

Healthy and Ready to Learn: Recommendations for the Next Administration

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Executive Summary

We can create a better future for our children and our nation by improving health in schools. The next President of the United States has the opportunity to support states, school districts and communities in creating the conditions of student health and wellness and giving all children a chance for a healthy, brighter tomorrow.

Educators know that healthy students are better prepared to learn and succeed in school. Yet current health and education policy misses several simple, vital opportunities to boost academic success through health promotion and school wellness. The nation's children are struggling academically and could become the first generation to live shorter and less healthy lives than their parents.

The nation must leverage the power of school wellness to boost learning and help children develop healthy habits that will be of value for a lifetime.

A healthier school environment is one that supports students' wellbeing and health, building a foundation for learning. In this environment, good nutrition, physical activity, basic safety, clean air and water, access to care, and education about making healthy choices allow students to thrive. In a healthy school, students learn—through lessons and through example—to value their own health and that of the environment.

The following recommendations will support schools in creating conditions for improved school wellness and student health.

- **School Health Providers in Every School:** Ensure that all students have access to physical and behavioral health services they need to be in school and ready to learn.
- **Every Student Succeeds Act (ESSA):** Support implementation of ESSA in a way that supports student health and wellness.
- **Healthy and Green Schools:** Ensure all schools are able to support student health and learning while preserving the environment.
- **Access to Healthy School Food:** Ensure all students have access to healthy and nutritious meals by fully implementing the Healthy and Hunger Free Kids Act of 2010.

Healthy Schools Campaign (HSC), an independent not-for-profit organization, is a leading authority on healthy school environments and a voice for people who care about our environment, our children and education.

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About Healthy Schools Campaign

Healthy Schools Campaign (HSC), an independent not-for-profit organization, is a leading authority on healthy school environments and a voice for people who care about our environment, our children, and education. HSC advocates for policies and practices that allow all students, teachers and staff to learn and work in a healthy school environment. Since beginning as a local project in Chicago in 2002, HSC has grown into a vibrant national organization with diverse

strategic partnerships and effective outreach to schools, communities, and policy makers. As HSC works for policy and systems change, it continues to pioneer new strategies through a special focus on Chicago schools and the district's low-income and minority students. HSC co-convenes the National Collaborative for Education and Health, a multi-sector collaboration to create systems that support schools in creating the conditions of student health and wellness.

Healthy and Ready to Learn: Background

The Challenge

A student who is malnourished, unable to hear and see adequately, or living with an unmanaged health condition may have more problems concentrating in class and miss more school days than a healthy student. Health issues are more than mere distractions for students. They are potentially confounding factors to academic achievement, impairing students' ability to fully participate in school. This is not only true for students with health challenges, but also for healthy students who are expected to perform in unhealthy school settings that do not allow adequate access to basics such as physical activity, health services, quality indoor air conditions, healthy food and drinkable water. Healthy students are expected to maintain their health and academic status in spite of these conditions. The challenge is even greater for students with health challenges, who struggle to attend school every day, absorb increasingly complex information, demonstrate proficiency in that information and move to the next level. This is a setup for failure. Unless the challenges plaguing our school environments and our children's health are addressed, efforts to improve academic performance and to close the achievement gap will be compromised.

Over the past few decades, the prevalence of chronic diseases among schoolchildren has doubled from one in eight children to one in four. In addition, as described below, significant health disparities exist. When these and other health problems continue unmanaged, students are more likely to fall behind in school and lose opportunities for learning. That's why one-third of children with hearing problems, for example, have to repeat grades and why children who are overweight or obese struggle with lower grades and test scores. It's also why students with unaddressed mental health issues are nearly three times more likely to drop out and why students with severe asthma miss about eight school days per year. These consequences are not only limited to students' school years. Absences and poor performance can curtail students' potential through high school and into adulthood. Adults with higher

educational attainment report better health status than those with lower education levels.

