Disease Control and Prevention's WSCC model or other coordinated/comprehensive method to guide wellness activities. IIE2. Addresses the establishment of an ongoing district wellness committee. IIE3. Addresses how all relevant stakeholders (parents, students, representatives of the school food authority, teachers of physical education, school health professionals, the school board, school administrator, and the general public) will participate in the development, implementation, and periodic review and update of the local wellness policy. IIE4. Addresses diverse representation on district wellness committee outside of federal requirements to reflect WSCC domains (eg, behavioral health, physical environment, employee wellness). IIE5. Addresses the establishment of an ongoing school building level wellness committee. This may also be called a school health team, school health advisory committee, or similar name. IIE6. Identifies the officials responsible for implementation and compliance with the wellness policy. IIE7. Addresses the assessment of district implementation of the local wellness policy at least once every 3 years. IIE8. Addresses a plan to assess the impact of wellness policy on behavioral health and educational outcomes, including a person/group responsible for tracking outcomes (eg, student and employee attendance, office discipline referrals, BMI screenings). IIE9. Triennial assessment results will be made available to the public and will include: 1. The extent to which schools under the jurisdiction of the LEA are in compliance with the local school wellness policy; 2. The extent to which the LEA's local school wellness policy compares to model local school wellness policies; 3. A description of the progress made in attaining the goals of the local school wellness policy. IIE10. Addresses a plan for updating policy based on results of the triennial assessment. IIE11. Addresses use of culturally inclusive practices in school wellness activities. IIE12. Identifies funding support for wellness activities. IIE13. Identifies professional learning opportunities for district employees to support wellness policy implementation.

Items written in italics are items that are also included in the WellSAT version 3.0.

Table 2. **WellSAT 3.0 and WellSAT WSCC Alignment**

Domain	Total WellSAT WSCC Items	WellSAT 3.0 Items	Items Unique to WellSAT WSCC
Behavioral Supports	7	0	7
Community Involvement	5	2	3
Employee Wellness	11	1	10
Family Engagement	9	0	9
Health Education	9	1	8
Health Services	11	0	11
Nutrition Environment	15	15	0
Physical Activity and Physical Education	9	9	0
Safe Environment	13	0	13
Social and Emotional Climate	10	0	10
Implementation, Integration, and Evaluation	13	7	6
Full Scale	112	35	77

and relevance. Relevance was defined for participants as the degree to which the item is closely connected or appropriate to policy in the respective domain (1 = low/not relevant, 2 = somewhat relevant, 3 = highly relevant); whereas importance was defined as the degree to which is each item is of significance or provides value in school policy assessment (1 = low importance, 2 = somewhat important, 3 = highly important). For qualitative feedback, reviewers were given the opportunity to provide comments and feedback for individual items and about the entire domain such as if they felt any constructs were missing and if the items captured the domain as a whole.

Cognitive pre-testing. We performed cognitive pretesting[25] on our final item selections with 2 school policy experts from state departments of education. In each pretest, the respondent was asked to read each question aloud, then discuss how he or she would respond to the item, noting any confusion or comments that arose. For some items, the interviewer prompted the respondent to elaborate, using phrases such as ''In your own words, what is this question asking?'' or inquiring about the respondent's understanding of specific phrases. A final probe followed each of the sections to gauge whether the section captured the entire domain as a whole, if anything was missing, and if there were any items the respondent did not believe would be included in a policy.

Scoring Criteria

After selecting all of the items to be included in the draft measure, scoring criteria were developed to objectively evaluate policy language related to each item. An example of item-specific scoring guidelines is provided in Table 3 using an item from the Social and Emotional Climate domain. Policies that do not address the topic area targeted by an item receive a rating of 0. Policies that address the topic, but are weakened by vague language, loopholes, or statements that are written as aspirations or recommendations receive a rating of 1. Policies that address the topic and use clear, specific language that requires action or regulation receive a rating of 2.

Table 3. **Scoring Guidelines for WellSAT WSCC Items**

Score	General Guidelines	Guidelines for SEC4
0	Not mentioned in policy language; no reference to relevant laws	Not mentioned
1	Recommended Example language includes: may, should, can, could, "The District seeks to . . . ", "The district aspires to . . . "	Recommends that schools develop approaches for preventing and responding to bullying and harassment
2	Mandated Example language includes: shall, will, "It is the responsibility of the [role] to . . . ", required, must	Requires that schools develop approaches for preventing and responding to bullying and harassment

Pilot-Testing

The full draft measure was pilot-tested on a sample of district policies. Thirty Connecticut school districts were selected for scoring in our study. Connecticut's 161 school districts are grouped into 9 District Reference Groups (DRGs) to allow for more meaningful comparisons between socioeconomically similar districts. We used a random number generator to select 3 districts from each DRG plus 3 additional districts from the 3 DRGs with the greatest number of districts for a total of 30.

