



# DISADVANTAGE AND DEVELOPMENT: STRATEGIES TO REDUCE INCOME GAPS IN SCHOOL READINESS

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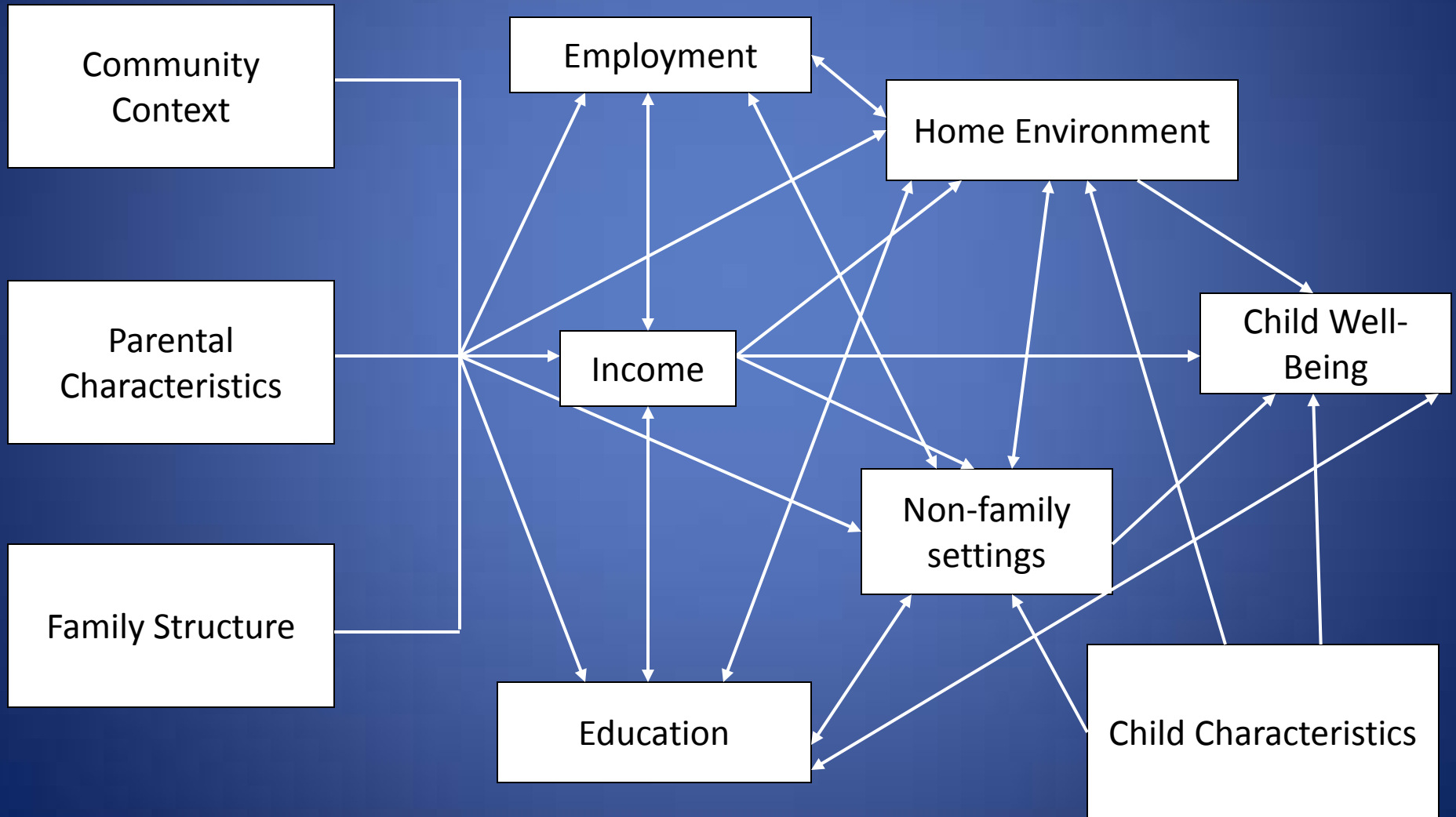
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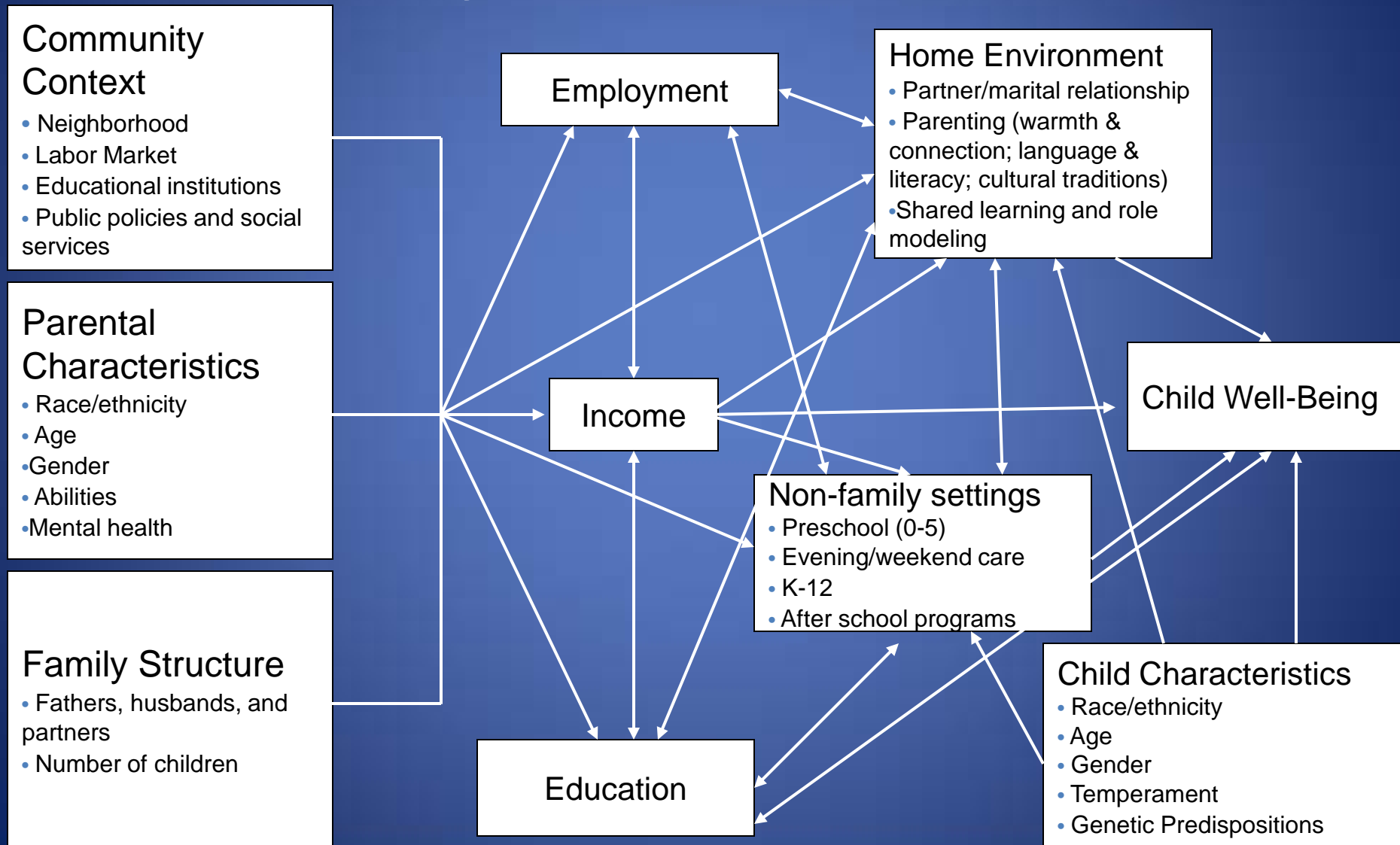
# How and Why: Family Capital

