



Student Achievement is More than Academic

Public school accountability proposals often confuse symptoms with diagnosis. There is considerable evidence to suggest that student low achievement is a symptom of deeper issues related to student health and well-being. In other words, policymakers may need to consider the idea that the “root cause” of academic achievement problems may not be in the academic content instruction. For example, the issues below suggest just a few of the many indicators of child health and well-being that impact student learning.

Child Dental Health Impacts Academic Achievement

- Tooth decay is the single most common chronic childhood disease in America.¹
- More than one out of four early elementary students has untreated dental cavities.²
- Children lose more than 51 million school hours each year to dental-related illness, and when children are not in school, they are not likely to be learning academic content.³
- Poor children have twice as many cavities as other children; fewer than three in ten children in poverty receive preventive dental services.⁴

Other Physical Health Conditions Also Impact Academic Achievement

- Absenteeism related to juvenile diabetes correlates with lower scores on reading, spelling, and mathematics measures.⁵
- Among chronic illnesses, asthma is responsible for the greatest number of student absences. Each year, students with asthma miss 14 million days of school as a result of their illness.⁶ When students are absent, they miss assignments, fall behind in their coursework, and can develop knowledge gaps that are hard to overcome.
- The number of obese school-age children has tripled in 30 years. One in five is now overweight or obese.⁷ Child obesity and low levels of activity are related to lower math and reading achievement.⁸ Yet estimates are that as many as one-third of elementary schools do not schedule recess on a regular basis,⁹ and Pennsylvania does not mandate any specific time for recess during the school day.¹⁰
- After equalizing schools on socioeconomic and other demographic indicators, schools with higher percentages of students engaged in physical activity and higher percentages of students eating nutritiously have higher achievement and greater year-to-year test gains than other schools.¹¹

Mental Health Conditions Impact Academic Achievement

- Every year, more than one in five children between the ages of 9 and 17 experience the signs and symptoms of a DSM-IV psychiatric disorder;¹² but only 20 percent of children and youth who need mental health services actually receive them.¹³
- As many as one in eight adolescents struggles with clinical depression.¹⁴ About 1,900 will commit suicide this year,¹⁵ and for every child who commits suicide, as many as 25 others have tried.¹⁶
- Research suggests that African American children and youth are significantly more likely to have mental health needs than white children, at least in part because they are more likely to be homeless, to be incarcerated, and to experience unstable conditions leading to placement in foster care or other child welfare interventions. These are all mental health risk factors.

Safety Conditions Impact Academic Achievement

- African American males aged 15 to 19 are sixteen times more likely to be victims of homicide than white teenage males.¹⁷ Exposure to violence-related trauma places children at substantial risk for mental illness.¹⁸
- Children who are suspected victims of abuse or neglect come to the attention of child welfare authorities and are often removed from their natural family settings and placed in foster care. By its nature, entry

into the foster system often implies fundamental safety concerns about a child. African American children make up about 45 percent of the children in public foster care and more than half of all children waiting to be adopted.¹⁹

Teen Pregnancy Remains a Chronic Risk Factor for Adolescent Girls

- Every day, over 1,100 teenage girls give birth in America. The teen birth rate in the U. S. is the highest among all industrialized countries.²⁰
- In Pennsylvania, 16.5 percent of our African American teenage girls become pregnant, 3 percent higher than the national average.
- Parenthood is the leading cause of school dropout among teenage girls.²¹

As educators, policymakers and other education stakeholders try to meet the accountability demands placed on public schools, it is important to understand that rigorous academic standards, improved curricula, innovative pedagogy and other purely academic practices are only a part of the picture. Maslow was correct, almost 70 years ago, when he insisted that people cannot focus on creativity, problem solving, and understanding of facts unless their more fundamental needs for physiological comfort, safety, and belonging are already met. The evidence is clear: policies that focus exclusively on increasing student achievement as measured by standardized test scores are certain to leave many students behind. Comprehensive policies to support student achievement cannot ignore the comprehensive health and well-being needs of students. Nor can accountability policies hold educators and administrators accountable for the impact of unmet health needs on student achievement.