Many of the health disparities that affect learning have a disproportionate impact on low-income African-American and Latino students, signaling health disparities as a possible catalyst of the academic achievement gap. For example, 32.5 percent of African American children and 38.9 percent of Hispanic children are overweight or obese compared to 28.5 percent of Caucasian children. In addition, untreated dental caries are nearly twice as prevalent in Hispanic children (26 percent) compared to non-Hispanic white children (14 percent) and are more than twice as prevalent for non-Hispanic black adolescents (25 percent) compared with non-Hispanic white adolescents (9 percent) aged 13-15.¹

Additionally, the schools that low-income and minority children attend often maintain less healthy settings for learning. Schools in low-income communities tend to have poorer air quality, less access to physical activity, higher exposure to environmental toxins and less access to healthy foods and water during the school day. Such environments are challenging settings for learning even for healthy students but more so for students with health conditions. Addressing these disparities in school conditions and student health could help close the achievement gap. Ignoring health issues, or regarding them as outside the scope of educational priorities, could undermine efforts to improve academic performance. Addressing the dual challenges of poor health and poor academic performance in these groups will give all children—regardless of ethnic or economic background—better opportunities for health and education.

The Vision

Schools are the ideal setting for combining national health and education goals for all children. Children and adolescents spend more time in schools than in any other environment outside of their homes. They also form foundational health habits during their school

¹ Basch, E., Charles. (2010). Healthier students are better learners: A missing link in school reforms to close the achievement gap. *Equity Matters*, 6, 4-107.

years. By emphasizing school health and wellness, federal agencies can support both the health and education sectors in fulfilling their goals.

School health and wellness includes more than occasional health fairs, classes and on-site services. While those efforts are important, they often occur too sporadically with too-limited resources to make a lasting impact on student health and related academic challenges. To improve poor health outcomes and academic performance, health and wellness must be emphasized in schools' policies, practices and programs. A healthy school environment builds on health and wellness as a foundation for learning. In this environment, good nutrition is discussed in class and available in the cafeteria; physical activity is seen as an enhancement of learning, not a distraction from it. The school's design and daily operations avail a safe environment with clean air and water. Health services are readily accessible. Each day, students are encouraged to make healthy choices that propel them to thrive academically. In a healthy school, teachers are provided with professional development related to students' physical and emotional development, and the school infuses health and wellness into math classes, science lessons, lunch periods and everything in between, including reward systems and classroom management strategies. In a healthy school, parents are seen as partners with teachers and others to help students engage in health-promoting behavior so they can be in school, ready to learn. Health must be regarded as a foundational factor that can either advance or confound academic performance, especially as it relates to closing the achievement gap.

Cultivating health and wellness in schools will require leadership and commitment at many levels, from classrooms to national policy.

To support student health and school wellness, Healthy Schools Campaign is providing the next administration with recommendations for increasing student access to comprehensive and coordinated health services; integrating student health and school wellness into the Every Student Succeeds Act; ensuring that school facilities support student and staff health and wellbeing; and providing students with access to healthy and nutritious meals. This will require federal leadership to catalyze local change in school districts across the country. It will also require collaboration across multiple agencies including the U.S. Department of Education (ED), U.S. Department of Health and Human Services (HHS), U.S. Environmental Protection Agency (EPA), U.S. Department of Agriculture (USDA), U.S. Department of Housing and Urban Development and U.S. Department of Justice.



Opportunity for Action: School Health Providers in Every School

HSC calls on the next administration to ensure that every student has access to health services they need to remain in school and be ready to learn.

Background

Increasing access to school health providers is an important strategy to reach vulnerable and underserved children and support children's health and academic achievement.^{2,3} School health providers include physicians, nurses, social workers, psychologists and others who work directly for the school or who are serving schools through school based health centers or other partnerships with local health providers. This is especially critical given that the prevalence of chronic diseases including asthma, obesity and diabetes has doubled among children over the past several decades.⁴ Today, one in four American children has a health issue that affects the ability to succeed in the classroom, double the number just 30 years ago.⁵ In addition, one in five children experiences a mental or behavioral health disorder such as ADHD, anxiety, depression or drug use each year.⁶ This has implications not only for children's long-term health but also for their opportunities to learn and succeed at school. School health services can directly support the

goals of the health and education sectors.^{7,8}

Impact on Education

School health services, including those addressing physical, mental, dental, vision and behavioral health, serve as powerful supports for education. Student health problems are one of the leading causes of absenteeism and, as a result, can have a significant impact on academic achievement.⁹ For example, children with oral health problems and children with asthma are over three times more likely to miss school than their peers.¹⁰ School health providers, including school nurses, reduce absenteeism, improve achievement and enable principals and teachers to spend more time delivering instruction.¹¹

