



Creating Healthy Schools: Students, Educators, and Policymakers Name Priorities

In a healthy school environment, school staff are addressing a student's physical, emotional, and social needs in order to create the conditions for that student to learn.¹ The concept of supporting needs that go beyond academics—supporting the “whole child”—is far from new. In the early 20th century, progressive education pioneer John Dewey once proposed that traditional education

...may be summed up by stating that the center of gravity is outside the child. It is in the teacher, the test-book anywhere and everywhere you please except in the immediate instincts and activities of the child himself.... Now the change which is coming into our education is the shifting of the center

Mental health support and attention to school climate are foundational for an integrated policy approach.

Deborah A. Temkin, Bonnie J. Solomon, Emily Katz, and Heather Steed

Figure 1. The Whole School, Whole Community, Whole Child (WSCC) model



Source: Centers for Disease Control and Prevention

of gravity.... In this case the child becomes the sun about which the appliances of education revolve; he is the center about which they are organized.²

Creating this healthy school environment requires more than the traditional “grammar of schooling”³—a primary focus on curriculum and pedagogy—and encompasses a broad range of issues such as student nutrition, employee wellness, and overall school climate. These domains are reflected in the Centers for Disease Control and Prevention’s Whole School, Whole Community, Whole Child framework (WSCC; see figure 1). Reflecting the ideals Dewey presented in 1907, the framework places the child at the center and defines 10 key domains in which they need support.

With limited time in a school day and

similarly limited time for state board of education members and other policymakers to consider these issues, schools and policymakers alike struggle to prioritize among the myriad strategies for creating supportive conditions for learning. Consequently, policy efforts have been largely piecemeal, and issues are addressed in silos rather than as part of the comprehensive, integrated vision of the WSCC. At both the state and federal levels, for example, there has been considerable momentum over the last decade on student nutrition (e.g., passage of the federal Healthy Hunger Free Kids Act of 2010 and related regulations), bullying (e.g., adoption and/or revision of state antibullying legislation), school discipline disparities (e.g., federal guidance on identifying and addressing disparities and state legislation restricting use of

exclusionary discipline), school start times (e.g., policy statements from leading medical organizations and consideration of legislation at state and federal levels), and student health services (e.g., revisions to the Medicaid Free-Care Rule).

Those working in each of these areas share a common goal—ensuring better outcomes for students. The issues are themselves inherently interconnected and share many similar risk and protective factors. For example, poor nutrition and limited physical activity are known drivers of childhood misbehavior and thus a key factor in school discipline.⁴ Positive school climate is related to decreased bullying, decreased risk for suicide, improved school safety, decreased substance use, and improved physical health.⁵ Moreover, positive school climate, nutrition, and physical health are linked with improved academic achievement and decreased absenteeism.

Despite the interconnected nature of these elements of student wellness, efforts to improve particular outcomes have occurred independently and sometimes in contradiction. Consider that efforts to counter bullying have largely relied upon exclusionary discipline and criminalization, even as the negative consequences of such discipline are widely reported. At a school level, one U.S. Department of Education report found that schools use, on average, nine prevention programs to address a number of different behaviors.⁷ As the report notes, there is simply not time in a school day for each of these programs to be implemented with fidelity. By taking a piecemeal approach, schools are not addressing any of these issues effectively.

Furthermore, the issues that are addressed typically reflect stakeholders' responses to community concerns—new policies address student nutrition in response to rising childhood obesity rates, bullying in response to high-profile suicides linked to the issue, and so on. The reactive nature of much of the policymaking around the conditions for learning makes it difficult to address them comprehensively. This is especially true in the case of the tragic school shooting events in 2018, which put pressure on school officials and policymakers to respond quickly.

There is thus a paradox in the current approach to creating healthy school environments: a comprehensive, coordinated approach to creating the conditions for learning may

lead to better outcomes overall, and yet policymakers still need to respond to pressing priorities, which leads to policy silos. As a first step toward resolving this paradox, and with funding from the Robert Wood Johnson Foundation as part of the Together for Healthy and Successful Schools Initiative, Child Trends conducted focus groups and interviews with key stakeholders. We sought to determine the key priority issues around healthy schools and how those issues can be leveraged to promote a more comprehensive vision. Our ultimate goal was to identify a starting point for policymakers to begin building the comprehensive model envisioned in the WSCC model.

Conversations took place between November 2017 and April 2018 and included interviews with policymakers (including state board of education members and state legislators and their staff), students participating in National 4-H's Healthy Living Summit, and educators (including teachers, school nurses, and others). Although participants touched on nearly every domain of the WSCC model, collectively they came to a similar conclusion: Progress toward healthier school environments requires supporting student mental and emotional health and focusing on improving school climate. Below, we present snapshots of what we heard on each of these topics.