- Income
- Education
- Family Structure
- Employment

# A Conceptual Model of Inputs for Healthy Child Development



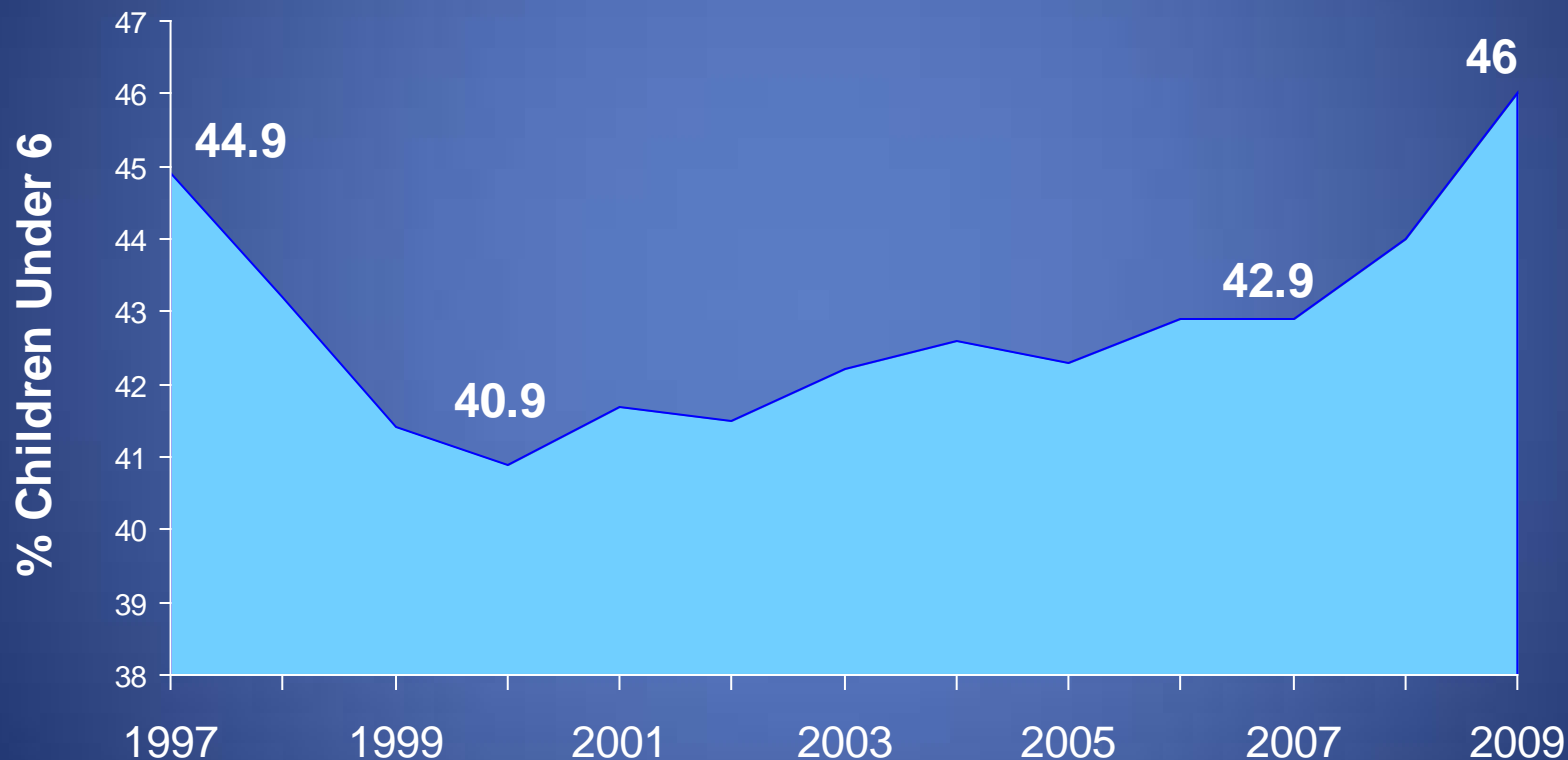
# A Conceptual Model of Inputs for Healthy Child Development



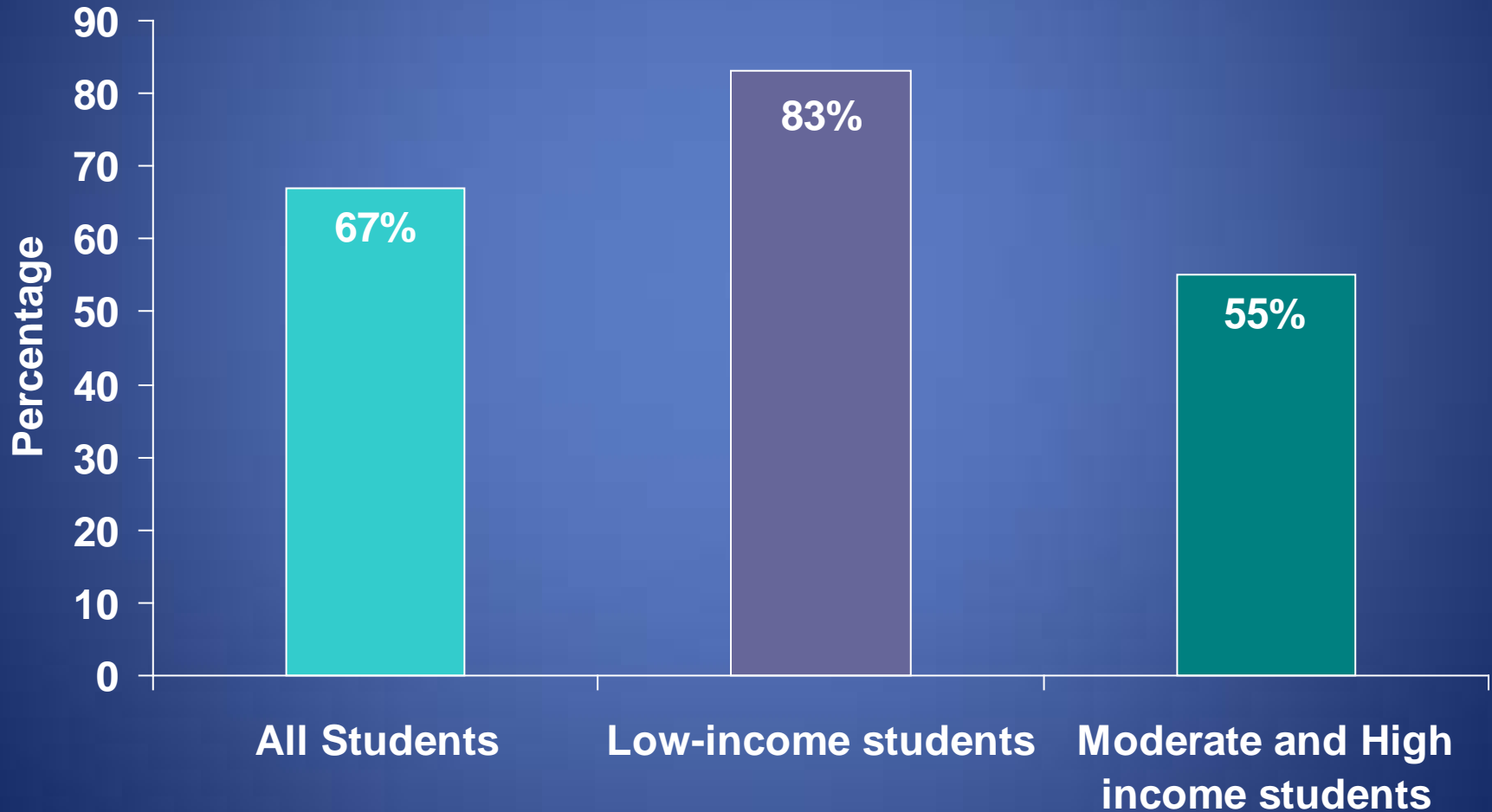
# How and Why: Children's Success

- Language and literacy skills
- Math and science skills
- Executive function and attention
- Conscientiousness and perseverance
- Behavioral regulation (aggression & depression)
- Relationships and connection
- Health

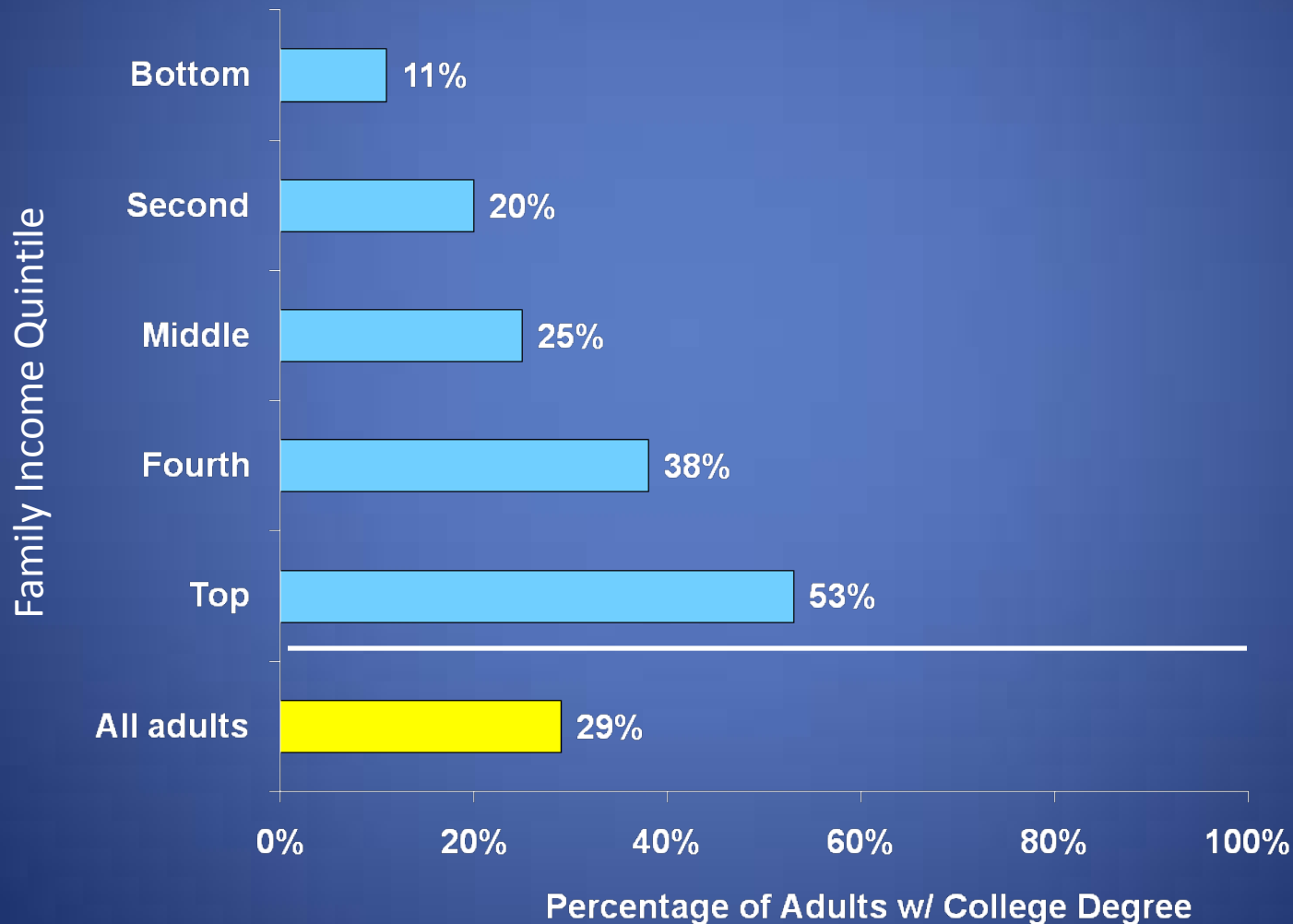
# Children Under Age 6 Living in Low-Income Families, 1997-2009



