



OFFICE OF RACIAL EQUITY AND SOCIAL JUSTICE


Marc Elrich
County Executive

Tiffany Ward
Director and Chief Equity Officer

MEMORANDUM

December 2, 2021

To: Jennifer Bryant, Director
Office of Racial Equity and Social Justice

From: Tiffany Ward, Director
Office of Racial Equity and Social Justice 

Re: Racial Equity Impact Assessment (REIA) for Supplemental Appropriation: #22-13
Kirwan Commission Concentration of Poverty Grant

- I. **FINDING:** The Office of Racial Equity and Social Justice (ORESJ) finds that Supplemental Appropriation #22-13 Kirwan Commission Concentration of Poverty Grant is likely to advance racial equity and social justice in the County. Funding community health nurse positions and contractual mental health supports that align with community schools¹ strategies help to address the disproportionate impact of concentrated poverty on students and families of color in the County. While this supplemental appropriation will not address the root causes of concentrated poverty, it will provide needed resources to schools in ways that are likely to contribute to reductions in persistent education and health disparities by race and ethnicity in the County.
- II. **BACKGROUND:** The purpose of Supplemental Appropriation #22-13 is to provide six School Community Health Nurse positions and contractual support for mental health services in alignment with the Maryland Concentration of Poverty School Grant Program². The goal of the Maryland Concentration of Poverty School Grant Program is

¹ See "What is meant by community schools?" section of Maryland Association of Boards of Education (MABE) Frequently Asked Questions (FAQS) on the Blueprint for Maryland's Future Act. Available at: <https://www.mabe.org/adequacy-funding/>.

² See "More Resources to Ensure All Students are Successful" section of Maryland Association of Boards of Education (MABE) Frequently Asked Questions (FAQS) on the Blueprint for Maryland's Future Act. Available at: <https://www.mabe.org/adequacy-funding/>.

to fund community schools that coordinate needed social services, before and after-school and summer academic programs, and expanded student access to school-based health services.

As of September 30, 2021, Montgomery County Public Schools (MCPS) had a total enrollment of 160,564 students³, operating 209⁴ schools in the 2020-2021 school year. The majority of MCPS students are students of color with the following distribution by race and ethnicity: 21.8% Black/African American; 14.3% Asian; 32.8% Hispanic/Latino; 25.8% White; .1% American Indian/Alaska Native; 5% two or more races; no students reported being Native Hawaiian/Pacific Islander. Students in MCPS also have diverse socioeconomic characteristics and are represented in the following service groups in 2021: 16.4% were enrolled in English as a Second language (ESOL) programs; 38.7% were in Free and Reduced Meals (FARMS) programs; and 12.5% received special education instruction. Trends in MCPS student enrollment reveal that the school system has become more diverse and is largely a socioeconomic and racially segregated system⁵.

Prior to the Covid-19 pandemic, students of color experienced disparities in resources, opportunities, and outcomes across educational settings (K-12 and post-secondary)⁶. These disparities are explored in a 2019 Montgomery County Office of Legislative Oversight (OLO) report, *MCPS Performance and Opportunity Gaps*⁷. The report notes persistent disparities across a number of achievement performance metrics by race, ethnicity, and service group status. The analysis also explains the inequities underlying many of these disparities, describing how “concentrated poverty and segregation among MCPS schools and the under-funding of compensatory education and English Speakers of Other Languages (ESOL) programs relative to student need”⁸ shapes student opportunity.

Concentrated poverty, and the web of structural racial inequities in employment, housing, and transportation investment that characterize its persistence, shape where people live, the opportunities they have access to, and even how long they live. As a result, concentrated poverty has innumerable consequences for children. In the US,

³ MCPS Data Dashboard. Learning Accountability and Results. “Enrollment: Individual Measures”. Available at: <https://www.montgomeryschoolsmd.org/data/LAR-charts/enrollment.html>

⁴ “About MCPS”. Available at: <https://www.montgomeryschoolsmd.org/about/>

⁵ Elaine Bonner-Tompkins. MCPS Performance and Opportunity Gaps. Report Number 2019-4. December 2019. Available at: <https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/OLOReport2019-14.pdf>

⁶ *Education in a Pandemic: The Disparate Impact of Covid-19 on America’s Students*. US Department of Education Office for Civil Rights. June 2021. Available at: <https://www2.ed.gov/about/offices/list/ocr/docs/20210608-impacts-of-covid19.pdf>

⁷ Elaine Bonner-Tompkins.

⁸ Elaine Bonner-Tompkins.

households and children that experience concentrated poverty are more likely to be Black and Latino⁹, in Montgomery County, the childhood poverty rate is highest among Black and Latino children¹⁰. In the context of educational opportunity, the Learning Policy Institute explains that “chronic stress from the harms of poverty diminishes learning readiness and academic success and contributes to the persistent inequities in schooling outcomes between wealthy and poor students and between White students and students of color.”¹¹ These inequities ultimately affect economic mobility; research explains how experiences of poverty during childhood effect intergenerational mobility¹².

