

A TEN-YEAR

ROADMAP

FOR HEALTHY SCHOOLS

**Exploring Opportunities to Achieve
Transformational Change**

JUNE 2022



National
Healthy Schools
Collaborative

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DISCLAIMER

To advance the multi-sector collaboration needed to empower every school to succeed, every educator to excel, and every child to thrive, the leaders of **Kaiser Permanente Thriving Schools** brought together a group of well-established, nationally recognized organizations working in health and education to identify the most promising opportunities to dramatically increase alignment across health and education. Throughout this process, collaborative decisions were made by consensus, though not necessarily endorsed unanimously, unless specifically indicated. The views and opinions published by the National Healthy Schools Collaborative do not necessarily reflect the opinions or positions of Kaiser Permanente or any specific member of the collaborative.

FOREWORD

Dear Education and Health Stakeholders,

It is well established that health and learning are interconnected. Education is key to life-long success, but [poor health leads to poor learning outcomes](#). On average, students with poor health miss school more often, may be less engaged, and face increased barriers to academic achievement. Conversely, on average, adults with more education tend to have better jobs, live in healthier neighborhoods, and [have a longer life expectancy](#). Similarly, educators' working conditions — including their health and safety conditions — also affect learning outcomes.

The COVID-19 pandemic further illuminated the interdependence of health and learning while also exacerbating deep inequities that exist across race, ethnicity, and socioeconomic status. The pandemic presents an urgent and historic opportunity to build a more equitable system that better serves children nationwide.

Members of the National Healthy Schools Collaborative (NHSC) are at the forefront of the movement to create healthy schools that strengthen the mental, physical, and social-emotional health of all employees and students. Successfully achieving this collective vision for healthy schools will require public-private partnerships and multi-sector collaborations — especially with the education and health sectors working together.

We are calling on stakeholders from across the education and health sectors, as well as decision-makers at all levels of government, to dramatically increase alignment across systems over the next decade to ensure that every school in our nation is a healthy school. By collaboratively advancing bold, ambitious initiatives, we can create much-needed transformational change.

We know how difficult the past three years have been. Our deepest thanks for all you have done and all you will do to support the health and learning of students, families, educators, and communities.

The National Healthy Schools Collaborative



MISSION, VISION, GUIDING PRINCIPLES

Mission: To identify bold, ambitious, action-oriented opportunities that have the potential to dramatically increase the number of healthy schools over the next decade.

Vision: To coordinate and accelerate multi-sector collaboration needed to empower every school to succeed, every educator to excel, and every child to thrive.

Guiding Principles: The NHSC collectively decided that the Ten-Year Roadmap for Healthy Schools (Roadmap) must:

- Emphasize wellness, equity, access, and comprehensive support for all adults and students within schools.
- Be informed by stakeholder voices including students, families, educators of all types, unions and their representatives, and members of the health ecosystem.
- Be grounded in evidence.
- Acknowledge that educators need the training, tools, resources, and support to prioritize their health and the health of all in the school community, especially students.
- Encourage flexibility, adaptation, and innovation of health and wellness practices, programs, and policies.
- Inform the way stakeholders think and speak about healthy schools. Developing the whole child is the best way to create strong academic outcomes.

PROBLEM STATEMENT

A healthy school recognizes and advances the mental, physical, social, and emotional wellness of students and educators as a fundamental strategy for effective learning. These schools thrive in an environment that prioritizes creating and sustaining systems, policies, practices, and facilities that promote health, safety, and equity to ensure that student success is defined by positive outcomes in both health and learning. Importantly, these are places where all educators in all roles have quality and affordable health benefits; professional and sustainable compensation; a positive, healthy, and safe work environment; and a voice in the workplace.

Unfortunately, America's educational system provides inequitable opportunities for students from low-income households; students living in rural settings; LGBTQ students; multilingual learners; students of color; students with disabilities; students experiencing homelessness; and others. This leads to disparate academic outcomes, commonly known as the opportunity gap, which has only grown more severe because of the COVID-19 pandemic.

For school communities to meet the call to transform into a healthy school, evidence-based policy changes will be needed at the local, state, and federal levels.

