

# PRIORITIZING HEALTH IN STATE ESSA PLANS AND REPORT CARDS TO SUPPORT THE WHOLE CHILD

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A 50-state and D.C. Chartbook  
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**Prepared by:**

Yuka Asada, PhD, RD

Anmol Sanghera

Jamie F. Chriqui, PhD, MHS



# BACKGROUND AND STUDY PURPOSE

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- The **Every Student Succeeds Act (ESSA)** was signed into law on December 10, 2015 and included considerations to support the 'whole child' and protections for disadvantaged students (1).
- ESSA created an opportunity for states to have more flexibility in creating conditions that **support student learning, including health and wellness as indicators** for student success. The law presents an opportunity for states to prioritize and fund topics related to health and wellness.
- **States were required to submit plans** to the U.S. Department of Education that included an accountability roadmap, including, but not limited to, sections for academic accountability systems, including School Quality or Student Success (SQSS) indicators, funding allocations, and professional development programs.
- Also under ESSA, **states were required to develop and disseminate statewide report cards** that included school and student performance and progress metrics (2).
- **By 2018, all state plans had been approved by the the U.S. Department of Education** and the **2017-18 school year marked the first year for implementation** of state plans.
- Few studies have examined how states have included health and wellness into their approved plans and report cards. **The purpose of this study was to understand the health and wellness provisions that were prioritized in ESSA State Plans and state report cards.**

# STATE PLAN AND REPORT CARD COMPONENTS



## STATE ESSA PLAN

ESSA plans included a number of possible sections and programs, for example:

- Title I: Accountability, Support, and Improvement for Schools (**School Quality or Student Success, SQSS**)
- Title I: Supporting Excellent Instruction (**e.g, professional development and trainings**)
- Title IV Part A: **Student Support and Academic Enrichment Grants (SSAE)**
- Title IV Part B: **21st Century Community Learning Centers (CCLC)**



## STATE REPORT CARD

States were required to publicly post a report card starting with 2017-2018 school year data.

- Report cards include metrics for state, school and student performance. States are provided flexibility on the content of the report cards.

Items in **bold** were the focus for this study

# STUDY METHODS

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- **Data Collection.** ESSA State Plans and report cards for each of the 50 states + D.C. (hereafter “states”) were collected and imported into Atlas.ti v8 Qualitative Data Analysis Software for team coding (3). Only 45 report cards were publicly available at the time of this study (spring 2019).
- **Coding Rubric.** An *a priori* coding rubric was developed based on health and wellness provisions of interest and revised with feedback from two consultants with expertise in education, ESSA, and school/student health.
  - The coding rubric categorized codes into topics (e.g., physical education) as well as by section of the state plans (e.g., School Quality or Student Success).
- **Analysis.** Two coders independently coded plans and report cards and met frequently to discuss discrepancies in coding and to apply iterative revisions to code definitions (3).
  - All plans and report cards were reviewed using key words for each topic area. Atlas.ti code-document tables and outputs were utilized to generate frequency tables for each category/provision of interest (4). All data were verified again, after coding completion, using keyword searches.

# CHARTBOOK CONTENT AREAS

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- 1 School Quality or Student Success (SQSS) indicators
- 2 Student Support and Academic Enrichment (SSAE) Program
- 3 21st Century Community Learning Center (CCLC) Program
- 4 Nutrition-related topics
- 5 Whole child-related topics
- 6 Social emotional climate and mental health topics
- 7 Physical education (PE)-related topics
- 8 Health-related topics
- 9 State report card topics
- 10 Summary and opportunities

## SECTION 1

# SCHOOL QUALITY OR STUDENT SUCCESS (SQSS) INDICATORS

# SCHOOL QUALITY OR STUDENT SUCCESS INDICATORS



ESSA required states — for the first time — to identify accountability indicators for School Quality or Student Success (SQSS) (12).

For SQSS accountability, states may include measures such as chronic absenteeism, student engagement, educator engagement, school climate and safety, and any other indicator the state chooses that meets the requirements.

