



# PHYSICAL HEALTH

Nearly 25 percent of Georgia's kids struggle to get basic necessities to live healthy and productive lives. To fully participate in their education and developmental opportunities, children need to be healthy. Children thrive when they develop healthy habits and have access to nutritious food and consistent medical care.



Children's **physical activity** improves grades, standardized test scores, and overall academic achievement.

*Centers for Disease Control and Prevention [2010]*



Participating in the Women, Infants, and Children (WIC) Program **reduces child food insecurity** by more than 20%.

*Southern Economic Journal [2016]*



12% of school-aged children in Georgia have **asthma** and are more likely to miss school.

*Georgia Department of Public Health [2015]*



**1 in 5** children under age 6 lack a steady food source, which has a negative impact on their academic outcomes and physical, emotional, and behavioral development.

*United States Department of Agriculture [2015]; Journal of Developmental and Behavioral Pediatrics [2017]*



Children in foster care are more than **2X** as likely to suffer from asthma than their counterparts.

*Pediatrics [2016]*



Common vision impairments, which affect up to **25%** of children and adolescents, can lead to physical, developmental, behavioral, and academic problems if they go uncorrected.

*National Academies of Sciences, Engineering, and Medicine [2016]; The National Commission on Vision and Health [2009]; Centers for Disease Control and Prevention [2006]*



Of Georgia's 159 counties:

**118** are considered dental health professional shortage areas,

**35** don't have a dentist that accepts Medicaid patients, and

**16** don't have a dentist.

*Georgia General Assembly [2017]; Georgia Health Policy Center [2012]*



Less than half of the preschool-age children who **fail a vision screening** are referred for diagnostic exams.

*National Center for Children's Vision and Eye Health [2016]*



Nearly 15% of children ages 6 to 19 struggle with **hearing loss**. That puts them at risk of failing at least one grade level.

*Journal of Otology [2006]*



44% of children ages 2 to 5 and 52% of third-graders in Georgia have **untreated tooth decay**. Those children are more likely to have problems eating, speaking, and learning, and are almost **3X more likely to miss school** than their peers with good oral health.

*Georgia Department of Public Health [2014]; Centers for Disease Control and Prevention [2016]; Journal of Public Health [2011]*



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When we uncover underlying factors that affect a child's ability to read, we increase our opportunities to improve outcomes. Here are just some of the ways that we can all address those factors.



**Continue to invest in and expand the Power Up for 30 program**, which shows elementary schools how to incorporate an extra 30 minutes of physical activity into the school day.

**Provide training and support for nutrition and physical activity** in child care centers through efforts such as Growing Fit training for early care educators in wellness policies and practices.



**Support efforts to increase participation** in the Georgia WIC program.



**Continue to expand the number of libraries hosting the USDA Summer Food Program**, in partnership with the Georgia Department of Early Care and Learning and the Georgia Department of Education, to increase summertime access to meals.



**Provide training for school staff and local health promotion groups** to support school districts in adopting Georgia's model Asthma-Friendly School Policy.



**Provide vision screenings** every year for children ages 3 to 5; again in grades 1, 3, 5, 7, and 10; and follow-up evaluations for children identified as having visual impairment.



**Provide hearing screenings for all newborns** at no later than 1 month of age, comprehensive evaluations when indicated at no later than 3 months, and appropriate intervention for infants with confirmed hearing loss at no later than 6 months.



**Examine children's communication development** at all well-child visits. Inform caregivers about expected social communication milestones and how to promote their development, recognize difficulties, and get additional support.



**Provide hearing screenings in schools** at least at ages 6, 8, and 10; once in middle school; and once in high school.



**Increase children's access** to pediatric dental care by age 1.



**Leverage the change in Georgia law that allows licensed dental hygienists to provide preventive dental care** in more locations, including Title I schools, Head Start programs, and Georgia's Pre-K program, under supervision of a dentist, but without requiring the dentist to be present.