

The Whole Child Channel

Reflection Activity

Healthy and Ready to Learn

Healthy

Goals and Objectives

- 1 To generate awareness about the state of students' health in and beyond school.
- 2 To encourage actions schools are required and can take to support students' healthy development and lives.

Article Overview

"Healthy and Ready to Learn" by David Satcher. *Educational Leadership*, September 2005, pp. 26–30.

Former Surgeon General David Satcher describes the link between health and academic achievement, and urges schools to play a role in better health.

Reflection Questions

Use these questions to reflect on the key ideas and principles found in the article. Specifically, how might you use the key ideas and principles in your own classroom or school community?

- Why is student health considered a critical factor in academic achievement?
- Satcher highlights four ways schools can promote student health; they can
 - Form a school health advisory council.
 - Develop a comprehensive wellness policy.
 - Integrate physical activity and nutrition education into the regular school day.
 - Incorporate nutrition education, healthy snacks, and physical activity into after-school programs.

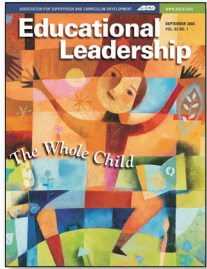
Which of these exists in your workplace? Assess their impact: what has changed and what requires additional attention?

- What might be the value of engaging students in the planning and enacting of school health policies and practices? Describe ways students can be proactively involved in school-based health programming.
- How can teachers and professional developers partner to create cross-subject health education curricula? Offer at least two examples in which health education can mesh with other subject areas.

Healthy and Ready to Learn

Research shows that nutrition and physical activity affect student academic achievement.

David Satcher



Remember when children came home from school and played outside before dinner? When fast food was a novel treat, and soft drinks came in a cup

small enough for a child to hold in one hand? When kids walked or rode their bikes to school and went home for lunch?

Things have changed in recent decades. Students no longer go home for lunch, restaurant serving sizes have expanded along with customers' waistlines, and many children—out of desire or necessity—stay indoors watching television or playing computer games. Only 2 percent of school-age children in the United States consume the recommended daily number of servings from all five major food groups (U.S. Department of Agriculture, 1994–1996). Schools have changed, too, selling candy, chips, and soda while offering fewer opportunities for students to be physically active.

During the last two decades, many school systems have abolished recess and cut back on physical education and extracurricular sports. According to the American Association for the Child's Right to Play, an estimated 20 percent of all elementary schools in the United States have dropped recess in favor of more classroom time (Tyre, 2004). Fewer than 25 percent of children in the United States get at least 30 minutes of *any kind* of daily physical activity (Inter-

national Life Sciences Institute, 1997), and fewer than 30 percent of U.S. high school students attend physical education class every day (Centers for Disease Control and Prevention, 1999). Not surprisingly, these cultural shifts have resulted in a marked decline in children's health.

Today, 9 million children in the United States are overweight—triple the number in 1980 (Ogden, Flegal, Carroll, & Johnson, 2002). Poor nutrition and sedentary lifestyles are the root causes. The incidence of overweight in children is much higher among African American and Latino children than in other groups (Hoelscher et al., 2004; Thorpe et al., 2004).

Overweight and obesity are not just cosmetic issues—they are health issues. Childhood weight problems can lead to elevated blood pressure and cholesterol, joint problems, Type II diabetes, gallbladder disease, asthma, depression, and anxiety (U.S. Department of Health and Human Services, 2001). Severely overweight children miss four times as much school as normal-weight children and often suffer from depression, anxiety disorders, and isolation from their peers (Schwimmer, Burwinkle, & Varni, 2003). These problems often continue into adulthood, with 70–80 percent of overweight children and adolescents becoming obese adults.

A Wake-Up Call to Schools

Schools can be a powerful catalyst for change when it comes to preventing and reducing overweight and obesity. The school setting is a great equalizer,

providing all students and families—regardless of ethnicity, socioeconomic status, or level of education—with the same access to good nutrition and physical activity. Because children also teach their parents, important lessons learned at school can help the entire family.

In 2004, the nonprofit organization Action for Healthy Kids released a special report identifying the link among the factors of poor nutrition, inactivity, and academic achievement (2004). It is a wake-up call to schools: Improving children's health likely improves school performance.

The relationship is based on substantial research. Well-nourished students tend to be better students, whereas poorly nourished students tend to demonstrate weaker academic performance and score lower on standardized achievement tests. The majority of U.S. children are not eating a balanced, nutrient-rich diet. Inadequate consumption of key food groups deprives children of essential vitamins, minerals, fats, and proteins necessary for optimum cognitive function (Tufts University School of Nutrition, 1995). Children who suffer from poor nutrition during the brain's most formative years score much lower on tests of vocabulary, reading comprehension, arithmetic, and general knowledge (Brown & Pollitt, 1996). In a 1989 study, 4th graders with the lowest amount of protein in their diets showed the lowest achievement test scores (School Nutrition Association). A 2001 study revealed that 6- to 11-year-old