

Employee Wellness

Schools that support **Employee Wellness** recognize that healthy staff are essential to building a healthy school environment. School employees serve as role models to students and can reinforce nutrition and physical activity practices that students are learning.

This analysis explores the extent to which a sample of local education agency (LEA) policies from the 2017-2018 school year, representative at the state level, addressed employee wellness. The analysis explores provisions to support educators' well-being, including stress management, substance abuse, and physical activity. The LEAs studied are a sample of 432 agencies, spanning 19 states and the District of Columbia (hereafter "selected states"; see maps below and [Methods Appendix](#) for more details on the state selection), and include both public school districts ("districts"; n = 368) and charter LEAs (n = 64).¹

Within the Employee Wellness domain, we assessed five topics (see [Coding Appendix](#)). In this brief, we present data separately for public school districts and charter LEAs.

Public School District Policies

The district sample included 368 LEAs in 20 selected states, weighted to be representative of districts at the state level. For these data, we determined the percentage of the topics addressed, on average, across the districts within each state and across all districts studied. To support easy comparisons in the comprehensiveness of district policy across states, percentages were given one of four designations: none (0%), low (< 38%), moderate (38% to < 75%), or comprehensive (\geq 75%).

Notably, this assessment does not speak to the prescriptiveness of LEA policies; policies that included firm mandates and policies that merely encouraged activity counted equally in this measure of comprehensiveness. (See [Methods Appendix](#) for more information on our coding process.)

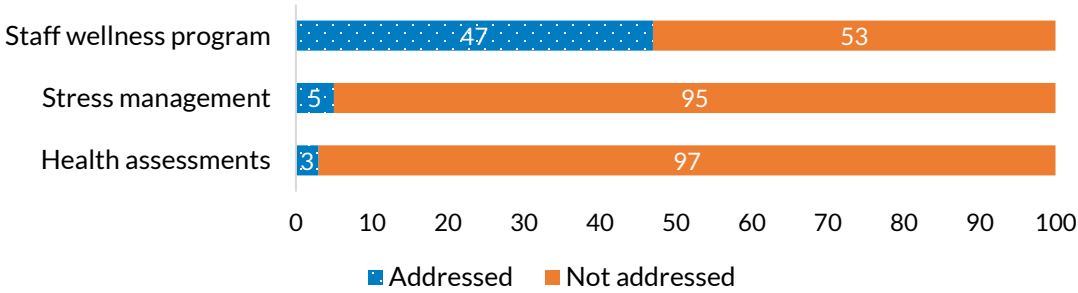
For each of the 20 states, we also present a comparison between district data and state statutes and regulations for the same five employee wellness topics. The same categorizations of none, low, moderate, and comprehensive are used to present the state data. Note that the state data presented herein only represent a subset of the state law data compiled and presented in our companion [state law report](#) and the state law data included in the National Association of State Boards of Education (NASBE) [State Policy Database on School Health](#).

Employee wellness was sparsely covered in district policies across the 20 states.

- **Only district policies in California had moderate coverage of employee wellness (41%) topics.** The remainder of the selected states had low coverage for employee wellness (range: 1% to 32%, average: 17%).
- **Twenty-eight percent of districts in the 20 selected states had policies that require employee wellness programs, and 19 percent of districts had policies that encourage employee wellness (see Figure 1).** This is an increase from 2014, when only approximately 30 percent of districts nationwide had policies addressing employee wellness.² Employee wellness continues to be a policy opportunity for districts given that staff members can be great role models for health, and healthier employees can lead to increased productivity, fewer absences, and a better support system for the health and academic success of students.³

