



October 8, 2014

U.S. Department of Education
400 Maryland Avenue, SW
Room 3C116
ATTN: Elizabeth Ross
Washington, DC 20202

Re: Proposed Requirements, School Improvement Grants under Title I of the Elementary and Secondary Education Act (Docket ID ED-2014-OESE-0079-0001)

To Whom It May Concern:

On behalf of Trust for America's Health (TFAH), a nonprofit, nonpartisan public health advocacy organization, I am pleased to submit the following comments on the proposed revisions to requirements under the School Improvement Grants (SIG) program at the Department of Education.

As an organization dedicated to improving the health of all Americans through making disease prevention a national priority, TFAH recognizes the strong link between health and education – healthy students perform better in the classroom and higher academic achievement confers improved health. We likewise view our nation's schools as a critical setting for addressing the health of our nation's children. Research also continually illuminates persisting or even widening socioeconomic and racial and ethnic disparities in health outcomes, which is particularly relevant for the SIG program; 76.2 percent of students served by SIG-participating schools are low-income and 76.6 percent are Hispanic or African-American.

In that spirit we offer several recommendations to improve the SIG program requirements to incorporate health and wellness into school improvement initiatives and more explicitly consider and promote student health within the broader SIG program. A number of these recommendations are based on *Health In Mind*, a May 2012 report we released with the Healthy Schools Campaign (HSC), and a July 2013 meeting with HSC and over 20 other health and education experts. A final report from the latter meeting was issued to the Department's Office of School Turnaround in October 2013 and may help further guide your thinking as you continue this rulemaking process and implementation of the SIG program.

Health and Wellness Metrics

SIG currently promotes the use of student data as a key component of school improvement but more could be done to specifically promote the use of student health and wellness data in improvement efforts. We recommend that the Department identify the collection and use of



health and wellness data via data tracking systems, research, school report cards, and other measurement systems. These data can provide the public, educators, and policymakers with a more comprehensive understanding of how student health impacts learning and academic outcomes. Health and wellness data also can help inform schools and help guide future decision making around improvement strategies.

We support a proposal from HSC that recommends changing the language under section (d)(2)(A)(ii) under the transformation model to read “Promote the continuous use of student data (such as from formative, interim and summative assessments and student health records) to inform and differentiate instruction in order to meet the academic needs of individual students.”

Professional Development

SIG includes multiple provisions aimed at promoting educator and school leader professional development programs. However, neither these provisions nor the proposed revisions do not specifically recognize professional development programs or skill sets aimed at supporting student health and wellness. We recommend that the program requirements make clear that professional development programs that include health and wellness skill sets and knowledge are a permissible activity under the SIG program.

School Health Infrastructure

School-based health services are critical to supporting student health and wellness. One Department of Health and Human Services (HHS) Healthy People 2020 goal is to increase access to these services by ensuring one full-time registered nurse is in each school for every 750 students. Our reforming health care system also is providing some additional incentives for health care providers and schools to collaborate further, notably through new investments in school-based health centers. However, still more than half of public schools currently do not have a full-time school nurse, and less than 5 percent of the nation’s students have access to services through a school-based health center.

Related investments in our health information technology (HIT) infrastructure have yielded considerable progress in our clinical settings, however both health care providers and schools could gain from more meaningful data linkages between the two types of settings. For example, while many schools collect information immunizations, vision screening, and conduct other forms of health surveillance, they often report this information using paper forms and do not integrate these activities with electronic health records.

We recommend that the Department clarify through this rulemaking that SIG program participants are permitted to use funding or hire specialized instructional support personnel to broaden access to health services. They should also clarify that SIG grantees are encouraged to develop the capacity to collect and integrate student health data electronically with new and or existing records systems.

Specifically, under section (d)(3)(A) in the transformation model section, we support the HSC recommendation to add (v) that reads “expand staffing to include specialized instructional

support personnel, such as a school nurse, a school social worker, a school psychologist and/or a school counselor.”

Evaluation

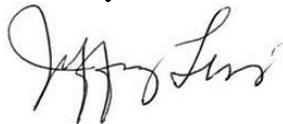
We support the proposal in this rulemaking to revise SIG reporting requirements to include a chronic absence measure in lieu of a truancy measure. We believe the research has demonstrated that the former is a more reliable predictor of the potential impact that missing school instruction can have on student achievement.

We recommend that the Department strengthen this proposal by using a percent measure of absences in lieu of 15 days as a measure of chronic absence. Using a percent measure rather than the total number of days may encourage schools and local education agencies to deploy early detection interventions and identify students that are at-risk for chronic absence. Additionally, using 10 percent of school days missed is a more commonly understood measure of chronic absence and the Department should strongly consider using this threshold to define chronic absence in lieu of a 15 day standard. This measure would also give the Department the benefit of adopting a neutral position with respect to the “number of days” length of the school year.

Conclusion

Thank you very much for the opportunity to comment on this proposal. We believe this rulemaking represents a key opportunity. If you have any questions or would like additional information, please do not hesitate to contact our Senior Government Relations Manager, Jack Rayburn, at (202) 223-9870 ext. 28, or via email at jrayburn@tfah.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey Levi". The signature is fluid and cursive, with the first name "Jeffrey" being larger and more prominent than the last name "Levi".

Jeffrey Levi, PhD
Executive Director