HEALTHIER STUDENTS ARE BETTER LEARNERS

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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

Ohio Department of Education
• 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.
“Could someone help me with these? I’m late for math class.”
Health Disparities and Education

- 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
<table>
<thead>
<tr>
<th>Vision</th>
<th>Discipline</th>
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<tbody>
<tr>
<td>Asthma</td>
<td>Grades</td>
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<tr>
<td>Teen Pregnancy</td>
<td>Absenteeism</td>
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<tr>
<td>Aggression and</td>
<td>Truancy</td>
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<tr>
<td>Violence</td>
<td>Drop-out</td>
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<tr>
<td>Physical Activity</td>
<td>School Climate</td>
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<tr>
<td>Breakfast</td>
<td>Graduation Rate</td>
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<tr>
<td>Inattention and</td>
<td></td>
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<td>Hyperactivity</td>
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</tbody>
</table>
1. **Vision** – 21.5% of children age 6-11 have vision problem

2. **Asthma** – 10% of children under 18 years

3. **Teen Pregnancy** – teen birth rate is 29.4%, lowest ever

4. **Aggression and Violence** – 20% of 9-12\textsuperscript{th} graders reported being bullied at school

5. **Marijuana Use** – 41% of students have used marijuana one or more times during their life

6. **Prescription Drugs** - 17.8% of students had taken prescription drugs (e.g., Oxycontin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor’s prescription one or more times
7. **Physical Activity** – 85% of 9-12 graders do not meeting guidelines

8. **Breakfast** – 50% of children in US go to school hungry

9. **Inattention and Hyperactivity** – 5.2 million children under 18 received diagnosis

10. **Sleep** – 68% of 9-12 graders do not get 8 or more hours of sleep on an ave. school night

-CDC & The Center for Health & Health Care in Schools
What do our brains need to learn?

1) Balanced nutrition
2) Sufficient hydration
3) Sleep
4) Physical activity
Average composite of 20 students brains taking the same test

BRAIN AFTER SITTING QUIETLY

BRAIN AFTER 20 MINUTE WALK

Research/scan compliments of Dr. Chuck Hillman University of Illinois
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
Absenteeism

- 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.
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
KIDS WHO EAT SCHOOL BREAKFAST...

MISS LESS SCHOOL

- They attend an average of 1.5 more days per year

DO BETTER IN MATH:

- They average 17.5% higher math test scores

No Kid Hungry Campaign @ Share Our Strength
Student health problems associated with dropping out

- Substance use
- Pregnancy - 30%–40% of female teenaged dropouts are mothers
- Psychological, emotional, and behavioral problems
Aligning Dropout

• 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
Ohio Youth Risk Behavior Survey

- Randomized, Weighted Survey of Ohio High Schools
- Grades 9-12
- Risk Behavior Data
- 1993-2013

Ohio Department of Health
Percentage of students who had at least one drink of alcohol on one or more of the past 30 days

Ohio Youth Risk Behavior Survey, 2013
Among students who drove a car or other vehicle during the past 30 days, the percentage who drove when they had been drinking alcohol one or more times during the past 30 days.

**Ohio Youth Risk Behavior Survey, 2013**

- A's: 2.7%
- B's: 2.9%
- C's: 5.0%
- D's/F's: 13.6%
Percentage of students who carried a weapon such as a gun, knife, or club on one or more of the past 30 days

Ohio Youth Risk Behavior Survey, 2013
Percentage of students who used marijuana one or more times during their life

Ohio Youth Risk Behavior Survey, 2013
Percentage of students who have used prescription pain relievers or painkillers without a doctor’s prescription one or more times during their life

Ohio Youth Risk Behavior Survey, 2013
Percentage of students who have used prescription pain relievers or painkillers without a doctor’s prescription one or more times during their life

Ohio Youth Risk Behavior Survey, 2013
Percentage of students who played video or computer games or used a computer for something that was not school work three or more hours per day on the average school day

Ohio Youth Risk Behavior Survey, 2013
Percentage of students who ate fruits and vegetables five or more times per day during the past seven days

Ohio Youth Risk Behavior Survey, 2013

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A's</td>
<td>23.6</td>
</tr>
<tr>
<td>B's</td>
<td>15.6</td>
</tr>
<tr>
<td>C's</td>
<td>18.5</td>
</tr>
<tr>
<td>D's/F's</td>
<td>11.2</td>
</tr>
</tbody>
</table>
Percentage of students who drank a can, bottle, or glass of soda or pop one or more times per day during the past seven days

Ohio Youth Risk Behavior Survey, 2013
Percentage of students who ate at least one meal or snack from a fast food restaurant such as McDonald’s, Taco Bell or KFC on three or more of the past seven days
Percentage of students who get eight or more hours of sleep on average school night

Ohio Youth Risk Behavior Survey, 2013
Percentage of students who last saw a doctor or nurse for a check-up or physical exam during the past 12 months when they were not sick or injured

Ohio Youth Risk Behavior Survey, 2013

- A's: 72.7%
- B's: 65.0%
- C's: 61.1%
- D's/F's: 53.8%
Percentage of students who would feel comfortable seeking help from one or more adults besides their parents if they had an important question affecting their life.

Ohio Youth Risk Behavior Survey, 2013

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<th>Grade</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>A's</td>
<td>85.1</td>
</tr>
<tr>
<td>B's</td>
<td>87.2</td>
</tr>
<tr>
<td>C's</td>
<td>75.9</td>
</tr>
<tr>
<td>D's/F's</td>
<td>67.5</td>
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</table>
## 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</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 as a Critical Developmental Venue

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
Relationships

- 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.
Students Attitude Towards School

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?
Whole School, Whole Community, Whole Child Model (WSCC) – a collaborative approach to learning and health

**ASCD:**  [www.ascd.org/learningandhealth](http://www.ascd.org/learningandhealth)

**CDC:**  [www.cdc.gov/HealthyYouth/cshp/](http://www.cdc.gov/HealthyYouth/cshp/)
healthy  
safe  
supported  
challenged  
engaged
School-based Systematic Solutions

- Leadership and Partnerships
- Policy Development
- Instructional Practices and Assessment
- School Climate and Environment
Building a Sustainable, Systematic 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.
We challenge communities to redefine learning to focus on the whole person. We encouraged schools and communities to put aside perennial battles for resources and instead align those resources in support of the whole child. Policy, practice, and resources must be aligned to support not only academic learning for each child, but also the experiences that encourage development of a whole child—one who is knowledgeable, healthy, motivated, and engaged.

- Whole Child Commission, 2007
References and Resources

- ASCD, Inc. Whole Child Initiative [www.ascd.org/learningandhealth](http://www.ascd.org/learningandhealth)
Resources

- Ohio Adolescent Health Partnership. www.ohioadolescenthealth.org
- Safer Schools Ohio. https://saferschools.ohio.gov/