



Each Student Successful:

Exploring Policies to Address Health Disparities and the Academic Achievement Gap

May 18, 2007

“You cannot educate a child who is not healthy and you cannot keep a child healthy who is not educated.”

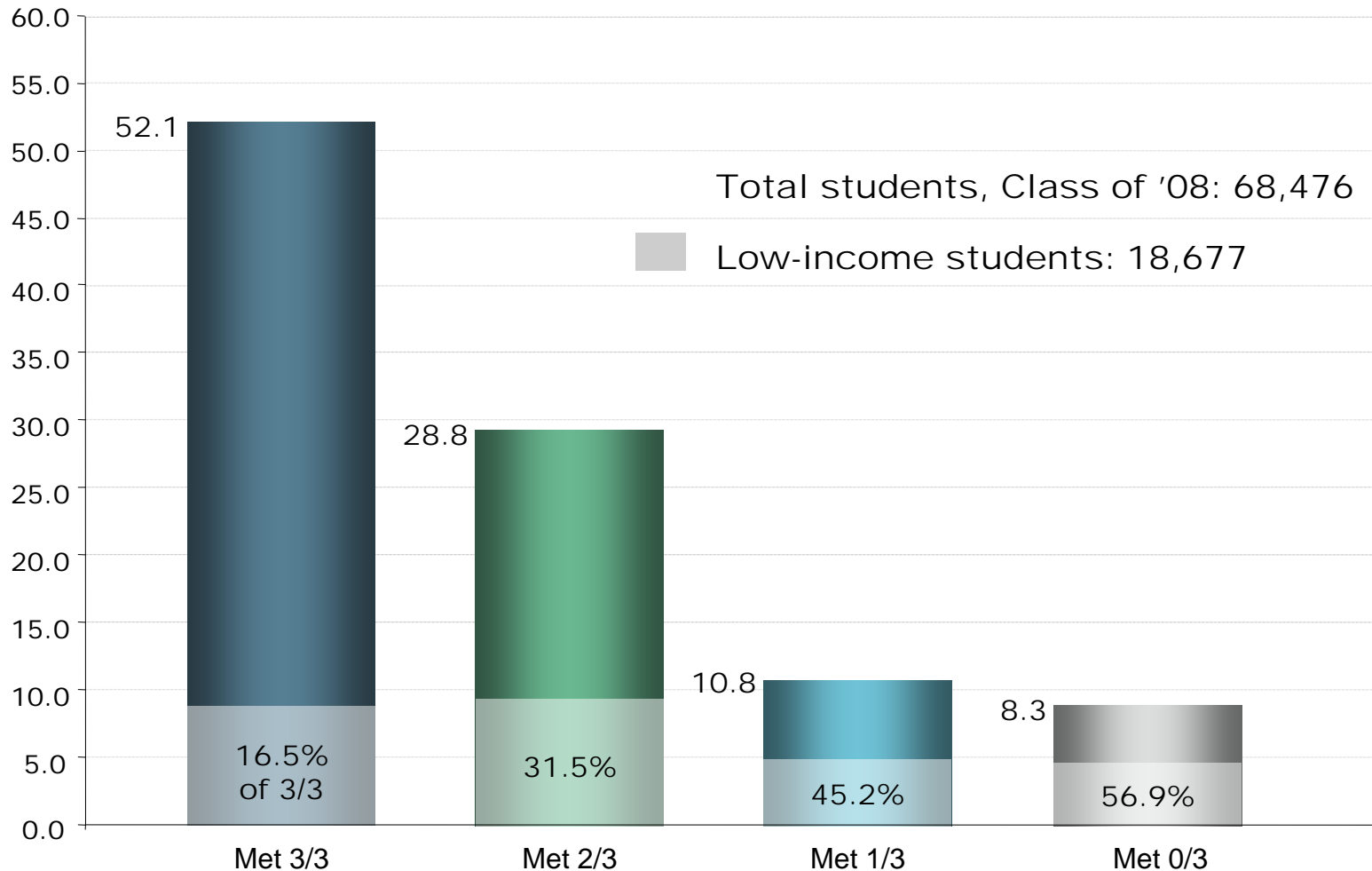
– Dr. J. Elders

What Does the Academic Achievement Gap Look Like?

- Data from 2006 spring administration of the Washington Assessment of Student Learning (except as noted).
- Data represents ALL 10th grade public school students statewide.
- The patterns of disparity generally hold true for other grade levels as well.

