



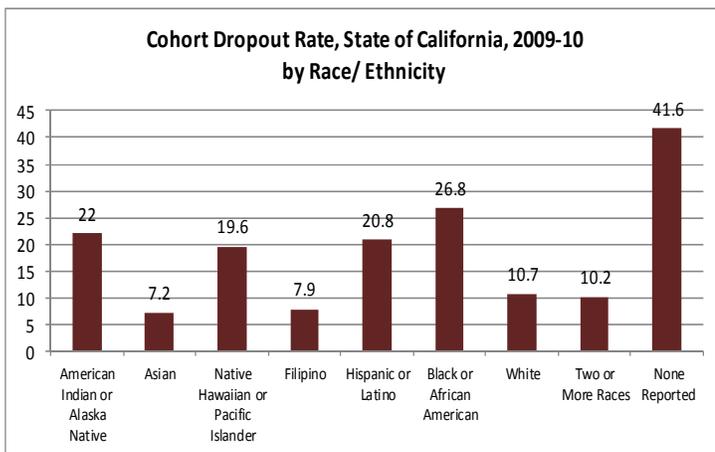
Why Do Students Drop Out of School?

Adapted from the California Drop Out Research Project, Policy Brief 15, October 2008

Students dropout of school for a variety of reasons. Dropping out of school is not so much an event as it is as a process. It is the combination of many individual and institutional factors- not simply what happens in school- that, over time, influence the decision to ultimately dropout.

Reasons why students may dropout of school include:

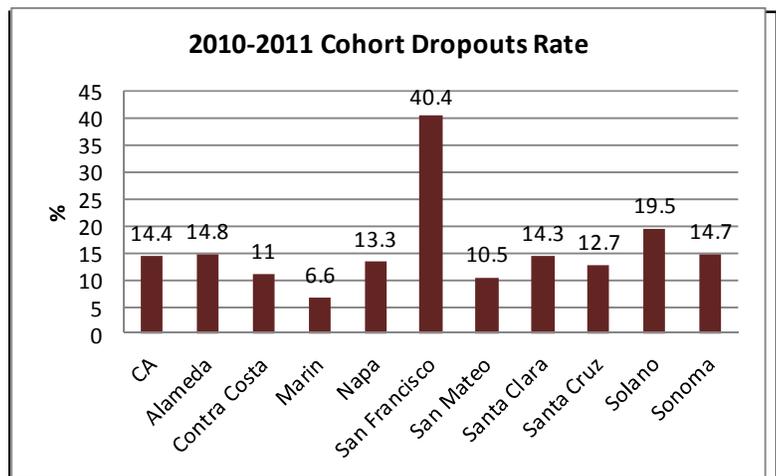
- Poor academic achievement is one of the strongest predictors of dropping out.
- Student engagement is key. Students who are not engaged in school either academically (i.e. not coming to class or doing their homework), or socially (i.e. not participating in sports or other extra curricular activities), tend to dropout.
- High absenteeism is associated with higher dropout rates. Students who miss a lot of school tend to fall behind; underprepared students often lose interest in school and drop out.
- Misbehavior in high school, delinquent behavior outside of high school as well as drug or alcohol use are all significantly associated with higher dropout and lower graduation rates.



Source: California Department of Education, Educational Demographics Office (CBEDS, cohort09.txt 6/27/12). Retrieved 7/19/2012 from: Ed-Data, <http://www.ed-data.k12.ca.us/>

- Teenage parenting and childbearing increase the odds of dropping out.
- Having friends who engage in criminal behavior or friends or siblings who have dropped out also increases the odds of dropping out.
- Students who work more than 20 hours a week are significantly more likely to dropout. Caretaking responsibilities can also make it difficult for a student to stay on track.
- Low English language proficiency increases the odds of dropping out.