Schools cannot do this alone. Stakeholders from across the education and health sectors, as well as decision-makers at all levels of government, need to collaborate to dramatically increase alignment across systems to ensure every school is a healthy school.



METHODOLOGY

The NHSC conducted a rapid review of available evidence — both peer-reviewed and other published literature — and sought direct input from diverse stakeholders working in health and education. To pressure test ideas with key stakeholders in the field of education and health beyond the NHSC, subject matter experts from the following organizations were asked for their input at various points throughout the process.

- American School Counselor Association
- American School Health Association
- Attendance Works
- Center for Health and Health Care in Schools
- Communities in Schools
- National Alliance for Medicaid in Education, Inc.
- National Association of School Psychologists
- National Association of State Boards of Education
- National Association of Secondary School Principals
- National PTA
- School Social Work Association of America
- TNTP

Additionally, to test foundational concepts included in the Roadmap, Healthier Generation, an NHSC member organization, distributed a survey to the field that was completed by 388 educators. Over 90 percent of those surveyed agreed with major Roadmap concepts and over 85 percent agreed that the ten priorities detailed below are important. The outcome of these inquiries informs the priorities and opportunities that follow.

DETAILING THE PROBLEMS

Educating the whole child requires an intentional integration of all components of health and learning. The best available data reveals there is a significant need and opportunity for progress towards healthy schools. Using the U.S. Centers for Disease Control and Prevention's (CDC) Whole School, Whole Community, Whole Child (WSCC) components, let's explore exemplary research on the state of healthy schools:

Physical education and physical activity

Less than one-quarter (24%) of children 6 to 17 years of age participate in 60 minutes of physical activity every day.

Nutrition environment and services

Although diet quality improved modestly for American children and adolescents from 1999 to 2016, more than half of the child and adolescent population still have poor quality diets.

Health education

Only 25 states have laws that address or incorporate the National Health Education Standards as part of the state health education curriculum.

Social, emotional, and psychological climate

Black students and students with disabilities are suspended from school more than twice as often as white students and students without disabilities, respectively. Female students and students of color also report feeling less safe than their male and white counterparts.

Physical environment

The average public school building is over 50 years old, and over half of our public school districts (54%) need to update or replace multiple building systems or features in their schools, such as heating, ventilation, and air conditioning (HVAC) systems, and plumbing.

Health services

While nearly 40 percent of schools have a full-time school nurse, only 35 percent have a part-time nurse, and the remaining 25 percent of schools do not have a school nurse on staff at all.

Counseling, psychological and social services

The National Association of School Psychologists recommends a ratio of one school psychologist per 500 students. Current data estimates a national ratio of 1:1211; however, great variability exists among states, with some states approaching a ratio of 1:5000. Ratios for school counselors and school social workers are similar.

Employee wellness (including health benefits)

Forty-six percent of teachers report high levels of daily stress, which affects their health, quality of life, and teaching performance.

Family engagement/ community involvement

Prior to the COVID-19 pandemic, eight million students were chronically absent. This figure has tripled during the pandemic. Students living in poverty and those from communities of color are disproportionately affected.

FURTHER IMPACTS FROM THE COVID-19 PANDEMIC

Numerous studies from across the country have projected or identified substantial effects on COVID-19-related impacts across the WSCC components. For instance, national data indicates the [profound impact on the mental health](#) of students of all ages. From April to October of 2021, the proportion of pediatric emergency room visits that were mental health-related [increased by nearly a third](#) for those ages 12 to 17, and 24 percent for persons ages 5 to 11. The American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children’s Hospital Association recently declared a [national emergency in children’s mental health](#). Unfortunately, adults’ mental health, including that of [school nurses](#) and education support professionals, was also impacted. For example,

a [recent survey](#) found that a majority of teachers reported feeling stressed and experiencing high levels of burnout/fatigue due to the pandemic.

