Unit One addressed the big picture of labor market realities—which industries are growing, which are shrinking, and technology’s impact on the market. They learned about a wide range of direct service careers in Hospitality, Recreation and the Arts and considered indirect service provider careers that exist in the industry. They learned about the various kinds of career families and employer types available to employees in the Hospitality, Recreation and the Arts sector.

Unit Two addressed the inner workings of the job-seeker. What are her interests and passions? What kind of work environment will she enjoy? What careers should she consider based on what she knows about herself and what factors might influence someone making a career change? Students also learned to navigate career database websites, assess their own interests and conduct a group research project about careers in the Hospitality, Recreation and the Arts sector.

In Unit Three, students learned what it takes to prepare for a career in Hospitality, Recreation and the Arts. They learned about common career pathways and considered how career movement happens in this sector. What kinds of training are required and what kinds of educational opportunities are available for someone interested in working in these fields?

In Unit Four students heard from Hospitality, Recreation and the Arts workers themselves, through firsthand accounts and interviews in text and video, and discussed what they learned. After learning about particular careers as a class, they conducted further research on Hospitality, Recreation and the Arts careers of their choice.

In Unit Five, students explored the job search process, including how to leverage their existing and potential networks, analyzing help wanted ads, learning about workplace expectations, and engaging with a panel of industry professionals. Students also learned about how to become entrepreneurs by reading narratives of workers who have started their own business and by practicing using online resources available to New Yorkers looking to become self-employed.
Unit Six explored how Recreation and the Arts are used to enhance personal and community well-being. What roles can local governments and communities play in increasing wellbeing? What strategies are they using to support the well-being of the individuals that live in them? How can community members influence local governments to provide more resources for Recreation and the Arts? Are there cultural resources near my home that I don’t already know about?

Unit Seven: Why should a unit on parenting be included in a resource guide about careers? Parenting is the oldest job in the world, and some have argued the most important. In addition to paid jobs, many students also have the unpaid job of parenting. Just as they can learn about the sector in which they currently work or hope to work, students can also learn the latest research on parenting and how it relates to the well-being and educational attainment of their children.
Unit 7 • Summary

1. TALKING TO BABIES
Students read an article about the benefits of talking to babies, write short answer questions about the article, discuss vocabulary in the article, and write sentences about the article using the terms.

2. AGES AND STAGES OF CHILD DEVELOPMENT
Students read charts about the ages and stages of childhood development, brainstorm ways parents can help healthy childhood development, learn about the corresponding stages of parental development, then try to predict the specific actions parents can take during each stage.

3. INTERGENERATIONAL EDUCATION: A PRESCHOOL IN A NURSING HOME
Students watch a short video about a preschool in a nursing home, and consider the benefits and careers involved.

4. ATTACHMENT AND BRAIN DEVELOPMENT
Students read about the relationship between attachment and brain development, and work to identify two main ideas from the article and their supporting ideas.

5. COMMUNICATING WITH TODDLERS
Students read a New York City Department of Health pamphlet on strategies for communicating effectively with children. They then explain the reasons why these tips are recommended. Finally, they put the tips into practice through role plays.

6. FAMILY LITERACY: SHARING BOOKS TOGETHER
Students learn about building literacy skills in small children, read and annotate an article to identify the main idea and supporting details, and write a brief summary of the article.

7. CHILDHOOD VACCINATIONS: WHY SHOULD I VACCINATE MY CHILD?
Students read an informational article about childhood vaccinations, answer an FAQ sheet and peer review each other’s answers. They also discuss a graph showing the decrease in preventable diseases, as well as recent cases of these diseases in the U.S.

8. NEW YORK CITY COMMUNITY HEALTH PROFILES*
Students research the NYC Community Health Profile for their own neighborhoods and make presentations on their findings to the class.
9. WHEN PARENTS GO BACK TO SCHOOL, THEIR KIDS BENEFIT

Students read, annotate and discuss an article about the benefits low-income children receive when their parents return to school, and then write a letter of advice to a parent who is considering going back to school.

10. COMMUNITY AND FAMILY RESOURCES*

Students will research a variety of community resources available to parents, examine scenarios of different parents, and match them with the appropriate resource.

11. READING A NEW YORK CITY SCHOOL EVALUATION*

Students analyze an evaluation of a New York City school, practicing making bar graphs from data presented. They also consider what they would be looking for in a school for their children if they are parents, or what they would have wanted in their own high school experience.

12. WE ARE NEW YORK: WELCOME PARENTS

Students watch a video from the We Are New York video series titled, “Welcome Parents,” make predictions about the video’s content, practice taking notes, and write questions for their classmates to answer based on what they learn.

13. WE ARE NEW YORK: STAY IN SCHOOL

Students watch a video from the We Are New York video series that depicts a boy who is struggling with the decision to stay in school or drop out to help his family make ends meet and develop character maps for the two main characters.

14. WRITING ACTIVITY: ADVICE FOR TEACHERS

Students will reflect on a moment in their past that an educator or educational experience helped them develop. They will complete a three-paragraph writing assignment about this experience, conduct peer reviews, and revise their writing. Rather than focus on one writing strategy, this activity is designed to be flexible and invites teachers to use the activity as is (good for lower level students) or incorporate a focus on a specific writing skill of their choosing, such as topic sentences, paragraph structure, or transitional sentences.

15. TASC ARGUMENTATIVE ESSAY: THE SCREEN TIME DEBATE

Students read and discuss the pros and cons of screen time for young children. Using evidentiary reasoning from articles and their personal experience, students write an argumentative essay about the issue. The argumentative essay is a type of essay that appears on the TASC exam.
Talking to Babies

Students read an article about the benefits of talking to babies, write short answer questions about the article, discuss vocabulary from the article, and write sentences about the article using the terms.

Note: This activity uses a New York City public health message which is applicable to families regardless of location.

PREP

- Read *The Importance of Talking to Babies.*
- Write the definitions on the *The Importance of Talking to Babies* worksheet for use in class discussion.

MATERIALS

- *Talking to Babies* poster
- *The Importance of Talking to Babies* article
- *Talking to Babies* worksheet

EXPLAIN

1. Distribute or show on an overhead the *Talk to Your Baby* image. Ask students to describe things they think the adult and baby in the image are doing:
   - Adult: Talking, making eye contact, smiling, possibly naming things, like the duck, for example.
   - Baby: Listening, making eye contact, possibly making or mimicking sounds, possibly touching the duck, possibly mimicking the adult’s movements.

2. Ask students why they think the City of New York is encouraging adults to talk to babies.

3. Write the following sentence on the board:
   - **Babies learn best from educational television programs.**

4. Ask students to discuss their opinions of the sentence on the board. They should say which they agree with and why. Discuss the importance of finding evidence for opinions. This skill is essential on the TASC.
5 Distribute *The Importance of Talking to Babies* article and ask students to read and annotate it, underlining any unfamiliar words and marking anything they find interesting, surprising or confusing.

6 When students are finished, ask them to work in pairs to identify the main idea and at least three pieces of evidence from the article that support that main idea. They should underline the parts in the article that the author uses as evidence. Share responses with the class.

7 Distribute the *Talking to Babies* worksheet and ask students to complete it.

8 Distribute *Terms from The Importance of Talking to Babies* and ask students to complete the center column. They should use the article for context clues.

9 When students are finished, discuss the terms and definitions.
Talking to Babies poster

http://www1.nyc.gov/site/talktoyourbaby/index.page
The Importance of Talking to Babies

By Alice Sterling Honig

Source: http://www.scholastic.com/browse/article.jsp?id=893

Q: I keep hearing that it’s important to talk to my new baby all the time. Why?

A: Talking to your baby gives him a good start on language development. Start by talking with him every time you carry out any routine caring tasks. As you pick him up from the crib, tell him, “I am picking you up, lovey. Then we will get a diaper change and make you all comfy. Then mama will nurse you.” As you keep on talking and explaining to your tiny baby, a miracle will occur. Baby will learn from the cadences and tones of your voice that you keep your promises. You are someone he can trust. Soon, he will not fuss to nurse or take a bottle immediately, but will learn to wait a bit until he is dry and clean again. Your talking teaches baby the power of words. This begins the process of intimate attachment and builds a trusting relationship.