Policy collection. Each district's policies (including Board or Education policies, any superintendent regulations, and any administrative guidelines) were obtained via the district's website. When policies cited state or federal law related to measure items, we scored the text of the cited law according to the same scoring criteria used for policy statements. Districts could receive a higher score than the standardized coding for laws if they included language that was stronger than the federal or state law.

Scoring. Six research assistants participated in coding district policies. Two graduate research assistants who participated in development of the items and scoring guidelines served as leaders, training the other 4 coders. The research team conducted an initial 2-hour training to introduce the coders to the measure, items, and scoring guidelines. Following the initial training, all coders scored the same 3 districts' policies and met to discuss discrepancies after each district was completed. The remaining 27 districts' policies were assigned individually to one of the 6 research assistants, with each individual coding 4 to 6 district policies. The coding team met periodically during this time to address questions that arose during scoring and to reach a consensus on policies for which scoring was unclear.

Interrater reliability. After the initial coding was complete, steps were taken to conduct analyses to confirm adequate interrater reliability. Of the 30 districts 6 (20% of districts coded) were randomly selected for double coding. These districts were then independently re-coded by a group of 3 research assistants. Interrater reliability was calculated by percent agreement; each item was coded as 1 if the item was coded was an exact match between the 2 raters (eg, both coded the item as 2) or 0 if there was a discrepancy between the 2 raters (eg, one rater coded the item as ''0'' and the other coded it as 2).

Additional Revisions and Further Testing

After conducting the initial round of pilot-testing, revisions were made to the measure based on feedback from the coders on common areas of confusion and to clarify wording that was unclear. In addition, further detail and examples were provided to assist in accurate coding for items. In particular domains with the lowest interrater reliability for the initial pilot-testing were reviewed carefully to provide further detail and guidance for these items. After these revisions, another 6 Connecticut districts were selected for coding using the most updated version of the measure. Two research assistants were assigned to code 3 districts each and a third research assistant double-coded all 6 districts. Interrater reliability was again calculated to evaluate if revisions to the measure facilitated improved standardized and accurate coding.

RESULTS

Expert Review

A summary of ratings from the expert review process is provided in Table 4. The table provides the total number of reviewers of that domain (including those that reviewed only that domain of items and those that reviewed that domain along with the entire measure) and the average ratings for importance and relevance across reviewers. Although there was some variability between domains, overall the averages across domains indicated that items selected for the measure were interpreted as important and relevant to constructs outlined in the WSCC model.

Cognitive Pre-Testing

In general, respondents understood most items appropriately. We found that the most substantial

Table 4. **Mean Expert Review Ratings for Preliminary Scale by Domain**

Domain	Number of Reviewers	Number of Items	ImportanceM (SD)	RelevanceM (SD)
Behavioral Supports	6	10	2.86 (0.19)	2.88 (0.15)
Community Involvement	5	7	2.74 (0.33)	2.68 (0.19)
Employee Wellness	5	10	2.88 (0.2)	2.80 (0.13)
Family Engagement	5	8	2.71 (0.25)	2.56 (0.27)
Health Education	6	10	2.69 (0.21)	2.75 (0.26)
Health Services	5	12	2.74 (0.25)	2.74 (0.25)
Nutrition Environment	7	14	2.96 (0.35)	2.77 (0.08)
Physical Environment	6	13	2.74 (0.25)	2.70 (0.23)
Physical Activity and Physical Education	6	9	2.82 (0.29)	2.76 (0.28)
Social and Emotional Climate	6	10	2.92 (0.11)	2.92 (0.13)
Implementation, Integration, and Evaluation	4	11	2.93 (0.17)	2.86 (0.09)

Additional revisions, including adding and removing items, were made after expert review was conducted; therefore, the number of items in each domain presented in this table does not necessarily correspond exactly with the number of items on each domain in the final measure presented in Table 1.

potential barriers to appropriate use of the WellSAT WSCC were misunderstandings regarding which documents are to be evaluated by coders. In addition, given the comprehensiveness of the tool, reviewers shared that it may be difficult and cumbersome to review all of a district's policies at the same time. To provide additional assistance to potential users, we provided guidelines for suggested policies to review to complete the items in each domain (eg, for the Health Education domain coders were instructed to review curriculum and instruction, sexual health education, and substance use prevention policies). These suggested policies to review are also included in the full version of the final measure to assist in locating relevant policy language. In addition, we used this feedback to clarify wording and shape the scoring guidelines of several items, to rearrange the order of items within sections, and to develop instructions for use of the WellSAT WSCC through the creation of a user guide.

