

Whole School, Whole Community, Whole Child: Implications for 21st Century School Nurses



*National
Association of
School Nurses*

Position Statement

SUMMARY

It is the position of the National Association of School Nurses (NASN) that the registered professional school nurse (hereinafter referred to as school nurse) be knowledgeable about and participate in the implementation of Whole School, Whole Community, Whole Child (WSCC) approach in the educational setting (ASCD & Centers for Disease Control and Prevention [CDC], 2014). The [WSCC](#) approach combines and builds upon the Coordinated School Health (CSH) model and the ASCD's (formerly known as the Association for Supervision and Curriculum Development) Whole Child approach to learning and promotes greater alignment between health and educational outcomes. WSCC is student centered, with the overarching goal of keeping students healthy, safe, engaged, supported, and challenged. The WSCC model emphasizes the need to coordinate policy, process, and practice to achieve improved student health and education outcomes. This collaboration in support of students encompasses health services, health education, employee wellness, counseling, psychological and social services, nutrition environment and services, physical education and physical activity, physical environment, social emotional climate, family engagement, and community involvement. WSCC recognizes the critical role of ongoing collaboration between school and community in fostering student success (Lewallen, Hunt, Potts-Datema, Zaza, & Giles, 2015). The school nurse occupies a pivotal position as a leader who uses professional education and skills to assist schools and communities in the implementation and evaluation of the WSCC model (Galemore, Bowlen, Combe, Ondeck, & Porter, 2016).

BACKGROUND

The concept of a comprehensive school health program was introduced in the late 1980s in response to the status of children's health and education. In 2007, the CDC incorporated this concept into the CSH model. CSH is an organized set of policies, procedures and activities designed to protect and promote the health and well-being of students and school staff (Allensworth & Kolbe, 1987). In 2013, ASCD and the CDC convened experts from the field of education and health to discuss lessons learned from implementation of the CSH and Whole Child approaches, resulting in the development of the WSCC model (ASCD & CDC, 2014). The new WSCC model serves as a blueprint for integrating programs guiding policy development and practices in the school setting (Galemore et al., 2016). School nurses utilizing the WSCC approach have reported successful outcomes in the areas of student and employee wellness, health advocacy, professional learning communities, and community support (Galemore et al., 2016).

RATIONALE

The WSCC approach offers important opportunities to improve the health and education outcomes of students by highlighting the five whole child tenets and by noting the importance of coordination between the ten school

community based components. School nurses work collaboratively within the context of the WSCC model when they implement the principles of the [NASN Framework for 21st Century School Nursing Practice™](#) which include Standards of Practice, Care Coordination, Leadership, Quality Improvement, and Community/Public Health (Maughan, Duff, & Wright, 2016; NASN 2016). School nurses, collaborating with stakeholders across the WSCC model, utilize the full range of Framework principles to influence student health and academic achievement.

Health Services: The school nurse provides emergency care assessments and interventions, management of acute and chronic health conditions, referral and support to access primary care, preventive services, communicable disease control measures, counseling for health promotion, and identification and management of health-related barriers to student learning. The NASN Framework provides guidance for student-centered nursing care that occurs within the context of the students' family and school community and provides guidance for the practicing school nurse to reach the goal of supporting student health and academic success by contributing to a healthy and safe school environment (NASN, 2016).

Health Education: The school nurse provides education to small groups and individuals on topics such as asthma and diabetes to promote healthy life choices, increase compliance with prescribed regimens and improve student attendance and academic outcomes. The school nurse reviews and recommends evidence-based health education curricula addressing physical, mental, emotional, and social dimensions of health to help students develop health knowledge, positive attitudes, and skills to make health-promoting decisions, achieve health literacy, and adopt health-enhancing behaviors. The school nurse uses data from local, state, and national sources to determine the current risks and protective factors for students.

Employee Wellness: The school nurse works collaboratively with the school health services team to provide health information and health promotion activities, may monitor chronic conditions, provide health resources, and referrals.

Counseling, Psychological, and Social Services: The school nurse collaborates with school counseling, psychology and social work staff to identify student psychosocial problems and provide input and supportive interventions. Services focus on cognitive, emotional, behavioral, and social needs of students and families aimed at improving students' mental, emotional, and social health through assessment, intervention and referral.

