Implementing the Whole School, Whole Community, Whole Child (WSCC) Model: Local School District Examples to Promote Learning and Health

March 15, 2016
1:00-2:00 PM EDT
Housekeeping

- All participant lines are muted
- Type questions into the Questions box
- Technical difficulties? Use the questions box
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**Webinar Now**
Webinar ID: 114-921-051
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National Association of Chronic Disease Directors (NACDD) is comprised of over 6,000 specialized chronic disease practitioners working in public health departments across all 50 States and US Jurisdictions to prevent and control chronic disease.

The School Health Project assists Chronic Disease Directors and their staff to make informed decisions about a variety of school health issues.
Disclaimer

• This webinar was produced under a cooperative agreement with the Centers for Disease Control and Prevention (CDC).
• Its contents are solely the responsibility of the authors and do not necessarily represent the official views of NACDD or CDC.
Learning Objectives

• Explain the Whole School, Whole Community, Whole Child (WSCC) Model
• Describe the steps that two local school districts have taken to take the WSCC model from theory to practice
• List challenges to implementation and district strategies to overcome them
• Describe the positive changes in school health environments policies and/or practices that have occurred in relation to adoption of the model.
WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD
A collaborative approach to learning and health
Presenters

Jeremy Lyon, PhD
Superintendent of Schools
Frisco Independent School District

Sue Baldwin, PhD, MCHES, FASHA
District Wellness Coordinator
Buffalo Public Schools
Frisco Independent School District

• North of Dallas
• 64 schools
• Serve over 50,000 students
• 53% White, 18% Asian, 14% Hispanic, 10% African American
• 12% FRLP
Implementing WSCC: A 5-Step Action Plan For Every School Leader
Step 1
Formulate YOUR Leadership Position

Your actions reveal your values, especially over time.

Do you believe you have any ownership in the health and wellness of your staff and students?  Yes or No?

How strong do you believe the connection is between student and staff health and your students academic performance and staff productivity?  None 0……10 Total
Step 2
ASSIGN OWNERSHIP

- School Health Advisory Committee
- Principals
- Classroom Teachers
- Nurses
- P.E. & Health Teachers
- P.T.A.: Parents and Students
- WSCC-Dedicated Position
Step 3
Network

This is perhaps the leader’s greatest opportunity to make a positive difference.
Step 4
Promote Staff Health & Wellness
Frisco ISD Strategic Plan: 3.2

STRATEGY: Implement creative ways to nurture the whole employee with the goal of retaining quality staff.

SPECIFIC RESULT: Ensure that each employee is healthy, safe, engaged, supported and challenged to promote long-term, sustainable development of a balanced lifestyle, ultimately promoting success and retention within the FISD community.
Step 5
Plan Big and Small Changes For Students
Frisco ISD Strategic Plan: 6.1

STRATEGY: Develop a comprehensive program to meet the needs of the Whole Child philosophy.

SPECIFIC RESULT: Maximize the effectiveness of health and wellness programs for students.
Action Steps towards Implementing WSCC

• Efforts to engage students in food and exercise education: help them take control.
• Change the way we think about food in schools: eliminate the silos. Bring in Salad bars!
• Change the way we think about movement in schools: sit...move...sit is GONE.
• Eliminate barriers that become excuses: dressing out, no food in the classroom, exercise as punishment, loss of recess.
Action Steps towards Implementing WSCC

- Reduce sugar and educate about sugar in foods.
- Facilitate walking/biking to and from school.
- Expect and facilitate student clubs based on movement and exercise.
- Make physical changes including furniture: standing desks, balance balls, exercise equipment.
- Is a school-based health clinic a game-changer for your district?
- P.E. & Health as CORE Curriculum.
Action Steps towards Implementing WSCC

- Expect campuses to coordinate student workloads.
- Do all you can to expand mental health services for students.
- Treat all student issues holistically: is YOUR kid okay?
- Defend joy and happiness in schools.
- Students don’t have to hit a home run every day.
- Celebrate successes relentlessly.
Leadership In Action

