

# EDUCATION:

## *Curricula for Change*

**E**ducation is the primary means of social and economic mobility in the United States. We stress the importance of education to young people because it is a key component of the “American Dream,” the most direct route of opportunity available to all of us. Yet, reams of research have made it clear that our nation’s educational system does little to weaken class divisions. Differences between poor and nonpoor children’s development and skills emerge as young as age three. Because school quality is so closely linked to family income, elementary and secondary schooling reinforce these worrisome gaps. College, the key to well-paying jobs, is increasingly out of reach for low-income families.

Are there ways to better organize education in America that would improve its ability to move people out of poverty? Are there natural entry points for health philanthropy – policy debates to which health funders can lend their voice and promising practices – to which they can lend their support?

### EARLY EDUCATION

For many, increased public investment in preschool education has emerged as the place to start. There is an intricate collage of public and private programs for three- and four-year-old children, which includes preschool, prekindergarten (pre-K), Head Start, day care, and nursery school. Today, 42 percent of three-year-olds and 65 percent of four-year-olds attend some form of preschool. The best of these programs – those with highly qualified, well-paid teachers; high teacher-to-student ratios; and more hours of education – have been shown to improve performance at grade level, in test scores, in high school graduation rates, in college enrollment, and in adult earnings. Though these results are promising, the field faces some challenges. First, the quality of preschool programs is not uniform. Programs differ in their objectives, financing, rules and regulations, and intensity. It will be a challenge to preserve the success of the best models if policymakers and administrators are under pressure to keep program costs low. Second, there is debate about whether public preschool should be available to all children or should target low-income children. Though the need is great among low-income children and targeted programs would cost less, universal programs are more likely to identify and reach all targeted children and to receive greater public support (Barnett and Belfield 2006; Haskins and Sawhill 2007; Barnett et al. 2004).

Philanthropy has funded much of the research, advocacy, and public education on preschool programs. In 2001 The

### KEY STATE POLICIES THAT HELP

#### Preschool Education

- Access to pre-K for four-year-olds
- Quality pre-K programs
- Access to pre-K for three-year-olds
- Universal access for state funded pre-K

#### Elementary and Secondary Education

- Rigorous teacher quality standards
- Funding equity among districts
- Funding adequacy
- Funding equity for students in public charter schools

#### Higher Education

- Lower tuition at four-year colleges
- Increased need-based financial aid
- Lower tuition at two-year colleges

Source: Center for the Study of Social Policy 2006

Pew Charitable Trusts launched the Advancing Quality Pre-K for All national initiative. The foundation’s strategy has been to build the research base on the costs, benefits, and characteristics of high-quality preschool; to identify states that have the opportunity to advance the issue; and to build the networks needed to inform public policy debates in those states and nationally. All told, Pew has invested over \$50 million in more than 20 organizations under the Pre-K initiative. The foundation initially framed the issues of preschool as an integral part of children’s educational experience but has recently begun to frame pre-K as an economic strategy, capable of contributing to the nation’s fiscal health. In 2006 Pew joined a group of funders, business leaders, economists, policy experts, and advocates to create the Partnership for America’s Economic Success. The partnership is in the process of commissioning research on the economic benefits of investments in children, the policy changes needed to fund services at levels appropriate to their economic value, and a communications and coalition-building effort needed to

advance these policies.

In 2003 The David and Lucile Packard Foundation made a long-term commitment to support nonprofit organizations working toward voluntary preschool for every three- and four-year-old in California. Knowing that delivering quality preschool for the one million children of preschool age in California was beyond the budget of the foundation (its entire endowment of nearly \$6 billion could cover only a little more than one year of preschool for every three- and four-year-old child in the state), the foundation's grantmaking has focused on policy change. Its goals are to expand and strengthen statewide advocacy efforts, engage a diverse cross-section of groups in support of preschool, support further research on topics related to ensuring preschool for California's children, and provide ongoing support to local flagship preschool efforts that demonstrate the promise of high-quality preschool when implemented on a large scale. One of these promising programs is Affordable Buildings for Children's Development (ABCD), which seeks to create a system to attract private lending to build and rehabilitate childcare facilities including preschools. The foundation has committed \$3 million in grants and \$14 million in program-related investments to ABCD as a catalyst to investment by other partners.

