

# Approaches to rapidly disseminate information and generate innovation to address Adverse Childhood Experiences (ACEs): The Child and Adolescent Health Measurement Initiative

December 2, 2015

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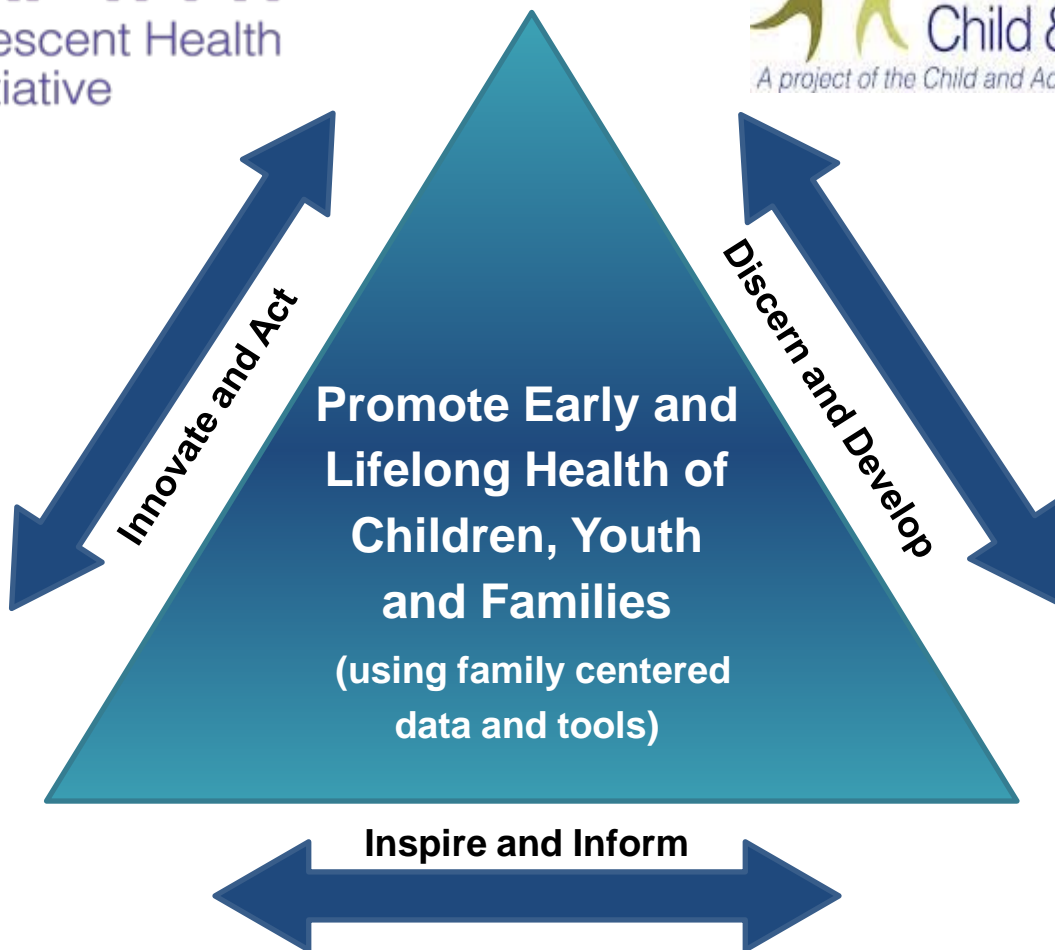




