

# HEALTHY SCHOOLS CAMPAIGN

EVERY CHILD DESERVES TO LEARN + THRIVE

December 19, 2016

Superintendent Tony Smith, Ph.D.  
Illinois State Board of Education  
100 N. 1st Street  
Springfield, IL 62777

Re: Response to Illinois State Board of Education's ESSA State Draft Plan #2

Dear Dr. Smith,

Thank you for the opportunity to respond to the second draft of the state's plan for implementation of the Every Student Succeeds Act (ESSA).

Healthy Schools Campaign (HSC) is a nonprofit organization dedicated to ensuring that all students have access to healthy school environments so they can learn and thrive. ESSA recognizes the need for schools to support the whole child and specifically acknowledges the importance of promoting physical and mental health and wellness. The implementation of ESSA provides an important opportunity to more fully integrate student and school health into education policy and practice and support the integral connection between health and learning.

In our response to this draft, HSC provides additional recommendations to the Illinois State Board of Education (ISBE) on improving the revised draft plan, responds to questions raised in the plan, and provides supplemental background information to justify our recommendations. Additional information is available upon request.

As we said in our previous comments, ISBE has recognized the connection between student health and education and has taken action to support social and emotional learning, physical health, improved attendance and forward-thinking discipline practices. However, the proposed plan could further prioritize and highlight the importance of key issues such as student physical health and school facilities and their impact on achievement. Throughout the comments below, we provide recommendations that more fully address physical health so that students are in school and ready to learn. In addition, we make suggestions on how to encourage schools to create a healthy school environment. We encourage Illinois to fully embrace the whole child framework and create a national model for integrating health and wellness into its accountability systems, report cards, needs assessments and professional development.

We appreciate the opportunity to comment on the revised draft and welcome the opportunity to discuss these recommendations with you. We look forward to seeing ESSA fully implemented so that every child is in school and ready to learn.

Sincerely,



Rochelle Davis  
President and CEO

### **Executive Summary**

The Every Student Succeeds Act (ESSA) presents a new opportunity for schools to address student health and wellness. While both No Child Left Behind (NCLB) and ESSA share the goal of improving academic performance, ESSA offers a different pathway, one that explicitly and implicitly recognizes the need for schools to support the whole child. ESSA specifically acknowledges the importance of supporting the physical and mental health and wellness of students.

Illinois has already made a commitment to address the whole child. One of the state's goals is for every school to offer a safe and healthy learning environment for students. In the 2<sup>nd</sup> Draft State ESSA Plan (PLAN), ISBE clearly states its intention for the PLAN to address the "whole child". And, in many places, the PLAN does address the need to support student health and wellness, but emphasizes social and emotional learning and school climate, family engagement and community engagement. The PLAN does not adequately address many of the other elements important so that students are healthy and ready to learn.

HSC strongly recommends that ISBE establish a clear definition of what a safe and healthy learning environment is and/or consistently use the "whole child" framework. The lack of clarity will impede efforts to determine what metrics or indicators can best be used to measure if schools are meeting this goal, the type of assessments that will best help schools understand their students' needs, the evidence-based practices needed for improvement and the professional development that educators need.

In addition to offering specific line edits to include a more comprehensive approach to student health and school wellness, HSC recommends the following:

- Section 1.1 Coordination: Include the opportunity to coordinate with the health system, particularly Medicaid for the expansion of school-based health services.
- Section 2.2 Academic Assessments: Develop and implement assessments for health, physical education and social and emotional learning that are aligned with the state's existing standards.
- Section 3.1 Accountability System: Include chronic absenteeism and/or aggregate student fitness scores as the accountability measure for school quality.
- Section 3.1 Statewide Goals to Complement Accountability Framework: Include additional health-related indicators on the school report cards to illustrate various aspects of a healthy school environment.
- Section 3.2 Identification of Schools: Include student health and school wellness assessments to the list of assistance ISBE shall provide to LEAs.
- Section 4: Excellent Educators: Create supportive environments to promote staff wellness and address teacher stress to improve teacher satisfaction and retention.
- 5.1 G. Other state-identified strategies: Require each LEA's plan to include how the LEA will support student access to a healthy school environment as defined by the CDC's "Whole School, Whole Community, Whole Child" model.

