Reducing Youth Health Disparities Requires Cross-Agency Collaboration

SOPHE-ASCD Expert Panel on Reducing Youth Health Disparities

In June 2010, the Society for Public Health Education (SOPHE) and ASCD convened 24 subject matter experts in health education, health care, public health and education to develop recommendations for eliminating health disparities among youth, based on best practices and policies. Recommendations from the Expert Panel includes these five overarching areas:

- ☑ **Cross-agency collaboration**
- ☐ Using data for continuous improvement
- ☐ Health care access
- ☐ Supportive, nurturing, & healthy learning environments
- ☐ Promotion of health-enhancing behaviors through K-12 health education and physical education

OVERVIEW

Living in a high poverty family often results in two major consequences for children: a health disparities gap and an achievement gap limiting students' success in school. Children from poor families experience more chronic disease, more infectious disease, more childhood injury, more social/emotional and behavioral problems and more violence and death compared to children who do not live in poverty.[1] Further, for poor children the prognosis is worse, and poor children receive less and lower-quality medical care.[1, 2] Consequently, they are absent from school more often than their peers from more affluent families.

Absenteeism is related to poor achievement and ultimately dropping out of school.[3,4] Missing just two weeks of schooling each semester can set students on a downward spiral of course failure and ultimately failure to graduate.[4] Students from families in the lowest quartile of income are about seven times more likely to drop out of high school than are their counterparts who come from families within the highest quartile of income.[5] This fact sheet examines the recommendation from the SOPHE-ASCD Expert Panel on Reducing Youth Health Disparities asking for joint accountability for health and learning through cross-agency collaboration of the education and health sectors in every community.

POOR HEALTH CONTRIBUTES TO THE ACHIEVEMENT GAP.

Poor health is one factor contributing to the achievement gap.[6] The achievement gap is the term that is given to the difference in academic performance between poor students and wealthy students, as well as minority students and their non-minority peers. This achievement gap is evident at kindergarten and increases throughout students' educational career if no interventions are provided to address this gap. These students start kindergarten behind their peers, fall further behind during elementary and secondary school, and complete college and graduate school at lower rates than those students from higher-income families.[7]

LINKING HEALTH SERVICES WITH QUALITY SCHOOLING IMPROVES EDUCATIONAL AND LIFE OUTCOMES.

New research by the education sector documents the need for engaging families and community health and social service agencies as partners to ameliorate the student health problems interfering with academic achievement.[8] Abused, neglected, homeless students,[8] as well as students with other health problems,[9,10] often have issues that reduce their ability to concentrate on learning. Enhancing achievement improves graduation as well as more positive outcomes for the individuals as an adult and economic benefits for the nation. High school dropouts are more likely to be unemployed, on welfare and/or incarcerated – all drains on the U.S. economy.

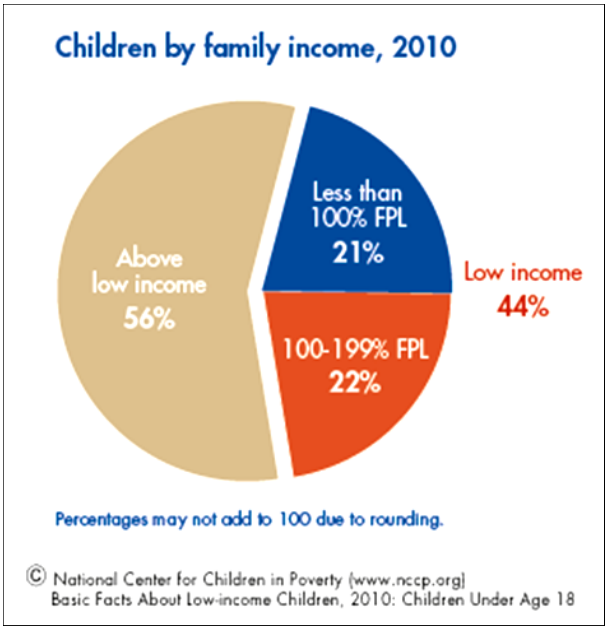
SCHOOLING FOR CHILDREN LIVING IN POVERTY IS OFTEN SUB-STANDARD.

