

Prioritizing Health in State ESSA Plans and Report Cards to Support the Whole Child

Research Brief, April 2020

Background

The *Every Student Succeeds Act (ESSA)*¹ was signed into law on December 10, 2015, reauthorizing the *Elementary and Secondary Education Act of 1965*.² Historically, these 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).¹ 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. Given that healthy children are more likely to be better learners,³ this law created a critical opportunity to include provisions for health and wellness as key components of whole child education.

Health and wellness-related topics were mentioned throughout state ESSA plans. The primary two sections for health and wellness-related issues were Title I and Title IV. In addition to SQSS indicators, required as part of Title I funding, state plans include sections for Title IV program funding, where states could also mention use of funds for health and wellness-related initiatives and programming. For example, states could use Title IV funding to train teachers and staff about health and physical education.

What is this Brief About?

This brief examines the health and wellness provisions addressed by ESSA State plans and the report cards states produced with metrics on state, school, and student performance. The brief also addresses the extent to which there is consistency in prioritization of health and wellness in State plans on the one hand and state laws and regulations on the other. The findings in this brief are complemented by a companion “[chart book](#)”, that highlights key findings from a content analysis of the State plans and report cards across a range of topics including health, nutrition, physical education, School Quality or Student Success indicators, and programming, among others, as well as [case studies](#) highlighting three exemplary states.



Table 1.**Health and wellness-related topics selected for SQSS indicators**

Indicator	Current SQSS Indicator	Future SQSS Indicator
Chronic Absenteeism	36 (71%)	4 (8%)
School Climate	8 (16%)	11 (22%)
Physical Education	6 (12%)	5 (10%)
Equity	3 (6%)	1 (2%)
Health/Health Education	3 (6%)	1 (2%)
Student Engagement	2 (4%)	N/A
Social Emotional Climate and Mental Health	1 (2%)	4 (8%)

What Health and Wellness Topics Did States Prioritize?

To identify how states prioritized health and wellness topics in their plans, we present how these topics were identified as indicators in Title I sections—School Quality or Student Success (SQSS)—as well as topics that were mentioned in other sections throughout the plan, including Title IV and others. In addition, we present the health and wellness topics that were mentioned specifically in state report cards.

School Quality or Student Success Indicators

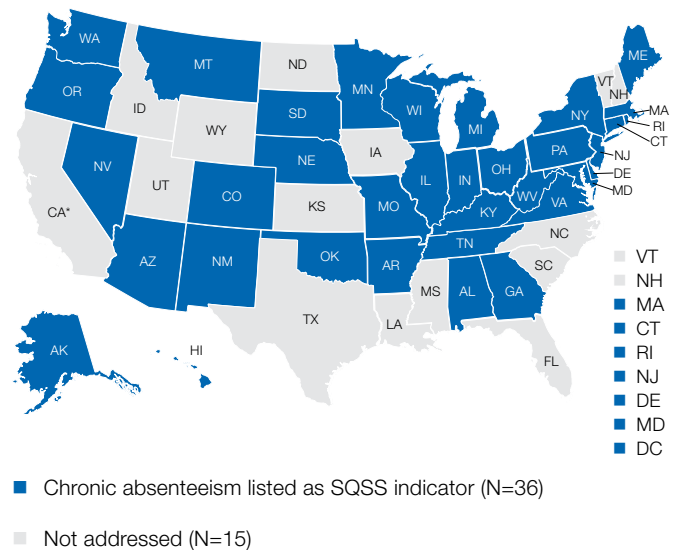
ESSA required states—for the first time—to identify accountability indicators that are “valid, reliable, comparable and statewide” for SQSS.¹ An SQSS measure was required in addition to indicators for academic achievement, student growth, graduation rate, and progress in achieving English language proficiency, thus the reference to “fifth indicator”.¹ Table 1 lists the health and wellness indicators mentioned in State plans. Chronic absenteeism was the most commonly selected indicator (36 states), followed by school climate (8 states) and physical education (6). Several states mentioned school climate (11 states) and physical education (5 states) as future potential SQSS indicators, because they were suggested by stakeholders and considered but not ready for implementation within the given states.

