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Section 1:

Normal Brain Development in Elementary School-Aged Children

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	Cognitive Feats		
	Executive Function		
	During elementary school		
	Executive Function	Period of rapid development (years)	
	Attentional control	9	
			(Anderson, 2002; Halliburton and Gable, 2003)
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	Cognitive Feats Executive Function		
	Executive Function	Period of rapid development (years)	
	Attentional control	9	
	Information processing	9-10	
			(Anderson, 2002; Halliburton and Gable, 2003)
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Cognitive Feats Executive Fur During elementary schoo	Cognitive Feats Executive Functioning During elementary school			
Executive Functions	Period of rapid development (years)			
Attentional control	9			
Information processing	9-10			
Cognitive flexibility	7-9			
		(Anderson, 2002; Halliburton and Gable, 2003)		
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Executive Function	Period of rapid development (years)			
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Goal setting	7-10			
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Cognitive Feats Executive During elementary	Functio	oning		
Executive Function		Period of rapid develop (years)	ment	
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Cognitive flexibility		7-9		
Goal setting		7-10		
Concrete reasoning		7-11		
				(Anderson, 2002; Halliburton and Gable, 2003)
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c E	Cognitive Feats Executive Functioning					
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G	ioal setting	7-10				
С	oncrete reasoning	7-11				
E	motional regulation and morality	7-11				
		develop rapidly.				
			(Anderson, 2002; Halliburton ar Gable, 2003)			
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Section 2:

The Impact of Poverty on Brain Maturation and Cognitive Abilities in Elementary School

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Poverty & the Brain

What does the research show?

Poverty changes the way the brain develops and to what extent it develops.

Two main categories:

- Disparities in the brain itself (size, thickness, rate of growth, architecture)
- Disparities in cognition (lags in language, executive control, memory, etc.)

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Poverty & Cognition

How Do the Cognitive Functions of Children in Poverty Differ?



"The association between SES and neurocognitive development is highly significant and varies significantly in strength across the neurocognitive systems tested. SES disparities in language and memory ability are most pronounced. Working memory ability also differs, along with a weaker trend toward differing cognitive control ability. Visual and spatial cognition were not found to differ significantly..." (Farah et al, 2006).

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Impact Ove	ertime			
Increased likelihood of	Chronic Health Problem	ns Among U.S. A	dults, by Poverty S	datus 201
chronic disease and	Poverty status is based on G	allup's best estimate	of those in poverty as	cording
co-morbidities (Reiss, 2013; Burke, 2015)	to the U.S. Census Bureau's	2011 thresholds		
		In poverty	Not in poverty	Difference (pct. pts.)
Heightened tear	% Depression	30.9	15.8	15.1
Cionarca et al 2008	% Asthma	17.1	11.0	6.1
(Glanaros et al, 2008	% Obesity	31.8	26.0	5.8
and Farab 2009)	% Diabetes	14.8	10.1	4.7
and 1 aran, 2003)	% High blood pressure	31.8	29.1	2.7
DIDEOT	% Heart attack	5.8	3.8	2.0
DIRECT	% Cancer	6.3	7.1	-0.8
CONNECTION	% High cholesterol	25.0	26.0	-1.0
TO LONG-TERM	Inp. 0-Dec. 01, 0011			
HEALTH!	Gallup-Healthways Well-Be	ing Index		





Poverty & Cognition

More evidence

- Increase in family income → better vocabulary (Azma, 2013) and graduation rates (Duncan et al, 1998)
- 30% of language ability variance can be explained by SES alone (Farah et al, 2006).
- Half the variance in IQ can be explained by environmental factors (Azma, 2013).
- More time spent in poverty \rightarrow more severe the deficit in memory (Evans and Schamberg, 2009)
- The impact of poverty on development is larger for siblings who were younger during the period of poverty than for older siblings, indicating, again, an environmental influence on development (Farah et al, 2006).