- Changes in family structure, along with other potentially stressful events (such as a family move, illness, and marital disruptions) impact the likelihood of dropping out.
- Access to economic opportunity affects the dropout rate. Students in homes with more family resources—as measured by parental education, parents' occupational status, and family income—are less likely to dropout of school.
- Social support is essential. Parents who exercise certain parenting practices, such as having high educational aspirations for their children, monitoring their children's school progress, communicating with the school, and, knowing the parents of their children's friends, tend reduce the likelihood that their children will drop out.
- Students are less likely to drop out if they are engaged in classroom instruction and if they attend schools with high expectations and academic standards. Students are more likely to drop out in schools with a poor disciplinary climate, as measured by student disruptions in class or in school.
- Living in a high poverty neighborhood with limited access to community resources or positive role models influences dropout rates. The decision to leave school often stems from the social and psychological forces that accompany poverty.
- Health issues, such as hunger, asthma, and vision or hearing problems, as well as psychological issues, such as depression and anxiety) can hold students back in school.



Source: California Longitudinal Pupil Achievement Data System (CALPADS)
Retrieved 7/19/2012 from: California Department of Education Educational

There is no one reason why a student drops out of school. Dropping out is a complex, multifaceted issue and thus calls for solutions that recognize and embrace all the nuances of the problem. Understanding that dropping out is a process, not an event, allows for the identification of multiple points of intervention that can be leveraged to address the problem and, ultimately, to keep students on the path towards graduation.

WHY IS GRADUATING FROM HIGH SCHOOL IMPORTANT?

High School graduates tend to earn more than those who drop out and have more options in the labor market. Graduating from high school has significant personal, social, and health outcomes as well. High school graduates go on to obtain more postsecondary education than GED recipients or high school dropouts. Educational attainment has been shown to be a key predictor of health, mortality, teen childbearing, marital outcomes, crime, and a range of other outcomes. Also, high school graduation has a generational impact: children born to parents who have higher levels of educational attainment tend to be healthier and to complete more years of education.

What does education have to do with health?

A Good Education Can Lay the Foundation For a Healthy Life



Education and health are related

Usually we don't think about how staying in school affects health, but **people with higher levels of education are more likely to be healthier.**¹ Education is a crucial path to health.²

What's the link?

The impact of education on health goes beyond what health behaviors are learned in the classroom because health is impacted by every corner of a person's life. And the impact of education on health goes well beyond economics. People with more education are more likely to live in safer neighborhoods where they have access to healthy foods, good schools and green space for exercise. They are more likely to be employed in a well-paying job and to have strong relationships, all of which impact how well and how long people live.^{2,3} Education also has a generational impact. Children born to mothers with more formal education tend to experience better health.^{1,4}

FAST FACTS: EDUCATION AND HEALTH

Educational attainment varies across the Bay Area by geography, socioeconomic status, and race and ethnicity both within and between counties. For example, in **Marin County**, the rate of bachelor's and graduate degrees for African Americans is three times lower than those of whites and Asian Americans⁵; in **Santa Clara County**, 59% of Asians had a bachelors degree or higher, compared to 52% of whites, 30% of African Americans, and 14% of Hispanics.⁶

Additional education results in lower rates of heart disease, diabetes, self-reported poor health, and numbers of sick days.⁷

Improved graduation rates would have saved 8 times as many lives as medical advances from 1996 to 2002.⁸

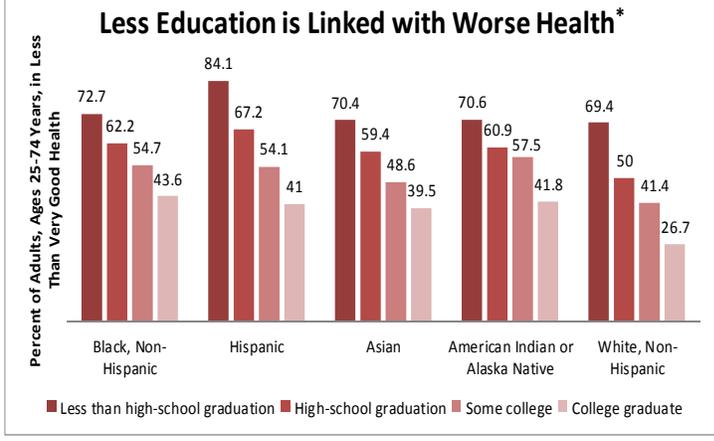
Education and Obesity: As the level of education of the head of the household increases, obesity decreases. In 2007-2010, 24% of boys and 22% of girls were obese in homes where the head of the household did not graduate from high school; in homes where the head of the household had a bachelors degree or higher, just 11% of boys and 7% of females were obese.⁹

