Nourish student health and wellness

Experts agree: the academic success of America's youth is strongly linked to health. For many, school is the only way to get essential health services. As studies of school breakfast programs have shown, students who eat breakfast have lower rates of absenteeism and tardiness, need less attention from school nurses, are less obese, and are less likely to have disciplinary, behavioral, and psychological problems.[1] It is important to note that health services such as routine hearing, dental, and vision screenings are critical to students' ability to attend school and give their best efforts toward learning. In addition, early detection and treatment of emotional/mental health issues for students is critical.

PSEA Recommendations

Policymakers should insist on policies that help students and families to be healthy:

- Fund and build upon successes of "Community Schools," which bring family counseling, substance-abuse treatment, legal aid, family health services, childcare, and other services into the school setting to meet the comprehensive needs of students and to facilitate individual case-management.
- Formalize inter-agency collaboration (similar to the newly created inter-agency Office of Child Development and Early Learning) within state government in a comprehensive approach to improve academic learning by supporting student wellness.
- Encourage use of research-based anti-bullying programs.
- Encourage schools to consistently provide time for recess or some time to be active.
- Encourage schools to continue or expand health and physical education classes at all grade levels.
- Track data with academic indicators to identify areas in need of targeted programs.
- Require school districts to hire the appropriate number of certified pupil services professionals including school nurses, school psychologists, school counselors, home and school visitors, school social workers, and school dental hygienists.

Indicators of child health and well-being

Children with untreated, chronic health problems are frequently absent from school and can have trouble concentrating. Public school accountability proposals often confuse symptoms with diagnosis. There is considerable evidence to suggest that student low achievement is a symptom of deeper issues related to student health and well-being. In other words, policymakers may need to consider the idea that academic achievement problems may not be in the academic content instruction. For example, the following issues outline just a few of the many indicators of child health and well-being that affect student learning.

Physical health conditions affect academic achievement

- Absenteeism related to juvenile diabetes correlates with lower scores on reading, spelling, and mathematics measures.[2]
- Among chronic illnesses, asthma is responsible for the greatest number of student absences in this country. Each year, students with asthma miss approximately 14 million days of school as a result of their illnesses.[3] When students are absent, they miss assignments, fall behind in their coursework, and can develop knowledge gaps that are hard to overcome.
- The number of obese school-age children has tripled in 30 years. One in five is now overweight or obese.[4] Child obesity and low levels of activity are related to lower math and reading achievement.[5] Yet, estimates are that as many as one-third of elementary schools do not schedule recess on a regular basis,[6] and Pennsylvania does not mandate any specific time for recess during the school day.[7]
- After equalizing schools on socioeconomic and other demographic indicators, schools with higher percentages of students engaged in physical activity and higher percentages of students eating nutritiously have higher achievement and greater year-to-year test gains than other schools.[8]

Child dental health affects academic achievement

- Tooth decay is the single most common chronic childhood disease in America.[9]
- More than one out of four early elementary students has untreated dental cavities.[10]
- Children in America lose more than 51 million school hours each year to dental-related illness, and when children are not in school, they are not likely to be learning academic content.[11]

- Poor children have twice as many cavities as other children; fewer than three in 10 children in poverty receive preventive dental services.[12]

Mental health conditions affect academic achievement

- Every year, more than one in five children between the ages of nine and 17 experience the signs and symptoms of a Diagnostic Statistical Manual-IV psychiatric disorder;[13] but only 20 percent of children and youth who need mental health services actually receive them.[14]

- As many as one in eight adolescents struggle with clinical depression.[15] About 1,900 will commit suicide this year,[16] and for every child who commits suicide, as many as 25 others have tried.[17]

Safety conditions affect academic achievement

- African American males aged 15 to 19 are 16 times more likely to be victims of homicide than white teenage males.[18] Exposure to violence-related trauma places children at substantial risk for mental illness.[19]

- Children who are suspected victims of abuse or neglect come to the attention of child welfare authorities and are often removed from their natural family settings and placed in foster care. By its nature, entry into the foster system often implies fundamental safety concerns about a child. African American children make up about 45 percent of the children in public foster care and more than half of all children waiting to be adopted.[20]

Teen pregnancy remains a chronic risk factor for adolescent girls

- Every day, more than 1,100 teenage girls give birth in America. The teen birth rate in the U. S. is the highest among all industrialized countries.[21]

- In Pennsylvania, 16.5 percent of our African American teenage girls become pregnant, 3 percent higher than the national average.