Interrater Reliability

Results of interrater reliability results are presented in Table 5. For the initial round of pilot-testing, interrater reliability was 76.17% for the full scale, with individual domains ranging between 61.9% (Behavioral Supports) to 97.51% (Physical Environment). As noted above, we sought to revise and provide further clarification for items on domains with the lowest interrater reliability, in particular those below 70% reliability (Behavioral Supports, Community Involvement, and Health Services). After making additional revisions and conducting another smaller round of testing, we again evaluated interrater reliability (noted as Round 2 in Table 5). For Round 2, the interrater reliability for the whole scale improved to 85.49%; for individual domains, interrater reliability ranged from 75.93% (Family Engagement) to 88.89% (IIE). In addition, interrater reliability was at or above 75% for all domains.

Table 5. **Inter-rater Reliability by Domain**

Domain	Round 1 (%)	Round 2 (%)
Behavioral Supports	61.90	88.09
Community Involvement	66.68	83.33
Employee Wellness	76.67	86.68
Family Engagement	79.17	75.93
Health Education	83.33	84.23
Health Services	65.28	86.37
Physical Environment	87.51	87.61
Social and Emotional Climate	81.67	83.33
Implementation, Integration, and Evaluation	83.33	88.89
Full Scale	76.17	85.49

Final Measure

After incorporating feedback throughout all steps of development, the final measure included 112 items (see Table 1). As previously noted, the overlap between WellSAT 3.0 and WellSAT WSCC is depicted in Table 2. Some domains such as Nutrition Environment and Physical Education and Activity are completely derived from WellSAT 3.0 items, whereas others such as Behavioral Supports and Social & Emotional Climate have no overlap with WellSAT 3.0 items. Other domains such as Community Involvement and IIE are comprised of a combination of items from WellSAT 3.0 and new items created for this new measure.

DISCUSSION

The purpose of this study was to expand the existing WellSAT 3.0 measure to encompass all 10 domains of the WSCC model represented in district wellness policies. We utilized a multi-step, iterative process to develop the measure including expert review, cognitive pre-testing, and pilot-testing. This process resulted in a final version of the WellSAT WSCC measure comprised of 112 items across the 10 domains of the WSCC model and an additional domain to evaluate implementation, integration, and evaluation of supports across domains.

Feedback from expert review indicated that the selected items captured relevant and important constructs related to each domain, and cognitive pre-testing participants reported that most items were correctly understood and interpreted. Results of the initial round of pilot-testing indicated generally acceptable levels of interrater reliability, with feedback from coders and analysis of patterns of interrater reliability used to make further revisions to items and scoring criteria to ultimately result in improved reliability. Reliability estimates for the WellSAT WSCC measure were similar to those reported for the original WellSAT measure.[16]

Although this study resulted in an overall measure with adequate reliability and construct validity, it should be noted that the individual domains were not equal in terms of ease of development. The WSCC model varies between domains in terms of the detail of both the description of the domain and specificity of suggested best practices in that area. In line with this, there are also differences between domains in terms of the research support for best practices and how readily policy guidance related to that area is available from national organizations. For example, while some domains are associated with strong empirical support and specific policy recommendations, other domains like Family Engagement and Community Involvement had much less concrete guidance available. Therefore, this represented an initial challenge to develop unique items for these areas. Developing the entire measure was an iterative process with changes made after each step in the process; however, there more iteration was required for some domains than others. Some domains with more limited guidance were also associated with greater variability in expert review ratings and were more difficult to establish adequate reliability.

The WellSAT WSCC offers a WSCC-aligned policy evaluation tool that is unique in several ways. First, our tool capitalizes on the familiarity of the format and style of the existing WellSAT measure to deliver a public-facing tool school districts and other stakeholders can use to evaluate policy strength and comprehensiveness. Second, we used an iterative process to develop the measure and sought feedback from intended users at multiple points in the development process to ensure that the measure reflects current research and best practices. We also engaged a national panel of content experts, including other researchers who have conducted foundational work in evaluating WSCC-related policies.[6,22,24] Third, we conducted interrater reliability testing with several coders to ensure that the measure can be used reliably by a range of users. Finally, we created a user manual, videos, and other scoring support materials which are all hosted on the University of Connecticut's Collaboratory for School and Child Health (https://csch.uconn.edu/wellsat-wscc/) and Rudd Center for Food Policy and Obesity (http://uconnruddcenter.org/wellsat-wscc) websites for public use.

