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## **Addressing Adverse Effects on Children Living in Poverty in Trumbull County, Ohio**

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COUN 6785: Social Change in Action:  
Prevention, Consultation, and Advocacy

**Social Change Portfolio**

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## OVERVIEW

**Keywords:** poverty, Trumbull County, Ohio, youth, mental health, barriers, advocacy, social change, low-income

### Addressing Adverse Effects on Children Living in Poverty in Trumbull County, Ohio

**Goal Statement:** The goal of this social change portfolio is to prevent adverse outcomes for children and adolescents living in poverty in Trumbull County, Ohio.

**Significant Findings:** Trumbull County, Ohio, has an alarming percentage of youth under 18 years old living in poverty. According to the US Census Bureau (n.d.), the current rate is 28.9% and has risen since 2015 (Data USA, n.d.). Black youth are disproportionately affected by poverty, with rates in Trumbull County of 67% (County Health Rankings & Roadmaps, n.d.; Hodgkinson et al., 2017). Youth living in poverty are at risk for developmental delays, adverse experiences, chronic health issues, mental health disorders, and academic and career difficulties (Broderick & Blewitt, 2020; Healthy People 2030, n.d.; Slopen et al., 2016). Through a social-ecological lens, several protective and risk factors exist to prevent these adverse outcomes. Additionally, change theory promotes the creation of prevention programs (Raihan & Cogburn, 2023). Barriers at the institutional, community, and public policy levels suggest action to prevent the adverse outcomes of poverty on youth.

**Objectives/Strategies/Interventions/Next Steps:** Suggestions for professionals in the field include advocating for school-based poverty-based trauma prevention programs for fair and easy access to all communities. Incorporating school or community-based training for nonpoor individuals to experience the effects of poverty may increase empathy and reduce stigma.

Enhancing and contributing to programs such as the “Every Student, Every Day: A Community Toolkit to Address and Eliminate Chronic Absenteeism” toolkit makes prevention programs more accessible, even in low-income areas. Embracing evidence-based programs such as Child FIRST (n.d.) could build support among family, peers, community, and the individual child. Political action is critical to confronting the challenges of minimum wage and the federal poverty line.

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## INTRODUCTION

### Addressing Adverse Effects on Children Living in Poverty in Trumbull County, Ohio

This social change portfolio addresses the issue of high poverty rates among children in Trumbull County, Ohio. Children living in poverty often experience higher rates of mental health disorders, poorer physical health, and lower educational achievement. Additionally, low-income school districts have access to fewer resources for academic achievement, which results in lower life satisfaction post-graduation. This portfolio will focus on raising awareness of and providing resources to ensure children under 18 have more equitable opportunities to promote healthy development, regardless of socioeconomic status. This portfolio aims to increase the overall well-being of children in the county.

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## PART 1: SCOPE AND CONSEQUENCES

### Addressing Adverse Effects on Children Living in Poverty in Trumbull County, Ohio

#### **Target Problem**

The primary focus of this portfolio centers around the elevated poverty rates among children. Within Trumbull County, Ohio, the significant prevalence of children living in poverty

is damaging the overall well-being of individuals and the county. These children are vulnerable in and out of the schools for mental health disorders, poor physical health, and low academic achievement.

### **Scope of the Problem**

According to the US Census Bureau (n.d.), the current population of Trumbull County is 201,977. Of this number, roughly 40,000 residents live under the poverty line, surpassing the national average (Data USA, n.d.). The county's poverty rate is 26% of children under 18, according to the American Community Survey (County Health Rankings & Roadmaps, n.d.) and 28.9% according to the US Census Bureau (n.d.). The poverty rate has been trending upward since 2019, when the rate was 24.1% (Data USA, n.d.). Between 2014 and 2022, the lowest rate was 24%, and the highest rate was 32%. Since 2015, Trumbull County has mostly stayed the same and poorly compared to the state and national average. Ohio's overall rate of children in poverty stands at 18%, while the United States is at 16% (County Health Rankings & Roadmaps, n.d.).

