

HEALTH AND ACADEMIC ACHIEVEMENT RESEARCH FACT SHEET



There is a growing emphasis on improving student learning through a variety of academic means, such as new teaching methods, standards-based curricula, and test-taking skills. However, these strategies do not affect the many non-instructional reasons why children struggle to achieve in school:

- Emotional, social and physical health problems can become barriers to learning making it difficult for students to be academically successful in school.
- Substance use, violence, physical inactivity, pregnancy, and psychological, emotional, and behavioral problems are all health risk factors repeatedly linked to academic failure. ⁱ
- Student health affects test scores, attendance, classroom behavior, grades and graduation rates.
- Removing just one health risk has a positive effect on student achievement. ⁱⁱ

**“No educational tool
is more essential
than good health.”**

— Council of Chief
State School Officers

Test scores

- Schools designated as low performing by state test scores generally have more students exposed to health risks than other schools, even after accounting for socioeconomic characteristics. ⁱⁱⁱ
- Schools with large numbers of students engaging in weekly physical activity and eating nutritious foods have greater gains in test scores than other schools. ^{iv}
- Test scores increase more in schools where students report caring relationships at school, high expectations at school, and meaningful participation in the community. ^v

HEALTHY KIDS 
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A Coordinated School Health Approach

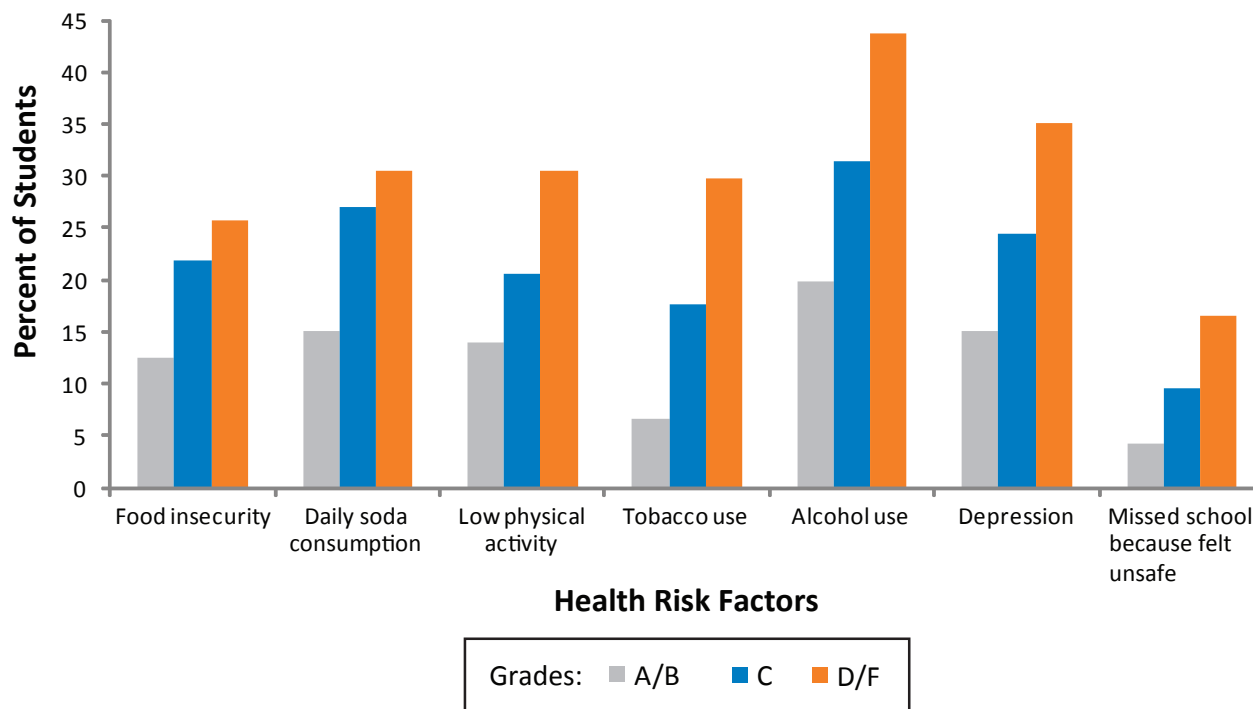
Attendance

- Alcohol, tobacco, and other drug use is linked to reduced attention span, lower investment in homework, more negative attitudes toward school, lower motivation, and increased absenteeism. ^{vi}
- Asthma causes three times more school absences than any other chronic disease causing 60 percent of students with asthma to miss school days every year. ^{vii}

