Poverty, ACEs & Health Care Disparity

Shilpa Pai, MD FAAP
Director, Resident Education in Advocacy & Community Health
Founder/Co-Director, NJ Pediatric Residency Advocacy Collaborative.
Associate Professor of Pediatrics
Rutgers-Robert Wood Johnson Medical School
Objectives:

1. Understand the health effects of poverty on children
2. Learn the impact of adverse childhood experiences and its toxic effects on children in poverty
3. Become familiar with health inequities:
   1. Black Infant Mortality in NJ
   2. COVID-19
4. Apply social determinants of health screening in linking to community organizations
5. Realize how as providers we can address multifactorial issues of health inequity in children
Contributors to health inequities:

Individual health:  Adverse Childhood Experiences

Provider factors:  implicit bias  cultural and linguistic barriers to patient-provider communication.

Institutional:  how health care is organized, financed, and delivered

Social/environmental factors
Defining Poverty: Federal Poverty Level 2015

- POOR: living below FPL
- LOW-INCOME: 200% of FPL
- DEEP POVERTY: 50% of FPL (9.3% of children lived in deep poverty)

<table>
<thead>
<tr>
<th>Household Size</th>
<th>100%</th>
<th>150%</th>
<th>200%</th>
<th>250%</th>
<th>300%</th>
<th>400%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$11,770</td>
<td>$17,655</td>
<td>$23,540</td>
<td>$29,425</td>
<td>$35,310</td>
<td>$47,080</td>
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<td>2</td>
<td>$15,930</td>
<td>$23,895</td>
<td>$31,860</td>
<td>$39,825</td>
<td>$47,790</td>
<td>$63,720</td>
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<tr>
<td>3</td>
<td>$20,090</td>
<td>$30,135</td>
<td>$40,180</td>
<td>$50,225</td>
<td>$60,270</td>
<td>$80,360</td>
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<tr>
<td>4</td>
<td>$24,250</td>
<td>$36,375</td>
<td>$48,500</td>
<td>$60,625</td>
<td>$72,750</td>
<td>$97,000</td>
</tr>
<tr>
<td>5</td>
<td>$28,410</td>
<td>$42,615</td>
<td>$56,820</td>
<td>$71,025</td>
<td>$85,230</td>
<td>$113,640</td>
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<tr>
<td>6</td>
<td>$32,570</td>
<td>$48,855</td>
<td>$65,140</td>
<td>$81,425</td>
<td>$97,710</td>
<td>$130,280</td>
</tr>
<tr>
<td>7</td>
<td>$36,730</td>
<td>$55,095</td>
<td>$73,460</td>
<td>$91,825</td>
<td>$110,190</td>
<td>$146,920</td>
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<tr>
<td>8</td>
<td>$40,890</td>
<td>$61,335</td>
<td>$81,780</td>
<td>$102,225</td>
<td>$122,670</td>
<td>$163,560</td>
</tr>
</tbody>
</table>
Poverty in NJ

- Basic survival budget for family of 4?
- ALICE (Asset Limited Income Constrained Employment) Report
- 895,879 ALICE households
- 334,182 families in poverty
- 38.5% of NJ households live in financial instability

### Household Survival Budget - All, New Jersey, 2016

<table>
<thead>
<tr>
<th></th>
<th>Single Adult</th>
<th>2 Adults, 1 Infant, 1 Preschooler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>$922</td>
<td>$1,330</td>
</tr>
<tr>
<td>Child Care</td>
<td>$0</td>
<td>$1,512</td>
</tr>
<tr>
<td>Food</td>
<td>$182</td>
<td>$603</td>
</tr>
<tr>
<td>Transportation</td>
<td>$280</td>
<td>$544</td>
</tr>
<tr>
<td>Health Care</td>
<td>$211</td>
<td>$787</td>
</tr>
<tr>
<td>Technology</td>
<td>$55</td>
<td>$75</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$202</td>
<td>$566</td>
</tr>
<tr>
<td>Taxes</td>
<td>$368</td>
<td>$812</td>
</tr>
<tr>
<td>Monthly Total</td>
<td>$2,220</td>
<td>$6,229</td>
</tr>
<tr>
<td>ANNUAL TOTAL</td>
<td>$26,640</td>
<td>$74,748</td>
</tr>
<tr>
<td>Hourly Wage</td>
<td>$13.32</td>
<td>$37.37</td>
</tr>
</tbody>
</table>