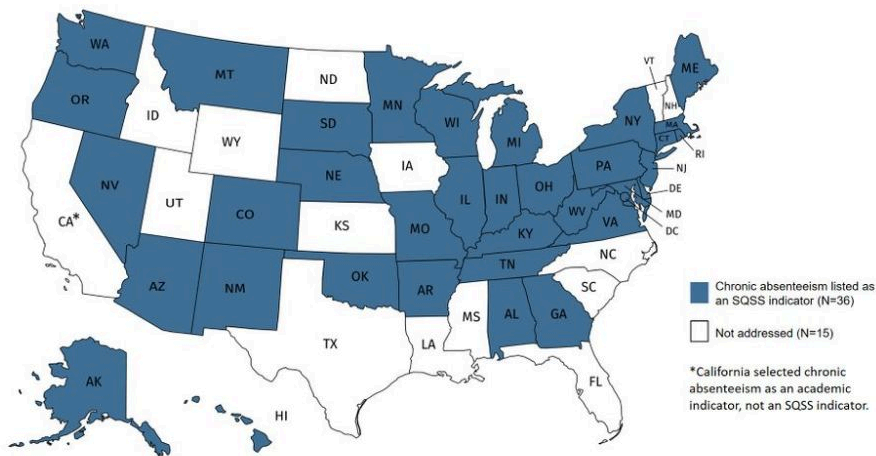
# STATE PLAN INCLUSION OF SELECTED SQSS INDICATORS

# (%) of states addressing current or future indicators

	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%)



# STATES THAT SELECTED CHRONIC ABSENTEEISM AS AN SQSS INDICATOR IN THEIR STATE PLAN



- 36 State Plans (71%) selected chronic absenteeism as an SQSS indicator
  - Chronic absenteeism was most commonly defined as missing 10% or more of a students' enrolled days in a school year.
  - This indicator is often considered a proxy for a healthy school environment, including important components such as physical and mental health.

SECTION 2

**STUDENT SUPPORT AND ACADEMIC  
ENRICHMENT (SSAE) PROGRAM**

# STUDENT SUPPORT AND ACADEMIC ENRICHMENT (SSAE) PROGRAM

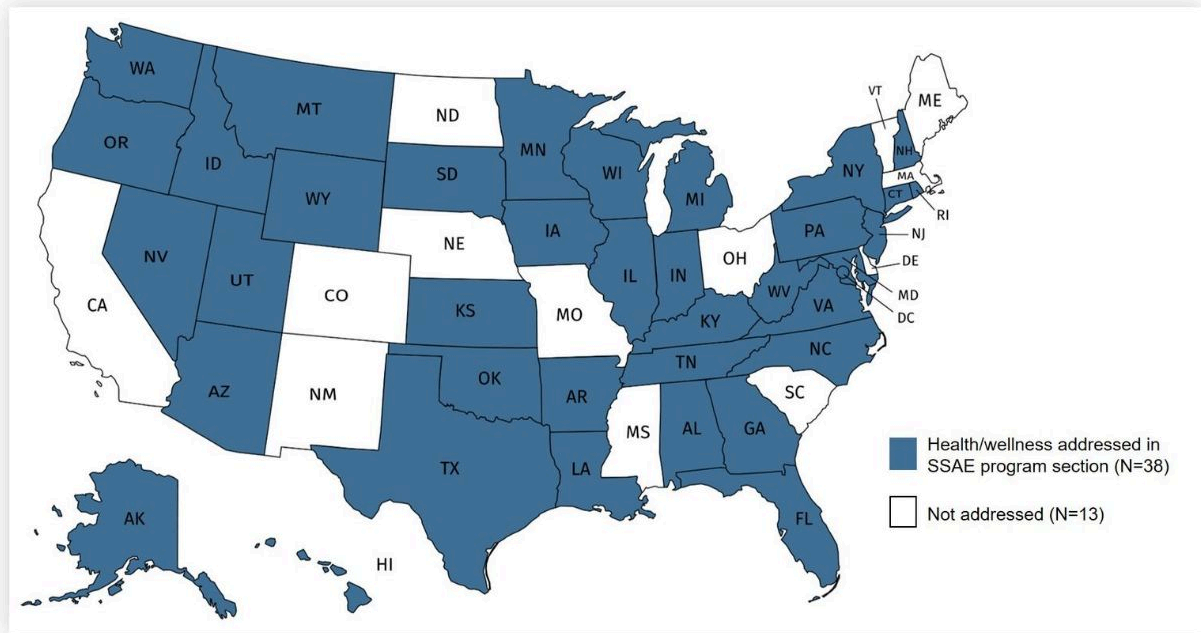


Title IV Part A: The Student Support and Academic Enrichment (SSAE) program aimed to improve and provide:

- a well-rounded education,
- safe and healthy schools, and
- effective use of technology (13).

