



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



# Role of Coordinated School Health Programs In Reducing Health & Educational Disparities

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***"The findings and conclusions in this presentation are those of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention/the Agency for Toxic Substances and Disease Registry."***

# Health Disparities



**In the United States, minority populations suffer disproportionately from chronic and preventable diseases and conditions - many of which result from behaviors that are established during youth.**

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# Health disparities are the differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States

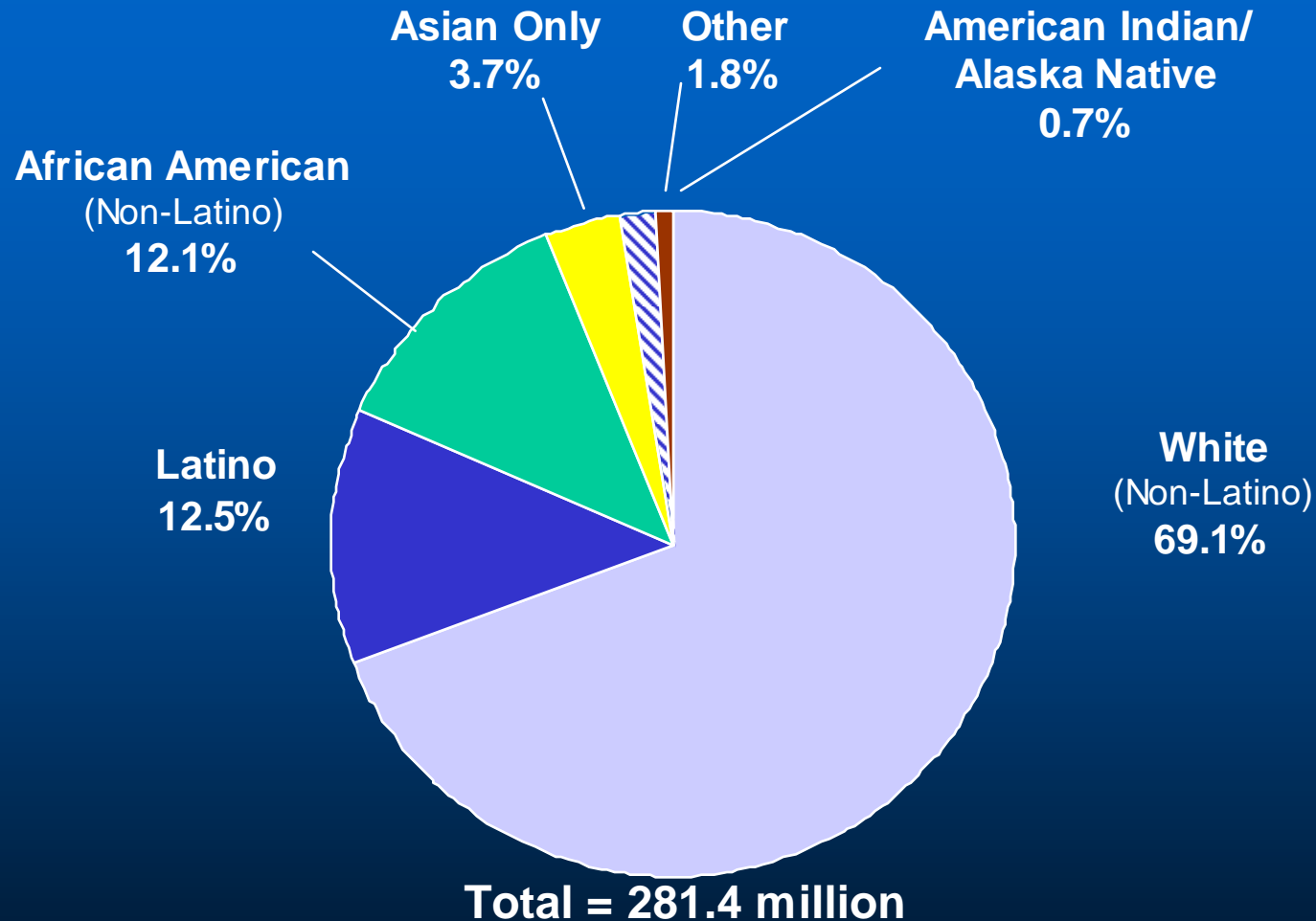
- Minority populations
  - African American
  - Hispanic
  - Native American
  - Asian
- Poor/Low socio-economic (SES) populations



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Figure 1

## U.S. Population by Race/Ethnicity, 2000



Data excludes Puerto Rico, Guam, U.S. Virgin Islands, Northern Mariana Islands; Other: includes Non-Latinos reporting "Some other race" or "Two or more races". SOURCE: U.S. Census Bureau, Census 2000 Redistricting Data.