Although education is an avenue out of poverty,[11, 12] schooling for children in poor families is often sub-standard. Over 60% of black and Hispanic students in comparison to 18% of white students attend high poverty schools in which 50 to 100% of the students are poor.[13]

High poverty schools:

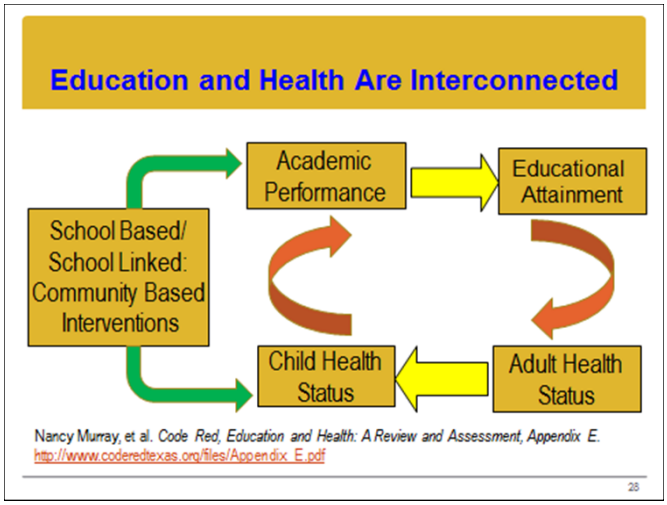
- Receive lower per-pupil funding allocations [14,15]
- Use more teachers teaching outside their field of expertise [6,16,17]
- Use less experienced teachers[6,17]
- Have teachers who are absent more often[6]
- Have higher teacher turnover each year[13,16]
- Lack curriculum rigor[17]
- Are less safe[6, 17, 18]

Engaging the community and families to ensure equitable resources throughout the district is one way to resolve each and every one of these sub-standard conditions.



EDUCATION AND HEALTH INTERVENTIONS CAN IMPROVE STUDENT OUTCOMES.

When students receive the education and health interventions that they need, academic performance and educational achievement levels improve.[10,19] Graduation from high school is associated with better health and an increase of approximately nine years of average lifespan.[20] As income levels increase, positive health behaviors and health outcomes are enhanced.[21] Post-secondary education leads to even healthier lives by improving earning power, social status, and cognitive ability, which in turn influences positive lifestyle choices, an enhanced understanding of health issues, and better negotiations in the medical care system.[20] Better adult health status improves the health status of future children.[19] Receiving a quality, early childhood education is one intervention for children living in poverty that can reduce the achievement gap. [22,23]



Enrolling in quality pre-school programs can:[22,23]

- Reduce grade retention
- Reduce placement in special education
- Reduce teen pregnancy
- Increase graduation

While Federal child care and development block grants are available to support early childhood education for low-income children, only one in six toddlers is currently accommodated in pre-school because of a lack of Federal funding. [24] Other interventions that improve academic achievement include a safe and nurturing environment, preventative health care screenings, health care access, family engagement and health education including instruction in social and emotional skills.

CROSS-AGENCY COLLABORATION: EXAMPLES OF LINKING SCHOOL & HEALTH CARE

The Coalition for Community Schools promotes students' physical, mental and social health. Early in its history, the organization used the term "full service schools," which meant that the school was linked with community agencies to ensure that the physical, social, and emotional needs of students and families were met. They now describe a community school as both a place and a set of partnerships between school and community. According to the Coalition for Community Schools, the six conditions necessary for learning include:

1. Early childhood development programs are available to nurture growth and development.
2. The school offers a core instructional program delivered by qualified teachers; instruction is organized around a challenging curriculum anchored by high standards and expectations for students.
3. Students are motivated and engaged in learning—in both school and community settings—before, during, and after school and in the summer.
4. The basic physical, mental, and emotional health needs of young people and their families are recognized and addressed.
5. Parents, families, and school staff demonstrate mutual respect and engage in effective collaboration.
6. Community engagement, together with school efforts, promotes a school climate that is safe, supportive, and respectful and that connects students to a broader learning community.[25]