Demographics of Poverty in NJ

- By race:
  - Black 37%
  - Hispanic 31%
  - White 12%
- By age:
  - younger children 25%
- By geography:
  - 14% in NJ
  - 10% In Middlesex County
  - 41% in New Brunswick
Demographics of Poverty

- Parents < high school degree
- Single parent families
  - 4x likely to be poor
- Greater risk of:
  - infant mortality
  - child maltreatment
  - failure to graduate H.S.
  - incarceration
- Geography
- Environment
- Education
- Food insecurity
- Mental Health
Geography of Concentrated Poverty

• Black, Hispanic, Native American

• Neighborhoods
  • Environmental toxins
  • Poorly performing schools/child care
  • Community violence
  • Fewer supports
Environment & Poverty

- 45% - housing problems, multiple moves, overcrowding, physically inadequate housing
- Fewer parks, green spaces, bike paths, recreational facilities
- Crime, traffic and unsafe play spaces
- Low income students spend less time being active in PE and have less recess

Lead & Poverty
Education & Poverty

The Early Catastrophe: The 30 Million Word Gap By Age 3
Hart and Risley, 1995
47% of 3-4 yo NOT in preschool

78% of 4th graders scored below proficient reading level
Nutrition & Poverty

- Food insecurity
- NJ: 374,000 children (18%) food insecure
Food Insecurity & Obesity

- Higher rates of obesity\(^1\)
- Urban food deserts\(^2\)
- Cost differentials\(^3\)

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3. Andreyeva T et al. Availability and prices of foods across neighborhoods: The case of New Haven CT 2008 Health Affairs 27(5) 1381-1388
Mental Health & Poverty

- depression and antisocial behavior
- substance abuse
- poor academic performance
- More likely diagnosed with conduct disorders, ADHD

Health Effects of Poverty

• High infant mortality
• Teen pregnancy increases 10x
• Delayed growth and development
• Chronic conditions
  • Obesity
  • Increased frequency of asthma attacks
  • Untreated dental caries – 2.5x more common

Timing of Poverty

- Poor at birth
  - Spend half of childhood living in poverty
  - Urban Institute 2014
- Cumulative effects of poverty
  - “scientific consensus” that origins of adult disease result of adverse childhood experiences
  - Shonkoff, J. Center on the Developing Child at Harvard University
Adverse Childhood Experiences

- “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The ACES Study”
  - American Journal of Preventive Medicine, 1998
- 17,000 participants
- tracked health outcomes and health care use in adults

http://acestoohigh.com/got-your-ace-score/
Increased number of ACES $\Rightarrow$ Increased risk for negative health outcomes

- [http://acestoohigh.com/got-your-ace-score/](http://acestoohigh.com/got-your-ace-score/)

### Table 1. ACE-Related Odds of Having a Physical Health Condition

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>0 ACEs</th>
<th>1 ACEs</th>
<th>2 ACEs</th>
<th>3 ACEs</th>
<th>4+ ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>100%</td>
<td>130%</td>
<td>145%</td>
<td>155%</td>
<td>236%</td>
</tr>
<tr>
<td>Asthma</td>
<td>100%</td>
<td>115%</td>
<td>118%</td>
<td>160%</td>
<td>231%</td>
</tr>
<tr>
<td>Cancer</td>
<td>100%</td>
<td>112%</td>
<td>101%</td>
<td>111%</td>
<td>157%</td>
</tr>
<tr>
<td>COPD</td>
<td>100%</td>
<td>120%</td>
<td>161%</td>
<td>220%</td>
<td>399%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>100%</td>
<td>128%</td>
<td>132%</td>
<td>115%</td>
<td>201%</td>
</tr>
<tr>
<td>Heart Attack</td>
<td>100%</td>
<td>148%</td>
<td>144%</td>
<td>287%</td>
<td>232%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>100%</td>
<td>123%</td>
<td>149%</td>
<td>250%</td>
<td>285%</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>100%</td>
<td>83%</td>
<td>164%</td>
<td>179%</td>
<td>263%</td>
</tr>
<tr>
<td>Stroke</td>
<td>100%</td>
<td>114%</td>
<td>117%</td>
<td>180%</td>
<td>281%</td>
</tr>
<tr>
<td>Vision</td>
<td>100%</td>
<td>167%</td>
<td>181%</td>
<td>199%</td>
<td>354%</td>
</tr>
</tbody>
</table>
Stress in Childhood

Stress is a natural & inevitable part of childhood, but the TYPE of stress can make a difference in the impact on a child's brain & body.

