

Healthy Students and Healthy Schools

Educators and parents know that healthy students are better prepared to learn and succeed in school. Healthy students are more likely to attend school, are better able to focus and are more ready to learn.

Good nutrition, physical activity, basic safety, clean air and water, education about making healthy choices, a supportive school environment and access to physical, behavioral and mental healthcare services allow children to thrive. The long-term success of children requires that they are healthy, safe, engaged, supported and challenged.

Currently, however, health and education policies often miss key strategies that can help improve both the academic achievement and health of the nation's 55 million children who are in kindergarten through high school.

While there has been a sea change in the past several years toward recognizing that health is central to helping students thrive, there is still much more that must be done to build on this momentum. Helping every student succeed will require acting on important opportunities to advance the vision for healthier students at healthier schools, which includes:

- A safe, healthy environment in which to learn — where parents can feel confident their children will be safe and supported every day;
- A positive culture and climate where students and educators are encouraged to do well and are given the tools they need to succeed;
- Promoting social and emotional learning as well as academic instruction;
- Taking a “trauma-informed” approach supporting students who may be experiencing toxic stress or other adverse childhood experiences, including more effective and supportive discipline approaches;
- Early identification of children's needs — and connecting and providing students with programs and services to help them thrive (e.g., physical, mental and behavioral health, special education, oral health, optometry, social services and others);
- Opportunities to be physically active throughout the day and having attractive, accessible and sufficient spaces and facilities to engage in activity and encourage physical education;
- Promoting good nutrition — making safe drinking water and healthy school meals and snacks readily available to all students regardless of family income or school location;
- Broadening parent- and community-engagement to better understand assets, concerns and obstacles promoting academic performance and health — and developing effective strategies that engage all stakeholders, including local youth advocates and community leaders who contribute to children's success — inside and outside school and at home; and
- Strong, ongoing professional development and support for educators in ways to promote health and positive conditions for learning — and providing a healthy and respectful work environment for educators and other staff.

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD

U.S. Students — Some Pressing Health Concerns

- Poverty, Toxic Stress and Food Insecurity:** More than half of U.S. public school students live in poverty.⁵³⁴ Three out of four public school students regularly come to school hungry.⁵³⁵
- Adverse Childhood Experiences:** More than half of children experience an adverse childhood experience — such as physical abuse (28.3 percent), substance abuse in the household (26.9 percent), sexual abuse (24.7 percent for girls and 16 percent for boys) and parent divorce or separation (23.3 percent).^{536, 537, 538} One-quarter of children experience two or more ACEs, 14 percent experience three or more and 7 percent experience four or more. The more ACEs experienced, the higher likelihood for a range of health and behavioral risks and negative consequences.
- Obesity:** One third of children and teens are obese or overweight.⁵³⁹
- Special Education:** Around 13 percent of students receive special education services; 20 percent of education spending is for special education needs.⁵⁴⁰
- LGB Youth:** More than 40 percent of lesbian, gay and bisexual youth consider suicide, 34 percent experience bullying and 18 percent experience physical dating violence.⁵⁴¹
- Asthma:** More than 8.6 percent of children have asthma.⁵⁴²
- Sexually-Transmitted Diseases:** Nearly half of the 20 million new cases of sexually transmitted diseases each year are among teen and young adults (ages 15 to 24).⁵⁴³



Source: U.S. Centers for Disease Control and Prevention

- Treatment for Substance Use Disorders:** Only around one in ten teens with a substance use problem gets recommended professional treatment.⁵⁵²
- Bullying:** Around 20 percent of high school students report being bullied on school property and 15.5 percent report being bullied through electronic or social media.⁵⁵³
- Expulsions/Suspensions:** More than 3.3 million students are suspended or expelled from U.S. public schools annually, even though these practices are tied to lower school achievement, higher truancy and dropout rates, behavior problems and more negative school climate.⁵⁵⁴ Black students (kindergarten to high school) are almost four times as likely to receive one or more out-of-school suspensions as White students.⁵⁵⁵
- Chronic Absenteeism:** Chronic absenteeism rates — where students missed more than 10 percent of the school year — are often a warning sign of health, family, financial or other concerns. Thirteen percent of U.S. public school students (6.5 million) missed 15 or more school days in the 2013-2014 school year. Eighteen percent of high school students (3 million) and 11 percent of elementary students (3.5 million) are chronically absent.⁵⁵⁶ Rates vary significantly across communities — for instance, ranging from 6 percent to 23 percent in six states — with high poverty urban schools reporting up to one-third of students as chronically absent.⁵⁵⁷
- Teen Pregnancies:** Around 249,000 teens (15 to 19 years old) give birth annually (as of 2014).⁵⁴⁴
- Oral Health:** 17.5 million children and teens experience untreated tooth decay or cavities.⁵⁴⁵
- Mental Health Disorders:** As many as one in five children and teens, either currently or at some point in the past, have had a serious debilitating mental disorder.⁵⁴⁶ More than 25 percent of teens are impacted by at least mild symptoms of depression.
- ADHD:** Around 10.2 percent of children and teens have diagnosed Attention Deficit Hyperactivity Disorder (ADHD).⁵⁴⁷
- Substance Use:** More than 7.4 percent of teens report regular marijuana use, 4.7 percent of teens misuse prescription drugs, 10.8 percent smoke cigarettes, 16.0 percent use e-cigarettes, 32.8 percent of high schoolers drink alcohol and 17.7 percent report binge drinking.^{548, 549, 550} More than 90 percent of adults who develop a substance use disorder began using before they were 18 years old.⁵⁵¹