Education and Life Expectancy: In 2006, men and women aged 25 with no high school diploma lived between eight and nine years less than those with a college degree.¹²

Education and Smoking: 31% of adults 25-64 years of age with a high school diploma or less education were current smokers in 2010, compared with 24% of adults with some college and 9% of adults with a bachelor's degree or higher.¹³

Education leads to a well-paying job

- Education provides the skills and knowledge needed for employment. More education increases the likelihood of simply being employed.^{1,2}
- People who drop out of school are more likely to be unemployed, hold lower-paying jobs or work in jobs where exposure to environmental or chemical hazards is more likely.¹⁰
- Those who do not have a high school diploma are the most likely to lose their jobs, especially when there are fluctuations in the economy.¹¹
- People who complete high school are more likely to be paid well and to receive benefits from their job such as health insurance and paid sick leave.^{1,2, 12, 13}
- A well-paying job allows people to live in safer neighborhoods that have more opportunities and resources and where they are likely to experience less stress.¹⁴



*Across racial and ethnic groups, adults with less educational attainment are more likely to rate their health as less than very good.²³ (*Based on self-reported health and measured as poor, fair, good, very good, or excellent).*

Education reduces stress

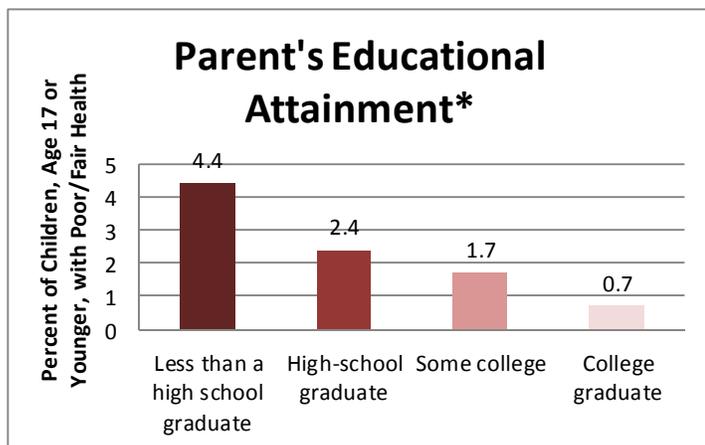
- People with less education are not only more likely to be paid less, but they tend to experience greater work related stress and, in addition, general, underlying stress in part because they have access to fewer resources.¹⁵
- Stressful experiences from exposure to daily stressors have been linked to many negative health outcomes including accelerating aging and serious chronic illnesses including cardiovascular disease.¹⁶

Education builds sense of control and relationships

- Education is linked to confidence, ability to solve problems and feelings of control over the decisions that impact one’s life. This sense of control is linked to better health outcomes such as higher levels of self-reported health and decreased risk of chronic conditions.¹⁻³
- More education helps people develop interpersonal skills, friendships, supportive relationships, and higher social standing, all which leads to healthier, longer, less stressful lives.^{1,3,17, 18}

Education teaches us how to be healthy

- With higher levels of educational attainment, people are more likely to seek out and understand health information, and engage in health promoting behaviors such as eating healthy and exercising regularly.^{2,19, 20}



*Children whose parents have not finished high school are more likely to be in poor/fair health than children of college graduates.²³(*Based on self-reported health and measured as poor, fair, good, very good, or excellent).*

- Literacy is a key drivers of this link. Adults with low literacy are more likely to rate their health as poor.^{1, 19,21}

Education has a generational impact

- Parental educational attainment is linked not just to their child’s health, but their child’s educational attainment as well.^{1,4, 22}
- Performing well in school and attending college are impacted by parents’ education level, both directly, through the kind of resources parents are able to provide, and indirectly, through the quality of schools their children are likely to attend.⁴

References:

1. Low, M.D., Low, B.J., Baumler, E.R., & Huynh, P.T. (2005). Can education policy be health policy? Implications of research on the social determinants of health. *Journal of Health Politics, Policy, Law*, 30(6),1131.
2. Ross, C. E., & Wu, C. (1995). The links between education and health. *American Sociological Review*, 60(5), 719.
3. Ross, C.E., & Van Willigen, M. (1997) Education and the subjective quality of life. *Journal of Health and Social Behavior*, 38(3), 275.
4. Davis-Kean P.E. (2005) The influence of parent education and family income on child achievement: The indirect role of parental expectations and the home environment. *Journal of Family Psychology*, 19(2),294.
5. Marin Community Foundation. (2012). A portrait of Marin: Marin County human development report 2012.
6. Santa Clara Presentation, June 22, 2012.
7. Education and Health, National Poverty Center Policy Brief #9.
8. Woolf S.H., Johnson R.E., Phillips R.L., & Philipson M. (2007). Giving everyone the health of the educated: An examination of whether social change would save more lives than medical advances. *American Journal of Public Health*, 97(4), 679.
9. National Center for Health Statistics. (2012). Health, United States, 2011: With special feature on socioeconomic status and health.
10. Cubbin C., LeClere F.B., & Smith G. (2000). Socioeconomic status and the occurrence of fatal and nonfatal injury in the United States. *American Journal of Public Health*, 90(1), 70.
11. RWJF Commission to Build a Healthier America.(2011). Issue brief series: Exploring the social determinants of health: education matters for health. (See: Table A-4. Employment status of the civilian population 25 years and over by educational attainment. In: Economic News Release. Washington, DC: U.S. Bureau of Labor Statistics; 2009)
12. Rouse C.E., & Barrow L. (2006). U.S. elementary and secondary schools: Equalizing opportunity or replicating the status quo? *The Future of Children*, 16(2), 99.
13. Stanton M.W., & Rutherford M.K. (2004). Employer-sponsored health insurance: trends in cost and access. *Agency for Healthcare Research and Quality*.
14. Diez Roux A.V., & Mair C. (2010). Neighborhoods and health. *Annals of the New York Academy of Sciences*, 1186 (1),125.
15. Almeida D., Neupert S.D., Banks S.R., & Serido J. (2005). Do daily stress processes account for socioeconomic health disparities? *The Journals of Gerontology*, 60(2),34.
16. Steptoe A., & Marmot M. (2002). The role of psychobiological pathways in socio-economic inequalities in cardiovascular disease risk. *European Heart Journal*, 23(1),13.
17. Uchino B. (2006). Social support and health: a review of physiological processes potentially underlying links to disease outcomes. *Journal of Behavioral Medicine*, 29(4),377.
18. Singh-Manoux A., Adler N.E., & Marmot M. (2003) Subjective social status: its determinants and its association with measures of ill-health in the Whitehall II study. *Social Science & Medicine*, 56(6),1321.
19. Schillinger, D., Barton, L. R., Karter, A. J., Wang, F., & Adler, N. (2006). Does literacy mediate the relationship between education and health outcomes? A study of a low-income population with diabetes. *Public Health Reports (Washington, D.C.: 1974)*, 121(3),245.
20. Harper, S., & Lynch, J. (2007). Trends in Socioeconomic Inequalities in Adult Health Behaviors among U.S. States, 1990-2004. *Public Health Reports*, 122(2),177.
21. Sanders L.M., Federico S., Klass P., Abrams M., & Dreyer B. (2009). Literacy and child health: A systematic review. *Archives of Pediatric & Adolescent Medicine*,163(2),131.
22. Boardman, J. D., Alexander, K. B., Miech, R. A., MacMillan, R., & Shanahan, M. J. (2012). The association between parent's health and the educational attainment of their children. *Social Science & Medicine*, 75(5), 932.
23. RWJF Commission to Build a Healthier America.(2011). Issue Brief Series: Exploring the Social Determinants of Health: Education Matters for Health.

WHAT DO WE KNOW?

We know that there is a link between education and health and that public health professionals can play a role in impacting educational attainment. But how? When we think about the role public health can play in impacting educational attainment, it's important to not only think what public health programs can realistically do, but to also consider where public health actually have leverage.

So we've put together these "What We Knows." We've identified six evidence-based facts about educational attainment that we think are relevant to public health—and that have the potential to be impacted by public health programming. Each point is explained in full and is followed by questions about how this aspect of educational attainment could be impacted through public health work.

