



Center for School, Health and Education

A Program to Improve Graduation  
by Integrating Public Health Prevention and Primary Care in Schools  
*A learning series developed with funding from the CDC*

**On Behalf of Our Children:  
The Efficacy of Health and Educational Collaborations**

**Presented by**  
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**Guiding Questions**

- Why should health and educational professionals partner?
- What are some of the legislative pathways supportive of collaboration?
- What should health professionals know about public education?



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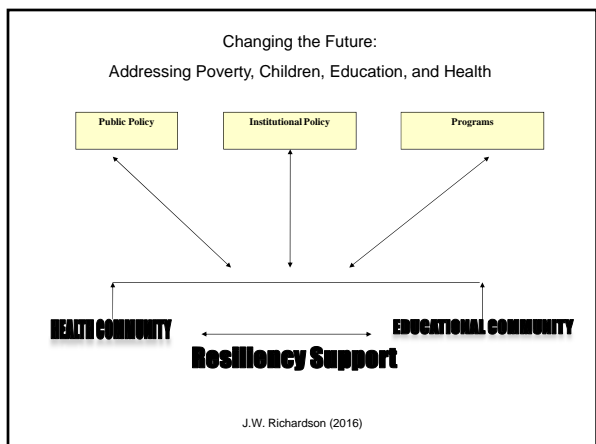
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### Two Sides of the Same Coin: Educational Risk & Social Determinants of Health

Risk tends to refer to any factor or combination of factors that interfere with optimal development



SDOH are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices.  
*(WHO, 2008)*

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**"Poverty"** is an unsatisfying term, for poverty is not a category that can be delineated merely by the government's dollar limits on annual income. In real life, it is an unmarked area along a continuum, a broader region of hardship than the society usually recognized  
*(Shibley, 2005)*

Why treat people...



...without changing what makes them sick?

The relationship between SES and health is one of the most robust and well-documented findings in social science  
*(Seith & Kalof, 2011)*

Good health in childhood both reflects and predicts full social and economic participation  
*(Seith & Kalof, 2011)*

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### Where to begin...

- Language-Professional terminology
- Professional roles
- Significance of accountability



- Time Constraints
- Governance/ Decision-making Power

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You cannot educate a child who is not healthy  
and you cannot keep a child healthy  
who is not educated.  
---Jocelyn Elders



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## Education as a Community

A community can be defined as – a social, religious, occupational, or other group sharing common characteristics or interests and perceived or perceiving itself as distinct in some respect from the larger society within which it exists  
(Dictionary.com)

Language of Education  
Common Governance  
Distinct in its accountability, governance  
Priorities, Values  
Cycles of business



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## Important Questions

- **Education stakeholders ask:**
  - “Do school health programs detract from, or complement, the academic and social mission of schools?”
- **Meanwhile, advocates of school health programs ask:**
  - “If our programs are unable to demonstrate their educational value, will they be able to sustain and expand their current place in the health care safety net?”

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### What SBHCs and Schools Have in Common

- Predictors of poor health are also precursors to educational risk
- Health and public education are the largest proportion of every state's budget
- Both need community support and buy-in to optimize their potential as institutions
- Both are subject to high public scrutiny and the fickle nature of politics
- SBHCs meaningful engagement with schools is consistent with a public and community health mission

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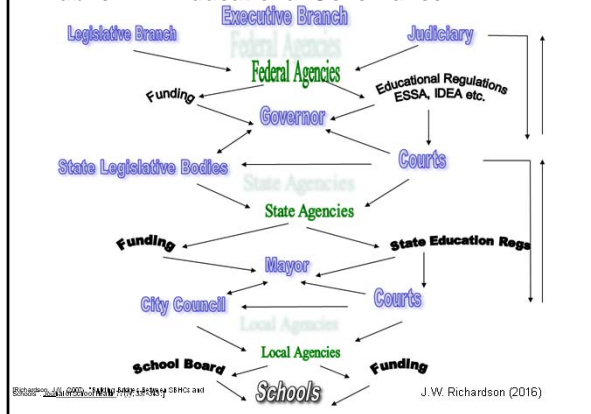
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### Public K-12 Educational Governance




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### National Association of State Boards of Education (NASBE)

<http://www.nasbe.org/?s=health+policies>

State Boards Can Improve Student Achievement by Improving School Health Policies

[Promoting Student Achievement through Improved Health Policy](#)

Education and health outcomes are linked. Yet despite a growing body of evidence tying health to academic achievement, many school systems have not established and coordinated policies, processes, and practices that will improve both health and learning of all students. State boards of education have a role to play in facilitating this effort.