The pandemic also exacerbated America’s long-standing childhood obesity epidemic. According to the [CDC](#), the monthly rate of increase in body mass index (BMI) in a population of over 430,000 persons aged 2 to 19 nearly doubled during the COVID-19 pandemic compared with a pre-pandemic period. This was a result of disrupted routines, increased stress, and less opportunity for physical activity and nutritious school meals. An increase in BMI is, in turn, linked to the development of other obesity-related health conditions that can have profound impacts on learning.



The news isn't all bad. Promising practices that were developed and implemented during the pandemic are instructive examples for building strong, healthy, resilient school communities:

- **Physical education and physical activity** Physical educators successfully promoted physical literacy through remote physical education.
- **Nutrition environment and services** School districts found innovative ways to ensure that public school students across the country received essential nutrition.
- **Social and emotional climate** Thirty-eight states referenced social-emotional learning (SEL) and student wellness, and 25 states mentioned that SEL was one of their top priorities in COVID-19 recovery planning.
- **Physical environment** American Rescue Plan funds are being used in school districts across the country to make improvements to indoor air quality.
- **Health services** Recognizing the increasing disparities in health coverage — particularly for young people of color, Indigenous youth, and LGBTQ+ youth — the White House created a series of national outreach initiatives focused on Medicaid and Children's Health Insurance Program enrollment.
- **Counseling, psychological, and social services** Seventy-five percent of school districts report that they want to add, or already have added, mental health-focused staff.
- **Employee wellness (including health benefits)** States have renewed emphasis on prioritizing comprehensive school and staff wellness programs with the American Rescue Plan funds.
- **Family engagement and community involvement** According to survey by the National Association for Family, School, and Community Engagement, families report feeling more connected to their child's day-to-day education than ever before.





TEN KEY FINDINGS: REDEFINING THE PROBLEM

The NHSC made the following findings of fact:

- Working in silos promotes competition for limited resources and hinders the advancement of a shared vision.
- **Research** confirms that traditional, centralized staffing-based funding models can lead to an inequitable allocation of resources.
- Research confirms that continuity of service prevents health barriers to learning.
- Research confirms school buildings and learning environments impact student health and learning outcomes.
- Despite the link between health and learning outcomes, federal funding streams are highly fragmented, which can lead to inefficiency and duplicative programming and fail to support all elements of healthy schools.
- Research confirms that healthy kids are better learners.
- Improving data regulation, collection, transparency, privacy, and interoperability is critical, as data are important tools to accelerate positive student health and learning outcomes and to address inequities in health and education.
- Research confirms that access to educators and health professionals who reflect the demographics of their student population benefits students physically, mentally, socially-emotionally, and academically.
- Research confirms family engagement impacts children's lifelong health, developmental, and learning outcomes.
- Research confirms high-quality partnerships between schools and communities create positive health and learning outcomes.

TEN PRIORITIES FOR THE NEXT TEN YEARS

The NHSC encourages stakeholders from across the education and health sectors, as well as decision-makers at all levels of government, to closely collaborate over the next decade to achieve ten priorities.



1. Create shared goals that recognize the importance and interdependence of all elements of a healthy school.



2. Institute adequate and equitable funding models at the federal, state, and local levels to create and sustain healthy schools.



3. Bolster the quality of local health systems, health care services, and social service organizations' capacity to provide consistent primary care.



4. Provide healthy spaces to learn, play, and work for every student and educator.



5. Optimize existing funding streams.



6. Strengthen the knowledge of the interdependence between education and health among educators, families, state and district administrators, and health practitioners.



7. Improve data regulation, collection, transparency, privacy, and interoperability.



8. Address workforce shortages by attracting, developing, championing, and retaining educators who reflect the population of students in communities where they work, live, and play.



9. Support the public, particularly families, in becoming partners in strengthening health and learning outcomes.



10. Enhance the ability of community-based organizations to identify, and mobilize people and communities around issues related to healthy schools.

IDENTIFYING AND ALIGNING ON PROMISING OPPORTUNITIES

The Roadmap is a summary of more than 100 policy opportunities that have been mapped to each of the ten priorities detailed above. Together, these opportunities represent a collective call to action and a potential guide for further policy analysis and exploration where significant alignment across the education sector already exists.

All organizations involved in the NHSC actively contributed to the Roadmap with a deep commitment to a cause they all share in common — advancing healthy schools.

