

National Collaborative on Education + Health

Metrics Working Group of the National Collaborative on Education and Health Report to the National Steering Committee December 2014

At the inaugural meeting of the National Steering Committee of the National Collaborative on Education and Health, the need to incorporate health and wellness measures into education reporting systems was identified as an important opportunity for supporting schools in creating the conditions for student health. The steering committee developed a charge (Attachment A) which called for the creation of a working group to develop the type of health and wellness measures that can be integrated into the education sector's public reporting systems and help states, school districts, schools, the public and policymakers prioritize health within schools while better understanding and supporting student health needs. The charge called for the measures to reflect both the health of individual students and the capacity of schools to support student health. The Metrics Working Group was formed in response to this charge and the following report highlights the key activities of this working group. The Collaborative convened the Metrics Working Group in partnership with the Data Quality Campaign.

Background

Given the education sector's increased emphasis on data-based decision making and transparency and given the importance of health to all students' ability to learn, an important opportunity exists for integrating health and wellness metrics into public reporting systems used by the education sector. Public reporting systems make data about schools and districts—including enrollment, student performance, teacher effectiveness—available to the public. Incorporating health and wellness metrics into public reporting systems can provide educators, policy makers and the public with a more complete understanding of how student health and wellness are affecting learning and can provide a complete framework for improving academic achievement. With this comprehensive understanding of student performance—including how health conditions may directly affect learning—educators could deploy resources to schools and students at greatest risk. Parents and community members also benefit from knowing more about how their schools are supporting and promoting student health and wellness.

While isolated efforts are taking place at the state and local levels to integrate health and wellness into public reporting systems, including school report cards, the majority of public reporting systems used by the education sector focus almost exclusively on academic inputs and outcomes. This is in part due to the lack of best practices and resources available to support local, state and federal efforts to integrate health and wellness metrics into public reporting by the education sector. The focus of the Metrics Working Group was on identifying best practices, resources and strategies to promote the integration of health and wellness measures into education public reporting systems.

Overview of the Metrics Working Group

The Metrics Working Group met on August 12 and October 3 in Washington, DC and brought together 22 health and education leaders from across the country representing federal, state and local organizations, government agencies and school districts. (See Attachment B for full list of working group members.) Key objectives of the Metrics Working Group were:

- Build broad support for the inclusion of health metrics in education public reporting systems.
- Develop an understanding of different approaches to integrating health and wellness metrics in public reporting systems and identify best practices and policy recommendations.
- Stimulate efforts for education systems to adopt the inclusion of health metrics.

The working group confirmed that the inclusion of health and wellness metrics in education public reporting systems can be an effective way to create school level changes. However, the working group determined that simply adding metrics without increasing schools' capacity to support health will be less effective than a two-part approach that also recognizes the need to build school capacity in this area. The working group focused on the following four areas:

- Developing criteria that can be used to select strong health and wellness measures
- Developing a menu of possible health and wellness indicators for use in education public reporting
- Identifying policy levers that can be used to drive this work forward
- Identifying opportunities through which members of the working group can advance this issue through their own organization's work.

An overview of each area follows.

Criteria for Selecting Strong Health and Wellness Indicators

One of the key focus areas of the working group was identifying criteria that can be used to select strong health and wellness indicators. According to the working group, health and wellness indicators must:

- Have a clearly established best practice, state law or benchmark
- Be objective, quantifiable and verifiable
- Impact or be impacted by student health
- Be easy for schools to report without causing great burden
- Be useful for a school to support local action

These criteria were used to evaluate potential health and wellness indicators that were discussed by the working group (see below) and align with the report released in 1998 by the Council of Chief State School Officers called "Incorporating Health-Related Indicators in Education Accountability Systems" which also outlines key criteria for health and wellness indicators and considerations for states. The working group recognized that other elements, including the collection and sharing of data and the development and implementation of effective interventions, must be present in order for the metric to result in changes to school policy or practice.

Menu of School Health and Wellness Indicators for Use in Education Public Reporting

The group discussed two models for health and wellness indicators: a school health policy and practice model and a school health proxy model.

