Cities, Regions, and Schools: A Report to the Brookings Institution Metropolitan Policy Program

Health and Safety in Schools: School-Community Solutions

Executive Summary

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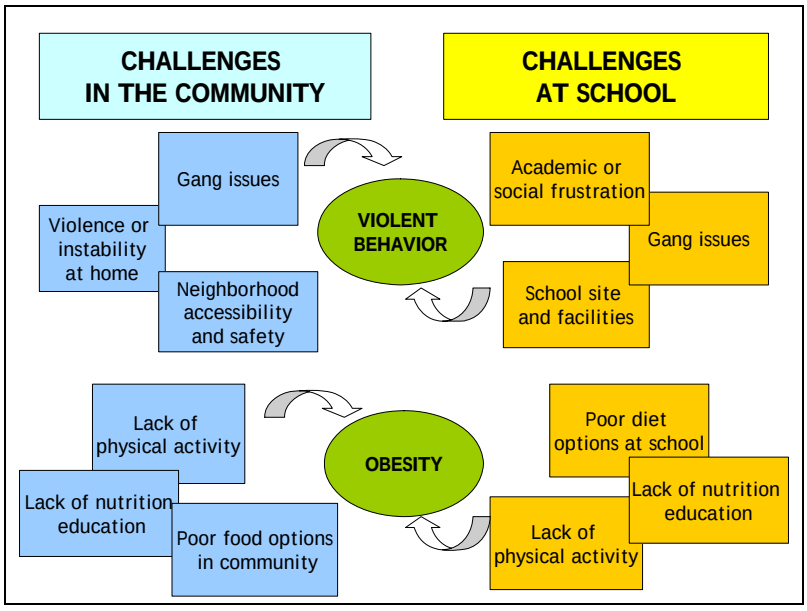
Driving issue: The Connection Between Health, Safety, Schools and Community

Schools have traditionally focused on teaching skills, building social capital, and creating opportunities for children. However, it is becoming increasingly obvious that not all students arrive at school prepared to engage in these crucial tasks due to threats to their health and safety. Authors such as Richard Rothstein have shown that mental and physical health problems – including vision, nutrition, dental care, and self-esteem – have a greater impact on school achievement than almost any purely academic factor. Research shows that health issues and the environment of the school have a substantial impact on academic performance and perhaps the overall well-being of the school and neighborhood. Students who have their health, nutrition, and exercise needs met have higher academic achievement, self-esteem and school attendance, the main contributors to successful student performance. Safety—both psychological and physical—is a basic need that must be met in order for students to succeed in school[1].

Health and safety problems such as obesity, illness, or violence, often have their roots in the surrounding community, but schools can play an active role in alleviating (or worsening) these problems *(see diagram).* As a focal point of community, schools can foster health and safety programs that lead to improved student health, improved community health, and ultimately increased academic success.



While school health, safety, and nutrition issues have been integrated with education for decades, many current programs are not solving the most pressing health and safety issues – including two public health problems of national concern: violence and obesity. What types of policies or community-based solutions can address the complexities of problems like these, without further straining already overburdened school budgets, staff,

and resources? Where are such solutions appropriate, and how can they be made financially and politically feasible? Our brief, summarized here, introduces the issues and a few examples of programs that bring together schools and community resources to find answers to these questions.

Childhood Obesity: Nutrition, Exercise, and Academic Performance

The United States Centers for Disease Control reports that presently 30% of children in the United States are obese, overweight, or at risk of obesity, up from 15% percent in the 1970s[1]. A report on 4th, 5th and 6th grade students found that 53% of the students already had one or more cardiovascular risk factor.[1] The dramatic health affects aside, obesity is actually affecting school performance. A study involving 11,192 kindergartners found that overweight children had significantly lower math and reading test scores at the beginning of the year than did their healthy-weight peers and that these differences persisted into first grade.[1] Providing nutritious meals that exceed USDA guidelines and enhance student health and well-being is the first in a series of integrated steps toward providing an integrated health program at school. The solutions we highlight go further, though, bringing community health providers onto the campus to ensure a high level of nutrition counseling and encourage healthy lifestyles.

