Policy Statement on School Health



LEADERSHIP, ADVOCACY, SERVICE

CCSSO

THE COUNCIL OF CHIEF STATE SCHOOL OFFICERS

A CALL TO ACTION

Our vision for our nation's schools is to ensure high standards of performance for **every one** of our children and prepare **each child** to succeed as a productive member of a democratic society. Educators throughout the country are striving to achieve this national priority. Yet, how can every child succeed when so many reach the schoolhouse door with physical and mental health challenges that impede their ability to learn and compromise their likelihood of becoming healthy, capable adults? This policy statement calls on our membership and our colleagues to recognize the enormous impact that health has on the academic achievement of our nation's youth. The education community must look beyond standards setting and systems of accountability and join with public- and private sector mental health, health, and social services providers to address the widespread conditions that interfere with student learning and students' prospects for healthy adulthood.

We believe that healthy kids make better students and that better students make healthy communities. We recognize that children who come to school hungry, are absent due to asthma, suffer from other chronic diseases such as Type 2 (formerly known as adult-onset) diabetes, are depressed or distracted by family problems, or stay away from school because of fear of violence cannot benefit fully from the sound educational programs we are putting into place to ensure that no child in our schools is left behind. Policies and practices that address the health and developmental needs of young people must be included in any comprehensive strategy for improving academic performance.

THE CHALLENGES

Numerous conditions threaten students' health and well-being and, consequently, their ability to achieve the high standards set for them. These conditions include the following:

- **Obesity**. In 1999 an estimated 13 percent of children ages 6–11 and 14 percent of adolescents were overweight—a dramatic increase from 20 years earlier when only 7 percent of children and 5 percent of adolescents were overweight. Obesity is disproportionately affecting low-income adolescents and young people of Mexican, Native American, and African-American descent.
- **Diabetes**. A growing number of children and adolescents are developing Type 2 diabetes, a condition that has generally been diagnosed among adults. As many as 80 percent of these young people were overweight at the time of diagnosis. Accurate data regarding the number of cases among youth are unavailable due to the relative newness of this phenomenon. However, current reports indicate that from 8–45 percent of newly diagnosed cases of diabetes in children are Type 2.
- **Asthma**. More than 6 million children under the age of 18 have asthma. School days missed by these children total more than 14 million annually. Asthma is 26 percent more prevalent in African-American children than in white children.
- **Hunger**. In 2001, the emergency food banks of America's Second Harvest served 9 million children. In 2002, approximately 28 million children participated in the School Lunch Program; 16 million received free or reduced meals. Approximately 8 million participated in the breakfast program, 7 million of whom received a free or reduced break-

fast. Thus, the breakfast program serves less than half of its potential beneficiaries. Two to three times more black and Hispanic households than white households report experiencing hunger.

• **Mental Health**. According to *Developing a National Action Agenda*, the report from the Surgeon General's 2000 Conference on Children's Mental Health, 1 child in 10 suffers mental illness severe enough to cause some level of impairment. Suicide is the third leading cause of death for young people ages 15–24.

• **Access to Health Care**. More than 9 million children ages 18 and younger had no health insurance in 2002.

• **Physical Environment**. A General Accounting Office survey found half of all schools reporting unsatisfactory environmental conditions such as poor ventilation, heating or lighting problems, or poor physical security.

A number of avoidable behaviors and environments put the health of young people at risk as well. For example, consider the following:

• **Nutrition**. Only 2 percent of school-age children consume the recommended minimum number of servings for all five major food groups in the Food Guide Pyramid. By the time they are 14 years of age or older, 32 percent of young women and 52 percent of young men are consuming three or more servings of soda a day.

• **Physical Activity**. About half (51.7 percent) of U.S. students in grades 9-12 were enrolled in a physical education class and one-third (32.2 percent) had daily physical education. Hispanic (25.9 percent) and non-Hispanic black (24.1 percent) children were significantly less likely to participate in organized physical activity than white, non-Hispanic children.

• **HIV, STDs and Teen Pregnancy**. Each year, approximately 3 million cases of STDs occur among teenagers and approximately 860,000 teenagers become pregnant. It has been estimated that at least half of all new HIV infections are among individuals under the age of 25.

• **Violence**. A survey of high school students revealed that 17 percent reported carrying a weapon during the past month, and 33 percent reported being involved in a physical fight during the last year. The proportion of youth ages 12–17 reporting observing bullying daily rose from 37 percent in 2001 to 61 percent in 2002. In 2001, 6 percent of students reported fears that they were going to be attacked or harmed at school; almost 5 percent said that they avoided one or more specific areas at school for their own safety. Twice as many black and Hispanic students reported fearing an attack at school or on the way to school as did white students, and more minority students than white students avoided going to one or more places in the school.

