

WHEN HEALTH IS THE ROOT CAUSE OF POOR EDUCATION OUTCOMES:

How Local Control Funding Formula Can Help
Students Succeed

Executive Summary



April 2014
humanimpact.org

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With the passage of California's Local Control Funding Formula (LCFF), the state has completely overhauled its school finance system. LCFF increases funding for all schools, but reserves the biggest funding increases for students with the greatest needs: low-income children, English language learners, and foster youth. The new system also gives districts more control over school spending and requires parents and community leaders to be part of the planning process through the development of their Local Control Accountability Plans (LCAPs).

Evidence shows that mental and physical health issues are barriers for many of those students with the greatest needs, leading to problematic classroom behavior. Addressing these mental and physical health issues is fundamental to improving student achievement.

Some of the toughest challenges faced by students today are known as Adverse Childhood Experiences, or ACEs.

ACEs are defined as emotional, physical, or sexual abuse; emotional or physical neglect; exposure to peer, community, or collective violence; or family dysfunction such as domestic violence, household substance abuse, mental illness, parental separation or divorce, or an incarcerated household member. Exposure to ACEs is a risk factor for physical and mental health problems that can lead to classroom behavior challenges and lower student achievement.

- **ACEs are surprisingly common.** A recent national survey found that 80% of children and teens had experienced at least one type of ACE and many children were exposed to more than one. The very groups prioritized by LCFF face the greatest risk for ACE exposure.
- **ACEs significantly impact children's mental health.** Research shows that young children exposed to ACEs may live in a state of fear that leads them to be anxious, impulsive, and watching for possible threats.
- **Exposure to ACEs is an obstacle to students' readiness to learn and achievement.** The psychological effects of ACEs diminish students' ability to concentrate in the classroom and their

readiness to learn. Their vigilance to watch for threats may lead to aggression and discipline problems. They may also experience hyperactivity or withdrawal. Such mental health impacts can also lead to health behavior changes and poor student achievement. Children with multiple ACE exposures are more likely than their peers to abuse drugs and alcohol and drop out of school before graduation. Exposure to ACEs could also impair proficiency, test scores, and absenteeism, leading to higher rates of suspensions and dropping out.

LCFF Target Subpopulations

Foster Youth

One in 150 children in CA public schools have been removed from home and placed in foster care, often as a result of exposure to one or more ACEs. In California, one half of foster youth scored in the lowest two out of five performance levels of the California Standardized Test, compared to a quarter of general population youth.

Low Income Youth

More than half of California students live in low-income families. One in four African-Americans and one in four Hispanics in the state are in poverty. Children from low-income families are more subject to chronic stress caused by ongoing economic challenges and experience a lack of access to equitable resources that could support their educational development. Low-income students fail to graduate at five times the rate of students in middle-income families and six times that of higher-income youth.

English Language Learners

English language learners (ELLs) often respond to the language barrier by remaining silent, appearing withdrawn, moody, and fearful, and this common response can last one to two years. Rates of absenteeism from school are 65% for non-English-speaking students, compared to 48% for students from European-American families. In the 2011-12 school year for California, 40% of ELL third graders scored below/far below in English-Language Arts, compared to 23% of non-English Language Learners. That same year 62% of the California ELL cohort class graduated compared to 79% of all students.

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Non-ACE health challenges can also impact children's school readiness and success.

- **Asthma** - Asthma is the leading cause for school absences, and students with asthma have lower test scores. The students most helped by LCFF disproportionately suffer from the disease.
- **Physical Inactivity** - Low-income children often have fewer opportunities to be physically active due to safety concerns in their neighborhoods and a lack of adequate recreational facilities.
- **Food insecurity** - In 2011, 21% of US households with children 18 or younger experienced food insecurity. Children in these households are more likely to suffer from stomachaches, headaches, and colds when they reach preschool age. They are more likely to be obese and also lack specific micronutrients due to poor quality foods. Resulting nutrition deficits are strongly

linked to poor educational achievement, cognitive development, and motor development in middle childhood.

- **Dental caries** - Dental caries (cavities) is the most common chronic childhood condition - it is five times more common than asthma. Low-income children are less likely to see a dentist before kindergarten, suffer twice as much dental caries, and their dental disease is more severe and less likely to be treated compared to their more affluent peers. Among two- to five-year-old children, untreated dental caries affect 14% of white children, 25% of black children, and 35% of Hispanic children. Dental caries can lead to chronic pain and problems in eating, speaking, and cognitive growth and behavior. Disadvantaged students in Los Angeles County public schools who had toothaches were almost 4 times more likely to have a low grade point average.

With the right tools, children can overcome ACEs and other challenges.