Turn-taking

Answer all your baby’s gurgles, coos, and smiles with delighted expressions and coos of your own. Tell him, “I love the way you are saying ah, ah, ah. What a nice sound you are making.” Later, you can imitate baby’s beginning consonants and turn them into duplicated babbles such as “mamama” or “bababa.” As baby starts to make these babbling sounds, express your pleasure. “What nice talking! I love to hear you talk. Tell me more!” Be sure to give spaces in between your talking so that baby can talk back with babbles and more vocalizing on a variety of pitches.

Learning new words

Diapering or bathing is a good time to teach body parts. Gently caress the tummy and say “What a nice round tummy!” When you wash his arms or legs, label those body parts too. Similarly, when you dress or undress your baby, explain what you are doing. “First we put in one little arm. Then in goes your other arm.” "One
shoe for these pretty toes on one little foot. Now the other shoe for your other little foot.”

When you serve foods to your baby in the second half of the first year, be sure to tell him the names for each food. “Mmmm. Yummy carrots!” As he takes a mouthful of rice cereal, tell him, “You are eating your cereal. Good for you. Nice warm cereal.” When your baby can grasp a biscuit or a banana or a slice of peeled apple, be sure to give him the power to hold his own food and chew on it. Admire him with words. “What a big fellow! You are chewing and chewing on your biscuit. Yum, yum, yum!”

**Rhythms, rhymes, and games**

Recite simple nursery rhymes while you hold baby on your lap and bounce him gently to the rhythms of the rhymes. Sing nursery songs over and over until he lights up with recognition at these songs that soon become favorites. Don’t worry about your voice. Baby will enjoy your songs because you are singing them!

Play simple games, such as saying “Ah...boom!” as you reach forward and gently touch foreheads with your five-month-old baby as he sits on your lap facing you (hold him firmly). Also play pat-a-cake, at first by guiding his hands. Later in the first year he will delightedly join in the game by starting to clap hands together as soon as he hears the first words of this well-loved rhyme. Play peek-a-boo (use a soft, light cloth so baby will not be frightened if you hide his face). Play “so big” with your baby and use exaggerated hand motions he can learn to imitate. As you carry out these daily rituals of rhymes and chants and songs, your baby will begin to associate pleasure with words and cadences.

**Reading**

Of course, share picture books with your baby. Once he can sit fairly well balanced on your lap, leaning with his back against you, you can look at the interesting pictures together. Respond with delight at baby’s first excited babbles on seeing a picture of a doggie, a baby swinging, or a daddy rolling a ball to a baby.

Turn-taking talk, sharing rhythms and rhymes, rich responsive talk when your baby babbles, and early, leisurely picture book sharing will all boost a love of language.

**ABOUT THE AUTHOR**

*Alice Sterling Honig, Ph.D., is a professor emerita of child development at Syracuse University. She is the author of Secure Relationships: Nurturing Infant-Toddler Attachments in Early Care Settings.*
Talking to Babies

Answer the following questions in complete sentences. Make sure the answers are in your own words.

1. Why does the article recommend talking to babies?

2. When should adults talk to babies, according to the article?

3. Why should adults encourage babies to make babbling sounds?

4. According to the article, why should adults read to babies, even if the babies don’t understand the words?

5. What should adults talk with babies about?
### Terms from *The Importance of Talking to Babies*

Complete the chart by writing in the center column what you think the words below mean.

<table>
<thead>
<tr>
<th>TERMS</th>
<th>WHAT I THINK IT MEANS</th>
<th>DEFINITION</th>
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<tbody>
<tr>
<td>Routine</td>
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<td>Consonants</td>
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<td>Imitate</td>
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**Ages and Stages of Child Development**

Students read two charts about the ages and stages of childhood development, brainstorm ways parents can help children develop healthily, suggesting the actions parents can take during each stage to support their children.

**MATERIALS**

- *Ages and Stages of Childhood Development* infographic and worksheet
- *Brain Development—How You Can Help Your Child Learn and Grow* infographic

**EXPLAIN**

1. As babies grow into children, adolescents, and teenagers, they move through different stages of development. During each stage of development they are learning how to do new and different things. There are many ways adults can help children grow and learn throughout the stages of childhood development.

2. Distribute *Ages and Stages of Childhood Development* infographic. Ask students to read and annotate it, marking anything they find interesting, surprising or confusing.

3. When students are finished, distribute *Ages and Stages of Childhood Development* worksheet. Have students get into pairs and complete the worksheet, brainstorming ways in which parents might be able to help children learn and grow during each stage of development. When students are finished, each pair shares their brainstorms with another pair.

4. Distribute *Brain Development—How You Can Help Your Child Learn and Grow* infographic and let pairs review it together and discuss:

   
   Are your suggestions similar to or different from the suggestions on the handout? Are there any more you might add?

5. Ask students to get in pairs and make a list:

   What are some careers where it would also be necessary or helpful to understand the stages of childhood development and what caregivers can do to help support healthy development? Why/How would it help?

   - Childcare worker
   - Any career in social work that deals with infants and/or small children
   - Healthcare worker at a children’s hospital or pediatrician’s office
   - Teacher of small children

6. When students are finished, have pairs share and discuss with the whole class.
Ages and Stages of Childhood Development

Complete the chart below writing what parents can do to help children in ways that are appropriate to each developmental level.

<table>
<thead>
<tr>
<th>AGE AND STAGE OF DEVELOPMENT</th>
<th>Birth to 3 months</th>
<th>4–6 months</th>
<th>7–12 months</th>
<th>1–2 years</th>
<th>2–3 1/2 years</th>
<th>3 1/2–5 years</th>
<th>5–8 years</th>
</tr>
</thead>
</table>

**HOW PARENTS CAN HELP CHILDREN LEARN AND GROW**
Brain Development—How you can help your child learn and grow.

Prefrontal Cortex: Judgment (12–12 years)
- Give me choices when I’m stressed or upset.
- Talk to me about plans.

Frontal Lobe: Concrete Thinking (3 to 12 years)
- Help me notice patterns. (When you do x, this always happens…)
- Have me sort and arrange objects.
- Encourage problem-solving. Let me be frustrated sometimes as "figure something out.

Parietal Lobe: Language (Birth to 6 years)
- Talk to me in sing to me, react to me.
- Read the same stories over and over so I learn to memorize.

Temporal Lobe (Birth to 6 years) and Limbic System (8 months to 2 years)
- Let me participate in music.
- Dance with me.
- Listen to me play backwards and forwards.
- Let me make some "noises" while I learn to move.

Visual Processing
- Blends, mix things.

Language and Touch
- Surround me with interesting things to look at, play with, and explore.
- Have a lot of outdoor time to play games where I follow things with my eyes.

Heart rate and temperature
- Balance and coordination
- Let me move a lot.
- Let me fall some "risks" while I learn to move.

Brain stem (birth)
- Breathing
- Help me feel emotionally and physically safe.
- If I am frightened or stressed, my body goes into survival mode (brain stem function), and the rest of my brain can’t grow and develop. When I feel safe, I can learn.

Note: Timeline given is the "sensitive period" when that part of the brain is growing and developing the most. The brain grows and changes throughout our lifetimes.

Intergenerational Education: A Preschool in a Nursing Home

Students watch a short video about a preschool in a nursing home, and consider the benefits and careers involved.

MATERIALS

- Computer with internet, projection and sound is required for this activity.
- Benefits of Intergenerational Exchange worksheet
- Intergenerational Program Staff worksheet

EXPLAIN

1 Ask students to take out a fresh piece of paper and do a freewrite on an elder in their life who taught them something. It could be a relative or an elder unrelated to them. It could be an employer or co-worker, neighbor, family friend, congregant, even someone on the street, subway or barber shop. Include:
   - Who was the elder or what was your relationship?
   - What did you learn from this elder? Include three details.
   - What made this experience memorable?
   - How did this experience affect you?

2 Students briefly share their experiences in a class discussion. What did they learn from the elder? Why was it memorable? Generally, what is the role of elders in their lives, currently or when they were younger? Is your relationship to elders similar to or different from the relationship your parents' generation has or had with their elders? How?

3 We’re going to watch a short video about a preschool based in a nursing home. Three, four and five-year-olds have their classroom located inside a nursing home. The nursing home residents join the kids in their classroom, taking part in activities together. Imagine the activities done in preschool. Now imagine the elderly participating in these activities. If you were the director of a preschool, why would you choose to place a preschool in a nursing home?
Exchange between children and the elderly is mutually beneficial. Each group will likely be charmed and fascinated by the other, and might be reminded of the elders and youth in their own families. There are similarities between the populations—both may have limited mobility, children, because their bodies are still developing, and elderly because their bodies are becoming less robust. Due to their stages of physical development, both populations may need help with routine tasks, such as eating and walking. Both populations have time to enjoy their surroundings, such as nearby plants and animals. Both may be pondering philosophical questions, such as what happens at the end of life, and feeling extra appreciation for those closest to them. They may enjoy similar activities, such as making crafts, listening to music or dancing. Both may enjoy listening to or telling stories.