The SSAE program provides an opportunity to fund initiatives to improve access to nutrition, health, and physical education curriculum and improve health and wellness environments, among other uses.

# 38 STATES (75%) MENTIONED HEALTH\* TOPICS IN THEIR SSAE PROGRAM SECTION



# SELECTED HEALTH/WELLNESS TOPICS MENTIONED WITHIN THE SSAE PROGRAM



	# States	% States
Health	38	75%
Social Emotional Climate and Mental Health	29	57%
School Climate	19	37%
Physical Education	18	35%
Nutrition Education	8	16%

SECTION 3

**21ST CENTURY COMMUNITY LEARNING  
CENTER (CCLC) PROGRAM**

## 21ST CENTURY COMMUNITY LEARNING CENTER (CCLC) PROGRAM



Title IV Part B: The 21st Century Community Learning Center (CCLC) Program focuses on academic achievement and enrichment opportunities during non-school hours\* for high poverty and low-performing schools (13).

In addition to core academic subjects, funds can be used for enrichment opportunities that complement learning. States can use this opportunity to fund health and wellness-related programs, such as nutrition, physical activity, and counseling programs for non-school hours.

\*Includes before school, after-school, and summer learning programs

Health/wellness addressed in CCLC program section (N=37)

Not addressed (N=14)



# SELECTED HEALTH/WELLNESS TOPICS MENTIONED IN THE CCLC PROGRAM



	# States	% States
Family Engagement	24	47%
Health	17	33%
Social Emotional Learning	16	31%
Nutrition	14	27%
Physical Education	14	27%
Health Education	8	16%
School Climate	6	12%
Whole Child	4	8%

SECTION 4

**NUTRITION-RELATED TOPICS  
IN STATE ESSA PLANS**

# NUTRITION-RELATED TOPICS



**Sound nutrition plays a critical role in promoting student health and academic achievement (5).**

States can address the nutritional health of students by addressing nutrition-related topics, such as healthy school meals, nutrition education, and food insecurity.

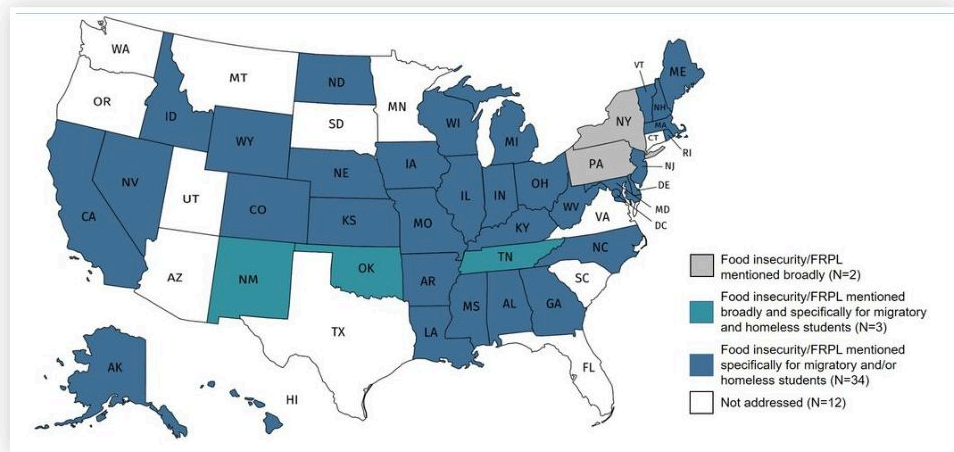
Several states mentioned nutrition as an important part of promoting healthy lifestyles and academic achievement.

Map of the United States showing the distribution of nutrition mentions by state. The legend indicates three categories:

- Nutrition mentioned broadly (N=40): Dark blue
- Nutrition mentioned in training and development (N=9): Teal
- Not addressed (N=2): White

States included in the map: WA, OR, ID, MT, ND, MN, WI, MI, NY, VT, ME, NH, MA, CT, RI, NJ, DE, MD, DC, PA, OH, WV, VA, NC, SC, GA, FL, AR, MS, AL, TN, KY, IL, IN, IA, NE, KS, OK, NM, CO, UT, AZ, NV, CA, AK, HI, TX, MO.

# FOOD INSECURITY ISSUES MENTIONED IN ESSA STATE PLANS



- **39 State Plans (76%) addressed food insecurity**
  - Two State Plans (4%) addressed issues of hunger.
  - 37 State Plans (73%) indicated that homeless and/or migratory students would be provided access to free meals or Child Nutrition Programs or addressed food insecurity for these populations broadly (e.g., access to food banks).