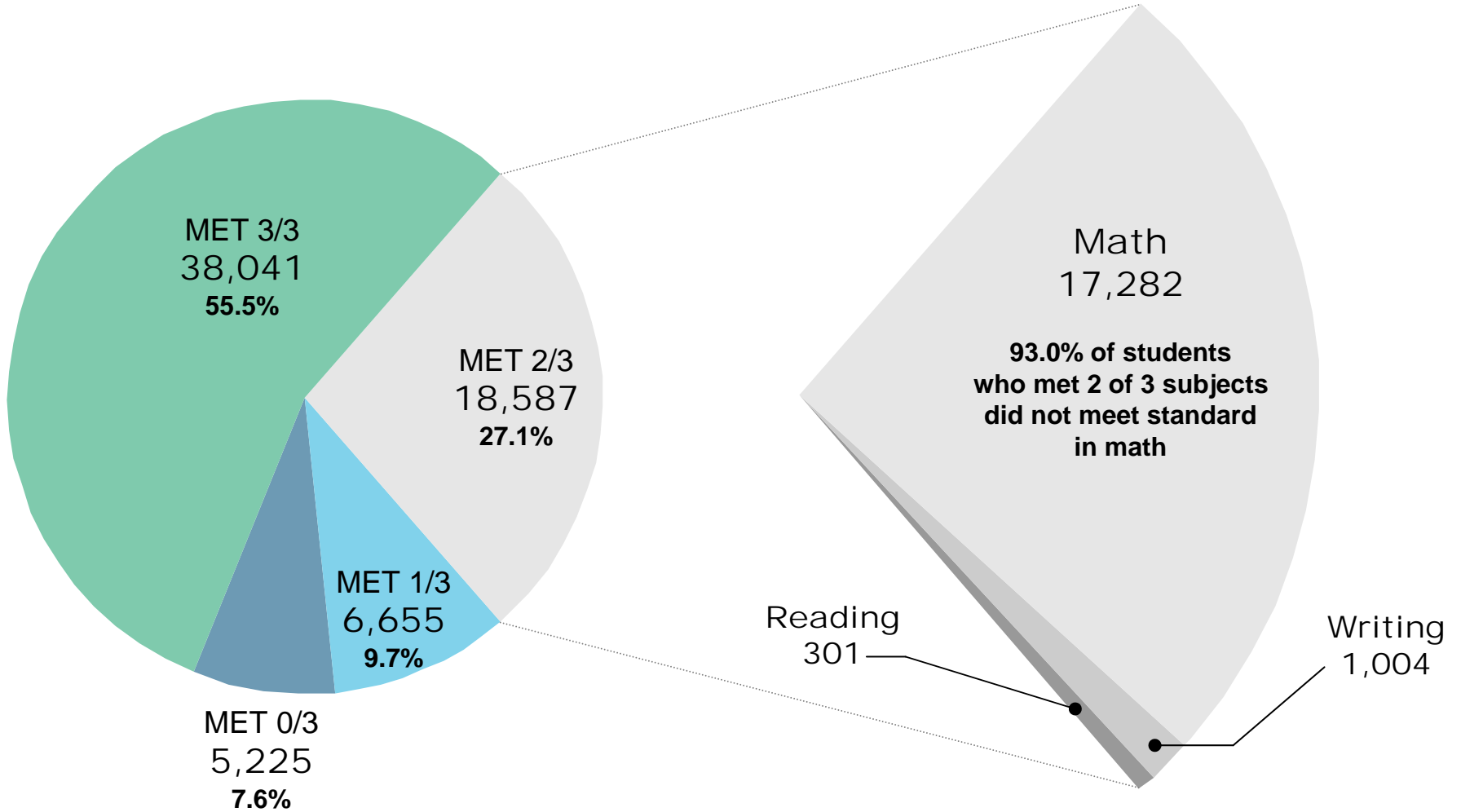
2006 WASL: All students

10th-grader meeting standard in one or more subject area



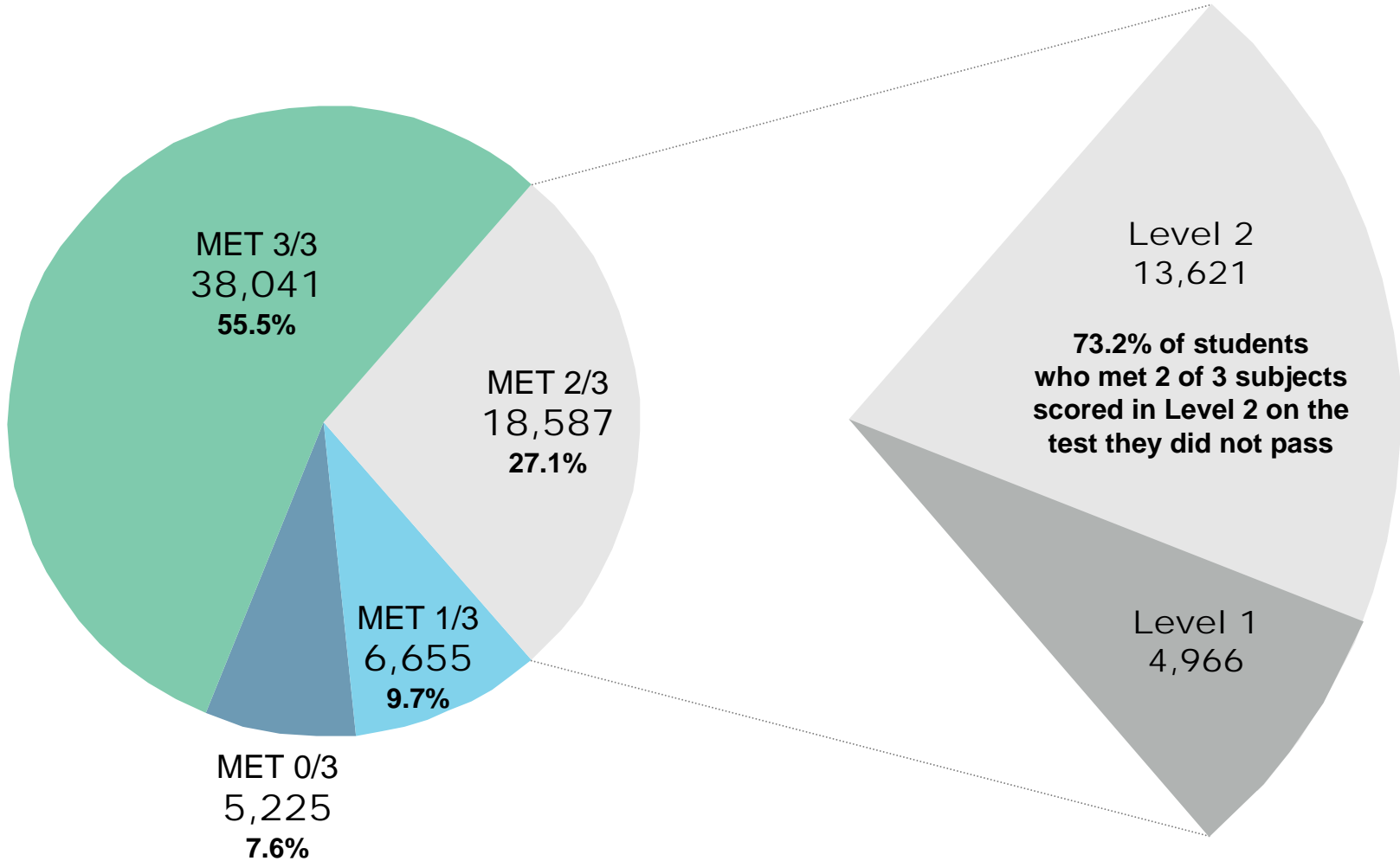
Students tested: Spring and August

Number and percentage of 10th graders meeting standard on 0, 1, 2 or 3 tests



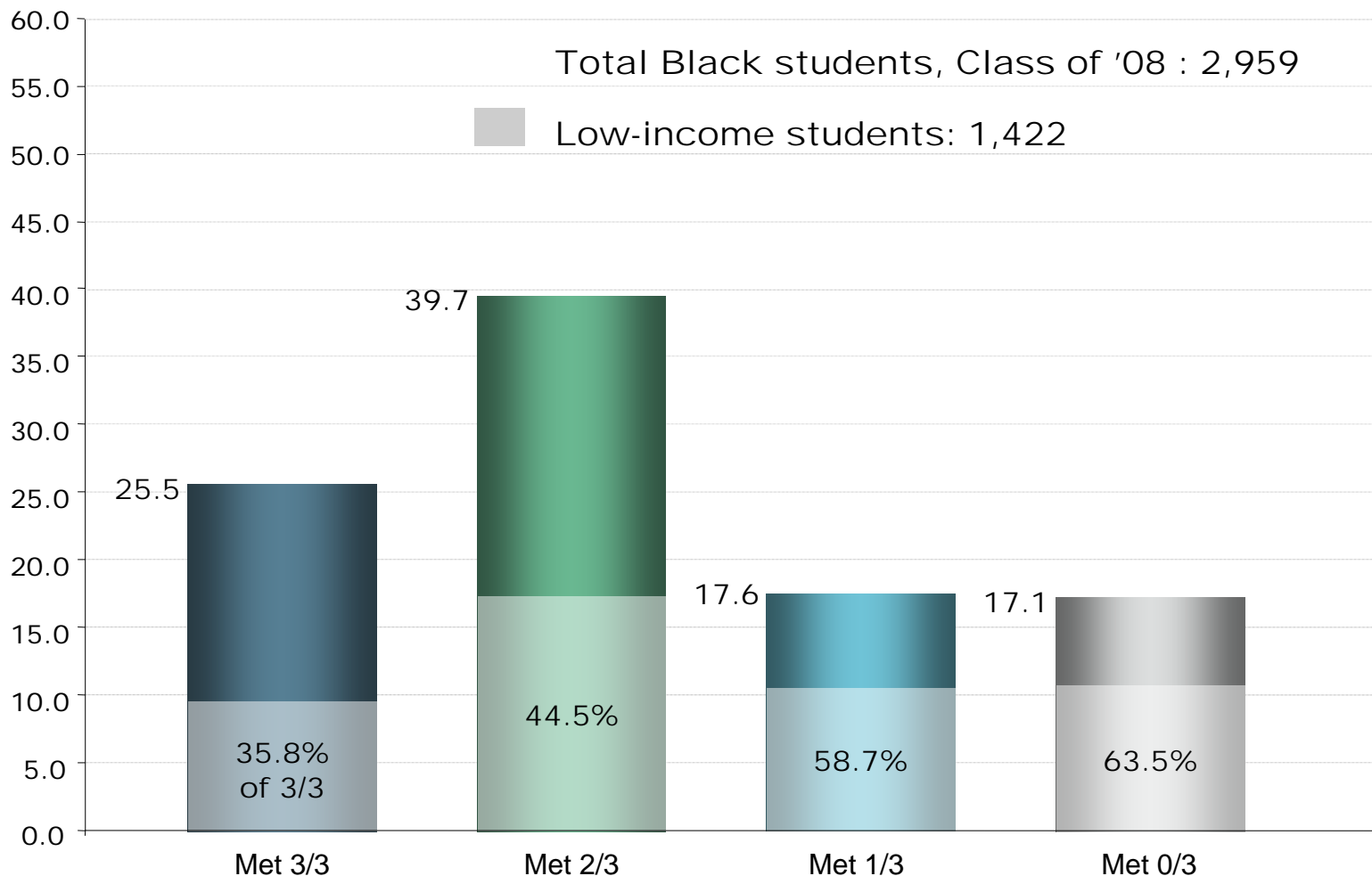
Students tested: Spring and August

