

National Association of State Boards of Education

New Opportunities to Support Student Health under ESSA

By Erima Fobbs, Alexandra Mays, and Jack Rayburn

The Every Student Succeeds Act (ESSA) gives states new opportunities to more fully integrate health into education policy and practices. Several policy and funding provisions in ESSA are aimed toward supporting student social-emotional, physical, and mental health and ensuring that all students attend school in a safe, supportive environment. These provisions align with research showing that learning and academic achievement are inextricably linked to student health and wellness.¹

There are several key opportunities for states to support student health and wellness within ESSA:

State accountability systems.

Statewide accountability systems must include at least one measure of school quality and student success, such as school climate and safety. The inclusion of measures of school climate and safety in school accountability systems can elevate the connection between health and learning. Examples of health-related measures of school quality listed in ESSA include chronic absenteeism, the experience of bullying and harassment, student engagement, and school discipline measures that reflect supportive peer and adult relationships at school.

Report cards. Under ESSA, annual state report cards must include rates of chronic absenteeism and incidences of violence, including bullying and harassment. A school's health and safety environment directly affects such measures.

School improvement. Student health services and other supports to ensure that students learn in healthy, safe, and supportive schools can be folded into state plans to provide comprehensive, targeted support to the lowest performing schools. The plans can also include guidance on how to incorporate student health and wellness into school-level needs assessments to ensure schools understand the leading health issues that affect their students. Given that adverse health conditions disproportionately affect students in the nation's lowest performing schools and hamper their ability to learn, ensuring that health and wellness are a part of school improvement strategies can be a key strategy for supporting student success in these schools.

Schoolwide Title I programs.

Local education agencies (LEAs) can consolidate and use Title I and other federal, state, and local funds for schoolwide Title I programs in schools where at least 40 percent of the students are from low-income families. Schools can use this funding to develop schoolwide health programs, such as hiring a school nurse, implementing nutrition programs, schoolwide positive behavior and social-emotional support strategies, bullying prevention programs, or a strong physical education program. These are programs that can benefit all students, in addition to providing targeted support to those who are struggling.

Professional development. Title II of ESSA provides funding to state education agencies and local education agencies (LEAs) to support professional development for principals, teachers, and other school personnel. ESSA's Title II specifically highlights that ESSA funds can be used for professional development programming that trains school staff to recognize and

address student behavioral and mental health needs and chronic absenteeism, for example.

Student Support and Academic Enrichment Grants.

ESSA consolidates 49 separate grant programs, some of which focused on student health, into a new grant program under Title IV called Student Support and Academic Enrichment Grants. ESSA requires schools that receive a formula allocation in excess of \$30,000 to use at least 20 percent of the funds on safe, healthy school activities and also to use at least 20 percent on well-rounded education activities. Well-rounded education activities can include strong, comprehensive curriculum standards for planned, sequential K-12 health and physical education. ESSA highlights health programs that can be implemented using this funding:

- evidence-based drug and violence prevention and education programs;
- social-emotional and mental health counseling and programs;
- programs that support healthy, active lifestyles, including nutritional education and regular, structured physical education activities and programs;
- integration of health and safety practices into school or athletic programs;
- programs that improve student self-management of chronic diseases;
- mentoring and school counseling for children at risk of academic failure, dropping out of school, or delinquency; and
- high-quality training for school personnel, including specialized instructional support personnel, related to safety, suicide, drug abuse, and violence prevention.

Community support for school success.

ESSA establishes funding under Title IV for Full-Service Community Schools and for Promise Neighborhoods. Funding for both programs is focused on supporting the delivery of "pipeline services" defined

as a continuum of coordinated supports, services, and opportunities for children from birth through entry into and success in postsecondary education and career attainment. Both Full-Service Community Schools and Promise Neighborhoods present important opportunities for supporting student health and wellness.

Well-rounded education. In ESSA, the term “well-rounded education” replaces the concept of “core subjects” that was used in No Child Left Behind. The definition of well-rounded education includes both health education and physical education.

ROLE FOR STATE BOARDS OF EDUCATION AND OTHER STATE POLICYMAKERS

State policymakers are well positioned to support healthy schools and student health and wellness under ESSA. There are several key ways in which state boards of education and other policymakers can accomplish this: They can convene state partners from health organizations to help develop needs assessments and Title I plans, consider health-related measures of school quality as part of their accountability systems, provide districts guidance in mobilizing data and evidence-based resources, and set standards for training and curricula to support student health.

Involving state health partners in required needs assessments. States can identify state partners that have data and information to help LEAs conduct the needs assessments that are prerequisites for school improvement funding and for the Student Support and Academic Enrichment Grants and ensure that these needs assessments cover the adequacy and availability of school-health training, curriculum, programs, and policies to address student health needs.

Including health partners in development of Title I state plans. By including broad representation of health professionals, states can better ensure that the plans will incorporate evidence-based practices and strategies for supporting achievement through health and wellness policies, programs, and

services. This input could draw on school nurses, school mental health and counseling professionals, and those responsible for implementing the state’s coordinated school health program or overseeing health and physical education. In addition, representatives should include departments of health and public health, state Medicaid officials, state public health organization chapters, and state children’s cabinets. Evidence-based student health resources are also available from the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), related state affiliates and grantees, and other trusted sources.

Ensuring health-related measures are integrated into statewide accountability systems. For example, measures of school quality and student success might include chronic absenteeism; indicators of students’ physical, social, and emotional wellness; adult/peer relationships or school-connectedness; or other health indicators from youth surveys.

Ensuring that the promotion of healthy schools and student health and wellness are integrated into Title I ESSA policies and programs, state plans to provide comprehensive and targeted support to low-performing schools, and guidance on schoolwide Title I programs.

Developing and implementing standards for pre-service and in-service training. Such standards for training of school staff should cover the interrelationship of children’s health and development with academic success and student achievement.

States can also require LEAs seeking professional development funding under ESSA to include in their applications how they will support student health and wellness. They can also provide guidance on how and why districts should use a significant percentage of the Title IV Student Support and Academic Enrichment Grant program for health promotion.

ESSA implementation presents states many opportunities for supporting healthy schools and student health and wellness. If they seize these opportunities, they can help transform education to better support the connection between health and learning.

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RESOURCES

Erima Fobbs, “Promoting Student Achievement through Improved Health Policy,” *Policy Update* 22, no. 11 (November 2015), <http://www.nasbe.org/wp-content/uploads/Promoting-Student-Achievement-through-Improved-Health-Policy.pdf>.

NASBE’s State Policy Database, <http://statepolicies.nasbe.org>.

NASBE, Center for Safe and Healthy Schools, <http://www.nasbe.org/project/center-for-safe-and-healthy-schools>.

Healthy Schools Campaign, www.healthyschoolscampaign.org.

Trust for America’s Health, www.healthyamericans.org.

CDC Healthy Schools Website, <http://www.cdc.gov/healthyschools>.

National Association of School Nurses, <https://www.nasn.org/ToolsResources>.

UCLA Center for Mental Health in Schools, <http://smhp.psych.ucla.edu>.

NOTES

1. Shannon L. Michael et al., “Critical Connections: Health and Academics,” *Journal of School Health* 85, no. 11 (November 2015): 740–58, doi: 10.1111/josh.12309.



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