However, not every organization in the NHSC agrees with every policy opportunity identified in the Roadmap. Some disagree with specific aspects of certain policy opportunities, or they may prioritize other matters of primary focus. There is also recognition across the NHSC that the how is going to matter. For instance, how to operationalize some of the opportunities around Medicaid are extremely complicated. Importantly, none of these disagreements among the members of the collaborative were so fundamental that they declined to be associated with the NHSC or the Roadmap.

The Roadmap is aspirational. It challenges us to reconsider existing paradigms and offers specific opportunities to meet the academic, mental, social-emotional, and physical needs of all students, families,

and educators. The NHSC hopes the Roadmap will generate conversation in local communities that inspires action. To begin that process, the Roadmap includes specific tools for individuals, schools, districts, and states to build on the work they have already started to create healthy schools.

The Roadmap is also timely. Several of the priorities in the Roadmap — including building and advancing public health systems and capacity, transforming mental health care, and enhancing capacity in schools — align with President Biden's FY2023 budget. In addition, at least 33 different states with both Republican and Democratic governors have taken direct actions that align with opportunities included in the Roadmap.

The Roadmap is not a defined advocacy agenda for policy change. Rather, it is the beginning of timely policy, programmatic, and regulatory analysis. Although much alignment within the education sector exists, additional work is needed to evaluate the technical feasibility, economic and financial possibility, political viability, and administrative operability of each of the policy opportunities identified. In short, the Roadmap is not intended to prescribe a certain path. Rather, it is a compass that can guide future policy work and help lead the way toward the transformational change we collectively seek.



OPPORTUNITIES



1. Create shared goals that recognize the importance and interdependence of all elements of a healthy school, because working in silos promotes competition for limited resources and hinders the advancement of a shared vision.

Federal

- Create a new, principal office in the U.S. Department of Education (e.g., an Assistant Secretary of Healthy Schools). Functionally, this position would be responsible for coordinating technical assistance, policy, and funding across federal agencies and offices, including Health and Human Services, and its relevant divisions, Department of Agriculture, Environmental Protection Agency, Food and Drug Agency, and Housing and Urban Development. Coordination would include occupational health and safety work done by the Centers for Disease Control and Prevention (National Institute for Occupational Safety and Health, “NIOSH”), Department of Labor (Occupational Safety and Health Administration, “OSHA”), and National Institutes of Health (National Institute of Environmental Health Sciences, “NIEHS”). This position would manage Title IV, including Parts A, B, and F, and the full-service community schools funding.
- Issue guidance, led by the Internal Revenue Service, that promotes the consideration of schools and education as part of the community health needs assessment process and highlights school health services and programming as an eligible use of community benefit resources.
- Expand formula grant funding specific to supporting healthy schools, currently funded under the Student Support and Academic Enrichment Grants program (Title IV, Part A) of the Every Student Succeeds Act.

State

- Create a new position in state education agencies or regional education intermediaries responsible for healthy schools (e.g., boards of cooperative education services) that would coordinate technical assistance, policy, and funding across state agencies and offices; where applicable, this position should work closely with state agencies serving children, youth, and families.
- Designate resources to provide training and technical assistance to district staff who can conduct a healthy schools audit of district spending to assess alignment with the WSCC components.
- Identify and address the workforce implications of promoting health, wellness, and safety in schools, including how collective bargaining, state occupational safety, health programs and requirements, and adjusted job responsibilities may come into play, and incorporate the relevant relationships between labor and management representatives.
- Provide guidance on how to integrate education data (e.g., chronic absenteeism, school climate, preschool enrollment, workforce program participation, and school readiness assessments) into state health data systems (e.g., birth records and vital statistics, immunizations, Medicaid, and Children’s Health Insurance Program, social services data, and accountability systems).
- Expand school Medicaid programs to allow school districts to bill Medicaid for all medically necessary services delivered to all Medicaid-enrolled students, and provide guidance to support implementation.

