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Published Online: March 9, 2010
 Published in Print: March 17, 2010, as **U.S. Urged to Tackle Health Issues Fueling Achievement Gaps**
 Updated: March 15, 2010

Health Problems Fuel Achievement Gaps, Study Says



Lucas Crossing Elementary school student Charnae Thomas, 8, blows into a spirometer held by a nurse on the Healthy Kids Express Asthma Program bus in Bel Nor, Mo., last year. The service is part of a mobile asthma clinic, run by St. Louis Children's Hospital, that travels to 13 elementary schools around St. Louis to test children for the lung disorder as well as check in with those who have already been diagnosed. —Christian Gooden/St. Louis Post-Dispatch

By **Debra Viadero**

If educators and federal officials are serious about closing academic-achievement gaps, they need to better coordinate efforts to address the health disparities that impede learning for students from disadvantaged groups, according to [a study released last week](#).

"At the national level, we're on the verge of investing billions in our educational system, and the return on those investments is going to be jeopardized unless these health issues are addressed in a much more cogent way," said the study's author, Charles E. Basch, a professor of health and education at Teachers College, Columbia University.

For his study, Mr. Basch reviewed more than 300 studies in education, psychology, health, and other areas, looking for health disparities that would provide strategic leverage points for improving student learning.

To make the cut, he said, the health problems he chose had to meet three criteria: They had to negatively affect urban students from traditionally disadvantaged minority groups, be linked in some way to poorer educational

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outcomes for students, and have some evidence of school-based programs and policies that could successfully address them. The six “educationally relevant health disparities” he selected are: vision problems, asthma, teenage pregnancy, aggression and violence, physical inactivity, lack of breakfast, and inattention and hyperactivity.

Federal data show that asthma problems, for example, affect 8.8 percent of white children between the ages of 5 and 14, compared with 21.5 percent of Puerto Rican children and 12.8 percent of African-American children in that age range, and are particularly prevalent in the nation’s largest cities.

Compared with children without the condition, some studies have also found, children with asthma tend to have more problems with concentration and memory, to have their sleep disrupted, and to miss more days of school. One 2003 estimate, in fact, blamed the disorder for 12.8 million school absences across the country that year.

Vision Problems Cited

Likewise, the report says that vision problems, which affect low-income individuals at twice the rate of others, have been linked to poorer academic achievement. However, a New York City study involving eight elementary schools found that children who failed routine vision screenings were more likely to obtain and wear eyeglasses in school when they took part in a program that provided them with a professional optometric screening and two pairs of eyeglasses—one to leave at home and one to keep at school.

“Typically, what happens is the public-health department does the screenings, parents are expected to follow up, and then the teacher is responsible for ensuring that the child uses the eyeglasses in school, so we need to connect the dots,” Mr. Basch said.

To have an impact on learning, he added, educators also need to address multiple problems at the same time. “Say a child’s vision is corrected, but he’s still ill-nourished and sleep-deprived,” Mr. Basch said.

Better coordination could also make school-based health-related prevention and intervention programs for adolescents more efficient, he added, because many of them target the same topics, such as building social and emotional skills or resisting peer pressure.

Although the report makes dozens of recommendations for educators and policymakers at local, state, and federal levels, it calls on the U.S. Department of Education, in particular, to take a leading role. The report says the department should coordinate health services for children across the federal government, develop a strategic national school health plan, require schools to include health goals in mandated school-improvement plans, and create incentives for states to address students’ health needs.

Federal Response

Matthew Yale, the deputy chief of staff for U.S. Secretary of Education Arne Duncan, said his agency has begun to take some steps in that direction. For instance, it wants to boost funding for President Obama’s Promise Neighborhoods initiative, which seeks to expand the Harlem Children’s Zone comprehensive-services model, from \$10 million in 2010 to \$250 million in 2011.

Also, as part of the upcoming reauthorization of the Elementary and Secondary Education Act, the department wants to create a \$410 million “safe, healthier schools” grant program for schools, Mr. Yale said. Schools are also one of the “four pillars” of First Lady Michelle Obama’s campaign against childhood obesity, he added.

“Hopefully, we’ll continue to be focused on this issue and will start to chip away at it thoughtfully,” said Mr. Yale, who spoke at a [March 9 panel discussion](#) on the report at Teachers College.

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Another panelist, Howell Wechsler, the director of the division for adolescent and school health at the U.S. Centers for Disease Control and Prevention agreed that more attention is needed on the role of education in improving young people's health.

"Somehow in the din and clamor of the school reform efforts of the past few years, too many of us have lost sight of the connection between health and education," he said.

The study was the second report last week to highlight fragmentation across federal agencies in serving the needs of children and youths. A [separate report by Cross & Jofus](#), an education research and consulting group with offices in Danville, Calif., and Bethesda, Md., inventories federal programs serving children from birth to age 18 across seven federal agencies. It locates a total of 363 such programs, including many that overlap.

At the Teachers College forum, Mr. Yale and Mr. Wechsler said the recent outbreak of the H1N1 virus helped break down some of those boundaries. It required federal agencies to collaborate in writing disease-management guidelines for schools and ensuring that students could get subsidized breakfasts when schools closed.

Both reports come as support for education reform efforts that address the "whole child" is growing among some national groups. For example, some experts are calling for a "broader, bolder approach to education," in contrast to more widely used approaches that put the onus for improving academic achievement on schools alone.

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jblakey wrote:

I find it incredulous that we need another study to convince our politicians of the need to address this health and learning issue. It is a national disgrace and a continuing disservice to our urban and rural educators who work with large populations of impoverished children. Instead we choose to inflict onerous AYP consequences on our poorest schools, require states to implement untested teacher incentive programs, expand ineffective charter schools, require new pathways to teaching despite the fact we already have thousands of unemployed teachers, and create questionable national curriculum standards. Whatever happened to research based best practices? I guess that only applies to the schools and not the politicians.

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