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 five overarching areas:

☐ Cross-agency collaboration

☐ Using data for continuous improvement
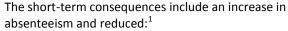
☐ Health care access

☑ **Supportive, nurturing, & healthy learning environment**

☐ Promotion of health-enhancing behaviors through K-12 health education and physical education

OVERVIEW

A safe, supportive, and healthy climate conducive to learning is fundamental for all students.

There are short- and long-term consequences of an unsafe school environment.

The short-term consequences include an increase in absenteeism and reduced:[1]

- Student learning
- Self-efficacy
- Behavioral and attitudinal investment in schools (lack of connectedness)
- Time doing homework
- Participation in school activities

The long-term consequences include:

- Psychological and physical health problems
- Disrupted educational and occupational attainment, which will result in lower lifetime earnings[1]

In addition to a safe environment, teachers must ensure an environment where learning expectations are met with ample academic support. Further, the instructional productivity of a classroom also depends on the effectiveness of supplemental academic and social supports.[2] This fact sheet examines the recommendation from the SOPHE-ASCD Expert Panel on Reducing Youth Health Disparities to ensure students attend a school with a supportive, nurturing, and healthy school learning environment.

MANY SCHOOLS NEED TO IMPROVE SCHOOL SAFETY.

In 2011, 1.2 million students ages 12-18 were victims of nonfatal crimes at school, including 597,500 violent crimes and 648,600 thefts.[3]

- 74% of students reported being threatened or injured with a weapon.[3]
- 38% of high poverty schools versus 15% of low poverty schools experienced 20 or more violent incidents during the year.[3]
- 39% of middle schools and 20% of high schools and primary schools reported that student bullying occurred daily or at least once a week.[5]
- 6% of secondary students had not gone to school on at least 1 day during the 30 days before the survey because they felt they would be unsafe at school or on their way to or from school.[5]

SCHOOLS SERVING STUDENTS LOCATED IN HIGH-CRIME AND HIGH-POVERTY AREAS CAN CREATE A SAFE, SUPPORTIVE LEARNING ENVIRONMENT.

In a study of across a major urban school district, four organizational elements explained 80% of the differences in school safety: school-family interactions, teacher-student relationships, teacher collaboration and support, and the schools' leadership. In general, those schools that had higher achieving students tended to be perceived as safer. Students' perceptions of school safety improved when health and social service agencies were located in the same neighborhood as the school.[1]

- **School-family interactions:** Schools in which teachers reported the highest levels of parent involvement were the safest. Parental involvement was even a stronger indicator of school safety than was student achievement. Further, students in the schools with high parent involvement also reported more positive interactions with peers and teachers.

- **Student-teacher interactions:** Schools serving the most disadvantaged students, but with documented high quality student-teacher interactions, were perceived as safer than those schools that served more advantaged students, but had a poorer record of quality student-teacher interactions.

- **Teacher collaboration and support:** The school environment was perceived as safer by both teachers and students when teachers took collective responsibility for safety.

- **School leadership:** Building and sustaining a positive school environment was facilitated when the principal engaged teachers in school leadership. The more involved teachers were with the schools' decision-making process, the safer the learning environment. However, schools with zero-tolerance policies and punitive suspension practices were not as safe as those schools with less punitive policies.[1]

QUALITY TEACHER-STUDENT INTERACTIONS HELP STUDENTS TO THRIVE.

Quality teacher-student interactions are those that provide needed instructional guidance and social support to ensure mastery of content.[2] In addition, teachers need to provide the developmental supports (protective factors) that students need.[6] Three critical developmental supports needed by all students include caring relationships, high expectations and opportunities for meaningful participation

and contribution. Having these three supports in the home, the school and community helps students meet their developmental needs for love, belonging, respect, mastery and meaning, which in turn provide positive social outcomes, protection from engaging in health-risk behaviors, as well as a desire to learn and achieve.[6]

Finally, collective and sustained action by all teachers can influence the school culture and student norms. Particularly for disadvantaged students, deliberate efforts must be made by the faculty and staff to develop a culture that supports active engagement in learning.[2]