District and School

- Create a new position or designate responsibility at the district level for coordinating and monitoring the multi-office management of healthy schools' policies and funding streams across the district.
- Start a School Health Advisory Committee with members who are representative of the community and are tasked with providing recommendations about healthy schools to the board of education. In addition, ensure that health practitioners are represented on district- and school-level decision-making structures, such as steering committees and coordination of service teams.
- Create a Medical Advisor position, where possible, to advise the school board on meeting the health care needs of students.
- Create a line item called, "Healthy Schools Investments" that is focused on the whole child (the WSCC components or state-level whole child frameworks may be a good starting point), and assign a budget.
- Engage, expand, and/or create educator-workforce mechanisms to promote health, wellness, and safety, including through collective bargaining (where that takes place, and even where it doesn't) through initiatives like labor-management health care committees and health and safety committees. Identify and incorporate, as appropriate, existing occupational health and safety training programs from governmental, union, and other sources.
- Integrate student health data safely (with attention given to privacy and security) into [school-level educational needs assessments](#) for targeted-assistance schools, schools identified for comprehensive support and improvement, and for school-wide programs, as required under Title I of the Every Student Succeeds Act.
- Build the capacity of schools to deeply engage students, staff, families, and community members in needs assessments, emphasizing both qualitative and quantitative data relating to health and wellness.





2. Institute adequate and equitable funding models at the federal, state, and local levels to create and sustain healthy schools, because traditional, centralized staffing-based funding models can lead to an inequitable allocation of resources.

Federal

- Increase the federal government's share of Medicaid match for school-based services to at least 90 percent.
- Fully fund the federal share of the Individuals with Disabilities Act.
- Fully fund school meals (i.e. universal free meals).
- Target funding to expand the number of school-based health centers for schools serving high percentages of economically disadvantaged students and increase funding for [full-service community schools](#).

State

- Implement equitable school finance systems using [student-based state school funding formulas](#) with weights to ensure adequate funding across different demographic populations and educational contexts and to ensure that all students' educational and health needs are met.
- Include budget line items for healthy school priorities that focus on the whole child, with language broad enough to incorporate all elements of the WSCC model.
- Provide funding to districts for nurses, school psychologists, school counselors, physical educators, occupational health and safety staff, and social workers.
- Recognize all qualified health professionals who deliver health services in school-based settings as Medicaid eligible, and expand codes for care coordination to include school professionals essential to student treatment plans.
- Incentivize districts to provide school-located health services in schools serving high percentages of economically disadvantaged students.

District and School

- Direct funding towards research-based programs and activities that support sustainable healthy schools, including sufficient staffing.
- Advocate for strong nutritional and mealtime policies and resources.



3. Bolster the quality of local health systems, health care services, and social service organizations' capacity to provide consistent primary care, because research confirms that continuity of service is associated with the prevention of health barriers to learning.

Federal

- Provide guidance for states and districts to prioritize the continuity of service in partnership with health organizations within Title I and other categorical federal funding streams.
- Streamline paperwork requirements to align administrative and direct services billing, and encourage districts to bill Medicaid for key administrative activities such as care coordination, transportation to healthcare providers, and enrollment in Medicaid.

State

- Incentivize districts and schools to include age-appropriate barriers to learning (e.g., asthma, vision, hearing, dental health, mental and social-emotional wellness, environmental exposure) in annual screenings, either onsite or in collaboration with children's primary care providers.
- Provide funding for school-based health clinics in medically underserved geographies.
- Expand research and development on the investment in telehealth and other technologies that augment, complement, and strengthen the work of existing staff and expand access to remote care.
- Ensure appropriate reimbursement for telehealth services, particularly for rural districts and communities that have pervasive shortages of providers.
- Provide guidance and incentives to health care companies and health plans to implement the tenets of high-quality primary care, defined by the National Academy of the Sciences, Engineering, and Medicine report as “the provision of whole-person integrated, accessible, and equitable health care by interprofessional teams that are accountable for addressing the majority of an individual's health and wellness needs across settings and through sustained relationships with parents, families, and communities.”
- Provide incentives, including funding, for health care providers to sponsor school-based health centers.