School health policy and practice model

The school health policy and practice model includes indicators such as days of physical education per week, whether or not a school has a school nurse and whether the school provides health education at every grade level. The group recommended that the categories of school health policy and practice indicators align with the Whole Child, Whole School, Whole Community model developed by the U.S. Centers for Disease Control and Prevention and ASCD (formerly the Association for Supervision and Curriculum Development). An updated menu of school health policy and practice indicators shared with the group is included in Attachment C.

School health policy and practice indicators are more likely to lead to changes in school policy and practice when they are a part of a broader effort. Without a full plan to support implementation, school health policy and practice metrics can be perceived as punitive rather than supportive of schools' efforts to create healthier environments. The Working Group found that the plan to support implementation of school health policy and practice metrics should include the following elements:

- Development of a consensus on standards and benchmarks
- Collection and sharing of data
- Increase in public awareness of schools' capacity to support health
- Development of a plan to address the problem
- Implementation of that plan

School health proxy model

The school health proxy model includes indicators that are directly shaped by student health, such as chronic absenteeism, number of suspensions and reading proficiency by third grade.

For the school health proxy model, the working group reached consensus that chronic absenteeism is the metric of choice. The working group determined that chronic absenteeism is a measure that resonates with both the education and health sectors and has a clear connection to student health. In addition, it meets the key criteria for a strong school health and wellness indicator outlined above.

Chronic absenteeism is most commonly defined as missing 10 percent or more of the school year regardless of whether absences are excused or unexcused. Chronic absence in the first years of school is associated with low academic performance in subsequent grades. Student health and a school's health and wellness environment are key factors that can contribute to a student being chronically absent.

As with school health policy and practice indicators, chronic absenteeism is more likely to lead to policy and practice change when part of a broader effort. The working group concluded that the plan to support inclusion of chronic absenteeism in education public reporting systems should include the following elements:

- Collection and sharing of data
- Analysis of the underlying causes of chronic absenteeism
- Increase in the community's understanding of the need to address chronic absenteeism
- Development of a plan to address the problem
- Implementation of that plan

The group identified a need to develop tools and resources that can be used by states and districts to better understand the role that school health plays in chronic absenteeism and develop models for addressing chronic absenteeism that include a school health component.

One issue that emerged in the discussion of chronic absenteeism is the challenge presented by data collection. Not all states collect data in a way which can be used to report on chronic absenteeism rates and, among the states that are reporting on chronic absenteeism rates, many use different definitions for chronic absenteeism. In addition, school districts do not systematically collect information about why students are absent from school, making it challenging to determine which reasons are the most significant in a given community. As a result, communities will need support identifying which health issues are most commonly linked to children's attendance behavior and how to address those issues.

The group also discussed the idea of including a school health proxy indicator, such as chronic absenteeism, in conjunction with school health policy and practice indicators that directly impact the school health proxy

measure. For example, including chronic absenteeism on a report card would be even more powerful if policy and practice measures, such as whether or not a school has a school nurse or an anti-bullying policy, were included with that proxy measure. This information would help provide a more complete picture of a school's health and wellness environment and possible ways in which the proxy measure could be addressed.

Policy Levers to Support the Integration of Health and Wellness Indicators in Education

The group discussed policy levers to increase the use of health and wellness indicators in education public reporting. Levers were discussed at the federal, state and local levels. The working group determined that pursuing policy opportunities at all levels is worthwhile. Advancing this work through incentives at the federal level and through local, innovative pilots that can be scaled up both present promising strategies.

In addition, the group acknowledged that most of the successful efforts to integrate health and wellness metrics into education public reporting systems have taken place as a result of state mandates. The group identified a need to create resources that can be used to engage and educate state decision makers, including members of state boards of education, to advance state-level efforts. A chart detailing the policy levers that was shared with the Metrics Working Group is included in Attachment D.

Next Steps: Advancing the Work of the Metrics Working Group

Members of the working group expressed a strong commitment to using the working group's recommendations in their own work. For example, state and local agencies in Ohio, Oregon and California expressed an interest in working with the Collaborative to integrate health and wellness measures, both school health policy and practice measures and school health proxy measures, into their education accountability systems. As a result of their participation in the working group, Great Schools has also expressed a strong interest in developing a health and wellness measure for inclusion on its school profiles.

Overall, participants confirmed the importance of developing and sharing a menu of possible school health and wellness indicators from which stakeholders could select indicators that align with their needs and priorities. The working group also identified a need to share its recommendations with key stakeholder audiences to collect additional feedback and generate buy-in before creating a final report.