As previously discussed, research continues to link health disparities to the minority achievement gap and suggest that unless we address these health disparities, efforts to close the education achievement gap will be compromised.¹²

Impact on Health

Studies show that health care provided in school settings can reduce healthcare costs and improve access to and quality of care.¹³ For example, increasing access to school health services has been shown to reduce students' emergency room visits, resulting in significant healthcare savings.¹⁴ In addition, school health providers can facilitate enrollment in public health insurance programs including Medicaid and the States' Children's Health Insurance Programs.

2 American School Health Association.(2004). A Professional Certified Registered Nurse in All Schools. Kent, OH.

3 U.S. Department of Health and Human Services. (2000). Healthy People 2010. Washington, DC: Office of Public Health and Science.

4 Lowry, F. (2010, February 16). Prevalence of chronic illness in US kids has increased. Medscape Medical News. Retrieved from <http://www.medscape.com>

5 Van Cleave, J., Gortmaker, S. L, & Perrin, J. M. (2010). Dynamics of obesity and chronic health conditions among children and youth. *JAMA*, 303, 623-630.

6 Centers for Disease Control and Prevention. (2013). Report on children's mental health. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved from <https://www.disability.gov/resource/cdc-report-on-childrens-mental-health>

7 American School Health Association. (2004). A Professional Certified Registered Nurse in All Schools. Kent, OH.

8 U.S. Department of Health and Human Services. (2000).

9 Moonie, S., Sterlin, A., Figgs, L. W., & Castro, M. (2008). The relationship between school absence, academic performance, and asthma status. *Journal of School Health*, 78(3), 140-148.

10 Moonie, S., Sterlin, A., Figgs, L. W., & Castro, M. (2008).

11 DeSocio Janiece, H. J. (2004). Children's mental health and school success. *Journal of School Nursing*, 20(4), 190.

12 Basch, E., Charles. (2010).

13 Lear, J. G. (2007). Health at school: A hidden health care system emerges from the shadows. *HealthAffairs*, 26(2), 409-419. doi: 10.1377/hlthaff.26.2.409

14 Lear, J. G. (2007).

With the passage of the Affordable Care Act, new opportunities exist for schools and school health providers to better integrate with a healthcare system that increasingly prioritizes prevention, population health, care coordination and chronic disease management. In addition, new financing arrangements such as accountable care organizations push the health system to think about partnerships with those who can offer comprehensive health services. Schools are well positioned to be a major part of this transforming healthcare system.

In addition, the Centers for Medicare and Medicaid Services (CMS) issued a [State Medicaid Director's Letter](#) in December 2014 that removed a key barrier to funding school health services: the free care policy. The free care policy stated that Medicaid funds could not be used to pay for services that were available without charge to everyone in the community. This policy had long been an impediment to allowing schools to receive reimbursement from Medicaid for services delivered to non-special education students enrolled in Medicaid. While clarification of the free care policy removes a major barrier to accessing funding for school health services and represents an important step towards ensuring that students have access to quality health care in schools, there is a critical need to support states in implementing this policy change. Many states are taking important steps towards implementing this change but federal guidance and support is needed to ensure they are able to effectively leverage this new opportunity.

In 2016, ED, HHS and CMS took an important step towards supporting implementation of the free care policy reversal by launching the Healthy Students, Promising Futures Learning Collaborative. This learning collaborative is being convened to assist states in developing plans to expand school based health services through Medicaid reimbursement. Ten states are currently participating in the learning collaborative and HSC, in partnership with Trust for America's Health, is supporting this effort.

Recommendations

Ensuring every school has school health providers presents an important strategy for reaching vulnerable

and underserved children and supporting children's health and educational achievement. The next administration can play a critical role in increasing access to school health services by leveraging new opportunities to expand access to these services and ensuring ongoing support for existing initiatives.

