

# NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.



Community Action Guide:

## A Public Health Call to Action: Decreasing High School Dropout Rates

Health Equity Council 2011

*Improving Lives* through **Policy, Programs** and **People**



National Association of Chronic Disease Directors Health Equity Council

Community Action Guide  
**A PUBLIC HEALTH CALL TO ACTION: Decreasing High School Dropout Rates**  
A Resource for States and Communities

The state of the American educational system is the subject of much concern since education is the key to success, creating productive members of society, and is essential to good health. Research shows that healthier students are more successful academically, and academic achievers become healthier people. However, high school dropout rates continue to plague America's most vulnerable populations, and the rates are alarming:

- Every nine seconds one high school student drops out.<sup>1</sup>
- Seventy-five percent of America's state prison inmates are high school dropouts.<sup>2</sup>
- The US could have saved **\$17 billion** in health care expenditures if dropouts from the Class of 2006 graduated.<sup>3</sup>
- Over the course of his or her lifetime, a high school dropout earns on average, about \$260,000 less than a high school graduate.<sup>4</sup>
- The nation's lowest-performing high schools produce 58 percent of all African American dropouts and 50 percent of all Hispanic dropouts, compared to 22 percent of all white dropouts.<sup>5</sup>
- Students from low-income families have an event dropout rate of 10.7%; students from middle-income families have a dropout rate of 5.4%; while students from high-income families dropout rate of 1.7%.<sup>6</sup>
- In today's workplace, only 40% of adults who dropped out of high school are employed, compared to 60% of adults who completed high school and 80% for those with a bachelor's degree.<sup>7</sup>
- The U.S. **death rate** for those with fewer than 12 years of education is **2.5 times** higher than the rate of those with 13 or more years of education.<sup>8</sup>

There are wide gaps in educational achievement between socioeconomic class, race, gender, disability status, and geographic location. Students from low income families and students of color are at most risk of dropping out.<sup>9</sup> Males dropout at higher rates than females, however Black males are at most risk of dropping out. The reciprocal relationship between education and health has been extensively researched. Current research shows higher educational attainment is correlated with better health outcomes. The interaction between educational attainment and health occurs through several pathways, namely, health knowledge and behaviors, employment and income, and social and psychological factors.<sup>10</sup> Therefore, remedying the education crisis may lead to dramatic gains in population health. In fact, tackling the high school dropout crisis may also reduce future health disparities.

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• Event Rate—Measures the percentage of young adults ages 15-24 who dropped out during the school year preceding the data collection.

## **Why Do Students Drop Out?**

Students drop out of high school for many reasons. Some students cite feeling disengaged from the material, disconnected from school faculty and staff, as well as a lack of motivation as the primary reasons why they drop out.<sup>11, 12</sup> Students also dropout out because of family reasons, having a child, or feeling ill prepared to meet the present academic challenges.<sup>13</sup> Other reasons for dropping out stem from early childhood/primary school – students are often on the trajectory to drop out much earlier than they actually do. Students from disenfranchised groups are less likely to return to school after a stressful situation (i.e. loss of a caretaker, loss of a job or decreased household income, pregnancy, etc.) has occurred at home.

<b>For additional information:</b>	
Who Drops Out:	- Trends in High School Dropout and Completion Rates in the United States: 1972- 2008 by the National Center for Education Statistics <a href="http://nces.ed.gov/pubs2011/2011012.pdf">http://nces.ed.gov/pubs2011/2011012.pdf</a> .
Why Students Drop Out:	- Building a Grad Nation: Progress and Challenge in Ending the High School Dropout Epidemic by Robert Balfanz, John M, Bridgeland, Laura Moore, and Joanna Hornig Fox <a href="http://www.americaspromise.org/Our-Work/Grad-Nation/Building-a-Grad-Nation.aspx">http://www.americaspromise.org/Our-Work/Grad-Nation/Building-a-Grad-Nation.aspx</a> - Freudenberg N, Ruglis J. Reframing school dropout as a public health issue. Prev. Chronic Dis 2007; 4(4). <a href="http://www.cdc.gov/pcd/issues/2007/oct/07_0063.htm">http://www.cdc.gov/pcd/issues/2007/oct/07_0063.htm</a> . - The Silent Epidemic: Perspectives of High School Dropout by M. Bridgeland, John J. DiIulio, Jr. and Karen Burke Morison <a href="http://www.civicerprises.net/pdfs/thesilentepidemic3-06.pdf">http://www.civicerprises.net/pdfs/thesilentepidemic3-06.pdf</a> .
Why the Dropout Rate is a Public Health Issue:	- Alliance for Excellent Education, Healthier and Wealthier: Decreasing Health Care Costs by Increasing Educational Attainment.(Washington, D.C.: Alliance for Excellent Education, 2010). Available at: <a href="http://www.all4ed.org/files/HandW.pdf">http://www.all4ed.org/files/HandW.pdf</a> - Allensworth D, Lewallen TC, Stevenson B, Katz S. Addressing the needs of the whole child: what public health can do to answer the education sector’s call for a stronger partnership. Prev Chronic Dis 2011; 8(2). <a href="http://www.cdc.gov/pcd/issues/2011/mar/10_0014.htm">http://www.cdc.gov/pcd/issues/2011/mar/10_0014.htm</a> . - Exploring the Social Determinants of Health: Education and Health- April 2011 by the Robert Wood Foundation <a href="http://www.rwjf.org/files/research/sdohseries2011education.pdf">http://www.rwjf.org/files/research/sdohseries2011education.pdf</a> - Freudenberg N, Ruglis J. Reframing school dropout as a public health issue. Prev. Chronic Dis 2007; 4(4). <a href="http://www.cdc.gov/pcd/issues/2007/oct/07_0063.htm">http://www.cdc.gov/pcd/issues/2007/oct/07_0063.htm</a> - Research Review: School-based Health Interventions and Academic by Julia Diley <a href="http://www.sboh.wa.gov/Pubs/docs/Health&amp;AA.pdf">http://www.sboh.wa.gov/Pubs/docs/Health&amp;AA.pdf</a>

