healthy schools campaign

Trust for America's Health

SPECIAL THANKS TO

W.K. KELLOGG FOUNDATION

HEALTH IN MIND

Improving Education Through Wellness

Research documents what educators know: healthy students are better prepared to learn and succeed in school. Yet current health and education policy misses several simple, vital opportunities to boost academic success through health promotion and school wellness. We can create a better future for our children and our nation by improving health in schools.

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On May 9, 2012, Healthy Schools Campaign and Trust for America's Health presented the Health in Mind policy recommendations to U.S. Secretary of Education Arne Duncan and U.S. Secretary of Health and Human Services Kathleen Sebelius.

Left to right: Kathleen Sebelius, U.S. Secretary of Health and Human Services; Rochelle Davis, President and CEO of Healthy Schools Campaign; Gail Christopher, Vice President of Program Strategy for the W.K. Kellogg Foundation; Arne Duncan, U.S. Secretary of Education; Jeff Levi, Executive Director of Trust for America's Health

To the reader:

Health in Mind is the product of two passionate organizations collaborating to tackle a national crisis that is playing out in our nation's classrooms and impacting one of the most precious sources of hope for any young person's future—the ability to learn.

We have Dr. Gail Christopher, vice president for program strategy at the W.K. Kellogg Foundation, to thank for bringing together our two organizations for the Health in Mind collaboration. Dr. Christopher has a deep understanding of the need to create healthy conditions in communities across the country and a commitment to addressing racial inequities in ethnic and low-income populations.

We have never met a teacher, principal or school administrator who was not acutely aware of the relationship between health and student performance. Each morning, as children enter thousands of classrooms across the country, schools are expected to deliver on the promise that a quality education will lead to a productive, prosperous life. Teachers are working hard to share lessons and build the knowledge, skills and habits that will help students succeed beyond the classroom.

But the health care needs of our nation's youth are becoming more complex, chronic diseases among children are increasing, and school environments often do not provide conditions that support health. In fact, millions of students—with and without health conditions—are not able to attend school in environments that support the connection between health and learning. They cannot engage in physical activity during the day, which has been shown to increase school performance, and their school buildings lack healthy air and access to fresh water, nutritious food and/or a school nurse. On top of that, many students have one or more health problems that undermine their ability to focus in school or even attend.

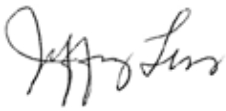
If we can incorporate health and wellness into the school culture and environment, we can help close the achievement gap and ensure this generation does not become the first in American history to live shorter, less healthy lives than their parents. The missions of public education and public health are inextricably linked: to offer children the chance to be as happy, healthy and successful as they can be.

Healthy Schools Campaign approaches this effort with a decade of experience working on the ground in Chicago schools with parents, teachers, school nurses and students. Trust for America's Health, a nonprofit, nonpartisan organization, has, for over a decade, worked to save lives by protecting the health of every community and working to make prevention a national priority.

Together, our organizations have worked to bring advocates, leaders and policy makers from the health and education sectors together for three convenings that shaped the recommendations in this report. We engaged organizations and individuals who are on the ground contending with the health issues among students. Their feedback has helped ensure that Health in Mind is not just theoretical, but includes practical, feasible steps that our nation's leaders can take to help our education and health systems work collaboratively.

Most importantly, we are confident that the steps we've outlined will support our nation's schools in intentionally building health and wellness into the foundation of academic success. On May 9, 2012, we presented these recommendations to Secretary of Education Arne Duncan and Secretary of Health and Human Services Kathleen Sebelius at a public event attended by advocates from both the health and education sectors, including the presidents of our nation's largest education unions. These recommendations represent a major culture shift in how the nation views health and education—health and education will no longer be separated from one another and other clearly connected policies such as housing, the environment and transportation.

Rochelle Davis
President and CEO
Healthy Schools Campaign



Jeff Levi
Executive Director
Trust for America's Health

Supporting Organizations

The following organizations have signed on to this vision for healthy students and healthy schools:

Alabama State Association for Health, Physical Education, Recreation and Dance

A World Fit For Kids!

Advocates for Better Children's Diets

American Alliance for Health, Physical Education, Recreation, and Dance

American Association of Poison Control Centers

American Association of School Administrators

American Cancer Society

American College Health Association

American Federation of Teachers

American Lung Association

American Medical Student Association

American Public Health Association

American School Health Association

Benton House

California School Nurses Organization

Center for Collaborative Solutions

Center for Green Schools at the U.S. Green Building Council

Center for Health, Environment & Justice

Center for Science in the Public Interest

Chicago Botanic Garden

Colorado Association of School Nurses

State of Louisiana Department of Health and Hospitals - Office of Public Health

Directors of Health Promotion and Education

Foundation for Recovery

Gorge Grown Food Network

Harrison Central High School

Harvey Public Schools District 152

Health & Disability Advocates

Health & Medicine Policy Research Group

healthcorps

HealthMPowers, Inc.

Healthy Howard, Inc.

Illinois Association for Health, Physical Education, Recreation and Dance

Illinois Maternal and Child Health Coalition

Illinois Public Health Institute

Integrative Health & Wellness Strategies

Ithaca City School District

Kentucky Voices for Health

Kid Healthy

Lawndale Christian Health Center

LiveWell Colorado

Marillac Social Center

Mass In Motion

MEND Foundation

Michigan Association for Health, Physical Education, Recreation and Dance

Missouri Association of Local Public Health Agencies

Montana Association for Health, Physical Education, Recreation & Dance

Namaste Charter School

National Alliance for Medicaid in Education

National Assembly on School-Based Health Care

National Association for Sport and Physical Education

National Association of Chronic Disease Directors

National Association of County and City Health Officials

National Association of School Nurses

National Association of Secondary School Principals

National Association of State Boards of Education

National Association of State School Nurse Consultants

National Athletic Trainers' Association

National Coalition for Parent Involvement in Education

National PTA

NC Center for Health and Wellness - UNC Asheville

NEA Health Information Network

New Jersey Association for Health, Physical Education, Recreation & Dance

Northern Berkshire Community Coalition

Nutra-Net

Oregon Public Health Institute

Paradigm HealthCare Services

Parents for Public Schools

RMC Health

Rural Health Network of South Central New York

Safe States Alliance

San Jose Unified School District

School Health Corporation

School Nutrition Association

South Dakota Association for Health, Physical Education, Recreation & Dance

Society for Public Health Education

St. Johns County School District

Start School Later

The Colorado Legacy Foundation

The Mirror Project, Inc.

The Ohio Association for Health, Physical Education, Recreation, and Dance

Voices for America's Children

Wells Elementary School

West Chester University Center for Healthy Schools

Western Suffolk BOCES Student Support Services

Wyoming Association for Health, Physical Education, Recreation and Dance

Youth Empowered Solutions (YES!)

Our Vision for Healthy Students and Healthy Schools

Educators know that healthy students are better prepared to learn and succeed in school. Yet current health and education policy misses several simple, vital opportunities to boost academic success through health promotion and school wellness. The nation's children are struggling academically and could become the first generation to live shorter and less healthy lives than their parents.

The nation must leverage the power of school wellness to boost learning and take advantage of learning opportunities to foster healthy habits that will be of value for a lifetime.

We believe that prioritizing health in schools will yield lifelong benefits for the 52 million children currently in America's schools—and that our nation's future hinges on giving all children a chance for a healthy, brighter tomorrow.

Studies document what teachers, parents and education leaders know: healthy students are more likely to attend school, are better able to focus in class and are more ready to learn, ultimately earning better grades and achieving more in school.

A healthier school environment is one in which all students have access to health services. The school setting supports students' well-being and student health builds a foundation for learning. In this environment, good nutrition, physical activity, basic safety, clean air and water, access to care, and education about making healthy choices allow students to thrive. In a healthy school, students learn—through lessons and through example—to value their own health and that of the environment.

Achieving this vision will require:

- **Providing safe and healthy places to learn and play.** All students deserve access to a clean and safe environment with good air quality. Schools should provide students with nutritious meals and opportunities for physical activity—including effective PE classes and recess—while eliminating unhealthy foods and teaching students about the importance of nutrition and activity.
- **Recognizing health as an integral part of excellence in education.** We must integrate health and wellness into the definition of a successful school and recognize the ways in which these elements support learning. As we evaluate school performance and seek to elevate successful practices, we must acknowledge the role that health and wellness play in student achievement.
- **Closing the achievement gap, eliminating health disparities.** Research shows that higher levels of achievement are often related to health—and that health problems are closely connected to hindered performance in school. Until we address the health disparities that many low-income minority students face, learning disparities will persist.
- **Providing teachers, principals and school staff with knowledge and skills to create a healthy school environment.** School personnel need information and support for proven, cost-effective strategies to improve the delivery of school health services, promote healthy and sustainable operations and implement healthy classroom practices.
- **Ensuring access to needed health services to students at school.** Access to health services is necessary to ensure students are healthy and ready to learn. Making health services available at schools is an efficient and cost-effective way to reach the 52 million children who spend their days at school. Research shows that access to care—from a school nurse, for example—improves wellness and academic achievement.
- **Connecting parents and community members with school-based health promotion efforts.** In order for these efforts to succeed, school leaders must engage parents and community members in understanding the connection between student health and achievement. Such efforts can build support for a healthy environment and ensure that families take full advantage of care available at school.

By following this vision, we can create a better future for our nation by improving student health and wellness, and ensuring students are healthy and ready to learn.
The following strategies can help this vision become reality.

Executive Summary

Educators know that healthy students are better prepared to learn and succeed in school. It's also known that people who are better educated and obtain a college education have lower rates of health conditions and longer life expectancy.[1] Yet current health and education policy misses several simple but vital opportunities to boost academic success through health promotion and school wellness. The nation's current generation of students could become the first to live shorter and less healthy lives than their parents. At the same time, our nation faces a growing achievement gap: Students who attend school in communities with lower socioeconomic status have lower academic outcomes than students in higher socioeconomic status communities.[2] Overwhelmingly, the underserved communities predominantly comprise ethnic minority residents, which propagates a racial chasm. Research is increasingly confirming a link between the achievement gap and health disparities.

For this reason, Healthy Schools Campaign and Trust for America's Health developed *Health in Mind: Improving Education Through Wellness*. This effort focuses on policy recommendations for immediate, practical changes at the federal level to help close the achievement gap and create a healthy future for all children.

The Challenge

The link between health and learning is clear: Healthy, active and well-nourished children are more likely to attend school, be ready to learn and stay engaged in class. However, the school setting often does not support health. Too many students spend their days in buildings with unhealthy air, limited opportunities for physical activity, and inadequate access to fresh water, nutritious food or a school nurse. Many students come to school with one or more health problems that compromise their ability to learn. The prevalence of chronic diseases—including asthma, obesity and diabetes—has doubled among children over the past several decades. This has implications not only for children's long-term health but also for their opportunities to learn and succeed at school. This challenge is especially critical in light of the nation's vast health disparities. Low-income and minority students are at increased risk of health problems that hinder learning. These students are more likely to attend schools with unhealthy environments. Unless we address these disparities in health status and school environments, efforts to close the education achievement gap will be compromised.

The Current Landscape of Efforts

Many leaders from all sectors—federal, state, and local governments, along with nonprofits and private industries—have been working to more thoughtfully enhance the role of school health in academic achievement. At the federal level, the Obama administration has made addressing the achievement gap a top priority, while demonstrating a strong commitment to disease prevention and health promotion with initiatives such as the First Lady's *Let's Move* campaign and the release of the nation's first National Prevention Strategy. The purpose of *Health in Mind* is to delineate additional strategies that federal agencies can deploy to create the conditions for health and learning in our nation's schools. These immediate, practical strategies can serve as a starting point for broader change in the health and education sectors.

Creating the Conditions for Health

To truly support learning, schools must create the conditions for health. Given the strong connection between health and learning, schools must recognize health as central to their core mission of student learning. That means creating a healthier school environment, which supports students' well-being and builds a

foundation for learning. In this environment, good nutrition, physical activity, basic safety, clean air and water, access to care, and education about how to make healthy choices allow students to thrive. In a healthy school environment, students learn—through lessons and through example—to value their own health and wellness.

The *Health in Mind* recommendations reflect a new approach to making health and wellness part of the school experience. Wellness is not relegated to an occasional health lesson or physical education class—it is part of math, science, lunch and everything in between. It means providing teachers with professional development related to children's physical and emotional development, and integrating health into every subject, reward system and classroom management strategy.

Achieving this ultimate vision will require leadership and commitment at many levels, from classrooms to Washington, D.C. The goal and challenge of *Health in Mind* is to make concrete changes that fall within the federal government's role and can have a significant and sustainable impact on two national priorities: reducing the achievement gap and transforming our health care system.

Recommendations to the U.S. Department of Education

The Department of Education can play a critical role by providing leadership to states and school districts on the importance of integrating health into school policy and practice. This can be done by:

1. Expanding the mandate of the Office of Safe and Healthy Students (OSHS) and appointing a Deputy Assistant Secretary to the office. This will better prepare the Department of Education to address emergency situations (e.g., H1N1), build the capacity of other offices within the Department of Education, and provide important guidance to universities, states and school districts.
2. Encouraging innovation by including health and wellness as a competitive priority for grant programs for teacher and principal training (through the Office of Innovation and Improvement), parent engagement strategies (through the Parent Information Resource Center), and state longitudinal data systems (through the Institute for Education Sciences).
3. Demonstrating the importance of health by incorporating health measures into the Blue Ribbon program.
4. Developing and disseminating best practices for colleges and universities to support teachers' and school leaders' abilities to address student health needs; developing and disseminating best practices for states on professional development standards relating to health; and integrating health into data tracking and school accountability.

These simple actions by the Department of Education can be a catalyst for broad and far-reaching change.

Recommendations to the U.S. Department of Health and Human Services

The Department of Health and Human Services also has an important role to play. These recommendations urge the Department of Health and Human Services to re-think the role schools can play in our nation's prevention efforts and the ways the Department can support schools in creating the conditions for health. Before this new vision for prevention-based school health can be realized, the Department of Health and Human Services must address the barriers that schools currently face in funding for the traditional health services they provide.

The Department of Health and Human Services can play a critical role by:

1. Reducing current barriers to school health services. Currently, the reimbursement that school districts receive for school health services is severely restricted by various regulations that have no basis in federal Medicaid law and, in fact, have been ruled by the Department of Health and Human Services' own Department Appeals Board as unenforceable. Making it possible for schools to receive reimbursements for health services from Medicaid will allow schools to deliver disease prevention and management and health promotion services. With this type of financial support, schools can emerge as key partners in addressing some of the nation's most serious health problems and reaching children who often lack access to ongoing medical care.
2. Supporting schools in creating the conditions for health and playing a key role in our nation's prevention efforts. The National Prevention Strategy released in 2011 focuses on weaving prevention into the fabric of everyday

life, clearly recognizing that the strongest predictors of health and well-being exist outside of the health care setting in our homes, schools and communities. This strategy creates new opportunities for the Department of Health and Human Services to consider the key role that schools can play in prevention and the ways in which the Department can support schools in creating the conditions for health. Specifically, the recommendations urge that:

a. School health and wellness be recognized as an eligible community benefit, leveraging health sector resources to support schools in promoting health and wellness.

b. The National Prevention Council or its advisory committee explore the full potential that schools can play as key centers for supporting children's health and wellness.

Through these changes, the Department of Education and the Department of Health and Human Services can work together to ensure a brighter and healthier future for the nation's students.

National Leaders and On-the-Ground Experts Coming Together for Health and Learning

Health in Mind Event: May 9, 2012

"We will take the HHS recommendations very seriously and want to work with you to not just receive the recommendations but actually implement them and put them in place. If the school is a healthy place, with nutritious food, with opportunities to exercise, with opportunities to learn about the connection between health and their brains, and with access to care, we have taken a huge step toward making sure our children are actually ready to succeed and able to reach their full potential."

KATHLEEN SEBELIUS, U.S. SECRETARY OF HEALTH AND HUMAN SERVICES, AT HEALTH IN MIND EVENT, MAY 9

"No one is going to push harder for higher graduation rates, lower drop-out rates and more students graduating ready for college than I am. But…I know the only way we can get there is if our students' physical, emotional and social needs are being met. This work is extraordinarily important. Please hold me accountable for being a good partner and figuring out where we have students who aren't getting the resources they need. We can't use tough economic times as an excuse. Our children have one chance to get a good education."

ARNE DUNCAN, U.S. SECRETARY OF EDUCATION, AT HEALTH IN MIND EVENT, MAY 9

On May 9, 2012, Healthy Schools Campaign (HSC) and Trust for America's Health (TFAH) presented the Health in Mind policy recommendations to Secretary of Education Arne Duncan and Secretary of Health and Human Services Kathleen Sebelius at a public event attended by advocates from both the health and education sectors, including the presidents of our nation's largest education unions.

This event was the result of a process that began in August 2011, when HSC President and CEO Rochelle Davis, Chicago Community Trust President and CEO Terry Mazany, W.K. Kellogg Foundation Vice President of Program Strategy Gail Christopher, and Columbia Teachers College Professor of Health Education Charles Basch met with Secretary Duncan and several of his advisors. At the meeting, this group shared ideas about how the Department of Education could improve the health and academic performance of the nation's public elementary and secondary school students.

This meeting prompted an effort to develop more specific policy recommendations on how the Department of Education can integrate health and wellness into education policy. With funding from the W.K. Kellogg Foundation, HSC and TFAH held three forums at the American Federation of Teachers (AFT) headquarters for organizational partners and experts from across the country to discuss the issues involved and share feedback on the proposed policy recommendations. The first forum focused on expanding access to school health services by increasing school nurse capacity. The second focused on preparing teachers and principals to incorporate health and wellness into school culture, and the third addressed strategies for integrating health and wellness into school metrics and accountability measures. More than 60 organizations representing our nation's school stakeholders took part in these forums and subsequent discussions.

The resulting recommendations are feasible, and the logic is clear: If national health and education leaders strengthen teachers' and principals' knowledge and skills around health, add the right incentives—such as recognition for school health initiatives, data to track school health indicators and funding for school health services—and boost their organizational capacity to implement these strategies, the result will be a healthier school environment with better health outcomes for students.

"Our members work with students every single day and they know that when they are healthy, they are absent less and…they learn more."

DENNIS VAN ROEKEL, PRESIDENT, NATIONAL EDUCATION ASSOCIATION, AT HEALTH IN MIND EVENT, MAY 9

"Student health is critical to student learning—and yet neither the integration nor the investment is there in so many places, especially with all the budget cuts, to advance that. What this report does is, in very layman's terms, say: this is what we need to do that kind of integration."