Endnotes

¹ US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institute of Health (2000). Oral Health in America: A Report of the Surgeon General. Rockville, MD. US DHHS.

² The Third National Health and Nutrition Examination Survey (NHANES III) 1988-94. National Center for Health Statistics, Centers for Disease Control and Prevention.

³ US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institute of Health (2000). Oral Health in America: A Report of the Surgeon General. Rockville, MD. US DHHS.

⁴ US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institute of Health (2000). Oral Health in America: A Report of the Surgeon General. Rockville, MD. US DHHS.

⁵ Ryan, C., Longstreet, C., & Morrow, L. (1985). The effects of diabetes mellitus on the school attendance and school achievement of adolescents. *Child: Care, Health and Development*. 11 (4), 229–240.

⁶ Mannino, D. M., Homa, D. M., Akinbami, L. J., Moorman, J. E., Gwynn, C., & Redd, S.C. (2002). Surveillance for Asthma - United States, 1980—1999. *MMWR Surveillance Summary*, March 29 51(SS01); 1-13. Washington, DC: Centers for Disease Control, Division of Environmental Hazards and Health Effects, National Center for Environmental Health <<http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5101a1.htm#tab3>>

⁷ Haskins, R., Paxson, C., & Donahue, E. (2006). Fighting Obesity in the Public Schools. *The Future of Children*, Spring, 1-7; Lewallan, T. C. (2004). Healthy Learning Environments. *ASCD InfoBrief*, Number 38, August.

⁸ Byrd, J. (2007, March 30). The Impact of Physical Activity and Obesity on Academic Achievement Among Elementary Students. Retrieved from the Connexions Web site: <http://cnx.org/content/m14420/1.1/>

⁹ Haskins, R., Paxson, C., & Donahue, E. (2006). Fighting Obesity in the Public Schools. *The Future of Children*, Spring, 1-7.

¹⁰ <http://www.post-gazette.com/pg/07120/782199-114.stm>

¹¹ Hanson, T., G., Austin, & Lee-Bayha, J. (2004). How are Student Health Risks and Resilience Related to the Academic Progress of Schools? San Francisco: WestEd. <http://www.wested.org/online_pubs/stuartreport_resource.pdf>

¹² U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institute of Health, NIMH (1999). Mental Health: A Report of the Surgeon General, Executive Summary. Rockville, MD. US DHHS

¹³ Kataoka, S. H., Zhang, L., & Wells, K.B. Unmet Need for Mental Health Care Among U.S. Children: Variation by Ethnicity and Insurance Status. *The American Journal of Psychiatry*, Sept 2002, 159: 1548-1555.

¹⁴ <http://www.ncc.org/Child.Dev/depress.html>

¹⁵ National Institute of Mental Health, National Institutes of Health. (2006). Suicide in the U.S.: Statistics and Prevention. <<http://www.nimh.nih.gov/publicat/harmsway.cfm#Moscicki-Epi>>

¹⁶ Moscicki, E.K. (2001) Epidemiology of completed and attempted suicide: toward a framework for prevention. *Clinical Neuroscience Research*, 1, 310-23.

¹⁷ <http://www.childtrendsdatabank.org/indicators/70ViolentDeath.cfm>

¹⁸ Kessler, R. C., et al. (1994). Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States. Results from the National Comorbidity Survey. *Archives of General Psychiatry*, 51, 8–19.

¹⁹ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institute of Health, NIMH (1999). Mental Health: A Report of the Surgeon General, Executive Summary. Rockville, MD. US DHHS.

²⁰ Centers for Disease Control, National Center for Health Statistics. (Dec. 29, 2005). *National Vital Statistics Reports*, 54 (8).

²¹ <http://www.teenpregnancy.org/resources/reading/pdf/education.pdf>