Limitations

The WellSAT WSCC represents a new and unique measure; thus, there are associated limitations. First, our initial testing of the measure was limited to Connecticut school districts which may not reflect the landscape of district policies nationwide. However, in our expert review process, we solicited feedback for those with expertise in school wellness outside of Connecticut to ensure a broad range of perspectives across domains pertaining to school wellness. Second, given that the WellSAT WSCC is a new measure, this is the first study to provide psychometric evidence of how the tool functions. Additional evaluation of the tool will be needed to not only see how it functions in evaluating district policies outside of Connecticut but also if the measure is consistent and valid compared to other policy evaluation measures. Additional research should also seek to determine if use of the tool is associated with improved implementation of WSCC supports and thus student and staff outcomes.

Conclusions

In sum, written policy can be a powerful tool in promoting WSCC school health initiatives. As one of our cognitive pre-testing reviewers remarked, ''If you don't write it down, it isn't anything.'' This study sought to create a new policy evaluation tool, expanding from the strengths of the existing WellSAT 3.0 to encompass the WSCC model domains. Results indicated that the WellSAT WSCC captured relevant and important constructs related to each domain, and adequate interrater reliability was achieved through initial pilot-testing of the measure. This publicly accessible measure is accompanied by supportive tools and guides to facilitate the policy review process for a range of users who are dedicated to supporting the whole child and improving school wellness through use of the WSCC model.

IMPLICATIONS FOR SCHOOL HEALTH

The WellSAT WSCC provides school districts with a freely accessible tool to evaluate alignment between their policies and the WSCC model. In addition, the WellSAT WSCC website (https://csch.uconn.edu/wellsat-wscc/) provides additional resources to aid stakeholders in policy evaluation including instructional videos, a user guide, and action planning tools. Anecdotally, we have received feedback that although school districts are interested in engaging in policy review, they often times are not sure where to start in their evaluation. We provide the following recommendations for getting started with policy evaluation and using the WellSAT WSCC tool:

- If the district is overwhelmed by reviewing policies related to all domains, we recommend that the team consider prioritizing 2 to 3 domains for policy review. Specific guidance on how to prioritize can be found in the action planning tools located in the appendices of the user manual on the WellSAT WSCC website . In addition, stakeholders may select domains that are aligned with strategic goals or other district-wide initiatives.
- First, the team should gather district employees with expertise related to the areas of policy review. In addition to wellness committee members, it may also be appropriate to include those district and school personnel with roles and/or responsibilities related to WSCC domains in the policy evaluation process. For example, if Social & Emotional Climate is selected for review, it may be relevant to include members of school climate and culture teams and school mental health professionals to be part of the review.
- Then, the team should download and review the 3 guiding documents from the WellSAT WSCC website: (1) the User Manual, which provides an overview of the measure and answers frequently asked questions; (2) the Coding Guide, which includes detailed scoring criteria for each item; and (3) the Score Sheet for documenting scores for each item.
- The policy review team should then locate district-level policy documents related to the selected domains for review. These are typically located on the local Board of Education page on districts' websites. We recommend reviewing all Board of Education policies, administrative regulations, and federal and state law related to the domain of interest. The WellSAT WSCC User Manual also provides suggestions of policies to review for each domain.
- Then, the team can begin reviewing policy documents and coding items for selected domains. The WellSAT WSCC Coding Guide provides detailed guidance for how to score each item.
- As the team is coding, members can use the WellSAT WSCC Score Sheet to document scores. Once the review is complete, strength and comprehensiveness scores should be calculated for each domain.
- Finally, the policy review team should use the results to create an action plan with the district wellness committee. If a domain received a low score, the team should consider what steps can be taken to strengthen policy language or better implement existing policies in this domain.

Human Subjects Approval Statement

This study evaluated publicly available policy documents and as such was exempt from human subjects review.

Conflict of Interest

All authors of this article declare they have no conflicts of interest.