Number and percentage of 10th graders meeting standard on 0, 1, 2 or 3 tests



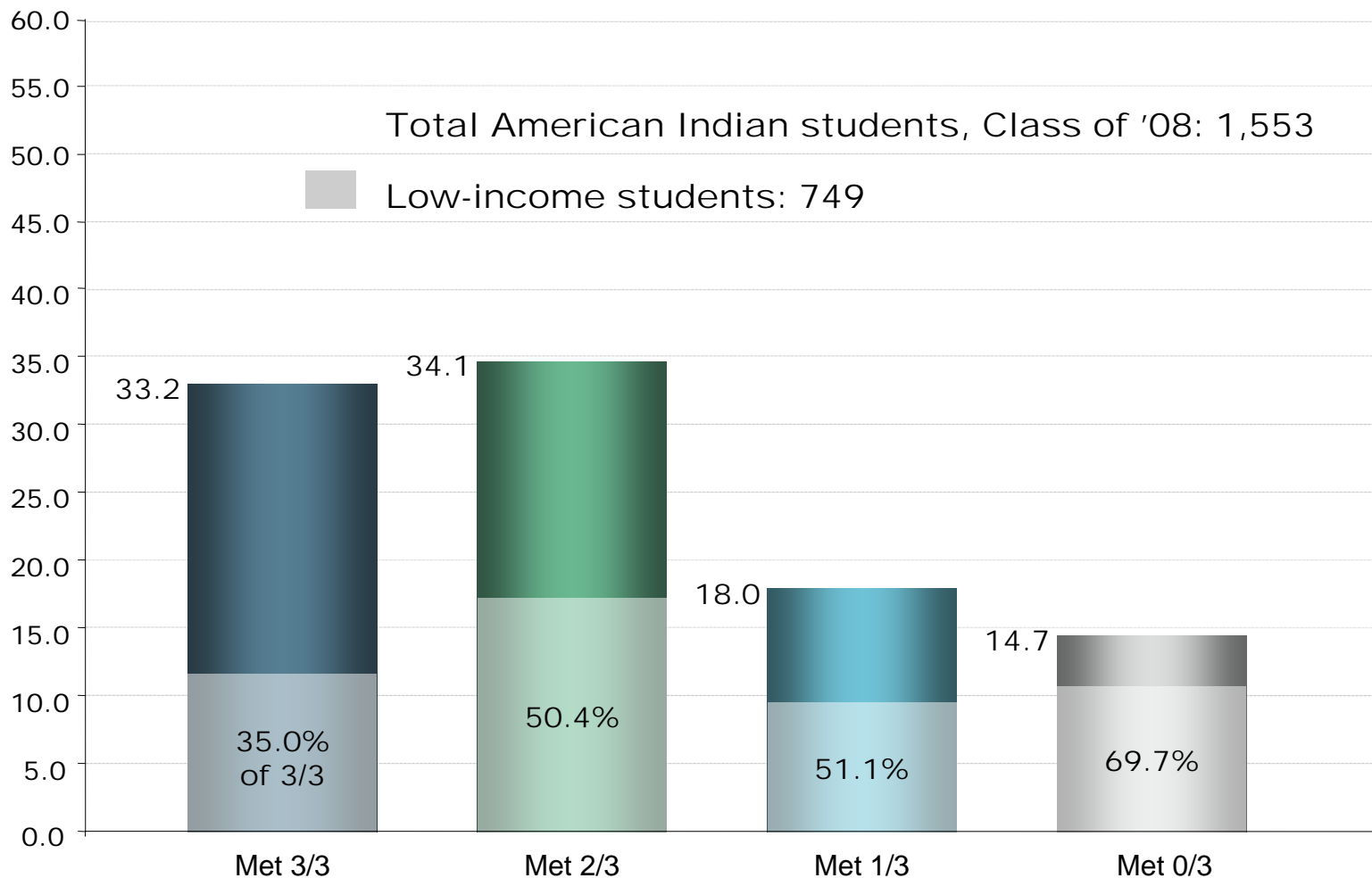
2006 WASL: Black students

10th-grader meeting standard in one or more subject area



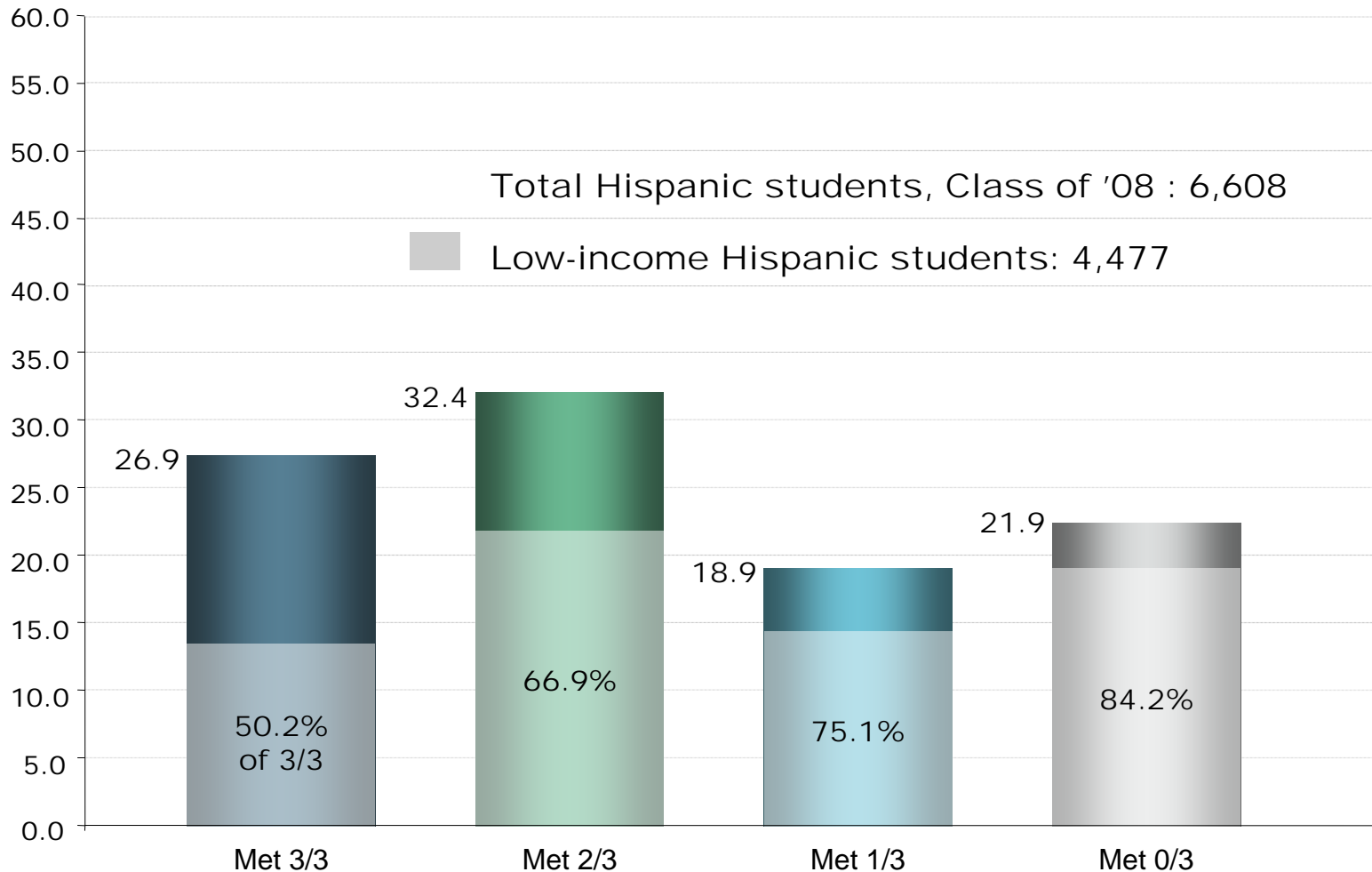
2006 WASL: American Indian students

10th-grader meeting standard in one or more subject area

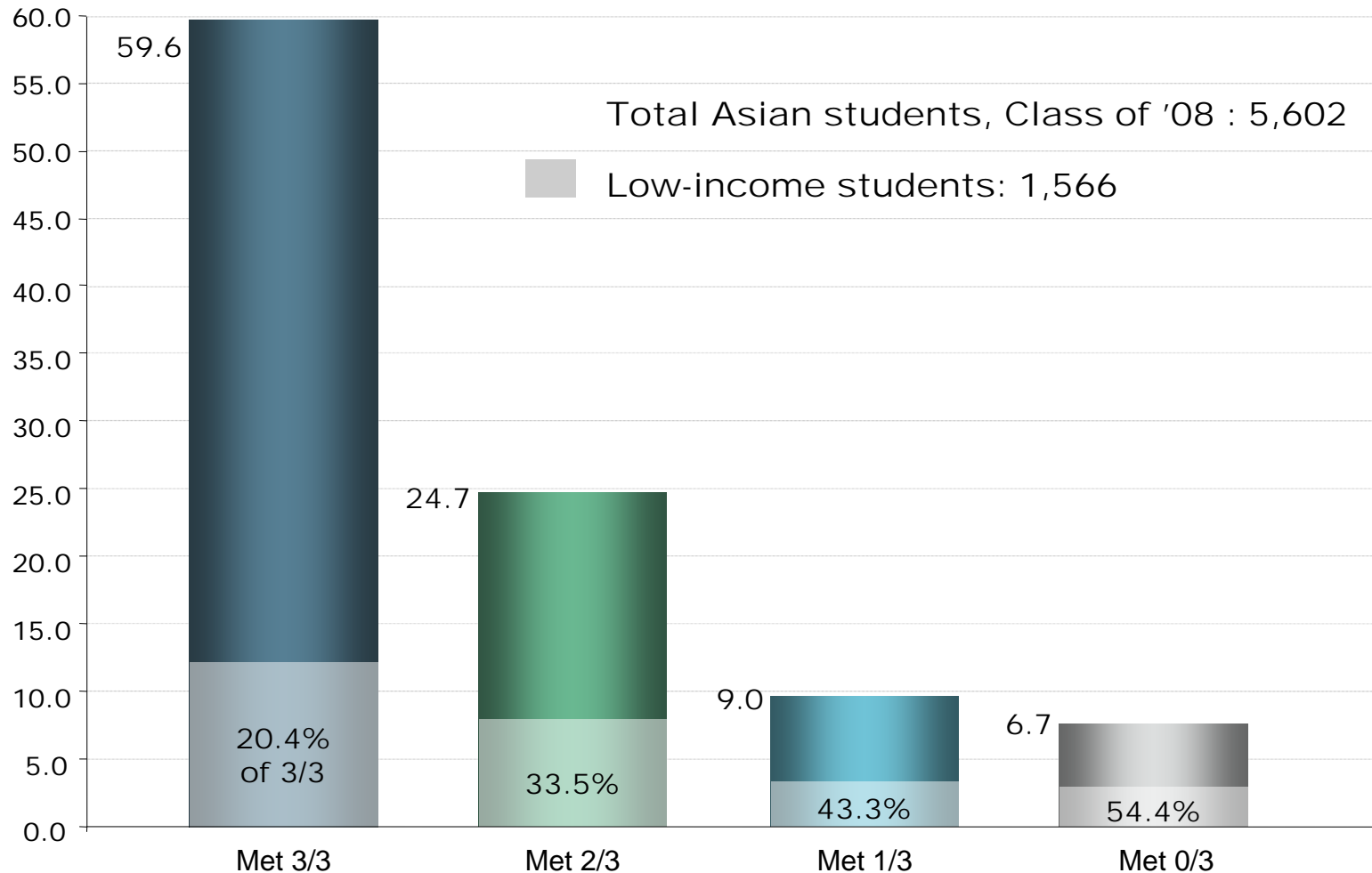