# Percent of 4th Graders Scoring Below Proficient by Family Income



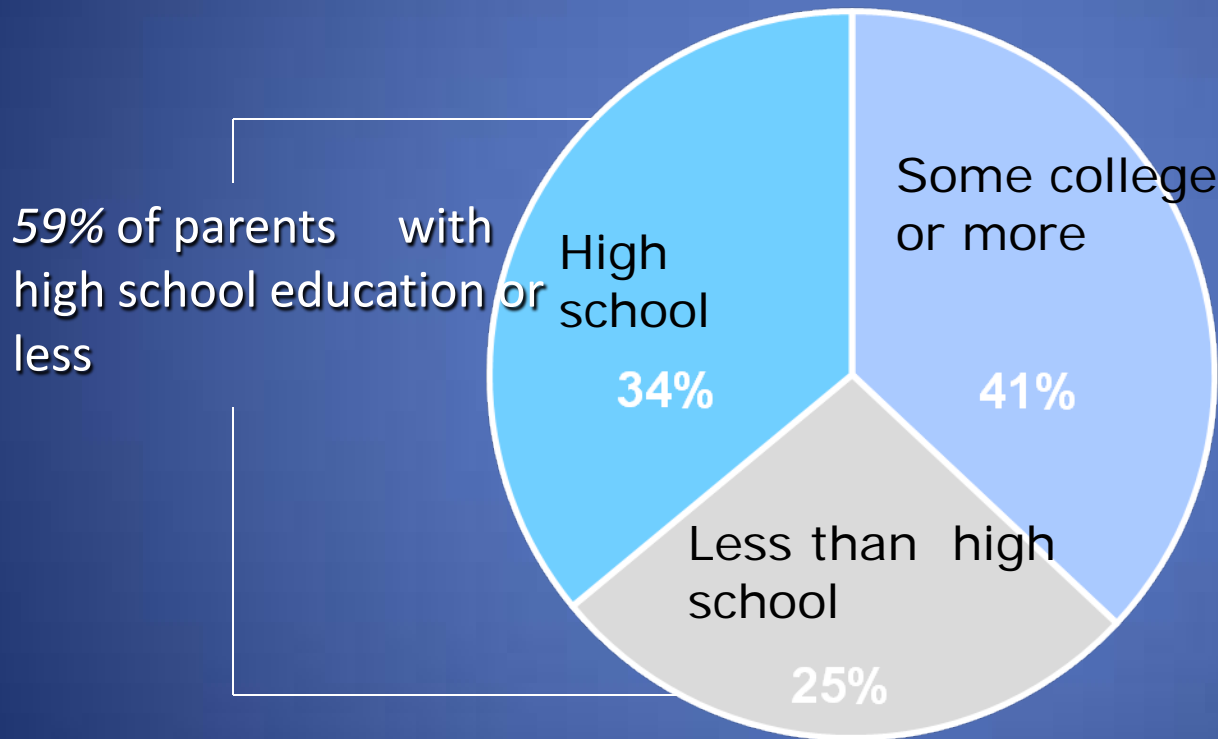
# Socioeconomic Disparities in U.S. Postsecondary Degree Completion



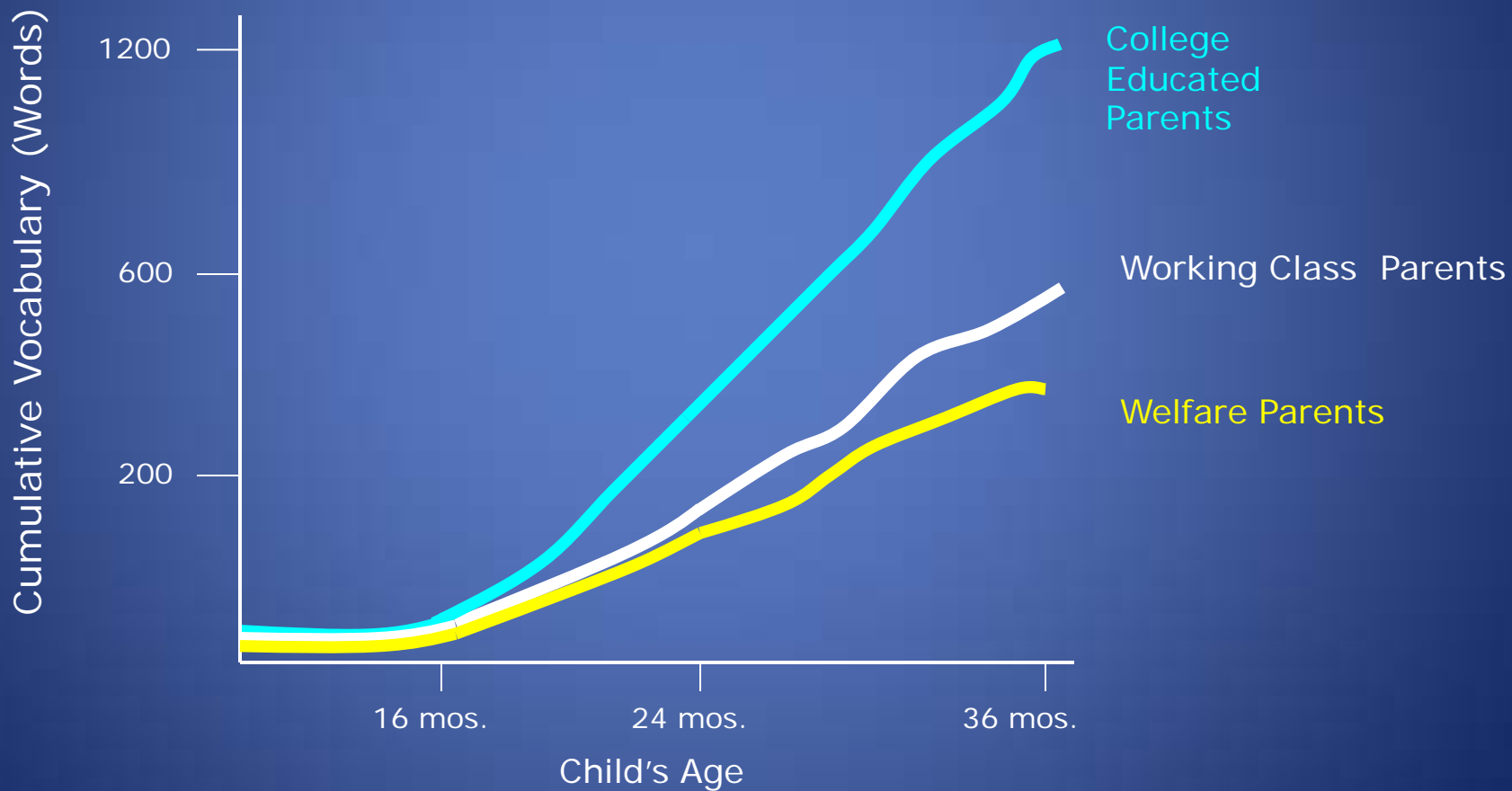
Graph from Isaacs et al., 2008; Brookings tabulation of PSID data from 2005



