Center for School, Health and Education

AT THE
American Public Health Association

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The Dropout Crisis: A Public Health Problem and the Role of School-Based Health Care

Dimensions of the Problem

Research indicates that education is the strongest predictor of long-term health and "individuals with lower income, less education, and lower-status occupations and employment have poorer health."[1] The Alliance for Excellent Education cites a 2005 study by Dr. Peter Muennig which found that the "consequences of educational disparities are striking: adults with low educational attainment are more likely to die precipitately from cardiovasculardisease, cancer, infection, lung disease, and diabetes…"[2]

Consistent with these findings, it has also been noted that high school dropouts are 28% less likely to have health insurance coverage than college graduates and 40% of dropouts are uninsured.[3,4] Thus, perpetuating a reliance on expensive, tax-supported emergency room care. Hunter College's Distinguished Professor of Urban Public Health, Dr. Nicholas Freudenberg flatly argues that school dropout should be reframed as a public health issue.[5]

The 2008 estimate of dropout cited by the National Center for Education Statistics (U.S. Department of Education) indicates 8% of American high school students left school before completion. Of this number, nearly 10% were African American. Almost double that amount, 18%, were Hispanic.[6]

Perhaps more troubling, almost half of African American and Hispanic students, and a little more than 10 percent of white students, were in high schools in which graduation was not the norm.[7] This institutionalization of dropout was cited in the seminal 2004 study "Locating the Dropout Crisis," by Robert Balfanz and his colleagues from Johns Hopkins University, who also coined the term dropout factories. At the time, nearly 80% of the high schools with the highest number of dropouts were found in just 15 states (five of the worst were in the South).[8] For the class of 2011, 20% of dropouts nationwide will emerge from 25 school districts (see Table 1 – Dropout Epicenters, 2011).[9]

Uninsured persons accounted for nearly one-fifth of the 120 million hospital-based emergency department visits in 2006.

- Nationwide Emergency Department Sample

Table 1—Dropout Epicenters, 2011

Projected Nongraduates	District	Projected Nongraduates	District
39,669	New York City, NY	5,396	Orange County, FL
35,568	Los Angeles, CA	5,366	Gwinnett County, GA
16,114	Clark County, NV	5,044	San Diego, CA
11,310	Miami-Dade County, FL	5,000	Palm Beach County, FL
10,469	Chicago, IL	4,880	DeKalb County, GA
9,304	Philadelphia, PA	4,787	Charlotte-Mecklenburg, NC
8,039	Detroit, MI	4,315	Milwaukee, WI
7,852	Houston, TX	4,313	Kern Union, CA
7,477	Broward County, FL	4,260	Prince Georges County, MD
6,990	Dallas, TX	4,209	Phoenix Union, CA
5,867	Hillsborough County, FL	4,109	Memphis, TN
5,550	Duval County, FL	3,963	Albuquerque, NM
5,523	Hawaii, HI		

The United States has gone from first place to twelfth place in 25–34 year-olds with a college degree.[10] As many policymakers have indicated, the phenomenon of high school dropout is a moral and economic imperative for the nation. Many would agree, as President Obama stated on a visit to a Virginia high school in 2009 that "…you can't dropout of school into a good job…."[11] Yet, beyond diminished earning capacity (a high school dropout earns 41% lower income than someone with a high school diploma), low educational attainment creates a deficit of critical skills needed to fuel the economy, and instead fills the pipeline to prison.[12]

Classrooms may not be swelled with children of color (particularly boys) but the nation's prison cells are. Across the states, one in three Black and one in six Latino boys aged 10 are at risk of imprisonment during their lifetime.[13] The corollary reality is black children are also two and a half times as likely as white children to be held back a grade in school.[14] In high poverty school districts, at least 43% of potential dropouts can be identified by the 6th grade, with grade retention as one of the key indicators.[15,16] The correlation between these statistics and the fact that African Americans comprise 38% and Hispanics 34% of the prison population is striking.[17]

In the past decade, policymakers and educators have initiated systems changes including improvements in school climate and cultural competence, enhancements to curriculum and instruction, and have provided additional resources to both students at risk and teachers.[18] As a consequence, some progress has been made and dropout rates have decreased–but not enough. Our nation's children still continue to leave school before completing the 12th grade. The most recent U.S. Census Bureau's American Community Survey estimates that the rate may have been as high as 16.4% for all groups combined in 2009.[19] And as more states adopt the new mandated uniform method for calculating dropout, it is anticipated that the rates will increase.

Dropout interventions, for the most part, have been siloed within the education sector. Yet many if not most

…the potential cost of… future health problems, lost tax revenues due to low earnings, and higher costs of imprisonment, welfare, and other transfer costs…amount to over $250,000 per youth …who does not earn a high school diploma.

- Center for Labor Market Studies

of the obstacles to school completion are either chronic illness (e.g., asthma, diabetes, tooth decay, substance abuse, depression) or the same social determinates as those for health and well-being (e.g., poverty, hunger, homelessness, violence, teen pregnancy, and distress). As poverty in the United States continues to climb, so do the corresponding education and health disparities. School dropout is a crisis for both education and public health with a mammoth social and economic cost (see Table 2 - Societal Cost of High School Dropout, 2007).[20] As such, policymakers, educators, and the public health community are inextricably linked in its diminution.