2006 WASL: Hispanic students

10th-grader meeting standard in one or more subject area

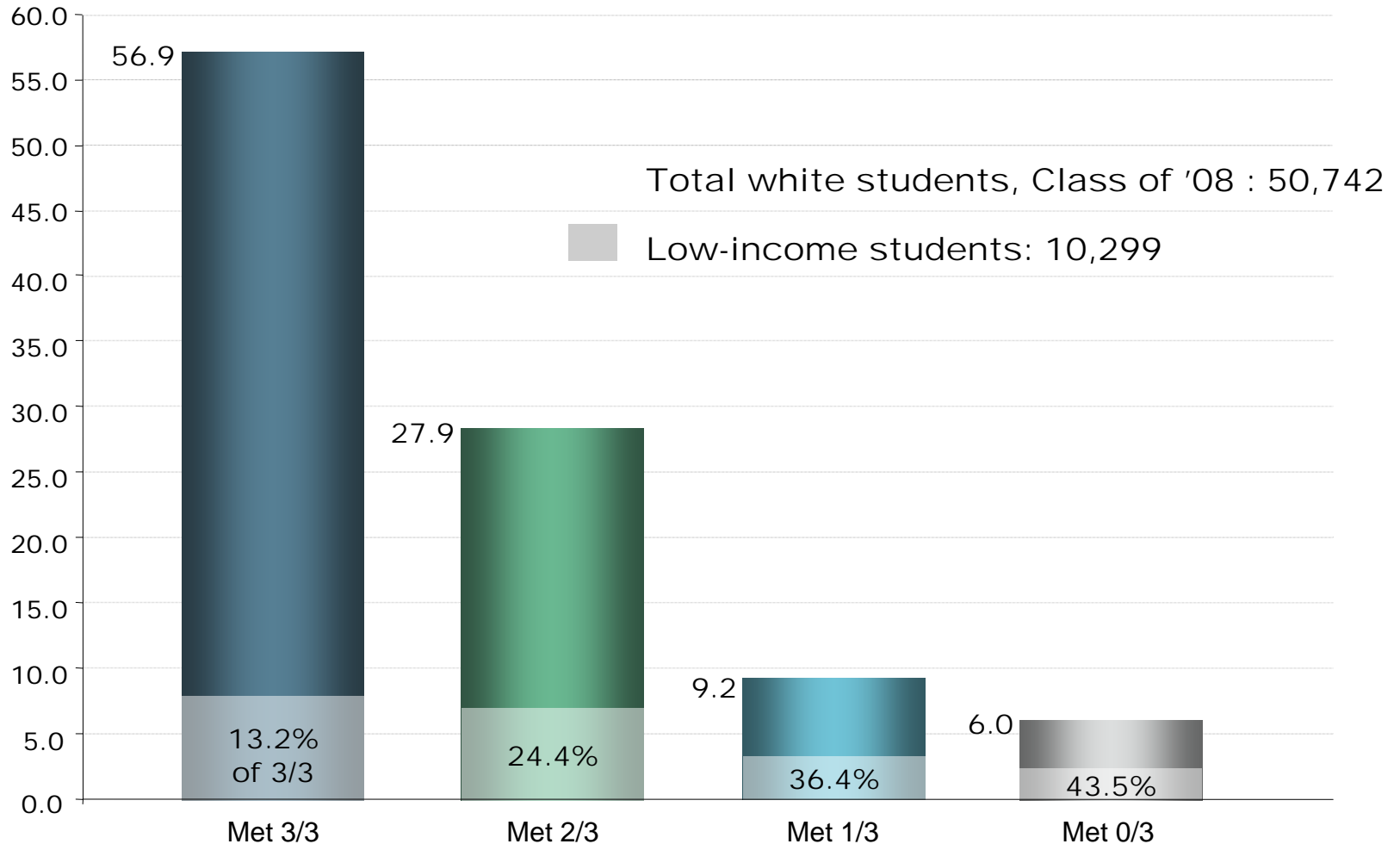


2006 WASL: Asian/Pacific Islander students 10th-grader meeting standard in one or more subject area



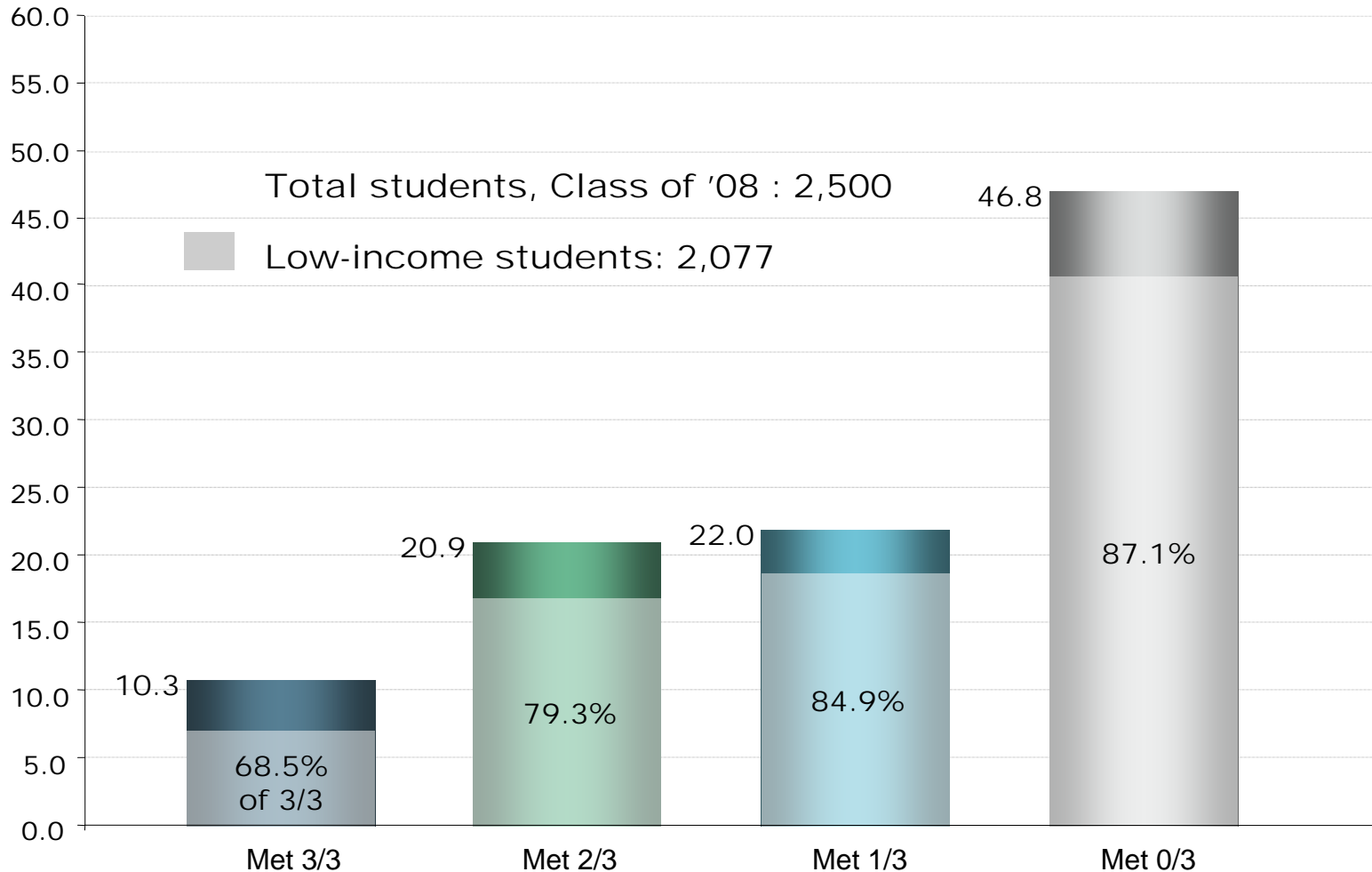
2006 WASL: White students

10th-grader meeting standard in one or more subject area