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## Slide 4

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**RED1** Don't we have more up-to-date information?

RANDOM, USELESS THOUGHT: PROBABLY BEST IGNORED:

I get confused by the new Census definitions of race, and the confounding of race with ethnicity makes matters worse, so I guess that there is no way to draw a simple, accurate picture of both attributes. (At least I've not seen one.)

That said, since Latinos may be black, white, native american, or a combo, do you ever get "in trouble" politically by showing latinos separately, thereby reducing the black proportion? For example, I suspect that this pie chart underrepresented the proportion of blacks in the population since it only included the "non-latino" black population. (AS SAID, I'M TALKING MOSTLY TO MYSELF, not you... no change needed.)

red3, 5/22/2007

# Poor vs. Non-Poor Children

- Poor have more health problems
- Poor children's prognosis is worse with the same condition RED3
- Poor receive less and lower-quality medical care
- Poor families **may** be less well equipped to manage their child(ren)'s health problem

Case, A & Paxson, C. Children's Health and Social Mobility. The Future of Children. 2006;16(2), 151-173.

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Slide 5

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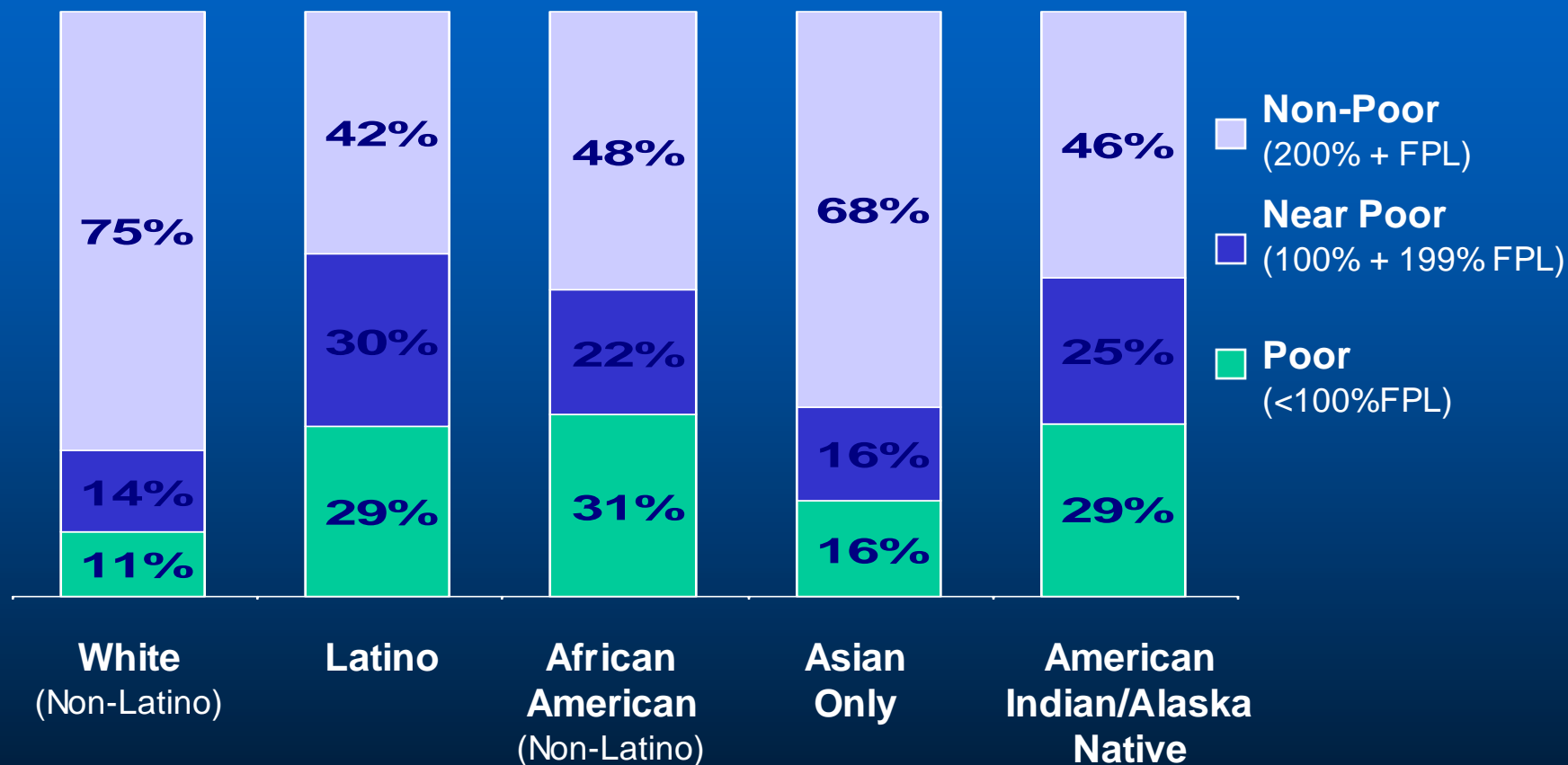
RED3

