

HEALTHY SCHOOLS CAMPAIGN

EVERY CHILD DESERVES TO LEARN + THRIVE

October 7, 2016

Superintendent Tony Smith, Ph.D.
Illinois State Board of Education
100 N. 1st Street, Springfield, IL 62777

Re: Response to Illinois State Board of Education's ESSA State Draft Plan #1

Dear Dr. Smith,

Thank you for the opportunity to respond to the first draft of the state's plan for implementation of the Every Student Succeeds Act (ESSA).

Healthy Schools Campaign (HSC) is a nonprofit organization dedicated to ensuring that all students have access to healthy school environments so they can learn and thrive. ESSA recognizes the need for schools to support the whole child and specifically acknowledges the importance of promoting physical and mental health and wellness. The implementation of ESSA provides an important opportunity to more fully integrate student and school health into education policy and practice and support the integral connection between health and learning.

In our comments, HSC provides recommendations to the Illinois State Board of Education (ISBE) on improving the proposed Illinois state plan, responses to the questions raised in the plan, and supplemental background information to justify our recommendations. Additional information is available upon request.

ISBE has already recognized the connection between student health and education and has taken action to support social and emotional learning, physical health, improved attendance and forward-thinking discipline practices. We urge you seize the new opportunity presented by the implementation of ESSA to further support student health and school wellness. Illinois has been a leader and now has a chance to create a national model for incorporating health and wellness into its accountability systems, report cards, needs assessments and professional development.

We appreciate the opportunity to comment on the revised draft and welcome the opportunity to discuss these recommendations with you. We look forward to seeing ESSA fully implemented so that every child is in school and ready to learn.

Sincerely,



Rochelle Davis, President and CEO

Executive Summary: HSC Recommendations

The Every Student Succeeds Act (ESSA) presents a new opportunity for schools to address student health and wellness. While both No Child Left Behind (NCLB) and ESSA share the goal of improving academic performance, ESSA offers a different pathway, one that explicitly and implicitly recognizes the need for schools to support the whole child. ESSA specifically acknowledges the importance of supporting the physical and mental health and wellness of students.

HSC recommends incorporating student health and school wellness into the Illinois state plan through accountability systems and school report cards. The accountability systems and report cards should be supported by needs assessments that consider health and wellness, and identify evidence-based policies, practices and programs to lead to school improvement. In addition, educators should be provided appropriate professional development to support their efforts to better meet the needs of the whole child. This comprehensive approach will create a state plan that is supportive to school districts and schools and, most importantly, students. Toward that end, HSC recommends:

- **Using chronic absenteeism and/or aggregate student fitness scores** as the accountability measure for school quality. To support continued improvement, HSC recommends that school report cards, needs assessments, evidence-based practices and professional development programs be designed to support continued improvements on these two metrics. HSC further recommends preserving the presentation of both of these indicators on school report cards.
- **Including other health-related indicators on school report cards** to illustrate various aspects of a healthy school environment.
- **Designing and implementing assessments for health, physical education (PE) and social and emotional learning** that are aligned with the state's existing (or emerging) standards to ensure that school districts are offering students a well-rounded education.
- **Creating supportive environments to promote staff wellness**, reduce stress and improve teacher satisfaction and retention.

HSC's recommendations are related to the following sections of Illinois' proposed plan, as well as sections that are pending public comment, including those related to accountability measures.

Organized by content areas, HSC recommendations focus on:

	Standards and Assessments	Accountability System	Report Cards	Needs Assessments	School Improvement/Evidence-Based Interventions	Professional Development
Chronic Absenteeism		✓	✓	✓	✓	✓
Student Fitness/ Access to Physical Activity	✓	✓	✓	✓	✓	✓
Social and Emotional Learning	✓			✓	✓	✓
Other Health-Related Factors (including access to health professionals and optimal facilities)			✓	✓	✓	✓
Optimizing Working Conditions for Staff			✓	✓	✓	
Ensuring a Well-Rounded Education				✓	✓	✓

Introduction: Illinois Should Integrate Health and Wellness Into Education Policy and Practice

The Learning-Health Connection

The link between health and learning is clear: healthy, active and well-nourished children are more likely to attend school, be ready to learn and stay engaged in class.

Despite widespread agreement on these facts, many school environments do not promote health. Too many students spend their days in buildings with unhealthy air, have limited opportunities for

physical activity and have inadequate access to fresh water, nutritious food or a school nurse. Many students come to school with one or more health problems that impact their ability to learn. According to the U.S. Centers for Disease Control and Prevention (CDC), the incidence of chronic diseases—including asthma, obesity and diabetes—has doubled among children over the past several decades. This has implications not only for children’s long-term health but also for their opportunities to learn and succeed at school. Just as important, we know that students who achieve success in school are more likely to achieve better health over their lifetime.¹

This challenge is especially critical in light of the nation’s vast health and educational disparities. Low-income and minority students experience higher rates of health challenges that can hinder learning. These students are also more likely to attend schools that have unhealthy environments and do not invest in evidence-based prevention. Unless we address these disparities in health status and school environments, efforts to close the education achievement gap will fall short.