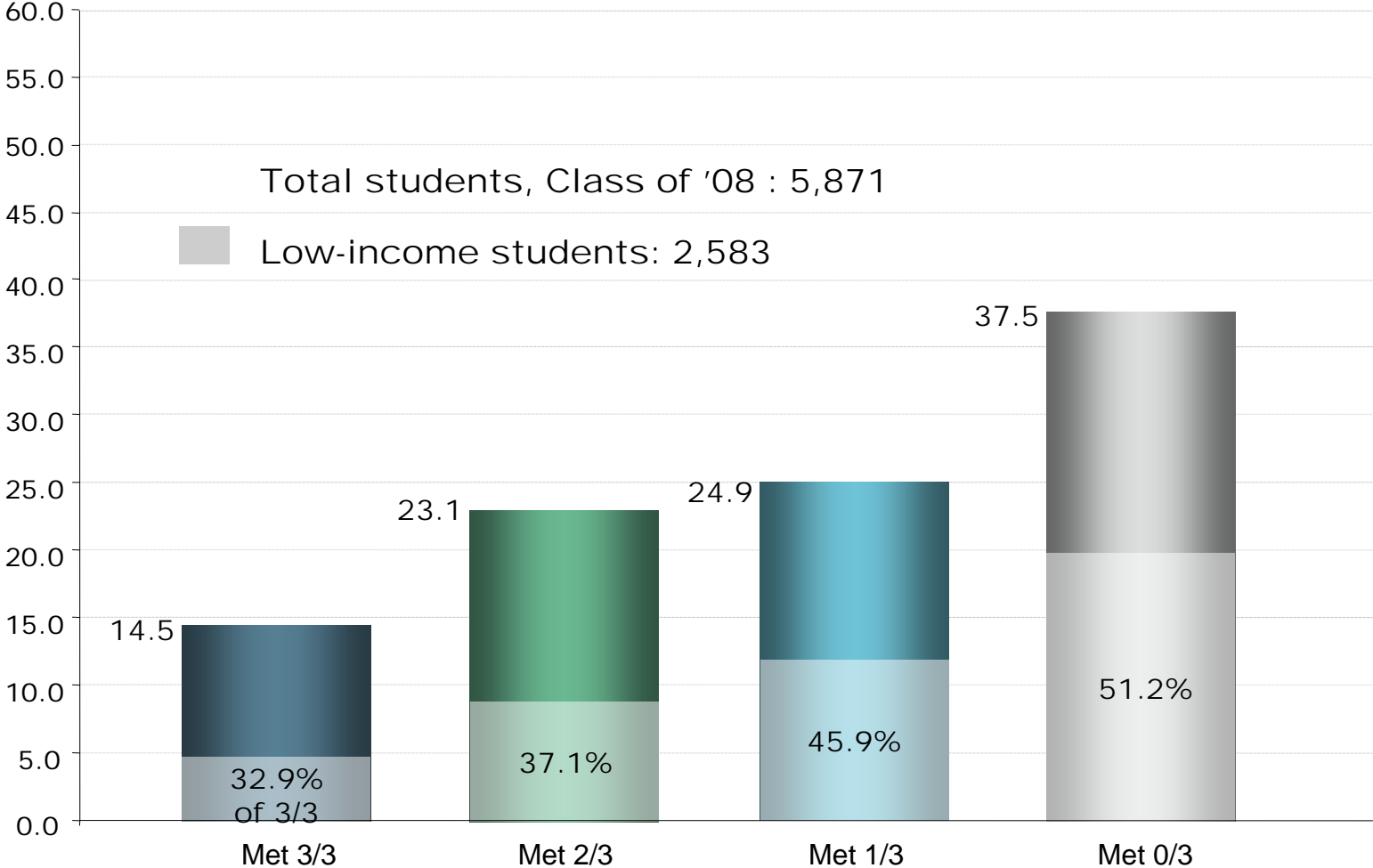


2006 WASL: ELL students

10th-grader meeting standard in one or more subject area

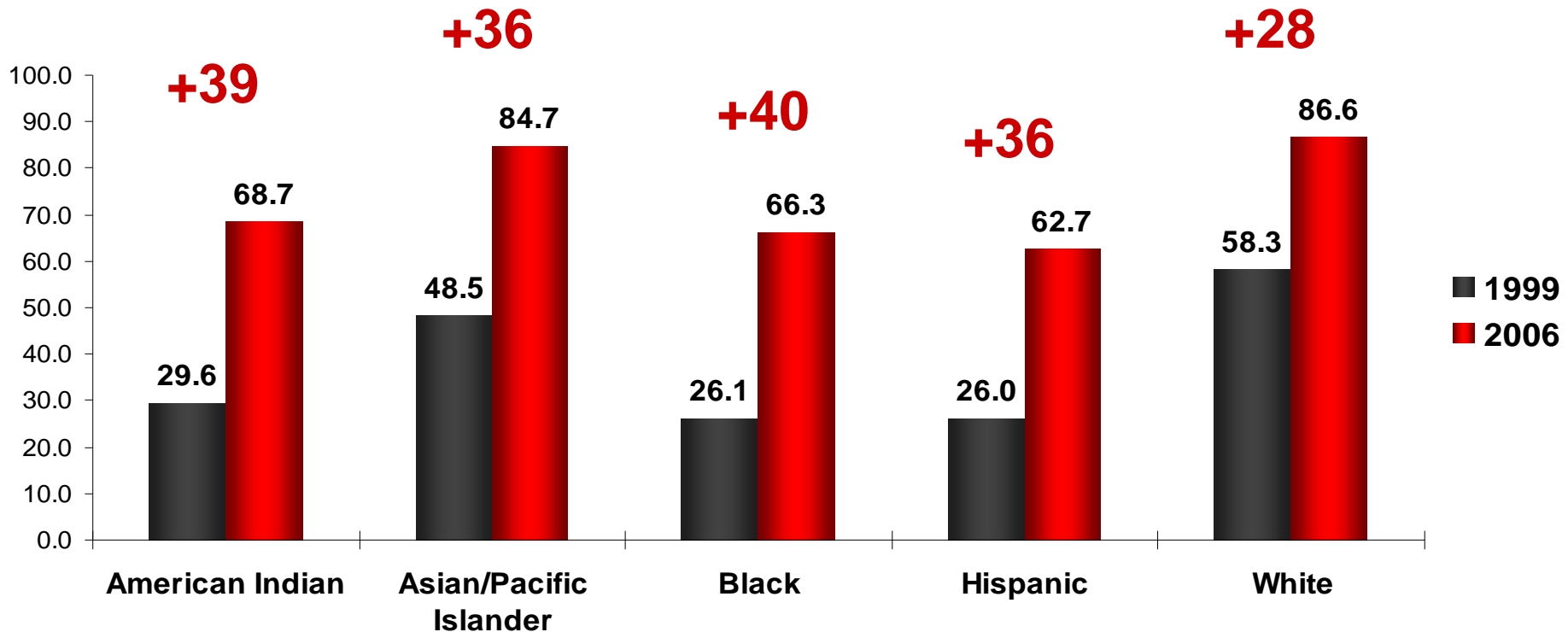


2006 WASL: Students in special education 10th-grader meeting standard in one or more subject area



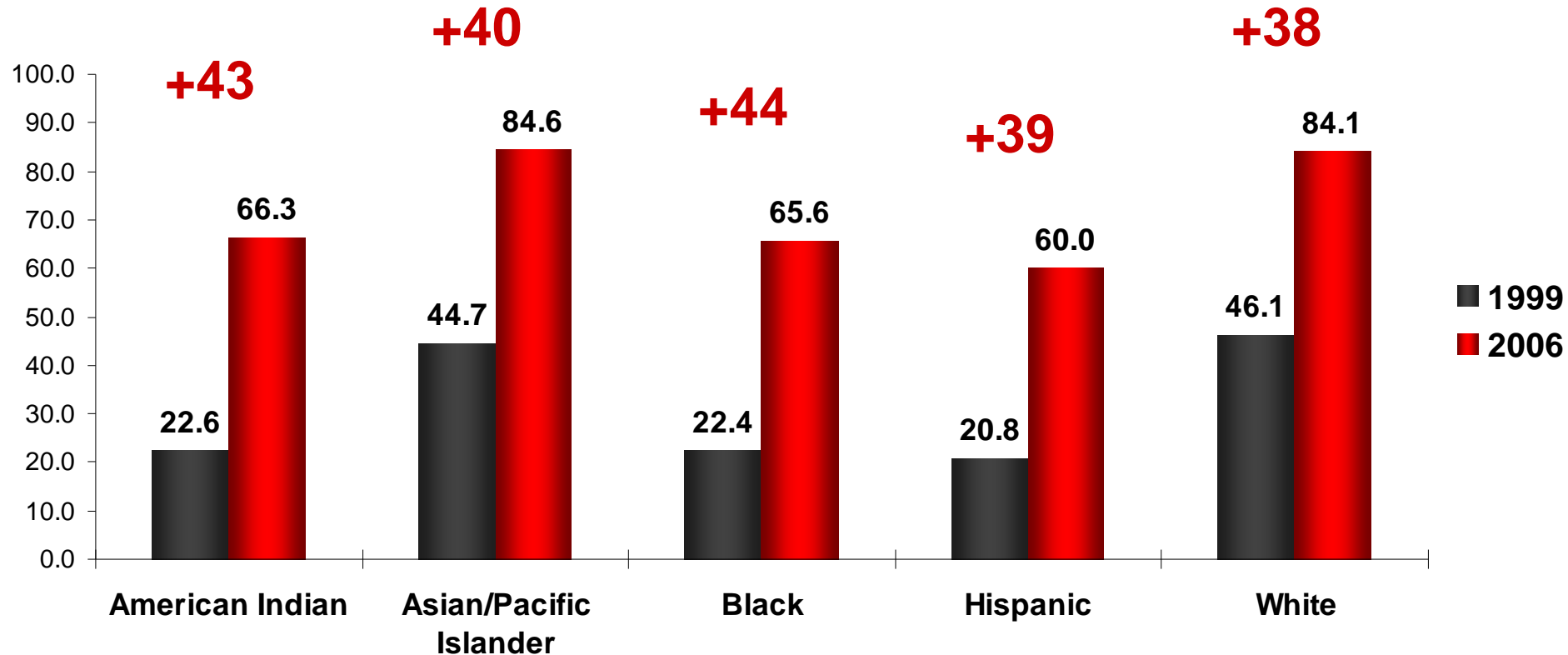
The achievement gap is narrowing in reading

