Stakeholder Involvement, Community Linkages, and Intergovernmental Coordination

The Whole School, Whole Community, Whole Child (WSCC) model emphasizes important connections between the school and the community in support of the whole child. Schools need the support of community organizations and cross-agency partnerships to address the full range of student health needs—physical, emotional, social, and mental. Across the WSCC, stakeholders play a key role in guiding schools' implementation of key priorities. However, stakeholder engagement often varies depending on the topic at hand. For example, health educators may not be included in discussions of disciplinary reforms, while local law enforcement may not be engaged in discussions of health referrals systems even though these issues are inherently connected. This analysis explores stakeholder engagement, community linkages, and inter-governmental coordination across WSCC components to better integrate and implement the WSCC model.

To what extent are stakeholder involvement, community linkages, and intergovernmental coordination featured across WSCC categories in state laws?

Stakeholder Involvement in Local Governance. Part of a "whole community" approach to wellness is the inclusion of a variety of stakeholders on school councils, in the policy-making process, and in every student's education.

- Most states' laws (40 states) encourage or require districts to engage parents/families in the educational process.
- State laws also address having local boards/councils/committees engage parents/families in schoollevel decision making (38 states) and/or engage the community in such decision making (33 states).

Community Linkages. School district resources are often limited, but partnerships and coordination with organizations that are already established within the community can help leverage existing efforts.

- Consistent with the Health Education domain, most states' laws (41 states) include provisions to refer students with substance use disorders to community and/or treatment programs.
- State laws also encourage referrals for mental health and behavioral health services (38 states) and for follow-up from preventive screening programs offered at school for vision, dental, and hearing (33 states).

Intergovernmental Coordination. State laws also address inter-governmental coordination and supports between the state and districts and between schools and the community. By engaging in intergovernmental work, states, districts, schools, and communities will be better positioned to take a coordinated approach to serving the whole child. In fact, other areas of the government (outside of the education sector) may be better situated to provide insight into key policies surrounding safety and mental health care.

Most states' laws (42 states) address creating inter-agency agreements or school-community
partnerships, such as mental health or juvenile justice partnerships, to support student and family
needs.

- Forty-one states' laws address community use of public school facilities; however, prior research suggests that priority use of school facilities is often given to school-affiliated groups or organized leagues (e.g., parks and recreation departments) and less frequently to the general public.¹
- Thirty-eight states' laws address establishing emergency planning committees that connect emergency services professionals with school districts.

Table 1 State Law Coverage of Stakeholder Involvement, Community Linkages, and Inter-Governmental Coordination

Construct	# States
Stakeholder Involvement in Local Governance	
Addresses districts engaging parents/families in educational process	40
Local boards engage parent/families in school-level decision-making	38
Local boards engage community in school-level decision-making	33
Family/parent input into student discipline and behavior management policy making	24
State law addresses school-level wellness council	4
Linkages to Community Resources	
School-based counseling, referral, or treatment programs for students with substance use disorders	41
School-based or-linked mental health promotion/intervention programs	38
Addresses districts implementing ID & referral to mental/behavioral health services	38
Referrals to physicians/community health agencies	33
Intergovernmental Coordination	
Creation of inter-agency agreements or school-community partnerships	42
Community use of public school facilities	41
Emergency planning committees with inter-agency coordination	38
State provides technical assistance to districts to implement federal or state nutrition standards	22
Addresses district-level wellness councils	16
Addresses state-level wellness councils	10

How comprehensively do states cover community partnerships?

• State laws address an average of nine out of the 15 stakeholder engagement, community linkages, and inter-governmental coordination topics.

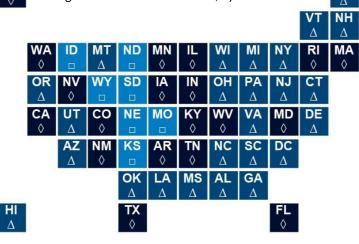
- Nineteen states' laws comprehensively focus on these issues, addressing from 11 to 13 (out of 15) topics. Indiana's and Tennessee's laws address 13 of the 15 topics.
- While the majority of states (33 states or more) provide avenues to bolster school capacity through stakeholder and community engagement and cross-agency coordination, few states' laws address the creation or ongoing engagement of school-(4 states), district- (16 states), or state- (10 states) level wellness councils or committees.

What opportunities exist for states to address WSCC-related stakeholder involvement, community linkages, and inter-governmental coordination constructs in their state laws?

As part of the federal local wellness policy regulations, districts nationwide are required to have a wellness committee comprised of eight key stakeholders

Figure 1. Forty-four states address stakeholder involvement across multiple WSCC domains.

Comprehensiveness of policies promoting stakeholder involvement, community linkages, and intergovernmental coordination, by state



This map shows states that have $[\lozenge]$ **comprehensive** (19), $[\varDelta]$ **moderate** (25), and $[\Box]$ **low** (7) coverage of stakeholder involvement, community linkages, and intergovernmental coordination topics in statutes and regulations governing education.

including parents, students, food service personnel, district board members, school administrators, community members, physical education teachers, and school health professionals.² However, states can play an important role in reinforcing the federal requirements and providing guidance to district committees regarding school wellness and issues related to the WSCC model as a whole. Specifically, states can go beyond federal requirements, incorporating a broader lens of school health issues into local wellness councils, including students' social, emotional, and mental health needs.

Child Trends, in partnership with The Institute of Health Research and Policy, University of Illinois at Chicago and EMT Associates, Inc., examined the extent to which 11 healthy schools domains are addressed in state policy. These domains include the 10 components of the Whole School, Whole Community, Whole Child (WSCC) model: 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. An additional domain, the WSCC References domain, addresses the extent to which state laws include explicit references to the WSCC model.

This sub-brief provides an overview of how state policies prepare schools to implement the WSCC model by fostering Stakeholder Involvement, Community Linkages, and Inter-Governmental Coordination. Data on these topics are available through the National Association of State Boards of Education (NASBE) <u>State Policy Database on School Health</u>. Sub-briefs covering the individual domains as well as the compiled report can be found on the <u>Child Trends website</u>.

¹ Chriqui JF, Schermbeck R, Slater SJ, Schneider L, Barker DC, and Chaloupka FJ. Joint Use Agreements: Creating Opportunities for Physical Activity – A BTG Research Brief. (2012) Chicago, IL: Bridging the Gap Program, Health Policy Center, Institute for Health Research and Policy, University of Illinois at Chicago. Retrieved from http://www.bridgingthegapresearch.org/_asset/gl9776/btg_joint_use_agreements_final-0612.pdf.

² Local School Wellness Policy Implementation Under the Healthy, Hunger-Free Kids Act of 2010, Final Rule, (2016). 81 Federal Register 50151. Retrieved from https://www.gpo.gov/fdsys/pkg/FR-2016-07-29/pdf/2016-17230.pdf