Are Teachers Responsible for Low Achievement by Poor Students?

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Backers of No Child Left Behind (NCLB) based their support on the belief that teachers and administrators primarily were responsible for low levels of achievement by America's poor. But this one-sided view is both inadequate and unsupported by the evidence. I argue that harsh social policies and the pernicious effects of poverty are more responsible for the problems we see in our schools than are teachers and administrators. That is, the problems of achievement among America's poor are much more likely to be located outside the school than in it.

Health Care and Poverty

African Americans, for example, are almost twice as likely as European Americans to have a Low Birth Weight (LBW) child and almost three times more likely to have a Very Low Birth Weight child. Many LBW children display cognitive and behavioral difficulties soon after birth, often due to hemorrhaging and oxygen deficiencies affecting brain function, particularly memory. Among LBW children of all races and classes, the correlation between birth weight and IQ (or gestation time and IQ) is about 0.70. As a group, LBW children have IQs about 11 points lower than those born at or above normal birth weight, which limits achievement for the child. Because rates of LBW children are higher among the poor, and poor children are concentrated in certain schools, achievement at those schools is limited through no fault of the teachers.

Alcohol and cigarette use also are higher among pregnant women who are poor, ensuring that their...
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children will have reduced head circumference, reduced cortical gray matter, and reduced total brain volume, as measured by MRIs taken at school age. Methamphetamine use by poorer women during pregnancy causes additional complications. Diabetes, or the beginning of diabetes, is more common among poorer women during their pregnancies. This, too, negatively influences the behavior of their children later in life.

If flu shots are not free, poor people do not receive them as frequently as people who are better off. Yet influenza in the first half of pregnancy is associated with a rate of schizophrenia three times that found in the general population, while influenza during the first trimester is associated with rates of schizophrenia that are seven times the normal rates. Clearly, mental problems within different income groups in society are not randomly distributed. While every school has its share of parents and children with mental problems, schools that serve the poor must deal with a larger percentage of such troubled people. Is this a teacher problem or a societal problem?

Few of us believe that learning is easy with an aching tooth or blurred vision. But dental and vision care are also inadequate among the poor. It is not surprising to see higher rates of school problems related to inadequate medical care in schools that serve poorer families. These are outside-of-school-factors (OSFs) that teachers cannot control.

America has tens of millions of uninsured and underinsured families. I would bet a lot more on test scores improving for the poor as a function of universal medical coverage than of a new curriculum or assessment plan.

Food Insecurity and Achievement

About 13 million households have difficulty providing enough food. About one third of these food-insecure homes were classified as having very low food security, representing more severe deprivation. In more than 20% of these households, one or more members reported that on three or more days per month, they had nothing to eat. Like all OSFs that impact education, if rates of food insecurity were distributed randomly throughout the population, schools would have little trouble handling such problems. But rates of food insecurity were found to be 3.4 times higher in households with incomes below the official poverty line; 2.7 times higher in households with children headed by single women; 2 times higher among black households; and almost 2 times higher among Hispanic households. Are teachers really responsible for this state of affairs?

Experts say there exists no "safe" level of inadequate nutrition
for growing children. Even nutritional deficiencies of a relatively short duration—a missed breakfast, an inadequate lunch—impair children’s ability to function and learn. They argue that undernourished children become more apathetic and have impaired cognitive capacity, seriously jeopardizing all other investments we make in education for poor children.

Pollution and Its Effects

Regions with high concentrations of mercury have been discovered all around the country. The levels of contamination reached in these “hot-spots” cause brain and nerve damage in developing fetuses and young children. About 6% of American women of child-bearing age have mercury levels in their blood that could harm their babies if they were to become pregnant. But these are not a random cross section of American mothers-to-be, and their homes are not scattered randomly throughout the land: the affected populations are disproportionately poor and minority.

Lead is another neurological toxin. Deteriorated lead paint and elevated levels of lead-contaminated house dust are found in about 4.5 million U.S. homes with young children. As a result, there are about half a million lead-poisoned children in the United States and a huge, but uncounted number of adults who have lived lives of lower quality because they were affected by this highly toxic metal. The urban northeast has a high percentage of housing built when a considerable amount of lead in paint was common. These buildings are now home to large concentrations of poor and minority children. The problem of lead poisoning is especially dramatic in these locations, and their schools face significant challenges.

Low-level, clinically asymptomatic lead poisoning has lifelong harmful effects, including diminished learning capacity and behavioral problems such as attention deficit disorder and hyperactivity. There is no safe level of lead in the human body. Even small doses, from paint on toys or in cosmetics, have the power to subtly harm children.

