ABSTRACT

BACKGROUND: Schools, school districts, and communities seeking to implement the Whole School, Whole Community, Whole Child (WSCC) model should carefully and deliberately select planning, implementation, and evaluation strategies.

METHODS: In this article, we identify strategies, steps, and resources within each phase that can be integrated into existing processes that help improve health outcomes and academic achievement. Implementation practices may vary across districts depending upon available resources and time commitments.

RESULTS: Obtaining and maintaining administrative support at the beginning of the planning phase is imperative for identifying and implementing strategies and sustaining efforts to improve student health and academic outcomes. Strategy selection hinges on priority needs, community assets, and resources identified through the planning process. Determining the results of implementing the WSCC is based upon a comprehensive evaluation that begins during the planning phase. Evaluation guides success in attaining goals and objectives, assesses strengths and weaknesses, provides direction for program adjustment, revision, and future planning, and informs stakeholders of the effect of WSCC, including the effect on academic indicators.

CONCLUSIONS: With careful planning, implementation, and evaluation efforts, use of the WSCC model has the potential of focusing family, community, and school education and health resources to increase the likelihood of better health and academic success for students and improve school and community life in the present and in the future.

Keywords: Whole School, Whole Community, Whole Child (WSCC) model; school health; collaborative relationships; policy; planning; implementation; evaluation.

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Previous articles in this issue of the Journal of School Health have addressed the history of Coordinated School Health (CSH), the Whole Child initiative, the link between health and academic outcomes, and include descriptions of school districts that have successfully placed the needs of the child first and transformed their practices using components and tenets that are foundational to the Whole School, Whole Community, Whole Child (WSCC) model. It is important to recognize that even though many of the components within the WSCC model may be familiar to education and health stakeholders, the WSCC model itself is relatively new, having been first introduced in 2014. Therefore, strategies for the planning, implementation, and evaluation of WSCC presented within this chapter should be considered suggestions based upon past CSH practices and an understanding of WSCC.

The WSCC model may vary across districts and schools based upon school leadership, policies, culture, school and community needs and assets, staff availability, time, resources, family engagement, and community involvement. Linking the model and initiatives to academic indicators is imperative to establishing buy-in and sustainability. Possible opportunities for integration or further coordination include the school improvement plans (SIPs), school safety and climate, school wellness plans, district strategic plans, and school or district mission statements.

The planning, implementation, and evaluation of WSCC as presented in this article addresses the alignment of health and learning through the interactive context of the 5 Whole Child tenets and the 10 WSCC components. The model supports the process of building trust and collaborative relationships among administrators, teachers, parents, students, and
community members. Establishing interest and buy-in from diverse stakeholders is important in generating authentic and meaningful insight related to the needs and assets of the school and overall community.

Interest in the WSCC model can be initiated by anyone from the school or community but in order to successfully use the model, the district and individual school leadership must embrace and authorize the process. Once leadership embraces the concept of the WSCC framework, planning for implementation may begin.

PLANNING, IMPLEMENTATION, AND EVALUATION

Planning

Planning for implementation of the WSCC model requires careful consideration of student needs, resources, policies, school climate and culture, accountability measures, administrative support, and community assets and resources. The planning process includes gathering information about the interest, readiness, and capacity of districts to engage in comprehensive system analysis. Full buy-in of the school administration can leverage the importance of the WSCC and increase the capacity for district-wide implementation and sustainability. District leadership acceptance and willingness to collaborate will increase through clear and effective communication, having an understanding of school operations and business practices, and having the ability to illustrate the potential benefits of WSCC for the district. The National Association of Chronic Disease Directors’ report on Speaking Education’s Language: A Guide for Public Health Professionals Working in the Education Sector and the National School Boards Association’s How Schools Work and How to Work With Schools will provide helpful tips for building collaborative relationships.2,3

It is also important for school administration and staff to recognize the mutual benefits of the public health community working with schools. Healthy People 2020 provides examples of objectives for both health and education systems, aimed at increasing educational attainment and improving health outcomes.4 They are of relevance to WSCC as they span early childhood education through the college and university setting.

