SOCIAL DETERMINANTS WORKING GROUP RECOMMENDATIONS TO REDDING CONSORTIUM

Draft for Discussion at December 10, 2020 Redding Consortium Meeting

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The Redding Consortium is charged by statute to recommend policies and practices to the Governor and General Assembly and to the Secretary of Education to achieve educational equity and to improve educational outcomes of all Pre-K to Grade 12 students in the City of Wilmington and northern New Castle County.[1] The Social Determinants Working Group of the Redding Consortium was created earlier this year to assist the Consortium in carrying out some of its specific statutory responsibilities, including spotlighting best practices for increasing educational equity, improving educational outcomes, and strengthening school and community services, and implementing pilot programs to help pursue these objectives.[2] The specific focus of the Social Determinants Working Group has been on efforts to improve educational equity and outcomes that take place outside the traditional K-12 classroom, both in school and out of school, and in the years before children are part of the K-12 system.[3]

The Social Determinants Working Group has only started its work, and plans to make a number of recommendations in the coming calendar year to assist the Redding Consortium achieve its overall goals. In the interim, however, the working group is aware that the state is currently preparing its proposed budget for the fiscal year that begins July 1, 2021, and strongly believes that there are efforts that should be funded by the state as part of that year's budget. The goal of educational equity is too urgent to wait until July of 2022 to begin efforts that require new state resources, and a year in the educational life of a child can be life-altering.

The Social Determinants Working Group's interim recommendations are focused in two areas. First, the working group is recommending that the state facilitate enhanced collection of data that will provide the state with the knowledge base necessary to make future recommendations to eliminate race-related school inequality. Second, the working group is recommending state expenditures that will focus state resources on a specific set of children who face extraordinary barriers of race and poverty, beginning with home visitation programs when those children are infants and toddlers and continuing through their elementary and middle school years. These recommendations, if adopted, will complement the recommendations of the Educator Working Group with respect to sustainable, diverse and inclusive professional learning communities in targeted schools, and create an environment where the state is providing a variety of evidence-based supports to children who are facing systemic barriers greater than those faced by other students.

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[1] 14 Del.C. §1008(a)
[2] 14 Del.C. § 1008(c)
[3] "Social Determinants" is a term most often used in the public health context, which the Centers for Disease Control defines as "conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes." (https://www.cdc.gov/socialdeterminants/about.html)

Enhanced Data Collection

Using available state measures of educational equity, there continue to be sharp racial disparities with respect to outcomes in Delaware public schools. One 2019 average of English Language Arts assessments in grades three through eight calculated that 37% of Black students and 43% of Hispanic students were evaluated as "proficient," as compared to 67% of white students and 81% of Asian students.[4] The disparities are even greater with respect to math proficiency.[5] Some of this data corresponds to the disproportionate representation of Black and Hispanic students in high-poverty, racially segregated schools. In New Castle County, for example, the nine public schools with the highest percentages of students classified by the Delaware Department of Education as "low income" have student populations that range from 85% to 98% Black and Hispanic (as opposed to a statewide public school population of 48% Black and Hispanic students).[6] National data shows a direct correlation between the average English Language Arts test scores of fourth grade students and the percentage of students classified as "low income" at those students' schools.[7] The same is true for math scores.[8] But data regarding racial disparities is not limited to disparities that can be traced directly to income. Other studies have detected race-based disparities in educational outcomes even controlling for income.[9]

In order for the state to make thoughtful transformations to address race-related school inequality, the state will need more detailed data upon which to base those reforms. Specifically, an effort will need to be made to gather transparent and user friendly disaggregated open source schooling data (e.g., academic performance, graduation rates), access data (e.g. availability of clubs, sports and activities, AP classes) and outcome data (e.g. enrollment, graduation, academic performance, and school discipline). This will need to be supplemented by the collection of primary data, such as interviews and other forms of ethnographic data to capture the larger context and voices of students, parents, other community members and educators. Part of this data collection should result in a designation for historically-segregated educational settings and collection of data related to those settings. The purpose of this designation is to guide future policy, interventions and supports for the families and communities that attend these schools.

