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Redefining Supports and Resources for Students and Families in High Poverty Schools

Rick Grayes

University of South Florida, grayes148@gmail.com

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Redefining Supports and Resources for Students and Families in High Poverty Schools

by

Richard Grayes

A graduate project report submitted in partial fulfillment
of the requirements for the degree of
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Department of Leadership, Counseling, Adult, Career and Higher Education
College of Education
University of South Florida

Major Professor: Judith A. Ponticell, Ph.D.
Co-Major Professor: John Mann, Ed.D.
Vonzell Agosto, Ph.D.

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Abstract

This capstone project was part of a team project completed by two school principals in Hillsborough County, Florida. The project began because of our passion for meeting the needs of our students in urban high poverty schools being supported by varying district turnaround initiatives. We looked at our district's previous and current attempts to increase student success in high poverty schools. We questioned the ways in which supports and resources were provided, and we explored ways through which success in high poverty schools might be increased by redefining the supports and resources provided. Our appreciative exploration of the topic was guided by the question, what successful examples of services and supports have contributed to an increase in success for students in high poverty schools? More specifically, I was interested in school-based health centers (SBHC), their benefits, and their impact on student academic outcomes. I looked for literature using the following keywords: wrap around services, school based health centers, health and student achievement.

School-Based Health Centers improve access to healthcare, which can help to identify and address health risk behaviors and contribute to more stable attendance at school. More instructional seat time can contribute to improved academic outcomes. The preventative role played by SBHCs can reduce barriers to learning, such as treating undiagnosed mental and physical illnesses. School-Based Health Centers provide wraparound services so that issues impacting students such as obesity or asthma can be addressed on a school's campus where key mental health, medical and school professionals can collaborate to meet the needs of students..

SECTION 1. INTRODUCTION

Children from low-income families who have their social-emotional needs met will be more likely to become proficient readers, succeed in other academic areas, and graduate from high school ready to succeed in college and in careers. The dropout rate for students who spend at least a year in poverty and do not read proficiently is higher for Black and Hispanic students (31% and 33%) than white students (22%).

Increasing the success rate of students (in urban high poverty schools) as evidenced by standardized testing data, discipline data and district level attendance reports is critical. In order to inspire action, principals need to see district leadership openness regarding time needed to implement change and autonomy from district level supervisors and personnel. They need to feel supported in decision making, allocation of resources, and delivery/instructional models.

This capstone project was part of a team project completed by two elementary school principals in Hillsborough County, Florida. The project began because of our passion for meeting the needs of our students in urban high poverty schools that were being supported by varying district turnaround initiatives. We looked at our district's previous and current attempts to increase student success in high poverty schools. We questioned the ways in which supports and resources were provided.

Our appreciative exploration of the topic was guided by the question, what successful examples of services and supports have contributed to an increase in success for students in high poverty schools?

Personal focus. I began my leadership career as the Assistant Principal of an elementary school in 2005. I gained a reputation as an administrator with a calm and professional demeanor who handled the needs of the adult faculty and staff, but always put children first. In 2009 I became principal of a K-5 elementary magnet school in west Florida. I knew, however, that sometime down the road, I would be called upon to apply for a higher needs school. I was the only Black male elementary school principal at the time. I knew that there were higher needs schools that could possibly need a positive Black male role model. In January 2014 I went back to a Title I elementary school in west Florida as its Principal.

Times were stressful. I knew I needed to draw the very best out of our staff – a staff that appeared to be worn down and felt underappreciated. I have saying that I live by: “People will do more than expected when they feel respected.” I wanted to make that a reality at this school. I also knew, however, that there were many basic needs in our student population and community that would make our work challenging. I had to find – or rethink – the ways in which we supported our teachers, students and community in order to make change.

My focus in this team project looked at ways success in high poverty schools might be increased by *redefining* the supports and resources provided. More specifically, I was interested in school-based health centers (SBHC), their benefits, and their impact on student academic outcomes.