SQSS Indicator: Chronic Absenteeism

Definitions for chronic absenteeism varied across states, but it was most commonly defined as missing 10% or more of a students’ enrolled days in a school year. As the most commonly selected SQSS indicator (36 states), chronic absenteeism is often considered a proxy for a healthy school environment, including important components such as physical and mental health, as well as school climate.⁴ Measuring such conditions for learning is an important step to ensuring successful academic achievement.⁴ Thirty-six states identified chronic absenteeism as their ‘fifth indicator’ (Figure 1).

Figure 1.

Attention to chronic absenteeism in ESSA State plans



*California selected chronic absenteeism as an academic indicator, not as an SQSS indicator.

In addition to health and wellness topics prioritized within the SQSS section of State plans, we also examined health topics that were mentioned in other sections. The following topics were mentioned in various sections of plans, including those related to Title I and IV programming, and other sections. We broadly captured the extent to which the following topics were mentioned across the whole plan.

Food Insecurity

Food insecurity refers to having limited or uncertain access to food.⁵ Inadequate consumption of nutritious foods significantly affects a child’s ability to learn and grow, which may also impact academic performance.⁶ Thirty-nine states mentioned topics related to food insecurity in Title IV programs and other sections of their plan (Figure 2). Two states mentioned addressing food insecurity broadly for all students, while others mentioned access to school meal programs specifically for homeless and/or migratory students (36 states). School meals—particularly free and reduced price meals—offer a safety net and nourishment for students who may be food insecure.

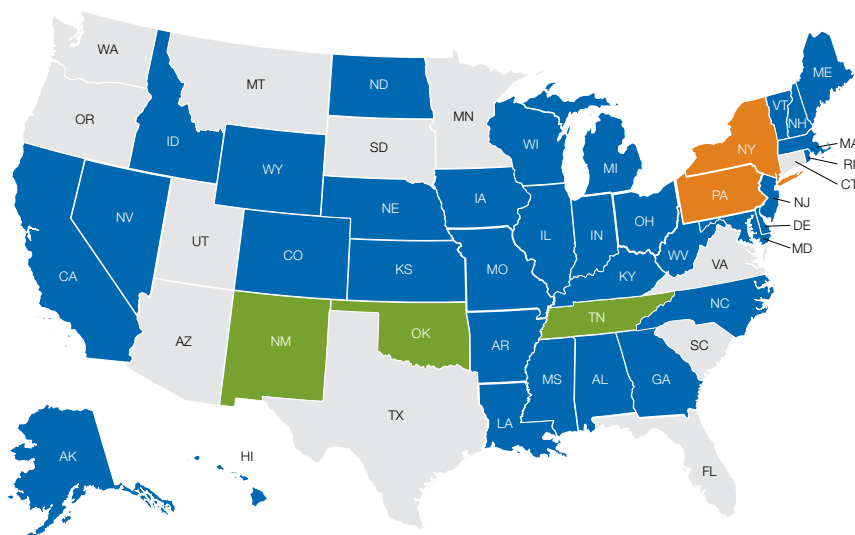
[Oklahoma’s ESSA State Plan](#) identifies multiple approaches to addressing this issue, including SNAP School Outreach Pilot Project, Community Eligibility Provision (CEP), Breakfast in the Classroom, and Child and Adult Care Food Programs (CACFP). For Oklahoma, where “1 in 4 Oklahoma children [endure] food insecurity, meeting this most basic need is necessary before students can be ready to learn” (p. 105).

ESSA specifically prompts states to protect homeless students’ enrollment and retention rates by addressing “barriers...due to outstanding fees or fines, or absences.”¹ Such fees may be those due for outstanding school meal charges. Language addressing the waiver of such fees would ensure that students are not punished for insufficient funds. The majority of plans include language along these lines. Although not specific to unpaid meal charges, future efforts should consider whether states included unpaid meal charges under this broad statement of “outstanding fees”. No ESSA State plan currently addresses issues of unpaid meal charges for students who are unable to pay.