Grades

- In Oregon, of 11th-grade youth who report receiving primarily D or F grades, nearly 27 percent report fair or poor physical health. Meanwhile only 8 percent of students who report receiving As report fair or poor physical health. ^{viii}
- In Oregon, of eighth-graders who report receiving primarily Ds or Fs, more than 30 percent report fair or poor emotional health. Of eighth-graders who report getting As, less than 10 percent report fair or poor emotional health. ^{ix}
- Oregon sees the same relationship between grades and health risks as other states and the nation. ^x

Academic grades and selected health risk factors of eighth-grade students in Oregon. ^{xi}



Students reporting mostly A and B grades were less likely to experience various health risk factors than students with grades of C or lower. Students with D and F grades were the most likely to experience health risk factors.

High school graduation rate

- Nationally, key health reasons that youth drop out of high school include pregnancy, substance use, and mental health disorders. ^{xii}
- More than half of U.S. adolescents who fail to complete high school have a diagnosable psychiatric disorder. ^{xiii}
- Adolescents with poorer general health are less likely to graduate from high school on time and attend college or post-secondary education than healthier students. ^{xiv}

Schools and communities make a difference

- Physical activity enhances student concentration and attention and improves classroom behavior. ^{xv}
- Students in states with school-based health centers that serve as Medicaid providers have greater academic achievement than states without them. ^{xvi}
- Participation in school breakfast programs is associated with significant improvements in academic functioning, and missing breakfast is associated with reduced cognitive performance. ^{xvii}

A multi-component, comprehensive approach is most effective at improving student health and academic success. This approach includes school and community partners, uses school data to drive decision-making, and focuses on evidence-based strategies.

To learn more please visit **HKLB.org** and click the link for the Healthy Kids Learn Better (HKLB) State Program.

About Healthy Kids Learn Better

The Healthy Kids Learn Better Partnership (HKLB) works at the state and local level to foster partnerships between health and education stakeholders in order to reduce physical, social, and emotional barriers to learning.

For more information, visit www.HKLB.org or call 971-673-0249.



“Health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially.”

— National Association of State Boards of Education

NOTES

- ⁱ Lynskey M, Hall W. (2010). The effects of adolescent cannabis use on education attainment: A review. *Addiction*; Yamada T, Kendix M, Yamada T. (1996). The impacts of alcohol consumption and marijuana use on high school graduation. *Health Economics*; Brindis C, Philliber S. (1998). Room to grow: improving services for pregnant and parenting teenagers in school settings. *Education & Urban Society*; Brooks-Gunn J, Guo G, Furstenberg F. (1993). Who drops out of and who continues beyond high school? A 20-year follow-up of black urban youth. *Journal of Adolescent Research*; Dewey JD. (1999). Reviewing the relationship between school factors and substance use for elementary, middle, and high school students. *Journal of Primary Prevention*; Mandell DJ, Hill SL, Carter L, Brandon RN. (2002). The impact of substance use and violence/delinquency on academic achievement for groups of middle and high school students in Washington. Washington Kids Count, Human Services Policy Center Evans School of Public Affairs, University of Washington; Shephard RJ. (1996). Habitual physical activity and academic performance. *Nutrition Reviews*.
- ⁱⁱ Dilley J. (2009). Research review: School-based health interventions and academic achievement. Available at www.sboh.wa.gov/Pubs/docs/Health&AA.pdf
- ⁱⁱⁱ Hanson TL, Austin GA. (2002). Health risks, resilience, and the Academic Performance Index. (California Healthy Kids Survey Factsheet 1). WestEd. Available at www.wested.org/hks; Low performing defined by a score on California's Academic Performance Index in the lowest 20th percentile.
- ^{iv} Hanson TL, Austin G, Lee-Bayha J. (2004). How are student health risks & resilience related to the academic progress of schools? Health and Human Development Program, WestEd. Available at www.wested.org/hks
- ^v Hanson et al., 2002.
- ^{vi} Hanson et al., 2004.
- ^{vii} Doull I, Williams A, Freezer N, Holgate S. (1996). Descriptive study of cough, wheeze and school absence in childhood. *Thorax*; Rana U, Jurgens S, Mangione S, Elia J, Tollerud D. (2000). Asthma prevalence among high absentees of two Philadelphia middle schools. *Chest*.
- ^{viii} Oregon Healthy Teens (OHT). (2009). Available at public.health.oregon.gov/BIRTHDEATHCERTIFICATES/SURVEYS/OREGONHEALTHYTEENS/Pages/index.aspx
Questions: Would you say that in general your physical health is ... (excellent, very good, good, fair, poor); During the past 12 months, how would you describe your grades in school? (mostly As, Bs, Cs, Ds, Fs, none of those grades, not sure)
- ^{ix} OHT, 2009. Questions: Would you say that in general your emotional and mental health is... (excellent, very good, good, fair, poor); During the past 12 months, how would you describe your grades in school? (mostly As, Bs, Cs, Ds, Fs, none of those grades, not sure)
- ^x Centers for Disease Control and Prevention Youth Risk Behavior Survey. (2009). Available at www.cdc.gov/HealthyYouth/health_and_academics/index.htm
- ^{xi} OHT, 2009.
- ^{xii} Breslau J, Miller E, Joanie Chung WJ, Schweitzer JB. (2011). Childhood and adolescent onset psychiatric disorders, substance use, and failure to graduate high school on time. *Journal of Psychiatric Research*; The National Campaign to Prevent Teen and Unplanned Pregnancy. (2010). Policy brief: Preventing teen pregnancy is critical to school completion. Available at www.thenationalcampaign.org/resources/pdf/Briefly_PolicyBrief_School_Completion.pdf
- ^{xiii} Stoep AV, Weiss NS, Kuo ES, Cheney D, Cohen P. (2003). What proportion of failure to complete secondary school in the US population is attributable to adolescent psychiatric disorder? *Journal of Behavioral Health Services & Research*.
- ^{xiv} Haas SA, Fosse NE. (2008). Health and the educational attainment of adolescents: Evidence from the NLSY97. *Journal of Health & Social Behavior*.
- ^{xv} Centers for Disease Control and Prevention. (2010). The association between school-based physical activity, including physical education, and academic performance. Available at www.cdc.gov/healthyyouth/health_and_academics/pdf/pa-pe_paper.pdf
- ^{xvi} Vinciullo FM, Bradley BJ. (2009). A correlational study of the relationship between a coordinated school health program and school achievement: A case for school health. *Journal of School Nursing*.
- ^{xvii} Safe and Healthy Kids Program Office, California Department of Education. (2005). Getting results: Update 5, student health, supportive schools and academic success. Available at www.gettingresults.org/Pages/articles/Update5Final.pdf