Finally, the group expressed strong interest in advancing the use of a metric related to chronic absenteeism by developing a model intervention for bringing health, public health and education sectors together.

The Working Group determined it is important to continue to pursue the following goals and activities:

- Continue to elevate the importance of including health and wellness metrics in education public reporting systems. This could be accomplished by validating key messages and conclusions from the working group with additional stakeholders and writing and releasing a full report based on the conclusions of the working group.
- Support state and local efforts to develop and use school health and wellness metrics. This could be accomplished by hosting virtual gatherings for practitioners and hosting webinars for others.
- Advance policies that encourage the adoption of school health metrics. This could be accomplished through the release of the final report and by educating and engaging key stakeholders. It is also important to continue to identify new policy opportunities and mobilize support for advancing this work.
- Develop a model of intervention and collaboration between health, public health and education sectors to address the needs of students who are chronically absent.

The following proposal for future work has been developed for the steering committee that outlines a plan to advance the work of the working group:

Proposal to the National Steering Committee for Advancing the Work of the Metrics Working Group
 Integrating Health and Wellness Metrics into Education Data Systems

Goal	Activity	Output	Outcome
<p>Promote the inclusion of health and wellness metrics in education data systems.</p>	<p>Validate key messages and conclusions of the Metrics Working Group with additional stakeholders, especially state level decision makers.</p> <p>Write a full report based on the conclusions of the Metrics Working Group and feedback collected from other stakeholders.</p> <p>Host a high profile event to release the full report.</p>	<p>A final report on health and wellness metrics that is supported by key stakeholders and organizations.</p>	<p>An increase in key decision makers', specifically at the state level, interest in and understanding of the need to integrate health and wellness metrics in education data systems.</p>
<p>Support state and local efforts to develop and use health and wellness metrics in education data systems.</p>	<p>Host regular virtual gatherings for practitioners who are interested in integrating health and wellness metrics in their state and/or local education data systems.</p> <p>Host webinars for additional stakeholders to share the key findings included in the report.</p>	<p>The infrastructure necessary to support the development and implementation of health and wellness metrics in education data systems.</p> <p>A broad base of support for this work.</p>	<p>Successful implementation of health and wellness metrics by agencies and organizations at the state and local levels.</p> <p>A community of practitioners committed to developing and implementing health and wellness metrics.</p> <p>Case studies and best practices health and wellness metrics.</p>
<p>Identify policy opportunities that support the inclusion of health and wellness metrics in education data systems.</p>	<p>Identify policy opportunities and mobilize support for making the necessary changes.</p>	<p>A list of organizations committed to advancing this work.</p> <p>Policy statements on key opportunities for advancing this work.</p>	<p>An increase in key organizations' understanding of the issue.</p> <p>Mobilization of support for changes in policy and practice.</p>

Attachment A: Charge for the Metrics Working Group of the National Collaborative on Education and Health

Given the education sector's increased emphasis on data-based decision making and transparency and given the importance of health to all students' ability to learn, there is an important opportunity for integrating health and wellness metrics into public reporting systems used by the education sector. Incorporating metrics for health and wellness into public reporting systems can provide educators, policy makers and the public with a more complete understanding of how student health and wellness are impacting learning and provide a complete framework for improving academic achievement. With this comprehensive understanding of student performance—including how health conditions may directly affect learning—educators could deploy resources to schools and students at greatest risk. Parents and community members also benefit from knowing more about how their schools are supporting and promoting student health and wellness.

While isolated efforts are taking place at the state and local levels to integrate health and wellness into public reporting systems, including school report cards, the majority of data that is currently reported on by the education sector focuses almost exclusively on educational inputs and outcomes. This is in part due to the lack of best practices and resources available to support local, state and federal efforts to integrate health and wellness metrics into public reporting done by the education sector.

The purpose of this working group is to develop the type of health and wellness measures, reflecting both the health of individual students and the capacity of schools to support student health, that can be integrated into the education sector's public reporting systems and used to help states, school districts, schools, the public and policymakers prioritize health within schools and better understand and support student health needs.

