

Center for School, Health and Education

AT THE
American
Public Health
Association

School Climate, Student Success and the Role of School-Based Health Care

“Inequities in health and avoidable health inequalities arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social and economic forces.”

This statement from the World Health Organization’s 2008 Commission on the Social Determinants of Health brings to light a phenomenon that has profoundly affected many of our nation’s communities for generations. External forces’ impact in shaping individual health is becoming increasingly well-recognized and accepted. As systems and social structures are more greatly understood as the cause of the problem, the solution must include deeply rooted systemic change.

The way the outside world affects young people is particularly interesting for a number of reasons. Youth are especially vulnerable to their environments, principally because of their real and perceived inability to impact the world around them. Given that young people spend the majority of their day at school, the tone within the school walls has a major impact on shaping students’ lives. The school climate can either reinforce the negative outside world or help students grow and learn to shape their own world. School can be a place where student voices are heard and respected, or an oppressive reflection of harsh social conditions.

For students in the midst of their physical and mental development, the school climate influences both

educational outcomes and health, with long-term consequences on overall well-being and quality of life. The National School Climate Center uses the term “school climate” to describe “the quality and character of school life,” reflecting the internal social norms, values, organization, and teaching and learning practices within the school. While teachers, parents, students, staff, and administration all play a part in determining how factors like academic outcomes, violence and bullying combine and interact to shape the school climate, external influences like culture, social norms, economic hardship and ecology are equally impactful.¹

The ongoing dropout crisis, and its disproportionate effects on racial and ethnic minority groups, is one important and tragic manifestation of a negative school climate. Though data from the National Center for Education Statistics has shown a decline in dropout rates from 14% in 1980 to 8% in 2008, this overall trend masks the reality for minority youth, who continue to fall by the wayside. Although the current rate of high school graduation is 70.6% overall, only 50% of American Indian, Black and Hispanic students receive high school diplomas.² Schools in large urban school



districts have the lowest graduation rates, the largest minority populations, and are disproportionately burdened by violence, lack of funding resources and less effective staff.² Researchers at Johns Hopkins University coined the term “dropout factory” to describe schools like these, where the typical freshman class shrinks by 40 % or more before students reach their senior year. Dropout factories produce 69% of all African American dropouts and 63% of all Hispanic dropouts, compared to only 30% of all white dropouts.³ Sadly, as school funding allocation is proportional to the amount of property taxes paid, schools in the poorest neighborhoods, often home to racial and ethnic minorities, tend to have less incoming funds than more affluent areas, leaving them void of resources to address basic curriculum needs, not to mention their crumbling infrastructure.⁴ Not surprisingly, many teachers choose to avoid these poorly functioning schools, while those who stay are left with limited means to keep the institutions from spiraling downward.⁴ Students and teachers begin to internalize their school’s desperate situation, and motivation and school cohesion often decline.

Intertwined with structural inequities like funding disparities are the personal and social challenges that students must face. In the most impoverished, historically underserved areas of the U.S., developing a safe, motivational, health-promoting school climate is a steep uphill battle. Factors that typify the lives of many minority youth—neighborhoods with underfunded schools, poor socioeconomic conditions, and a low level of educational attainment – have been shown as better predictors of health and well-being than race or ethnicity.⁵ The effects of an unsafe neighborhood, unstable home, hunger or a myriad of other challenges accompany many children to school each day, which make dropping out of school even more likely. Exposure to these and other daily stressors, such as noise, crime, and feeling disrespected

or powerless, has been proven to cause more physiologic damage than any single stressful event for youth who live in the most dangerous, resource-poor settings.⁵

For the students struggling within these institutions and communities, the stakes are also the highest. Research has shown that a dangerous school or neighborhood, where minority youth are more likely to live, can itself be a barrier to attending school and may compromise students’ ability to be successful learners. The Center for Disease Control’s 2009 High School Youth Risk Behavior Survey (YRBS) provides one pertinent example of this interplay between climate and success in school: 6.3% of black students and 8.1% of Hispanic students, compared to only 3.5% of white students, reported not going to school in the previous month, either because they felt unsafe at school or on their way between school and home. When fear is a powerful force in students’ lives, their experiences within the school become shaped by this emotion. This affects their interactions with both peers and other adults and may nullify their sense of ability to rise above their circumstances. A negative school climate perpetuates the belief that there is little room for students to imagine success within the school, neighborhood, or community.

