

MHS White Paper
**“How Schools Can Help Break the Cycle of Poverty:
A Whole Child Approach”**

I. Introduction

More than 16 million children in the United States—nearly one out of four—live below the federal poverty level with their families earning less than \$23,550 annually.¹ These low-income households face a myriad of challenges, from lacking economic resources, to little or no access to health and wellness care. Children raised in poverty often have to go without critical basics such as a well-balanced meal or reading glasses, putting them at a severe disadvantage when they enter school. In addition, due to the challenges they face in their early years, many low-income children across the country—even those with high IQs and exceptional potential—struggle with emotional and behavioral issues that interfere with their ability to succeed and learn. Ensuring that children living in poverty can advance requires more than providing them with a solid educational foundation. They must also have their health, wellness and emotional needs met, including support for their physical, social, and mental wellbeing, so they can fully engage in their academic learning and prepare for the future.

In recent years, third party research has shown that a holistic approach to education — sometimes referred to as integrated student supports (ISS) — offering “wraparound” services such as healthcare and wellness can contribute to measurable improvements in student academic progress, including increases in math and reading achievement, as well as overall GPA.² Similarly, students receiving such “wraparound” services are better equipped to enter adulthood with a solid health and wellness foundation. One shortcoming in current research is that there are a limited number of schools providing such “wraparound” services over an extended period of time.

Milton Hershey School (MHS), a tuition-free, private boarding school serving pre-K-12 students facing extreme economic hardship, offers unique insight into the power of providing a “whole child” education. Over more than 100 years, MHS has learned what these children need to become productive members of society as they age. Schools have a unique opportunity to go beyond offering only academic and career development support and acknowledge and address the physical, emotional, and behavioral issues that stem from poverty. MHS has a distinctive lens into serving low-income children because of its century-long experience doing so, and because the school offers a pre-K-12 residential setting that allows educators to engage intensively with the students and support them

¹ “Basic Facts About Low-Income Children: Children Under 18 years, 2013”, National Center for Children in Poverty, January 2015.

² “Integrated Student Supports: A Summary of the Evidence Base for Policymakers,” ChildTrends, February 2014

<http://www.childtrends.org/wp-content/uploads/2014/02/2014-05ISSWhitePaper3.pdf>

“Research Review Gives Thumbs Up to Community Schools Approach,” Education Week, February 25, 2014, blogs.edweek.org/edweek/inside-school-research/2014/02/wraparound_services.html?override=web.

over multiple years. MHS offers a full spectrum of health and wellness services, and its annual health services expenditures are far beyond what most schools, including private boarding schools, spend. In the 2015-2016 academic year, MHS will spend in excess of \$11,800,000 for direct student health services. This expenditure reflects the school's commitment toward innovative approaches to supporting the needs of children from poverty so that they can successfully learn and transition to higher education or a productive and meaningful technical career.

II. Changing Cultural Trends, Changing Student Needs

The hardships associated with poverty have always extended well beyond the classroom to critical areas such as access to reliable health care and emotional, behavioral, and mental health support. However, in recent decades, cultural and demographic changes have exacerbated the difficulties that many students face every day before and after they leave class.

Low-income youth throughout the country now face multiple stressors due to increased residential mobility, high unemployment throughout the family, and exposure to violence, which can result in mental and medical health issues.³ In fact, research has shown that the overuse of stress hormones can damage a child's immune system and other bodily systems, allowing the disease-process to accelerate and making these children more susceptible to chronic diseases such as cardiovascular disease, diabetes, and stroke.⁴ Youth from underserved communities are also at greater risk of suffering from mental health issues. According to The National Center for Children in Poverty, "Low-income children, youth, and their families are disproportionately affected by mental health challenges, impairing the ability of children and youth to succeed in school."⁵

Increasing focus on holistic approaches

In response to the many challenges that low-income children encounter, educators, health experts and social scientists are increasingly focused on developing multifaceted solutions within the school environment to help students overcome barriers. This holistic approach can take any number of forms but is frequently defined as going beyond providing traditional educational learning to address students' physical and mental health vulnerabilities and to work to develop their social and emotional skills.

