

The Landscape of Federal K-12 School Health Efforts

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Child **TRENDS**



The health of students and staff is central to their abilities to learn and teach, but health is often considered on the periphery of the education system. To improve student and staff health, particularly for those who have faced systemic inequities, we aim to fundamentally shift how school health is integrated and supported in policies and programs at all levels.

Whole School, Whole Community, Whole Child Framework (WSCC)



State Policies that Support Healthy Schools

School Year 2019-2020

Deborah Temkin, Elizabeth Plekarz-Porter, Kristy Lao, Brissa Nuñez, Heather Steed, Victoria Stuart-Cassel, & Jamie F. Chriqui

Introduction

In 2019, Child Trends partnered with the Institute for Health Research and Policy of the University of Illinois Chicago (UIC-IHRP), EMT Associates, Inc., and the National Association of State Boards of Education (NASBE) to publish the *first comprehensive policy analysis* to explore codified state statutes and regulations covering each of the 10 domains of the Whole School, Whole Community, Whole Child (WSCC) framework for healthy schools (see Figure 1). This brief and attached state profiles serve as an update to that seminal analysis, focusing on changes in policies that occurred from September 2017 (as covered in the prior report) to September 2019 and expanding our assessment of state policies to include those that do not appear in codified statutes and regulations (i.e., noncodified State Board policies, guidance documents, etc.).

Figure 1. The Whole School, Whole Community, Whole Child Model. Source: The Centers for Disease Control and Prevention

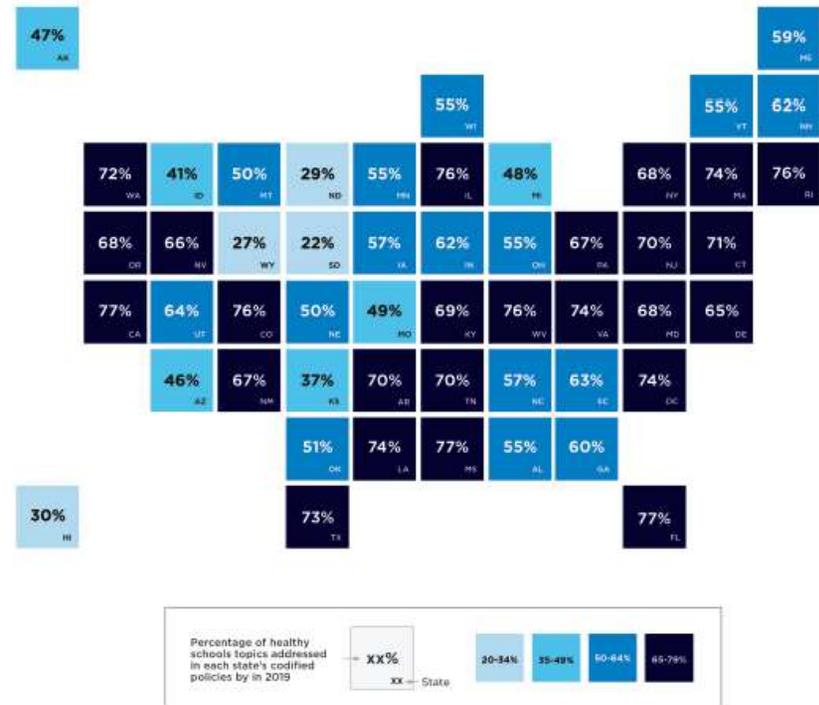


As indicated in our initial report, state policymakers increasingly recognize the inherent role that schools play in promoting students' physical, mental, and social health, and all states cover at least some healthy schools topics in codified statutes and regulations. However, such coverage varies considerably across states. In 2017, 30 states and the District of Columbia had either broad coverage (covering at least one third of topics in at least eight domains) or deep coverage (covering at least two thirds of topics in at least six domains), and 20 states had either limited coverage (covering one third, or less, of topics in three to five domains) or weak coverage (covering one third, or less, of topics in six or more domains) of the WSCC domains.