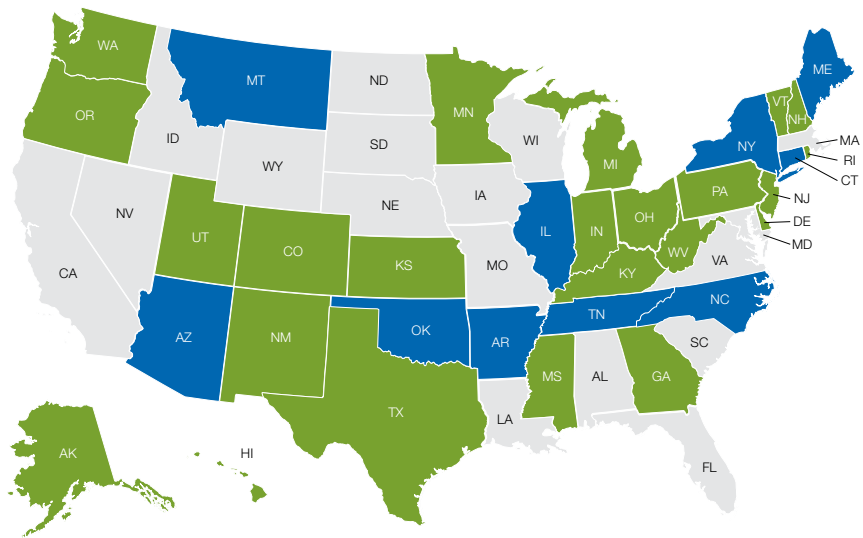
Figure 2.

Attention to food insecurity in ESSA State plans

- Food Insecurity/FRPL mentioned broadly (N=2)
- Food Insecurity/FRPL mentioned broadly and specifically for migratory and homeless students (N=3)
- Food Insecurity/FRPL mentioned specifically for migratory and homeless students (N=34)
- Not addressed (N=12)



- WSCC model mentioned in state plan (N=10)
- Whole child mentioned in state plan (N=23)
- Not addressed (N=18)



Thirty-three states included the term “whole child” in their ESSA State plan (see Figure 3), as mandated by ESSA. Broadly, ‘whole child’ education refers to expanding the focus of education from a narrow academic achievement lens to a focus on comprehensive and long-term development and success. ‘Whole child’ education includes topics such as health, social emotional learning, school climate, and learning environments.⁷ Twenty-three states mentioned the broad term ‘whole child’ education in their plans, while an additional 10 states specifically mentioned the **Whole School, Whole Community, Whole Child (WSCC)** [framework](#),⁷ developed by the Centers for Disease Control and Prevention and the ASCD (see Figure 3). The WSCC framework highlights 10 components, including health education, physical education and physical activity, and nutrition environment and services, among other topics.

[North Carolina's ESSA State Plan](#) identified the importance of school districts utilizing the WSCC model “to ensure the essential areas affecting students and the overall conditions of the school are addressed” (p. 82).

Figure 4.

Attention to Social Emotional Climate and Mental Health in ESSA State plans

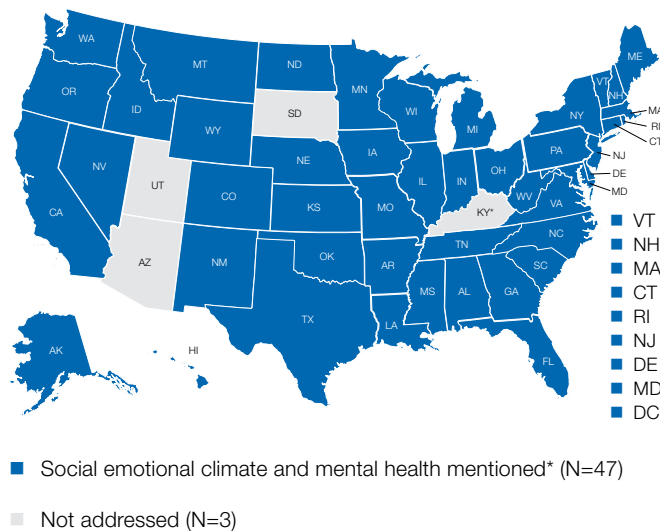
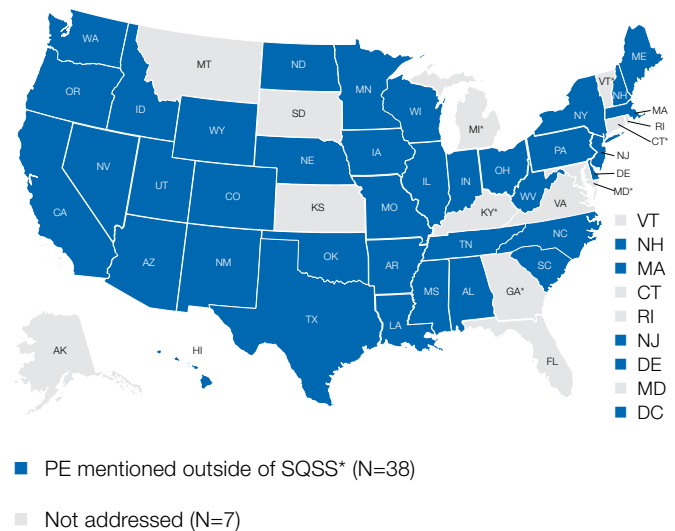


