

Confronting the Health Determinants of School Success in the Early Grades: A Commentary from the Campaign for Grade-Level Reading

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The escalating concern about whether the United States will have a healthy workforce with 21st century skills prepared to compete in the global economy has fueled a reinvigorated push by many to reduce the number of students who leave school before graduating from high school. We know from abundant evidence that high school graduation leads to lower rates of health problems (HealthyPeople.gov 2011). In addition, the voices of retired military officers who crisscross the country remind us that we need both “military readiness” and technological know-how to ensure national security. Because high school graduates make up the pool from which the nation recruits its workforce, its military, and its college-goers, producing a generation of “college- and career-ready” high school graduates has become a cross-sector, bipartisan goal.

This growing consensus is mostly good news to those of us who also care about disrupting, reversing, and then ending intergenerational poverty. Haskins and Sawhill’s (2009) extensive review of the research confirms the common sense conclusion many of us reached long ago:

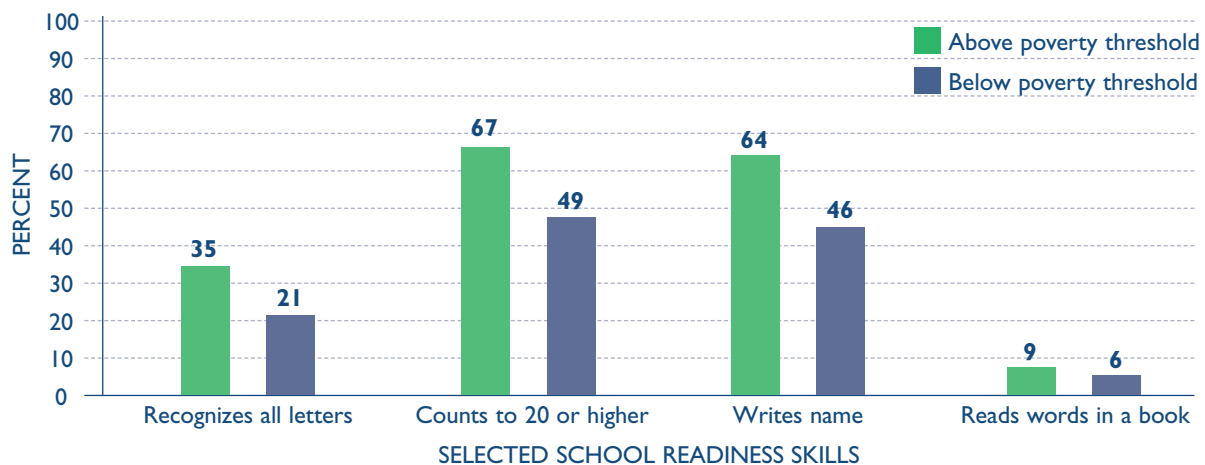
... if you want to avoid poverty and join the middle class in the United States, you need to complete high

school (at a minimum), work full time, and marry before you have children. If you do all three, your chances of being poor fall from 12 percent to 2 percent, and your chances of joining the middle class or above rise from 56 to 74 percent.

At first blush, the clarity and straightforwardness of this dramatic conclusion seem to cut against the increasingly vocal concern about declining social mobility. Then comes the realization that for many children of families in poverty, completing high school is *the* formidable hurdle. A recent study confirms that over 22 percent of children who live in poverty do not graduate from high school (Hernandez 2011). This figure rises to 32 percent for those children spending more than half of their childhood in poverty. These numbers reveal an ironic twist. The road out of poverty often is obstructed by the circumstances, conditions, and consequences of poverty.

This conundrum is one of the major challenges confronting the recently organized Campaign for Grade-Level Reading (GLR Campaign), organized and led by The Annie E. Casey Foundation on behalf of more 80 funders and two dozen sector-leading organizations across the country. A new

PERCENTAGE OF CHILDREN AGES 3-6 WITH SELECTED SCHOOL READINESS SKILLS, BY POVERTY STATUS



Source: O'Donnell 2008

front in the battle to improve high school graduation, the GLR Campaign is fueled by the research showing that reading proficiency at the end of third grade is a critical predictor of high school graduation. A recent longitudinal study to calculate high school graduation rates for children at differing reading skill levels by sociologist Donald J. Hernandez reports that children who are not reading proficiently by the end of third grade fail to graduate from high school at a rate four times greater than that for proficient readers. Other research findings suggest that 74 percent of those who miss this milestone never catch up (AECF 2010).

