

Attachment-Trauma-Vocabulary-Place Matters-SDoH

My Thoughts on your suggestion: Improving Child Well-Being in **Connecticut Pre-Birth to Age 8 Years**: Assuring all children are in safe, stable, and nurturing environments. Velandy Manohar, MD., Distinguished Life Fellow -Am Psychiatric Association

I

Providing a Secure, safe Attachment Matrix

Parents, write Kent Hoffman, Glen Cooper and Bert Powell, already have everything they need to be good parents, and by harnessing the power of secure attachment they can learn to truly “be-with” their children in ways that help them understand, on a deeper level, their genuine needs and wants.

Children have two basic needs: the need for comfort and safety, and the need for exploration. The way children often navigate the world involves a complex balancing of these needs that can seem confusing, even frustrating for parents. Yet one of the most important roles of a parent, the authors contend, **is to help children accept and manage their emotional experience.**

While developing autonomy is an important stage in child development, and one that parents and caregivers often focus on, when it comes to raising children the term “self-sufficiency” is misguided.

“From birth through old age, our ability to act with a sense of autonomy is directly related to our capacity for connectedness,” write Hoffman, Cooper and Powell. [Thus, issues with Attachment that are deep and enduring affects all other domains I have listed below.

I am providing another separate document about Attachment theories and specific strategies to improve the opportunity of parents and children to grow and develop safe and secure Attachment in their family of origin.

II

Vocabulary GAP

We must Remember to strive to erase the Vocabulary Gap

Imagine – Toddlers in each and every Zip Code without a 30 Million Word Vocabulary Gap

In America in many essential domains Zip Code is destiny. There is One doable task that we can all work on in our own different ways to almost fully erase the severe restrictive effects of being born in some Zip codes in America it is to be engaged in a concerted sustained effort to eliminate the 30-million-word Vocabulary gap.

The 30 million Vocabulary gap accrued to children born under terrible circumstances prevailing in certain Zip Codes compounds their difficulties in School and exacerbates the health disparities, widens and deepens the chasm of the social and economic divide that isolates and marginalizes them by creating a hard to escape from permanent underclass. **This highly restrictive environment sucks the life and spirit**

of the whole community just as the black holes at the center of galaxies sucks back into the abyss, both matter and energy. Even light cannot escape its depths.

On February 14, 2014, at the annual American Association for the Advancement of Science (AAAS) conference held at the University of Chicago, Dr. Fernald presented a lecture titled "**How Talking to Children Nurtures Language Development across SES and Culture.**" The presentation brought together over fifty years of research confirming that the children of lower-income parents typically enter school with poorer language skills than their more affluent peers.

According to Fernald, **five-year-old children of lower socioeconomic status (SES) score two years behind on standardized language development tests by the time they enter school.** In fact, a March 2013 study by Fernald and colleagues titled, "**SES Differences in Language processing Skill and Vocabulary Are Evident at 18 Months,**" reported that signs of the vocabulary gap are evident before a child is even two-years-old.

The two factors that most explain the income-related gaps in school readiness are

1. parenting styles and
2. home learning environments.

This is actually good news because it means that if we can better equip parents with the knowledge and tools to succeed as their children's first teachers—and mobilize them to act on that knowledge and use those tools—we could see a significant decline in both the vocabulary and school readiness gap.

Among those born in 2001, only 58 percent of poor children started school ready to learn, compared to 75 percent of children from middle-income families.

Researchers believe that low-income parents may underestimate by as much as 50 percent the impact that they can have on improving their child's vocabulary and cognitive development. This is why it's so important to get this message out there and to offer simple ways that parents from every socioeconomic background can strive to shrink the vocabulary gap. [That is what I mean when I say

Imagine Toddlers in each and every Zip code without a Vocabulary Gap.VM]

When parents understand the long-term benefits of investing time in a child's vocabulary, the more time they invest... which is the most effective way to close the word gap.