District and School

- Create data-sharing partnerships and guidance on Memorandums of Understanding with community-based primary care providers, referring providers, and school nurses to provide secure electronic access to select portions of their patient's medical records (e.g., [NemoursLink](#)).
- Establish or strengthen systems to maximize Medicaid administrative claims.



4. Provide healthy spaces to learn, play, and work for every student and educator, because research confirms school buildings and learning environments impact student health and learning outcomes.

Federal

- Fund school construction, renovation, and clean transportation needs to ensure schools are safe and healthy.
- Ensure schools have the updated infrastructure and equipment needed to provide physical activity and nutritious meals to students.
- Provide states with technical assistance and guidance on conducting an audit of deferred maintenance needs and cost estimates within school districts.
- Earmark new infrastructure funds to provide ongoing professional development for school facility professionals to ensure they are prepared to maintain relevant 21st century systems and can train other school employees in relevant safety and health topics.
- Fund the Safe Routes to Schools program to provide safe transportation pathways to and from school.
- Provide detailed technical guidance for how to optimize energy-efficient heating and air conditioning systems, energy-efficient lighting and occupancy sensors, daylighting strategies, water safety fixtures, and lower operations and maintenance expenses.
- Support broadband expansion efforts to ensure student access to online learning materials from home and outside the school classroom.

State

- Issue guidance to school districts for utilizing federal and state funds to modernize schools for the 21st century, including broadband expansion, disaster preparedness, and ensuring that furniture, fixtures, and school spaces facilitate teaching and learning for students with various needs, including students with disabilities.
- Create incentive programs for health plans to develop and deepen partnerships with schools to expand the reach and impact of mental health services.
- Ensure local public health agencies are prepared to support students and educators who are at risk or have environmental exposures at school.
- Immediately and fully remediate environmental hazards in schools including radon, asbestos, lead in drinking water, and Polychlorinated Biphenyls (PCBs).
- Issue recommendations to encourage the use of environmentally preferable purchasing or green cleaning in schools.
- Conduct annual surveys of state-wide school infrastructure conditions and make them publicly available along with funding to support infrastructure improvements.
- Support comprehensive, local adoption and enforcement of modern building and infrastructure codes.
- Incorporate the values and vision for adequate and equitable school facilities and grounds into the state education agency's mission, vision, and strategic plans.
- Encourage Local Education Agencies to establish standing infection prevention and control programs.

District and School

- Work with educators, administrators, and their unions to develop and implement healthy school training programs, and incorporate, as appropriate, existing approaches to training from OSHA, NIOSH, NIEHS, and others.
- Provide adequate funding for schools to create and maintain space for physical activity and play; provide community access to green space on school campuses and adequate funding to schools for community use of this space (e.g., additional overhead expenses associated with additional use and extended operational hours of the spaces).
- Develop flexible capital planning frameworks that can be updated based on changing inputs (e.g., technology and student needs).
- Incorporate the values and vision for adequate and equitable school facilities and grounds into the school district's mission, vision, and strategic plans.
- Establish a standing infection prevention and control program in partnership with unions and employee representatives to ensure workforce implications are understood and addressed.



5. Optimize existing funding streams, because research confirms that money matters for student achievement.

Federal

- Develop comprehensive, cross-agency guidance on how existing federal funding streams can be utilized to support healthy schools with a focus on the whole child (especially Titles I, II, and IV of the Elementary and Secondary Education Act and Individuals with Disabilities Act).
- Eliminate structural inefficiencies in the Medicaid Program that disadvantage small and rural districts.
- Encourage more Federally Qualified Health Centers to physically expand into and provide remote services to schools under section 330 of the Public Health Service Act.

State

- Expand school Medicaid programs to allow school districts to bill
- Medicaid for all Early and Periodic Screening, Diagnostic, and Treatment services.

District and School

- Maximize the ability of schools to bill Medicaid for school health services.
- Collaborate with local government agencies to align funding (e.g., agencies overseeing public health, water, parks, and transportation).
- Establish partnerships to leverage funding streams from other sectors to support healthy schools.
- Provide funding for Student Health Advisory Committees.



6. Strengthen the knowledge of the interdependence between education and health among students, educators, families, state and district administrators, and health practitioners, because research confirms that healthy kids are better learners.

