

National Association of State Boards of Education

➔ Promoting Student Achievement through Improved Health Policy

By Erima Fobbs

Education and health outcomes are linked. Yet despite a large body of evidence tying health to academic achievement, school systems have not established and coordinated policies, processes, and practices that will have an impact on both health and learning: safe and healthy environments, adequate health and mental health services, health literacy skills, and curriculum that can inspire and equip students to pursue healthy lifestyles and contribute to healthy communities.

DECADES OF EVIDENCE

In a special issue of the *Journal of School Health*, several articles highlight the important connections between health and learning. One article in particular summarizes decades of research that connect health and academic achievement across the 10 dimensions of the Whole School, Whole

Community, and Whole Child (WSCC) model shown in figure 1.¹

Physical education and physical activity.

Increases in participation in PE classes and classroom physical activity breaks are associated with better grades, standardized test scores, cognitive performance, and classroom behavior. Time spent in recess encourages pro-social behaviors and is positively associated with cognitive performance and positive classroom behaviors. Participation in extra-curricular physical activities is also connected to higher grade point averages, lower dropout rates, and fewer disciplinary problems.

Nutrition. Student participation in school breakfast programs is associated with better grades and standardized test scores, reduced absenteeism, and improved cognitive function. Students who skip breakfast experience decreased cognitive performance.

Health education. Programs that include a health education component increase academic grades and test scores, decrease school absences, improve student behavior, and reduce school dropout. Health education also allows students to learn and practice communication and social skills that enable them to resist social pressures, which can reduce risks for unintended pregnancy, smoking, alcohol, and other drug use, all of which impede academic achievement.

School health services. These services help students manage chronic conditions such as asthma, poor vision, obesity, and poor oral health, and reduce absenteeism and improve academic outcomes. Schools with smaller school nurse-to-student ratios are

associated with lower absenteeism rates and higher graduation rates.

Counseling, psychological, and social services. School-based mental health services and universal mental health promotion programs benefit attendance, student behavior, test scores, and may decrease suspension rates.

Staff wellness. Support for staff wellness, through policies and programs, improves teachers' productivity and classroom effectiveness and reduces absenteeism. All of these outcomes can have influence on students' learning. School staff are also powerful role models and can help engage students in healthy behaviors and practices.

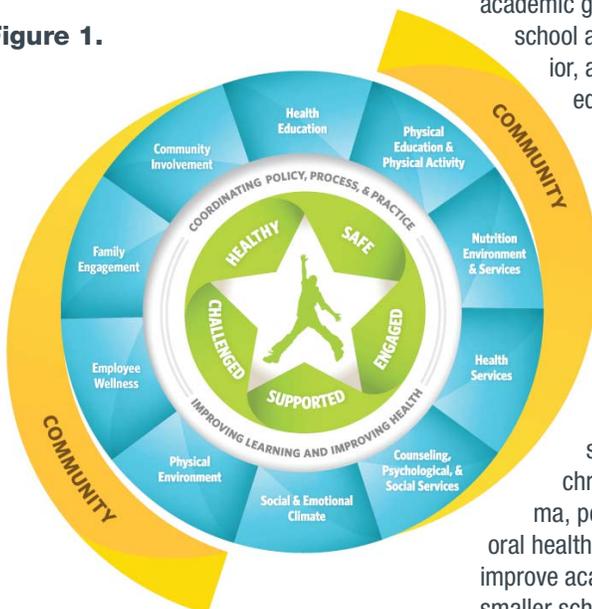
Social and emotional school climate. Students' belief that adults and peers in their schools care about their learning and about them as individuals is associated with school attendance, staying in school longer, and higher grades and classroom test scores. This "connectedness" has also been shown to be a strong protective factor in reducing unintentional injury (e.g., drowning, falls, drunk driving crashes) and risky behaviors such as substance use, early sexual initiation, and violence.

Safe physical environments. Increasing the safety and security of school grounds and improving indoor air quality problems, including allergen reduction, for example, can reduce illness, injuries, and absences.

Family engagement. Students in elementary, middle, and high school whose parents are engaged in their school lives are more likely to attend school regularly, earn higher grades and test scores, graduate, and have good social skills and classroom behavior. Students with engaged parents are also less likely to smoke cigarettes, drink alcohol, become pregnant, be physically inactive, and be emotionally distressed.

Community involvement. In schools that include community involvement through

Figure 1.



volunteers, additional services, and shared resources, improvements are seen in student attendance and behavior and improved grades and test scores.

ROLE FOR STATE POLICYMAKERS

School systems improve both student learning and health if they coordinate policy, process, and practice across the 10 dimensions of CDC's WSCC model: health education; physical education and physical activity; nutrition environment and services; health services; counseling, psychological and social services; employee wellness; social and emotional school climate; family engagement; and community involvement. Much of this work will be done at the district level. However, there are specific tasks that many state boards, working in concert with state education agencies and health departments, can do:

- Develop school wellness policies for student and staff health.
- Establish ongoing assessment (e.g., CDC School Health Index) and coordination mechanisms (e.g. school health councils, coordinators).
- Develop policies and practices to ensure that school staff who provide health-related education, prevention, management, or response are well qualified and have ongoing professional development opportunities.
- Develop policies that enable adequate student health and mental health services, including screening and identification, management, and community provider referral.
- Develop policies to ensure safe and healthy school environments in the areas of transportation, nutrition, physical activity, environmental health (including allergens), injury prevention and safety, and emergency preparedness and response.
- Set curriculum standards for planned, sequential health education curriculum and instruction.
- Set curriculum standards to provide planned, sequential physical education curriculum and instruction.
- Encourage schools to engage families and communities in enhancing student health and learning.