We believe that collection of this range of data, and maintenance of the data on a publicly accessible dashboard, will require a state expenditure of approximately $2 million in the first

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[4] Rodel, "Delaware Public Education at a Glance (2019) (http://www.rodelde.org/ataglance/)
[5] Id.
[6] https://reportcard.doe.k12.de.us/
[7] The Condition of Education 2020, National Center for Education Statistics at the Institute of Education Sciences, p. 73
[8] Id. at 84.
[9] See, e.g., Ferguson, "What Doesn't Meet the Eye: Understanding and Addressing Racial Disparities in High-Achieving Suburban Schools," Wiener Center for Social Policy, Harvard University (2002) (https://files.eric.ed.gov/fulltext/ED474390.pdf)

year, and lower amounts in subsequent years after the initial dashboard work is complete.[10] We therefore recommend that the state allocate $2 million in its FY22 budget to begin the multi-year process of gathering data relating to race-related school inequality.

Focused Assistance for Students Facing Barriers of Race and Poverty

1. Focused Services for Children From Birth to Age 5

Many of the barriers caused by poverty and institutional racism[11] impact children well before they enter kindergarten. For that reason, we recommend that the state increase the resources known to benefit young children facing these barriers in the areas of home visitation, developmental screening, and enrollment in quality Pre-K programs.

The racial and economic disparities in preparing Delaware students to begin kindergarten have been made clear by the state's Early Learner Survey, which the state began to administer to all incoming kindergarten students in public schools in the fall of 2015. The Survey divides students' assessment scores into two categories: "accomplished" (above a numerical threshold) and "emerging" (below that threshold). Statewide, the percentage of white incoming kindergarten students assessed as "accomplished" for language ranged from 59% to 62% between 2016 and 2019; the equivalent statistics for Black students ranged from 50% to 51% and for Hispanic/Latino students from 39% to 43%. The percentage of white students assessed as "accomplished" for mathematics ranged from 50% to 52%; the equivalent statistics for Black students ranged from 37% to 40% and for Hispanic/Latino students from 29% to 31%. Similar disparities were detected for low-income students. Low-income students scoring "accomplished" in language ranged from 44% to 47%; other students ranged from 57% to 60%. Low-income students scoring "accomplished" in mathematics ranged from 32% to 34%; other students ranged from 48% to 50%.[12]

A. Home Visitation Programs

Delaware employs three different home visitation programs focused on infants, toddlers, and their parents, all of which are based on national model programs that have documented

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[10] The portion of this amount dedicated to gathering and making available disaggregated open source data amounts to $1,280,000/year. This is the estimated annual cost for the Delaware Department of Technology and Information to develop and host a dashboard and the underlying data. The estimate is based on a part-time project manager ($100,000), a full-time business analyst ($200,000), a full-time senior developer ($320,000), a full-time mid-level developer ($260,000), and support from DTI for data architecture, information security, and services from the Open Data Council and DTI leadership ($400,000). Some of the initial work required is due to the fact that data released directly to the public is subject to FERPA privacy redaction so there would have to be some work done prior to dashboard construction to capture the data needed in a way that can be released to the public without redaction

[11] "Institutional racism" has been defined as racism that "occurs within institutions and systems of power. It is the unfair policies and discriminatory practices of particular institutions (schools, workplaces, etc.) that routinely produce racially inequitable outcomes for people of color and advantages for white people." "Moving the Race Conversation Forward," Center for Racial Justice Innovation (2014) (https://www.raceforward.org/research/reports/moving-race-conversation-forward)

[12] "Early Learner Key Findings," Delaware Department of Education Office of Early Learning, March 2019 (https://education.delaware.gov/wp-content/uploads/2019/08/oel_16_18_deels_final2.pdf)

records of success in providing better outcomes for participating mothers and children. Two of the programs – the Nurse Family Partnership program and Healthy Families Delaware – begin home visits before a participating mother gives birth. National studies of the Nurse Family Partnership program have demonstrated a reduction in language delays and improvement in vocabulary, reduction in behavioral problems at elementary school ages, reduction in involvement in the juvenile justice system in teen years, and a variety of other positive outcomes among children who have had the benefit of the Nurse Family Partnership program.[13] Healthy Families America, the model program on which Healthy Families Delaware is based, reports results ranging from fewer first-grade retentions, fewer behavioral problems, and increased use of medical homes for young children.[14] The third program, Parents as Teachers, is also based upon a national model program that has demonstrated success in areas such as reduced incidences of child abuse and neglect and lower rates of school discipline.[15]

We recommend that the state expand intensive home visitation programs targeted at mothers, infants, and toddlers living below the poverty line in the City of Wilmington, in order to ensure that those children are receiving the highest level of care with respect to developmental milestones, health, and early learning. A referral system should be used to ensure that mothers and children are placed in the appropriate home visitation program.

