

Priority: Health and Wellness Promoting Schools

Goal: Increase access to health and wellness services in schools.

What is Health and Wellness Promoting Schools and Why is it Important?

The U.S. Department of Education defines chronic absenteeism as the share of students who miss at least 10% of days in a school year for any reason; excused, unexcused, or for disciplinary reasons.⁴⁹⁹ The chronic absenteeism rate in NYS increased sharply after the COVID-19 pandemic and remained high through the 2022-23 school year, with 34.1% of high schoolers being considered chronically absent.⁵⁰⁰

The chronic absenteeism rate for all students in NYS from 2022-23 was 26.4%, which is significantly higher than the pre-pandemic level of about 15.5%. Chronic absenteeism has been linked to reduced student achievement, social disengagement, increased risk of dropping out of high school, poverty in adulthood, and adverse health outcomes.⁵⁰⁰⁻⁵⁰⁴

Educational attainment and health outcomes are linked, with increased levels of education being associated with better health outcomes across life.^{505,506} At age 25 the remaining life expectancy in the US adult population is almost 10 years shorter for those who have not graduated high school compared to those who have graduated from college.⁵⁰⁷ There are several modifiable factors associated with increased rates of chronic absenteeism, including physical health issues, mental health issues, substance use, school environment, and fitness.^{506,508}


Chronic absenteeism rates are disproportionately higher for multiple vulnerable populations, including the economically disadvantaged who routinely have higher chronic absenteeism rates.⁵⁰⁹ The chronic absenteeism rate for economically disadvantaged students (defined as those who participate in/family participates in economic assistance programs such as Food Stamps or Social Security Insurance) was 34.9% in 2022-23, compared to 26.4% for all students.⁵¹⁰












Barriers to attending school such as poverty, increased family obligations (e.g., caring for family, working), unsafe routes to school, unreliable transportation, food insecurity, housing insecurity, and lack of supportive school environment contribute to absenteeism.⁵¹¹ Increasing educational attainment for these students can increase their chances of a healthy life and breaking the poverty cycle. Reducing chronic absenteeism requires coordinated effort between school communities, the medical community (e.g., local providers, hospitals, and health departments), and the broader community. By promoting collaboration with community partners, combined with data-driven, multi-tiered strategies, NYS can reduce absenteeism in vulnerable populations and improve health outcomes.






SMART(IE) Objectives












41.0 Decrease the percentage of chronic absenteeism (defined as missing more than 18 days (>10%) per academic year) among public school students in grades K-8 from 26.4% to 18.5%.
41.1 Decrease the percentage of chronic absenteeism (defined as missing more than 18 days (>10%) per academic year) among public school students in grades K-8 who are economically disadvantaged from 34.9% to 24.4%.









Desired Outcome	Indicator	Data Source	Population	Baseline	Target
Decrease the percent of public school students in grades K-8 who miss 10% or more school days in an academic year	Percentage of public school students in grades K-8 with >10% absenteeism (chronic absenteeism)	New York State Education Department (NYSED) Report Card	Public school students in grades K-8	26.4% (2023)	18.5% (2030)
			Subpopulation of Focus	Baseline	Target
			Economically disadvantaged public school students in grades K-8	34.9% (2023)	24.4% (2030)









Interventions	Population of Focus	Age Range	Intermediate Measures
 <p>Featured Intervention: Create and implement a district-wide school wellness policy utilizing a recognized, evidence-based framework, such as United States Department of Agriculture (USDA) Local School Wellness Policy framework or the Whole School or the Centers for Disease Control and Prevention (CDC) Whole Community, Whole Child (WSCC) framework:</p> <ul style="list-style-type: none"> Utilize the USDA-required School Wellness Policy and committee as a tool to set and communicate the wellness goals, objectives, and interventions Develop and implement comprehensive student and staff wellness policies based on the WSCC Model Strengthen community partnerships to support school wellness initiatives Provide opportunities for school staff wellness Promote the health and wellness of students, Pre-K-12 and staff, and foster relationships with schools and community partners Facilitate partnerships with schools, community partners, and families/caregivers to enhance programming and improve health and wellness for students and staff 	Students	School-age	Percentage of school districts that create school wellness policies, percentage of schools that implement school wellness policies