### **Consequences of the Problem**

Development occurs throughout the lifespan, with major milestones from childhood to adolescence. Before a child is even born, poverty increases the risk of a low birth weight, which results in delays in development and chronic health issues (Broderick & Blewitt, 2020). As these newborns grow, so does the stress and adaptation system in their brains. This system controls how a child adapts to change, challenges, and opportunities. A low socioeconomic status (SES) is a stressor that results in adverse consequences such as chronic diseases throughout the development process (Duncan & Brooks-Gunn, 1997, as cited in Broderick & Blewitt, 2020).

Low SES children also have a higher likelihood of adverse childhood experiences (ACES) (Slopen et al., 2016).

Poor children might fall behind their financially stable peers when starting school. Specifically, low-SES children may have difficulties in early math and reading, learning-related and problem behaviors, and overall poor physical health (Isaacs, 2012, as cited in Turnbull et al., 2022). They are also at risk for “developmental delays, toxic stress, chronic illness, and nutritional deficits” (Healthy People 2030, n.d., para. 4). Poverty often exists in a generational cycle, resulting in adult-life risks such as mental illness, chronic diseases, and lower life expectancy.

In adolescence, puberty comes earlier for both boys and girls living in poverty, and girls reach menarche earlier (Sung et al., 2016). Early puberty onset increases the risk of emotional and behavioral challenges (Vijayakumar et al., 2022). However, even if these adolescents undergo financial improvement later in life, they still have an increased risk of adult health problems. Health problems are due to inflammation in the immune system, commonly found in impoverished children and adolescents (Broderick & Blewitt, 2020).

County Health Rankings & Roadmaps (n.d.) data suggests the poverty cycle impacts Trumbull County. Statistics show that Trumbull County is 19% for poor or fair health. The current life expectancy of the county is 74 years old, which is lower than the national average of 79. Health behaviors reveal obesity rates of 42% and adult smoking at 23%. Lastly, Trumbull’s unemployment rate is currently 4.9% (County Health Rankings & Roadmaps, n.d.). Although various factors could contribute to the concerning data, evidence-based research suggests childhood poverty may be a contributing factor.

## **Goal Statement**

The goal of this social change portfolio is to prevent adverse outcomes for children and adolescents living in poverty in Trumbull County, Ohio.

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## PART 2: SOCIAL-ECOLOGICAL MODEL

### Addressing Adverse Effects on Children Living in Poverty in Trumbull County, Ohio

Urie Bronfenbrenner's social-ecological model offers a comprehensive framework for analyzing the risk and protective factors of childhood poverty in Trumbull County.

Bronfenbrenner describes a child's development as having multifaceted influences (Guy-Evans, 2020). Based on his model, a Trumbull County child living in poverty is vulnerable to adverse outcomes. Still, protective factors on the individual, relationship, school, community and social levels can lessen the associated challenges.

#### **Individual Influences**

##### *Individual Protective Factors*

Executive functions (EF) include working memory, inhibitory control, cognitive flexibility, and vocabulary control. Well-developed EFs can guard children from negative environments, like the conditions of poverty (Thibodeau-Nielsen, 2019). Children who engage in pretend play have stronger EFs than those who do not. Using imagination during play develops emotional regulation skills, empathy, and peer relations (Thibodeau-Nielsen, 2019). The greater these factors are, the more likely the youth will overcome adversity.

Children and adolescents with high resilience levels are also less likely to be impacted by poverty. Specifically, resilience is one of the leading protective factors for children in poverty (Hostinar & Miller, 2019). The more resilient a child or adolescent is, the more active, optimistic, curious, and intelligent the child will become. These personal traits lead to greater school achievement, increasing the likelihood of breaking the poverty cycle (Luthar et al., 2015).



Biological traits such as sex, gender, temperament, health risks, and nutrition can also influence the socioemotional development of a child (Eamon, 2001). Girls are biologically more likely to overcome poverty adversities due to more gentle parenting received (Eamon, 2001). Likewise, physically healthier children have more opportunities to prosper.

### *Individual Risk Factors*

If well-developed EFs are protective factors, then less-developed EFs are risk factors. For example, youth who have less inhibitory control also struggle to problem-solve effectively, making it more difficult to cope with the stressors of poverty (Eamon, 2001). Youth with less self-efficacy and lower self-esteem are also at risk for the adverse effects of poverty (Eamon, 2001).

