

Center for
School,
Health and
Education



American
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Association

*Roundtable on Population
Health Improvement*



***“Health and Education -
Working Together for Common
Goals”***

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Background



- **Established in 2010**
- **Focus on Drop Out Prevention as a “Public Health Priority”**
- **APHA Policy 2010-1**
- **Healthy People 2020 Objectives: Adolescent Health 5.1**

Graduation *IS* a Public Health Priority!!

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- **APHA Policy #20101**
 - Public Health and Education: Working Collaboratively Across Sectors to Improve High School Graduation as a Means to Eliminate Health Disparities
- **Healthy People 2020**
 - Adolescent Health Objective 5 - Educational Achievement
 - Graduation is leading indicator of adult health

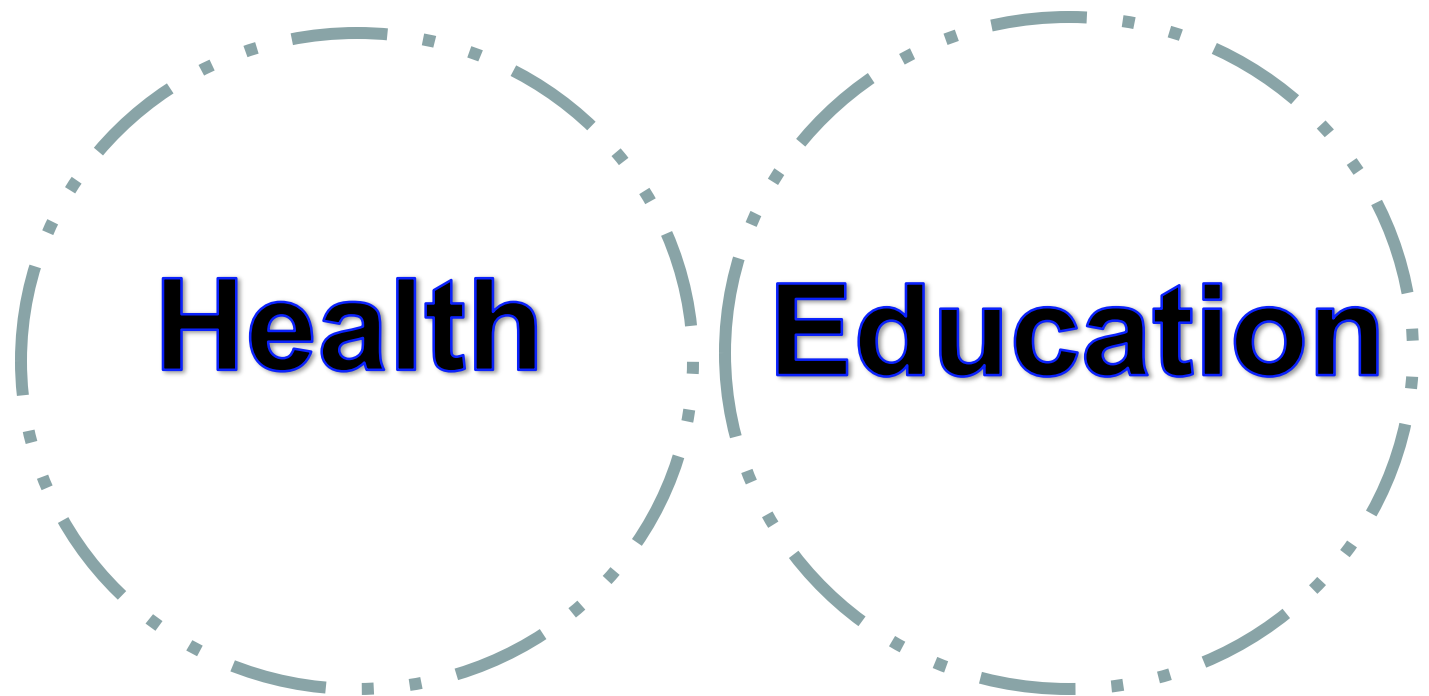


Why Does High School Graduation Matter?

- **Dropouts** experience a shorter life expectancy
- **Dropouts** are more likely to suffer from chronic illnesses such as cardiovascular diseases, cancer, infections, lung disease and diabetes
- **Dropouts** earn 41% less income than someone with a high school diploma
- **Dropouts** are 28% less likely to have health insurance coverage than college graduates
- **Dropouts** are less likely to have social conditions that promote health as an adult

For Children and Adolescents:

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Two Sides of the Same Coin

***You can make a difference
for all youth through SBHC!!***

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***“Schools are the only institutions
that can reach nearly all youth.
They are in a unique position to
improve both the education and
health status of young people
throughout the nation” (Fisher
2003).***

Graduation *IS* a Public Health Priority!!