VIRGINIA STANDARDS

The Virginia State Board of Education recently approved the following language in the 2015 Health Education Standards of Learning for Virginia Public Schools (http://www.doe.virginia.gov/testing/sol/standards_docs/health/):

Students will learn essential health concepts, develop understanding of health information, and actively advocate for their own health, as well as the health of their peers, families, and communities....

The standards follow the research-based recommendations of Centers for Disease Control and Prevention for health education curricula by teaching functional health information; shaping personal values and beliefs that support healthy behaviors; shaping group norms that value a healthy lifestyle; and developing the essential health skills necessary to adopt, practice, and maintain health-enhancing behaviors.... Standard 1, Essential Health Concepts, provides foundational health knowledge—what students should know. Standard 2, Healthy Decisions, broadens student understanding of health content to allow students to transfer information in a variety of contexts to make healthy and safe life choices—what students should understand. Standard 3, Advocacy and Health Promotion, provides relevance for student learning and opportunities for students to demonstrate or design realistic outcomes for application of health information—what students should be able to do to advocate for their health and the health of others.

RESOURCES

NASBE's School Health Policy Database (http://www.nasbe.org/healthy_schools/hs/index.php) identifies and compares school health policies in 50 states. These areas align with recommendations from the CDC (<http://www.cdc.gov/healthyyouth/cshp/components.htm>) and the National Health, Mental Health, and Safety Guidelines (<http://www.nationalguidelines.org>) of the American Academy of Pediatrics and the National Association of School Nurses.

Research and literature summarized in this report are fully cited in Shannon L. Michael et al., "Critical Connections: Health and Academics," *Journal of School Health* 85, no.11 (November 2015): 740–58, DOI: 10.1111/josh.12309. ASCD and CDC developed the WSCC model.

In its Health and Academic Achievement Overview, http://www.cdc.gov/healthyschools/health_and_academics/pdf/health-academic-achievement.pdf, the CDC includes key research, messages, action steps, and resources about the link between health and academic achievement.

"Improving Academic Achievement through Healthy

Eating and Physical Activity" is a CDC presentation, http://www.cdc.gov/healthyschools/health_and_academics/pdf/2014_8_29_health-academics.pptx. This presentation for state, district, and school staff includes speaker notes: http://www.cdc.gov/healthyschools/health_and_academics/pdf/2014_8_29_health-academics_508tagged.pdf.

"Healthy Eating and Academic Achievement" is a podcast that highlights evidence linking healthy eating and improved academic achievement: <http://www2c.cdc.gov/podcasts/player.asp?f=8634972>.

"Physical Activity and Academic Achievement" is a podcast that highlights evidence linking physical activity and improved academic achievement: <http://www2c.cdc.gov/podcasts/player.asp?f=8634967>.

The Health Education Curriculum Analysis Tool (HECAT) can help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula, <http://www.cdc.gov/healthyyouth/hecat>.

The Physical Education Curriculum Analysis Tool (PECAT) is a self-assessment and planning guide to help school districts and schools conduct clear, complete, and consistent analyses of physical education curricula, <http://www.cdc.gov/healthyschools/pecat>.

SHAPE America provides this guidance document, "The Essential Components of Physical Education," to delineate the essential components of a school PE program as part of a well-rounded education, <http://www.shapeamerica.org/upload/TheEssentialComponentsOfPhysicalEducation.pdf>.

CDC School Health Index, <http://www.cdc.gov/healthyschools/shi/index.htm>. This index helps school leaders determine the extent to which schools are implementing evidence-based health policies and practices, and it helps them identify weaknesses and develop plans for improvement while engaging key stakeholders.

"School Connectedness: Strategies for Increasing Protective Factors among Youth," http://www.cdc.gov/healthyyouth/protective/school_connectedness.htm.

"Parent Engagement: Strategies for Involving Parents in School Health for Guidance on Evidence-Based Policies and Practices," http://www.cdc.gov/healthyyouth/protective/pdf/parent_engagement_strategies.pdf.

The National Association of School Nurses provides numerous webinars and resources to support school wellness policies: <https://www.nasn.org/ToolsResources>.

UCLA Center for Mental Health in Schools provides resources to enhance school mental health promotion and services: <http://smhp.psych.ucla.edu>.

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NOTES

1. See Shannon L. Michael et al., "Critical Connections: Health and Academics," *Journal of School Health* 85, no.11 (November 2015): 740–58, DOI: 10.1111/josh.12309. This summary article contains citations to the literature that covers all 10 dimensions.