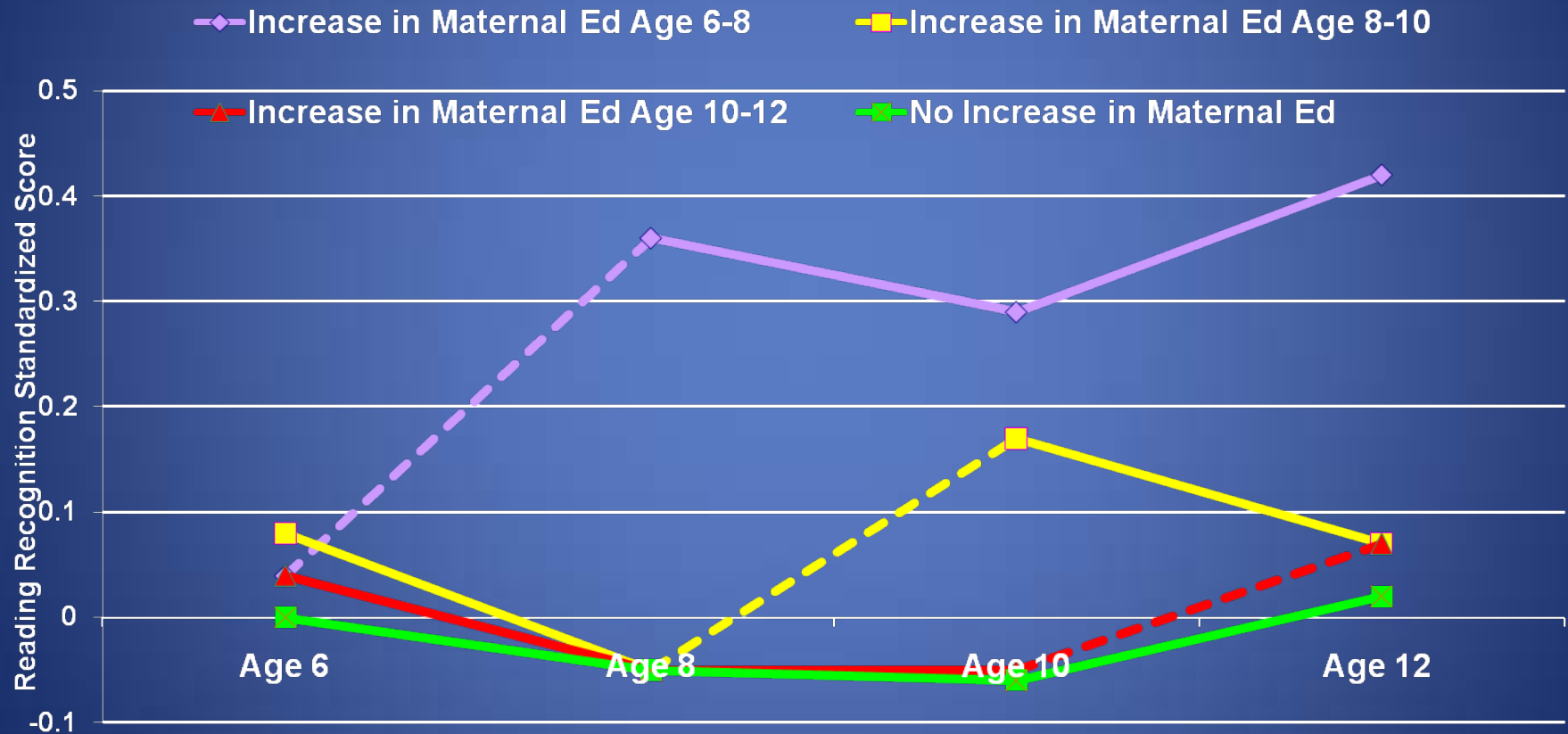
# Children Under 6 in Low-Income Families, by Parent Education, 2009



