HEALTHIER STUDENTS ARE BETTER LEARNERS

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• Students cannot not learn if they are not healthy.
• Many barriers to learning include absenteeism, discipline, violence, truancy and drop-out.
• Can be linked to students’ (families’) physical, social, and emotional health.
• Poor health and health disparities are an underlying cause of the achievement gap

• No matter what curriculum or school management changes are made, health must be addressed.

• Educationally relevant health disparities play a significant role in the achievement gap of urban minority students.

  – “Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap” by Charles E. Basch

• Equity Matters: Research Review No. 6
Higher Achievement For All Students

“Every child graduates and has the knowledge to succeed in life.”

Students receive high quality instruction aligned with academic content standards

Students have the right conditions and motivation for learning
<table>
<thead>
<tr>
<th>Vision</th>
<th>Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>Grades</td>
</tr>
<tr>
<td>Teen Pregnancy</td>
<td>Absenteeism</td>
</tr>
<tr>
<td>Aggression and Violence</td>
<td>Truancy</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>Drop-out</td>
</tr>
<tr>
<td>Breakfast</td>
<td>School Climate</td>
</tr>
<tr>
<td>Inattention and Hyperactivity</td>
<td>Graduation Rate</td>
</tr>
</tbody>
</table>
1. **Vision** – 6.8% have diagnosed vision condition
2. **Asthma** – 9% of children under 18 years
3. **Teen Pregnancy** – teen birth rate is 34.3%, lowest ever
4. **Aggression and Violence** – 20% of 9-12 graders reported being bullied at school
5. **Tobacco Use** – each day 4,000 adolescents smoke their first cigarette
6. **Physical Activity** – 86.2% of 9-12 graders do not meeting guidelines
7. **Breakfast** – 50% of children in US go to school hungry
8. **Inattention and Hyperactivity** – 5.2 million children under 18 received diagnosis
9. **Sleep** – 68.6% of 9-12 graders do not get 8 or more hours of sleep on an average school night

As reported by the CDC
What do our brains need to learn?

1) Balanced nutrition
2) Sufficient hydration
3) Sleep
4) Physical activity.
Physical Activity and Learning

- higher grade-point average
- higher scores on standardized tests
- increased concentration
- better memory
- improved classroom behaviors
- reduced school dropout rate
- greater odds of attending college full-time
Student health problems associated with absenteeism

- Asthma
- Diabetes
- Bullying
- Pregnancy
- Socially Disengaged/School Connectedness
Increases with each grade level and students gradually become more disengaged from school.

Begins in primary school and continues into secondary school.

Early intervention is crucial.

“Nonattenders generally fall behind their peers in academic achievement and the development of social competence” (Ford, 1996) which creates issues in having fewer friends and poor social skills (Reid, 2005). Absenteeism effects a student’s ability to pass to the next grade and the risk for students dropping out is extremely high (DeSocio et al., 2007).
Aligning Absenteeism

- Establishment of an attendance referral policy
- Improved documentation systems,
- Use of standardized health language to demonstrate student outcomes.
- Identifying why students are absent and create support network
- Breakfast programs can reduce absenteeism and tardiness
- Physical activity and healthy nutrition increases body’s ability to learn
Student health problems associated with dropping out

- Substance use
- Pregnancy - 30%–40% of female teenaged dropouts are mothers
- Psychological, emotional, and behavioral problems
• Educational achievement can save more lives than can medical advances
• Understanding why young people leave school can inform the design of polices
• Identify chronically absent students and create support system
**Discipline Reasons - Statewide Data**

Data Source: EMIS

*Disobedient/Disruptive Behavior, not charted, averages 310,000 incidents over the eight years.*
Percentage of High School Students Who Currently Smoked Cigarettes

United States, Youth Risk Behavior Survey, 2009

*Smoked cigarettes on at least 1 day during the 30 days before the survey.

**p<.0001 after controlling for sex, race/ethnicity, and grade level.
Percentage of High School Students Who Currently Used Alcohol

*Had at least one drink of alcohol on at least 1 day during the 30 days before the survey.