Specifically, HSC recommends that the next administration:

- Establish a National Commission for Advancing School Health Services convened by ED, HHS and CMS that would bring education and health policies and practices in alignment to support school health services and set minimum standards for health care provision in schools.
- Provide funding to support the Commission in identifying and disseminating innovative approaches to expanding access to and resources for school health services. In addition, use funding to build the knowledge and capacity of state and local policymakers and practitioners to increase access to school health services. The Commission should continue to support the Healthy Students, Promising Futures Learning Collaborative. In the absence of the creation of a Commission, ED, in collaboration with CMS, should lead this work.
- Increase ED's capacity to support health and wellness by redefining and expanding the role of the Office of Safe and Healthy Students (OSHS) and appointing a Deputy Assistant Secretary to lead the effort to fully integrate health and wellness into ED's policy and practices. Redefine OSHS's role to provide interagency and intra-agency efforts as well as supporting states, school districts and schools to fully integrate health and wellness into policy and practice.

Spotlight: National Learning Collaborative

Healthy Schools Campaign advocated for the changes in CMS policy to expand the capacity of schools to offer students health services. Now, HSC is working with others to help states and school districts take advantage of these new opportunities. [Learn more about the National Learning Collaborative.](#)

Opportunity for Action: The Every Student Succeeds Act

HSC calls on the next administration to implement the Every Student Succeeds Act (ESSA) in a way that supports health and wellness.

Background

In December 2015, President Obama signed into law the bipartisan Every Student Succeeds Act (ESSA), a reauthorization of the Elementary and Secondary Education Act. This is the first major overhaul of our national education law since the No Child Left Behind Act (NCLB) was signed into law in 2001. ESSA recognizes the need for schools to support the whole child and specifically acknowledges the importance of mental health and wellness. The implementation of ESSA at the federal level and compliance with the new law by state education agencies (SEAs) and local education agencies (LEAs), such as state boards of education and school districts, provides a critical opportunity to more fully integrate health and wellness into education policy and practice. In short, ESSA can put policies into place that leverage what we already know: healthy students are better prepared to learn and more likely to succeed.

ESSA implementation provides a number of policy levers for promoting student health and wellness.

Opportunities in ESSA Title I

Title I provides funding to states and school districts with high numbers or percentages of children from low-income families to help ensure that all children meet state academic standards. Title I requires each state to develop a plan to determine how funds are spent. This plan provides key opportunities for states and school districts to connect health and learning, including:

State accountability systems: Statewide accountability systems must include at least one measure of school quality and student success, such as school climate and safety. Examples include chronic absenteeism;

the experience of bullying and harassment; student engagement; and school discipline measures that reflect supportive peer and adult relationships at school. Measurement of these indicators can help raise awareness of school health and wellness, both in terms of recognizing progress and highlighting areas of need.

Report cards: Annual state report cards must include rates of chronic absenteeism and incidences of violence, including bullying and harassment. These measures are directly shaped by a school's health and safety environment.

School improvement: State-level plans to provide comprehensive and targeted support to the lowest performing schools can include health services and supports for providing healthy, safe and supportive environments. Because students in the nation's lowest performing schools are disproportionately affected by health conditions that impact their ability to learn, addressing health and wellness as part of school improvement strategies is key to supporting student success.

School-wide Title I Programs: In schools where at least 40 percent of the students are from low-income families, funding from Title I and other sources may be consolidated and used for school-wide programs rather than only for targeted support to students who are struggling. Examples of school-wide programs include health-related supports such as hiring a school nurse; implementing nutrition programs; establishing school-wide positive behavior and social-emotional support strategies and bullying prevention programs; or implementing a strong physical education program. Services may be delivered by external providers, creating an opportunity for collaboration between the health and education sectors.

Additional Opportunities

Professional development: Title II of ESSA provides funding to SEAs and LEAs to support professional development programming for principals, teachers and other school personnel. For example, ESSA's Title II specifically highlights implementing professional development programming to support school staff in recognizing and addressing student behavioral and mental health needs and chronic absenteeism.

Student Support and Academic Enrichment Grants: ESSA consolidates 49 separate grant programs, some of which focus on student health, into a new grant program under Title IV called Student Support and Academic Enrichment Grants. ESSA requires schools that receive a formula allocation in excess of \$30,000 to use at least 20 percent of funds on safe and healthy school activities, and also to use at least 20 percent on well-rounded education activities. Well-rounded education activities can include strong, comprehensive curriculum standards for planned, sequential K-12 health and physical education.