While powerful when understood in terms of the day-to-day impact, the toxic effects of negative school climate on dropout rates are most overwhelming when discussed in terms of their lifelong and trans-generational effects. Students faced with greater adversity are not only less likely to graduate from high school themselves, but are set toward a life of health, social, and economic disadvantages including shorter life expectancy, higher rates of chronic illness, and worse overall health.⁵ Family income in one generation, itself largely determined by high school graduation, shapes family income and educational attainment

in the next generation.⁵ These compounded negative outcomes trickle down to future generations in multiple ways, with research showing that children’s rates of nutrition, mental and physical development, education, and future socioeconomic status are all influenced by parent education level.⁵ A loop of negative social conditions and difficult life outcomes traps the already disadvantaged, making overcoming the cycle of dropout, poverty and poor health seemingly impossible.

Establishing a positive school climate is critical, but it is by no means a simple task. Its creation requires concerted effort and dedication from students, staff, and support from the community at large. Giving students life- and health-affirming tools, directly and by example within the school setting, sends a message that school is a place concerned with ally, adolescence is the optimal time to develop lifelong healthy behaviors that can prevent chronic illness like heart disease, cancer, and diabetes.⁶ A stimulating school climate gives students the tools to succeed in school, make better, healthier decisions and strive for a better quality of life. Positive messages, leading to better lifelong outcomes, can be the difference needed to increase confidence for tackling the issues youngsters encounter both in and outside the school walls, and realign them on the path toward high school completion.



Connecting School Climate, Health, Well-being and Academic Success

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. Schools that stress inclusion, safety and encouragement, and where the physical and emotional health of the entire school community is purposefully made a priority, are the backdrop that students need in order to succeed academically and avoid dropout.

To achieve this broader kind of change, the relationship between learning, health and well-being and the school climate must be thoroughly appreciated. Many students' capacity to learn, interactions with other students, and individual behaviors are affected by issues like physical and emotional abuse and mental health issues that take place in and outside the school. Negative peer-to-peer relationships, which may result in bullying behaviors, are a commonly seen example of these abuses. Bullies do not spontaneously come into being - they are often witnesses to domestic and community violence, while bullying victims are the most likely to report child maltreatment and sexual abuse.⁷ Because of its varied causes and effects, and the stresses it places on students, bullying has a destructive impact on students' sense of community and safety, and has been associated with poor grades, lower standardized test scores, and higher rates of dropout.⁸ Studies have also shown that students who simply witness bullying without taking part themselves are at increased risk of emotional traumas like paranoia and anxiety.⁹ When the idea of completing school is competing with safety concerns and emotional upset, many students will see dropout as a short-term solution to their problems,

without giving thought to the serious long-term consequences of not completing high school.

As microcosms of society, schools need to implement intentioned social systems and supports that imbue the principles of educational and lifelong success. This necessitates a fundamental understanding of the roots of the social issues, starting at the school level, and may require intervention beyond the school building to sustain systemic change. The fear that is associated with bullying and violence is an example of a force that leads to negative school climate; it is also one emotion that a positive school climate can help dissipate at a wider level. Comprehensive strategies aimed at violence prevention, from school-wide sessions to intimate one-on-one counseling, give students the opportunity to acknowledge their feelings and work through some of the issues they face, empowering them while also fostering a climate of openness and trust between adults and students in the school. A positive school climate, created by the students and staff themselves, may embolden those same individuals to address other issues that are impacting learning, like nutritional quality of school lunches or unmet health needs. Ultimately, it becomes nearly impossible to dissect cases where a positive school climate is improving health and educational outcomes and where healthy and educationally focused students are pushing to create a positive school climate, as both lead to improved educational results, healthier communities, and overall wellness.

The relationship between school climate, student success, health, and well-being is complex and multidirectional—not only does school climate affect the health, well-being and educational outcomes of students, but students' health and well-being influences how they negatively and positively interact in and impact school climate and their ability to complete school.