Figure 5.

Attention to physical education in ESSA State plans



Social Emotional Climate And Mental Health

The WSCC framework defines social and emotional school climate as “psychosocial aspects of students’ experiences that influence their social and emotional development.”⁷ A closely related but distinct WSCC component is the counseling, psychological and social services that includes “mental, behavioral, and social-emotional health of students.”⁷ Due to the limited definitions of such approaches included in State plans, we combined the two as social emotional climate and mental health in this section and describe mentions of these topics broadly across plans. Importantly, a focus on providing a positive social emotional climate and sound mental health services broadens the educational focus to nontraditional academic measures. Forty-seven states broadly mentioned social emotional climate and mental health in Title IV and other sections of their plans (see Figure 4).

Physical Education

Physical education (PE) enables students to improve knowledge and behaviors about physical activity and fitness, as well as develop lifelong skills to be physically active.⁸ Physically active students have better attendance, cognitive performance, and classroom behaviors.⁹

[Michigan’s ESSA State Plan](#) indicates that districts may use Title IV program and current Michigan educational components to enhance and increase instruction for well-rounded education, for example, to train staff on “health/physical education (p.99).

Forty-two State plans mentioned PE (Figure 5). State foci varied greatly and included provisions related to training of PE teachers, needs assessments for the State plan, and as part of the Student Support and Academic Enrichment (SSAE) and/or 21st Century Community Learning Center (CCLC) programs. Notably, 12 states mentioned providing training and development resources to support PE in schools.

Health And Health Education

Healthy students are better learners.¹⁰ States can focus on creating the best conditions for student learning by addressing ways to improve the health of their students; one important component of this is to increase access to health education as a component of well-rounded education.

[Arkansas' ESSA State Plan](#) mentioned the use of Title IV program funds to focus on “nutrition and health education” with particular attention to children in low-performing schools (p.131).

All states mentioned health throughout their ESSA State plan, in sections for SSAE (35 states) programming; professional development and training (33 states); 21st CCLC programming (17 states); and as part of a needs assessment (9 states) (see Figure 6).

Figure 6.