**Identify Shared  
Transformative Goals  
For Child & Family Health**

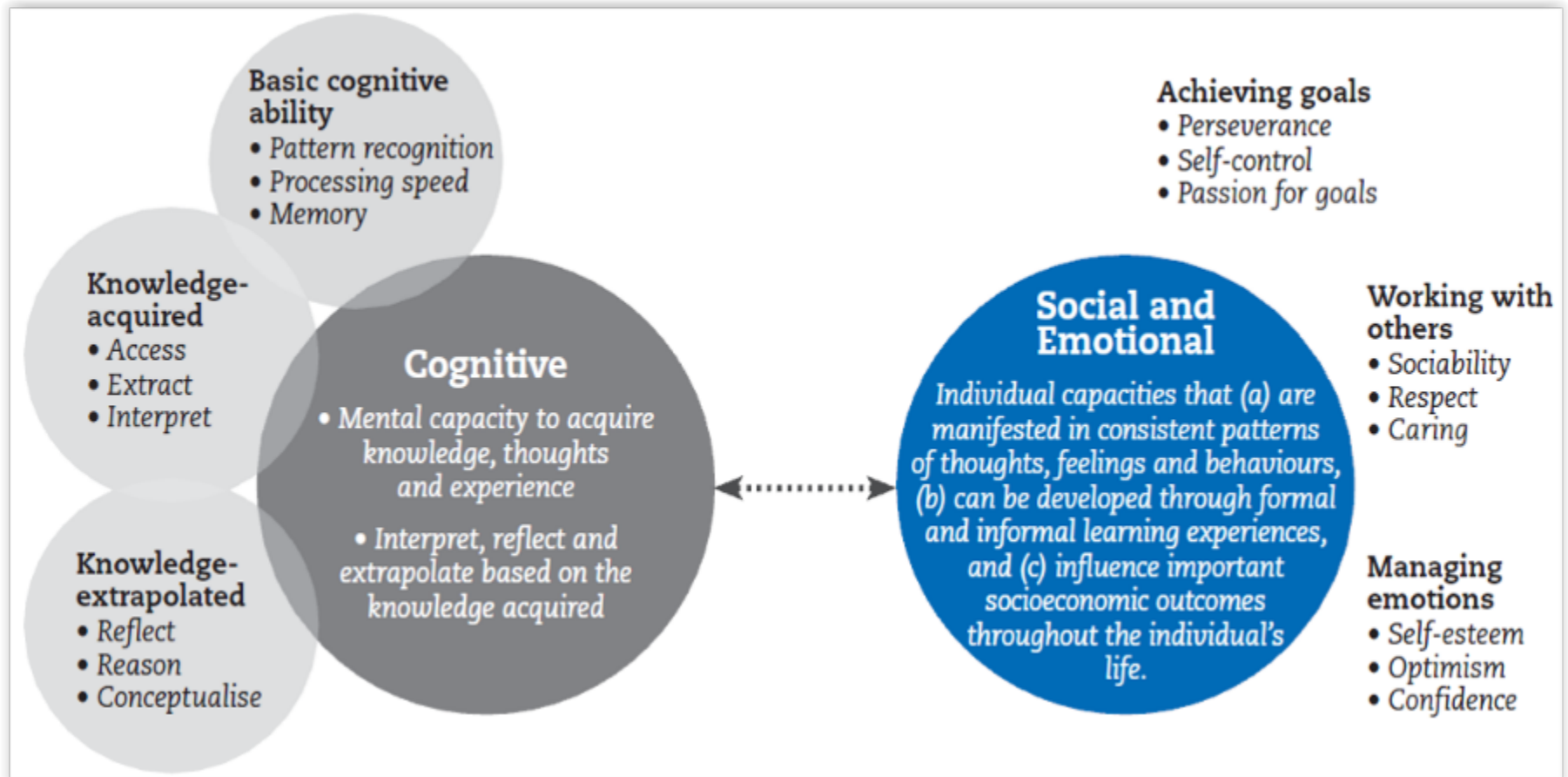


**Transformational  
Partnerships**



**Actionable Data &  
Data-Driven Tools**

# Social and Emotional Skills



“Social and emotional skills—also known as non-cognitive skills, soft skills or character skills—are the kind of skills involved in achieving goals, working with other and managing emotions. As such they manifest themselves in countless everyday life situations.” “Skills for Social Progress: The Power of Social and Emotional Skills” OECD, March 10, 2015