• **Substance Use**. In 2001, 30 percent of high school students reported heavy drinking during the past month, 28 percent reported smoking cigarettes, and 24 percent reported using marijuana.

• **School Connectedness**. The National Longitudinal Study of Adolescent Health, a survey of students in grades 7–12, found that 31 percent reported not feeling connected to school. Students who do not feel connected to school are more likely to use alcohol and illegal drugs, engage in violent or deviant behavior, become pregnant, experience emotional distress, and be less successful academically.

ADDRESSING THE CHALLENGES

A coordinated, comprehensive approach to creating health-promoting schools can provide a framework for developing policies and practices to address the health-related issues that interfere with student success. Such an approach includes the following separate – but interconnected – components:

- Health education motivates students to improve and maintain their health by ensuring the delivery of age-appropriate classroom instruction that addresses the physical, emotional, and social dimensions of health.
- Physical education provides opportunities for regular physical activity and planned, sequential skill-building for lifelong physical fitness.
- Health services provide access to preventive services, emergency care, management of acute and chronic health conditions, and referral to appropriate providers.
- Food services ensure access to nutritious, affordable, appealing foods in an environment that supports healthy eating behaviors. School policies promote the provision of healthy foods and beverages in a la cart sales, vending machines, as snacks, and at all school-sponsored events.
- Counseling, psychological, and social services support social and emotional well-being and help schools respond to crises.
- A safe, supportive, and healthy school environment creates a setting for positive learning experiences.
- School staff wellness programs promote the well-being of all school employees who serve as role models for students.
- Parents, community resources, and schools work together to address their shared goal of promoting student success and well-being.

Research has demonstrated that many of these components positively affect health and academic outcomes. They are particularly effective when offered in conjunction with after-school programs, youth development opportunities, and other recreational, cultural, and educational resources that complement the traditional educational program. Significant findings include the following:

- School breakfast programs can increase learning and academic achievement, improve student attention to academic tasks, reduce visits to the school nurse, and decrease behavioral problems. A recent study from WestEd found that, when parental income level was controlled, a higher percentage of students ate breakfast in high-performing schools than in low-performing schools.
- Physical education programs are critical for helping children learn lifelong fitness behaviors that can reduce the risk of obesity-related diseases. Physical activity has been associated with higher academic performance, increased self-esteem, and lower levels of anxiety and stress.
- Students taking health education courses have increased their health knowledge and skills and decreased risky behaviors. Participation in health classes has also been associated with increases in reading and math scores.
- Students with access to health insurance tend to be healthier and are less likely to miss school.
- Improvement in a school's physical condition has been associated with

improvement in average achievement scores.

- Schools with staff health promotion programs find that teachers are more energetic and optimistic, can better handle job stress, and are absent less often.
- Students with parents who are involved in their school tend to have fewer behavioral problems and better academic performance, and are more likely to complete secondary school than students whose parents are not involved in their schools.
- Students feel connected to school when classrooms are well-managed with clear expectations for individual responsibility and conflict resolution, schools are small enough for teachers and school administrators to personally acknowledge all students, and students have multiple, reciprocal friendships.
- A study seeking factors underlying the achievement gap between high-poverty or minority students and other students found that minority students and those from low socioeconomic backgrounds exhibited increased achievement when they experienced high levels of social support at the school level together with high levels of classroom support.

Incorporating all of these elements into a coordinated approach can positively affect academic success by mitigating many of the physical, emotional, and social conditions that interfere with learning. Implementing such measures can provide students with the fundamental knowledge, attitudes, and skills they need to become and remain healthy; promote positive student health behaviors and outcomes; provide a safe, supportive environment; and ensure that children and their families receive the services they need.

THE COMMITMENT

Although schools alone cannot address all the health challenges facing our nation's children, creating health-promoting schools can have a positive impact on the educational and health status of all children and further the achievement of our vision. Clearly, those children who are most at risk academically also disproportionately experience the health risks that jeopardize their achievement. By working in partnership with other national, state, and local agencies in the public and private sectors, we can create coordinated approaches to school health that advance the goals of both education and health.