THE HEALTH AND EDUCATION LEVEL OF ONE GENERATION IS ASSOCIATED WITH THE HEALTH AND EDUCATIONAL ATTAINMENT OF THE NEXT.¹

- Having healthy parents is associated with an increased chance of graduating from high school and of completing college. This association exists despite differences in grade point average, family socioeconomic status, family health behaviors, and parental time investment.²
- Parents' level of educational attainment is a strong predictor of economic mobility. There is a strong link between maternal education and children's academic and behavioral outcomes.³
- *Questions to consider:* If improving the health of parents may also have important educational returns for their children, how can we improve parent health? Do parents understand this relationship? Could we be gathering information on parent health at program enrollment? This information could provide a nuanced understanding of students' home lives. How can we increase opportunities for parents to pursue education, training and careers knowing this will improve their health and the health of their children? What wrap around and family support services could your program provide that could help with parent focused learning efforts? Could your program become a program that impacts both children and parents at the same time? Could it be a program that simultaneously creates opportunities for and addresses the needs of both vulnerable children and their parents?⁴Literacy issue have health implications: Individuals with poor literacy have been shown to have problems with both written and oral forms of communication in the clinical context.⁶

LITERACY MATTERS: LITERACY IS A MEDIATOR IN THE RELATIONSHIP BETWEEN EDUCATION AND HEALTH OUTCOMES⁵

- There is a strong correlation between health literacy skills and general literacy skills. Limited health literacy is more common among adults with less than a high-school education, poverty-level income, limited English language proficiency, a learning disability, or a physical disability.⁷
- Adjusted for socioeconomic status, adults with low literacy are 1.2 to 4 times more likely to exhibit negative health behaviors that affect child health, and chronically ill children who have caregivers with low literacy are twice as likely to use more health services because they have difficulty understanding medication and other health related instructions.⁸
- Proficiency in reading by the end of the third grade is key marker of future academic success: most children who are not reading proficiently by the end of the third grade falter in the later grades and often drop out. More than four out of every five low-income students miss this critical milestone.⁹

- *Questions to consider:* Ensuring academic success requires a focus beyond school. Public health professionals recognize that problems with literacy can impact understanding of health issues and respond by developing health promotion materials at the appropriate literacy level, but how can we actually increase literacy rates? Reading and speaking to children, ensuring children have books, and reducing chronic absenteeism are all evidence-based means to foster literacy.¹⁰ Recognizing this, how can we embed literacy related initiatives into health promotion activities? What data could be collected during client interviews that would be helpful in addressing this issue?

CHRONIC ABSENTEEISM: CONSISTENTLY MISSING SCHOOL HAS A DIRECT EFFECT ON STUDENT ACHIEVEMENT¹¹

- Chronic absence (missing 10% or more of school in an academic year for any reason—excused or unexcused) is one of the earliest indicators that a student may be off track.¹²
- There is strong a correlation between dropping out and early illiteracy and chronic absence.¹³ Unsurprisingly, attendance also strongly affects standardized test scores.¹⁴
- Nationally, one out of every 10 kindergarten and first grade students miss a month of school every year.¹⁵ Early schooling, i.e. kindergarten and first grade, can reduce the achievement gap for low-income vs. middle class students, but only if they attend regularly.¹⁶ One of the most promising strategies for providing pathways out of poverty is to increase the attendance of low income students.¹⁷
- Asthma and dental problems are leading causes of chronic absence in many cities, especially when students have little access to health care.¹⁸
- *Questions to consider:* How can your program help promote school attendance? If chronic absence is high for the population you work with, what are some of the issues contributing to it, such as unreliable transportation, community violence, asthma and other chronic diseases, unnecessary suspension for non-violent offenses, or lack of child care or afterschool programming?¹⁹ How could your work address these issues directly or in collaboration with schools or other institutions? If the absences are due to chronic illness, how can your program enhance health services? Do the parents you work with know the negative effects of too much absence? How can you help educate them on this link? Could your program track attendance or keep data about the barriers to good attendance that the population you work with faces?

MULTIPLE PATHWAYS TO GRADUATION: ALTERNATIVE SCHOOL MODELS CAN IMPROVE EDUCATION OUTCOMES FOR STUDENTS OTHERWISE INCLINED TO DROPOUT.