# CAHMI's 3 Pathways

## to Rapidly Disseminate/Innovate on ACEs using IT Platforms

1. Easy access to ACEs data at *childhealthdata.org*

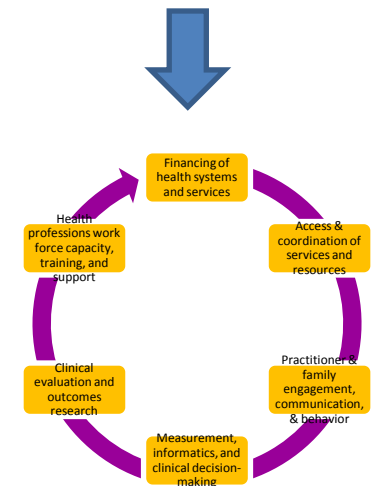


2. Family engagement via the Web-based *Well-Visit Planner*



3. Creating an ACEs/resilience agenda using CoDigital software

codigital





Jane Ellen Stevens

♥ Become a fan



Founder, AcesTooHigh.com/ACEsConnection.com

# The Adverse Childhood Experiences Study -- the Largest Public Health Study You Never Heard Of

Posted: 10/08/2012 9:02 am EDT | Updated: 12/08/2012 5:12 am EST



126

126



80

5



149

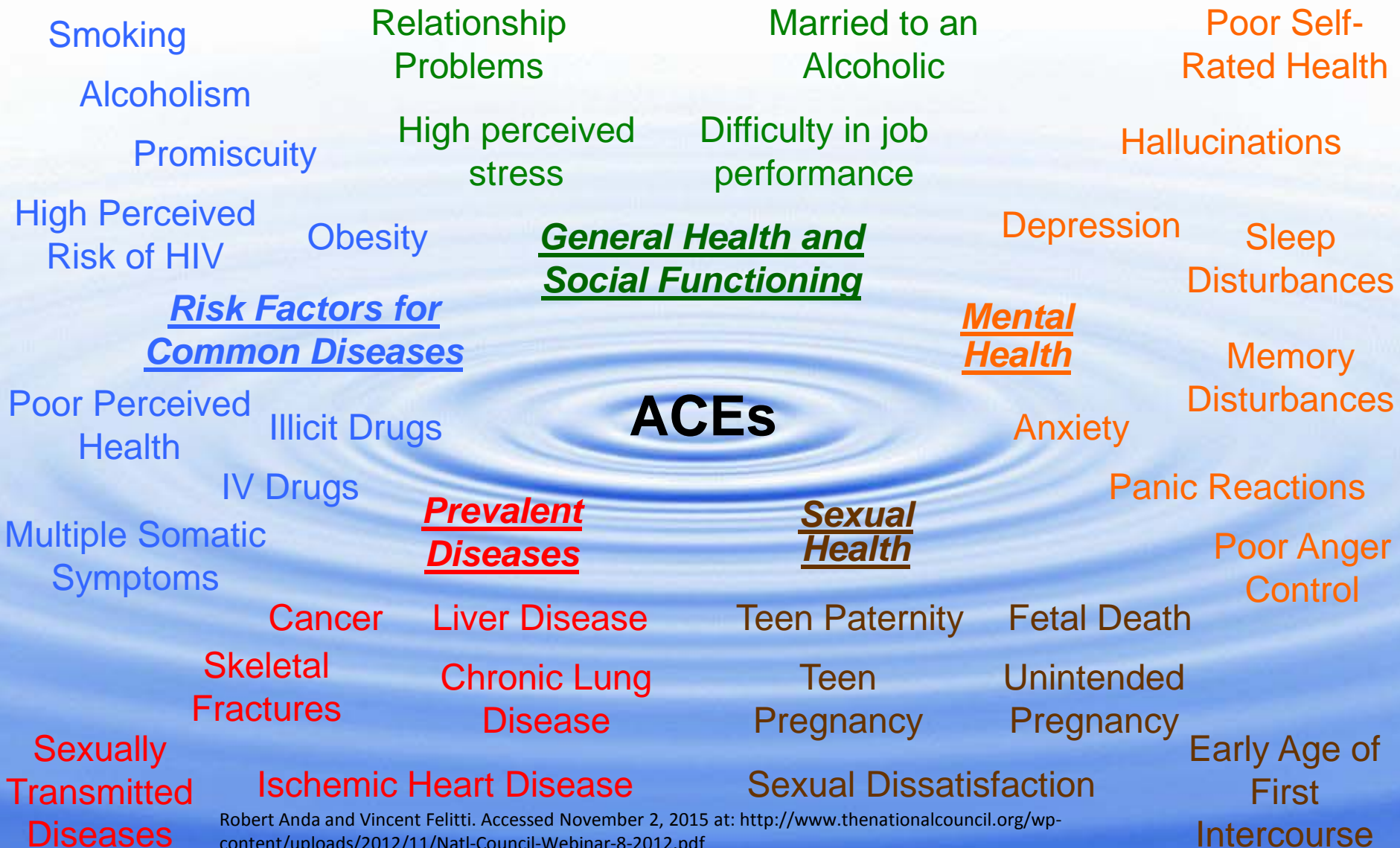


*"Adverse childhood experiences" has become a buzzword in social services, public health, education, juvenile justice, mental health, pediatrics, criminal justice, medical research and even business. The ACE Study - the CDC's Adverse Childhood Experiences Study -- has recently been featured in the New York Times, This American Life, and Salon.com. Many people say that just as you should what*

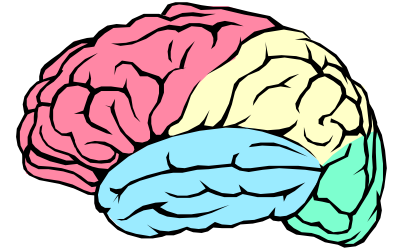
*your cholesterol score is, so you should know your ACE score. But what is this study? And do you know your own ACE score?*



# ACEs Impact Multiple Outcomes



# Early Stress



**CHILDHOOD STRESS**

**Hyper-responsive  
stress response;  
↓ calm/coping**

**Chronic “fight or  
flight;” ↑ cortisol /  
norepinephrine**

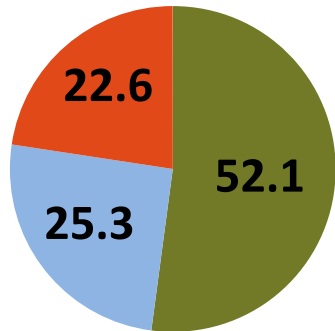
**Changes in Brain  
Architecture**

# National Survey of Children's Health

## US Prevalence and Across State Variations

47.9% of US Children  
have 1+ (of 9)

Age 0-17 years



■ No adverse  
experiences

■ One adverse  
experience

■ Two or more  
adverse  
experiences

State Variation In Prevalence of 2+ (of 9) ACEs:  
16.3% (UT) – 32.9% (OK)

### CHANGING EPIDEMIOLOGY OF CHILDREN'S HEALTH

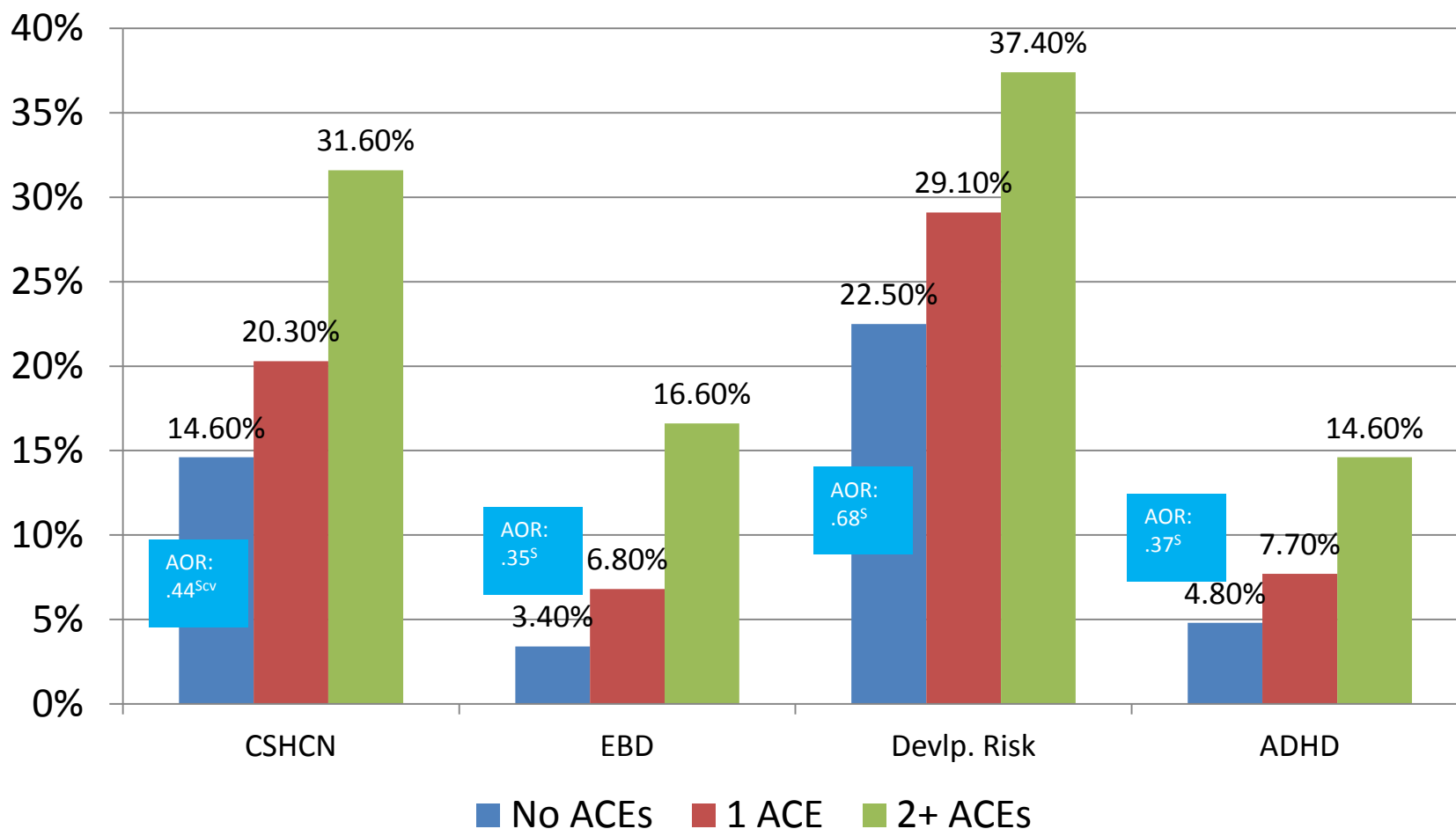
By Christina D. Bethell, Paul Newacheck, Eva Hawes, and Neal Halfon

