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Reducing Youth Health Disparities Requires

Health Care Access

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 include 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

Healthy children are better learners.[1] Students distracted by a chronic disease, a toothache, or a mental health problem cannot achieve their learning potential. While most people think that adolescents from 12 to 21 are generally a healthy population, in reality, they have illness and death rates that are twice the rates of younger children.[2] This fact sheet examines the recommendation from the SOPHE-ASCD Expert Panel on Reducing Youth Health Disparities by ensuring students have access to health care services.

MANY STUDENTS HAVE HEALTH PROBLEMS THAT CAN REDUCE LEARNING.

- 16-18% of students have a chronic health condition[3]
  - ⇒ Certain health conditions can directly impact cognitive function and reduce student achievement including diabetes, sickle cell anemia, epilepsy,[4] lead poisoning, nutrition and hunger.[5]
  - ⇒ Chronically ill children tend to miss more school and have more school activity limitations than healthy children.[6]
  - ⇒ Chronic student absenteeism is related to poor achievement and ultimately dropping out of schooL.[7,8] Missing just two weeks of schooling each semester can set students on a downward spiral of course failure and ultimately failure to graduate.[8]
- 20% of students have a mental, emotional or behavioral problem.[9]
  - ⇒ Only about one-third of all youth who needed mental health services actually received treatment.[10]
  - ⇒ It is estimated that dropping out of school can be attributed to mental health disorders for over 10% of students.[11]
- 42% of youth ages 6-19 have dental caries in permanent teeth.[12]
  - ⇒ Each year, more than 51 million school hours are lost to dental-related illness.[13]
  - ⇒ Untreated tooth decay can lead to chronic pain, inability to eat, poor nutrition, low self-esteem, missed school days and poor academic achievement.[13]
- Engaging in sexual risk behaviors leads to unintended pregnancy and STDs.
  - ⇒ 26% of all adolescents have a sexually transmitted disease.[2]
  - ⇒ In 2010, 367,752 babies were born in the United States to teen mothers 15-19 years old.[14] Almost one third of females dropped out of school due to pregnancy.[15]

TOO FEW COMMUNITIES HAVE EFFECTIVELY LINKED HEALTH CARE, PUBLIC HEALTH, MENTAL HEALTH, SOCIAL SERVICES AND EDUCATION.

Some schools address the health needs of children extremely well but most schools do not. Only 31.5% of schools nationwide have a full-time registered nurse.[16] While instruction is the main business of schools, when 25% or more students live under extraordinary circumstances, as is typically the case in truly disadvantaged schools, a coherent, organized response is needed.[17] Engaging families and community health and social service agencies as partners to supplement limited school resources, reduces student health problems and improves academic achievement.[17]

EXAMPLES OF SUCCESSFUL COLLABORATION BETWEEN HEALTH CARE AND THE EDUCATION SECTORS

Community schools can link community health agencies to the schools. School-based student health centers and school linked health centers that partner with universities and/or community agencies provide access to health care services. The Whole Child Initiative and Coordinated School Health initiative also promote access to primary health care. Unfortunately, these structures are not ubiquitous, nor are all functioning efficiently to ensure health care access for all students that have a need for physical, mental, or dental heath services.

