Five Questions to Ask about School Staff Wellness in the Wake of COVID-19

By Joseph Hedger

The pandemic increased educator stress and burnout, which has led education leaders to ask how schools were being equipped to handle the potential long-term impacts on staff health. To support and retain quality school staff and promote healthy schools, state boards of education and other policy leaders should consider policy to address the physical, emotional, and mental health of school staff.

Few states had comprehensive policy going into the pandemic to ensure that staff receive adequate supports. By September 2019, only Rhode Island had statutes requiring staff wellness programs in schools, while nine states encouraged it, according to NASBE’s State School Health Policy Database (see map).

Yet the pandemic can be a catalyst for further action on staff wellness and support. Through the American Rescue Plan Act of 2021, state agencies received funds that can be directed at maintaining the health and safety of students, educators, and other staff during reopening, including through hiring school counselors and staff.

NASBE and Child Trends partnered in early 2021 to develop a webinar series on staff wellness during COVID. Discussions from these gatherings sparked five questions state board members can ask to engage their state around staff wellness.

1. **HOW DID THE PANDEMIC WORSEN OR OTHERWISE CHANGE THE WELLNESS ISSUES CONFRONTING SCHOOL STAFF?**

   According to a survey in fall 2020, 80 percent of teachers reported feeling burned out and identified it as a moderate or major concern during the school year, and about one-quarter of teachers indicated they were likely to leave the profession. Fifty-seven percent of teachers reported working more hours per week than they did before the pandemic, and nearly one in four teachers engaged in remote learning also reported that they had not received adequate guidance to support students from vulnerable populations.

   The District of Columbia State Board of Education surveyed DC public school teachers in January to gauge their experience during the pandemic and incorporate their perspectives into future board action. Nearly half reported that they had considered leaving the profession because of the challenges during this time, 54 percent believed that the social and emotional well-being of their students was worse than in the previous school year, and only 40 percent felt they had the tools to measure their students’ social and emotional well-being. They also described seeing inequitable rates of student engagement in communities that were disproportionately affected by COVID-19.

   Certainly, teacher burnout preexisted the pandemic. Forty-six percent of K-12 teachers reported high daily stress during the school year in 2013, which matches stress levels in other highly demanding professions such as nursing and physician care. The effects of continued stress on health are well known. They include heart disease, high blood pressure, diabetes, and mental disorders, as well as vulnerabilities to addiction.

   However, as the pandemic promotes greater awareness of stressful work environments at schools, it could drive more states to intervene on behalf of school staff.

2. **WHAT PARTNERS SHOULD STATE LEADERS ENGAGE TO ADDRESS STAFF WELLNESS CHALLENGES IN SCHOOLS?**

   During one of the project webinars, Lisa Perry, senior national advisor at the Alliance for a Healthier Generation, described two state partnerships she said had promoted staff wellness in schools. Through a partnership between the statewide school employee health plan and Staywell, a well-being and incentive program, school staff in Kentucky can access an online platform to help them set and track wellness goals for healthy eating, stress management, and physical activity. Completion of online health assessments and interactive challenges lead to financial rewards. And while there is a low number of people taking advantage of the program, “I am amazed at how much those who do participate are able to accomplish with that accountability factor,” Perry said.

   A second example is the OEA Choice Trust in Oregon, which offers expertise, experience, and grant funding to help districts and schools establish staff wellness programs that support individual goals. “I’ve had the opportunity to visit schools in the state of Oregon that have benefited from the funding,” Perry said. “I see the difference it makes in the employees’ health and their attitudes and motivation and the fact that...”
they’re excited to show up to school for their jobs every day.” A notable piece to the OEA Choice Trust is that it started as a benefits program, before shifting to focus on promotion and prevention activities.