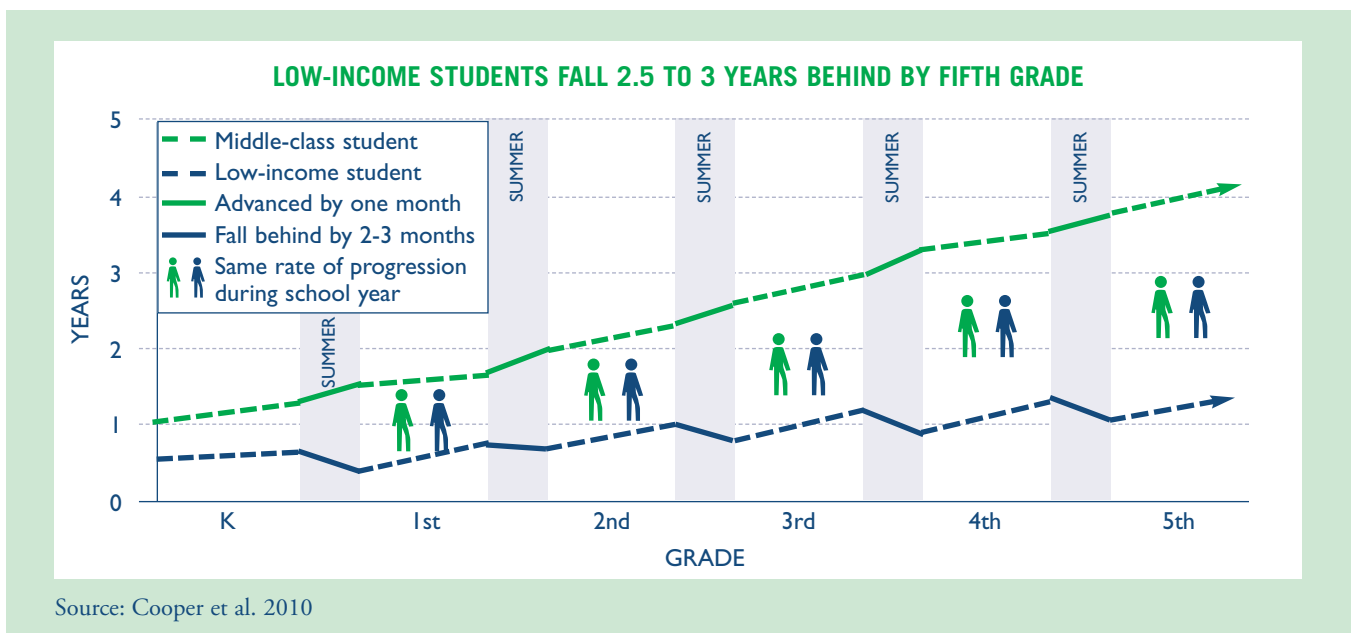
What ignited the GLR Campaign, however, is the reality, according to the National Assessment of Educational Progress, that over 80 percent, or four out of every five children of low-income families, miss this critical milestone (AECF 2010). They are not proficient readers at this pivotal juncture between learning to read and reading to learn. Translation: the children whose parents are poor are significantly less likely to attain the first rung on the ladder out of poverty – high school graduation.