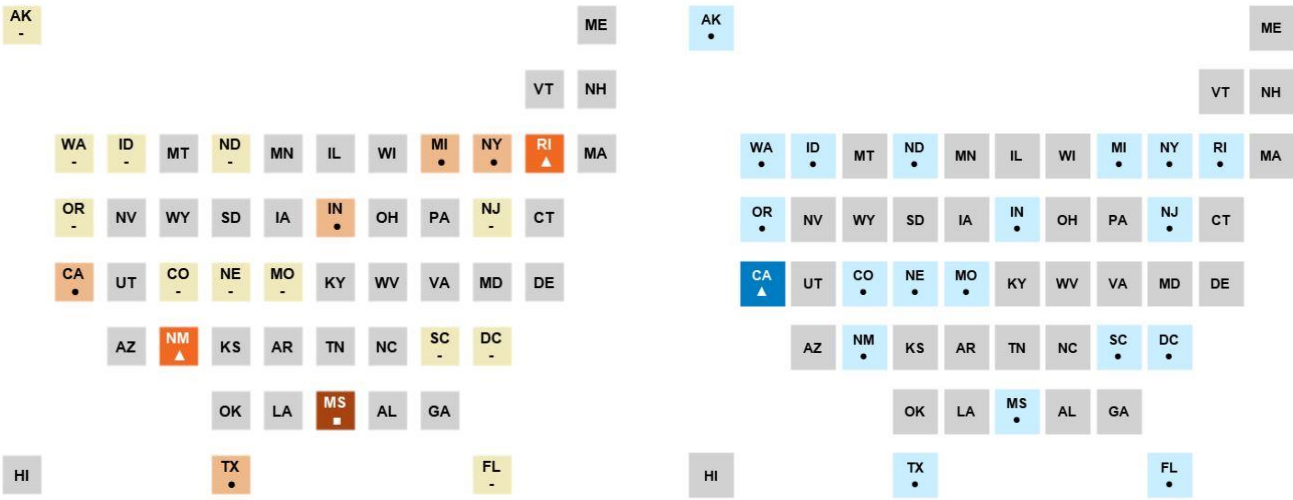
- **Twenty-eight percent of districts analyzed addressed physical activity opportunities for staff.** Physical activity opportunities could be part of school activities or partnerships with programs on or off campus.
- **Less than 5 percent of districts studied had policies that addressed providing stress management assistance to employees (5%); healthy food on campus for staff meetings, parties, or in staff vending machines (4%); or health assessments for employees (3%).** Comprehensive employee wellness programs that provide benefits such as stress management programs or regular health assessments can be beneficial to school districts by potentially lowering insurance premiums for employees, decreasing employee turnover, and reducing spending on substitute teachers.⁴

Figure 1. Percent of public school districts in 20 states covering selected employee wellness topics in policy.



District policies are, on average, more comprehensive than the laws in the same states; however, both state and district policies have limited coverage of employee wellness topics.

Figure 2a and 2b. State law (left) and public school district (right) comprehensiveness of employee wellness topics in policy.



These maps show the proportion of states (left panel) and districts (right panel) in each of the 20 selected states that have [■] **comprehensive** (state panel: 1; district panel: 0), [▲] **moderate** (state panel: 2; district panel: 1), [●] **low** (state panel: 5; district panel: 19), or [-] **no** (state panel: 12; district panel: 0) coverage of employee wellness topics in state and district policies, respectively. For this report, only the 20 states represented with colored squares were studied (at the state and district levels); states shown in gray were excluded from this analysis.

- **In 12 of the 20 states, districts cover at least some employee wellness topics, whereas state laws do not cover any employee wellness topics (see Figures 2a and 2b).** One additional state (CA) covered some employee wellness topics in state law, but district policy was, on average, more comprehensive. Three states (MS, NM, and RI) had state laws that are more comprehensive than district policies in those states.
- **The most commonly addressed employee wellness topic related to staff wellness.** For the 20 states analyzed, 40 percent of states and 47 percent of districts addressed the topic of staff wellness. However, only 5 percent of the states and districts, respectively, addressed the issue of staff stress management and only 5 percent of states and 4 percent of districts addressed having a healthy food policy for staff.