# Disadvantage and Child Development

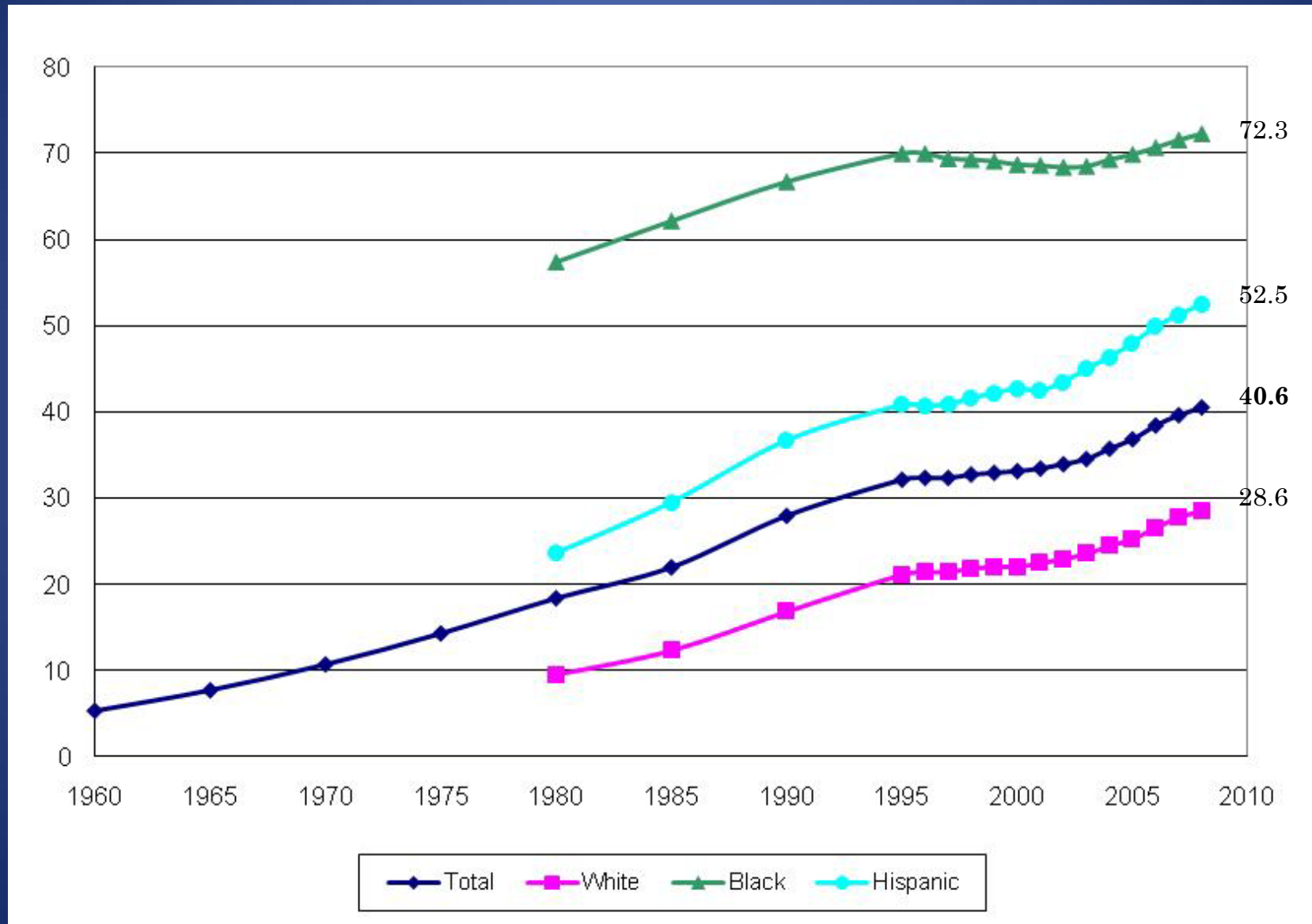


# When Mothers Increase Their Education, Children's Learning Improves



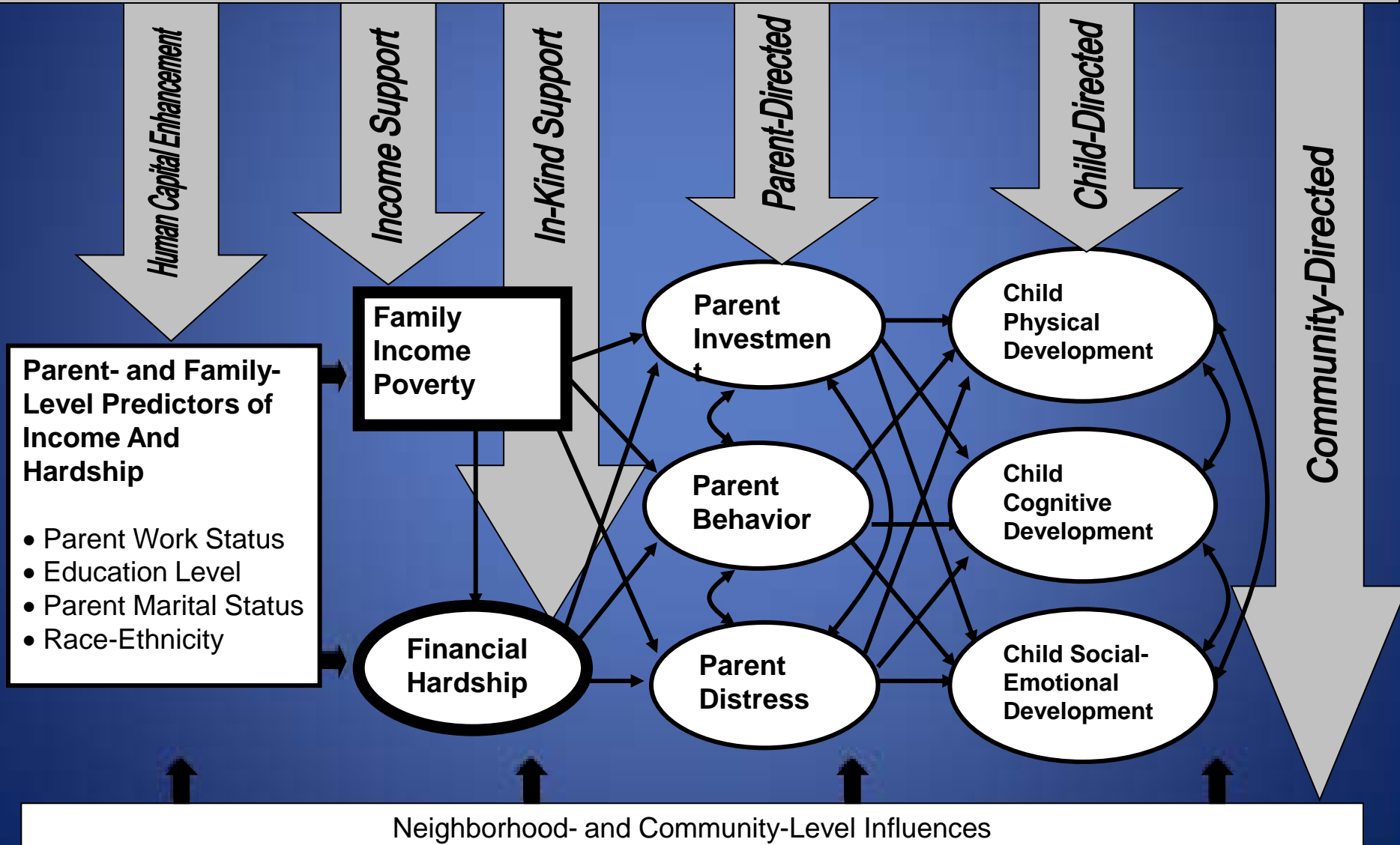
Dashed Lines reflect the time period during which mother's education increased

# Unmarried Births as a Percent of All U.S. Births



# Policies and Programs

## Federal-, State-, and Community-Level Policy and Program Interventions



# Design of the Infant Health & Development Program (IHDP)

- Low birth weight ( $\leq 2500$  grams), premature ( $\leq 37$  weeks GA) infants
- Born at 8 medical centers in 1985 (Arkansas, Albert Einstein, Harvard, Miami, Pennsylvania, Texas, Washington, Yale)
- Random assignment to one of two groups after birth
- Intervention services from neonatal discharge to age 3
- Stratification by birth weight group: lighter ( $\leq 2000$  g; 63%) and heavier (2001-2500 g; 37%) LBW

# Intervention Services in the IHDP

- **Follow-up Only Group (2/3 of sample)**
  - **Frequent Pediatric Surveillance (Approximately every 3-6 months)**
  - **Referral for Health and Social Services**
- **Intervention Group (1/3 of sample)**
  - **Home Visits (Every week until 12 months, then every other week)**
- **Partners for Learning Curriculum**
  - **Parent Problem Solving**
  - **Social Support**
- **Child Developmental Centers (5 days/week, 8 hours/day, 12-36 months)**
  - **Partners for Learning**
  - **Parent Support Groups**
  - **Parent Education**
  - **Social Support**

# Infant Health & Development Program: Impacts from Age 3 to 18

	IQ	PPVT
3 Years	14.3	9.4
5 Years	3.7	6.0
8 Years	4.4	6.7
18 Years	3.3	5.1

- Heavier low birth weight children only
- All impacts were significant



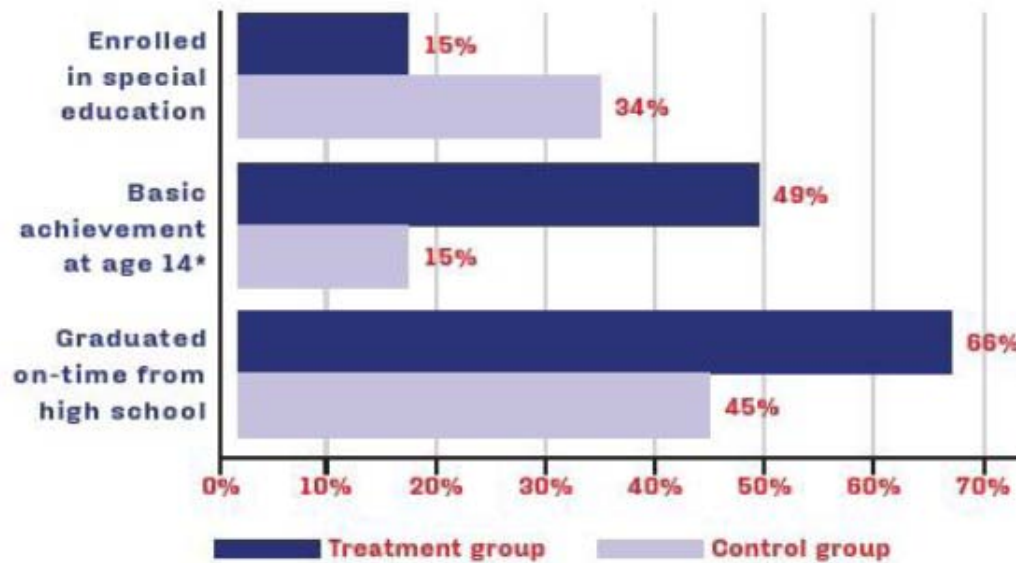
# Infant Health & Development Program: Impacts on Math Achievement

	WJ Math
8 Years	4.9
18 Years	3.6

- Heavier low birth weight children only
- All impacts were significant

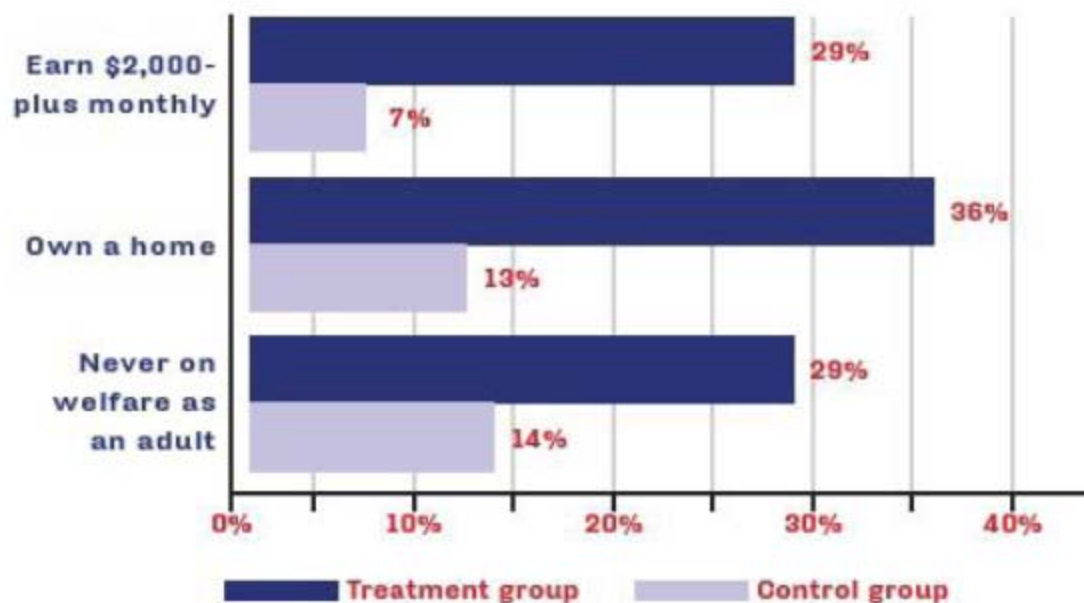
**FIGURE 4**  
**Effects of the Perry Preschool Project**