## Adverse Childhood Experiences: Assessing The Impact On Health And School Engagement And The Mitigating Role Of Resilience

**ABSTRACT** The ongoing longitudinal Adverse Childhood Experiences Study of adults has found significant associations between chronic conditions; quality of life and life expectancy in adulthood; and the trauma and stress associated with adverse childhood experiences, including physical or emotional abuse or neglect, deprivation, or exposure to violence. Less is known about the population-based epidemiology of adverse childhood experiences among US children. Using the 2011–12 National Survey of Children's Health, we assessed the prevalence of adverse childhood experiences and associations between them and factors affecting children's development and lifelong health. After we adjusted for confounding factors, we found lower rates of school engagement and higher rates of chronic disease among children with adverse childhood experiences. Our findings suggest that building resilience—

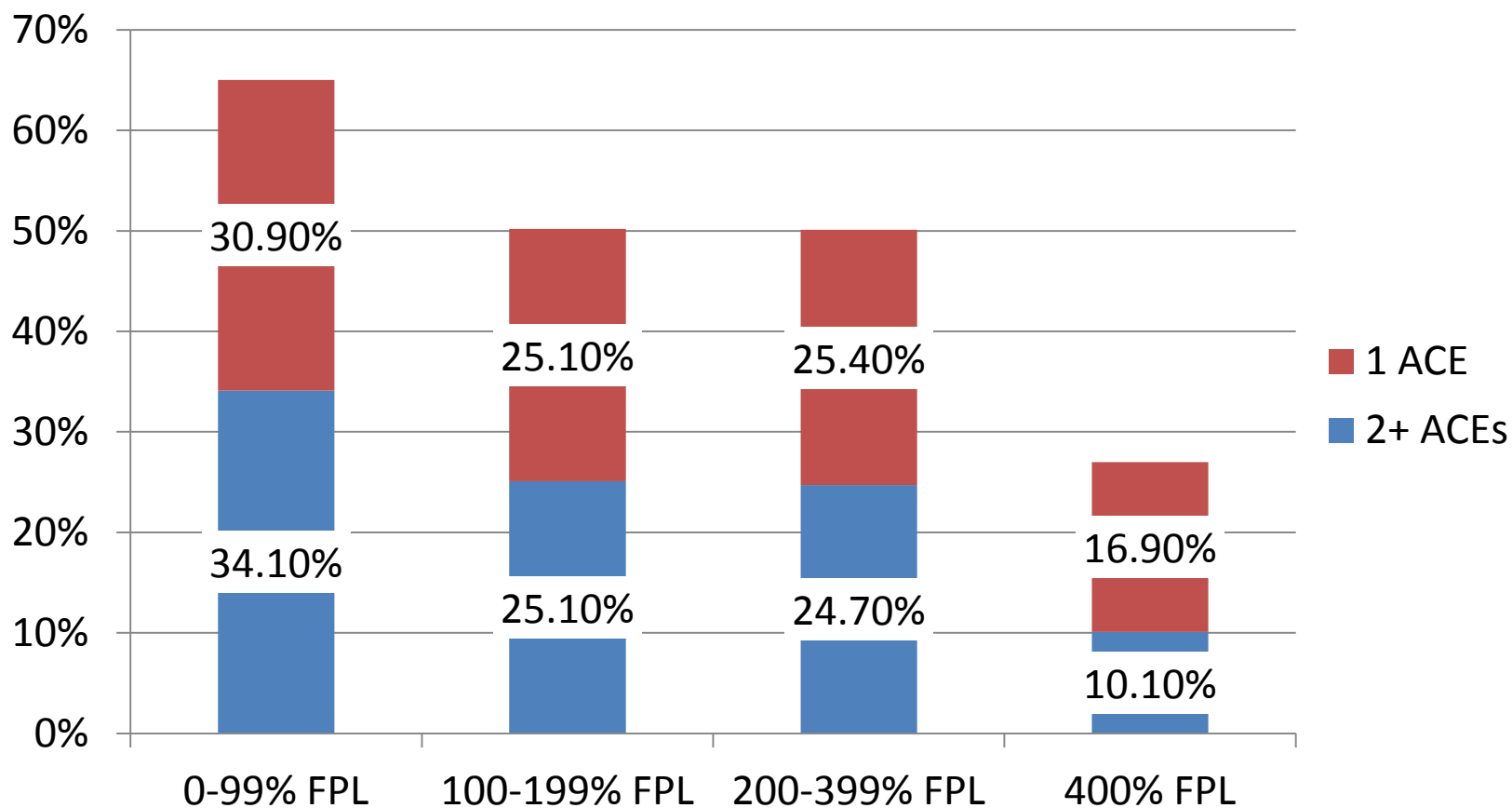


# Prevalence of Health Problems and Risks are Significantly Higher for Children Experiencing ACEs



**CSHCN:** Children with special health care needs; **EBD:** emotional, behavioral or developmental problem; **Devlp Risk:** Meets “at risk” criteria on the Parents Evaluation of Developmental Status tool