1. Formulate your leadership position.

2. Assign ownership.

3. Network.

4. Promote staff health and wellness.

5. Plan big and small changes for students.
Implementing WSCC in the Buffalo Public Schools

Sue Baldwin, PhD, MCHES, FASHA
District Wellness Coordinator
The District

District Profile

* 34,066 students – 56 schools
* 79% minority; 49% African-American
* 78% receive free/reduced lunch
* 55 of 56 schools Title 1
* 22 schools receive SIG grants
* 25 out of 59 schools in receivership; 5 persistently struggling (Jan, 2016)

Academic Achievement

* 56% high school graduation rate
* 8% drop out rate
* 11 of 17 high schools with 3 or fewer AP courses
* District wide average ACT 20.3; only 12.5% college ready
Buffalo, NY encounters some of the most daunting challenges facing our nation’s largest urban communities.

- Highest overall poverty rate 31.4%
- 4th highest violent crime rate
- 6th highest segregation
- 56.3% single parent families
- 50.6% children in poverty (3rd highest)
- 4th poorest city of its size in the US
- 24.4% college-attainment rate is in the lowest quartile
EXPANDING ROLE OF BUFFALO PUBLIC SCHOOLS DEPARTMENT OF HEALTH RELATED SERVICES

**PHASE 1**

**BASIC SERVICES**
- A nurse in every school
- Providing basic care
- Maintaining health records pertaining to physicals, immunizations, etc.

**PHASE 2**

**ENHANCED SERVICES**
- School-based health centers
- Mental health clinics
- Dental program
- Lead screenings
- Assisting pregnant & parenting teens

**PHASE 3**

**WHOLE SCHOOL WHOLE COMMUNITY WHOLE CHILD**
- Research on best practice models
- Data collection (Youth Risk Behavior Survey)
- Development of comprehensive District Wellness Policy
- Implementation of whole child framework
Step #1 - Wellness Policy

* Over 100 people engaged in policy work sessions with Student Support Services Center of the Genesee Valley Educational Partnership on the WellSAT tool developed by the Rudd Center ([www.wellsat.org](http://www.wellsat.org)) - NYS DOH Grant: Healthy Schools (2010)
* Over 15 work sessions between 2011-2012
* Adopted: Spring 2012 by BPS Board of Education
* District Wellness Coordinator Hired: September 2013 funded via NYS School Health Grant to District
  * Coordinator’s dissertation and research in Coordinated School Health, attended 2014 SOPHE conference on WSCC
Submitted April 2015 to BPS legal department – under review

Guide work in all areas of the WSCC model based on state and national policies/laws/regulations
STEP #1: PUTTING POLICY INTO PRACTICE

**ALIGNMENT** of various District departments - health services, food service, physical education, etc.

**INVolvEMENT** of wide diversity of parents, students, and community partners

**DEVELOPMENT** of school wellness teams, district health committees, a Health Council
Step #2: BPS Wellness Organizational Chart

Buffalo Public School District
Whole School, Whole Community, Whole Child
Organizational Framework

Community
- Board of Education
- BOE Representative(s)

Superintendent

District Health Council
- School Wellness Advisory Team (SWAT) Committee
- Communications/Public Relations

Nutrition Committee
- Physical Activity Committee
- Healthy School Environment Committee
- Faculty/Staff Health Promotion
- Mental, Emotional, Behavioral Health Committee
- Family & Community Involvement Committee
- Health Education Committee
- Health Services

School Garden Committee
- High School Wellness Teams (n=15)
- Elementary School Wellness Teams (n=42)

Dental Health Committee
- Project ACT
To create healthy, safe, supported engaging, and challenging school communities in all schools that seek the input from families, school employees and community partners by 2020.
Our mission is to build the capacity of school communities to be healthy, safe, challenging and supporting through the engagement of families, educators and community members to create, enrich, promote and sustain supportive learning environments as well as to reduce health-related barriers to learning that impact on academic achievement and citizenship.
Student Social & Emotional Developmental Health
Tenet 5
Leader: Student Support Services Director
Stakeholders: Principals, parents, attendance teachers, CBOs