should "prognosis" be plural: I think prognoses is a word... I think.....

red3, 5/22/2007

Figure 2

# Poverty Status of the Nonelderly Population by Race/Ethnicity, 2001



*Nonelderly 166.3 million*

*35.5 million*

*31.8 million*

*11.3 million*

*2.7 million*

NOTE: Nonelderly includes all individuals under age 65. FPL = Federal Poverty Level.

SOURCE: Urban Institute and Kaiser Commission on Medicaid and the Uninsured, analysis of March 2002 Current Population Survey.



# International Comparison

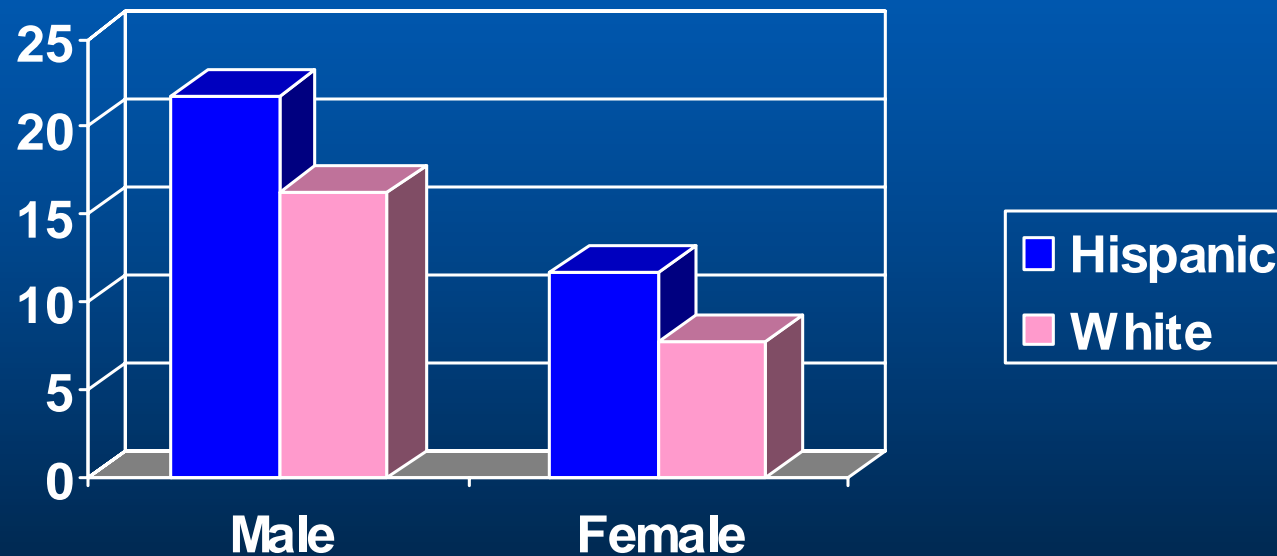
*The relationship between health and poverty also occurs in Great Britain and Canada - two countries with universal health care*



Currie, Janet and Lin, Wanchuan. Chipping away at health: More on the relationship between income and child health. *Health Affairs*, 2007; 26 (2), 331-344.