School District Context

Hillsborough County Public Schools (HCPS) currently serves nearly 212,000 students, with over 15,000 certified teachers and 25,000 full-time staff. HCPS is the eighth-largest school district in the country with over 250 schools. The district is minority-majority: 21% Black, 33% Hispanic, and 36% White. Asian (4%) and Multi-racial (6%) make up the remaining 10% of the

student population. Sixty-two percent of students are economically disadvantaged; 16% are English language learners; and 14% receive Exceptional Student Education. The district graduation rate for 2015 was 76% with over 14,000 students graduating.

Social service in the community. Hillsborough County, Florida has comprehensive social services. The Social Services Department “provides comprehensive case management programs as well as stabilization services to low-income residents of Hillsborough County. The Social Services Department's mission is to improve the quality of life of Hillsborough County's most vulnerable citizens by promoting self-sufficiency through interactive service delivery and strategic partnerships” (see <http://www.hillsboroughcounty.org/index.aspx?nid=281>).

To better guide parents of HCPS students to community support services, Hillsborough County Schools have an entire Student Services Department which includes: Attendance, Exceptional Student Education (Special Education), Guidance Services, Health Services, Multi-Tiered System of Supports, Non-Traditional Programs K-12, Professional Development, Psychological Services, and Social Work Services.

School choice. HCPS School Choice provides parents and legal guardians with options such as Magnet schools, Career & Technical Education programs, School Choice (parents may choose from a list of schools with space available), Out of County options, and options for military families. School Choice has become increasingly popular in HCPS with several options available:

- *Charter schools* – independent public schools operated by a non-profit organization.

According to a report printed February 29, 2016 by the HCPS Charter Office, 16,620 students are currently enrolled in Charter schools.

- *Home education* – defined by Florida Statute 1003.01 as "sequentially progressive instruction of a student directed by his or her parent in order to satisfy the attendance requirements of SS.1002.41, 1003.01 (4), and 1003.21 (1)."
- *John M. McKay Scholarship* – additional Choice options to students with an Individual Educational Plan (IEP) or a 504 Plan.
- *Partnership schools* – schools that have developed an innovative partnership between the public and private sector. Proof of employment in the partnership area is a requirement.
- *Hillsborough Virtual School (HVS)* – a school choice option for students entering grades K-12. HVS students are served by Highly Qualified Hillsborough County teachers for each class online.

Turnaround Schools

Hillsborough County Public Schools (HCPS) established its new 5-year strategic plan in November 2015. Its vision is “Preparing Students for Life.” The Message from the Superintendent and School Board at the opening of the plan focuses on commitment to “serving our students and families” and making every decision “with our students’ futures in mind.” Four Strategic Priorities are the core of the plan: 1) increase graduation rates, 2) communicate with stakeholders, 3) build strong culture and relationships, and 4) financial stewardship (see <http://www.sdhc.k12.fl.us/doc/list/superintendents-office/about/>).

Our interest was in our district’s previous and current attempts to increase student success in high poverty schools. In the district high poverty schools are designated as those with over 75% of students living at or below poverty level. In turnaround schools, where we have low poverty levels and low achievement levels, we are faced with serious issues and acknowledge the far reaching impact they can have:

- Students – low self-esteem, leading to behavioral and social issues and continuation of the cycle of poverty
- Teachers – frequent “burn out” due to managing challenging students (academically, behaviorally, and socially), additional requirements for training, and extended work hours
- Schools – low teacher retention, inability to attract effective teachers
- District – increased scrutiny from the state, inability to recruit leaders for high needs schools, decreased graduation rates
- Economy – potential for higher unemployment rates, increase in minimum wage workers, and an increase on reliance of government subsidy programs

Recent Hillsborough County Public Schools (HCPS) district data indicate that of the 958 third grade students who scored below proficiency on FCAT (level 1) in their third grade year, only 60% graduated (in 2013-2014); 73% of those scoring a level 2 graduated. On the other hand, the percentage jumps to 85%, 94%, and 99% respectively, for those scoring proficient and above (levels 3-5).

