

HORIZON

trends and issues to watch, ideas and innovations to use

Focusing on student achievement

The education system is under close scrutiny on the eve of the *No Child Left Behind (NCLB)* reauthorization, and reports are mixed on educational outcomes. Under this federal legislation, students are required to be tested on basic reading and math skills every year from grades 3 through 8. According to the *Washington Post*, a major independent national study shows that students have performed significantly better on state reading and math tests since the NCLB law was passed.¹ However, according to *USA Today*, a recent examination of thousands of elementary classrooms revealed that teachers generally lack enough time for problem-solving, reasoning, science, and social studies.²

Potential Implications for Kentucky: To compete successfully in the global labor market workers need unique skills and talents currently unavailable at a lower cost overseas. In the so-called “conceptual economy,” where innovations and ideas form the path to prosperity, workers need to have high levels of math and science proficiency. Unfortunately, however, American students are generally not among the leaders, and in some cases perform below average, on international comparisons of math, science, and problem-solving ability. The performance of the typical Kentucky student, who significantly lags the typical American student on math performance, is even more troubling (see Table 1). While an increasing percentage of Kentucky’s 4th and 8th graders are scoring proficient or higher on the NAEP exam, our (percentile) ranking relative to other states has either declined or languished at below average. Our reading and science scores, on the other hand, have been relative bright spots. Our collective future standard of living is at risk if we remain ill-prepared for an expanding global labor market that rewards those with strong math and analytical skills. Accordingly, bolstering the math skills of all Kentucky students and narrowing the achievement gap between less- and more-advantaged students across all subject areas would improve Kentucky’s educational ranking, especially since less-advantaged students, about half of the total, tend to score, on average, significantly lower on achievement tests.

TABLE 1
KENTUCKY’S NAEP READING, MATH,
AND SCIENCE RESULTS, SELECTED YEARS

| | Grade | Year | Proficient (%) | Percentile (rank) |
|---------|-------|------|----------------|-------------------|
| Reading | 4th | 92 | 23 | 25 th |
| | | 98 | 29 | 58 th |
| | | 05 | 31 | 45 th |
| | 8th | 98 | 30 | 57 th |
| | | 02 | 32 | 48 th |
| | | 05 | 31 | 49 th |
| Math | 4th | 92 | 13 | 20 th |
| | | 00 | 17 | 26 th |
| | | 05 | 26 | 10 th |
| | 8th | 90 | 11 | 17 th |
| | | 00 | 20 | 37 th |
| | | 05 | 23 | 22 nd |
| Science | 4th | 00 | 28 | 55 th |
| | | 05 | 36 | 81 st |
| | | 96 | 23 | 38 th |
| | 8th | 00 | 28 | 51 st |
| | | 05 | 31 | 51 st |

Hints for reading this table: Proficient (%) is the percentage of Kentucky students scoring proficient or above on the test; Percentile (rank) is Kentucky’s position relative to the other states; the higher the percentile, the better the performance. For example, the first row shows that in 1992 an estimated 23 percent of Kentucky’s 4th graders scored proficient or higher on the test, which ranked Kentucky at only the 25th percentile when compared to the other states.

Source: Kentucky Long-Term Policy Research Center analysis and presentation of data from the National Center for Education Statistics, U.S. Department of Education.

Americans less healthy overall

Baby boomers may be the first generation of seniors in worse health than their parents at the same age, according to the *Washington Post*.³ Though they are much less likely to smoke, they are more likely to report difficulty with routine activities, such as climbing stairs or getting up from a chair. They also report having more chronic problems such as high cholesterol, blood pressure, and diabetes. Two-thirds of Americans are overweight, contributing to quicker joint deterioration and higher cholesterol and blood pressure. And there is a growing number of clinically severe obese Americans (i.e., 100 or more pounds overweight), increasing from 4.2 million adults in 2000 to 6.8 million in 2005 according to *USA Today*.⁴ And it is not just adults who are less healthy. The number of American children with chronic health problems—such as obesity, asthma, and attention-deficit hyperactivity disorder—has soared since 1960, according to the Associated Press and reported in the *Washington Post*.⁵ If Americans keep gaining weight at the current rate, an estimated 75 percent of adults will be overweight and 41 percent obese by 2015, according to a team at Johns Hopkins University, as reported by *MSNBC.com*.⁶ They predicted that nearly 24 percent of U.S. children and adolescents will be overweight or obese. Every group is steadily getting heavier; 16 percent of U.S. children and adolescents are overweight, and 34 percent are at risk of becoming so. *Stateline.org* reports that some states

are starting to bring back physical education (P.E.) to battle childhood obesity.⁷ In recent years, schools have cut down on nonacademic classes such as P.E., art, and music. Since 1980, childhood obesity rates have increased threefold, prompting the Centers for Disease Control and Prevention to recommend that children get at least an hour of physical activity each day. Since 2005, seven states have decided to bring back P.E., and now about 20 states have some sort of requirement about the length or frequency of P.E. classes. Even so, there are more than 12.5 million overweight children in the U.S., despite strategies such as making school lunches more nutritious and banning junk foods from school vending machines.


