

Coordinated School Health in the Buffalo Public Schools: Statement of Need and Recommendations

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Because children and adolescents spend a significant portion of their time in school, schools are responsible for establishing an environment that addresses physical, emotional, social, and environmental factors related to health and well-being that affect learning. Adopting a coordinated approach to meet students' needs in a holistic way will position students for lifetime health and academic success.

Why is School Health Important?

Unhealthy kids miss school and do not perform well when they are there. No one functions well mentally when they do not feel physically and emotionally well. Effective school health and wellness policies and practices result in improved student and staff health leading to student academic achievement.

- *Students and staff have fewer absences*
- *Student concentration improves*
- *Student behavior problems decrease*
- *Children, adolescents, and staff establish health-promoting behaviors*

WestEd and the Philip R. Lee Institute for Health Policy Studies, 2009

This is especially true in high poverty districts like the Buffalo Public Schools. Data from the National Assessment for Education Progress indicates that *as much as 40% of the variation in math scores among public schools can be attributed to variations in child poverty rates.*ⁱ One of the ways poverty affects learning is through health. Living in poverty can have a deep and pervasive impact on children, who are at an increased risk for many health problems, including respiratory disorders, diabetes, cardiovascular disease, and obesity.ⁱⁱ

What is Coordinated School Health?

The Centers for Disease Control (CDC) advocates for a coordinated approach to the health of students and staff in the school setting. A coordinated approach integrates the resources of education, health, and social service agencies to simultaneously address four key goals: 1) Increase health knowledge, attitudes, and skills, 2) Increase positive health behaviors and health outcomes, 3) Improve education outcomes, and 4) Improve social outcomes. This can be accomplished by focusing efforts in **ten important areas**:

1. Health Education
2. Physical Education & Physical Activity
3. Nutrition Environment & Services
4. Health Services
5. Counseling, Psychological & Social Services
6. Social & Emotional Climate
7. Physical Environment
8. Employee Wellness
9. Family Engagement
10. Community Involvement



Some of these components have national and state standards to which schools are required to adhere, but many schools, including the Buffalo Public Schools, fall far short of compliance.

Why is Coordinated School Health So Important for the Buffalo Public Schools?

- In the Buffalo Public School District, 77.5% of students are eligible for free or reduced-price lunch – meaning that over 3/4 students are living in households that are in or near povertyⁱⁱⁱ
- Currently in the Buffalo Schools, between 30% and 45% of students are overweight or obese.^{iv}
- Many K-3 students receive only 30 minutes of physical education per 6 day cycle although state regulations require 120 minutes per calendar week.
- Most students in grades 4-6 receive only 2 forty minute periods per 6 day cycle – less than 2/3rds of the state requirement.
- According to the Youth Risk Behavior Survey administered in 2013 to over 11,000 middle and high school students, BPS has higher than state and national rates of risk behaviors.^{v-vi}
 - 13% of middle school students and 45% of high school students were sexually active. Among those sexually active, more than a third did not use a condom during last sexual encounter. About 10% reported having sex before age 13 and 17% reported 4 or more sexual partners in their lifetime.
 - 29% of students reported frequent feelings of sadness and hopelessness; 10% reported suicide attempts--a 31% increase from 2011.
 - 32% reported being involved in physical violence – including intimate partner violence (13%) and fights on school property (13%).
- The current BPS sexual health curriculum is incomplete. In 2012, among Buffalo City 15-19 year old females, approximately 11% were diagnosed with chlamydia and 5% with gonorrhea. Comprehensive sexual education must begin before high school.
- The current time requirement for health education (1 semester in middle school and 1 semester in high school) is not remotely frequent enough for students to successfully learn about, practice or adopt behaviors that protect health.

Considerations and Recommendations

Make School Health a priority in order to improve academic achievement and reduce health risks

Federal and State

- 1. The economic costs of creating healthier schools pale in comparison to the price tag for inaction.** For example, the cost of obesity is \$12 BILLION/year just in New York State (NYS Comptroller, 2012); and the cost of teen pregnancy: \$9.4 BILLION/year in U.S.
- 2. Departments of Education and Departments of Health should align efforts to support research that shows education, health, and income are deeply interconnected.** Physical education and health education should be adopted as core academic subjects. Public health efforts should focus more energy and resources dealing with prevention and root cause of disease in schools.
- 3. Legislation such as the PHYSICAL Act, as well as FIT Kids and Physical Activity Guidelines for Americans legislation, and the Healthy and Hunger Free Kids Act should be adopted and/or improved.** USDA subsidies and purchasing needs to be reformed to allow schools to receive more culturally-appropriate, fresh, whole food options.
- 4. NYSED support for school health MUST increase.** This state department is small, and school health state aid has remained relatively flat despite rapidly escalating healthcare costs, as well as increased budget needs for enhanced services and new critical role of Coordinated School Health. More resources are necessary to ensure maintenance of current services, as well as monitoring and oversight for areas like physical education and health education, within which many school districts are out of compliance.

District Level

The NYSED School Health Grant allocation to Buffalo Schools has not increased for 9 years- until this past year due to strong advocacy efforts from key stakeholders- but a gap of \$2 million dollars remains. Buffalo Schools utilize NONE of their operations and management funds to support the department of health-related services. Physical education and health education also remain under-funded to the point of violating state regulations.

- 1. All schools should meet the state requirements for physical education and health education in 2015-2016.** This will require allocating funds for additional physical education teachers, approving and purchasing a health education curriculum, providing professional development to staff, and engaging community partners for support as needed.
- 2. Ensure that all schools are offering recess or comparable activities** to all students in Pre-K through sixth grade at minimum. It is also recommended that all students and staff be provided increased opportunities for physical activity to promote health and learning.
- 3. Maintain and support school wellness teams** that are comprised of school staff, parents, students, and community members, and tackle health issues ranging from food to physical activity to social and emotional well-being based on their schools' particular needs and assets.
- 4. Build on the progress that has been made by the Districts' Food Service Department to empower students and parents** to expand healthy and fresh menu options through actions like getting salad bars in all schools and piloting healthy vending machines.
- 5. Integrate all components of Coordinated School Health under the Office of Health-Related Services** to promote a holistic approach to health and academic achievement – the District currently operates independent departments for school health clinics/nurses, student support/mental and behavioral health services and teams, physical education and health education, athletics, food service, with limited communication between them. These departments should be coordinated through one office; with support from curriculum and human resources.
- 6. Build partnerships and resources to create a public health approach and community-wide effort** to support the health our **33,000+ BPS students** and families, providing training and support to staff, students and parents, and leveraging collaborations with community organizations, colleges universities, and government programs (i.e. state and county DOH).