Setting the stage for informed planning. Gathering information related to past partnerships designed to address the physical, social, and emotional needs of students is an important first step in WSCC planning. These questions can be considered prior to or while using a formal assessment tool for gathering that initial information important to creating an understanding of past partnerships:

- What is the history of CSH or other health-related initiatives in the district?
- Does the district have existing committees, task forces, or groups that address specific health topics, school safety and climate, community/parent engagement, and/or academic indicators?
- Has the district been involved in the ASCD’s (formerly known as the Association for Supervision and Curriculum Development) Whole Child Initiative related to the 5 tenets (Healthy, Safe, Engaged, Supported, and Challenged)?
- What successes or challenges have been documented or attributed to the initiatives listed above?
- What agencies or partners currently or previously have been involved in the above initiatives?
- What agencies or partners currently or previously provide health and wellness services to students within the district?
- How does the district determine if the partnerships/initiatives/services meet the needs of the student and/or school?
- Are students, parents, community members, and partners involved in processes that identify academic and non-academic needs? Are these stakeholders also engaged in meaningful planning and evaluation processes?
- Are there organizations within the community that could help to address areas of the WSCC model that have not been adequately addressed?

Gathering student data. Data about students’ health and academic factors are essential in planning for WSCC. School districts have many sources of data and reports, as do local and state-level agencies. These data can be used to identify nonacademic barriers impacting students whether collected locally or across the state or region. Information to be considered includes:

- academic measures including academic scores and rankings, attendance, graduation, dropout, truancy, and discipline;
- student health and wellness data including aggregated risk behavior reports;
- aggregated data from school nurse reports such as number of students with chronic illnesses; and
- school climate and safety reports.

ASCD has created state-specific Whole Child Snapshots that measure Whole Child attributes.5 These snapshots encompass state-level data listed above and can be shared with the school, community members, and policy-makers to begin conversations about strengths and opportunities to advance student well-being and academic success. Schools and communities should gather district- and individual school-specific data to complement state-level reports.

Policies, practices, and processes. Gathering information about the district’s rank within the state and
reading a district’s strategic plan and SIP can prove helpful in understanding areas of focus and allocation of resources. It is also important to identify legislation and policies at the state and district level related to student health and wellness. Policies, practices, and processes for consideration include:

• provision of health and mental health services,
• food service,
• health curriculum and physical education curriculum,
• school climate,
• professional development, and
• family/community engagement.

Assessment tools. Assessment tools, at low or no cost to the schools, are available to assess the whole child issues as well as health and safety policies, programming, and climate. Each instrument is used to review and assess different variables across the district as a whole or individual school or building. The information resulting from the use of the assessments will be helpful to identify priority areas of concern and identify possible strategies for implementation. Useful tools include:

• ASCD’s Healthy School Report Card and School Improvement Tool6
• National Center on Safe Supportive Learning Environments School Climate Survey Compendia7
• Centers for Disease Control and Prevention’s (CDC) School Health Index (SHI)8
• Component Specific Tools

• CDC’s Health Education Curriculum Analysis Tool9
• CDC’s Physical Education Curriculum Analysis Tool10
• Rudd Center for Food Policy & Obesity’s WellSAT 2.011

Prioritizing needs and planning. Once a thorough assessment or examination of student needs in relation to the district’s policies and practices has been completed, decisions can be made about what issues are of greatest need. Some of the assessment tools listed above include processes for identifying and selecting priorities.

The overall scope of this process assists the district in: (1) identifying strengths and weaknesses within each of the 5 tenets; (2) gathering data related to student and community needs; (3) identifying and implementing strategies to improve health and academic outcomes for all students; (4) coordinating policies, processes, and practices to align health-promoting behaviors and academic outcomes; and (5) engaging school and community partnerships to create a supportive learning environment and promote the health of students.

Implementation

Implementation begins upon completion of the planning process. To put the WSCC initiatives into place, an implementation framework or plan that reflects the program planning and implementation process is recommended.12 The assessment tools that have been identified in the planning phase often result in an action plan and suggested process for moving forward into implementation. For example, with the CDC SHI, those involved in conducting the assessment will subsequently complete a School Health Improvement Plan (SHIP) as one of the final activities associated with the process.8 The SHIP should include a template where the priority actions and steps to achieve those actions are described. In addition, space is provided to list those individuals who will be responsible for addressing each step and the date for completing the task.8

Regardless of what form of assessment is conducted during the planning phase, a systematic implementation process needs to be considered.12,13 This process would benefit from including the following activities:

1. Define priorities for action.

• Use data collected during the planning phase.

