U.S. Department of Education
Attention: Meredith Miller
400 Maryland Ave SW, Room 3C106
Washington, DC 20202-2800

August 1, 2016

Docket ID: ED-2016-OESE-0032 Title I, §200.21(c)

Re: Comments on Title I, §200.21(c) School-Level Needs Assessment; Proposed Rule

Dear Ms. Miller,

The Health Impact Project supports the efforts of the U.S. Department of Education (ED) to ensure the successful implementation of the Every Student Succeeds Act (ESSA). Our work focuses on bringing health considerations into decision-making across multiple sectors, primarily through the use of health impact assessment (HIA). HIA is a systematic process that brings together scientific data, health expertise, and stakeholder input to identify the potential and often-overlooked positive and negative public health effects of proposed laws, regulations, projects, policies, and programs.

Education and health are inextricably linked. Many of the same social determinants that shape health, such as housing stability, food insecurity, and violence, also shape education outcomes. In turn, educational attainment is a well-documented determinant of health outcomes and an area where significant disparities exist by race, ethnicity, income, and other social and economic factors.[1] In June 2016, the Health Impact Project initiated a rapid HIA—an expedited HIA that can be completed in a short time frame—focused on the proposed Title I regulations §200.21(c) regarding school-level needs assessments and their implementation. The HIA aims to assess the extent to which the proposed required elements of a school-level needs assessment, as outlined in the draft rule, would lead to the development of comprehensive support and improvement plans and school improvement activities that address key health determinants and outcomes affecting student academic achievement and school performance. Recognizing the strong connections between education and health, the central question this HIA seeks to answer is whether the inclusion of health in the school-level needs assessments and resulting comprehensive support and improvement plans would ultimately affect academic achievement and health outcomes in the lowest performing schools. We anticipate completing the rapid HIA by September, and disseminating a full set of findings by the end of the year. In this letter, we provide our preliminary research findings to ensure this work can inform ED's rule-making.

Based on the HIA's initial findings, we believe that school-level needs assessments conducted under the proposed Title I regulations §200.21(c), 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. For years, high-need and low-performing schools have been required to develop plans for improvement. Despite great intentions and strong efforts at all levels, many of the same schools and student population groups continue to

face disparities in education outcomes. By more explicitly addressing underlying factors affecting academic achievement, especially health, in the development and implementation of school improvement plans, we can truly achieve what the new law intends: that every student succeeds. The rule-making in this area also has important equity implications, given that the schools likely to be identified as needing comprehensive support and improvement disproportionately serve low-income students and students of color, populations that are already at risk for poor health and education outcomes. One recent study found that 40 percent of students enrolled in high schools with low graduation rates are African American, though African American students make up less than 16 percent of the total K-12 public education population.[2] Similarly, 70 percent of students enrolled in these schools are from low-income families, though these students make up 50 percent of the overall K-12 population. In interviews conducted for this HIA, respondents indicated that the schools likely to be identified as needing comprehensive support and improvement are predominately located in urban or rural communities, and that a majority of students attending these schools are living in poverty. Respondents stated that students of color will likely make up the largest subgroups in these schools, and that these student populations face significant chronic health issues, such as asthma, obesity, and poor oral health, as well as food insecurity and hunger.

ED's rule-making in this area presents an opportunity to build on the existing requirement to conduct school-level needs assessments for identified schools in order to support health and equity. Enhancing this requirement can be achieved without additional burden by connecting local educational agencies (LEAs) and schools to existing tools and resources, and facilitating local partnerships across sectors. There are several existing resources and assessment tools available to support LEAs and schools in integrating health into their needs assessments and comprehensive support and improvement plans. In addition, schools and districts can forge partnerships with an array of agencies, including those addressing mental and behavioral health, housing stability, food security, economic development, and juvenile justice issues to leverage resources and support common education and health goals. Schools and districts will need guidance from ED and their states to leverage these existing resources and develop strong and appropriate partnerships. By encouraging LEAs to address both social determinants of health and education in school-level needs assessments, ED can maximize the impact of school improvement efforts. Based on the evidence, we know that students cannot live up to their full academic potential when they are affected by factors such as housing instability, food insecurity, poverty, and health challenges.