Interventions	Population of Focus	Age Range	Intermediate Measures
<ul style="list-style-type: none"> Enhance community involvement in supporting students' health education through school wellness committees⁵¹²⁻⁵¹⁵  			
 <p>Featured Intervention: Improve the utilization and availability of age-appropriate mental health well-being programs throughout Pre-K to 12th grade through partnerships with mental health service providers.⁵¹⁶⁻⁵¹⁸</p>   	Pediatric providers, youth services providers, early childhood education providers, home visiting programs, Schools and staff	School-age	Participation among schools, youth organizations, and mental health service providers, number of children served by programs
 <p>Provide access to age-appropriate health and wellness education that promotes health lifestyle choices through activities such as ensuring all students have access to physical education and encouragement to be active:</p> <ul style="list-style-type: none"> Lower grades: Include daily 20-minute recess and physical education (PE) class twice a week per New York State requirements; verify this is occurring at all schools Higher grades: PE is currently required 2-3 times a week; monitoring the type of activity and participation level of student will provide data on true level of activity Healthy lifestyle choices could include providing inexpensive pedometers for interested students and prizes for kids with the most steps^{519,520}  	Pediatric providers, youth services providers, early childhood education providers, home visiting programs	School-age	Participation among schools, youth organizations, and other organizations of focus, number of children served by programs
 <p>Use the USDA required school wellness policies and committees as a tool to set and communicate the wellness goals, objectives, and interventions. Specific goals include the focus on making healthy food available for purchase during lunch and breakfast and ensuring physical activity during the day even if students are not able to go outside due to weather. The school district, including teachers, can create a specific wellness policy that would be appropriate to them and their resources.⁵¹²</p> 	Pediatric providers, youth services providers, early childhood education providers, home visiting programs	School-age	Participation among schools and youth organizations, measure progress towards attainment of School Wellness Policy goals and objectives in participating schools, number of children enrolled in schools/served by organizations that follow these policies







Interventions	Population of Focus	Age Range	Intermediate Measures
 <p>Collaborate with school districts and communities to provide education and opportunities to increase immunization rates for both required and unrequired school vaccinations for K-12 students.⁵²¹</p> 	<p>Pediatric providers, youth services providers, early childhood education providers, home visiting programs</p>	<p>School-age</p>	<p>Participation among educational organizations and CBOs, data on reach relevant to promotion strategies (number of trainings delivered, number of students trained, number of awareness materials distributed), trends in immunization rates among K-12 students</p>
 <p>Improve schools indoor air quality (e.g., control of airborne pollutants and viral particles, providing adequate outdoor air and maintenance of acceptable temperatures and other comfort parameters) and ensure a safe learning environment by:</p> <ul style="list-style-type: none"> • Implementing an Indoor Air Quality management plan • Working with the New York State Department of Health's School Environmental Health Program to access free resources and technical assistance related to indoor air quality and 8 other environmental health areas • Engaging Health & Safety Committees and facilities management staff to implement best practices in indoor air quality management, including: <ul style="list-style-type: none"> ○ Improving ventilation ○ Monitoring air quality (3 times per year) ○ Maintaining comfortable humidity and temperature ranges ○ Minimizing odors ○ Proper and effective cleaning ○ Integrated pest management practices ○ Chemical management ○ Managing water damage, mold, etc.⁵²² 	<p>Pediatric providers, youth services providers, early childhood education providers, home visiting programs</p>	<p>School-age</p>	<p>Participation among organizations of focus, number of organizations that track air quality, number of applications for resources or technical assistance through the New York State Department of Health's School Environmental Health Program, number of facilities that meet air quality standards, number of improvements made</p>
 <p>Expand opportunities for youth to have Positive Childhood Experiences (PCEs) by implementing age-appropriate strategies that foster positive family and community interactions:</p>	<p>Pediatric providers, youth services providers, early childhood education providers,</p>	<p>Ages 0-18</p>	<p>Number of hospitals that serve pediatric population which have implemented the Strengthening Families Approach and Protective Factors Framework, decrease in number of Adverse Childhood</p>