RECOMMENDATIONS

- **Prioritize a healthy, positive school climate.** State and local school districts and schools can conduct needs assessments and adopt wellness plans to identify school or community specific concerns and the best strategies for addressing them. Many schools are also adopting Positive Behavior Interventions and Supports (PBIS) models that emphasize strategies to support social and behavioral improvement, such as character education, social skill instruction, bullying prevention, behavior support and building consultation teams.⁵⁵⁸
⁵⁵⁹ The 2015 Every Student Succeeds Act also provides a number of new opportunities to support district and/or school wide health improvement and to support more health-related professional development.
- **Support safe, clean and health-promoting physical facilities.** Ensuring schools are well maintained; regularly cleaned in ways that promote health and reduce spread of germs; have quality air quality control systems; have good lighting; have quality outdoor play areas, sports areas, indoor gyms and recreation spaces can all help improve student achievement, reduce truancy and suspensions, improve staff satisfaction and retention and raise property values.
- **Increase early identification and provide support for concerns.** Identifying concerns early and connecting children with care or support can help prevent, mitigate or effectively manage issues. School systems can ensure at-risk students are screened for physical, behavioral and mental health concerns and special education needs via tools from the American Academy of Pediatrics (AAP) and special education programs. In addition, tracking chronic absenteeism is an important way to help identify physical, emotional or behavioral health or family concerns.
- **Prevent and reduce health risks.** State-based expert institutes can help districts and schools by 1) conducting needs assessments to match effective, evidence-based policy and program choices to specific community needs; 2) ensuring programs are implemented successfully by providing technical assistance and access to learning networks; 3) training and supporting professionals from different sectors; 4) conducting regular evaluations — measuring results and ensuring accountability; 5) supporting sustainability; and 6) enhancing continuous quality improvement.
- **Expand obesity prevention by promoting better nutrition and increasing physical activity before, during and after school.** This includes improving access to healthy, affordable breakfast, lunch and snacks and providing increased opportunities to be physically active during the school day — including by implementing nutrition standards in line with the Dietary Guidelines for Americans. School district wellness programs can ensure children are more engaged in the classroom and ready to learn. There are a number of innovative programs to promote improved nutrition and activity, such as reducing red tape and increasing access to free- and reduced-meals for all students at



low-income schools, flexible breakfast offerings to promote uptake, increased access to summer meals, having shared-use policies making school recreation spaces available to the community during non-school hours and ensuring facilities are safe and clean.

- **Ensure availability of safe, free drinking water.** Only around 10 percent of schools with their own water systems are required to test for lead (350 of which failed lead tests from 2012 to 2015), and federal law does not require schools using local public water suppliers to test the water.⁵⁶⁰ Policies are needed to fill these lead-testing gaps to ensure all students are drinking safe, clean water.
- **Increase school health services — including mental, behavioral and oral health — and improve coordination across education, health and other social services.** A number of models — including increased ability for Medicaid to pay for health services in schools under the new free care policy — are emerging to better support children’s health needs in schools and/or to connect them to

care.⁵⁶¹ Efforts range from increasing the number and functions of school nurses to full on-site school-based health centers to mobile health centers to designated case workers to creating strong partnerships with local providers such as hospitals, Community Health Centers, behavioral health centers and social service providers.⁵⁶² In addition, there are increasing efforts to increase the availability and scope of mental health and behavioral health professionals within schools and/or referrals to systems of support.

- **Support and increase funding for Full Service Community Schools.** A growing number of states and communities are deploying the community school model, effectively using public schools as hubs for community partners to offer a range of services and supports to students, families and communities. The U.S. Department of Education currently funds 21 grantees with \$10 million in FY16. Expanded funding would help improve and scale this proven model to additional school sites across the country.

Endnotes

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