However, neither our original analysis nor this updated version address whether covering any specific topic in policy is effective for improving student outcomes, nor do they address whether having broader or deeper coverage of the WSCC is more effective; these are areas for future study. Wherever possible, we grounded our coding in model policies and other guidance from federal and other nongovernmental sources, as well as in the empirical research literature, to identify policies that would be most supportive of students' health. Although some key policies (e.g., [nutrition](#) and [physical education](#) requirements) have strong



Figure 2. Percentage of healthy schools topics addressed in each state's codified policies in 2019



Source: NASBE State Policy Database on School Health (2021) - statepolicies.nasbe.org/health

The current landscape of school district and charter policies that support healthy schools

School Year 2017-18

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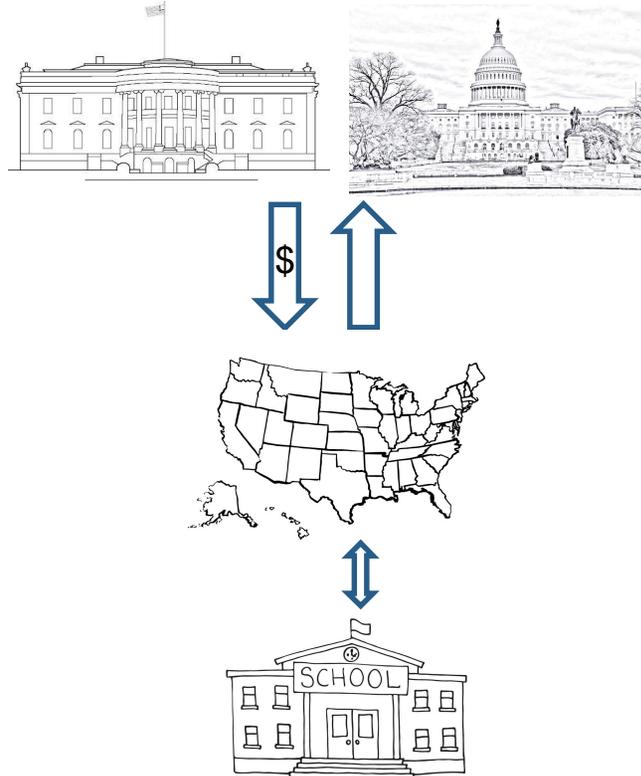
October 2019

Figures 2.1a and 2.1b. Breadth and depth of state law (left) and district policies (right) across WSCC domains



These maps show the extent to which state laws and district policies within the 20 selected states (2.1b) have [★] deep (state panel: 0, district panel: 1), [■] broad (state panel: 13, district panel: 8), [▲] limited (state panel: 5, district panel: 11), or [●] weak (state panel: 2, district panel: 0) coverage of the 10 Whole School, Whole Community, Whole Child domains. States shown in gray were excluded from this analysis.

The Federal Role in School Health



Research Questions



What federal agencies support school health initiatives and how do they work together?



How do federal school health efforts advance the WSCC?

