

Promoting an Antecedent of Student Achievement, Good Health

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This We Believe: Developmentally Responsive Middle Schools describes the essential elements from which is constructed the foundation of schooling for young adolescents. *This We Believe* underscores the importance of health programming for young adolescents when it states that in a developmentally responsive middle school “an emphasis on health, wellness, and safety permeates the entire school” (National Middle School Association, 1995, p. 30). How well has this essential element been actualized in your middle school?

- Can you map attention to student health across the curriculum, describe student outcomes, or demonstrate the assessment of health-related skills, concepts, attitudes, and behaviors?
- Are you able to identify those parts of safety within the school building where students may seek shelter from, and assistance with, the frequently rough waters of adolescence?
- Can you demonstrate the connectedness of school and community services, instructional components, and planned reinforcement that create a coordinated, caring community of learners?

Acknowledging that health-promoting schools are essential to the academic and personal success of young adolescents assigns *fundamental* status to the placement of health in exploratory, related arts, or family/consumer/life skills education. Responsive middle schools promote health not only among students but among all faculty in a wide range of school experiences. The support of health-related skills and concepts by all school personnel is consequently no longer relegated to accidental reinforcement, concomitant learning, or the teachable moment.

A review of past practice demonstrates only cursory attention to health programming as an essential element in middle level schools. In order for “health, wellness and safety to permeate the entire school,” *all* educators are challenged to accept and personalize the inclusion of a health focus in their work at the middle level. All educators have a part to play in promoting healthful behaviors while reducing risky behaviors among young adolescents. This is an expectation rarely mentioned in professional preparation programs or even at school sites. In an effort to “promote the growth of young adolescents as ... increasingly competent, self sufficient young people who are optimistic about their future” (National Middle School Association, 1995, p. 10) teachers must focus their health promotion efforts.

There are three major reasons for educators to embrace this fundamental challenge.



REASONS TO PROMOTE WELLNESS

Poor health practices drain resources from education

In the broadest sense, teachers and educational administrators must be alert to the financial impact poor health practices have on dollars ear-marked for education in this country. Here are a few points to ponder:

Medical care costs continue to rise:

- If current trends continue, less than 50% of children will be covered by employment-related health insurance in the year 2000. This represents expensive emergency room and other clinic costs borne by all citizens. (Children's Defense Fund, 1995, p. 29)
- Poor families lack the funds necessary for office visits to primary care physicians. Illnesses effectively treated early are not treated until they become acute. Office visits are replaced with costly emergency room care.

Chosen behaviors impact personal health and subsequent costs:

- The elimination of tobacco use alone, either through the prevention of its initial use or through cessation of its current use, could prevent over 400,000 deaths annually from cancer, heart and lung diseases, and stroke. (U.S. Department of Health and Human Services, 1995, p. 4)
- The prevention of underage drinking and excess alcohol consumption could prevent nearly 1,000,000 deaths annually, particularly by reducing deaths from motor vehicle crashes, falls, drownings, and other alcohol related deaths. (U.S. Department of Health and Human Services, 1995, p. 4)
- Better dietary and exercise patterns can contribute significantly to reducing conditions like heart disease, stroke, diabetes, and cancer, and could prevent 300,000 deaths annually. (U.S. Department of Health and Human Services, 1995, p. 4)
- The financial burden of heart disease and stroke amounts to about \$135 billion a year. The annual health care and related costs attributable to alcohol abuse are \$98.6 billion. The yearly costs of tobacco use amount to about \$65 billion a year. (U.S. Department of Health and Human Services, 1995, p. 4)

Shortfalls in health care dollars place education appropriations at risk. Because public education is contingent upon public funds, educators are wise to advocate for systemic community and school district action around student health issues. This effort is particularly critical at the middle level where young adolescents are most receptive to positive health messages and prevention strategies. With systemic support, educators can work to modify risky behaviors and reinforce positive health practices among our youth, thereby increasing our society's quality of life and positively influencing the pool of public funds available for education.