Percent of Students in Grade 10 Meeting Standard in 1999 and 2006 by Ethnicity



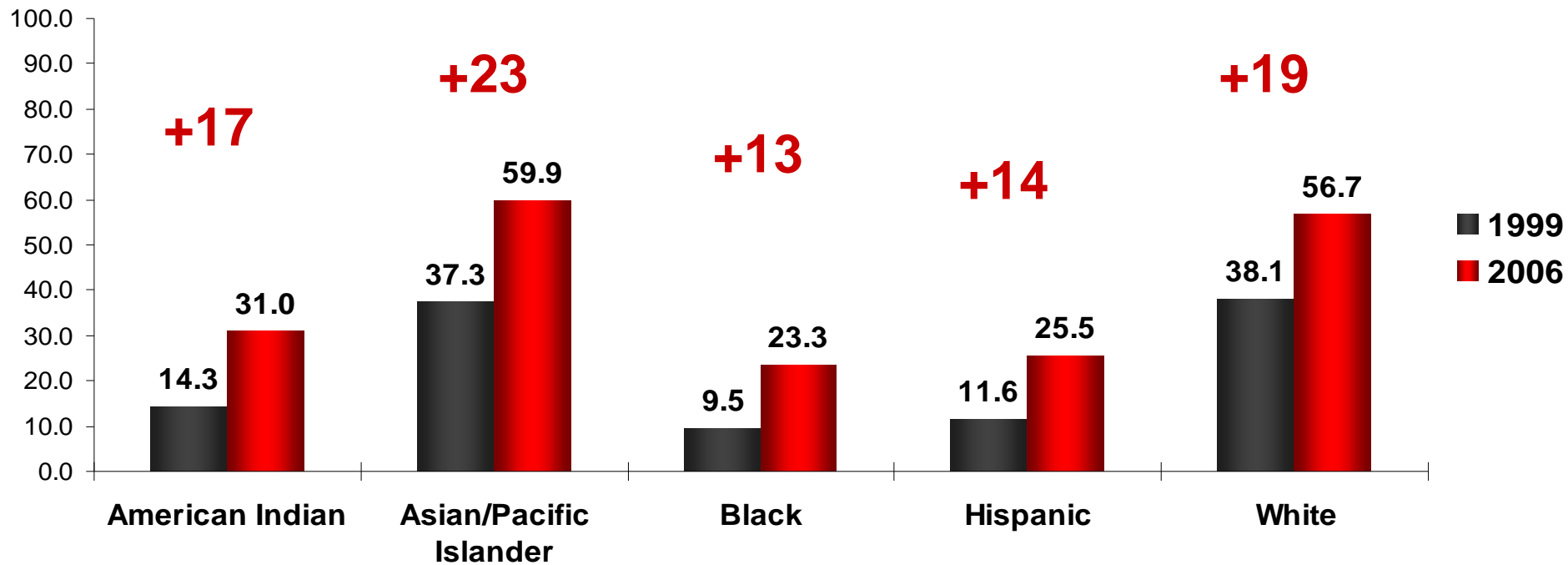
The achievement gap is narrowing in writing

Percent of Students in Grade 10 Meeting Standard in 1999 and 2006 by Ethnicity



The achievement gap is **not** narrowing in math

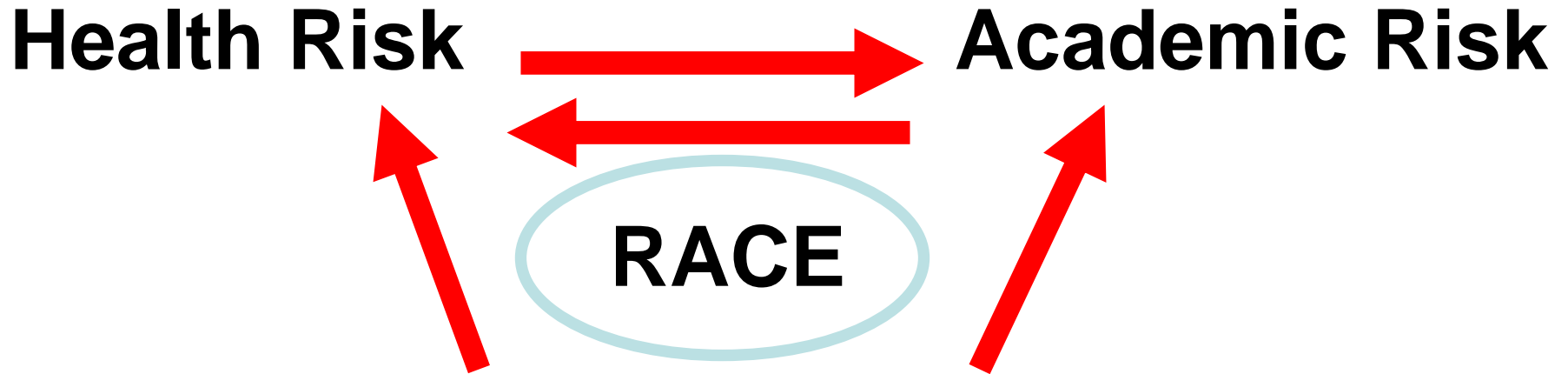
Percent of Students in Grade 10 Meeting Standard in 1999 and 2006 by Ethnicity



Academic Achievement and Health

- Recent data from Washington's Healthy Youth Survey describing youth health risks
- Associations between health risks and academic risks
- Highlights for minority youth

How does this relationship between health & academics work?



Individual factors:

depression

Peer factors

Family factors:

SES, stability

Community factors

Washington State Healthy Youth Survey

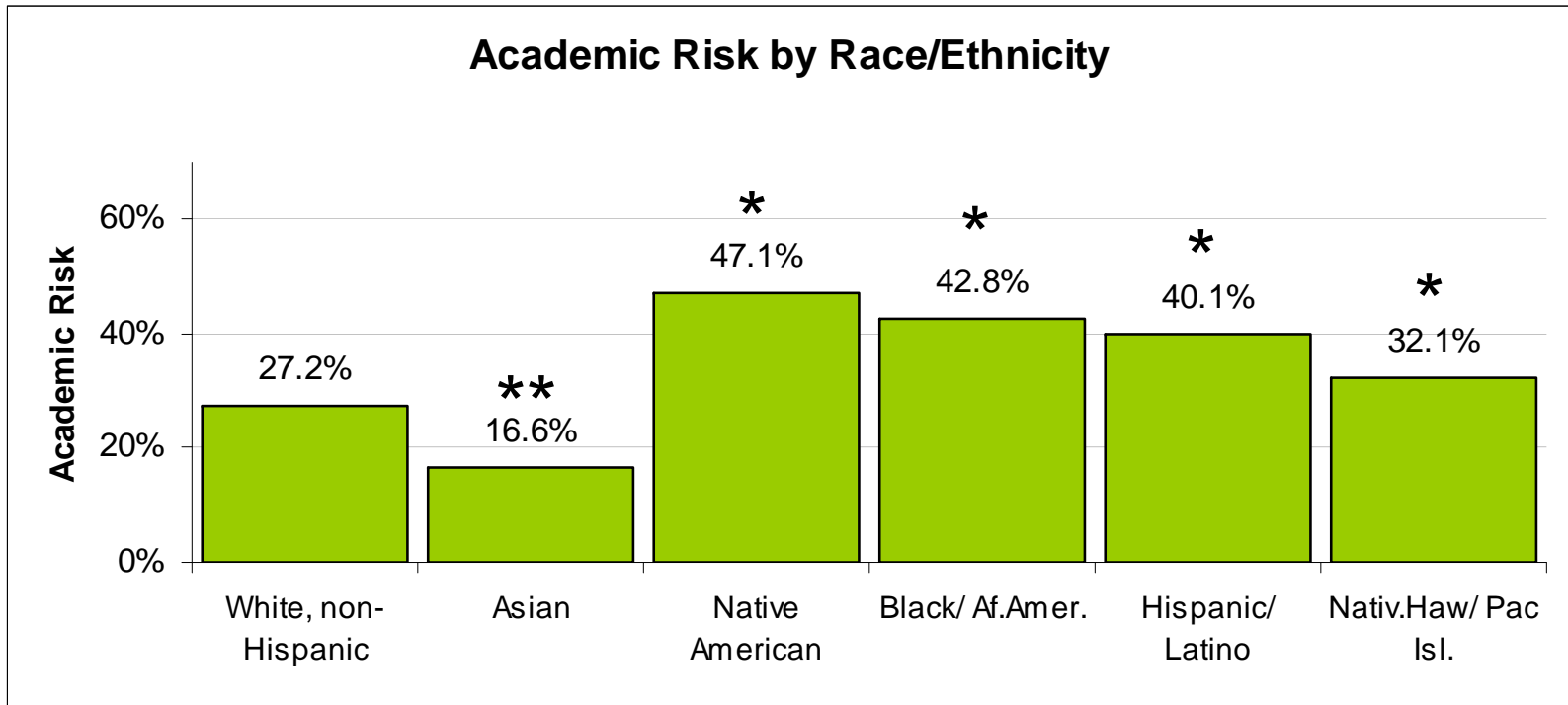
- School-based youth behavior survey
- 6th, 8th, 10th and 12th graders
- Given in fall of even-numbered years
- Fall 2006 participation:
 - Almost 200,000 students
 - More than 1,000 schools
 - All 39 Washington counties
- Interactive website: www3.doh.wa.gov/hys

Healthy Youth Survey Analysis

- **Academic Risk**
 - Students reporting they get mostly Cs, Ds, or Fs
- **Health Risk**
 - Behaviors/conditions that may lead to disease
- **Race/Ethnicity**
 - “How do you describe yourself?” - multiple responses allowed
 - Hispanic/Latino is asked in combination with race

* indicates significantly “worse”

** indicates significantly “better”



In comparison to non-Hispanic white youth, academic risk is about double for Native American and Black youth, about 40% greater among Hispanic and Pacific Islander youth, and 50% lower among Asian youth.