Community support for school success: ESSA also establishes funding under Title IV for Full-Service Community Schools and for Promise Neighborhoods, both of which provide a continuum of coordinated supports, services and opportunities for children from birth through entry into and success in postsecondary education and career attainment. Both present tremendous opportunities for supporting student health and wellness.

Well-rounded education: The term “well-rounded education” in ESSA replaces the previous use of the term “core subject” in NCLB. The definition of well-rounded education includes health education and physical education.

Stakeholder Engagement: ESSA requires meaningful stakeholder engagement as a part of the process of developing state plans and also recognizes the need to engage parents in school level planning. There is a specific need to build the capacity of all Title I schools to engage parents, families and communities in efforts to create health-promoting school environments. Such engagement is a proven strategy for creating healthier school environments. In addition, SEAs must emphasize the importance of engaging stakeholders in other sectors to develop state plans and carry out key components of ESSA, such as conducting needs assessments.

Recommendations

While ESSA transfers a significant amount of authority from the federal government to the state government, the next administration can play a key role in providing guidance, technical assistance and other support for

ESSA implementation. Specifically, HSC recommends the next administration do the following to ensure that the vision of ESSA is realized and that the law is implemented in a way that supports student health and learning.

- Develop a robust set of guidance for states and school districts for how to support student health and wellness under ESSA, including but not limited to guidance on:
 - Needs assessments and identifying evidence-based interventions that support healthy schools and student health.
 - Defining and measuring chronic absenteeism and how to effectively use chronic absenteeism data in early warning and intervention systems.
 - How to braid various funding streams together to support programs that promote student and school health.
 - Engaging a wide range of stakeholders, particularly parents, in the implementation of ESSA at the state and school district level.
- Establish a robust training and technical assistance program to help states and school districts fully integrate health and wellness into implementation of ESSA. This includes but is not limited to engaging stakeholders, conducting needs assessments to include student health and school wellness data, conducting evidenced-based interventions to address common student health issues, developing school-wide policies and practices to support student health, building partnerships with the health sector and establishing effective professional development programs.
- Increase ED’s capacity to support health and wellness by redefining and expanding the role of the Office of Safe and Healthy Students (OSHS) and appointing a Deputy Assistant Secretary to lead the effort to fully integrate health and wellness into ED’s policy and practices. OSHS’s role should be redefined to provide interagency and intra-agency efforts in addition to supporting states, school districts and schools to fully integrate health and wellness into policy and practice.



Spotlight: Fit to Learn

Healthy Schools Campaign's Fit to Learn program is one example of programs that provide professional development for teachers to bring health and wellness into the classroom. [Learn more about this program and how teachers are putting its lessons in action.](#)



Spotlight: Parents United

Healthy Schools Campaign's Parents United for Healthy Schools is one example showcasing the power of parents to promote healthy eating and physical activity in schools. [Learn about this amazing group of parents or see a spotlight on their work at one school.](#)



Spotlight: ESSA State Plan

Healthy Schools Campaign has provided comments to the Illinois draft ESSA plan. These comments highlight the potential power of ESSA to support student health and wellness. [Read the comments on this draft state plan.](#)

Opportunity for Action: Healthy and Green Schools

HSC calls on the next administration to promote policies and programs that ensure all staff and students have access to school facilities that support student health while preserving the environment.

Background

Research shows that the physical environments in which children spend their time have a profound impact on their health and ability to learn.¹⁵ Given that children spend most of their waking hours outside of home in school, providing a healthy environment for all children at school can make an important impact on children's health and academic success.