One modern self-regulation skill called “shift-and-persist” entails a child being able to reframe a negative experience into a positive one (Hostinar & Miller, 2019). Since poverty is known as a major life stressor, the shift-and-persist mindset is more difficult for low-SES individuals. Without the ability to appropriately adapt to adverse situations, mental health weakens.

A child’s overall health is impacted by poverty. For example, financial struggles often result in poor nutrition. Undernourished children are at higher risk for abnormal socioemotional development (Eamon, 2001). Similarly, children with physical or health disabilities, whether caused by poverty or not, are at higher risk for mental health disorders in the future.

## **Family Influences**

### *Family Protective Factors*

Most research supports warm and supportive parenting to protect children and adolescents from adversity. Parents in poverty who provide their children warmth and

encouragement play an essential protective role (Chaplin et al., 2010). A loving home environment increases the development of EFs, meaning the child will have improved self-esteem and self-efficacy. Self-esteem and self-efficacy are protective factors for impoverished youth (Chaplin et al., 2010).

As mentioned, health concerns are a consequence of poverty. Parents who prioritize health concerns early on in a child's life can improve the child's overall health in the future (Hostinar & Miller, 2019). Families that actively seek resources for support can improve the trajectory of the youth's future. Parents with high EF and resiliency are more likely to seek such resources (Hostinar & Miller, 2019).

### *Family Risk Factors*

In families where finances are at the forefront of stress, tension among family members often exists. Stressors of poverty include the inability to pay debts and afford material needs, which can distract from their responsiveness and warmth toward their children (Chaplin et al., 2010). Protective factors heavily rely on the family dynamic, but it is not always the individual parent or parents' choice to be uninvolved. Economic and cultural disadvantages can lead to poor parent-child relationships because poverty is "foundational to interpersonal relationships" (Bose, 2020, p. 164).

Financial difficulties can necessitate families to make daily decisions that meet the family's basic needs best (Eamon, 2001). For instance, in Trumbull County, a household with two working parents and one child requires a minimum annual salary of \$80,018.00 to afford all typical expenses (US Department of Health and Human Services, 2024), while the current median yearly income is \$53,220.00 (US Census Bureau, n.d.). Consequently, salaries below \$50,000.00 face considerable challenges to support the family's needs and wants. This daily

pressure can create strain in the family, leading to parental depression and low-nurturing parental styles (Eamon, 2001).

## **Peer Influences**

### *Peer Protective Factors*

Healthy and nurturing peer relationships provide a positive support system for low-income adolescents and children, supporting healthy development despite the financial challenges at home (Lan et al., 2023). If healthy relationships occur, the disadvantaged youth will most likely feel accepted and supported. These feelings lead to an overall improved sense of well-being. Lan et al. (2023) discovered that peer relations are more influential for adolescents than family relationships.

### *Peer Risk Factors*

According to Bolger et al. (1995, as cited in Eamon, 2001), there is an elevated risk for children in poverty to “experience peer rejection, lower popularity, and conflictual peer relations than nonpoor children” (p. 258). Youths from families with a low SES are less likely to be able to afford items that would allow them to fit in with peers. Some peers may even stigmatize low-income children and adolescents, causing rejection, depression, and anger (Eamon, 2001).

Friendships are influential in behavior. A low-SES adolescent is at risk for unhealthy development when associating with other at-risk adolescents (Lan et al., 2023). Even if parental support occurs, the desire to have friendships with at-risk peers can negatively affect self-esteem and self-concept, leading to poor health and well-being.

## **Community Influences**

### *Community Protective Factors*

Children in safe, affluent neighborhoods are more likely to overcome poverty (Leventhal & Brooks-Gunn, 2000). Specifically, lower-SES children with higher-SES neighbors have higher school achievement and readiness outcomes. Adolescents living in poverty also have higher graduation rates when living in affluent neighborhoods (Leventhal & Brooks-Gunn, 2000). Additionally, access to churches and youth clubs with rewarding outcomes and opportunities for active participation for kids are also protective factors (Hostinar & Miller, 2019).