Also vital to this work is engaging the school staff themselves. “A great model for anything going forward is going directly to staff,” said Jordan Thayer, a postdoctoral fellow at the Munroe-Meyer Institute at the University of Nebraska Medical Center and consultant with Mid-American Mental Health Technology Transfer Center. In a 2020 NASBE report, Nebraska teacher Jordan Koch highlighted 14 state boards that require a teacher member. “Current practitioners provide a unique perspective, as they will implement enacted policies and directly experience the educational challenges associated with those policies,” she wrote.

During summer 2020, 27 states and the District of Columbia gathered groups of education and health stakeholders to collaborate on safe school reopening. Similarly, cross-department partnerships can better support efforts around staff wellness.

3 WHAT POLICIES HAVE PROVED EFFECTIVE FOR SUPPORTING SCHOOL STAFF? WHICH EXACERBATE PROBLEMS?

There can be a gap between policy and practice that state leaders can miss. During implementation, policymakers must consider how proposed wellness interventions would be received. Are teachers getting enough time to invest in their own wellness, or are interventions simply piling onto already busy schedules? Do districts or schools have access to the resources or funding necessary to implement wellness programs? Where are the opportunities to create connections with community partners or leverage technology to assist school staff? While wellness may appear to be a personal journey, much preparation programs, professional development funding, and mentor supports for new teachers.

Teacher and student wellness are intrinsically linked. When teachers receive professional support, they are then able to invest in their students’ social and emotional wellness as well as mitigate their own stressors. According to one study, teachers who received emotional competency training saw decreases in distress and improvements in classroom interactions.

According to the State School Health Policy Database, nearly all of the 10 states requiring or recommending staff wellness programs describe ways that districts can promote screenings, stress reduction and management, nutrition, wellness practices, and/or fitness activities. Rhode Island’s policy established district subcommittees to address staff health and wellness, Mississippi designated a statewide wellness coordinator to develop a model wellness program, and Nevada created a best practices manual to guide local school wellness policy development and implementation for staff.

Diversifying the workforce is most frequently promoted as a way to boost the academic performance of students of color, but it can also help mitigate feelings of isolation, frustration, and fatigue that contribute to teachers of color leaving the profession.

Not all wellness programs are equal. The most effective teacher stress interventions tend to focus on mindfulness and behavioral and cognitive-behavioral domains, whereas interventions that deliver solely informational content are among the least effective.

On its school resources page, the CDC suggests that staff wellness programs should...
• gather data and information to determine the nutrition and physical activity needs of school staff members and assess the availability of existing school wellness activities and resources;
• encourage administrative support for and staff involvement in school staff wellness; and
• develop, carry out, and evaluate healthy eating and physical activity programs for all school staff.11

Another important aspect is full inclusion of nonteacher school staff in wellness initiatives, Perry said. States should consider how the schedules of bus drivers, nighttime custodians, or nutrition service workers can create barriers to participation. “It’s really hard to offer enough variety of programs to get folks involved with that,” Perry said. “But I do think as we transform into a more virtual society, we have some great opportunities to take advantage of where we can engage those staff that aren’t classified as teachers.”

4 HOW CAN STATE LEADERS ADDRESS STAFF TRAUMA?

Additionally, teachers, school leaders, and students alike have been returning to classrooms after experiencing traumatic events: loss of loved ones, sickness, financial struggles, and violence toward minority communities. Several states recommend trauma-responsive trainings for returning school staff.12

One such state is Pennsylvania, which created a guide outlining key considerations for safety and social preparedness before teachers and students return to classrooms. This guide recommends a needs assessment survey that districts can provide to teachers and students that asks questions regarding whether they have experienced traumatic events or lost loved ones. A tiered wellness plan can then target additional supports to staff and students who may be experiencing elevated levels of stress or reporting traumatic experiences.13

Student trauma takes an additional toll on school staff. For this reason, California’s Stronger Together guidebook highlighting strategies for creating trauma-responsive school systems also suggests that districts train school staff to deal with secondary traumatic stress and self-care.14

An assessment of the impact of wellness programs must take into account the fact that stress may affect different educators and staff in different ways. In a March 2021 study, Hispanic adults reported higher levels of stress related to the pandemic, and Black Americans were most likely to report feelings of concern about the future.15 Teachers of color already leave the profession at higher rates than other teachers, with Black and Latinx teachers reporting reasons such as racial discrimination and stereotyping in schools.16 Amy Arnold, director of workforce health consulting at Kaiser Permanente in the Mid-Atlantic Region, described the importance of an school’s culture for staff wellness success. “A really well-done organizational approach [would build] a culture that is very inclusive, equitable, and psychologically safe, really considers all those aspects of well-being, and has systems and policies to support that,” she said.