2. Determine what resources are available both in the district and in the community.

• Include resources in the form of assets and potential partners.
• Establish partnerships between the district and community agencies.

3. Work with school and community partners to create action steps based on realistic and agreed upon goals and objectives.

• Identify specific strategies for implementing policies, programs, and processes.
• Include a plan for evaluation to assess both the process of implementation and the attainment of goals and objectives.

4. Establish a realistic timeline for implementation of the strategies.

• Recognize differences in schools and community agencies that will influence implementation (budget years, calendars, work schedules, etc).

5. Put the plan into place.12,13

Stakeholder involvement. Regardless of what steps are taken, including key stakeholders from the school district, such as administrators, teachers, students, and parents, in the plan and its implementation is important to its success.12,14 Gaining the superintendent’s
support at the district level and principal’s support at the school level are essential for implementation as well as maintenance of WSCC efforts.\textsuperscript{12,14} Having strong representatives serving as leaders of WSCC efforts at the policymaking level is critical to the integration of health and education.\textsuperscript{15}Administrative leadership is needed not only due to the level of influence held by administration but also due to the level of understanding they hold in regard to the committees, policies, and processes that exist within the school and district. Being able to work with and within those committees, policies, and processes is important to breaking down the silo approach that has tended to keep health and education in separate sectors.\textsuperscript{16}

Because of their position, administrators can assist in finding resources, are important for successful collaborations, and are helpful in promoting the sustainability of efforts. Gaining access to and understanding of academic data, addressing policy development and implementation, and integrating WSCC with other educational and community initiatives can only be successful with administrative involvement. Incorporating health into the district’s or school’s vision and mission statements, as well as including health goals in the SIP, are efforts that would benefit from administrative leadership in the process.\textsuperscript{14,17} In addition, non-health educational teams and community agencies are more likely to enter into a relationship knowing that administration is actively involved in the effort as this action alone will provide the acknowledgment that this integration is acceptable and will benefit all.

CDC has traditionally called the groups with a focus on CSH at the district level, the School Health Council, and at the school level, the School Health Team. These groups are advised to have members representing the components of the coordinated approach to school health.\textsuperscript{12} Consideration can be given to integrating CSH groups, should they exist, along with academic improvement committees to work on WSCC efforts together.\textsuperscript{1} Such an arrangement might assist in breaking down barriers between health and education and put WSCC advocates into a position of working hand-in-hand with representatives of the education sector. This new relationship would serve to connect those that could collectively address all the tenets of the whole child to improve the health and learning of our youth.\textsuperscript{16}

Selecting someone to work in conjunction with the administration would help to facilitate the work toward the WSCC; this person is generally referred to as the school health coordinator.\textsuperscript{12} The individual responsible for this coordination would need to provide some form of leadership and direction and should possess a number of skills including those for developing partnerships and collaborations with faculty, administration, families, and community agencies and strong advocacy, communication, and leadership skills. The coordinator also needs a clear understanding of the connection between the WSCC model and its link to health and academic performance. In addition, this individual needs to be an active part of the academic planning and improvement process for integration of WSCC efforts across the school and district. The desire and the talents indicated above should be the attributes that are taken into consideration to select someone to serve in the role of coordinator versus someone who is considered for the position based primarily on affiliation with health education.

**Strategy considerations.** Achieving health and academic student outcomes will require a variety of different possible strategies within the action steps.\textsuperscript{12} With the traditional CSH approach, as well as with the WSCC model, strategies such as classroom instructional activities, policies and procedures, environmental change, health, counseling and services, parent and community involvement, and social support may all be necessary to address needs that were identified earlier in the planning process.\textsuperscript{12} Because the WSCC model itself is still new, a list of effective and best practices has yet to be identified. There are a number of sources that provide lists of effective practices and policies in health- and education-related areas.\textsuperscript{17} Selecting actions that have been evaluated and determined to be effective is important.\textsuperscript{12} Selecting a program because it is well known or because it seems to fit the need does not always set the stage for effective outcomes.