Interventions	Population of Focus	Age Range	Intermediate Measures
<ul style="list-style-type: none"> For toddlers, this includes encouraging reading, cuddling with children, and participation in local friend/community groups e.g., YMCA As children get older, promote communication between teachers and family, health providers and family, and access to free community programs For older children, include High School outreach to showcase college, careers, positive life experiences after graduation⁵²³ 	home visiting programs		Experiences (ACE score - measure on BRFS)
 <p>Expand opportunities for school staff wellness and foster a supportive and productive educational environment by:</p> <ul style="list-style-type: none"> Providing mental health awareness, time to disconnect during the school day (yoga, walk perimeter of school gym, etc.), and opportunities to speak with school counselor Starting district specific employee assistant programs to accommodate the differences in needs between school districts Provide additional support with known problematic kids or parents⁵²⁴  	Schools and mental health providers	Ages 18+	Participation among schools and mental health providers, number of staff served by intervention, staff participation in specific wellness programs, number of successful referrals made to needed services, stress levels among school staff
 <p>Develop and implement comprehensive student and staff wellness policies based on the Whole School, Whole Community, Whole Child (WSCC) Model.⁵¹²</p>  	Pediatric providers, youth services providers, early childhood education providers, home visiting programs	All ages	Participation among education and youth organizations, number of organizations that are compliant with WSCC standards, number of students and staff receiving benefit of wellness policies
 <p>Improve the utilization and availability of age-appropriate mental health well-being programs throughout Pre-K to 12th grade through partnerships with mental health service providers.⁵¹⁶⁻⁵¹⁸</p>   	Pediatric providers, youth services providers, early childhood education providers, home visiting programs	School-age children	Participation among schools, youth organizations, and mental health service providers, number of children served by programs

Interventions	Population of Focus	Age Range	Intermediate Measures
 <p>Provide enhanced educational opportunities and quality for K-12 students through healthy role modeling, healthy mentoring, and increased holistic counseling.^{525,526}</p> 	Students	School-age children	Participation among schools, youth organizations, and other organizations of focus, number of children served by programs
 <p>Establish partnership with schools to provide Pre-K through 5th grade nutrition literacy programs that provide and promote healthy foods in schools through programs such as farm-to-school programs or school gardens.^{121,526,527}</p> 	Pediatric providers, youth services providers, early childhood education providers, home visiting programs	Elementary school-age children	Participation among schools, youth organizations, and other organizations of focus, number of children served by programs, number of schools that establish farm to school programs, number of schools that establish school gardens, student participation in school gardens
 <p>Promote and expand nutrition literacy programs that support and encourage healthy food choices for middle and high school students.⁵²⁶⁻⁵²⁸</p> 	Pediatric providers, youth services providers, early childhood education providers, home visiting programs	Middle school and high school-age children	Participation among schools, youth organizations, and other organizations of focus, number of children served by programs, number of screenings performed, number of successful referrals to needed services made
 <p>Promote age-appropriate healthy lifestyle choices through adoption of hands-on gardening and cooking activities, fostering a love of physical activity, and/or relaxation and stretching exercises to increase wellness to:</p> <ul style="list-style-type: none"> • Provide access to age-appropriate health and wellness education that promotes health lifestyle choices • Promote the health and wellness of students Pre-K-12 and staff and foster relationships with schools and community partners • Facilitate partnerships and programming with schools, community partners, and families/caregivers to improve health and wellness for students and staff⁵²⁷⁻⁵³¹ 	Students	School-age	Percentage of schools that implement student gardening activities or create a school garden, percentage of schools that implement programs aimed at fostering a love of physical activity, percentage of schools that implement programs to teach relaxation and stretching techniques