Schools possess the potential to offer resources to increase positive outcomes for economically disadvantaged children as “[c]hildren from affluent families will likely have more educational advantages versus children raised in poverty” (Guy-Evans, 2020, para. 26). Trumbull’s wealthier district of Howland Local Schools has a rating of 4.5 stars, spends 90.4% of its finances on classroom instruction, and has a 4.0 rating for its early literacy program (ODE, 2023b). The distribution of school finances and allowing youth of all incomes to enroll can protect impoverished children.

Communication between schools, parents or guardians, and the community also holds significant value for low-income youth. For instance, protective factors for students include increased teacher-student connectedness and higher teacher-parent communication (Pestaner et al., 2023). Supportive climates and effective classroom management also increase protective factors (Hostinar & Miller, 2019).

### *Community Risk Factors*

Low-income schools are more likely to provide fewer resources and have higher rates of poor behavior (Werthamer-Larsson et al., 1991, as cited in Eamon, 2001). This disparity can award fewer opportunities and influence poor behavior for children in poverty. In 2023, Warren City Schools, one of the lower-income districts, achieved an overall 2.5 out of 5.0-star rating

(Ohio Department of Education [ODE], 2023a). Warren currently spends only 53% of its financials on classroom instruction and received a 2.0 out of 5.0 stars for their early literacy program created to promote young students' achievements (ODE, 2023a).

A disconnect between teachers, schools, parents, and the community can harm a child or adolescent (Pestaner et al., 2023). Some teachers and community members hold misconceptions about disadvantaged families that skew the relationships mentioned earlier. For example, teachers assuming a disruptive child is a "bad kid" may not understand the impact of poverty on the child's emotional regulation.

Neighborhood poverty is also a risk factor in the community (Leventhal & Brooks-Gunn, 2000). Low-SES neighborhoods correlate with behavior problems among adolescents. Together, behavior problems and poverty exacerbate adverse outcomes.

### **Societal Influences.**

#### *Societal Protective Factors*

The United States offers social safety nets for those living in poverty. One example is the Supplemental Nutrition Assistance Program (SNAP). SNAP offers low-income families a monthly food allowance to lessen food insecurity, which is a direct impact of poverty and a cause of mental and physical health issues (Chojnacki et al., 2019). Another example is the Affordable Care Act (ACA) Medicaid expansion. In 2014, the ACA expanded income eligibility to 138% of the federal poverty level, increasing coverage for children living in poverty (Lee et al., 2021). Those with access to these programs have a more significant opportunity to escape the adversity of poverty.

Programs that benefit children directly also exist. The Child Tax Credit, the Supplemental Nutrition Assistance Program, and the Child and Dependent Care Tax Credit all aid in reducing

the effects of poverty on children (Hyunil et al., 2024). However, these programs still need to be improved in effectiveness for the lowest-earning families. Research suggests they should continually be modified and improved but are still helpful.

### *Societal Risk Factors*

Race is a risk factor for adverse outcomes from poverty. Compared to White children, Black children have less gray matter in the brain, resulting in a less regulated stress reaction to adverse experiences (Dumornay et al., 2023). In Trumbull County, an alarming 67% of the children living in poverty are Black (County Health Rankings & Roadmaps, n.d.). Higher poverty rates among Black families are rooted in historical and social contexts such as discrimination, the criminal justice system, wealth inequality, and employment and education disparities (Sterrett-Hong et al., 2023).

Other than race, age is also a risk factor for children living in poverty. As discussed throughout, the effects of poverty affect children because they are undergoing many developmental milestones. According to the National Center for Children in Poverty (NCCP) (n.d.), 5.2 million infants and toddlers under three were living in poverty as recently as 2015. Stages of development during this time will drastically affect the outcome of poverty.

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## **PART 3: THEORIES OF PREVENTION**

### **Addressing Adverse Effects on Children Living in Poverty in Trumbull County, Ohio**

#### **Change Theory: Transtheoretical Model**

Change theory aims to modify behavior. The transtheoretical model (TTM) is one of the most widely accepted models of change theory and contains five steps to create change: precontemplation, contemplation, preparation, action, and maintenance (Raihan & Cogburn,

2023). This model is initially meant for individuals but also applies to social issues such as childhood poverty. TTM can provide preventative measures through each stage when addressing the adverse outcomes of childhood poverty.

