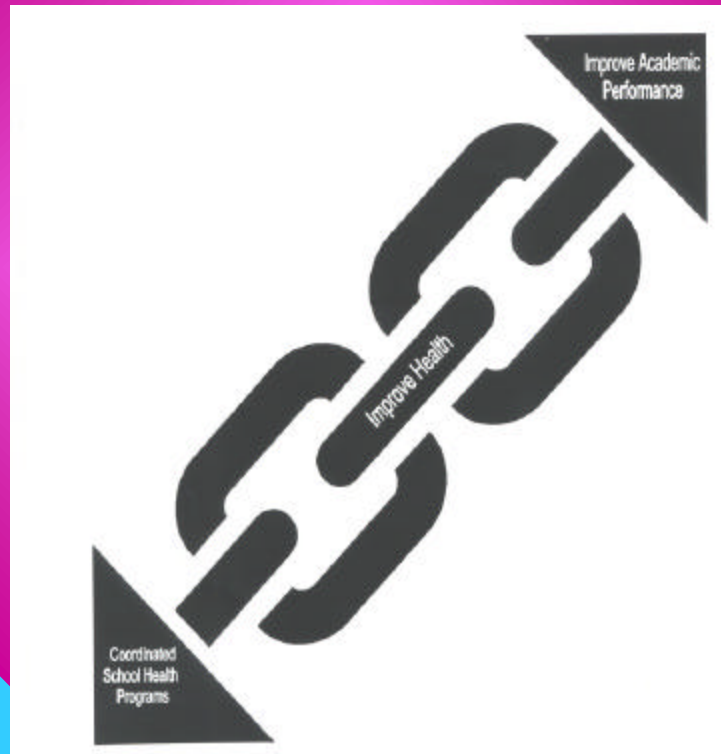


# Health & Academics:

## *Making the Link*



# Goals for Education

**RAISE ACADEMIC  
PERFORMANCE**

and

**IMPROVE CHILDREN'S  
WELL-BEING**

# Goals for Education



**Improving  
academic  
performance by  
increasing  
well-being**

# Research & Health Behavior

**Tobacco use  
decreases  
attention span  
and  
concentration.**

*1998 U.S. Dept of Health  
& Human Services*

**14.5% of  
Massachusetts  
teens smoke  
daily.**

*1997 MYRBS*

# Research & Health Behavior

**Alcohol & drug  
use impair the  
brain's ability to  
process  
information,  
form memories,  
and recall  
information.**

*Jaffe, 1980.*

**53.5% of teens  
drink alcohol on  
a monthly basis.  
30.9% of teens  
smoke  
marijuana  
on a monthly  
basis.**

*1997 MYRBS*

# Research & Health Behavior

**Poor nutrition  
decreases  
cognitive  
functioning and  
performance in  
the areas of  
language,  
concentration, &  
attention.**

*Wehler, Scott, & Anderson, 1996*

**30.3% of  
Massachusetts  
teens have  
dieted in the  
past 30 days.**

*1997 MYRBS*

# Research & Health Behavior

**Exposure to violence  
has negative  
psychological and  
physiological  
consequences that  
can have detrimental  
effects  
on school  
performance.**

Prothrow-Stith & Quaday, 1995

**36% of teens  
have been in  
a physical fight  
within the past year.**

1997 MYRBS

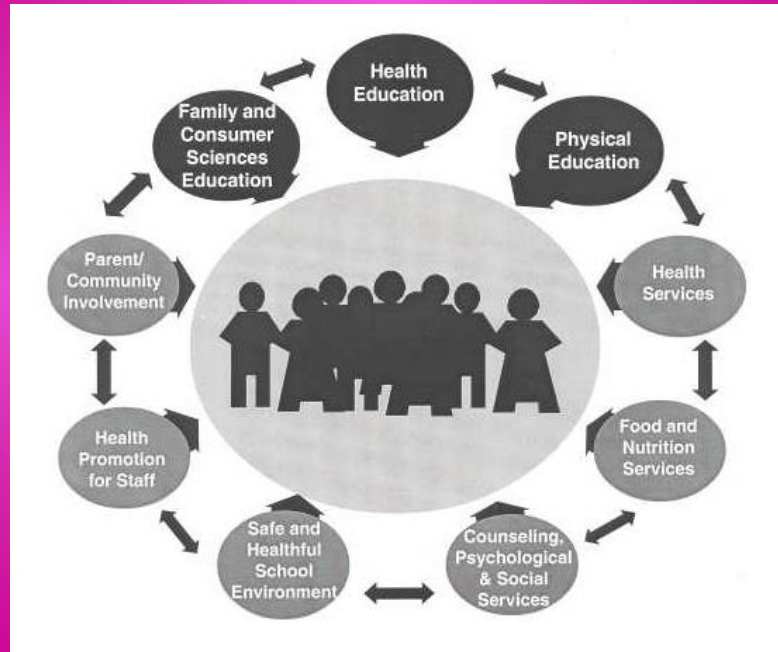
# Some Other Interesting Facts:

