

Poverty and School Performance —

A. Knowledge

Current status of inner city/rural/migrant children's

Drop out rates:

Boston	10.8%	Baltimore	20.3%
Chicago	20.1%	New York City	15.8%
Houston	22 %	Los Angeles	19.5%

Highest in minorities:

Southeast Asians	48%
Latinos	46%
Phillipino	41%
Black	14%
White	12%

Achievement levels of underserved children

National research has shown that children who live in poor families tend to have more deficient basic skills and fare more poorly in school

Factors that contribute to under achievement of underserved: Effects of bilingualism on school achievement and dropout rates (3.5 million kids (73% Latinos need special help because of limited English) effect of single parent family: twice as likely to drop out of school; father-only families have highest risk learning disabilities, attention deficits in poor schools:

Effects of over and under diagnosis cultural biases in

Developmental/IQ testing

Violence in the schools

Pregnancy and school performance

Drugs and school performance

Effect of homelessness or multiple moves on school attendance, performance

Effect of inadequate environmental stimulation

Low expectation for success by child, parent, school, society

Effect of medical problems:

Anemia

Lead poisoning

Malnutrition

Poor children lose 1.5 times more days of school because of acute or chronic health conditions than non-poor children

Creative responses of schools to above stresses

The principal/teacher as agent of change

Physician roles in the school setting

Bussing as an attempt to address inadequate educational resources
The issue of "tracking" (grouping children by perceived ability)
vs. a core curriculum for all
Importance of before and after school programs

B. Skills

Ability to take a developmental history in a school age child or adolescent
Knowledge of current testing batteries and their significance and biases, e.g., Kaufman, PEER
Ability to establish a differential diagnosis for school/learning problems including traditional medical and nonmedical diagnostic groupings
Ability to evaluate/utilize consultants in psychology, psychiatry, education and social work
Ability to understand school reports
Ability to interact with personnel in school environments
Ability to understand impact of poverty and low levels of home stimulation on school performance
Familiarity with novel programs: school based management, use of mental health teams, parent participation programs, school choice policies

C. Attitudes

Appreciation for stresses on students and teachers in difficult school environments
Recognition of impact of school failure on self esteem of and adolescents who are failing in school
Recognition of impact on the child's family
Recognition of the value of gradual change in the students life and the life of the school (it can't be done all at once - the value of incremental improvements)
Sensitivity to poverty as a determinant of level of school achievement

D. Barriers

Urgency of immediate needs, e.g. housing, taking priority over long term education goals
Limitation of the schools as a major agent of change in the larger society
Fiscal barriers to adequate services for large numbers of needy students (the Congressional Research Service reports federal

spending on education has decreased as a proportion of gross national product: 0.54% in 1981 to 0.40% in 1991)
Cultural differences in educational priorities

E. Advocacy

Political work with school administrators and board members
Inform patients of their rights re: services
Education of other pediatricians in community regarding available resources, barriers to service, advocacy groups and allies within the schools
Advocate for increased school budgets and funds which target education resources for children; support equality of funding across districts
Advocate for more well prepared teachers and an increase in minority teachers to inspire youth
Increase funds available to Teacher Corps (programs designed to attract minorities to teaching)
Push for the expansion of Head Start to serve all eligible, low income children, as authorized in 1990
Advocate for expansion of Chapter 1, the compensatory education program aimed at helping poor youngsters at risk of falling behind in school
Advocate for simplified loan and grant application and disbursement procedures
Support the Education for the Homeless Children's Program
Advocate for employer programs: high school, internships, employee mentorships for at risk junior high students
Support for programs such as "I Have a Dream"

References

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- The State of America's Children 1991. The Children's Defense Fund, Washington, DC, 1991.
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- Rafferty Y. And miles to go.. Barriers to Academic Achievement and Innovative Strategies for the Delivery of Educational Services to Homeless Children. Advocates for Children of New York, Inc. November, 1991:xii.

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