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Appendix A: WellSAT WSCC Alignment and Item Sources

WellSAT WSCC Item	CDC WSCC Model text	Source
	Behavioral Supports	
BS1. Addresses methods and procedures to identify students with social, emotional, and/or behavioral (SEB) needs	"... systems-level assessment, prevention, intervention, and program design by school-employed mental health professionals contribute to the mental and behavioral health of students as well as to the health of the school environment."	WSCC description[26]
BS2. Identifies internal (within school) referral systems to address SEB needs	"Services include ... referrals to school and community support services as needed"	National Association of School Psychologists (NASP) Practice Model,[27] Social Work Practice Model,[28] WSCC description[26]
BS3. Addresses presence of credentialed behavioral health service providers appropriate for student population needs (eg, social workers, school psychologists, and/or school counselors)	"Professionals such as certified school counselors, school psychologists, and school social workers provide these services."	WSCC description[26]
BS4. Addresses use of evidence-based prevention and intervention strategies to meet a continuum of SEB needs	"Services include ... direct and indirect interventions to address psychological, academic, and social barriers to learning, such as individual or group counseling and consultation ..."	WSCC description[26]
BS5. Defines a data-driven process for monitoring response to supports for students with SEB needs	See BS1	NASP Practice Model,[27] Social Work Practice Model,[28] ASCA National Model[29]
BS6. Addresses community-based service coordination and communication with providers to meet student SEB needs	"School employed mental health professionals ensure that services provided in school reinforce learning and help to align interventions provided by community providers within the school environment"	WSCC description[26]
BS7. Addresses engagement of and communication with families to address SEB needs	"... school-community-family collaboration"	WSCC description[26]
	Social Emotional Climate	
SEC1. Addresses participation in school climate surveys	"A positive social and emotional school climate is conducive to effective teaching and learning."	Center for Social Emotional Education,[30] National School Climate Standards[31]
SEC2. Addresses sharing aggregate results of school climate data with stakeholders	See SEC1	National School Climate Standards[31]
SEC3. Addresses promoting positive relationships between students and employees	"The social and emotional climate of a school can impact ... relationships with other students, staff, family, and community ..."	National School Climate Standards[31]
SEC4. Identifies school-wide approaches to address harassment, bullying, and/or cyberbullying	"Such climates promote health, growth, and development by providing a safe and supportive learning environment."	NASP Practice Model[27]
SEC5. Addresses diversity and inclusion to promote engagement of all students in school activities	"The social and emotional climate of a school can impact student engagement in school activities ..."	Center for Social Emotional Education,[30] National School Climate Standards[31]
SEC6. Addresses reviewing and responding to school climate data	See SEC1	Center for Social Emotional Education[30]
SEC7. Addresses use of positive behavior support practices	"Social and Emotional School Climate refers to the psychosocial aspects of students' educational experience that influence their social and emotional development."	Center for Social Emotional Education[30]
SEC8. Addresses minimization of exclusionary disciplinary practices (eg, suspension and expulsion)	"The social and emotional climate of a school can impact student engagement in school activities; relationships with other students, staff, family, and community; and academic performance."	NASP Practice Model[27]
SEC9. Addresses social emotional learning (SEL)	See SEC7	Collaborative for Academic, Social, and Emotional Learning (CASEL) Key Features of High-Quality Policies[32]

Appendix A: Continued

WellSAT WSCC Item	CDC WSCC Model text	Source
SEC10. Connects social emotional learning standards and academic standards	"The social and emotional climate of a school can impact . . . academic performance.	CASEL Key Features of High-Quality Policies[32]
	Safe Environment	
SE1. Identifies regular cleaning practices for district buildings	"A healthy school environment will address a school's physical condition during normal operation as well as during renovation (eg, ventilation, moisture, temperature, noise, and natural and artificial lighting), and protect occupants from . . . biological and chemical agents in the air, water, or soil as well as those purposefully brought into the school (eg, pollution, mold, hazardous materials, pesticides, and cleaning agents)."	United States Environmental Protection Agency (EPA)[33]
SE2. Addresses prevention and safe removal (if applicable) of mold and moisture in district buildings	See SE1	EPA[33]
SE3. Addresses minimization of student and staff exposure to toxins (eg, vehicle exhaust, mold, air pollution, pesticides, cleaning products)	See SE1	EPA[33]
SE4. Specifies a system for monitoring and addressing air quality and ventilation for district buildings and grounds	See SE1	EPA[33]
SE5. Specifies system for monitoring and addressing water quality in district buildings	See SE1	EPA[33]
SE6. Specifies an integrated pest management plan	See SE1	EPA[33]
SE7. Addresses district buildings' physical condition such as lighting, noise, and temperature during normal operating hours and construction	See SE1	WSCC description[26]
SE8. Addresses student and employee involvement in maintaining the school physical environment (eg, graffiti, littering, recycling)	See SE1	EPA[33]
SE9. Addresses maintenance of facilities and equipment and compliance to safety standards	"A healthy school environment will . . . protect occupants from physical threats (crime, traffic, injuries)"	EPA[33]
SE10. Specifies physical safety measures (eg, double entry access, surveillance, locked doors and windows) and/or procedures in district buildings and grounds (eg, active supervision of hallways, check in check out systems for visitors, safe transport)	See SE9	NASP School Safety Policy Recommendations, Prepare Model[34,35]
SE11. Addresses the establishment of an ongoing school safety team	See SE9	NASP School Safety Policy Recommendations, Prepare Model[34,35]
SE12. Specifies a crisis preparedness and response plan	See SE9	NASP School Safety Policy Recommendations, Prepare Model[34,35]
SE13. Addresses training for school resource officers in district buildings (if applicable)	See SE9	NASP School Safety Policy Recommendations, Prepare Model[34,35]
	Community Involvement	
CI1. Addresses community representation on district wellness committee	"The school, its students, and their families benefit when leaders and staff at the district or school solicits and coordinates information, resources, and services available from community-based organizations, businesses, cultural and civic organizations, social service agencies, faith-based organizations, health clinics, colleges and universities, and other community groups."	Derived from WellSAT 3.0 item IEC2;[11] Healthy and Hunger-Free Kids Act (HHFKA) [10]