**EDUCATIONAL EFFECTS**



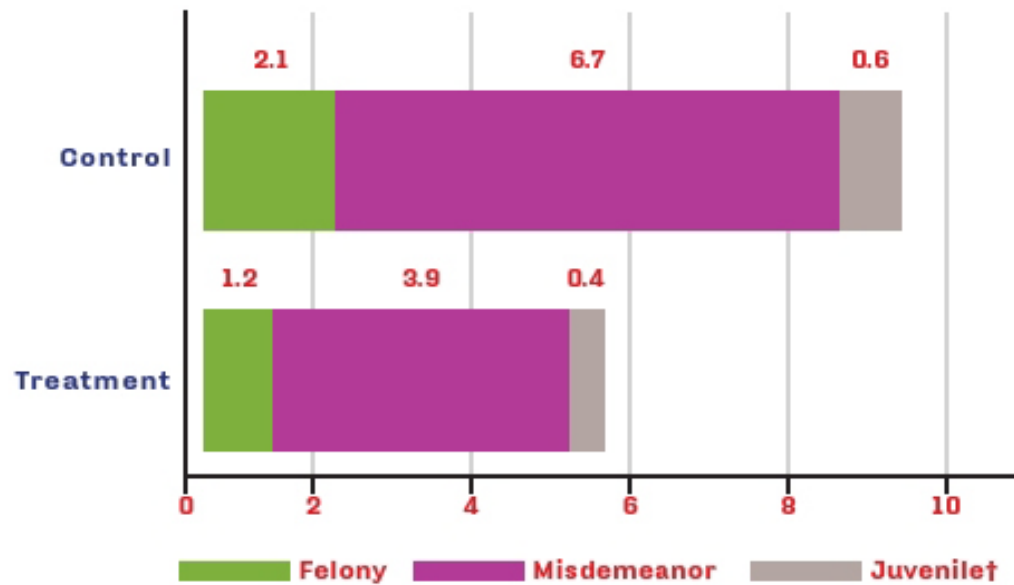
W.S. Barnett, "Benefit-Cost Analysis of Preschool Education." 2004. "Basic achievement defined as performance at or above the lowest 10<sup>th</sup> percentile on the California Achievement Test (1970) +Arrests prior to age nineteen

## ECONOMIC EFFECTS THROUGH AGE 40



W.S. Barnett, "Benefit-Cost Analysis of Preschool Education." 2004. "Basic achievement defined as performance at or above the lowest 10<sup>th</sup> percentile on the California Achievement Test (1970) +Arrests prior to age nineteen

## ARRESTS PER PERSON THROUGH AGE 40



**SOURCE:** W.S. Barnett, "Benefit-Cost Analysis of Preschool Education." 2004. \*Basic achievement defined as performance at or above the lowest 10th percentile on the California Achievement Test (1970). †Arrests prior to age nineteen.

# Achievement gains (standard deviation units) from Recent Preschool Evaluations.

	8 State	Head Start
Cognitive Language	.23	.09 (.13)
Math	.31	.12 (.18)

## Table Notes

- Head Start Impact Study used a Randomized Trial, 8 State used a regression discontinuity design.
- Estimates for the Head Start Impact Study are presented in parentheses with cross-over adjustments.

# Reasons for Smaller Effect Sizes

1. Teacher Education
2. Quality of Preschool
3. Amount of Preschool
4. Counterfactual
5. Risk

# Achievement gains (standard deviation units) in Tulsa and Head Start Studies

	<b>Tulsa Public School</b>	<b>Tulsa Head Start</b>	<b>Head Start Impact Study</b>
Letter-word	.99	.51	.22 (.34)
Math	.36	.37	.12 (.18)

- Estimates for the Head Start Impact Study are presented in parentheses with cross-over adjustments.
- Tulsa Head Start uses public school teachers, unlike Head Start and like Tulsa Public Schools

# Quality of Different Child Arrangements

	<b>ECERS &gt; 5</b>	<b>CLASS &gt; OK avg.</b>
Head Start	24	21
Child Care	7	14
Private School	10	23
Private Pre-K	19	19
State Pre-K	42	34