## SECTION 5

# WHOLE CHILD-RELATED TOPICS IN STATE ESSA PLANS

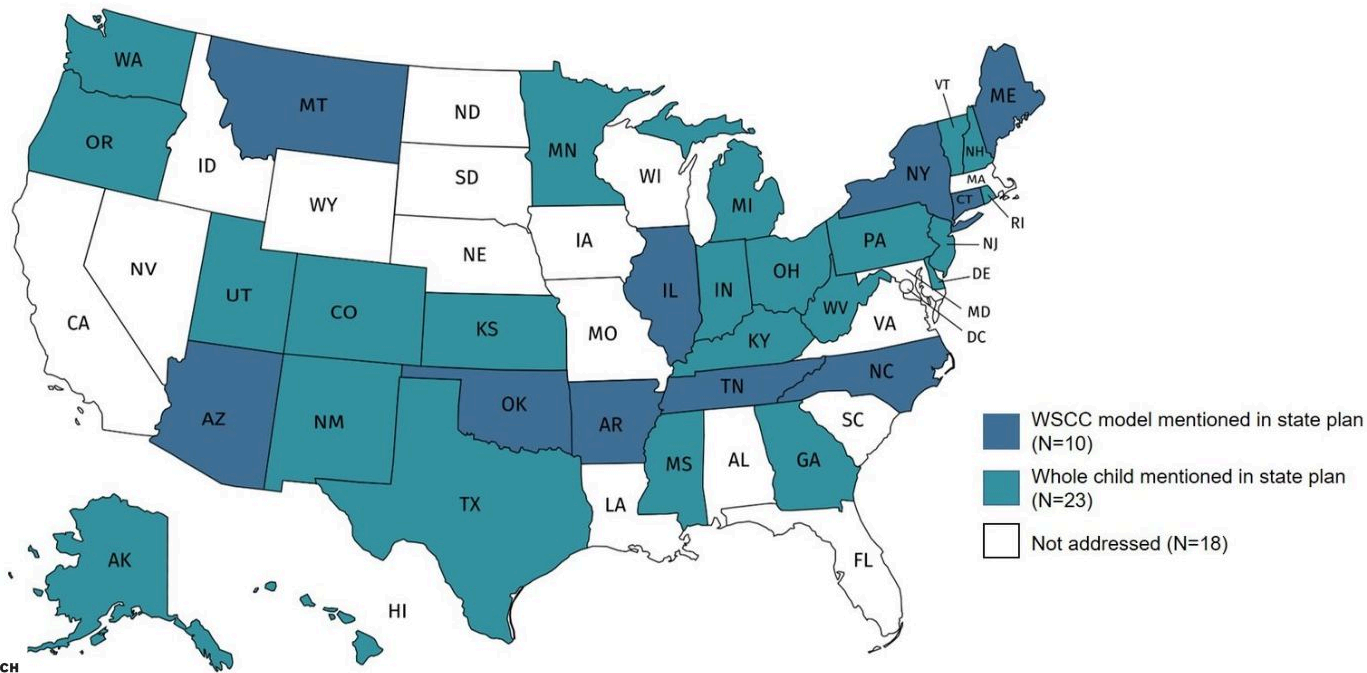
# WHOLE CHILD-RELATED TOPICS

## ESSA recognized the need to provide 'well-rounded and supportive education.'

A consideration for supporting the 'whole child' includes health and wellness as key provisions. States can use the **“Whole School, Whole Community, Whole Child (WSCC)”** model developed by the Centers for Disease Control and Prevention and the ASCD (6). The WSCC model integrates ten components, including health education, physical education and physical activity, and nutrition environment and services, among other topics.



# 33 (65%) OF THE STATE PLANS MENTION THE WSCC FRAMEWORK OR THE “WHOLE CHILD”





# WHOLE CHILD TOPICS MENTIONED IN ESSA STATE PLANS

**10 STATE  
PLANS (20%)  
MENTIONED THE  
WSCC MODEL**



10 State Plans (20%) mentioned 'whole child' topics in state training and professional development.



7 State Plans (14%) mentioned taking a "whole child" approach as part of the state needs assessment.

## SECTION 6

# SOCIAL EMOTIONAL CLIMATE AND MENTAL HEALTH-RELATED TOPICS IN STATE ESSA PLANS

# SOCIAL EMOTIONAL CLIMATE AND MENTAL HEALTH-RELATED TOPICS

## Focusing on social emotional climate and mental health are key to ensuring student success.

States can address social emotional climate and mental health in their ESSA Plans alone or as part of a comprehensive 'whole child' or WSCC approach (7). A focus on these areas goes beyond traditional academic measures and may include initiatives that address positive social emotional climate and mental health, including trauma-informed approaches.