> "Evidence has been mounting that meeting the basic developmental needs of students — ensuring that they are safe, drug-free, healthy, and resilient — is central to improving their academic performance"[7]
>
> Hanson, Austin, and Lee-Bayha, 2004

A SCHOOL BUILDING THAT IS ENVIRONMENTALLY HEALTHY ALSO CONTRIBUTES TO STUDENT ACHIEVEMENT, REDUCES HEALTH PROBLEMS, REDUCES ABSENTEEISM AND IMPROVES THE SCHOOL'S OPERATING COSTS.[8]

Environmental factors that can threaten the health of both students and staff include polluted indoor and outdoor air, mold, asbestos, radon, toxic chemicals and pesticides spills. The Environmental Protection Agency (EPA) has estimated that up to half of all schools in the United States have problems with indoor air quality that could reduce the health of approximately 27.5 million students and staff who spend their days in these unhealthy schools.[9]

To improve the health of the physical plant, the EPA has developed an assessment tool (*Healthy Seat*) for schools to analyze and correct potentially unhealthy conditions. It is available at http://epa.gov/schools/healthyseat/.

A HEALTHY LEARNING ENVIRONMENT IS ONE IN WHICH STUDENTS' PHYSICAL, MENTAL AND DENTAL HEALTH NEEDS ARE ADDRESSED.

Research by the education community documents the need for engaging families and community health and social service agencies as partners to supplement the schools' meager resources and ameliorate the student health problems interfering with academic achievement.[2] The need to ensure students' access to health services has been acknowledged by numerous researchers[2,10] and professional education associations such as ASCD, Communities in Schools, and the Coalition for Community Schools. *"Especially in highly disadvantaged urban schools where students have a wide range of academic psychosocial and health-related needs, a school's failure to respond adequately to these needs can have far reaching instructional consequences."[2]*

A HEALTHY SCHOOL ENVIRONMENT PROVIDES EVIDENCED-BASED INTERVENTIONS TO PREVENT OR REDUCE BULLYING, VIOLENCE AND SUBSTANCE ABUSE WITHIN THE SCHOOL AS WELL AS ENCOURAGE THE ADOPTION OF HEALTH ENHANCING BEHAVIORS.

There are a variety of programs that improve student connectedness to school, increase student motivation to learn and reduce health risk behaviors. Evidenced based interventions include parental involvement,[11] the teaching of social, emotional and personal skills,[11,12] mentoring,[13,14] community service,[15] youth development programs,[16] and violence prevention and anti-bullying programs.[17] Using the school as a hub for multiple coordinated programs and services by a variety of community agencies can lead to significant reductions in anti-social behavior as well as health risk behaviors.[18]

SCORE CARD: HOW ARE WE DOING IN THE UNITED STATES?

- Only 21 states required schools to report school climate data to the public.[26]

- A student mentoring program is provided in 41.4% to 85.4% of secondary schools nationwide depending upon the state, with the median being 67.1%. [27]

- A youth development program is provided in 32.1% to 76.7% of secondary schools nationwide depending upon the state, with the median being 49.8%. [27]

> "Schools that create socially and emotionally sound learning and working environments, and that help students and staff develop greater social and emotional competence, in turn help ensure positive short- and long-term academic and personal outcomes for students, and higher levels of teaching and work satisfaction for staff." [26]
>
> Collaborative for Academic, Social, Emotional Learning, 2011

A HEALTHY FOOD ENVIRONMENT PROMOTES LEARNING.

Chronically undernourished students score lower on achievement tests.[19,20] Approximately half of students living below the poverty line and one third of students living 100–199% above the poverty level live in food insecure families.[21] The National School Lunch Program feeds 20.3 million low-income children on an average day with a free or reduced cost lunch, but not all students eligible for breakfast receive breakfast. Only 48 children ate breakfast for every 100 children who ate a free and/or reduced lunch.[22] Food insecurity can have devastating academic impact for those students living in food insecure families. These children are less likely to eat breakfast, they are also likely to have poorer nutritional habits, consume large amounts of fast foods, and eat few family prepared meals.[23]