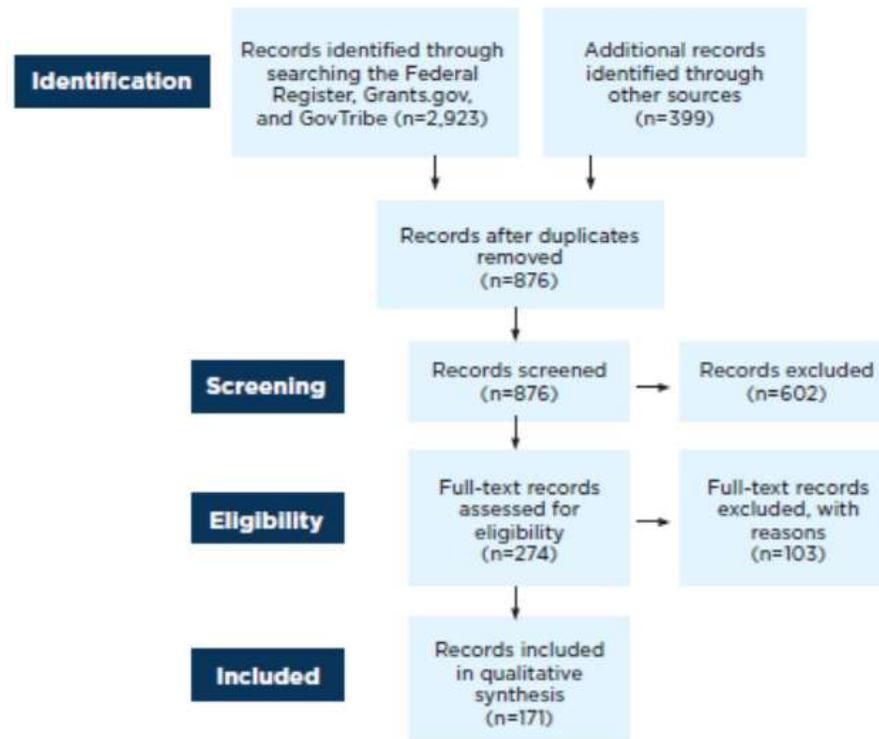


How do federal school health efforts focus on groups that have faced systemic barriers in health and education?

Types of federal supports

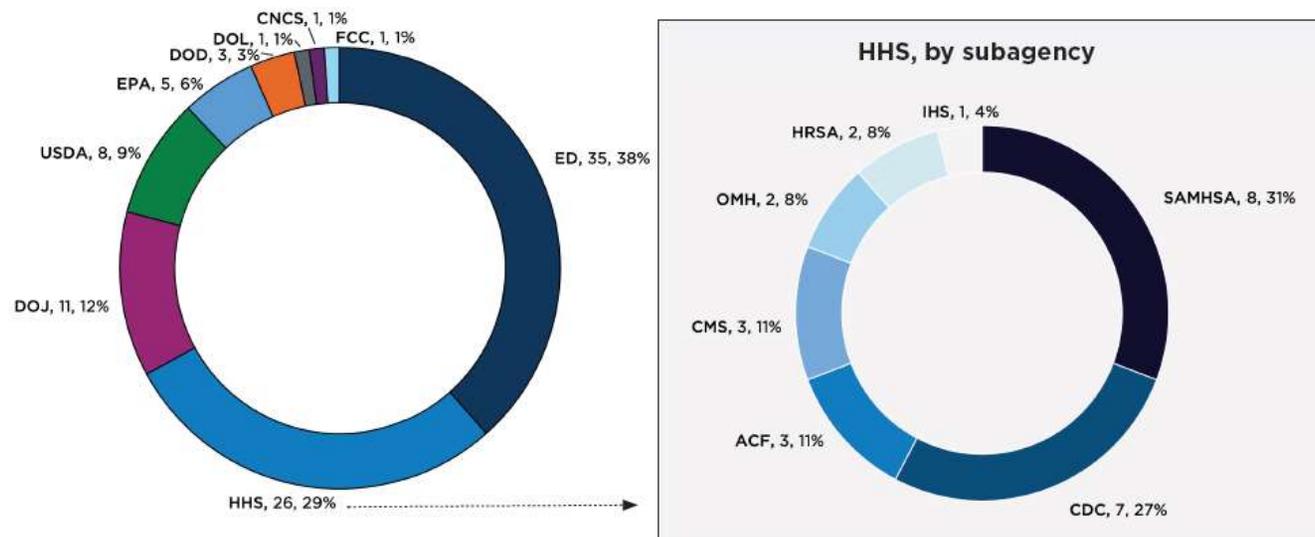
- *Formal interagency collaborations*
- *Formula grant programs*
- *Discretionary grant programs*
- *Technical assistance efforts*