Federal

- Create a national public awareness campaign focused on the bidirectional influence of health and learning outcomes.

State

- Develop guidance, training, and technical support to districts on how to leverage funding streams in support of whole child health.

District and School

- Create a local public awareness campaign focused on the bidirectional influence of health and learning outcomes.
- Work with educators, administrators, and their unions to develop and provide comprehensive professional learning opportunities focused on the interdependence of education and learning and focused on alignment with WSCC model categories.
- Work with educators, administrators, and their unions to develop model accountability measures for student health and learning outcomes in coordination within existing state accountability systems.
- Work with educators to develop and implement health literacy curriculum content.





7. Improving data regulation, collection, transparency, privacy, and interoperability, as data are important tools to accelerate positive student health and learning outcomes, and address inequities in health and education.

Federal

- Build a healthy schools database utilizing existing data from the CDC, as well as data collected by other federal agencies (e.g., student poverty data collected by USDA, OSHA; state OSH agency data on workplace injuries; and CDC Youth Risk Behavior Surveillance System data) that can be shared, viewed, and studied by researchers, policymakers, and advocates.
- Conduct a decennial national census of school-based health services.
- Modernize the Family Educational Rights and Privacy Act to enable seamless coordination across education and health and to improve data privacy and security by updating governance, enforcement, conditions of data sharing, data security, and research provisions.
- Modernize the Health Insurance Portability and Accountability Act to enable easier coordination across education and health while still ensuring data privacy and security by updating governance, enforcement, conditions of data sharing, and data security for education and health systems.

State

- Explore data sharing agreements, while protecting student privacy, that allow healthy schools staff and health care systems to seamlessly work together.

District

- Coordinate with Student Health Advisory Committees and representatives of the community to determine what student-level data is most important to the community (the WSCC model categories may be a good starting point), what data is currently measured, and what the constraints are to accessing data that is currently unavailable.
- Establish local data-sharing agreements that support partnerships between education, health care, and public health to better identify student health needs, and target resources and supports accordingly (e.g., [D.C. data sharing agreement](#)).



8. Address workforce shortages by attracting, developing, championing, and retaining educators who reflect the population of students in communities where they work, live, and play, because research confirms that access to educators, health professionals, and staff who reflect the student population benefits students physically, mentally, social-emotionally, and academically.

Federal

- Establish a task force in the U.S. Department of Education designed to issue guidance to improve the interoperability of licensure across states to ensure adequate mobility of staff and reciprocity agreements that allow healthy schools professionals to quickly transition from one district/state to another.
- Assist educators with accessing federal student loan forgiveness programs.
- Utilize existing data shared with the U.S. Department of Education and U.S. Department of Labor to issue a report on the status of healthy schools personnel and barriers to retention.
- Encourage states to review and comment on federal reports on licensure for educators and examine licensure and reciprocity agreements with nearby states.
- Create discretionary pre-service and career change educator training grant programs to address educator shortages.
- Require states to report on recruitment and retention strategies and progress at consistent intervals.

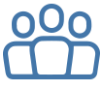
State

- Target immediate and comprehensive loan forgiveness programs and service scholarships to educators and healthy schools personnel serving high-poverty student populations (e.g., Title 1 schools).
- Provide clear direction on how to access and apply for loan forgiveness programs and create supporting resources (e.g., a help) desk.
- Obtain and publish annual loan forgiveness status by school job classification and demographics.
- Support the coordination between state-funded preparation programs for educators and district administrators to improve pre-service focused education on meeting the holistic needs of students.
- Coordinate with districts and unions to gather data on shortages. Ensure that data capture racial and socioeconomic disparities so policies and programs can effectively address inequities.
- Offer high-quality professional learning opportunities and training to educators and healthy schools personnel focused on the whole child and that address self-care, secondary traumatic stress, compassion fatigue, and burnout prevention. Include the development of health-related curricula focused on both individuals' health and occupational health and safety.
- Provide incentives, resources, and technical assistance to local districts, particularly in shortage areas, to establish residency programs with current K-12 school students.
- Broaden personnel eligible for Medicaid reimbursement to include staff in internships or residency programs to support recruitment.
- Create a state task force charged with reviewing educator recruitment and retention data, disaggregated by subgroups, and share that data publicly to inform the development of locally-driven strategies to address shortages.