Illinois Policy Recognizes the Importance of Student Health and Wellness

The State of Illinois recognizes the inextricable link between health and learning. Existing state policies require or encourage schools to address a range of issues including social and emotional learning, school climate, PE and fitness, chronic absenteeism and discipline practices. In fact, one of the goals of the current state plan is for every school to offer a safe and healthy learning environment for all students.²

The Children’s Mental Health Act of 2003 required the Illinois State Board of Education (ISBE) to "develop and implement a plan to incorporate social and emotional development standards as part of the Illinois Learning Standards." Accordingly, Illinois became the first state in the country to adopt social and emotional learning standards spanning all grade levels. These ten standards seek to promote mental wellness, prevent mental health issues, improve school connectedness, reduce student absenteeism and suspensions, and improve academic outcomes. Additionally, ISBE has required school districts to administer the 5Essentials Survey in order to identify indicators that positively affect student success, including “effective leaders,” “collaborative teachers,” “involved families,” “supportive environments,” and “ambitious instruction.”

Further demonstrating the state’s commitment to the whole child, in 2011, Illinois recognized the need to **incorporate health and wellness measures into the school report card**. Illinois was the first state to require daily PE for all students. Illinois officially recognizes that comprehensive K-12 physical development and health programs contribute to students achieving active and healthy lives. As a result of the work by the Illinois Enhance Physical Education Task Force, the state revised State Goals 19-24—and accompanying physical development and health performance descriptors—in order to promote movement skills (goal 19), physical fitness (goal 20), team-building (goal 21), health promotion, prevention, and treatment (goal 22), human body systems

¹ Health in Mind: Improving Education Through Wellness, by HSC and Trust for America’s Health, May 2012. Available at https://healthyschoolscampaign.org/wp-content/uploads/2015/07/Health_in_Mind_Report.pdf

² Illinois State Board of Education: Progress Report of the Comprehensive Strategic Plan for Elementary and Secondary Education. Available at http://www.isbe.net/reports/strategic_plan16.pdf

(goal 23), and communications and decision-making (goal 24). Earlier this year, ISBE adopted rules requiring that all students in grades 3-12 be tested in four FitnessGram assessments in order to measure student progress in aerobic capacity, flexibility, muscular endurance and muscular strength.

Next, the state has recognized the importance of addressing **chronic absenteeism**. The Attendance Commission, created by Public Act 99-0432, began meeting late last year and submitted its first report in March. The commission is charged with identifying strategies to help parents, educators, principals, superintendents and ISBE address and prevent chronic absenteeism. The reasons for chronic absenteeism are many but health-related issues, such as asthma and oral health, are common factors affecting attendance rates. Another important factor affecting attendance is school discipline. In September 2016, Illinois Senate Bill 100 went into effect and eliminated automatic “zero tolerance” suspensions and expulsions, required that schools exhaust all other means of intervention before expelling students or suspending them for more than three days, prohibited fines and fees for misbehavior and required schools to communicate with parents about why certain disciplinary measures are used. Under the new law, students returning from suspension will be allowed to make up the school work they missed, and students suspended for more than four days will be offered access to supports such as academic counseling and mental health services.

Finally, Illinois has acknowledged that **facilities** are an integral part of a healthy school environment. Schools built with state funds must meet a green standard and the Illinois Green Ribbon Schools program recognizes schools that integrate best practices in energy, water and waste management, healthy school environments and environmental education. Schools must also practice safe use of pesticides in line with the Integrated Pest Management plan required by the Structural Pest Control Act. The Illinois Green Cleaning Schools Act requires the use of environmentally sensitive cleaning and maintenance products in all Illinois public and private elementary and secondary schools with 50 or more students.

ESSA: A New Opportunity to Support Student Health and Wellness

ESSA presents a new opportunity for schools to address student health and wellness. While both NCLB and ESSA share the goal of improving academic performance, ESSA offers a different pathway, one that explicitly and implicitly recognizes the need for schools to support the whole child. ESSA specifically acknowledges the importance of supporting student physical and mental health and wellness.

ESSA recognizes the importance of student health and school wellness in a number of important ways. A few examples follow:

- Health and PE have been added to the list of subjects that define a student’s “well-rounded education.” Schools eligible for Title I grants may use funding to develop and implement “well-rounded programs[s] of instruction.”
- Each State Education Agency (SEA) is required to create a state accountability system with at least four indicators of their choosing, including three academic indicators and one non-

academic indicator (a measure of school quality or success). Examples of non-academic indicators listed in ESSA include measures of school climate and safety, such as chronic absenteeism and incidences of violence.