PRISMA Chart

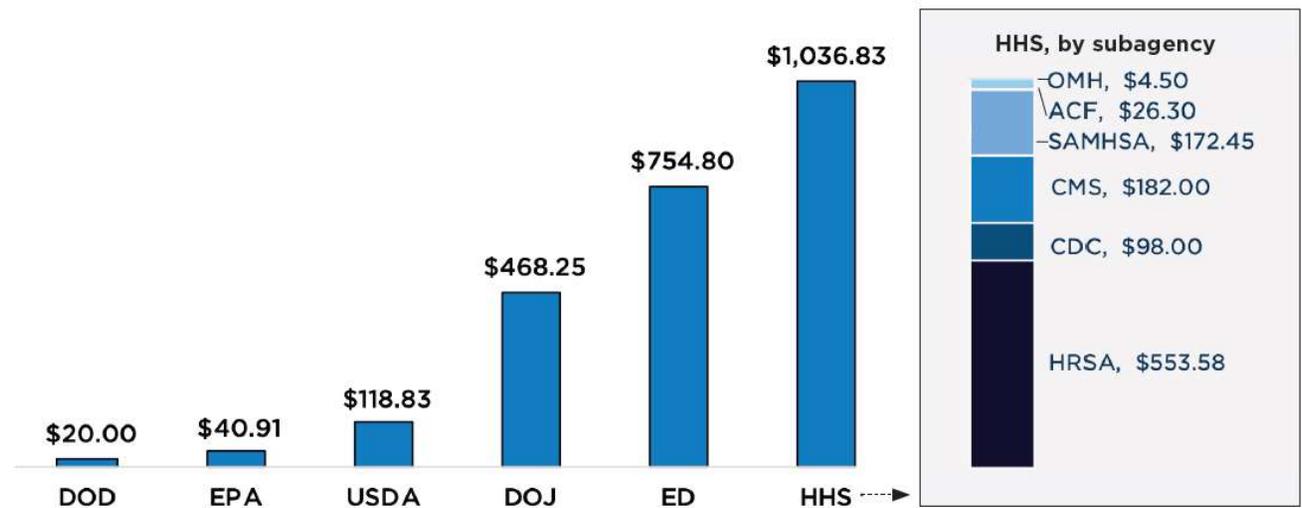


What federal agencies support school health?

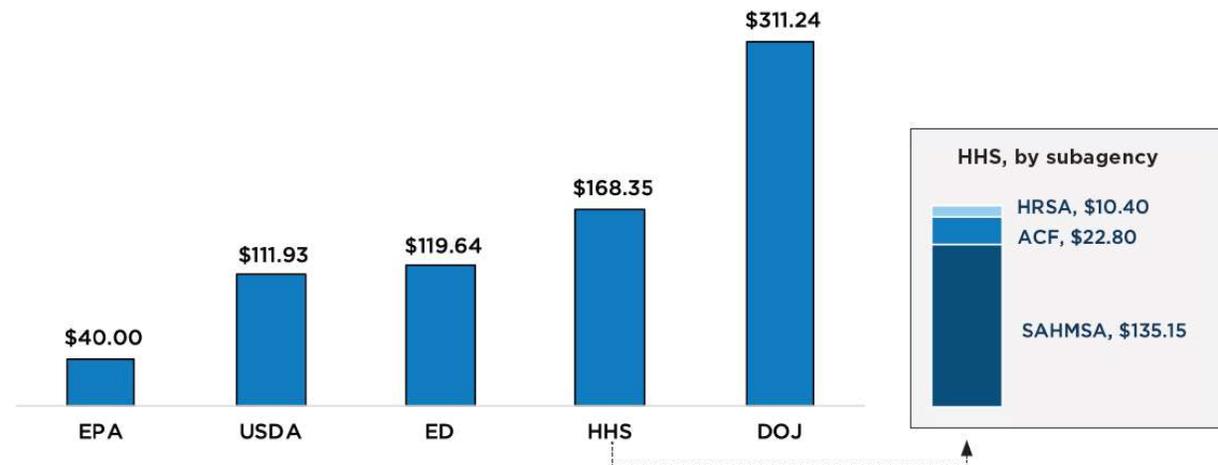
Figure 3. Discretionary Grant Programs Related to School Health by Federal Agency