When considering strategies for meeting desired goals and objectives, it is important that the discussion includes the provision of multiple opportunities for professional development.\textsuperscript{12,17} Professional development that addresses topics related to the WSCC model such as strategies to integrate the model, support of the whole child, and the development of skills is beneficial for faculty, staff, and key community members. Skills in the area of leadership, communication, and collaboration are also important to the process. Knowledge about the links between health and academics to increase buy in on the part of faculty and staff and to increase the number of health champions may be needed to initiate the process. An understanding of the many connections between the health and academic data and how both sectors need to work together to meet educational and student outcomes is important to all. Addressing such connections as how to incorporate health goals into SIPs for those schools that are required to have such plans and how to identify and work with health and academic data to advance the WSCC efforts would be helpful.

Offering educational opportunities that provide insight into working within the community and the school culture is also an important professional development consideration. Gaining a better understanding
of the structures and processes in place within different institutions and agencies may assist in the development of shared understandings, create a stronger foundation for the development of trust, and help with addressing a number of possible barriers that could arise in the implementation process.

**Need for communication.** Throughout the process, multiple avenues for ongoing communication should be provided. Communication of planned efforts, and those activities that are under way, is important for the partners and stakeholders. A critical function of the coordinator, the administrative leader, and key community members is the maintenance of a high-level of communication among faculty, staff, students, families, and the community. A lack of good communication will result in duplication of efforts, a breakdown in trust, and interfere with any chance of effective and successful programs or policies. Partnerships need to be built on strong communication; successful efforts and sustainability require that communication avenues continue to be a priority throughout this process.

**Evaluation**

Evaluation is an essential activity that is initiated during the WSCC planning process and continues throughout implementation and beyond. The bottom line of WSCC evaluation is to determine the quality of the planning and implementation processes (formative evaluation), and the overall effect of the program (summative evaluation). Evaluation results should be disseminated to inform all stakeholders about the effect of WSCC processes and activities, and identify any necessary program revisions.

Because WSCC focuses on many factors including the community, families, the 10 WSCC components, and 5 whole child tenants, evaluation can present complex challenges. To address these complexities, evaluation must be a carefully planned process of data gathering designed to determine the success in attaining program goals and objectives; assess strengths and weaknesses of various program elements; provide direction for program adjustment, revision, and future planning; inform stakeholders of the effect of WSCC, and provide direction for WSCC efforts in other communities and school districts. Once WSCC objectives have been finalized in the planning process, the development of evaluation processes should be identified by program planners or, if deemed appropriate, by an outside evaluation team.

Planning and implementing WSCC evaluation include several important considerations. Meaningful stakeholder involvement is essential. This includes involvement in the planning of evaluation, the review of evaluation results, and the decision making based on those results. This level of engagement should promote input and shared decision making. Stakeholders engaged in the evaluation process may include teachers, school staff, school administrators, students, parents, and community members. These stakeholders may lend specific expertise and perspective, and/or have special interest in the evaluation of WSCC. Special effort should be taken to engage individuals from underrepresented groups.

Attention must be paid to the quality of the evaluation processes and activities. Specific foci should be on developing specific evaluation questions; a process for addressing the questions; the identification of appropriate methodology including sampling, data collection, analysis, and interpretation; conclusions; and next steps for improving WSCC. The focus should also include a description of how evaluation results will be disseminated to stakeholders. It is essential that the individuals responsible for carrying out WSCC evaluation have the expertise to appropriately address these considerations. This expertise, or lack thereof, can be the determining factor in whether the evaluation is the responsibility of someone within the WSCC planning committee or an outside individual or team.

Evaluation yields findings and conclusions that provide direction for program revision both during and at predetermined times during and after implementation. It is important that any conclusions based on WSCC implementation are based entirely on evidence gathered during the evaluation process. Maximizing the meaning of the evidence involves using appropriate analysis and synthesis of data, making justifications according to predetermined standards of value, and making recommendations that are consistent with conclusions. It is important to note that conclusions are limited to situations, time periods, contexts, and programs for which the data are applicable.

**Formative evaluation.** Formative evaluation takes place during the planning or implementation of WSCC. It includes the collection of planning data prior to program implementation that is used to identify school and community needs and assets. Planning data can include community and school demographic data, data about the health status of school children and overall community members, information related to current school health activities using instruments such as the SHI7 or WellSat Assessment, academic performance data, indicators of the presence of a Whole Child approach to education and health using the ASCD SIT, and observations and perceptions of the community and school environment. Hodges and Videto presented a template that can be used for conducting a “windshield tour” to assess the community environment in a school district. Additional examples of specific types of data collection for planning include:
• reviewing school health services data about student health with a school nurse or school physician,  
• interviewing health educators or other professionals in the local public health department,  
• conducting surveys or focus groups with students, teachers, school staff, school administrators, and parents, and  
• meeting with key stakeholders in the community regarding their perspective on community needs and assets.