Interventions	Population of Focus	Age Range	Intermediate Measures
 <p>Use the Strengthening Families Approach and Protective Factors Framework within agencies serving young families to expand opportunities for youth to have Positive Childhood Experiences (PCEs).^{532,533}</p> <p>LHD </p>	Pediatric providers, youth services providers, early childhood education providers, home visiting programs	Ages 0-18	Number of hospitals that serve pediatric population which have implemented the Strengthening Families Approach and Protective Factors Framework, decrease in number of Adverse Childhood Experiences (ACE score - measure on BRFS)
 <p>Collaborate with school districts and communities to provide education and opportunities for student immunization for both required and recommended vaccines for K-12 students by:</p> <ul style="list-style-type: none"> • Providing recall/reminders to parents/caregivers • Increasing immunization rates for both required and unrequired recommended school vaccinations⁵³⁴ <p>LHD </p>	Health Departments, Pediatric Providers, Pharmacies	Ages 0-18	Increased rates of required vaccinations, decreases in vaccine-preventable disease rates in children
 <p>Conduct organizational health literacy program in schools and other childcare organizations to:</p> <ul style="list-style-type: none"> • Increase schools, child caregivers, and other childcare organizations' ability to equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others (i.e., Organizational Health Literacy) • Improve communication with providers and increase participant understanding and engagement in their health through English courses for speakers of other languages - improve health and English literacy and proficiency⁵³⁵ <p>LHD </p>	Schools, Teachers, Early Childhood Educational Staff	All ages	Number of schools which have implemented health literacy training for staff, number of hospitals that meet the Ten attributes of Health Literate Health Care Organizations (AHRQ)
 <p>Increase educational opportunities and educational quality for K-12 students by providing enhanced healthy role modeling, healthy mentoring and increased holistic counseling; increase youth mentoring in schools by reaching out to local organizations such as the YMCA or other nongovernmental organizations.⁵³⁶⁻⁵³⁸</p> <p>LHD </p>	Pediatric providers, youth services providers, early childhood education providers, home visiting programs,	School-age children	Percentage of schools that implement student gardening activities or create a school garden, percentage of schools that implement programs aimed at fostering a love of physical activity, percentage of schools that implement

Interventions	Population of Focus	Age Range	Intermediate Measures
 <p>Promote annual wellness screens that include education and facilitate access to age-specific immunizations; explore administration of immunizations by school nurse during the school day to support working parents and children with low access to quality health care.^{515,539}</p> <p>LHD H O</p>	<p>Pediatric providers, youth services providers, early childhood education providers, home visiting programs, Schools and staff</p>	<p>All ages</p>	<p>programs to teach relaxation and stretching techniques</p> <p>Increased rates of required vaccinations, decreases in vaccine-preventable disease rates in children</p>
 <p>Implement activities and programs that increase the proportion of school-age children that meet the 150 minutes or more of aerobic physical activity weekly.⁵⁴⁰</p> <p>LHD O</p>	<p>Pediatric providers, youth services providers, early childhood education providers, home visiting programs, Schools and staff</p>	<p>School-age children</p>	<p>Participation among schools and youth-centered organizations, number of students served by interventions</p>
 <p>Install central air conditioning and/or air purifiers using capital funding to improve indoor air quality which includes control of airborne pollutants and viral particles, providing adequate outdoor air and maintenance of acceptable temperatures and other comfort parameters.^{516-518,541}</p> <p>LHD O</p>	<p>Pediatric providers, youth services providers, early childhood education providers, home visiting programs, Schools and staff</p>	<p>All ages</p>	<p>Percentage of school districts that monitor air quality twice a year</p>
 <p>Promote Pre-K through 5th grade nutrition literacy programs that provide and promote healthy foods in school.⁵²⁷</p> <p>LHD O</p>	<p>Schools, Teachers, Early Childhood Educational Staff</p>	<p>Elementary school-age children</p>	<p>Percentage of schools that implement student gardening activities or create a school garden, percentage of schools that introduce healthy options such as vegetarian, vegan, or whole grains, percentage of schools that have classroom time learning about healthy options</p>

Interventions	Population of Focus	Age Range	Intermediate Measures
 <p>Promote middle and high school nutrition literacy programs that support and encourage healthy food choices.⁵²⁷</p> 	Schools, Teachers, Early Childhood Educational Staff	Middle school and high school-age children	Percentage of schools that implement student gardening activities or create a school garden, percentage of schools that introduce healthy options such as vegetarian, vegan, or whole grains, percentage of schools that have classroom time learning about healthy options
 <p>Implement peer programs in schools to increase education, promotion, and access to health screening and services to improve outcomes, enhance community engagement, and promote equity.^{519,521,542}</p> 	Students, program staff, community organizations	K-12; higher education	Participation among schools and youth-centered organizations, number of students served by interventions, student interest in becoming peer counselors, number of screenings performed, number of successful referrals made to needed services
 <p>Facilitate Physical Activity Leader (PAL) clubs in schools in partnership with LHDs, Hospitals, and CBOs to reduce high-burden health conditions, and develop leadership skills in older students while providing role models for younger students.⁵⁴³</p> 	Students, program staff	K-12; higher education	Participation among schools and youth-centered organizations, number of students served by interventions, student interest in becoming peer leaders