- For many students, traditional academic courses are not relevant or rigorous enough, two reasons why students drop out. At the same time, vocational education often lacks the academic and technical rigor required for success in postsecondary education and high-skilled careers.²⁰
- Programs that combine school and workplace learning lead to higher graduation rates, increased college enrollments, and higher earning potential. This is because they provide both the academic and real-world skills that help students prepare students for further learning and life beyond school.²¹
- Alternative pathways to education that support academic and technical skills prepare high school students for the full range of post-graduation opportunities.²²

- *Questions to consider:* Recognizing that individuals have different learning needs, how can you help the young people you work with get the education that best suits their needs? Are there apprenticeship opportunities for young people in your area? Can you connect young people with either schools that support both academic and technical learning or with programs that support workforce skill development? Can you connect young people to the programs of your public health department in a way that would foster career development? Is there data you can collect about the availability or use of multiple pathways programs in your service area?

SCHOOL READINESS: GAPS IN READINESS TO LEARN BECOME ACHIEVEMENT GAPS

- As conceptualized by the National Education Goals Panel, school readiness encompasses five dimensions: (1) physical well-being and motor development; (2) social and emotional development; (3) approaches to learning; (4) language development (including early literacy); and (5) cognition and general knowledge.²³
- Children who receive high-quality child care have better developmental outcomes in early childhood, including better cognitive and linguistic development. An individual's lifetime trajectory can be significantly influenced by early life experiences.²⁴
- Children who enter school with early skills, such as a basic knowledge of math and reading, are more likely than their peers to succeed in their education, attain higher levels of education, and secure employment.²⁵
- Improving the health of mothers and infants may help to close racial and ethnic gaps in school readiness.²⁶
- *Questions to consider:* If children are going to enter school ready to learn, it is essential that families, schools and communities provide them with the environments and experiences that will support their physical, social, emotional, language, literacy, and cognitive development. How can your program help parents be better "First Teachers"? Is there a way that your work can also be focused on improving parenting practices and parent child interactions and connectedness?²⁷ Can your work also focus on ensuring children arrive at school having received the health care and proper nutrition they need to have a healthy mind and body? Do the young children you work with have opportunities to enroll in quality early childhood education programs? What can your program do to impact the five dimensions of school readiness? What data could your program collect that would be helpful in tackling this issue?

SCHOOL ENGAGEMENT: IMPROVING STUDENT MOTIVATION AND ACHIEVEMENT THROUGH SOCIAL SUPPORT

- Social support is a key piece of student engagement, which is a predictor of high school graduation. Social support and related efforts to improve social capital help to promote school engagement and increase chances for school graduation for students at of dropping out.²⁸
- Supportive and positive social relationships may act as a safety net and can create compelling incentives for students at risk of education failure to attend school and become engaged in school even when their neighborhood or school environment is problematic.^{29,30}
- Students who perceive that they have low or no social support are generally more isolated, attend school less frequently, and receive poorer grades and report that their parents or adult caretakers are less involved in their schoolwork.³¹

- Involving parents in their children’s education has a significant positive effect across race and academic outcomes, with African American and Latino adolescents receiving the most benefit.³²
- *Questions to consider:* Positive social support networks can mitigate the negative effects of at-risk environments, which can result in positive school outcomes. How can your program create opportunities to provide social support to parents and students? Are there cultural or linguistic barriers to parental involvement that you can help identify? Can you collaborate with parents to identify both the needs of their children as well as what skills they need to develop themselves to fulfill the identified needs? How can you, as a public health professional, provide social support to students? What data could your program collect that would be pertinent to issues surrounding social support? What partnerships could you leverage with other county agencies or non-profits to help promote social support for the children and families you work with?