Safe Schools: Mental Health, Violence, and Crime

While obesity threatens the physical health of students, public health officials and educators are increasingly aware that adolescent violence is linked to mental health problems and a declining sense of safety in schools and communities. Concerns of school safety include not only the physical characteristics of the school building, site, and surrounding community but also the behavior and habits of the students. Because of this, a broad-based effort by the entire community – educators, students, parents, law enforcement agencies, businesses, and other community organizations – is needed to ensure that America's schools provide a healthy environment that encourages learning. Although most schools in the United States are not considered to be dangerous (and in fact fewer than 1% of homicides among young people happen at schools), fears about safety, the threat of violence or the psychological taunting of students, teachers, parents, and community members are growing problems and therefore need to be addressed.[1]

Current research definitively links school violence and psychological distress with low academic achievement. In an education era that increasingly measures success by test scores, threats of school violence and episodes of actual violence cannot be ignored. There are two main ways in which actual and perceived threats to school safety manifests themselves: bullying and the broader issues of in-school violence. Both have implications on the physical as well as mental state of the students and to a lesser extent the surrounding community.[1] Increasing, schools are realizing that health programs are not complete without an emphasis on mental health services including anger management and personal counseling that can help stem violence and risky behavior. To obtain the needed expertise in these areas, schools often must reach out beyond the district for resources.

New directions: Policy solutions with community health and safety vision

While it is difficult for schools – especially those that are overcrowded or underresourced – to take on more than the basic tasks of teaching and classroom management, educational institutions play such a strong role in enhancing or harming the health of students that school-based programs are a necessity. Realizing this, a number of schools have undertaken holistic approaches to mental and physical health services, drawing on community and local resources to enhance student health without overburdening school staff. As education experts such as Joy Dreyfoos and Phillip Coltoff have noted, this idea is not new. For over a century, educators and public health officials have seen schools as a logical delivery site for health services, with over 95% of American children in school. Basic services such as screenings for infectious disease or first aid are provided at most schools, and even controversial care like reproductive counseling is becoming widely accepted nationwide. But what about services that could treat complicated problems like violent behavior and obesity? These health problems, intertwined with social and environmental conditions, need to be tackled with resource-intensive programs like anger management classes, support groups, nutrition guidance, and repeat care. Schools have dabbled in such areas for decades. But the recent wave of school-based health programs emphasizes these services, drawing on local partnerships and innovative menus of programs to make a difference.

Two case studies: School-based health centers in different metropolitan settings

School-based health centers come in many different forms. Since the first ones were founded in the 1970s, more than 1,300 have sprung up in cities, suburbs, and rural communities nationwide. We have chosen to highlight two of the newer, more comprehensive, and community-based models that show how this approach can thrive in very different settings.

Chappell Hayes, Oakland, CA

Established in 2004, the Chappell Hayes Center at McClymonds High School in Oakland is a much-touted example of how the school-based health center (SBHC) model can work. Although Oakland can be technically defined as an older suburb of San Francisco, this city of 500,000 is an urban center in its own right, and certain neighborhoods have all of the problems typically associated with older urban cores. McClymonds, located in West Oakland, serves a predominantly African-American student body in an area characterized by high levels of poverty, violence, and economic stagnation. Yet West Oakland is a proud community with a history of activism and a strong network of support from non-profits and foundations. Drawing on many neighborhood organizations and city and county agencies, Chappell Hayes is a full-time SBHC providing preventative care, mental health counseling, reproductive care and other services. Students come for programs like the “Safe Space,” where they can receive confidential counseling, but also for basic check-ups, prescriptions, support groups, or sports physicals. A partnership

with Children's Hospital Oakland adds to school health staff rather than straining incumbent faculty; the San Francisco Foundation provided a start-up grant for a dedicated campus facility; and Medical insurance reimbursements for low-income students keep the Center in business, providing 75% of its $1.5 million annual operating budget.[1]

