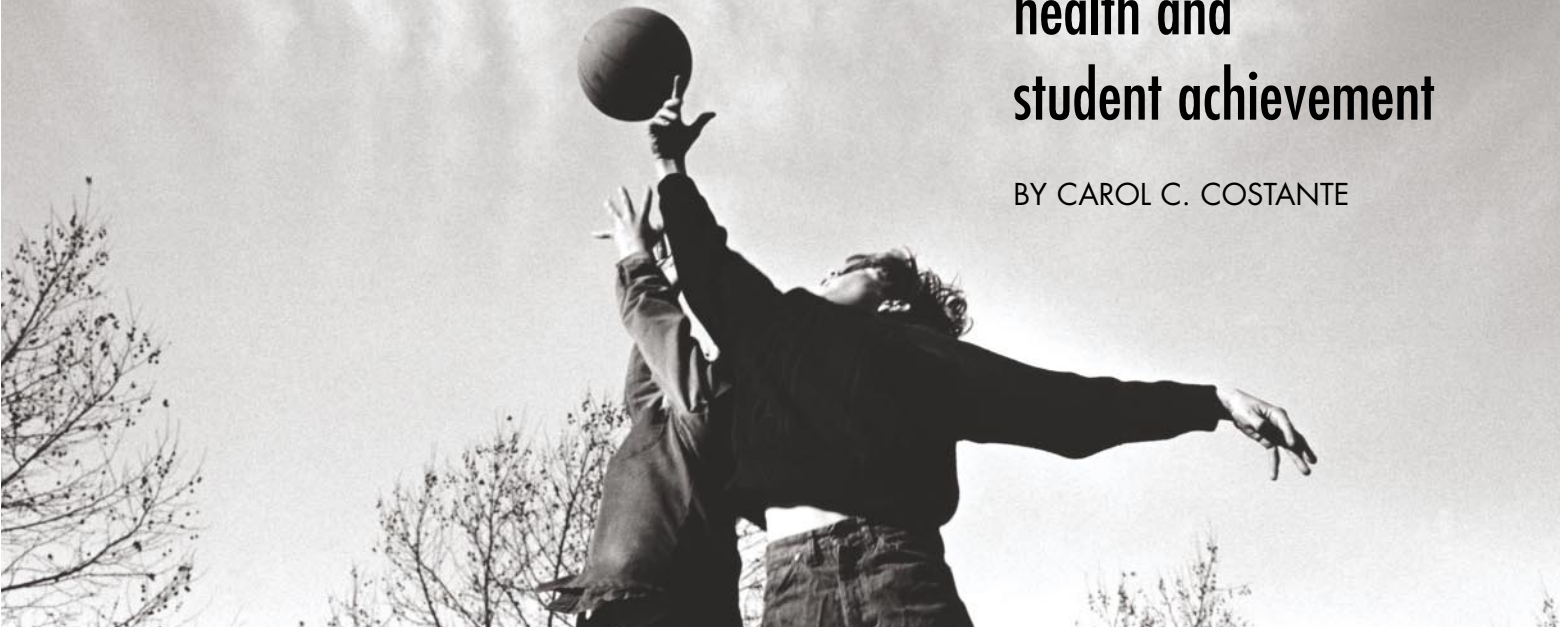


Healthy Learners

The link between health and student achievement

BY CAROL C. COSTANTE



Listen to these stories from an elementary school and then consider: What do they have to do with student achievement?

A fifth-grader thinks she's overweight and goes on a dangerous crash diet.

A second-grader gets frequent, inexplicable stomach aches. Another student falls asleep every morning on the bus.

These students can't achieve anywhere near their potential. Not because the school doesn't have high standards. And not because it doesn't have dedicated teachers and administrators. These students have health problems—problems that were confronted in just one morning by a school nurse.

Having worked in schools for 22 years, I've seen how vital good health is to academic success. And that's why I believe that professional school nurses are essential—and, moreover, cost-effective—for school districts interested in student achievement.

Health and education go hand in hand. An unhealthy child has difficulty learning. Hunger affects children's concentration, and many medical conditions can hinder the ability to learn. Abuse and neglect, poor health, and nutritional problems lie beneath many learning problems.

Likewise, there is considerable literature linking risky be-

haviors with poor school performance. These behaviors include self-inflicted injuries; tobacco, alcohol, and drug use; and sexual activity that results in pregnancy.