An estimated 12.8 million days of school are missed each year due to asthma alone, making it the leading cause of absenteeism for school-aged children.

- The Centers for Disease Control and Prevention, 2010

A Role to Play

By design, school-based health centers (SBHCs) can readily address both the health dimensions of chronic absenteeism and dropout. The primary health factors attributable to dropout are substance use and mental/emotional dysfunction.[21] SBHCs can provide mental health assessment and treatment, in addition to drug counseling and treatment or referrals.[22] The impact of these services has been shown to have a stabilizing affect in schools. A 50% decrease in absenteeism and a 25% decrease in tardiness two months after receiving school-based mental health counseling were evidenced by high school students enrolled in school-based health centers.[23] Notably, African-American boys enrolled in a school-based health center were three times more likely to stay in school than students who were not enrolled. [24]

For girls, the leading cause of dropout is pregnancy (30-40%).[25] SBHCs can offer reproductive health care services, where appropriate, and intervene with pregnant and parenting teens by providing parenting education, child care, remedial support and case management, so girls can complete high school.

SBHCs also have the capacity to benefit *all* students in a school by addressing barriers to learning and graduation such as school violence, hunger, and distress. As a neutral and safe entity within the school building, they can uncover the sensitive challenges and obstacles that students face, and impact their ability to focus on learning. Likewise–the challenges that interfere with teachers' ability to teach. This insight can lay the foundation for a series of integrated activities, processes, policies and programs whose goal is to improve graduation and reduce dropout rates. In communities where social inequities are pronounced, this potential becomes even more powerful, given that school dropout is the number one predictor of future health, well-being and economic stability

To begin, SBHCs can gauge school-wide trends through developing and implementing a needs assessment with student groups, teachers, and staff. Thereafter, activities and programs can be introduced to the school

Tooth decay affects nearly 6 in 10 children in the U.S. Severe decay causes pain, the inability to concentrate and missed school days.

- California Education Supports Project

Schools that improve their student's sense of connectedness and decrease the incidences of bullying show reductions in student alcohol and substance abuse. School connectedness is strongly related to both low health-risk behavior and high attendance and academic achievement.

- California Education Supports Project

Table 2—Societal Cost of High School Dropout, 2007

Welfare	The U.S. could save between $7.9 and $10.8 billion annually by improving educational attainment among all recipients of Temporary Assistance to Needy Families, food stamps, and housing assistance.
Taxes	A high school dropout contributes about $60,000 less in taxes over a lifetime.
Crime	If the male graduation rate were increased by only 5 percent, the nation would see an annual savings of $4.9 billion in crime-related costs.
Healthcare	America could save more than $17 billion in Medicaid and expenditures for health care for the uninsured by graduating all students.

that might include cultural awareness and development for staff and students, safe school ambassadors, youth leadership development, mental and physical health services, counseling and mediation, social services, and others. SBHCs may also recommend policies and processes which focus on targeted multi-dimensional support for retained students, anti-bullying and discrimination, and improved access to healthy foods.

Health center staff can purposely engage students outside of the clinic in classrooms, the lunchroom, assemblies. They can facilitate community resources and initiate partnerships with administrators, school staff, and parents to shape a comprehensive approach to improving the overall well-being of each student. And overall school climate. Students who are engaged in a supportive, motivating environment, and who feel connected to their school, will succeed. Most fundamentally, the relationship between school climate, health, well-being and effective education revolves around meeting students' physical and emotional needs so that they are present in class and able to excel. SBHCs can assist schools in meeting this challenge through policies and programs for inclusion, safety and encouragement, and where the physical and emotional health of the entire school community is purposefully made a priority. Ultimately, SBHCs can foster a positive, safe, healthy, learning environment that deinstitutionalizes dropout, and instead focuses on graduation for all students. ■

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About the Center

The Center for School, Health and Education at the American Public Health Association advances school-based health care as a proven strategy for preventing school dropout. School-based health centers have the capacity to benefit all students in a school by addressing barriers to learning such as bullying, hunger and distress. They keep students healthy and in school.

Through partnerships, policies and advocacy, the Center links the educational and public health communities to ensure that all students—particularly those facing social inequities—are supported to graduate. For more information, please visit www.schoolbasedhealthcare.org.