Student Support Services
Leader: Student Support Services administrator
Stakeholders: Principals, parents, SST, Spec. Ed. director, PBIS, CBOs

Health Related Services & Physical Ed.
Leaders: HRS & District Wellness Coordinator and PE/HED Supervisor
Stakeholders: Principals, District Wellness Coordinator, Athletics Director, parents, SST, PE administrator, nurses, CBOs

Parent and Family Services
Leader: Parent & Family Services Director
Stakeholders: Principals, parents, SST Social Workers, parent coordinator, District Wellness Coor., CBOs

Central Registration
Leader: Placement Director
Stakeholders: Principals, SWD & ELL staff, parents, guidance counselors, CBOs, ELL agencies

Parent & Family Engagement
Tenet 6

Multiple Pathways to College/Careers
Tenet 3
Leader: Guidance Director
Stakeholders: Principals, CAI, parents, counselors, Higher Education, Businesses

Career & Technical Ed.
Leader: CTE Director

Student voice and input via District’s Student Council, high school students and other opportunities
Pathways to Success

- Clear Alignment and Synergy Between Departments
- Each District Health Committee completed key driver/purpose planning work
- Integrated Student Support Services Plan (ABCs)
  - Attendance, Behavior, Health, Course Completion (Including Assessments)
- Continue to improve the support systems: Supports for students, schools, families & teachers
- Data Driven Decision Making (health (YRBSS/SHI/NYS Heart Check) and academic)
- Targeted resources aligned to District Comprehensive Improvement Plan and student needs (YRBSS)
- Improved Alignment with Partners
- Targeted Professional Development
- Integration of a Multi-Tiered System of Supports (Academics, Health and Behavior)
Current: Tier 1 Focus

Comprehensive, Integrated, Three-Tier Model of Prevention
(Lane, Kalberg, & Menzies, 2009)

- **Tertiary Prevention (Tier 3)**
  - Goal: Reduce Harm
  - Specialized Individual Systems for Students with High-Risk
  - Approx. 5%

- **Secondary Prevention (Tier 2)**
  - Goal: Reverse Harm
  - Specialized Group Systems for Students At-Risk
  - Approx. 15%

- **Primary Prevention (Tier 1)**
  - Goal: Prevent Harm
  - School/Classroom-Wide Systems for All Students, Staff, & Settings
  - Approx. 80%

**Academic** | **Behavioral** | **Social**

PBIS Framework

Validated Social Skills/ Character Education Curricula
BPS District Wellness Policy: District-Level Mandates

* Create a District Health Council
  * Formed Summer 2014
  * Roles & Responsibilities
  * Organizational Structure & plan
  * Vision 5-Year Plan
* Capacity Building/Infrastructure development: (University of Buffalo School of Management and Independent Health) - in-kind international trainer and leader
  * District Health Committee/Council training
  * SWT building-level team training
Step #2: Assess Building-Level Needs

BPS District Wellness Policy/School-Level Mandates

* Create a comprehensive School Wellness Team (SWTs)
* Conduct the School Health Index (SHI) needs assessment every 2 years (@ 12-15 hours with team)
* Conduct the NYS Heart Check assessment every 2 years
* Conduct the Youth Risk Behavior Survey (YRBS) every 2 years (2015: trend data October 5-16\textsuperscript{th})
STEP #2: BPS District Wellness Policy: School-Level Mandates

* Duty Assignment to Chair the School Wellness Team 2014-2015
* Use District sign-in sheets (samples)
* Use District minute sheets (samples)
* Required to submit a mid-year (January) and annual report (May) to Dr. Baldwin
* Required to set up Wellness Team and complete School Health Index and Action Plan
* SWT Progress Sheet 2015 – ongoing monitoring tool
Working in Silos

Health

Academics
Coordination of Efforts
Data collection: 2011, 2013 & 2015 (trend data)