Lead Partner Agencies and Organizations

[NYS Department of Health](#)

Medicaid/CHIP

[NYS Education Department](#)

[NYS Office of Children and Family Services](#)

Office of Youth and Wellness

[NYS Department of Environmental Conservation](#)

Secondary and postsecondary schools, trade unions, local businesses

Health care providers, health plans, insurance brokers, electronic medical record (EMR) vendors, pharmacies

NYS United Teachers (NYSUT)

NYS Association of Early Childhood Teachers

NYS Association of School Nurses

Parent-Teacher Associations, School district leadership

Coordinated Approach to Child Health (CATCH) Program

Decade of Vaccine Economics (DOVE)

NYS Pediatric Society

Association of New York State Youth Bureaus

Local sports teams, local fitness centers, local health & wellness centers

Implementation Resources

[New York Agriculture in the Classroom](#)

[Seed Your Future](#)

[USDA - Patrick Leahy Farm to School Grant Program](#)

[U.S. Department of Education - Physical Education Program Grant](#)

[SHAPE America - Impact Schools Grant Program](#)

[Calming Kids - Movement Grant](#)

[CDC - Reminder Systems and Strategies for Increasing Childhood Vaccination Rates](#)

[Center for the Study of Social Policy Strengthening Families Framework](#)

[Children's Trust Fund - Strengthening Families Protective Factors](#)

[Institute of Medicine of the National Academies - Ten Attributes of Health Literate Health Care Organizations](#)

Health and Wellness Promoting Schools Citations

121. USDA. Farm to School. SNAP-Ed Connection. Updated October 26, 2023. Accessed February 18, 2025. snaped.fns.usda.gov/library/intervention/farm-to-school
499. Office of the New York State Comptroller. Missing School: New York's Stubbornly High Rates of Chronic Absenteeism. Published October 2024. Accessed February 25, 2025. osc.ny.gov/files/reports/pdf/missing-school-ny-chronic-absenteeism.pdf
500. Gottfried MA. Chronic absenteeism and its effects on students' academic and socioemotional outcomes. *Journal of Education for Students Placed at Risk (JESPAR)*. 2014;19(2):53-75. doi:10.1080/10824669.2014.962696
501. Gottfried MA. Chronic absenteeism in the classroom context: Effects on achievement. *Urban Education*. 2019;54(1):3-34. doi:10.1177/0042085915618709
502. Johnson GM. Student alienation, academic achievement, and WebCT use. *Journal of Educational Technology & Society*. 2005;8(2):179-189.
503. Schoeneberger JA. Longitudinal attendance patterns: Developing high school dropouts. *The clearing house: a journal of educational strategies, issues and ideas*. 2012;85(1):7-14. doi:10.1080/00098655.2011.603766
504. U.S. Department of Education. Chronic Absenteeism. Updated January 20, 2025. Accessed February 25, 2025. ed.gov/teaching-and-administration/supporting-students/chronic-absenteeism#:~:text=Chronic%20absenteeism%20%E2%80%94%20defined%20as%20students,the%202022%2D23%20school%20year.
505. Using chronic absence to map interrupted schooling, instructional loss and educational inequity: Insights from school year 2017–18 data. Attendance Works, Everyone Graduates Center. Published February 2021. Accessed February 25, 2025. attendanceworks.org/using-chronic-absence-to-map-interrupted-schooling-instructional-loss-and-educational-inequity
506. Balfanz R, Byrnes V. Chronic absenteeism: Summarizing what We know from nationally available data. Johns Hopkins University. Published 2012. Accessed February 25, 2025. hub.jhu.edu/2023/10/12/chronic-absenteeism-challenges-schools/#:~:text=The%20analysis%2C%20conducted%20in%20partnership,almost%20four%20weeks%20throughout%20the
507. National Center for Health Statistics (US). Health, United States, 2011: With Special Feature on Socioeconomic Status and Health. Published May 2012. Accessed February 25, 2025. pubmed.ncbi.nlm.nih.gov/22812021
508. Weisz S. Addressing the Health-Related Causes of Chronic Absenteeism: A Toolkit for Action. Healthy Schools Campaign. Published 2022. Accessed February 25, 2025. healthyschoolscampaign.org/wp-content/uploads/2017/02/Addressing_Health-Related_Chronic_Absenteeism_Toolkit_for_Action_Full.pdf
509. U.S. Department of Education. In School Every Day: Addressing Chronic Absenteeism Among Students Experiencing Homelessness. U.S. Department of Education, National Center for Homeless Education. Published 2018. Accessed February 25, 2025. nche.ed.gov/wp-content/uploads/2018/10/chron-absent.pdf
510. The NAEP Glossary of Terms. The Nation's Report Card. Accessed February 25, 2025. nationsreportcard.gov/glossary.aspx?ispopup=false
511. Jefferson MD. The Effect of Poverty on School Attendance and Academic Achievement in Urban Areas. 2017. Accessed February 25, 2025. touro scholar.touro.edu/tucgsoe/49
512. USDA. Local School Wellness Policy. USDA, Food and Nutrition Service. Updated February 6, 2025. Accessed February 23, 2025. fns.usda.gov/cn/local-school-wellness-policy
513. School-Based Interventions to Promote Equity and Improve Health, Academic Achievement, and Well-Being of Students. Rural Health Information Hub. Accessed February 23, 2025. ruralhealthinfo.org/funding/5725
514. Events. School Mental Health Resource & Training Center. Accessed February 23, 2025. mentalhealthdnvs.org/events
515. Teacher and Staff Well-being. Kaiser Permanente, Thriving Schools. Accessed February 23, 2025. thrivingschools.kaiserpermanente.org/priorities/teacher-and-staff-well-being
516. Mental Health Screening Tools for Grades K-12. National Center on Safe Supportive Learning Environments. Accessed February 23, 2025. safesupportivelearning.ed.gov/sites/default/files/10-MntIHlthScrntIsGrK-12-508.pdf
517. Peetz C. A Mental Health Screening Saved Students' Lives in this District. Education Week. Published February 23, 2024. Accessed February 23, 2025. edweek.org/leadership/a-mental-health-screening-saved-students-lives-in-this-district/2024/02