RANDI WEINGARTEN, PRESIDENT, AMERICAN FEDERATION OF TEACHERS, AT HEALTH IN MIND EVENT, MAY 9

On May 9, more than 150 attendees from 80-plus organizations gathered for the presentation of these recommendations to Secretary of Education Arne Duncan and Secretary of Health and Human Services Kathleen Sebelius. At this event, Rochelle Davis, President and CEO of Healthy Schools Campaign, presented the Health in Mind recommendations. Jeff Levi, Executive Director of the Trust for America's Health and Chair of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, discussed the integral role that schools can play in our nation's health and prevention efforts. Dr. Gail Christopher, Vice President of Program Strategy at the W.K. Kellogg Foundation, discussed the special importance of this effort to vulnerable children and communities facing health disparities. Attendees also heard from on-the-ground leaders who are putting the principles of Health in Mind in action:

- Allison Slade, Founder and Principal of Namaste Charter School, led the group in the physical activity break that Namaste students take part in every morning. (For more about Namaste's approach to integrating health and wellness into the school experience, see page 29.)
- Stephanie Whyte, Chief Health Officer for Chicago Public Schools, discussed the district's move to include wellness in school metrics and accountability measures, including a "healthy school" measure in school report cards. (For more on the impact of this updated school report card, see page 47.)
- Melinda Landau, Manager of Health and Family Support Programs for the San Jose Unified School District, discussed the results of a program that provided a full-time school nurse in high-need schools and measured the outcomes for students. (To learn about the results of this project, see page 74.)
- Helayne Jones, Executive Director of the Colorado Legacy Foundation, discussed the ways her organization works with the Colorado state Department of Education to bolster its capacity to support student health and wellness. (For more on the results of this capacity-building effort, see page 63.)

Randi Weingarten, President of the American Federation of Teachers, and Dennis Van Roekel, President of the National Education Association, voiced their support for Health in Mind and discussed the value of health and wellness for efforts to support education.

Kathleen Sebelius, Secretary of Health and Human Services, spoke about the importance of the school environment to children's health and committed to working toward putting the recommendations in action, to "not just receive the recommendations but actually implement them and put them in place."

Arne Duncan, Secretary of Education, spoke about the value of wellness to academic success and urged the group to continue working with the Department of Education to ensure that school environments support

students' wellness. "This work is extraordinarily important. Please hold me accountable for being a good partner and figuring out where we have students who aren't getting the resources they need," he said.

This document is an effort to encapsulate not only the recommendations presented on May 9, but also the context surrounding these issues and, perhaps most important, the stories of the on-the-ground leaders who are putting these ideas in action. Through their experience, they prove every day what powerful benefits result for children's health and academic success when we create the conditions for health and wellness in our nation's schools.

Recommendations to the U.S. Department of Education

BUILDING CAPACITY

Increase Department of Education's capacity to support student health and wellness

Health and wellness should be integrated into all aspects of a school's operation, including curricula, classroom management, health services, facilities, maintenance and operations, and food service. The Department of Education can lead this transformation by incorporating health and wellness into its own education policies and programs. The following recommendations will ensure that the Department of Education has the infrastructure to support this role:

1. Expand the mandate of the Office of Safe and Healthy Students (OSHS) to:
   - Provide strategic leadership to fully integrate health and wellness into the Department's policy and practice.
   - Issue voluntary guidance and best practice protocols to school stakeholders to support the integration of health and wellness into policy and practice.
   - Ensure appropriate leadership is in place in the Department.
   - Appoint a Deputy Assistant Secretary to OSHS to provide strategic leadership to the Department on integrating health and wellness into education policy and practice.
   - Appoint a School Nurse Consultant to disseminate knowledge and critical information to state school nurse consultants and to promote school health services and school nursing.

PROFESSIONAL DEVELOPMENT

Support the development of pre-service and professional development for teachers and principals to support student health.

Teachers and principals can significantly impact students' health, yet too many are not prepared to promote healthy behaviors, manage student health problems, implement health-promoting behaviors in the classroom and school, and create a healthy school environment. To better prepare teachers and principals, the U.S. Department of Education should:

Support Innovative Programs

The Office of Innovation and Improvement should:

1. Encourage the development of innovative professional development programs by including health and wellness as a competitive priority in grant programs, such as the Teacher Quality Program and the Investing in Innovation Fund.
2. Provide technical assistance to grantees on best practices for promoting student and school health, including through Communities of Practice, to help grantees incorporate best practices for promoting student health and wellness.

Create Guidance and Best Practices Guides

1. Issue voluntary guidance and best practice protocols, through a stakeholder engagement process, to colleges and universities to support teachers' and school leaders' ability to address student health needs, including coursework in health education, student health and wellness, child growth and development, and developmental psychology.
2. Issue voluntary guidance and best practice protocols, through a stakeholder engagement process, to states to support teachers' and school leaders' ability to address student health needs, including professional development standards for teachers and principals on health and wellness issues.

PARENT ENGAGEMENT

Support resources for parent engagement around school health and wellness issues.

Parent engagement is integral to the success of a school

and should include health and wellness. The Department of Education should encourage schools to engage parents around health and wellness issues based on the Centers for Disease Control and Prevention's best practices, and:

Support Innovative Programs

Encourage the development of innovative parent engagement strategies by including health and wellness as a competitive priority in grant programs, including the Parent Information Resource Center and Promise Neighborhoods.

Create Guidance and Best Practice Documents

1. Provide technical assistance to grantees, including Parent Information Resource Center grantees, to support the integration of health and wellness into programs.
2. Issue voluntary guidance and best practice protocols, through a stakeholder engagement process, on high-quality parent engagement programs that integrate a focus on health and wellness.
3. Support the development of educational data systems and school accountability programs that incorporate student health.

METRICS + ACCOUNTABILITY

Support Innovation and Identify Additional Opportunities for Promoting Student Health and Wellness

Incorporating metrics for health and wellness into data tracking and school accountability systems will provide educators, policymakers and the public with a more refined understanding of how to achieve learning and academic outcomes. This deeper understanding of how health impacts student learning can inform resource management and teaching practices, ensuring that student health and wellness is tracked over time and that school stakeholders understand the connection between health and learning.

1. The Institute for Education Sciences should encourage the development of state longitudinal data systems that integrate health and wellness data.
2. The Office of Elementary and Secondary Education should integrate health and wellness into the School Improvement Grant program.

Create Guidance and Best Practice Protocols

Issue voluntary guidance and best practice protocols for states, through a stakeholder engagement process, on how to integrate health and wellness into state data tracking systems and school accountability programs.

RECOGNITION PROGRAMS

Incorporate health and wellness into the Department of Education's recognition programs.

Promoting school health and wellness efforts through recognition programs can motivate school leaders to consider health and wellness a priority to student success. Recommendations for ED are as follows:

Recognize Health-Promoting Practices

The Office of Communications and Outreach should update the Blue Ribbon Schools program to integrate health and wellness measures.

Recommendations to the U.S. Department of Health and Human Services

SCHOOL HEALTH SERVICES

Reducing Barriers to School Health Services

Despite the effectiveness of school health programs, lack of funding continues to have a negative impact on the quality and quantity of health services in schools. School health services are generally managed and funded through education departments, primarily on a local level. Ensuring that schools are able to receive funding from the health sector will allow schools to deliver disease prevention and management and health promotion services and emerge as a key partner in addressing some of the nation's most serious health problems. Medicaid represents an important source of funding school health services for students who often lack access to ongoing medical care. However, complex reimbursement rules limit schools' ability to obtain Medicaid funding.

In order to support school districts in offering a full complement of disease management and prevention and health promotion services to students, especially Medicaid/CHIP-eligible students, the Department of Health and Human Services should:

1. Issue guidance to the states, in the form of either a State Medicaid Director Letter or revisions to the 2003 *Medicaid School and Administrative Claiming Guide*, to clarify that school districts may receive Medicaid reimbursement for health services provided by a school nurse to Medicaid-enrolled students. The guidance should, at a minimum, include:

- Declaration that health services provided in schools are exempted from the free care rule in accordance with the 2005 HHS Departmental Appeals Board Ruling.
- Clarification that school districts are not required to establish procedures or to bill third-party payers for health services provided to non-Medicaid enrolled students in order to bill Medicaid for health services for Medicaid-enrolled students.
- Clarification that the requirement to bill third-party payers only applies to Medicaid-enrolled students who also have a third-party insurer.
- Clarification that the free care rule or third-party billing rule cannot, in any circumstance, prevent a school district from billing for the provision of early, periodic, screening, diagnosis, and treatment services to a Medicaid-enrolled student.
- Clarification that school districts can bill Medicaid for health services provided to Medicaid-enrolled students even if such services are not provided under Title V or as a result of an IEP or IFSP under IDEA.
- Clarification on the process for billing under Medicaid for the provision of health and behavioral health services provided by school nurses, to a Medicaid-enrolled student.

2. Establish a community engagement process, through opportunities such as regional listening sessions and requests for information, to solicit stakeholder involvement in the development of practice guides to states, school districts, and schools to encourage financing of health services provided by school nurses to Medicaid-enrolled students through Medicaid, and to eliminate any known barriers to billing Medicaid for these services. The guidelines should include best practice examples for states and school districts addressing state plan requirements and allowable services and guidance on the development of policies that require districts to use reimbursement dollars received for school health services for health and health-related activities.
3. Work with the IRS to recognize school health services as an eligible community benefit. This includes supporting IRS efforts to develop best practice documents regarding the establishment of partnerships between schools and local health care providers. This process also includes implementing outreach efforts to educate schools and local health care providers about this opportunity.
4. Establish a stakeholder engagement process for the health and education sector, possibly as a component of the National Prevention Council, to discuss the role that schools can play in meeting the nation's health and education goals. This is critical given the importance of community care, disease prevention and health promotion to achieve the goals of the Affordable Care Act.

Convening Participants

Health in Mind strategies were developed with broad input from national stakeholders in education and children's health. Healthy Schools Campaign and Trust for America's Health hosted three day-long forums to discuss tangible, cost-effective methods for integrating health and wellness in schools. More than 60 individuals took part in these forums; many additionally participated in follow-up discussions about the issues that emerged at the forums. The Health in Mind recommendations were developed with consideration of the broad range of diverse opinions shared through this process. The opinions expressed in this document do not necessarily represent the views of these individuals and organizations. Healthy Schools Campaign and Trust for America's Health gratefully recognize the input shared during this valuable process.

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Convening Abbreviations

SN: School Nursing Convening
PD: Professional Development Convening
AR: School Accountability and Recognition Convening

Participants took part in physical activity breaks at each convening.

The Broken Connection Between Health and Learning

The Challenge

A student who is malnourished, unable to hear and see adequately, or living with an unmanaged health condition may have more problems concentrating in class and miss more school days than a healthy student. Health issues are more than mere distractions for students. They are potentially confounding factors to academic achievement, impairing students' ability to fully participate in school. This is not only true for students with health challenges, but also for healthy students who are expected to perform in unhealthy school settings. Such school settings do not allow adequate access to basics like physical activity, health services, quality indoor air conditions, healthy food and drinkable water. Healthy students are expected to somehow maintain their health and academic status, in spite of these conditions. The challenge is even greater for students with health challenges, who struggle to attend school each day, absorb increasingly complex information, demonstrate proficiency in that information and move to the next level. This is a setup for failure. Unless the challenges plaguing our school environments and our children's health are addressed, efforts to improve academic performance and close the achievement gap will be compromised as well.

Over the past few decades, the prevalence of chronic diseases among schoolchildren has doubled from one in eight children to one in four,[1] especially in African-American and Latino communities. When these and other health problems continue unmanaged, the student is more likely to fall behind in school and lose opportunities for learning. That's why one-third of children with hearing problems, for example, have to repeat grades[2] and why children who are overweight or obese struggle with lower grades and test scores.[3,4] It's also why students with unaddressed mental health issues are nearly three times more likely to drop out[5,6] and why each student with severe asthma misses about eight school days per year.[7] These consequences are not only limited to the students' school years. Absences and poor performance can curtail students' potential through high school and into adulthood. Adults with higher educational attainment report a better health status than those with lower education levels.[8] Healthy People 2020[9] recognizes the percentage of students who receive a high school diploma four years after starting ninth grade as a Leading Health Indicator. Health and education are critically linked.

SPECIFIC HEALTH BARRIERS TO LEARNING

The interaction between health and education is a complex interplay of an individual's behaviors, biology, health literacy and access to health care, combined with social, environmental and economic influences. In his 2010 report on the connection between health and educational outcomes, Charles Basch, professor of health education at Columbia University's Teachers College, identifies several areas of learning that poor health status can impede, including a student's cognition, attendance and connection to their class work.[10] Basch's research and other studies have pointed out several health concerns that have an especially deleterious impact on the areas of learning outlined in the chart on the following page.

In addition to these chronic illnesses, a number of other issues impact a student's health and ability to learn. For example, approximately 11 percent of U.S. households are food insecure, and multiple data sources indicate that a substantial proportion of American youth do not eat breakfast on any given day.[11] Hunger can negatively impact a student's ability to focus, and prolonged hunger is associated with a number of adverse health outcomes, including learning deficiencies and emotional and behavioral problems.

HEALTH DISPARITIES AND ACADEMICS

Each of the health concerns described above disproportionately impact low-income African-American and Latino students, signaling health disparities as a possible catalyst of the academic achievement gap. According to Basch, "to a great extent, the educational achievement gap and health disparities affect the same

Illness and Injury	Acute illnesses, such as colds or strep throat, briefly disrupt a student's learning, usually for only up to a week. Roughly 40% of school-aged children missed three or more school days in the past year due to illness or injury.[12] However, many students suffer from mismanaged chronic conditions that disrupt academic careers.
Asthma	Almost 10% of children are currently diagnosed with asthma, which is about three in an average classroom of 30 students. Asthma causes these children to miss about 12.8 million school days total each year.[13]
Mental Health Issues	At least 1 in 10 young people suffer from some level of impairment due to mental illness.[14] The 2.9 million youth who receive mental health services in the school setting report that they are treated for reasons such as problems in school (22.3%), breaking rules and "acting out" (20.6%), and having problems with friends (19%)—all problems that play out in a classroom.
Obesity	In the United States, 12.5 million children and adolescents between ages 2 and 19 are considered obese.[15] Research has shown that overweight or obese children struggle with lower grades, school absences and lower test scores.[16]
Sexual Health Issues	Approximately one-third of teenage females become pregnant in the U.S.[17] Without proper support, teenage mothers and fathers are significantly more likely to drop out of high school. Only 32% of teen mothers complete high school by age 20, compared with 73% of teens who do not become parents.[18] When a teenager becomes pregnant, she is at a higher risk of giving birth prematurely and having another baby within two years. Premature birth rates for teen moms averaged 14% compared to 11.9% for women older than 20.[19]
Vision and Hearing Impairment	More than 20% of schoolchildren have trouble seeing, and 25 students of every 1,000 are blind or severely sight impaired.[20,21] Hearing loss is less common but just as impairing: A survey of parents found that 5 of every 1,000 children between ages 3 and 17 had trouble hearing or could not hear at all.[22] Visual impairment has a proven correlation with lower scores on standardized literacy tests,[23] and research has shown that one-third of children with hearing problems had to repeat grades or required special assistance at school.[24]
Dental Disease	Oral conditions can lead to pain and excessive school absences. Roughly 19% of children and adolescents between ages 2 and 19 years have untreated dental caries.[25] Children with dental pain have been shown to miss more school and perform worse than their peers without dental pain.[26-28] In a single year, an estimated 51 million hours of school may be missed because of a dental-related illness.[29]

population subgroups of American youth and are caused by a common set of social-environmental factors. It is increasingly clear that both education and health can also exert strong, reciprocal effects."

For example:

- Black and Puerto Rican children have much higher rates of asthma and asthma-related mortality than their white counterparts.[30]
- Low-income children, black non-Hispanic children and Mexican children have higher rates of untreated dental caries than their white, non-Hispanic counterparts.[31]
- Teenage birth rates in black and Latino communities are three and four times higher than in white communities, respectively.
- About 22.4% of African-American children and 24.2% of Mexican-American children ages 6 to 17 are obese, compared to 17.5% of white children.[32]

Though African-American and Latino students may be academically at risk for reasons outside of their health, health disparities can exacerbate, if not lead to, academic failure. Additionally, the schools that low-income and minority children attend often maintain unhealthy settings for learning. Schools in low-income communities tend to have poorer air quality, less access to physical activity, higher exposure to environmental toxins and less access to healthy foods and water during the school day.
Such environments are challenging settings for learning even for healthy students, and more so for students with health conditions. Addressing these disparities in schools and student health could help close the achievement gap. Ignoring health issues, or regarding them as outside the scope of educational priorities, could undermine efforts to improve academic performance. Addressing the dual challenge of poor health and poor academic performance in these groups will give all children—regardless of ethnic or economic background—an opportunity for health and education.

The Current Landscape of Efforts

The Obama administration has released strategic plans and national goals for public education and health.

NATIONAL EDUCATION GOALS

In January 2012, the U.S. Department of Education distributed a strategic plan for public comment, which included the following goals:[33]

- All states improving overall and disaggregated health, social-emotional, and cognitive outcomes for all children at kindergarten
- All states improving overall and disaggregated high school graduation and college completion rates
- Eliminating the national achievement gap for all students regardless of race, ethnicity, national origin, age, sex, disability, language and socioeconomic status

Achieving these goals requires recognizing the impact that health and wellness can have on academic success; improving the health status of students will have a direct impact on whether the nation achieves these preliminary public education goals. For many students, these health issues are the underlying cause for not staying engaged in school and performing well enough to graduate from high school and go on to college. Efforts to improve education must focus on low-income and ethic minority students who are at the highest risk for disparities in both health and academic performance. Health is an important factor to consider as the nation moves forward with strategies to improve educational outcomes.

NATIONAL HEALTH GOALS

The 2010 Affordable Care Act created the National Prevention Council and directed it to draft the National Prevention Strategy. The National Prevention Strategy aims to shift the focus of the U.S. health care system to prevention rather than reactive, episodic care. The strategy's overarching goal is to "increase the number of Americans who are healthy at every stage of life," and its four primary directions—the foundation for all of the strategy's prevention efforts—are consistent with research about the inseparable link between health and learning for school-age children. Those directions include:[34]

- Healthy and Safe Community Environments
- Clinical and Community Preventive Services
- Empowered People
- Elimination of Health Disparities

Our concerns about student health and education parallel national policy priorities. Both the education and health sectors have important, complementary roles to play in addressing these challenges and achieving these goals.