- Each SEA must release an annual state report card describing how the state is meeting Title I requirements. In addition to measures such as per-pupil expenditures and student achievement, the report cards must include rates of chronic absenteeism and incidences of violence, including bullying and harassment. Local Education Agencies (LEAs) are also required to prepare and disseminate report cards to the public that include the same minimum requirements as the SEA report cards (e.g., the requirement to include rates of chronic absenteeism).
- Title I funded schools with Schoolwide Program Plans must design these plans based on comprehensive needs assessments for the entire school. While the plans should focus on the needs of all children in the school, designers should place particular emphasis on the needs of high-risk students. This may include counseling, school-based mental health programs and specialized instructional support.
- In order for SEAs to receive Title I grants, ESSA requires them to develop state plans in coordination with specialized instructional support personnel. Specialized instructional support personnel include school counselors, school social workers, school psychologists, school nurses and others.
- States receiving Title I funding must have state plans that describe how they will improve school conditions for student learning through reducing discipline practices that remove students from the classroom and aversive behavioral interventions that compromise student health.
- Title IV, Part A of ESSA consolidates 49 grant programs, some of which focused on student health, into a new grant program called the Student Support and Academic Enrichment Grant. SEAs and LEAs can use these grants to promote student health, increase access to a well-rounded education and improve the use of technology.
- Access to professional development has been expanded under Title II of ESSA to include all teachers, as well as administrators and other staff. This expansion of eligibility, along with a broadening of acceptable programs, allows for professional development of all staff to include health and wellness-related training.

Given the importance of student health and the key role that schools can play in promoting student health and wellness, incorporating health and wellness into Illinois' state plan in a comprehensive fashion will provide educators, policymakers and the public with a more complete understanding of how student health and wellness are impacting learning and academic outcomes and can serve as a decision-making compass, not stigmatizing parents and students or blaming educators but rather, helping schools and school districts effectively drive improvement strategies. If accountability systems recognize the full experience of a student—including health conditions that might impede learning—educators can develop a more comprehensive understanding of student performance, and can 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 well-being. Other community institutions, most notably hospital and public health

departments, can help support schools in their efforts to ensure students are in school, healthy and ready to learn.

HSC Responds to Illinois' Proposed State Plan: *Expanding the Opportunity for Illinois to Support Optimal Student Achievement, Development, and Health*

HSC recommends incorporating student health and school wellness into Illinois' state plan through accountability systems and school report cards. The accountability systems and report cards should be supported by needs assessments that consider health and wellness, and identify evidence-based policies, practices and programs to lead to school improvement. In addition, educators should be provided appropriate professional development to support their efforts to better meet the needs of the whole child. This comprehensive approach will create a state plan that is supportive to school districts and schools and, most importantly, students. Toward that end, HSC recommends:

- **Using chronic absenteeism and/or student fitness scores** as the accountability measure for school quality and supporting these metrics through the needs assessments, evidence-based practices and professional development.
- **Including other health-related indicators on school report cards** to illustrate various aspects of a healthy school environment.
- **Designing and implementing assessments for health, PE, and social and emotional learning** that are aligned with the state's existing (or emerging) standards to ensure that school districts are offering students a well-rounded education.
- **Creating supportive environments to promote staff wellness**, reduce stress and improve teacher satisfaction and retention.

These recommendations are described in greater detail below, aligned by the sections of the Illinois proposed state plan.

Challenging Academic Standards and Academic Assessments (Proposed Illinois State Plan, p. 6): Expanding to Include Assessments of Health-Related Standards

ESSA requires schools to offer students a "well-rounded education." The definition of well-rounded education includes health education and PE. In addition, each state plan must provide an assurance that the state has adopted challenging academic content and high quality student academic assessments in a number of subjects such as math, reading or language arts, and science and may develop standards and implement assessments in other subjects.

Given that Illinois already has standards for social emotional learning, health education and PE, HSC recommends implementing assessments for these areas. Developing and implementing assessments on these content areas will support the collection of statewide data and assist educators in understanding the importance of competency in these areas on overall academic performance. Additionally, having data on the effect of instruction on student acquisition of knowledge and skills, based on state standards, will better equip Illinois and school districts with critical information about resource allocation and professional support in these content areas. We do not recommend that these assessments be used in state accountability systems or in a punitive

manner; rather, these assessments should be used to improve teaching and learning in these critical content areas.

State-level assessments of social and emotional learning are still emerging and states and districts are considering how to measure these concepts in ways that are valid, reliable and accurate. As states continue this work, Illinois has the opportunity to join the leadership on assessments. As Illinois has led the country on adopting social and emotional learning standards, the state could also be the leader in determining the best methodology for assessing student acquisition of knowledge against these progressive state standards. Examples of how states and districts have assessed social and emotional learning include California's CORE Districts, which have identified ways to assess four key social and emotional indicators. Other states have adopted surveys of school climate, such as the ED School Climate Surveys, which include some questions about social and emotional learning, while some school districts use student-level assessments such as The Search Institute's Developmental Asset Survey, among others.