Over the past 10 years, HCPS has engaged in many reforms in order to address low performance by schools with high poverty. Although the program/initiative names have changed, many of the strategies have been constant. Schools have been labeled fundamental or academy. Priority, STAAR, and Focus have all been used to identify low performing schools, and district supports were mandated. Examples of strategies include district oversight by assigned personnel to ensure that non-negotiables were in place such as bell to bell instruction, teacher planning, adherence to the core instruction models, best practices for instruction, data meetings, etc. Although some schools showed improvement from year to year after these supports are added,

there is no clear example of a high poverty school with sustained success over time in this district. Simply put, change was needed.

Our new superintendent's vision and actions have demonstrated that he is open to change and is an advocate for all students. He has a strong focus on increasing the graduation rates for all students, as well as decreasing suspension rates for minority students. Barriers currently exist in allocation formulas for providing needed services to students and families in high poverty schools. And, the district has continually placed a higher emphasis on academic achievement versus the social-emotional needs of students and families in high poverty communities.

Elementary School Context

The elementary school is a Head Start to 5th grade school that currently serves 648 students. Black (43%) and Hispanic (44%) students make up the majority with the remaining students in small numbers (White, 8%; multiracial, 4%, and Asian, 1%). The percentage of students who are receiving free or reduced price lunch is 97%. Students come from surrounding communities, and it is not uncommon to see the Sheriff's helicopter fly over the school several times a week because of events happening in the neighborhood.

The median household income of our families is estimated at \$32,600, which is approximately \$10,000 below the median household income in Tampa. The percentage of the population living below the poverty rate was 25% as compared to 21% in Tampa. A unique aspect of the school is that it is a neighborhood school – all students have addresses within a two mile radius of the school. All of our students either walk to school or are dropped off in cars.

The school has traditionally been plagued by low achievement. In the Florida Grading System the school has consistently received C and D grades. In 2013-2014 the school had the

second lowest point total in the district. Based on my observations, there are two primary factors which have contributed to the low achievement data:

- Teacher effectiveness – Over the years, there has been a high rate of teacher turnover. Many of the teachers who come to the school traditionally have had little teaching experience. Consequently, teachers were not prepared to deal with the various social, emotional and academic needs of our students. Since coming to the school two years ago, I have been able to limit the turnover and hire effective teachers with experience.
- Readiness skills – Many of our students come to school lacking school readiness skills. The resources allocated to support higher needs schools are allocated for the intermediate grades which are the testing grades. As a result, we are constantly spinning our wheels trying to catch up. The remedial needs in the primary grades are never fully addressed.

We have attempted to put several programs in place at the school to to address the social, emotional and academic needs of our students, e.g., a bullying program, character education, a positive behavior support system, and an attendance monitoring system. We have initiated two programs aimed at building students' leadership and self esteem (Men of Vision and Girls with Pearls). We also established a program that targets health and wellness in girls in grades 3 through 5 (Girls on the Run). To emphasize academic success we have established a National Elementary Honor Society.

Two neighborhood groups have supported our school's efforts. Palm River Point is the community organization that focuses on community renewal, e.g., image and community pride, physical condition, economic development, and housing affordability. The organization also works to increase accessibility of community services. Palm River Point provides tutoring for our primary grade students. The Crossing Church has been a business partner for over 10 years. They

organize a Back to School Bash each year, cooking lunch for our parents and students and providing school supplies. Last summer they donated a pair of shoes to each student who attended the Back to School Bash. They also are actively involved during the year as volunteers work on campus beautification.