B. Developmental Screening

There is a broad consensus that regular developmental screening of children from birth through age 5, particularly in infant and toddler years, is critical to early detection and treatment of developmental delays and other conditions such as autism spectrum disorder.[16] There is also a consensus that significant racial disparities exist in the appropriate developmental screening of young children. By two years of age, for example, Black children are five times less likely to receive early intervention services than white children.[17] For children of all races, developmental screening rates remain disappointingly low – nationally less than 40% of children receiving Medicaid and CHIP receive a developmental screen before age 3.[18]

Child care licensing regulations provide the state with a powerful tool to incentivize child care providers to ensure that children are receiving appropriate developmental screening. Some states have begun to require, as a condition of child care licensing, that child care centers verify

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[13] Nurse Family Partnership Research Trials and Outcomes (https://www.nursefamilypartnership.org/wp-content/uploads/2020/01/Research-Trials-and-Outcomes.pdf)
[14] https://www.healthyfamiliesamerica.org/impact-on-children/
[15] https://parentsasteachers.org/research-and-quality-improvement-index#research-results
[16] "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening," American Association of Pediatrics Report (2020) (https://pediatrics.aappublications.org/content/pediatrics/145/1/e20193449.full.pdf)
[17] "Opportunities to Strengthen Developmental Screening for Children Involved in Child Welfare Systems," Center for the Study of Social Policy (2018) , at p. 2 (https://cssp.org/wp-content/uploads/2018/09/Developmental-Screening-FINAL.pdf)
[18] "Quality of Care for Children in Medicaid and CHIP: Findings from the 2017 Child Core Set," CMS (2018) at p. 81 (https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2018-child-chart-pack.pdf)

that young children have received developmental screens.[19] We recommend that the state provide adequate funding to the Department of Education so that it can require and enforce developmental screening requirements for state-licensed child care facilities.

C Pre-K for Three and Four Year Old Children

National research demonstrates that early intervention can increase favorable outcomes for students facing barriers of race and poverty.[20] Formal, center-based early childhood education has proven to be particularly effective in improving students' experiences in kindergarten and beyond.[21] For that reason, we recommend that the state maximize its efforts to ensure that students facing the most difficult barriers of race and poverty have access to free, day-long Pre-K services at age 3 and 4.

The ultimate goal for Pre-K services should be that those services include all-day services, competitive staff salaries and benefits comparable to public education, a requirement that teachers be ECE DEEDS certified, and proper staff-child ratios for three and four year old students. We recommend that the state take concrete steps toward that goal in its FY22 budget in two ways: first, by ensuring free full-day Pre-K services for students in areas having the state's highest concentrations of poverty at reimbursement rates that will permit providers to meet highest quality standards, and second, by providing enhanced ECAP reimbursements for other providers who are willing to meet specified quality benchmarks tied to those increased reimbursements. For students facing the most serious barriers of race and poverty, this would (a) ensure that they would not need to forego Pre-K services at age 3 and 4 for economic reasons, and (b) ensure that they would receive high-quality services that would maximize their chances of success upon entering kindergarten.

D. Cost Estimates

The combined cost of enhanced home visitation programs as described above would be approximately $600,000 per year, based on estimates provided by current providers. The cost of expanded Department of Education staffing sufficient to require developmental screening at licensed child care centers is approximately $180,000 per year. Based upon per-child cost estimates published in the Delaware Early Childhood Concil's PDG B-5 Needs Assessment[22], we believe that a state investment in FY22 of $8 million would allow the state to take significant steps toward ensuring high-quality Pre-K services to three and four year old children facing the most significant barriers.