In regards to assessing PE, states including [New Hampshire](#) and [Washington](#) have developed guidance for required assessment of students' progress in PE against state standards. Illinois may consider developing similar requirements, assessments and corresponding guidance.

***Illinois' Accountability Support and Improvement for Schools
Accountability System and Indicators (Proposed Illinois State Plan, pp. 13-22): Include Chronic Absenteeism and Student Fitness as Measures of School Quality and Student Success***

Based on the correlation of chronic absenteeism and student fitness with student achievement and the ability to provide actionable information on these metrics to educators to improve school environments, HSC recommends that the state accountability system include these metrics as their indicators of school quality and student success. The proposed indicators meet the U.S. Department of Education's proposed requirements for these measures, as shown below.

Table One: Proposed Accountability Measures Meet U.S. Department of Education's Proposed Requirements

	Chronic absenteeism	Physical fitness
Is valid, reliable and comparable across all LEAs in the state	✓	✓
Can be disaggregated for each subgroup of students	✓	✓
Includes a different measure than the state uses for any other indicator	✓	✓
Is supported by research finding a connection to student achievement	✓	✓

Aids in meaningful differentiation among schools by demonstrating varied results across schools	✓	✓
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Chronic Absenteeism: HSC recommends that ISBE include the reduction in the rate of chronic absenteeism as an accountability measure of school quality or student success.

Chronic absenteeism, which is commonly defined as missing 10 percent or more of school days for any reason, excused or unexcused, detracts from learning and is a proven early warning sign of academic risk and school dropout, resulting in decreased literacy and numeracy skills in elementary levels, higher rates of school failure in middle school, high school dropout and lower levels of college completion. In Illinois, about 13 percent of students are chronically absent, with 12 percent of school districts accounting for 75 percent of chronically absent students.

Given the critical link between chronic absenteeism and educational outcomes, **HSC recommends that ISBE include chronic absenteeism in its state system as an accountability measure.** ISBE should adopt the definition of chronic absenteeism used by the nonprofit Attendance Works, which defines it as missing 10 percent or more of school days, including excused and unexcused absences as well as days missed due to suspensions. Schools are already required to report chronic absenteeism data to the U.S. Department of Education’s Office of Civil Rights (OCR) and include information on the school report card. Chronic Absenteeism was proposed by Illinois’ Accountability Workgroup (see p. 16 of proposed plan) as a potential non-academic measure of school quality and student success. When establishing this indicator, ISBE should consider Connecticut’s approach. In Connecticut, schools can receive up to 100 points total for this metric, with up to 50 points for their overall chronic absenteeism rate and up to 50 points for a high-need subgroup chronic absenteeism rate. Full points are awarded if chronic absenteeism is 5 percent or lower. No points are awarded if the rate is 30 percent or greater. Rates between 30 percent and 5 percent are awarded proportional points. Once ISBE has shared a draft accountability system, HSC will provide specific recommendations for incorporating chronic absenteeism.

Student Fitness: HSC recommends that a physical fitness measurement be included as an accountability measure of school quality and student success.

According to the [Physical Activity Guidelines for Americans](#), children require 60 minutes of physical activity daily for optimum health and well-being. Physical activity has been correlated with positive academic achievement and behavior, including grades and standardized test scores. Schools can promote physical activity before, during and after school to ensure that their students are ready to learn.

The cornerstone of a Comprehensive School Physical Activity Program (CSPAP) is high-quality PE, which provides an equitable opportunity for all students to be physically active in school. Illinois has existing PE state standards and recently adopted a policy that requires school districts to use FitnessGram assessments to measure students’ progress toward the state standard for personal fitness assessment, as well as to assess student progress in aerobic capacity, flexibility, muscular endurance and muscular strength. School districts are required to report aggregate data to ISBE by May 1 of each year.

HSC recommends that ISBE leverage existing data to include physical fitness measurement as an accountability measure to assess school quality and student success. This measure could assess the percentage of students who score within the Healthy Fitness Zone on their FitnessGram assessments.

Several states require that students take the FitnessGram assessment to measure fitness levels. In 2015, Connecticut became the first state to include student fitness as part of their Next Generation Accountability System, which was developed with stakeholder feedback. Once ISBE has shared a draft accountability system, HSC will provide specific recommendations for incorporating a student fitness measure.

In order to ensure that Illinois' accountability system is supportive, HSC's recommendations around school report cards, needs assessments, evidence-based interventions and professional development are designed to support HSC's recommendation to incorporate chronic absenteeism and student fitness as an accountability measure. While these recommendations can be taken separately, HSC strongly encourages ISBE to consider them as an integrated approach to support continual improvement.

