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## School Administrator

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## Investing in Healthier Students

Physical, emotional and social health problems undermine instructional efforts and learning, says a researcher at [Teachers College](#)

BY CHARLES E. BASCH

Almost every parent of a school-age child in America knows the routine. On the day before the standardized tests, parents invariably will get a letter from the school urging them to make sure their children get a good night's sleep and a [healthy breakfast](#). The advice is sound: Students who are well-rested and well-nourished are better able to concentrate than those who are tired and hungry.

However, school leaders who instinctively send out those notes need to ask themselves this: Wouldn't our students be more capable of learning and mastering the material on which they are being tested if they were well-rested and well-nourished going into every day of learning?

### Causal Connections

Recently, scientists and education researchers in fields ranging from neurosciences and child development to education and economics have provided compelling evidence for the causal role of specific health problems in limiting students' motivation and ability to learn.

If children can't see well, if their eyes do not integrate properly with their brain and motor systems, they will have difficulty acquiring the basic and essential academic skills associated with reading, writing, spelling and [mathematics](#).

If their ability to concentrate, use memory and make decisions is impeded by malnourishment or a sedentary lifestyle, if they are distracted by negative feelings, by fear of violence or verbal or cyber bullying, it will be more difficult for them to learn and succeed in school.



Charles Basch, a professor at Columbia University, has documented through his research the link between childhood health and learning in school.

If their relationships at school with peers and teachers are negative, they will be less likely to be connected with school and, therefore, less motivated and able to learn.

If they are not in school, because of uncontrolled asthma or [ADHD](#) or because they are afraid and do not feel safe, they will miss teaching and learning opportunities.

If they drop out, perhaps because they are failing or faltering or because they are socialized to believe that, even if they complete school, there will be no better opportunities or because they become pregnant and there are no resources in place enabling them to complete school while pregnant and after they give birth, it is not likely they can succeed.

If they cannot focus attention and succeed socially, it is unlikely they will succeed academically.

### Committing to Action

School health [programs](#) have a long history in the United States, but they never have been a central part of the education mission of schools. That's changing now.

Education Secretary Arne Duncan recently stated: "No one is going to push harder for higher graduation rates and lower dropout rates and more students graduating ready for college than I am. But ... the only way we can get there is if our students' physical, emotional and social needs are being met."

The challenge faced by school leaders is how to increase focus on students' health while under mounting pressure to raise schoolwide performance on standardized tests and limited budgets. Given these pressures, why should school districts invest time and money on students' health? The one most striking reason is that certain health problems reduce students' motivation and ability to learn.

No matter how effectively teachers can teach, no matter how rigorous or well aligned with Common Core standards the curriculum may be, no matter what assessments and standards are adopted, and no matter what data systems are created and used to track student achievement and inform decisions, progress in school will be limited profoundly if students are not motivated and able to learn. Physical, emotional and social health problems jeopardize the benefits of school improvement efforts.

### Three Principles

It's not surprising school leaders may be unsure how to translate political will to address student health. Did their professional preparation devote substantial time and attention to these issues? Is guidance and technical assistance available from departments of education at the federal and state levels?

#### READ MORE:

[Steps for Building Better Health in Schools](#)

Based on my framework, discussed in detail elsewhere (<http://bit.ly/EquityMattersVol6>), effective and efficient school health programs should (1) strategically select health problems that affect students' motivation and ability to learn; (2) rely on high-quality programs; and (3) effectively coordinate various programs and services that make up the overall school health program.

[Additional Resources](#)

Establishing priorities. Schools can't address every health issue, but how do you pick and choose? One principal I spoke with said: "I'm not going to take on all the health problems affecting kids, but if there are issues that interfere with learning and there's something I can do about them, those get my attention."

Three questions can help to prioritize: Does the health problem affect many students in my district? Does the health problem interfere with students' motivation and ability to learn? Is it feasible to reduce the health problem through school health programs and services? The particular health problems deemed most important will vary by community.

Seven health-related problems that affect many youth, that adversely affect motivation and ability to learn, and that can be feasibly addressed through schools are: poor vision; uncontrolled asthma; teen pregnancy; aggression and violence; low physical activity; skipping breakfast; and inattention and hyperactivity.

Vision problems affect about 20 percent of school-age youth. Asthma affects 9.9 million youth under 18 years of age. Almost one in three female adolescents in the United States become pregnant before age 20.

Additionally, aggression and violence are a pervasive part of daily life for many youth. Most school-age youth do not meet recommended levels of daily physical activity, and millions of youth do not eat breakfast on any given day.

More than 8 percent of school-age youth, 4.6 million, have received a diagnosis of attention-deficit/hyperactivity disorder, and millions more have symptoms.

Many students are affected by multiple problems simultaneously, which require various responses. Also, mental and emotional health issues are likely to be related to each of these problems, so addressing those needs is an overarching goal.

High-quality programs. Decades of investments by the Department of Health and Human Services and other federal and nongovernmental organizations have produced school health programs that work. But putting these programs into practice nationwide has been more limited.

At the same time, some of the most widely implemented school health programs have virtually no evidence of effectiveness. The best example is the decades-long investment in school-based drug abuse prevention, which has had little impact in the majority of schools. Other efforts, such as vision screening, have no adequate follow-up, which compromises the value of such investments.

Considerable resources already are being invested in school health. But in too many cases, these investments are not focused on improving educational outcomes, do not use high-quality programs and are not effectively coordinated. Investing scarce public resources ineffectively is never tenable.

Effective coordination. In a recent interview, a writer from a popular education publication asked me, “What is the most important thing to do?” The one most important thing is to not think one most important thing exists. The link between health and learning cannot be addressed by any short-term solution or narrowly focused program.

A coordinated approach has programs and services involving different groups of people playing different roles, forming a team and working toward a common goal, namely improving students’ motivation and ability to learn. Links between teachers and health service personnel help to ensure students’ problems, vision, asthma or ADHD, by example, receive follow-up care.

Consider that a local health department may conduct the vision screening, then a note is sent to the family indicating the need for an eye exam, and then the parents and teacher must ensure the child uses the eyeglasses as prescribed. It’s not unreasonable to expect the child may lose or break the glasses or refuse to wear them, perhaps because of peer teasing. Without coordination, it’s easy to see how the educational benefits of vision screening can be lost.

Time is a precious resource in the school day. It’s not reasonable to expect that substantial time can be allotted to the many different health issues affecting youth, but effective coordination can help. Fortunately, susceptibility to many of these different problems requires learning and practicing the same set of mental and social-emotional skills (e.g., self-regulation, dealing with social pressures, communicating assertively versus aggressively).

A school health coordinator is in the best position to recognize the different programs, services and policies and how they can take advantage of limited resources effectively and efficiently.

Leaders at the school and district levels have a role to play by forming partnerships within schools and between school personnel and family/community resources.

### **Bottom Line**

I recently asked a superintendent from a high-performing suburban school district why he invested so much time and energy in supporting school health programs when he was under such tremendous pressure to maintain and improve standardized test scores. He had a ready answer.

“The health programs help improve test scores. I’m sure of that,” he said. Then he leaned back and added, “And it’s the right thing to do for the kids. That’s why I do this work.”

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