Preschool proponents recommend that programs encompass all aspects of children's development – cognitive, social, emotional, and physical – and that the programs include referrals to health services (Urahn and Watson 2007). This attention to the links between poverty, education, and health is an opportunity for health funders, especially those who have been supporting work related to early childhood development.

### ELEMENTARY AND SECONDARY SCHOOLS

The public school system enrolls nearly 50 million students, a third of whom are from low-income families. Because the school a child attends is usually determined by where she lives, school quality varies according to parents' social class, resulting in poorer outcomes for poorer children. The policy change efforts with the most promise are those that try to upgrade the schools low-income children attend. There are competing ideas about how to do this most effectively, however. Some point with hope to efforts to shrink class sizes and improve teacher quality, others back institutional accountability programs like the No Child Left Behind Act of 2001, and still others tout the competitive pressure offered by charter schools and voucher programs. The best research evidence to date lends support to the first and second of these policy strategies as long as care is taken to reduce negative unintended consequences (Grantmakers for Education 2006; Sawhill and McLanahan 2006; Rouse and Barrow 2006).

Since 2000 the Bill & Melinda Gates Foundation has focused on improving high schools in the United States, with the goal of improving graduation and college-readiness rates for low-income students and students of color. Most of the foundation's funding has sponsored new and improved schools, with \$114 million invested in early college high schools where most students will receive high school diplomas and college credit, \$60 million invested in alternative high schools that provide high-quality options for at-risk and out-of-school youth, \$128 million invested in high-performing charter schools, \$448 million invested in urban school districts, \$200 million invested in state networks, and \$85 million invested in state and national advocacy efforts aimed at sustaining and expanding school and district improvement efforts. Over its first seven years of grantmaking, the foundation's education team has found that results take root most quickly in new schools, improvements happen more slowly at existing schools, district-level commitment is critical, efforts must be clear and comprehensive to work, and policy sets the context for school-level change and is a critical path to bringing best practices to scale (Bill & Melinda Gates Foundation 2006).

The fact that many key education decisions are made at the state or local level also provides an area of opportunity for regional, state, and local funders. Education has been a concern of The George Gund Foundation since its inception in 1952. In that time, the foundation has made grants of almost \$27 million to support the Cleveland Municipal School District and its students and has invested more than \$95 million to education overall. The foundation's strategy combines an increasing focus on state policy with involvement in all aspects of Cleveland's public schools. (The foundation was involved in significant efforts on both the state and local levels that led to the takeover of the school system by the mayor, for example.) The foundation's current areas of focus are experimenting with school size and structure, establishing new models for teacher training and retention, and determining how best to meet the nonacademic needs of students, all three of which foundation staff see as essential steps toward closing the achievement gap between privileged and underserved students.

Health funders interested in targeting hard-to-reach, low-income children frequently turn to elementary and secondary schools as the most logical sites to provide health care for young people and to launch child health programs like those that attempt to decrease childhood obesity or increase enrollment in public health insurance programs (Sawhill and McLanahan 2006). The Robert Wood Johnson Foundation, the W.K. Kellogg Foundation, and The Health Foundation of Greater Cincinnati have all made notable investments in school-based health care. There is evidence to suggest that several school-based health interventions have the potential to improve school achievement and reduce school drop out rates (Freudenberg and Ruglis 2007).