How School-Based Health Centers Impact School Climate

In light of thinking similar to the World Health Organization's 2008 Commission report, addressing school climate's relationship to health and well-being, both as a determinant and an end-result, is an essential step toward changing the direction in which many schools and students are headed, and ensuring them the future successes that begin with high school graduation. As a nation, we need to tackle the effects of decaying school climate on health and educational outcomes before the long-term effects of dropout and negative environments become irreversible for the most at-risk youth.

A powerful resource in enhancing this relationship between students' health, well-being and educational success is the school-based health center (SBHC). Positioned within the school, SBHCs are at a physically and metaphorically critical point to impact students, school faculty and staff, parents, and the community at large. The main function of school-based health care, providing health services to students on campus, is an essential first step toward meeting students' most basic health needs—from prescription management to reproductive health services (when appropriate) to mental health care. Just having an SBHC on school

grounds increases the time students spend in the classroom, ready to learn, subsequently improving their chances at academic success and graduation.⁹ The positive outcomes associated with SBHC access are particularly promising for youth from racial and ethnic minorities, with studies showing, for example, that African-American male SBHC male users were three times more likely to stay in school than their peers who did not use the SBHC.¹⁰ By meeting their emotional and physical health needs and increasing their seat time, students are more able to learn and better equipped to do so, pushing them one step closer to achieving academic success and high school completion.

There is a natural role for SBHCs to play on school-wide issues, like bullying and violence. SBHCs have the resources to provide intervention, through the support of counselors and discussion groups.¹¹ With their finger already on the pulse of student wellness, SBHCs can proactively address student, staff, and community concerns by offering violence prevention programs, counseling, peer groups, and other services in a location that students are comfortable with—be it a formal assembly, casually in the hallway, at afterschool clubs, or anywhere students are most at ease. Health professionals at the SBHC can assist in the classroom, providing educators with materials and lessons tailored to the health needs of the very students receiving the instruction. With the help of the SBHC, health promotion activities focused on empowerment, visioning, stress relief and other as-



pects of wellness can go hand in hand with classroom instruction, supporting students toward academic success. As a school-wide resource, SBHC can reach youth who are experiencing adverse effects of school climate and might not otherwise have many health and social services available. In addition to access, SBHCs also provide a level of confidentiality for students who may be embarrassed to discuss their problems with family members or family doctors. Studies have shown that students may be 10 to 21 times more likely to use school-based mental health services than those students who do not have access through a school clinic.^{12,13} For these students, having access to an SBHC with caring and trustworthy adults helps them tackle everyday problems before they manifest negative physical and emotional consequences. Building connections between students and school staff creates a school community in the broadest sense, giving students the awareness that adults in their life are concerned with their safety and security, and will be there to support them and help them toward future success.

The impact that a targeted outreach can have on school climate begins to take shape when overarching problems, like the forces behind a negative school climate, are noted and addressed. This is where SBHCs' deeper power lies—in their ability to affect structural, systemic change beyond the individual student and beyond the clinic walls. The National Assembly on School-based Health Care suggests that the presence of a SBHC has an overall stabilizing effect on the school as a force to bridge administrators, staff, students and families.¹⁴ The SBHC validates the school's role as a place where wellness of mind, body, and spirit exist in symbiosis, strengthening students' perception of the school as a supportive and caring place.¹⁴ More importantly, schools can look to the SBHCs for leadership in the development of policies and ongoing practices that create and enhance

the desired milieu and keep students in school and learning. Having an SBHC pulls parents, school officials, and SBHC staff together in a collective effort to achieve student success.

As such, the SBHC can be a jumping off point for cross-systems collaboration, opening the school up to a widespread base of community resources. While health is key to preventing dropout, it is far from the only contributing factor. From collaborating hospitals to sports organizations to housing assistance programs, all types of community-based groups can partner with school-based health centers and extend the circle of resources available to students and their families. This interaction enables schools and SBHCs to strengthen their scope of services and the student's access to resources that lie within the community. Reflective of broad school and community support, students and parents in a school with an SBHC have consistently indicated greater satisfaction, communication, and school engagement than their counterparts at schools without SBHCs.¹⁴