As our nation's health care system shifts from focusing on treatment to focusing on prevention, schools can provide a powerful setting to strengthen the connection between health and learning, which, in turn, can improve our students' health outcomes and educational outcomes.

WITHIN THE DEPARTMENT OF EDUCATION

To date, the Department of Education has addressed health in schools by funding and authorizing specific programs to address specific health issues. The national expansion of Promise Neighborhoods promotes child health and development training for parents of newborns up to age 5. Green Ribbon Schools rewards school efforts around health, fitness and environmental sustainability. The Office of Safe and Healthy Students within the Department of Education focuses on drug use and violence prevention.

Also, programs like the Carol M. White Physical Education Program (PEP) and the Center of Positive Behavioral Interventions and Supports provide financial support and technical assistance for student-focused initiatives around health. The hope is that additional resources will be found at the state and local levels to continue these programs beyond the funding period. While many of these programs have contributed to understanding which interventions are most effective, less attention has been given to fully integrating health into the education system. The Department of Education is charged with ensuring equal access to education as well as promoting student achievement and preparing students for global competitiveness. Aside from providing financial assistance for individual students, the Department of Education answers this charge primarily through the following responsibilities:[35]

- Collecting data on America's schools and disseminating research
- Focusing national attention on key educational issues
- Prohibiting discrimination

WITHIN STATES AND SCHOOL DISTRICTS

The link between health and learning is also being acknowledged within schools and school districts that have launched their own initiatives. Most school districts house coordinated programs around health education, health services or nutrition. However, a coordinated program could mean a team or just one person serving an entire school or school district. Many of these programs lack the resources to assure their existence from one school year to the next and to fully evaluate their impact. They also lack sufficient consistency or comprehensiveness among the programs.

Throughout the pages that follow, several success stories illustrate state and local efforts and how recommendations for the Department of Education could play out in schools on a broader level. These current efforts are part of an array of available, effective solutions that could benefit from the Department of Education's leadership in expanding them to the entire nation.

These efforts are part of a groundswell of initiatives to change school cultures into environments that foster healthy habits. The Department of Education can learn from the most effective practices already in place and assess them for implementation across the country.

> School health and wellness is the full integration of health knowledge, disease prevention habits and wellness practices into the school's policies, practices and programs.

The Solution

Schools are an ideal setting in which to tackle national health and education goals. Children and adolescents spend more time in schools than in any other environment outside of their homes. The school years are also when foundational health habits are formed. By emphasizing school health and wellness, federal agencies can support schools in fulfilling their ultimate goals: improving academic performance and outcomes among all students and closing the achievement gap.

School health and wellness is more than occasional health fairs, classes and onsite services. These efforts are important, but they often occur too sporadically with resources that are too limited to make a lasting impact on student health and related academic challenges. They also put too much of the onus on students to decide whether the knowledge and skills offered will become part of their daily lives. To improve poor health outcomes and academic performance, health and wellness must be emphasized in

the school's policies, practices and programs. A healthy school environment builds on health and wellness as a foundation for learning. In this environment, good nutrition is discussed in class and available in the cafeteria; physical activity is seen as an enhancement of learning, not a distraction from it. The school's design and daily operations avail a safe environment with clean air and water. Health services are readily accessible. Each day, students are encouraged to make healthy choices that propel them to thrive academically. In a healthy school, teachers are provided with professional development related to students' physical and emotional development, and the school infuses health and wellness into math classes, science lessons, lunch periods and everything in between, including reward systems and classroom management strategies.

FEDERAL AGENCIES CAN IMPROVE ACADEMIC PERFORMANCE THROUGH HEALTH

Health must be regarded as a foundational factor that can either advance or confound academic performance strategies, particularly closing the achievement gap and addressing health disparities for low-income and minority students. Cultivating health and wellness in schools will require leadership and commitment at many levels, from classrooms to national policy makers. The goal and challenge of *Health in Mind* is to outline how the federal government can take practical steps to improve health and education for our nation's children.

The Recommendations

Below are specific strategies that the Department of Education can feasibly integrate into overall national education policy to promote school health and wellness. Many of these strategies build on what individual schools, school districts and state education and health departments are already doing. The *Health in Mind* strategies below are intended to serve not as a comprehensive roster of proposed initiatives, but, rather, as catalysts for advancing health and wellness in our nation's schools, and, in turn, improving academic outcomes.

1. Prepare teachers and principals to promote student health and wellness.
2. Provide schools with strategies and resources to partner with parents.
3. Incorporate health and wellness into school metrics and accountability.
4. Incorporate health and wellness into recognition programs.
5. Build the Department of Education's capacity to provide school health leadership.
6. Support school nurses as onsite health care providers for students

References / The Broken Connection Between Health and Learning

1. Lowry, F. (2010, February 16). Prevalence of chronic illness in US kids has increased. Medscape Medical News. Retrieved from http://www.medscape.com

2. American Speech Language And Hearing Association. (2004, November 23). Even minimal, undetected hearing loss hurts academic performance. ScienceDaily. Retrieved from http://www.sciencedaily.com/releases/2004/11/041123204642.htm

3. Castelli, D. M., Hillman, C. H., Buck, S. M., & Erwin, H. E. (2007, April). Physical fitness and academic achievement in third- and fifth-grade students. Journal of Sport & Exercise Psychology, 29(2), 239-252.

4. Shore, S. M., Sachs, M. L., Lidicker, J. R., Brett, S. N., Wright, A. R., & Libonati, J. R. (2008). Decreased scholastic achievement in overweight middle school students. Obesity, 16(7), 1535–1538. doi:10.1038/oby.2008.254

5. Currie, J., & Stabile, M. (2006). Child mental health and human capital accumulation: The case of ADHD. Journal of Health Economics, 25, 1094-1118.

6. Barbaresi, W. J. Katusi, S. K., Colligan, R. C., Weaver, A. L., & Jacobsen, S. J. (2007a). Long-term outcomes for children with attention-deficit/hyperactivity disorder: A population-based perspective. Journal of Developmental and Behavioral Pediatrics, 28, 265-273.

7. Asthma and Allergy Foundation of America. (2000). The costs of asthma, 1992 and 1998 Study.

8. Cutler, D., and Lleras-Muney, A. (2006.) Education and health: evaluating theories and evidence. NBER Working Paper.

9. U.S. Department of Health and Human Services. (June 21, 2012). Healthy People 2020: Adolescent Health. Retrieved from http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=2

10. Basch, C. (2010, March). Healthier students are better learners: A missing link in school reforms to close the achievement gap. Campaign for Educational Equity: Teachers College, Columbia University. Retrieved from http://www.equitycampaign.org/i/a/document/12557_EquityMattersVol6_Web03082010.pdf

11. American Academy of Pediatrics. (February 2012). The Case for Eating Breakfast. HealthyChildren.org

12. U.S. Centers for Disease Control and Prevention. (2007). Summary Health Statistics for U.S. Children: National Health Interview Survey. Retrieved from www.cdc.gov/healthyyouth/infectious/index.htm

13. Akinbami, L. J. (December 2006) “State of Childhood Asthma, United States, 1980-2005.” Advance Data from Health and Vital Statistics, 381: 1-24.

14. RAND Health. (2001). Mental health care for youth: Who gets it? How much does it cost? Who pays? Where does the money go? RB-4541.

15. Ogden, C., & Carroll, M. (2010, June). Prevalence of obesity among children and adolescents: United States, trends 1963–1965 through 2007–2008. National Center for Health Statistics Division of Health and Nutrition Examination Surveys. Retrieved from http://www.cdc.gov/nchs/data/hestat/obesity_child_07_08/obesity_child_07_08.pdf

16. Shore, S. M., Sachs, M. L., Lidicker, J. R., Brett, S. N., Wright, A. R., & Libonati, J. R. (2008). Decreased scholastic achievement in overweight middle school students. Obesity. 16(7), 1535–1538. doi:10.1038/oby.2008.254

17. Martin, J. A., Kung, H. C., Mathews, T. J., Hoyert, D. L., Strobino, D. M., Guyer, B., et al. (2008). Annual summary of vital statistics: 2006. Pediatrics. 121(4), 788-801.

18. Maynard, R. (ed). (1996). Kids having kids: A Robin Hood Foundation special report on the costs of adolescent childbearing. New York: The Robin Hood Foundation.

19. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, and National Center for Health Statistics. (1995). Report to Congress on out-of-wedlock childbearing (DHHS Publication No. 95-1257). Retrieved from http://www.cdc.gov/nchs/data/misc/wedlock.pdf

20. Cotch, M. F., Janiszewski, R., Klein, R. J., Turczyn, K. M., Brett, K. M., & Ryskulova, A. (2005). Visual impairment and use of eye-care services and protective eye wear among children—United States, 2002. Morbidity and Mortality Weekly Report, 54, 425-429.

21. Ferebee, A. (2004). Childhood vision: Public challenges and opportunities. Washington, DC: Center for Health and Health Care in Schools, School of Public Health, George Washington University Medical Center.

22. Boulet, S. L., Boyle, C. A., & Schieve, L. A. (2009). Health care use and health and functional impact of developmental disabilities among U.S. children, 1997-2005. Archives of Pediatric and Adolescent Medicine,163(1):19-26.

23. Krumholtz, I. (2000). Results from a pediatric vision screening and its ability to predict academic performance. Optometry, 71, 426-430.

24. American Speech Language And Hearing Association. (2004, November 23). Even minimal, undetected hearing loss hurts academic performance. ScienceDaily. Retrieved from http://www.sciencedaily.com¬/releases/2004/11/041123204642.htm

25. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2009). Health, United States, 2009: With special feature on medical technology. Retrieved from http://www.cdc.gov/nchs/data/hus/hus09.pdf

26. Dye, B., et al. (2007) "Trends in Oral Health Status: United States, 1988-1994 and 1999-2004," vital Health and Statistics Series 11: 248Table 23, http://www.cdc.gov/nchs/data/series/sr_11/sr11_248.pdf (accessed December 4, 2009).

27. Pew Center on the States. (February 2010). The Cost of Delay: State Dental Policies Fail One in Five Children. Retrieved from http://www.pewtrusts.org/uploadedFiles/Cost_of_Delay_web.pdf

28. Blumenshine, S. L., Vann Jr., W. F., Gizlice, Z., and Lee, J. Y. (2008). Children's School Performance: Impact of General and Oral Health. Journal of Public Health Dentistry 68(2): 82–7.

29. Gift, H.C. 1997. Oral health outcomes research: Challenges and opportunities. In Slade GD, ed., Measuring Oral Health and Quality of Life (pp. 25-46). Chapel Hill, N.C.: Department of Dental Ecology, University of North Carolina..

30. Cohen, R. T., Canino, G. J., Bird, H. R., Shen, S., Rosner, B. A., & Celedón, J. C. (2007). Area of residence, birthplace, and asthma in Puerto Rican children. Chest, 131(5), 1331-1338

31. Beltran-Aguilar E. D., Barker L. K., Canto M. T., et al. (August 26, 2005). MMWR Surveillance for Dental Caries, Dental Sealants, Tooth Retention, Edentulism, and Enamel Fluorosis—United States, 1988-1994 and 1999-2002. U.S. Centers for Disease Control 54(03);1-44. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5403a1.htm

32. Federal Interagency Forum on Child and Family Statistics. America's children: Key national indicators of well-being, 2010. Table HEALTH7. Retrieved from http://www.childstats.gov/americaschildren/tables/health7.asp

33. U.S. Department of Education. (January 2012). Strategic Plan for Fiscal Years 2011-2014.

34. National Prevention Council. (2011, June). National Prevention Strategy. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General.

35. U.S. Department of Education. About ED: Overview and mission statement. Retrieved from http://www2.ed.gov/about/landing.jhtml

Professional Development

Preparing Teachers and Principals to Promote Student Health and Wellness

The Challenge

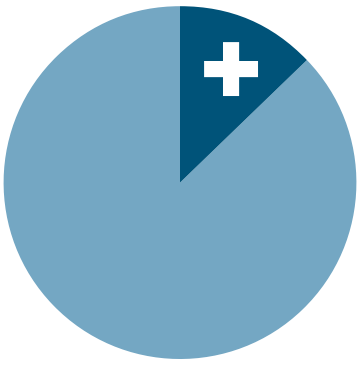
In classrooms across the country, teachers contend with student health issues that stand in the way of learning. This prevents teachers from getting some students fully engaged in key lessons, pivotal concepts and critical learning processes. Students are often unable to perform at their best because of unhealthy school environments, uncontrolled chronic diseases and other unaddressed personal and environmental health challenges. At the same time, teachers and principals are being held to increasingly higher standards of student performance. However, the metrics and accountability systems that measure these standards do not encourage teachers and principals to consider school health and wellness, even though teachers are inevitably confronting such issues every day. Research indicates that teachers and principals spend an average of one hour per day on student health issues—roughly 180 hours of time per teacher or school leader over the school year—which makes addressing these health issues a firm reality of their jobs.[1,2]

Despite the rising prevalence of health issues among students, teachers and principals are not prepared to identify and address these issues in school. This is because student health and wellness are virtually absent from teacher and principal training and professional development, leaving most educators and administrators unprepared to respond appropriately to students' health needs. The reality of teachers' and principals' roles is that they are confronted with having to identify and address student health and wellness needs—whether its a medical emergency or an activity break—and their ability to do so determines how well students perform.

Teachers and Principals Lack School Health Training

As with most education policy, the standards and expectations for teachers and principals vary widely across the country. They are determined by national accrediting agencies, colleges and universities, as well as by state and local regulations. Currently, there are no broad or systematic requirements ensuring that teachers and principals are prepared to support student health.

The National Council for the Accreditation of Teacher Education (NCATE), the largest teacher accreditation entity, does not have clear standards around how teachers should be prepared to support school health and wellness. According to NCATE, an elementary school teacher must be able to provide general health education and physical education "as appropriate to their own understanding



Teachers and principals spend on average 1 hour of the 6.7-hour school day on student health issues.

and skills."[3] A 2005 review of teaching programs found that teacher candidates were not sufficiently engaged in a meaningful health education course.

Principal preparation programs are governed by states, which establish their own licensing, certification and recertification requirements. In most places, states approve the college and university programs that prepare principals. Neither the organized professional development nor formal program preparations at higher education institutions have adequately prepared principals for school health challenges. The two largest accrediting entities for principals, the National Association of Secondary School Principals and the National Association of Elementary School Principals, also do not require or offer adequate standardized training to help principals support student health and wellness.

The Current Landscape of Efforts

AT THE STATE LEVEL

Some states are beginning to recognize the need for teacher credentialing to include training on health-related issues. However, the requirements and training opportunities are rare and do not cover the breadth of health issues a teacher might face in the classroom.

Examples of state-level requirements related to student health and well-being that a prospective teacher must meet before receiving teaching credentials include:

- Colorado requires additional coursework in health
- California requires that teacher candidates take a class in health education
- New York requires that teacher candidates take a class on "human developmental processes and variations"
- New Jersey requires that teacher candidates "pass an examination in physiology, hygiene and substance abuse issues," which may be waived if the applicant presents basic military training or college-level study in areas such as biology, health or nutrition
- Oregon requires three quarter hours of health education and three quarter hours of physical education
- Minnesota requires additional training on child abuse and neglect
- Alabama and New York require additional training on violence prevention
- Indiana, Florida and Illinois require additional training on suicide prevention and/or mental health issues

Examples of states that offer additional teacher in-service training related to health and wellness, which have been found to be sporadic and not comprehensive:

- Violence prevention and/or bulling prevention, including conflict resolution (Alabama, Connecticut, Florida, Indiana, Massachusetts, Minnesota, Missouri, Montana, Rhode Island, Utah, Washington, West Virginia)
- Mental health issues and/or suicide prevention (Florida, Illinois, Kansas, Maryland, Minnesota, Mississippi, Montana, New Jersey, Rhode Island)
- Alcohol, tobacco, and other drugs (Alaska, Connecticut, Florida, New Jersey, Vermont, Wisconsin, West Virginia)
- Crisis preparedness (Alaska, Georgia)
- Asthma (Michigan, Washington)
- Communicable diseases (West Virginia) and HIV (Tennessee, West Virginia)
- Physical activity and/or nutrition (South Carolina, Iowa, nutrition only)
- Abuse (Wisconsin)

AT THE FEDERAL LEVEL

Some federal agencies have already recognized the need to support teachers and principals as health leaders. Many of their programs offer resources for teachers and principals that can be incorporated into professional development on school health and wellness. For example:

- The Coordinated School Health Program (CSHP), developed by the U.S. Centers for Disease Control and Prevention, is a widely used model that incorporates eight components to organize school health concepts, programs, policies and funding streams. It looks holistically at health areas to improve health education instruction to students, reduce risk behaviors, and improve educational and social outcomes.[4] Multiple studies indicate that teachers and principals are critical to the effective implementation of this program.[5,6]
- The U.S. Environmental Protection Agency has extensive resources for ensuring a healthy and safe school environment, including Tools for Schools, Healthy School Environments Assessment Tool (Healthy SEAT) and resources on integrated pest management.

- The U.S. Department of Agriculture's HealthierUS School Challenge program supports healthier school environments by recognizing and rewarding schools that meet high standards in school food, nutrition education, physical activity and physical education.

The Solution

Teachers and principals need preparation—both pre-service and in-service—and resources to understand how they can address student health issues and promote a healthier school environment.[7] This means making sure that teachers and principals in training learn about the best practices for supporting student health at school. It means supporting teachers and principals in the workforce with ongoing professional development. When teachers and principals are well-prepared to integrate health and wellness into the school experience, the results are remarkable: Students engage in lessons with brain-boosting physical activity breaks, teachers weave lessons about nutrition throughout the day, and principals create school policies such as health-promoting fundraising rules or restrictions on unhealthy foods. Health and wellness preparation also gives teachers the skills to identify student health needs and to connect students with appropriate school resources. It also gives principals the skills to shape school-wide environments that promote health, and, in turn, improve academic outcomes. Across the country, individual teachers and principals are putting these ideas in action with impressive results. (See the case study "Healthy Teachers, Healthy Students," page 29).

It is important to note that teachers and principals should not be required or expected to provide medical care to students, nor should training them in health and wellness be regarded as a replacement for specialized health and physical education teachers. School nurses, health educators and physical education teachers play an integral role in student health and wellness. Their roles can be supported, reinforced and complemented by teachers and principals who are trained in fostering the connection between health and learning in the classroom.