Further, in the context of the pandemic, there is a growing body of evidence suggesting that racial, ethnic, and service group disparities in schools have grown. The US Department of Education explained in a June 2021 report how the pandemic has impacted students of all ages and backgrounds, noting the following challenges for students of color, students with disabilities, and students experiencing the destabilizing effects of new or persistent financial insecurity:

- Live in households where adults are more likely to experience job losses or Covid-19 exposure, creating or exaggerating economic constraints and negative health outcomes.
- Disparities in access to mental health services or the full range of academic and wrap around services that a school provides
- Barriers in access to technology or necessary supports to stay connected to school and educational opportunities.
- Amplification of language barriers for students and households with English-language learners.
- Disrupted educational opportunities for students with Individualized Education Plans (IEPs) and;

Overall, the report noted for all groups slow to non-existent recovery in academic achievement due to preexisting resource and opportunity gaps that produce disparate student performance outcomes.

⁹ Abel McDaniels. The Center for American Progress. “Building Community Schools Systems”. August 22, 2018. Available at: <https://americanprogress.org/article/building-community-schools-systems/>.

¹⁰ See data analysis section.

¹¹ Anna Maier, Julia Daniel, Jeannie Oakes, and Livia Lam. The Learning Policy Institute and National Education Policy Center. *Community Schools as an Effective School Improvement Strategy: A Review of Evidence*. December 2017. Available at: https://learningpolicyinstitute.org/sites/default/files/product-files/Community_Schools_Effective_REPORT.pdf.

¹² Richard V. Reeves and Eleanor Krause. The Brookings Institute. “Raj Chetty in 14 charts: Big findings on opportunity and mobility we should all know”. January 11, 2018. Available at: <https://www.brookings.edu/blog/social-mobility-memos/2018/01/11/raj-chetty-in-14-charts-big-findings-on-opportunity-and-mobility-we-should-know/>. and Raj Chetty, John Friedman, Nathaniel Hendren, Maggie R. Jones, Sonya R. Porter. Opportunity Insights. “The Opportunity Atlas: Mapping the Childhood Roots of Social Mobility”. October 2018. Available at: <https://opportunityinsights.org/paper/the-opportunity-atlas/>.

In addition to education disparities affecting K-12 students and disparate health and economic impacts of the pandemic on households of color, there is mounting evidence about the toll the pandemic has taken on children's mental health. Prior to the pandemic, the mental health needs of school age children were on the rise, and Child Trends reported that Black, Latinx, and Native children experienced Adverse Childhood Experiences (ACEs) at disproportionately higher rates than their White and Asian peers¹³. The National Academy for State Health Policy reported that as many as half of children ages 6-17 who have mental health disorders do not receive the treatment or services they need¹⁴. During the pandemic, lack of access is due to a number of factors including isolation and loneliness related to health and safety measures—social distancing and stay-at-home orders, and financial insecurity and poor mental health of parents and caregivers¹⁵. The Kaiser Family Foundation (KFF) reports that children of color and LGBTQ+ youth may be particularly vulnerable to negative mental health outcomes during the pandemic¹⁶. Long-standing inequities in access to health insurance and quality mental health services are largely to blame. A recent study highlights these disparities and their impacts on whole families; Susan Hillis, an epidemiologist at the Centers for Disease Control and Prevention and lead author of the new study explained, “65% of all children experiencing Covid-associated orphanhood or death of their primary caregiver are of racial and ethnic minority”¹⁷.

Community Schools as a framework for school improvement is designed to respond to challenges created by concentrated poverty by “connecting children and families to resources, opportunities, and supports that foster healthy development and help offset the harms of poverty”. While there is no single community schools’ model, four common pillars characterize the approach:

1. Integrated student supports
2. Expanded learning time and opportunities

¹³ Vanessa Sacks, David Murphey. Child Trends. “The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity”. February 2018. Available at: <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>

¹⁴ Olivia Randi. National Academy for State Health Policy. “American Rescue Plan Act Presents Opportunities for States to Support School Mental Health Systems”. August 2021. Available at: <https://www.nashp.org/american-rescue-plan-act-presents-opportunities-for-states-to-support-school-mental-health-systems/>

¹⁵ Nirmita Pachal, Rabah Kamal, Cynthia Cox, Rachel Garfield, Priya Chidambaram. Kaiser Family Foundation. Mental Health and Substance Use Considerations Among Children During the COVID-19 Pandemic. May 2021. Available at: <https://www.kff.org/coronavirus-covid-19/issue-brief/mental-health-and-substance-use-considerations-among-children-during-the-covid-19-pandemic/>

¹⁶ Nirmita Pachal, et al.

¹⁷ Rhitu Chatterjee and Carmel Wroth. National Public Radio. “Covid deaths leave thousands of U.S. kids grieving parents or primary caregivers”. October 7, 2021. Available at: <https://www.npr.org/sections/health-shots/2021/10/07/1043881136/covid-deaths-leave-thousands-of-u-s-kids-grieving-parents-or-primary-caregivers>

3. Family and community engagement
4. Collaborative leadership and practice

According to research from the Learning Policy Institute, these four pillars “increase the odds that young people in low income and under-resourced communities will be in educational environments with meaningful learning opportunities, high-quality teaching, well-used resources, additional supports, and a culture of high expectations, trust, and shared responsibility.”¹⁸ It is important to note that these approaches are not designed to address the underlying root causes of concentrated poverty, including racial residential segregation, but they do provide needed investments to address disparities in health and educational outcomes created by concentrated poverty¹⁹.

