



January 21, 2016

Deborah Spitz  
U.S. Department of Education  
400 Maryland Avenue, SW., Room 3E306  
Washington, DC 20202

**RE: Docket ID ED-2015-OESE-0130: Implementing Programs Under Title I of the Elementary and Secondary Education Act**

Dear Ms. Spitz:

Thank you for the opportunity to provide advice and recommendations regarding implementation of programs under Title I of the Every Student Succeeds Act (ESSA). Healthy Schools Campaign (HSC) and Trust for America's Health (TFAH) strongly encourage the U.S. Department of Education (ED) to develop regulations and guidance that enable states and school districts to promote the critical connection between student health and learning by supporting both student health and learning appropriately.

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. However, the school setting often does not support health. Too many students spend their days in buildings with unhealthy air, limited opportunities for physical activity and 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 schools are more likely to maintain better health outcomes over the long-term. These were key findings highlighted in *Health in Mind: Improving Education through Wellness*, a report published by HSC and TFAH.

This challenge is especially critical in light of the nation's vast health disparities. Low-income and minority students are at increased risk of health problems that hinder learning. These students are more likely to attend schools with unhealthy environments and that 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.

In order to work towards addressing this challenge, HSC and TFAH are co-convening the National Collaborative on Education and Health, a national effort to create a culture of health in schools across the country. Since its launch two years ago, the National Collaborative on Education and Health has brought together over 100 health and education leaders and catalyzed efforts at the state and local levels to create healthier school environments, including investment in upfront prevention.

HSC and TFAH understand that healthy students are better learners and recognize that efforts to address the academic achievement gap will be significantly compromised if student health and wellness is not supported. That is why we urge the U.S. Department of Education to issue regulations and guidance for key provisions within Title I of ESSA that support student health and wellness. These include the following provisions:

**The inclusion of chronic absenteeism on State and local education agency report cards (§1005 and §1006)**

Title I of ESSA requires that both State report cards and local educational agency (LEA) report cards include rates of chronic absenteeism (including both excused and unexcused absences). Chronic absenteeism, which is different than average daily attendance or truancy, is a highly effective early warning indicator that can be used to identify students at academic risk. With an estimated 5 million to 7.5 million students chronically absent each year, there is a critical need to raise awareness about chronic absenteeism as a national problem and provide families, schools and communities with the support and resources needed to improve student attendance. Chronic absenteeism is a key priority of the National Collaborative on Education and Health which has identified including chronic absenteeism on state and school report cards as a key strategy for supporting student achievement and success.

We urge ED to ensure that regulations specify report card requirements identify and adopt the common working definition of chronic absenteeism - defined as missing 10 percent or more of school days.

Chronic absenteeism has emerged as a key priority of ED and in October 2015, the Department launched its Every Student, Every Day initiative. In addition, chronic absenteeism was added to the Office for Civil Rights 2013-2014 data collection. Including the requirement that State report cards and local education agency report cards include chronic absenteeism will directly support ED's work on this issue and enable schools to identify at risk students and intervene accordingly.

There is also a critical need for ED to issue guidance that provides states, schools and communities with the knowledge and support needed to understand how to measure chronic

absenteeism and effectively use chronic absenteeism data in early warning and intervention systems. ED is well-positioned to develop and disseminate this non-regulatory guidance through its Every Student, Every Day initiative.

### **Well-rounded education and LEA plans (§1112)**

As health and physical education have been added to the list of subjects that define a student’s “well-rounded education,” we urge ED to permit schools to think broadly about how Title I grant funding can be used to develop and implement “well-rounded program[s] of instruction” towards the public health goals of preventing tobacco, alcohol, and other substance use; promoting healthy eating, physical activity and mental health; encouraging safe sexual practices, and reducing other forms of risky behavior that may have negative health consequences.

### **Inclusion of school health and mental health services in schoolwide program plans (§1008)**

ESSA requires that schoolwide program plans “address the needs of all children in the school, but particularly the needs of those at risk of not meeting the challenging State academic standards.” Counseling, school-based mental health programs, specialized instructional support services, mentoring services and other strategies to improve students’ skills outside the academic subject areas are highlighted as allowable components of schoolwide program plans.

We request that states and LEAs be required to include key community stakeholders, including health professionals, in the schoolwide program planning process. We also request that guidance be issued to assist LEAs in understanding the critical role that school health and mental health prevention and treatment services can play in meeting the needs of all children in the school. This guidance should call attention to the important connection between student health and learning, highlight evidence-based strategies for supporting student physical and mental health, including prevention and health promotion services and programming, and emphasize the role that community-based organizations and providers can play in promoting student physical and mental health.

While we strongly support the explicit inclusion of counseling, school-based mental health programs, specialized instructional support services and mentoring services in ESSA, we also urge ED to go beyond just mental health services in this guidance. In addition to mental health issues, chronic conditions including asthma, oral health issues, teen pregnancy and vision and hearing deficits significantly impact students’ ability to learn. Providing LEAs with guidance on how to integrate programs and strategies that address these needs within their schoolwide program plans is key to supporting student success.

## Parent and Family Engagement (§1010)

We request that guidance is developed and disseminated to assist and build the capacity of all Title I schools to engage parents and families in activities to improve student academic achievement and school performance. We also request that this guidance includes strategies to support schools in engaging parents and families in efforts to create health-promoting school environments. Engaging parents and families in efforts to create health-promoting school environments is both an important opportunity to engage parents and families in the school and a proven strategy for creating healthier school environments. In Chicago, parent leaders have championed changes in their school food and fitness environments including implementing daily physical education and recess and increasing access to healthy school meals. These are all recommended strategies for improving student academic achievement.

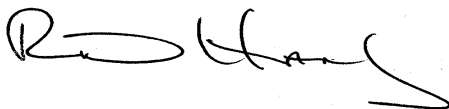
CDC has developed a framework for engaging parents in school health, titled Parent Engagement: Strategies for Involving Parents in School Health, based on a three-pronged approach: connecting with parents, engaging them and sustaining that engagement. In addition to referencing this guidance, we recommend explicitly highlighting health programs as an opportunity for LEAs to engage parents and families in schools.

Thank you again for the opportunity to submit comments on the implementation of Title I. Trust for America's Health and Healthy Schools Campaign look forward to working with you to ensure the nation's children are healthy and ready to learn. If you have any questions, please contact Jack Rayburn at Trust for America's Health ([jrayburn@tfah.org](mailto:jrayburn@tfah.org)) or Alex Mays at Healthy Schools Campaign ([alex@healthyschoolscampaign.org](mailto:alex@healthyschoolscampaign.org)).

Sincerely,



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