Items Added 2015:
- All new CDC middle and high school version items
- Adverse Childhood Experiences (ACE)/Trauma Informed Care questions (8 items; University of Buffalo (UN) School of Educational Administration and School of Social Work)
- Overall health item (BRFSS)
- Zip code item (community partner grant purposes)
- 15 addition Developmental Assets
- Transgender item (UB School of Social Work) & LGBTQ (2013)
- Culture/climate items (3 items for use on Tower Grant)
- Oral health (3 items) (2013)
- Drug and alcohol attitude & Perceptions items (10 items) (2013)
Step #4: Status Year 1

* 15 high school Wellness Teams created 11/21/13
  * Scheduling meetings SHI  50-90% completed (team) and ADA Fuel Up to Play 60 School Investigations (students)
* Worked with 26 elementary buildings
* Parent and student involvement is a MUST
* Schedule and post regular monthly meetings
* School Wellness Team “Engagement Leader” training
  * Students Taking Charge curriculum (all high schools)
  * Rate the Taste – new food service items of consideration
* Salad bar in all high school emphasis
Principal Responsibilities

* Required to have a School Wellness Team that meets at least monthly, and a school administrator must be on the team
* A School Wellness Team Chairperson/Co-Chair leader should be selected and given a “DUTY” to oversee the team for the year
* Required to guide the School Wellness Team through its Roles/Responsibilities
* Assure that the School Wellness Team Chairperson submits a mid-year and end-of-year report
* Assure that the School Wellness Action Plan is included in the School Comprehensive Education Plan (SCEP)
School Wellness Team
Responsibilities

* Assure appropriate stakeholders who target committee goals; parent(s), student(s), and administrator(s) are required committee participants.
* Set school year meeting dates for the next year at final meeting of the current school year
* Conduct monthly School Wellness Team meetings and utilize the District wellness sign-in and minutes sheets to verify attendance
* Conduct School Health Index (SHI) and New York State Heart Check every 3 years with fidelity
School Wellness Team Responsibilities

* Administer Youth Risk Behavior Survey (YRBS) biannually
* Conduct SHI and develop, implement, and monitor annual action plan to address schools’ health and wellness needs using the SHI, NYS Heart Check and YRBS to make data-driven decisions
* Identify school specific needs based on action plan and communicate needs (if any) to District Health Committees
* Engage school staff, students, administrators, and parents in school-wide health and wellness initiatives
* Submit mid-year and final reports to District Wellness Coordinator to be shared with District Health Committees
School Wellness Team Chairperson(s) Responsibilities

* Utilize the support of District Wellness Coordinator for your School Wellness Team (SWT) meetings.
* Schedule regular, at least monthly meetings and post on Building website and Wellness Blog
* Assure SWT membership reflects the WSCC Model.
* Assure all models of the new 2014 version of the School Health Index are complete
* Identify issues that cannot be resolved at the school level and inform District Health Committee of your building’s needs
School Wellness Team Chairperson(s) Responsibilities

* Blog your building health and wellness updates on a monthly basis to your building SWT blog
* High Schools only: Assist SWT student representatives in attending Youth Advisory Council sponsored by Healthy Schools Healthy Communities
* Distribute District health and wellness information to appropriate individuals in your building
* Attend SWT leadership and other trainings
* Assure appropriate targeted wellness team members attend District sponsored trainings
* Role-model and encourage healthy behaviors for the school community
* Coordinate administration of the Youth Risk Behavior Survey (YRBS) in your building grades 6-12 every two years
## 2014-2015 Year 2: 6-Month Timeline