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[19] "First Steps for Early Success: State Strategies to Support Developmental Screening in Early Childhood Settings," Center for Law and Social Policy (2014) at p. 81 (https://files.eric.ed.gov/fulltext/ED561731.pdf)

[20] Fantuzzo, Rouse, McDermott, & Sekino, "Early Childhood Experiences and Kindergarten Success: A Population Based Study of a Large Urban Setting," 34 School Psychology Review 571 (2005).

[21] *Id*.

[22] https://education.delaware.gov/families/office_of_early_learning/preschool_development_grant/pdg-needs-assessment/

2. Wrap-Around Services

Not all of the barriers for students caused by race and/or poverty can be addressed by what happens in the classroom during academic learning time. If we wish to ensure that every student has a real opportunity to succeed, we must also address challenges and systemic obstacles that exist outside the classroom. This includes services inside the school, and Outside School Time services.

A. Outside School Time Wraparound Services.

Statistics show that the unmet need for Outside School Time (OST) programs is higher among students facing barriers of race and poverty.[23] There is robust research showing that well-designed programs that provide programming to students outside the traditional school day have a variety of benefits, particularly for students living in poverty.[24] Studies have also noted, however, that to have a tangible impact – whether measured through graduation rates, homework completion, math and reading assessments, or overall health and well-being – programs must be thoughtful, comprehensive, and well-designed.[25]

Outside School Time programs also provide schools with a means to more quickly diversify the population of adults who are educating and interacting with Black and Hispanic students. The Delaware Department of Education's statewide statistics indicate that in 2019, 81.97% of public school teachers were white.[26] By contrast, 42.7% of the state's public school students were white.[27] There are multiple studies showing the benefits of receiving instruction from Black teachers for both academic and non-academic outcomes among Black students.[28] Although efforts to diversify the ranks of the state's teachers are critical and should be enhanced, "because they are more flexible and less bureaucratic than traditional schools, OST programs can more immediately provide youth of color with high-quality teaching and mentoring staff who reflect their diversity."[29]

In order to provide the proven benefits of these OST programs to students facing the steepest barriers of race and poverty, we recommend that the State create comprehensive wraparound services in at least two, and up to ten, of the state's elementary and middle schools

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[23] America After 3 PM: Afterschool Programs In Demand (After-School Alliance 2014) (https://www.wallacefoundation.org/knowledge-center/documents/America-After-3PM-Afterschool-Programs-in-Demand.pdf)

[24] Lauer et. al., "Out-of-School-Time Programs: A Meta-Analysis of Effects for At-Risk Students," 76 Review of Educational Research 275-313 (2006); Durlak et. al., "A Meta-Analysis of After-School Programs that Seek to Promote Personal and Social Skills in Children and Adolescents," 45 American Journal of Community Psychology 294-309 (2010).

[25] Huang & Dietel, Making After-School Programs Better, CRESST Policy Brief, UCLA (2011) (http://cresst.org/publications/cresst-publication-3242/)

[26] Delaware Department of Education Snapshot (https://reportcard.doe.k12.de.us/detail.html#displaypage?scope=district&district=32&school=0&id=263)

[27] Delaware Department of Education Snapshot (https://reportcard.doe.k12.de.us/detail.html#aboutpage?scope=state&district=0&school=0)

[28] Sanders, Lewis-Watkins, & Cochrane, "The Role of Out-of-School Time Programs in Bridging the Diversity Gap and Improving Educational Opportunities for African American Students" in The Growing Out-Of-School Time Field, Past, Present and Future (2018)

[29] *Id*. at 75.

serving extraordinary percentages of children living in poverty. Those wraparound services should include comprehensive outside-school-time programs involving full-time on-site staff, the non-profit sector, business sector, and high-school aged mentors from the same communities as the students. The programs should be offered before school, after school, and during summer months. The attached proposed budget contains what we consider to be a robust model of a school-based OST program, incorporating the best practices described below. However, we recognize that there are a number of OST efforts taking place both within and outside Delaware, and we encourage the state to solicit the input of informed parties to develop the best possible programs. Among the components that data indicates are important are:

1. **Free participation and transportation for participating students.** Nationally, 56% of low-income households report that the cost of after-school programs was a factor in their decision not to enroll their child. Close to half of Latino families and 46% of Black families report that an important factor in their decision not to enroll a student in an after-school program is that it was not located in their community.[30] In order to maximize the number of students facing barriers of race and/or poverty who take advantage of OST programs, those programs should be made available to students at no cost and in locations (such as their schools, where appropriate) that are close to students' homes.
2. **Balance Between Coordinated Academic Support and Opportunities for Students to Pursue Non-Academic Goals and Skills**. Before-school, after-school, and summer programs provide a valuable opportunity to extend the school day, and it is important that those working with students outside school hours are coordinating their work with students' teachers so that instructors are working toward common goals.[31] But outside school time programs also must be balanced. "If the focus of activities is primarily on student advancement in the primary academic subjects…with little focus on the climate and opportunity to participate in fun, nonacademic activities, then the full developmental impact youth could obtain may be lost."[32] The state should encourage OST programs that are balanced, particularly with respect to younger children, between academic and non-academic programming.
3. **High-Quality, Well-Trained Staff.** Research has established that "a skilled, stable, motivated workforce is a key determinant of [OST program] quality." Creating and maintaining such a workforce requires defined standards of quality, pathways for professional growth including credentials and training, career pathways to advance in position and salary, compensation increases over time, incentives to obtain

[30] America After 3 PM: Afterschool Programs In Demand (After-School Alliance 2014) at p. 9 (https://www.wallacefoundation.org/knowledge-center/documents/America-After-3PM-Afterschool-Programs-in-Demand.pdf)
[31] Huang & Dietel, Making After-School Programs Better, CRESST Policy Brief, UCLA (2011) (http://cresst.org/publications/cresst-publication-3242/)
[32] Dawes, "Access to Out-of-School Time Programs for Underserved Youth" in The Growing Out-of-School-Time Field, Past, Present, and Future (2018)

credentials, and other steps designed to enhance collaboration.[33] The state should support funding for OST programs targeted at students facing barriers of race and/or poverty that allow for the recognized components necessary to recruit and retain high-quality staff and leadership. Students participating in these programs should also have access to counselors and social workers.

4. **Before-School, After-School, and Summer Programming**. Research indicates a correlation between the quantity and intensity of time that students spend in OST programming and the measurable benefit of that programming in areas such as school attendance and academic performance.[34] For that reason, OST programs targeted at students facing barriers of race and/or poverty should be made available before school, after school, and during summer months, so that those students can obtain the maximum benefit from the available programming.
5. **Involvement of Community Partners**. There are multiple benefits to maximizing involvement of community partners, one of which is that there is empirical evidence that OST programs with more robust community participation are more successful.[35] Involvement of community partners also maximizes the ability of OST programs to quickly put in place a racially and culturally diverse group of adult leaders. The state should fund OST programs in a way that incentivizes the active participation of community organizations.
6. **Emphasis on Black and Hispanic Leadership.** As discussed above, Black and Hispanic students should have the opportunity to work with a racially diverse group of instructors and other professionals, in addition to the benefit to all students of learning from a workforce made up of people from diverse racial and cultural backgrounds.[36] OST programs should emphasize Black and Hispanic leadership in order to ensure that students receive these benefits.
7. **Use of High-School Aged Mentors** Programs such as the CYCLE program in Chicago's Cabrini Green Housing Project have established the value of paying high school aged students who live in the same communities as younger students to act as mentors and role models for those students in OST programs.[37] OST programs focused on younger students facing barriers of race and/or poverty should take

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[33] Starr & Gannett, Exploring the Promise of a Continuum Approach to Career Development Systems: Aligning Efforts Across Early Childhood, Afterschool and Youth Development, National Institute on Out-of-School Time, Wellesley (2017) (https://www.niost.org/pdf/ExploringContinuumApproach_v2_updateMar2017.pdf)

[34] See, e.g., Herrera, Grossman & Linden, Staying on track: Testing Higher Achievement's long-term impact on academic outcomes and high school choice (MDRC 2013) (middle school students) (https://www.mdrc.org/sites/default/files/staying_on_track_testing_higher_achievement.pdf); Reisner, Russell, & Birmingham, Building Quality, Scale, and Effectiveness in After-School Programs: Summary Evaluation of TASC (Policy Studies Associates 2004) (https://files.eric.ed.gov/fulltext/ED491883.pdf)

[35] Vandell, Reisner & Pierce, Outcomes Linked to High-Quality After School Programs: Longitudinal Findings from the Study of Promising Afterschool Programs (University of California Irvine, 2007) (https://files.eric.ed.gov/fulltext/ED499113.pdf)

[36] Sharpe, Putting Our Minds to It: Implicit Bias and Advancing Equity in Youth Development in Hill & Vance, Changemakers! Practitioners Advance Equity and Access in Out-of-School Time Programs (2019)

[37] McLaughlin, You Can't Be What You Can't See: The Power of Opportunity To Change Young Lives (2018)

advantage of the availability of high school aged mentors who live in those students' communities.