The National Center for Children in Poverty states that, "Many successful (health services) strategies occur in schools and other settings where children and youth spend most of their time." Reaching low-income children at school helps solve the difficult challenge of helping these children have regular access to health services. Furthermore, providing health services at school increases the likelihood that children with mental

³ Santiago, Kaltman, Miranda. "Poverty and Mental Health: How Do Low-Income Adults and Children Fare in Psychotherapy?", 2012.

⁴ Sorrow. "UGA research uncovers cost of resiliency in kids", *UGA Today*, 2013.

⁵ "Children's Mental Health", The National Center for Children in Poverty.

health challenges will be identified and assisted. According to the Child Health Insurance Research Initiative, more than one-third of children with special health care needs have mental health issues, but only 25 percent of caregivers recognize a need for mental health services.

While researchers are building the case to explore expanded, holistic educational approaches, K-12 schools across America are coming under increasing pressure to focus on mandated academic standards and scores. At the same time, educational institutions are facing tighter budgets and greater scrutiny over spending requiring schools and educators to brainstorm and develop innovative approaches to help their most vulnerable students.

Milton Hershey School's experience in this area is unique in many ways, due in part to its residential, group home model that begins with children as young as four years old, its year-round programming (not all students have a safe environment to return to during holidays and breaks), and its current unparalleled commitment of financial resources to the provision of student health services. Perhaps most importantly, all of the students at MHS, not just a percentage, come from a background of poverty. This has given the school unmatched experience in developing a comprehensive range of services and support for low-income children, providing important insights that can inform and shape the national conversation among the educational, medical, and behavioral communities about whole child approaches.

III. Milton Hershey School: Founded to Serve the Whole Child

Established in 1909, Milton Hershey School was founded on the belief that educational institutions have the opportunity and responsibility to help children facing extraordinary challenges by supporting them both inside and outside the classroom.

The school, located in Hershey, PA, began as a vision shared by chocolate magnate Milton S. Hershey and his wife, Catherine. Unable to have children of their own, the Hersheys decided to use their wealth to create a home and school for orphaned boys that would provide them with a broad, high quality education, as well as additional resources to allow them to thrive. The first students of what was then called the Hershey Industrial School lived and attended classes in The Homestead, the rural birthplace of Milton Hershey, where they were provided with a stable home life and a rigorous combination of agricultural, vocational, and academic learning. Over the decades, the school has expanded in size and diversity to its current enrollment of more than 2,000 boys and girls.⁶

The average family income for students enrolled in 2014-2015 was \$17,207, which is 29 percent below the 2015 Federal Poverty Level Guideline of \$24,250 for a family of four. As all children at MHS come from a low-income background, the school has identified best practices in integrating academics with physical, emotional/mental, and social

⁶ Brown & Gold Report: 2015, The Milton Hershey School, 2015
<http://www.mhskids.org/wp-content/uploads/2016/01/BrownGoldReport2014-15Web-1.pdf>.

wellness, including teaching children how to manage emotions, deal with conflict, and persevere in the face of hardship.

IV. Meeting Physical and Psychological Needs to Support Educational Success

Many MHS students have had limited access to medical or behavioral care prior to enrolling at the school. From a physical health perspective, a large percentage of the children enter the institution with a range of health issues, varying from having high cholesterol to never having been to a dentist. Over the years, MHS has expanded and revised its medical and mental health program designed to address the individual challenges that each MHS student may face. With a staff of 106 licensed and certified professionals providing high quality, evidence-based care, the school has a student-to-health professional ratio of 1:19. To provide context, the National Association of School Nurses recommends a ratio of one school nurse to 750 students.⁷

In 2014-2015, MHS spent \$1,313,491 on medications. Of this, \$194,344 was spent for vaccines; \$512,300 for psychotropic medications, with \$394,247 specifically for ADHD medications; and \$127,930 for asthma medications.

Health Services Data – Residential Schools

The chart below provides an overview of what several leading private boarding schools offer in terms of health services facilities, based on publicly available information. Public information about expenditures on student health services is particularly limited.