The pandemic has strengthened the need for adopting community schools approaches at the state and district levels. For example, a Center for Law and Social Policy Analysis²⁰ of 37 state Department of Education school reopening plans identified the following opportunities for addressing youth mental health: promoting a deeper focus on healing-centered care, investing in non-traditional health care providers, disaggregating data to monitor where there may be barriers to access, and creating and collaborating with student advisory councils focused on mental health. Further, strategies that center equity are more likely to effectively address disproportionate effects of Covid-19 on racially marginalized groups as well as stressors and trauma related to concentrated poverty and pre-pandemic inequities in education and healthcare and disproportionate involvement in criminal justice and welfare systems.

- III. **DATA ANALYSIS:** Concentrated poverty is linked to a number of racial disparities in education and healthcare. Below are relevant statistics for Montgomery County in 2017 (source: Jupiter Independent Research Group. Racial Equity Profile Montgomery County. Report Number 2019-7. Office of Legislative Oversight. Published June 20, 2019.
[https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/OL
O2019-7-6 20 19.pdf](https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/OL%2019-7-6%2019.pdf)

¹⁸ Anna Maier, et al.

¹⁹ Anna Maier, et al.

²⁰ Kayla Tawa. The Center for Law and Social Policy. “Beyond the Mask: Promotion Transformation and Healing in School Reopening”. August 17, 2021. Available at: <https://www.clasp.org/publications/report/brief/beyond-mask-promoting-transformation-and-healing-school-reopening-1>

Childhood Poverty, Montgomery County, MD 2017

Race/ethnicity	% children in poverty
Asian	5.8%
Black	18.7%
Hispanic/Latino	15.8%
White	3.4%
Other	20.2%

Suspension Rate, Montgomery County, MD 2017

Race/ethnicity	% students suspended
Asian	0.4%
Black	3.3%
Hispanic/Latino	1.7%
White	0.6%
Other	1.2%

Graduation Rate, Montgomery County, MD 2017

Race/ethnicity	% students who graduated
Asian	97.3%
Black	88.2%
Hispanic/Latino	78.5%
White	96.0%
Other	93.3%

Juvenile Intake, Montgomery County, MD 2017

Race/ethnicity	% of Juvenile Intake
Black	58.0%
Hispanic/Latino	29.0%
White	13.0%

Health Insurance, Montgomery County, MD 2017

Race/ethnicity	% without health insurance
Asian	5.8%
Black	7.3%
Hispanic/Latino	19.4%
White	3.8%
Other	26.6%

Breast Cancer Mortality, Montgomery County, MD 2017

Race/ethnicity	Deaths due to breast cancer
Asian	7.3
Black	25.6
Hispanic/Latino	10.9
White	19.5
Other	20.1

*Breast cancer mortality means age-adjusted death due to breast cancer per 100,000 females.

Related specifically the mental health of children before and during the pandemic, a Child Trends Research Brief²¹ from 2018 examined the prevalence of ACEs, nationally, by state, and by race and ethnicity. The following is a table recreated from the brief and illustrates racial and ethnic disparities in the prevalence of different types of ACEs. Overall, Black, Hispanic/Latino, and Other race, non-Hispanic experienced the greatest prevalence of individual ACEs, and for all ACEs had higher prevalence rates than the rates for children overall.

Prevalence rates of individual ACEs for children by race/ethnicity								
	Hard to cover basics like food or housing somewhat or	Parent or guardian divorced or separated	Parent or guardian died	Parent or guardian served time in jail	Saw or heard parents or other adults slap, hit, kick, or punch in home	Victim of or witness to violence in neighborhood	Lived with anyone mentally ill, suicidal, or severely	Lived with anyone with a problem with alcohol or drugs
White, non-Hispanic	22	23	3	7	5	3	9	10
Black, non-Hispanic	37	35	7	16	9	7	6	8
Asian, non-Hispanic	14	7	2	1	2	2	2	1
Other race, non-Hispanic	31	27	4	11	7	6	11	12
Hispanic	29	28	3	8	6	4	6	9
All children	25	25	3	8	6	4	8	9

²¹ Vanessa Sacks, David Murphey.

Data note:

- Yellow shading = Percentage is higher than white non-Hispanic children at a statistically significant level.
- Blue shading = Percentage is lower than white non-Hispanic children at a statistically significant level.
- Red shading = Estimate should be interpreted with caution, because the relative confidence interval is greater than 120 percent.

Data source: the data displayed here is a replica from data used in a Child Trends research brief from 2018. Full explanation of data used in the brief is available on page 16:

https://www.childtrends.org/wp-content/uploads/2018/02/ACESBriefUpdatedFinal_ChildTrends_February2018.pdf

cc: Ken Hartman, Director, Office of Strategic Partnership, Office of the County Executive