- ***School-based and school-linked health centers*** provide preventative and curative medical, mental, and occasionally dental health services at little or no cost to students. The United States has 2,000 school-based health centers. However, the National Assembly for School Based Health Centers estimates that 5,808 health centers are needed to serve children and youth aged 6-17.[18]
- ***Community schools*** link community health and social services agencies with the school. Evaluations from 20 different community school initiatives have shown that 75% of these schools improved academic achievement. More than half of the schools also reported improvement in attendance, behavior or discipline problems.[19] The Communities in Schools organization, which serves students in 3,400 schools in 27 states, has been recognized by the U.S. Department of Education as the initiative associated with the strongest reduction in dropout rates among all existing fully scaled dropout prevention programs.[20]
- **The Whole Child Initiative**,[21] launched in 2007 by ASCD, identifies a new learning compact that specifies students should be healthy, safe, supported, engaged and challenged. This framework, which includes increased access to health care for children and their families, has set a standard for comprehensive, sustainable school improvement and provides for long-term student success.
- ***Coordinated School Health*** is an initiative promoted by the Centers for Disease Control and Prevention (CDC) that encourages schools to coordinate students' health needs by providing quality services in eight different components: health services, nutrition services, counseling and psychological services, parent and community involvement, health education programming, physical education, healthy school environment, and health promotion for faculty and staff. The components have been linked to improved achievement, improved classroom behavior and reduced absenteeism.[22] A quality school health program can also improve health knowledge, health behaviors, health status, and social outcomes such as reducing unintended pregnancy.[23]

CDC's Coordinated School Health Model

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

A majority of teachers (64%) reported that the number of students and families needing health and social support services has increased during the last year. During the same time period, 28% of teachers have seen reductions or eliminations of health or social services.[23]

	Total	Elementary School	Middle School	High School
Teachers reporting that most/nearly all students…	(%)	(%)	(%)	(%)
Arrive at school alert and rested	60	69	62	48
Are healthy and physically fit	56	61	56	51
Teachers strongly agree that the school provides support services …				
Adequate health services to students	17	19	17	14
Adequate counseling and support for students	22	19	25	23
Healthy food choices for students	11	14	11	8

Source: Austin, Greg and Jerry Bailey. (2008). What Teachers and Other Staff Tell Us About California Schools: Statewide Results of the 2004-06 California School Climate Survey. San Francisco: WestEd

"First, the relationship between socioeconomic status and health is one of the most robust and well documented findings in social science. Secondly, this relationship is reciprocal, as poverty detracts from resources used to maintain health, while poor health detracts from the educational and employment paths to income mobility."[26]

Seith & Isakson, 2011

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 settings, 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.

Expert Panel Policy Recommendations

Ensuring that all students have a “health and a medical home” requires the collaboration of the education sector and the public health and health care agencies in each community. Specific recommendations by the identified by the Expert Panel to improve collaboration for health care access include:

Community and School Level:

- A nurse with access to a community/school team ensures low-income students receive routine screenings, appropriate follow-up care as well as a comprehensive array of other needed preventative and curative health services.
- School-based health or school-linked centers are established in high poverty schools.
- Skills-based cultural competency training for the school health team is provided to improve communications with students and their families.
- Community and school-based clinic staff address STI, HIV, and pregnancy prevention with adolescents regardless of presenting reproductive health problem.
- Options for reproductive health care for adolescents are co-located preferably in school-based/school-linked or mobile units that address pregnancy, STI, & HIV prevention by advocating dual protection; screening; and management of needed health care.
- Free Guardasil/HPV for adolescents in Title One schools is provided.

State Level:

- State education agencies ensure equal funding for Title One schools.
- State agencies provide incentives for result-based partnerships at the community level to improve the health and achievement of all students.
- State tax incentives support schools in locating primary care, dental/oral health services, vision and mental health services in underserved areas, making health care easily accessible for students and their families.
- State tax incentives support pediatric and family medicine residency programs that provide medical students access to experiences in school health, particularly students in high poverty schools.
- As a requirement for (re-)accreditation, each school must 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 the health of students.

National Level:

- Federal tax incentives are provided to encourage result-based partnerships at the community level between the education, public health and health care sectors for improving the health and achievement of all students, and particularly low-income, minority and ethnic students.
- Federal tax incentives are provided at the community level for providers to locate primary care, dental/oral health services, vision and mental health services in underserved areas easily accessed by students and their families.
- Federal tax incentives are provided for pediatric and family medicine residency programs that promote residents and medical students access to educational experiences in school health, particularly in high poverty schools.
- Medicaid providers are accountable for a specific set of indicators for the Whole Child.
- 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 low income, minority and ethnic students.

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