Health is basic to the basics—a point recognized by current and past U.S. surgeons general. The current surgeon general, Dr. David Satcher, has issued six health goals for the nation, five of which can be directly affected by school-based health services. These include providing a healthy start in life for every child, eliminating disparities in health, promoting healthy lifestyles, strengthening the community health system, and improving mental health services. In addition, my analysis shows that roughly half of the U.S. Public Health Service's objectives for the country (*Healthy People 2010*) can be influenced significantly or met entirely by schools.

Well-designed cafeteria menus, staff fitness programs, health education curriculums, and individual health services all address these national objectives. In fact, one of the objectives specifically strives to achieve a ratio of one school nurse to every 750 school children by 2010.

Finally, consider the National Education Goals. Three of the eight goals relate directly to student health: Every child will come to school ready to learn; high school graduation rates will increase to 90 percent; and all schools will be free of violence, drugs, and alcohol.

Patrick Cooper, a Mississippi superintendent, has found that

when his current and previous districts targeted significant funds to health-related services, attendance increased, test scores rose, dropout rates fell, and the graduation rate improved.

Furthermore, there appears to be widespread public support for effective student health services. According to a 1995 Gallup poll, 91 percent of Americans cite “serving the emotional and health needs of students” as a significant function of schools.

Making a difference

It seems clear, then, that health is vital to children’s well-being and success. But why have nurses in schools? How do they make a difference?

Let’s consider the multitude of societal problems that can harm children: violence, physical and sexual abuse, risky sexual behaviors, AIDS, teen pregnancy, psychological and emotional disorders, suicide, poverty, substance abuse, homelessness, and changes in family structure. These problems can have devastating effects on students’ success in school and, consequently, their futures. They are the same problems that school nurses identify daily and strive to eliminate or modify.

But it’s not just alleviating problems, important as that is. School nurses influence school performance through a process that, while indirect, is irrefutable. Here’s how it works. School nurses influence the health behaviors of students. This, in turn, makes them healthier. Better health then affects school behaviors, and these behaviors have a direct impact on academic performance.

For example, consider how this process plays out for a student with attention deficit/hyperactivity disorder (ADHD). The school nurse can employ a variety of interventions—observing classroom behavior, collaborating with health care providers and families, administering prescriptions, and sponsoring ADHD support groups that help students understand and manage their condition.

For students with ADHD, improved health would be demonstrated by an enhanced ability to listen and focus. This positive change would improve school-related behaviors, such as attendance, involvement in school programs, and discipline referrals. And these behaviors would lead to brighter short- and long-term performance: better grades, higher test scores, less retention, and higher graduation rates.

Of course, school nurses also have an impact on students indirectly, by working with adults and educating families and school staff about issues like ADHD. For example, they might help to modify the school program based on a student’s unique

needs or work with a school team to improve the student’s behavior.

Components of success

In *Evaluating the Effects of School Health Intervention on School Performance*, a 1993 report from the U.S. Department of Education, Barbara Devaney and her colleagues looked at three interrelated components of student performance: educational achievement, student behaviors, and student attitudes.

In terms of educational achievement, one consideration is whether students are completing the education process as expected. Will they graduate? Have they been promoted as expected? Are they in the appropriate grades for their ages?

Substance-abusing students, pregnant and parenting teens, and chronically ill students might not be able to progress as expected or graduate without help from a school health professional. Many disabled students cannot attend school at all without nursing support.

In addition, school nurses provide specific health-related strategies that support students in standardized testing and school performance assessments. Examples include promoting a psychologically supportive atmosphere; encouraging healthy habits like nutritious eating, proper rest, and exercise; and helping students with chronic health conditions develop strategies to attain personal success.

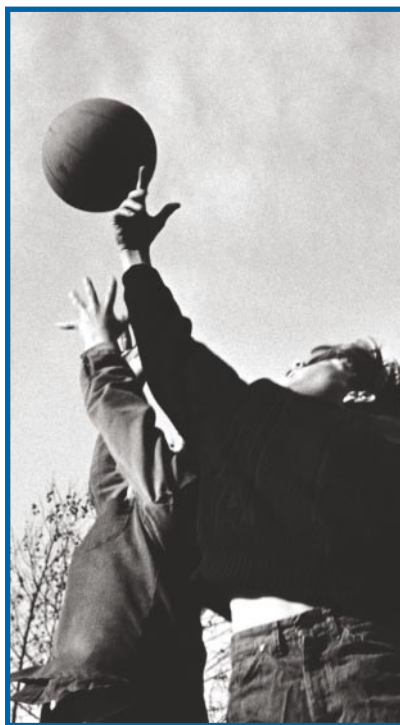
A second aspect of school performance is school behavior. Are students attending school? Do they have any behavioral problems while in school? Are they appropriately involved in school programs?

