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Testimony

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Connecticut Education Association

Before the

Public Health Committee

HB5538 AAC A Pilot Program for School-Based Health Care Centers

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Good afternoon Senator Gerratana, Representative Johnson, and members of the Public Health Committee. My name is Ray Rossomando, Research and Policy Development Specialist for the Connecticut Education Association. CEA represents 43,000 members who are active and retired teachers across the state.

Everyone agrees that for Connecticut to make real progress toward closing the achievement gap, all hands must be on deck. Children facing the greatest challenges in the classroom, quite often experience poor access to nutrition and health care, as well as other challenges and needs associated with poverty. Consequently, public schooling in Connecticut must be about more than simply what happens in the classroom. It must also be about the daily needs of students and their access to services, support, and resources that are enriching to the mind, body, and readiness for learning. We are testifying today in support of public health bills that would help address these needs.

CEA strongly supports HB 5538, which would establish a pilot program to develop a state-wide plan to integrate school-based health care centers with local school health providers.

Just as the connection between nutrition and learning is strong,ⁱ learning is also connected to the general health and wellness of children.ⁱⁱ Many childhood illnesses are preventable if access to health services is available. In other cases, environmental conditions disproportionately promote illness. Lawmakers must recognize and address the vast differences in community environments that affect the health and well-being of Connecticut children.

Lower-income communities experience disproportionately high rates of lead exposure, which in Connecticut has resulted in “lower achievement test scores even when exposure was at levels below a minimum federal standard used for defining lead poisoning.”ⁱⁱⁱ These communities also have higher rates of asthma, a condition that is responsible for children missing 10 million school days each year across the country.^{iv} And, there is growing recognition that children, particularly children of color, living amidst urban violence experience post-traumatic stress disorder (PTSD).^v Violence-related PTSD is linked to lower achievement among urban youth.^{vi} The cumulative effects are clear. Children who experience persistent illness are less prepared to learn. Enhancing wellness and healthcare services in schools has been proven effective at combating illness and helping children focus more on learning.

We also urge committee members to consider broadening the reach of this proposal to include integration with other after-school services available to students and their communities. Various cities across the country -- such as Newark, New Jersey -- are building community partnerships around the common-sense notion that by combining school-based social services, after-school programs, and interventions that specifically address local challenges (e.g., health, nutrition, jobs, and safety) schools can better meet the needs of all students.^{vii} The Say Yes to Education program in Syracuse integrates after-school programs with school-based health centers and other identified needs.^{viii} Expanding such ingenuity to Connecticut’s neediest communities is an attainable goal offering tremendous benefits, including better health, greater student achievement,^{ix} and improved graduation rates.^x

Thank you.

ⁱ Hollar, D. et al. (2010). Effect of a two-year obesity prevention intervention on percentile changes in body mass index and academic performance in low-income elementary school children. *American Journal of Public Health*. 100(4): 646-653.

ⁱⁱ Rothstein, R. (2004). *Class and schools: Using social, economic, and educational reform to close the black-white achievement gap*. New York, NY: Economic Policy Institute and Teachers College Columbia University.

ⁱⁱⁱ Miranda, M.L., Kim, D., Osgood, C. * Hastings, D. (2011). *The impact of early childhood lead exposure on educational test performance among Connecticut schoolchildren, phase 1 report*. Durham, NC: Children’s Environmental Health Initiative. Retrieved from http://www.nicholas.duke.edu/cehi/resources/LinkingLeadEducationDataCt_Phase1.pdf

^{iv} National Institute of Allergy and Infectious Diseases. (1997). *Asthma: A Concern for Minority Populations*. Bethesda, MD: National Institutes of Health.

^v Morris, E. (2009). Youth violence: Implications for posttraumatic stress disorder in urban youth. Washington, D.C.: National Urban League Policy Institute.

^{vi} Saigh, P. A., Mroueh, M. N., & Bremner, J. D. (1997). Scholastic impairments among traumatized adolescents. *Behaviour Research & Therapy*, 35 (5): 429-436.

^{vii} Noguera, P. A. (2011). A broader, and bolder approach uses education to break the cycle of poverty. *Phi Delta Kappan*, 93(3): 8-14.

^{viii} Ladd, H. F., & Fiske, E.B. (2011, December 11). Class matters. Why won't we admit it? *New York Times*.

^{ix} Basch, C. E. (2010). *Healthier students are better learners: A missing link in school reforms to close the achievement gap*. New York, NY: Teachers College, Columbia University.

^x O'Brien, A. (2010, May 28). *Partnering with the Community to Ensure Student Health: Montrose County School District RE-1J's School Based Health Clinics.* Retrieved from <http://www.learningfirst.org/partnering-community-ensure-student-health-montrose-county-school-district-re-1j-s-school-based-heal>