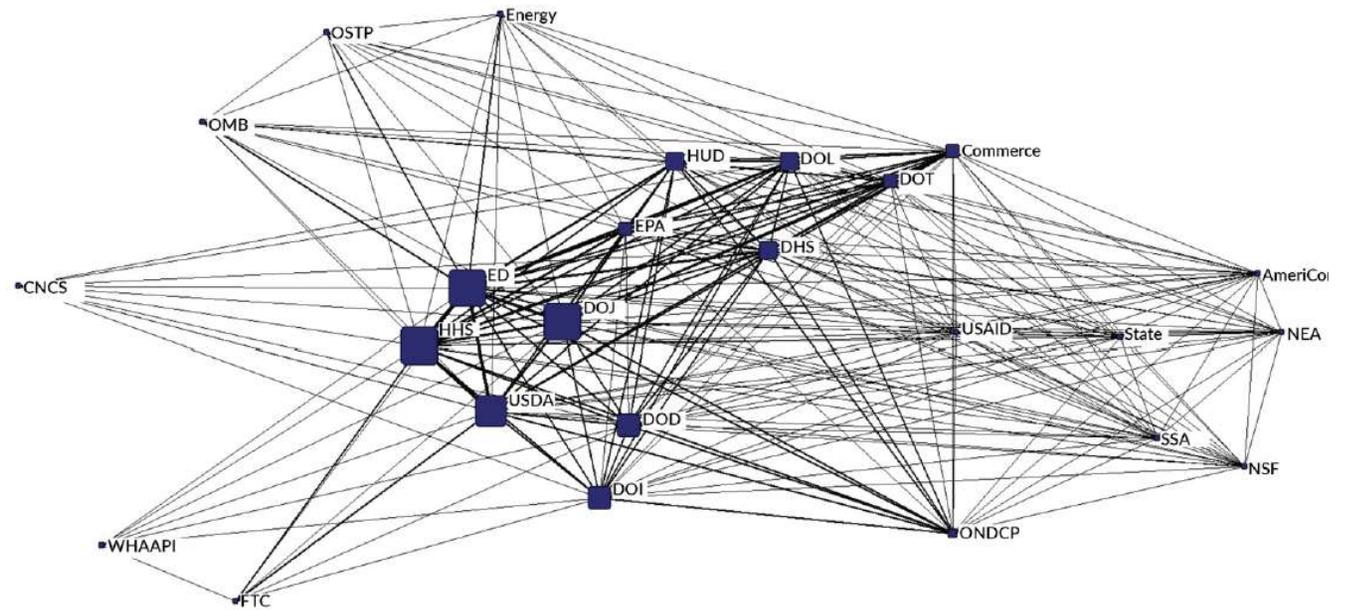
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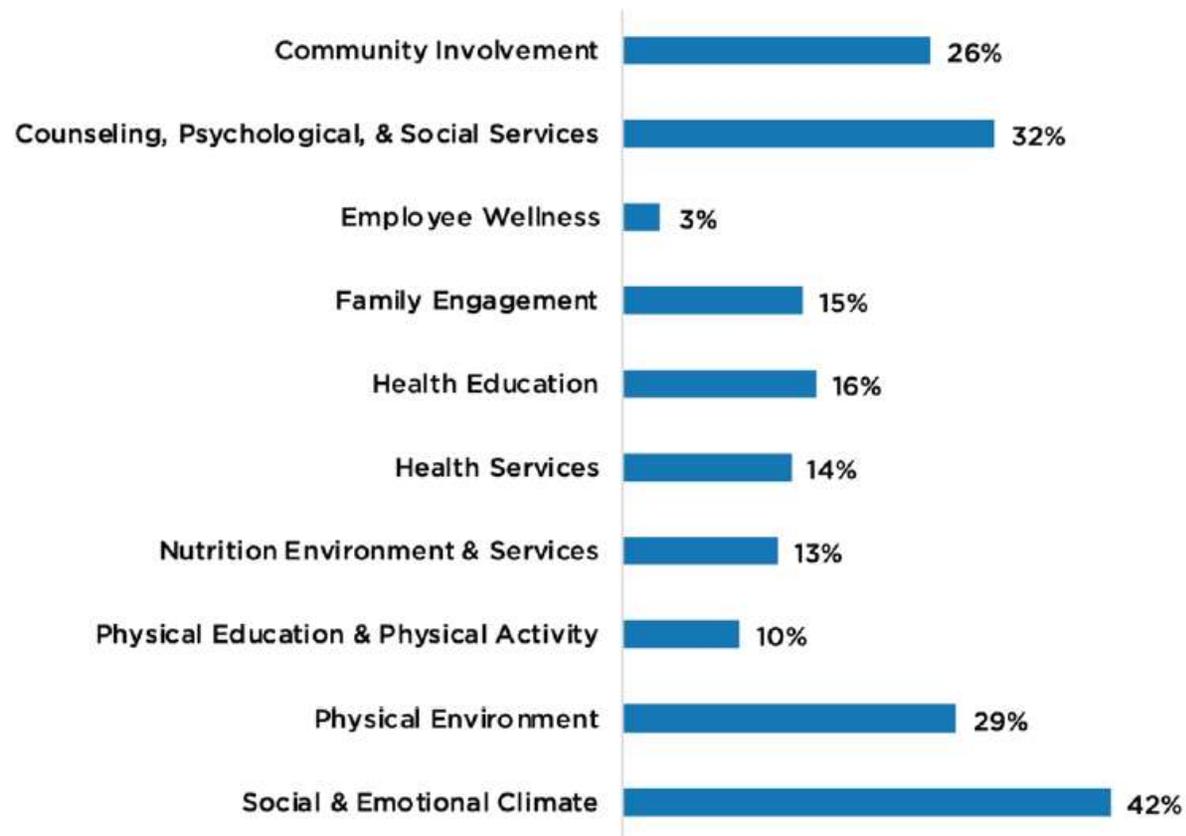