## PUBLIC HEALTH'S CALL TO ACTION

Traditionally, the role of public health has been to keep students healthy so that they perform better academically in school. There have been efforts to revamp school meal programs to ensure that students are receiving healthy meals, with access to fruits and vegetables. These types of initiatives will serve to narrow educational disparities.<sup>12</sup> However, with the widening gap in health outcomes, there needs to be an expanded approach to tackling this drop out issue. Public health officials must also be engaged in ensuring educational achievement of all students, especially those most at risk.

### STEPS TO ACTION: What Can State Health Departments and Communities Do?

1. Review your state's data on high school completion – where are the needs the highest; how is your agency responding?
2. Identify who else in your agency or community you can involve as a partner – typically the individual responsible for school health is familiar with health and academic achievement research and may have many contacts with the education sector.
3. Contact the state department of education – share that you are concerned about the high school drop out rate.
4. Review promising practices programs in detail.
5. Work with partners to develop a detailed proposal and action plan.
6. Advocate for or issue a Request For Proposals to schools.
7. Fund or advocate funding for schools and seek long-term support.
8. Become an advocate for education—learn how schools operate.

In the article, “Addressing the Needs of the Whole Child: What Public Health Can Do to Answer the Education Sector’s Call for a Stronger Partnership”, Allensworth et. al, identify specific ways public health can partner with the educational sector to address this issue. The authors advise involvement in improving conditions for learning by ensuring a safe, challenging, nurturing and engaging environment.<sup>14</sup>

NACDD’s Health Equity Council recommends a jointly funded initiative by education and public health that creates “School Health Teams” in each school building. The School Health Team ideally could be comprised of a Public Health Educator, a Nurse, an Outreach Coordinator, a Teen Life-Skills Coach, or School Social Worker, a Teacher, and a Sports Coach.

Based on research conducted in 2010, one example of what School Health Team’s can do to achieve better graduation rates is implement the “Conditions for Learning” from *The Learning Compact Redefined: A Call to Action* (as outlined in the “Addressing the Needs of the Whole Child: What Public Health Can Do to Answer the Education Sector’s Call for a Stronger Partnership”).

### Measures of Student Outcomes

The success of the School Health Teams could be measured on five key outcomes for students. Students graduating from high school will:

- Be knowledgeable and realistic about economic and health risk factors.
- Be healthy physically, and have healthy self-esteems, and a healthy sense of respect for self and others.
- Be skilled at basic proficiencies in writing, reading, speaking, and math.
- Be productive and have a healthy work ethic, including the ability to follow directions and complete tasks efficiently and effectively.
- Have a healthy sense of trust and respect for leadership and authority figures.

## PROMISING PRACTICES

We encourage states to identify specific indicators to measure success found in “Success for Life: A Call for Collaborative Action on behalf of Massachusetts Youth.” Some examples include:

- Increased number of youth with formal mentors.
- Reduction in the number of students feeling sad or depressed.
- Reduction in the number of students who skip school due to safety.
- Increase in summer and year-round affordable, high quality school activities, and youth employment.
- Improved community environment.
- Increase involvement from community leaders in keeping students in school.

The table below highlights five programs that are frequently noted for their success in reducing dropout rates and provides information about resources that identify other successful programs.

