ESSA State Plan Highlights Connecticut

April 2020

The *Every Student Succeeds Act* (ESSA) was signed into law on December 10, 2015 reauthorizing the Elementary and Secondary Education Act of 1965. Historically, the Acts focused on underserved student populations. ESSA created an opportunity to broaden accountability beyond traditional subjects, such as math, to potentially focus on health and wellness in schools via the 'fifth indicator', School Quality or Student Success (SQSS). States could select health and wellness-related indicators for SQSS, and identify strategies and initiatives throughout their ESSA Plans to improve the school health environment.

This study identified exemplary State ESSA plans (from <u>a larger study</u> that analyzed plans from all 50 states and DC) to highlight best practices and lessons learned in developing and implementing their plans. Connecticut was one of three states selected as a case study. State education agency officials from the three case study states participated in key informant interviews to inform the case study development.

Key Highlights

The Connecticut State Department of Education (CSDE) conducted an extensive stakeholder engagement process involving collaboration between five difference offices to inform the development of their plan (see <u>Key agencies</u> section below). Leadership from each office coordinated outreach within their respective areas. As a result, state officials noted that the plan reflects the feedback that they collected from across the state, as required by the ESSA mandate. In addition, CSDE's selection of accountability indicators builds upon already existing state data. Thus, rather than starting from scratch, the state can hit the ground running with monitoring and reporting on progress with the indicators.

> I think a lot of what we learned [from stakeholder engagement activities] is baked into the plan itself in terms of tweaks we made and in fact, some of the plan documents... Things like suggestions for doing X, Y, or Z or considering a different measure [for accountability]. All those conversations happened and they all ultimately got synthesized and reflected in the plan itself.

> > - State Education Official

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School Quality or Student Success: Physical Fitness.

Connecticut was one of the few states that included physical fitness as an SQSS accountability indicator in their plan. The state had already been collecting the Connecticut Physical Fitness Assessment (similar to Fitnessgram), which includes muscular strength, flexibility and cardiovascular fitness; as a result, the state will not require new data collection statewide.

We have an indicator for physical fitness. With all of these indicators, the commitment also was that we wouldn't collect new data, we would use the existing data first. Let's first use what we have and then figure what, if anything, we need to collect.

- State Education Official

State officials have noticed that including fitness as an accountability indicator has brought attention to this topic from district leaders:

The fitness scores, however small they are from a weight perspective, they do roll into the overall rating for a school or district. People want all their points, so if the P.E. scores don't look good, then the superintendent is having a conversation with their health fitness department, athletic educators, saying, "Hey, what are we doing about this? Why are we not...", and sometimes it's simple data things, but other times it's changing programming.

- State Education Official

School Quality or Student Success: Chronic Absenteeism.

CSDE had a strong history of monitoring, reporting, and addressing absenteeism prior to ESSA. State leaders have been champions of this issue, promoting awareness and developing resources and technical assistance. As a result, state officials noted that implementation of this "mature" accountability indicator is in the stages of providing technical assistance to decrease absenteeism rates.

By the time the ESSA plan rolled around, those [chronic absenteeism indicator] were already baked in to the work of the state. We had talked about where the state was in looking at students holistically. ESSA moved where we already were. – State Education Official

I think we've really reached the tipping point on that one [chronic absenteeism] in terms of whether it should be there or not there [in the ESSA plan]. I don't hear that out there at all. The conversation now is what do we do about it? When our kids are chronically absent, how do we unpack our data?...Superintendents are saying "our numbers have plateaued, what do we need to do?"

- State Education Official

Lessons Learned & Recommendations

Support School Districts in Addressing Barriers to Physical Activity.

While school districts were already administering fitness testing, elevating it to an accountability indicator required additional support and technical assistance to address barriers.

Once you raise the stakes on an indicator, people say, "Oh, I've got this constraint, I have that constraint... We don't have a gym." All the problems and challenges come out. Again, when you build something that practices your values, it was a lot easier for us to say, "Hey, look. You do not care about the health and fitness of your students?" Of course the answer is, "No, we do care about their health and fitness." So that means let's find a way to give kids opportunities to be healthy while they're in school... So it became less of a fight about the indicators shall we say and more about what can we do about it.

- State Education Official

Support Access to School Health Services.

School health services, such as those offered in school-based health centers and other models, can offer a wide range of health services for students, such as immunizations and other primary care, mental/dental health care, substance abuse counseling, nutrition education, and many others. To address chronic absenteeism, CSDE partners with the Department of Public Health on boosting immunizations and addressing other health issues.

That's why in terms of strategies locally, our districts are connected to the school based health centers...We work with the Department of Public Health around immunizations and making sure families fulfill those requirements so children can be at school when they need to be. So it is certainly part of the discussion that we've had here in the state around attendance and helping to connect districts to those supports that they need.

- State Education Official

Focus on Family Engagment.

CSDE recently developed a definition, guiding principles, and framework to enhance family engagement in the state, which are outlined in a new resource: <u>Full, Equal, and Equitable Partnerships with Families</u>. Included in this resource and corresponding strategies are ways that school districts can work with families to address absenteeism, one of their SQSS accountability indicators. In addition to providing resources, they are leveraging Title IV funds to support family engagement initiatives.

We know that in order for kids to get the support they need, then we need to connect with family serving organizations and our districts need to connect with families...How we work with families around attendance is important, so...that it's a priority and it's a value that we have. It's easy to think about how you leverage funding, how you make sure that all of these pieces connect. So really that's how we make the funding decisions, how we're using our funds. We're always connected to the priorities that we have.

