

Center for School, Health and Education

AT THE
American
Public Health
Association



The Health, Well-Being and Educational Success of School-Age Youth and School-Based Health Care

The best teachers and schools cannot compensate for poor health, hunger, fear and distress, violence, bullying or poverty. When students wrestle with these and other social barriers, they are more likely to miss school, do poorly on tests and drop out.¹

In fact, nearly one-third of all students in the United States do not graduate from high school on time. For Black, Latino and American Indian students, that number jumps to half.² It's a destructive cycle: students who don't graduate face lifelong health risks and medical costs, and are more likely to engage in risky health behaviors.³ They are less likely to be employed and insured, and earn less—all of which continues the cycle of poverty and disparities.⁴

At the end of the day, school dropout is much more than an educational crisis. It's a public health epidemic.

The lingering effects of the economic recession—foreclosures and high unemployment rates—continue to exacerbate the problem. The poverty rate for U.S. children may soon hit 25 percent.⁵ The dizzying fall of the middle class has left many families homeless and hungry for the first time. These children struggle in school, distracted by empty bellies and the desire to quit school, find a job and help their families.

And for girls, teen pregnancy remains the number one reason for quitting school.⁶ The Centers for Disease Control and Prevention reports that just half of teen mothers receive a

high school diploma by age 22, versus nearly 90 percent of women who do not give birth during adolescence.⁷ Those children of teenage mothers, in turn, are more likely to drop out themselves, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.⁸

The bright spot in this bleak assessment is school-based health care. Research shows that school-based health centers increase educational success by providing physical and mental health care that allows students to stay in school and learn. And schools that have school-based health centers (SBHC) have a more positive overall school climate. SBHC staff have the trust of students, parents, teachers and other school staff, putting them in an ideal position to identify and address these social barriers to educational success—for the entire student body.

It's time to think big about what school-based health care can do to increase health, well-being and educational success throughout the school. This article explores that opportunity and gives some suggestions about how to make it happen.

The Role of School-Based Health Centers in Keeping Students in School

Students who use school-based health centers (SBHC) have better grade point averages (GPA) and attendance compared to students who don't use SBHCs.⁹ As their health and emotional well-being improves, so does their academic performance. At the most basic level, they also do better in school because they miss less school; students enrolled in a school-based health center have greater “seat time” than their peers.¹⁰

Numerous studies, compiled by the National Assembly on School-Based Health Care,¹¹ have conclusively linked school-based health center use to educational success. Specific findings include:

- High school school-based health center users in one 2000 study had a 50 percent decrease in absenteeism and 25 percent decrease in tardiness two months after receiving school-based mental health and counseling.
- A study of school-based health center users in Seattle found that those who use the clinic for medical purposes had a significant increase in attendance over nonusers.
- A 2007 study found that students who used school-based health centers for mental health purposes increased their GPAs over time compared to nonusers.
- African-American male school-based health center users were three times more likely to stay in school than their peers who did not use the centers.
- School-based health centers in the Bronx, NY, reduced hospitalization and increased school attendance among school children with asthma.



Much of the research on school-based health care's impact on educational success is based on students who come to the SBHC. Increasingly, though, researchers are looking at the impact of SBHCs on the overall school population. One study found that the mere existence of a school-based health center has a stabilizing effect on overall school climate.¹² Another found that 20 percent of activity in a sample of SBHCs was devoted to patient, classroom, and group education activities and to contacts with parents and school staff,¹³ indicating that the benefits of school-based health care extended beyond students who walk into the clinic.

Think, then, what might happen if all school-based health centers started consistently reaching out beyond the walls of the health center? In many schools with school-based health centers, teachers talk about “my students” (plural), while school-based health center staff talk about “the patient” (singular). When SBHC staff starts thinking in the plural, their impact can grow exponentially. Research indicates by taking this move across the clinic threshold, SBHCs may have an impact across the overall school learning environment.¹⁴

There is limited evidence of the impact of school-based health care on educational success for all students in the school—pointing to the need for more research in this area—but it shows clear potential. For example, the School-Community Health Alliance of Michigan launched an H1N1 flu initiative in more than 100 school-based and school-linked health centers. It stands to reason that since many more students received vaccines, they likely avoided the flu, stayed in school and learned more. Ideally, efforts like this will begin to incorporate evaluations that clearly link action to educational successes and outcomes—the ultimate of which is preventing school dropout.