Program Name	Additional Information
1. Career Academy Support Network	CASN creates small learning communities to prepare students for college and career. <a href="http://casn.berkeley.edu/">http://casn.berkeley.edu/</a>
2. Check & Connect	This program seeks to prevent students from dropping out by monitoring and engaging students. <a href="http://checkandconnect.org/">http://checkandconnect.org/</a>
3. Coca-Cola Valued Youth Program	This is a youth peer tutoring program that has been used extensively by school districts across the nation. <a href="http://idra.org/images/stories/Continuities.pdf">http://idra.org/images/stories/Continuities.pdf</a> <a href="http://ies.ed.gov/ncee/wwc/reports/dropout/quantum_op/">http://ies.ed.gov/ncee/wwc/reports/dropout/quantum_op/</a>
4. Quantum Opportunity Program	QOP is an afterschool program that provides at-risk students with a variety of resources including, mentoring and supplemental instruction. <a href="http://www.promisingpractices.net/program.asp?programid=27">http://www.promisingpractices.net/program.asp?programid=27</a> <a href="http://eisenhowerfoundation.org/docs/quanimshort.pdf">http://eisenhowerfoundation.org/docs/quanimshort.pdf</a> <a href="http://www.aypf.org/forumbriefs/1994/fb102894.htm">http://www.aypf.org/forumbriefs/1994/fb102894.htm</a>
5. Strive Partnership	Strive coordinates intervention efforts among public and private organization at every step of the education continuum. <a href="http://ssireview.org/pdf/2011_WI_Feature_Kania.pdf">http://ssireview.org/pdf/2011_WI_Feature_Kania.pdf</a> <a href="http://data.ed.gov/node/17187">http://data.ed.gov/node/17187</a> <a href="http://www.strivetogether.org/">http://www.strivetogether.org/</a>

For additional information on best practices see:

- Best Practices Study by ICF International and the National Dropout Prevention Center /Network.
- Collective Impact by John Kania and Mark Kramer
- Dropout Risk Factors and Exemplary Programs by Cathy Hammond
- Essential Tools: Increasing Rates of School Completion: Moving From Policy and Research to Practice by Camilla A. Lehr

For more information please contact Gail Brandt at [gbrandt@chronicdisease.org](mailto:gbrandt@chronicdisease.org) or visit our website: <http://www.chronicdisease.org/nacdd-initiatives/health-equity>

## Notes

1. Mary Reimer and Jay Smink, Information About the School Dropout Issue Selected Facts & Statistics. (Washington, D.C.: National Dropout Prevention Center, 2005). Available at: [http://www.dropoutprevention.org/sites/default/files/School\\_Dropout\\_Facts-2005.pdf](http://www.dropoutprevention.org/sites/default/files/School_Dropout_Facts-2005.pdf)
2. Reimer et al.
3. Alliance for Excellent Education, Fact Sheet: High School Dropouts In America. (Washington, D.C.: Alliance for Excellent Education, 2010). Available at: <http://www.all4ed.org/files/HighSchoolDropouts.pdf>
4. Alliance for Excellent Education, Fact Sheet: High School Dropouts In America. (Washington, D.C.: Alliance for Excellent Education, 2009). Available at: [http://www.all4ed.org/files/GraduationRates\\_FactSheet.pdf](http://www.all4ed.org/files/GraduationRates_FactSheet.pdf)
5. See Alliance for Excellent Education, 2009.
6. See Reimer et al.
7. See Reimer et al.
8. See Reimer et al.
9. See Alliance for Excellent Education, 2010.
10. Robert Wood Foundation, Issue Brief Series: Exploring the Social Determinants of Health Education and Health-April 2011. (Princeton, NJ: Robert Wood Foundation, 2011 ). Available at: <http://www.rwjf.org/files/research/sdohseries2011education.pdf>.
11. John M. Bridgeland, John J. DiIulio, Jr. and Karen Burke Morison. The Silent Epidemic Perspectives of High School Dropout. (Washington, D.C.: Alliance for Excellent Education, 2010). Available at: <http://www.civicenterprises.net/pdfs/thesilentepidemic3-06.pdf>.
12. Julia Diley, Research Review: School-based Health Interventions and Academic Achievement. (WA: Washington Department of Health, 2009). Available at: [http://here.doh.wa.gov/materials/research-review-school-based-healthinterventions-and-academic-achievement/12\\_HealthAcademic\\_E09L.pdf](http://here.doh.wa.gov/materials/research-review-school-based-healthinterventions-and-academic-achievement/12_HealthAcademic_E09L.pdf).
13. See Bridgeland et al.
14. Diane Allensworth, Thersa C. Lawallen, Beth Stevenson, and Susan Katz. Addressing the Needs of the Whole Child: What Public Health Can Do to Answer the Education Sector's Call for a Stronger Partnership. Preventing Chronic Disease ; 2011;(8)2 Available at: [http://www.cdc.gov/pcd/issues/2011/Mar/10\\_0014.htm](http://www.cdc.gov/pcd/issues/2011/Mar/10_0014.htm)

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