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<td>Schedule Meeting with District Wellness Coordinator (Sue Baldwin)</td>
<td>Immediately, for mtg to take place no later than 11/15/14</td>
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<tr>
<td>Identify and form School Wellness Team, hold first team meeting</td>
<td>Immediately, for mtg to take place by 11/15/14</td>
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<td>• Create monthly team meeting schedule through May 2015</td>
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<tr>
<td>• Review YRBS &amp; Employee Wellness Data with team</td>
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<td>Attend SWT Team Development Program</td>
<td>December 2014</td>
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<td>Complete SWT Team Charter with your team</td>
<td>By April 15, 2015</td>
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<tr>
<td>Complete Mid-Year Team Evaluation Report</td>
<td>By Jan 15, 2015</td>
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<tr>
<td>Complete School Health Index Needs Assessment</td>
<td>By April 1, 2015</td>
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<tr>
<td>Create and Distribute Action Items Survey, Distribute, Create Action Plan</td>
<td>By May 15, 2015</td>
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<tr>
<td>Complete End-Year Team Evaluation Report</td>
<td>By May 31, 2015</td>
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<td>Submit Action Plan to building principal for inclusion in Comprehensive School Education Plan</td>
<td>By June 5, 2015</td>
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District Health Committee: School Wellness Advisory Team (SWAT)

* SWT progress report 2015, mid- and end-of-year reports, award criteria
* Parents and Students on team
* Community Partners on team:
  * Independent Health Foundation, Erie Co. Dept. of Health
  * D’Youville Center for Research on Physical Activity, Sport & Health
  * Univ of Buffalo School of Social Work and School of Education Administration, School of Management
  * Buffalo State Center for Health and Social Research
  * Community Health Network of Western New York
D’Youville College Service Learning course students

- O’Shei Foundation grant (BPS/D’Youville/Community Health Worker Network of Buffalo) to build SWT parent & student capacity

- Community Health Worker cadre of 20 CHWs including BPS high school wellness team students

- Parent Engagement via CHWs

- Adopted by ASCD as an urban setting model for WSCC
District Health Committee: School Wellness Advisory Team (SWAT)

- Chairperson Training Fall 2014
  
  **Foster a culture of health and wellness**

  - *Avoiding Five Dysfunctions of a Team* (P. Lencioni), Effective Teams & Team Development, Team Leader Technology Tools
  - SHI Needs Assessment & Data-Based Action Planning
  - Wellness Blogging & Survey Monkey use
  - Ed Advantage Data Dashboard – school’s YRBSS data
  - Creating online surveys to reach parents/students/staff
  - Visioning – shared leadership – team self-management & problem solving
  - Roles & Responsibilities of Chairpersons/Duty
  - Reporting & task timeline
“Engagement Leader” Training

* Chairperson(s), Administrator, Parent Facilitator, students from all 59 schools
  * *Avoiding Five Dysfunctions of a Team* (P. Lencioni) – Part II
  * Team Charter
  * Vision: Destination Poster
  * Working Together as a Team
* *USDA Smart Snacks in School* policy
* Technology: Professional Growth System SWT meetings (teacher PD hrs)
* Farm to School Planning grant initiative
* Community Health Workers: Families as Key Partners in School Health
* SWT Roles & Responsibilities
* Students Taking Charge training & Youth Advisory Council (YAC) meeting
School Wellness Team (SWT) Celebrations: 2014 - 2015

* Secured funding from the Independent Health Foundation for:
  * SWT of the Year - $500
  * Elementary
  * Secondary
  * Physical Education Teacher of the Year - $250
  * Health Education Teacher of the Year - $250
* 2014 – Separate Elementary and Secondary Celebrations
* 2015 – District Wellness Celebration and Fair – outside featured all 59 school 5-year vision plans
Engagement Leader Training: SWT Visioning
Sample Destination Poster: Elementary School

Destination Post-Card

POST-CARD

BRAINSTORMS
(Describe what success looks like with tangible indicators)

1) A Variety of Healthy Foods
   Multiple Opportunities for physical activity throughout the School day.
2) Alert and attentive staff and students
3) Staff and students’ Social-emotional needs are met.

QUOTES
(Quotes that illustrate your success from recognized leaders)

- Ralph Waldo Emerson

To keep the body in good health is a duty... otherwise we shall not be able to keep our mind strong and clear.
- Buddha

Looking after my health today gives me a better hope for tomorrow.
- Anne Wilson Schaef

Who are the key stakeholders that you would like to share your message with? (Can be more than one)

1) Happy
2) Healthy
3) Fit
4) Energized

To: Students, Parents, Teachers, Staff, Community

Insert key messages (What would you like to say about the destination? How does it feel to be here?)