“STRESS is a mental, physical or biochemical response to a perceived threat or demand”

Positive Stress
Mild stress in the context of good attachment

- Temporary, mild elevation in stress hormones & brief increase in heart rate
- No buffering, support necessary
- Increased RESILIENCE and confidence
  Development of coping skills

Tolerable Stress
Serious, temporary stress, buffered by supportive relationships

- More severe, continuing cardiovascular and hormonal response
- Presence of buffering adult
- Adaptation and recovery with some possibility for physical/emotional damage

Toxic Stress
Prolonged activation of stress response system without protection

- Prolonged activation of stress response system & disrupted development of brain and immune system
- No adult buffers
- Lifelong consequences:
  - Heart disease
  - Alcoholism
  - Memory & learning difficulties
  - Anxiety/depression
  - Cancer

www.70-30.org.uk
@7030Campaign
Brain Development and Toxic Stress

Childhood Stress

Hyper-responsive stress response; decrease in calm/coping

Chronic “fight or flight”; Adrenaline/cortisol

Changes in brain architecture

Dr. Collen Kraft “The First 1000 Days: The Importance of Early Brain and Childhood Development”
How ACEs Impact Health

Adverse Childhood Experiences

Mechanisms by which Adverse Childhood Experiences influence health and well-being throughout the lifespan.
Health Inequities
Equality

Equity
What groups are vulnerable to health inequities? (CDC 2018)

- **Vulnerable Populations:**
  - difficulty communicating
  - difficulty accessing medical care
  - need help maintaining independence
  - Requires constant supervision
  - need help accessing transportation

- **Socially disadvantaged populations:**
  - race or ethnicity
  - Gender
  - education or income
  - Disability
  - geographic location (e.g., rural or urban)
  - sexual orientation
### What contributes to health inequities?

<table>
<thead>
<tr>
<th>Category</th>
<th>Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual health behaviors</strong></td>
<td>- Role of poverty&lt;br&gt;- Adherence to medical advice</td>
</tr>
<tr>
<td><strong>Provider factors</strong></td>
<td>- Implicit bias&lt;br&gt;- Cultural and linguistic barriers to patient-provider communication</td>
</tr>
<tr>
<td><strong>Institutional</strong></td>
<td>- How health care is organized, financed, and delivered</td>
</tr>
<tr>
<td><strong>Social determinants of health</strong></td>
<td></td>
</tr>
</tbody>
</table>

Implicit Bias is...

Attitudes, Stereotypes & Beliefs
that can affect how we treat others

Race  Ability  Gender
Culture  Language

Implicit bias runs contrary to our stated beliefs. We can say that we believe in equity (and truly believe it). But then unintentionally behave in ways that are biased and discriminatory.
• 2016 - 40% of first- and second-year medical students endorsed the belief that “black people’s skin is thicker than white people’s.”
  • trainees who believed this were less likely to treat black people’s pain appropriately
  • *Proceedings of the National Academies of Science, 2016*

• 2012, *meta-analysis of 20 years of studies* covering many sources of pain in numerous settings found that:
  • African American patients 22% less likely than white patients to receive any pain medication
Implicit Bias & Race

- Pediatric resident physicians have implicit racial bias against black children, similar levels of bias against black adults.

  *Johnson and associates, Academic Pediatrics. 2017;17:120–126*

- The Influence of Implicit Bias on Treatment Recommendations for 4 Common Pediatric Conditions
  - “As pediatricians’ implicit pro-White bias increased, prescribing narcotic medication decreased for African American patients but not for white patients.”