Nutrition Environment and Services: The school nurse promotes the integration of nutritious, affordable, and appealing meals, nutrition education, and an environment that promotes healthy eating behaviors for all students. The school nurse provides education about nutritious foods, monitors menus, and encourages the inclusion of healthy foods on menus, in vending machines, in fundraising and classroom parties/snacks. The school nurse provides information to food service regarding students' special nutritional needs, including food allergies and potential anaphylaxis to promote student safety.

Physical Education and Physical Activity: The school nurse collaborates with physical educators to meet physical education goals, provides information to students about physical activity, helps design appropriate programs for students with special health concerns, and advocates for planned, sequential K through 12 curricula that promote lifelong physical activity.

Physical Environment: The school nurse promotes a safe physical and psychological school environment that is supportive of learning by monitoring, reporting and intervening to correct hazards; collaborating with the development of crisis intervention/disaster plans; and advocating for adaptations for students with special needs.

Social and Emotional Climate: The school nurse promotes a positive social and emotional school climate that is safe, healthy, and supportive of learning by advocating for evidence-based K through 12 curricula that provide ongoing education to support psychosocial understanding and support for all students.

Family Engagement: The school nurse promotes family and school partnerships working together to support and improve learning by sharing opportunities to get involved at school and within the broader community.

Community Involvement: The school nurse takes a leadership role in collaborating with community partners to identify and provide programs to meet the physical and mental health needs of children and families. The school nurse can help strengthen collaboration among agencies and stakeholders to review and analyze community data to help make informed decisions.

CONCLUSION

The implementation of the WSCC model requires collaboration between health and education leaders who understand the importance of the link between student health and academic success. The school nurse is an important member of this interprofessional team. School nurses utilize 21st Century School Nursing Framework™ principles to operationalize the WSCC model in the day-to-day policies and practices focused on the student. “By focusing on children and youth as students, addressing critical education and health outcomes, organizing collaborative actions and initiatives that support students, and strongly engaging community resources, the WSCC approach offers important opportunities for school improvements that will advance educational attainment and healthy development for students.” (Lewallen et al., 2015, p.737). School nurses have access to the entire school community and are in a unique position to bring stakeholders together to focus on the child through WSCC (Galemore et al., 2016) With careful planning, implementation, and evaluation efforts, use of the WSCC model and the Framework for 21st Century School Nursing Practice™ has the potential to improve school and community life in the present and in the future (Rooney, Videto, & Birch, 2015).

REFERENCES

- Allensworth, D., & Kolbe, L. (1987). The comprehensive school health program: Exploring an expanded concept. *Journal of School Health, 57*, 409-412. doi: 10.1111/j.1746-1561.1987.tb03183.x/full
- ASCD & Centers for Disease Control and Prevention. (2014). Whole school, whole community, whole child – A collaborative approach to learning and health. Retrieved from <http://www.ascd.org/ASCD/pdf/siteASCD/publications/wholechild/wsc-a-collaborative-approach.pdf>
- Galemore, C.A., Bowlen, B., Combe, L.G., Ondeck, L. & Porter, J. (2016) Whole school, whole community, whole child – Calling school nurses to action. *NASN School Nurse, 31*(4),217-223. doi: 10.1177/1942602X16651131

Lewallen, T.C., Hunt, H., Potts-Datema, W., Zaza, S., & Giles, W. (2015). The whole school, whole community, whole child model: A new approach for improving educational attainment and healthy development for students. *Journal of School Health, 85(11)*, 729-739. doi: 10.1111/josh.12310

Maughan, E.D., Duff, C., & Wright, J. (2016). Using the framework for 21st-century school nursing practice in daily practice. *NASN School Nurse, 31(5)*, doi.org/10.1177/1942602X16661558

National Association of School Nurses. (2016). Framework for 21st century school nursing practice. *NASN School Nurse, 31(1)*, 45-53. doi: 10.1177/1942602X15618644

Rooney, L.E., Videto, D.M., & Birch, D.A. (2015). Using the whole school, whole community, whole child model: Implications for practice. *Journal of School Health, 85(11)*, 817–823. doi/10.1111/josh.12304/pdf

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