518. RULER: The Power of Emotional Intelligence to Achieve Well-being and Success in School and Life. New York State Systems of Care. Accessed February 23, 2025. nysoc.com/wp-content/uploads/2023/06/Updated-WGIOS-Workshop-3-RULER-May-31st.pdf
519. Pulimeno M, Piscitelli P, Colazzo S, et al. School as ideal setting to promote health and wellbeing among young people. *Health Promot Perspect*. 2020;10(4):316-324. doi:10.34172/hpp.2020.50
520. CDC. Health Education Curriculum Analysis Tool (HECAT) Overview. Accessed February 23, 2025. wwwn.cdc.gov/hecatonline/UserDownloads/overview.pdf
521. CDC. Routine Immunizations on Schedule for Everyone (RISE). CDC, Vaccines & Immunizations. Accessed February 25, 2025. cdc.gov/vaccines/php/rise/
522. NYSDOH. New York State School Environmental Health Program. Accessed February 25, 2025. health.state.ny.us/environmental/indoors/healthy_schools
523. Kallapiran K, Suetani S, Cobham V, et al. Impact of Positive Childhood Experiences (PCEs): A Systematic Review of Longitudinal Studies. *Child Psychiatry Hum Dev*. Published January 6, 2025. doi:10.1007/s10578-024-01807-x
524. CDC. Promoting Mental Health and Well-Being in Schools: An Action Guide for School and District Leaders. CDC, Division of Adolescent and School Health (DASH). Published December 2023. Accessed February 23, 2025 (via WayBack Machine December 18, 2024 archive). web.archive.org/web/20241218165559/cdc.gov/healthyyouth/mental-health-action-guide/pdf/DASH_MH_Action_Guide_508.pdf
525. Missing Persons: Minorities in the Health Professions: A Report of the Sullivan Commission on Diversity in the Healthcare Workforce. The Sullivan Commission. Published 2016. Accessed February 23, 2025. campaignforaction.org/wp-content/uploads/2016/04/SullivanReport-Diversity-in-Healthcare-Workforce1.pdf
526. CDC. Parents for Healthy Schools: A Guide for Getting Parents Involved from K-12. Published October 2019. Accessed February 23, 2025. stacks.cdc.gov/view/cdc/157649
527. Agricultural Literacy Curriculum Matrix. New York Agriculture in the Classroom. Accessed February 23, 2025. newyork.agclassroom.org
528. Sawyer SM, Raniti M, Aston R. Making every school a health-promoting school. *Lancet Child Adolesc Health*. 2021;5(8):539-540. doi:10.1016/S2352-4642(21)00190-5
529. Educator Grants. Seed Your Future. Accessed February 23, 2025. seedyourfuture.org/educator_grants
530. Impact Schools Grant Program. Society of Health and Physical Educators (SHAPE) America. Accessed February 23, 2025. shapeamerica.org/MemberPortal/grants/SHAPE_America_Impact_Schools_Application.aspx#:~:text=SHAPE%20America%27s%20Impact%20Schools%20grant,expertise%20that%20improves%20student%20outcomes.
531. Mindfulness Trainings & Social Emotional Courses. Calming Kids. Accessed February 23, 2025. calmingkids.org/ck-mindfulness-courses
532. Strengthening Families: Increasing positive outcomes for children and families. Center for the Study of Social Policy. Accessed February 23, 2025. cssp.org/our-work/project/strengthening-families
533. Strengthening Families Protective Factors. Children's Trust Fund: Missouri's Foundation for Child Abuse Prevention. Accessed February 23, 2025. ctf4kids.org/strengthening-families-protective-factors
534. CDC. Reminder Systems and Strategies for Increasing Childhood Vaccination Rates. CDC, Vaccines & Immunizations. Accessed February 23, 2025. cdc.gov/vaccines/hcp/admin/reminder-sys.html#:~:text=CDC%20Sources&text=Many%20record%20keeping%20tasks%2C%20as%20well,known%20as%20an%20immunization%20registry
535. Brach C, Keller D, Hernandez L, et al. Ten Attributes of health Literate Health Care Organizations. Institute of Medicine of the National Academies. Published June 2012. Accessed February 23, 2025. nam.edu/wp-content/uploads/2015/06/BPH_Ten_HLit_Attributes.pdf
536. Oregon Department of Education. School Attendance, Absenteeism, and Student Success. Accessed February 23, 2025. ode.state.or.us/wma/researchschool-attendance--final-version.pdf
537. Office of the New York State Comptroller. DiNapoli: Nearly 1 in 3 Students Were Chronically Absent from School. Published October 4, 2024. Accessed February 23, 2025. osc.ny.gov/press/releases/2024/10/dinapoli-nearly-1-3-students-were-chronically-absent-school
538. U.S. Department of Education. Chronic Absenteeism. U.S. Department of Education, Institute of Education Sciences. Accessed February 23, 2025. ies.ed.gov/use-work/supporting-recovery-with-evidence-based-practices/chronic-absenteeism