We applaud the efforts already taken by our member states. All have addressed some aspect of school health. We also commend the work of our partners at the federal, state, and local levels to build coordinated approaches in support of improved health status and educational outcomes. These efforts must be strengthened and expanded in keeping with the needs of each state. We call on CCSSO to continue its work in this area and to support all states in building the cross-sector partnerships and coordination needed to produce even more far-reaching, positive outcomes for the nation's youth. We also call on our partners in health, social services, and juvenile justice to join us in creating health-promoting schools and communities that address the educational and health needs of all children.

ACTIONS STATE EDUCATION AGENCIES CAN TAKE

Within in each agency, promote awareness of the links between health and academic success.

- Gather and disseminate data that demonstrate the impact of health-promoting actions on academic achievement.
- Ensure that agency leaders and staff understand the connection between health and academic achievement and agree that schools must address health issues if they are to meet their educational goals.
- Develop systems for communicating about policies, programs, and data that link health and academic success.
- Issue regular information briefs about progress toward implementing efforts that link health and academic achievement.
- Communicate with agencies in other states to learn about their efforts to link health and academic success and share those findings.

Demonstrate each agency's commitment to linking health and academic success.

- Incorporate the interdependent aims of positive education and health outcomes into the vision and mission statements of your agency.
- Designate one or more senior staff members to oversee school health-related activities.
- Support policies that promote the health of students, such as restricting vending machine sales to healthy foods and beverages, prohibiting tobacco use on school property, ensuring schools are free of harassment and other violence, requiring physical education and opportunities for physical activity, and ensuring health insurance coverage for all students and staff.
- Encourage compliance with the National Health Education Standards available from the American Association for Health Education and the National Standards for Physical Education available from the National Association for Sport and Physical Education including specific recommendations wherever possible.
- Include health knowledge and skills in content standards and assessment.
- Develop and provide materials, technical assistance, and professional development to support statewide implementation of school health programs in school districts, schools, and classrooms.
- Allocate adequate funding to support health-promoting school activities.
- Target scarce resources to populations identified as most at risk.
- Ensure that educational programs and materials are culturally and linguistically appropriate and are selected with input from families and communities to reflect community needs and values.

Develop and maintain partnerships with health, social service, and justice policy makers and service providers.

- Meet with health, social service, justice, and homeland security agencies to identify common goals.
- Issue a joint statement describing the links between health and academic success, declaring the intention to collaborate and articulating joint goals.
- Join and participate in interdisciplinary, interagency councils.
- Designate a senior staff member as liaison to other agencies' counterparts and encourage regular meetings.
- Set joint goals that aim to prevent behaviors and conditions that put students' health at risk and align health out-

come objectives and education performance indicators.

- Develop joint plans with shared responsibility for achieving positive health and education outcomes.
- Establish administrative systems for sharing funding and other resources.
- Support the organization of and participate in statewide summits that address child and adolescent well-being.
- Participate in statewide coalitions that promote the health and academic achievement of young people.
- Promote public understanding of the costs of not investing in a comprehensive, coordinated approach to school health.
- Assist local and regional health, education, and social services agencies with forming partnerships to promote the health and academic success of students.

Support systemic changes that ensure continued support for school health programs that support academic success.

- Develop memoranda of understanding with other agencies to promote a joint vision and sustain collaboration to improve the health and educational success of all students.
- Encourage the approval of line items in the budget to support programs that link health and education.
- Encourage the passage of legislation that supports health-promoting actions.
- Incorporate knowledge and skills needed to promote coordinated school health programs in certification requirements for school administrators, teachers, nurses, counselors, psychologists, food services managers, and other school professionals.
- Evaluate promising practices and promote the successful ones.
- Share what you have learned with your colleagues at state and national conferences and in publications.

CONCLUSION

Health is but one factor affecting learning outcomes. Continued research is needed to pin down the multiple determinants of the achievement gap; however, as the American Cancer Society so rightly observed, "There is no curriculum brilliant enough to compensate for a hungry stomach or a distracted mind." We can no longer afford to ignore the physical, emotional, and social barriers to learning, especially their disproportionate impact on low-income students and students from racial and ethnic minorities. An adequately funded, well-staffed coordinated approach to school health that incorporates all the components of a comprehensive program promises to be an effective strategy for overcoming these impediments. CCSSO must commit itself to joining forces with health, social services, and justice agencies to realize our interdependent vision—a nation where every child, regardless of color or income, can look forward to a healthy, productive future.

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** For references and additional information, please visit http://www.ccsso.org/content/pdfs/SchoolHealthPolicyStatement.pdf or http://www.ccsso.org/projects/School_Health_Project/*


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