### **Second Draft of the State Plan (PLAN): General Comments**

In the cover letter, State Superintendent Smith talks about a "vision that places schools as the centerpiece of growing healthy communities where the needs of the whole child are met." In addition, ISBE states its intention for the PLAN to address the needs of the "whole child" (p. 6). Finally, the PLAN identifies the long-term goal (p. 37) that "every school offers a safe and healthy

learning environment for students.” HSC shares the Superintendent's vision, applauds him for articulating that as a shared goal for the state and appreciates the central positioning of the “whole child” concept in the PLAN.

However, a clear and consistent definition of the “whole child” or “safe and healthy learning environment” is missing from the PLAN. HSC strongly recommends that ISBE establish a clear definition of what a safe and healthy learning environment is and/or consistently use the “whole child” framework. The lack of a clarity will impede efforts to determine what metrics or indicators can best be used to measure if schools are meeting this goal, the type of assessments that will best help schools understand their student’s needs, the evidence-based practices needed for improvement and the professional development that educators need.

HSC defines a healthy school as one that understands and supports students’ well-being and student health as a foundation for learning. In this environment, students have access to good nutrition, physical activity, basic safety, clean air and water and access to care. In addition, students are building the knowledge and skills to make healthy choices that allow them to thrive. A healthy school environment includes promoting positive youth development, cultivating a supportive school climate and providing students with opportunities to connect to one another, adults and the school. Access to care includes physical, behavioral and mental health, as well as dental and vision, and prevention, screening and disease management. In a healthy school, students learn—through lessons and through example—to value their own health.

The Centers for Disease Control and Prevention (CDC) defines the whole child in the context of a [Whole School, Whole Community, Whole Child model](#). This model emphasizes the need to coordinate policy, process and practice to improve learning and health. There are ten elements to this model: Health Education, Physical Education and Physical Activity, Nutrition Environment and Services, Health Services, Consulting, psychological and Social Services, Social and Emotional Climate, Physical Environment, Employee Wellness, Family Engagement and Community Engagement.

While the PLAN does place a strong emphasis on the social and emotional climate, family engagement and community engagement, it does not adequately address many of the other elements of the whole child model—particularly Health Services, Physical Environment, and Employee Wellness. While many of these areas might be included in the needs assessments or in implementation of state supports, given the importance of these issues and schools’ general lack of prioritization these areas, HSC strongly recommends that ISBE explicitly include these issues in the PLAN.

HSC makes specific recommendations for how to integrate a comprehensive approach to student health and school wellness into the PLAN.

### **Comments on Specific Sections of the PLAN**

#### **Section 1.2 Coordination**

On page six of the ESSA Illinois State Plan draft #2, the plan says in the first full paragraph, second sentence “In addition to the challenging academic standards and high expectations for student achievement, there needs to be a refocusing on the social, emotional and behavioral needs of students.” HSC recommends adding “physical” so that the end of the sentence reads “social, emotional, physical and behavioral needs of students.”

On page seven of the ESSA Illinois State Plan draft #2, there is a discussion related to the coordination of funding. HSC recommends that the PLAN include the opportunity to coordinate with the health sector to leverage funding opportunities presented by recent changes in the health system including Medicaid to support the delivery of school health services.

Illinois has an important opportunity to expand Medicaid-funded school health services that provide students with access to school health services, including mental health services, for children across the state. This opportunity should be included in the PLAN. Funding for school health services would complement Title I funds for school-wide interventions that support student health. A recent decision by the Centers for Medicare and Medicaid Services, along with the transition of Illinois' Medicaid population to managed care, present two key opportunities for expanding Medicaid-funded school health services in Illinois. Currently, 45.5 percent of Illinois' children, or 1.5 million children, are enrolled in Medicaid. These services could include physical, behavioral and mental, and sexual health services, as well as dental and vision, prevention, screening and disease management. It also could include acute and urgent care as well as case management.

