Siwash Resources

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October 16, 2011

Governor John Kitzhaber, Chair
Oregon Education Investment Board
254 State Capitol
Salem, OR 97310

RE: Oregon's School –to-Prison Pipeline

Dear Governor Kitzhaber and Members of Oregon Education Investment Board:

We are organizations and individuals who are deeply concerned about Oregon's School-to-Prison Pipeline and, in particular, the negative impacts of disproportionate discipline associated with race and ethnicity in Oregon public schools.

Recent Oregon Department of Education data shows a significantly higher incidence of suspensions, expulsions and dropouts among students of color when compared to their white peers. In fact, Oregon's students of color are disproportionately represented at every stage of the school-to prison pipeline. As these children get somewhat older, they are more likely to be referred to the juvenile justice system and the effects are amplified the higher up the justice system they move. Ultimately, our children of color are much more likely to be incarcerated as adults—at great expense to the state.

We know that your charge is to recommend an educational investment strategy designed to improve defined learning outcomes for all of Oregon's students. During your deliberations, we urge you to pay special attention to improvements that need to be made in order to eliminate disproportionate impacts related to race and ethnicity now and in the future.

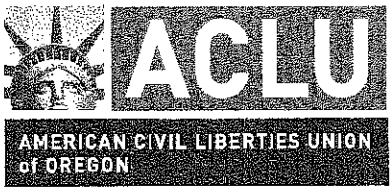
We hope you will agree that it is not enough to simply make changes at the pre-kindergarten level and then wait for those changes to ripple through the system. Oregon needs strategic investment at all levels of education to ensure we close the achievement gap for students of color. There are students today who are being subjected to disproportionate discipline that are being pushed out of our education achievement gap for students of color. There are students

today who are being subjected to disproportionate discipline that are being pushed out of our education system and into the criminal justice system. It is far more cost effective—and humane—to adequately educate all of our children than it is to incarcerate them later.

We have been working with the Oregon Department of Education to make school disciplinary data more accessible to the public and policy makers. If you would like more background information on this topic, please feel free to contact us through David Fidanque, Executive Director, ACLU of Oregon at 541-683-9277, or by e-mail to bsouza@aclu-or.org. Thank you for your consideration.

Additional signer:

Jeffrey Painter
Director, Siwash Resources
Chair, Oregon Diversity Institute



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October 13, 2011

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254 State Capitol
Salem, OR 97310

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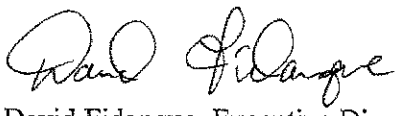
Sincerely,



David Fidanque, Executive Director, ACLU of Oregon

Additional signers:
Bonnie Souza, Program Associate for Racial Justice, ACLU of Oregon
Claire Syrett, Field Director, ACLU of Oregon
Marcus Mundy, President and CEO, Urban League of Portland
Delores Pigsley, Chairman, Confederated Tribes of Siletz Indians
Sheila Warren, President, Portland Parent Union
Clifford Walker, Commissioner, Oregon Commission on Black Affairs
Sue Levin, Oregon Executive Director, Stand for Children
Dana Hepper, Oregon Advocacy Director, Stand for Children
Kim Melton, Oregon Communications and Policy Director, Stand for Children
David Rogers, Executive Director, Partnership for Safety and Justice
Eduardo Angulo, Executive Director, Salem/Keizer Coalition for Equality
Guadalupe Quinn, Immigrant Rights Advocacy Program (Amigos MSC)
Henry Luvert, President, Eugene Springfield NAACP
Arbrella Luvert, Youth Works Chair, Eugene Springfield NAACP
Tammy Skubinna, Co-Chair, Hispanic Advisory Committee, Linn-Benton
Mary Daly-Piehl, Parent
Artemio (Art) Paz, Jr., APAZ Architect, AIA

Healthy Kids Learn Better Coalition

Working to reduce physical, social and emotional barriers to learning

"Without fundamentally changing our approach, I believe it's impossible to achieve our long-term objectives of making sure that every high school graduate is college ready."- Governor Kitzhaber[i]

Health and Education are Interdependent

The Healthy Kids Learn Better Coalition (Coalition) agrees with the above quote. In order to succeed, Governor Kitzhaber's ambitious education agenda will need to address the needs of the whole child.

This biennium, the Governor's primary focus is on health and education. Linking these progressive agendas make sense. Evidence shows that there is a profound connection between a student's health status and educational achievement.[ii] Additionally, students who suffer from the greatest health disparities are also disproportionately represented among the lowest academically achieving students.[iii,iv,v,vi,vii,viii,ix]

The Coalition understands that the time to address health related barriers to learning is now. Addressing these barriers for **all** children and youth is imperative to the Governor's health and education initiatives. Including a health focus in educational planning, policy, and implementation for the K-12 population is as important as addressing it for the early childhood population. School environments that promote healthy bodies and minds—through data-driven and evidence-based policies and practices, and on-site access to primary care and other health care services—fosters school readiness every day. Leading national education organizations recognize the close relationship between health and education, as well as the need to foster health and well-being within the educational environment for all students.[x,xi,xii,xiii]

Therefore, the Coalition respectfully submits the following proposals regarding implementation of SB 909 to the Oregon Education Investment Board for inclusion in its recommendations to the legislature.