SECTION 2. PERSPECTIVES FROM SELECTED LITERATURE

Keeton, Soleimanpour, and Brindis (2012) reviewed the history of SBHCs and their impacts with the understanding that “[l]essons learned from the synergy of the health and school settings have major implications for the delivery of care for all providers concerned with improving the health and well-being of children and adolescents” (p. 132). This review of selected literature explores the impact of school-based health centers (SBHC) and their benefits. More specifically, it seeks to examine the relationships between SBHCs and their impact on student academic outcomes. Considering that the majority of SBHCs exist in schools with high poverty rates, the information garnered will be beneficial to my exploration into the types of resources needed to improve the educational outcomes of students from high poverty environments.

Methods used to conduct the review. To prepare this literature review, the University of South Florida Libraries general keyword, title, and abstract searches were used to search a variety of databases including: Academic Search Premier, EBSCO, ERIC, Google Scholar, JSTOR, SAGE, and Web of Science. Searches included the following keywords: wrap around services, school based health centers, health and student achievement. Sources within selected texts were cross-referenced, resulting in additional searches by author or source. Sources were limited to the last 10 years, and the primary focus was on studies conducted in the United States.

Defining Terms

Several key terms emerged from the literature reviewed:

- Medical Home – “A true medical home is a system of care that is accessible, family centered, continuous, comprehensive, coordinated, compassionate, and culturally

effective. Patients in medical homes have been shown to have lower rates of hospitalization and emergency department use because of better preventive care and illness management. In the USA, children from minority, uninsured, and low-income backgrounds have the lowest likelihood of having a quality medical home” (Keeton et al, 2012, p. 137).

- School-Based Health Centers – Health centers located in schools or on schools or on school grounds that provide acute, primary and preventive health care (Bersamin, Fisher, Gaidus, & Gruenewald, 2016).
- Seat Time – “The time students are available in school to learn or to access support services” (Van Cura, 2010, p. 371).
- Early School Dismissal – “a health-related event during the school day that required a student to leave school before the end of the school day” (Van Cura, 2010, p. 373).
- Enrolled in a SBHC – “the student had received written permission from her/his parent(s) or guardian to receive health care from the SBHC” (Van Cura, 2010, p. 373).

SBHCs and Opportunity to Learn

In the history of school-based health, according to Keeton et al. (2012), are historic events in the United States such as the Public Health Nursing Movement and the Infant Care Project that served to highlight the fact that children from low-income households have the least amount of access to quality health care. Children’s physical health can have impacts on both students and schools. Keeton et al. point out that oral health effects contribute to students missing an estimated 52 million hours of school per year because of oral and dental disease, most of which are preventable. Asthma also contributes to students’ absences from school: “It is estimated that approximately 10% of children in the USA suffer from asthma. Nearly 60% of school-aged

children with asthma report asthma-related school absences, amounting to >10 million missed school days each year” (p. 139).

Studies of SBHCs have found that they also help intervene in mental health problems and drug use as well as ensure that students’ opportunity to learn is protected. As such, SBHCs are found to have an indirect effect on student outcomes as opposed to a direct effect. Van Cura (2010) sought to explore the relationship between school-based health centers and decreasing the amount of lost seat time, with loss of seat time being defined as “the time students were available in school to learn or to access support services” (p. 371). Previous studies had pursued inquiry into the relationship between SBHCs and attendance. However, difficulties in determining the effects of SBHCs on students’ attendance were present in part because of the “inconsistency in the collection of this data, high mobility of high-risk students and the inability to separate data on nonattendance for health reasons from nonattendance for such reasons as suspensions and appointments” (Van Cura, 2010, p. 376). Van Cura’s study examined the relationship between SBHCs and decreasing the loss of seat time. She found that SBHCs are valuable to schools in reducing the amount of seat time lost, and while SBHCs were not initially developed expressly to address student academic needs, SBHCs contribute to reducing physical and mental health barriers to academic success.

Kerns et al. (2011) conducted a study to determine the association between use of school-based health centers (SBHCs) and school dropout. They found “an association between low to moderate SBHC use and reductions in dropout for high school students in an urban school district, especially for students at higher risk for dropout. This study supports the theory that benefits of SBHCs extend beyond managing physical and mental health needs to include academic outcomes” (p. 617).