In the summer of 2016, the U.S. Department of Education convened a learning collaborative to assist states in developing state strategies to expand the delivery of health services to Medicaid enrolled students. While Illinois did not participate, there is an opportunity to join. HSC, which is coordinating the technical assistance for this national learning collaborative, is ready and willing to support Illinois in convening a team and developing a strategy.

## **Section 2: Challenging State Academic Standards and Academic Assessments**

### **2.2 Academic Assessments**

Given that Illinois already has standards for social and emotional learning and physical education and health, HSC recommends implementing assessments for these areas.

Developing and implementing assessments on these content areas will support the collection of statewide data and assist educators in understanding the importance of competency in these areas on overall academic performance. Additionally, having data on the effect of instruction on student acquisition of knowledge and skills—based on state standards—will better equip Illinois and school districts with critical information about resource allocation and professional support in these content areas. HSC does not recommend that these assessments be used in state accountability systems or in a punitive manner; rather, these assessments should be used to improve teaching and learning in these critical content areas.

State-level assessments of social and emotional learning are still emerging and states and districts are considering how to measure these concepts in ways that are valid, reliable and accurate. As states continue this work, Illinois has the opportunity provide leadership on assessments. As Illinois has led the country on adopting social and emotional learning standards, the state could also be the leader in determining the best methodology for assessing student acquisition of knowledge against these progressive state standards. Examples of how states and districts have assessed social and emotional learning include California's CORE Districts, which have identified ways to assess four key social and emotional indicators. Other states have adopted surveys of school climate, such as the ED School Climate Surveys, which include some questions about social and emotional learning, while some school districts use student-level assessments such as The Search Institute's Developmental Asset Survey, among others.

In regards to assessing PE, states including New Hampshire and Washington have developed guidance for required assessment of students' progress in PE against state standards.

HSC recommends that Section 2.2 F: Grants for State Assessments and Related Activities specifically include developing appropriate assessments for Social and Emotional Learning and Physical Education and Health.

### **Section 3 Accountability, Support and Improvement For Schools (p. 17 to p. 50)**

#### **Section 3.1 Accountability System**

HSC recommends the inclusion of two indicators that are a measure of student success and/or school quality: rates of chronic absenteeism and student fitness as measured by FitnessGram. Both of these indicators have a strong correlation with student achievement. The proposed indicators meet the U.S. Department of Education's requirements for these measures, as shown below.

Table1: Proposed Accountability Measures Meet U.S. Department of Education's Proposed Requirements

	Chronic absenteeism	Physical fitness
<i>Is valid, reliable and comparable across all LEAs in the state</i>	✓	✓
<i>Can be disaggregated for each subgroup of students</i>	✓	✓
<i>Includes a different measure than the state uses for any other indicator</i>	✓	✓
<i>Is supported by research finding a connection to student learning</i>	✓	✓
<i>Aids in meaningful differentiation among schools by demonstrating varied results across schools</i>	✓	✓

**Chronic Absenteeism:** Chronic absenteeism—which is commonly defined as missing 10 percent or more of school days for any reason, excused or unexcused—detracts from learning and is a proven early warning sign of academic risk and school dropout. Chronic absence results in decreased literacy and numeracy skills in elementary levels, higher rates of school failure in middle school, high school dropout and lower levels of college completion. In Illinois, about 13 percent of students are chronically absent, with 12 percent of school districts accounting for 75 percent of chronically absent students.