School	Grade Levels Served	Number of Students	Number of Beds in On-Campus Facility	Number of Medical Professionals on Staff (MD, RN, PA)	Number of Mental Health Professionals on Staff	Number of Social Workers on Staff	Annual Health Services Expenditures
Milton Hershey School	Pre- Kindergarten- 12 th grades	2,000	40	38	43	7	\$11,821,562
Andover Phillips Academy	9 th -postgraduate	1,138	N/A	4	5	0	Data not publicly available
Phillips Exeter Academy	9 th -postgraduate	1,000	14	3	4	0	Data not publicly available

⁷ “NASN Position Statements”, National Association of School Nurses <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/7/Caseload-Assignments-Revised-2010>.

The Hill School	8 th -postgraduate	502	12	9	3	1	Data not publicly available
Mercersburg Academy	9 th -postgraduate	441	20	6	3	0	Data not publicly available

Ensuring the Physical Health of Students

The MHS medical staff includes 54 pediatricians, registered nurses, certified nursing assistants, a pre-enrollment coordinator, staff assistants, a medical claims analyst, and a health systems manager. Together, the team provides medical care for students, including health screenings, physicals/sports assessments, immunizations, health education, and administration of medications.

A range of medical services are provided 24-hours a day in the school’s modern, ADA-accessible, 40-bed Health Center and three school-based health clinics. When consultative or tertiary care is necessary, MHS partners with the Penn State Milton S. Hershey Medical Center (HMC) and other off-campus providers to provide for students’ needs. HMC staff currently conduct monthly specialty clinics on campus for cardiology and dermatology and weekly clinics for optometry to lessen the disruption of students’ class time. The Medical/Nursing Services team collaborates with houseparents, teachers, parents/sponsors, and other appropriate staff on campus to ensure a seamless approach is followed when carrying out the students’ medical care plans.

School-wide in 2014-2015, the medical team provided 30,026 total primary care services in its three school-based clinics. On campus, 158 students had cardiology visits, 168 had dermatology visits, and 1,045 had ophthalmology visits. Off-campus specialty services —primarily at the nearby Penn State Milton S. Hershey Medical Center — were provided to 1,406 students.

Dental health is now recognized as an important component of overall physical health and wellbeing. Approximately 30-40 percent of newly enrolled students in the last ten years had never been to a dentist. MHS spends approximately \$1.41 million on dental care for students annually (2015-2016 budget) and employs a 21-member team. In 2014-2015, for example, 326 new students presented with 1,532 teeth with cavities. This provides one example of the “catch-up” services which health care professionals at MHS provide each year.

A Unique Focus on Psychological and Behavioral Services

Recognizing that low-income children across the country can face significant psychological and behavioral challenges associated with poverty, MHS offers extensive support and services in these critical areas to students. MHS will spend \$3.66 million in 2015-2016 for psychological and behavioral care, with a staff of 43 professionals, including psychologists, psychotherapists, behavioral support specialists, behavioral

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services program leaders, behavioral services clinic leaders, a drug and alcohol specialist, psychiatrists, as well as administrative support.

MHS provides an array of services, including consultation, individual and group psychotherapy, clinical and behavioral groups, crisis management, interviews concerning suspected abuse and boundary crossings, reports to Children and Youth Services, psychological/psycho-educational assessments, professional development and staff training, drug/alcohol assessments, counseling and education, psychiatric services, and prevention programming.

Of the new student enrollment cohorts between 2007-2013, 25 percent of MHS students had a history of psychological treatment. In some cases, students' psychological needs are not discovered until after they have arrived on campus. MHS helps students gain a realistic understanding of and appreciation for their many intellectual, social, emotional, and physical strengths, and helps identify and serve those students who need more intensive support.

In 2014-2015, 722 students received individual psychotherapy, 182 had psychiatry visits, and 20 had psychiatric hospitalizations. In addition, 292 students were seen at the school's ADHD clinic, and 303 participated in clinical and skill-focused groups.

Students cannot learn and grow if they suffer from debilitating anger and trust issues. MHS provides individualized behavioral support to students within their classrooms, student homes, and Health Center settings. In the behavioral services realm, MHS also provides direct skill building opportunities and psycho-educational skills groups for students to improve their academic, social, coping, and self-management skills. The staff works in a collaborative manner with teachers, houseparents and guardians to ensure that interventions are successful and that skills generalize to all areas of the student's life.