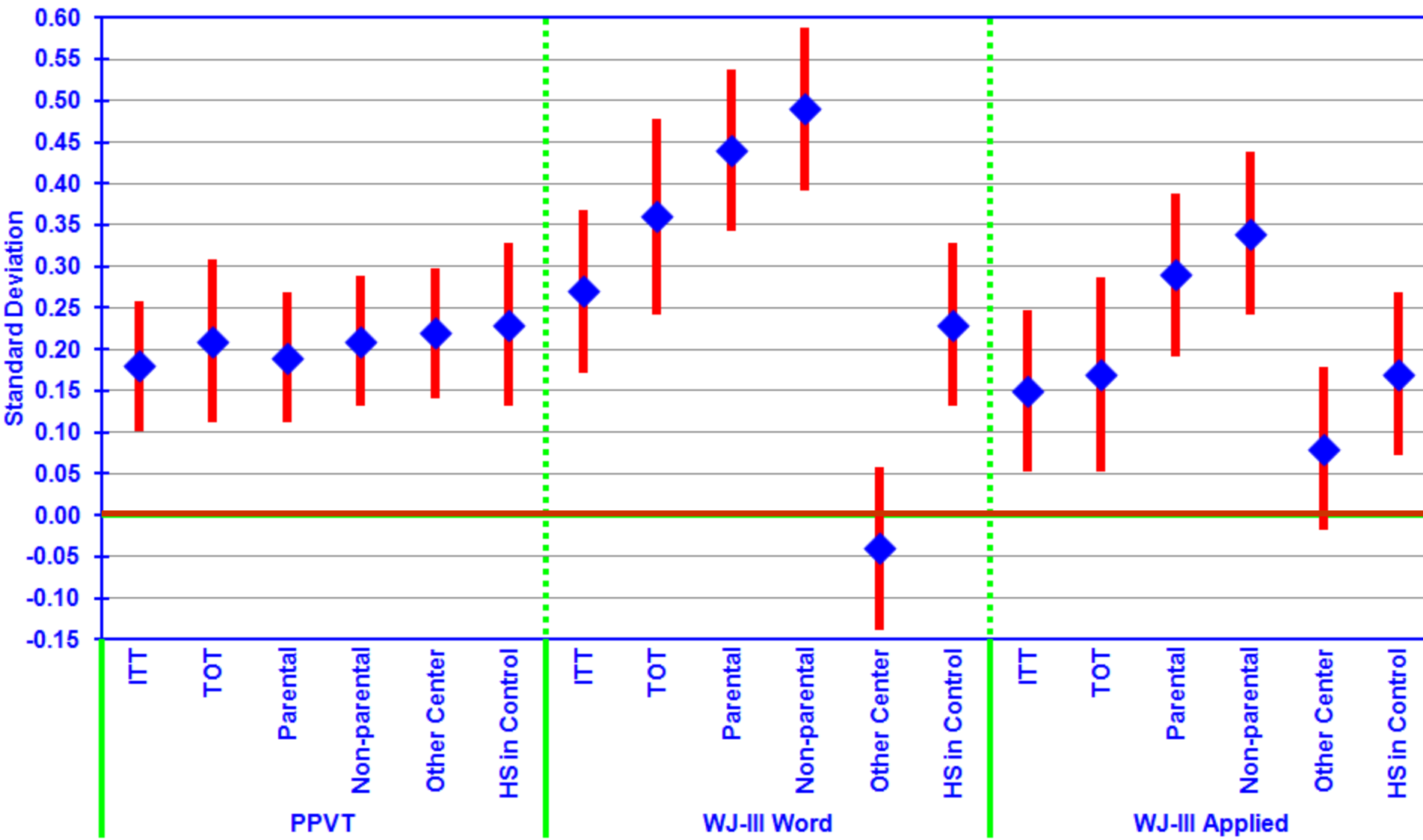


# Infant Health & Development Program: Impacts As A Function Of Number Of Days Of Center-Based Care

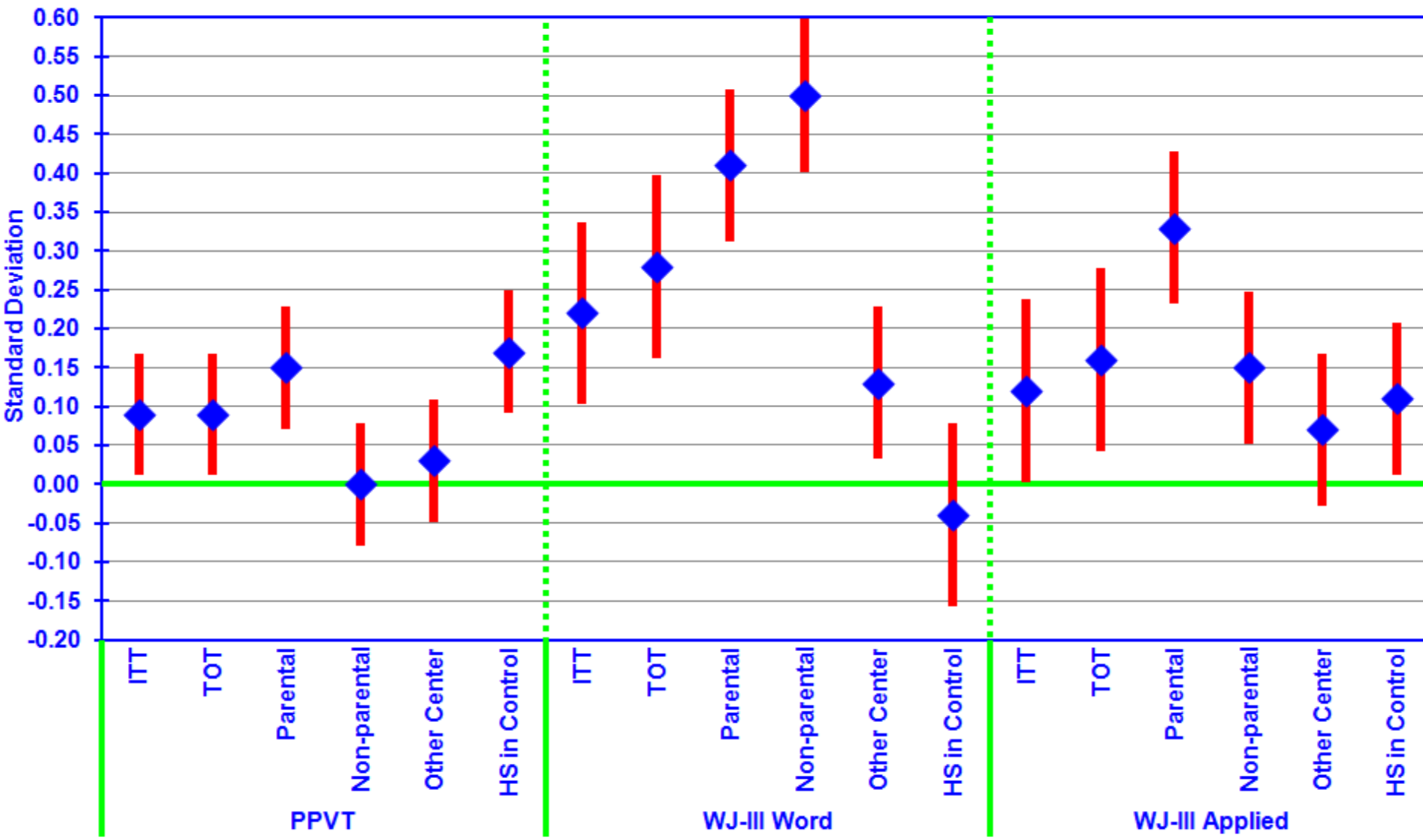
	Total Sample	>350 days of treatment over 2 years
Age 3		
IQ	14.3	16.7
Age 8		
IQ	4.4	8.4

\*Heavier low birth weight children only

# Cognitive Effects of Head Start: 3-year-cohort



# Cognitive Effects of Head Start: 4-year-cohort



- Dots represent point estimates and red lines represent 95% confidence intervals;
- Red lines not crossing X-axis ( $Y=0$ ): estimates significant at  $p < 0.05$ ; non-significant otherwise;
- No overlaps between red lines: significantly different at  $p < 0.05$ ; no statistical differences otherwise.

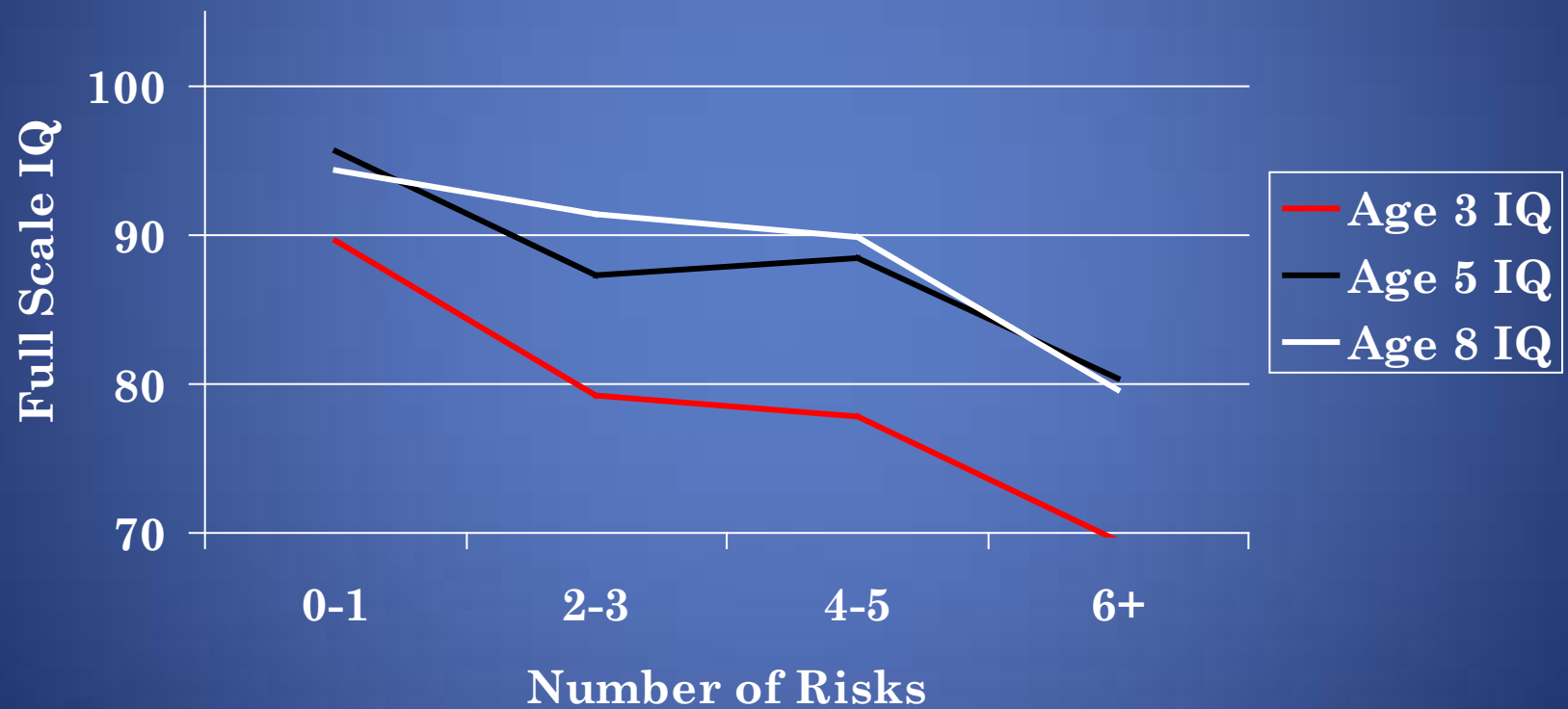
# What is Risk?

- Biological and environmental conditions that increase the likelihood of negative outcomes
- Epidemiological research on risk factors in heart disease (Framingham Study)
- Mortality and morbidity increases with the accumulation of risk factors

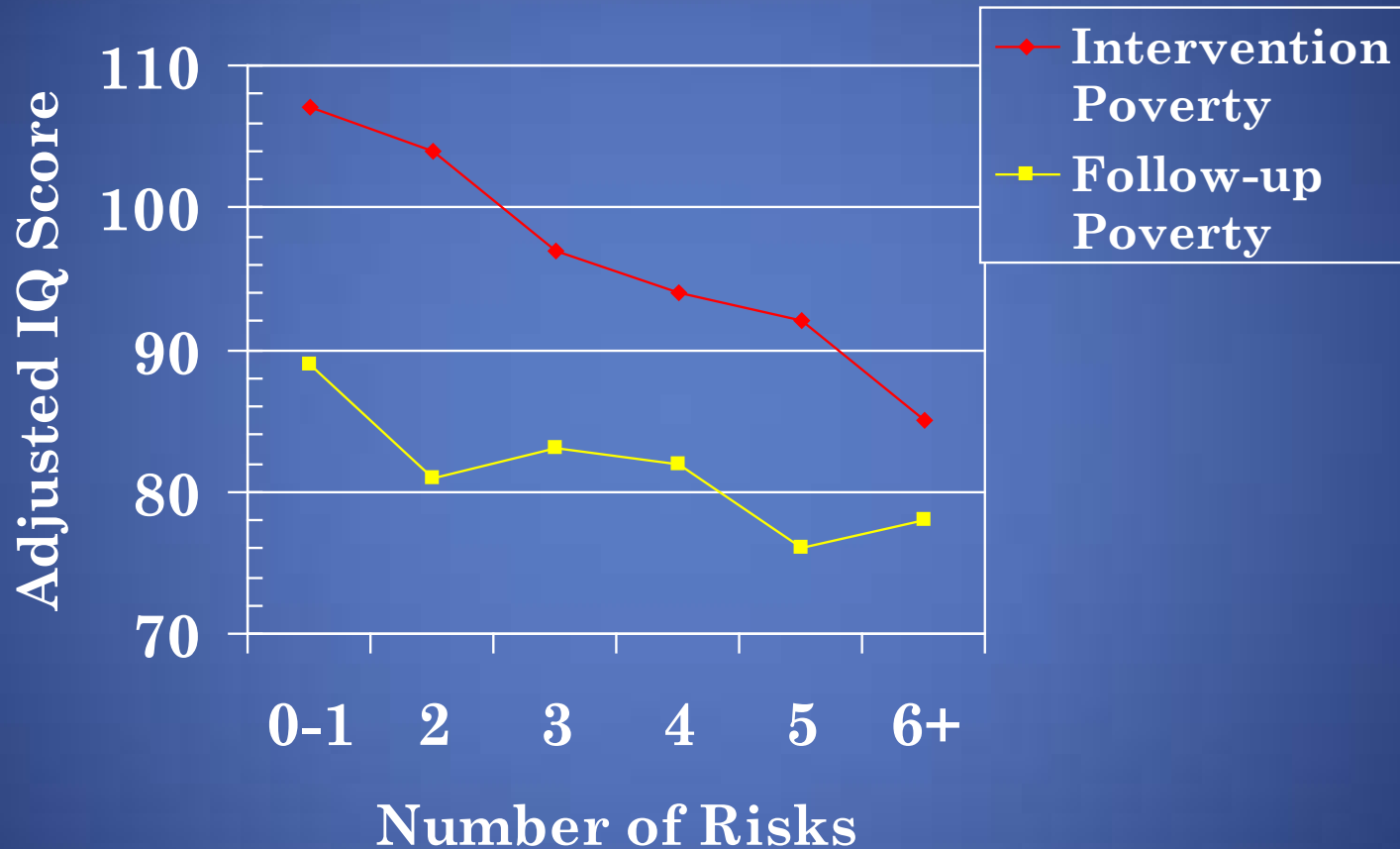
# Our First Foray into Cumulative Risk Analyses: 1990s the Infant Health and Development Program