Recommendations to the U.S. Department of Education

Teachers and principals can significantly impact students' health, yet too many are not prepared to provide students with knowledge and skills to adopt health-promoting behaviors; manage student health problems; implement health-promoting behaviors in the classroom and school; and create a healthy school environment. To better prepare teachers and principals, the Department of Education should do the following:

SUPPORT INNOVATIVE PROGRAMS

The Office of Innovation and Improvement should:

1. Encourage the development of innovative professional development programs by including health and wellness as a competitive priority in grant programs, such as the Teacher Quality Program and the Investing in Innovation Fund.
2. Provide technical assistance to grantees on best practices for promoting student and school health, including through Communities of Practice, to help grantees incorporate best practices for promoting student health and wellness.

CREATE GUIDANCE AND BEST PRACTICES GUIDES

3. Issue voluntary guidance and best practice protocols, through a stakeholder engagement process, to colleges and universities to support teachers' and school leaders' ability to address student health needs, including coursework in health education, student health and wellness, child growth and development, and developmental psychology.
4. Issue voluntary guidance and best practice protocols, through a stakeholder engagement process, to states to support teachers' and school leaders' ability to address student health needs, including professional development standards for teachers and principals on health and wellness issues.

References / Professional Development

1. Hill, N. J., & Hollis, M. (2011). Teacher time spent on student health issues and school nurse presence. Journal of School Nursing, 28(3), 181.
2. Baisch, M. J., Lundeen, S. P., & Murphy, M. K. (2011). Evidence-based research on the value of school nurses in an urban school system. Journal of School Health, 81, 74-80.
3. National Council for Accreditation of Teacher Education. (2008, February). Professional Standards for the Accreditation of Teacher Preparation Institutions.
4. Kolbe, L. (2002). Education reform and the goals of modern school health programs. State Education Standard, 3(4).
5. Rosas, S., Case, J., & Tholstrup, L. (2009). A retrospective examination of the relationship between implementation quality of the coordinated school health program model and school-level academic indicators over time. Journal of School Health, 79(3),108–115.
6. Vinciullo, F.M., & Bradley, B.J. (2009). A correlational study of the relationship between a coordinated school health program and school achievement: A case for school health. Journal of School Nursing, 25(6), 453-65.
7. Jourdan, D., Samdal, O., Diagne, F., & Carvalho, G. S. (2008). The future of health promotion in schools goes through the strengthening of teacher training at a global level. Promotion & Education, 15(3), 36-38.

CASE STUDY / PROFESSIONAL DEVELOPMENT

Teachers Mix Physical Fitness and Classroom Learning

Teachers practice classroom yoga exercises at a Fit to Learn professional development session, October 2011

Karen Jasinski sees all the early warning signs in her students—the hot chips and donuts for breakfast, washed down with a jug of blue juice.

She sees the childhood obesity that leads students to develop type two diabetes by seventh or eighth grade, not to mention added complications from asthma and other chronic conditions.

Jasinski teaches health and fitness to more than 350 students, pre-kindergarten through eighth grade, at McCutcheon Elementary School on Chicago's North Side. She gets two 45-minute classes with them each week, and the school does not have a gymnasium onsite.

Recognizing the need for more health education and fitness education, Jasinski enrolled in Fit to Learn. Healthy Schools Campaign created the Fit to Learn professional development program in October 2010. The program offers a series of full-day and half-day sessions to equip P.E. teachers, health teachers and core subject teachers with a roster of techniques and all necessary materials for incorporating health and fitness lessons into any subject and any school environment. "We can't change [the students'] chemical makeups, but we have to make changes if they're not learning it at home," said Jasinski, who completed Fit to Learn in May 2012.

Since launching, more than 130 Chicago public school teachers have participated in Fit to Learn. "With the limitations teachers face throughout the day and the specific curriculum guidelines they have to follow, it's hard to be flexible or incorporate fitness into the lessons," explained Kristi Cox, training and program manager at Healthy Schools Campaign who leads Fit to Learn. "Our program is a simple way for teachers to introduce fitness to students and let them know it's important, while still meeting guidelines and learning standards."

"The best place to talk about health is at school, because some children are just not getting it at home."

KAREN PIPPEN, TEACHER, CHICAGO PUBLIC SCHOOLS

The program trains teachers to make exercise and nutrition lessons a regular part of the classroom experience. It's the difference between sitting at a desk to do a spelling lesson or playing the Nutritious Words game, one of Jasinski's favorites. This exercise

requires students to stand as the teacher tosses a multicolored beach ball around the classroom. The student who catches the ball has to name a fruit or vegetable that is the same color as the part of the ball where the student's thumb lands. Then, the student spells that fruit or vegetable's name while doing jumping jacks. There's also the MyPlate Shuffle. In this activity, each food group is assigned a dance or exercise move. When the teacher flashes a picture of a certain food, students do the corresponding dance move to indicate its food group.

Kindergarten teacher Dolores Navarro leads students in a physical activity break.

Jasinski has also learned how to incorporate yoga into her fitness lessons, and she has learned activities that allow the students to move around, even in a tight classroom space.

Fit to Learn also includes sessions from medical experts on the latest pediatric research, including how the most prevalent childhood health issues can play out in the classroom and impact learning. The ultimate goal of the program, which is provided free of charge to teachers, is to empower teachers to change the culture of health and fitness at their schools.

Karen Pippen's participation in Fit to Learn stemmed from her conviction that schools can no longer afford to ignore how health issues are impacting students. "The best place to talk about health is at school, because some children are just not getting it at home," said Pippen, a resource teacher who works with special education and gifted students at Lincoln Elementary School in Chicago's Lincoln Park neighborhood. She also teaches an after-school health class twice a week.

Since her first Fit to Learn session in July 2011, Pippen has been able to incorporate health messages and physical activity into her class time. Five-minute dance breaks have helped her students release energy, then refocus on class work. She has woven nutrition information into her lessons, encouraging students to choose water over sugary juice, pick healthy snacks and cut back on excessive portions.

"The kids love it," she said. Pippen knew the lessons were working when, one day, a couple of students noticed an empty potato chip bag in the class trash can. "Were those your chips?" they teased. "Was that a healthy choice?"

CASE STUDY / PROFESSIONAL DEVELOPMENT

Healthy Teachers, Healthy Students

It starts with the interview process.

When a prospective new teacher sits down to interview with Allison Slade, founder and principal of Namaste Charter School in Chicago, one of Slade's first questions is, "What attracts you to our mission?" And then she listens for clues to whether the candidate will integrate into the school's unique culture.

Namaste's mission aims for academic excellence, and health and wellness is their way of achieving it. The school was founded in 2004 to fill a void in public education, one Slade felt was setting students up for poor performance by not ensuring that they were physically or psychologically healthy enough to learn. She wanted a school environment in which health and wellness principles—like nutrition and physical activity—were a part of the school's mission, as well as a personal mission for individual school staff.

"It's about how they think of themselves as a model for students," Slade said of prospective teachers. "If you're always walking around with a pop in your hand, that's a problem. For students, a teacher's behavior has an impact on them."

Namaste's culture of health and wellness is a shock to many new teachers. The day starts with a 15-minute morning movement, usually a yoga routine to "get younger kids to calm down and get older kids to wake up," Slade said. The school's 450 students, kindergarten through eighth grade, have 25 minutes of recess and 60 minutes of physical education each day.

During lunch, students have access to healthy food and learn about why that food is healthy. All teachers teach a 30-minute wellness block every day, where students learn about a pre-selected theme such as the human body, eating a balanced diet, safety and the benefits of physical activity.

Though the health and wellness culture resonates with new teachers' personal values, most don't know how to incorporate it into the classroom when they come to Namaste. But the shared mission among the teachers makes it easy for them to learn during Namaste's rigorous teacher preparation. That preparation starts with a three-day induction specifically for new teachers. Sessions focus on introducing the new teachers to Namaste's six core pillars—Nutrition/Health and Wellness, Movement, Peaceful School Culture, Balanced Learning, Language and Culture and Collaborative Practice. The induction takes place before the school's summer break begins so that new teachers can observe classes, witness, and, afterward, discuss, how health and wellness are incorporated into the core curricula. The induction

Namaste students participate in an outdoor exercise break at a nearby park.

also includes a session at a nearby yoga studio, to help new teachers understand the foundation for Namaste's focus on mental health.

Over the summer, new teachers are given core reading and additional training on how to incorporate health and wellness topics into their trimester lesson plans. A seven-day orientation with all teachers also includes additional presentations on infusing health into the classroom. This is also a time when teachers outline the topics for the daily 30-minute wellness blocks. Each Friday afternoon during the school year, teachers come together to review and critique each other's lesson plans for the coming week.

Student academic performance has confirmed Slade's conviction that emphasizing health in the classroom boosts learning: nearly 87 percent of Namaste students meet or exceed state academic standards, compared to 73.4 percent throughout the Chicago Public Schools district. Namaste's daily student attendance rate is also five percentage points higher than the district average. "Attendance is high because the kids are healthier, so they miss school less," Slade explained.

Namaste students dance through a Zumba routine in their daily P.E. classes.

"It's important for everyone to be committed to whatever the school's mission is. If the mission is to build healthy and active kids—which increases classroom performance—one teacher can't do it. One hour a day won't do it," Slade explained. "It's like a family. You can't have one parent doing something, then the other parent undermining it. Everyone has to model a healthy lifestyle, and we make sure of that."

ALLISON SLADE, FOUNDER AND PRINCIPAL OF NAMASTE CHARTER SCHOOL

Teachers are also demonstrating their commitment to health and wellness among themselves outside of the school day. In May 2012, the staff started an afternoon Zumba class and several teachers have joined local residents to train for the Chicago Half Marathon in September.

Parent Engagement

Engaging Parents, Improving Outcomes

The Challenge

Education leaders and stakeholders are well aware of the vital role that parent engagement plays in student outcomes. For this reason, the 2001 reauthorization of the Elementary and Secondary Education Act (ESEA) included parent involvement in schools as one of its four pillars.[1] Engaging parents is an effective strategy to promote the best outcomes for both student education and school health. Research has shown that parent engagement in schools boosts their students' academic performance, resulting in a better likelihood of higher grades and test scores, regular school attendance and better social skills and behavior. Students with parents who are engaged in the school are more likely to graduate from high school and go on to college.[2] Research also shows that students who have parent support for educational goals and school activities are less likely to engage in unhealthy behaviors.[3] Parents are effective partners at strengthening the activities of coordinated school health programs and reinforcing the program's health promotion goals with students.[4] Because parent involvement is a key indicator of both children's health outcomes and educational outcomes—which are inextricably linked—it is important that parents be engaged in school health and academic improvement efforts.

The Current Landscape of Efforts

The U.S. Department of Education's most visible vehicle for parental engagement in schools is its 62 Parental Information and Resource Centers (PIRCs) throughout the country. PIRC programs are designed to engage parents and build a partnership between families and schools. PIRCs focus on serving limited English-speaking or ethnically diverse families in low-income communities. PIRC programs—which include after-school programs and educational classes for parents, teachers and principals—generally aim to connect families with national resources to meet educational needs, help parents understand school accountability data, help parents engage in school improvement and decision-making, and facilitate more communication between schools and families. More than 95 percent of both parents and school educators said that PIRC programs have improved their engagement with one another.[5] However, parent engagement in school health and wellness is only marginally addressed in PIRC services. This represents a missed opportunity to improve academic outcomes and include parents in promoting school health and wellness. It is important to support PIRCs and similar programs, and to identify opportunities for addressing health and wellness through these programs.

Because parent involvement is a key indicator of both children's health outcomes and educational outcomes—which are inextricably linked—it is important that parents be engaged in school health and academic improvement efforts.

The U.S. Centers for Disease Control and Prevention have developed a framework for engaging parents in school health, titled *Parent Engagement: Strategies for Involving Parents in School Health*, based on a three-pronged approach: connecting with parents, engaging them and sustaining that engagement.[6] The connection starts with schools and school districts reaching out to parents to demonstrate a strong interest in developing a partnership, whether it's through a survey about what student health issues are most important to parents or an invitation to a school health event. When that connection is initiated, the engagement process strengthens it by providing continuous opportunities for parents to stay involved, such as regular communication and invitations to participate in subsequent school health and wellness initiatives.

> Parent engagement is a shared responsibility in which schools meaningfully reach out to parents, and parents are committed to actively supporting their children's learning and development.
>
> U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

The engagement process can later evolve from passive participation, which the school initiates, into parents becoming more involved in decision-making and managing school health initiatives, such as forming a school wellness team or directing school health programs. (See the case study "Parents Go Back to School for Student Health," page 37.) Sustaining that engagement involves calling on schools and school districts to identify challenges that prevent active parent engagement and to remove the barriers within the school or school district's control, such as convenient meeting locations, child care and transportation assistance. Though it is unknown how many school districts have formally implemented the CDC's framework for engaging parents in student health, several local school districts have devised strategies to leverage parent involvement as a key component to the success of school health initiatives.

A local model of parent-school partnership to address health outcomes is the Healthy Schools Campaign's Partnership to Reduce Disparities in Asthma and Obesity in Latino Schools, an intensive four-year campaign to empower parents in Chicago's Latino communities to bring about changes in school food and fitness, combating the staggering rates of childhood asthma and obesity that the communities' students face. Four years later, more than 900 parents helped lead health and wellness improvements at 46 Chicago Public Schools. Today, this work continues under the Parents United for Healthy Schools/Padres Unidos para Escuelas Saludables program. Through Parents United/Padres Unidos, parents work alongside community leaders, principals and school health advocates to make schools healthy environments to support student learning. (See the case study "Parents Unite for Health and Wellness," page 39.)

The Solution

Parent engagement goes beyond occasional classes, volunteering and parent-teacher conferences. It means forging a partnership in which parents generate ideas, make decisions and participate in the school's student health initiatives. Parents are then encouraged to reinforce values learned at school and to encourage other parents to do the same.

Several examples of how to engage parents effectively in school health and wellness exist at the local, state and national levels. The CDC's three-pronged parent engagement framework could be incorporated into PIRC strategies. Another renowned framework is often used in PIRC settings and state DOE programs to engage families, and could be revised to include a focus on school health and wellness. This framework was developed in 2001 by Dr. Joyce Epstein at Johns Hopkins University.[7] It includes a focus on six areas:

1. Parenting skills to support the students' school efforts
2. Communication between the school and home
3. Parent volunteer opportunities
4. Support for learning at home
5. Including parents in school decision-making
6. Collaboration with the community

The U.S. Department of Education can encourage the adoption of such frameworks by providing leadership to states and school districts, through grant requirements and national guidance. Current programs serve as models for other school districts to get started engaging parents in school health without starting from scratch.

Recommendations to the U.S. Department of Education

Parent engagement is integral to the success of a school and should include health and wellness. The Department of Education should encourage schools to engage parents around health and wellness issues based on the Centers for Disease Control and Prevention's best practices, including:

SUPPORT INNOVATIVE PROGRAMS

1. Encourage the development of innovative parent engagement strategies by including health and wellness as a competitive priority in grant programs, such as the Parent Information Resource Center.

CREATE GUIDANCE AND BEST PRACTICE DOCUMENTS

2. Provide technical assistance to grantees, including the Parent Information Resource Center, to support the integration of health and wellness into programs.
3. Issue voluntary guidance and best practice protocols, through a stakeholder engagement process, on high-quality parent engagement programs that integrate a focus on health and wellness.

Spotlight on Parents United for Healthy Schools, a local model of parent-school partnership to address health outcomes:

900+ parent leaders in Chicago are working to make healthy school environments that support learning

3,000+ petitions to bring back recess

6,000+ petitions supporting breakfast in the classroom

50+ school wellness teams formed

(For more detail, see the case study "Parents Unite for Health and Wellness," page 39.)

References / Parent Engagement

1. U.S. Department of Education. (June 2003). No Child Left Behind—A Parent's Guide. Washington, D.C. Retrieved from http://www2.ed.gov/parents/academic/involve/nclbguide/parentsguide.pdf
2. Henderson, A., Mapp K. (2002) A New Wave of Evidence: The Impact of School, Family, and Community Connections on Student Achievement. National Center for Family and Community Connections with Schools. Retrieved from http://www.sedl.org/connections/resources/evidence.pdf
3. Resnick, M. D., Bearman, P. S., Blum, R. W., Bauman, K. E., Harris, K. M., Jones, J., et al. Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health. Journal of the American Medical Assocation 1997;278(10):823–832
4. Carlyon, P., Carlyon, W., McCarthy, A. R. Family and community involvement in school health. In: Marx, E., Wooley, S. F., Northrop, D., editors. Health is Academic: A Guide to Coordinated School Health Programs. New York, NY: Teachers College Press; 1998
5. National Parental Information and Resource Centers. (2010, September 2010). Great families mean great schools: PIRC outcome data 2008-2009. Retrieved from http://www.pacer.org/mpc/pdf/PIRCDatabook2010final.pdf
6. Centers for Disease Control and Prevention. (2012). Parent engagement: Strategies for involving parents in school health. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved from www.cdc.gov/HealthyYouth/
7. Epstein, J. L., Sanders, M. G., Simon, B. S., Silinas, K. S., Janson, N. R., Voorhis, F. L. (2002). School, Family, and Community Partnerships: Your Handbook for Action. Thousand Oaks, CA: Corwin Press.

CASE STUDY / PARENT ENGAGEMENT

Parents Go Back to School for Student Health

In 2009, Santa Ana Unified School District started a six-week training program for parents to lead school recess breaks.

In Santa Ana Unified School District, active parents and physically fit students go hand in hand.

Since 2009, the district has partnered with Kid Healthy, a nonprofit that works with California's Department of Education on school health and wellness, to develop a pilot program called Parents in Action/Padres en Acción. The program trains parents to engage students in recess activities throughout the district's elementary schools. On any given day, about eight parents can be seen running laps, playing T-ball or hula hooping with students on the playground during recess.

The program began after school leaders and parents decided to do something about the rising obesity and diabetes incidence among students, said Jackie Teichmann, executive director at Kid Healthy. This was especially important for the district's primarily Latino student population, who are at an especially high risk for health disparities. School leaders also noted that mothers in the district, many of whom are full-time homemakers, wanted to play a bigger role in their children's education.

"Giving parents ownership over the program instills a lot of pride," Teichmann said. "And once the parents get that pride, they get very creative."