## Estimated ACEs Exposure for Baltimore's Children Differs Across Income Levels



# The Promise of Resilience: the Requirements of Healthy Development

- We know that **resilience can mitigate the effects of adversity**

*Bandura et. al., 2003; Cicognani 2011; McKay et al, 2014; Sege and Linkenbach, 2014; Shonkoff, 2010; Bethell et al, 2015*

- These findings underscore the importance of **social-emotional skills**



# Mindset Shifts are Occurring...

Alliance

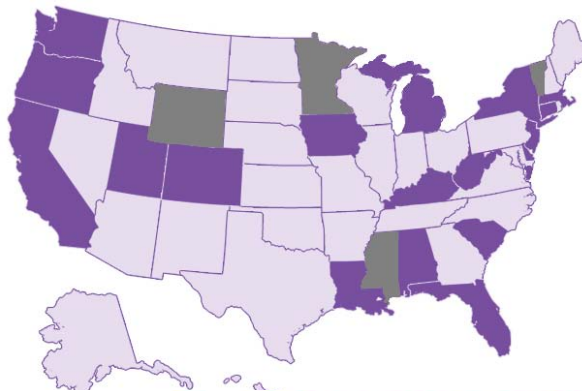
## Change in Mind

Applying Neurosciences  
to Revitalize  
Communities



HOME / SOLVING GLOBAL PROBLEMS / 21ST CENTURY CITIES INITIATIVE

## 21st Century Cities Initiative



**ALASKA** — Alaska Resilience Initiative (Alaska Children's Trust)

**ALBANY, NY** — The HEARTS Initiative for ACE Response (University at Albany Foundation)

**BOSTON, MA** — Vital Village Community Engagement Network (Boston Medical Center)

**BUNCOMBE COUNTY, NC** — Buncombe County ACEs Collaborative (Buncombe County Health and Human Services)

**THE DALLES, OR** — Creating Sanctuary in the Columbia River Gorge (Columbia Gorge Health Council)

**ILLINOIS** — Illinois ACEs Response Collaborative (United Way of Metropolitan Chicago)

**KANSAS CITY, MO** — Trauma Matters KC (Chamber of Commerce of Greater Kansas City Foundation)

**MONTANA** — Elevate Montana

**PHILADELPHIA, PA** — Philadelphia ACE Task Force (Scattergood Foundation)

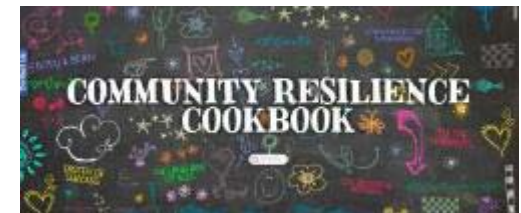
**SAN DIEGO, CA** — San Diego Trauma Informed Guide Team & Building Healthy Communities Central Region (Harmonium, Inc.)

**SONOMA COUNTY, CA** — Sonoma County ACEs Connection

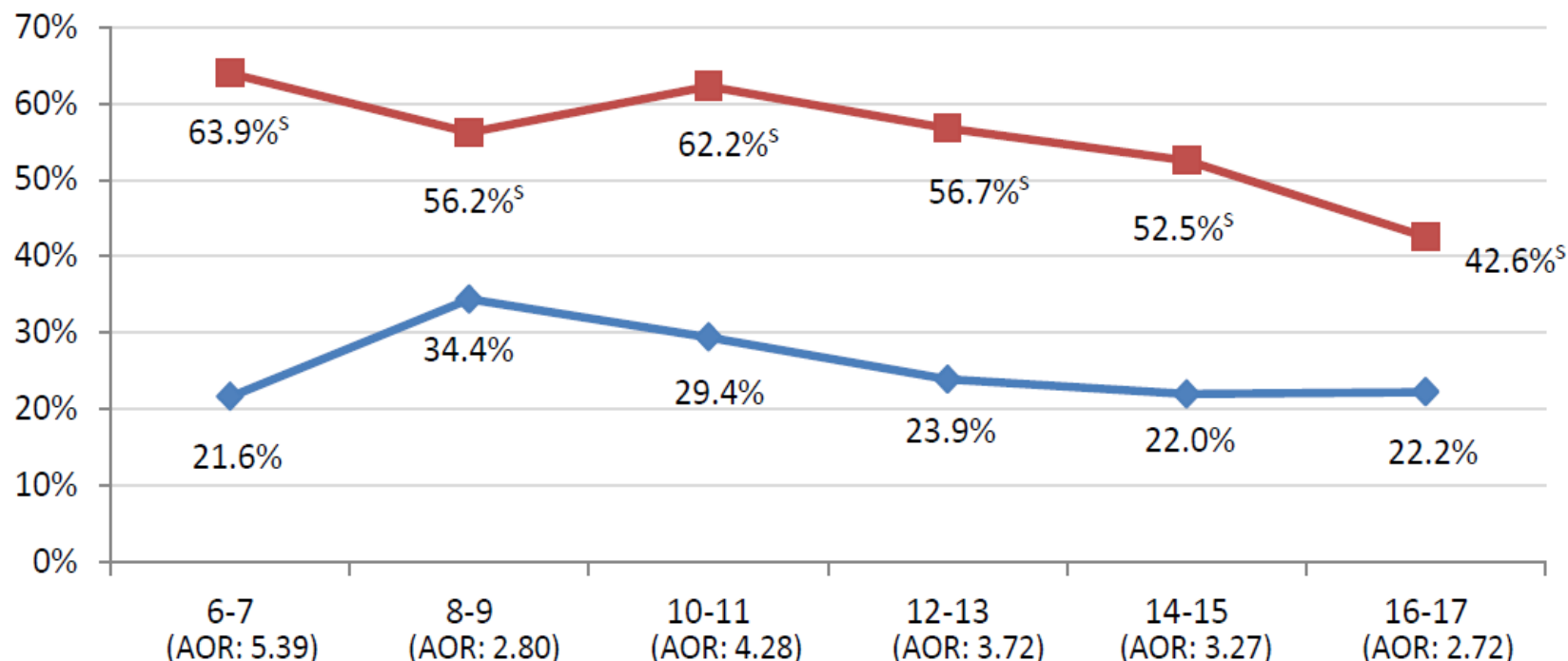
**TARPON SPRINGS, FL** — Peace4Tarpon, Trauma Informed Community