# SOCIAL EMOTIONAL CLIMATE AND MENTAL HEALTH-RELATED TOPICS MENTIONED IN ESSA STATE PLANS

**48 STATE PLANS (94%)  
MENTION SOCIAL  
EMOTIONAL CLIMATE  
AND MENTAL HEALTH**

States included a range of topics within this broad topic of social emotional climate and mental health including school climate and trauma-informed approaches.



**41 State Plans (80%) mentioned training and development resources to support social emotional climate and mental health programs and initiatives.**



**29 State Plans (57%) mentioned social emotional climate and mental health topics in the Student Support and Academic Enrichment (SSAE) program.**

SECTION 7

**PHYSICAL EDUCATION-RELATED  
TOPICS IN STATE ESSA PLANS**

# PHYSICAL EDUCATION-RELATED TOPICS



**Physical activity is associated with better attendance, cognitive performance, and classroom behaviors among students (8).**

States can ensure that schools provide a high quality physical education (PE) curriculum and help students to achieve 60 minutes of daily physical activity by including PE training and development, as well as SQSS indicators, in their ESSA Plans (9).

# PHYSICAL EDUCATION-RELATED TOPICS MENTIONED IN ESSA STATE PLANS

**44 STATE  
PLANS (86%)  
MENTIONED PE**

States mentioned PE relative to training, needs assessment, SQSS indicators, and as part of the SSAE and CCLC programs.



12 State Plans (24%) mentioned providing training and development resources to support physical education.



6 State Plans (12%) included PE-related SQSS indicators such as access to PE curriculum, enrollment in PE, or performance in PE.

**SECTION 8**

**HEALTH-RELATED TOPICS  
IN STATE ESSA PLANS**



# HEALTH-RELATED TOPICS

## Healthy students are better learners (8, 10).

States can address the health of their students to ensure they create the best conditions for learning. Health education is also an important subject that is part of a 'well-rounded' curriculum and can prepare students to develop health literacy and lifelong healthy habits (11).



# HEALTH-RELATED TOPICS MENTIONED IN ESSA STATE PLANS

## ALL STATE PLANS MENTIONED HEALTH IN SOME WAY

States mentioned health relative to health education, training, needs assessment and as part of the SSAE and CCLC programs.

- **33 State Plans (65%) mentioned providing training and professional development for health-related issues.**
  - *For example, Idaho's Plan states: "The ISDE will support LEAs in directing their Title IVA allocations to provide equitable access to a well-rounded education....subjects could include....health." p90*
- **3 State Plans (6%) listed health education as an SQSS indicator** including health education curriculum and performance in health education.
  - *Kentucky, Maryland, and Vermont listed health education as an SQSS indicator.*

# OTHER HEALTH/WELLNESS-RELATED TOPICS MENTIONED IN STATE PLANS

States and locations in state plans where other health/wellness items were found

- **Local Wellness Policies**

- AR: Title I Part A School Conditions
- MD: Title I Family Engagement Plan
- NM: Title I Part A School Conditions
- OR: Title I Part A School Conditions

- **School Health Index\***

- AR: Title I Part A School Conditions
- IN: Title IV Part A SSAE
- NY: Title IV Part A SSAE
- TN: Title I “All Means All”