For six weeks, parents are trained by other participating parents on school wellness policy requirements, how to play an active role in the school system, playground management and conflict resolution, and student motivation.

Parents work with coordinators in the schools' physical education departments to develop recess activities that will keep students engaged while working up a sweat. "They are not out there to be policemen," Teichmann added. "They learn how to

Parents in Action/Padres en Acción participants not only supervise activities, but also participate.

manage the kids. Pretty soon the kids aren't fighting because they are playing so hard." Parents set up activity zones on the playground to suit all students' interests, such as basketball and soccer for sports-loving students or hula hoop and jump rope for those who prefer aerobic activities.

The program started in two schools with eight moms, then added three schools the following year. So far, more than 125 parents have been trained to be Parents in Action. In 2012, Kid Healthy expects to increase the total number of schools to nine.

"Many of our elementary schools are enthusiastic about the Padres En Acción program on our sites," said Roxanna S. Owings, Director of Special Projects at Santa Ana Unified School District. "Schools that don't have the program asked about it, and it has done wonders for students in that their recess is structured and allows for physical activity to occur. Students are getting a workout and don't even know it!"

More than 125 parents have been trained to lead organized physical activities at school in Santa Ana Unified School District.

This has drawn them out of their homes and given them a voice that some have never had. One mom was just in tears because she had never been comfortable talking to her child's teacher, but now she can. Parents feel so important because the schools recognize their efforts," Teichmann noted.

"The Padres en Acción program has been the best new initiative that our parent volunteers have implemented at King Elementary. The most positive outcome of implementing Padres en Acción is that the number of office referrals during the lunch period has been reduced significantly since the program began. We look forward to expanding this program next year."

ELEANOR RODRIGUEZ, PRINCIPAL, MARTIN LUTHER KING, JR. ELEMENTARY

Physical activity during the school day can actually boost academic performance, reduce stress and regulate mood swings, according to a January 2012 study in Archives of Pediatrics & Adolescent Medicine. Not only does the program boast a 98 percent recess participation rate among students, but principals and teachers have also reported a drop in disciplinary action after the Parents in Action recess periods. "There's much less fighting on the campus and fewer kids going to the office," Teichmann said. "Kids are much more engaged."

The program has also empowered parents. Teichmann explained that parents have lost weight, developed confidence and now have an open door of communication with principals and teachers. "Some of our moms had a stay-home-and-hide mentality.

As Kid Healthy seeks to expand the program throughout the Santa Ana Unified School District, Teichmann said the biggest challenge has been securing funding to implement the program in all the schools that are demanding it. "Anyone who hears about the program wants it in their schools, especially principals. They are totally behind this," Teichmann said. "They all talk about how much it means for the children's health and classroom performance to have parents on the campus."

CASE STUDY / PARENT ENGAGEMENT

Parents Unite for Health and Wellness

For school principals, every priority related to student achievement is the top priority.

No factor that influences student learning can become an afterthought, especially not student health and wellness. Fortunately, Principal Michael Heidkamp, at Nathanael Greene Elementary School on Chicago's Southwest side, can lean on the leadership of his school's wellness team to integrate health and wellness into the school's culture.

The Greene Elementary School wellness team is composed of people with a deeply personal and powerful influence over the students—the parents.

Greene Elementary Principal Michael Heidkamp works closely with the school's parent-led wellness team on health initiatives.

"As the principal, sometimes you can get very myopic in the sense that you're getting pressed for test scores and short-term gains and short-term results," Heidkamp explained. But his students' parents are constantly emphasizing that "their child's experience is so much more than that."

The parents on the Greene Elementary wellness team are members of Parents United for Healthy Schools/Padres Unidos para Escuelas Saludables. Parents United/Padres Unidos is a coalition of more than 40 parent and community groups dedicated to bringing healthy eating and physical activity to Chicago schools, particularly those in Latino and African-American communities facing significant health disparities. Parents United/Padres Unidos, led by the Healthy Schools Campaign, equips parents to advocate for policies and programs that promote healthy eating and active lifestyles in their schools by educating parents on best practices around nutrition and physical activity. Parents United/Padres Unidos also trains parents on strategies for organizing effective school wellness teams and provides ongoing support as parents lead these teams to transform schools.

The wellness team came together at Greene Elementary School after Karena Macedo, a parent on the team, led the school to become certified with the U.S. Department of Agriculture's HealthierUS School Challenge, an effort First Lady Michelle Obama is promoting to combat childhood obesity. Macedo even represented her school at a White House celebration the First Lady hosted to honor schools that achieved this certification.

Jovita Flores, Healthy Schools Campaign's manager of Parents United/Padres Unidos, sat down with the wellness team at Greene Elementary in March 2012 to reflect on a recent initiative, the school's first health and wellness resource fair. The event featured health education, food demonstrations, and physical activity—all focused on what Principal Heidkamp describes as the school's goal of "creating a new normal" around healthy living.

Community agencies provided glucose, blood pressure, and vision testing at the fair, along with instructions for follow-up services. The fair also incorporated nutrition education, demonstrating small steps parents could take to improve their family's diet. Lunchroom manager Christina Hernandez and a parent/wellness team leader, also named Christina Hernandez, taught parents how to make

The parents on Greene Elementary's school wellness team are members of Healthy Schools Campaign's Parents United for Healthy Schools coalition, and have participated in the annual parent leadership institute.

smoothies with fruit and vegetables. "Nobody knew the vegetables were there and they were amazed," Heidkamp said. "Kids were coming back for more!" More than 300 people attended and plans are already underway for next year's event.

Heidkamp said parent leadership has been key to prioritizing health and wellness at the school. The wellness team connects parents and school administrators by creating structured activities to promote student health.

"Kids are making the choice to participate. Adults are making the choice to participate, and parents are making the choice to take on the leadership role in increasing the resources that are available and really challenging the culture."

MICHAEL HEIDKAMP, PRINCIPAL, GREENE ELEMENTARY

During the most recent school year, the wellness team helped revamp the afterschool program. It now includes yoga, several running clubs, folkloric dance, soccer and other seasonal sports. "A good twenty-five percent of our student body is engaged in some sort of exercise in addition to a strong physical education program," Heidkamp said. Such opportunities did not exist during the previous school year. "Kids are making the choice to participate. Adults are making the choice to participate, and parents are making the choice to take on the leadership role in increasing the resources that are available and really challenging the culture."

The wellness team is also preparing to tackle classroom celebrations that often lead to a frenzied sugar high, then an energy drop, when parents bring sweets like cupcakes and brownies. "It's important that parents are speaking to other parents about that, not just administrators," Heidkamp said.

Leveraging the influence of dedicated parents on the wellness team has been the school's most effective strategy for posing healthy lifestyle changes to parents. "It's a decision by the community for the community," Heidkamp added. "It's much more about 'this is why,' and 'this is the change that I'm making with my child and that you can make with your child.'"

Metrics and Accountability

Incorporating Health and Wellness Into School Metrics and Accountability

The Challenge

Report cards have long been part of the student experience, as have grades and tests. But within the past decade, these gauges have also been used to evaluate schools and school districts. With the passage of the Elementary and Secondary Education Act (ESEA) as reauthorized by No Child Left Behind (NCLB) of 2001, state and local educational agencies have become more publicly accountable for tracking both school and student performance. Data tracking systems and school report cards serve several purposes, including:[1]

- Providing educators and policymakers with insight on policies and practices that best support student academic achievement.
- Tracking factors such as school size, classroom size and curriculum choices.
- Informing parents and the public about the performance of schools and school districts.
- Holding school officials accountable for the results.

> "The need for a useful, fair and rigorous system of accountability remains as urgent today as it ever was. Our children deserve it, the public demands it, and our system desperately needs it. American education cannot move forward without a system for knowing where we are succeeding, where we are improving, and where we are struggling."
>
> U.S. SECRETARY OF EDUCATION ARNE DUNCAN, 2011[2]

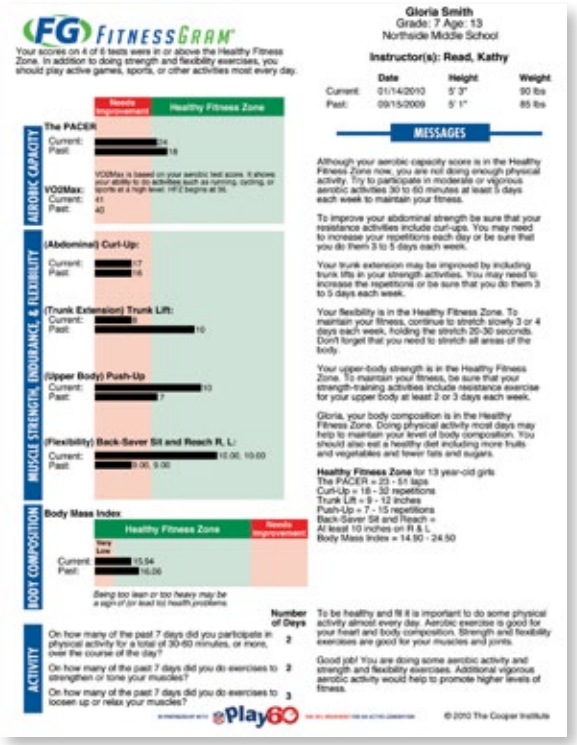
To date, these accountability systems have focused almost exclusively on a narrowly defined set of desired academic competencies. But learning and academic achievement are influenced by other social determinants.

Student health status is one of them, as is schools' ability to promote health among students. Students' health status and learning environment can affect their ability to attend school or successfully complete coursework. Health risks and poor health status can even predispose students to dropping out; however, current metrics and accountability systems do not consistently assess schools for their health promotion efforts or account for students' health status.

Given the importance of student health and the key role that schools can play in promoting student health and wellness, incorporating metrics for health and wellness into data tracking systems, research and school report cards will provide educators, policy makers and the public with a more complete understanding of how student health and wellness are impacting learning and academic outcomes. Data can serve as a decision-making compass, not stigmatizing parents and students but, rather, helping schools and school districts effectively drive improvement strategies. If accountability systems recognized the full experience of a student—including health conditions that might impede learning—educators could develop a more comprehensive understanding of student performance, and could deploy resources to schools and students at greatest risk. Parents and community members also benefit from knowing more about how their schools are supporting and promoting student health and well-being.

The Current Landscape of Efforts

ESEA requires that districts provide report cards for all public schools, which must include information about students' performance on standardized tests, as well as whether schools have been identified as needing improvement, corrective action, or restructuring. Student data must be disaggregated by student subgroups according to race, ethnicity, gender, English language proficiency, migrant status, disability status and



Fitnessgram® measures a student's physical fitness on a standardized form to allow for comparison throughout the state.

low-income status. These report cards must be made public online and through other mechanisms. One example of using this mandatory report to include metrics on health and wellness is the Illinois state report card. In fall 2011, legislation passed in Illinois revising school report cards to include health and wellness initiatives, such as the average number of days of physical education per week per student. Efforts are currently underway to develop the specific annual health and wellness indicators that each school will be required to report.[3]

Two other examples of including metrics on health and wellness at the state and district levels include:

- In Colorado, state legislation requires a number of health and wellness metrics in school improvement plans, including recess, school health services and participation in the federal school breakfast program. These report cards give the public a comprehensive picture of the school's academic and social climates, as well as its commitment to school nutrition.[4]
- The Chicago Public Schools district report card features a prominent indicator of whether a school has achieved "Healthy School Certification," based on their achievement in the HealthierUS School Challenge. (See the case study "Making Health a Priority with School Report Cards in Chicago," page 47).

State Longitudinal Data Systems (SLDS)[5] have also entered the landscape of metrics on student health and wellness. In 2005, the Department of Education began awarding grants under the State Longitudinal Data Systems program, as a condition of accepting State Fiscal Stabilization Funds. SLDS allow states to track and monitor student data from preschool to high school, college and workforce entry. Some states have used their SLDS to track students at risk for academic failure or dropping out based on attendance, behavior, and course success. Other states are also using SLDS, or similar efforts, to track student health:

- Since fall 2003, the California Department of Education has required schools to administer the California School Climate, Health, and Learning Survey (CAL-SCHLS) every two years. The survey asks students to answer questions about their behaviors regarding breakfast, exercise, TV viewing, and asthma diagnosis. Results of the survey have also been compared over years to link increased student academic performance to these health and wellness behaviors.[8] The individual schools receive a report card listing the results of the survey and tips on how to use the results for their schools to improve youth resilience and implement health-promoting behaviors.[9]
- In spring 2012, the District of Columbia's Comprehension Assessment System began including health. It may link results to academic performance in the future.[7]

Other state efforts to track student health and wellness, include the implementation of statewide fitness assessments. Some states and school districts are analyzing the results of the fitness assessments to develop a better understanding of the link between their students' fitness levels and academic performance. Some examples include:

- The California Department of Education requires that students in grades five, seven and nine be assessed on their physical fitness using the statewide Fitnessgram® test.[10] The results of the tests are used to help students and families develop personal fitness programs and help teacher design physical education curricula.
- The Texas Education Code mandates that the Texas Education Agency annually assess students in grades

three through 12 on their physical fitness, compile school district results and analyze the results for each district to determine the relationship between student academic achievement, attendance, obesity, disciplinary problems, and school meal programs. Texas also uses the Fitnessgram® test statewide for this assessment.[11] (See the case study "A Report Card for Student Fitness," page 49).

The Solution

An issue's importance is elevated when regulatory benchmarks are adopted for it. Incorporating metrics for health and wellness into state data tracking systems and school accountability programs, and supporting this integration through the Department of Education's research agenda, can ensure that student health and wellness are priorities and that school stakeholders understand the connection between health and learning. This will also provide educators, policy makers and the public with a more focused understanding of how to improve learning and academic outcomes through health and wellness. This deeper understanding can inform resource management—from federal policy to classroom practices.

Recommendations to the U.S. Department of Education

SUPPORT INNOVATION AND IDENTIFY ADDITIONAL OPPORTUNITIES FOR PROMOTING STUDENT HEALTH AND WELLNESS

1. The Institute for Education Sciences should encourage the development of State Longitudinal Data Systems that integrate health and wellness data.
2. The Office of Elementary Education and Secondary Education should integrate health and wellness into the School Improvement Grant program.

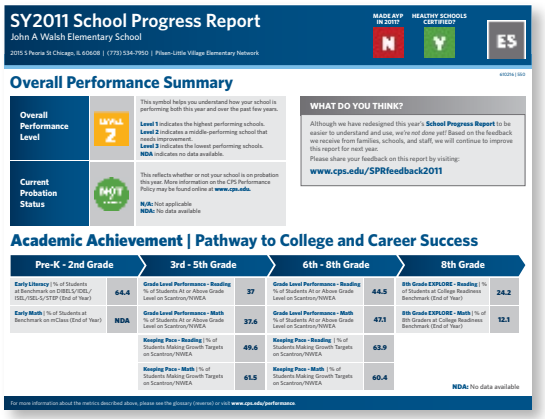
CREATE GUIDANCE AND BEST PRACTICE PROTOCOLS

3. Issue voluntary guidance and best practice protocols for states, through a stakeholder engagement process, on how to integrate health and wellness into state data tracking systems and school accountability programs.

References / Metrics + Accountability

1. U.S. Department of Education. (June 2003). No child left behind: A parent's guide. Washington, DC.
2. Duncan, A. (2011). A Well-Rounded Curriculum in the Age of Accountability.
3. Illinois General Assembly, Public Act 097-0671. Retrieved from http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=097-0671
4. U.S. Department of Education. State Longitudinal Data Systems. Retrieved from http://www2.ed.gov/programs/slds/factsheet.html
5. Certification District of Columbia Official Code. (2001 ed.) Retrieved from http://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/Healthy_Schools_Act_Legislation.pdf
6. Hanson, T. L., Austin, G., & Lee-Bayha, J. (2004). Ensuring that no child is left behind: How are student health risks & resilience related to the academic progress of schools? WestEd. Retrieved from http://chks.wested.org/resources/EnsuringNCLB.pdf
7. California Survey System. School climate, health & learning. Retrieved from http://cal-schls.wested.org/
8. California Department of Education. Physical fitness testing. Retrieved from http://www.cde.ca.gov/ta/tg/pf/
9. Cooper, K. (2010). Reflections on the Texas youth evaluation project and implications for the future. Research Quarterly for Exercise and Sport, 81(3), S79–S83.

Making Health a Priority with School Report Cards in Chicago



SY2011 School Progress Report

John A Walsh Elementary School

2015 S Peoria St Chicago, IL 60608 | (773) 534-7950 | Pilsen-Little Village Elementary Network

MADE AYP IN 2010? N

HEALTHY SCHOOLS CERTIFIED? Y

ES

Overall Performance Summary

Overall Performance Level: LEVEL 2

This symbol helps you understand how your school is performing both this year and over the past few years.

Level 1 indicates the highest performing schools.
Level 2 indicates a middle-performing school that needs improvement.
Level 3 indicates the lowest performing schools.
NDA indicates no data available.

Current Probation Status: NOT ON PROBATION

This reflects whether or not your school is on probation this year. More information on the CPS Performance Policy may be found online at www.cps.edu.

N/A: Not applicable
NDA: No data available

WHAT DO YOU THINK?

Although we have redesigned this year's School Progress Report to be easier to understand and use, we're not done yet! Based on the feedback we receive from families, schools, and staff, we will continue to improve this report for next year.

Please share your feedback on this report by visiting:

www.cps.edu/SPRfeedback2011

Academic Achievement | Pathway to College and Career Success

Pre-K - 2nd Grade		3rd - 5th Grade		6th - 8th Grade		8th Grade	
Early Literacy | % of Students at Benchmark on DIBELS/IDEL/ISEL/ISEL-S/STEP (End of Year)	64.4	Grade Level Performance - Reading | % of Students At or Above Grade Level on Scantron/NWEA	37	Grade Level Performance - Reading | % of Students At or Above Grade Level on Scantron/NWEA	44.5	8th Grade EXPLORE - Reading | % of Students at College Readiness Benchmark (End of Year)	24.2
Early Math | % of Students at Benchmark on mClass (End of Year)	NDA	Grade Level Performance - Math | % of Students At or Above Grade Level on Scantron/NWEA	37.6	Grade Level Performance - Math | % of Students At or Above Grade Level on Scantron/NWEA	47.1	8th Grade EXPLORE - Math | % of 8th Graders at College Readiness Benchmark (End of Year)	12.1
		Keeping Pace - Reading | % of Students Making Growth Targets on Scantron/NWEA	49.6	Keeping Pace - Reading | % of Students Making Growth Targets on Scantron/NWEA	63.9		
		Keeping Pace - Math | % of Students Making Growth Targets on Scantron/NWEA	61.5	Keeping Pace - Math | % of Students Making Growth Targets on Scantron/NWEA	60.4		

NDA: No data available

For more information about the metrics described above, please see the glossary (reverse) or visit www.cps.edu/performance.