Our research methods for this HIA include a literature review, interviews and focus groups, and case studies. We conducted a systematic review of the peer-reviewed literature and searched for relevant reports and publications outside of academic journals and in subject-specific sources, such as the National Center for Education Statistics. In total, the team reviewed approximately 100 peer-reviewed articles (including systematic reviews and meta-analyses) and reports, as well as fact sheets and policy briefs. To date, we have conducted semi-structured interviews with 18 individuals to capture perspectives from key stakeholder groups including local and state educational agency staff, school and district leaders, public health and school health professionals, and national and local policy experts. Moving forward, we will be engaging with teachers, parents, and additional superintendents through interviews and focus groups to further inform the HIA findings. The research plan for this HIA also includes documenting state and local experiences with school-level needs assessments through case

studies, which will be completed at a later date to inform our final HIA report and recommendations for effective implementation of Title I §200.21(c).

We are collecting additional input on the HIA from the Trust for America's Health, the Healthy Schools Campaign, the Robert Wood Johnson Foundation, and a 10-member advisory group comprising national organizations with a range of perspectives on issues such as education policy, school administration, academic measurement, as well as student health and health determinants. The advisory group includes representatives from the American Federation of Teachers, the National Education Association, National PTA, the National Association of School Nurses, the Institute for Educational Leadership, the Southern Education Foundation, Children's Hospital of Wisconsin, United Way of Northern New Jersey, and the Kids' Safe and Healthful Foods Project. Although we place substantial weight on input and advice from the advisory group, the Health Impact Project has final authority and responsibility for the HIA process, findings, and recommendations, and the contents of this letter do not necessarily reflect the views of these organizations.

Based on the evidence collected, the Health Impact Project offers the following recommendations for consideration as ED proceeds toward developing final regulations:

<u>Recommendation 1:</u> The final rule should explicitly encourage LEAs to examine social determinants of health and education that contribute to the reason(s) the school was identified for comprehensive support and improvement, and use the findings to inform resulting support and improvement plans and local partnerships.

Rationale: The proposed regulations primarily require LEAs to capture and document metrics related to student achievement and school performance. The rule does not require or encourage LEAs to examine other factors that influence student learning and academic indicators. Without those data, the resulting comprehensive support and improvement plans may fail to address these contributing factors, thereby limiting the effectiveness of the plans in creating meaningful improvement for students. ED can guide LEAs to examine a broad range of potential contributing factors, while maintaining local flexibility, by:

- Explicitly emphasizing the importance of collecting data on health determinants and health indicators as part of school-level needs assessments in alignment with state and district indicators, where possible; and
- Encouraging this analysis to examine factors in key areas such as absenteeism; school climate; student physical and behavioral health; neighborhood factors; student household factors; and resources, such as infrastructure and staffing capacity, to address identified needs.

Inside and outside of the school setting, several well documented factors affect academic achievement and school performance.[3] Within school settings these factors include:

- **Instructional factors:** Factors such as learning time (length of the school day or number of instruction days in a year), along with class size and teacher experience, preparedness, and

turnover are all important to student achievement and have been a focus of school improvement efforts.[4]

- **Funding:** Higher per-pupil spending is positively associated with student outcomes, if the money is spent wisely.[5] The level of resources can also affect the presence of sufficient specialized instructional support personnel, which include social workers, school nurses, counselors, psychologists, and other specialists that can help meet student needs and support educators.
- **School-based physical activity and nutrition:** Schools can also play an important role in promoting physical activity and healthy eating, with implications for education outcomes as well as health. For example, school-based physical activity not only helps control weight, but also enhances students' focus and concentration, improves their performance in school, and supports social and emotional development.[6]
- **School climate:** School climate refers to the feelings, attitudes, and experiences that are elicited by a school environment and can affect student achievement through its impact on students' social and emotional learning and mental and physical health.[7] Research has documented that a positive school climate defined by norms, values, and expectations that support people feeling safe, respected, and engaged is associated with middle school students' positive self-esteem, lower level of drug use, fewer self-reports of psychiatric issues among high school students, decreased student absenteeism in middle and high school, and healthy social and emotional development.[8]
- **School quality and environment:** The physical condition of school facilities contributes to the academic performance and attitude and behavior of students and teachers, mediated by school climate.[9] For example, one study found that students in run-down buildings attended fewer days of school on average and had lower test scores compared with students in newer, high-quality buildings.[10]
- **Parent and family involvement:** Parent and family involvement in schools, including positive relationships between school staff and parents and parent engagement in school function and governance, has been documented as a critical element for student achievement and school performance.[11]