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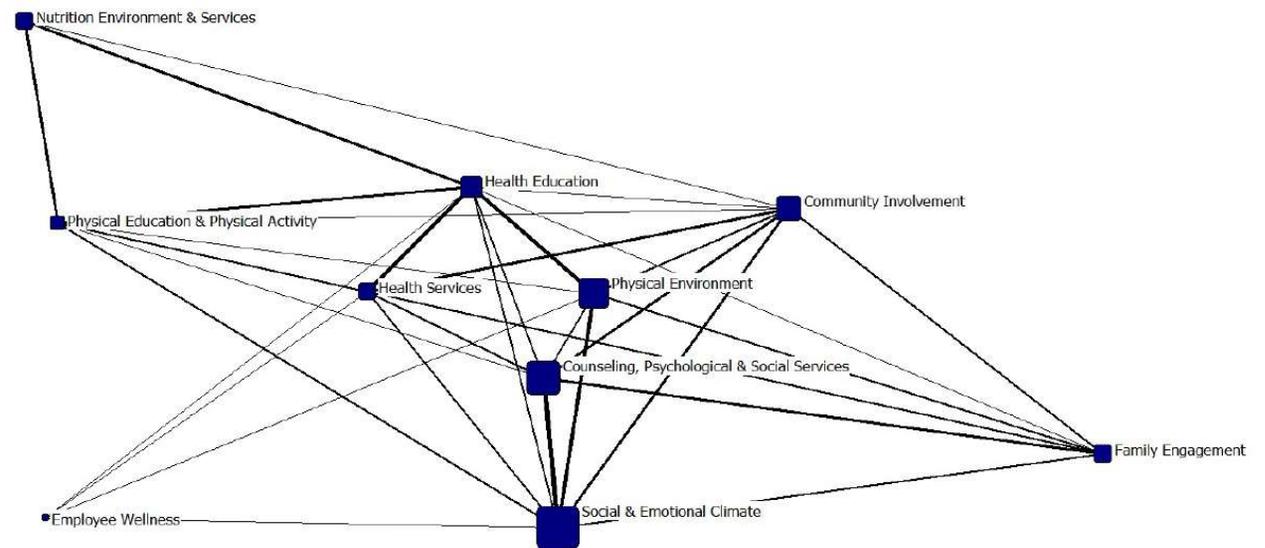
How do federal agencies work together?