Mental and Emotional Health

Nearly half of all children in the United States have experienced at least one adverse childhood experience (ACE).⁸ Whether they have witnessed gun violence, engaged with the immigration system, or been abused or neglected, many children who are attending school desperately need mental health support (table 1). Throughout our conversations with educators and policymakers, trauma and the need to support trauma-informed care in school were identified as clear priorities, as were other mental health needs.

Policymakers and educators alike stressed the need for training and resources to address these issues effectively in schools. Regarding students' mental health needs in general, one state board member said, "I don't think we have very good systems. And sometimes it goes beyond a teacher's level of expertise. And that's I think

Efforts to improve particular outcomes have occurred independently and sometimes in contradiction.

Table 1.

	Hard to cover basics like food or housing somewhat or very often	Parent of guardian divorced or separated	Lived with anyone who has a problem with alcohol or drugs	Lived with anyone mentally ill, suicidal, or severely depressed	Parent or guardian served time in jail	Saw or heard parents or other adults slap, hit, kick, or punch in home	Parent or guardian died	Victim of or witness to violence in neighborhood
United States	25	25	9	8	8	6	3	4
AL	28	30	10	8	8	6	5	4
AK	22	27	13	11	9	7	4	5
AZ	27	32	16	10	13	11	3	6
AR	31	33	12	10	16	10	6	5
CA	22	22	7	6	6	3	2	2
CO	23	27	12	9	8	5	3	3
CT	24	25	8	8	6	4	3	4
DE	24	25	8	7	10	7	3	6
DC	21	25	7	5	9	6	5	9
FL	27	30	8	5	11	7	4	5
GA	26	27	8	9	10	6	6	6
HI	24	22	10	5	5	10	2	7
ID	29	26	11	13	9	6	3	4
IL	23	19	8	8	6	6	3	4
IN	24	27	10	9	10	8	5	6
IA	25	23	9	10	6	5	2	5
KS	23	27	11	9	9	6	2	4
KY	27	33	12	10	15	7	3	3
LA	30	30	10	8	14	6	5	5
ME	31	30	11	14	6	8	2	6
MD	21	18	6	5	4	4	3	2
MA	23	19	6	7	4	3	4	2
MI	23	25	7	8	6	5	4	5
MN	21	20	9	7	6	5	2	5
MS	29	32	12	9	11	11	5	2
MO	26	28	10	12	9	7	5	4
MT	29	28	13	14	10	7	4	6
NE	24	22	9	10	8	5	2	4
NV	29	29	10	7	8	6	4	7
NH	20	24	9	9	4	4	4	2
NJ	23	21	7	6	5	4	2	3
NM	25	32	13	12	12	11	5	6
NY	26	20	5	5	4	4	3	3
NC	30	26	10	8	10	7	3	4
ND	20	22	7	8	6	3	3	3
OH	31	28	11	9	11	8	4	5
OK	32	29	10	10	12	6	4	5
OR	29	25	11	10	7	6	2	3
PA	23	26	9	10	9	5	4	4
RI	25	26	8	10	6	5	4	7
SC	30	27	9	7	8	5	3	4
SD	25	24	12	8	10	6	1	4
TN	26	27	11	8	13	6	3	4
TX	28	27	11	7	9	7	4	4
UT	24	18	9	12	6	4	1	3
VT	25	24	12	11	6	5	3	3
VA	23	22	8	8	8	6	4	3
WA	23	23	10	11	5	4	2	2
WV	33	31	11	12	9	7	5	3
WI	23	23	8	9	9	6	3	4
WY	27	26	12	12	9	8	3	3

Source: Vanessa Sacks and David Murphey, "The Prevalence of Adverse Childhood Experiences, Nationally, by State, and by Race or Ethnicity" (Bethesda, MD: Child Trends, 2018).

◀ **Table 1. ACE Prevalence in Children Birth through Age 17, Nationally and by State (percent)**

-  Percentage is higher than the national average at a statistically significant level.
-  Percentage is lower than the national average at a statistically significant level.
-  Estimate should be interpreted with caution because relative confidence interval is greater than 120 percent.

where teachers get frustrated because they don't know where to go or what to do.”

On trauma-informed care, an educator stressed the contradictory nature of school policies:

Overnight there was a lot of gun violence. It's on the news; you know about it. But then when they come the next day, I'm more of a soft, like, 'Okay, school's now a safe place. Come on, you have your ear buds in, you're working, you're quiet.' And then I feel, in my mind, I'm being trauma-informed. But then it's counterintuitive to what the school expectation is. 'There's no ear buds in class, there's no putting your hood up while you're doing your work,' which may be a comfort for some students. So it's been very hard for me to balance school expectations with being trauma-informed. And so it's confusing not only to myself as an educator but then to the students as well.