5 HOW CAN STATE LEADERS BEST COMMUNICATE ABOUT STAFF WELLNESS AMIDST OTHER PRESSING PRIORITIES?

Often, teachers and school staff do not engage with wellness incentive programs because they already have too much on their plates. Teachers may feel that their time would be better spent working on lesson plans or grading assignments than attending a yoga class or staff meeting. As schools look to post-pandemic operations, subjects like expanding the school day and summer learning become priorities to reengage students who may have suffered academically during distance learning. State leaders must look for opportunities to help districts carve out time for staff wellness, although it may require culture shifts.

At root, schools cannot function if staff do not have their needs met. Arnold suggested thinking of schools like a business in this regard. “At the state level, you have a lot of opportunity to shift the conversation,” she said. “Unfortunately, staff wellness tends to get lumped into a bucket that’s off by itself. When you’re able to connect it directly to the business, and you’re able to help all leaders really understand it, that helps to open up this idea that this is integral to the success of our school business and we do need to think differently about it.”

“The ‘state level’ isn’t homogenous,” Thayer said. Some policymakers will respond to the return-on-investment model. For example, a study of workplace wellness found that medical costs fall by about $3.27 for every dollar spent on wellness programs, and absenteeism costs fall by about $2.73 for every dollar spent.17 However, others may prefer the public health model, which connects policy to long-term health impacts. “When we get to a mind-set shift, some of it is going to come down to being very targeted with how we are talking about this issue with individuals,” he said.

Thayer also noted the need to weed out redundancies in schools that may be unaware that they have four or five programs at once. Establishing an auditing process to eliminate ineffective initiatives can make room for evidence-based interventions that are aligned with the needs of specific communities. “[Let’s] take out and examine what schools are actually doing and help them see where are the redundant practices and just trim them out,” he said.

As frequent fliers understand, you must put on your own oxygen mask before helping others. The same goes for educators. As states reopen and recover from the pandemic, they must ensure that school employees are able to help themselves first so they can better meet the needs of students in the long run.

Joseph Hedger is NASBE’s associate editor. This publication is supported by cooperative agreement NU87PS004367-01-01 funded by the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the author and do not necessarily represent the official views or endorsement of the CDC or the Department of Health and Human Services.
NOTES

2 Melissa DiLberti and Julia Kaufman, “Will This School Year Be Another Casualty of the Pandemic? Key Findings from the American Educator Panels Fall 2020 COVID-19 Surveys” (Santa Monica, CA: RAND Corporation, 2020).


7 Joseph Hedger, “States Make Plans for Reopening,” Policy Update 27, no. 7 (July 2020).


12 It is worth noting, however, that more evaluation is needed to determine the effectiveness of trauma-informed care training for school staff who are not directly engaged in providing clinical services; see Brandon Stratford et al., “A Scoping Review of School-Based Efforts to Support Students Who Have Experienced Trauma,” School Mental Health 12 (2020): 442–77.


16 Ashley Griffin and Hilary Tackie, “Through Our Eyes: Perspectives and Reflections from Black Teachers” (Washington, DC: Education Trust, 2016); Ashley Griffin, “Our Stories, Our Struggles, Our Strength: Perspectives and Reflections from Latino Teachers” (Washington, DC: Education Trust, 2018).

17 Katherine Baicker, David Cutler, and Zinul Song, “Workplace Wellness Programs Can Generate Savings,” Health Affairs 29, no. 2 (2020).