- **Students with poor nutrition & low levels of physical fitness are more likely to be absent and tardy.** Murphy, 1998
- **Students who are threatened with physical violence may avoid school.** Massachusetts Youth Risk Behavior Survey, 1997
- **Substance using or pregnant students are more likely to drop out of school.** Bempechat, 1989



**How do we create an academic  
environment that is  
challenging and rigorous  
while nurturing the student's  
well-being?**

# Comprehensive School Health



*Massachusetts Department  
of Education  
Health Framework 1999*

# **CSHP Practices Related to Decreases in Student Risk Behavior**

- **Exposure to Health Curriculum**
- **Involvement of Important Adults**
- **Involvement of Important Peers**
- **Local Program Evaluation**

**Health Protection  
Fund Year V Evaluation  
1999**

# An example...

- **Students who have been taught about AIDS/HIV infection in school were significantly more likely to report ever having talked with their parents and family about HIV/AIDS than those who had not. (58% vs.38%)**
- **Students who have been taught about AIDS/HIV in school are less likely than their peers to have had sexual intercourse in their lifetime. (47% vs. 56%)**

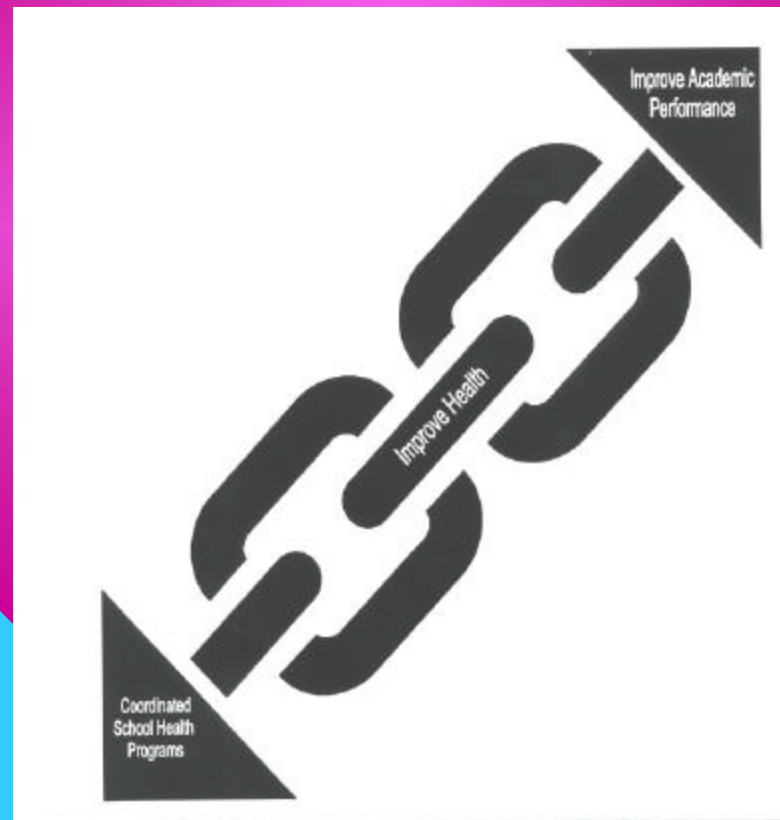
# Comprehensive School Health Programs & School Performance

- **Increased grade point average** (Hawkins et al, 1999)
- **Increased course grades in math & English** (Murphy et al, 1996)
- **Increased achievement scores in reading** (Lindmark, 1996)
- **Increased standardized test performance** (Simun, 1996)

# Comprehensive School Health Programs & School Performance

- **Increased cognitive development & awareness** (U.S. Senate, 1993)
- **Increased attendance** (U.S. Senate, 1993)
- **Increased graduation rates** (Pitway Charitable Foundation, 1992)
- **Increased goal setting, problem identification, decision making, & communication** (Mohai, 1991)

# Health & Academics: Making the Link



**“Comprehensive School Health Programs offer the opportunity for us to provide the services and knowledge necessary to enable children to be productive learners and to develop the skills to make health decisions for the rest of their lives.”**

National School Boards  
Association

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