Promoting Access to School Health Services for Improved Student Health and Achievement (Webinar)

<http://www.nasbe.org/webinars/promoting-access-to-school-health-services-for-improved-student-health-and-achievement/>

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### NASBE Sample Health Policies

Health Education	Emotional, Social and Mental Health Education
Asthma Awareness Education	Injury and Violence Prevention Education
HIV, STD, and Pregnancy Prevention Education	Alcohol, Tobacco, and Drug Use Education
Nutrition Education	Physical Education

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Dropping out of school is not an impulsive isolated action impacting youth alone. Instead, dropping out is a culmination of long-term disengagement that profoundly affects families, communities, and the nation.  
*(Christle, Jolivet, & Nelson, 2007)*

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### What We Know About Dropping Out

- **“When young people separate from school prior to completion there are long term health, economic implications**
- **Separating from school prior to high school graduation is multi-causal and influenced by factors external, as well as internal to the school**
- **Research-based predictors of dropout danger zones are evident as early at 3<sup>rd</sup> grade, 40% by 6<sup>th</sup> grade and 75% by 9<sup>th</sup> grade**
- **Children who have unresolved health issues are more apt to miss days from school, fail grades, perform under their potential in standardized tests and feel less connected to their schools, all of which are documented precursors to dropping out** *(Basch, 2010; Breslau, 2010; Christle et. al, 2007; Freudenberg & Ruglis, 2007, Rumberger & Sun Ah Lim, 2008)*

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## High School Graduation

- Every 26 seconds another student gives up on school, resulting in more than one million American high school students who drop out every year  
*(Ballanz, Fox, Bridgeland, McNaught, 2009)*
- Of the high school dropouts in the 2008-2009 school year,
  - 28% were African American
  - 29% were Hispanic/Latino
  - 39% were Caucasian
  - 3% Asian American
  - 1% American Indian *(NCES, 2011)*

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## Economic and Societal Ramifications of Dropping Out of High School

- The annual income of a high school dropout compared to a graduate, individuals with some college, and those with a bachelors degree differ by ~ \$9,000, \$14,000, and \$32,000 respectively *(McLaughlin, Sum, Khatiwada, & Palma, 2007)*
- Consider the 333,200 African American, 363,900 Hispanic/Latino, 24,700 American Indian Alaskan Native, 34,500, and Asian 2010 dropouts. If ½ of each group had graduated their earning potential would exceed \$4 billion. *(Alliance for Excellent Education, 2011)*
- Over the course of their lifetimes, a single high school dropout costs the nation \$260,000 in lost earnings, taxes and productivity *(Alliance for Excellent Education, 2008)*
- Students of color are six times more likely than their white peers to attend a "dropout factory" ( one of the nearly 2000 schools that produce ½ the nation's high school dropouts), *(NCES, 2010, Alliance for Excellent Education, 2011)*
- There is a concentration of students of color enrolled in high poverty schools, that record more violence, and teacher turnover *(NCES, 2010)*

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## Rationale for Education-Health Dropout Prevention Partnerships

- The greatest success in reducing dropout rates will be achieved where multiple approaches are adopted as part of a comprehensive strategy *(IES 2008)*
- Given the predictable economic drain dropping out of high school portends, partnerships are a rational investment as a function of protecting the short- and long-term health of local and state economies
- Partnerships between health and education are consistent with the missions and existing policies of related agencies
- There are educationally relevant health disparities that influence decisions to dropout *(Basch, 2010, 2011; IES 2008)*