Convinced that these alarming statistics could not be reversed by schools alone, the GLR Campaign launched a “call to action” to mobilize entire communities around ensuring the “on-track development” of vulnerable children. The campaign acknowledges that, over the long term, the key drivers of sustainable and scalable student outcomes are quality teaching for every child in every setting every day, and a less fragmented system of care, services, and family supports for children from birth through third grade. As important, however, is its call for communities to find locally-owned solutions for three of the major brakes on student

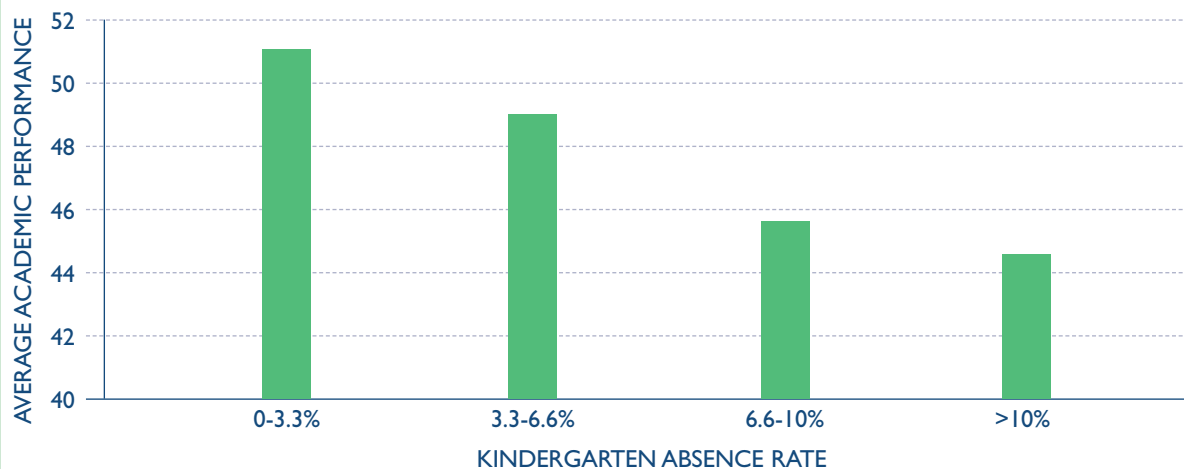
success in the early grades: 1) too many children are not ready for school and are so far behind that they simply cannot catch up by the end of third grade, 2) too many children miss too many school days and too much “time on task” instruction to keep pace, and 3) too many children lose too much ground over the summer and return to school in September having fallen behind where they were in June.

Poverty-related disparities in health care, health services, and health outcomes are deeply implicated in all three of these challenges – starting too far back, not keeping pace, and losing ground. There now is compelling evidence that the instability, trauma, and toxic stress that are hallmarks of poverty affect the architecture of the brain and thus the cognitive, social, and even physical development of young children. So does parental depression. The triggers and health hazards that come with unhealthy homes make asthma the top medical cause of school absence and elevated blood lead levels a major deterrent to on-track development. And the subpar nutrition that attends enhanced food insecurity over the summer months undermines even the best-intended efforts to address childhood obesity and to turn summer learning loss into summer learning gain.

In many respects, what is emerging is the realization that the grade-level-reading-by-the-end-of-third-grade predicate for high school graduation has a predicate of its own – confronting and ameliorating the poverty-related health determinants of “on-track development” and student success. That realization is prompting responses in significant quarters. Particularly notable is the recent policy statement of the American Academy of Pediatrics (2011) that calls on the entire pediatric community “to catalyze fundamental change



CHRONIC KINDERGARTEN ABSENCE LOWERS 5TH GRADE READING SUCCESS FOR LOW INCOME STUDENTS



Source: Chang and Romero 2008

in early childhood policy and services...to reduce the precipitants of toxic stress in young children and to mitigate their negative effects on the course of development and health across the life span.”

A less fragmented system of care, services, and family supports would improve the likelihood of better prenatal care, periodic developmental screenings, early intervention, health insurance, and a medical home. And these, in turn, would allow considerably more confidence about achieving the

milestones for on-track development set by the campaign: children born healthy, thriving at three, ready for school at five, and present and engaged during the early grades. And yet, it seems unlikely that even a more robust and comprehensive combination of current reforms would aggregate up to the “fundamental change” the American Academy of Pediatrics urges. The interplay between the social determinants of health and the health determinants of school success commands urgent attention to persistent poverty itself.