Several student, household, and community factors, while not issues schools can address alone, can also be important drivers of education outcomes and ultimately school performance. These include:

- **Neighborhood and household characteristics:** Neighborhood factors such as high levels of crime and low levels of employment are associated with low academic achievement.[12] Neighborhood and household poverty significantly affects the financial, emotional, social, and physical resources available to children, as well as family and community expectations of achievement.[13] Other neighborhood risk factors affecting academic achievement include housing quality, residential crowding, and neighborhood deterioration.[14]
- **Housing instability and homelessness:** Homeless or unstably housed children experience physical, developmental, and mental health issues and educational problems that affect academic achievement at much greater rates than children in stable housing.[15] Homelessness and housing instability are also associated with logistical and procedural barriers to school access, which result in increased absences from school and reduced learning time.[16]

- **Food insecurity**: Children living in food insecure households are more likely to be at risk of being overweight or obese compared to children living in food secure households.[17] These children also face limited availability of nutritionally adequate foods and balanced meals, and often skip breakfast. Consuming breakfast is critical for children's cognitive function and is especially important for children whose nutritional status is compromised.[18] School breakfast programs have a positive effect on children's academic performance through improving a child's ability to learn and encouraging increased school attendance.[19] However, despite availability, many students who are eligible do not participate in school breakfast programs.[20]
- **Community violence**: Research has linked adolescent exposure to violence with increased risk of developing posttraumatic stress symptoms and negative effects on school functioning.[21] In interviews conducted for this HIA, several respondents commented that students in schools identified as needing improvement likely face higher rates of violence in their neighborhoods and experience unsafe walking routes to school.
- **Parental involvement:** Parental involvement, defined as the active engagement of a parent with their child outside of the school day in an activity which centers on enhancing academic performance, has a positive and significant effect on children's overall academic performance and reading achievement.[22] Additionally, family factors such as parental expectations, parenting style, home environment, discipline, and parents' educational attainment also impact children's academic achievement.[23] For example, in interviews conducted for this HIA, respondents described the impact of parental low literacy and limited exploration with toys on child school readiness, as measured by language development and ability to sit in a structured classroom.
- **Physical and behavioral health:** Children's health status can directly affect student attendance and academic achievement. For example, the connections between asthma and absenteeism are well documented, and a range of health issues including psychological, emotional, and behavioral problems are associated with increased risk of dropping out of school.[24]
- **Adverse childhood experiences (ACEs):** Adverse childhood experiences such as being evicted or living in unsafe neighborhoods may cause children to live in a state of fear, and have been shown to increase their risk of disruptive behaviors, unhealthy coping strategies such as drug use, and poor mental health outcomes, which can affect performance in school and academic achievement.[25]

Various agencies and organizations, such as local public health departments and non-profit hospitals, collect data that LEAs could examine as part of school-level needs assessments to understand underlying factors that affect students. As part of our continued HIA work, we will compile a list of resources and data sources that LEAs could use in examining the above factors, which ED could adapt for future guidance. Research indicates that these factors disproportionately affect subpopulations of focus in the rule-making, including students living in poverty, students from various racial and ethnic backgrounds, English language learners (ELL), and students with disabilities.[26] For example, evidence demonstrates that disparities in academic achievement for students from various racial and ethnic backgrounds are strongly mediated by factors including family poverty, inequitable school funding and school resources, and teacher experience.[27] It is also well documented that students from various racial and ethnic backgrounds, in particular African American students, face disproportionate disciplinary actions in school, including suspension and expulsion.[28] A recent review of the literature found that suspensions

may lead to an increased risk of academic underperformance for students of color.[29] Language ability is linked to student performance, and has implications for academic achievement of ELL students.[30]

In addition to affecting education outcomes, each of the above factors can also affect health directly. For example, inadequate housing is linked to elevated incidence of respiratory conditions and asthma, as well as increased stress and mental health problems.[31] Given that students attending schools likely to be identified as needing comprehensive support and improvement are disproportionately from low-income households, our findings suggest that these students are more likely to face an array of factors at school and in their homes and communities that put them at risk for poor education and health outcomes.