Illinois State Report Card: Maintain Existing Health-Related Measures and Add Additional Measures

HSC's recommendations around school report cards are designed to provide parents and others with information that create a more comprehensive picture of a school's efforts for continual improvement around attendance and student fitness.

Chronic Absenteeism: ESSA already requires states that receive Title I funding to include chronic absenteeism on their school report card. HSC recommends that ISBE define chronic absenteeism as missing 10 percent or more days of school, including excused and unexcused absences and suspensions. In addition, ESSA already requires states that receive Title I funding to include other measures that relate to or inform student attendance: rates of in-school suspensions, out-of-school suspensions and expulsions; school-related arrests and referrals to law enforcement; and incidences of violence, including bullying and harassment. In addition, HSC recommends the following measures, which also relate to or inform chronic absenteeism on the school report card:

- **School breakfast participation:** When students eat breakfast, they have better attendance rates and improved academic achievement. However, according to the Food Research and Action Center, only about half the number of students who are eligible for free school breakfast actually eat breakfast.³ School report cards should include the percentage of students eligible for free and reduced school meals, the percentage of students who eat lunch and the percentage of students who eat breakfast at school.
- **Integrated Pest Management and Green Cleaning Policy:** According to the Environmental Protection Agency, 10.5 million school days are missed each year due to asthma. Maintaining a

³ Food Research & Action Center, "Mapping School Breakfast: Participation, Funding, and Growth." Available at: http://frac.org/frac_map

healthy school environment by eliminating triggers for chronic illnesses such as asthma would positively impact attendance rates.⁴ Report cards should indicate whether a school's policies and practices comply with state law related to Integrated Pest Management and green cleaning.

- Ratio of students to school nurses: Research published in the Journal of School Health shows that when students have access to a school nurse, their attendance improves because they are better able to manage chronic illness and can avoid trips to the emergency room.⁵ This information is already being submitted to the U.S. Department of Education's Office of Civil Rights (OCR).
- Ratio of students to school mental health professionals: Mental health conditions, behavior issues and trauma are all causes of school avoidance and truancy.⁶ This information is already being submitted to OCR.

Student Fitness: Illinois currently includes measures related to PE on the school report card, which HSC supports maintaining. HSC recommends that ISBE include additional measures on school report cards which relate to student fitness. Additional measures could include but are not limited to:

- Daily recess offered
- Policies for requiring physical activity or movement during the day (such as after 20 minutes of continuous sitting)
- Policies encouraging students to bike or walk to school
- Average class size for PE, by grade
- Number of qualified PE teachers
- Percentage of students granted PE waivers
- Percentage of students with disabilities who participate actively in PE classes
- Strength of the district's wellness policy as measured by using the [WELLSAT](#) or similar tool
- Policies against withholding recess or physical activity as a form of punishment

State Support and Improvement of Low-Performing Schools (p. 27-30): Ensure Rigorous and Comprehensive Needs Assessments and Evidence-Based Interventions

Comprehensive Needs Assessments Should Assess Root Causes of Chronic Absenteeism and Design Evidence-Based Interventions Based on Findings

Under Title I, schools identified for targeted or school-wide improvement interventions must undertake a comprehensive needs assessment to hone in on specific areas of need, as well as available resources and assets. In order to ensure that the Illinois accountability system is supportive of continual improvement, HSC's recommendations around needs assessments and

⁴ United States Environmental Protection Agency, "Managing Asthma in the School Environment." Available at: <https://www.epa.gov/iaq-schools/managing-asthma-school-environment>

⁵ "School Nurses' Role in Asthma Management, School Absenteeism, and Cost Savings: A Demonstration Project." Available at: <http://onlinelibrary.wiley.com/doi/10.1111/josh.12102/abstract>

⁶ Upstream Public Health, "The Connection Between Missing School and Health: A Review of Chronic Absenteeism and Student Health in Oregon." Available at: <http://www.attendanceworks.org/wordpress/wp-content/uploads/2014/10/Chronic-Absence-and-Health-Review-10.8.14-FINAL-REVISED.pdf>

evidence-based interventions are designed to support HSC's recommendation to incorporate chronic absenteeism and student fitness as an accountability measure. While HSC's recommendations can be taken separately, HSC strongly encourages ISBE to consider them as an integrated approach to supporting continual improvement.

Comprehensive needs assessments should help schools identify the root causes of chronic absenteeism specific to their student population. For example, while the causes of chronic absenteeism are multifold, student health conditions present ongoing challenges to attendance. Health-related chronic absenteeism primarily affects young children in ways that can shape academic outcomes for their entire school career. Both chronic and acute health conditions can prevent students from attending school. Commonly conditions include dental caries, asthma, influenza, diabetes, obesity and related illness, seizure disorders, mental health and anxiety and vision problems. Additionally, students who are less connected to their school or adults in their schools, or those who experience a non-supportive school climate, may be less likely to come to school.