  *Janice Sabin, PhD, MSW & Anthony Greenwald, PhD American Journal of Public Health, May, 2012*
DISCRIMINATION = Social Determinant of Health

Racial discrimination → Psychological stress → Assault → Denial of goods, resources or services → Poorer living conditions → Decreased quality of or access to health care → Mental health outcomes (Anxiety, Depression, Substance use/misuse)

Psychological stress → Psychological symptoms → Negative coping behaviours → Physiological stress response → Physical health outcomes (Cardiovascular disease, Decreased birth weights, Increased blood pressure, Physical injury)
**Social Determinants of Health**

health-related social circumstances in which people live, work, play and learn

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social integration</td>
</tr>
<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
</tr>
<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td></td>
<td>Community engagement</td>
</tr>
<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td></td>
<td>Discrimination</td>
</tr>
<tr>
<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>Walkability</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Health of an individual and community does not depend on medicine alone. Poor health due to factors outside walls of medical facility. 

SDoH account for 80% of health outcomes.
Adverse Childhood Experiences
• Nearly half of all people in NJ experience at least one ACE
  • children of color and children from low-income backgrounds are more susceptible to experiencing ACEs
• Most common ACEs experienced by children in NJ:
  • economic hardship
  • living with divorced or separated parents
  • living with someone with substance use disorder
  • maltreatment.
What is the Current Status of Health Care Disparities?

- Black Infant Mortality Rates (IMR) in NJ
- COVID-19 death rates
NJ IMR Among Lowest in US for White Infants

Figure 2. Infant mortality rates for infants of non-Hispanic white women, by state: United States, 2013–2015

NOTES: Rates ranged from 2.52 to 7.04 per 1,000 live births.
Access data table for Figure 2 at: https://www.cdc.gov/nchs/data/databriefs/db236_table.pdf.
NJ IMR Among Lowest in US for Black Infants

Figure 3. Infant mortality rates for infants of non-Hispanic black women, by state: United States, 2013–2015

NOTES: Rates ranged from 8.27 to 14.26 per 1,000 live births.
Access data table for Figure 3 at: https://www.cdc.gov/nchs/data/databriefs/db256_table.pdf.
Black infants 3x more likely as white infants to die during 1st year of life during 2011-2013
In New Jersey, the preterm birth rate among black women is 47% higher.
U.S vs. the World

- U.S. ranks No. 56 in IMR

2001-2010: risk of death in US
- 76% greater for infants
- 3x more likely to die from extreme immaturity
- 2x more likely to experience SIDS
…what happens outside a woman’s body—not just during the nine months of pregnancy—can profoundly affect the biology within.

black women living in poorer neighborhoods were more likely to have low-birth-weight infants regardless of their own socioeconomic status.

What’s Killing America’s Black Infants? Racism is fueling a national health crisis.

By Zoë Carpenter – MARCH 2017
“Weathering” and Age Patterns of Allostatic Load Scores Among Blacks and Whites in the United States.

Geronimus et al, American Journal of Public Health, 2006:

“These effects may be felt particularly by Black women because of ‘double jeopardy’ (gender and racial discrimination)”

“WEATHERING” hypothesis: black Americans’ health deteriorates more rapidly than other groups’ because they bear a heavier allostatic load.

“ALLOSTATIC LOAD” or “the cumulative wear and tear on the body’s systems owing to repeated adaptation to stressors”
• African American women receive lower-quality health care → higher risk for mortality across the life span
• College educated Black women 3x more likely to lose their babies

• collected >200 stories from African American mothers
• Unifying theme: feeling devalued and disrespected by medical providers
• Mothers reported that medical staff did not take their pain seriously
COVID-19 & Racial Health Inequities

- Impacting higher % of AA and Latino communities
- Difficulty for communities to carry out social distancing
Perfect Storm for Spread of COVID:
- less access to health care system
  - challenging social conditions
    - historic mistrust
    - language barriers
### COVID-19's Devastating Impact On African Americans

African American share of state/city populations and COVID-19 deaths (as of Apr 06, 2020)

<table>
<thead>
<tr>
<th>State/Region</th>
<th>Share of state/city's population</th>
<th>Share of COVID-19 deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louisiana</td>
<td>32%</td>
<td>70%</td>
</tr>
<tr>
<td>Illinois</td>
<td>15%</td>
<td>42%</td>
</tr>
<tr>
<td>Michigan</td>
<td>14%</td>
<td>41%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td>Chicago</td>
<td>30%</td>
<td>69%</td>
</tr>
</tbody>
</table>

Sources: 2010 Census, respective state/city health departments

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### Coronavirus deaths and race

COVID-19 is disproportionately killing black Americans, according to data released by several states.