**p<.0001 after controlling for sex, race/ethnicity, and grade level.

United States, Youth Risk Behavior Survey, 2009
Percentage of High School Students Who Drank Alcohol for the First Time Before Age 13 Years

United States, Youth Risk Behavior Survey, 2009

*Other than a few sips.
**p<.0001 after controlling for sex, race/ethnicity, and grade level.
Percentage of High School Students Who Were in a Physical Fight

*One or more times during the 12 months before the survey.*

**p<.0001 after controlling for sex, race/ethnicity, and grade level.

United States, Youth Risk Behavior Survey, 2009
Percentage of High School Students Who Watched Television 3 or More Hours Per Day

On an average school day.

*p<.0001 after controlling for sex, race/ethnicity, and grade level.

United States, Youth Risk Behavior Survey, 2009
Percentage of High School Students Who Attempted Suicide

*One or more times during the 12 months before the survey.

**p < .0001 after controlling for sex, race/ethnicity, and grade level.

United States, Youth Risk Behavior Survey, 2009
Prevalence of overweight/obesity among Ohio 3rd graders: 2004-2005 and 2009-2010

Statewide = 35.6%

Statewide = 34.7%
Overweight and obesity among Ohio 3rd graders by sex, 2009–10

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td>16.0</td>
<td>16.7</td>
</tr>
<tr>
<td>Obese</td>
<td>19.2</td>
<td>17.5</td>
</tr>
</tbody>
</table>

Notes: Standard error bars represent 95% confidence intervals; Overweight: BMI for age 85th - <95th percentile; Obesity: BMI for age ≥95th percentile
1. **Asthma** – overweight children are at higher risk for asthma

2. **Bone and Joint Problems** – damage to bones and joints may occur, increasing risk for pain, injury and need for surgery

3. **Sleep Problems** – 17% of overweight children. Can lead to trouble concentrating, behavior problems, academic issues

4. **High Blood Pressure** – overtime it damages heart, kidneys and blood vessels
5. **Type 2 Diabetes** – steadily increased in children
6. **High Cholesterol**
7. **Early Growth and Puberty** – often taller and more sexually mature.
8. **Psychological Problems** – may be most common result of being overweight, often stigmatized and bullied leading to sadness and depression.
How does high BMI impact School Success?

- Attendance
- Grades
- Behavior
## Health and Learning Continuum

<table>
<thead>
<tr>
<th>Birth to Preschool School Readiness</th>
<th>Primary Grades Reading/Math Skills</th>
<th>Middle School Connection</th>
<th>High School Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-natal care</td>
<td>Chronic absence</td>
<td>Obesity/Nutrition/Physical Activity</td>
<td>Teen Pregnancy</td>
</tr>
<tr>
<td>Abuse/neglect</td>
<td>Behavior/ADHD</td>
<td>Bullying/Isolation</td>
<td>Substance abuse</td>
</tr>
<tr>
<td>Exposure to Lead</td>
<td>Asthma</td>
<td>Depression/Anxiety</td>
<td>Truancy</td>
</tr>
<tr>
<td>Preventive care Immunizations</td>
<td>Family Mobility</td>
<td>Disruptive Behavior/Truancy</td>
<td>Suspension/Expulsion</td>
</tr>
<tr>
<td>Exposure to Alcohol/Tobacco</td>
<td>Vision/Hearing/Oral Health</td>
<td>Experimentation (Substance Abuse)</td>
<td>Dropout</td>
</tr>
<tr>
<td>Cultural Differences</td>
<td>Nutrition and Activity</td>
<td>Independent Thinking</td>
<td>School Connectedness</td>
</tr>
</tbody>
</table>

American School Health Association
7 Qualities that Impact School Engagement

1. Having a sense of belonging
2. Liking school
3. Perceiving that teachers are supportive and caring
4. Having good friends within school
5. Being engaged in their own current and future academic progress
6. Believing that discipline is fair and effective
7. Participating in extracurricular activities
Social /Emotional Outcomes

- Decreased behavioral problems
- Improved social and communication skills and/or relationships with others (peers, parents, teachers)
- Increased self-confidence, self-esteem, and self-efficacy
- Lower levels of depression and anxiety
- Development of initiative
- Improved feelings and attitudes toward self and school
What Connectedness can Prevent