4 Have students turn to a partner and brainstorm the benefits of this kind of intergenerational programming, and any possible risks or downsides.

**EXPLAIN:** Take one piece of paper between the two of you, draw a vertical line down the center, write “Benefits” at the top of one column, and “Risks” or downsides at the top of another. Then fill in each column with your ideas of Benefits and Risks of elderly and preschoolers participating in activities together.

5 When students are finished brainstorming, navigate to [http://www.presentperfectfilm.com/](http://www.presentperfectfilm.com/). Click on About and play the video.

6 When the video is finished, ask students to add to their lists of Benefits and Risks, based on information from the video.

7 Pairs share their responses.

8 Distribute the two-sided *Benefits of Intergenerational Exchange* worksheet and ask students to complete it in pairs.

9 Distribute *Intergenerational Program Staff* and ask students to complete it, writing staff they think would be required at a joint elderly-preschool program, such as the one in the video.
Benefits of Intergenerational Exchange

Complete the chart below based on what you saw in the video, writing the benefits to the preschoolers, elderly, preschool staff and elderly staff.

<table>
<thead>
<tr>
<th>Benefits to Preschoolers</th>
<th>Benefits to Elderly</th>
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<th>Benefits to Preschool Staff</th>
<th>Benefits to Geriatric Staff</th>
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Intergenerational Program Staff

Below list careers necessary in intergenerational programming. List the staff you saw in the video, as well as others who would be necessary at a facility like The Mount. Consider every career that is necessary to make The Mount run well.

1.  

2.  

3.  

4.  

5.  

6.  

7.  

8.  

9.  

10.  

Would you like working at The Mount? If so, in what career? Explain why or why not.
Attachment and Brain Development

Students read about the relationship between attachment and brain development, and identify two main ideas from the article and their supporting ideas.

MATERIALS

- *Attachment and Brain Development* article
- *Identifying Significant Ideas: Attachment and Brain Development* worksheet

EXPLAIN

1. Scientists have learned that 90% of the human brain’s development and sense of security happens by the age of five. Since so much development happens so early, they wondered what parents could do to support babies and young children to develop healthy brains. They found out that the ways parents and caregivers attach with babies and young children has a huge effect on brain development and their sense of security.

2. Distribute the *Attachment and Brain Development* article. Ask students to read and annotate it, marking anything they think is important, interesting, surprising, or confusing. They should also underline any unfamiliar words.

3. When students are finished, distribute *Identifying Significant Ideas: Attachment and Brain Development* worksheet and have them complete it in pairs.

4. Ask pairs to share their responses, identifying the main ideas, supporting ideas and where they found the quotations.

5. Discuss the author’s career path in child development:

   Within the area of child development, what is the author’s area of specialization?
   
   ▶ *The impact of trauma on children.*

   What is trauma? What are some examples of traumatic events?
   
   ▶ *Trauma is when something violent or disturbing happens that is out of the ordinary, can be a shock, and may not have the skills to cope with effectively. Being a victim of or witness to physical, emotional or psychological abuse is trauma. Being hungry or homeless is traumatic.*

   Why would someone be interested in working with children who have experienced trauma?
   
   ▶ *They are empathic and want to help people who have experienced hardship.*
Attachment and Brain Development

Source: http://advocatesforchildren.net/502/

**Strengthening the Brain**
A child's brain is literally shaped over time by the daily interactions he or she has with parents and caregivers. When relationships are nurturing, responsive and predictable it creates a foundation for healthy brain architecture. It allows for trillions of connections to take place that help to organize the psycho-biological systems related to stress and coping. Children who experience more stress because their physical and emotional needs go unmet secrete higher levels of cortisol, which disrupts healthy development. What’s more — during the first three years of life — feelings of trust develop in children at the same time when trillions of connections are forming in the language, intellectual, sensory and motor areas of the child’s brain. Connections only become permanent when they are repeatedly stimulated through a child’s environment: Every time you respond to your child with a smile, a hug, or eye contact it strengthens your child’s brain.

This doesn’t mean you need to be a perfect parent. But it DOES mean that you need to be aware of when you are feeling stressed, distracted or otherwise emotionally unavailable for your child. Your child is programmed to read your nonverbal cues and will easily pick up on your stress or tension and internalize those same feelings.

It also means reflecting on your own childhood to understand if you experienced secure attachment as a child with your own parents. Fortunately, barriers to secure attachment can be overcome if parents seek the support they need. There are many resources to help parents learn about child development and what they can do to better the emotional attachment with their child.

**So What Does Secure Attachment Look Like?**
Secure attachment is built in small everyday moments. It means being tuned into your child’s inner emotional state while getting them dressed, making dinner, during bath time or as you are putting them to bed. It requires both parent and child to be able to focus intently on each other. During playtime, it means following your child’s pace and communicating in words and in gestures that you are having fun and you enjoy spending time with your child. It also means allowing your child to initiate and end interactions between you; maybe you postpone taking a picture of your baby when he turns his head away from you or you respect that your toddler needs to be held quietly in the...
middle of a chaotic moment. Secure attachment requires regular eye contact, relaxed facial expressions, and calm tone of voice, soft touch, and slowing down your adult pace to match that of your child.

A child that experiences a secure attachment will be better able to control his or her emotions and will be more easily soothed; the child will feel confident to explore the environment in the presence of their parent and will temporarily protest when their parent leaves the room; they will also seek out their parent when needing comfort, such as after bumping their head. On the contrary, a child may be experiencing an insecure attachment if they often cry or throw tantrums, seem anxious or hyper vigilant, or are disengaged or tuned out from their environment.

For young children, healthy development occurs within the context of a strong parent-child bond. Providing your child with a secure attachment experience is the greatest gift you can give to your child. It will not only impact their development and health during early childhood but has also been shown to be the primary predictor of how well your child will do in school and in life. In other words, relationships don’t just support healthy development—they directly impact how healthy your child will be during their entire lifetime.

ABOUT THE AUTHOR:

Gillian Roy is the Program Manager for Maine Families Androscoggin Home Visiting, a program of Advocates for Children in Lewiston, Maine. She holds a Master’s Degree in Child Study from Concordia University. As a graduate student she became interested in studying the impact of trauma on children, specifically the ways trauma influences a child’s development; her research and daily work has taught her that when a child is connected to one adult that loves and nurtures them this relationship can diminish the impact of trauma.
### Identifying Significant Ideas: Attachment and Brain Development

Identify two main ideas from the article. Then identify ideas that support the main idea, and include supporting quotations from the article.

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<th>Main Idea</th>
<th>Supporting Idea</th>
<th>Quotation of this Idea</th>
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Communicating with Toddlers

Students read a New York City Department of Health pamphlet on strategies for communicating effectively with children. Drawing on their own experiences with communication, they explain the reasons why these tips are recommended.

NOTE: This activity contains a public health message from New York City, but is applicable to communicating with toddlers regardless of location.

MATERIALS

- Healthy Parenting info sheet
- Healthy Parenting: How and Why worksheet

DISCUSS

1. Because communication with young children has such a big impact on their development, the New York City Department of Health has produced a pamphlet of tips for caregivers about communicating with toddlers.

2. Distribute Healthy Parenting. Ask students to read it and complete the Healthy Parenting: How and Why worksheet in pairs, using their own knowledge and experience of effective communication.
Healthy Parenting Info Sheet

Enjoy Your Child!

Love and attention are as important as food and a place to live.

- Children whose parents enjoy them feel safe, loved and valued.
- You don’t have to wait for just the right moment to give your child what he needs. What your child needs most is YOU.
- Make ordinary things count! Have fun with your child at the corner store, in the park, at the supermarket.
- Sometimes all your child needs is a touch or a smile to show her you care.

Teaching Your Child to Listen

1. Get your child’s attention.
   - Get close. Make eye contact.
   - Children are more likely to listen when you are close by.

2. Tell your child what to DO (instead of what NOT to do).
   - Change “don’t” to “do.”
   - Say: “Please walk instead of running.”
     Instead of: “Don’t run.”