A needs assessment that helps schools understand the root causes of chronic absenteeism should take into account a range of student needs, including school climate and safety, environmental health risks, or the availability of qualified on-site school health professionals. The needs assessment should help schools create coordinated interventions that include school and community-based resources. ISBE should include some of the following in the needs assessments template:

- Information about the health status of students, such as the number of students attending school with asthma, diabetes or other chronic conditions
- School climate and safety, such as through Illinois' [5Essentials](#) Survey or the U.S. Department of Education's [School Climate Survey](#)
- School discipline policies
- School health policies and practices using the CDC [School Health Index](#) or the Alliance for a Healthier Generation [Healthy Schools Program assessment](#) (HSP)
- Environmental health needs of school buildings against the Environmental Protection Agency's (EPA) [Model School Environmental Health Program](#) guidelines or, at minimum, the district's compliance with Illinois' school environmental health requirements
- Staffing patterns, such as the ratio of qualified health professionals to students, including but not limited to school nurses, social workers and school counselors using district human resources data
- For schools that are eligible for the Community Eligibility Provision, which provides free meals to all students, indicate if schools are participating in this program

ISBE could help school districts identify additional public agencies or nonprofits that work on public health, health care, juvenile justice or mental health, to find locally available data to incorporate into their assessments, such as:

- Hospital data, such as pediatric emergency room visits for specific conditions
- Youth Risk Behavior Survey data (if available locally)

- Environmental health data, such as air quality
- Crime rates by neighborhood, including gang activity

Based on the findings from a school's comprehensive needs assessments, school districts could opt to use Title I funds to target policy, program and practice interventions to address the root causes of chronic absenteeism, in partnership with community-based resources (to the extent possible). ISBE could ensure that School Improvement Plan templates include opportunities for schools to adopt interventions designed to reduce chronic absenteeism rates in the school.

In addition, ISBE could provide examples of evidence-based policy, practice and/or program interventions such as:

- Creating a supportive school climate that promotes health and well-being; for example, training teachers on methods such as Responsive Classroom, Positive Behavioral Interventions and Supports, or other such approaches
- Adopting an early warning system to identify students at greatest risk of being chronically absent
- Addressing environmental health challenges of the school to reduce asthma triggers; for example, implementing Integrated Pest Management, reducing unnecessary chemicals in the school, implementing mold remediation, and other approaches
- Ensuring that students have chronic disease management plans, such as food allergy or asthma action plans that are shared and discussed with school personnel, including classroom teachers
- Developing staffing structures to support students with a range of needs
- Creating or enhancing partnerships with community entities to create wrap-around models of care

HSC recommends that ISBE consult the U.S. Department of Education's What Works Clearinghouse, the Substance Abuse and Mental Health Services National Registry of Effective Programs and Practices, the Centers for Disease Control and Prevention's Division of Adolescent and School Health, and Illinois' Institutions of Higher Education for specific policies, programs and interventions.

Comprehensive Needs Assessments Should Assess Opportunities for Physical Activity in Schools and Design Evidence-Based Interventions Based on Findings

Likewise, comprehensive needs assessments should identify opportunities to promote optimal achievement, youth development and health. For example, by assessing student fitness outcomes, schools can determine whether or not they need to increase the opportunities before, during and after school for students to be physically active. ISBE can provide technical assistance and support to schools in identifying their priority areas for focus and intervention by first encouraging schools to undertake a baseline needs assessment. Several publicly available tools also provide guidance on action planning to make improvements in the school environment. These tools include:

- The CDC's [School Health Index](#), specifically the PE and Other Physical Activity Programs module (Module 3)

- The [Let's Move Active Schools](#) baseline assessment (schools will need to first register for Let's Move Active Schools)
- The [Alliance for a Healthier Generation Healthy Schools Program](#) assessment

Both the Let's Move Active Schools and the Alliance for a Healthier Generation's assessments mirror the School Health Index. Schools may already have engaged in one of these assessments within the two previous school years. Conducting these assessments assists schools by helping them create action plans, and connects them to resources, funding opportunities and potential national recognition.

HSC recommends that ISBE promote the CDC's Comprehensive School Physical Activity Program (CSPAP), which is the most comprehensive, widely recognized and commonly accepted intervention to improve physical activity environments in schools and thus, opportunities for students to be physically active before, during and after school.