MHS has created a successful model for managing students with specific behavioral issues such as anger management and Oppositional Defiant Disorder that can be disruptive to others in the classroom or home. On-campus skills centers provide a temporary placement and learning opportunity for disruptive students while preserving the learning environment of the classroom. After-school programs are designed to develop academic, social, and self-management skills. Mental health professionals provide one-to-one skill development and support for student behavior in school, at student homes, and at the Health Center.

MHS provides crisis management by offering behavioral support to struggling students. Therapeutic camps are offered during the summer to help students build social and emotional skills. Additionally, consultations and continuous, regular trainings are available for houseparents, teachers, and other adults who work closely with students.

MHS has formally integrated social and emotional learning (SEL) into its curriculum, which will rest on four non-academic pillars: Integrity, Mutual Respect, Character & Leadership, and Perseverance (aka "Grit"). The school recently created a new role—

Social and Emotional Learning Curriculum Supervisor—to drive these efforts which houseparents implement a safe and structured home environment. Training and professional development is extensive and ongoing for houseparents who take a lead role in ensuring social emotional learning and growth and development. The time and training is a critical component in the whole child approach and covers topics like childhood behavior, crisis intervention, and relationship development. The costs of such training and interventions paid by MHS are in addition to expenditures for student health services.

Social Work Services

MHS has a staff of seven social work professionals who connect students with specialized programming and services available on campus. Parents and sponsors contact these professionals to facilitate requests for assessments and/or individualized services. Service coordinators and all school social workers assist in assuring student safety by overseeing childcare court orders including child welfare directives, protection from abuse orders, custody documents, and providing discharge planning.

Social workers also serve as a link between the school and child welfare agencies, families, and courts to assure that students' legal guardian status is honored. If a student has a disability or special need social workers are part of the team that develops an appropriate plan and ensures the student receives the necessary assistance.

V. Whole Child Support Helps Advance Post-Graduate Success

Through a whole child approach that integrates traditional education with health, wellness, and other key services and resources for life outside the classroom, MHS students have realized significant physical and mental health benefits, as well as benefits in their academic performance and overall advancement. The evidence includes:

- **High Retention Rates**—Despite the difficult backgrounds from which many MHS students come, homesickness and a desire to return home are very real issues for them. Keeping students in school, where they can live in a healthy, safe environment with 24/7 support, is a major goal for MHS staff.

MHS's focus on the whole child, including their emotional needs, has led to excellent retention rates that are comparable to those of traditional boarding schools—a notable achievement since those schools serve students across the wealth spectrum, whereas 100 percent of MHS students come from low-income families. The 2014-2015 retention rate was 92.2 percent, topping the 10-year and 40-year averages of 88.1 percent and 87.7 percent respectively.

- **Higher Education Participation and Completion**—While higher education is not the goal for every child, whether at MHS or other schools, MHS graduates do go on to higher education at significantly higher percentages than the national average. Over the past nine years, 82 to 95 percent of MHS graduates attended a post-secondary

institution, compared to the national average of 53 to 70 percent (depending on the location and income averages of the communities of the high schools). Further, 55 percent of MHS graduates (based on 10-year average of data) complete post-secondary education within six years, compared to a low-income average of 40 percent (representing Pell Institute data for students receiving a certificate, 2-year or 4-year degree within six years).

- **Career/Technical Certifications**—Studies show that students with a career concentration do better in all areas of high school. Beginning in 9th grade, students are encouraged to participate in industry-recognized certification exams through MHS’s Career/Technical Education (CTE) program. With the support of CTE teachers, students rigorously prepare for these exams, and many CTE pathways offer multiple certification opportunities.

MHS students are able to choose from 11 different career pathways. Through academic lessons and hands-on instruction, students gain a particular job skill; career/technical training offers a wider variety of training in a particular field.

In the classes of 2013, 2014, and 2015, 100 percent of graduating seniors earned at least one industry-recognized certification in his or her area of study. In the last five-plus years, the number of certifications has nearly tripled for MHS students.

New Student Enrollment Profiles

MHS collects extensive information on new students that document the risk factors and needs of children living in poverty. A look at the enrollment profile of new students over the past five academic years demonstrates the issues many Milton Hershey students struggle with.