Source: 2006 Healthy Youth Survey, state sample only grades 8-10-12 combined. Graph uses unadjusted estimates; relative risk ratios are for estimates adjusted for grade (8-10-12), maternal education (3-level), gender.

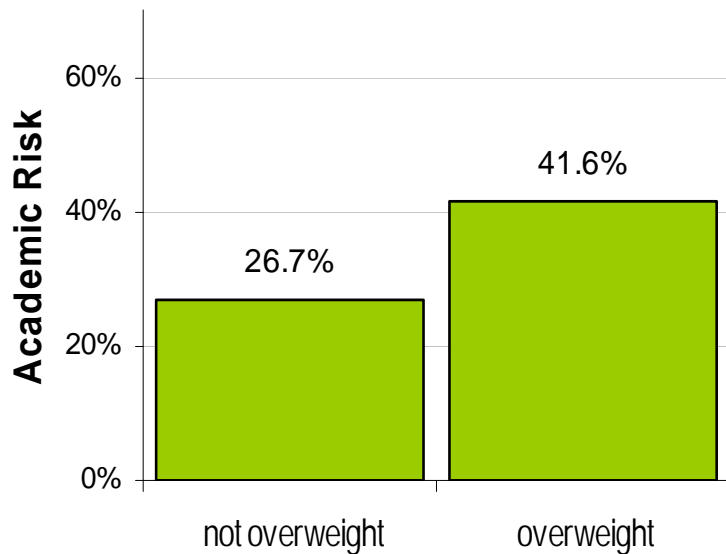
Health/Safety Risks Associated with Academic Achievement

Many highly prevalent health risks found to contribute independently to academic risk:

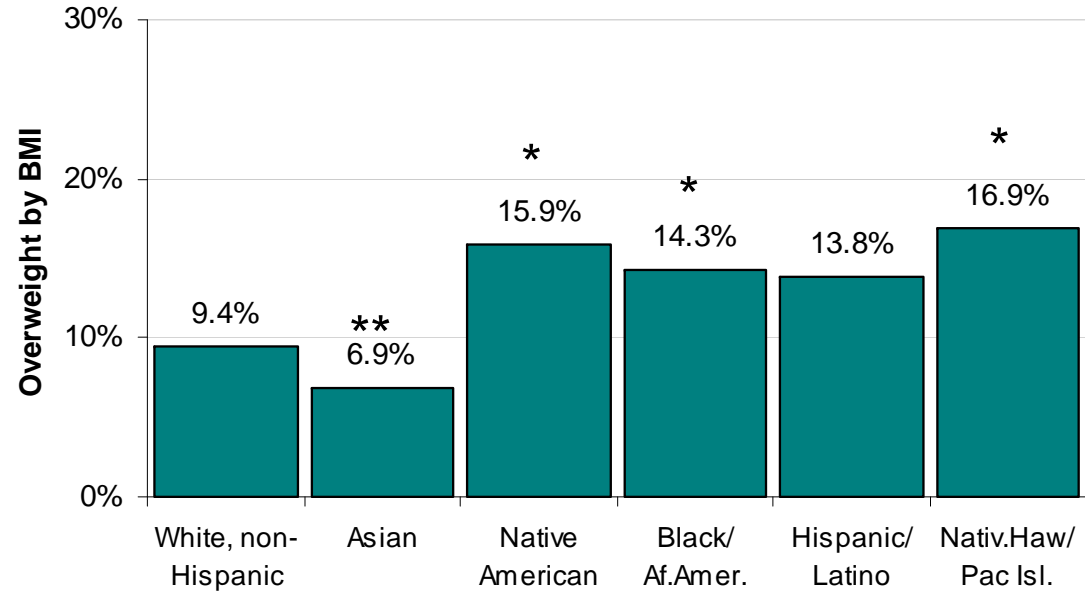
- Overweight
- Exercise
- Cigarette smoking
- Feeling safe at school
- Depression
- Soda pop consumption
- Severe persistent asthma

Overweight

Academic Risk by Overweight



Overweight by Race/Ethnicity

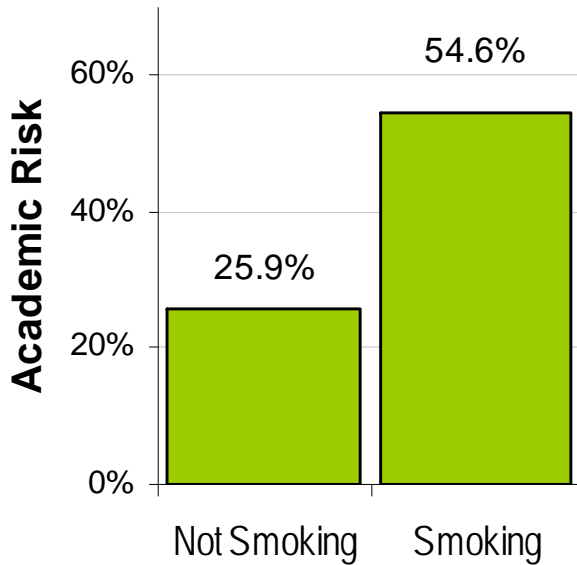


Overweight students have 70% higher academic risk than non-overweight students. Native American, Black, and Pacific Islander students have greater risk for overweight than non-Hispanic whites.

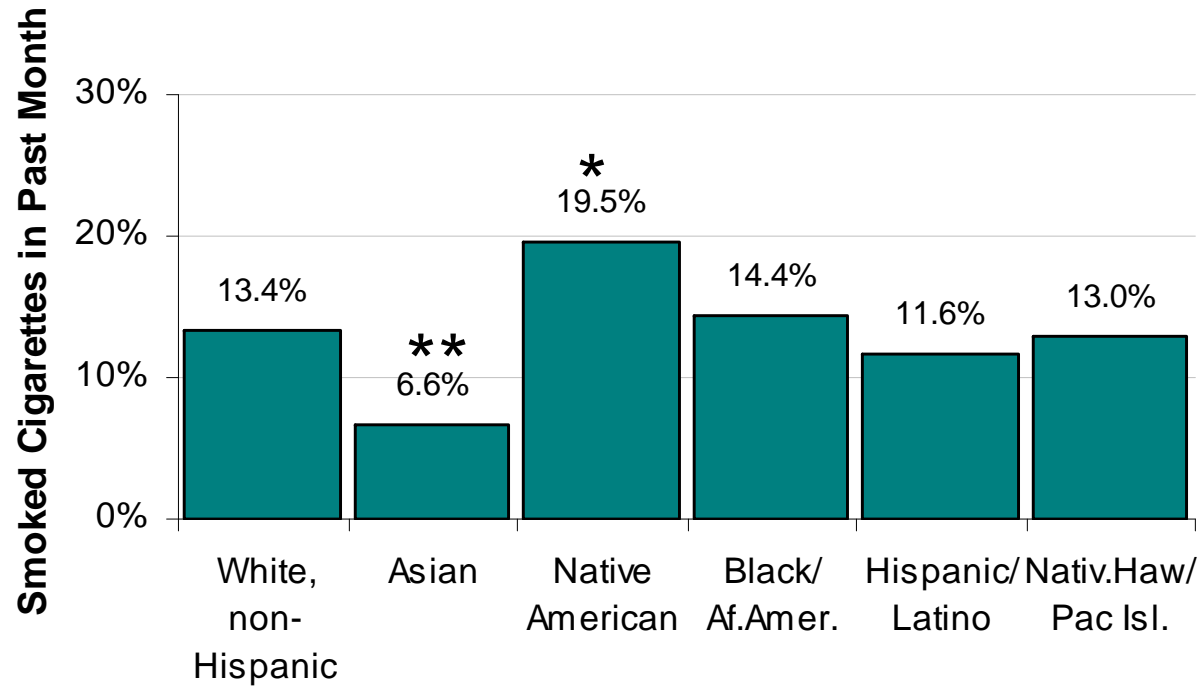
Source: 2006 Healthy Youth Survey, state sample only grades 8-10-12 combined. Graph uses unadjusted estimates; relative risk ratios are for estimates adjusted for grade (8-10-12) and maternal education (3-level) and gender. “Overweight” based on student BMI from reported height and weight. About 11% of students in grades 8-10-12 are overweight; 14% are at-risk for overweight.

