Impact of Poverty

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Impact of Poverty

Abstract
Developmental-Begins before birth: quality of mother nutrition and prenatal care; Parent-child interactions; less access to learning-oriented toys; less access to developmentally appropriate activities. Asthma-Environmental; Access to preventive health care. Obesity- Lack of opportunities for physical activity; Lack of access to nutritionally dense foods.

Keywords
Buffalo, Education, Health and Wellness, Poverty and Education, Report, Other, PPT
Impact of Poverty

Buffalo Public School District
Health Related Services

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Poverty Impacts on Health & Learning

Developmental
- Begins before birth: quality of mother nutrition and prenatal care
- Parent-child interactions
- Less access to learning-oriented toys
- Less access to developmentally appropriate activities

Asthma
- Environmental
- Access to preventive health care

Obesity
- Lack of opportunities for physical activity
- Lack of access to nutritionally dense foods
Variables that Increase the Risk of a Child Living in Poverty

- Teen Mother
- Mother unmarried at time of child’s birth
- Mother does NOT obtain high school diploma or GED

Risk increases with each additional variable
- 27% higher if one variable is present
- 42% higher if two variables are present
- 64% higher if three variables are present

If NONE of these variables are present the risk of living in poverty is 7%
Poverty Limits the Chances of Educational Attainment

Children living in poverty are at risk for:

- Poor Health
- Social Emotional Problems

Poor Health and Social Emotional Problems Impact on Academic Success

Educational attainment is one of the prime mechanism for escaping poverty
BPS Current Reality

87.74% Free & Reduced Lunch

Physical activity
- Bussing – 90%
- Limited opportunities during school day

Nutrition
- Free breakfast & lunch for all – started fall 2012
- Breakfast in the classroom – started fall 2011

Behavior Health Risks (BPS YRBS report)
- Higher rate of suicidal thoughts/_attempts
- Rate of sexual activity/early engagement

Health Education

Health Service:
- Nurse in every school & 13 School Based Health Centers
  - Immunization monitoring, administer meds/treatments, first aid, etc...
- Dental screening/services initiated spring 2012
- STD testing pilot in one high school
Strategies

Partnerships/Collaborations

Shared Vision: *Healthy School Communities*

Wellness Policy
- Framed on CDC’s Coordinated School Health

Youth Risk Behavior Survey
- Sexual Forums Held

Health Committees Established
- Diverse Stakeholders

School Health/Wellness Teams
- Complete School Health Index
- Develop Wellness Plan
Moving Forward

Physical Activity
- Meet NYS Regulations for Physical Education
- Daily Recess PK-6 & infuse physical activity in classroom

Nutrition
- Meet USDA requirements and wellness policy
- Garden Tool Kit

Health Education
- Introducing a new health curriculum
- HS Seniors offered sexual health education this spring

Health Services
- Expand dental services/STI testing/grade level physicals
- Assure families have access to health insurance

Establish Mental, Emotional & Behavioral Health Committee
8 Components of Coordinated School Health

- Health Education
- Physical Education
- Health Services
- Nutrition Services
- Counseling, Psychological, & Social Services
- Healthy School Environment
- Health Promotion for Staff
- Family/Community Involvement