3. Be clear and specific.
   - Say: “Put your toys in this basket.”
     Instead of: “Be good and clean up.”
   - Say: “Put on your jacket and bring your backpack.”
     Instead of: “Get ready to go.”

4. Use fewer words.
   - Kids tune out when adults ramble on.
   - Keep it simple!
     - “Wash hands before dinner.”
     - “Homework first, then TV.”

5. Don’t back yourself into a corner.
   - Try “when” instead of “if.”
   - Say: “When you finish your lunch, you can go outside.”
     Instead of: “If you don’t finish your lunch, you can’t go outside.”

6. Use a normal tone of voice.
   - The louder you get, the less effective you are.
   - When adults yell, children know you’re out of control. They stop listening.

Healthy Parenting: How and Why

Healthy Parenting gives several tips for communicating effectively with children. Based on your own knowledge of communication, write at least two reasons for each tip.

<table>
<thead>
<tr>
<th>Healthy Parenting Tip</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make eye contact.</td>
<td></td>
</tr>
<tr>
<td>Tell the child what to do instead of what NOT to do.</td>
<td></td>
</tr>
<tr>
<td>Use specific language.</td>
<td></td>
</tr>
<tr>
<td>Use fewer words.</td>
<td></td>
</tr>
<tr>
<td>Say “when” instead of “if.”</td>
<td></td>
</tr>
<tr>
<td>Use a normal speaking voice.</td>
<td></td>
</tr>
<tr>
<td>Confirm (confirmation)</td>
<td></td>
</tr>
<tr>
<td>Pediatrician</td>
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</tbody>
</table>
Family Literacy: Sharing Books Together

Students learn about building literacy skills in infants, toddlers and children, read and annotate an article to identify the main idea and supporting details, and write a brief summary of the article.

PREP

- Read the article, Sharing Books Together
- Be prepared to explain vocabulary: imitate, vinyl, language delay

MATERIALS

- Sharing Books Together article
- Main Idea and Supporting Details worksheet

EXPLAIN

1 Quick write: Experts believe that reading together offers many benefits to children. Write what you think the benefits are and why you think they are beneficial to children.

   - Having positive experiences of reading with a caring adult, sharing books becomes routine and something that children expect to do every day. Understand that marks on a page are attached to meaning, learn to use their imaginations by visualizing, take joy in language, such as with rhyming words or make-up words.

2 Ask for volunteers to share their writing. Make a list on the board of students’ reasons why early reading experiences seem to be important to children.

3 Distribute Sharing Books Together handout. Ask students what the title of the article is. Point out that there are other titles in bold written on each page. Ask students what they think those titles indicate?

   - What that section is about. Headings can give readers a glimpse into what the entire article by breaking it up into smaller sections.

4 Divide students into groups and ask them to read and annotate the article, marking anything that helps them understand the main idea of the entire article and the main idea of each section within the article.

5 When students are finished, distribute Main Idea and Supporting Details worksheet and ask groups to complete it.
Sharing Books Together

When you read to your child, his brain cells are turned on and begin to make connections. As he looks at the picture on the page and hears the words you are reading, his brain is hard at work. And if you can talk about how the story is like something in your child’s life, that’s even better. Hearing favorite stories over and over also helps strengthen brain connections.

Sharing Books with Your Baby

It’s never too early to introduce books to your baby. Most babies enjoy being held and playing with the book as they listen to the sounds of the words. From the very earliest years, your baby will learn that looking at books is enjoyable and special. Here are some tips for sharing books with your baby.

- Give her cloth or vinyl books that can be washed.
- Hold her in your lap and circle your arms gently around her as you read or talk about the pictures in a book.
- Do something different when she loses interest. Babies have a short attention span and may enjoy books for only a few minutes at a time.
Sharing Books with Your Toddler

Make story time a special part of your everyday activities. Toddlers usually enjoy short, simple books. They often ask to hear a story over and over again. Here are some ideas.

- Choose books on topics that will interest your toddler. Does she love trucks and cars? Animals? Books about everyday routines?
- Find sturdy, cardboard books for your toddler to handle. Let her help you turn the pages.
- Change your voice to imitate the characters during storytelling.
- Try to involve her in talking about the story. For example, suppose you are going to read Margaret Wise Brown’s *Goodnight Moon*. Here’s what might happen.

<table>
<thead>
<tr>
<th>Book</th>
<th>Involving Your Child in the Book</th>
</tr>
</thead>
</table>
| *Goodnight Moon*                 | **You:** Do you want to hear *Goodnight Moon*?  
                                    | I love this book.  
                                    | **Your Child:** Moon!  
                                    | **You:** Yes, there it is. What else do you see?  
                                    | **Your Child:** Cow.  
                                    | **You:** You’re right. There’s a picture of the cow jumping over the moon! Will you help me turn the pages? |
| In a great green room  
There was a telephone  
And a red balloon  
And a picture of------ | **You pause while your child points to the objects as you read the words.**  
**Your Child:** Cow! 3 bears!  
**You:** I see those pictures. What else was in the green room?  
**Your Child:** Clock...bowl...mouse (points and names the rest of pictures of things in the room). |
| The cow jumping over the moon.   | **You:** Do you think a cow can really jump over a moon?  
**Your Child:** No-o-o-o-o! (Shaking head and laughing) |

You continue to read the book and talk about the pictures as you read. Have your child find the mouse on every page. At the end of this bedtime story, say goodnight to different objects in your child’s bedroom. “Goodnight bed. Goodnight chair. Goodnight baby doll. Goodnight books.”
Sharing Books with Your Preschooler

Your preschooler will often still enjoy climbing on your lap to listen to a favorite story. Although you may be tired of reading or telling the same story over and over again, repeating helps make strong connections in the brain. Soon your preschooler will tell you the story, word for word! Here are some other ideas.

- Visit the library regularly and check out books. Most libraries have storytimes especially for preschool children. Perhaps you can check out a book for yourself and show your preschooler how you enjoy a good book also!

- Create your own story-time routine. This could be at bedtime or at another time during the day. Find a comfortable place where you can snuggle up and read or talk about a book together. Do it every day!

- Use expression in your voice when you read or tell the story.

- Choose books and stories that have rhyme and repetition, like *Brown Bear, Brown Bear, What Do You See?* (Martin) or Dr. Seuss books, such as *Green Eggs and Ham*. Encourage your child to join in the story with you. Soon you might see your child pretending to read or telling the story to a stuffed animal or doll.

- Lightly run your fingers under the words as you read. This teaches your child that the print stands for words and that we read from top to bottom of the page and from left to right.

- If your child has a language delay, ask him to point to pictures and encourage him to repeat the words after you.
Research shows that how you share books with your child is even more important than how often you do it. Your questions or comments can help your child become the teller of the story. For example, if you were reading the story *The Gingerbread Man*, here are some comments and questions you might ask:

<table>
<thead>
<tr>
<th>Kind of Question or Comment</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Completion</strong> – Leave off a word at the end of a sentence and let your child fill it in.</td>
<td>“Run, run as fast as you can. You can’t catch me. I’m the Gingerbread ____.”</td>
</tr>
<tr>
<td><strong>Open-ended</strong> – Ask your child a question that will make her think of several different answers.</td>
<td>“What do you think the Gingerbread Man is doing in this picture?”</td>
</tr>
<tr>
<td><strong>Who, What, When, Where, Why, and How</strong> – Ask your child these kinds of questions about the story and the pictures.</td>
<td>“Who baked the Gingerbread Man?” “What did the little old man say when the Gingerbread Man ran away?” “Where did the fox want the Gingerbread man to go?” “Why do you think the fox wants the Gingerbread man to ride on his head across the river?” “How did the fox trick the Gingerbread Man?”</td>
</tr>
<tr>
<td><strong>Connections</strong> – Help your child see how the story relates to something familiar.</td>
<td>“Do you remember when you ate gingerbread at Aunt Pat’s house?”</td>
</tr>
</tbody>
</table>

**Encouraging Reading and Writing**

Words are everywhere. You can use this fact to help your child get ready for reading.

- Young children are interested in their own names. Let your child see you write his name. Put magnetic letters on your refrigerator for him to play with and spell his name. You may see your child point to letters in words and say “That’s my letter!”

- Talk about the words and letters you see every day. Point out stop signs or signs on familiar stores. Talk about the name on a box of cereal as you take it off the shelf.
• Let your child see you looking at books, magazines, and newspapers. When he sees you reading, he may try to copy you. These experiences teach your child why we read and that reading is important.

There are also many ways you can encourage writing.

