

School-based “Hubs” Show Promise in Improving Mobility in Low-Income Neighborhoods, New Brookings Research Finds

Effective to combine two-generation and place-specific programs that provide healthcare, social services and education all in one area

The combination of a school and clinic that function together as a “hub” to provide healthcare, social services and education shows promise as a way to help improve social mobility in low-income neighborhoods, according to one of the first detailed studies to analyze the effectiveness of these hubs, published today by Brookings researchers. But government and private philanthropy must help such hubs build data system to allow thorough evaluations, the researchers add, so that effective programs can be identified and replicated.

As attention has been raised on inequality and the importance of social mobility, several strategies have been suggested to improve what seems like intractable poverty: a “two-generation” effort that focuses on child and parent, and a “place-specific” approach that provides services within a specific location. Combining the two into a “hub” that includes social and medical services and education for both children and adults has shown promise, finds Brookings Senior Fellow Stuart Butler and Research Assistants Jonathan Grabinsky and Domitilla Masi, in examining the Briya Public Charter School in Washington, D.C., which shares a location and partners with the Mary’s Center, which focuses on healthcare and social services.

Analyzing the results of the hub on measures of health and education, the team found that Briya/Mary’s Center students performed better than other D.C. early education and K-12 schools, and that the health center was in the top 25 percent of all federally funded healthcare clinics nationally.

“We believe the results are a starting point for measuring how effective hubs like these can be,” they write in *Using schools and clinics as hubs to create healthy communities: The Example of Briya/Mary’s Center* [LINK]. However, they caution that there are challenges in collecting data to evaluate these kinds of programs, such as: a lack of resources for rigorous program evaluation; underdeveloped performance tracking criteria to measure and compare outcomes; difficulty in long-term tracking of participants and those outside the program to be able to show comparative success and be able to modify strategies; and federal privacy rules that pose barriers to community-level data-sharing.

Among the services Briya/Mary’s Center provides that the researchers detailed are: education for children (pre-school, early intervention services for children with disabilities), teens (college preparation, avoiding unintended pregnancy, after-school programs, nutrition and exercise, community projects, job readiness and opportunities, behavioral health) and adults (parenting skills training, ESL and computer classes, a childcare licensing program, training and technical assistance to meet the Early Head Start quality standards, school advocacy, collaboration with school counselors) and adults (domestic violence support, employment help, housing, food, financial assistance, legal services, father-child programs, home visiting programs to prevent child abuse and neglect), and healthcare (physicals, family planning, prenatal care, health screenings, counseling on cardiovascular, sexual, reproductive, and respiratory health, nutrition, cancer navigation services, mental healthcare, dental care, pediatric care, and senior care).

In addition to co-locating education, health care and other services, the researchers identified the hub's approach of providing a range of education services to parents alongside their young children as a particularly important strategy.

The authors found that although Briya outperformed the rest of the D.C. early childhood and adult education schools, it is struggling with below-average levels of child attendance. But it is doing better than the average of its D.C. early childhood peers across all three measures of teacher-classroom interaction, outperforms the equivalent D.C. public charter schools average, and does approximately the same as the national Head Start average (and in the case of instructional support, better). In terms of adult education, the data suggests that the adult and early childhood programs are doing well, and on most accounts, even better than the other D.C. public schools. On the health side, Mary's Center's data suggest that it performs better than other federally funded health centers on most measures of quality of care, and that it ranks particularly well (among the highest 25 percent of reporting health centers) on four quality of care indicators (2013).

Finally, Butler, Grabinsky and Masi note that many research gaps still need to be addressed to evaluate these programs, and suggest ways to address some of the challenges faced by the Briya/Mary's Center partnership -- and similar organizations -- in measuring their program's effectiveness: philanthropists and governments should increase the priority and funding for the collection and analysis of data and rigorous evaluation, in addition to funding the programs and services themselves; and evaluations should not be commenced too early, given that during the early phase of programs, the need instead is for adequate performance and data tracking are needed to allow the program to evolve.

"Additional research, qualitative as well as experimental and quasi-experimental, would enable us to understand which elements in the mix of services actually work best and hence what is the best design of a hub with an array of services," they conclude.