Polychlorinated biphenyls (PCBs) a class of compounds also known as dioxins have effects on nervous system development. Newborn monkeys exposed to PCBs showed persistent and significant deficits in neurological development, including visual recognition, short-term memory, and learning. Studies with humans report negative associations between prenatal PCB exposure and measures of cognitive functioning in infancy or childhood. Postnatal PCB exposure was associated with decreased cognitive function in early childhood. Those most likely to be exposed to PCBs are those living closest to waste dump sites.
and waste incinerators—typically children of the lower social classes. Their neurological health has been compromised by OSFs, and this limitation affects their schools’ performance independent of the talents of teachers.

Air pollution also affects schooling. The South Bronx section of New York City has an asthma prevalence rate of 21–23%. Four major highways cut through the area; at a major city market within the sector, some 12,000 trucks roll in and out daily. Diesel trucks are the probable cause of the high rates of asthma symptoms among school-aged children in that vicinity. Asthma, induced by poor air quality, is an OSF directly affecting school attendance, thus contributing to lower individual and school levels of achievement.

Pollutants of all kinds (air, pesticides, PCBs, lead, mercury, and so forth) tend to be highest in the inner cities and on rural farms, where the poor live in the greatest numbers. Thus the health of children in those communities is compromised more frequently and more severely than is the health of children from wealthier suburbs.

**Family Violence and Poverty**

Between 3 and 10 million children witness family violence each year. These children suffer symptoms that resemble post-traumatic stress disorder. They show increased rates of bed-wetting or nightmares, and are at greater risk than their peers of having allergies, asthma, gastrointestinal problems, headaches, and flu. There is ample evidence that stress during childhood because of poverty, family violence, parental depression, rejection by caretakers, and similar issues has physiological effects, changing the hormonal levels and the architecture of a child’s brain. Loving and secure relationships with caregivers early in life lead to mentally and physiologically healthier children.

Poverty is a risk factor in the development of oppositional defiant and conduct disorders, increasing by 10% the likelihood of a youth committing a serious crime. Youth in transient poverty, in particular, seem to externalize their circumstances in these ways. On the other hand, youth in consistent poverty are prone to internalizing their stress. They manifest psychosomatic problems, anxiety, and depression.

**Neighborhood and Poverty**

Neighborhoods have characteristics which promote or reduce crime and deviant youth behavior. Schools whose attendance boundaries include dysfunctional neighborhoods, therefore, face far greater challenges in nurturing student achievement than those that draw students from healthier neighborhoods. In the first half of 2007, for example, 27 public
school students were murdered in Chicago. This reality has profound effects on the children and the teachers at each of the schools affected.

Neighborhoods also are not static. About 6.5% of all children in the United States have been in their current home for six months or less. But that rate climbs to more than 10% among poor children. In fact, 30% of the nation’s poorest children have attended at least three different schools by third grade.

Transient students have more behavioral problems; and, the more they move, the greater the severity of those problems. Those who move three or more times between the ages of 4-7 are 20% less likely than non-movers to graduate high school. Sadly, students who stay at schools with high turnover rates suffer academically as well. Through no fault of the staff, schools and teachers that serve poor children have an extra burden unlikely to be fixed by NCLB.

Conclusion

The effects of many OSFs on low-income students make the job of schooling those students more difficult. Much of the achievement gap that is the focus of U.S. educational policy is caused by these OSFs; thus schools, as they are ordinarily configured, are not in a position to eliminate this gap. This, of course, is not an argument against improving teaching and schooling in America. But NCLB cannot do that because it is fatally flawed. It makes schools accountable for achievement without regard for factors over which schools have little control. Perhaps this is why NCLB has failed to show reductions in the specific achievement gaps on which it is focused.

The situation is not likely to get better because our current Secretary of Education, Arne Duncan, doesn’t seem to understand the constraints; he recently said “where we have schools where children cannot be successful, I think we, as educators, quite frankly, are at fault. We perpetuate poverty and we perpetuate social failure.” Teachers don’t do anything of the kind, Arne! They, like all other Americans who vote, are jointly responsible for perpetuating poverty and social failure. But you should stop putting responsibility for the achievement gap on teachers. That’s patently wrong, as well as mean-spirited and insulting. Worse, it allows our nation to avoid confronting the many OSFs that contribute to the achievement gap between poorer and more economically advantaged students.

In my mind, America’s teachers should be blamed for only one thing—not helping to elect politicians more amenable to legislation that allows more children to enter school healthy and able to learn.
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