In addition to food insecurity, until the Healthy, Hunger-Free Kids Act of 2010, there was no guarantee that all foods provided in schools would be nutritious. Many schools sold supplemental foods low in nutritional value and high in sugar, fat and salt, both in the cafeteria or at canteens and vending machines that competed with the USDA-approved lunch.[24] However, the Healthy, Hunger-Free Kids Act of 2010, required USDA to set standards for competitive, supple-mental foods. USDA regulations, *Smart Snacks in Schools*, now require healthier supplemental foods and restrict availability of low nutrient foods, while preserving school flexibility for time-honored traditions such as fundraisers and bake sales.[25]

Expert Panel Policy Recommendations

Ensuring that all students attend a school with a healthy and safe learning environment requires the collaboration of the education, public health and health care sectors in each community. Specific indicators identified by the Expert Panel that would demonstrate that students are being taught in a healthy school climate include:

Community and School Level:

- Students perceive that they are safe in school, as well as going to and from school and in the community.
- Students perceive that the school climate is nurturing and supportive.
- Students are assigned an adult mentor that engages students in relevant curriculum and future education plans.
- Students' physical and mental health services are addressed.
- Students attend a school with a healthy food environment in which all food at school meets or exceeds USDA Guidelines including school lunch, breakfast, and after school snacks as well as competitive foods.
- Food insufficiency in students is recognized and addressed by ensuring that all federal food programs (including summer meals for eligible students) are available.

State Level:

- State education agencies increase the required frequency of developmentally appropriate physical education and health education to achieve recommended national standards for students K-12.

National 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 through adolescence for all children, and particularly for low income, minority and ethnic students.
- Reimbursement to schools for the school-based feeding programs is increased so that healthier options can be purchased and the dependency on competitive food options that generate income for schools are eliminated.
- Culturally relevant programmatic interventions on childhood obesity are implemented with food equity programs such as WIC, food stamps, school breakfast, and school lunch programs.

References

1. Steinberg, M. P., Allensworth, E.M., Johnson, D. W. (2011). *Student and Teacher Safety in Chicago Public Schools: The Roles of Community Context and School Social Organization*. Chicago: Consortium on Chicago School Research. Available at http://ccsr.uchicago.edu/downloads/8499safety_in_cps.pdf

2. Bryk, A.S. et al. (2010) *Organizing Schools for Improvement: Lessons for Chicago*. Chicago: University of Chicago Press. Available at http://ccsr.uchicago.edu/books/osfi/prologue.pdf

3. 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

4. Neiman, S. (2011). *Crime, Violence, Discipline, and Safety in U.S. Public Schools: Findings From the School Survey on Crime and Safety: 2009–10* (NCES 2011-320). U.S. Department of Education, National Center for Education Statistics. Washington, DC: U.S. Government Printing Office. Available at http://nces.ed.gov/pubs2011/2011320.pdf.

5. Eaton, D. K., Kann, L., Kinchen, S., et al., (2011). Youth Risk Behavior Surveillance — United States, *MMWR,* 61 (4). Available at http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf

6. Bernard, B. & Slade, S. (2009) Listening to Students: Moving from Resilience Research to Youth Development Practice and School Connectedness in *Handbook of Positive Psychology in Schools* with Gilman, R., Heubner, S. & Furlong, M., (Eds.), New York: Routledge, 353-370.

7. Hanson, Thomas L., Austin, Gregory and Lee-Bayha, June. *Ensuring That No Child is Left Behind: How Are Students Health Risks & Resilience Related to the Acacemic Progress of Schools?* Health and Human Development Program, WedtEd, 2004. Available at http://www.wested.org/online_pubs/hd-04-02.pdf.

8. EPA. (2010). How Does Indoor Air Quality Impact Student Health and Academic Performance? Available at: http://www.epa.gov/iaq/schools/pdfs/student_performance_findings.pdf

9. EPA. *Indoor Air Quality*. Washington, DC: EPA. (2012). Available at: http://cfpub.epa.gov/schools/top_sub.cfm?t_id=41&s_id=4

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. Centers for Disease Control and Prevention. (2009). School Connectedness: Strategies for Increasing Protective Factors Among Youth. Atlanta, GA: U.S. Department of Health and Human Services, p.5.