#### *Precontemplation and Contemplation*

Youth and their families may only sometimes be aware of the risks associated with living in poverty. Thus, the TTM suggests bringing the issue into conscious awareness. Contemplation begins once actions are considered (Raihan & Cogburn, 2023). It is during contemplation that change and prevention may begin. In one study by Sarti et al. (2017), children were allowed to share their point of view of living in poverty with lawmakers using photography. This opportunity brought awareness of poverty's struggles from a child's viewpoint.

#### *Preparation and Action*

During preparation and action, resources and support to alleviate poverty cycles are found and implemented (Raihan & Cogburn, 2023). In the study mentioned above, the children who shared their photographs were part of motivating policymakers to discuss the issue of poverty and consider ways to prevent it (Sarti et al., 2017). Proper prevention begins with action.

#### *Maintenance*

TTM and childhood poverty aim to increase and maintain resilience to the adverse outcomes of poverty. Programs using the TTM would ideally create preventative measures to be evaluated, improved, and preserved for future generations. TTM informs theory of change (ToC) to evaluate social programs.

#### **Theory of Change (ToC)**

ToC is a method of change theory. ToC is mainly used to develop, implement, and evaluate effective, evidence-based programs (Hiltensperger et al., 2024). In Hiltensperger et al.'s

(2024) study, ToC provided a map to prove evidence-based programs work effectively for mental health.

### **Evidence-Based Prevention: Child FIRST**

Child FIRST (Child and Family Interagency Resource, Support, and Training) (n.d.) is a home-based program that strives to help and prevent those living in poverty from chronic stress and trauma. This evidence-based program uses the theory of change “to prevent or ameliorate damage due to toxic stress” (para. 1). After addressing the issues, the clinician and parents assess a child’s strengths and needs to create a plan for the entire family. Additionally, this plan includes utilizing community services and support.

Child FIRST (n.d.) believes that trauma and adversity in young people’s lives create a biological change that causes damage, leading to long-term health problems. Poverty is traumatic, so the organization targets childhood poverty. They aim to build support amongst family, peers, community, and the individual child to lessen the damage and create positive change.

Under the TTM, bringing awareness to the family can help form a plan to provide a warm and supportive environment for the child. Acting upon the plan can help reduce the mental health repercussions of poverty. Research for Child FIRST showed improvement in children’s mental health by 42%, measured through quantitative and qualitative measures (Lowell et al., 2011). Additionally, children in the program were 68% less likely to develop language delays, a promising statistic for improving EFs. This evidence-based program based on a theory of change could be an effective tool for addressing the adverse effects of childhood poverty.

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## **PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS**

### **Addressing Adverse Effects on Children Living in Poverty in Trumbull County, Ohio**

#### **Poverty Among Black Children in Trumbull County**

Hodgkinson et al. (2017) recognize that White children have higher rates of poverty, but Black children are disproportionately affected by the adversity of poverty. In Trumbull County, 67% of children living in poverty are Black (County Health Rankings & Roadmaps, n.d.). This percentage is alarming, considering the Black population constitutes approximately 15,000 residents (Data USA, n.d.). In 2020, the Trumbull County Mental Health and Recovery Board reported that less than 600 Black youth were in mental health counseling. In comparison, just above 2,500 clients were White youth despite similar needs (Trumbull County Mental Health and Recovery Board, 2020).

Black children in Trumbull County predominantly received diagnoses of ADHD, conduct disorder, and adjustment disorder (Trumbull County Mental Health and Recovery Board, 2020). Black youth, especially males, are more commonly diagnosed with externalizing diagnoses, which differ from White children, who are more likely to be diagnosed with internalizing conditions (McLaughlin et al., 2007). In a study by Bommersbach et al. (2023), 11.6% and 10.3% of Black children were diagnosed with ADHD and conduct problems, respectively. Fewer were diagnosed with anxiety and depression. Such disparities suggest potential misdiagnosis and the urgent need for equitable access to mental health services among Black youth experiencing poverty. However, federal funding is often disproportionately granted to White youth over other minorities (Kolbe et al., 2023).