Appendix A: Continued

WellSAT WSCC Item	CDC WSCC Model text	Source
CI2. Addresses community stakeholders participation in the development, implementation, and periodic review and update of the local wellness policy	See CI2	Derived from WellSAT 3.0 item IEC2;[20] HHFKA[10]
CI3. Addresses shared-use agreements between school and community	"Schools, students, and their families can contribute to the community . . . by sharing school facilities with community members (eg, school-based community health centers and fitness facilities"	WellSAT 3.0 item PEPA15[20]
CI4. Specifies community-based opportunities for student service learning	"Schools, students, and their families can contribute to the community through service-learning opportunities . . . "	WSCC description[26,36]
CI5. Addresses availability of the wellness policy to the public (Federal Requirement: the LEA must make the current policy available to the public on an annual basis)	"Community groups, organizations, and local businesses create partnerships with schools, share resources, and volunteer to support student learning, development, and health-related activities"	WellSAT 3.0 item IEC4;[20] HHFKA[10]
	Family Engagement	
FE1. Address family representation on district wellness committee	"Families and school staff work together to support and improve the learning, development, and health of students."	Derived from WellSAT 3.0 item IEC2;[20] HHFKA[10]
FE2. Addresses family participation in the development, implementation, and periodic review and update of the local wellness policy	See FE1	Derived from WellSAT 3.0 item IEC2;[20] HHFKA[10]
FE3. Addresses providing opportunities for ongoing, sustained family engagement throughout the school year	"School staff are committed to . . . engaging families in a variety of meaningful ways . . . " "School staff are committed to . . . sustaining family engagement"	WellSAT 3.0 item PEPA11;[20] WSCC description[26]
FE4. Addresses regular, 2-way communication with families	"Family engagement with schools is a shared responsibility of both school staff and families."	Family engagement policy guidance[37-39]
FE5. Addresses alignment of family engagement activities with the needs of the community	See FE3	Family engagement policy guidance[37-39]
FE6. Addresses alignment of family engagement programs and district wellness objectives	"This relationship between school staff and families cuts across and reinforces student health and learning in multiple settings—at home, in school, in out-of-school programs, and in the community."	Family engagement policy guidance[37-39]
FE7. Addresses use of culturally responsive practices to engage families	See FE3	Family engagement policy guidance[37-39]
FE8. Addresses sharing wellness-related information with families	"This relationship between school staff and families cuts across and reinforces student health and learning in multiple settings—at home, in school, in out-of-school programs, and in the community."	Family engagement policy guidance[37-39]
FE9. Recommends that school-based volunteer opportunities be provided for families (eg, parent teacher associations, parent teacher organizations, family-school committees)	"Families are committed to actively supporting their child's learning and development."	Family engagement policy guidance[37-39]
	Health Education	
HE1. Includes topics for health education that are designed to promote student wellness in a manner that the local education agency determines is appropriate and aligned with state requirements	"Health education helps students acquire the knowledge, attitudes, and skills they need for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. Comprehensive school health education includes curricula and instruction for students in pre-K through grade 12 that address a variety of topics"	WSCC description;[1] WellSAT 3.0 item NE1;[20] HHFKA[10]
HE2. Specifies that health education is provided by qualified, trained professionals	"When provided by qualified, trained teachers, health education helps students acquire the knowledge, attitudes, and skills they need for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others."	WSCC description[26]
HE3. Addresses health education for students in district	"Comprehensive school health education includes curricula and instruction for students in pre-K through grade 12 . . . "	Society of Health and Physical Educators (SHAPE) America[40]