School Based Youth Services, Pinelands, NJ
Health issues like violence and obesity are certainly not limited to low-income communities of color like West Oakland. Children who live in the rapidly developing suburban-rural fringe can also face social and environmental pressures that hinder their mental and physical health and hence their achievement. Realizing this, the state of New Jersey's Department of Human Services has helped establish community-based SBHCs at a minimum of one school in each county . Pinelands Community High School, in the exurban community of Tuckerton, serves mostly white students in a mixed-income setting. Its health services do not match those of Chappell Hayes in breadth – in part because the intense full-time care is not as necessary, and in part because most students' care cannot be financed by public insurance reimbursements. But Pinelands' School-Based Youth Services is still a crucial component of the school, providing support groups and counseling for any teenager in the area (even those not enrolled in school). In addition, Pinelands attracts students and takes advantage of community resources by offering job training and recreation programs staffed by organizations like the local police department and Tae Kwon Do school. Since the program was started, dropout and pregnancy rates have declined, test scores are up, and many states have looked towards New Jersey as a model.

Where do we go from here? Issues and challenges for the future

The case studies described above show two very different examples of how school-community partnerships can help solve health issues with roots outside of school, and help students thrive both on and off campus. All communities, regardless of their challenges, likely have local resources that can be connected with the school. But as the matrix below demonstrates, community partnerships need to be tailored to their setting. The McClymonds model, including a high level of personal care and a revenue stream guaranteed by public assistance, may not be necessary or may not work in a mixed-income environment where children have other sources of medical care outside of school. At the same time, the Pinelands model – which includes counseling and some health care but focuses on other services and is not a full-time center – may not be sufficient in some struggling neighborhoods. Whatever model is used in different metropolitan settings, however, partnerships with government and with local organizations should be a foundation for improving health.

What works where?	**High-poverty urban core**	**Older ("inner ring" or "first") suburb**	**Newer suburb**	**Suburb/rural fringe**
Full-service SBHC	YES	Feasible?	Necessary?	Necessary?
Limited service clinic	Sufficient?	YES	Necessary?	YES
Government & community partnerships	YES	YES	YES	YES

Conclusions and recommendations

Although providing health care in schools has a long history, the current wave of full-time School Based Health Centers is relatively new and still has to prove its feasibility. While school-based services have great potential to help combat complex problems like obesity and violence, they cannot do it alone. City or county-wide planning can reinforce traditional solutions like health education. With this in mind, we recommend future study in the following areas:

- *Safe and well-planned school facilities.* Campuses need ample space for health facilities, but also they also need learning environments with non-hazardous materials and secure design; open space and recreation areas; location that emphasizes walking or biking over driving.
- *Wise neighborhood planning that reinforces health and safety*. This includes community policing and youth programs to relieve gang violence on the way to and from school; attempts to keep unhealthy fast food outlets away from school campuses; easy transportation access from schools to health centers, homes, and other services. City and local government can reinforce these goals in ways the school district cannot.
- *Further examination of financing models*. Schools must have equitable financing so that they can afford full-time health practitioners – and ensure that high-poverty schools do not have to rely on concentrated poverty and the public assistance associated with it for their revenue stream.
- *Potential for full-service schools*. Should these innovative school-community partnerships be open to non-students as well? What about the families of the students, or other neighbors? Creating community health centers on school campuses is a politically popular idea and has great potential – but the financing and feasibility issues only magnify, and few examples yet exist.

- *Evaluation and best practices*. Few statistics yet exist about the true impact of the newer SBHCs. If solutions like this are to be brought "to scale," and adapted to different settings, we need more information on how well they work and whether they really do improve student achievement and community health.

As community-school partnerships grow and connect even more with local resources, hopefully educators and policymakers will find more ways to end major threats to student health, safety, and achievement – ultimately benefiting public health and welfare overall.