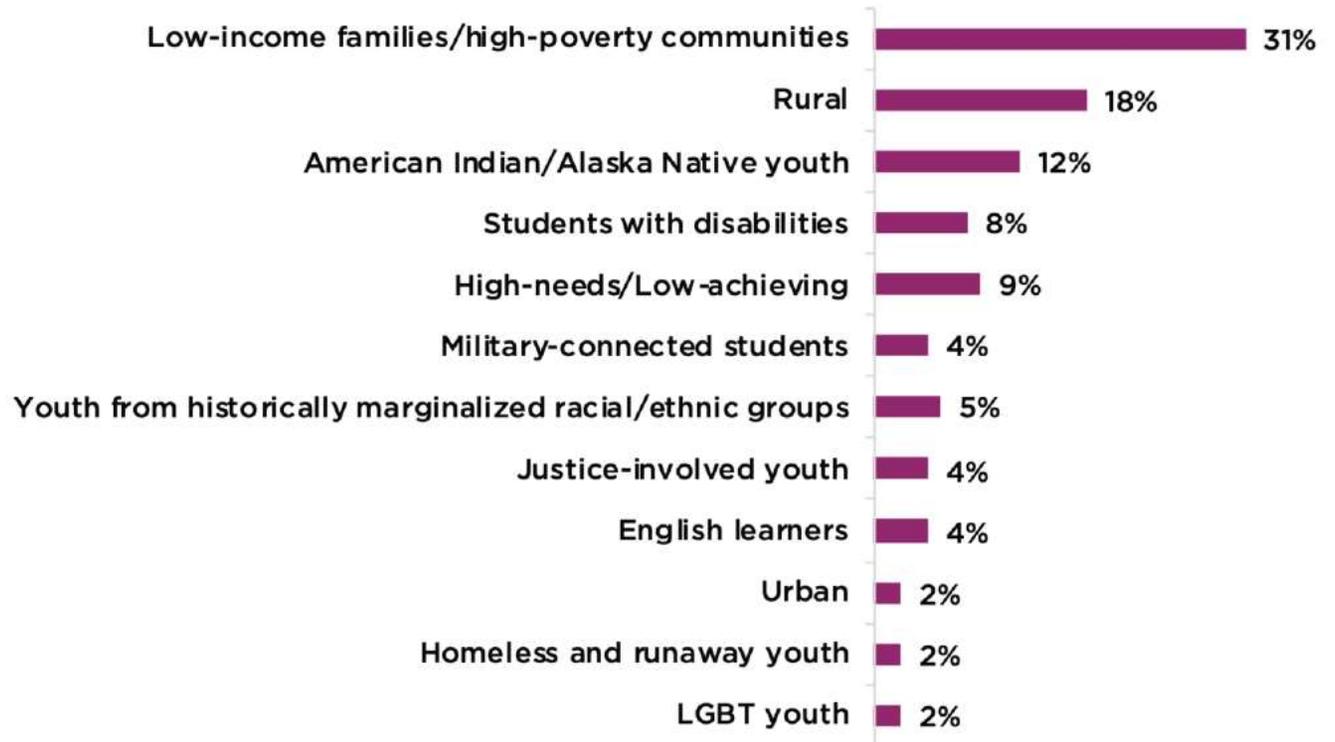
How do federal efforts advance the WSCC?



How do federal efforts advance the WSCC?



How do federal school health efforts focus on groups that have faced systemic barriers in health and education?



Summary

- The U.S. Departments of Education (ED), Health and Human Services (HHS), and Justice (DOJ) each play a central role in federal school health efforts.
- Existing school health-related interagency collaborations lack representation from all relevant agencies.
- Federal efforts to support students' physical health are largely siloed from those focused on broader elements of school health, such as social and emotional climate.

Summary (continued)

- Few federal school health efforts include a focus on employee wellness.
- Federal school health efforts that make an effort to reach students who face systemic barriers to health and education are limited.

Where we are, where we need to go

- Across federal, state, and local school health efforts, consistent lack of coordination across domains
- Employee wellness largely overlooked as a key factor in school health
- Equity needs to be at the center of school health efforts

Thank you!

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