Appendix A: Continued

WellSAT WSCC Item	CDC WSCC Model text	Source
HE4. Addresses alignment between health education curriculum goals and the needs of students in the community with the goal of reducing health inequity	"Health education, based on an assessment of student health needs and planned in collaboration with the community, ensures reinforcement of health messages that are relevant for students and meet community needs."	SHAPE America[40]
HE5. Addresses National Health Education Standards (NHES)	"Health education curricula and instruction should address the National Health Education Standards (NHES) . . . "	WSCC description[26]
HE6. Incorporates the CDC's characteristics of an effective health education curriculum	"Health education curricula and instruction should . . . incorporate the characteristics of an effective health education curriculum."	WSCC description[26]
HE7. Specifies that health education curriculum will be evaluated and revised	See HE6	SHAPE America[40]
HE8. Addresses opportunities for interdisciplinary connections and practicing health-related skills outside of health education classes	"Students might also acquire health information through education that occurs as part of a patient visit with a school nurse, through posters or public service announcements, or through conversations with family and peers."	SHAPE America[40]
HE9. Includes goals for nutrition education that are designed to promote student wellness in a manner that the local education agency determines is appropriate (Federal requirement)	"Comprehensive school health education includes curricula and instruction for students in pre-K through grade 12 that address a variety of topics such as . . . healthy eating/nutrition"	WellSAT 3.0 item NE1;[20] HHFKA[10]
	Employee Wellness	
EW1. Designates employee wellness as a priority in the district organization structure	"A comprehensive school employee wellness approach is a coordinated set of programs, policies, benefits, and environmental supports designed to address multiple risk factors (eg, lack of physical activity, tobacco use) and health conditions (eg, diabetes, depression) to meet the health and safety needs of all employees."	Healthy Workforce 2010;[41] National Association of Chronic Disease Directors (NACDD)[42]
EW2. Includes dissemination of health education materials focused on skill development and lifestyle behavior change for school employees	"Partnerships between school districts and their health insurance providers can help offer resources"	Healthy Workforce 2010[41]
EW3. Addresses coordination with health insurance providers to conduct health risk screening	"Partnerships between school districts and their health insurance providers can help offer resources, including personalized health assessments . . . "	Healthy Workforce 2010;[41] NACDD[42]
EW4. Addresses creating an environment that supports employees' healthy lifestyles	"Schools can create work environments that support healthy eating, adopt active lifestyles, be tobacco free, manage stress, and avoid injury and exposure to hazards (eg, mold, asbestos)."	Healthy Workforce 2010;[41] NACDD[42]
EW5. Addresses social and emotional supports for school employees including the use of Employee Assistance Programs or other programs	"Fostering school employees' physical and mental health protects school staff, and by doing so, helps to support students' health and academic success."	WSCC description;[1] NACDD[42]
EW6. Includes use of employee input in design and evaluation of employee wellness programs	"A comprehensive school employee wellness approach is a coordinated set of programs, policies, benefits, and environmental supports designed to address multiple risk factors . . . and health conditions . . . to meet the health and safety needs of all employees"	Centers for Disease Control;[43] NACDD[42]
EW7. Address tobacco use by school employees	See EW4	WSCC description;[26] NACDD[42]
EW8. Addresses school employee adoption and modeling of healthy lifestyles	See EW4	WellSAT 3.0 WPM1[20]
EW9. Addresses promotion of a positive workplace climate	"Fostering school employees' physical and mental health protects school staff, and by doing so, helps to support students' health and academic success"	Healthy Workforce 2010[41]
EW10. Addresses space and break time for lactation/breast feeding	See EW1	Expert review
EW11. Addresses methods to communicate information about and encourage participation in available wellness programs	See EW1	Expert review; NACDD[42]