Formative evaluation also includes a data collected during the implementation stage of WSCC. This stage of formative evaluation is titled process or formative evaluation. As the title implies, these data relate to the process of implementation of WSCC. Process evaluation might assess the fidelity of implementation of planned WSCC activities (ie, is it being done as it should be done?) the appropriateness of the organizational and/or learning environment for activities, access to activities or services for program participants, quality of faculty and staff performance, and communication among WSCC stakeholders. The overall purpose of process evaluation is to assess program efforts while in progress and, if necessary, make revisions during the program or in the future. Specific examples of process evaluation questions addressed during implementation include:

• Is the school health education program being implemented as intended?  
• Are community meetings with stakeholders in accessible locations and held at appropriate times?  
• Are school nurses and school counselors available, at all times, while school is in session?  
• Do key stakeholders perceive the program as meeting the needs of students?  
• Are lines of communication among stakeholders perceived as being open?  
• Do all stakeholders perceive a positive level of collaboration between the school and community?  
• Is planned time allocated for physical activity for students during the school day?  
• Have changes in school district policy been adequately disseminated?

Summative evaluation. Summative evaluation includes 2 levels—impact and outcome evaluation. Impact evaluation addresses the attainment of WSCC program goals and objectives. For adequate evaluation of some goals and objectives, it is necessary to collect data both before program initiation and at some predetermined point in time after an adequate time frame for WSCC implementation. The goals and objectives may lead to impact evaluation questions such as:

• Have the changes in the physical education curriculum led to increased physical activity among students during class time?  
• Has the implementation of the new health education curriculum led to an increase in students’ health knowledge, skills, and intended behaviors?  
• Have the changes in community and school playgrounds led to increased participation in physical activity?  
• Have parents and family members made changes in foods served and prepared for children?  
• Do students feel a stronger sense of connectedness to the school?  
• Do students, teachers, staff, and administrators believe that changes in the school environment have led to improvements in health and learning?  
• Has there been a decrease in violent incidents?  
• Has there been a decrease in student absenteeism?  
• Have parents and family members increased their engagement in specific school activities?

Outcome evaluation. Outcome evaluation is a more challenging level of evaluation. It focuses on changes in health status or quality of life indicators. It is more challenging because these changes take place over time and require tracking of students, schools, families, and communities over a period of time. These challenges may limit a school or school district’s ability to collect outcome evaluation data. Specific outcome questions related to WSCC implementation might address college graduation rates, professional satisfaction, and decreased morbidity and mortality among students after graduation.

Dissemination. It is essential that the results of the WSCC evaluation are shared with appropriate stakeholders through the use of tailored communication. Accessible, widely disseminated documents free of academic jargon should be available in concise, easy-to-read formats. These documents should provide to stakeholders the various findings and conclusions related to the implementation of WSCC. Further understanding and clarification can occur through interactive meetings held with various stakeholders. All dissemination efforts should communicate and facilitate the transfer of conclusions from the evaluation into appropriate program revisions and future actions.

IMPLICATIONS FOR SCHOOL HEALTH

Improving health and promoting academic success for school-age children and youth has entered a new era with the transition from CSH to WSCC. In order to maximize the promise of WSCC, schools and school districts must engage key stakeholders in appropriate planning, implementation, and evaluation practices. The quality of these practices will have a direct effect on the eventual value of the implementation of WSCC.
If planned, implemented, and evaluated appropriately, WSCC has the potential of focusing community education and health resources; engaging parents and community members in school decision making and activities; increasing the connectedness of students to schools, communities, and their families; promoting a healthier school environment; and improving the professional practices of teachers, administrators and school staff. These outcomes should not only increase the likelihood of better health and academic success for students but also lead to an improved school and community life in the present and in the future.

Human Subjects Approval Statement

This article involved no human subjects, and therefore, was exempt from examination by an Institutional Review Board.

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