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ROLE OF CSHE

Advancing school-based health care as a comprehensive strategy for preventing school dropout and improving graduation rates for the K-12 population.

Why School-Based Health Centers?

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- Social circumstances associated with educational success ~ poverty factors
- Social experiences associated with graduation ~ school violence
- Risky behaviors and dangerous health outcomes associated with adolescence
- Confidential, Non-judgmental, Trust, Expertise

Gender-Based Reasons for High School Dropout & Pushout

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- **Males ~ 45%**

- Disciplinary Issues
- Income
- Poor Academic Performance
- Absenteeism
- School Disengagement

- **Females ~ 55%**

- Pregnancy
- Parenting
- Caregiving
- Income
- School Harassment

Strategic Model

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In our strategic model, school-based health centers have the capacity to impact all students by addressing the obstacles that derail students from educational success. The diagram depicts the essential components of a school-wide strategy that integrates programs, such as Coordinated School Health, and policies to eliminate barriers to graduation and prevent dropout.

March 2012

www.schoolbasedhealthcare.org

School-Based Health Centers: An Expanded Role for Dropout Prevention



*Not a current focus area for the Center for School, Health and Education

Social Factors

- **Untreated Health Conditions**
- **Chronic/Traumatic Stress**
- **Aggression and Violence**
- **Hunger/Food Insecurity**
- **Homelessness**
- **Risky Sexual Behavior**



Partnerships: State + Local, Health + Education

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- State health and education departments:
 - Financial Resources (state and federal, direct and indirect)
 - Guidance, Technical Assistance
- Local school districts, schools, school nurses, health agencies, health providers, community resources, philanthropy:
 - Space and Support
 - Financial and Human Resources
 - Technical Capacities

Evidence on School-Based Health Centers

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- SBHCs attract harder-to-reach populations, especially racial minorities and males.
- SBHCs do a better job of getting them services such as mental health care, risk assessments and early intervention.
- Adolescents were 10-21 times more likely to come to a SBHC for mental health services than a community health center.

Evidence on School-Based Health Centers!

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- Sexually active adolescents were more likely to accept and use contraception when provided by a SBHC.
- Students, teachers and parents who have a SBHC rated academic expectations, school engagement, safety, and respect significantly higher than in schools without a SBHC.
- The mere presence of a SBHC positively impacts the overall school climate and learning environment.

Education and Health ARE Inextricably Linked!

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Indicators of Educational Achievement

Users of SBHCs:

- Decreased absenteeism (50%)
- Decreased tardiness (25%)
- Increased grade point average
- **African American males were 3X more likely to stay in school!**
- **Early evidence of impact on school suspensions**

Significance of Assessments on SDOH

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- Middle School
 - **17% had sex/18% unsafe**
 - **30% sad or nothing to look forward to**
 - **24% carried a weapon**
 - **46% got in trouble because of anger**
 - 35% missed school for work, transpo or care
 - 34% less than a C in one or more classes
- High School
 - **51% had sex/25% unsafe**
 - 39% missed school for work, transpo or care
 - **35% carried a weapon**
 - **32% felt sad or hopeless**
 - **28% got in trouble because of anger**
 - 21% smoked marijuana or other street drugs
 - 32% less than a C in all classes

Youth Voices

- *“...there was like 13 people in that house...after a while, you know, there’s not enough food and everything for everybody to be there..”*
- *“One winter we had no heat. We had no electricity. We had no water. It was bad”*
- *“People judge me for the way I look all the time...I think it’s because I’m black and I’m tall...I’m walking past cars, people lock their doors.”*

Youth Voices 2

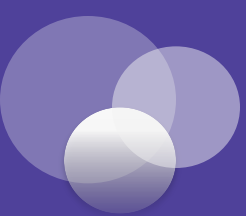
“What’s stressful in my life is being raped and getting pregnant from it...”

- *“They took away the swings and the play skate [at the park]...there’s nothing but a basketball [court] there and they don’t even have nets...it’s irritating and makes [me] mad...”*

Youth Voices 3

- “... bring all the rich people back to ----- ...so they can fix it up... I would put them in our place to see how it feels to be us and the bottom of the food chains.”*





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