Attachment B: List of Metrics Working Group Members

CO-CHAIRS OF THE NATIONAL STEERING COMMITTEE

Rochelle Davis
President and CEO
Healthy Schools Campaign

Jeff Levi
Executive Director, Trust for America's Health
Chair, Prevention Advisory Group

FACILITATORS OF THE METRICS WORKING GROUP

Lisa Sparrow
Associate, State Policy and Advocacy
Data Quality Campaign

Brennan Parton
Senior Associate, State Policy and Advocacy
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MEMBERS OF THE METRICS WORKING GROUP

Marissa Blais
Research Director
National Education Association

Joanna Lange
Director of Local Engagement
Great Schools

Ellen Braff-Guajardo
Program Officer
W.K. Kellogg Foundation

Annie Lionberger
Director of Special Projects
Fontana Unified School District

Hedy Chang
Director
Attendance Works

Shelly Masur
CEO
CDE Foundation

Barbara Ferrer
Executive Director
Boston Public Health Commission

Erin Maughan
Director of Research
National Association of School Nurses

Grace Friedberger
Assessment and Evaluation Specialist
Office of the State Superintendent of Education
Government of the District of Columbia

Andrea Pulskamp
Associate
Colorado Education Initiative

Elaine Gantz Berman
State Board of Education Member
Colorado State Board of Education

Joaquin Tamayo
Special Assistant
U.S. Department of Education - OESE

Nora Howley
Independent Consultant

Peter Tromba
Policy and Research Director
Oregon Education Investment Board

Melissa Infusino
Executive Director
Los Angeles Fund for Public Education

Mary Vernon Smiley
Senior Medical Officer
CDC – Adolescent and School Health

Kayla Jackson
Project Director
AASA

Christopher Woolard
Director of Accountability
Ohio Department of Education

Attachment C: Menu of School Health Policy and Practice Indicators for Use in Education Public Reporting

Health Education

- Does the school provide health education at every grade level?
- Is health education required at the school?
- Are all health education teachers certified in health education?

Physical Education and Activity

- Does the school provide physical education at every grade level?
- On average, how many minutes a week do students have physical education? (0-150)
- Are all physical education teachers certified in physical education?
- Do students in grades K-6 have at least 20 minutes of recess a day?
- Does the school have a Safe Routes to Schools program that promotes walking and biking to school?

Nutrition Environment and Services

- What is the free and reduced-price certified population's average daily participation in the school lunch program?
- What is the free and reduced-price certified population's average daily participation in the school breakfast program?
- How many fundraisers per year does the school allow that do not comply with USDA's Smart Snacks rules?
- Does the school have a farm-to-school program?
- Does the school provide students with at least 20 minutes for their lunch period, excluding transition time?
- Is the school certified by the HealthierUS School Challenge?

Health Services

- How many registered nurses does the school currently employ?
___ # full time ___ #part time
- What percent of students are in compliance with their immunizations?
- Does the school have a school based health center?
- Is the school partnering with a community based organization to provide health services (e.g. mental, dental, vision, health, behavioral)?

Counseling, Psychological & Social Services

- How many of the following clinical staff does the school currently employ?
 - Psychiatrist ___ # full time ___ #part time
 - Psychologist ___ # full time ___ #part time
 - Licensed Independent Clinical Social Worker (LICSW) ___ # full time ___ #part time
 - Licensed Professional Counselor (LPC) ___ # full time ___ #part time
- Is the school partnering with a community based organization to provide counseling, psychological and/or social services?

Social and Emotional Climate

- Does the school have an anti-bullying policy?
- Does the school have a social and emotional learning curriculum?

Physical Environment

- Does the school have an indoor air quality policy and a plan for implementation?
- Does the school have a policy that prohibits tobacco use among students, staff and visitors on the school's campus?
- Are all the school's cleaning products certified "green" or do they meet the environmental standards of established ecolabel programs?
- Does the school utilize integrated pest management practices?
- Is the school building in compliance with state health and safety codes?

Employee Wellness

- Does the school have a comprehensive staff wellness program?

Parent Engagement and Community Involvement

- Does the school have a wellness committee?