Because school attendance is mandated by law, federal, state and local governments have a responsibility to provide healthy school environments. Yet large-scale research continues to show this responsibility is not always met. The U.S. Government Accountability Office notes, "While laws compel children to attend school, some school buildings may be unsafe or even harmful to children's health."¹⁶ A recent report by the U.S. Green Building Council shows that the nation currently faces a projected annual shortfall of \$46 billion in school funding.¹⁷ According to the U.S. Department of Education's National Center for Education Statistics, 42 percent of schools report at least one unsatisfactory environmental condition. In addition, 25 percent report unsatisfactory ventilation while 20 percent report

15 U.S. Centers for Disease Control and Prevention. (2011). Morbidity and Mortality Weekly Report: School health guidelines to promote healthy eating and physical activity, 6(5) 1-80. Retrieved from <http://www.cdc.gov/healthyschools/npao/pdf/mmwr-school-health-guidelines.pdf>

16 U.S. General Accounting Office, Elementary school children: Many change schools frequently, harming their education, GAO/ HEHS-94-45, February 1994, at <http://www.gao.gov/products/HEHS-94-45>

17 21st Century School Fund, the National Council on School Facilities and the U.S. Green Building Council. (2016). State of our schools: America's k-12 facilities. Retrieved from <https://kpost-files-prod.s3.amazonaws.com/published/56f02c3d626415b792000008/2016-state-of-our-schools-report.pdf?kui=wo7vkgV0wWOLGSjxek0N5A>

unsatisfactory indoor air quality.¹⁸

Research also shows that schools serving low-income communities of color have higher rates of environmental health hazards as compared to the national average. These environmental factors can exacerbate health problems and contribute to perpetuating educationally relevant health disparities such as asthma, which research increasingly links to the achievement gap. In this context, even the best efforts of educators are hindered by unhealthy environmental conditions.

This is particularly alarming given that children are especially vulnerable to environmental hazards. Children are ultimately exposed to more hazards because they eat proportionally more food, drink more fluids and breathe more air per pound of body weight than adults. Their response to toxic substances can differ markedly from that of adults. As children, they are less able to protect themselves.¹⁹

Critical environmental health and school facility issues that must be addressed include the following:

- **Indoor Air Quality (IAQ):** Irritants and allergens such as pests, pesticides, mold, asbestos and cleaning products can have a negative impact on indoor air in schools. The effects of poor Indoor Air Quality (IAQ) on health, learning and general wellbeing are wide-ranging and include allergies and asthma, increased rates of infectious diseases, chronic sinusitis, headaches and a variety of respiratory diseases.²⁰ Poor IAQ is closely connected to attendance and absenteeism; the American Lung Association found that children miss more than 14 million school days each year because of asthma, which is exacerbated by poor IAQ.²¹

18 U.S. Department of Education, National Center for Education Statistics. Condition of America's public school facilities: 1999. NCES 2000-032. Washington, DC: 2000. Retrieved from: <http://nces.ed.gov/pubs2000/2000032.pdf>

19 Centers for Disease Control and Prevention: National report on human exposure to environmental chemicals. 28 Feb 2011.

20 U.S. EPA. Indoor air quality and student performance, symposium draft, August 2000.

21 Trends in asthma morbidity and mortality. Washington (DC): American Lung Association; 2010

• **Safe drinking water:** The recent crisis in Flint, Mich. regarding lead in water highlights the devastating consequences that lack of funding for school facilities, lack of health promoting standards for school environments and lack of modern training for school facility staff can have on children's health and learning. School systems throughout the country have long grappled with lead in water, due in part to aging buildings laden with lead-bearing pipes and fixtures. Even now, the vast majority of the nation's schools are not legally required by states or the federal government to test their water on a regular basis. While EPA provides guidance for schools on testing drinking water, only 56 percent of U.S. school districts require drinking water inspections for lead and only 22 percent of school districts have model drinking water quality policies.²² Given the crisis in Flint, school districts are beginning to test drinking water—but there is not a comprehensive understanding of the extent of the problem.

• **Schoolyards:** Attention must also be given to schoolyards. Many schoolyards, particularly in large urban areas, are uninviting, unsafe and do not provide the school or community with space to play or enjoy nature. An emerging green schoolyard movement is demonstrating value to schools and their communities for transforming schoolyards into places that support outdoor learning and active play and become positive centers for the community.²³

The quality of a school facility also affects teachers and other staff. Over 6 million individuals currently staff U.S. schools, including 1.8 million non-teaching staff such as custodial staff, librarians and school nurses.²⁴ The school environment can have a significant impact

22 Patel, A. I., & Hampton, K. E. (2011). Encouraging consumption of water in school and child care settings: Access, challenges, and strategies for improvement. *American Journal of Public Health*, 101(8), 1370-1379.