As part of the HIA process, we searched for literature regarding factors that contribute to failed attempts at school improvement or school turnaround in order to test the hypothesis that the success of comprehensive support and improvement plans could be hindered if they do not address key underlying factors, and identified this as a research gap in the field.[32] However, one of the factors that has been identified as critical to school turnaround efforts is data-driven decision-making regarding student needs.[33] In interviews conducted for this HIA, respondents described that many of the schools likely to be identified as needing comprehensive support and improvement under ESSA have been struggling for years, despite school improvement planning efforts, suggesting that traditional methods of assessing student and school needs may not be yielding the intended result.

In addition to encouraging LEAs to examine social determinants of health and education outcomes, ED can further encourage LEAs to use the findings of required needs assessments to inform resulting support and improvement plans and local partnerships. Given that the support and improvement plans must be directly linked to the findings from the needs assessment, plans are likely to address only those issues covered in the assessment. Based on the proposed regulations, needs assessments conducted under ESSA, and the resulting support and improvement plans, are unlikely to identify and address social determinants of health and education unless states address these factors in their accountability systems or districts leverage the option to include locally selected indicators. Our findings suggest that this could ultimately limit the effectiveness of comprehensive support and improvement plans.

In interviews conducted for this HIA, stakeholders highlighted several examples where states and districts are collecting a wide range of indicators that go beyond minimal requirements. However, as proposed, several respondents suggested that high-capacity districts that are already examining health determinants and outcomes as core elements of their school improvement planning efforts will continue to do so, while smaller districts with more limited capacity will be unlikely to do so without federal or state encouragement and support. Commonly raised in the interviews was the concern that because the inclusion of locally selected indicators is optional, as proposed, districts will most likely not elect to include them given their many competing requirements and limited resources.

<u>Recommendation 2</u>: To support implementation, ED should provide guidance to LEAs, either directly or through state educational agencies (SEAs), on conducting school-level needs assessments that examine social determinants of health and education and their connection

to required academic indicators. ED could also guide LEAs in ensuring that school-level needs assessments leverage other efforts underway to address student health and wellness within districts and in responding to the results of these assessments through local partnerships.

Rationale: Many schools are beginning to examine student and in-school health factors as part of their school improvement plans. For example, the Centers for Disease Control and Prevention's 2014 50-state analysis of school improvement planning efforts in high schools found that a median of 54.8 percent of schools reviewed data related to health and safety, such as data regarding physical activity, health services, mental health and social services, and healthy school environments as part of their planning process.[34] Schools can build on this important work by examining data on social determinants of health and education as part of their efforts. In interviews conducted for this HIA, respondents indicated that most schools complete their school-level needs assessments with a combination of data from the district, state, and the school itself. One respondent commented that school-level data is the most useful because other datasets have geographic boundaries, such as county or census areas, which do not line up consistently with the school population or cannot be used at small enough scales for schools to draw meaningful conclusions. One interviewee shared that schools and districts are interested in adding health indicators, but only if the data collected will be useful for school improvement. Several respondents described challenges regarding data privacy in collecting and analyzing health-related measures to inform school improvement planning, which has implications for collecting data on social determinants. For instance, important metrics about poverty, food insecurity, health insurance coverage, and other factors may be most useful for schools and LEAs when measured at a granular level as opposed to aggregated across a district or county, which can present challenges for maintaining confidentiality. ED has helped to address these concerns by releasing its new toolkit that highlights strategies for overcoming data sharing challenges.[35] ED could continue to expand this toolkit to guide data sharing on additional social determinants of health and education.