In the following exchange with Grantmakers In Health (GIH), Ralph Smith elaborates on both the ways in which children and families become trapped in poverty and how education and health can provide a way out. He notes that whether health funders work with the GLR Campaign specifically, or support the healthy development of young children more generally, they are in a position to provide important leadership. Their willingness to partner with educators and other sectors whose work involves children, like the housing community, is an essential part of this work.

Related to the focus of the GLR Campaign, GIH has reviewed the evidence linking poverty and health, explored how health foundations are working across sectors to improve health, and examined what philanthropy has learned about how best to design place-based strategies and comprehensive community change initiatives. This body of work is listed in the reference section.

1. You say that poverty itself poses obstacles to the path out of poverty. Can you elaborate?

Success in school is essential to successful participation in today’s economy. High school dropouts are far more likely to be unemployed and, when employed, have incomes substantially below those of their more educated peers. They also will be less able to adapt to the new needs of a fast-changing global marketplace.

The irony is that, for many children of families in poverty, that first major step on the road to economic security and a productive adulthood – completing high school – is in itself a formidable hurdle. The ability

of these kids to learn – and learn at high levels – is impaired by a host of factors that come with being poor and living in tough neighborhoods where poverty is the norm.

Some of these factors are expected ones associated with education. Unlike many children in low-income families, more affluent children grow up in literacy-rich environments, with learning stimulated from an early age by parents who themselves have a solid education and by the ready availability of books and opportunities.

At least as important are the health-related factors. Low-birth weight is more frequent in poor communities, putting babies at high risk for developmental problems and attention deficit hyperactivity disorder (ADHD). Children in low-income communities have a higher incidence of health problems, ranging from the need for eyeglasses to developmental delays that interfere with learning. Moreover, poor children receive less, and lower quality, medical care than wealthier children with the same health problems. Indeed, many problems may go undiagnosed and therefore untreated altogether, because these children may not get regular checkups and screenings to identify developmental delays that can affect learning. Finally, constant exposure to toxic stress like instability, trauma, and violence affects both the individual child and the overall learning environment in a school full of poor children.

Today, we are fortunate to have – but also should be disquieted by – dramatic insights into how young brains develop. This knowledge shines a spotlight on what is missing for poor kids and why they start out in jeopardy and continue to fall behind. Yet, the work of folks like Jack Shonkoff and his colleagues at the Center on the Developing Child and Ruby Takanishi at the Foundation for Child Development continues to provide powerful evidence that reducing preventable disparities in well-being, while difficult, is no mission impossible. It is, as we say about many things worth doing, “an ambitious but achievable” goal.

2. Moving the needle on grade-level reading would seem a major educational challenge. Are schools up to the task?

What happens in school makes an enormous difference. But with all of the challenges posed by poverty, we also know that the job of teaching is much harder and the risks that children won't succeed are much greater if the whole burden falls on the schools.

There is no doubt that schools can and must do better. Every child should experience quality teaching every day from teachers who are knowledgeable, skilled, and using an engaging curriculum set to high standards. Schools also need strong leadership to create a culture of high expectations and a climate conducive to effective teaching and learning. Dr. Pamela Cantor and her colleagues at Turnaround for Children are doing some intriguing work on what it takes to create that climate in high-poverty schools. Turnaround's whole-child model, now being used in 20 schools in New York City and Washington, DC, focuses on children's emotional and psychological well-being, as well as academics, acknowledging and addressing the stressful realities of life for children growing up in poverty. Teachers are trained in strategies to manage and curb behavior problems in the classroom, and in-school social workers are available to help students who need more extensive help. Principals in Turnaround schools report that they are seeing a dramatic improvement in their schools' atmosphere.

While schools must be held accountable, the truth is that they cannot succeed if forced to go at it alone. Families and communities have a critical part to play in creating the conditions that will enable a quality teacher to be effective. Children's cognitive, physical, social, and emotional development must be nurtured from birth and throughout their early years, so that when they begin school, they are ready for what schools have to offer. As students, they need to be present, healthy, well-nourished, and engaged in the learning process. Parents need to be prepared and supported to become partners in the development and education of

their children. And learning cannot stop at the end of the school day and school year. Children need access to opportunities that promote out-of-school learning and prevent learning loss over the summer months, which today takes a particular toll on those in low-income families.