• If your child is playing house, give him paper and pencil to scribble a shopping list or take a message.

• If he is making a fort in the living room, offer paper and crayons to scribble a “Do Not Enter” sign.

• If you are outside, he can write in the dirt with a stick or on the sidewalk using chalk.

• If he copies what you do every day, have paper and pencil or crayons for him to “write” a shopping list, a phone message, or a letter to a friend.

Remember, however, that writing develops over time. At this point, don’t worry if your child scribbles or makes letters backwards or upside down.
**Main Ideas and Supporting Details**

Work with your group to identify the main idea and supporting details of each section of the article. When you have finished, summarize the main idea of the entire article in your own words below.

<table>
<thead>
<tr>
<th>Section</th>
<th>Supporting Details</th>
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<tbody>
<tr>
<td><strong>Sharing Books With Your Baby</strong></td>
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<tr>
<td><strong>Main Idea:</strong></td>
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<tr>
<td><strong>Sharing Books With Your Toddler</strong></td>
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<tr>
<td><strong>Main Idea:</strong></td>
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<tr>
<td><strong>Sharing Books With Your Preschooler</strong></td>
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<td><strong>Main Idea:</strong></td>
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<tr>
<td><strong>Encouraging Reading and Writing</strong></td>
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<tr>
<td><strong>Main Idea:</strong></td>
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In your own words, summarize the main idea of the entire article.
Childhood Vaccinations: Why Should I Vaccinate My Child?

Students read an informational article about childhood vaccinations, answer an FAQ sheet and peer review each other’s answers. They also discuss a graph showing the decrease in preventable diseases, as well as recent cases of these diseases in the U.S.

PREP

- Be prepared to explain vocabulary: morbidity

MATERIALS

- Childhood Vaccinations: Why Should I Vaccinate My Child? article
- Childhood Vaccinations FAQ worksheet
- Preventable Diseases graph
- Immunization Tips for Parents handout

EXPLAIN

1. Raising a child comes with many decisions. Some are a matter of taste, like what to name the baby. Others are essential, especially when it comes to safety, like baby-proofing your home for potential hazards. But, what about the hazards that you can’t see and that can cause serious illness, disability, or even death in young children? Childhood vaccinations are one way parents can protect their kids, but some parents don’t believe that vaccinating their children is healthy. We are going to look at important facts about vaccines that parents need in order to make an informed choice about childhood vaccinations.

2. Distribute Childhood Vaccinations: Why Should I Vaccinate My Child? article. Have students read and annotate the article marking anything they think is important, interesting or confusing.

3. When students are finished, distribute Childhood Vaccinations FAQ worksheet and have them complete it. They should cite evidence from the article to support their claims.

4. When students are finished, have them turn to a partner and share their answers. The listening partner should imagine they are the concerned parent asking the questions and give the writer feedback as to whether they provided enough evidence from the article to answer their question. Then they will switch positions so both students share their answers and get feedback.
5 Distribute the *Preventable Diseases* graph. Have students read it over to themselves.

**DISCUSS GRAPH: U.S. DISEASE PREVENTION**

What does the title above the first column mean?
- *The estimated amount of people who caught the diseases listed before vaccines existed.* If students do not know, explain what morbidity means.

What does estimated mean?
- *Not exact, about how many.*

What does the title above the middle column mean?
- *The percentage of decrease in the number of people who have died from the diseases listed or the percentage of people who caught the disease.*

What does the title of the third column mean?
- *Number of cases most reported recently.*

Does this mean that all these people died who were infected recently?
- *No. If students answer yes, ask them to re-examine the language of the title.*

What are the three diseases that had the most cases during the pre-vaccine era?
- *Varciella (4,085,120), Measles (530,217), and Pertussis (200,752)*
  - Explain that Varicella is commonly known as the chickenpox.

What are the three diseases that have the most recent reports of cases?
- *Varicella (449,363), Pertussis (13,506), and Hepatitis B (11,269)*

How many recent cases of Pertussis are reported here?
- *13,506*

Is this the same or different than the number of Pertussis cases reported in the article we read?
- *Different. From article: 28,000 in 2014, 48,000 in 2012*

Why are these numbers different?
- *The article’s statistics are from 2012 and 2014, the graph’s statistics are from 2007.*

After reading the article and analyzing the graph, why do you think it’s important to vaccinate against diseases, even if they are rare?
- *They still happen to some people. To protect your child. To protect everyone else. To prevent the diseases from spreading.*

For which diseases do you think there will be new vaccinations required in your lifetime?

**Distribute Immunization Tips for Parents** for students to take home.
Childhood Vaccinations: Why Should I Vaccinate My Child?
Adapted from http://www.cdc.gov/features/reasonstovaccinate/, 2015

Serious Diseases Are Still Out There
One example of the seriousness of vaccine-preventable diseases is the increase in whooping cough, otherwise known as pertussis, cases and outbreaks reported recently. More than 28,000 cases of whooping cough were reported to the Center for Disease Control (CDC) during 2014 and this number is expected to increase. 2012 was a record year with more than 48,000 cases, the most cases that we had seen in the past 60 years. Whooping cough can be deadly, especially for young babies. From 2000 through 2014, there were 277 deaths from whooping cough reported in the United States. Almost all of the deaths (241 of the 277) were babies younger than 3 months of age, who are too young to be fully protected against whooping cough through vaccines.

Measles cases and outbreaks continue to occur in the U.S. So far this year, over 150 people in the United States have been reported as having measles. Most of these cases are part of an outbreak linked to an amusement park in California. Measles spreads easily, and it can be serious, causing pneumonia, encephalitis (swelling of the brain), and even death. Young children are at highest risk for serious complications from measles.

You may have never seen a case of polio or diphtheria, but they still occur in other countries. All it takes is a plane ride for these diseases to arrive in your community. Measles is still common in many parts of the world, including Europe, Asia, the Pacific, and Africa. Measles is brought into the United States by unvaccinated U.S. residents and visitors who get infected when they are in other countries. Measles can spread when it reaches a community in the U.S. where groups of people are unvaccinated.

Vaccines are the Safe, Proven Choice
The United States currently has the safest, most effective vaccine supply in its history. Before a vaccine is approved and given to children, it is tested extensively. Some people think that vaccines can cause children to develop other diseases and conditions, like autism, but scientist have proved this is not true. Nearly all children can be safely vaccinated. There are some exceptions including children with allergies to something in a vaccine. Children with weakened immune systems due to an illness or a medical treatment, such as chemotherapy treatment for cancer, also may not be able to safely receive some vaccines.
Children Must Be Vaccinated to Attend Public School
In most states, including New York, it is required by law that children entering day care facilities and public schools be fully immunized to protect the child and the entire school community from contracting and vaccinatable diseases. Vaccine exemptions are available for medical reasons or if a parent has a religious objection to vaccinations.

Vaccination Protects Your Family, Friends, and Community
Getting your child vaccinated helps protect others in your community—like your neighbor who has cancer and cannot get certain vaccines, or your best friend’s newborn baby who is too young to be fully vaccinated. When everyone in a community who can get vaccinated does get vaccinated, it helps to prevent the spread of disease and can slow or stop an outbreak. Choosing to protect your child with vaccines is also a choice to help protect your family, friends, and neighbors, too.

Protect Your Child From 14 Preventable Diseases
The CDC recommends vaccines for Chickenpox, Diphtheria, Hib, Hepatitis A and B, Influenza (Flu), Measles, Mumps, Pertussis, Polio, Pneumococcal, Rotavirus, Rubella, and Tetanus.
Childhood Vaccines: Frequently Asked Questions (FAQ)

Use the information in the article you just read to answer these FAQs from real parents who are trying to decide whether or not to vaccinate their children. Your answers should be in paragraph form and provide at least one piece of supporting evidence from the article.

1. I've heard that vaccines are dangerous and can hurt my child. Is that true?

[Paragraph: Evidence from the article]

2. If I want to travel to another country with my baby, do I need to get her vaccinated before we go? What if she has some of her vaccines, but not all of them yet?

[Paragraph: Evidence from the article]

3. The diseases they vaccinate for aren't around anymore. I don't know of anyone who has ever had Mumps or Rubella! Why should I put my child through getting a bunch of shots if there is no danger of getting these diseases?

[Paragraph: Evidence from the article]
4 If I don’t want to vaccinate my child, why should I? It’s not hurting anyone else.