School-Based Health Care Removes the Barriers to Education

“For all kids, and particularly vulnerable kids, we need to pay attention to whether they ate last night, whether they have electricity at home to do their homework, whether they even have a home,” says Terri D. Wright, director of the Center for School, Health and Education.¹⁴



“School-based health center staff are in the best position to see the social factors and stressors that affect students, and to work with the school and community to remove those barriers so students can learn,” Wright says.

The following examples illustrate how several social factors impact education, and how school-based health care can mitigate those barriers.

Bullying and school violence

Every day, 160,000 students in grades K-12 go home early from school due to bullying and violence.¹⁵ Half of students responding to a survey admitted that they bullied someone in the past year; nearly half say they were bullied, teased, or taunted in a way that seriously upset them.¹⁶ Students who are repeatedly bullied receive poorer grades and participate less in class discussions.¹⁷ One-third of all high school students say that violence is a big problem at their school, and one in four say they do not feel very safe at school.¹⁸

School-based health centers can impact bullying and violence.

- In the center, by providing services and programs to help children cope with, prevent or stop bullying (including cyberbullying) and violence in school, and by connecting youth to resources.
- In the school, by identifying issues early and helping to create policies and programs (e.g., school safety plans, better physical and emotional school climates), and early intervention programs and services (e.g., mediation and conflict resolution, anti-bullying, gang reduction, suicide prevention).
- Outside school, by advocating for safe school and anti-bullying legislation, and by collaborating with community agencies to provide support for students outside of school. The website StopBullying.gov has a range of free resources to help adults and youth better understand bullying and how to respond to it.

Hunger, obesity and access to quality food

Food insecurity and hunger are persistent problems in America. Nearly a quarter of American children live in food insecure households, meaning that they do not have access to enough food to fully meet basic needs at all times due to lack of financial resources.¹⁹ Hungry children are sick more often, suffer developmental setbacks and have lower academic achievement because they are not well prepared for school and cannot concentrate. They also have more social and behavioral problems because they feel bad, have less energy for complex social interactions, and cannot adapt as effectively to environmental stresses.²⁰

Ironically, food insecurity and poverty often go hand in hand with obesity, as families seek out the most accessible and least expensive calories to

fill their children’s bellies. Obesity, along with lack of physical education, impacts academic success by causing serious health consequences that can keep kids out of school²¹ and lead to mental and emotional health problems. Physically active, fit youth are more likely to have better grades and test scores,²² while children who are hungry, eating unhealthy foods or not active do not perform as well as they could academically.²³

School-based health centers can impact hunger and obesity:

- In the center, by helping students cope with stressors related to poverty and other social issues that may underlie obesity, and helping hungry students access healthy food while they are in school; and by providing physical and mental health services to support healthy weight management.
- In the school, by establishing programs and policies that increase access to healthy food and free and reduced breakfast and lunch, and physical activity. For example, in collaboration with students at Ingalls Elementary School, the SBHC there secured a new playground, equipment and a 10-minute increase in recess time, and made breakfast available to more students. Other schools offer breakfast, lunch and a heavy snack or even dinner, knowing that some children may not have food to eat outside of school.
- Outside school, by advocating for district, state and national policies that increase physical activity, healthy food options and food security. The National Coalition for Promoting Physical Activity (www.ncppa.org), the Let’s Move initiative (www.letsmove.gov) and the Food Research and Action Center (www.frac.org) are excellent resources.

Teen pregnancy prevention

More pregnant young women drop out of high school than graduate.²⁴ Teenage pregnancy is the leading cause of dropping out of school for adolescent women; an estimated 30 to 40 percent of female teenage dropouts are mothers. Early parenting also affects young men who drop out to support a child.²⁵

School-based health centers can impact teen pregnancy:

- In the center (not all SBHCs provide reproductive health services), by providing counseling on making better choices, staying safe and avoiding risky situations; and by providing reproductive health care or referring students to community organizations. In some cases, students and their parents advocate for services. For example, the School-Community Alliance of Michigan and Baldwin Teen Center worked with students and parents to persuade the school board to make family planning services available in schools.
- In the school, by providing a perspective on students' sexual activity, risks and needs, then working with the school to create authentic and effective prevention programs that students trust.