1 Alliance For Excellent Education. Healthier and wealthier: decreasing health care costs by increasing educational attainment. http://www.all4ed.org/publication_material/healthier_wealthier2006;1. Accessed 1/23/11

2 Alliance For Excellent Education. Healthier and wealthier: decreasing health care costs by increasing educational attainment. http://www.all4ed.org/publication_material/healthier_wealthier2006;2. Accessed 1/23/11

3 Fairlie RW, London RA. An analysis of the dynamics of health insurance coverage and implications for employer-mandated Insurance. Employment Policy Institute. http://epionline.org/study_detail.cfm?sid=93. 2006; 1. Accessed 1/24/11

4 Levy H. Public and private coverage among low skilled adults in the 1990s. National Poverty Center Working Paper Series, #05-23. http://www.npc.umich.edu/publications/ workingpaper05/paper23/Levy_Health_Ins_05.pdf. 2005;3. Accessed 1/24/11

5 Freudenberg N, Ruglis J. Reframing school dropout as a public health issue. Prev Chronic Dis 2007;4(4). http://www.cdc.gov/pcd/issues/2007/oct/07_0063.htm. Accessed 1/24/11

6 Chapman C, Laird J, KewalRamani A. Trends in high school dropout and completion rates in the United States: 1972–2008. National Center for Education Statistics. http://nces.ed.gov/pubs2011/2011012.pdf. 2010;8. Accessed 1/24/11

7 Balfanz R, Legters N. Locating the dropout crisis: which high schools produce the nation's dropouts, where are they located, who attends them? Center for Research on the Education of Students Placed at Risk. Executive Summary,2004:v

8 Balfanz R, Legters N. Locating the dropout crisis: which high schools produce the nation's dropouts, where are they located, who attends them? Center for Research on the Education of Students Placed at Risk. Executive Summary,2004:vi

9 Education Week. Dropout epicenters: Diplomas count. 2011. http://www.edweek.org/ew/issues/dropouts/, Updated June 16, 2011. Accessed 8/12/11

10 Balfanz R. What we can do to build a graduation nation: Making high poverty secondary schools engines for advancement. AFT Teach conference 2011 powerpoint. http://www.every1graduates.org/component/k2/item/127-what-we-can-do-to-build-a-graduation-nation-making-high-poverty-secondary-schools-engines-for-advancement.html. 7/11/11. Accessed 8/12/11

11 Toppo G. Obama to kids: 'You can't drop out of school and into a good job.' USA TODAY. http://www.usatoday.com/news/education/2009-09-08-obama-school-speech_N.htm. Updated 9/8/2009. Accessed 1/24/11

12 Dropouts. http://www.edweek.org/ew/issues/dropouts. Updated 6/16/11. Accessed 8/9/11

13 Cradle to Prison Pipeline Campaign. Http://www.childrensdefense.org/programs-campaigns/cradle-to-prison-pipeline/. Accessed 8/19/11

14 Children's Defense Fund. Portrait of inequality 2011:Black children in America. http://www.childrensdefense.org/child-research-data-publications/data/portrait-of-inequality-2011.html. 2011:3. Accessed 8/19/11

15 Balfanz R. What we can do to build a graduation nation: Making high poverty secondary schools engines for advancement. AFT Teach conference 2011 powerpoint. http://www.every1graduates.org/component/k2/item/127-what-we-can-do-to-build-a-graduation-nation-making-high-poverty-secondary-schools-engines-for-advancement.html. 7/11/11. Accessed 8/12/11

16 Jimerson S, Woehr S, Kaufman A, Anderson G. Grade retention and promotion:Information and strategies for educators. University of California, Santa Barbara, S3-62. 2004. http://www.nasponline.org/resources/instruction_curriculum/retentionho_educators.pdf. Accessed 8/19/11

17 Federal Bureau of Prisons. Quick facts about the bureau of prisons: Inmate Breakdown http://www.bop.gov/news/quick.jsp#2. Last Updated:7/30/11. Accessed 8/19/11

18 Freudenberg N, Ruglis J. Reframing school dropout as a public health issue. Prev Chronic Dis 2007;3,9 http://www.cdc.gov/pcd/issues/2007/oct/07_0063.htm. Accessed 1/24/11

19 US Census Bureau. 2009 American Community Survey 1-Year Estimates. http://factfinder.census.gov/servlet/STTable?_bm=y&qr_name=ACS_2009_1YR_G00_S1501&-geo_id=01000US&-ds_name=ACS_2009_1YR_G00_&-_lang=en&-redoLog=true&-format=&-CONTEXT=st. Accessed 8/18/11

20 Alliance for Education Issue Brief: The high cost of high school dropouts–what the nation pays for inadequate high schools. www.all4ed.org/files/archive/publications/HighCost.pdf. 2007:3. Accessed 9/5/11

21 Freudenberg N, Ruglis J. Reframing school dropout as a public health issue. Prev Chronic Dis 2007;2 http://www.cdc.gov/pcd/issues/2007/oct/07_0063.htm. Accessed 1/24/11

22 Freudenberg N, Ruglis J. Reframing school dropout as a public health issue. Prev Chronic Dis 2007;11 http://www.cdc.gov/pcd/issues/2007/oct/07_0063.htm. Accessed 1/24/11

23 School-based health centers keep students healthy and learning. http://www.nasbhc.org/site/c.jsJPKWPFJrH/b.2802731/k.96D3/press_center.htm. 2/1/10. Accessed 8/17/11.

24 School health centers improve grades. http://www.upi.com/Health_News/2011/02/03/School-health-centers-improve-grades/UPI-51511296712094/. 2/3/11. Accessed 8/19/11

25 Freudenberg N, Ruglis J. Reframing school dropout as a public health issue. Prev Chronic Dis 2007;2 http://www.cdc.gov/pcd/issues/2007/oct/07_0063.htm. Accessed 1/24/11

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