5 My baby can’t get even get the Pertussis vaccine until after she is three months old. Should I be worried about this? If so, is there anything anyone can do to help make sure my baby doesn’t catch it?
Graph: U.S. Disease Prevention

Source: myscienceacademy.org, statistics reported by The Journal of American Medicine Association, 2007
Immunization Tips for Parents

The pamphlet below is a fact sheet on vaccines. It includes some references to New York City resources. Some regions may decide to use local resources instead.

Download pamphlet PDF at:

The following terms may be useful in discussing the pamphlet:

**311**: A phone number that connects callers to New York City agencies that can assist with local problems, such as making housing complaints or accessing a child’s vaccination record.

**Autism**: A disease that affects development of children and adults, including social interaction and academic skills. Vaccines were previously thought to contribute to increasing diagnoses of autism, but that has been disproven.
Serious side effects from vaccines are rare. Any side effects are usually mild, such as soreness where the shot was given. Before a vaccine is approved for use, it goes through years of testing. Vaccines are very safe. The benefits far outweigh any risks.

Childhood Vaccinations: Safe for Your Kids

Getting your child fully vaccinated helps protect everyone, especially newborns and infants too young to be fully vaccinated. Childhood immunizations help protect your child from many serious diseases, including measles, mumps, whooping cough (pertussis), chickenpox, meningitis, and others. Immunizations (vaccines or shots) help protect your child from many dangerous diseases."
Why should I get my child immunized? I thought no one gets these diseases anymore.

- Many childhood diseases are no longer common because of vaccines. But the germs that cause most of these diseases are still around. Between 2008 and 2011, about 700 New Yorkers each year got sick from vaccine-preventable diseases.
- When vaccination rates are low, these diseases can come back and spread quickly.
- In Europe, a measles outbreak spread through 30 countries in 2011, with more than 26,000 people infected. The outbreak was mainly due to low immunization rates.
- In 2011, almost 225 people contracted measles in the U.S., with 25 in New York City alone, mostly children and adults who had not been vaccinated.

Is it okay for my child to have so many vaccines at once?

- Yes. Children are exposed to thousands of germs every day. The killed or weakened germs in vaccines are very few compared to the millions of germs children fight off each day.
- Talk to your child’s doctor about combination vaccines, which protect against more than one disease with a single shot. They can reduce the number of shots and office visits your child will need.

I’ve heard it’s safer to skip some vaccines or wait to get my child vaccinated. Is this true?

- No. If you skip some vaccines or wait to get your child vaccinated, you put your child at risk. Your child could get very sick or even die from a serious disease that could have been prevented.
- Children should get the recommended vaccinations at the right age and on time.
New York City Community Health Profiles*

Students research the NYC Community Health Profile for their own neighborhoods, and make presentations on their findings to the class. They then consider how this information can be used to inform choices about family health and well-being.

*Note: This activity uses New York City health profiles as text for students to practice interpreting data and applying them to broader choices about family location. Many counties and regions provide similar information about local conditions.

PREP

- Read and familiarize yourself with the community health profile included on Bedford Stuyvesant, a neighborhood in Brooklyn, NY, and/or visit the website below to view other neighborhoods. The community health profile on Bedford Stuyvesant presents an example of health and welfare data that can be applied to many neighborhoods and regions.

- Choose 4-6 sections of the Community Health Profile on which you would like students to focus their research—asthma rates, for example, or housing quality.

- Write the website on the board:
  http://www1.nyc.gov/site/doh/data/data-publications/profiles.page

MATERIALS

- This activity requires a computer lab
- Whiteboard, chalkboard, or chart paper and markers

EXPLAIN

1 In Fall of 2015, researchers began publishing health statistics on New York City by neighborhood. These include graphs, charts and text showing their findings. They include data on topics such as employment rates, school attendance, pre-term births, teen births, incarceration and violence, as well as health factors such as smoking, diet and physical activity, health insurance coverage, asthma and diabetes rates, hospitalization and leading causes of death.
What does this have to do with Parenting?

Parents make hundreds of choices for their families, including where to live, work and attend school. Each neighborhood is unique. Some have great public schools and nearby parks. Some have playgrounds or housing in disrepair. Some have high asthma rates but low pre-term birth rates. Parents can use data on community health and wellness to make choices that benefit their families or to fight for improvements in their communities.

Today you are going to find and read the community health profile for your own neighborhood. Later, you’ll also prepare a presentation with a group to report back some of your findings to the class.

Ask students to navigate to http://www1.nyc.gov/site/doh/data/data-publications/profiles.page, scroll down and find the link to the neighborhood they consider home (could be where they live now or where they grew up). Students should click on their neighborhood and read the first three pages to themselves. Ask students to stop when they get to the table of contents. If a student does not reside in NYC, they may choose a neighborhood they are interested in. See the screenshot below.
Once students have navigated to their neighborhood’s profile, read the second paragraph under Navigating this Document and discuss the color key together as a class. Make sure students understand their neighborhood (orange) statistics will be compared to other neighborhoods, the entire borough their neighborhood is located in (purple), and all five boroughs of NYC (blue).

Make sure students understand that they need to read each statistic very carefully to make sure they know what it is measuring—sometimes it is for people who do or have something, like parents having children, sometimes it is for people who don’t do or don’t have something, like children being absent from school. And the best-performing neighborhood is sometimes the lowest for something, like asthma rates, or the highest, such as access to healthcare. Discuss these nuances carefully with students before proceeding.

After students are finished reading their neighborhood’s health profile and notetaking, distribute My Community’s Health Profile worksheet and ask them to complete it based on their research.

When students are finished with the worksheet, ask them to re-read their neighborhood’s profile focusing on the sections you have chosen to focus on—asthma rates, for example, or housing quality.

Divide the class into groups, with each group containing representatives from several neighborhoods. Each group will focus on one assigned health topic, asthma rates, for example, and compare that health topic across neighborhoods. Students should first discuss how each of their neighborhoods fared in the assigned health topic. They should then write sentences on chart paper describing the similarities and differences between the neighborhoods on the assigned health topic. They will ultimately present these differences to the class.

While students are working, circulate and assist groups in compiling their information into a cohesive presentation.

Groups present their research to the class.

As a class, students discuss how they as individuals would rank the findings. In other words, if they were considering moving in to one of the neighborhoods, which health topics would they consider more important and which would be less important to them. Ask students how they might use this information to make decisions about personal or family health moving forward.
Health is rooted in the circumstances of our daily lives and the environments in which we are born, grow, play, work, love and age. Understanding how community conditions affect our physical and mental health is the first step toward building a healthier New York City.
WHO WE ARE

BEDFORD STUYVESANT TOTAL POPULATION

154,332

POPULATION BY RACE AND ETHNICITY

- 64% Black*
- 20% Hispanic
- 11% White*
- 2% Asian*
- 2% Other*

POPULATION BY AGE

- 25% 0 - 17
- 12% 18 - 24
- 32% 25 - 44
- 22% 45 - 64
- 10% 65+

PERCENT WHO REPORTED THEIR OWN HEALTH AS “EXCELLENT,” “VERY GOOD” OR “GOOD”

- 77%

LIFE EXPECTANCY

- 75.1 YEARS

HAVE LIMITED ENGLISH PROFICIENCY

- 19%

ARE FOREIGN BORN

- 13%

Note: Percentages may not sum to 100% due to rounding.

Sources:
- Foreign born and English proficiency: U.S. Census Bureau, American Community Survey, 2011-2013
- Self-reported health: NYC DOHMH Community Health Survey, 2011-2013

* Non-Hispanic

NYSED/CUNY CareerKit for HSE & ESL Learners (2018) • Hospitality, Recreation & the Arts
Note from Dr. Mary Bassett, Commissioner, New York City Department of Health and Mental Hygiene

New York City is a city of neighborhoods. Their diversity, rich history and people are what make this city so special.

But longstanding and rising income inequality, combined with a history of racial residential segregation, has led to startling health inequities between neighborhoods. Poor health outcomes tend to cluster in places that people of color call home and where many residents live in poverty. Life expectancy in Brownsville, for example, is 11 years shorter than in the Financial District. And this is not because residents of Brownsville are dying of unusual diseases, but because they are dying of the same diseases – mostly heart disease and cancer – at younger ages and at higher rates.

This is unfair and avoidable. A person’s health should not be determined by his or her ZIP code.

Reducing health inequities requires policymakers, health professionals, researchers and community groups to advocate and work together for systemic change. In One New York: The Plan for a Strong and Just City (OneNYC), Mayor Bill de Blasio has outlined a vision to transform this city, and every neighborhood, guided by the principles of growth, equity, sustainability and resiliency.