The most basic question regarding behavior is, of course: Are students at risk of dropping out? Students drop out for a variety of reasons, and school nurses can have an impact on most of them. For example, nurses help students gain access to health care. They work to prevent teen pregnancy and HIV infection. They offer parenting classes and other activities that help students make sound and appropriate decisions.

In addition, school nurses help set up Student Assistance Programs to identify and intervene with substance-abusing teens. They also run support groups for targeted at-risk students and monitor visits to the health room to identify those students who are missing time from class.

And they help keep children in school. Health care services that improve attendance include such things as health care information, resources, and referrals; health care treatments needed during the school day; early identification of disease; and instructions to parents on managing children with chronic health problems.

Nurses address behavioral problems in a multitude of ways.



To name just a few: administering and monitoring prescription drugs, teaching children about illegal drugs and alcohol, conducting “quit smoking” clinics, counseling students with health problems so they can participate in school activities, and working with their teachers to provide appropriate classroom strategies that contribute to academic success.

Student attitudes, the third element of school performance, are windows into students’ self-image, their self-esteem, and their ability to control their behavior. Once again, nurses can help by promoting healthy life-style choices, advocating health consumerism skills, teaching self-health care, and reinforcing students’ decision-making skills.

Gerry Harvey, a New Hampshire administrator and author of *Reframing School Nurse Services in Terms of Educational Outcomes*, says that for learning to take place, educators need students to be (1) ready to learn, (2) in school, (3) in class, (4) safe, (5) socialized, and (6) able to care for themselves. Even looking at the acquisition of learning in this manner, school nurses emerge as major contributors.

We have seen how healthier students are more prepared to learn, more likely to attend school and class, and better able to manage their health-related needs. Nurses promote socialization by teaching the self-care and decision-making skills mentioned earlier. They foster a safe environment by inspecting the school’s physical plant, supporting a nonviolent atmosphere, and helping students stay out of danger, both in school and at home.

A cost-effective service

Once convinced that school nurses are important, the next question is: How can you afford them? Or, how do you enhance the nursing services you already have in place?

Local school district budgets cannot fully support health-related services—nor should they be expected to. State and local health departments are committed to children’s health, and once they realize that schools are the most efficient places to serve children and youth, they are usually willing to collaborate. The most effective and advanced school health services programs seem to be those where health and education groups work together to benefit children.

School districts that have analyzed the cost-benefit ratio of school nurses have striking evidence of their cost-effectiveness. For example, according to its *Annual Report for the Department of Health Services*, the Dallas Independent School District spent less than \$52 per student for an extremely comprehensive health services program (including summer programming) in the school year ending in 2000.

Dallas is a district of almost 157,000 students. It employs 148

full-time-equivalent registered-professional nurses (including administrators) who have at least a bachelor’s degree and 108 unlicensed assistive personnel who provide full-time health services to all schools. Fifty-two dollars seems like little to pay for 1.4 million visits to the health office (more than 250,000 by school staff), plus a multitude of special programs provided by school nursing staff.

Funding for such a system can come from a variety of sources, including Medicaid, Title I, special education funds, Safe and Drug Free Schools money, and public and private grants. The Dallas schools generated \$267,532 in Medicaid reimbursement during the 1999-2000 school year. Community partnerships also accounted for abundant in-kind services to students.

Some school systems, such as the San Diego Unified School District and the Saint Paul Public Schools, have contracts with managed health care organizations that reimburse schools for traditional health care services that they might ordinarily provide free of charge, such as treating children with head lice, ADHD, and asthma and conducting physical health and developmental screenings. The ability to enter into such contracts depends on state regulations.

Screening programs provided by school health services can be a cost offset for school districts. Statewide data from Colorado provided in 1997 by the University of Colorado Health Sciences Center showed that public school screenings are more cost-effective and accessible (and therefore more likely to happen) than those conducted elsewhere in the public sector or in the private sector. According to that study, if all Colorado children who had vision-screening tests at public schools during the 1993-94 school year had received these services elsewhere, the insurance costs would have exceeded \$13 million.

The more health services are made available to children at public schools, the greater the overall savings. This is even more important in medically underserved areas, where many parents lack health insurance and have fewer health care options.

Because schools are cost-effective places to provide health care, districts that collaborate with other agencies to provide such services might possibly recover all the costs involved.

Communities as a whole also benefit from having healthier, more productive children. The trend in health care is community-based services, and what better place to serve school-age children than in schools?

Before they can learn, students need to be

- ready to learn,
- in school,
- in class,
- safe,
- socialized, and
- able to care for themselves.

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