- Outside school, by advocating for policies that ensure students' right to receive reproductive health information and services. For example, young leaders from Balboa High School, supported by their SBHC, successfully advocated to place information about students' rights to receive confidential health care under California law in the curriculum for all San Francisco public schools.

Mental well-being, depression and suicide

One of five children and adolescents experience symptoms of mental health problems that cause some level of impairment—often affecting their learning and even whether or not they complete school—but fewer than 20 percent of youth who need mental health services receive them.²⁶

School-based health centers can impact mental health:

- In the center, by providing mental health services and counseling, and referrals as needed. For example, Deering High School changed the school's policy to allow students to receive confidential mental health services. This ensures that students' needs are met, and that they miss less time in class due to mental health challenges or time spent in off-site care.

- In the school, by providing programs that ease emotional distress and promote positive youth development and opportunities for youth leadership and peer-to-peer support. For example, the Youth Advisory Group at the Laguna-Acoma High School Teen Center in Albuquerque, New Mexico, secured \$100,000 to create a student peer-to-peer suicide prevention program. The first workshop drew 100 students.

- Outside school, by working with parents and other caregivers to recognize signs of depression and suicide risk such as bullying, violence and other stressors.

The Next Step: Linking These Issues into a Comprehensive Strategy

These are but a few of the obstacles that affect student success. Often school-based solutions consist of isolated programs, prompted by an incident or crisis. For example, a school might create a limited-term suicide prevention curriculum in reaction to a student suicide.

Ideally, these programs should be proactively and comprehensively developed as a strategy that improves

“School-based health centers, together with schools, must be aware of what’s happening in students’ lives, and must know that they can make a difference. We can’t give the parents a job, make the home safe or put food on the dinner table. But we can make sure students get healthy food—maybe all three meals—at school, and we can be aware of the situations they come from. It’s our job to provide supports and opportunities to help them deal with all that’s on their shoulders, and to help them do the best they can.”

Terri D. Wright
Director
Center for School, Health and Education

the well-being of all students, reduces barriers to learning and improves graduation rates. By continuing to integrate and evaluate this work, we can strengthen the evidence base and foster replication.

A model to watch is the District of Columbia Healthy Schools Act of 2010, the most comprehensive legislation to affect the overall health and well-being of school-aged youth. More than 350 stakeholders helped create this legislation in response to the District's obesity epidemic, one of the highest rates of childhood asthma and the highest rates of both teen pregnancy and sexually transmitted diseases in young adults. It establishes new school-based health centers and strengthens existing ones; strongly encourages all schools to become a HealthierUS School at the Gold Level; and sets required standards for school foods, availability of breakfast, free lunch, physical activity, physical and health education, environmental programs, wellness programs, school health centers and more.

What School-Based Health Centers Can Do to Increase Educational Success and Reduce School Dropout

School-based health centers provide excellent, accessible, trusted health care and information for students across the country. They also have the capacity to impact the obstacles that derail students from educational success through programs and policies that benefit every student in the school. Now it's time for them to become catalysts for change by eliminating or reducing barriers to graduation and preventing school dropout.

There is support for this! New research shows that voters see a strong connection between health and learning and



being successful in school. They embrace the goal of helping children stay healthy to give them an equal chance to succeed in school.²⁷

It will take collaboration across the school and community to fully realize the potential of school-based health centers to bolster educational success and prevent dropout. Here are some ways that school-based health centers can work with schools, parents, the community, public health and others partners to get started.

1. Partner with the school and community to identify needs and set the vision for increased graduation rates.

- Identify concerns and problems in the school that are impacting students' ability to be in class, learn and graduate.
- Begin now, with a big vision focused on the health and well-being of the school population and with the goal of graduation, rather than

waiting until something happens and responding to an isolated problem.

