School Dropout Prevention – a Public Health Role for Primary Health Care Providers

By Howard Adelman, PhD and Linda Taylor, PhD

As the true dropout figures emerge across the nation, the crisis nature of the problem is apparent. Recent reports indicate that more than half a million young people drop out of high school each year, and the rate at which they do so has remained about the same for the last 30 years (Dymarski, et al, 2008).

As Gary Orfield, director of the Civil Rights project has stressed:

There is a high school dropout crisis far beyond the imagination of most Americans, concentrated in urban schools and relegating many thousands of minority children to a life of failure. ... Only half of our nation’s minority students graduate from high school along with their peers. For many groups — Latino, Black, or Native American males — graduation rates are even lower. ... this [is an] educational and civil rights crisis.

In terms of economics, social programs, and public health, Russell Rumberger, PhD, professor in the Gevirtz Graduate School of Education at the University of California, Santa Barbara has pointed out that the US loses over $192 billion in income and tax revenues for each cohort of students who do not finish high school. Relatedly, Dynarski and colleagues (2008) emphasize:

Dropouts contribute only about half as much in taxes... They draw larger government subsidies in the form of food stamps, housing assistance, and welfare payments. They have a dramatically increased chance of landing in prison, and they have worse health outcomes and lower life expectancies.

Pediatric and adolescent primary health care providers are confronted every day with youngsters who are having problems succeeding in school. In response, they help families respond to a variety of learning, behavior, and emotional problems. This contributes to dropout prevention. But, primary health care providers can play an even more proactive role. They can enhance their focus in helping parents understand what to do, and they can play an increased public health role through active participation in school-community collaborative efforts.

Preventing Problems by Promoting Positive Development. Prevention begins with preschool and other pre-kindergarten experiences. As primary health care providers well know, many families of pre-k children need guidance about how to access preschool (eg, Head Start). At all ages, they need information about developmentally and motivationally appropriate educational and enrichment opportunities. And, it is essential to promote understanding of the importance and strategies for establishing and maintaining effective communication with teachers. Finally, a persistent primary care focus on preventing psychosocial problems (eg, substance abuse, teen pregnancy, delinquency) can translate into fewer dropouts.

Beyond Identification. While there has been a trend toward formal early screening, primary health care providers know that identifying youngsters having problems at school is not difficult. Family members usually are sufficiently vocal in relating that their child is not doing well at school. Thus, the primary challenge is not identification, but how to guide families in dealing with school problems. In addition to management of any physical problems, the family’s options are essentially to (1) take a proactive stance in engaging the school in problem solving to correct the problem, (2) pursue psychosocial-educational help outside the school (eg, tutoring, counseling, social services), and/or if feasible, (3) change schools.

An exploration of what they have or haven’t done already and what is possible provides a basis for recommending next steps (eg, academic tutoring, summer school, mentor programs, counseling). An understanding of the youngster and family allows for helping to align referrals with specific needs to ensure appropriate interventions/accommodations. And, no matter what else is done, it is imperative that the family understand the importance of keeping engaged in problem solving with teachers and school support staff until problems are resolved.

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With respect to both prevention and problem assistance, the AAP's Bright Futures in Practice. Mental Health Volume II, Tool Kit has a variety of developmentally appropriate school-related resources which can be given as aids to families. These include a “School Basic Information Form”, a guide for working with problems that arise around homework, checklists for identifying issues and problems, “Anticipatory Guidance on Sex and Sexuality for the Adolescent”, a guide for discussing substance use and another on the “Stages of Substance Use and Suggested Interventions”, information and rating scales for specific disorders such as ADHD and mood disorders, and much more.

**Participating in School-Community Collaboration.** In dealing with the dropout problem, most researchers stress the need for major systemic change. The reality is that dropouts are a community-wide concern, and the solution requires school-community collaboration. And, the focus must be on weaving together the resources of school, home, and community to develop a comprehensive system of learning supports that addresses barriers to learning and re-engages students in classroom learning.

With this as the aim, below, extrapolated from the literature on dropout prevention, are examples of the type of strategies that school and community can pursue together to make a significant dent in the dropout problem. Of particular importance are activities that:

- Increase the focus on preventing problems rather than waiting for failure;
- Help schools rethink classroom and school-wide approaches to (a) enhance engaged, personalized learning and (b) provide students learning supports as needed;
- Support efforts to enhance the professional development of teachers and support staff;
- Promote efforts to provide out-of-school opportunities for learning and healthy development (e.g., tutoring, mentoring, service learning, career advising, healthy life style including nutrition and recreation, and more);
- Ensure schools offer multiple pathways (the concept of multiple pathways focuses on ensuring choice among a variety of high school programs that prepare all students for both college and careers);

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- Encourage pursuit of non-traditional approaches (e.g., non-traditional approaches to curriculum utilizing alternative teaching strategies).

School-community collaboration is essential to developing comprehensive approaches to complex problems. By playing an enhanced role at the community level, primary health care providers can advocate for and help plan an approach to dropout prevention that embraces a public health perspective. And, in doing so, they take another step in transforming how the field balances clinical and public health agendas in meeting the needs of youngsters and their families.

Want More Information on Dropouts?

From the National Center for Mental Health in Schools:

- Dropout Prevention (quick find) http://smhp.psych.ucla.edu/qf/dropout.html
- Enhancing Classroom Approaches for Addressing Barriers to Learning Classroom-Focused Enabling (continuing education modules) http://smhp.psych.ucla.edu/pdfs/docs/centedu/efc.pdf
- Preparing All Education Personnel to Address Barriers to Learning & Teaching (report) http://smhp.psych.ucla.edu/pdfs/docs/preparingall.pdf
- After-school Programs (quick find) http://smhp.psych.ucla.edu/qf/afterschool.htm
- Alternative Schools and Alternative Education (quick find) http://smhp.psych.ucla.edu/qf/alschool.htm

Some Related Reading:


Youth in Transition

Multiple Perspectives on Multiple Pathways http://www.idea.gseis.ucla.edu/publications/mp/index.html

A Few Web sites Dealing Directly with Dropout Prevention:

http://www.dropoutprevention.org/ — National Dropout Prevention Centers
http://www.schoolengagement.org/ — National Center for School Engagement
http://www.youthbuild.org/ — Youth Build US

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