The Vocabulary Gap Between Rich and Poor Is Often Established Before Age Two

Dr. Fernald's research has shown that significant differences in both vocabulary and real-time language processing efficiency were already evident at age 18 months in English-learning infants from higher- and lower-SES families. By age 24 months, there was already a six-month gap between SES groups in processing skills critical to language development.

New brain research has shown that early adverse childhood experiences can harm the development of a child's brain. The prefrontal cortex of the brain—which is associated with the ability to pay attention, exhibit self-control, organize and plan—is particularly vulnerable during childhood development. [This is the part above the orbits-VM]

The 30 Million- word Vocabulary Gap at the time of starting Nursery school- have consequences that injure the self-confidence and self- esteem of children and contemporaneously exacerbate the cognitive impairments caused by past and current or ongoing unspeakable traumatic acts [ACEs] which can hurt key areas of the brain sub-serving perception, cognition and regulation of emotions. A great

deal can be done to ameliorate the deficits by supporting parents and families especially of Children of Color whose parents are disproportionately incarcerated. Some elements of the 10 item ACES scale are related to parental absence from home.

If through support of mothers and babies in the first 1000 days from intra-uterine life to age 3 roughly and serious support to educate children from age 3-5 to read and expand their vocabulary and beyond we can give toddlers a real chance to compete on an even platform as they get into school and navigate their way through elementary school and beyond. I am attaching information on the vocabulary gap. In my opinion when we fund these programs, we are putting our money where our mouths are in exchange for 30 million more words Toddlers can comprehend and use by age 5.

I have with apologies to the Late Great Mr. John Lennon slightly modified the lyrics of his highly evocative and inspirational ballad, **“Imagine” to express my hopes and vision for the future.**

**“Imagine there's no Vocabulary Gap
it isn't hard to do,
nothing to kill or die for,
and no racism and sexism too,
Imagine all the people, living life in peace.**

I am providing another separate document about the Vocabulary Gap. VM

III

SDoH

The third major contributor to serious impairment of personality development including Cognition, Social behavior and Emotional responsivity are the negative effects of Social Determinants of health. This is where the **Resilience score** comes to bear on the discussion.

Some individuals appear to have a positive psychological orientation or have capacity for adaptive responses which increases their capacity to deal in an effective manner with high total scores on the Holmes Rahe scale, and the ACES scale, significant combination of Social determinants of Health including **where people live [Place Matters]** in the first 01-12 years of their lives. This is an exception. 5 of the top 10 highest scoring events of the Holmes Rahe Scale are also significant items of the ACES scale. Checking five or six positive responses out of 10 on the ACES scale has dire consequences through the lives of the children. Their lives are also tragically seriously shortened.

You may recall my key goal with my women patients to control their living situation, protect their boundaries and ensure safety of their children and ensure Food security is to consolidate their assets and enhance their capacity to mitigate the adverse effects on their children of SDOH as much as they and their care givers. You can get the idea these are the reasons why I choose a public health approach. I am going to send you the relevant documentation.

We are not powerless. We can promote Wellness by promoting healthy enhancing practices such as Yoga and meditation can be a great start to engage and empower our children to take personal responsibility to achieve and stay optimally healthy.

IV

CDC-SDoH

Our genes, biology, and health behaviors together account for about 25% of population health. Social determinants of health represent the remaining three categories of social environment, physical environment/total ecology, and health services/medical care. [75%] These social determinants of health also interact with and influence individual behaviors as well. More specifically, social determinants of health refer to the set of factors that contribute to the social patterning of health, disease, and illness.

V

Childhood Trauma

Ted Talk by Nadine Baker Harris, MD. [How Childhood Trauma Affects Health across a Lifetime: This is worth viewing. Velandy Manohar, MD Published on Feb 17, 2015