#### **Increasing the Cultural Relevance of a Prevention Program**

Umana-Taylor (2023) emphasizes that Black youth face heightened risks of maladjustment due to their minority status, suggesting that interventions should integrate racial

identity development as a protective factor. Culturally relevant prevention programs rooted in racial identity frameworks have demonstrated efficacy across diverse racial and ethnic groups (Reese & Vera, 2007). Additionally, community engagement and support are pivotal in bolstering program effectiveness and retention rates.

### *Racial Identity Development*

Racial identity development occurs over different stages of life. Early childhood involves the formation of racial perceptions based on physical observations of the human body (Omi & Winant, 1994, as cited in DeCuir-Gunby, 2009). Prevention efforts targeting the stage can mitigate these biological biases early, promoting mental health equity. In middle childhood, children understand that racial identity is more than observable features, and cultural traditions gain importance (Quintana & Montero, 2006). Programs targeted toward this age group should celebrate positive cultural practices to build resilience against poverty-related stressors.

During preadolescence, Black youth begin to realize the personal impacts of racism (Tatum, 2004). Additionally, minority youth begin to realize that authority figures may engage in racial bias and discrimination (Quintana & Montero, 2006). According to Umana-Taylor (2023), teaching adolescents how intersectionality (e.g., ethnicity, gender, SES) plays a role in racial identity development in their daily experiences and their self-image can increase their self-worth in the long term. Both preadolescence and adolescence mark critical periods for understanding racial identity complexities in combating systemic biases, necessitating collaboration with authority figures to cultivate supportive environments.

### *Community Collaboration*

Given Trumbull County's predominantly White demographic, community involvement is essential in designing effective prevention programs tailored to Black youth in poverty. The

Substance Abuse and Mental Health Services Administration (SAMHSA) (n.d.) advocates for inclusive community partnerships and leadership representation. Following SAMHSA's guidelines, effective programs begin with discovering community resources and positive leaders in the same demographic as the target population. A Black leader who has escaped the adversity of poverty would be an excellent choice for prevention.

## **Core Ethical Considerations**

### *Stakeholder Collaboration*

According to the 2014 American Counseling Association (ACA) *Code of Ethics*, counselors involve support networks (A.1.d). Stakeholders in a prevention program for youth in poverty may include community leaders, children, families, and other mental health professionals. Collaborating with parents is essential in a youth-oriented program. Any counselor working with youth must understand the legal roles of parents and guardians before establishing a collaborative relationship (ACA, 2014, B.5.b).

### *Informed Consent*

According to the American Counseling Association (ACA) 2014 Code of Ethics, Standard A.2.c emphasizes the necessity for informed consent to be culturally appropriate. This standard entails using language and explanations tailored to the educational level and cultural background of the individuals involved in the program. In child-centered programs, children must possess the comprehension necessary to understand the content of the informed consent document. While youth actively participate in the informed consent process, guardians retain the authority to make final decisions (ACA, 2014, A.2.d).

However, legal considerations sometimes complicate the application of informed consent principles. For instance, Ohio's law allows youth to consent based on maturity and the ability to

understand the consequences of treatment or programs (Ohio Revised Code, 2024). Counselors must use an ethical decision-making process to determine an appropriate course of action.

### *Confidentiality*

Counselors are obligated to safeguard the confidentiality of minor clients within the confines of legal statutes and ethical guidelines (ACA, 2014, B.5.a). In scenarios necessitating disclosure of information, counselors must seek consent through a third party, followed by communicating relevant details to the youth using language suitable for the client's age and developmental stage (B.5.c). Ultimately, the principal objective is to ensure the welfare and psychological health of the child.