Appendix A: Continued

WellSAT WSCC Item	CDC WSCC Model text	Source
	Health Services	
HS1. Addresses presence of qualified health service providers in district schools	"Qualified professionals such as school nurses, nurse practitioners, dentists, health educators, physicians, physician assistants and allied health personnel provide these services."	American Academy of Pediatrics (AAP),[44] National Association of School Nurses (NASN)[45]
HS2. Addresses community-based service coordination and communication with providers to meet student health needs	"These services are designed to ensure access and/or referrals to the medical home or private healthcare provider."	WSCC description;[26] CDC School Health Services Model;[46] NASN[45]
HS3. Addresses alignment of health services with the health needs of students in the community	"School health services actively collaborate with school and community support services to increase the ability of students and families to adapt to health and social stressors, such as chronic health conditions or social and economic barriers to health"	WSCC description;[1] NASN[45]
HS4. Addresses engagement of and communication with families to address individual student health needs	"Health services connect school staff, students, families, community and healthcare providers to promote the healthcare of students and a healthy and safe school environment"	WSCC description;[26] CDC School Health Services Model[46]
HS5. Specifies opportunities for dissemination of health information resources to students and families (eg, pamphlets, flyers, posters)	" . . . student and parent education complement the provision of care coordination services"	WSCC description;[1] NASN[45]
HS6. Addresses student physical health screenings (eg, hearing, vision)	" . . . wellness promotion, preventive services and staff . . . complement the provision of care coordination services."	NASN[45]
HS7. Addresses assessment and planning for chronic disease management to meet individual student needs (eg, asthma, diabetes, etc.)	"School health services intervene with actual and potential health problems, including . . . emergency care and assessment and planning for the management of chronic conditions (such as asthma and diabetes)"	WSCC description;[1] CDC School Health Services Model;[46] NASN[45]
HS8. Addresses management of allergies in the school environment	"School health services intervene with actual and potential health problems, including . . . emergency care and assessment and planning for the management of chronic conditions (such as asthma and diabetes)"	AAP[47]
HS9. Addresses provision of acute and emergency care	"School health services intervene with actual and potential health problems, including providing first aid . . . "	WSCC description;[1] CDC School Health Services Model[46]
HS10. Specifies a health services plan for response to student sexual risk behavior (eg, HIV/STD, pregnancy)	"School health services intervene with actual and potential health problems"	AAP[44]
HS11. Specifies a health services plan for response to student substance use (eg, tobacco, alcohol, illicit substances)	See HS10	AAP[48]
	Integration, Implementation, and Evaluation	
IIE1. Specifies use of Centers for Disease Control and Prevention's WSCC model or other coordinated/ comprehensive method to guide wellness activities	NA	WSCC description;[26] Comprehensive Coding System to Measure the Quality of School Wellness Policies item CP84[16]
IIE2. Addresses the establishment of an ongoing district wellness committee	NA	WellSAT 3.0 item IEC1;[20] HHFKA[10]
IIE3. Addresses how families, students, representatives of the school food authority, teachers of physical education, school health professionals, the school board, school administrator, and the general public will participate in the development, implementation, and periodic review and update of the local wellness policy	NA	WellSAT 3.0 item IEC2; [20] HHFKA[10]
IIE4. Addresses diverse representation on district wellness committee outside of federal requirements to reflect WSCC domains such as: A. employee wellness B. physical environment, custodial services C. behavioral health (counseling, psychological, social services) D. health education E. health services F. nutrition and physical activity providers in the community)	NA	NACCD[49]

Appendix A: Continued

WellSAT WSCC Item	CDC WSCC Model text	Source
IIE5. Addresses the establishment of an ongoing school building level wellness committee (note: this may also be called a school health team, school health advisory committee, or school health council, or similar name)	NA	WellSAT 3.0 item IEC8[20]
IIE6. Addresses the assessment of district implementation of the local wellness policy at least once every 3 years (Federal Requirement)	NA	WellSAT 3.0 item IEC5;[20] HHFKA[10]
IIE7. Identifies the position of the LEA or school official(s) responsible for the implementation and oversight of the local wellness policy to ensure each school's compliance (Federal Requirement)	NA	WellSAT 3.0 item IEC3;[20] HHFKA[10]
IIE8. Addresses a plan to assess the impact of wellness policy on behavioral health and educational outcomes (eg, student and employee attendance, office discipline referrals, BMI screenings	NA	NACCD[49]
IIE9. Addresses making triennial assessment results available to the public	NA	WellSAT 3.0 item IEC6;[20] HHFKA[10]
IIE10. Identifies funding support for wellness activities	NA	Comprehensive Coding System to Measure the Quality of School Wellness Policies item E95;[16] NACCD[49]
IIE11. Addresses a plan for updating policy based on results of the triennial assessment (Federal Requirement)	NA	WellSAT 3.0 item IEC7;[16] HHFKA[49]
IIE12. Addresses use of culturally inclusive practices in school wellness activities	NA	CDC Characteristics of Effective Health Education[50]
IIE13. Identifies professional learning opportunities for district employees to support wellness policy implementation	NA	CDC Characteristics of Effective Health Education[50]