- **Childhood trauma** isn't something you just get over as you grow up. Pediatrician Nadine Burke Harris explains [in TED TALK on 02 17 2015] that the repeated stress of abuse, neglect and parents struggling with mental health or substance abuse issues has real, tangible effects on the development of the brain. This unfolds across a lifetime, **to the point where those who've experienced high levels of trauma are at triple the risk for heart disease and lung cancer.** An impassioned plea for pediatric medicine to confront the prevention and treatment of trauma, head-on.
- In the Mid 90s Kaiser Permanente discovered an exposure that dramatically **increased the risk of seven of the ten leading causes of death in the US. In high doses, it affects brain development, the immune system, hormonal systems and the way DNA is read and transcribed. Folks who are exposed very high doses have TRIPLE lifetime risk of heart disease and Lung Cancer and a 20-year difference in life expectancy.**
- Okay, what kind of Trauma am I talking about here? I'm talking about threats that are so severe or perverse that they literally get under your skin and change your physiology, things like abuse and neglect, or growing up with a parent who struggles with mental illness or Substance Dependence
- The most important thing to remember is that the ACE score is meant as a guideline: If you experienced other types of toxic stress over months or years, then those would likely increase your risk of health consequences.

VI

Place Matters

A

Neighborhoods Matter.

That's the upshot of two fascinating new studies from Harvard economist Raj Chetty and his colleagues. In the 1990s, the federal government launched an experiment, called the Moving to Opportunity project. It created a lottery for housing vouchers that would allow the winners to move out of high-poverty neighborhoods into low-poverty ones.

Richard V. Reeves and Allegra Pociński | June 2, 2015 4:49pm

Space, place, race: Six policies to improve social mobility

The local factors bearing on upward mobility chances include segregation, housing, transportation, family formation, schools, jobs, and institutional racism, to name but a few. So, what can be done? At our recent event featuring Professor Chetty and an expert panel, a number of concrete policy solutions were put on the table (click on the link to jump to that part of our discussion):

No single policy can do it all

Diane Bell-McKoy highlighted the scale of the challenge: what breaks people is 'broken systems' in high-poverty areas like much of Baltimore. Clearly it will take much more than a handful of policies to turn the tide in such places. And many will only succeed if we make progress in reducing institutional and structural racism. We can hope, along with Professor Chetty, that simply learning about the reality of opportunity gaps in so many U.S. cities will mean more [cities adopt such policies](#), and take up the challenge of promoting opportunity across America.

B.

Place, opportunity, and social mobility: What now for policy?

A conversation with Harvard's Raj Chetty

Summary

Where does opportunity live in America? Increased political and policy attention is being paid to the challenge of improving intergenerational mobility. But new research suggests that the opportunity structure of the U.S. is far from uniform and where one grows up has a huge impact on success in later life. A child raised in poor home in San Jose, California has an almost three times greater chance of rising to the top of the income ladder than one born in Atlanta, just as a childhood in Baltimore City means lower wages for life. Children who move to a more affluent area do better than those they leave behind. Why? How does place impact opportunity? What are the key local factors that expand or shrink life chances? What policies can promote greater upward mobility in our most troubled cities?

On June 1, the [Center on Children and Families](#) hosted a discussion with Professor Raj Chetty, the leading scholar in this field, who presented his latest research.

Follow the discussion at [@BrookingsCCF](#) or [#FairPlaces](#).
Please watch short Video.

C

Place, Not Race, May Be a Larger Determinant of Health Disparities

Public Health News Center, Johns Hopkins Bloomberg School of Public Health, October 6, 2011

Where you live could play a larger role in health disparities than originally thought, according to a new study by researchers from the Johns Hopkins Bloomberg School of Public Health

http://www.jhsph.edu/publichealthnews/press_releases/2011/laveist_place_race.html

Policies aimed solely at health behavior change, biological differences among racial groups, or increased access to health care are limited in their ability to close racial disparities in health. Such policies must address the differing resources of neighborhoods and must aim to improve the underlying conditions of health for all.

D

<http://content.healthaffairs.org/content/30/10/1880.full>

The Death Gap- How Inequality Kills- David A. Ansell, MD

Inequality is all around us, and often the distance between high and low life expectancy can be a matter of just a few blocks. But geography need not be destiny, urges Ansell. In “*The Death Gap*” he shows us how we can face this national health crisis head-on and take action against the circumstances that rob people of their dignity and their lives.

I am providing another separate document on why Place Matters. VM