8. **Rigorous Evaluation With Involvement From Communities, Family, and Youth.** It is crucial to the success of OST programs that they be rigorously evaluated on an ongoing basis against concrete goals, and regularly improved to better meet those goals.[38] Community collaboration in the design and evaluation of OST programs improves the gains that students obtain from those programs.[39] OST programs focused on students facing barriers of race and/or poverty should be designed with the input of communities, family, and youth, and should be rigorously evaluated on a regular basis against concrete goals with input from the same stakeholders.

B. School-Based Health Centers.

A critical component of successful wraparound services is the inclusion of in-house Wellness Centers/health centers. Extensive research has demonstrated the effectiveness of school-based health centers not only in improving student health, but also in addressing adverse childhood experiences.[40] We recommend that school-based health centers be established in each school where other wraparound services are established pursuant to this recommendation.

If possible, we also recommend that in addition to making these services available to students, family and members of the community should also have access as well. Existing services in New Castle are available[41], however access to them is not easy for many Wilmington residents or they may not be aware of them. By bringing these services to a central location where the parent of a participant is, we make these wellness services much more accessible. As an additional component, these partner organizations can host opportunities on how to pursue careers in specific wellness (social work, psychology, etc.) fields. Not only would students benefit from exploration to different career paths, but so would the community.

C. Cost Estimate

As indicated above, we believe that the state should encourage input with respect to the details of OST programs, provided that they meet the quality standards that result in quantifiable outcomes among participating students. The attached sample cost detail for the combined cost of creating a robust OST program at a single school and a properly-staffed school-based health center at the same school estimates the combined annual cost at $1.5 million/school, with an additional $500,000 in one-time costs required to make required physical changes to the school to accommodate a school-based health center. Some of these funds will be recaptured by the state through reimbursements from the Medicaid program and private health insurers.

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[38] Huang & Dietel, (2011)

[39] Anthony, "On the Level: Local Networks Creating Deeper and More Equitable School-Community Partnerships" in Hill & Vance, Changemakers! Practitioners Advance Equity and Access in Out-of-School Time Programs (2019)

[40] See, e.g., Arenson et. al., "The Evidence on School-Based Health Centers: A Review," 6 Global Pediatric Health 1-10 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6381423/pdf/10.1177_2333794X19828745.pdf)

[41] Delaware Office of Minority Health, https://www.dhss.delaware.gov/dhss/dph/mh/minorityrespar.html

OST and School-Based Health Services Budget Estimate

Total Requested Funding

$20M

Proposed Funding Model Per Model

$2M

Capital Expenses**	Dollars
Transformation of Classrooms in SBHC spaces	$427,000
TOTAL	$427,000

**Capital Expenses will only apply to school buildings requiring renovations

Operating Expenses	Dollars
Medical Director Oversight	$30,768
Registered Nurse (F/T)	$80,000
Care Manager (F/T)	$110,000
Master Level Therapists (F/T) x2	$180,000
Clinical Social Worker (F/T)	$90,000
Administrator (F/T)	$66,500
Nurse Practitioner (P/T)	$62,380
Executive Director	$90,000
Program and Volunteer Director	$50,000
Program Staff (F/T and P/T) for	$700,000
Supplies (Program/Non-Medical)	$20,000
Transportation	$25,000
Discretionary Funding (Program)	$15,000
Supplies and Equipment (Medical)	$7,830
Furniture (refurbished and donated)	$5,000
Medications and Vaccines	TBD
Telehealth Technology Equipment	$2,000
Security Alarm Installation and Monthly Service Fee	$2,658
Panic Button Installation and Maintenance	$762
TOTAL	$1,537,898