

Healthy Schools Can Mitigate Ongoing Racial Inequities in Education

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Introduction

In the United States, children of color have long faced inequitable conditions for learning and disparate academic outcomes. These inequities are due in large part to ongoing bias and discrimination¹ and community segregation,² resulting in unequal distribution of privileges and resources that foster student learning. The COVID-19 pandemic exacerbated racial disparities: While reading and math scores decreased for all racial and ethnic groups³ from 2020 to 2022, scores dropped the most for Black and Hispanic students. Creating healthy schools⁴ that specifically support students' and educators' health and well-being is a critical step in addressing these educational inequities.

Research demonstrates that the relationship between education and health is reciprocal.⁵ In other words, meeting students' health needs is likely to improve their academic performance. All humans have a hierarchy of needs,⁶ whereby lower-level needs must be met as a precondition for individuals to focus on higher-level needs. Individuals whose physiological needs (e.g., food, water, shelter, clothing), need for personal health and physical safety, and need for belonging (e.g., friendship, sense of connection) are not fully met may necessarily become preoccupied with meeting these needs. For students who struggle with hunger, health concerns, trauma, or social isolation, these foundational needs may take precedence⁷ over academic learning. Children and youth of color⁸ are disproportionately exposed to community and family conditions, discriminatory policies, and biased behaviors that threaten these core needs.

Healthy schools² proactively address students' basic needs and help create educational environments in which students are better able to focus on learning and teachers are better able to focus on teaching, thereby creating the foundation to reduce educational inequities. The National Healthy Schools Collaborative⁹ defines a healthy school as one that "recognizes and advances the mental, physical, social, and emotional wellbeing of students and educators as a fundamental strategy to effective learning." This brief highlights six areas of education inequity linked to health and well-being that healthy schools are well-positioned to dismantle:

1. Chronic absenteeism
2. School violence
3. School discipline
4. Special education
5. School infrastructure
6. School staffing

For each inequity, we provide specific recommendations for education leaders and their health partners that align with the goal of creating healthy schools.^a

How healthy schools can address six common education inequities

1. Healthy Schools can reduce racial disparities in chronic absenteeism by promoting consistent school attendance.

Students who miss 10 percent or more of school days in a year are at greater risk of dropout¹⁰ and a host of other negative academic outcomes. During the 2020-2021 school year, in the midst of the COVID-19 pandemic, more than 10 million students were chronically absent,¹¹ a sharp increase over prior years. Prior to the pandemic, Black and American Indian children¹² (as well as Pacific Islander children¹³) experienced higher rates of chronic absenteeism than their peers. School districts with strong racial and income segregation¹⁴ comprise one quarter of high-absence districts.

Illness is the first and foremost reason for why students miss school,¹⁵ and patterns of disparity in school absence mirror broader racial inequities in health systems (e.g., disparate environmental exposure, disparities in health insurance, disparities in access to pediatricians) and education systems (e.g., disparate use of exclusionary discipline). They also mirror disparities in the health and related challenges that drive chronic absenteeism,¹⁶ including asthma, oral health, behavioral health, food insecurity, acute illness, and poor housing conditions.¹³

Healthy schools connect school environments to broader community efforts to attend to students' physical health and thereby support efforts to decrease disparities in chronic absenteeism. Education leaders should consider the following strategies to create healthy schools that foster consistent attendance:

- Establish school Medicaid programs and foster Medicaid enrollment.¹⁷
- Increase access to preventative health services.¹⁸
- Establish school-based health centers¹⁶ and community schools programs.¹⁹
- Support healthy nutrition²⁰ and physical activity.²¹

2. Healthy schools can improve racial disparities in students' experiences of school safety and violence by fostering positive school climates.

Students' experiences of school safety differ widely by race and ethnicity.²² As of 2019, Black high school students experienced physical fights on school property at greater rates than high school students overall (16% vs. 8%, respectively). More than one third of adolescents who identify as being of two or more races reported being bullied at school—substantially higher than other racial or ethnic groups.

