



# SCHOOL-BASED HEALTH CENTERS: PROVEN IMPACT ON LEARNING

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## The Problem: Absenteeism

Chronic absenteeism—missing more than 10% of the school year, for any reason—increases a student’s risk of academic failure and is an early predictor of high school dropout.<sup>1</sup> In some California school districts, more than 20% of all students are chronically absent, with low-income students far more likely to miss school than higher income peers.<sup>2</sup>

### School-based health centers improve attendance.

- SBHCs reduce early dismissals from school.<sup>3</sup>
- Using SBHC medical services is associated with better attendance.<sup>4</sup>

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## The Problem: School Climate

A positive school climate is academically challenging, caring, participatory, safe, and healthy—and is associated with higher levels of student academic performance. Unfortunately, many of California’s schools have not yet achieved such an environment. Fewer than 50% of 9<sup>th</sup> graders experience high levels of three key features of positive school climate: high expectations (47%); caring adult relationships at school (30%); and meaningful school participation (13%).<sup>5</sup> In addition, 42% of 9<sup>th</sup> graders do not perceive school to be either a safe or very safe place for them to spend their time.<sup>6</sup>

### School-based health centers improve behavior and school climate.

- The presence of an SBHC on a school campus is associated with features of a positive learning environment.<sup>7</sup>
- Students who use SBHC mental health services improve their behavior.<sup>8</sup>

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## The Problem: Dropout

More than 18% of students drop out before graduating.<sup>9</sup> This statewide statistic masks startling disparities by race and ethnicity: more than 20% of Pacific Islanders, more than 22% of Latinos, more than 23% of Native Americans, and more than 30% of African Americans fail to complete high school. Males are more likely to drop out than females.

### School-based health centers reduce dropout.

- Using SBHC services is associated with reduced likelihood of high-school dropout.<sup>10</sup>

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## The Problem: Academic Achievement

According to the National Assessment of Educational Progress (NAEP), California falls at the bottom of the statewide rankings for both math and reading (4<sup>th</sup> grade math/reading: 46<sup>th</sup>/47<sup>th</sup>; 8<sup>th</sup> grade math/reading: 47<sup>th</sup>/50<sup>th</sup>; all out of 52).<sup>11</sup> California’s standardized tests show that 46% of students are not proficient in English Language Arts and 50% are not proficient in Math.<sup>12</sup>

### School-based health centers support academic achievement.

- Students who receive SBHC mental health services improve their grades more quickly than their peers.<sup>13</sup>
- States with SBHCs that serve as Medicaid providers have higher student achievement results.<sup>14</sup>
- States that oversee health education and health services have higher test scores and lower dropout rates.<sup>15</sup>

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- <sup>1</sup> Attendance Works. <http://www.attendanceworks.org>
- <sup>2</sup> Attendance Works and the Chronic Absence & Attendance Partnership. (2011). The Attendance Imperative: Reducing Absences. Spurring Achievement.
- <sup>3</sup> VanCura M. (2010). The Relationship between School-Based Health Centers, Rates of Early Dismissal from School, and Loss of Seat Time. *Journal of School Health.* 80(8): 371-377.
- <sup>4</sup> Walker SC, Kerns SEU, Lyon AR, et al. (2010). Impact of School-Based Health Center Use on Academic Outcomes. *Journal of Adolescent Health.* 46: 251-257.
- <sup>5</sup> West Ed. California Healthy Kids Survey: Weighted Statewide Secondary 2008-2010 Main Report. [http://chks.wested.org/resources/Secondary\\_State\\_0810\\_Main.pdf](http://chks.wested.org/resources/Secondary_State_0810_Main.pdf)
- <sup>6</sup> West Ed. California Healthy Kids Survey: Weighted Statewide Secondary 2008-2010 Main Report. [http://chks.wested.org/resources/Secondary\\_State\\_0810\\_Main.pdf](http://chks.wested.org/resources/Secondary_State_0810_Main.pdf)
- <sup>7</sup> Strolin-Goltzman J. (2010). The Relationship between School-Based Health Centers and the Learning Environment. *Journal of School Health.* 80(3): 153-159.
- <sup>8</sup> Jennings J, Pearson G, & Harris M. (2000). Implementing and Maintaining School-Based Mental Health Services in a Large, Urban School District. *Journal of School Health.* 70(5): 201-205.
- <sup>9</sup> California Department of Education. Dropout Data: Cohort Outcome Data for 2009-2010.
- <sup>10</sup> Kerns SEU, Pullmann MD, Walker SC et al. (2011). Adolescent Use of School-Based Health Centers and High School Dropout. *Archives of Pediatric and Adolescent Medicine.* 165(7): 617-623.
- <sup>11</sup> NAEP State Comparisons for 2011. <http://nces.ed.gov/nationsreportcard/statecomparisons/>
- <sup>12</sup> Ed-Data. Understanding California's Standardized Testing and Reporting (STAR) Program.(2011). <http://www.ed-data.k12.ca.us/layouts/EdDataClassic/articles/Article.asp?title=Understanding%20the%20STAR>
- <sup>13</sup> Walker et al. (2010).
- <sup>14</sup> Vinciullo FM & Bradley FM. (2009). A Correlational Study of the Relationship Between a Coordinated School Health Program and School Achievement: A Case for School Health. *Journal of School Nursing.* 25(6): 453-465.
- <sup>15</sup> Vinciullo et al. (2009).