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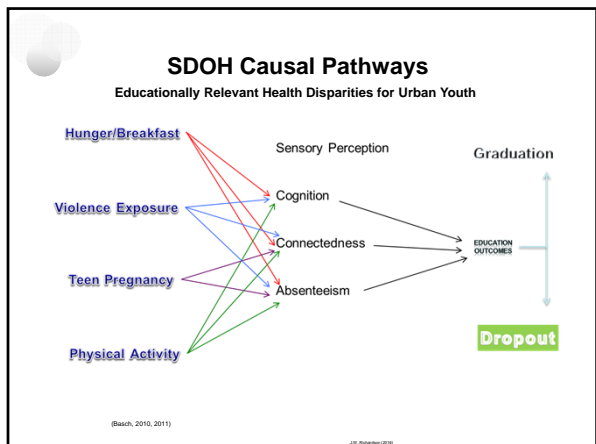
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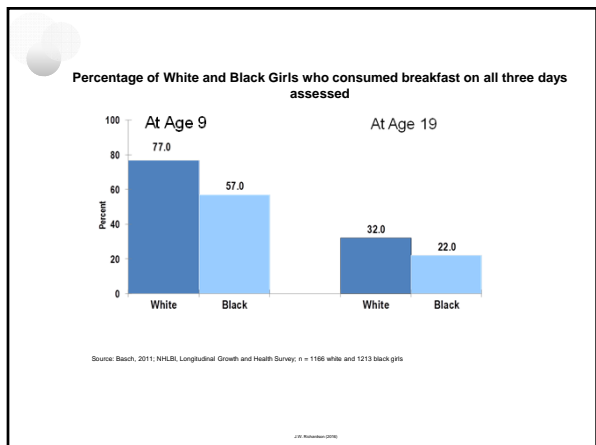
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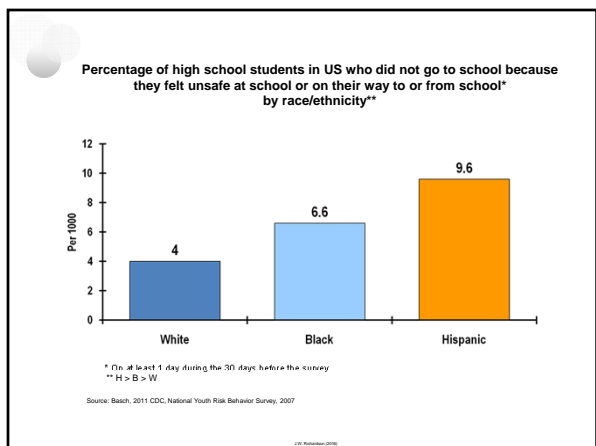
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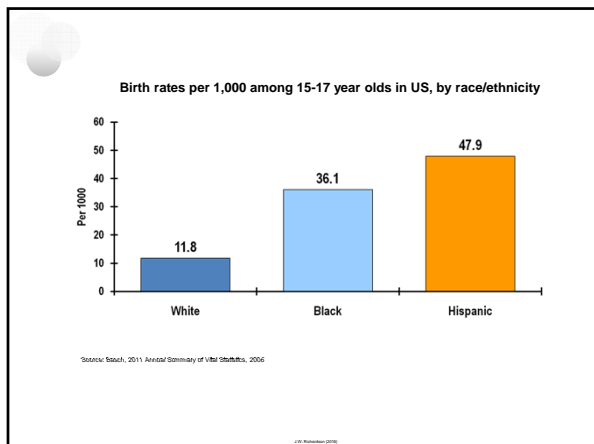
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### Benefits of Education-Health Resiliency Partnerships

- Many factors that negatively impact health (SDOH) also represent quantified detractors (risk) to educational achievement. By working together, protective factors can be created that serve as bridges between risk and resilience, such as management of chronic diseases including asthma, prevention and early identification of risky health behaviors, increasing opportunities for youth to bond with a caring adult
- Given not only common challenges but also common location, school-based health centers are logical places to provide services to students who experience the convergence of educational risk and SDOH
- SBHCs have demonstrated their effectiveness addressing some of the precursors to dropping out
- There are educational models (Full-Service Community Schools) that explicitly include provision of healthcare on site. This model is favored by both the Secretary of Health and Human Services and the Secretary of Education

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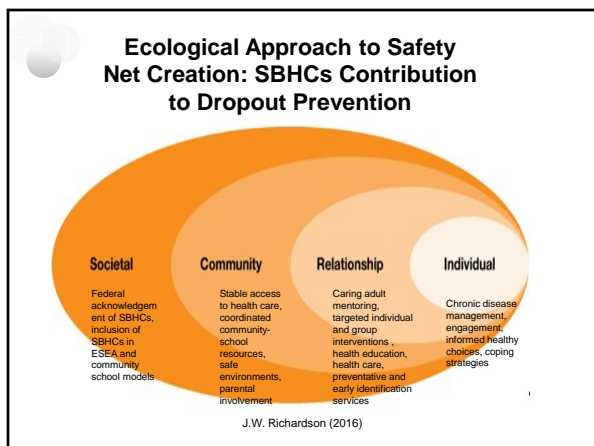
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## Aligning SBHC services with NCLB mandates

<p><b>NCLB Criteria</b></p> <p><i>Title I – Part C</i> <i>Education of Migratory Children</i></p> <p><i>Title I – Part D</i> <i>Prevention and Intervention Programs for Children and youth who are neglected, delinquent, or at-risk</i></p> <p><i>Title IV – 21<sup>st</sup> Century Schools</i></p>	<p><b>SBHC Contribution</b></p> <p>Immunizations, and health records of migrant children served are required to be supplied to the national database. As SBHCs treat clients data could be provided to the schools to input.</p> <p>Prevention &amp; intervention services, information, screening, and treatment of affected students could be performed at SBHCs.</p> <p>Drug and alcohol prevention education, testing, screening, counseling and treatment options might already being provided in SBHCs</p>
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Blueprint for Reform: The Reauthorization of ESEA (2010)  
"Successful, Safe, and Healthy Students... It means supporting innovative models that provide the services that students need...environments that help all students be safe, healthy and supported."  
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## No Child Left Behind vs. Every Student Succeeds Act