Although student participants were less likely to speak about trauma specifically, they stressed the need to not only provide better support for mental health but also to limit the stigma associated with receiving such support. As one student detailed:

I just think pulling a kid out in class ... makes them vulnerable, because it shows everyone else that they're going to talk to the counselor. And there's not really a cover-up for that. If you have a physical illness and the nurse calls you, you can be like, 'Oh my stomach hurts,' or, 'Oh I fell!...' But there isn't really a cover-up for going to the counselor, you know? They would pull them out in the middle of class, the counselor would. And I

honestly believe that made it worse, because that's basically screaming, 'I have a problem,' like, 'I'm struggling.'

Students shared that when they did seek help and support from their schools, their schools were often not well prepared to handle the situation. As one student said, “[One] time, I got a panic attack and the only thing [the counselor] put me to do was paint something or draw something. I mean, I don't feel like that will help me. I had to help myself to calm down.”

Each of the stakeholder groups identified clear linkages between mental health and other aspects of the healthy school environment. As one student shared,

I really believe one of the biggest problems America is having with teenagers is obesity. And I really think that yes, the lack of physical activity is a problem, but I really think that stress-eating and depression and things like that all really add up to a bigger problem than just the physical aspect of it.

In other words, addressing mental health is a foundational step to also addressing physical wellness. This sentiment was further reflected by a high school principal:

We have a student that's going through depression. One of the coping mechanisms could be eating right, exercising, and things of that nature. But I'll never get to that. I'll never sustain those good decisions—and behavior, lifestyles, and practices—if I don't deal with the depression first, the anxiety first, the high levels of stress first. And I think some of those pieces are leading to barriers in making healthy lifestyles. I think it's centering themselves in a good place which will lead to sustained healthy decisions and choices and lifestyles, versus saying, 'Hey, we want to

Addressing mental health is a foundational step to also addressing physical wellness.

promote running' without the context of dealing with the psychological impediments to that.

School Climate

Although definitions of school climate vary, it generally refers to the sense of community, quality of supportive relationships, prevalence of negative behaviors (e.g., violence, bullying, substance abuse), and student engagement within the school. School climate was repeatedly referenced as the fundamental factor for establishing a healthy school environment, although stakeholders offered varying perspectives as to why school climate is so critical. One state board of education member suggested, for instance, that school climate is key to retaining effective staff: "I think that [a needed policy] would focus on the way leaders in buildings can retain teachers by ... building positive school culture, building teacher leadership, which trickles to a positive place for students." A state legislator suggested that school climate is critical to creating supportive spaces, particularly for students dealing with issues such as trauma outside of school: "A school needs to feel like a very safe place for kids . . . a place that's embedding [in children] a belief in themselves and in their communities, [where] people care about them and are there to help them succeed." An educator furthered this theme, pointing out that a positive school climate enables staff to identify other student needs:

If we have a healthy school environment where we're concerned about all the kids . . . no one's slipping through the cracks. You know that the kid's able to get lunch, or you know when he's not having lunch. . . . You'll hear about the family problems: They're moving. They feel comfortable telling you that they don't have their work because it's in a box somewhere. A healthy school environment will lend it to you."

Students said that having a positive school climate means having multiple sources of support rather than a single school counselor or other support personnel to whom they can turn. Students reflected that they did not always trust

their school counselor and instead relied on teachers. As one student reflected:

When you go to a counselor, it's almost like they have to care, they're being paid to care. And then the teacher . . . that's not the purpose of their job. That shows that they're really going out of their way, and that they really do genuinely care, and it's not just because it's their job.

Another student had similar sentiments: "[One] guidance counselor can be very biased coming into a situation, even if they are a guidance counselor. But . . . we have 13-14 teachers who have different opinions, and you can feel which one you're most comfortable with. Because not everyone is comfortable talking to one guidance counselor." Other students shared that their schools did not have counselors but that teachers filled the role by fostering strong relationships with students and providing emotional support in addition to academic support.

As with mental and emotional support more broadly, participants viewed positive school climates as the baseline for addressing each of the other elements of the WSCC—from getting students better engaged in physical activity to ensuring students were identified and directed toward needed health services.

Next Steps

State boards of education can lead in helping drive schools toward more coordinated plans for creating healthy schools that support all the critical conditions for learning. Our conversations with students, educators, and policymakers underscore the critical need to reduce silos in current approaches and illuminate a path forward. Specifically, stakeholders clearly articulated not only their priorities for improving student mental health and school climate but also their view that these two issues form the foundation for addressing the entire WSCC framework.