- Exhibit disruptive and violent behavior
- Carry a weapon
- Experiment with illegal substances
- Use tobacco
- Use alcohol
- Consider or attempt suicide
- Engage in early-age sexual intercourse
School Connectedness is influenced through 3 dynamic concepts:

- **Individuals**: Students and school staff
- **Environment**: School Climate and school bonding
- **Culture**: Social needs and school learning priorities
• People connect with people!
• Relationships between students and school staff are at the heart of school connectedness
• Not just teachers – janitors, coachers, lunchroom servers, office assistants, counselors, parents and school volunteers
• The more we create personalized environments, students will respond and do better.
By the time they are in high school, as many as 40-60% of all students – urban, suburban and rural – are chronically disengaged from school.
What does this mean?

- To Schools?
- To Teachers?
- To Parents?
- To Community?
- To Students?
- To You?
School-based Systematic Solutions

- Leadership and Partnerships
- Policy Development
- Health and Physical Education Curriculum Planning
- Instructional Practices and Assessment
- School Climate and Environment
School Role

• Schools can not solve problem alone!!
  • Need partners, community and family support
• Prioritize Issues
• View through academic lens
  • Academic gains can be made with corrective vision screening and emerging research indicates correlates breakfast to cognition and memory
  • In-school breakfast and asthma management reduces absenteeism
  • Safe schools improve school climate and connectedness
    • Reduces bullying and behavior problems
CSH Follows Ohio Improvement Process

1) Identify Needs and Strengths
2) Develop Plan
3) Implement and Monitor
4) Evaluate
School Improvement Process

- Data identifies school districts’ critical needs
- School districts and CBO’s develop a plan
- Implement the district wide plan
- School districts and CBO’s monitor the degree of implementation and evaluates the plans effectiveness of academic indicators.
Ohio Department of Education
Ohio Improvement Process

**Stage 1**
Identify Critical Needs of Districts and Schools

**Stage 2**
Develop a Focused Plan

**Stage 3**
Implement and Monitor the Focused Plan

**Stage 4**
Evaluate the Improvement Process
School Health Linkage

District Goals

Predictive Factors

Critical Factors

Math Achievement
Reading Achievement
Science Achievement
Graduation

Attendance
Truancy
Discipline Reports

Health
School Climate
Parent Involvement
Community Partners

Community Partners
Integration in Improvement Process

- Use data to identify the health/wellness issues impacting achievement
- Develop strategies/action steps
- Align with core content goals defined in Comprehensive Continuous Improvement Plans (CCIP)
Healthy School Leadership Institute

• Joint initiative between the Ohio Department of Education and the Ohio Department of Health funded by the Centers for Disease Control and Prevention

• Objectives:
  • To build the District’s capacity for data-based decision making and planning for sustainable changes that will improve learning and health outcomes
  • To integrate strategies that meet students’ physical, social, and emotional needs into the school improvement plan
  • To establish benchmarks that can document progress toward improved health and academic outcomes
HSLI Process

- Engage families and members of the community in the school improvement process,
- Systematically assess student and staff needs, assets, and strengths;
- Plan realistic and achievable strategies for school improvement that meet the needs of the whole child;
- Provide the training and resources necessary to implement best practice policies, programs and services;
- Effectively document for accountability and continuous improvement.
What can be done?

- What are the priority issues?
- What data proves the issues?
- What interventions impact the issues?
- What resources are needed?
- How do you make the interventions sustainable?
- Do you engage parents, community, business leaders?
Healthy School Leadership Institute

- Success Stories
  - Fremont City School District
  - Lorain City School District
  - Manchester Local School District
Resources

- [www.equitycampaign.org](http://www.equitycampaign.org)
- **Youth Risk Behavior Surveillance System (YRBSS):** Information about the YRBSS is available at [www.cdc.gov/yrbs](http://www.cdc.gov/yrbs).
- **School Health Policies and Programs Study (SHPPS):** Information about SHPPS and sample questionnaires are available at [www.cdc.gov/shpps](http://www.cdc.gov/shpps).
- [http://www.cdc.gov/HealthyYouth/index.htm](http://www.cdc.gov/HealthyYouth/index.htm)