

Five Minute Strategies: Addressing Health Issues in Low Socioeconomic (SES) Communities:

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Nearly 15 million children in the United States – 21% of all children – live in families with incomes below the federal poverty level – \$22,050 a year for a family of four. Research shows that, on average, families need an income of about twice that level to cover basic expenses. Using this standard, 42% of children live in low-income families. Most of these children have parents who work, but low wages and unstable employment leave their families struggling to make ends meet. Poverty can impede children's ability to learn and contribute to social, emotional, and behavioral problems. Poverty also can contribute to poor health and mental health. Risks are greatest for children who experience poverty when they are young and/or experience deep and persistent poverty. (National Center for Children in Poverty <http://nccp.org/topics/childpoverty.html>)

Health Issues in Low SES Communities

Oral Health: Dental caries is the most common chronic childhood disease, affecting 5-7 times as many children as asthma. (Children's Dental Health Project, 2005)

- 20-25% of US children –primarily poor and minority children –experience 80% of decay.
- Low-income and minority families have higher levels of untreated early childhood caries.
- Over half of 5-to 9-year-old children have at least one cavity or filling. (Crall, UCLA, 2005)

Obesity: The trend in obesity among U.S. children is alarming and low-income and minority children face excess risks. (Haas et al. 2003)

- In 2004, 13.9% of 2-5 year olds were obese or overweight, indicating a need for early intervention. (NHANES)
- Both breastfeeding and good nutrition in early childhood play an important role in reducing obesity

For African-American and Hispanic families:

- Higher rates of unmet need for early childhood development services in pediatric care. (NSECH) Significantly fewer telephone calls to pediatric provider practices than whites (Halfon, Inkeles, Abrams, and Stevens).
- Providers significantly less likely to refer children to specialists. (Flores, Olson, and Tomany-Korman, 2005)

For homeless and/or highly mobile children/families:

- 1.5 million homeless children in the US
- Homeless children periodically sleep in cars, friends couches, and shelters
- Highly mobile (transient) children may attend 2 or more schools each year, higher rate of drop out
- Some children have attend as many as 19 schools in their lifetime
- Educational practices, classrooms management, and teacher preparation has not changed to meet this challenge
- In urban areas, the cohort of children can change 50% every five years (Kerbow 2003)

Asthma:

- Almost 25 million people, including almost 7 million children, have asthma.
- Asthma prevalence is higher among persons with family income below the poverty level.
- African Americans continue to have higher rates of asthma emergency department visits, hospitalizations, and deaths than do Caucasians
- Approximately 3 million Hispanics in the U.S. have asthma and Puerto Ricans are disproportionately impacted- The prevalence of asthma attacks is highest among Puerto Ricans. 3 (EPA March 2011)

Assistance:

Title I funding: Any homeless child in any district is eligible for In SY 2009-10 more than 56,000 public schools across the country used Title I funds to provide additional academic support and learning opportunities to help low-achieving children master challenging curricula and meet state standards in core academic subjects. For example, funds support extra instruction in reading and mathematics, as well as special preschool, after-school, and summer programs to extend and reinforce the regular school curriculum.

Medicaid and the State Children’s Health Insurance Program, the great majority of low income children are eligible for publicly subsidized health coverage. (Kaiser Family Foundation, 2006). Health coverage has been shown to reduce disparities. Yet minority children remain less likely than their counterparts to have health coverage, public or private. (Shone et al, 2005; Stevens, Seidet al, 2006)

In a group of 4-5 brainstorm strategies to address the following health issues

Health Issue	Welcoming school environment	Flexible instructional strategies	Where to seek assistance	Other...
Poverty	Create safe social /emotional learning environment, include in afterschool sports/intramurals-address transportation, involve parents	Include culturally relevant sport/games, need for behavioral training and conflict resolution training	Work with local shelter to call school when new children move in	
Homelessness	Create safe social /emotional learning environment, “Lunch Bunch” or lunch time basketball club	Help student who transfer in to catch up and/or fit in	Children need to access resources without labels and stigma (using the shoe bin, gym clothes, showering)	hygiene, clothing, meals, kids need a social life, after school involvement
Obesity	Create safe social /emotional learning environment, no child in the spotlight, fitness results are private, work out time over lunch or study hall	Activities that create success for all students, choice for fitness in upper grades, integrate fitness into all classes	Integrated approach with families, nutrition services, health care providers,	
Violence	Create safe social /emotional learning environment	Need for behavioral training and conflict resolution training, team building, trust activities, cooperative learning	Integrated approach with families, social services, & health care providers,	
Asthma	Follow asthma management plan, work with school nurse, inhaler use, no stigma attached to being out of breath	Environmental triggers— freshly mowed grass, moldy gyms/locker rooms, newly refinished floors, dust	Integrated approach with families and health care providers,	