Through partnerships with public health and other organizations, schools can access data to help demonstrate student health issues and their relationship to education outcomes. Schools and districts can leverage a number of existing resources and assessment tools to begin incorporating a broader array of factors into their needs assessments and comprehensive support and improvement plans. For example:

- Approaches and tools such as root cause analysis, the Centers for Disease Control and Prevention's School Health Index, ASCD's School Improvement Tool, ED's School Climate Survey, the Wellness School Assessment Tool (WellSAT), "Partner, Build, Grow," and the Community School Partnerships and Resources Assessment could all serve as useful resources for districts.
- Sources such as County Health Rankings and Roadmaps and data from Community Commons or the National Neighborhood Indicators Partnership can illuminate community characteristics affecting health and education, such as poverty, housing instability, and crime.
- Some states are partnering with local districts to make sure that Youth Risk Behavior Survey (YRBS) data are used effectively to show connections between student behavior and academic performance, and to drive decision-making for school improvement plans. These data are available in most big cities, but are less available in smaller, rural communities.

- Non-profit hospitals collect and make public a broad array of data as part of their required community health needs assessments that could be used in school-level needs assessments. However, one interview respondent from a state department of health noted that few districts and schools are using data collected through community health needs assessments as part of their assessments.
- A number of states have developed and issued guidance to LEAs on how to conduct comprehensive needs assessments that include health and wellness. As part of our continued work on this HIA, we will gather state and district best practice examples to better understand opportunities to build on and scale existing efforts.

In addition to building upon existing data sources and assessment tools, we urge ED to guide LEAs in leveraging efforts already underway to address student health and wellness. For example:

- The U.S. Department of Agriculture recently released a final rule that strengthens requirements for ensuring transparency and stakeholder engagement in the development of local wellness policies and requires a triennial assessment of these policies.[36]
- Many schools will be conducting needs assessments with a focus on well-rounded educational opportunities and healthy and safe school environments as part of their application for funding under Title IV, Part A. LEAs can build upon these partnerships and activities in conducting school-level needs assessments for identified schools.
- ED could build on prior collaborations with the U.S. Department of Health and Human Services and issue joint guidance to LEAs to support them in accessing existing data sources, addressing data privacy issues, and leveraging health and wellness activities already underway in their districts.

To support LEAs, SEAs, and schools, we urge ED to identify and promote existing tools and resources as well as cross-cutting partnership opportunities in order to avoid duplicative efforts, maximize benefits for LEAS and schools, and minimize additional burden.

<u>Recommendation 3</u>: The final rule should broaden the list of stakeholders that must be engaged in developing the school-level needs assessment and resulting comprehensive support and improvement plan to include, at a minimum, students and relevant groups identified in Sec. 111(a)(4) of ESSA such as specialized instructional support personnel, community representatives, and individuals knowledgeable about how to meet the needs of specific subgroups of students. To support implementation, ED should provide guidance to LEAs, either directly or through SEAs, to assist them in meaningful and authentic engagement with stakeholders, including students.

Rationale: We applaud ED's efforts to ensure that school-level needs assessments are conducted in partnership with key stakeholder groups, such as principals, teachers, and parents, and believe that the final rule can be strengthened by ensuring LEAs partner with a broader array of stakeholder groups that can help them to identify and address social determinants of health and education. Engaging stakeholders in this process can set the platform for successful partnership and resource leveraging to effectively address the needs raised in the assessment.

Parent and family involvement in schools affects academic achievement and encourages higher educational aspirations among students.[37] In addition, several studies that examined the successful turnaround of low-performing schools or compared low-and high-performing, high-needs schools indicate that parent engagement is a critical element for student achievement and school performance.[38] In interviews conducted for this HIA, several respondents observed that it is a challenge to engage low-income parents who may have experienced negative interactions with schools. Others observed that many schools and educators lack the time, capacity, or formal training to support successful parent engagement.

Community partnerships can also play an important role in supporting student educational achievement and school performance. Although size and scale of partnerships can vary between schools, districts, and states, research shows that quality of collaboration is more important than size and scale.[39] One example of effective community-school partnerships is the Communities in Schools (CIS) model. A five year national evaluation of CIS suggests that effective implementation of the model is strongly linked to positive changes in dropouts, graduation, attendance, and academic achievement.[40]

In addition, evidence suggests that stakeholder engagement can positively affect factors important to health. A systematic review of research on community engagement initiatives found that the majority of community stakeholders involved in these initiatives experienced positive benefits in terms of physical and emotional health and well-being, self-confidence, self-esteem, social relationships, and individual empowerment.[41] Evidence suggests that stakeholder engagement in decision-making can strengthen connections between communities and decision-makers, decrease levels of exclusion among population groups, and positively affect school environments.[42] Several interviewees also described the importance of including students in stakeholder engagement efforts and decision-making at the school level.