Role of Schools in Health Centers in Schools

School-Based Health Centers are also beneficial in supporting the larger school. SBHC staff could be utilized to conduct health fairs for families and provide consultation to staff in an effort to assist with students' classroom needs. Schools can play a major role in detecting chronic diseases. For instance, schools can offer blood pressure screenings to adults who are connected to the school (i.e., school staff members and parents). Testing disease management models focused on children and adolescents can be structured and tested in community settings (Keeton et al., 2012). There is a greater need for developing prevention and early interventions that are aimed at serving both students and their families, as well as the school-based workforce.

Lear (2007) sought to provide guidance in developing SBHCs. She highlighted three lessons learned from the implementation of SBHCs in California and other states. First, it is important to clearly define who the SBHC will serve and how, its purpose, its location, and how its impact will be measured. Second, it is important to ensure that all the necessary components are in place before opening the doors to users. Finally, state and local health care agencies need to be active participants as they can be influential in garnering legislative support. Additionally, Bersamin et al. (2016) acknowledge the financial barriers of SBHCs and calls on organizations at multiple levels to serve as supportive partners.

Discussion

School-Based Health Centers improve access to healthcare, which can help to identify and address health risk behaviors and contribute to more stable attendance at school. More seat time can contribute to improved academic outcomes. The preventative role played by SBHCs can reduce barriers to learning, such as treating undiagnosed mental and physical illnesses which can have a positive effect on preventing students from dropping out of school (Kerns et al., 2011).

School-Based Health Centers provide wraparound services so that issues impacting students such as obesity or asthma can be addressed on a school's campus where key mental health, medical and school professionals can collaborate to meet the needs of students.

SBHCs are not without their challenges. Bersamin et al. (2016), for instance, found that hours of availability, staffing and the range of services are all factors that influence the success of SBHCs. Also challenging is lack of consistency in evaluating SBHCs. Bersamin et al. describe difficulties with developing "appropriate comparison samples through matching procedures" (p. 926). The authors further note that there are "key variables that schools should be matched on or selected for when conducting SBHC research" (p. 931). These included, for example, percentage of students receiving free or reduced price lunch, percentage of minority population, school size, teen pregnancy rate, vaccination type and rate, asthma emergency visits.

It is known that poor health limits educational success. More research is needed, however, to convince policy makers and stakeholders of the benefits of SBHCs. Bersamin et al. (2016) observed,

To reduce youth health disparities, it is important to understand how the local landscape may impact the provision of health services designed to support positive health outcomes.

The current study notes that sociocontextual factors including need, resource, and political conservatism may impact the presence of SBHCs. (p. 931)

Research shows that poor health often leads to poor educational outcomes; however, a direct link between the SBHCs and student achievement has not been established. Keeton et al. (2012) further point to the importance of evaluating direct, or indirect, links between SBHCs and student achievement, as well as gaining more information about development of prevention and

early interventions directed toward families, continuity of care, and testing and developing disease treatment models in SBHC settings.

Conclusion

Appreciative Inquiry and Organizing (AOE) is a theoretical approach (Barrett & Fry, 2008; Burrello, Beitz, & Mann, 2015; Cooperrider, Whitney, & Stavros, 2008) that rejects the deficit model that our struggling students are a burden and liability and harnesses assets and resources within our marginalized students, families, and communities. Children from low-income families who have their physical and social-emotional needs met will be more likely to become proficient readers, succeed in other academic areas, and graduate from high school ready to succeed in college and in careers.

Ongoing differences in regular pediatric care result in poor children losing many more days from school than the non-poor children, on average. Health-related causes of low achievement are unlikely to be remedied without school-based clinics that provide routine and preventative pediatric, dental and vision care *in schools* serving disadvantaged children from kindergarten through the 12th grade. SBHC's can reduce barriers to learning (e.g., undiagnosed mental and physical illnesses) and are valuable in reducing the amount of instructional seat time lost from health-related absences.

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