- Parenthood is the leading cause of school dropout among teenage girls.[22]

As educators, policymakers and other education stakeholders try to meet the accountability demands placed on public schools, it is important to understand that rigorous academic standards, improved curricula, innovative pedagogy and other purely academic practices are only a part of the picture. Psychologist Abraham Maslow was correct, almost 70 years ago, when he insisted that people cannot focus on creativity, problem solving, and understanding of facts unless their more fundamental needs for physiological comfort, safety, and belonging are already

met. Policies that focus exclusively on increasing student achievement as measured by standardized test scores are certain to leave many students behind. Comprehensive policies to support student achievement cannot ignore the comprehensive health and well-being needs of students. Nor can accountability policies hold educators and administrators accountable for the impact of unmet health needs on student achievement.

Certified pupil services staff have a positive effect on children with physical and mental health challenges. These staff persons identify health challenges, develop solutions, and work with parents and students to help children succeed and be healthy.

(01/10)

[1] Food Research and Action Center. (2007) "School Breakfast Scorecard," www.frac.org/pdf/SBP_2007.pdf.
[2] Ryan, C., Longstreet, C., & Morrow, L. (1985). "The effects of diabetes mellitus on the school attendance and school achievement of adolescents," Child: Care, Health and Development. 11 (4), 229–240.
[3] Mannino, D. M., Homa, D. M., Akinbami, L. J., Moorman, J. E., Gwynn, C., & Redd, S.C. (2002). "Surveillance for Asthma - United States, 1980—1999," MMWRSurveilance Summary, March 29 51(SS01); 1-13. Washington, DC: Centers for Disease Control, Division of Environmental Hazards and Health Effects, National Center for Environmental Health http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5101a1.htm#tab3.
[4] Haskins, R., Paxson, C., & Donahue, E. (2006). "Fighting Obesity in the Public Schools," The Future of Children, Spring, 1-7; Lewallan, T. C. (2004). "Healthy Learning Environments," ASCD InfoBrief, Number 38, August.
[5] Byrd, J. (2007). "The Impact of Physical Activity and Obesity on Academic Achievement Among Elementary Students," Retrieved from the Connexions Web site: http://cnx.org/content/m14420/1.1/.
[6] Haskins, R., Paxson, C., & Donahue, E. (2006). "Fighting Obesity in the Public Schools," The Future of Children, Spring, 1-7.
[7] http://www.post-gazette.com/pg/07120/782199-114.stm.
[8] Hanson, T., G., Austin, & Lee-Bayha, J. (2004). "How are Student Heath Risks and Resilience Related to the Academic Progress of Schools?" San Francisco: WestEd. http://www.wested.org/online_pubs/stuartreport.resource.pdf.
[9] US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institute of Health (2000). Oral Health in America: A Report of the Surgeon General. Rockville, MD. US DHHS.
[10] The Third National Health and Nutrition Examination Survey (NHANES III) 1988-94. National Center for Health Statistics, Centers for Disease Control and Prevention.
[11] US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institute of Health (2000). Oral Health in America: A Report of the Surgeon General. Rockville, MD. US DHHS.
[12] Ibid.
[13] Ibid.
[14] Kataoka, S. H., Zhang, L., & Wells, K.B. (2002) "Unmet Need for Mental Health Care Among U.S. Children: Variation by Ethnicity and Insurance Status," The American Journal of Psychiatry, 159: 1548-1555.
[15] http://www.nncc.org/Child.Dev/depress.html.
[16] National Institute of Mental Health, National Institutes of Health. (2006). Suicide in the U.S.: Statistics and Prevention. http://www.nimh.nih.gov/publicat/harmsway.cfm#Moscicki-Epi.
[17] Moscicki, E.K. (2001) "Epidemiology of completed and attempted suicide: toward a framework for prevention," Clinical Neuroscience Research, 1, 310-23.
[18] http://www.childtrendsdatabank.org/indicators/70ViolentDeath.cfm.
[19] Kessler, R. C., et al. (1994). "Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States. Results from the National Comorbidity Survey," Archives of General Psychiatry, 51, 8–19.
[20] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institute of Health, NIMH (1999). Mental Health: A Report of the Surgeon General, Executive Summary. Rockville, MD. US DHHS.
[21] Centers for Disease Control, National Center for Health Statistics. (2005). National Vital Statistics Reports, 54 (8).
[22] http://www.teenpregnancy.org/resources/reading/pdf/education.pdf.