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## **PART 5: ADVOCACY**

### **Addressing Adverse Effects on Children Living in Poverty in Trumbull County, Ohio**

#### **Barriers and Advocacy Actions**

The Multicultural and Social Justice Counseling Competencies (MSJCC) (2015) provide guidelines to ensure the use of multicultural competence and social justice efforts in a counselor's practice. Advocacy involves addressing barriers that hinder the growth and development of clients (ACA, 2014, A.7.a.). An example of such barriers can be found in the adverse effects of poverty on children, manifesting at institutional, community, and public policy levels.

#### **Institutional Level**

##### *Institutional Barriers*

At the institutional level, encompassing societal places like schools, churches, and community organizations, stigma plays a critical role in dissuading economically disadvantaged youth from seeking mental health support. Stigma is the “co-occurrence of labeling, stereotyping, and discrimination,” resulting in detrimental outcomes for stigmatized groups (Ingles et al., 2022, p. 784). Mainly, the stigma surrounding mental health and distrust of mental health institutions are significant deterrents for impoverished adolescents in accessing necessary care (Hodgkinson et al., 2017).

Anticipated stigma, the expectation of experiencing poverty-related stigma, actively restricts social interactions and discourages disclosure of socioeconomic status (Ingles et al., 2022). Examples of poverty stigma include misconceptions such as welfare recipients being lazy or that receiving welfare leads to an improved quality of life (Briscoe, 2024). Avoidance behaviors stemming from stigma may prevent youths from seeking essential mental health services.

Regardless of gender and ethnic background, Balfanz and Byrnes (2012) write that “[c]hronic absenteeism is most prevalent among low-income students” (p. 4). These authors discuss how staying in school is crucial for low-income children to succeed. The CDC supports this claim with reports of low-income children being 15.3% more likely to miss school than those above the federal poverty line (Black & Elgaddal, 2024).

### *Institutional Advocacy Action*

Addressing chronic absenteeism can contribute to the reduction of mental health issues in the future. The Departments of Education, Health and Human Services, Housing and Urban Development, and Justice collaborated to create “Every Student, Every Day: A Community Toolkit to Address and Eliminate Chronic Absenteeism,” which consists of 69 pages of

information and action steps (Youth.gov, n.d.). Advocating for programs such as this one or other evidence-based programs can inform school communities of practices that address the absenteeism of youth in poverty. Increasing school attendance may prevent future adverse outcomes of poverty since protective factors include education and school engagement.

A specific advocacy action at the institutional level is incorporating poverty simulations as part of staff training programs. These simulations allow participants to experience firsthand the daily challenges and stressors faced by low-income families, fostering empathy and raising awareness about systemic poverty issues (Piff et al., 2020, as cited in Ingles et al., 2020).

Aligning with MSJCC's (2015) competencies, such simulations empower social institutions to address inequities experienced by impoverished youth and motivate efforts to dismantle systemic barriers. For instance, teachers participating in poverty simulations demonstrated increased empathy and advocated for equitable educational practices (Briscoe, 2024). These simulations decrease stigma and increase an impoverished youth's self-worth.

## **Community Level**

### *Community Barriers*

A community's collective trauma, referred to as community trauma, can consist of "interpersonal violence, structural violence, and historical harms" (Falkenburger et al., 2018, p. 2). Communities with low resiliency bounce back from distress less quickly, resulting in a weaker community overall. As this weakness intensifies, so does the separation of community members. Consequently, financial assets are immobilized, causing areas of poverty versus wealth (Cavaye & Ross, 2019). An example in Trumbull County is Howland, a township of Warren City. Despite being in the same locality, Warren significantly outweighs Howland in terms of poverty.

Living wages are locally mandated (Luce, 2017). As of 2024, the minimum wage in Trumbull County is \$10.45 per hour (Ohio Department of Commerce, 2024). While above the federal minimum wage, the alarming rate of those living in poverty suggests that this minimum wage is not sufficient for most Trumbull County residents. However, this community barrier doubles as a public policy barrier. In the community, however, in an area with a relatively high standard of living, the opportunities and access to services for those making minimum wage are impacted.

### *Community Advocacy Action*

Action on the community level involves using a trauma-informed approach to address poverty and includes community-building activities, leadership training, housing support, and culture building (Falkenburger et al., 2018). Engagement with privileged and marginalized populations to explore how societal norms impede or support growth and development is another way to enhance community involvement (MSJCC, 2015). Conducting surveys in both marginalized and privileged communities can provide quantitative and qualitative data essential for understanding these disparities and initiating conversation.