23 Adelman, J., & Davis, R. (2015). Green schoolyards: A growing movement supporting health, education and connection with nature. 1, 9-67. Retrieved from <http://www.spacetogrowchicago.org/national-report>

24 The hidden half: School employees who don't teach. Washington (DC): Thomas B. Fordham Institute; 2014. Retrieved from https://edex.s3-us-west-2.amazonaws.com/publication/pdfs/Hidden-Half-School-Employees-Who-Dont-Teach-FINAL_0.pdf.

on the health and wellness of staff.²⁵ Ensuring staff members have the opportunity to work in a healthy school environment is a critical strategy for retention and reducing lost time at work.

The EPA has comprehensive guidance and tools for states, school districts and schools to ensure students have access to a healthy environment. These resources include Tools for Schools, state school environmental health guidelines and school siting guidelines. Implementation of EPA's Tools for Schools framework has been effective in improving the quality of a school's indoor air.²⁶ In addition, other federal agencies including ED and the Department of Energy have resources for schools. In addition to guidance for school officials, some of these resources are aimed at helping parents engage with schools on these important issues. It is important to recognize the role that parents and others can play as partners in this important work.

With advances in school design, engineering and sustainable product development, the school environment can support student, teacher and school staff members' health. Requiring health-promoting standards, ensuring proper funding and providing training for staff can create school facilities that support health and learning.

Recommendations

Ensuring school staff and students have access to school facilities that support health and achievement is a key strategy for student achievement. HSC recommends the next administration implement the following recommendations in order to meet this goal:

- Include school construction and maintenance in any infrastructure investment of the federal government. Or, establish and fund the Healthy and High Performing School Fund to support the construction and modernization of schools, the development of local partnerships for green schoolyards and

25 Stevenson, K. R. (2001). The relationship of school facilities conditions to selected student academic outcomes: A study of South Carolina public schools. SC Education Oversight Committee.

26 Industrial Economics Incorporated, EPA indoor air quality (IAQ) tools for schools (TfS) evaluation, May 2007. Retrieved from <https://www.epa.gov/sites/production/files/2015-09/documents/eval-tools-for-schools.pdf>

training for school facilities staff. Target these funds to low-income communities to address inequities in the quality of school facilities in those communities. Require new schools constructed with these funds to comply with EPA's school siting guidelines.

- Fully fund current federal programs within EPA, ED and the U.S. Department of Energy that build the capacity of states, schools and communities to support healthy school environments.

- Develop standards for protecting student health and require schools to meet them. While the Occupational Safety and Health Administration (OSHA) and the National Institute for Occupational Safety and Health (NIOSH) set regulations and establish guidance for workplace safety for adults, no such regulations and guidance have been developed to protect children in schools.



Spotlight: Space to Grow

Space to Grow, a program managed by Healthy Schools Campaign and Openlands, transforms Chicago schoolyards into beautiful and functional spaces to play, learn and be outside. The schoolyards also use special design elements to help reduce neighborhood flooding. [Learn more here.](#)



Spotlight: Green Cleaning to Support Health and Learning

Environmental conditions at school can have a direct impact on learning and academic success. [Read about one school's experience](#) connecting healthier cleaning practices with improved test scores.

Opportunity for Action: Access to Healthy School Food

HSC calls on the next administration to ensure that every student has access to healthy and appealing school meals. Given the prevalence of both hunger and obesity among students, particularly among low-income students of color, it is important that healthy and appealing school meals are accessible to all students.

Background

Many children consume at least half of their meals at school; for many children, food served at school may be the only food they regularly eat.²⁷ With more than 30 million children participating in the USDA National School Lunch Program and 12 million participating in the USDA School Breakfast Program, good nutrition at school is more important ever.²⁸ A vast body of research shows that improved nutrition in schools can lead to increased focus and attention, improved test scores, better classroom behavior and a better understanding of healthy eating behaviors.²⁹

Increases in childhood obesity have been well documented and well publicized. The Centers for Disease Control and Prevention (CDC) estimates that poor diet and physical inactivity, the leading contributors to obesity, are responsible for 112,000 deaths per year in the U.S. Obesity puts children and adolescents at risk for developing diseases and health conditions that can follow them into adulthood.³⁰

Among children and adolescents, obesity prevalence rates are highest among African American females,

Mexican American males and the poor. While roughly 12 percent of Caucasian children are overweight, the percentage in the Latino population spikes to nearly 20 percent.³¹ Providing healthy school food is an important component of addressing childhood obesity.