Category	Percentage of Students
Number of Schools Attended	
<input type="checkbox"/> 1 to 2 schools	53%
<input type="checkbox"/> 3 to 5 schools	36%
<input type="checkbox"/> Greater than 5 schools	6%
Family drug and alcohol issues	50%
Family mental health issues	43%
Domestic violence	39%
Neighborhood violence	35%
Family incarceration	31%
History of psychological treatment	25%

Homelessness	19%
In school suspension/out of school suspension	14%
Repeated grade	12%

Specialty Service Use, 2013-2014

Not surprisingly, the presence of those factors and many other complexity factors have a direct correlation to the need for services. One category is “Specialty Services”. These are the medical and psychological services that are provided to a student through the Health Department, usually involving a licensed health care provider (e.g. medications, treatments, medical devices and equipment and therapy). This category does not include academic services or accommodations offered through the School or in group homes. The chart below outlines the number of Specialty Services accessed by individual MHS students during the 2013-2014 school year.

	Number of Students
10+ Specialty Services	(14%)
5-9 Specialty Services	(40%)
1-4 Specialty Services	(45%)
No Specialty Services	(1%)

VI. Recommendations for National Dialogue about the Whole Child Approach

Milton Hershey School’s work to serve and advance low-income children has yielded substantial evidence that delivering a holistic educational experience to students produces significant and often life-changing benefits—providing these children with a strong foundation for the future.

The success that MHS students have enjoyed should not be restricted to children attending private institutions with deep financial resources. Ideally, all schools that serve students from poverty should be able to incorporate some level of physical health and social/mental wellness programming for the benefit of all children, alone or with community partnerships. However, given the challenging budget constraints that U.S. public schools and many private schools face, implementing such changes will likely require a major coordinated effort, spanning the education, health and mental health, and government sectors.

At a high level, there are a number of actions that can be taken today to advance the dialogue and build momentum for the holistic education movement:

- **Awareness Raising:** Educators, health professionals, and poverty and social justice advocates all have a role to play in increasing awareness and acknowledgement of the specific challenges that children from poverty face, especially in the school setting. Schools also can provide important insights by offering more transparency about how they budget for health and psychological services, including providing total dollar amounts or the percentage allocated in their budgets for these critical services. The data is scarce on this topic, even among elite private institutions that promote their “state of the art” health services to prospective families. Research indicates that 70 percent of schools have annual budgets of less than \$10,000 and five percent have budgets between \$100,000 and \$275,000.⁸ By comparison, Milton Hershey School spends more than \$11 million each year for approximately 2,000 students, reflecting the needs of its student body which is comprised 100 percent of children from financial and social need.
- **Research:** More research into the psychological and behavioral needs of children from poverty, especially on the effects of stress in young children, needs to be conducted to guide the development and implementation of successful school-based programs. Multidisciplinary research from the perspective of educators, health professionals, and advocates will be particularly helpful in examining and exploring the most effective approaches to support America’s children.
- **Networking and Collaboration:** Another critical factor in advancing a whole child approach is developing networks in communities to promote greater dialogue and encourage alliances and partnerships. MHS students, for example, have benefitted greatly from strategic relationships the school has formed with hospitals, nonprofits, and organizations within its local community.
- **Knowledge Sharing:** All schools, whether private or public, have an important opportunity to share knowledge, including best practices and solutions they have developed to overcome challenges associated with educating children from poverty. While funding clearly creates resource differences between private and public institutions, it should not be a limiting factor in creating a deeper and more thorough understanding of what approaches do and do not work. In this way, all schools will be able to better prioritize and implement key learnings, to the extent their resources allow.

In summary, fostering an ongoing dialogue among private and public schools; the medical, mental health, and educational communities; and poverty advocates can help the U.S. move towards a new era of whole child support. Providing students with a holistic educational experience is a pathway to helping them achieve their full potential. Children who learn in an environment that nurtures their health and well-being, as well as their intellect, are given the tools they need to flourish inside and outside the classroom.

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⁸ “2013-2014 Annual Report of Independent School Health Services”, Magnus Alert. <http://k12.blackbaud.com/magnus-annual-report/>