Creating The Healthiest Nation:
Health and Educational Equity

The expanse of American kids dropping out of school before they graduate is well-documented, as is the connection between on-time high school graduation and lifelong opportunity. People without a high school diploma have a harder time attaining healthy outcomes and succeeding in today's workforce.[1] For these reasons and many more, high school graduation is a public health priority and the leading health indicator in Healthy People 2020 Adolescent Health Objective 5[2] and APHA policy statement 20165.[3] Both the health objective and the policy statement focus on addressing the social and environmental factors that disproportionately push or pull racial and ethnic minority, low-income, and gender non-conforming students out of school earlier than their peers.[4] Key examples of such factors include discriminatory school policies, homelessness, teen pregnancy, hunger, exposure to violence, and chronic stress, often caused by socio-ecologic inequities.[5,6,7]

SOCIAL AND ECOLOGICAL INEQUITIES

Key inequities include:

- Discriminatory beliefs (race, class, gender, immigration status, disability, etc.)
- High community crime/violence, and aggressive policing
- Residential segregation
- Unemployment
- Substandard housing/schools
- Limited access to healthy foods
- Limited resources and services
- Limited transportation
- Concentrated pollution
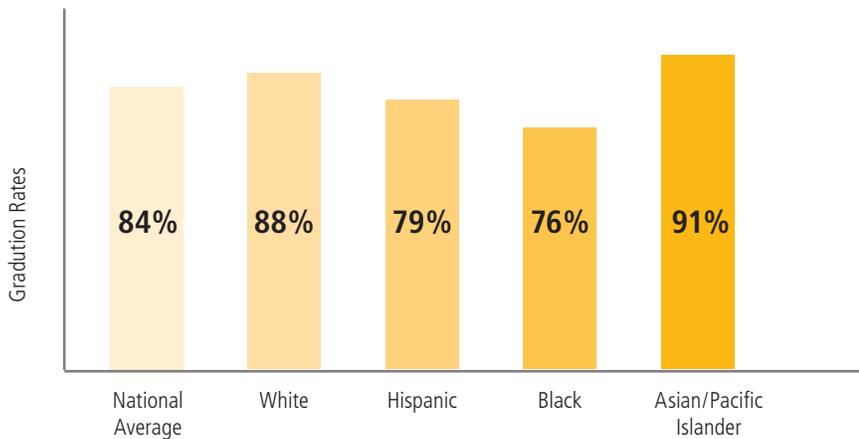- Inadequate access to quality medical care

STUDENTS MOST AT-RISK OF NOT GRADUATING

Minority students are subjected to harsher punishment and bullying at school.

- Black boys make up **8%** of the student population, but **25%** of those who receive an out-of-school suspension.[11]
- Black students make up **15%** of the student population, but **31%** of those arrested or referred to police.[11]
- Students with disabilities make up **12%** of the student population, but **26%** of those who receive an out-of-school suspension.[11]
- Lesbian, gay, and bisexual students are **twice** as likely to be bullied, miss school for safety concerns, and report feeling "sad or hopeless." They are **four times** more likely to have attempted suicide.[12]
- Nearly **9 in 10** transgender students report experiencing verbal harassment, and **over half** have been physically harassed because of their gender expression.[9,13]

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Gradution Rates

National Average	White	Hispanic	Black	Asian/Pacific Islander
84%	88%	79%	76%	91%

- In several states and Washington, D.C., white students were graduating at a 20% higher rate than their black and Hispanic peers.

- Disadvantaged groups also include students with disabilities (66%), English Language Learners (67%), and low-income students (78%).

Changing School Demographics

Socio-economically disadvantaged students are at highest risk of not graduating and are among the fastest-growing population. Public K-12 enrollment rates for Hispanic, Asian/Pacific Islander, and students of two or more races are increasing, while rates for white and American Indian/Alaska Natives are decreasing. Black student enrollment remains constant.[14] At the same time, more young people feel comfortable identifying as lesbian, gay, bisexual, and transgender,[15] and the percentage of all children in the United States who live with at least one immigrant parent is growing.[16] To close achievement gaps, schools will have to meet the diversity of needs and backgrounds across the student population.

ADVANCING HEALTH AND EDUCATIONAL EQUITY

Public health practitioners are critical partners for advancing equity in school settings. They can offer upstream strategies and resources that are grounded in social justice and create opportunities for all students to achieve their full potential despite social disadvantages.[17–20] APHA's Center for School, Health and Education is doing just that by supporting schools and their partners (school-based health centers, communities, institutions and systems) to work together to remove barriers to healthy outcomes and learning. With schools operating as the central coordinating hub where all resources are located, the Center's strategy operates across three levels: clinical interventions with individuals and groups, inside and outside of clinical settings; primary prevention targeting the whole school; and systems changes such as the revision or creation of policies and practices in the clinic, school, school district, community and beyond. Since 2013, the Center has reached over 600 professionals who have responsibility for over 15,000 students.

Individual and group strategies

- Employing healing circles, group therapy or meditation throughout the day;

- Staff supporting a GSA (Gay Straight Alliance, or Gender and Sexuality Alliance); and

- Offering orientation workshops and interpretation services for new immigrants and English Language Learner families about the U.S. health care and education systems.

ACTION STEPS FOR SCHOOLS AND THEIR PARTNERS

- **Identify** the social and environmental factors that impede school success and health.

- **Analyze & synthesize** population-level outcomes.

- **Develop** an action plan that responds to these impediments on three levels: in the individual child, in the school population, and through various policies and practices in the school, school district or community, etc.

- **Identify & coordinate** partners and resources (i.e., public health, mental health, communities).

School-wide strategies

- Helping students and families meet basic needs with de-stigmatized, universally accessible laundry facilities, showers, food pantries, paid internships, and life-skills training;
- Providing students with outlets for aggression and anxiety (e.g., de-escalation rooms, mindfulness breaks and physical activity); and
- Creating a peer mediation court to handle to disputes and/or disciplinary issues.

Systems strategies

- Reviewing discriminatory school policies and advocating for shared decisionmaking with students;
- Having a non-discrimination policy that explicitly includes sexual orientation and gender identity as protective classes; and
- Offering ongoing culturally informed and population-specific professional development for staff.

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