SBHCs provide a mechanism for professionals within the school to incubate and develop dimensions of healthy school climate. Their impact on school climate is more than a theory—SBHCs have been proven to influence students' health, the way they think about their schools, their communities, and themselves. Research is mounting that students who participate in SBHCs have better academic outcomes, suggesting that SBHCs provide a real-world solution to building a positive, thriving school climate, where students are fully equipped to reach their potential and feel supported by their families, school, and community.^{15,16} For many students, having a school-based health center to foster a positive school climate might be the determining factor on the path toward academic success, graduation and sustained health and wellness. ■

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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.

www.schoolbasedhealthcare.org

- 1 Sweetland, SR & Hoy, WK 2000, "School Characteristics and Educational Outcomes: Toward an Organizational Model of Student Achievement in Middle Schools," *Educational Administration Quarterly*, vol. 36, no. 5, pp. 703-729.
- 2 Ruglis, J & Freudenberg, N, 2010, "Toward a Healthy High Schools Movement: Strategies for Mobilizing Public Health for Educational Reform," *American Journal of Public Health*, vol. 100, no. 9.
- 3 Public School Graduates and Dropouts From the Common Core of Data: School 2007-08; National Center for Education Statistics (<http://nces.ed.gov/pubs2010/2010341.pdf>).
- 4 NAACP 2009, "Resource Equity Fact Sheet," Education Toolkit and Resources, viewed 17 June 2011, <<http://www.naacp.org/pages/1918/>>.
- 5 Braveman, PA, Egerter, SA & Mockenhaupt, RE, 2011, "Broadening the Focus: The Need to Address the Social Determinants of Health," *American Journal of Preventative Medicine*, vol. 40, no. 1S1, pp. S4-S18.
- 6 Ruglis, J & Freudenberg, N, 2010, "Toward a Healthy High Schools Movement: Strategies for Mobilizing Public Health for Educational Reform," *American Journal of Public Health*, vol. 100, no. 9.
- 7 Holt, Melissa 2011, "Bullying and its Relation to Child Abuse, Sexual Victimization, Domestic Violence, and Witnessing Community Violence," *Education.com*, viewed 15 July 2011, <<http://www.education.com/reference/article/bullying-child-abuse-sexual-domestic-violence/?page=2>>.
- 8 Green, JG, Dunn, EC, Johnson, RM & Molnar, BE 2011, "A Multilevel Investigation of the Association Between School Context and Adolescent Non-Physical Bullying," *Journal of School Violence*, vol. 10, pp. 133-149.
- 9 Rivers, I, Poteat, VP, Noret, N, Ashurst, N, 2009, "Observing bullying at school: The mental health implications of witness status," *School Psychology Quarterly*, vol. 24, no. 4, pp. 211-223, viewed 7 July 2011, <<http://psycnet.apa.org/journals/spq/24/4/211/>>.
- 10 McCord, MT, Klein, J, Foy, JM, Fothergill, K 1993, "School-based clinic use and school performance," *Journal of Adolescent Health*, vol. 14, no. 2, pp. 91-98.
- 11 Green, JG, Dunn, EC, Johnson, RM & Molnar, BE 2011, "A Multilevel Investigation of the Association Between School Context and Adolescent Non-Physical Bullying," *Journal of School Violence*, vol. 10, pp. 133-149.
- 12 Juszcak, L, Melinkovich, P, Kaplan, D, 2003 "Use of health and mental health services by adolescents across multiple delivery sites," *Journal of Adolescent Health*, vol. 32S pp. 108-118.
- 13 Kaplan, DW, Calonge, BN, Guernsey, BP, Hanrahan, MB, 1998, "Managed care and School based Health Centers. Use of Health Services," *Archives of Pediatric and Adolescent Medicine*, vol. 152, no. 1, pp. 25-33.
- 14 Strolin-Goltzman, J 2010, "The Relationship Between School-Based Health Centers and the Learning Environment," *Journal of School Health*, vol. 80, no. 3, pp. 153-159.
- 15 NASBHC, as cited in Walker, Sarah Cusworth; Kerns, Suzanne E.U.; Lyon, Aaron R.; Bruns, Eric J.; Cosgrove, T.J. "Impact of School-Based Health Center Use on Academic Outcomes." *Journal of Adolescent Health*, vol. 46, 2010, p. 255.
- 16 an Cura, Maureen. "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.