



SOCIETY FOR PUBLIC HEALTH EDUCATION

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IMPROVING POPULATION HEALTH BY IMPROVING GRADUATION RATES: *Resolution to Increase Collaboration between Public Health and Education Sectors*

Adopted by Board of Trustees 8/6/08

WHEREAS, The two overarching goals for the public health community in the United States are to: 1) increase quality and years of healthy life and 2) eliminate health disparities;¹ and current evidence suggests that improving graduation rates to reduce health disparities may be more cost effective than investing in medical care²⁻⁵; and

WHEREAS, High school graduates have better health and lower medical costs than high school dropouts and that college graduates have better health and lower medical costs than high school graduates^{2,5} and that graduation from high school is associated with an increase in average lifespan of six to nine years⁶; and

WHEREAS, High school graduates are less likely to commit crimes,^{7,8} rely on government health care,⁹ or use public services such as food stamps or housing assistance,¹⁰ and are more likely to raise healthier, better-educated children¹¹; and

WHEREAS, Every school day seven thousand students drop out of school, which is approximately 1.2 million students each year¹²; and

WHEREAS, The reasons that students drop out include both school and non-school factors and the specific school factors have been identified as lack of rigor in the curriculum, lack of teacher preparation, experience and attendance, large class size, and lack of school safety¹³ as well as poor teacher-student relationships and lack of careful monitoring of student progress¹⁴; and

WHEREAS, Three fourths of minority students attend high poverty/high minority schools while only one third of whites attend high poverty/high minority schools¹⁵ and that these high poverty/high minority schools often are in inadequate, rundown facilities¹⁶⁻¹⁷; receive lower per-pupil spending allocations^{16,18-19}; have fewer advanced placement courses^{16,20}; have less credentialed and qualified teachers^{16,20,21}; experience higher teacher turnover^{16,20}; have larger class sizes^{13,16} have less technology-assisted instruction¹³; and lack school safety^{13,22}; and

WHEREAS, The non-school factors contributing to lower student achievement include poverty,^{16-17,20,21} lack of parent participation in schooling, lead poisoning, hunger and poor nutrition, lack of being read to, increased television watching, lack of parent availability, frequent residence and school changes,¹³ and health problems which contribute to increased absences and may play a part in students dropping out of school²³; and

WHEREAS, For all grades, the lower the family income, the higher the absenteeism²⁴ and that absenteeism is related to lower academic achievement and failure to graduate.¹⁴ and

WHEREAS, There are several health strategies that the public health community could promote to ensure that poor and minority students receive the health and educational resources required to be successful students including:

- Promoting quality schooling as a means to reduce health disparities^{11,25} by supporting the equitable dissemination of educational resources community-wide²⁵, providing health care for children and youth, and documenting the link between health and academic achievement.
- Promoting establishment of community-school health councils with local school districts, and establishment of school health teams in feeder schools, (particularly in high poverty communities) that engage community citizens and parents and representatives from health care, mental health, social services, youth serving agencies, post secondary institutions, service clubs, and faith-based organizations to implement school health strategies that are linked to academic achievement including:
 - Provision of a quality school health program²⁶⁻²⁷ including the teaching for personal and social health skills, to promote the adoption of health enhancing behaviors and improve academic achievement²⁸ and assuring that there are adequate staff, such as qualified health educators, school counselors, social workers, nurses²⁹
 - Participation in a community schools initiative that ensures that students from vulnerable communities have access to health care services and equitable educational resources.³⁰
- Promoting evidence-based early interventions for low-income families that address health needs as well as growth and development needs such as:
 - Participation in early childhood education programs.³¹
 - Public health nurse home visits to first-time mothers from the prenatal period to age 2;³² and

WHEREAS, the World Health Organization has noted that the social determinants of health have a powerful influence on health and that one key factor that may mitigate adverse child development is education, and that in countries rich and poor, the central role of literacy in health equity has been noted.³³

THEREFORE be it RESOLVED, That SOPHE will work to increase awareness among public health and education stakeholders, such as general society, policy makers, and local educators of the factors that contribute to health and education disparities, such as failure to graduate and the solutions that reduce health and education disparities in order to improve graduation rates; and be it further

RESOLVED, That SOPHE will urge local health departments to collaborate with the local education agency to increase high school graduation rates as a means to reducing health disparities; and be it further

RESOLVED, That SOPHE will encourage local and state public health departments, teachers and administrators (preK-12), and education agencies to establish school health councils that engage families and representatives from community institutions, including faith-based organizations, local businesses, and mental health and health care organizations to promote the health, safety, and well-being of all children; and be it further

RESOLVED, That SOPHE will advocate for vulnerable children funding to support high-quality early childhood education Head Start programs, quality school health programs and school-based health clinics, as means to assure that all children have a medical home and receive health education programming to reduce high risk behaviors; and be it further

RESOLVED, That SOPHE will encourage both public health and education professional associations to collaborate at the national, state, and local levels to address improving high school graduation rates as both a public health and education priority.

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Action Steps

The following are suggested steps to guide SOPHE's Advocacy Committee in implementing the resolution but are not formal parts of the resolution.

1. SOPHE will continue to advocate for addressing health disparities at the annual meeting;
2. SOPHE will encourage local chapters to address reducing health disparities and the social determinants of health disparities at the state and local levels;
3. SOPHE will seek funding in order for SOPHE to be a conduit for local chapters to implement collaborative community partnerships to understand and to address the social determinants of health, particularly the need to assure a quality education and high school graduation for all youth as a means to reducing health disparities;
4. SOPHE will call upon the School Health SIG and/or the Advocacy Committee to provide information and resources to members and colleagues identifying the social determinants of health disparities as well as the potential community strategies to provide the health, educational and growth and developmental needs of children and youth in order to eliminate health disparities;
5. SOPHE will disseminate this resolution to the following agencies encouraging their collaborative participation at the national, state and local level to also identify the social determinants of health disparities as well as implement the potential community strategies that will provide the health, educational and growth and developmental needs of children and youth in order to eliminate health disparities;

American Association of School Administrators	Lincoln Center Institute	National Indian Education Association
American Association of School Personnel Administrators	Learning First Alliance	National Dance Association
American School Health Association	National Alliance of Black School Educators	National Dance Education Organization
American String Teachers Association	National Association for Sport and Physical Education	National Education Association
Asian American Legal Defense and Education Fund	National Association of Elementary School Principals	National Middle School Association
Association for Supervision and Curriculum Development	National Association of School Psychologists	National Urban League
The Center for Social and Emotional Education	National Association of Secondary School Principals	The National Head Start Association
Coalition of National Health Education Organizations	National Association of State Boards of Education	The National Paideia Center
Educators for Social Responsibility	National Coordinating Committee on School Health	The Pew Hispanic Center
		National School Boards Association
		Phi Delta Kappa
		Public Education Network
		Society of State Directors of Health, Physical Education, and Recreation