# Overweight

## Percentage of High School Students Overweight by Race: United States, 2003

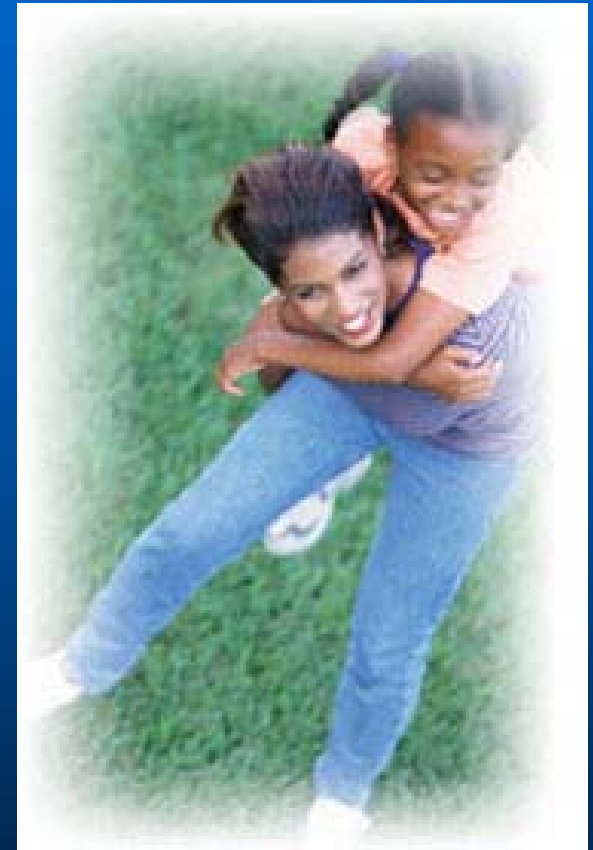


Source: Grunbaum JA, Kann L, Kinchen SA, Ross JG, Hawkins J, Lowry R, et al. Youth Risk Behavior Surveillance—United States, 2003. Morbidity and Mortality Weekly Report 2004; 53(SS-2): 1-95.

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# Asthma

Low-income populations, minorities, and children living in inner cities experience more emergency department visits, hospitalizations, and deaths due to asthma than the general population.



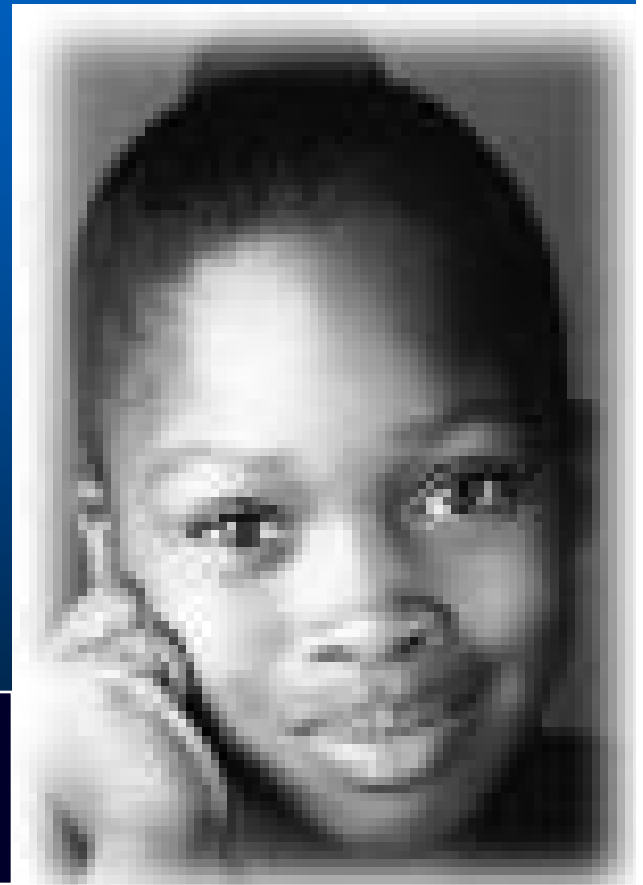
Source: Lieu TA, Lozano P, Finkelstein JA, Chi FW, Jensvold NG, Capra AM. Racial/ethnic variation in asthma status and management practices among children in managed Medicaid. *Pediatrics* 2002; 109:857–865.  
<http://www.cdc.gov/healthyouth/asthma/index.htm>

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# Disparities in Health Care Access

- No Health Care Visit in More Than a Year
  - 23% Hispanics
  - 14% Blacks
  - 9% Whites
- No Mental Health Care Last Year Even Though Reported Mild – Severe Emotional/Behavioral Problems
  - 53% Hispanics
  - 47% Blacks
  - 29% Whites

Fox, HB, et al. Racial and Ethnic Disparities in Adolescent Health and access to care. Fact Sheet for the Advancement of Adolescent Health, *In Center Strategies*. No. 1, January 2007.