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OHA 9555 (6/2011)

All student athletes need health coverage.



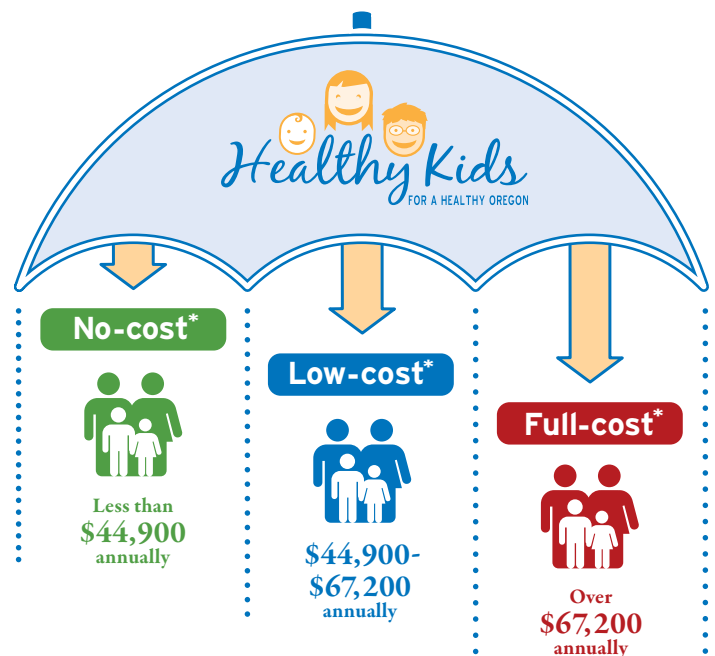
Healthy Kids
covers all uninsured
Oregon kids and teens.

No-cost or low-cost health coverage

- Healthy Kids coverage includes all the care kids and teens need, including annual physicals, prescriptions, dental, vision, mental and behavioral health care and more.
- Youth up to age 19 qualify, and coverage lasts for one full year.

Even middle-income families qualify

- A family of four can make as much as \$67,200 a year and may qualify for the low-cost option.
- The average monthly premium is about \$60 a month for low-cost health coverage.



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*Program eligibility is mostly based on monthly income and number of members in the family. Graphic shows examples for a family of four and annual income.



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