Insert key messages (What would you like to say about the destination? How does it feel to be here?)
Sample Destination Poster: Secondary School
Da Vinci High School student, Ben Hough, gets his blood pressure checked and meets with the EPIC group to discuss teen sexual health at the Wellness Team Celebration.
2015 Elementary Wellness Team of the Year
2015 Secondary Wellness Team of the Year
STEP #5: PARENTS AND STUDENTS SUPPORT SCHOOL HEALTH

“The progress and partnership we have achieved as families with the Buffalo Schools Department of Health Related Services is truly a bright spot in our school district. They have listened to us and given us a VOICE. Even my kids feel empowered to make changes to improve their health and learning!”

-Jessica Bauer Walker, Vice President, District Parent Coordinating Council and International School #45 parent
Step #5: Parent Engagement, Academics, and Health: Important Links

- Parent Engagement
- Academic Achievement
- Health Behaviors

There are important links between these three areas.
STEP #6: School Wellness Team Evaluations

Implementation Evaluation

• Focused on understanding School Wellness Team (SWT) activities from the perspective of key stakeholders, including successes and challenges in the implementation of SWTs

Outcome Evaluation

• Focused on creation of comprehensive SWT, completion of the SHI and Action Plan, Action Plan built into the SCEP – improved YRBSS results for school and academic achievement
STEP #6: Evaluation Methods

**Surveys**
- Administrators
- Parents
- Teachers
- Students

**Interviews and Focus Groups**
- Teachers
- Administrators

**SWT Observations during SHI**

**Documentation Collection and Analysis**

**YRBSS Survey Results 2015**
- ELA & Math Scores
STEP #6: Implementation of Findings & Sustainability

- 2015 Board of Education Presentation
- 2015 Principal and Assistant Principal professional development over 3 days presentation on SWT progress in schools
- ASCD partnership
- 2015 ASHA conference - WSCC Model and Culture /Climate Change
- ACES YRBSS study – UB School of Educational Admin. & School of Social Work
- Culture/Climate study – UB School of Management
- CATCH Elementary Nutrition Education program evaluation
STEP #6: Implementation of Findings & Sustainability

- Designated department space housing all individuals on WSCC model
- Additional staff to meet student needs
- Improved communication system (remove barriers)
- Budgeted line-item in District budget (not solely rely on NYS Health grant as it barely covers a nurse in each school over 6 hours)
- Fund SWT action plans annually (using proceeds from Healthy Vending/School Stores in addition to line-item in budget)
Moving in the Right Direction: Areas of Inconsistency

- Fully implement the District Wellness Policy, adopted by the Board of Education in April, 2012
- Align all health and student support services under ONE department to allow for effective collaboration in theWSCC Model
- Increase resources and staffing to departments of Health Related Services and Physical & Health Education (ESSA)
- Ensure compliance with state requirements for Physical Education and Health Education
Moving in the Right Direction: Areas of Inconsistency

- Adequate staffing, development of a PE curriculum, and implementation of an HE curriculum (already developed/approved) are essential
- Ensure all children in all schools get an opportunity for daily recess/unstructured physical activity - PE and recess are NOT the same thing (structured vs. unstructured)
- Continue to make improvements to school food, and ensure parents and students help plan/give feedback on school menus
- Continue to increase culturally relevant options, and integration of fresh and locally sourced food into meals (Farm-to-School)
Moving in the Right Direction: Areas of Inconsistency

- Implement training/professional development to improve parent and family engagement in areas such as cultural competency, trauma-informed care, restorative justice, etc.

- Ensure that every School Wellness Team includes parents and students in a meaningful and participatory way.

- Build the capacity of parents and students to be peer health educators through training and support as Community Health Workers.
"Coming together is a beginning. Keeping together is progress. Working together is success."

Henry Ford
Thank You

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QUESTIONS?

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