Attachment D: Policy Levers for Supporting the Integration of Health and Wellness Metrics into Education Data Systems

Policy Lever	What is it?	What could be done?
Congress		
Elementary and Secondary Education Act (ESEA)	ESEA funds primary and secondary education. As mandated in the act, the funds are authorized for professional development, instructional materials, for resources to support educational programs, and for parental involvement promotion. The current reauthorization of ESEA is the No Child Left Behind Act of 2001 (NCLB).	A key focus of the U.S. Department of Education’s Blueprint for Education Reform was supporting successful, safe and healthy students. Specifically, the blueprint highlighted the need to use data to improve students’ safety, health and well-being, and increasing the capacity of states, districts, and schools to create safe, healthy, and drug-free environments. The reauthorization of ESEA would provide multiple opportunities to increase the collection and utilization of health and wellness metrics in education data and public reporting systems.
U.S. Department of Education (ED)		
School Improvement Grants (SIG)	SIG, authorized under section Title I of ESEA, are grants to State educational agencies (SEAs) that SEAs use to make competitive sub-grants to local educational agencies (LEAs) that demonstrate the greatest need for the funds and the strongest commitment to use the funds to provide resources in order to raise the achievement of students in their lowest-performing schools.	ED can hold grantees accountable for supporting health and wellness by requiring SIG grantees to include health and wellness measures on their school report cards. In addition, ED can provide grantees with the support and technical assistance necessary to use health and wellness metrics to create healthier school environments.
Civil Rights Data Collection	ED conducts the Civil Rights Data Collection (CRDC) to collect data on key education and civil rights issues in our nation's public schools. The CRDC collects a variety of information including, student enrollment and educational programs and services, disaggregated by race/ethnicity, sex, limited English proficiency and disability. The CRDC has a 99% completion rate.	In March 2014, the CRDC was revised to include a number of new questions including the number of FTE psychologists, social workers and nurses. The CRDC also requires schools to report their rate of chronic absenteeism which is defined as the percentage of students who have missed 15 or more days of school. The CRDC should include additional health and wellness indicators, such as those identified by the Metrics Working Group.
Institute for Education Sciences (IES)	The primary research arm of ED which aims to provide rigorous evidence on which to base educational policy and practice decisions.	IES should support the collection and use of health and wellness metrics and data. For example, IES could support the inclusion of health data in State Longitudinal Data Systems.

Policy Lever	What is it?	What could be done?
Blue Ribbon Schools Program	The National Blue Ribbon Schools program honors public and non-public elementary, middle and high schools where students perform at very high levels or where students are making significant gains in academic achievement.	ED should update the Blue Ribbon Schools program to evaluate schools not only on academic metrics but also on other factors that impact students' ability to learn, including health and wellness metrics.
State Policy		
State Legislative Mandate	State legislative mandates provide an important opportunity to require the inclusion of health and wellness metrics in education public reporting systems, such as school report cards.	Illinois and Colorado both supported the inclusion of health and wellness metrics in their state education public reporting systems through a state level mandate requiring schools to report on health and wellness metrics, including days of PE. Supporting the adoption of similar policies in additional states presents an important opportunity for increasing the adoption of health and wellness metrics by the education sector.
State Education Agency	SEAs represent a key player that can catalyze the adoption of health and wellness metrics by schools in a state.	Developing resources that educate SEAs about this issue and working with them to support the adoption of health and wellness metrics is a key strategy for moving this work forward. There are potential opportunities around integrating health and wellness into existing state mandates and through regulatory activities.
No Child Left Behind Waiver	In 2011, ED invited each SEA to request flexibility regarding specific requirements of NCLB in exchange for comprehensive state-developed plans designed to improve educational outcomes for all students, close achievement gaps, increase equity, and improve the quality of instruction.	In Oregon, the state's NCLB waiver presented an opportunity to include a health and wellness indicator in the state's achievement compacts (a district-level component of Oregon's educational accountability model). Providing states with resources on how health and wellness metrics can be integrated into NCLB waivers represents an important opportunity for advancing this work.
District Policy		
Local Wellness Policy	All LEAs participating in the National School Lunch Program are required to create local school wellness policies. The Healthy, Hunger-Free Kids Act of 2010 expanded the scope of local school wellness policies and requires public updates on the content and implementation of the wellness policies.	Under the Healthy, Hunger Free-Kids Act, school districts have to provide updates on the implementation of their wellness policy. Including health and wellness metrics on school report cards is a strategy for accomplishing this. For example, including indicators on the number of minutes of daily PE, whether or not a school has a wellness committee and whether or not a school allows unhealthy celebrations and fundraisers would educate the community about the implementation of the wellness policy.