539. NYS Education Department. Student Support Services: Health Screenings. Accessed February 23, 2025. nysed.gov/student-support-services/healthscreenings#:~:text=To%20ensure%20that%20all%20children,documented%20on%20a%20health%20exam
540. Status and Trends of Physical Activity Behaviors and Related School Policies. In: Educating the Student Body: Taking Physical Activity and Physical Education to School. Institute of Medicine, Committee on Physical Activity and Physical Education in the School Environment, Food and Nutrition Board. Published October 30, 2013. Accessed February 25, 2025. ncbi.nlm.nih.gov/books/NBK201496
541. U.S. Environmental Protection Agency. Take Action to Improve Indoor Air Quality in Schools. Accessed February 23, 2025. epa.gov/iaq-schools/take-action-improve-indoor-air-quality-schools
542. Murthy N, Rodgers L, Pabst L, et al. Progress in Childhood Vaccination Data in Immunization Information Systems - United States, 2013-2016. *MMWR Morb Mortal Wkly Rep.* 2017;66(43):1178-1181. doi:10.15585/mmwr.mm6643a4
543. Jensen C. Report on Active Schools Survey of Physical Education Teachers' Knowledge, Attitudes and Behaviors Related to Serving as a School Physical Activity Leader – September 2019. Active Schools. Published September 2019. Accessed February 25, 2025. activeschoolsus.org/news-and-resources/pal-survey