Evaluations of community schools have shown improved academic performance, attendance, parent involvement, and youth behaviors while reducing the number of students who drop out of school.[26]

City Connects is a partnership between a university, community agencies and schools that addresses out-of-school factors that impede achievement. Each child is linked with a tailored set of prevention, intervention, and enrichment services that he or she needs to succeed and thrive in school. A site-based school coordinator works with teachers to develop a customized plan of support services and prevention/enrichment opportunities either in the community and/or in the school. An evaluation found that those students who received the enhanced support opportunities scored significantly higher on their mean report card scores, improved academic performance on statewide tests, and had lower retention rates in comparison to non-City Connect students.[27]

Coordinated School Health has been promoted since the 1980s under the auspices of the Centers for Disease Control and Prevention's Division of Adolescent and School Health. The division initially funded cooperative agreements in HIV/STD prevention, and later added funds for chronic disease prevention in the states.[28] To promote school health, CDC recommends establishing an office within both the State Department of Instruction and the State Health Department, as well a state interagency committee to promote collaboration among state agencies. CDC also recommends establishing a state coordinating council to link both state and private organizations promoting the health of students.

At the local level, CDC recommends establishing a district/municipality coordinating council consisting of representatives from the district, public health and health care agencies as well as representatives from other community agencies intent on improving the health and well-being of students.[28]

At the school level, the organization of a school health team is recommended to engage eight components of school health, which include community and parental involvement, health services, nutrition services, counseling and psychological services, physical education, health education, a healthy school environment, and staff health promotion. When these components are coordinated and work together as a team using data in a process of continuous improvement, student outcomes improve.

An evaluation of the components of coordinated school health has shown that each component can be associated with improvements in academic achievement as well as student behaviors.[29] Unfortunately, these examples as well as other mechanisms to link schools and communities such as the ASCD's Whole Child initiative,[30] are not universal, nor are all functioning efficiently to link programming in a process of continuous improvement.

Eight components of Coordinated School Health

Expert Panel Policy Recommendations

The Expert Panel identified a number of indicators that would demonstrate collaboration between the health sector and the education sector. Those indicators pertaining to joint responsibility for the health and well-being of students include the following:

Community and School Level:

- A community coordinating committee at the municipal/school district level and corollary school health teams at each school within the district exist to implement an agenda of continuous improvement in the health, learning and well-being of all students.
- This coordinating committee annually identifies and reports student health, safety, and achievement indicators as a means to promote continuous improvement in learning and health.
- The school health team provides input to the annual school improvement plan to ensure the continuous improvement of student health and educational outcomes.
- Evidence of family communication and engagement activities within each component of the school health program are annually reported to the municipal/district community coordinating committee by the school health team.

State Level:

- State incentives are provided for result-based partnerships at the community level for improving the health and achievement of all students, and particularly low-income, minority and ethnic students.
- As a requirement for (re-)accreditation, each school needs to establish a school improvement team, which includes the school health team, parents, students (middle and high school levels), non-teaching school staff and community members, as well as educators and administrators, that annually develop an action plan for continuous improvement in the education and health of students.

Federal Level:

- Federal agencies develop funding and accountability mechanisms that cut across health and education sectors to ensure that the needs of the whole child are met from infancy though adolescence for all children and particularly low income, minority and ethnic students.

About the SOPHE-ASCD Panel on Eliminating Youth Health Disparities
Convened in June 2010 in Washington, DC, the SOPHE-ASCD Panel on Eliminating Youth Health Disparities was a major first step in breaking down the silos between the education and public health leaders to address some of the most pressing problems facing poor children and youth. The summit promoted expert and innovative solutions for improved collaboration, programs and policies at the federal, state, district, community and school levels to reduce youth disparities and provide all children with a foundation for a healthy and productive future. For more information, see http://www.sophe.org/SchoolHealth/Disparities.cfm.