- Liaw & Brooks-Gunn (1994) examined the prevalence, contributions, and cumulative effects of 13 risk factors separately for poor and nonpoor families
- Sample consisted of 704 children with complete data for family income and all 13 risk factors
- Poor families had 12 month family income to needs ratio less than 150% (56.4%) Nonpoor families had 12 month family income to needs ratios at or above 150% (43.6%)
- Outcomes: Children's cognitive test scores (Stanford-Binet) and behavior problems (CBCL) at 3 years of age

# Risk and IQ Over Time



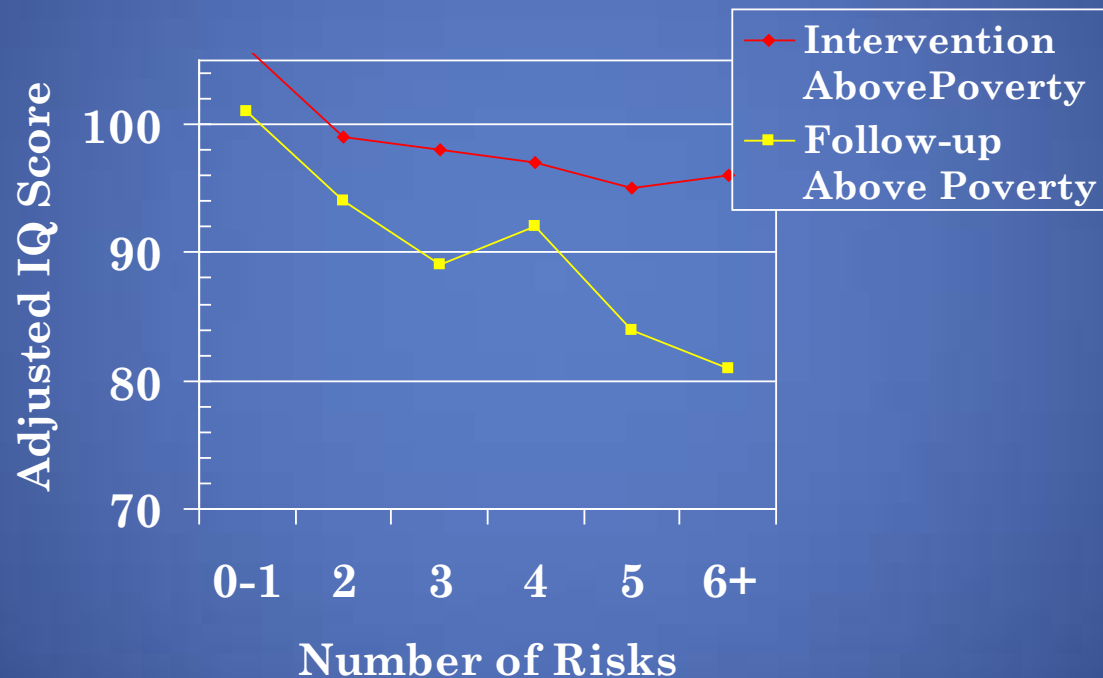
# IQ Scores for Poor 3-Year-Olds by Risk and Treatment



Adjusted IQ scores by risk groups and poverty status  
follow-up-only groups (N r 423).



# IQ Scores for not Poor 3 Year-Olds by Risk and Treatment



Adjusted IQ scores by risk groups and poverty status  
follow-up-only groups (N r 423).

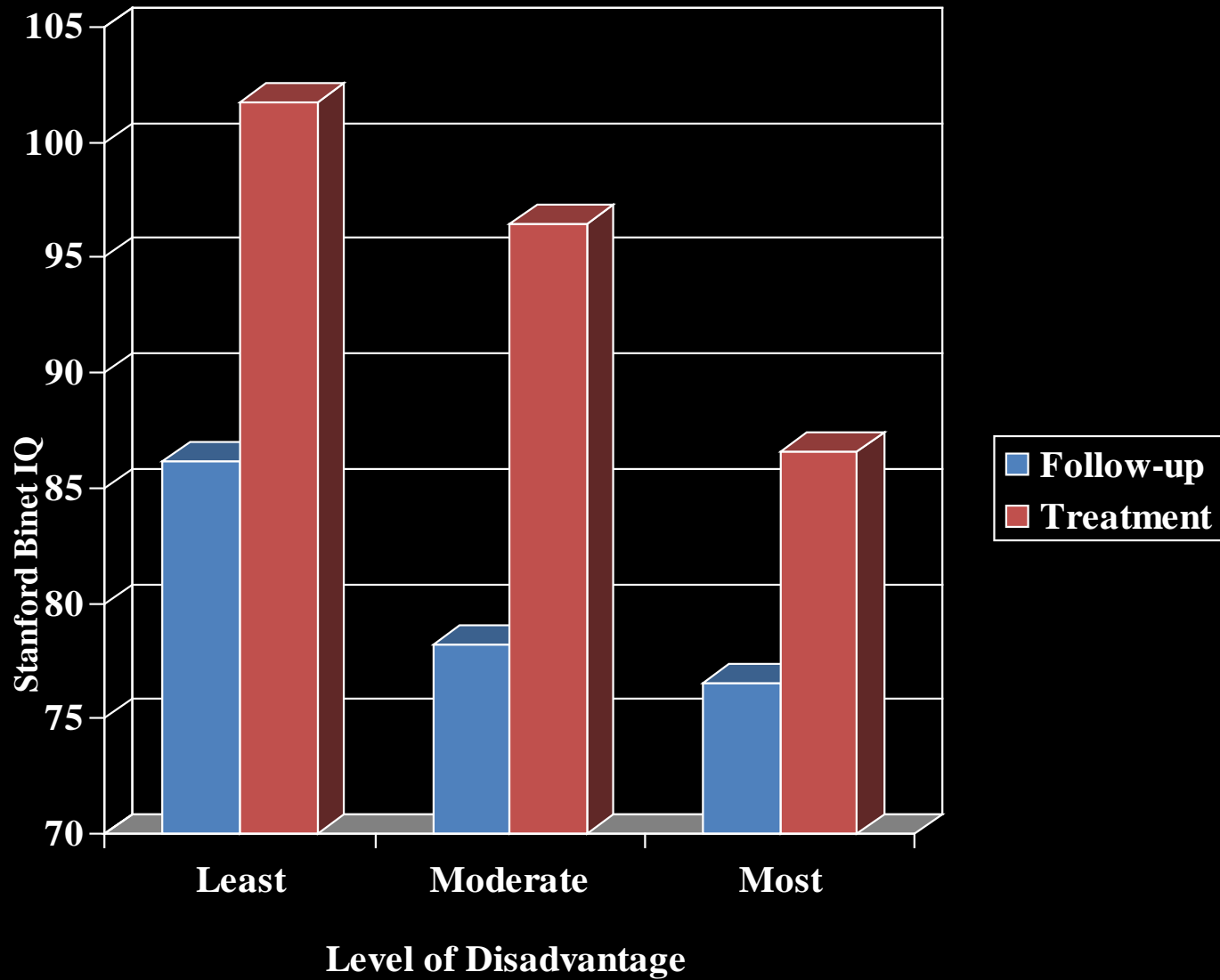
# Cumulative risk and early childhood programs: Are all risk factors equal?

- Poverty and income
- Human capital
- Psychosocial factors

# Human Capital

- Based on the work by Gennetian using mother's work status, education at the time of the child's birth, and welfare status
- Defined 3 levels of disadvantage:
  - 1) Least disadvantaged: Mothers who worked, had a high school degree and were not on welfare
  - 2) Highly disadvantaged: Mothers who did not work, had less than a high school degree, and received welfare
  - 3) Moderately disadvantaged: Neither least disadvantaged nor highly disadvantaged

**Figure 6. Risk x Treatment for Stanford-Binet at Age 3 (Heavier BWG)**



**Figure 7: Human Capital Risk x Treatment for WISC at Age 8  
(Poor Heavier BWG)**