Quantitative research examines relationships, whereas qualitative research delves into human experiences and processes (Balkin & Kleist, 2017). For instance, investigating why mental health clinics are predominantly located in affluent areas in Trumbull County can clarify disparities in service accessibility for privileged and marginalized clients alike. This comprehensive approach can provide insights into the socioeconomic factors influencing healthcare distribution and minimum wage while highlighting areas requiring targeted advocacy efforts.

## **Public Policy Level**

### *Public Policy Barriers*

Hodgkinson et al. (2017) note that economic disparities limit access to healthcare services for impoverished youth due to geographical proximity, service availability, and transportation barriers. Understanding these public policy-level dynamics is crucial for developing targeted interventions that tackle underprivileged youth's barriers to accessing essential healthcare services. Public policy interventions are essential for understanding how legislative frameworks affect marginalized clients (MSJCC, 2015). The current federal poverty line (FPL) for a family of four in the United States is \$31,200, determining eligibility for Medicaid and the Children's Health Insurance Program (CHIP), pivotal resources for low-income families (Weissman et al., 2023; HealthCare.gov, n.d.). Families earning below 100% of the FPL may be ineligible for income-based Medicaid and premium tax credits for Marketplace health insurance plans (HealthCare.gov, n.d.).

The uniform federal poverty line (FPL) across states overlooks regional cost-of-living differences, disproportionately impacting families in high-cost areas (Weissman et al., 2023). Low-income households in these regions frequently face heightened financial burdens. This disparity exacerbates economic strain and correlates with adverse mental health outcomes for children (Ayala et al., 2014). Additionally, the allocation of federal funds, such as those through the 2004 Individuals with Disabilities Act (IDEA) is disproportionately higher for White students due to a larger population versus minority students (Kolbe et al., 2023). Thus, marginalized students may not have access to financial support.

Cox et al. (2021, as cited in Collyer et al., 2023) identified over four million missing payments for children whose families were not automatically enrolled in the Child Tax Credit



(CTC), often due to not being in the IRS tax database. These families, typically low-income and disproportionately Black or Latino, faced barriers such as disabilities, insecure housing, lack of Internet or phone access, and non-English languages spoken at home, which complicated outreach and enrollment efforts. Newly eligible families, particularly those with incomes below 200 percent of the federal poverty line, often doubted their eligibility or lacked knowledge on how to claim the credit (Collyer et al., 2023).

### *Public Policy Action*

Effective anti-poverty policies should prioritize increasing financial assistance to low-income households to alleviate stress and enhance mental health outcomes (Weissman et al., 2023). Organizations such as Families USA (2024) advocate for healthcare system reforms that cater to the diverse needs of populations. Counselors are encouraged to engage in these advocacy efforts to align with the MSJCC (2015), which mandates counselor involvement in policy advocacy to address inequities.

The CTC mentioned previously provides roughly \$2,000 per child yearly (White House, n.d.). Addressing the disparities in the distribution of CTC funds demands urgent advocacy efforts with lawmakers, focusing on ensuring equitable access to the credit for families below the 200 percent federal poverty line and from minority, underserved communities. An existing effort by Indivar Dutta-Gupta, President and Executive Director of the Center for Law and Social Policy, includes changing the CTC to be fully refundable permanently because giving money to low-income families enhances child health, brings stability to their lives, and establishes a strong foundation for children to succeed (CLASP, 2023). Fortunately, his efforts were worthwhile, as families can now receive the entire amount, even if there is little or no federal income tax liability (Internal Revenue Service [IRS], n.d.).

## Importance of Advocacy

Advocacy plays a pivotal role in dismantling structural inequities and promoting equitable access to mental health resources for vulnerable youth. Addressing barriers to mental health services for youth requires multifaceted advocacy efforts spanning institutional, community, and public policy domains. By integrating research-informed advocacy and preventative actions, stakeholders can contribute to systemic change benefiting marginalized populations nationwide.

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