These challenges don't have to determine the fate of our youth. By implementing recommended promising practices, school districts can address the trauma students are experiencing and help them stay on track for graduation and a successful life.

- **School-Based Mental Health Programs and Services** - Programs such as the Expanded School Mental Health Program provide comprehensive mental health services with assessment, case management, therapy, and prevention. Such services could address the trauma and stress from ACEs before these challenges become intractable barriers and lead to negative classroom behaviors and poor educational achievement. Interventions could also help decrease violence exposure by creating school-wide curricula addressing bullying and fights and focusing on building resilience among students.
- **School-Based Health Centers and School Nurses** - School health centers and the staffing of credentialed school nurses could allow

for services that would address the needs of students with asthma and other chronic conditions that interfere with school attendance and achievement.

- **Nutrition Programs** - Evidence show that serving breakfast in the classroom leads to improved health outcomes such as fewer complaints of stomachaches and headaches and healthier body weights (less obesity). Breakfast program participation has also been associated with improved learning environment, increased student motivation, reduced disciplinary suspensions, reduced tardiness, and improved attendance. Finally, math and reading achievement scores have been shown to increase with breakfast program participation, as have Academic Performance Index scores.
- **Physical Activity Programs** - Schools that provide no-cost opportunities for recreation and athletic activities in a safe environment could enhance children's physical activity. Low-income children often have fewer opportunities to be physically active due to neighborhood safety

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concerns and a lack of adequate recreational facilities. Such services have been shown to not only increase physical activity among low-income youth, but also increase meaningful participation in school and problem-solving skills.

- **Asthma Programs** – School asthma programs can lead to better test scores, improved attendance, reduced learning disabilities, and reduced grade repetition. Strategies include: establishing policies and procedures for administering medications; providing school health services; educating students, teachers, and staff; reducing indoor and outdoor asthma triggers; providing safe physical activity opportunities for students with asthma; and managing symptoms and absences through coordinated care in the school and at home.

- **Dental Care Services** - School dental sealant programs can reduce dental caries in children by as much as 60%. This can reduce the chronic pain from dental disease that impacts children's cognitive attainment and learning. Such programs are more cost effective and more effective in reducing caries if they provide sealant services for all children of a high-risk population (such as those who are eligible for free or reduced-cost lunch programs), rather than just those assessed to be at risk through individual screenings. Dental services can also be offered within school-based health clinics. Out of the 200 school-based health clinics in California, 61 provide a dental hygienist to screen and refer students for dental clinics, and 36 offer full dental services on-site to students.

- **Safe and Supportive Learning Environments** - Alternative disciplinary practices such as Restorative Justice – where students are held accountable to their school community for their negative behaviors and the focus is on problem-solving – can promote a safer and more supportive learning environment. Restorative Justice has been shown to be quite successful among students, parents, and school staff and administration.

- **Resources for Learning** - Low-income youth experience a lack of access to resources that could support their educational development,

contributing to chronic stress. There are many school-based programs and strategies that target the academic success of low-income students, such as early childhood educational programs, expanded learning time outside of the school day, and supplemental programs that buttress important skills and/or prepare for college applications and internships. Additional strategies can be used to target the academic success of English Language Learners, though strategies differ based on language, ethnicity, culture, and grade level.

- **Teacher Training** - Providing teachers with the resources and training they need to gain knowledge of the social-emotional needs of children and ways to recognize those needs can improve school readiness. School personnel would also benefit from more training about the challenges that youth in foster care face, and ways they can advocate for these youth. Ongoing interactions in schools between teacher specialists for ELLs and subject-area teachers may enable more effective instructional strategies, both in English as a Second Language and mainstream classrooms for ELL students.

- **Parent Engagement** - Engaging parents of foster children, ELLs, and low-income children can be challenging due to parent time, skills, transportation barriers, and education system understanding. Special efforts should be made to involve parents. Parent engagement programs designed by the Department of Education and “community-centric” strategies are designed to address these issues.

ACEs and other health challenges can be overcome – and schools are ideally situated to help students succeed. As a result of the new LCFF law, every school district in California is developing a Local Control Accountability Plan (LCAP) that describes how their local school district will use new education funding to improve student achievement. When school districts and communities come together to develop their LCAP plans, they have a unique opportunity to fund the programs that will help their students overcome the challenges they face and gain the strength they need to succeed. Addressing these issues up-front

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is a vital component of increasing school achievement among the low-income youth, foster youth, and English language learners that LCFF is meant to serve.

For more information on the evidence shared in this summary and examples of promising practices, please see: <http://www.humanimpact.org/downloads/lcff-full-report/>.