District and School

- Through collective bargaining or, where that does not take place, through other labor-management engagement, provide pay and comprehensive benefits to attract, recruit, and retain a healthy school workforce.
- Implement a comprehensive educator wellness model inclusive of policy, procedures, practices, and data-informed decision-making.
- Offer high-quality professional learning opportunities and training to educators and healthy schools personnel focused on the whole child, and that address self-care, secondary traumatic stress, compassion fatigue, and burnout prevention.
- Refine staffing models and functional responsibilities within schools, in partnership with unions, to enable healthy school personnel to work within their expertise and strengths and ensure that there is sufficient staff and licensed professionals free to perform and are appropriately compensated, commensurate with other medical professionals in the proximate geographic area, for the most value-added functions.
- Provide all educators with materials, resources, and training to support their self-care and wellness, including completing wellness and burnout assessments.
- Hold professional development events focused on staff wellness and healthy school climates.
- Engage with staff to find opportunities to promote and practice wellness and self-care. Include the development of health-related curricula focused on both individuals' health and occupational and environmental health and safety.
- Conduct regular input collection measures (e.g., focus groups, online surveys) to learn about the school's climate and staff's workplace satisfaction to inform the development of school improvement efforts.





9. Support the public, particularly families, in becoming partners in strengthening health and learning outcomes, because research confirms family engagement impacts children's lifelong health, developmental, and learning outcomes.

Federal

- Release guidance on evidence-based best practices for meaningfully engaging families of different backgrounds and circumstances in school activities that address healthy school goals and priorities.
- Fully fund family engagement efforts, with Title 1 funding and expand Title II and IV to include earmarked family engagement funding.

State

- Create a cross-agency group to coordinate family engagement (e.g., state departments of education, health, children and families, justice, environment, and occupational safety and health).
- Hold focus groups and conduct surveys for all families on perceptions of the education system.

District and School

- Ensure communications offer detailed, actionable information and specific guidance for supporting their child's education and health in multiple languages and modalities.
- Ensure all local family communities are represented in decision making.
- Build the knowledge of educators and develop school-wide and individual processes for engaging families in their child's education.
- Collaborate with educators and families to co-create a resource hub for families that shares information on important policies and procedures across health and learning that is accessible to all families.
- Offer professional learning opportunities and create a culture that builds the capacity of educators to understand and effectively partner with youth.
- Prioritize inclusion of student voice and build the capacity of students to be actively engaged in school decision-making around health and learning.
- Communicate district goals and progress on health and learning outcomes with families.
- Ensure the alignment and integration of district wellness and family engagement policies.
- Include diverse family representatives in the SHACs.
- Ensure family input is included in operating budget development.
- Identify opportunities for, and promote the establishment and deepening of community schools.



10. Enhance the ability of community-based organizations to identify, and mobilize people and communities around issues related to healthy schools, because research confirms high-quality partnerships between schools and communities create positive health and learning outcomes.

Federal

- Elevate and amplify district-community-based models and practices for improving healthy schools via webinars and evidence-based best practice technical assistance, led by the Assistant Secretary of Healthy Schools.
- Create a Healthy Schools Award (similar to green schools and blue ribbon) that would recognize districts across the country that have formed community-based partnerships that are leading to positive health and learning outcomes, including those working on school health, children's health, and occupational safety and health.
- Identify opportunities for, and promote the establishment of community schools using federal funds for these purposes.

State

- Broadcast funding opportunities and share how to best leverage funding to improve health and education outcomes.
- Call attention to examples of state-level networks, coalitions, and collaboratives in education that include (or could include) community-based organizations and those working on school health, children's health, and occupational safety and health.

District and School

- Co-advocate with local districts and schools about programs and strategies that improve health and learning outcomes.
- Map community assets to identify potential partners, allies, and resources.
- Convene community providers regularly to review student-related health and learning outcomes, share resources, and build relationships.