The challenges of children not ready for school, too many missing too much school, and losing ground over the summer are both consequential and amenable to community solutions. That's why the campaign has made these the opening salvo in our effort to organize the civic space around schools and to mobilize communities to assure the success of all their children. We believe that, working together, effective schools, empowered parents, and mobilized communities combine to make the difference.

3. How can health funders help?

There is a short and direct answer to that question. Over 100 communities across the country have agreed to take on the GLR Campaign's "call to action." Health funders can join and support local coalitions in putting a stake in the ground around grade-level reading by the end of third grade. They can help by leading efforts to improve the "health determinants" of readiness, attendance, and summer learning. And they can help by continuing to support important work like the Green and Healthy Homes Initiative that now, across the country, is improving families' health and economic stability by simultaneously increasing their homes' energy efficiency and dealing with problems that lead to asthma, lead poisoning, and injury.

There is a longer answer, as well. The campaign needs the advice, guidance, and good counsel of health funders. We need to benefit from their experience and lessons learned about each of the developmental milestones. Moreover, health funders can be important contributors to each of the campaign's overarching strategies – building a big tent, promoting more effective philanthropy, and investing to accelerate change in promising places and to scale the most promising programs.

For any number of reasons, health funders already seem to be tilting more of their dollars toward two changes in prevailing philanthropic practice encouraged by the campaign – more investment in what works, and better alignment and sequencing of investments to yield better outcomes and greater impact. By lifting exemplars of these practices within their own sector, health funders can inspire others to follow suit and thereby promote more effective philanthropy.

Notably important is the leadership that health funders can provide to advance the more integrated system of care, services, and family supports from birth through third grade to which the campaign aspires. This system must rely on significantly more cooperation and collaboration between the two "systems" that have contact with every child from prenatal on – family and health. Unless and until these ubiquitous systems each do better and do better together, the rest of us are unlikely to succeed with the larger systems reform and integration agenda.

The good news is that we already have some wonderful examples of families and the many systems that serve them joining forces to improve child outcomes. One of my favorites is Reach Out and Read in which pediatricians "prescribe" reading and give children a new book at each well-child visit through age five. Another favorite of mine is the B'more for Healthy Babies Campaign that is mobilizing the local medical community and a host of public, philanthropic, and nonprofit partners to provide essential services and guidance to pregnant women and young parents. The early results around infant mortality are quite promising.

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GIH SELECTED RESOURCES ON POVERTY AND HEALTH:

Pathways Out of Poverty: Exploring New Directions for Health Funders
Grantmakers In Health, November 2007

Social Policy Is Health Policy: Addressing the Economic and Social Determinants of Health
Grantmakers In Health, October 2008

Expanding the Circle of Allies
Risa Lavizzo-Mourey, President and CEO, Robert Wood Johnson Foundation, June 2009

Initiatives in Education, Economic Development Present Challenges, Yield Big Rewards
Joseph Rosier, Jr., Rapides Foundation, June 2009

Tackling the Tough Work of Community Change
Grantmakers In Health, March 2010

What’s in a Name? Untangling Health Disparities, the Social Determinants of Health, and Health Equity
Grantmakers In Health, March 2010

Health and Justice: Health Care for People Involved in the Justice System
Grantmakers In Health, March 2010

Healthy and Safe Housing: A Foundation for Healthy Futures
David Fukuzawa, Program Director for Health, The Kresge Foundation, and Rebecca Morley, Executive Director, National Center for Healthy Housing, September 2010

Supporting Children’s Healthy Development: Place DOES Matter
Grantmakers In Health, March 2011

Race to the Top: Is Children’s Health in the Running?
Judith C. Meyers, President and CEO, Children’s Fund of Connecticut, September 2011

Healthy Places NC: Better Results through Place-Based Philanthropy
Karen McNeil-Miller, President, and Allen J. Smart, Director-Health Care Division, The Kate B. Reynolds Charitable Trust, January 2012

Too Few Choices, Too Much Junk: Connecting Food and Health
Grantmakers In Health, March 2012

These resources can be accessed at www.gih.org.