Students in poor health do not learn as well

As educators, our primary job cannot be done unless we somehow address competing needs that students bring through the schoolhouse door each day. Students who need dental care, are under-nourished, are under-nurtured, affected by substance abuse, or do not feel safe cannot focus their attention on learning. Educators must work together to enable students to come to school "ready to learn." (National Education Goals Panel, 1995, p. 10)



As educators we understand that:

- Students who are emotionally, physically, and socially healthy are better learners and will be primed to compete for good jobs in a global labor market.
- High academic achievement cannot be attained or sustained if students' competing health needs go unaddressed.

Heightened academic achievement for all can be realized only when educators and the community invest in school-wide strategies to reduce behaviors that compromise student success. Our national economy and societal health depend, in part, upon accomplishing this task.

Youthful choices affect health

In the past, health was largely compromised by an array of diseases (rubella, whooping cough, diphtheria, pneumonia, tuberculosis). Today, the quality and quantity of healthy life is primarily determined by what we *choose to do*. Through a national survey of adolescent behaviors called, *Youth Risk Behavior Survey* (Kolbe, Kann, & Collins 1993 p. 2), the Centers for Disease Control and Prevention has identified six behaviors which are causing premature mortality and morbidity among American youth. From survey results, it is apparent that these behaviors are widespread and impact health and the resulting capacity for personal success during adolescence and adulthood. These high priority risk behaviors are:

- Behaviors that result in injuries both unintentional and intentional
- Tobacco use
- Alcohol and other drug use
- Sexual behavior
- Dietary behavior
- Physical inactivity

Many existing prevention and management services designed to address the above problems are funded categorically. The constrictive nature of this funding stream encourages symptomatic attention (separate programming for substance abuse, suicide prevention, tobacco use) rather than holistic, collaborative attention to the interrelated and precursor problems of youth at risk.

Risk-laden behaviors are complex because they develop through the interactions of persons and circumstances within and outside the student's school experience. Therefore, it is important to enlist persons, agencies, and organizations inside and outside of the school to challenge these confounding behaviors. During this time of shrinking resources and increasing need, the synthesis of new associations between existing and potential student support services is a necessity. New curricular alliances within schools are also needed. Only through holistic organizations that attend to underlying problems can schools and communities address health issues that compromise children's lives.



Each year, teachers attempt to engage children whose ability to attend to instruction is diminished in some way. Unfortunately, this occurs during a time of shrinking district resources, increasing class size, and attacks on a public education system which educates more youth to a higher degree than ever before. Health programming that links school and non-school support systems and services assists teachers by providing an improved safety net for students in need, thus freeing students and teachers to focus on learning tasks. Our current loosely-coupled, differently-funded, and largely unfocused efforts miss too many children and burden teachers with too many health-related management concerns.

Can schools affect individual health as well as academic outcomes? How does a school incorporate “an emphasis on health, wellness, and safety [which] permeates the entire school?” The following discussion describes actions which assist in moving toward a health-enhancing middle school.

LAYING A FOUNDATION FOR HEALTH PROMOTION

Community response

Although poor student health may negatively affect academic learning, the school need not tackle student health problems alone. Indeed, most often informed community groups successfully spearhead action on behalf of young adolescents. A community-based exploration of local concerns, county or city health-related statistics, and an assessment of student needs will reveal that there are many issues a community can choose to address on behalf of children. School and community collaboration can result in healthful practices for young adolescents. Though overworked and under used, the African proverb, “It takes an entire village to raise a child” is the core of health promotion and disease prevention for young adolescents.

Many handbooks and guides are available to assist in the collaborative, task-force process. *Health Is Academic: A Guide to Coordinated School Health Programs*, (Teachers College Press 1998), is but one of the many resources educators may enlist. Only by seeking involvement and support of the community as a whole, will the “entire village” become part of the health promotion picture.

A school response

In addition to creating links to the community, a school can weave positive health practices and messages into its formal and informal curriculum. A requisite to almost all other health-related initiatives is the establishment of a healthy school environment (Wisconsin Department of Public Instruction, 1997, p. 6). Although considerations such as appropriate light and ventilation as well as regular building maintenance contribute to a healthy school environment, the definition is expanded to include the implementation of policies and practices that protect and promote student’s emotional, social, and mental health.