- **Fitnessgram\*\***

- IN: Title IV Part A SSAE
- VT: Title I SQSS

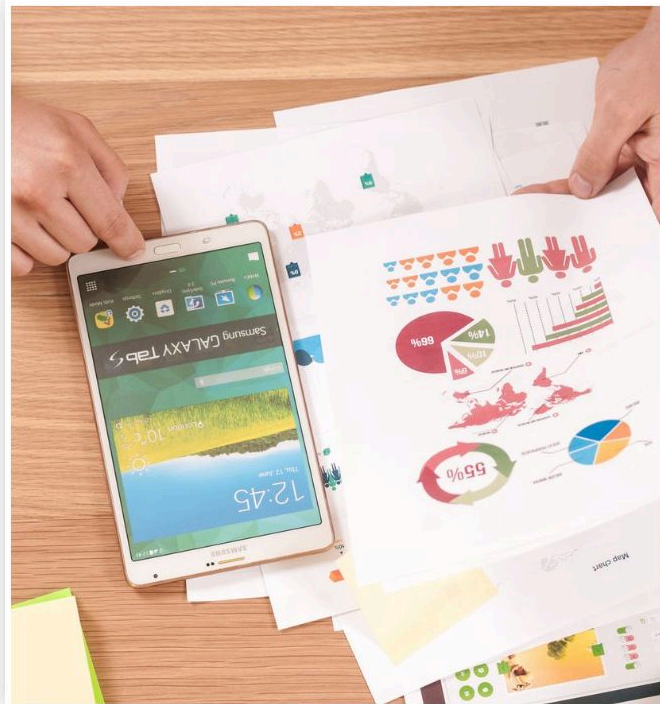
\*School Health Index: an online self-assessment and planning tool to improve health and safety policies and programs (16).

\*\*Fitnessgram: an assessment measuring student fitness levels (17).

SECTION 9

**STATE REPORT CARD TOPICS RELATED  
TO HEALTH AND WELLNESS**

# STATE ESSA REPORT CARDS



ESSA maintained requirements for states and school districts to report on state, school district and school performance and progress (15).

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.

ESSA allowed flexibility for report card formats; states posted a wide range of dashboards and visual displays to report their performance and progress.



# SELECTED HEALTH/WELLNESS-RELATED TOPICS MENTIONED IN ESSA STATE REPORT CARDS



## 2017-18 Rhode Island State Report Card

Number of Schools  
(2017-18 School Year)

332

School Counts By Grade Level

PK Only	7
PK-3/Elementary	40
PK-3	5
Elementary	144
Elementary/Middle	2
Elementary/Secondary	3
Middle	53
Secondary	66
Other	10
Ungraded	2

Rhode Island Department of Elementary and Secondary Education  
Ken Wagner, Commissioner

The Rhode Island Department of Education must release an annual State, District and School report card as required by the Every Student Succeeds Act (ESSA). The Every Student Succeeds Act (ESSA) is the most recent version of the Elementary and Secondary Education Act (ESEA)—the nation's major federal law related to public education in grades pre-kindergarten through high school. Passed in December 2015, ESSA continues and greatly expands upon the previous requirement that both SEAs (states) and LEAs (local districts). State and local report cards include information about public schools related to a wide variety of student and school performance metrics, accountability, per-pupil expenditures, and educator qualifications, as well as any other information that the SEA or LEA deems relevant.

Number of Students  
(On October 1, 2017)

142,949

Number of Educators  
(On October 1, 2017)

14,259

	# States	% States*
Absenteeism**	36	82%
School Climate	10	22%
Student 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%

\*out of 45 states which a report card was obtained

\*\*ESSA required states to report on chronic absenteeism as part of the report card

# **SUMMARY AND OPPORTUNITIES**



# SUMMARY OF FINDINGS

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- Chronic absenteeism was the leading SQSS indicator selected by states for their state plans. However, few states included other health and wellness-related topics as SQSS indicators in their state plans.

Notably, states mentioned future considerations for accountability indicators, such as school climate, social emotional learning, and physical education.

- Chronic absenteeism also was the leading indicator reported in state report cards.

While state plans included mentions of nutrition, food insecurity, social emotional climate and mental health, and others, most of these topics were not included in report cards.

- Food insecurity was most commonly addressed for homeless and migratory student populations.

Few states described issues and initiatives to address food insecurity for ALL students; the vast majority focused on homeless and/or migratory students.

- Few states included health-focused frameworks such as WSCC in their state plan.

While many states utilized frameworks (i.e., theory of change) in their state plans, few mentioned existing health frameworks, such as WSCC, that offer a comprehensive approach to addressing health and wellness in schools.

# OPPORTUNITIES MOVING FORWARD

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- **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. 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.

- **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.

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The state maps included herein were created using <https://mapchart.net>.

# AUTHOR INFORMATION AND SUGGESTED CITATION

## Author Information

- **Yuka Asada, PhD, RD**, is a Research Specialist in the Institute for Health Research and Policy (IHRP) at the University of Illinois at Chicago (UIC).
- **Anmol Sanghera** is an MPH candidate at the UIC School of Public Health (SPH) and is a Research Assistant at IHRP.
- **Jamie F. Chriqui, PhD, MHS**, is a professor of Health Policy and Administration in the UIC SPH and she co-directs the Health Policy Center in IHRP.

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