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Journal of School Health Editorial Transition and Research Priorities for 2022-2024

Let me start by saying how grateful I am to everyone who has reached out with their support since I was announced as the incoming editor of the journal. In my experience, the American School Health Association (ASHA) and the *Journal of School Health* (JOSH) communities have always been open and supportive, which has certainly been the case during this transition. Please know I am sincerely grateful to you all for your congratulations and encouragement.

From my point of view, we cannot make a successful transition without first expressing our gratitude to our outgoing editor, Dr. Robert McDermott. Robert served as editor of the *Journal of School Health* for the past 10 years. He brought a wealth of editorial expertise to the role and shared it generously with authors, reviewers, emerging researchers, and others who demonstrated an interest in advancing school health research. In the months leading up to our editorial transition, Robert graciously mentored me to ensure the smoothest transition possible. I am extremely grateful for Robert and all he has done for me personally and our field. I hope many of you will reach out to him directly and express your appreciation for his many years of service. He deserves an enormous amount of appreciation from so many of us. Thank you, Robert.

During times of transition, people often wonder what will change and how it will affect them. By the time this editorial is published, we will have had our new associate managing editor in place for a few months and will have reduced our time from manuscript submission to initial decision to 75 days or less. Additionally, beginning January 2022, we will have revised our author guidelines, installed a team of associate editors, and moved to online-only publication, which will dramatically decrease the time it takes to move from manuscript acceptance, to early view online, and to full publication. I believe these operational changes will simplify authors' and reviewers' experiences with the journal and make

publishing and reviewing with us even more desirable and rewarding. Continuously improving our processes is important, and we will work hard to improve the operations of the journal now and in the future.

We are also making some important strategic changes at the journal. During the past couple of years, *JOSH's* editorial board has worked to identify priority areas for school health research. The core question guiding these deliberations was, "What type of research do we need to dramatically advance school health practice?" Although our deliberations began prior to the dual traumas of (1) the COVID-19 pandemic and (2) the murder of George Floyd which was followed by national attention that revitalized efforts to address racial and social injustice in our society, the urgency of those events demanded careful consideration by both *JOSH's* Editorial Board and ASHA's Board of Directors as we established priorities for the coming years. In terms of the journal, this work culminated in our editorial board developing a comprehensive list of *JOSH* research priorities. I was then tasked with condensing that list into a more manageable form and presenting it to our readers.

The *Journal of School Health's* Research Priorities for 2022-2024 will include:

1. *Engaging students, the professionals that serve them, and the families and communities that love and care for them in school health research as co-investigators and co-authors, as well as through research designed to amplify their voices and perspectives.* At its heart, this journal is about using science as a tool to discover how to create schools that reliably maximize safety, health, learning, growth, and access to opportunity for all students. Successfully achieving this mission requires us to understand the unique experiences and perspectives of the full range of students, professionals, families, and communities that schools serve.

Often, compelling research emerges from the insights and experiences of young people themselves, practitioners who spend their professional lives working directly with students, and students' families, and communities. Most of us are familiar with the value of evidence-based practice. As a field, I hope we continue to increasingly value practice-based evidence and strengthen relationships between researchers, practitioners, and those we serve together. Intentionally and thoughtfully including members of the whole school community

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in our work promises to deepen our understanding and increase the value of our research.

2. *Exploring and establishing the role of schools in promoting racial and social justice and advancing the safety, health, learning, growth, and access to opportunity for racial, gender, sexual, and other minority students.* Perhaps more than any other public institution, schools should be characterized as places that buzz with hope, promise, and optimism. Schools should be places where young people discover their own greatness, are equipped to build a life that maximizes their potential, and are connected to all of the opportunities that come with being well-educated.

Unfortunately, this is not how many students experience school. Although all types of students may have experiences that fall short of this ideal; racial, gender, sexual, and other minority students face unique challenges rooted in history, culture, and systemic disadvantage. Confronting these challenges demands an intentional, comprehensive, and coordinated response designed to ensure equitable access to the best of what school and life has to offer. Doing so requires the whole school community to purposefully bring sustained attention to addressing and eliminating disparities related to safety, health, learning, and access to opportunity that racial, gender, sexual, and other minority students have experienced for far too long.