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# Causes of Health Disparities

- Societal Factors:
  - Poverty
  - Educational inequalities
- Environmental Factors:
  - Limited education
- Individual/Behavioral Factors:
  - Individual lifestyle
- Medical Care Factors:



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# Universal Health Care Access – Not the Solution

- Focusing on individual medical care is too narrow of an approach
  - Prime determinant of health is not medical care
  - Medical care treats one individual at a time
  - Medical care is an intervention that often comes late

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# Potential Solution - Education

- Education is the stepping stone/ foundation to the “American Dream” (Iton, 2006)
- Education is the factor consistently linked to longer lives
- High school graduates have:
  - Better health
  - Lower medical costs
  - Longer lives: 6-9 additional years (Alliance for Excellent Education '06).

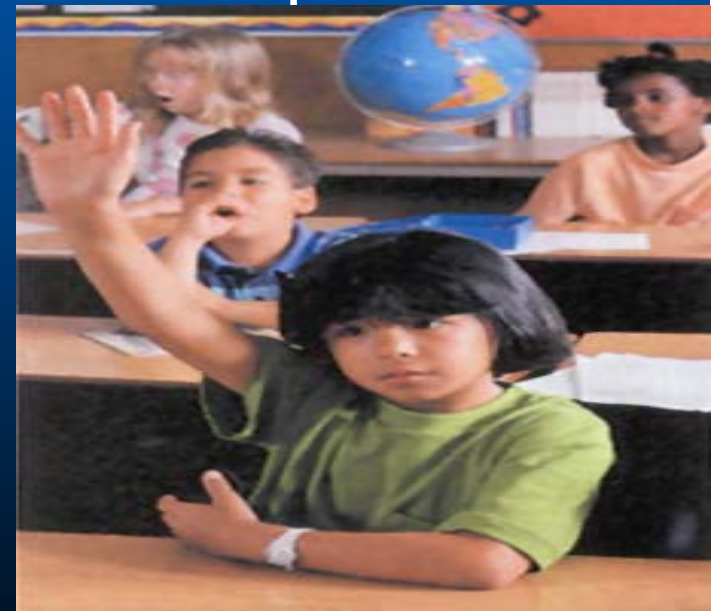
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# The Problem with Education as a Solution: The Achievement GAP

The achievement gap is the term given between the academic performance of:

- Minority students and their non-minority peers
- Poor students and students who are not poor

7000 Students drop out of school every school day!



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# Educational Attainment Among Native Born Young Adults: Ages 24-26

Race/Ethnicity <sup>1</sup>	Some H.S.	GED	BS Or +
White, non-Hispanic	5.7	4.6	32.4
Black, non-Hispanic	12.6	5.9	16.6
Hispanic	16.5	7.8	16.0
Asian American	4.6	0.0	43.3
Native American	25.9	4.4	15.0

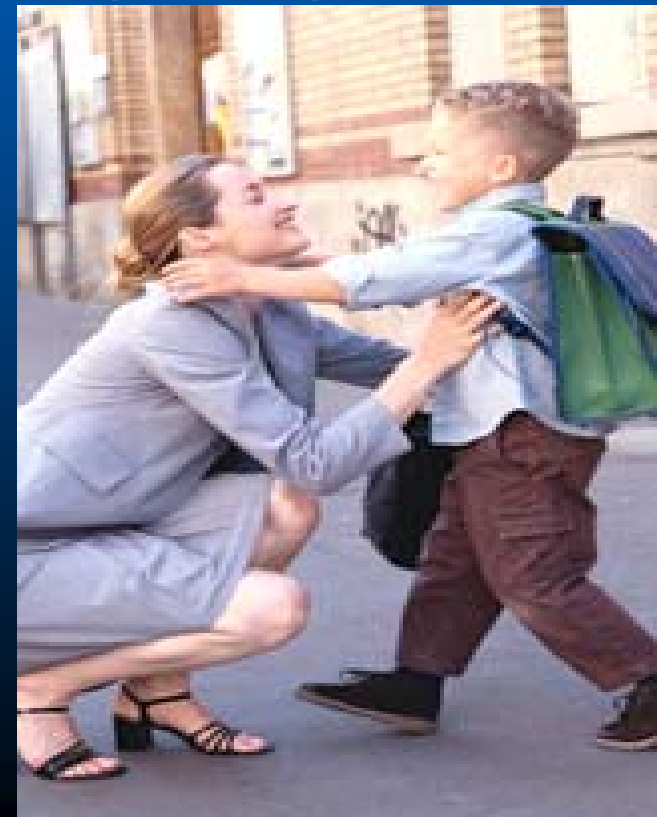
<sup>1</sup>People of Hispanic origin may be of any race

Source: Original analysis by Child Trends of 2001 Current Population Survey Data

Wald, Michael and Martinez, Tia. Connected by 25: Improving the Life Chances of the Country's Most Vulnerable 14-24 Year Olds. Stanford University; William and Flora Hewlett Foundation Working Paper. November, 2003.