The Chicago Public Schools 2012 School Progress Report began including a new school health indicator.

School Progress Reports for Chicago Public Schools detail how schools fare in academic performance, student attendance, safety, family involvement and quality of instruction.

But in 2011, the progress report featured a new indicator that struck school leaders as either a pleasant surprise or a jolting call to action—"Healthy Schools Certified?"

Only 28 of the district's 670 schools were certified. The others had a big, red "N" for not certified at the top of the progress report.

"We saw an outpouring of questions and concerns from principals," said Megan Klenke, school wellness specialist with the Chicago Public Schools Department of Health and Wellness Promotion. "Overwhelmingly, schools wanted to know what the indicator meant, what were the criteria and what can we do about it?"

That spike in concern and ambition about school health is exactly what the district wanted. "When schools saw the progress report, they were made aware that this is a priority for the district," Klenke added.

Schools received certification for meeting standards outlined in the HealthierUS School Challenge, a long-standing USDA program that has gained increased attention as part of First Lady Michelle Obama's Let's Move campaign to address childhood obesity. Schools that already participate in the National School Lunch Program voluntarily apply for the certification and receive cash incentives. Schools can be certified at the Bronze, Silver, Gold and Gold with Distinction levels.

Schools that receive this honor are working toward building a culture of health and wellness. For example, schools need to provide weekly physical education classes for all students, provide regular nutrition education classes and meet the HealthierUS School Challenge's high nutrition standards.

"I'm glad we recognized the health and fitness needs of our students prior to the challenge being announced," said Krish Mohip, principal of Walsh Elementary School, located in the city's predominantly Latino neighborhood of Pilsen. Walsh, which has students in pre-kindergarten through eighth grade, was honored with Gold status.

When Mohip joined the school in 2007, he immediately noticed that obesity and diabetes were rampant. The school began to offer tennis and running programs for students. It also partners with the American Diabetes Association on educational programming. Chips, chocolate milk and other high-calorie, low-nutrient options are not on the school lunch menu. Several teachers have also participated in the Healthy Schools Campaign Fit To Learn program to incorporate fitness activities into academic lessons. (See the case study "Teachers Mix Physical Fitness and Classroom Learning," page 27) "We have students running 5Ks and 10Ks. One even did a half marathon," Mohip said. "I have noticed that the kids are eating healthier and have a better understanding of what healthy food is. And there's no stigma attached to it."

Healthy snack policies are part of attaining certification as a HealthierUS School.

"I'm going to apply again," Mohip said. The school cafeteria recently added a salad bar, which is successfully diverting students from less healthy options. "We received the Gold status, but I want Gold with Distinction."

"I have noticed that the kids are eating healthier and have a better understanding of what healthy food is. And there's no stigma attached to it."

KRISH MOHIP, PRINCIPAL, WALSH ELEMENTARY

Klenke said that school leaders at uncertified schools have had an energetic reaction to earning the certification. The district responded with ongoing technical assistance sessions about incorporating nutrition education, promoting fitness options and navigating the HealthierUS School Challenge application process. More than 387 schools have submitted wellness surveys, which result in a school-specific report on how they stack up against the USDA criteria. Chicago Public Schools has also partnered with Healthy Schools Campaign to launch Go for the Gold, which provides school leaders with additional resources and support to meet the HealthierUS School Challenge criteria. Even though the certification is voluntary, "it speaks to the principals' commitment to doing the right thing for their students," Klenke said.

The progress report gave an additional boost of motivation to Sonja Spiller, principal at Jackie Robinson Elementary, a pre-kindergarten through third grade school with predominantly African-American students. Spiller started a health crusade at the school during her first year as principal in 2010. She implemented a health and wellness policy that prohibits students from eating junk foods and drinking soda during lunch. The policy discourages parents from bringing sugary snacks, such as cupcakes, to celebrate birthdays. Teachers are not allowed to reward students with candy or junk food, but rather with non-food rewards, like school supplies or extra recess at the end of the school day.

Still, "I did not like that our healthy school status and certification status was red and our efforts were not recognized," Spiller said. "We have submitted our Go for the Gold application and hope that with the implementation of yoga sessions, health classes, our Chicago Runs partnership and other initiatives, we will earn the recognition and certification."

Jackie Robinson Elementary School's health and wellness programming is definitely on the move, Spiller added: "We are raising the bar, transforming our students, and creating a healthy school with healthy students and families in a healthy community!"

Providing physical activity opportunities helped students at Walsh Elementary School earn Gold status in the HealthierUS School Challenge.

A Report Card for Student Fitness

Texas could not afford to ignore its childhood obesity problem any longer.

Fitnessgram® is helping Texas students combat obesity and meet fitness goals

Studies found that nearly one in five youths in the state was obese, ranking Texas as the sixth most obese state in the country. The prevalence of obesity led to increases in type 2 diabetes. The state found itself on the verge of a staggering statistic—one in three young people born after 2000 would develop diabetes in their lifetime.

In 2007, the Texas legislature decided to do something about it. Senate Bill 530 mandated an increase in physical activity in schools with an emphasis on tracking students' fitness levels and monitoring academic outcomes. Fitnessgram® was chosen in September as the state's fitness assessment tool.

"If schools were held more accountable for promoting physical activity and healthy eating, it is likely the trends in obesity would not be as drastic."

KENNETH H. COOPER, FOUNDER OF THE COOPER INSTITUTE

The tool was developed in 1982 by The Cooper Institute, a Dallas-based research organization that analyzes the role of exercise in disease prevention. As childhood obesity was emerging as a public health threat, the organization sought to provide schools with a way to measure their students' fitness levels.

"School-based programming provides a way to reach the majority of youth, and existing resources and programs can be targeted for change (e.g., school lunches and physical education)," founder Kenneth H. Cooper wrote in the September 2010 issue of *Research Quarterly for Exercise and Sport.* "If schools were held more accountable for promoting physical activity and healthy eating, it is likely the trends in obesity would not be as drastic. The passage of Senate Bill 530 represents a coordinated effort within Texas to improve the quality of state physical education programming."

Fitnessgram® is a comprehensive fitness assessment for youth. It includes a variety of health-related physical fitness tests designed to assess aerobic capacity, muscle strength, muscular endurance, flexibility and body composition. One option for measuring body composition is Body Mass Index (BMI). Teachers enter data and the Fitnessgram® software produces a prescriptive personalized report card. Students work to achieve the "Healthy Fitness Zone" for each test item, is based on scientifically determined criteria for each test item. The report card indicates whether the student is in the "healthy fitness zone," needs to improve, or is at is at risk. Results can be emailed to parents or printed for students and their parents.

More than 2.5 million students in third through twelfth grade were evaluated during the first six months of 2008. This represented 84.8 percent of all the state's public school districts. The results shined a spotlight on the state's strengths and weaknesses in student fitness, particularly health disparities based on age, gender and socioeconomic status. For example, most students hit the healthy fitness zone on most individual assessments, but that achievement dropped off as students got older. In El Paso, 55.8 percent of third-grade boys made it into

Students who had regular physical education fared better during Fitnessgram® tests than students without P.E.

the healthy fitness zone on all five exercise drills and the BMI test. But that number shrank to 11.7 percent for boys in their senior year of high school. Among third-grade girls in El Paso, nearly 70 percent hit the healthy fitness zone in all six areas, but only 10 percent of twelfth-grade girls performed as well.

The test also showed that fitness levels tended to be higher in districts with higher socioeconomic status and less diverse student populations. Students in the healthy fitness zones were also more confident, had higher ratings of body satisfaction and lower rates of depression.

"Some variability can be attributed to demographics and socioeconomic status but also to the school environment, the teacher's capabilities, and the policies and programs in place in the district and school," Cooper wrote. "Schools with well-structured (and required) physical education programming had considerably better fitness levels than those from other districts."

The statewide Fitnessgram® testing gave Texas school districts insight into why obesity was surging among students, and how it could be addressed. Healthier students would be one benefit of increasing fitness in schools, but higher scores on academic tests were to be another. Later research showed that higher fitness levels were associated with higher rates of school attendance and higher performance on the Texas Assessment of Knowledge and Skills.

Cooper wrote: "The findings suggest that fitness achievement may enhance, rather than impede, academic achievement."

Fitness testing helped El Paso school leaders identify a significant gap in fitness levels between third and twelfth grade girls.

Recognition Programs

Incorporating Health and Wellness Into Recognition Programs

The Challenge

Recognition programs motivate change. Honoring schools that promote health and wellness or achieve desired educational outcomes in the context of a focus on health can provide an example and motivate others to do the same. Current national recognition programs focus on one or the other—health or academic progress. There is no national recognition program to honor schools that include health and wellness initiatives as part of their approach to educational excellence. Recognizing health and wellness apart from their bearing on academic achievement perpetuates the message that health is separate from academic performance and misses an opportunity to emphasize the ways in which health and wellness are fundamentally connected to educational excellence.

Federal agencies, including the Department of Education, the Department of Agriculture and the Environmental Protection Agency, are using recognition programs around student health issues to encourage schools to adopt health and wellness policies and practices. However, these programs do not recognize health as an important element of education excellence. The Department of Education is the federal agency best positioned to develop recognition programs that include health and wellness as part of the definition of an excellent school.

> The Department of Education is the federal agency best positioned to develop recognition programs that include health and wellness as part of the definition of an excellent school.

The Current Landscape

A number of existing voluntary, federal, state and private-sector programs recognize and reward schools that promote health and wellness:

FEDERAL PROGRAMS

- In October 2011, the Department of Education launched the Green Ribbon Schools Program to honor schools that save energy, reduce costs, feature environmentally sustainable learning spaces, protect health, foster wellness, and offer environmental education. While the program emphasizes school environmental health, its eligibility requirements also identify "high standards of nutrition, fitness, and quantity of quality outdoor time for both students and staff."
- The U.S. Department of Agriculture (USDA) has recognized 3,098 schools as certified HealthierUS Schools in 46 states since the program's inception in 2004, as of April 2012.[3] The program recognizes schools participating in the National School Lunch Program for creating healthier school environments by promoting good nutrition and physical activity. The program uses specific measurements and benchmarks for each recognition level—Bronze, Silver, Gold, and Gold Award with Distinction—which allow for schools to adapt their programs and be recognized for their levels of achievement.
- The Environmental Protection Agency has, in the past, recognized schools for improving indoor air quality, integrating pest management efforts, and removing dangerous chemicals. However, these school recognition programs are not active at this time.

STATE-LEVEL RECOGNITION PROGRAMS

- Michigan Healthy School Environment Recognition Program: This collaborative effort was created by the Michigan governor, surgeon general, and the state

Action for Healthy Kids chapter, along with key partners dedicated to improving children's health and nutrition. Although there is not currently an active awards cycle this year, the program recognizes schools' efforts in: planning and oversight, policies, physical education and physical activity programs, healthy eating and nutrition education, tobacco-free lifestyles, and additional accomplishments. The state continues to collect success stories about schools' efforts in these areas for dissemination and peer-to-peer learning.[4]

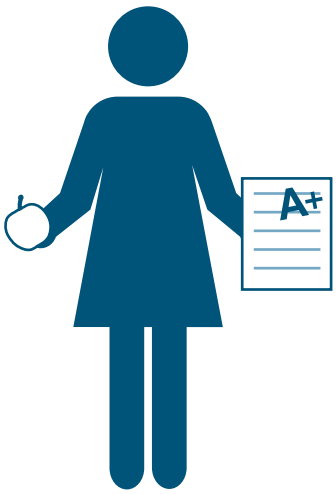
- Colorado Healthy School Champions Program: In 2010, the Colorado Department of Education and the Colorado Legacy Foundation launched an annual voluntary recognition program for the state's 178 school districts. Winning schools are honored for efforts to improve physical fitness and school nutrition with cash grants and display banners. (See the case study "Applauding School Wellness Efforts with Colorado's Statewide Recognition Program," page 57).

PRIVATE SECTOR PROGRAMS

- In 2000, the US Green Building Council launched the Leadership in Energy and Environmental Design (LEED) certification for developments that meet the council's rigorous criteria for environmental health and sustainability. LEED's certification requirements for existing buildings, which can apply to schools, includes several measures for indoor environmental quality: ventilation, green cleaning, pollutant control and pest management.[5] In 2007, this program was expanded to include a special certification for K-12 schools. The program has successfully motivated schools to work toward meeting the criteria. On average, at least one school registers or certifies with the LEED rating system every day, and more than 2,300 K-12 schools are LEED registered.

FEDERAL ACADEMIC RECOGNITION PROGRAMS

- Aside from its national recognition program for school health and wellness, the Department of Education also has a nationally coveted program that honors academic excellence—the National Blue Ribbon Schools Program. Blue Ribbon schools are honored for ranking among their state's highest-performing schools on standardized tests. The honor recognizes schools that have made strides in closing the achievement gap.[1] In 2011, 315 schools were recognized as Blue Ribbon winners. It is possible that many of the Blue Ribbon winners are deploying health and wellness initiatives, which are helping students learn and perform better, but these efforts are not included in the program's assessment.[2]



Recognizing school health and wellness efforts can serve as an important motivator for schools across the nation to adopt school health policies that lead to better academic performance.

The Solution

Recognition programs offer a simple, cost-effective strategy to highlight the importance of health and wellness for academic performance. The Department of Education should leverage the Blue Ribbon program's success to include health and wellness as part of its strategy to improve academic performance. Meanwhile, the Green Ribbon program can serve to honor schools for health and wellness promotion efforts that may not be tied to academic performance. Recognizing school health and wellness efforts can serve as an important motivator for schools across the nation to adopt school health policies that lead to better academic performance.

Recommendations to the U.S. Department of Education

Incorporating metrics for health and wellness into school recognition programs can also motivate school leaders to consider health and wellness a high priority for student success. Recommendations for the Department of Education are as follows:

RECOGNIZE HEALTH PROMOTING PRACTICES

1. The Office of Communications and Outreach should update the Blue Ribbon Schools program to integrate health and wellness measures.

References / Recognition Programs

1. U.S. Department of Education. National Blue Ribbon Schools Program—Purpose. Retrieved from http://www2.ed.gov/programs/nclbbrs/index.html
2. U.S. Department of Education. National Blue Ribbon Schools Program—Purpose. Retrieved from http://www2.ed.gov/programs/nclbbrs/eligibility.html
3. U.S. Department of Agriculture Food and Nutrition Service. (April 17, 2012) HealthierUS School Challenge. Retrieved from http://www.fns.usda.gov/tn/healthierus/index.html
4. Michigan Action for Healthy Kids. (2012). Michigan Surgeon General. Retrieved from http://mihealthtools.org/greatschools/
5. U.S. Green Building Council. (2011). Rating Systems. Retrieved from http://www.usgbc.org/DisplayPage.aspx?CMSPageID=222
6. Rainwater, B., & Hartke, J. (2011). Local leaders in sustainability: A special report from Sundance. Retrieved from http://www.centerforgreenschools.org/docs/USGBC%20Mayors%20Summit%20Report_FINAL.pdf

Applauding School Wellness Efforts with Colorado's Statewide Recognition Program

One elementary school has its own garden.

A middle school offers nearly an hour of physical education and 25 minutes of recess—every day. At a nearby high school, about 70 percent of students are involved in at least one of the school's 14 athletic clubs, while another elementary school allows teachers and fifth-grade students to square off in an annual softball competition.

This is just a snapshot of what is happening throughout the 178 school districts in the state of Colorado. Since 2010, schools have been invited each year to tout these and other health and wellness efforts during the state's Healthy School Champions' Recognition Program. The recognition program allows schools to submit a voluntary self-assessment, called the Healthy School Champions' Score Card, detailing how they are supporting health and wellness for students, staff and the surrounding community.

Each year, nearly 200 schools submit information to the online assessment; in 2012, 32 were selected as Champions. The winning schools receive a banner to display in the school and a cash award between $500 and $5,000 in recognition of the good work. "When we look at which schools will be selected, we want to see that health and wellness is infused into the culture beyond just projects and one-time programs. We want to see that their philosophy has shifted to include health," said Amy Dillon, Co-Director for Coordinated School Health at the Colorado Department of Education. "The school-level success stories from Champions demonstrate strong administrative support, robust health teams with linkages to the community and that the school prioritizes their efforts based on need."

Colorado's statewide recognition programs reward schools for efforts to promote student health and wellness

The program is a collaborative effort with partners, including the Colorado Department of Education, the Colorado Department of Public Health and Environment and the Colorado Legacy Foundation, which serves as a critical friend and partner to the state Department of Education on education policy. Funding for the program comes from The Colorado Health Foundation, a local funder committed to making Colorado the healthiest state in the nation. Though the recognition program attracts applicant schools from across the state's diverse landscape—some schools are in districts with only 100 students total while others are in bustling urban centers—all schools need to demonstrate a commitment to the eight components of the coordinated school health model: health education, health services, school environment, nutrition services and education, physical education and activity, counseling and mental health services, staff wellness and involvement from the families and communities.

"This is an opportunity for schools to be incentivized, to see what their neighbors are doing and learn from policies and strategies on the ground that are highly successful."

STEPHANIE WASSERMAN, MSPH, DIRECTOR OF HEALTH AND WELLNESS AT THE COLORADO LEGACY FOUNDATION

The larger goal is to improve education by promoting health and wellness. About 20 percent of the state's high school students reported being overweight or obese on the 2009 Healthy Kids Colorado Survey.

About 10 percent had attempted suicide in the year prior, and another 25 percent reported using tobacco in the previous month.

"This is an opportunity for schools to be incentivized, to see what their neighbors are doing and learn from policies and strategies on the ground that are highly successful," explained Stephanie Wasserman, MSPH, Director of Health and Wellness at the Colorado Legacy Foundation. "It serves as a promotional tool for schools to learn more about best practices. In the future, we hope that this becomes just a natural part of addressing school culture, students' needs and improving academic outcomes."

Recognition programs help health and wellness become a part of everyday school culture.

Capacity Building

Building the Department of Education's Capacity to Address Student Health and Wellness

The Challenge

Given the key role that schools can play in promoting student health to boost academic achievement, it is critical that the Department of Education integrate an emphasis on health and wellness throughout its policies, programs and practices. However, the Department of Education's limited capacity and sparse infrastructure allow for only a marginal focus on student health and wellness.