1) **<u>Coordination</u>: Ensure that partnership and coordination between education and health are included at both state and local levels.**

2) **<u>Healthy Environment and Workplace</u>: Provide support for students and school personnel to practice and model healthy behaviors.**

3) **<u>Data Collection and Analysis:</u> Include indicators of student health and wellness as a measure of student achievement.**

4) **<u>Access</u>: Assure onsite access to health services in every school to support learning readiness.**

Specific evidence-based recommendations for each of the above items are detailed below.

1) **Coordination:** Partnerships and coordination are critical to ensuring efficient and effective removal of health-related barriers to learning.
   - Create a robust and outcome driven School Health Unit housed in the Public Health Division (PHD).
   - Create a robust and outcome driven School Health Unit housed in the Office of the State Superintendent of Instruction, Department of Education (DOE)
   - Form a State School Health Council composed of school health advocates, the PHD School Health Unit, and the DOE School Health Unit to assure collaborative practices and policies that will improve student health and educational achievement.
   - Integrate health concepts into pre-service and professional development requirements (i.e. Continuing Education Units) for teachers as part of continual licensure. Such training could include information about available health resources for students and staff, how to integrate health education into other academic curricula, and evidence based actions that can be carried out routinely in classrooms modeling healthy eating and active living for both short and long term health and academic achievement.
   - Integrate health objectives and outcomes into School and District Improvement Plans.
   - Establish a qualified, dedicated health liaison/coordinator in every district to be the main point of contact for public health and other health programs wishing to connect with schools. The liaison will promote student health services, policies and supports to address health-related barriers to learning.
   - Similar to Oregon's health care reform work which mandates that Coordinated Care Organizations "provide services and supports as close as possible to where members reside ,"[xiv] ensure that existing local school health partners and structures are utilized while also building higher level infrastructure through DOE, PHD, and the State School Health Council.

   Rationale:
   - *Dedicated and well targeted resources are needed to support effective and strategic school health and education policies and practices.*
   - *A multi-component, comprehensive approach is most effective at improving student health and academic success. This approach works with school and community partners, uses school data to drive decision-making, and focuses on evidence-based strategies.*[xv]

2) **Healthy Environment and Workplace**: Students need a safe and healthy environment in order to learn, and healthy staff are critical to building a healthy school community and decreasing the cost of health insurance for local school districts.
   - Administrators provide evidence-based opportunities for school personnel to practice and model healthy behaviors, with support from the State School Health Council.
   - Capacity at the state and local level is increased to ensure that existing school health laws are implemented. *(For a list of existing school health laws, go to the Coalition website at www.cffo.org/hklb and click on the Resources button.)*

   Rationale:
   - *Scientific reviews have documented that school health programs can have positive effects on educational outcomes, as well as health-risk behaviors and health outcomes*[xvi,xvii,xviii,xix]

- *Work places that adopt at least three wellness strategies for a year, on average, reduce medical costs by 26 percent, sick leave by 27 percent, and workers' compensation costs by 32 percent.*[xx]

3) **Data Collection and Analysis:** Data that helps policymakers, health and education providers understand the correlated health and educational needs of the "whole" child or adolescent allow for targeted interventions to address health related barriers to learning.
   - Include student wellness indicators as a measure of student achievement.
   - The data system that is developed per Section 1(c) of SB 909 will track health supports in schools, e.g. the existence of SBHCs, Community School programming, school nurses, and any other health-related support to the school, (e.g. the Healthy Active Schools program in Multnomah County).
   - Mandate schools to participate in the Oregon Healthy Teens Survey administered by PHD and support schools to use the resulting data in school improvement planning as part of the data system developed per Section 1(c) of SB 909.

   Rationale

   - *Data allows for high quality school health and education programs and policies to be strategically planned, effectively implemented, and reliably evaluated.*[xxi]

4) **Access:** Access to health services in schools fosters students' readiness and ability to learn every day, supporting the academic success of students.
   - Implement ORS 336.201 (Student to Nurse Ratio) prior to 2020. This law requires one nurse for every 750 students and requires smaller student to nurse ratios for medically complex and medically fragile students.
   - Continue support of School-Based Health Centers (SBHCs) to ensure access to quality health and mental health services to students.[xxii] This effort dovetails with Oregon's health care reform efforts which mandate that Coordinated Care Organizations "provide services and supports in nontraditional settings that are accessible to families, diverse communities and underserved populations." [xxiii]
   - Increase capacity for school health prevention, early identification, and onsite oral and mental health services to address unmet health care needs.
   - Institutionalize school-based methods to identify uninsured students and to link them with insurance coverage such as the Healthy Kids program in order to ensure ongoing access to health care.

   Rationale

   - *Adolescents with poorer general health are less likely to graduate from high school on time and attend college or post-secondary education than healthier students.*[xxiv]
   - *The profile of students in Oregon schools has changed. The number of children with chronic illnesses and/or special health care needs has increased dramatically over the past decade. Students are coming to school with increasingly complex medical problems, technically intricate medical equipment, and complicated treatments.* [xxv]

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