# Causes of the Achievement Gap

- Non School Factors
  - Poverty
  - Limited education of parents/lack of participation
  - Poor social environment
    - Peers do not value education
    - Lack of role models
  - Student health problems
    - Lack of health care



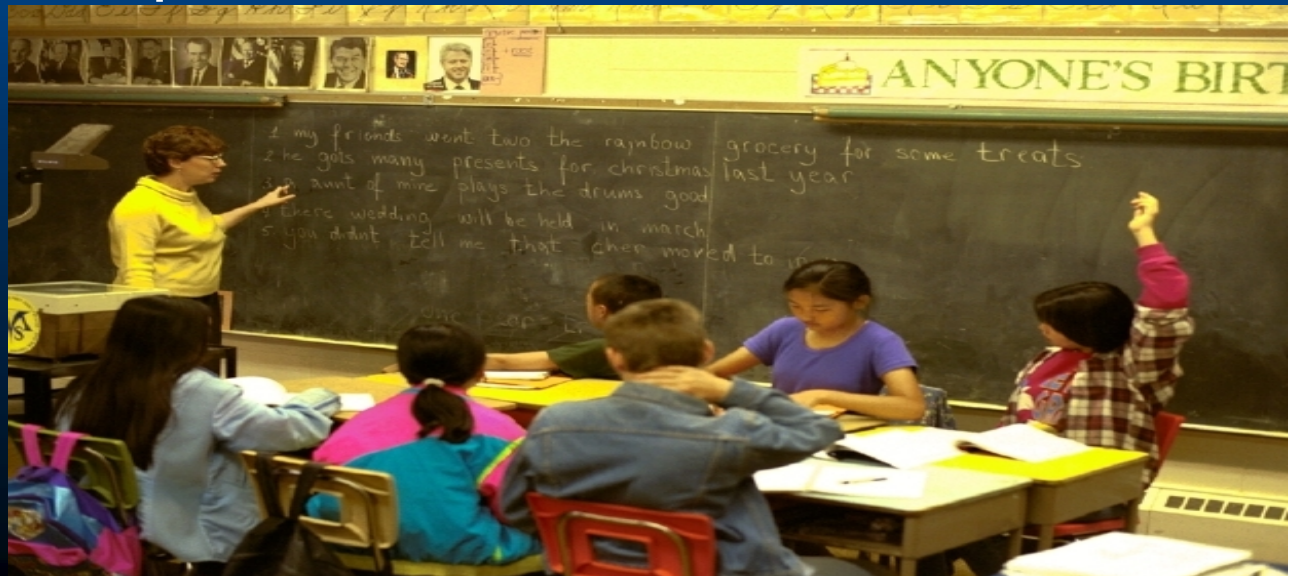
# Causes of the Achievement Gap Continued...

- **Non School Factors:** Student health problems can affect achievement
  - Disabilities
  - Diabetes
  - Sickle cell anemia
  - Food insecurity & hunger
  - Mental health problems
  - Injury due to violence
  - Teen pregnancy