### WHAT'S NEW: ACCOUNTABILITY

<p><b>NCLB</b></p> <ul style="list-style-type: none"> <li>▶ Adequate Yearly Progress Based on Test Scores</li> </ul>	<p><b>ESSA</b></p> <ul style="list-style-type: none"> <li>▶ Accountability system must include at least one non-academic indicator</li> <li>▶ State &amp; district report cards must track chronic absence, school climate, &amp; discipline</li> </ul>
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Ellerson, N (2016) Overview of Every Student Succeeds Act: What it means for Community School Partnerships. A Presentation sponsored by the Coalition for Community Schools.  
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## Academic and Non-Academic Indicators

<p><b>Academic:</b></p> <ul style="list-style-type: none"> <li>• Academic achievement as measured by annual assessments</li> <li>• Four-year adjusted cohort graduation rate</li> <li>• Student growth (at state's discretion)</li> <li>• Progress in achieving English language proficiency</li> </ul>	<p><b>Non-Academic: At least one indicator that can include:</b></p> <ul style="list-style-type: none"> <li>• Student engagement</li> <li>• Educator engagement</li> <li>• Student access to and completion of advanced coursework</li> <li>• Postsecondary readiness</li> <li>• School climate and safety</li> <li>• And others including chronic absence</li> </ul>
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### WHAT'S NEW: ACCOUNTABILITY

<p><b>NCLB</b></p> <ul style="list-style-type: none"> <li>▶ Schools identified for improvement with increasing penalties and lowest-performing required to choose 1 of 4 prescribed turnaround models</li> </ul>	<p><b>ESSA</b></p> <ul style="list-style-type: none"> <li>▶ Schools Identified for Comprehensive Support and Improvement (schools in lowest 5%): district in partnership with stakeholders including parents develops a plan</li> <li>▶ Schools identified for targeted support and improvement (schools where any subgroup is consistently underperforming): school in partnership with stakeholders including parents develops a plan</li> </ul>
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<p><b>NCLB</b></p> <ul style="list-style-type: none"> <li>▶ Dozens of programs under Title IV that were awarded competitively to districts</li> <li>▶ 21<sup>st</sup> Century Community Learning Centers</li> </ul>	<p><b>ESSA</b></p> <ul style="list-style-type: none"> <li>▶ Many programs consolidated into a Title IV block grant called Student Support &amp; Academic Enrichment that districts will receive by formula</li> <li>▶ 21<sup>st</sup> Century Community Learning Centers</li> <li>▶ New programs: Full Service Community Schools, Promise Neighborhoods</li> </ul>
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### ESSA: OPPORTUNITIES TO COLLABORATE

- ▶ Title I: Needs assessments; examining resource inequities; implementing schoolwide programs
- ▶ Title IV: Most effective use of \$\$\$
  - ▶ Well rounded student
  - ▶ School climate
  - ▶ Education Technology

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## Creating Health-Education Resiliency Partnerships: Four Calls to Action

- Identify policy pathways for collaboration (e.g., existing state education policies that have health implications)
- Identify existing school-health partnerships and provide needed technical and fiscal support for their ongoing work
- Commit to more integrated practices by keeping each other (health to education and education to health) informed of initiatives, funding opportunities, success stories and lessons learned
- **Embrace the mindset that creating partnerships is not an "add on" to existing workload, but rather a strategic decision to be more efficient and effective in the work you are already charged to accomplish**

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## Presenter's Bio

Jeanita W. Richardson is an Associate Professor in the Department of Public Health Sciences (PHS) at the University of Virginia School of Medicine and a Center for Global Health Distinguished Scholar. Dr. Richardson is recognized nationally for her expertise in designing effective strategies to enhance the health of children through public health partnerships with schools. Her Ph.D. in educational policy with a concentration in special interest group politics and Masters in Curriculum & Instruction were earned from the University of Virginia. She has published widely in peer-reviewed journals and authored and co-authored four books. In addition to her academic appointments, she has worked as a senior policy and budget analyst for the Commonwealth of Virginia, a consultant to the W.K. Kellogg Foundation and the Center for School Health and Education (APHA), a public school educator and corporate banker.

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