Another effective strategy for supporting physical activity in schools is the creation of school health councils. School districts that participate in the federal school meal program are required to have a wellness policy that guides the district's efforts to promote healthy eating and physical activity. According to the CDC, establishing a school health council is an effective way to achieve an enduring focus on promoting physical activity and healthy eating.⁷

On an additional note, given the importance of student health to academic achievement, PEW Health Impact Project is conducting a rapid Health Impact Assessment on how health and wellness in school-level needs assessments could impact academic achievement. The preliminary findings indicate that school level needs assessments and the resulting comprehensive support and improvement plans could be strengthened by explicitly examining important health determinants and health issues that can contribute to student academic achievement and school performance. Their [preliminary findings](#) were articulated in their response to the U.S. Department of Education proposed rules for ESSA implementation. A full report will be available before the end of the year.

Supporting Excellent Educators: Systems of Educator Development, Retention, Advancement, and Support (pp. 33-41): Preparing Educators to Support Students' Achievement and Health

As schools refine their approaches to addressing the needs of all learners, educators will require supplemental training on the root causes of chronic absenteeism and methods for promoting healthy, caring and positive school environments. Although ISBE proposed a list of potential professional learning opportunities, other emerging issues might also be added to the proposed list and some topics seemed redundant.

HSC applauds ISBE for supporting this comprehensive range of proposed learning opportunities and recommends that ISBE organize the training into general categories on pages 47-48 of the

⁷ U.S. Department of Health and Human Services Centers for Disease Control and Prevention "Make a Difference at Your School!" report. Available at: <http://www.cdc.gov/HealthyYouth/KeyStrategies/pdf/make-a-difference.pdf>

proposed plan. These trainings should support the development of educator competency related to understanding, assessing and addressing the root causes of chronic absenteeism. For example, these categories could include:

- Universal design for learning
- Social emotional learning
- Capacity building for school, community and parent/caregiver engagement

These general categories would allow ISBE maximum flexibility to add specific training content within these categories and to continually evaluate the professional development opportunities to ensure alignment with evidence-based best practices.

In addition, ISBE should provide professional development for other staff, including:

- Superintendents and principals, on how to develop and implement an early warning system, how to create a school environment that is supportive of students and staff, and how to support student health and school wellness
- School personnel responsible for maintaining school facilities around EPA's School Environmental Health Program, green cleaning and integrated pest management

ISBE should support schools' adoption of physical activity policies and practices by encouraging professional development on these content areas. ISBE should offer professional development or could link educators with other groups in the field that provide learning opportunities, including many that are free for participants. Groups such as the Alliance for a Healthier Generation and SHAPE America offer a wide range of opportunities, including webinars, podcasts and in-person training sessions.

Positive Working Conditions: HSC recommends that ISBE assess school staff's working conditions to identify strategies to improve overall working conditions and improve teacher satisfaction, reduce teacher burnout and increase staff retention.

Title II funds can be used by states and school districts to conduct and publicly report on an assessment of educator support and working conditions that would be developed with teachers, leaders, parents, students and the community. For example, Title II funds could be used to develop and conduct an evaluation of teacher stress levels to better understand teachers' working conditions.

Positive working environments are important for teacher retention and teacher productivity. Additionally, there is a direct link between the well-being of teachers and the educational outcomes of their students. According to a report from Pennsylvania State University and the Robert Wood Johnson Foundation, "elementary school teachers who have greater stress and show more symptoms of depression create classroom environments that are less conducive to learning, which leads to poor academic performance among students." Effects of teacher stress range from lower

scores on math tests to more behavior problems and lower levels of social adjustment and student engagement.⁸

High stress and poor working environments drive many teachers out of the profession. Turnover is most likely to occur in poorly performing schools, which contributes to a long-term destabilization of low-income neighborhood schools. This cycle deepens existing inequities in the school system.

HSC recommends that ISBE conduct and publicly report on an assessment of educator support and working conditions, with an emphasis on stress and the condition of the school facility, and use those findings to inform other policies and practices.

Table Two: Summary of Recommendations for Accountability Measure, School Report Card Measures, Needs Assessment, Evidence-Based Practices and Professional Development

	Chronic Absenteeism	Student Fitness
Accountability Measure	Reductions in the percent of students who are chronically absent	The percent of students who score within the Healthy Fitness Zone on their FitnessGram assessments; or the percent of students who improve their Healthy Fitness Zone scores on the assessment over the school year
School Report Card	<ul style="list-style-type: none"> Rates of in-school suspensions, out-of-school suspensions and expulsions School-related arrests Referrals to law enforcement Chronic absenteeism Incidences of violence, including bullying and harassment <p>(Note: All of these are required.)</p>	<ul style="list-style-type: none"> Number of days of PE (Already included) Daily recess offered Policies for requiring physical activity or movement during the day Policies encouraging students to bike or walk to school Average class size for PE, by grade Number of qualified PE teachers Students granted PE waivers Percent of students with disabilities who participate actively in PE classes
Needs Assessment	<ul style="list-style-type: none"> Information about the health status of students School climate and safety, 	<p>One of the following:</p> <ul style="list-style-type: none"> The CDC's School Health Index, specifically the PE and Other