Given the critical link between chronic absenteeism and educational outcomes, HSC recommends that ISBE include rates of chronic absenteeism in its state system as an accountability measure. ISBE should adopt the definition of chronic absenteeism used by the nonprofit Attendance Works, which defines it as missing 10 percent or more of school days, including excused and unexcused absences as well as days missed due to suspensions. Schools are already required to report chronic absenteeism data to the U.S. Department of Education's Office of Civil Rights (OCR) and include information on the school report card. When establishing this indicator, ISBE should consider Connecticut's approach. In Connecticut, schools can receive up to 100 points total for this metric,

with up to 50 points for their overall chronic absenteeism rate and up to 50 points for a high-need subgroup chronic absenteeism rate. Full points are awarded if chronic absenteeism is 5 percent or lower. No points are awarded if the rate is 30 percent or greater. Rates between 30 percent and 5 percent are awarded proportional points. Once ISBE has shared a draft accountability system, HSC will provide specific recommendations for incorporating chronic absenteeism.

**Student Fitness:** According to the Physical Activity Guidelines for Americans, children require 60 minutes of physical activity daily for optimum health and well-being. Physical activity has been correlated with positive academic achievement and behavior, including grades and standardized test scores. Schools can promote physical activity before, during and after school to ensure that students are ready to learn.

Given the critical link between physical activity and academic achievement and in light of the recent requirement that school district use FitnessGram assessments to measure student's progress towards personal fitness, HSC recommends that ISBE includes a metric of student fitness in the accountability system. The cornerstone of a Comprehensive School Physical Activity Program (CSPAP) is high-quality PE, which provides an equitable opportunity for all students to be physically active in school. Illinois has existing PE state standards and recently adopted a policy that requires school districts to use FitnessGram assessments to measure students' progress toward the state standard for personal fitness assessment, as well as to assess student progress in aerobic capacity, flexibility, muscular endurance and muscular strength. School districts are required to report aggregate data to ISBE by June 1 of each year.

#### **Statewide Goals to Complement Accountability Framework (p. 39)**

Metrics required to be included on school report cards can help LEAs and schools tell how they are meeting state goals. HSC recognizes that any data collected should be meaningful to school stakeholders and not overburden schools.

ESSA already requires states that receive Title I funding to include other measures that relate to or inform student attendance: rates of in-school suspensions, out-of-school suspensions and expulsions; school-related arrests and referrals to law enforcement; and incidences of violence, including bullying and harassment. In addition, HSC recommends that the following measures be included to support the state goal of "every school offers a safe and healthy learning environment for all schools":

- School breakfast participation: When students eat breakfast, they have better attendance rates and improved academic achievement. However, according to the Food Research and Action Center, only about half the number of students who are eligible for free school breakfast actually eat breakfast.<sup>1</sup> School report cards should include the percentage of students eligible for free and reduced school meals, the percentage of students who eat lunch and the percentage of students who eat breakfast at school.
- Integrated Pest Management and Green Cleaning Policy: According to the Environmental Protection Agency, 10.5 million school days are missed each year due to asthma. Maintaining a healthy school environment by eliminating triggers for chronic illnesses such as asthma would positively impact attendance rates.<sup>2</sup> Report cards should indicate whether

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<sup>1</sup> Food Research & Action Center, "Mapping School Breakfast: Participation, Funding, and Growth." Available at: [http://frac.org/frac\\_map/](http://frac.org/frac_map/)

<sup>2</sup> United States Environmental Protection Agency, "Managing Asthma in the School Environment." Available at: <https://www.epa.gov/iaq-schools/managing-asthma-school-environment>

a school's policies and practices comply with state law related to Integrated Pest Management and green cleaning.

- Ratio of students to school nurses: Research published in the Journal of School Health shows that when students have access to a school nurse, their attendance improves because they are better able to manage chronic illness and can avoid trips to the emergency room.<sup>3</sup> This information is already being submitted to the U.S. Department of Education's Office of Civil Rights (OCR).
- Ratio of students to school mental health professionals: Mental health conditions, behavior issues and trauma are all causes of school avoidance and truancy.<sup>4</sup> This information is already being submitted to OCR.