If we are going to successfully advance equity in schools and ensure all children are able to thrive, we need new research and new models of schooling designed to (1) identify and elevate every community's sources of strength, power, and success, and (2) eliminate obstacles to thriving that are rooted in discrimination, exclusion, disenfranchisement, oppression, and historic and systemic disadvantage in the school setting and beyond.

3. *Understanding the impact of COVID-19 on the whole school community, the effectiveness of our responses, and implications for current and future practice in school health.* The COVID-19 pandemic has been a massively disruptive historical event that has impacted students, educators, families, and communities across the world for almost 2 years now. The pandemic has presented medical and social challenges that society has not faced—at least not on a global scale—for 100 years. Schools have been central to the response and serving students, families, and communities with a wide range of physical, emotional, and social health needs—often with limited professional preparation to do so and limited guidance from state and federal authorities.

The world has been reminded of how important schools are to the health and wellbeing of children, not just in terms of delivering educational services, but also in providing a safe environment in which

children can learn and grow, delivering essential physical and mental health services, socializing children, curbing child hunger, and providing the basic health literacy necessary to navigate the pandemic successfully as adults. Schools will continue to be an essential part of bringing the pandemic to an end and supporting students and families as they recover from the impact of this global event. Learning from the pandemic promises to help communities better prepare for and respond to similar events in the future and to encourage educators, administrators, and policy makers to reconsider the importance of school health and its centrality within the educational mission.

4. *Investigating and identifying approaches schools can use to ensure individual, interpersonal, community, and national-level social health, civic wellbeing, and the motivation and readiness to constructively participate in civic life, especially as related to health and health policy issues.* Many of today's most pressing health problems require complex and collaborative social solutions that are beyond the scope of individual control. The COVID-19 pandemic has provided a compelling example of how easily we can contribute to and detract from each other's health and wellbeing. It has also demonstrated that—at least during times of great uncertainty and disagreement—we may be poorly equipped to engage in civil discourse, establish common facts, communicate across differences, identify common interests, negotiate mutually beneficial compromises, and to manage conflict in a respectful manner that protects the dignity of all.

Further, the pandemic has raised questions about how well schools ensure the basic level of health and scientific literacy necessary to understand emerging health information, to apply it to daily life, and to engage in effective community decision-making. Strict uniformity of thought and unquestioned conformity are not democratic ideals and should not be among the goals of any democratic society. However, every democratic society must share some common agreements, expectations, information, and skills that community members can use to solve problems together.

Effectively addressing emerging and persistent threats to health and wellbeing such as global infectious disease, climate change, and eliminating persistent health and economic disparities will require skillful civic engagement at all levels of society. As such, we must help schools and educators be ready to prepare citizens to constructively participate in these types of debates and decision-making.

5. *Identifying efficient and effective pathways from school health research to education policy, especially in terms of collaboration, advocacy, and mobilizing strategic action from school health professionals, other educators and*

support professionals, policy-makers, families, and the community-at-large. For too long now, good science has revealed far more about what works in school health than we have been able to implement at the district, state, or federal levels. In order to transition from successful implementation in individual classrooms or schools to successful implementation across districts, states, or nations, we need to better understand how to establish effective policy at all levels.

History has demonstrated that effective policy is often preceded by clear community support, and that community support is often preceded by education, coalition-building, community mobilization, advocacy, and artful policy development. History has also clearly demonstrated—including our recent history associated with the COVID-19 pandemic—that those working to establish policy in the education world are likely to face unique challenges but also enjoy unique opportunities. Families and communities are often passionate, highly motivated, and protective of their children and their children's experiences in schools, as they should be. These dynamics make it easy for some families to come together in support or opposition, but sometimes make it hard for all families to find common ground.

In order to improve our school health policies, we need new research specific to the education and school health policy environments. Research designed to illuminate how to build and grow community support for evidence-based school health policies, to mobilize community policy champions to act together, to build consensus when groups disagree, and to craft policy that aligns science and community values in a manner that benefits the whole school community.

6. *Identifying efficient and effective pathways from education policy to meaningful practice, especially the reliable, large-scale implementation of evidence-based, coordinated, and integrated school health programs at the district, state, and national levels.* The pathway from policy to meaningful practice undoubtedly begins with a cultural change grounded in moving student and school health from the periphery of the educational enterprise to the center of the educational mission. In the past, many educators and educational administrators viewed school health programs as something “extra” that they might do in addition to the “real” mission of educating children. Now, perhaps more than ever, most educators and educational administrators understand the inextricable link between student health, their learning, and a safe environment.