- Develop policies and programs that can improve the school climate and impact all students.
- Identify a strong coordinator to knit together all the players and community resources into a comprehensive school-wide strategy to increase graduation rates.

2. Engage teachers and staff.

- This often begins with a cultural shift, instilling a dedication to helping students graduate in every single staff member. For example, at one San Francisco East Bay area high school, everyone in the school-based health center, from the receptionist to the clinician, is trained to use "narrative therapy," listening carefully to students and engaging them in constructive dialogue. Outside the center, the principal sees the role the center can

play in helping with disciplinary and attendance issues, and works closely with staff. This level of trust, respect and collaboration has a profound impact.

- School-based health centers might also provide health liaisons to assist teachers with supplemental activities for their health curriculum, such as exercises to improve attention or groups to decrease teacher stress and burnout.²⁸

3. Engage youth and parents.

- Ensure that youth and parents are part of the whole strategy, not just isolated programs.
- Create a cadre of students at each grade level to be the eyes, ears and ambassadors to their peer group.
- Engage a cadre of parents and community organizations as supporters, and make it easy for them to participate. For example, a superintendent in Indiana has parent meetings at midnight so shift workers can come.

4. Partner with the school and public health professionals to measure impact in terms of health outcomes and educational success, especially the impact on dropout rates.

- Most school-based health care programs measure solely health outcomes. By identifying and tracking educational measures such as absenteeism, early dismissals and dropout, we can begin building the bridge between school-based health care and educational success.
- By reframing school dropout as a public health issue, we can bring new players into the effort—parents, health institutions, young people, civil rights groups—and encourage public officials to think of the dropout problem as central to community health.²⁹

School-based health care is at a pivotal moment in America. To be certain, there is an ongoing need to create and sustain school-based health centers. But this model of care has become

widely accepted and applauded, as evidenced by its inclusion in the Affordable Care Act and Children’s Health Insurance Program Reauthorization Act. Now, even as we continue providing excellent, accessible primary care, we have the opportunity to break down the walls of the school-based health center and extend our trust, expertise and influence throughout the school.

SBHCs must seize this moment to create and measure programs that serve the student body. Schools must welcome this bold step toward not only improving the health and well-being of that student body, but improving the overall school climate, reducing absenteeism and dropout rates for that school. And policymakers must continue and expand their support for this model.

We sit at the convergence of a national school dropout crisis, a national obesity epidemic, an exponential increase in bullying and school violence and countless other social trends. School-based health care is the right player in the right place—right now. ■

Resources to help school-based health centers connect with education

The following resources are available at <http://www.schoolbasedhealthcare.org/>

Building Bridges Between School-Based Health Clinics and Schools provides an excellent overview of the education system and demonstrates how SBHCs and schools can collaborate to show accountability and educational impact.

Jeanita W. Richardson, MEd, Ph.D.
Journal of School Health
September 2007, Vol. 77, No. 7, pages 337–343

Public K-12 Federal Educational Policy: W. K. Kellogg Foundation School-Based Health Care Policy Program provides terminology and knowledge that facilitates health and education collaborations.

Jeanita W. Richardson, MEd, Ph.D.
W. K. Kellogg Foundation
September 11, 2007 (monograph—pages 1–31)

FOR MORE INFORMATION,
CONTACT:

Terri D. Wright, MPH

Director, Center
for School, Health
and Education

202-777-2482
terri.wright@apha.org



American
Public Health
Association

www.schoolbasedhealthcare.org

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 Freudenberg, N., & Ruglis, J. "Reframing School Dropout as a Public Health Issue." *Preventing Chronic Disease: Public Health Research, Practice, and Policy*, Vol. 4, No. 4, Oct. 2007.
- 2 Ibid.
- 3 Ibid.
- 4 Alliance For Excellent Education. Healthier and wealthier: decreasing health care costs by increasing educational attainment. http://www.all4ed.org/publication_material/healthier_wealthier2006;2.
- 5 60 Minutes, CBS, March 6, 2011.
- 6 Freudenberg, op. cit.
- 7 Perper, K., Peterson, K., Manlove, J. "Diploma attainment among teen mothers." *Child Trends*, Fact Sheet Publication #2010-01 (Washington, DC: Child Trends, 2010). As reported on the CDC website: <http://www.cdc.gov/TeenPregnancy/AboutTeenPreg.htm>.
- 8 Hoffman, SD. "Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy" (Washington, DC: The Urban Institute Press, 2008). As reported on the CDC website: <http://www.cdc.gov/TeenPregnancy/AboutTeenPreg.htm>.
- 9 Walker, S., Kerns, S., Lyon, A., Bruns, E., Cosgrove, T. "Impact of School-Based Health Center Use on Academic Outcomes." *Journal of Adolescent Health*, Vol. 46, 2010, p. 255.
- 10 Van Cura, M. "The Relationship Between School-Based Health Centers, Rates of Early Dismissal from School, and Loss of Seat Time." *Journal of School Health*, August 2010, Vol. 80, No. 8, p. 371.
- 11 National Assembly on School-Based Health Care: Keeping Students Healthy and Learning: SBHCs and Education.
- 12 Strolin-Goltzman, J. "The Relationship Between School-Based Health Centers and the Learning Environment." *Journal of School Health*, March 2010, Vol. 80, No. 3, p. 157.
- 13 Mavis, B., Pearson, R., Stewart, G., Keefe, C. "A work sampling study of provider activities in school-based health centers." *Journal of School Health*, 2009, Vol. 79, No. 6, pp. 262-268. As cited by McNall, M., Lichty, L., Mavis B in "The Impact of School-based Health Centers on the Health Outcomes of Middle School and High School Students." *American Journal of Public Health*, 2011, Vol. 100, No. 9, pp. 1604-1610.
- 14 Strolin-Goltzman, op. cit.
- 15 Centers for Disease Control and Prevention. Understanding School Violence fact sheet, 2010 [cited 2011 May 3 at http://www.cdc.gov/ncipc/dvp/YVP/SV_Factsheet.pdf].
- 16 Ethics of American Youth Survey (2010). *osephson Institute of Ethics* (www.charactercounts.org/programs/reportcard/2010/index.html).
- 17 Juvoven, J., Wang, Y., Espinoza, G. "Bullying Experiences and Compromised Academic Performance Across Middle School Grades." *Journal of Early Adolescence*, Sept. 2, 2010.
- 18 Ethics of American Youth Survey (2010). *Josephson Institute of Ethics* (www.charactercounts.org/programs/reportcard/2010/index.html).
- 19 Food Research and Action Center (http://www.frac.org/html/hunger_in_the_us/hunger_index.html).
- 20 Cook, J., Jeng, K. "Child Food Insecurity: The Economic Impact on our Nation." *Feeding America*, 2009 (<http://feedingamerica.org/SiteFiles/child-economy-study.pdf>).
- 21 Satcher, D. "Taking Charge of School Wellness." *Educational Leadership*, December 2009/January 2010, Vol. 67, No. 4, pp. 38-43.
- 22 Trost, S., van der Mars, H. "Why We Should Not Cut PE." *Educational Leadership*, December 2009/January 2010, Vol. 67, No. 4, pp. 60-65.
- 23 Satcher, op. cit.
- 24 Hoffman, SD. "By the Numbers: The Public Costs of Teen Childbearing" (Washington, DC: National Campaign to Prevent Teen Pregnancy, 2006). As cited in Ruglis, J., Freudenberg N. "Toward a Healthy High Schools Movement: Strategies for mobilizing public health for educational reform." *American Journal of Public Health*, Sept. 2010, Vol. 100, No. 9, pp. 1565-1571.
- 25 Freudenberg, N., Ruglis, J. "Reframing school dropout as a public health issue." *Preventing Chronic Disease*, 2007, Vol. 4, No. 4 (http://www.cdc.gov/pcd/issues/2007/oct/07_0063.htm).
- 26 "Healthy Youth: Mental Health." Centers for Disease Control (www.cdc.gov/HealthyYouth/mental-health/index.htm).
- 27 Key Survey Findings for the American Public Health Association. Lake Research, 2011.
- 28 Strolin-Goltzman, op. cit.
- 29 Freudenberg, N., Ruglis, J., op. cit.