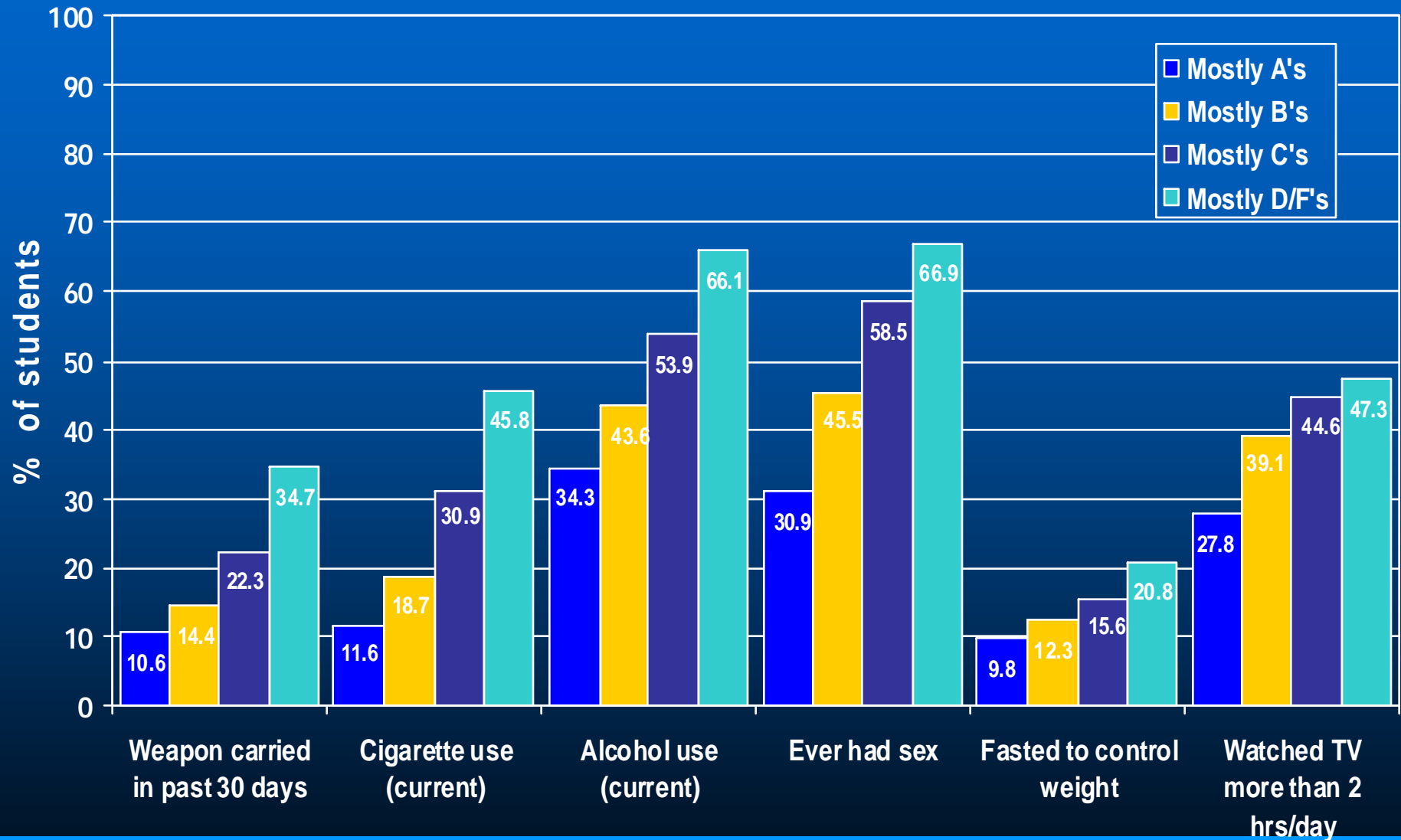


# Causes of the Achievement Gap

- School Factors
  - Poor segregated schools/Run down facilities
  - Lower per-pupil spending
  - Less credentialed/experienced teachers
  - Lack of school safety
  - Less parent participation



# Health Risk Behaviors & Academic Grades



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# Causes of the Education Achievement Gap

Causes are numerous and include:

- Poverty
- Attending high poverty schools
  - Inequitable education resources
  - Lack of credentialed/experienced teachers
  - Curricular deficiencies
  - Absenteeism
- Poor health
- Lack of early-childhood instruction

# Potential Strategies

- Promote Collaboration Between the Health and the Education Agencies to Support Efforts to Close the Educational Achievement Gap
  - Support the Implementation of Effective School Health Programs
    - Obtain Family & Community Involvement to Establish Community Coalitions
- Support High-Quality Early Childhood Education