For decades, many in our field have advocated for the implementation of coordinated school health

approaches like the Whole School, Whole Community, Whole Child (WSCC) framework as a scalable means of ensuring the health and wellbeing of the whole school community. Without a doubt, this approach is theoretically sound and built on a collection of evidence that suggests its effectiveness. Further, some studies have investigated the implementation of these approaches at the school and district levels including identifying barriers to implementation and evaluations of effectiveness, the results of which have been promising.

However, I believe we are still at the beginning of understanding how to create the conditions necessary for the enthusiastic adoption and meaningful implementation of coordinated school health approaches that are fully integrated into the fabric of schooling, not as “extra” activities, but as essential components necessary for defining what school is and what schools must do. Further enhancing this understanding will require us to continue evaluating partial, multicomponent, and full-scale implementations of coordinated school health approaches and sharing what has been learned from such efforts. Including how to effectively manage change, how to fully operationalize these approaches within schools and communities, and how to fully integrate administrators, all educators, other support professionals, families, community partners, and members of the community-at-large into this renewed vision of effective schooling.

7. *Using data and data-driven decision-making to improve student health, school health policy, school performance, and school health research, including the use of emerging technologies and techniques that help us understand and communicate data in new ways.* We are currently living through a massive transformation in how society uses data and data analytics. Once disparate disciplines such as epidemiology, biostatistics, and quantitative social sciences are now collapsing with researchers and practitioners ignoring previous discipline-specific boundaries and integrating a wide range of analytic tools into their work. Health and education researchers are increasingly using more sophisticated diagnostic techniques to help us identify and separate varying influences on individuals and groups at multiple levels, across a variety of networks, and through time so we can better understand whether, how, and when to intervene more effectively. Health informatics and information management systems are being used to help health care providers use data to increase efficiency, improve patient outcomes, and lower costs across large-scale systems. Geographical information systems are helping us better understand the role of place in health and education. Data visualization tools are

making data more accessible to the community-at-large and empowering people to better incorporate data into their decision-making.

Taken together, these emerging data-related tools will provide compelling new opportunities to improve our research and practice in school health. Learning to use these tools—including when and how to appropriately incorporate them into our research and practice—will be essential to maximizing the value and influence of our research and will provide important partnership opportunities between practitioners and researchers.

Clearly, *JOSH* will always welcome all types of research related to school health and the whole child. As such, this list of research priorities will not be used to exclude any type of school health research from publication. If you are a school health researcher or practitioner that does not see your work explicitly listed above, please do not be discouraged. What you do remains important and we will continue to enthusiastically welcome your work for consideration in the *Journal of School Health*.

On the contrary, we hope this list contributes to greater levels of inclusion and expands the breadth of our activities. We hope identifying these priorities stimulates new research, possibly from new researchers who had not previously considered the journal as an outlet for their work. We

see this list a way of enlarging our collective efforts to include important, but sometimes overlooked, inquiries necessary to advance the field and maximize the health and wellbeing of every member of the school community and the communities schools serve. We hope this list will encourage the formation of new teams of researchers and practitioners who work together to conduct the types of challenging and sophisticated studies that will be necessary to advance many of these research priorities. We hope this list inspires many without discouraging any.

Please know how happy I am to have been a part of the school health and school health research communities for the past 25 years, and how excited I am about the opportunity to support your work in my new role. We are all lucky to have ASHA as a strong and committed home for the journal and an editorial board that is fully engaged in producing the best journal possible. Never hesitate to reach out with any questions or to share any of your thoughts about the journal, its priorities, or research in the field. I am always eager to hear from you and energized by your ideas and commitment to student and school health. Finally, never hesitate to reach out if you would like to be more involved in the journal as a reviewer, editorial board member, or an associate editor. As a field, we have accomplished so much together. We will continue to make a difference, and we will continue to do so together.

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 3. Understanding the impact of COVID-19 on the whole school community, the effectiveness of our responses, and implications for current and future practice in school health.
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 5. Identifying efficient and effective pathways from school health research to education policy, especially in terms of collaboration, advocacy, and strategic action from school health professionals, other educators and support professionals, policy-makers, families, and the community-at-large.
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