

PROPOSAL: THE EFFECT OF THE NO CHILD LEFT BEHIND ACT ON ATTENTION DEFICIT HYPERACTIVITY DISORDER DIAGNOSIS AND STIMULANT USE DURING CHILDHOOD

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Test-based accountability systems, which hold individual schools accountable for improving student achievement, represent the central educational reform strategy in the United States for the last decade. The most well-known of these systems is the No Child Left Behind Act (NCLB), which intended to increase academic achievement in reading and math and close racial and socioeconomic “achievement gaps.”

The effects of NCLB on student achievement, educational practice, and child well-being have been hotly debated since its implementation. A large body of evidence has emerged about the effects of accountability, but almost all studies have focused on its impacts on student achievement (Dee and Jacob 2009; Neal and Schanzenbach 2010; Reback, Rockoff, and Schwartz 2010; Wong, Cook, and Steiner 2010) and educational practice (Booher-Jennings 2005; Koretz 2008). Fewer studies have studied the impact of accountability pressure on other important measures of child well-being.

This study will assess the impact of the No Child Left Behind Act on the diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and the use of prescription medication in childhood to treat ADHD. (Because the overwhelming majority of these prescriptions are stimulants, hereafter we use this term.) The diagnosis of ADHD has increased dramatically in the last decade, such that by ages 14-17, 1 in 5 boys and 1 in 10 girls has received an ADHD diagnosis (Schwarz and Cohen 2013). At the same time, the use of stimulant medication to treat ADHD in childhood has greatly increased. The goal of this study is to answer the following research questions by analyzing data from the National Survey of Children with Special Health Care Needs and the National Survey of Children’s Health:

- Does increased school accountability pressure associated with the No Child Left Behind Act affect the likelihood of ADHD diagnosis and stimulant medication use in school-aged children (ages 5-17)?
- Are the effects of school accountability pressure on ADHD diagnosis and stimulant medication use heterogeneous by age, family income, race/ethnicity, and gender?
- To what extent can increased school accountability pressure explain increases in ADHD diagnosis and stimulant medication use over the period 2001-2011?

Interested students should have experience with STATA or SAS. The project will involve helping analyze data and prepare tables and figures for publication.