⁸ Pennsylvania State University and Robert Wood Johnson Issue Brief, Teacher Stress and Health: Effects on Teachers, Students, and Schools, Greenberg M, Brown J, and Abenavoli, September 2016. Available at: http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2016/rwjf430428

	<p>such as through Illinois' 5Essentials Survey or the U.S. Department of Education's School Climate Survey</p> <ul style="list-style-type: none"> • School discipline policies • CDC School Health Index • EPA's Model School Environmental Health Program guidelines or, at minimum, the district's compliance with Illinois' school environmental health requirements • Staffing patterns, such as the ratio of qualified health professionals to students, including but not limited to school nurses, social workers, and school counselors using district human resources data 	<p>Physical Activity Programs module (Module 3)</p> <ul style="list-style-type: none"> • The Let's Move Active Schools baseline assessment • The Alliance for a Healthier Generation Healthy Schools Program assessment
<p>Evidence-Based Interventions</p>	<ul style="list-style-type: none"> • A supportive school climate that promotes health and well-being such as Responsive Classroom, Positive Behavioral Interventions and Supports • An early warning system to identify students at greatest risk of being chronically absent • Environmental health challenges of the school to reduce asthma triggers, such as Integrated Pest Management, reducing unnecessary chemicals in the school, implementing mold remediation and other issues 	<p>CDC's CSPAP, which is the most comprehensive, widely recognized and commonly accepted intervention to improve physical activity environments in schools and thus, opportunities for students to be physically active before, during and after school</p>

	<ul style="list-style-type: none"> • Ensuring that students have chronic disease management plans • Staffing structures to support students with a range of needs • Partnerships with community entities to create wrap-around models of care 	
Professional Development	<ul style="list-style-type: none"> • Universal design for learning • Social and emotional learning • Capacity building for school, community and parent/caregiver engagement • For superintendents and principals in how to develop and implement an early warning system, how to create a school environment that is supportive of students and staff, how to support student health and school wellness • For school personnel responsible for maintaining school facilities around EPA’s School Environmental Health Program, green cleaning and integrated pest management 	<p>ISBE should offer professional development or could link educators with other groups in the field that provide learning opportunities, including many that are free for participants. Groups such as the Alliance for a Healthier Generation and SHAPE America offer a wide range of opportunities, including webinars, podcasts and in-person training sessions.</p>

Additional Comments

In addition to providing the above recommendations, HSC would like to respond directly to questions presented by ISBE in the draft ESSA implementation plan.

Combining Funding Streams: On page six of the draft plan, ISBE requests ideas regarding how funding streams can be combined in order to support each and every child as she or he progresses through school.

Illinois has an important opportunity to expand Medicaid-funded school health services that provide students with access to school health services, including mental health services, for children across the state. Funding for school health services would complement Title I funds for school-wide interventions that support student health. A recent [decision](#) by the Centers for Medicare and Medicaid Services, along with the transition of Illinois' Medicaid population to managed care, present two key opportunities for expanding Medicaid-funded school health services in Illinois. Currently, 45.5 percent of Illinois' children, or 1.5 million children, are enrolled in Medicaid.⁹ These services could include physical, behavioral and mental, and sexual health services, as well as dental and vision, prevention, screening and disease management. It also could include acute and urgent care as well as case management.

In the summer of 2016, the U.S. Department of Education convened a learning collaborative to assist states in developing state strategies to expand the delivery of health services to Medicaid enrolled students. While Illinois did not participate, there is an opportunity to join this autumn. HSC, which is coordinating the technical assistance for this national learning collaborative, is ready and willing to support Illinois in convening a team and developing a strategy.

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. Engagement across a broad array of stakeholders is a necessary part of any effort to identify and address social determinants of health and education because a range of social and economic factors may be contributing to student learning and key academic metrics. This requirement for stakeholder engagement is an opportunity for the state, school districts and schools to engage the health sector to leverage knowledge, expertise and access to resources. This should include public health agencies, hospitals, federally qualified health clinics and others. HSC recommends that ISBE adopt a strong stakeholder engagement protocol as articulated by Partners Four. In addition, ISBE should provide training and support to school districts and schools on how to engage the health sector.

Conclusion

HSC is grateful for the opportunity to comment on Illinois' proposed plan to update our state system for educational accountability, school improvement, and educator preparation, support and

⁹ American Academy of Pediatrics: Medicaid Facts - Illinois, March 2015 https://www.aap.org/en-us/Documents/federaladvocacy_medicaidfactsheet_illinois.pdf

retention. HSC applauds Illinois' long-standing commitment to student achievement, health and development and for taking action to support students. We urge you to continue to advance your work by recognizing the importance of social and emotional learning, physical health, improved attendance and other related issues. We look forward to your leadership on these critical issues and stand ready to assist in any way possible.