Cigarette Smoking

Academic Risk by Cigarette Smoking



Cigarette Smoking by Race/Ethnicity

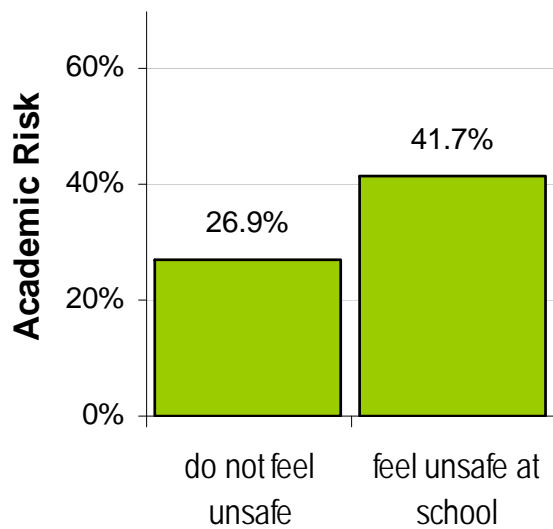


Students who smoke have more than three times greater academic risk than non-smokers. Native American youth have higher risk for smoking, and Asians lower, than non-Hispanic white youth.

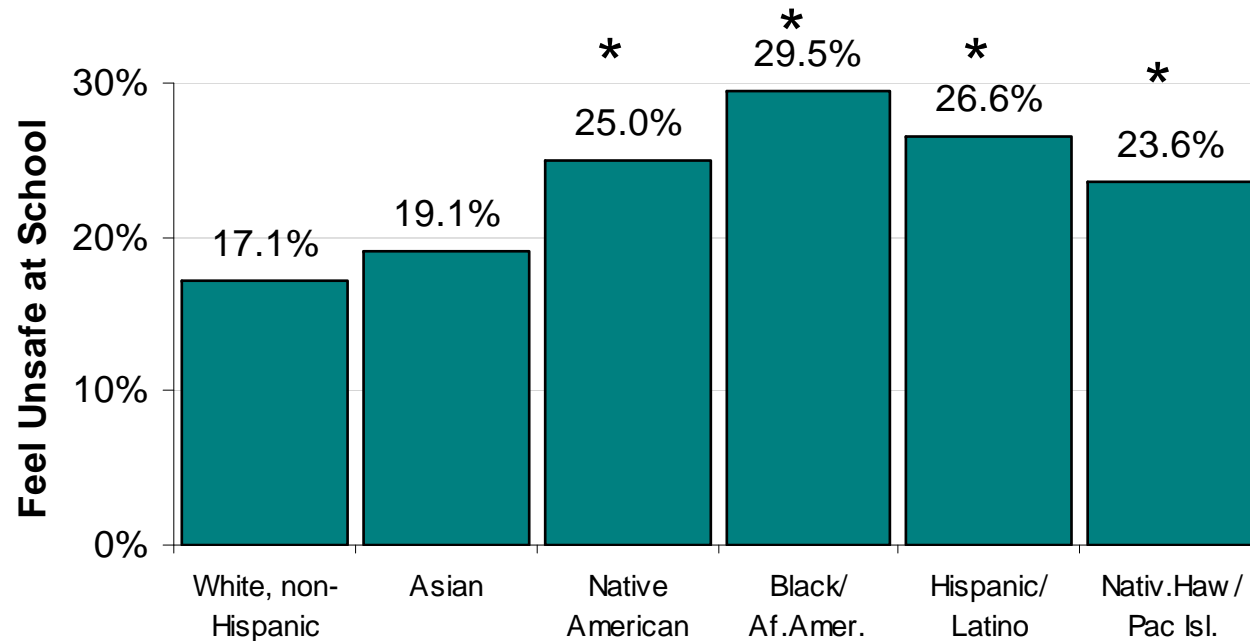
Source: 2006 Healthy Youth Survey, state sample only grades 8-10-12 combined. Graph uses unadjusted estimates; relative risk ratios are for estimates adjusted for grade (8-10-12) and maternal education (3-level) and gender. “Smoking” includes students who used any cigarettes during the past 30 days. About 6% of 8th graders, 15% of 10th graders and 20% of 12th graders are current smokers.

Feeling Unsafe at School

Academic Risk and Feeling Unsafe at School



Feel Unsafe at School by Race/Ethnicity



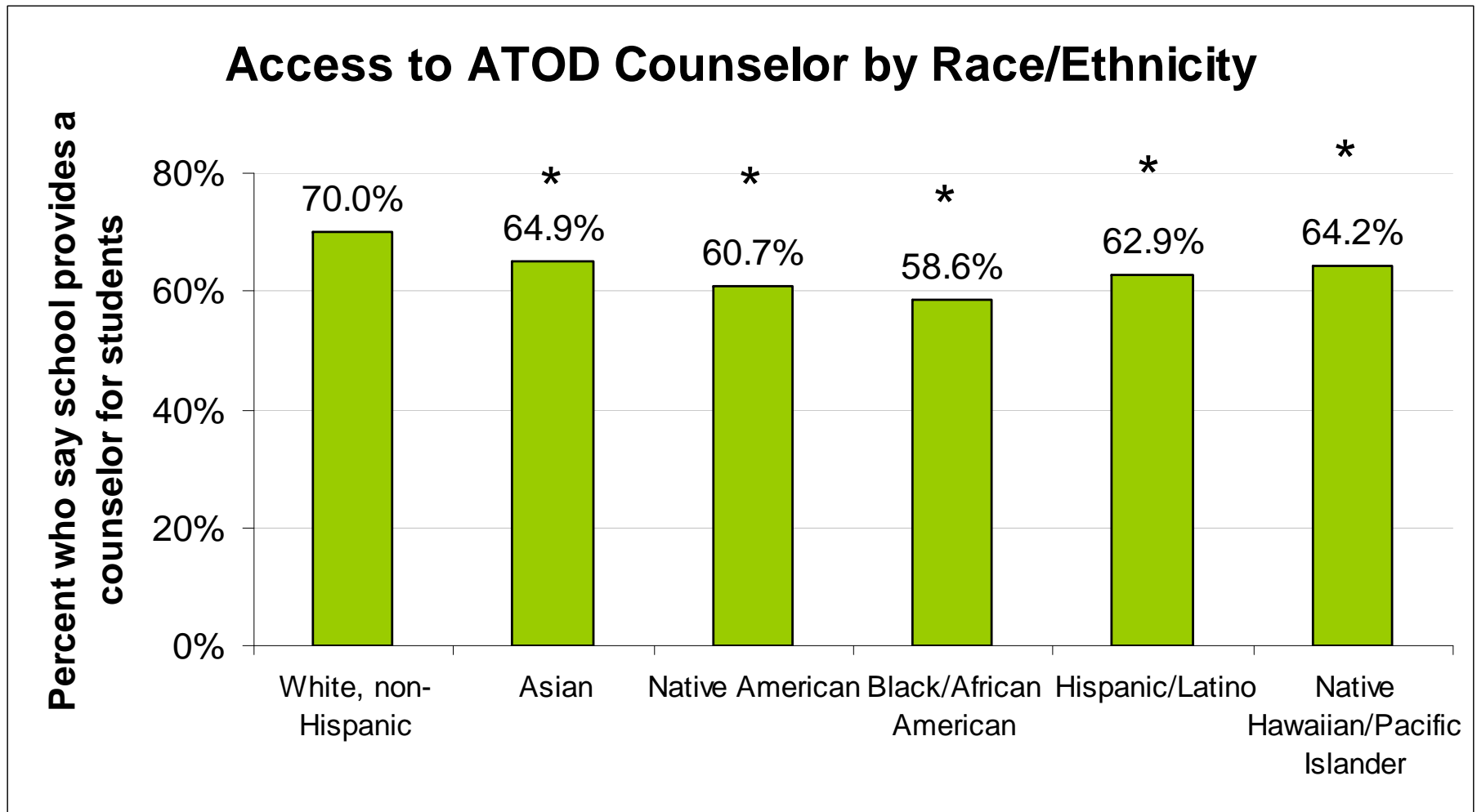
Students who feel unsafe at school have 86% higher academic risk than students who feel safe. Native American, Black, Latino and Pacific Islander youth all have higher risk for feeling unsafe at school than non-Hispanic whites.

Source: 2006 Healthy Youth Survey, state sample only grades 8-10-12 combined. Graph uses unadjusted estimates; relative risk ratios are for estimates adjusted for grade (8-10-12) and maternal education (3-level) and gender. About 20% of all students in grades 8-10-12 disagreed with the statement “I feel safe at my school.”

A Few Considerations in Planning Health Disparity Interventions

- **Within race/ethnic groups (esp. “Asian/Pacific Islander” grouping), youth can be quite different from each other with regard to risks**
- **Interventions planned to address health disparities among minority students need to be culturally competent**

Next steps: Looking at Systems



Source: Healthy Youth Survey 2006

* Significant difference from non-Hispanic white after adjustment for SES

Health and Education: Systems Trying to Reach the Same Kids

Conclusions:

- The academic achievement gap is clear
- Equity is essential to educational excellence
- A large number of health/safety risks are strongly associated with academic risk
- Some minority youth are at greater risk for health factors associated with academic risk
- Health-risk interventions for minority students are one possible mechanism for reducing disparities in academic achievement