In addition to addressing childhood obesity, ensuring access to healthy school meals is a key strategy for addressing childhood hunger. Hunger impairs concentration and cognitive ability, thus interfering with students' ability to learn. Hunger also results in physical symptoms, such as headaches and stomach aches, that cause a child to miss classroom time. This is especially important given the prevalence of hunger among children in the United States. According to the U.S. Department of Agriculture, 16.7 million children under 18 in the United States live in households where they are unable to consistently access enough nutritious food necessary for a healthy life.³² Schools can play a critical role in addressing this issue by providing students with regular access to healthy school breakfasts and lunches through the federal school meal program. Many studies support school breakfast programs as a strategy to improve the academic performance of low-income students.³³ Promoting student participation in the federal meal program is an important strategy for addressing hunger among students.

In addition to supporting student health and achievement, school food is an important lever for food system change. School breakfast and lunch constitute a \$16.8 billion federally funded program.³⁴ The use of public dollars to support this program creates an

27 Let's Move!. (2012). Healthy schools. Retrieved from <http://www.letsmove.gov/healthy-schools>

28 Let's Move!. (2012).

29 Centers for Disease Control and Prevention. (2014). Health and academic achievement. Washington D.C.: U.S. Department of Health and Human Services. Retrieved from http://www.cdc.gov/healthyyouth/health_and_academics/pdf/health-academic-achievement.pdf

30 Flegal, K.M., Graubard, B.I., Williamson D.F., et al. (2005). Excess deaths associated with underweight, overweight, and obesity. *Journal of the American Medical Association*, 293(15), 1861-7.

31 Let's Move!. (2010). Solving the problem of childhood obesity within a generation: White House task force on childhood obesity report to the president.. Retrieved from http://www.letsmove.gov/sites/letsmove.gov/files/TaskForce_on_Childhood_Obesity_May2010_FullReport.pdf

32 U.S. Centers for Disease Control and Prevention. (2011). Morbidity and Mortality Weekly Report: School health guidelines to promote healthy eating and physical activity, 60(RR05) 1-71. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6005a1.htm>

33 American Academy of Pediatrics. (February 2012). The Case for Eating Breakfast. HealthyChildren.org

34 School Nutrition Association. (2015) School meals trends and stats. Retrieved from <https://schoolnutrition.org/AboutSchoolMeals/SchoolMealTrendsStats>

important opportunity for a policy discussion around nutrition standards, procurement and food systems. In addition, school food has the opportunity to positively influence the taste buds and values of the next generation of consumers. Finally, food offered in schools can drive change in the consumer food market. The recently adopted USDA nutrition standards brought school meal standards into alignment with the U.S. Dietary Guidelines. Schools, with their immense purchasing power, are now required to offer products high in whole grains and with limits on fat and sodium. The federal government has also been encouraging local procurement. These changes in school meal requirements are driving innovation towards healthier food items. It is only a matter of time before these healthier products will make their way into the consumer market. As a result, continued improvements to school meal programs will help support health-promoting food system change.

The most recent authorization of the Child Nutrition Act, the Healthy and Hunger Free Kids Act of 2010, required the school meal programs to align with U.S. Dietary Guidelines, expanded access to meals in communities with a high percentage of low-income students and made other changes to support a healthy school food environment. In addition, the USDA established professional standards for school food professionals. Training and support for school food professionals is necessary to ensure they have the knowledge and skills to meet the new requirements of the school meal program.

Recommendations

In order to ensure students have regular access to healthy school meals, the next administration should:

- Fully support providing healthy, nutritious school food to all children by implementing the Child Nutrition Act and continuing to build public and political support for a strong meal program.
- Support local sustainable food systems and ensure they're linked with schools.
- Invest in high quality professional development and training for school food service workers.



Spotlight: Cooking up Change

Healthy Schools Campaign's Cooking up Change challenges high school students to create a healthy school meal that their peers will enjoy. [Learn how these students are changing school food.](#)

For questions or to discuss these
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