- State Education Official

Provide Opportunities for Peer-to-Peer Learning.

CSDE offers extensive technical assistance about the new ESSA accountability system to school districts, ranging from self-service resources and manuals, state-wide conferences, and local workshops. For example, CSDE officials provide local in-services working with small groups of school district leaders on interpreting data related to their SQSS indicators. Notably, state officials reported that peer-to-peer learning opportunities at workshops were well-received by school professionals navigating the new accountability indicators; officials are developing peer-to-peer resources in related accountability and other ESSA topics to create additional opportunities for school districts to share and learn from one another.

I think it was the last <u>Performance Matters</u> forum, we had a district that was there that provided information on the fitness indicator and talked about how they're doing and the results that they're getting and the supports that they're providing in their district. Then in the audience are other districts that are learning from their peers about the work. It's another way of helping to encourage districts support of these indicators.

- State Education Official

We're compiling those best practices into documents, newsletter articles, et cetera, that are voices from the field about what's working for them, because what works for one district or one school or one classroom may not work in another classroom but we're at least trying to get those ideas of what they believe is working for them out there so that they can see each other's work.

- State Education Official

"We Can't Do This Alone."

CSDE stressed the importance of collaborating within their department, across sectors, and externally with universities (e.g., Connecticut Neag School of Education), nonprofits (e.g., American Academy of Pediatrics), and child health advocates/organizations (e.g., Healthy Schools Campaign) to successfully implement their ESSA plan. As a result, their list of partners was extensive and spans multidisciplinary fields.

... so all other state agencies we work with, they may be overlapping spheres of support or working with families and with districts. As I said, the school based health centers are a part of that work. But we've mobilized every partner that we can find around this effort. We do, because we really believe that kids being in school is critical and foundational to their success.

- State Education Official

So we're talking with them and trying to build a stronger relationship with the American Academy of Pediatrics here in the state on health related issues of attendance and working with our districts.

- State Education Official

Keep Communication Open and Ongoing.

Successful implementation of ESSA plans requires ongoing communication with school stakeholders. CSDE noted that they want to "authentically engage" with stakeholders beyond a one-time feedback session to develop the plan; rather, they stay connected continuously to provide supports for implementation issues as they evolve.

Keep the communication open. Having conversations with these folks because just because it was good a year ago doesn't mean they will have the same opinion a year later. As long as you keep channels open, I know [we] hold several community group forums and things like that that allow for this...I sit on some local superintendents, or statewide superintendent groups and attend regional superintendent meetings, principal meetings because you want to stay abreast with what there experiencing and how they're evolving. You don't want to just check in with them once every year or two years.

- State Education Official

Key agencies

Connecticut's ESSA plan development was a multi-office effort within the Department of Education, including the **Performance Office** (responsible for data collection, assessment, reporting, research and accountability), the **Academic Office** (responsible for curriculum development), the **Student Supports and Organizational Effectiveness** Office (responsible for family and student support programs and services), the **Turnaround Office** (responsible for addressing equity for underperforming schools), and the **Talent Office** (responsible for talent management and human capital development strategies). The effort was led and coordinated by the former Deputy Commissioner of Education.

Demographic Profile

Connecticut State Demographics (2017)			
	n	%	
Total population	3,594,478		
% White (non-Hispanic)	2,757,064	76.7	
% Black (non-Hispanic)	376,240	10.5	
% Hispanic	551,916	15.4	
% American Indian and Alaska Native (AIAN)	9,385	0.3	
% Student eligible for free or reduced price meals	189,164	35.6	

Sources: U.S. Census Bureau, American Community Survey, 2017 and U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD) 2016-17

Connecticut ESSA Resources

- Connecticut State ESSA plan: https://portal.ct.gov/SDE/ESSA/Every-Student-Succeeds-Act
- Connecticut State and School Report Card: <u>http://edsight.ct.gov</u>
- Connecticut State Department of Education: <u>https://portal.ct.gov/SDE</u>
- CSDE Family Engagement: Full, Equal, and Equitable Partnerships with Families: <u>https://portal.ct.gov/SDE/</u> <u>Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Introduction</u>
- Connecticut State Department of Education ESSA Evidence-Based Practice Guidelines: <u>https://portal.ct.gov/SDE/Connecticut-State-Department-of-Education-Evidence-Based-Practice-Guides</u>

Health & Wellness-Specific ESSA Resources

- <u>Using State Policy to Create Healthy Schools: Coverage of the Whole School, Whole Community, Whole Child</u> <u>Framework in State Statutes and Regulations—Child Trends</u>
- State ESSA Plans to Support Student Health and Wellness: A Framework for Action—Healthy Schools Campaign
- Social and Emotional Learning and Development, Conditions for Learning, and Whole Child Supports in ESSA States Plans—Council of Chief State School Officers

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About Healthy Eating Research

Healthy Eating Research (HER) is a national program of the Robert Wood Johnson Foundation. Technical assistance and direction are provided by Duke University under the direction of Mary Story PhD, RD, program director, and Megan Lott, MPH, RDN, deputy director. HER supports research to identify, analyze, and evaluate environmental and policy strategies that can promote healthy eating among children and prevent childhood obesity. Special emphasis is given to research projects that benefit children and adolescents and their families, especially among lower-income and racial and ethnic minority population groups that are at highest risk for poor health and well-being and nutrition related health disparities. For more information, visit www.healthyeatingresearch.org or follow HER on Twitter at @HEResearch.

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