Violent and bullying behaviors are often a manifestation of underlying, unaddressed trauma.²³ Adverse childhood experiences (ACEs),²⁴ a subset of harmful experiences that underlie student trauma, are more prevalent among Black and Hispanic youth (61% and 51% of whom have experienced at least one ACE,

^a Throughout, much of the available data and research on these areas of education inequities do not directly address the experiences of Indigenous students.

respectively) than among White (40%) and Asian youth (23%). Exposure to violence and delinquency²⁵ is itself an ACE and can lead to further violence, creating a vicious cycle in school communities²⁶ that experience but do not adequately address these issues. School environments plagued by bullying, crime, physical fights, weapons violence, and other threats to personal safety make it difficult for school communities to focus on teaching and learning.²⁷

Healthy schools must be safe schools for all students, and maintaining healthy schools requires strategies to reduce inequities in violent victimization, perpetration, and exposure to violence. Further, these strategies cannot focus only on academic achievement. Education leaders should implement approaches that directly address the underlying risk factors for violence and bullying:

- Explicitly address the health and mental health needs of students experiencing trauma—for example, by ensuring that school policies and procedures do not²⁸ themselves exacerbate student trauma.
- Improve overall school climate by empowering student voice²⁹,
- and addressing the unique needs of their school's community³⁰; a positive school climate is significantly associated with reduced violence, safer schools,³¹ and improved academic achievement.³²

3. Healthy schools can mitigate racially disparate school reliance on exclusionary discipline, authoritarian cultures, and carceral environments by promoting strong personal relationships.

Students of color are more likely to attend schools managed through punitive discipline strategies,³³ rather than those that use supportive approaches. As of 2018, the average public school punished Black students (7.8%) with out-of-school suspensions more than twice as often³⁴ as White students (3.6%). High schools serving a majority Black student population are more likely to have school-based security or police³⁵—and more likely to have more security staff than mental health providers—than high schools that serve majority White populations. Schools with a higher proportion of children of color are more likely to use intensive security and surveillance approaches, including school resource officers, metal detectors, and random sweeps for drugs and weapons.³⁶ Such measures are linked with increased fear³⁷, and a reduced sense of school safety,³⁸ particularly for Black students.

Healthy schools prioritize students' social, emotional, and behavioral needs and foster stronger interpersonal relationships within the school³⁹—actions that are key to addressing inequities in discipline and school culture. To create healthy schools that reduce reliance on punitive and exclusionary discipline, education leaders should consider alternative strategies focused on addressing the root causes of behavior and restoring the overall school climate, including:

- Adopting restorative justice processes⁴⁰ designed to address and restore relationships harmed as a result of student misbehavior
- Implementing equity-focused Positive Behavior Interventions and Supports⁴¹ that use a multi-tiered approach to provide interventions to the whole school, targeted groups, and individuals based on need
- Providing teacher interventions³⁹ designed to help educators build stronger relationships with students

4. Healthy schools reduce racial disparities in the identification of students with disabilities for special education services by providing access to health services and supports.

Students of color with disabilities⁴² face a range of education inequities and many experience education segregation that limits their access to rigorous academic content. Schools currently identify Black children and American Indian/Alaska Native children with disabilities at disproportionately higher rates⁴³ than their

peers: Black students (ages 5 to 21) are 40 percent more likely than all other racial and ethnic groups to be identified with a disability, while American Indian/Alaska Native students are 60 percent more likely. While these disparities run higher for specific disability categories, including emotional disturbance and intellectual disability, Black and American Indian/Alaska Native infants and toddlers are actually underrepresented in early intervention programs⁴⁷ for infants and toddlers. While these racial and ethnic groups are generally more likely to receive special education services, they still experience far higher rates of out-of-school suspension⁴⁴, and far lower rates of basic achievement in reading⁴⁴ than their White peers and their peers without disabilities across racial and ethnic groups.⁴⁵

Healthy schools have robust capacity to provide school-based health supports and strong community partnerships with early childhood and health providers. Such partnerships allow for identification of developmental delays⁴⁶ in early childhood and the ability to provide robust health supports for students with disabilities as part of their individualized education programs. To create healthy schools that prioritize early identification of disabilities, particularly for children of color, education leaders should:

- Prioritize partnerships⁴⁷ between community providers, early childhood education, and the K-12 system.
- Establish school-based health systems⁴⁸ that include early screening and intervention programs.
- Provide behavioral supports⁴⁹ for students to address misbehavior rather than administer punitive discipline.

5. Healthy schools limit disparate exposure to environmental risks by focusing on high-quality infrastructure.

Clean drinking water, proper heating and cooling, good air quality and ventilation, and adequate lighting are all associated with a number of positive outcomes⁵⁰ on student health, thinking, and performance. However, according to the Government Accountability Office,⁵¹ approximately 54 percent of schools need to update or repair multiple building systems. Further, school quality is linked with the percentage of students of color and students experiencing poverty in the school: Lower-quality schools are associated with higher percentages⁵² of Black, Hispanic, Asian, Native Hawaiian/Pacific Islander, and American Indian/Alaska Native students; and with higher percentages of students of two or more races and students eligible for reduced-price meals. Such students are also more likely to attend schools without facility improvement plans,⁵³ with poorly ventilated and temperature-controlled buildings and classrooms,⁵⁴ and with inadequate outdoor facilities.