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The Mediators

Between Poverty and Brain Development Disparities





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The Mediators

Emotional and social challenges

- 1. Mental health (Reiss, 2013)
- 2. Lack of parental support and cognitive stimulation (Farah et al, 2009)
- 3. Lack of relationships/interactions with others (Jensen, 2009)

What's the Impact?

- 1. Childhood depression, maladaptive social conduct, emotional dysregulation, increased chances of developing mental disorder
- Lack of resources and supervision, substandard education, parents uninvolved in child's academics, parental depression, chronic stress and
- increased chance of abuse/neglect 3. Bullying, smaller group of peers/support system

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The Mediators

- Cognitive achievement, in general, is mediated by cognitive stimulation, for example, the amount of daily parent-child speech interactions mediates language development (Farah et al, 2009).
- Language skills are also mediated by access to books (Jensen, 2009).
- System 3 performance (working memory) can be predicted by social and emotional nurturance (Farah et al, 2009).

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The Mediators Health and safety 1. Violence, neglect and abuse 4. Food insecurity 2. Substandard housing 5. Prenatal environment 3. Insufficient healthcare What's the Impact? Poor nutrition and physical health, increased risk of asthma, obesity 1. Mental health problems and chronic stress 2. Over crowding, exposure to traffic and low IQ and environmental hazards, respiratory disease, psychological 5. Exposure to drugs and alcohol in the womb, birth defects distress 3. Increased risk of death from infection or injury Jensen, 2009; Taras, 2005; Farah et al, 2009











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Chronic stress

What's the Impact? Increased risk of disease and early death
 Impairs immune system and stress response

The Mediators

- 2. Altered gene expression (Tyrka et al, 2015) 3. Brain development (Middlebrooks and Audage, 2008, McEwen and Gianaros, 2010)

Altered brain circuitry, reduced neurogenesis, excess myelin, glucocorticoid receptor resistance (Noble et al, 2012)

Cortical pruning of the prefrontal cortex
Neuronal death in the hippocampus
Increased activation of the amygdala

- 1. Suppressed immune system (Middlebrooks and Audage, 2008; Burke, 2015)

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The Mediators

Between Brain Development Disparities and Academic Success

Cognitive lags:

- Language
- Executive functioning
- Memory
- Social and emotional regulation

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Section 4:



The Academic and Behavioral Manifestations of Poverty's Impact on the Brain

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	Academic and Be How povert academic	phavioral Manifestations y affects behavior and performance	
	Type of Manifestation	Examples	
	Cognitive/Academic	Impaired attention and concentration Reduced cognition, creativity, and memory Reduced motivation, determination, and effort Reduced neurogenesis Poor grades	
	Behavioral	Acting out Impatience and impulsivity Limited range of behavioral responses Absence/tardiness	
	Social	Gaps in politeness and social graces Diminished social skills and judgment Less empathy for others' misfortunes Low self esteem	
	Health	 Increased likelihood of depression Higher rates of illness and untreated disabilities 	(Jensen, 2009)
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- 3rd grade MCAS math scores, 6-7th grade overall GPAs, 6th grade math GPAs, and 6-8th ELA (English test) and MCAS (Massachusetts Comprehensive Assessment System) math scores were higher (Walsh et al, 2014)
- Report card scores for grades 3-5
 were significantly higher
- Results:

Interventions

Interventions CITYCONNECTS

Interventions

"Our school-based model identifies the strengths and needs of every student and links each child to a tailored set of intervention, prevention, and enrichment services in the school or community. We efficiently and cost-effectively address the in- and out-of-school factors that impact students'

academic, social-emotional, family, and physical well-being. City Connects, formerly Boston Connects, is active in 63 sites across Boston and Springfield, Mass.; New York City; and Ohio (public and private schools)."