As new issues emerge—whether they be concerns over school safety or student health—policymakers should consider how they can be addressed comprehensively. Policymakers should consider, for instance, how emerging issues may be linked to or addressed by other issues and strategies, particularly mental health

Students said that having a positive school climate means having multiple sources of support rather than a single school counselor to whom they can turn.

Deborah A. Temkin, Ph.D., is senior program area director; Bonnie J. Solomon, Ph.D., research scientist; Emily Katz, B.A., senior research assistant; and Heather Steed, M.A., senior research analyst, at Child Trends.

and school climate (e.g., links between depression and healthy eating). Our findings suggest that there is ample stakeholder support for leveraging student mental health support and school climate as building blocks for sustainable, coordinated systems to support healthy schools.

Interagency cooperation plays a vital role within coordinated systems that support healthy schools. Community schools that also serve as community service centers provide a “single point of contact” model for coordinating services across multiple WSCC domains. Other models similarly rely on interagency coordination and partnerships. Outside of these more coordinated efforts, many schools and districts have developed strategic partnerships to deliver enrichment programs, link students with needed services, or offer students dual-credit, service-learning, or other applied learning opportunities. Our findings suggest that partnerships that support mental health and school climate may be especially important for creating and sustaining healthy schools.

Policymakers should further consider how existing policies at the federal, state, or local levels already intersect with emerging issues. At the state level, policymakers can consult the NASBE school healthy policy database—a comprehensive compendium of state laws and regulations aligned to the WSCC model—to better understand the array of policies that may contribute. Further work is needed to better understand how

to effectively structure these constellations of policies to work together. However, our research makes clear that students, policymakers, and educators alike value the coordinated school health approach that WSCC offers. ■

¹Theresa C. Lewallen et al., “The Whole School, Whole Community, Whole Child Model: A New Approach for Improving Educational Attainment and Healthy Development for Students,” *Journal of School Health* 85, no. 11 (2015): 729–39.

²John Dewey, *The School and Society: Being Three Lectures by John Dewey Supplemented by a Statement of the University Elementary School* (Chicago: University of Chicago Press, 1907).

³David B. Tyack and Larry Cuban, *Tinkering toward Utopia: A Century of Public School Reform* (Cambridge, MA: Harvard University Press, 1995).

⁴Stephen C. Putnam et al., “Exercise: A Prescription for At-Risk Students,” *Journal of Physical Education, Recreation & Dance* 75, no. 9 (2004): 25–28, <https://doi.org/10.1080/07303084.2004.10607296>.

⁵Amrit Thapa et al., “A Review of School Climate Research,” *Review of Educational Research* 83, no. 3 (2013): 357–85.

⁶U.S. Department of Education, Office of Planning, Evaluation and Policy Development, Policy and Program Studies Service, “Analysis of State Bullying Laws and Policies,” 2011, <https://www2.ed.gov/rschstat/eval/bullying/state-bullying-laws/state-bullying-laws.pdf>.

⁷U.S. Department of Education, Office of Planning, Evaluation and Policy Development, Policy and Program Studies Service, “Prevalence and Implementation Fidelity of Research-Based Prevention Programs in Public Schools,” 2011, <https://www2.ed.gov/rschstat/eval/other/research-based-prevention.pdf>.

⁸Vanessa Sacks and David Murphey, “The Prevalence of Adverse Childhood Experiences, Nationally, by State, and by Race or Ethnicity” (Bethesda, MD: Child Trends, February 2018), <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>.

⁹Kristen Anderson Moore et al., “Making the Grade: A Progress Report and Next Steps for Integrated Student Supports” (Bethesda, MD: Child Trends, December 2017), <https://www.childtrends.org/publications/making-grade-progress-report-next-steps-integrated-student-supports>.

There is ample stakeholder support for leveraging student mental health support and school climate as building blocks for sustainable, coordinated systems to support healthy schools.

More Student Safety Resources

For more on promoting student safety, the U.S. Department of Justice’s National Institute of Justice has released reports on school safety statistics and safety technology, on what states and districts can do to improve school climate, and on how to maximize the effectiveness of state school safety centers:

- Mary Poulin Carlton, “Summary of School Safety Statistics” (2017).
- Johns Hopkins University Applied Physics Laboratory, “A Comprehensive Report on School Safety Technology” (2016). See also Heather Schwartz et al., “The Role of Technology in Improving K-12 School Safety” (Santa Monica, CA: RAND, 2016).
- Allison Ann Payne, “Creating and Sustaining a Positive and Communal School Climate: Contemporary Research, Present Obstacles, and Future Directions” (2018).
- Mary Poulin Carlton et al., “States’ Roles in Keeping Schools Safe: Opportunities and Challenges for State School Safety Centers and Other Actions” (2017).

The Federal Commission on School Safety, which held public sessions during the spring and summer, was expected to release its report by the end of 2018.