

# 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?**

*Effective school health and wellness policies and practices result in improved student and staff health and student academic achievement.*

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

Directors of Health Promotion and Education, 2007; Murray, Low, Hollis, Ross, & Davis, 2007; 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. 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. <sup>ii</sup>

## **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 eight important areas:

1. Health Education
2. Health Services
3. Nutrition Services
4. Healthy School Environment
5. Family & Community Involvement
6. Counseling, Psychological & Social Services
7. Health Promotions for Staff
8. Physical Education

*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 poverty. <sup>iii</sup>
- Currently in the Buffalo Schools, between **30% and 45% of students are overweight or obese**. <sup>iv</sup>
- K-3 students receive **only 30 minutes of physical education per 6 day cycle**, although state regulations require 120 minutes per calendar week.
- 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 2011 to nearly 11,000 middle and high school students, **BPS has higher than state and national rates of risk behaviors**: <sup>v-vi</sup>
  - **16%** of middle school and **51%** of high school students were sexually active. 12% of high school students reported having sex before age 13 and 20% reported having four or more sexual partners in their lifetime.
  - **28%** of high school students reported frequent feelings of sadness or hopelessness, and nearly 10% had attempted suicide.
  - **38%** of high school students reported that they have engaged in physical violence, including fights on school property (13%) & intimate partner violence (12%).
  - **25%** of high school students used marijuana, including use on school property (7%), and there were high rates of abusing/misusing prescription drugs (7.4%).
- The current BPS sexual health curriculum is outdated and incomplete. In 2012, among Buffalo City 15-19 year old females, approximately **11%** were diagnosed with chlamydia and **3%** were diagnosed with gonorrhea. Given Buffalo's very high sexually transmitted infection rates, age appropriate, comprehensive sexual health education *must begin before high school*.
- The current time requirement for health education (1 semester in middle school and 1 semester in high school) *does not come close to the frequency necessary* for students to successfully adopt or practice behaviors that protect health.

## Recommendations

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

### At the Federal Level:

- **Support the PHYSICAL Act, as well as FIT Kids and Physical Activity Guidelines for Americans legislation** to encourage the US Department of Education to integrate physical education and health education as core academic subjects.
- **Reform USDA subsidies and purchasing** to allow schools to receive more culturally-appropriate, fresh, whole food options.

### At the State Level:

- **Update and enforce health education regulations** based on research and best practices, aligned with the common core learning standards, including the time requirement for health.
- Assist the Buffalo Public Schools to **achieve adherence to the Commissioner's Regulations for Health Education & Physical Education** (135.4 and 135.3) specifically related to time allowed for physical education and comprehensive, up-to-date, and sequential health education.
- **Build capacity at NYS Education Department** for Coordinated School Health, physical education, health education and other health-related supports to school districts. Fill Bureau Chief position with a qualified, knowledgeable leader that can serve as a resource to Districts and schools and identify and secure federal funding (CDC, HHS) to support school health infrastructure within Buffalo and throughout NYS.

### At the District Level:

- Establish and improve operations within the Buffalo Public Schools to implement the Wellness Policy and comply with NYS Education Department regulations:
  1. Require all schools to **meet the state requirements for physical education and health education in 2013-2014**. 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. Immediately instruct all schools to **offer recess or comparable activities** to all students in Pre-K through sixth grade at minimum. It is also recommended that all students and staff should be provided increased opportunities for physical activity to promote health and learning.
  3. **Establish school wellness teams** to create decentralized, building-level teams that conduct a "school health index" and implement Coordinated School Health programs based on their particular needs and assets.
  4. Offer **culturally-appropriate, fresh, whole food options and conduct menu planning with students and parents**.
  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 (school health clinics/nurses, student support/mental and behavioral health services and teams, physical education and health education, athletics, food service 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).

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