About the Expert Panel Sponsors
Founded in 1950, the **Society for Public Health Education** (SOPHE) provides global leadership to the profession of health education and health promotion and promotes the health of society. SOPHE's 4,000 National and chapter members work in schools, community-based organizations, health care setting, worksites and national/state/local government. For more information, see www.sophe.org. Founded in 1943, **ASCD** (formerly the Association for Supervision and Curriculum Development) is an educational leadership organization dedicated to advancing best practices and policies for the success of each learner. ASCD's membership includes 150,000 professional educators from all levels and subject areas - superintendents, supervisors, principals, teachers, professors of education, and school board members – in more than 145 countries. For more information, see www.ascd.org.

References

1. Currie, J. & Lin W. (2007) . Chipping Away at Heath: More on the Relationship Between Income and Child Health. Health Affairs 26, 331-334.
2. Chen, E., Matthews, K.& Boyce, W T. (2002). Socioeconomic Differences in Children's Health: How and Why Do These Relationships Change with Age? *Psychological Bulletin*, 128(2); 295-319.
3. Balfanz R. (2007). What your community can do to end its drop-out crisis. Center for Social Organization of Schools, Johns Hopkins University. Available at http://www.every1graduates.org/whatyourcommunitycando.html
4. Allensworth E.M..& Easton, J.Q. (2007). What matters for staying on track and graduating in Chicago public high schools. Chicago: Consortium on Chicago School Research at the University of Chicago. Available at: http://ccsr.uchicago.edu/content/publications.php.
5. Alliance for Excellence in Education. (2010). *High School Dropouts in America (Updated) Fact Sheets* (PDF) Available at: http://www.all4ed.org/files/HighSchoolDropouts.pdf.
6. Barton P.E. & Coley, R. J. (2009). Parsing the Achievement Gap, Princeton, NJ: Educational Testing Service. Available at http://eric.ed.gov/ERICWebPortal/search/detailmini.jsp?_nfpb=true&_&ERICExtSearch_SearchValue_0=ED505163&ERICExtSearch_SearchType_0=no&accno=ED50516317.
7. Wyner J. S., Bridgeland J. M., DiIulio, Jr. J. J. (2007). Achievement Trap: How America is Failing Millions of High-Achieving Students From Lower-Income Families. A Report by the Jack Kent Cooke Foundation & Civic Enterprises with original research by Westat. Retrieved from: http://www.civicenterprises.net/pdfs/jkc.pdf.
8. Bryk, A., Sebrig, P.B., Allensworth, E.M., Luppesca, S., & Easton, J. Q. (2010). Organizing Schools for Improvement. Lessons from Chicago. Chicago: University of Chicago Press. Available at http://ccsr.uchicago.edu/downloads/8499safety_in_cps.pdf .
9. Rothstein, Richard. (2011) A look at the health-related causes of low student achievement. Washington, D.C.: Economic Policy Institute. Available at: http://www.epi.org/publication/a_look_at_the_health-related_causes_of_low_student_achievement/.
10. Basch, C. *(2010) Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap*. A Research Initiative of the Campaign for Educational Equity. Teachers College, Columbia University, Research Review, No. 6. Available at http://www.equitycampaign.org/i/a/document/12557_EquityMattersVol6_Web03082010.pdf.
11. Iton, A. (2006). Tackling the root causes of health disparities through community capacity building. Tackling Health Inequities Through Public Health Practice: A Handbook for Action. Edited by Richard Hofreichter. Washington, DC: The National Association of County and City Health Official. pp. 115-136. Retrieved from http://www.naccho.org/pubs/product1.cfm?Product_ID=11.
12. Freudenberg N., & Ruglis, J. (2007). Reframing school dropout as a public health issue. Preventing Chronic Disease; 4(4). Available at: http://www.cdc.gov/pcd/issues/2007/oct/07_0063.htm.