Our communities are not simply made up of individual behaviors, but are dynamic places where individuals interact with each other, with their immediate environments and with the policies that shape those environments. The Community Health Profiles include indicators that reflect a broad set of conditions that impact health.

Our hope is that you will use the data and information in these Community Health Profiles to advocate for your neighborhoods.
Navigating this document

This profile covers all of the Brooklyn Community District 3, which includes Bedford-Stuyvesant, Stuyvesant Heights and Tompkins Park North, but the name is shortened to just Bedford Stuyvesant. This is one of 59 community districts in New York City (NYC).

Community districts are ranked on each indicator. The highest rank (#1) corresponds to the largest value for a given measure. Sometimes a high rank indicates a positive measure of health (e.g., ranking first in flu vaccination). Other times, it indicates a negative measure of health (e.g., ranking first in the premature death rate).

The following color coding system is used throughout this document:

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**NEIGHBORHOOD CONDITIONS**

Where we live determines the quality of the air we breathe, the homes we live in, how safe we feel, what kinds of food we can easily access and more.

**Housing quality**

Poorly maintained housing is associated with negative health outcomes, including asthma and other respiratory illnesses, injuries and poor mental health. A similar percentage of homes in Bedford Stuyvesant have maintenance defects compared with homes citywide.

![Maintenance defects chart](image)

**Air pollution**

Although NYC air quality is improving, air pollution, such as fine particles (PM$_{2.5}$), can cause health problems, particularly among the very young, seniors and those with preexisting health conditions. In Bedford Stuyvesant, levels of PM$_{2.5}$, the most harmful air pollutant, are 8.8 micrograms per cubic meter, compared with 8.7 in Brooklyn and 8.6 citywide.

![Air pollution chart](image)

**Retail environment**

Tobacco retailers are more prevalent in Bedford Stuyvesant than in the city overall. Supermarket access is similar to access citywide, with 120 square feet per 100 people.

![Tobacco retailers and Supermarket square footage charts](image)
Higher education levels are associated with better health outcomes.

One in three residents of Bedford Stuyvesant lives below the Federal Poverty Level; it is the eighth-poorest neighborhood in NYC.

Adult educational attainment

In Bedford Stuyvesant, fewer than one in three adults has a college degree, and one in four has not completed high school.

Higher level of education attained (adults 25 years and older)

Income

Living in poverty limits healthy lifestyle choices and makes it difficult to access health care and resources that can promote health and prevent illness. Unemployment and unaffordable housing are also closely associated with poverty and poor health. About one in six Bedford Stuyvesant adults ages 16 and older is unemployed, and over half of all residents spend more than 30% of their monthly gross income on rent.

One way to consider the effect of income on health is by comparing death rates among neighborhoods. Assuming that the death rates from the five neighborhoods with the highest incomes are achievable in Bedford Stuyvesant, it is estimated that 49% of deaths could have been averted.

Economic stress

Poverty

Unemployment

Rent burden

NYC
Children and adolescents
The littlest New Yorkers all deserve the same opportunities for health. In Bedford Stuyvesant, the rate of preterm births, a key driver of infant death, is nearly twice the Midtown rate, the teen birth rate is higher than the Brooklyn and citywide rates, and the rate of elementary school absenteeism is sixth-highest in the city.

### Social and Economic Conditions

Child and adolescent health are a signal of a community’s current well-being and potential.

People who are incarcerated have higher rates of mental illness, drug and alcohol addiction and other health conditions.

Non-fatal assault hospitalizations capture the consequences of community violence.

**Incarceration**

The incarceration rate in Bedford Stuyvesant is more than double the Brooklyn and citywide rates.

**Violence**

The injury assault rate in Bedford Stuyvesant is twice the citywide rate.
Self-reported health
People are good at rating their own health. When asked to rate their overall health on a scale of one to five (excellent, very good, good, fair or poor), 77% of Bedford Stuyvesant residents rate their health as “excellent,” “very good” or “good.”

Smoking, diet and physical activity
Smoking, poor quality diet and physical inactivity are risk factors for high blood pressure, diabetes and other problems. Adults in Bedford Stuyvesant smoke, consume sugary drinks, eat fruits and vegetables and are physically active at rates similar to residents of Brooklyn and the city as a whole.

Adults in Bedford Stuyvesant are almost three times as likely to consume sugary beverages as Stuyvesant Town and Turtle Bay adults.
HEALTHY LIVING

Exercise is one way to maintain a healthy weight. Federal guidelines say that children should get 60 minutes of exercise per day, adults should get 150 minutes per week, and older adults should get 150 minutes per week as their physical abilities allow, with a focus on exercises to improve balance.

Obesity and diabetes

Obesity can lead to serious health problems such as diabetes and heart disease. At 33%, the rate of obesity in Bedford Stuyvesant is higher than the city rate and over four times the rate in Stuyvesant Town and Turtle Bay. The diabetes rate in Bedford Stuyvesant is 15%, the fifth-higher rate in the city.

<table>
<thead>
<tr>
<th>Obese (percent of adults)</th>
<th>Bedford Stuyvesant (RANKS 7th)</th>
<th>Stuyvesant Town and Turtle Bay (RANKS 59th)</th>
<th>Brooklyn (RANKS 8th)</th>
<th>NYC (RANKS 59th)</th>
</tr>
</thead>
<tbody>
<tr>
<td>33%</td>
<td></td>
<td>8%</td>
<td>27%</td>
<td>24%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diabetes (percent of adults)</th>
<th>Bedford Stuyvesant (RANKS 5th)</th>
<th>Stuyvesant Town and Turtle Bay (RANKS 59th)</th>
<th>Brooklyn (RANKS 5th)</th>
<th>NYC (RANKS 59th)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15%</td>
<td></td>
<td>3%</td>
<td>11%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Substance use

Drug- and/or alcohol-related hospitalizations reflect acute and chronic consequences of substance misuse. In Bedford Stuyvesant, such hospitalization rates are much higher than the rates in Brooklyn and NYC.

<table>
<thead>
<tr>
<th>Alcohol-related hospitalizations (per 100,000 adults)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedford Stuyvesant (RANKS 9th) 1,713</td>
</tr>
<tr>
<td>Bayside and Little Neck (RANKS 59th) 233</td>
</tr>
<tr>
<td>Brooklyn 1,041</td>
</tr>
<tr>
<td>NYC 1,019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug-related hospitalizations (per 100,000 adults)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedford Stuyvesant (RANKS 11th) 1,830</td>
</tr>
<tr>
<td>Rego Park and Forest Hills (RANKS 59th) 159</td>
</tr>
<tr>
<td>Brooklyn 921</td>
</tr>
<tr>
<td>NYC 907</td>
</tr>
</tbody>
</table>
Access to health care
A lack of quality health care can lead to negative health outcomes and more intensive treatment, such as avoidable hospitalizations. In Bedford Stuyvesant, one in five adults has no health insurance and one in eight goes without needed medical care, similar to citywide rates.

Prior to 2014, 20% of adults in NYC had no health insurance; however, with implementation of the Affordable Care Act, this percentage decreased to 14% citywide in 2014. A similar decrease is expected in Bedford Stuyvesant.

HPV infection causes cancers that can be prevented by the HPV vaccine. Boys and girls should receive the vaccine at 11 to 12 years of age, prior to HPV exposure and when the vaccine is most effective.

Prevention and screening
Compared with teens citywide, teenaged girls from Bedford Stuyvesant are less likely to receive the full human papillomavirus (HPV) vaccine series. However, Bedford Stuyvesant adults are more likely to have been tested for HIV than adults citywide.
New HIV diagnoses

Some people with HIV do not know that they are infected. Getting diagnosed is the first step in the treatment and care of HIV. **Bedford Stuyvesant** ranks fifth-highest in the rate of new HIV diagnoses, more than twice the Brooklyn and citywide rates.

![Graph showing New HIV diagnoses per 100,000 population](NYC DOHMH, HIV/AIDS Surveillance Registry, 2013)

**Health Outcomes**

People diagnosed with HIV who enter care and start antiviral medications live longer, healthier lives and are less likely to transmit HIV.

Stroke

High blood pressure is the leading risk factor for stroke and the most important to control. **Bedford Stuyvesant** ranks eighth-highest in the rate of stroke hospitalizations in the city.