How does a school assess its environment? A coordinated school health program assessment tool developed by the Wisconsin Department of Public Instruction assists school personnel in examining their school environment. In part, the assessment tool includes:



Culture

1. Respect between and among students, staff, and parents and is reflected in the hallway, classroom, cafeteria, and bus.
2. All adult school staff are role models, or mentors, who foster positive and healthy behaviors.
3. School provides an environment conducive to parental involvement in the policies related to the health and safety of children.
4. Students, teachers, other school staff, administration, and parents feel safe on the school grounds, at school-sponsored events, and on school-sponsored transportation.

Physical

5. The physical environment inside and outside the school building is kept clean, safe, and well maintained.
6. The school buildings and activities are accessible to all students.
7. Schools are equipped with adequate communications systems for quick accessibility and response in emergency situations.
8. Students have a clean, cheerful, and attractive serving and dining area.
9. Students and staff are given sufficient time for serving, eating, and cleaning up after meals.

Services

10. All food served or sold on campus (school cafeteria, vending machines, fund raising) supports healthy food choices.
11. Schools have in place a plan to provide health and safety training and services (e.g., first aid, CPR, crisis management, and disaster preparedness)
12. An effective working relationship exists between school personnel and community health services regarding the health and well-being of children.

Policies

13. The school's policies regarding health and safety issues are regularly discussed with school staff.
14. The school has clear policies regarding the reporting of behavior problems and legal infractions.
15. Students and parents participate in the creation of school policies regarding health and safety issues.
16. A spirit of openness, honesty, and the opportunity for expression of opinion exists among students, staff, and administration.
17. Students, parents, and school staff feel that all school policies regarding health and safety issues are implemented and enforced consistently and equitably.
18. Board policy clearly articulates and supports an intra district and school-to-community communication system which ensures confidentiality (Wisconsin Department of Public Instruction, 1997, p. 4-6).

Each member of the school population deserves to feel and be welcomed and safe at school. School programs which foster responsibility, respect, and care-taking of emotional as well as physical health enable a school to become a welcoming and safe place for everyone.



An individual response

Beginning teachers are frequently amazed and appalled at the variety of student concerns that are before them each day. These concerns have little to do with academic content and everything to do with the lives of the children. Students who are in abusive relationships, involved with drugs, neglected, sexually abused, anorexic or bulimic, burdened with adult responsibility, depressed, pregnant, ill, poorly clothed, undernourished, afraid to go home, afraid to walk to school or pass in the halls, painfully shy, or sexually harassed cannot attend fully to academic achievement. Veteran teachers, no longer amazed, work to connect students with resources or provide a supportive environment. What else can an individual teacher do? Actually, quite a lot.

First, inquire regarding the status of the movement toward a comprehensive school health program in one's school or school district. Persons located within the State Department of Education or State Department of Health are familiar with the comprehensive/coordinated school health program model (Kolbe, L., & Allensworth, D., 1987, p. 409). In addition, various national organizations representing school boards, teachers, principals, superintendents, and other professionals are working to assist their members in this arena. Raising the issue and expressing an interest may get this ball rolling in one's school or school district.

Second, inquire regarding the health-related skills which are taught in a variety of prevention programs. In collaboration with the entire staff, choose one for school-wide emphasis. For example, many alcohol and drug prevention programs include a decision-making component. Do all faculty members know this component? Is each language arts teacher well-grounded enough to use the model while discussing a short-story character? How might this component be used by a social studies teacher in discussing a recent event? Does the health educator transfer this component to food choices? Does the physical educator use this component to assist students in problem-solving?

Skill development is *not* skill inoculation. Negotiation, coping, decision-making, and refusal skills must be revisited, reinforced, re-interpreted through experience in order to be useful in the lives of young adolescents. All teachers, if they are familiar with a skill, can use their own academic content to teach and reinforce this skill.

Third, educators can help community people to see what educators see, and know what educators know, regarding the health-related problems that negatively affect academic achievement. Educators can advocate for others to bring student health-related problems to the school-community table.

Conclusion

For the students that are before us each day, there is no better time than now to develop a school that is safe, welcoming, and emphasizes wellness and health. Fashioning a middle level school in which "an emphasis on health, wellness, and safety permeates the entire school" is no less important than the other characteristics of a developmentally responsive middle level school. The development of a coordinated school health program will provide an organizing framework for dealing with student health needs. Although there is much to do, there are also sources of information and guidance. Seek assistance, ask questions, and begin the process on behalf of young adolescents.



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