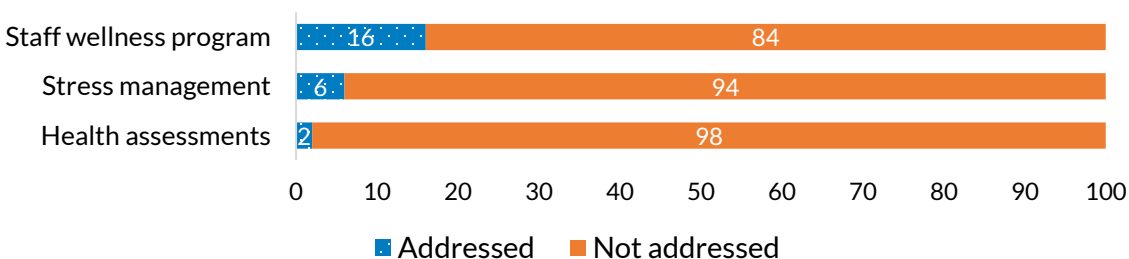
Charter LEA Policies

We also collected policies for a sample of 64 charter LEAs across the 20 selected states. Depending on the structure of charter LEAs in a given state, such policies may be applicable for a single school or for multiple schools run by the same charter provider. Charter policies often addressed different aspects of employee wellness when compared to district policies. Because the number of charter policies collected in a single state was often small (proportionate to their representation across all LEAs in the state), we chose to look across the full sample of charter schools rather than make generalizations at the state level.

Consistent with district and state policies in the 20 states, charter policies rarely covered employee wellness topics.

- **Just 16 percent of charter LEAs addressed staff wellness programs in their policies (see Figure 3).** A smaller percentage addressed specific employee wellness topics including physical activity opportunities for staff (9%), stress management (6%), health assessments (2%), or healthy food policy for staff (2%).

Figure 3. Percent of sampled charter LEAs addressing selected employee wellness topics in written policy.



The Institute for Health Research and Policy at the University of Illinois at Chicago, in partnership with Child Trends, examined the extent to which 11 healthy schools domains are addressed in local education policies across 20 strategically selected states (including 19 states and the District of Columbia; see Methods section for details on the sampling methodology). These domains include the 10 components of the Whole School, Whole Community, Whole Child (WSCC) model: Health Education; Physical Education and Physical Activity; Nutrition Environment and Services; Health Services; Counseling, Psychological, and Social Services; Social and Emotional Climate; Physical Environment; Employee Wellness; Family Engagement; and Community Involvement. An additional domain, WSCC References, addresses the extent to which district policies include explicit references to the WSCC model, or similar language such as the Centers for Disease Control and Preventions' Coordinated School Health model. Sub-briefs covering the other domains can be found at <https://www.childtrends.org/publications/the-current-landscape-of-school-district-and-charter-policies-that-support-healthy-schools>.

¹ For purposes of this work, a charter LEA is an LEA listed in the U.S. Department of Education's Common Core of Data (SY 2014-15) as an "Independent Charter District."

² Piekarz, E., Schermbeck, R., Young, S.K., Leider, J., Ziemamnn, M., Chriqui, J.F. (2016). School District Wellness Policies: Evaluating Progress and Potential for Improving Children's Health Eight Years After the Federal Mandate. School Years 2006-07 through 2013-14. Volume 4. Chicago, IL: Bridging the Gap Program and the National Wellness Policy Study, Institute for Health Research and Policy, University of Illinois at Chicago. Retrieved from: <https://go.uic.edu/NWPSproducts>.

³ Eaton, D.K., Marx, E., Bowie, S.E. (2007). Faculty and staff health promotion: Results from the school health policies and programs study 2006. *Journal of School Health*. ;77(8):557-566.

⁴ Centers for Disease Control and Prevention. Components of the Whole School, Whole Community, Whole Child (WSCC). (Updated 2015). Retrieved from: <https://www.cdc.gov/healthyschools/wscs/components.htm>.