![Graph showing Hospitalizations due to stroke per 100,000 adults](New York State Department of Health, Statewide Planning and Research Cooperative System, 2012)

Mental health

Variations in hospitalization rates may reflect differences in rates of illness, access to health care and other social and cultural factors. The rate of adult psychiatric hospitalizations in **Bedford Stuyvesant** is higher than the Brooklyn and overall NYC rates.

![Graph showing Psychiatric hospitalizations per 100,000 adults](New York State Department of Health, Statewide Planning and Research Cooperative System, 2012)
## Child asthma

Many hospitalizations for asthma among children could be prevented by addressing housing-related exposures to asthma triggers, including cockroaches, mice and secondhand smoke. Good medical management can prevent asthma symptoms. The asthma hospitalization rate among children ages 5 to 14 in Bedford Stuyvesant is higher than the Brooklyn and citywide rates.

<table>
<thead>
<tr>
<th>Child asthma hospitalizations (per 10,000 children ages 5-14)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEDFORD STUYVESANT</strong> (RANKS 16™) 54</td>
</tr>
<tr>
<td><strong>BOROUGH PARK</strong> (RANKS 59™) 6</td>
</tr>
<tr>
<td><strong>BROOKLYN</strong> 32</td>
</tr>
<tr>
<td><strong>NYC</strong> 36</td>
</tr>
</tbody>
</table>

New York State Department of Health, Statewide Planning and Research Cooperative System, 2012-2013

## Adult hospitalizations for asthma

The rate of avoidable adult asthma hospitalizations in Bedford Stuyvesant is higher than the Brooklyn and citywide rates.

<table>
<thead>
<tr>
<th>Avoidable asthma hospitalizations (per 100,000 adults)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEDFORD STUYVESANT</strong> (RANKS 10™) 531</td>
</tr>
<tr>
<td><strong>GREENWICH VILLAGE AND SOHO</strong> (RANKS 59™) 46</td>
</tr>
<tr>
<td><strong>BROOKLYN</strong> 263</td>
</tr>
<tr>
<td><strong>NYC</strong> 249</td>
</tr>
</tbody>
</table>

New York State Department of Health, Statewide Planning and Research Cooperative System, 2012

## Adult hospitalizations for diabetes

Bedford Stuyvesant ranks eighth-highest in avoidable adult diabetes hospitalizations, higher than the Brooklyn and citywide rates.

<table>
<thead>
<tr>
<th>Avoidable diabetes hospitalizations (per 100,000 adults)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEDFORD STUYVESANT</strong> (RANKS 87™) 604</td>
</tr>
<tr>
<td><strong>GREENWICH VILLAGE AND SOHO</strong> (RANKS 59™) 54</td>
</tr>
<tr>
<td><strong>BROOKLYN</strong> 357</td>
</tr>
<tr>
<td><strong>NYC</strong> 312</td>
</tr>
</tbody>
</table>

New York State Department of Health, Statewide Planning and Research Cooperative System, 2012

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Certain hospitalizations for asthma and diabetes can be prevented by high-quality outpatient care and are known as “avoidable hospitalizations.”
Leading causes of death

The top causes of death for residents of Bedford Stuyvesant, as for most New Yorkers, are heart disease and cancer. Death rates due to diabetes, HIV and homicide are more than twice the citywide rates.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>Rate</th>
<th>Rank</th>
<th>Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart disease: 1,576</td>
<td>267.8</td>
<td>1</td>
<td>202.6</td>
</tr>
<tr>
<td>2</td>
<td>Cancer: 1,099</td>
<td>176.8</td>
<td>2</td>
<td>156.7</td>
</tr>
<tr>
<td>3</td>
<td>Diabetes mellitus: 276</td>
<td>45.3</td>
<td>3</td>
<td>20.6</td>
</tr>
<tr>
<td>4</td>
<td>Flu/pneumonia: 222</td>
<td>38.3</td>
<td>4</td>
<td>27.4</td>
</tr>
<tr>
<td>5</td>
<td>HIV: 171</td>
<td>23.1</td>
<td>5</td>
<td>8.4</td>
</tr>
<tr>
<td>6</td>
<td>Stroke: 142</td>
<td>22.9</td>
<td>6</td>
<td>18.8</td>
</tr>
<tr>
<td>7</td>
<td>Lower respiratory diseases: 134</td>
<td>22.4</td>
<td>7</td>
<td>19.8</td>
</tr>
<tr>
<td>8</td>
<td>Hypertension: 132</td>
<td>21.9</td>
<td>8</td>
<td>11.4</td>
</tr>
<tr>
<td>9</td>
<td>Homicide: 125</td>
<td>15.6</td>
<td>9</td>
<td>5.7</td>
</tr>
<tr>
<td>10</td>
<td>Drug-related: 94</td>
<td>12.4</td>
<td>10</td>
<td>8.6</td>
</tr>
</tbody>
</table>

NYC DOHMH, Bureau of Vital Statistics, 2009-2013

HIV is the fifth most common cause of death in Bedford Stuyvesant, but it is only the tenth leading cause citywide.

Infant mortality and premature death

The rate of infant mortality in Bedford Stuyvesant is similar to Brooklyn and citywide rates, but five times higher than the Upper East Side rate.

Disparities in premature death (death before the age of 65) persist among neighborhoods. The rate of premature death in Bedford Stuyvesant is higher than the Brooklyn and citywide rates, and more than four times the rate in the Financial District.

**Infant mortality rate**

- **5.0** Bedford Stuyvesant (RANKS 21st)
- **4.7** NYC
- **3.9** Brooklyn
- **1.0** Upper East Side (RANKS 59th)

**Premature mortality rate**

- **309.2** Bedford Stuyvesant (RANKS 3rd)
- **75.6** Financial District (RANKS 59th)
- **194.5** Brooklyn
- **198.4** NYC

NYC DOHMH, Bureau of Vital Statistics, 2011-2013

*Interpret estimate with caution due to small number of events*
Life Expectancy by Community District

- 74.1 - 78.7 years
- 78.8 - 80.9 years
- 81.0 - 82.9 years
- 83.0 - 85.4 years
- Unpopulated areas

Bedford Stuyvesant: 75.1

Contact Information:
For reports on the other 58 Community Districts, please visit nyc.gov and search “Community Health Profiles” or email: profiles@health.nyc.gov
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NYC Community Health Profiles feature information about 59 neighborhoods in New York City.
Suggested citation:
My Community’s Health Profile

Answer the questions below based on your neighborhood’s health profile and your notes. Write as much as you can in response to each question and give specific examples and evidence from the health profile to support your answers. Make sure to use all the information available to gather your evidence. You can and should use information from anywhere in the profile and your personal experience in your answers.

1. Who are the people in your neighborhood? Introduce your neighborhood and the people who live there to someone who has never been there or heard of your neighborhood before.

2. If you had to give your neighborhood a rating for its conditions based on the information in the Neighborhood Conditions section, from 1–10 (1 being the lowest and 10 being the highest), what would it be? Why? Is this different than the rating you would have given it before you read these statistics? Why or why not?

3. What percentage of people in your neighborhood have less than a high school diploma? What percentage of people in your neighborhood live below the Federal Poverty Line? What do you think is the relationship between education, income, and health? How is your neighborhood affected by this?

4. How are babies, children, and teens doing in your neighborhood according to the CHP? If you lived in this neighborhood as a young person (under 18 years old), do these statistics surprise you? Do they seem similar or different from your experience? Why or why not. If you did not grow up in this neighborhood, would you estimate that it is similar to or different from where you grew up? Why or why not.

5. Summarize the information given about violence and incarceration in your neighborhood. Does this information feel accurate to your experience in the neighborhood? How do you think this is related to an individual’s health, the health of a family, and the overall health of the neighborhood? Can you give specific examples?
Would you say most people in your neighborhood eat healthy foods and exercise regularly? Why do you think this is? Do you think this is related to your neighborhood’s location or income levels? Why or why not?

How many avoidable hospitalizations of adults were there in your neighborhood at the time these statistics were taken? What were they for? How many avoidable hospitalizations of children were there? What were they for? Is there a relationship between these statistics and any other statistics you’ve learned about in the CHP? Which ones and why? Or why not? How do you think these hospitalizations could have been avoided?

What is the average life span in your neighborhood? What are the most common causes of death? How does your neighborhood compare to all of NYC in these two areas? Why do you think this is?

If you could change three things about your neighborhood, what would they be? How would you change each of them?

What are three things you love about your neighborhood? Explain why you love each one.