| | Kentucky | Competitive States [*] | U.S. ^{**} |
|--|----------|---------------------------------|--------------------|
| Obese (BMI 30 or higher) | 28.0 | 26.9 | 25.1 |
| Clinically Severe Obese (BMI 40 or higher) | 4.0 | 3.6 | 3.0 |
| Current Smoker | 28.5 | 21.9 | 19.7 |
| Diabetic or Pre-Diabetic | 11.1 | 9.8 | 9.1 |
| Did Not Exercise in Past Month | 30.4 | 24.9 | 24.0 |
| Activity Limitation Due to Health Problem ^{***} | 22.6 | 18.7 | 18.2 |

Note: There is not a statistically significant difference between Kentucky and the Competitive States for obesity and clinically severe obesity at the .05 level. Otherwise, the Kentucky estimates are significantly different from the competitive states and U.S. estimates.
^{*}Competitive States are AL, AR, FL, GA, IL, IN, LA, MI, MO, MS, NC, OH, SC, TN, VA, and WV.
^{**}The 50 states and Washington, DC.
^{***}Activity limitation are 2005 data (this question was not asked on the 2006 BRFSS Kentucky survey).
Source: Kentucky Long-Term Policy Research Center analysis of data from the Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005, 2006.

Potential Implications for Kentucky: The cost and economic development implications of an ever-increasing obesity rate and a persistently high smoking rate are significant, especially when Kentucky’s competitor states have lower obesity and smoking rates (see Table 2). Kentucky’s estimated annual obesity-attributed medical expenditures (in 2003 dollars) are \$1.1 billion with \$340 million paid by Medicaid. This represents 6.2 percent of Kentucky’s adult medical expenditures, 7.5 percent of Medicare expenditures, and 11.4 percent of Medicaid expenditures. Likewise, annual smoking-attributed medical expenditures in Kentucky are estimated to exceed \$1.1 billion (in 1998 dollars). Numerous studies find that smoking-attributed medical expenditures range between 6 and 9 percent of total medical expenditures. The trajectory of obesity and smoking rates suggests the future direction of medical expenditures as well as implications for economic competitiveness and productivity.

Immigration issue multifaceted

Though many Americans blame Hispanic and Latino immigrants for a host of societal problems, the facts do not support their accusations. Some of the anti-immigration rhetoric claims that an influx of Hispanics will drive up the crime rate, but Hispanics actually comprise a smaller percentage of the state’s prison population than of the population as a whole. Undocumented workers are often blamed for a loss of jobs among native-born workers, but according to the *Washington Post*, the presence of migrants causes new jobs to be created.⁸ Complaints also center around immigrants’ use of social services, but they are ineligible for welfare, food stamps, and Medicaid. While their children may make use of the public school system, undocumented immigrants pay sales taxes and payroll taxes, and a third pays income taxes. Altogether, the net economic effect of undocumented workers on native-born Americans is roughly zero. Ultimately, the problem of illegal immigration from Mexico will likely prove temporary. An *American.com* article reports a recent, sharp decline in Mexico’s fertility rate, which will have the long-term result in fewer Mexicans looking for work here as that nation’s population shrinks.⁹ An economics professor at George Washington University adds that the drop in fertility will eventually result in Mexico having a rapidly aging population with too few young workers to support their own economy. As the flow of immigrants subsides, the U.S. workforce will lose a plentiful source of agricultural and construction laborers that has helped to keep food prices low and enabled the recent housing boom. This decrease in workers from Mexico will coincide with the retirement of millions of baby boomers.¹⁰ As a result, future generations will have fewer workers to fill existing jobs, much less new ones, and workers will likely be better educated and in high-skill careers. U.S. economic growth could suffer from the resulting labor crunch.

Potential Implications for Kentucky: The influx of Hispanic and Latino immigrants—whether documented or otherwise—contributes to Kentucky’s diversity and offsets the low fertility rate among the state’s native-born population. As the number of incoming immigrants subsides, Kentucky’s population could eventually decline as well, undercutting the state’s labor force, mainly affecting the construction, agriculture, and service sectors of the economy. 

Sources

- ¹ Amit R. Paley, *Washington Post*, June 6, 2007.
- ² Greg Toppo, *USA Today*, April 4, 2007.
- ³ Rob Stein, *Washington Post*, April 20, 2007.
- ⁴ Nanci Hellmich, *USA Today*, April 10, 2007.
- ⁵ Associated Press, *Washington Post*, June 27, 2007.
- ⁶ *MSNBC.com*, July 19, 2007, Reuters Limited.
- ⁷ Pauline Vu, *Stateline.org*, May 24, 2007.
- ⁸ Sebastian Mallaby, *washingtonpost.com*, April 30, 2007.
- ⁹ Robert M. Dunn, Jr., “Mexican Immigration Will Solve Itself,” *American.com*, June 29, 2007, cited in *Daily Policy Digest*, July 6, 2007.
- ¹⁰ Shannon O’Neill, *latimes.com*, April 5, 2007.