References:

1. RWJF Commission to Build a Healthier America. (2011). Issue brief series: Exploring the social determinants of health: Education Matters for Health. Retrieved July 24, 2012, from <http://www.rwjf.org/files/research/sdohseries2011education.pdf>
2. Boardman, J. D., Alexander, K. B., Miech, R. A., MacMillan, R., & Shanahan, M. J. (2012). The association between parent’s health and the educational attainment of their children. *Social Science & Medicine*, 75(5), 932-939.
3. Ascend at the Aspen Institute. (2012). Two generations, one future: Moving parents and children beyond poverty together. Retrieved July 24, 2012, from <http://www.aspeninstitute.org/sites/default/files/content/docs/pubs/Ascend-Report-022012.pdf>
4. Ascend at the Aspen Institute, 2012.
5. Schillinger, D., Barton, L. R., Karter, A. J., Wang, F., & Adler, N. (2006). Does literacy mediate the relationship between education and health outcomes? A study of a low-income population with diabetes. *Public Health Reports (Washington, D.C.: 1974)*, 121(3), 245.
6. Schillinger et al., 2006.
7. Sanders L.M., Federico S., Klass P., Abrams M., & Dreyer B. (2009). Literacy and child health: A systematic review. *Archives of Pediatric & Adolescent Medicine*. 163(2),131.
8. Sanders et al., 2009
9. Grade Level Reading. (n.d.) About the Campaign. Retrieved July 24, 2012, from <http://www.gradelevelreading.net/about/about-the-campaign/>
10. Grade Level Reading, n.d.
11. Balfanz, R., & Byrnes, V. (2012). *Chronic absenteeism: Summarizing what we know from nationally available data*. Johns Hopkins University Center for Social Organization of Schools.
12. Balfanz & Byrnes, 2012.
13. Attendance Works. (2012) *The power of attendance: How federal, state, & local policy can promote school success by addressing chronic absence*. [PowerPoint Presentation]. Retrieved July 24, 2012, from <http://www.attendanceworks.org/wordpress/wp-content/uploads/2011/06/Attendance-Works-PPT-v-4.pdf>
14. Balfanz & Byrnes, 2012.
15. Attendance Works, 2012.
16. Ready, D.R. (2010). Socioeconomic disadvantage, school attendance, and early cognitive development: The differential effects of school exposure. *American Sociological Association*, 83(4), 271.
17. Balfanz & Byrnes, 2012.
18. Attendance Works. (n.d.) 10 steps communities can take to reduce chronic absence. Retrieved July 24, 2012, from <http://www.gradelevelreading.net/wordpress/wp-content/uploads/2010/10/10-Steps-Communities-Can-Take-to-Reduce-Chronic-Absence-6-15-12.pdf>
19. Attendance Works, 2012.
20. Linked Learning Alliance.(n.d.) Frequently asked questions about linked learning. Retrieved July 24, 2012, from <http://www.linkedlearning.org/what-is-linked-learning/frequently-asked-questions>.
21. Connect Ed. (2008). Evidence from California partnership academies: One model of pathways. Retrieved July 24, 2012, from http://www.connectedcalifornia.org/downloads/LL_Evidence_CPA%20Summary_web.pdf
22. Connect Ed., 2008.
23. National Education Goals Panel . (1997). Getting a good start in school. *National Education Goals Panel*.
24. Cooper, D. & Costa, K. (2012). Increasing the effectiveness and efficiency of existing public investments in early childhood education: Recommendations to boost program outcomes and efficiency. *Center for American Progress*.
25. Duncan, G.J., Dowsett, C. J., & Claessens, A. (2007). School readiness and later achievement. *Developmental Psychology*. Vol 43(6), 1428.; Rouse, C., Brooks-Gunn, J., & McLanahan, S. (2005). School readiness: Closing racial and ethnic gaps: Introducing the issue. *Future of Children*, 15(1).
26. Rouse et al., 2005.
27. ETR Associates. (2007-2009). *Parent-child connectedness: Bridging the gap between research and intervention design*. Retrieved July 30, 2012, from <http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.TopicsInBriefDetail&PageID=58&PageTypeID=1#introduction>
28. Ruglis, J. (2009). *Death of a dropout: (re)theorizing school dropout and schooling as a social determinant of health*.
29. Reid, R. J., Peterson, N. A., & Garcia-Reid, P. (2005). School engagement among Latino youth in an urban middle school context. *Education and Urban Society*, 37(3), 257.
30. Croninger, R. G., & Lee, V. E. (2001). Social capital and dropping out of high school: Benefits to at-risk students of teachers’ support and guidance. *Teachers College Record*, 4, 548-581.
31. Reid et al., 2005
32. Reid et al., 2005
33. Reid et al., 2005