### HEALTH INTERVENTIONS THAT MAY CONTRIBUTE TO IMPROVED SCHOOL COMPLETION RATES

Type of Intervention	Program Activities	How the Intervention Reduces Dropout Rates
Coordinated school health program	Health education; physical education; health services; nutrition services; counseling, psychological, and social services; healthy school environment; health promotion for the staff, family, and community; partnerships	Teaches decisionmaking skills for better life choices; reduces absenteeism; offers early intervention and referrals for learning, psychological, substance abuse, and mental health problems; makes school more engaging; connects students to caring adults; engages families and communities in lives of young people
School-based health clinic	Primary and preventive health care, referrals, assistance in finding health insurance and health care for family, reproductive health services, mental health counseling	Reduces family health problems, offers early intervention and treatment for psychological and physical health problems that can interrupt schooling, reduces teen pregnancy
Mental health programs	Assessment and early intervention for young people with psychological, learning, or behavioral problems; referrals for children and families; counseling; staff training	Prevents problems that can interfere with school from becoming more serious; connects young people to caring adults, makes school more engaging, provides counseling or referrals for family mental health problems
Substance abuse prevention and treatment programs	Alcohol, tobacco, and drug use prevention education; peer education; early intervention for drug users; support for young people with substance-abusing parents; referrals for drug treatment or counseling	Reduces or delays onset of heavy alcohol or marijuana use, offers young people with a drug-using parent a source of support, makes school more engaging
Sex, HIV infection, and pregnancy prevention programs	Sex education, HIV infection prevention services, referrals for reproductive and sex health services, birth control, peer education, sexually transmitted infection prevention	Reduces or delays teen pregnancy, connects young people to caring adults or peers who encourage healthy behavior

Source: Freudenberg and Ruglis 2007

### HIGHER EDUCATION

Research from the U.S. Department of Labor has shown that while the annual income of a 25- to 34-year-old high school dropout is around \$18,000, the annual income for a college graduate is \$36,000. This disparity is compounded as time goes on – the average high school dropout earns \$1 million less over a lifetime than a college graduate does. But students must overcome several hurdles to reap the academic and economic benefits that a college education provides. They need to be academically prepared in elementary and secondary school. They need to know how to select colleges, apply for admission, and gain acceptance. They need to find and secure financial aid. And they need to be psychologically and culturally prepared for college life. Each of these hurdles is more difficult for low-income young people. High schools in poor

neighborhoods are far less likely to offer the rigorous courses, honors course work, or advanced placement classes that college admission offices look for. Low-income families do not always have access to information about how to apply to college or on financial aid. Though financial aid is rising, the share targeted on low-income students has been falling, as needs-based assistance has been increasingly replaced by merit-based aid and has increasingly come in the form of loans, rather than grants. And although 22 percent of youth from the lowest income quartile attend college, only 6 percent graduate. Research suggests that inadequately prepared students are more likely to be from lower-income backgrounds; tend to need remedial classes, extra counseling, and additional services; and are consequently less likely to obtain a degree (Bill & Melinda Gates Foundation 2006, Haveman and Smeeding 2006).

The Indianapolis-based Lumina Foundation for Education has taken these challenges head on. The foundation's mission is to improve college access and success for all students – especially those who face the biggest challenges including low-income students, students of color, first-generation students, and adults in the workforce. The foundation's grantmaking is focused on five barriers to success in higher education: financial barriers, insufficient academic preparation, lack of information about the college application process and financial aid, unfamiliarity with the college going experience, and adverse government policies. In 2006 the foundation launched three major initiatives: the KnowHow2Go campaign, a public awareness and student assistance effort aimed at students in grades 8-10; Achieving a Dream: Community Colleges Count, which works to improve student success at community colleges; and Making Opportunity Available, an effort to make changes in policy and practice that will simultaneously expand college access and success, improve educational quality, and control costs.

Health funders support a wide range of scholarship, pipeline, loan repayment, and retention programs, many of which encourage low-income young people or young people of color to enter the health professions. The California Wellness Foundation has invested over \$15 million in projects related to increasing workforce diversity, for example, including a public education campaign that informs ethnic minority youth about career opportunities that exist in the health profession. If funders can think of ways to link this type of initiative with

initiatives to improve the quality of frontline health worker jobs and initiatives to improve college access and success, the results could be impressive.

## CONCLUSION

Even at its best, education is not a panacea. Clearly, change is needed in multiple sectors, including reducing environmental hazards like lead that erode children's learning potential and improving the quality or quantity of jobs so that newly trained workers do not end up all dressed up with nowhere to go (Bernstein 2007). If we are serious about tackling inequity, education is a natural place to start. Health and education are two of the largest line items in most state budgets and, in these trying times, it is important that those with interests in health and education stand together to ensure that funds are not taken from one sector to pay for another and that the efforts of each create enduring pathways out of poverty.

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