**Deaths per 100,000**

<table>
<thead>
<tr>
<th>State/Region</th>
<th>blacks</th>
<th>whites</th>
<th>Total deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louisiana</td>
<td></td>
<td>5.8</td>
<td>27</td>
</tr>
<tr>
<td>Michigan</td>
<td></td>
<td>2.6</td>
<td>21.6</td>
</tr>
<tr>
<td>Illinois</td>
<td></td>
<td>1.3</td>
<td>7.2</td>
</tr>
<tr>
<td>North Carolina</td>
<td>0.6</td>
<td>0.4</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Death totals as of Tuesday afternoon.

State governments, U.S. Census Bureau

Lorena Elebee / Los Angeles Times
COVID-19 & Racial Health Inequities

- higher representation among the “essential,” low wage workforce
- under-funded and underserved neighborhoods
- Senator Elizabeth Warren:
  - “Decades of structural racism have prevented so many Black and Brown families from accessing quality health care, affordable housing, and financial security, and the coronavirus crisis is blowing these disparities wide open.”
LESS ACCESS TO HEALTH CARE

20% AA live in poverty vs 10% white

Limited Medicaid expansion disproportionately hurt AA

Expanded Medicaid linked to:
- Reduced likelihood of deaths from CV disease
- Reduction in racial health gap between white and black patients


AHA-Heart Disease & Stroke Statistics Jan 2019
2010 Census
LESS ACCESS TO HEALTH CARE AMONGST A.A.

- 40% (vs 30% whites) have HYPERTENSION
- Higher rates of DIABETES
- Increased exposure to AIR POLLUTION → asthma, obesity, CV disease
- Lack of preventive care → hospitalized/re-hospitalized
  - Asthma
  - Diabetes
  - Heart failure

*April 2019 Proceedings of the National Academy of Science*
*Annual Review of Public Health, 2016*
AFRICAN-AMERICANS & LOW-WAGE WORKFORCE


- High % caregivers, cashiers, sanitation workers, farm workers and public transit employees
- 30% employed in education and health services industry
- 10% employed in retail
- Less likely to work in telecommuting professional/business services
- CANNOT AFFORD TO MISS WORK = exposing others
SOLUTIONS?

SOCIAL DETERMINANTS OF HEALTH
ADVERSE CHILDHOOD EXPERIENCES
IMPLICIT BIAS
HEALTH INEQUITIES
Why Pediatricians?

- American Academy of Pediatrics 2016 Policy Statement
- NJAAP Agenda for Children, 2016-2017
- screen for social determinants of health
- address toxic effects
- connect families to resources
Keys to Screening For SDoH

- Brief
- Accurate
- Validated
- Use patient input
- Have resources!
Screening Tools

- AAP Bright Futures Guidelines
- Food Insecurity
  - Hunger Vital Signs
- Post-partum Depression
  - Edinburgh Postnatal Depression Scale
- Depression
  - Patient Health Questionnaire

### Table 6
**Patient Health Questionnaire 2**

A score of 3 or greater has good sensitivity and specificity for detecting major depression in adolescents.

<table>
<thead>
<tr>
<th>Over the past 2 weeks, how often have you been bothered by any of the following?</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Richardson LJ et al.?
## Health Promotion Survey

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>Community Health Worker</th>
<th>For Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you like help with your housing, heating, and/or electricity?</td>
<td>YES</td>
<td>NO</td>
<td>Community Health Worker</td>
<td>CJ Diaper Bank</td>
</tr>
<tr>
<td>Would you like help getting your child’s clothes or diapers?</td>
<td>YES</td>
<td>NO</td>
<td>CJ Diaper Bank</td>
<td></td>
</tr>
<tr>
<td>Would you like help with finding a child care center</td>
<td>YES</td>
<td>NO</td>
<td>Community Health Worker</td>
<td></td>
</tr>
<tr>
<td>Would you like help with food for your family?</td>
<td>YES</td>
<td>NO</td>
<td>EMR Handouts</td>
<td></td>
</tr>
<tr>
<td>Would you like help with school of training? For example, GED, job, or English</td>
<td>YES</td>
<td>NO</td>
<td>Community Health Worker</td>
<td></td>
</tr>
<tr>
<td>Would you like help with your health insurance?</td>
<td>YES</td>
<td>NO</td>
<td>Community Health Worker</td>
<td></td>
</tr>
<tr>
<td>Would you like help scheduling medical appointments?</td>
<td>YES</td>
<td>NO</td>
<td>Community Health Worker</td>
<td></td>
</tr>
<tr>
<td>Would you like help with transportation for medical appointments?</td>
<td>YES</td>
<td>NO</td>
<td>EMR Handouts</td>
<td></td>
</tr>
</tbody>
</table>

