

## School-based service learning Public Health & Prevention: School-based Literature review updated April 2012.

As part of WSIPP's research approach to identifying evidence-based programs and policies, WSIPP determines "what works" (and what does not work) to improve outcomes using an approach called meta-analysis. For detail on our methods, see our [Technical Documentation](#). At this time, WSIPP has not yet calculated benefits and costs for this topic.

**Program Description:** School-based service learning programs are typically delivered to high school students. They promote integration of service-learning in the school curriculum and deliver services to the community. Students are involved in community field experiences in nursing homes, senior centers, and child centers, among other locations. This program is coupled with classroom discussions of their experiences to reinforce social and critical thinking skills and help students develop as individuals and engaged citizens. Health education and/or social studies may be included in the curriculum. Typically, these programs target higher-risk student populations.

### Meta-Analysis of Program Effects

Outcomes measured	No. of effect sizes	Treatment N	Adjusted effect size and standard error			Unadjusted effect size (random effects model)	
			ES	SE	Age	ES	p-value
Teen pregnancy (under age 18)	3	680	-0.053	0.270	16	-0.050	0.852

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our [Technical Documentation](#).

## Citations Used in the Meta-Analysis

- Coyle, K.K., Kirby, D.B., Robin, L.E., Banspach, S.W., Baumler, E., & Glassman, J.R. (2006). All4You! A randomized trial of an HIV, other STDs, and pregnancy prevention intervention for alternative school students. *AIDS Education and Prevention*, 18(3), 187-203.
- Melchior, A. (1998). *National evaluation of learn and serve America school and community-based programs: Final report*. Cambridge, MA: Abt Associates.
- O'Donnell, L., Stueve, A., O'Donnell, C., Duran, R., San Doval, A., Wilson, R.F., . . . Pleck, J.H. (2002) Long-term reductions in sexual initiation and sexual activity among urban middle schoolers in the Reach for Health service learning program. *Journal of Adolescent Health*, 31(1), 93-100.

For further information, contact:  
(360) 664-9800, [Institute@wsipp.wa.gov](mailto:Institute@wsipp.wa.gov)

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