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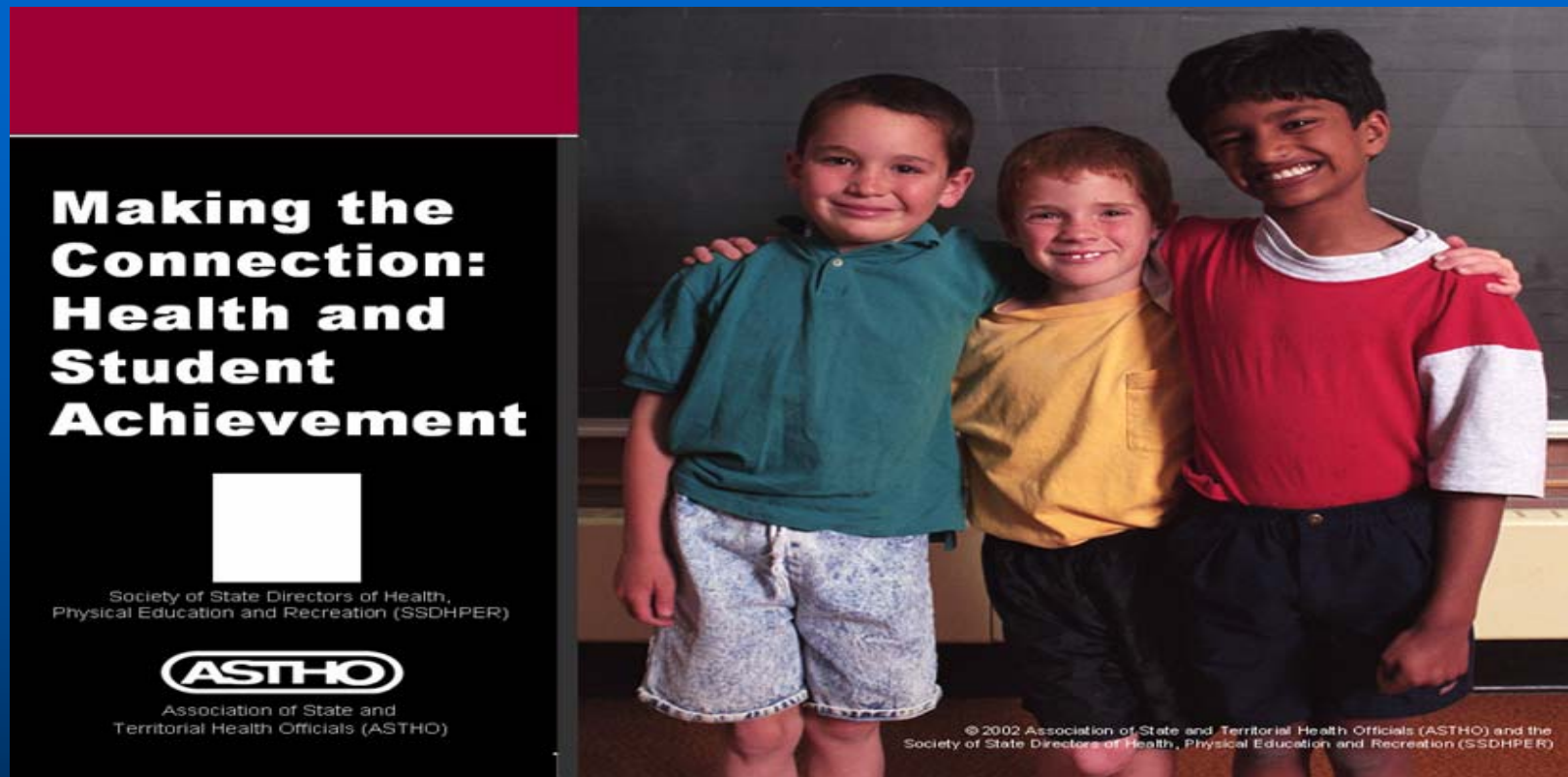
# Components of Coordinated School Health Program



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# Evidence of CSHP's Components Increasing Achievement Levels



[www.thesociety.org/pdf/connections.pdf](http://www.thesociety.org/pdf/connections.pdf)

<http://www.cde.ca.gov/re/pn/fd/gettingresults.asp>

[http://www.healthmpowers.org/about\\_school\\_health/lessons\\_linking.htm](http://www.healthmpowers.org/about_school_health/lessons_linking.htm)

# Research Support for Community Schools Improving Achievement

- Evaluations from 20 different initiatives showed that 75% improved academic achievement
  - Improved attendance
  - Reduced discipline problems
  - Greater completion of assignments
  - Increased contact with supportive adults

Blank MJ& Shah BP. Educators and Community Sharing Responsibility for Student Learning. INFObrief, ASCD, January 2004, 36, 1-11.

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# Potential Public Health Strategies for Reducing Education & Health Disparities

- Promote early childhood education
- Promote a rigorous curriculum with equitable resources for all students
- Promote and fund quality school health program
  - Assure a medical home for all students
  - Assure breakfast and lunch at school
  - Assure health education promotes social and emotional learning
  - Assure a safe and nurturing environment
- Promote involvement of family and community through establishing community schools

# Closing the Achievement Gap

- Is a health issue,
- Is a civil rights issue,
- Is an economic issue

Reducing education  
disparities could reduce  
health disparities!



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In sum, if American schools do not coordinate and modernize their school health program as a critical part of educational reform our children will continue to benefit at the margins from a wide disarray of otherwise unrelated, if not underdeveloped, efforts to improve interdependent education , health and social outcomes, and we will forfeit one of the most appropriate and powerful means available to improve student performance.

» Lloyd Kolbe, Former Director, Division of Adolescent and School Health, CDC

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