**WASHINGTON** — ACEs/Resilience Team & Children's Resilience Initiative

**WISCONSIN** — Wisconsin Collective Impact Coalition



## Prevalence of School Engagement Among CSHCN With Two or More Adverse Childhood Experiences, by Child Resilience



**Age (Years)**  
 {Adjusted\* Odds Ratio (AOR) Results Comparing CSHCN Who Do or Do Not Usually or Always Demonstrate Resilience Shown in Parentheses}

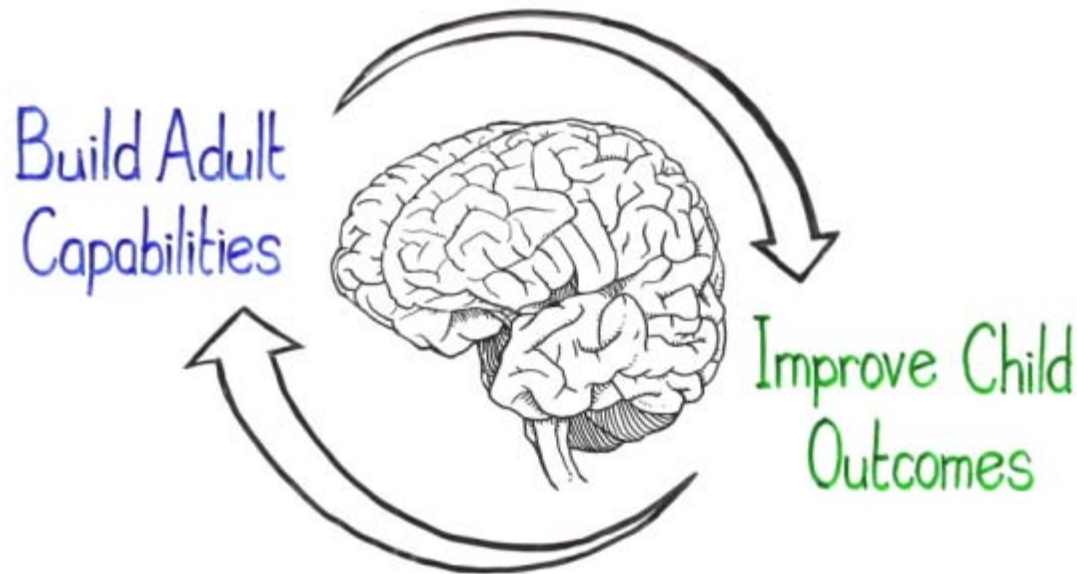
◆ Children who are Never, Rarely or Sometimes Resilient

■ Children who are Usually or Always Resilient



# The Biology of Adversity

## Points to a New Theory of Change for Policy and Practice



If we really want to achieve breakthrough outcomes for children experiencing toxic stress, then we have to transform the lives of the adults who care for them.

# CAHMI's 1<sup>st</sup> Pathway: Easy access to ACEs data at *childhealthdata.org*

The Data Resource Center for Child & Adolescent Health provides easy access to ACEs, resilience, and social determinants of health data via:

- **An interactive data query:** shows data by state, region, and many demographic subgroups
- **Data snapshots and state ranking tables:** allow users to look at numerous indicators and states at once





Your Data ... Your Story

# Data Resource Center for Child & Adolescent Health

A project of the Child and Adolescent Health Measurement Initiative



| Request a dataset

Ask us a question

» Sign In to Access Your Briefcase

About the Data  
Resource Center

Learn About  
the Surveys

Browse the Data

Put Data  
into Action

Get Help

Keyword Search



Go

## Browse the Data

Browse by Survey & Topic

Get State Snapshots

Browse Data Trends

Get US Data Maps

Browse Healthy People 2020  
Topics

Medical Home Data Portal

Medicaid Perinatal Data Portal

Quality Measurement Portal

Browse Title V Topics

## Data Tools

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Home > Browse the Data > Browse by Survey

## Browse by Survey & Topic

To begin your interactive data search: 1) Select a Survey, Survey Year, and State or Region. 2) Select your desired Topic/Starting Point. 3) Select your indicator or measure.

This will direct you to a results page where you can compare across states, regions and by numerous subgroups.