Attention to health and health education in ESSA State plans

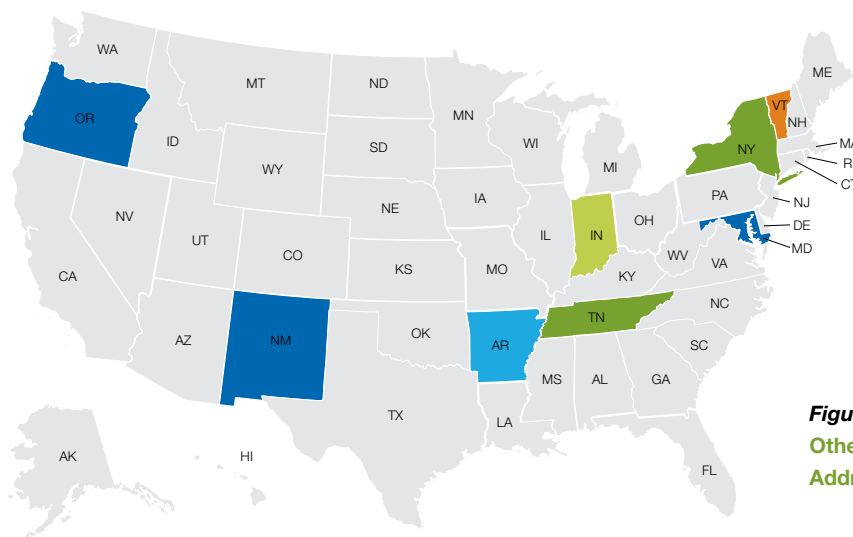
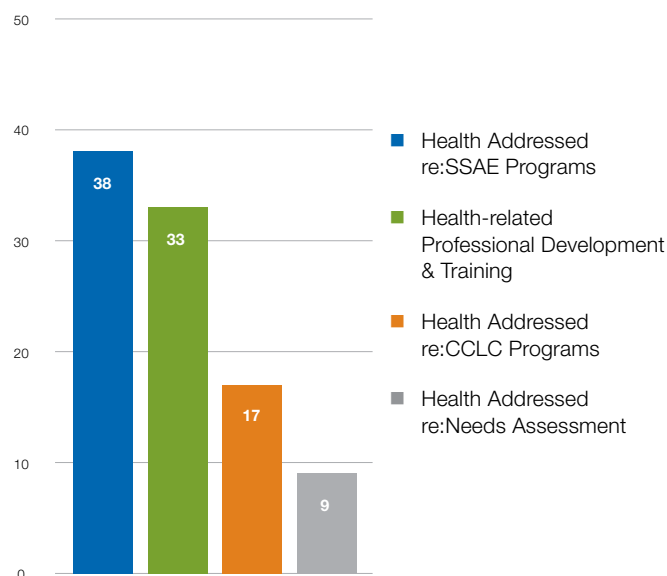


Figure 7.

Other Health-related Topics Addressed in the ESSA State plans

- Local school wellness policy (LWP) mentioned (N=3)
- School Health Index (SHI) mentioned (N=3)
- Fitnessgram mentioned (N=1)
- Both LWP & SHI mentioned (N=1)
- Both SHI & Fitnessgram mentioned (N=1)
- Not addressed (N=42)

Other Health/Wellness-Related Items

Nine states also mentioned additional provisions in their plans that are related to health and wellness items (see Figure 7).

Integrating indicators such as the School Health Index (SHI), and Fitnessgram—particularly if the state is already collecting the data—into State plans may allow for smoother implementation of health and wellness-related initiatives as it would not require additional or new procedures. Fitnessgram, for example, is a well-established, nationally recognized measure that meets the SQSS criteria for “valid, reliable, comparable” indicators and would allow for cross-state comparisons.¹¹

Do States that Prioritize Health and Wellness in their ESSA State Plan also do so in their State Laws and District Wellness Policies?

As part of this study, we also examined the extent to which states that addressed certain topics in their State ESSA plan (i.e., their indicators, and foci on health, wellness, nutrition, and physical activity-related issues) also focused on these issues in their state laws (statutory and regulatory) in these areas. In addition, for the local wellness policy measure noted below, we examined whether districts located in states that addressed local wellness policies in their State ESSA plan had wellness policies that were either more comprehensive (addressed more items) or prescriptive (more definitive requirements). Key findings include:

- **State plans and laws were consistent in their focus on PE.** Of the 44 states that addressed PE in their ESSA State plan, 43 of them addressed having a physical education curriculum in their state law and 38 addressed teaching about healthy life skills in PE.
- **For all other topics examined for this study, the patterns were not consistent between addressing the topic in the ESSA State plan and inclusion in state law.** This may suggest a lack of coordination between those who are drafting the ESSA State plan and those who are responsible for implementing the relevant state laws and/or drafting relevant state regulations. Notably, state laws do not require inclusion of such provisions in State plans; rather, inclusion in both state law (regulations) and plans could help to provide a mutually reinforcing and coordinated approach to school health issues. Future efforts should continue to examine areas where states are already engaged in implementing health/wellness related measures and provisions that could also possibly be integrated into the ESSA State plan as relevant measures of accountability and the like.
- **Using data from a nationwide wellness policy assessment,¹³ district wellness policies were more comprehensive (addressed more items) and more prescriptive (definitive requirements) in the 4 states that addressed local wellness policies as compared to the district wellness policies in states that did not mention local wellness policies in their plan.** On average, district wellness policies in states that addressed local wellness policies in their plan covered 39 percent of wellness policy topics studied, as compared to only 27 percent in districts that were located in a state that did not address local wellness policies in their plan. In states that addressed local wellness policies in their State plan, 32 percent of the district wellness policy provisions were definitively required, as compared to only 19 percent in district wellness policies located in states that did not address local wellness policies in their State plan.