This limited capacity undermines efforts to improve academic achievement, particularly for low-income and minority students who are at risk for both health and academic challenges. It also leads the Department of Education to miss several opportunities to address health and wellness within its current infrastructure.

The Current Landscape of Efforts

The Department of Education includes one office with a mission to address health-related issues among students: the Office of Safe and Healthy Students (OSHS). This office focuses primarily on drug and violence prevention activities[1] and on specific programs such as the Carol M. White Physical Education Program (PEP). While these programs are important, this limited focus means that health and wellness are not integrated into the department's overall approach to education. The department is therefore not able to support schools in addressing the vast prevalence of other growing health issues, including chronic disease management and prevention, the lack of access to health services or the prevalence of unhealthy school environments.

Limited capacity undermines efforts to improve academic achievement, particularly for low-income and minority students who are at risk for both health and academic challenges.

In addition to this need for increased capacity to integrate health and wellness throughout the department's programs, the Department of Education has an opportunity to increase capacity and better leverage state-level student health resources by providing a national liaison for state-level school nurse consultants. More than 40 states rely on school nurse consultants to function as liaisons to state legislators and school board officials on behalf of their local school health programs.[2] The National Association of State School Nurse Consultants coordinates the network for states across the country. However, this network has no liaison within the U.S. Department of Education with whom they can exchange information about the state of school health locally and nationally. This represents a missed opportunity for the Department of Education to connect with nurses on the ground and obtain accurate information about school health and wellness. Just as state school nurse consultants are "responsible for promoting statewide quality standards for school health policies, nursing scope of practice and clinical procedures, documentation, and for initiating and coordinating a quality assurance program for accountability,"[3] support for school nurse consultants at the federal level would close a gap in these same responsibilities at the national level.

The 2009 H1N1 outbreaks provide a solid example of why fluid communication is needed between the Department of Education and those on the front lines of student health services. Schools were a point of community transmission, so much so that school closures were considered a key mitigation strategy. Though many schools did not have the health services or staff in place to prevent and track the spread of the virus, those that did faced barriers with communication and receiving directions from state and

federal regulators. A federal school nurse consultant could possibly have facilitated better communication laterally—between federal health and education policy makers—and vertically between health and education officials at the state and district levels.

The Solution

The Department of Education must expand its role to address health issues that cripple academic achievement, particularly among low-income and minority students. To do this, the Department of Education must have the appropriate staffing, broaden the mission of the Office of Safe and Healthy Students, and develop a strategic plan for identifying future opportunities to support student health and wellness.

Recommendations to the U.S. Department of Education

For schools to support students, health and wellness should be integrated into all aspects of a school's operation, including classroom management, health services, curriculum, facilities, maintenance and operations, and food service operations. The Department of Education has the opportunity to provide strong leadership in transforming schools by incorporating health and wellness into its own policies and programs. The following recommendations will ensure that the Department of Education has the infrastructure to support this role:

EXPAND THE MANDATE OF OSHS

1. Provide strategic leadership to fully integrate health and wellness into the Department's policy and practice.
2. Issue voluntary guidance and best practice protocols to school stakeholders to support the integration of health and wellness into policy and practice.

ENSURE APPROPRIATE LEADERSHIP

3. Appoint a Deputy Assistant Secretary to OSHS to provide strategic leadership to the Department on integrating health and wellness into education policy and practice.
4. Appoint a School Nurse Consultant to disseminate knowledge and critical information to state school nurse consultants and to promote school health services and school nursing.

References / Building Capacity

1. U.S. Department of Education. (2012, February). Office of Elementary and Secondary Education. Retrieved from http://www2.ed.gov/about/offices/list/oese/oshs/aboutus.html
2. National Association of State School Nurse Consultants. (2010). Retrieved from http://www.nassnc.org/?q=node/4
3. National Association of State School Nurse Consultants. (February 2008). Retrieved from http://www.nassnc.org/files/pdf/StateSchoolNurseConsultant.pdf

Friends in Education, Partners in Building Capacity

Dr. Helayne Jones speaks at May 9 Health in Mind event.

One of the primary catalysts behind the Colorado Department of Education's (CDE) ability to integrate health and wellness into schools has been the ability to add capacity.

State legislators gave CDE the green light to focus on school health and wellness as a strategy to boost academic performance. But that was only the first step. The next step was to equip the department's Office of Healthy Schools with funding, training and technical assistance to carry out school health and wellness efforts, such as funding districts to address student wellness and offer comprehensive health education, supporting school health services reimbursed by Medicaid, and providing professional development to teachers and school leaders who were implementing health and wellness strategies. The state also advanced the U.S. Centers for Disease Control and Prevention's Coordinated School Health model, which includes health and physical education, nutrition, school health services, and social and emotional wellness.

This breadth of initiatives not only requires legislative and funding support, but also manpower, primarily through partnerships. The Colorado Coalition for Healthy Schools is a collaboration of local partners and stakeholders who promote healthy schools through policy, surveillance and partnerships. The coalition is managed through an interagency partnership between CDE and the Colorado Department of Public Health and Environment. The coalition's capacity is bolstered and enhanced by the Colorado Legacy Foundation (CLF), formed in 2007 to be an accelerator of innovation for CDE. Under the leadership of Dr. Helayne Jones, who became CEO in 2009, and in close collaboration with the Board of Trustees, the organization has successfully filled unmet needs to help school districts translate health and wellness policy into practice.

"The unique relationship between CDE and the Colorado Legacy Foundation is gaining attention as a national model," Dr. Jones said. "Our partnership allows us to provide resources and build capacity to implement health and wellness strategies that help students lead healthy, active lives."

That means helping the CDE test new ideas before it commits resources. When CLF received additional funding for comprehensive health and physical education, it loaned CDE a content expert to assist school districts with implementing the new state standards. CLF was also able to provide a staff member to implement the state's recognition program for schools' health and wellness initiatives. "Capacity building is a significant need," said Stephanie Wasserman, Director of Health and Wellness at CLF. "It's not just about having another funding opportunity or another strategic plan. It's about having boots on the ground and expertise from people who can implement the programs.

"Most state agencies are under-budgeted and overstretched.

"Capacity building is a significant need. It's not just about having another funding opportunity or another strategic plan. It's about having boots on the ground and expertise from people who can implement the programs."

STEPHANIE WASSERMAN, DIRECTOR OF HEALTH AND WELLNESS, COLORADO LEGACY FOUNDATION

"This role in our partnership is essential because it grounds our work in student achievement. The truth is that many educators support the idea of school health, but they may not feel it is a priority. They may not think focusing on it helps them meet their educational goals. Our work supports school health and wellness strategies that directly connect with increased student performance and academic achievement."

STEPHANIE WASSERMAN, DIRECTOR OF HEALTH AND WELLNESS, COLORADO LEGACY FOUNDATION

That makes it hard for them to be innovators and incubate new ideas, like school health recognition programs," Wasserman added. (See the case study, "Applauding School Wellness Efforts with Colorado's Statewide Recognition Program," page 57.) "By serving as a capacity builder, we are flexible enough to bring in new ideas, new people, and new ways of looking at things without being afraid to push the envelope and be responsive to lessons learned."

More than 90 percent of the foundation's nearly $10 million operating budget supports specific reform initiatives within CDE and school districts throughout the state. This allows CDE to test and refine new initiatives before committing its own resources. The expectation is that CDE will transition to assuming the full financial and implementation responsibilities, but only for those initiatives that prove to be effective.

At the same time, CLF serves as a voice in policy change. Dr. Jones and key members of the leadership team participate in cabinet and executive committee meetings at CDE. "This role in our partnership is essential because it grounds our work in student achievement," Wasserman said. "The truth is that many educators support the idea of school health, but they may not feel it is a priority. They may not think focusing on it helps them meet their educational goals. Our work supports school health and wellness strategies that directly connect with increased student performance and academic achievement."

CDE and CLF, along with other community partners, have successfully launched or sustained other school health and wellness initiatives in the state:

- More than half of all Colorado's 1,800 schools have an active building-level school health team that serves to assess need and coordinate the implementation of school health strategies.
- The Positive Behavioral Interventions and Supports program is operating in 742 schools in 70 school districts to promote behavioral health more broadly.
- Schools and districts across the state have adopted social and emotional learning, including bullying prevention, in pre-K-12 classrooms as part of the new state standards for comprehensive health education.
- Schools and districts are increasingly employing innovative and best-practice strategies to improve school health, such as school gardens, salad bars, school-based health centers, healthy cooking from scratch, physical activity breaks in the classroom and a universal breakfast.

This model—a strategic partnership among a state education agency, an independent partnering organization and a coalition of other collaborators—has garnered attention from other states and the U.S. Department of Education. Wasserman said similar capacity-building efforts and partnerships could allow the Department of Education to broaden its focus to include school health and wellness without overextending its resources.

The state of Colorado's approach to school health and wellness stands in contrast to other efforts that attempt to include school health and wellness without a comprehensive, capacity-focused strategy. "The downfalls generally have to do with patchwork approaches, duplication of efforts, and inability to sustain programs after funding runs out," Wasserman said. "By addressing systemic approaches to health and wellness, and aligning those efforts with educational outcomes, health and wellness becomes a matter of course, promoting a climate that optimizes healthy and productive learning environments."

School Health Services

Placing a School Nurse in Every School

The Challenge

Research shows that school-based health services are critical to supporting student health and wellness, as well as academic achievement.[1,2] The Healthy People 2020 objectives include increasing access to health services by putting one full-time registered school nurse in each school for every 750 students.[3] Over the past decade, chronic disease prevalence has increased from one in eight children to one in four, especially for manageable conditions like asthma, diabetes, obesity, and learning and behavioral disabilities.[5] Despite this, more than half of public schools currently do not have a full-time school nurse.[6]

The Current Landscape

Providing one school nurse in every school for every 750 students is a key strategy to improve access to care for uninsured students,[4] address health disparities and narrow the achievement gap that these health disparities promulgate. As the number of schoolchildren with chronic illness increases, reinforcing the important role that school health services and school nurses play in providing services will be critical, particularly by eliminating barriers to funding those services. Those services include:

- Chronic condition management: Services provided by school nurses, such as management of chronic illnesses, have been shown to reduce students' emergency room visits[14], resulting in significant health care savings, improving students' quality of life and preserving their educational potential. Asthma is the most common chronic disease among urban children. Those with persistent asthma have more school absences, contributing to decreased school performance.[7] School nurses have been found to improve attendance by enhancing chronic disease management.[8]
- Early detection screenings: School nurses can identify common children's health conditions that impede learning, such as hearing and vision problems, and refer students for the proper treatment.[9]
- Immunizations and communicable disease management: Research indicates that schools with school nurses have higher immunization rates than schools without, which results in a healthier student population and decreased rates of absenteeism for students and staff.[10, 11, 12]
- Health education and access to care: School nurses facilitate enrollment in Medicaid and the State Children's

Fewer than half of U.S. public schools have a full-time school nurse on staff.

Health Insurance Program (CHIP).[13] Ensuring that low-income students have regular access to health coverage and services is essential to addressing health disparities and reducing reliance on emergency departments for health care.

- Acute illness and emergency intervention: School nurses provide first aid as well as emergency health services, such as responding to asthma attacks or severe allergic reactions; these services are critical to student health and can reduce the need for emergency room visits.

FIGHTING FOR FUNDING

Despite the positive impact that school-based health care and school nurses can have on student health and wellness, the lack of funding continues to erode school nurse-to-student ratios across the country, as well as the number of services school nurses provide. School nurses are primarily funded through local education departments and compete for funding against other important priorities, including teachers' salaries and core academic subjects. School health is often a lower priority.[14] In addition, resources for school health services are overextended given the increase in the number of students who require complex medical care.[15] Thus, the cost of school health care has increased, but local funding has often stayed the same or decreased. Schools have always been able to bill Medicaid for services that are part of a student's Individual Education Plan (IEP), but a litany of confusing regualtions, inadequate guidance and federal audits have led schools to avoid pursuing funding from Medicaid for other services.

FREE CARE RULE

A significant barrier to receiving Medicaid reimbursement for school health services is known as the free care rule. It states that Medicaid funds may not be used to pay for services that are already provided for free.[16] If all students in a school receive free hearing evaluations, for example, Medicaid cannot be billed for those hearing evaluations provided for children covered by Medicaid unless all of the other students' insurers are billed as well. Billing every student's insurer would be a cumbersome process for school districts already stretched thin in their administration capacity. Also, some third-party insurers don't recognize schools as medical care providers. This rules out Medicaid reimbursement for many of the services school nurses provide because nurses serve the entire school community.

This free care rule has led to a number of disputes from state agencies. In 2000, Centers for Medicare and Medicaid Services (CMS) rejected $2 million in Medicaid claims from the state of Oklahoma. The state appealed this loss, and a federal administrative board supported the state's position. In 2004, the HHS Appeals Board ruled that the free care rule for school districts has no basis in federal Medicaid law and that the rule, as applied to schools, is unenforceable.[17] CMS, however, has continued to enforce the free care rule outside Oklahoma.

AFFORDABLE CARE ACT

In recent years, the Affordable Care Act and the resulting National Prevention Strategy have shifted the way our nation thinks about providing health services, with important implications for schools. The primary aim of the Obama administration's Affordable Care Act is to increase access to care, particularly for people who have no health coverage or are at risk for health disparities.[18] As part of furthering this aim, the National Prevention Strategy, released in 2011, focuses on weaving disease prevention and health promotion into the fabric of everyday life, clearly recognizing that the strongest predictors of health and well-being exist outside of the health care setting in our

SCHOOL-BASED HEALTH CENTERS

It is important to distinguish between the services provided by school nurses and by school-based health centers (SBHC). SBHCs provide comprehensive medical and mental health screenings and treatments for students that complement services provided by school nurses. While SBHCs are proven to have a positive impact on the overall health of the student population, only 50% of students, on average, utilize the SBHC in their schools, and there are less than 2,000 SBHCs nationwide.[12] In contrast, school nurses serve the entire school population and, according to the National Association of School Nurses, there are currently more than 45,000 employed school nurses. School nursing represents a cost-effective approach to providing the entire school population with access to health services.

homes, schools and communities. This strategy creates new opportunities to support the key role that schools can play in promoting health and preventing illness. Schools are an ideal place to prevent health issues from developing into crippling diseases. The Affordable Care Act and National Prevention Strategy bring new attention to the importance of this role.

The Solution

Schools must provide access to health care services if our nation is going to deter the rampant rates of chronic illness. To do this, schools must be able to access funding from the health sector—not only the education sector—to provide health services. This means eliminating the barriers to accessing Medicaid funding that schools face in the form of a litany of confusing regulations and inadequate guidance. Accessing this funding will enable schools to increase access to school nursing services and make progress toward the goal of providing one full-time registered school nurse in each school for every 750 students. This will require more robust collaborations between the education and health sectors at both the local and federal levels. As part of this collaboration, health care providers should also be able to count unreimbursed care toward their community benefit offerings, which allow health care providers to continue serving low-income populations regardless of their ability to pay.

Recommendations to the U.S. Department of Education

In order to support school districts in offering a full complement of health promotion and disease management and prevention services to students, especially Medicaid/CHIP-eligible students, the Department of Health and Human Services should:

REDUCE BARRIERS TO SCHOOL HEALTH SERVICES

1. Issue guidance to the states, in the form of either a State Medicaid Director Letter or revisions to the 2003 Medicaid School and Administrative Claiming Guide, to clarify that school districts may receive Medicaid reimbursement for health services provided by a school nurse to Medicaid-enrolled students.

The guidance should, at a minimum, include:

- Declaration that health services provided in schools are exempted from the free care rule in accordance with the 2005 HHS Departmental Appeals Board Ruling.
- Clarification that school districts are not required to establish procedures or to bill third-party payers for health services provided to non-Medicaid-enrolled students in order to bill Medicaid for health services for Medicaid-enrolled students.
- Clarification that the requirement to bill third-party payers only applies to Medicaid-enrolled students who also have a third-party insurer.
- Clarification that the free care rule or third-party billing rule cannot, in any circumstance, prevent a school district from billing for the provision of early, periodic, screening, diagnosis, and treatment services to a Medicaid-enrolled student.
- Clarification that school districts can bill Medicaid for health services provided to Medicaid-enrolled students even if such services are not provided under Title V or as a result of an IEP or IFSP under IDEA.
- Clarification on the process for billing under Medicaid for the provision of health and behavioral health services provided by school nurses, to a Medicaid-enrolled student.

2. Establish a community engagement process, through opportunities such as regional listening sessions and requests for information, to solicit stakeholder involvement in the development of practice guides to states, school districts, and schools to encourage financing of health and prevention services provided by school nurses to Medicaid-enrolled students through Medicaid and to eliminate any known barriers to billing Medicaid for these services. The guidelines should include best practice examples for states and school districts. These examples should address state plan requirements and allowable services. They also should provide guidance on the development of policies that require districts to use reimbursement dollars received for school health and prevention services for health and prevention-related activities.

SUPPORT SCHOOLS IN CREATING THE CONDITIONS FOR HEALTH

In order to support schools in creating conditions that support health for all students, the Department of Health and Human Services should:

3. Work with the IRS to recognize school health and wellness as an eligible community benefit. The community benefits provision within the Affordable Care Act requires hospitals to support health in the communities they serve. These policies can encourage partnerships between school districts and local hospitals that support conditions for health.
4. Urge the National Prevention Council or its advisory committee to explore the full potential that schools can play as key centers for supporting children's health and wellness. The National Prevention Council has a unique opportunity to bring together the health and education sectors, as well as others, to achieve our nation's goal of weaving health and wellness into every aspect of our communities.