Illinois currently includes measures related to PE on the school report card, which HSC supports maintaining. HSC recommends that ISBE include additional measures on school report cards which relate to student fitness. Additional measures could include but are not limited to:

- Daily recess offered
- Policies for requiring physical activity or movement during the day (such as after 20 minutes of continuous sitting)
- Policies encouraging students to bike or walk to school
- Average class size for PE, by grade
- Number of qualified PE teachers
- Percentage of students granted PE waivers
- Percentage of students with disabilities who participate actively in PE classes
- Percentage of students achieving the Fitnessgram "Healthy Fitness Zone" for each of the required fitness assessment components
- Strength of the district's wellness policy as measured by using the [WELLSAT](#) or similar tool
- Policies against withholding recess or physical activity as a form of punishment

### **3.2 Identification of Schools and 3.3 State Support and Improvement for Low-Performing Schools**

This section of the state plan addresses the type of supports that state will offer LEA's and schools who are in need of comprehensive or targeted support. The plan references IL-EMPOWER. HSC is not familiar with the program and was unable to find any information about the program. However, HSC was able to access some information about the state's Multi-tiered System of Support (MTSS) program. [A review of information available](#) suggests MTSS is limited to addressing student social, emotional and behavioral health. As previously stated, HSC is concerned about this more limited definition of student health and wellness.

In addition to these general comments, HSC recommends the following changes in Section 3: Section 3.1 A. On p. 18, it states that ISBE's vision, mission and goals "describe a system where by children are able to develop their interests, talents, and sense of self supported by schools and communities. Every child in the public school systems in Illinois deserves to attend a school where in she or he is prepared to enter the workforce or college." HSC believes that statement does not adequately reflect the goal that every school offer a safe and healthy learning environment for all

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<sup>3</sup> "School Nurses' Role in Asthma Management, School Absenteeism, and Cost Savings: A Demonstration Project." Available at: <http://onlinelibrary.wiley.com/doi/10.1111/josh.12102/abstract>

<sup>4</sup> Upstream Public Health, "The Connection Between Missing School and Health: A Review of Chronic Absenteeism and Student Health in Oregon." Available at: <http://www.attendanceworks.org/wordpress/wp-content/uploads/2014/10/Chronic-Absence-and-Health-Review-10.8.14-FINAL-REVISED.pdf>

students (p.37). HSC suggests that this statement be rewritten to add “have the opportunity to be healthy and developmentally successful” and to read as follows: ISBE’s vision, mission and goals “describe a system where by children have the opportunity to be healthy and developmentally successful and are able to develop their interests, talents, and sense of self supported by schools and communities. Every child in the public school systems in Illinois deserves to attend a school where in she or he is prepared to enter the workforce or college.”

Section 3.3 B. On p. 48, ISBE indicates that they will use 95% of these funds to “provide assistance or conduct needs assessments, curriculum audits, equity audits and other diagnostic support services for LEAs and schools necessary to develop strong comprehensive and targeted improvement plans.” HSC recommends that ISBE add student health and school wellness assessment to the list of types of assistance provided to LEAs and schools.

Section 3.3 D. On p. 49, HSC recommends the explicit inclusion of school health services in ISBE’s review of programmatic resource allocations that ISBE is required to do every three years. This statement “Gaps in the impact of funding supports and services, relative to allocation, for all students, relevant student groups and teachers” should be changed to include “supports and services, including health services.”

#### **Section 4: Support Excellent Educators (p. 50 to 57)**

Addressing Teachers Working Conditions: Title II funds can be used by states and school districts to conduct and publicly report on an assessment of educator support and working conditions that would be developed with teachers, leaders, parents, students and the community. For example, Title II funds could be used to develop and conduct an evaluation of teacher stress levels to better understand teachers’ working conditions.

Positive working environments are important for teacher retention and teacher productivity. Additionally, there is a direct link between the well-being of teachers and the educational outcomes of their students. According to a report from Pennsylvania State University and the Robert Wood Johnson Foundation, “elementary school teachers who have greater stress and show more symptoms of depression create classroom environments that are less conducive to learning, which leads to poor academic performance among students.” Effects of teacher stress range from lower scores on math tests to more behavior problems and lower levels of social adjustment and student engagement.

High stress and poor working environments drive many teachers out of the profession. Turnover is most likely to occur in poorly performing schools, which contributes to a long-term destabilization of low-income neighborhood schools. This cycle deepens existing inequities in the school system.

