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| **Date:** | **September 2009** |
| **To:** | **Baltimore Student Attendance Work Group** |
| **From:** | **Linda DeLauri, EdM** |
| **Subject:** | *How Health, Healthcare Access & Health Education Affect Student Attendance* |

A well-established body of research confirms that a child's health and ability to access quality health care and treatment can significantly affect his or her school engagement, classroom behavior, attendance, and academic performance.   Concentrated poverty and disadvantage contribute to negative child and adolescent health and educational outcomes, with African American males disproportionately harmed.  Approximately 80 percent of Baltimore students come from low income families; 88.4 percent are African American.   Baltimore youth are subject to extreme risk in six of seven risk factors associated with concentrated disadvantage.  The PowerPoint presentation, *How Health, Healthcare Access & Health Education Affect Student Attendance,* identifies  the leading health conditions negatively affecting student attendance (i.e., dental problems, asthma, food insecurity and obesity, psychiatric and socio-emotional disorders) both nationally and among Baltimore's student population.

Major challenges to improving the health of students who attend the Baltimore City Public Schools include: (1) limited health care access and affordability; (2) the need to better educate students and parents about healthy lifestyles and health conditions; (3) the need to connect parents to public and community-based health and social services and supports; and (4) the need to secure sustained funding for school-based health programs.   Maryland State School Health Standards mandate but do not fund school-based health services for all students.   The Maryland State Department of Education recommends but does not require schools adopt national school health standards.  Recent state-wide task forces and policy initiatives, including the Maryland Children's Cabinet systems of care initiatives, the Takes Force on the Education of Maryland's African American Males, the Maryland Child and Adolescent Mental Health Advisory Committee , and Maryland Dental Action Committee, highlight unmet child  health needs, endorse collaborative, multi-agency approaches to meet  complex student health needs, and promote increased use of school-based and  school-linked health services.

Educational leaders, health professionals, policymakers, and researchers recognize schools alone cannot address the unmet physical and mental health needs of students. Many, however,  view schools as the best venue for delivery of efficient, high quality, effective services to children and families. The CDC recommends an eight component Coordinated Student Health Model to help school districts develop  a coherent, systemic approach to health education and services that is data-driven, grounded in community assets and partnerships, and supported by district leadership and state policymakers.   Resources to help school districts plan and deliver student health education and services include local wellness polices, mandated by the *Child Nutrition and WIC Reauthorization Act of 2004; s*chool-based health centers; school-linked health services; school nurse programs; and full service/community schools initiatives.

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