School districts rely heavily on local funding⁵⁵ (e.g., property taxes) to assist with facility repairs and building improvement projects—a funding strategy with deeply intertwined with historic segregation and racism.⁶⁰ This approach presents barriers for schools in high-poverty communities that lack adequate funding. Because approximately three quarters of all Hispanic and Black youth⁵⁶ in the United States attend schools in low-income communities, it also maintains a racial inequity within education systems. Healthy schools maintain safe and clean environments free of environmental health hazards. To create such schools for all students, education leaders should:

- Seek state and federal financing options that can sustainably and equitably support school infrastructure and maintenance.
- Renovate existing infrastructure and ensure students have the equipment and space needed for physical activity and nutritious meals.

6. Healthy schools ensure that school staffing reflects the diversity of today's students.

Students benefit from having a diverse, well-prepared teacher workforce⁵⁷—more specifically, they are more likely to thrive when they learn from and interact with teachers who reflect the diversity of the world around them.⁵⁸ Having teachers of color promotes a range of benefits for all students,⁵⁷ but particularly for students of color. Researchers have found a positive effect on reading and math scores when Black students receive instruction from Black teachers.⁵⁹ Black teachers are also less likely to employ disciplinary action⁶⁰ upon Black students and more likely to serve as mentors⁶¹ to Black students, thereby promoting safe and supportive learning environments. However, the vast majority of teachers in the United States are White.⁶² Further, research suggests that teachers of color depart the profession at higher rates than their White counterparts⁶³ for a variety⁶⁴ of reasons, including feelings that they don't belong at their school, workplace experiences of racism, and a lack of support from their school.

Healthy schools prioritize the needs of teachers, including teachers of color,⁶⁵ to maintain a robust and diverse workforce. To create a healthy school that attracts and retains educators of color, education leaders should:

- Emphasize employee wellness by providing supports and trainings and by reducing demands on their time and attention.⁶⁶
- Create safe, supportive environments that prioritize employee safety in addition to student safety.
- Support educator health needs through connections to community providers and other wellness programs.

A cautionary note about worsening health and education inequities

This brief has presented suggestions that clearly illustrate how healthy schools can support community efforts to alleviate racial inequities within education systems. However, attempts to create healthy schools without an explicit focus on equity could exacerbate, rather than ameliorate, racial inequity. Below, we provide two recommendations to education leaders to avoid potential pitfalls in their work to build healthier, more equitable schools.

Avoid relying on race-neutral strategies⁶⁷ to correct health and education inequities. Multiple examples illustrate how health resources are unfairly distributed. For example, while students of color are often at greater risk of mental health challenges than their White peers, they have less access to mental health supports. With respect to school-based mental health staff, student-to-staff ratios are larger in schools serving mostly students of color⁶⁸ than in other schools. Adding supports to schools that already have such resources will not address educational inequities. Racial inequities arise, or endure, due to a number of factors: policies with disparate impacts by race, implicit racial biases, physical segregation at community and school levels, and historical gaps in available resources. Given these underlying causes, increases in the resources available may worsen inequity in the absence of explicit attention to why present resource allocations are inequitable.

Avoid pathologizing and stigmatizing students. Educators and education leaders should be wary of broad attempts to frame typical (disruptive or challenging) student behaviors and experiences as health problems. While research indicates that Black and Hispanic students have greater exposure²⁴ to adverse childhood experiences, not all children who experience adversity experience trauma. While schools can

and should work to provide safer, more supportive environments for children with trauma, schools risk stigmatizing and harming students²⁴ by screening for childhood adversity.

Conclusion

Creating healthy schools that specifically support students' and educators' health and well-being is a critical step in addressing educational inequities. Reforms to bolster school capacity to provide health services may help reduce disparities in chronic absenteeism, while shifts in school climate and culture may alleviate disparities in school violence and discipline. Students need access to clean, well-maintained learning spaces and a diverse educator workforce, so education leaders must rethink education financing and broaden their conceptions of education wellness.

The National Healthy Schools Collaborative's 10-Year Roadmap⁴ provides education leaders at the federal, state, district, and school levels with concrete strategies to make every school a healthy school. Although many states, districts, and schools have already begun embracing healthy schools, there remain several critical steps to establishing the policy, funding, and other infrastructure needed to further their adoption.

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