13. Orfield, G., & Lee, C. (2005). Why segregation matters: Poverty and educational inequality. Cambridge, Mass: Civil Rights Project, Harvard University.
14. Spatig-Amerikaner, A. (2012). *Unequal Education: Federal Loophole Enables Lower Spending on Students of Color.* Washington DC: Center for American Progress. Available at http://www.americanprogress.org/issues/education/report/2012/08/22/29002/unequal-education/.
15. Hightower, A. M. (2011). State Performance and policy making: Weighing In, Measuring up. *Education Wee*k, January 13. 30, 41-54.
16. Hodgkinson, H. (2006). The Whole Child in a Fractured World. Retrieved May 5, 2008, from http://www.ascd.org/ASCD/pdf/fracturedworld.pdf .
17. Poliakoff AR.(2006). Closing the gap: An overview. *INFOBRIEF*. 44; Alexandria VA: Association for Supervision and Curriculum Development 1-6. Retrieved May 5, 2008, from http://www.ascd.org/portal/site/ascd/menuitem.6239c2eef56f3b8cbfb3ffdb62108a0c/.
18. Institute of Educational Sciences. (2010). Closer Look 2010: High-Poverty Public Schools. In *The Condition of Education 2010.* Washington DC: National Center for Education Statistics. Available at: http://nces.ed.gov/programs/coe/analysis/2010-section2b.asp.
19. Murray, Nancy et al. *(2006) Education and Health: A Review and Assessment, Appendix E.in Code Red: The Critical Condition of Health in Texas. Available at:* http://www.coderedtexas.org/files/Appendix_E.pdf.
20. Wong M, Shapiro M, Boscardin W, & Ettner S. (2002). Contribution of major diseases to disparities in mortality. New England Journal of Medicine 347 (20) November 14., 1585-1592.
21. Egerter S., Braveman P., Sadegh-Nobari T., Grossman-Kahn R., & Dekker M. (2009). Education Matters for Health. Princeton, New Jersey: Robert Wood Johnson, Commission to Build a Healthier America. Retrieved from http://www.rwjf.org/files/research/commission2009eduhealth.pdf.
22. Anderson M., Shinn, C., Fullilove, M.T., Scrimshaw S. C., Fielding J.E., Normand, J., Carande-Kulis S.G., & the Task Force on Community Preventive Service. (2003). The effectiveness of early childhood development programs. American Journal of Preventive Medicine. 24(3S), 32-46.
23. Zaza S, Briss P, & Harris KW (Eds.). (2005). The Guide to Community Preventive Services: What Works to Promote Public Health? New York: Oxford University Press.
24. National Women's Law Center (2011), Talking Points on Early Childhood Funding. February 2, 2011. National Women's Law Center. Retrieved http://www.nwlc..org/resource/talking-points-early-childhood-funding.pdf.
25. Atelia Melaville, Reuben Jacobson, and Marty Blank. (2012). Scaling Up School-Community Partnerships. Washinton, DC: Coalition for Community Schools., Available at http://www.communityschools.org/scalingup/
26. Blank, M & Pearson, S. (2009). Community Schools Research Brief 09. Washington DC: Coalition for Community School's Available at http://www.communityschools.org/assets/1/AssetManager/CCS%20Research%20Report2009.pdf.
27. Walsh, M. E. (2011). Community Partnerships: Sharing in the Costs of Student Support Services. Presentation to the National Coordinating Committee on School Health. Washington, DC, September, 27 2011.
28. Centers for Disease Control and Prevention (2011) *How Schools Can Implement Coordinated School Health.* Atlanta, GA: CDC. Available at: http://www.cdc.gov/healthyyouth/cshp/schools.htm.
29. Society for Health and Physical Education and ASTHO. (2003). *Making the Connection* Arlington, Virginia: Society for Health and Physical Education Available on line at http://wg.thesociety.org/home/publications.
30. ASCD. (2006). The Learning Compact Redefined: A Call to Action. 2006. Alexandria, VA: ASCD. Available at http://www.ascd.org/ASCD/pdf/Whole%20Child/WCC%20Learning%20Compact.pdf.