State Report Cards

ESSA maintained requirements for states and school districts to report on state, school district and school performance and progress. For the 2017-18 school year, states were required to report on a range of categories, including student achievement data, performance on SQSS indicators, educator qualifications, and others. Table 2 lists the most common health-related topics identified in state report cards, including chronic absenteeism and additional topics.

Table 2.
Health and wellness-related topics mentioned in state report cards

Topic	# States	% States
Chronic Absenteeism	36	82%
School Climate	10	22%
School Engagement	5	11%
Health	5	11%
Physical Education	2	4%
Food Insecurity	2	4%
Nutrition	2	4%
Social Emotional Learning	2	4%
Staff Wellness	1	2%
Whole Child	1	2%

Opportunities for Progress

While there are clear areas where the State ESSA Plans have incorporated health and wellness-related provisions and indicators into their plans, opportunities still exist to prioritize these issues moving forward. Given that healthy students are better learners,^{3, 10} states have an opportunity to better integrate health-related issues into their plans to ensure that schools create better conditions for learning. Examples of areas where states can integrate health-related issues into their plans include:

- **Identify health and wellness-specific SQSS indicators in future updates to the plan.** States that already collect indicators such as school meal participation rates, Fitnessgram, or School Health Index data, could report on these measures rather than embarking on new, resource-intensive collection efforts.
- **Report on health-related indicators in state report cards.** While many report cards included chronic absenteeism, an important health-related indicator, there are opportunities to include other indicators. The report card acts as a communication tool between school districts and community members and is an opportunity to raise awareness and establish the school districts' priorities about health-related topics.
- **Incorporate a comprehensive 'whole child' approach that includes a broad guiding framework for health and wellness in the plan.** WSCC is one example of a guiding framework that states may want to integrate to bring attention to specific issues of the 'whole child' in their State ESSA Plan. Doing so would ensure a comprehensive and integrated approach to school health and wellness initiatives in their State plans.
- **Consider including health and wellness topics consistently throughout the plan.** Topics such as nutrition education, food insecurity/access to meals for all students regardless of the ability to pay, and physical education are areas where most states have already taken action via law, incorporating similar provisions into the plan will provide more consistency between the plan and the laws already being implemented in the states.

Methods Summary

This brief summarizes findings from a content analysis of ESSA State plans and report cards for each of the 50 states and the District of Columbia (collectively referred to as 'states'). The State plans and report cards were collected from the state education agency department websites and team coded in Atlas.ti v8 Qualitative Data Analysis Software. A coding rubric was developed to evaluate State plan/report card attention to key issues related to student health and wellness including issues related to the "whole child," nutrition, and physical activity as well as section of the plan (e.g., School Quality and Student Success). After coding, the data were linked to a state law database compiled for the RWJF *Together for Healthy and Successful Schools* policy analysis and development project, which examined state laws for components of the CDC's Whole School, Whole Community, Whole Child (WSCC) framework (full report [here](#))¹² to identify the extent to which states' attention to health and wellness issues was consistent across the plans, report cards, and state laws or if attention varied across these key policy instruments. Selected State plan data also were linked to the overall local wellness policy comprehensiveness and strengths scores compiled from districts nationwide as part of the National Wellness Policy Study.¹³



Additional Resources

- [Using State Policy to Create Healthy Schools: Coverage of the Whole School, Whole Community, Whole Child Framework in State Statutes and Regulations—Child Trends](#)
- [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 [@HERResearch](https://twitter.com/HERResearch).

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