### 1. Select a Survey, Year, and Geographic Area

Select a Survey	National Survey of Children's Health	▼
Select a Year	2011/12	▼
Select a State/Region	Nationwide	▼



### 2. Select a Starting Point/Topic

#### ☒ Child Health Measures (Content Map)

Over 100 indicators of child health and well-being

- ☐ Physical and Dental Health
- ☐ Emotional and Mental Health
- ☐ Health Insurance Coverage
- ☐ Health Care Access and Quality
- ☐ Community and School Activities
- ☐ Family Health and Activities
- ☐ Neighborhood Safety and Support





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Quality Measurement Portal

Browse Title V Topics

### Data Tools

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Home > Browse the Data > Browse by Survey > Survey Results

### Current Search Criteria

**Survey:** 2011/12 National Survey of Children's Health

**Starting Point:** Child Health Measures

**State/Region:** Nationwide

**Topic:** Family Health and Activities

**Question:** Indicator 6.11: Adverse childhood  
experiences (details)

### Indicator 6.11: Adverse childhood experiences (details)

	No adverse family experiences	One adverse family experience	Two or more adverse family experiences
%	52.1	25.3	22.6
C.I.	(51.3 - 52.8)	(24.7 - 26.0)	(22.0 - 23.2)
n	53,528	21,877	19,115
Pop. Est.	37,833,101	18,395,284	16,430,694

C.I. = 95% Confidence Interval. Percentages are weighted to population characteristics.  
n = Cell size. Use caution in interpreting Cell sizes less than 50.

### Edit Search Criteria

Compare States:

Select a State or Region

Compare Subgroups:

Select a Subgroup

- Select a Subgroup
- Age - 3 groups (0-17 yrs)
- Sex of child
- Race/ethnicity of child
- Race/ethnicity -- with Asian (National only)
- Highest education of adult in household
- Primary household language
- Household income level
- Household income (SCHIP)
- Family structure
- Special health care needs status
- Complexity of health care needs
- Emotional, behavioral or developmental issues
- Medical home
- Current insurance status
- Type of insurance
- Consistency of health coverage
- Adequacy of insurance -- Currently insured children
- Rural Urban Commuter Areas -- 4 categories
- Urban/Rural residence -- 2 categories

### Adverse family experiences

Children age 0-17 years

Nationwide

100%



## Adverse Childhood Experiences among Baltimore & Maryland

Adverse childhood experiences (ACEs) have been found to impact the development and lifelong health of individuals. ACEs range from extreme poverty, family problems to experiencing

### Children & Youth with 2+ Adverse Childhood Experiences (ACEs)

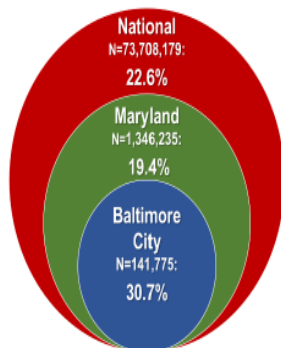







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## Baltimore ACEs Profile For Children 0-17 years old

Data from the National Survey of Children's Health 2011-2012 (www.nschdata.org)

### What Matters and What Can We Do?

	Baltimore City	Baltimore County	Howard County	Maryland
 Improve the % of kids who live in communities that feel...				
Safe:	82.9%	88.7%	91.3%	88.7%
Supportive:	75.7%	81.7%	85.6%	82.4%
 Improve the % of kids (6-17 yrs) who are...				
Engaged in school:	72.8%	79.6%	83.8%	80.2%
Repeated a grade:	12.3%	8.0%	5.5%	6.8%
 Improve the % of kids who have an adequate Medical Home:	45.2%	55.3%	59.2%	57.2%
 Improve the system of care for kids with...				
Chronic conditions:	21.0%	21.0%	20.4%	19.7%
Chronic mental health problems:	7.8%	6.9%	6.3%	6.1%
 Cultivate positive traits - like kids who show resilience (6-17 yrs):	56.0%	62.8%	66.3%	64.1%

#### Measures for kids 0-17 yrs. old:

- Community is usually/always safe.
- Lives in a supportive neighborhood.
- Child has a Medical Home defined as comprehensive, coordinated, family-centered care.
- Child has a special health care need lasting 12 months or longer (shown as "chronic conditions")
- Child has an emotional/ behavioral/ developmental problem lasting 12 months or longer (shown as "chronic mental health problems")

#### Measures for kids 6-17 yrs. old:

- Child is usually/always engaged in school,
- Child has repeated a grade.
- Child usually/always stays calm & in control when faced with a challenge (shown as "resilience").

*building resilience and safe, stable, nurturing relationships are the key!*

## History is not Destiny

*This involves all of us...*

ACEs can have a life-long impact of chronic stress, trauma, and poor health lasting through adulthood, but...

- Fact #1:** Among children with any ACE, those who witnessed neighborhood violence were least likely to have a protective home environment, an adequate medical home, and to be engaged in school.\*
- Fact #2:** School performance goes hand-in-hand with ACEs. Compared to school-aged kids with 2+ ACEs, those with no ACEs are 1.3 times more likely to be engaged in school & 3 times less



# CAHMI's 2<sup>nd</sup> Pathway:

## Family engagement via the web-based *Well-Visit Planner*



*Your Child, Your Well-Visit*

**Parents**, welcome to the Well-Visit Planner™ website (WVP)! The purpose of the WVP is to help you prepare, learn about and identify your priorities for your child's next well-visit. The WVP is for parents of children who are from 4 months through 3 years of age. Complete it before every well-child care visit by going through these three steps:

### Step 1



**Answer a Questionnaire**  
about your child and family

### Step 2



**Pick Your Priorities**  
for what you want to talk or get information about at your child's well-visit

### Step 3



**Get Your Visit Guide**  
that you and your child's health care provider will use to tailor the visit to your child & family needs

Your privacy is important to us. Please review our terms and conditions, check each box and click the **Get Started** button below.

- ☐ I am 18 years old or older. I agree to the [Terms and Conditions](#) of the Well-Visit Planner
- ☐ I voluntarily consent to the Well-Visit Planner.