HSC recommends that ISBE includes in the PLAN an assessment of school staff’s working conditions to identify strategies to improve overall working conditions and improve teacher satisfaction, reduce teacher burnout and increase staff retention.

#### **4.2 A. Support for Educators: Resources to Support State-level Strategies (p.52-53)**

In the PLAN’s description of state-level strategies to support educators, ISBE proposes a long list of professional learning opportunities for instruction leaders including some issues relating to student health, specifically “trauma and behavioral health issues, restorative practices” as well as developing resources related to “school conditions and school climate.” Student physical health is



not mentioned. Given the rising prevalence of health issues among students, it is important to prepare teachers and principals to identify and address these issues in school. 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.<sup>5 6</sup>

HSC recommends that the PLAN include a specific mention of student’s physical health and needs. HSC recognizes that teachers and principals should not be required or expected to provide medical care to students. School nurses and other health professionals 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. Teachers and school leaders can play a significant role in creating healthy school culture that promote physical activity and nutrition, and should have the appropriate professional learning opportunities available to help them do so.

In addition, the state should support LEA staff and principals on how to promote a healthy school environment. The U.S. EPA has extensive resources and training programs to assist in this type of programming.

#### **4.2 B. Skills to Address Specific Learning Needs. (p. 54)**

In this section, the PLAN identifies how the SEA will improve the skills of teachers, principals and other school leaders in identifying students with specific learning needs and providing instruction based on the needs of such students. HSC applauds ISBE for including the need to support educators and others in addressing student behavioral health issues. Given the rising prevalence of student physical health needs, HSC recommends including physical health as well as behavioral health.

### **Section 5: Supporting All Students (p. 57-108)**

#### **5.1 B. Equitable Access to a well-rounded education**

In the discussion about how to achieve equitable access to a well-rounded education, the PLAN identifies the factors which can contribute to the conditions for learning. HSC applauds ISBE’s inclusion of “the development of academic, social, emotional, behavioral and physical competencies” (p. 61) and suggests that the “supportive environments” be further defined to be in alignment with the CDC’s definition of a school environment that supports the whole child.

In addition, the discussion about barriers to learning and teaching should include “physical” as well as behavioral “health” (second bullet on the top of p. 61)

#### **5.1 C. School conditions for student learning**

The PLAN identified the type of assistance that ISBE will provide to LEA’s to improve the conditions of student health and learning. The PLAN says (p. 62) that “ISBE will support local districts receiving assistance to improve school conditions for student learning by providing professional learning opportunities to work directly with these districts on the implementation of specific evidence-based practices for improved academic, social, emotional, behavioral, and physical

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<sup>5</sup> Hill, N. J., & Hollis, M. (2011). Teacher time spent on student health issues and school nurse presence. *Journal of School Nursing*, 28(3), 181.

<sup>6</sup> 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.

student outcomes.” HSC suggests that the final part of the sentence be changed to say “and physical health student outcomes.” The PLAN has a long list of “current professional learning opportunities.” HSC recommends that the PLAN explicitly say that “ISBE will develop and provide additional training to meet the needs of LEAs.”

The paragraph (p. 63) that discusses Title IV, Part A (p. 63) does not include support for student physical health needs.

#### **5.1 G. Other state-identified strategies**

In the discussion on p. 68 regarding the plans that LEA’s are required to submit, the PLAN lists the required components that LEA’s must address. HSC recommends that ISBE also require each plan to include how the LEA will support student access to a healthy school environment as defined by the CDC’s Whole Child model.

#### ***Conclusion***

HSC is grateful for the opportunity to comment on Illinois’ proposed plan to update our state system for educational accountability, school improvement, and educator preparation, support and retention. HSC applauds Illinois’ longstanding commitment to student achievement, health and development and for taking action to support students. We urge you to give student physical health the same attention and priority as is being given to the importance of student’s social and emotional learning and development. We look forward to your leadership on these critical issues and stand ready to assist in any way possible.