In interviews conducted for this HIA, respondents observed that the types of stakeholders that schools engage with vary by geographic context. Rural school districts, for example, have fewer partners to choose from compared with urban schools who work with many nonprofits that support education outcomes, but rural districts often develop strong collaborations to leverage limited capacity and funding. Some respondents described that schools often include only the stakeholders who are mandated in federal or state regulations such as principals, teachers, and parents, and that the level of engagement can be minimal. In addition respondents indicated that stakeholders need to be involved early in the needs assessment process to be included in a meaningful way. Interviewees also highlighted several challenges schools and districts face in engaging stakeholders, including cultural differences, language barriers, capacity to listen to and address multiple and sometimes diverging perspectives, and limited time and capacity.

We believe that public health organizations, hospitals, and health care professionals should be explicitly named as important stakeholders, though LEAs should have the flexibility to determine whether partners from entities such as public health departments, local federally qualified health centers, managed care organizations, district-employed or contracted specialized instructional support personnel, public health-focused community organizations, or others will make the best partners in this work. Interviewees suggested that schools should include public health agencies, hospitals, health and

mental health providers, students, specialized instruction support personnel, unions, and other community organizations in planning for school improvement in order to accurately reflect student and school needs, gain access to health data, and connect to partnerships and solutions to meet the needs that emerge. By explicitly highlighting these important stakeholders in the final rule-making, ED could help ensure that LEAs gather, as part of their school-level needs assessments, perspectives regarding a broad range of social and economic factors that may be contributing to student learning and key academic metrics. ED could provide guidance and best practice examples for meaningful and authentic stakeholder engagement to LEAs in order to maximize the effectiveness of their support and improvement planning efforts, with positive implications for education outcomes and health.

Conclusion

School-level needs assessments have the potential to lay a foundation for improving outcomes for students attending schools identified as needing comprehensive support and improvement. Our HIA findings suggest that, as currently proposed, the rule-making will miss a significant opportunity to improve student educational achievement by focusing too narrowly on academic and school performance outcomes. This missed opportunity has implications for individuals, communities, and society. Education and academic achievement affect opportunities for better paying jobs and higher incomes, which in turn can affect health drivers such as access to healthy housing, healthy food, and better medical care.[43] Improving education outcomes through successful school support and improvement can affect tax revenues and costs associated with the use of social services and incarceration.[44] For example, students who drop out of high school are more likely to face unemployment, poverty, negative health outcomes, and incarceration and to rely on social services than their peers who graduate. Without explicitly identifying and addressing the broad range of in-school and out-of-school factors that are important to academic achievement and school performance, the success of comprehensive support and improvement plans may be limited, with potentially negative consequences for health and equity.

The HIA findings also suggest that stakeholder engagement is a critical element for successful school improvement, and subsequently student academic achievement. By promoting engagement with a broad range of stakeholders, the rule-making has the potential to promote health outcomes related to improved educational attainment while also promoting health benefits that may be incurred directly for parents, students, and others through engagement efforts.

We believe that opportunities to promote health and equity can be advanced by ensuring that the final rule results in school-level needs assessments that: (a) explore health determinants and outcomes affecting educational achievement and school performance; and (b) are conducted in partnership with a broad array of stakeholders. Successful implementation of these recommendations would be strengthened by additional resources and support to SEAs, LEAs, and schools, such as training, technical assistance, and capacity building. LEAs and schools face significant resource and capacity constraints. In finalizing the proposed regulations regarding school-level needs assessments, we encourage ED to avoid duplicative efforts or imposing burdens that could exacerbate existing resource inequities among schools. We also encourage ED to provide sufficient guidance to districts to maximize opportunities for partnership to support student health and education outcomes.

We applaud ED's efforts and ongoing work to improve academic success for all students and look forward to release of the final rule and its resulting implementation. Moving forward, we will complete additional research as part of the HIA and look forward to sharing our final report with ED, state and local agencies, and community and public health partners to support successful implementation of the school-level needs assessment regulations.

Thank you for your consideration of these comments.

Sincerely,

Rebecca Morley
Director, Health Impact Project
The Pew Charitable Trusts

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