### Would you like help getting your child:
- Diapers
- Clothes

### Would you like help finding:
- Day care
- Pre-K
- Afterschool activities
- Summer activities

### Would you be interested in any of these resources to get food for your family?
- Food pantry
- Soup kitchen
- Food stamps
- WIC

### Would you like help with any of the following (for yourself)?
- GED
- Finding a job
- Learning English
- Job training

### Would you like help obtaining:
- Medicaid
- Charity care
- Discounts
- Medications

### Would you like help scheduling medical specialty appointments?
- Yes
- No

### Would you like help connecting to medical transportation?
- Yes
- No

### Would you like resources to help with feeling sad or irritable?
- Yes
- No
Medical Home: Community Resource Model

- Early Intervention
- Home-Visiting Network
- Developmental Services
- Parenting Support
- Preventive Care
- Acute Care
- Developmental Services
- Chronic Care
- Lactation Support
- Early Child Mental Health Services
- Early Care and Education
- Child Care Resource and Referral Agency
<table>
<thead>
<tr>
<th>COMMUNITY BASED ORGANIZATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BASIC NEEDS</strong></td>
</tr>
<tr>
<td>• NJ 2-1-1 (United Way)</td>
</tr>
<tr>
<td>• Central Intake – Central Jersey Family Health Consortium</td>
</tr>
<tr>
<td>• Catholic Charities</td>
</tr>
<tr>
<td>• Harmony Family Success Center</td>
</tr>
<tr>
<td><strong>LEGAL SERVICES</strong></td>
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<tr>
<td>• Casa de Esperanza: inexpensive legal counsel, ESL school</td>
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<tr>
<td>• Legal Services of NJ: education representation, free</td>
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<tr>
<td><strong>MENTAL/BEHAVIORAL HEALTH</strong></td>
</tr>
<tr>
<td>• PerformCare</td>
</tr>
<tr>
<td>• Early Intervention Services</td>
</tr>
<tr>
<td>• Statewide Parent Advocacy Network</td>
</tr>
<tr>
<td>• For KEEPS</td>
</tr>
<tr>
<td><strong>DOMESTIC VIOLENCE/CHILD PROTECTION</strong></td>
</tr>
<tr>
<td>• Women Aware, Manavi</td>
</tr>
<tr>
<td>• Department of Child Protection and Permanency</td>
</tr>
<tr>
<td>• Dorothy B. Hersh Child Protection Center</td>
</tr>
<tr>
<td><strong>SCHOOL HELP</strong></td>
</tr>
<tr>
<td>• Puerto Rican Action Board</td>
</tr>
<tr>
<td>• Acelero Head Start Program</td>
</tr>
<tr>
<td>• New Brunswick Public Library</td>
</tr>
<tr>
<td>• Parent Infant Care-Center (PIC-C)</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
</tr>
<tr>
<td>• WIC</td>
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<tr>
<td>• Statewide Nutrition Assistance Program (SNAP)</td>
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<tr>
<td>• Elijah’s Promise</td>
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</tbody>
</table>
• It is easier to **build strong children** than to **repair broken men**. -- Frederick Douglass
Protective Factors for Resilience

Safe, cohesive neighborhood

Basic needs met: Food, Housing, etc.

Access to healthcare and social services

Connection with a caring, stable adult

Safe home

HEALTHCARE SOLUTIONS:

1. Addressing patients’ social needs as part of healthcare delivery
2. Providing trauma-informed care & building resilience
3. Connecting with community resources
4. Becoming culturally sensitive through implicit bias training
   https://implicit.harvard.edu/implicit/takeatest.html
5. Raise awareness through advocacy efforts
   1. Anti-poverty programs
   2. Community engagement
Change the First Five Years

To view this video, visit http://youtu.be/Gb5p88PBe9E