Age range: elementary and K-8 schools

- Implementation:

- · Support plan for each child

- Individual student reviews for children with intensive needs .
- Partnerships between the School Site Coordinator and community services •

 Family involvement Electronic records for monitoring

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- CITYCONNECTS
- OAPHA
- CITYCONNECTS The City Connects Intervention Every Student, Every Teacher, Every Year Implementation: Support plan for each child • Individual student reviews for children with intensive needs VIEW OF EVERY STUD WITH THEIR TEACHER en the Partne Schoo dinator -000 Family i 2 Electronic monitoring IN DEPTH REVIEW FOR STUDENTS MOST AT RES
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Interventions

Child Parent Center (CPC) Program

"The Chicago Child-Parent Centers (CPCs) provide comprehensive "The Chicago Child-Parent Centers (CPCs) provide comprehensive educational support and family support to economically disadvantaged children and their parents. The guiding principle of the program is that by providing a school-based, stable learning environment during preschool, in which parents are active and consistent participants in their child's education, scholastic success will follow. The program requires parental participation and emphasizes a child-centered, individualized approach to social and cognitive development."

Age range: pre-K to third grade

http://www.pror am.asp?progra

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Interventions

Child Parent Center (CPC) Program

Results:

Children who participated in the program for 1-2 years had higher high school graduation rates, more years of school completed overall, and lower

rates of juvenile/violent arrests and school dropout (Reynolds et al, 2001).

Implementation:

1. Structured curriculum of learning activities focused on teaching basic language and math skills 2. Low child to teacher ratios

- 3. Parent program that encourages parental involvement
- 4. Outreach activities
- 5. Staff development
- 6. Health and nutrition services
- 7. Student support services

http://www.promisingpractice am.asp?programid=98#over OAPHA





Interventions

Programs focused on executive functioning...

- 1. Head Start
- 2. Tools of the Mind
- 3. Chicago School Readiness Program

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"Tools of the Mind is a research-based program combining transformational early childhood pedagogy with an innovative curriculum that helps young children to develop the cognitive, social-emotional, selfdevelop the cognitive, social-emotional, self-regulatory, and foundational academic skills they need to succeed in school and beyond. Currently, *Tools of the Mind* has two complementary modules: one designed to be used with children aged 3–4 in pre-K and preschool settings, and the other designed for kindergarten. "

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Interventions



Focus on classroom structure and routine to have an effective and supported learning

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Avoid directives (such as, "Do this right now!") Avoid demeaning sarcasm Avoid labeling students Reduce classroom parallels to prison **Ö**API IA

Classroom Action Steps

What to AVOID:

	Academic performance	Build core skills that may be lacking (memory, focus, vocabulary, fluency, problem-solving, self-esteen, etc.) Employ a cognitively challenging curriculum Incorporate homework into class time Ultize turn-taking and group projects that require collaboration Use role-play, nads-on crafts, and physical activity in lessons Provide turbs Include weekly problem solving sessions Use real world applications	
	Social skills	Remind students to thank classmates Teach turn-taking and basic meet-and-greet skills	
	Confidence and sense of control	Give respect to the students first Share decision making with the class Provide hope, support, and coping strategies Be inclusive Celebrate achievement Empower students by teaching them to set their own goals Educate caregivers and teachers Foster relationships between students, their peers, and their teachers	
	Health	Recognize signs of chronic/acute stress and offer stress reduction techniques Provide exercise options and nutritious foods Provide on-site physicians and access to medications	
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In order to improve... Classroom Action Steps

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Results

Interventions

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Poverty impacts the development of the brain during elementary school years which, in turn, impacts cognitive

Summary & Conclusion

The Impact of Poverty on Brain and Cognitive Development in Elementary School-Aged Children



Interventions

ABOUT APHA The American Public Health Association champions the health of all people and all communities. We strengthen the profession of public health, promote best practices and share the latest public health research and information. We are the only organization that influences federal policy, has a 140-plus year perspective and brings together members from all fields of public health. Learn more at www.apha.org.



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