References / School Health Services

1. American School Health Association. (2004). A Professional Certified Registered Nurse in All Schools. Kent, OH.
2. U.S. Department of Health and Human Services. (2000). Healthy People 2010. Washington, DC: Office of Public Health and Science.
3. U.S. Department of Health and Human Services. (2010). Healthy People 2020. Washington, DC.
4. Bloom, B., & Cohen, R. A. (2009). Summary of health statistics for U.S. Children: National Health Interview Survey, 2007. National Center for Health Statistics, Vital Health Stat,10(239).
5. Van Cleave, J., Gortmaker, S. L, & Perrin, J. M. (2010). Dynamics of obesity and chronic health conditions among children and youth. JAMA, 303, 623-630.
6. National Association of School Nurses. (2007). School Nursing Services—A National Perspective.
7. Moonie, S., Sterlin, A., Figgs, L. W., & Castro, M. (2008). The relationship between school absence, academic performance, and asthma status. Journal of School Health, 78(3), 140-148.
8. DeSociao Janiece, H. J. (2004). Children's mental health and school success. Journal of School Nursing, 20(4), 190.
9. Ethan, D. & Basch, C. E. (2008). Promoting health vision in academic progress and challenges in policy, programs, and research. Journal of School Health, 78(3), 140-148.
10. Ferson, M. J., Fitzsimmons, G., Christie, D., & Woollett, H. (1995). School health nurse interventions to increase immunization uptake in school entrants. Public Health, 109, 25-29.
11. Salmon, D. A., Omer, S. B., Moulton, L. H., Stokley, S., deHart, M. P., Lett, S., Norman, B., Teret, S., & Halsey, N. A. (2005). Exemptions to school immunization requirements: The role of school-level requirements, policies, and procedures. American Journal of Public Health, 95, 436-440.
12. Baish, M. J., Lundeen, S. P., & Murphy, M. K. (2011). Evidence-based research on the value of school nurses in an urban school system. Journal of School Health, 81, 74-80.
13. Rickard, M. L., Hendershot, C., Khubchandani, J., Price, J. H., & Thompson, A. (2010). School nurses' perceptions and practices of assisting students in obtaining public health insurance. Journal of School Health, 80, 312-320.
14. Lear, J. G. (2007). Health at school: A hidden health care system emerges from the shadows. HealthAffairs, 26(2), 409-419. doi: 10.1377/hlthaff.26.2.409
15. Child and Adolescent Health Measurement Initiative. (2005). National survey of children with special health care needs. Data Resource Center for Child and Adolescent Health.
16. Rosenbaum, S. (2001). Memorandum to American Association of School Administrators on Federal Medicaid policy and health services in schools.
17. U.S. Department of Health and Human Services, Departmental Appeal Board, (June 14, 2004). Subject: Oklahoma Health Care Authority, No. A-03-79, Decision No. 1924. Retrieved from http://www.hhs.gov/dab/decisions/dab1924.htm
18. U.S. Department of Health and Human Services. (February 2012) Health Disparities and the Affordable Care Act. Retrieved from http://www.healthcare.gov/news/factsheets/2010/07/health-disparities.html
19. National Assembly on School-Based Health Care. (2009). National Census School Year 2007-2008. Washington, D.C. Retrieved from http://www.nasbhc.org/site/c.ckLQKbOVLkK6E/b.7505841/k.A102/Publications.htm
20. Levy, M., Heffner, B., & Beeman, G. (2006). The efficacy of asthma case management in an urban school district in reducing school absences and hospitalizations for asthma. Journal of School Health, 76, 320-324.

CASE STUDY / SCHOOL HEALTH SERVICES

Starting Early to Prevent Long-Term Illness

The patients that Saria Lofton attended as a bedside nurse ran the gamut.

There was the charming man who was admitted for uncontrolled high blood pressure—at age 30. Then, there were the seniors who struggled with multiple chronic conditions, such as strokes, heart attacks and diabetes, plus additional complications with dementia and limited mobility. After eight years in patient care, Lofton decided to act on a powerful realization: These health issues didn't just appear. They started decades prior.

In 2006, Lofton earn her certification as a school nurse and completed a graduate degree in community health nursing. Months later, she joined Chicago Public Schools, rotating among five elementary schools on the city's West Side. Children in the predominantly African-American and Latino area face chronic disease health disparities and socioeconomic disadvantages.

"Everything we do should be intentionally directed towards improving and preserving their health."

SARIA LOFTON, SCHOOL NURSE, CHICAGO PUBLIC SCHOOLS

"As a child, I wasn't taught how to eat healthy, but as an adult, I like to eat healthy and exercise," said Lofton, RN, MSN, CSN. "I wanted to have an impact and serve as an example for kids like me."

As a school nurse, Lofton is the go-to health expert for more than 1,200 students ages preschool through eighth grade. Each day, she juggles tasks that extend far beyond a school nurse's stereotypical first-aid responsibilities. Her crunched schedule starts with evaluating the preschool or early childhood students who have been flagged for possibly needing additional health services, for both physical and mental health conditions.

When a case manager or teacher points out a child who may need additional health services, Lofton conducts an in-depth interview with the parents and personally observes the child in class and at play. She is scrutinizing motor skills, social interactions with other students, eating habits, coordination and evidence of pain or discomfort. Signs like limping, poor walking coordination, or the inability to eat can all indicate that the child may need to see a specialist for medical attention. In that case, Lofton switches to case management mode, coordinating with the child's primary care provider or offering referrals. She knows—by memory—which insurance types are accepted at health care providers throughout the city, as well as the hospitals and physicians that best serve specific medical conditions.

"You won't get medical attention with this level of detail in a fifteen-minute doctor's appointment," Lofton said. "We get to see the kids in their natural setting. They're at school so much of the time. We have so many opportunities to give pearls of wisdom throughout the day about eating habits and physical activity. That can make a difference in how they approach what they eat. Even with those in preschool, three and four years old, I'm talking to them about healthy snacks. Everything we do should be intentionally directed towards improving and preserving their health."

In 2008, Lofton attended three days of training with the Healthy Schools Campaign's School Nurse Leadership Program. The training program is designed to build on school nurses' direct care abilities and equip them to take on more leadership responsibilities. Nurses review best practices in childhood chronic disease prevention and management, learn about laws and regulations related to school health, and discover how to create a culture of wellness at their schools.

Lofton put the information to use immediately. In 2010, she earned the prestigious Albert Schweitzer Fellowship, aimed at health initiatives in underserved communities. She combined the fellowship's funding with an additional grant from Weight Watchers to

plant a community garden. “When I first started, it was like pulling teeth,” Lofton recalled. But she was able to recruit about 25 fourth- and seventh-grade students and their parents from one of the schools she attends to fill a 16-by-16-foot plot. “We had everything—herbs, wheatgrass, onions, tomatoes, peppers. We had so much that it was kind of crowded out.” The next year, the students and parents told Lofton they wanted to get the garden going again.

Lofton has also added advocacy to her school nurse duties. Three children at the same school needed constant nursing care to manage their severe type 1 diabetes. Struggling to manage the new diagnosis, they had constant issues with high blood sugar and repeat trips to the ER for symptoms like abdominal pain, headaches and vomiting. “They’d get under control, then they’d be out of control,” Lofton said. She was able to get a nurse at their school five days a week to educate the children and parents, and help manage their condition during the day.

“School nurses are underutilized, and we have so much to offer,” Lofton said in a speech at a Healthy Schools Campaign School Nurse Leadership event. “We deal with every aspect of health in addition to the physical. We try to help people before things happen.”

School nurse Saria Lofton observes students at play as part of understanding their health needs.

CASE STUDY / SCHOOL HEALTH SERVICES

San Jose: School Nurses Put Health Care Back Into the Schools

Melinda Landau vividly remembers the 12-year-old girl who had struggled with raging type 1 diabetes since age 2.

Her A1C readings, which measure average blood sugar control, were beyond twice the recommended level, and she was not getting regular insulin shots. Her parents' conflicts with gang affiliations and domestic violence were so volatile that the girl's diabetes was a forgotten afterthought. Physicians were giving up, ready to dismiss the family as non-compliant for constantly missing appointments.

"She was headed towards being blind or losing limbs," recalled Landau, RN, MS, manager of the San Jose Unified School District's health and family support programs.

The girl had transferred from a school without a school nurse. Though she was only in San Jose Unified School District for one year before transferring again, she happened to be there during a school nurse demonstration project called Putting Health Care Back Into Schools. In late 2006, the Lucile Packard Foundation for Children's Health and Lucile Packard Children's Hospital at Stanford approached the district about partnering in a five-year demonstration project to evaluate rigorously what really happens to children's health and academic outcomes when there is a full-time school nurse at the school. Landau and her team knew intuitively that full-time school nurses were the key to improving student health and academic performance, but there was limited hard data to prove it.

The district already had a team of nurses who were each responsible for two to three sites within the district's 40 schools, but the project grant—$2.65 million over five years—provided funds for two elementary schools and two middle schools in low-income communities for each to have a full-time school nurse. The project also formally linked the full-time school nurses to a nurse practitioner. The nurse practitioner was hired for this project and stationed at a school health clinic, operated by School Health Clinics of Santa Clara County, which serves as a medical home to children. Funding was also allocated to design and implement a rigorous five-year evaluation, which included studying comparison schools without full-time nurses, conducted by doctoral researchers at the Stanford University School of Medicine.

"The hospital and the foundation wanted to work together on a project that could impact children's health status and perhaps change the way that preventive and primary care is provided to children," Landau said. Lucile Packard Children's Hospital is the pediatric and obstetrics hospital at Stanford University Medical Center. The Lucile Packard Foundation for Children's Health works with the hospital and the child health programs of Stanford University to prioritize children's health and increase the quality and accessibility of children's health care.

"We had a hypothesis that putting health care back into schools was critical," said Candace Roney, executive director of community partnerships at the hospital. "We approached San Jose Unified and School Health Clinics because they had the infrastructure and leadership to help design a good demonstration project."

> The school nurses were able to uncover deeper issues that prevented parents from following through, like fear of being deported, lack of health insurance, not truly understanding the need for glasses, and simply being too busy, working two or three jobs, to make time for the eye doctor.

It worked out extremely well for the girl with diabetes. Every day, a school nurse spent time teaching her how to take her own glucose readings and administer her own shots. The nurse also gave her ample training on nutrition and carbohydrate counting. The nurse also picked up on the girl's undetected learning disability and helped her qualify for special education. "That would not have happened without a full-time school nurse," Landau said.

School nurses in San Jose School District

CARING FOR STUDENTS' VISION, ADDRESSING BARRIERS TO FAMILY FOLLOW-UP

The grant's goals were to improve students' chronic disease management, link students and families with medical homes, and, of course, push for more full-time school nurses. The state of California was averaging one school nurse for every 2,100 students, far below the recommended ratio of one to 750, according to data from the Lucile Packard Foundation's resource bank, kidsdata.org.

Step one, Landau said, was to figure out how to do all of this. "We started with the low-hanging fruit. We were already doing vision screenings," Landau said. But parents were not following up on referrals to get their children glasses or further tests. The full-time school nurses were able to follow up with these parents—several times, when necessary. They were able to uncover deeper issues that prevented parents from following through, like fear of being deported, lack of health insurance, not truly understanding the need for glasses, and simply being too busy, working two or three jobs, to make time for the eye doctor.

The school nurses forged partnerships with local organizations to get free eyeglasses and to get eligible families signed up for Medicaid or subsidized health coverage, regardless of citizenship status.

Follow-through on referrals jumped from 40 percent to 69 percent in the first year and continued to increase to 98 percent during this current school year. Because of the new partnerships and best practices gleaned from project schools, the rate has even increased to 55 percent in schools without a full-time nurse.

SUPPORTING LEARNING BY MANAGING CHRONIC ILLNESS

The funders and the district also decided to focus on chronic disease management, particularly for students with asthma. When school nurses looked at county data, it was clear that the district had only identified about half of its asthmatic students. Additional data showed that asthma mismanagement was creating a gap in school performance: 30 percent of students without chronic diseases scored proficient or advanced on California standardized tests, compared to only 23 percent for students with asthma.

School nurses sent surveys to parents about asthma-related symptoms and followed up with phone calls to families with already-diagnosed children, as well as to parents who reported noticing asthma symptoms. It turned out that 55 percent had taken their child to the emergency room for asthma or related symptoms in the past year. The next step was to ensure that these children were linked with a medical home so they could be properly diagnosed and treated both in and out of school. The full-time nurses worked one-on-one with students and parents to teach proper inhaler use. Students who received care at the school health clinic had regular meetings with the clinic's nurse practitioner. The nurses also established a partnership with Breathe California, the school health clinic and Stanford University School of Medicine to offer asthma education programs for staff, parents and students.

Recent data showed that the district's numbers of children identified with asthma match county statistics, and during the 2010-2011 school year, academic performance was "almost on par," between children with and without asthma, Landau said.

Since students' health conditions have become more complex, the district also needed to establish a more direct flow of health information among school nurses, medical homes and the school health clinic. Landau said forging such a connection had been fraught with challenges, particularly because of patient privacy laws. For example, a school nurse would refer a student with no medical home to the school health clinic, but could not give any of the student's identifying information. "So, the school nurse would have to call the clinic and say something like, 'I'm sending you a kid with scabies.' If that student didn't follow up on the referral, the clinic's nurse practitioner would call the nurse back and let her know the student didn't come in. Then, the nurse would go back to the student and parent," Landau said. Sometimes, there was no way of knowing if the student followed up on the referral.

Without permission to share information, the district struggled to track referrals from the school nurse's office to the school health clinic. Tracking referral follow-up was also challenging for those students who had medical homes. Nurses discovered that language barriers were a significant reason why parents and students skipped follow-up appointments at their physicians' offices. To ensure that students followed up on referral appointments from the school nurse, either to their own physicians or to the school health clinic, the district implemented a policy to have parents sign an exchange of information consent. This allowed the school nurses to collaborate with the school health clinic, knowing exactly who needed to be treated for what condition and when they were expected to come in for it. Families that did not have a strong relationship with their medical providers could also turn to the school health clinic as their medical home.

"So many of our underserved kids have chronic health problems and academic issues, and a school nurse is trained to navigate both."

MELINDA LANDAU, RN, MS, MANAGER OF THE SAN JOSE UNIFIED SCHOOL DISTRICT'S HEALTH AND FAMILY SUPPORT PROGRAMS

CONNECTING WITH RESOURCES

The school nurses in San Jose Unified School District did more than just improve health outcomes for individual children and certain populations within the school. They were able to rally medical care and equipment for the district's low-income families. In addition to free glasses and asthma education, the nurses also collaborated with community organizations to bring dental services, vaccinations and community health fairs to students throughout the district.

"They've redefined what a school nurse does. People say, 'It's so nice you get to work with kids.' But school nurses are case managers in a population with really complex medical and social issues. So many of our underserved kids have chronic health problems and academic issues, and a school nurse is trained to navigate both," Landau said.

The district has been able to shift funding from less needy schools to keep the full-time school nurses for an additional year after the grant ends in 2012. Landau's goal is to find additional funding not only to keep the current school nurse capacity, but also to expand so that a full-time school nurse is stationed at each of the district's 19 Title 1 eligible schools. Scattering a team of nurses among several schools is not going to have the same impact on health outcomes and school performance, she said.

"They strengthen the district's ability to utilize community resources," Landau added. "They sift through the needs of the population and decide what's a priority and what's a good fit so we can provide wrap-around services for our students. We can't do that, if they aren't here full-time as part of the community."

Join us

We invite you to be part of this effort.

To learn more about how you or your organization can get involved, visit healthinmind.org or contact Alex Schaible at 312-419-1810 or alex@healthyschoolscampaign.org.

Executive Editors

Rochelle Davis

Rochelle Davis brings broad experience as a leader in children's wellness and environmental health to her role as President and CEO of the Healthy Schools Campaign (HSC), a national not-for-profit organization she founded in 2002. HSC advocates for national, state and local policies and programs that make schools healthy places to learn and work. Davis has led change on numerous public policy issues affecting children's health, from environmental toxins to nutrition and fitness. Her role at HSC includes engaging diverse coalitions of stakeholders to promote healthy eating, physical activity and environmental health in schools. Davis has been instrumental in developing school environmental health resources, such as HSC's *Quick & Easy Guide to Green Cleaning in Schools* and national wellness advocacy initiatives such as the Cooking up Change healthy cooking contest. Davis is a member of the EPA's Committee for the Protection of Children's Health and a founding member of the Green Cleaning Network. She is co-author of the cookbook *Fresh Choices* and was the recipient of the Chicago Tribune's 2007 Good Eating Award.

Jeff Levi

Jeff Levi, PhD, is Executive Director of the Trust for America's Health (TFAH), where he leads the organization's advocacy efforts on behalf of a modernized public health system. He oversees TFAH's work on a range of public health policy issues, including implementation of the public health provisions of the Affordable Care Act and annual reports assessing the nation's public health preparedness, investment in public health infrastructure, and response to chronic diseases such as obesity. In January 2011, President Obama appointed Dr. Levi to the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health. In April 2011, Surgeon General Dr. Regina Benjamin appointed him chair of the Advisory Group. Dr. Levi is also Professor of Health Policy at George Washington University's School of Public Health, where his research has focused on HIV/AIDS, Medicaid, and integrating public health with the healthcare delivery system. He has also served as associate editor of the *American Journal of Public Health* and Deputy Director of the White House Office of National AIDS Policy. Dr. Levi received a BA from Oberlin College, an MA from Cornell University, and a PhD from George Washington University.

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About Us

Health in Mind is presented by Healthy Schools Campaign and Trust for America's Health.

HEALTHY SCHOOLS CAMPAIGN / HEALTHYSCHOOLSCAMPAIGN.ORG

Healthy Schools Campaign (HSC), an independent not-for-profit organization, is a leading authority on healthy school environments and a voice for people who care about our environment, our children, and education. HSC advocates for policies and practices that allow all students, teachers and staff to learn and work in a healthy school environment. Since beginning as a local project in Chicago in 2002, HSC has grown into a vibrant national organization with diverse strategic partnerships and effective outreach to schools, communities, and policy makers. As HSC works for policy change and national market transformation, it continues to pioneer new strategies through a special focus on Chicago schools and the district's low-income, minority students. HSC projects especially focus on healthy food and physical activity in schools. These experiences provide lessons that inform its national policy efforts.

TRUST FOR AMERICA'S HEALTH / HEALTHYAMERICANS.ORG

Trust for America's Health is a nonprofit, nonpartisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority.

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W.K. KELLOGG FOUNDATION / WKKF.ORG

The W.K. Kellogg Foundation (WKKF), founded in 1930 as an independent, private foundation by breakfast cereal pioneer, Will Keith Kellogg, is among the largest philanthropic foundations in the United States. Guided by the belief that all children should have an equal opportunity to thrive, WKKF works with communities to create conditions for vulnerable children so they can realize their full potential in school, work and life.

The Kellogg Foundation is based in Battle Creek, Michigan, and works throughout the United States and internationally, as well as with sovereign tribes. Special emphasis is paid to priority places with high concentrations of poverty and where children face significant barriers to success. WKKF priority places in the U.S. are in Michigan, Mississippi, New Mexico and New Orleans; and, internationally, in Mexico and Haiti.