12. Durlak, J.A., Weissberg, R.P., Dymnicki, A. B., Taylor, R.D., & Schellinger, K.B. (2011).The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions. *Child Development*, 82 (1), 405–432. Available at http://casel.org/wp-content/uploads/2011/04/Meta-Analysis-Child-Development-Full-Article.pdf

13. Lampley, J.H. & Johnson, K.C. (2010). Mentoring At-risk Youth: Improving Academic Achievement in Middle School Students. Nonpartisan Education Review, 6 (1). Available at http://npe.educationnews.org/Review/Articles/v6n1.pdf

14. Grossman, J.B. & Garry, E.M. (2007). Mentoring–A Proven Delinquency Prevention Strategy *Juvenile Justice Bulletin*, pp1-7. Washington DC: Office of Juvenile Justice and Delinquency Prevention. Available at https://www.ncjrs.gov/pdffiles/164834.pdf

15. RMC Research Corporation. (2007) *Impacts of Service-Learning on Participating K-12 Students. National Service-Learning Clearinghouse, Fact Sheet*. Available at http://www.servicelearning.org/instant_info/fact_sheets/k-12_facts/impacts/

16. Catalano, R.E., Berglund, M.L. Ryan, J. A.M., Lonczak, H.S., Hawkins, J. D. (1999). *Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs*. Seattle: Washington. Available at http://aspe.hhs.gov/pic/pdf/6878.pdf

17. Centers for Disease Control and Prevention. (2007). The effectiveness of universal school-based programs for the prevention of violent and aggressive behavior. *MMWR,* 56:1-11. No. RR-7. Available at http://www.cdc.gov/mmwr/pdf/rr/rr5607.pdf

18. Pan-Canadian Consensus Statement. (2000). Positive Learning Environments in Schools A Pan-Canadian Consensus Statement. Available at: http://www.safehealthyschools.org/positivelearning.htm

19. Hinton, A.W., Heimindinger J., & Foerster, S.B. (1990). Position of the American Dietetic Association. Domestic hunger and inadequate access to food. *Journal of the American Dietetic Association*, 90(10):1437-41.

20. Brown, L. & Pollitt E. (1996). Malnutrition, poverty and intellectual development. *Scientific American*, 274(2):38-43.

21. Federal Interagency Forum on Child and Family Statistics. (2011). *America's Children: Key National Indicators of Well-Being, Food Security*, Washington, DC: U.S. Government Printing Office. Available at http://www.childstats.gov/americaschildren11/eco3.asp

22. FRAC (Food Research and Action Center). (2012) *School Breakfast Scorecard: School Year 2010-2011*. Washington DC: Food Research and Action Center Available at: http://frac.org/pdf/school_breakfast_scorecard_2010-2011.pdf

23. Windome, R., Neuman-Sztainer, D., Hanner, P., Haines, J., Story, M. (2009). Eating When There is Not Enough to Eat: Eating Behaviors and Perceptions of Food Among Food-Insecure Youths, *American Journal of Public Health*, 99(5):822-828.

24. Guthrie, J., Newman, C., Ralston, K., Prell, M., Ollinger, M. (June 2013). Nutrition Standards for Competitive Foods in Schools: Implications for Foodservice Revenue, EIB –114. U.S. Department of Agriculture, Economic Research Service.

25. U.S. Department of Agriculture, Food and Nutrition Service. (2013). Smart Snacks in Schools. Available at: http://www.fns.usda.gov/cnd/governance/legislation/allfoods.htm

26. Goertz, M.E., Duffy, M.C., & LeFloch, K.C. (2001). *Assessment and Accountability Systems in the 50 States: 1999-2000.* University of Pennsylvania: Consortium for Policy Research in Education. CPRE Research Report Series: RR046, March.

27. Brener, N.D., Zewditu, D., Foti, K., McManus, T., Shanklin, S.L., Hawkins, J., Kann, L. (2010). *School Health Profiles: Characteristics of Health Programs Among Secondary Schools in Selected U.S. Sites.* Atlanta: Centers for Disease Control and Prevention. Available at: http://www.cdc.gov/healthyyouth/profiles/2010/profiles_report.pdf