**Get Started!**  
Click here

**Are you a health  
care provider?**  
Click here for more info

# The Well Visit Planner Cycle of Engagement

## FAMILIES

CAHMI Develops  
Additional Well Visit  
Planner Content

### Social Emotional Development

- ACEs, current trauma, stressors
- Resilience, protective factors (HOPE)
- Child and parent behaviors
- Parent self-efficacy
- Intergenerational patterns
- Social supports

### Special Populations

- CHSCHN
- Autism
- Women

Responses create a  
“doorway”



- Positive feedback
- Improved experience of visit
- Improved relationship
- Improved compliance
- Change in parenting behavior

## PROVIDERS

Parents' needs,  
triggers are  
addressed with:

- Educational Resources
- Tools
- Referrals
- Care Coordination
- Interventions
- Programs
- Other resources

### By Change Agents:

- Providers
- Educators
- Therapists
- Social Workers
- Community workers

IMPROVED  
PARENTING

IMPROVED  
CHILD  
OUTCOMES

# CAHMI's 3<sup>rd</sup> Pathway: creating an ACEs/Resilience agenda using CoDigital software

## Research & Action Agenda Methods

1. Production of extensive **environmental and literature scan**
2. **Key informant** interviews
3. **Input gathered at multiple national forums** (PAS, AcademyHealth, APHA, NCPHC, AMCHP)
4. **Collective insight** process using CoDigital software
5. **Papers commissioned** on priority themes
6. **Creation of communications toolkit** to disseminate agenda and findings

## Questions posed to Online CoDigital Cohort:

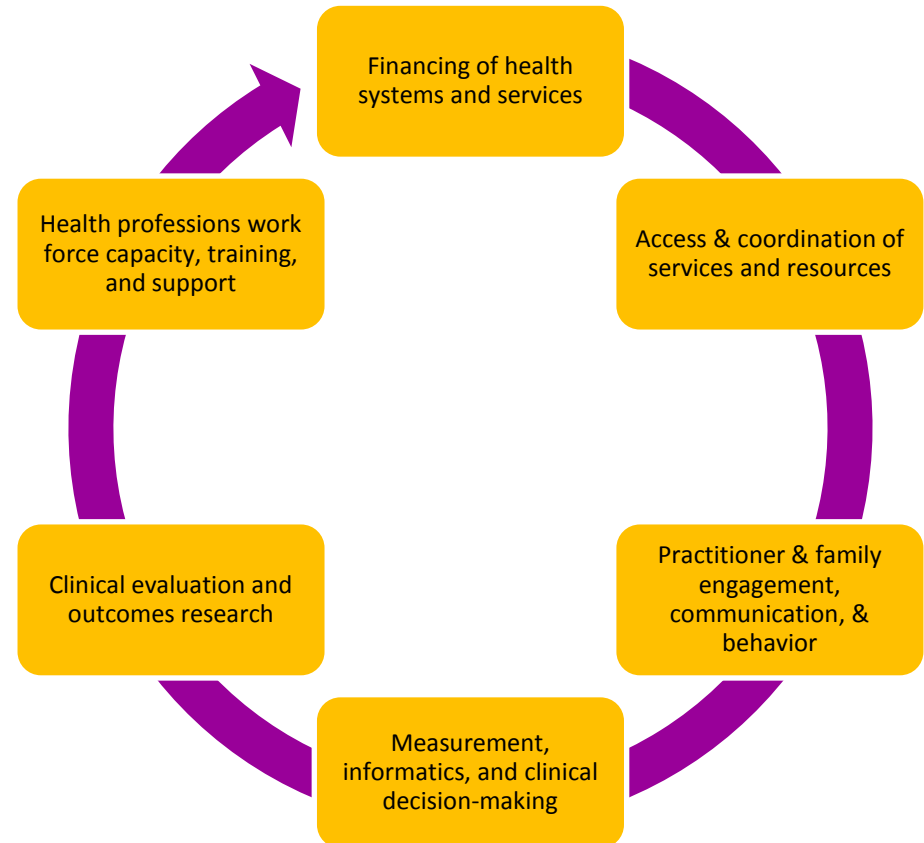
**Question 1:** What should the specific goals of our community be related to ACEs and resilience? (e.g. the child health services research and policy community?)

**Question 2:** What research and policy domains and questions are highest priority?

**Questions 3:** What are the research questions, policy actions and existing efforts to consider as priorities in an agenda?

# Emerging Recommendations

- ✓ Provide **training and healing opportunities** for providers and program leaders as “boots on ground”.
- ✓ Invest in **intergenerational programs** which address social-emotional skills.
- ✓ Build shared **measurement**, data literacy, and messaging.
- ✓ Invest in ongoing **synthesis, translation, dissemination, and evaluation of existing knowledge**.
- ✓ Support **systems change** to realign financing and delivery mechanisms to create “through any open door” systems of care for families.
- ✓ Invest in **family and community engagement** at all levels.



# A Recap: What's Needed?

- More research and data
- Education and communication
  - Education and training for providers, families, programs, etc. in the emerging science
  - Exploration of how to create a “no wrong door” policy across sectors
- Policy and systems integration



# What's next?

- Learn more about current ACEs/resilience data at [www.childhealthdata.org](http://www.childhealthdata.org).
- Keep up with our work on this topic at [www.cahmi.org](http://www.cahmi.org).  
CAHMI is working to:
  - **Increase access to ACEs/resilience data** by automating local-area ACEs data
  - **Incorporate ACEs/resilience measures** into more national surveys
  - **Integrate spin-off modules into the WVP tool** which specifically address ACEs and resilience
  - **Create a communications toolkit and a series of peer-reviewed papers** to communicate findings from our ACEs/resilience environmental scan and insight process



# Contact Information

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