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

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Promote Early and Lifelong Health of Children, Youth and Families
(using family centered data and tools)

Identify Shared Transformative Goals For Child & Family Health

Innovate and Act

Discern and Develop

Transformational Partnerships

Actionable Data & Data-Driven Tools

Inspire and Inform

Your Data ... Your Story
www.childhealthdata.org
Data Resource Center for Child & Adolescent Health
A project of the Child and Adolescent Health Measurement Initiative

CAHMI
The Child & Adolescent Health Measurement Initiative
“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
"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

Smoking
Alcoholism
Promiscuity
High Perceived Risk of HIV
Obesity
Illicit Drugs
IV Drugs
Multiple Somatic Symptoms
Cancer
Skeletal Fractures
Sexually Transmitted Diseases
ACEs

Relationship Problems
High perceived stress
Married to an Alcoholic
Difficulty in job performance

General Health and Social Functioning

Risk Factors for Common Diseases

Prevalent Diseases

Sexual Health

Mental Health

Depression
Sleep Disturbances
Memory Disturbances
Anxiety
Panic Reactions
Poor Anger Control
Fetal Death
Unintended Pregnancy
Teen Paternity
Teen Pregnancy
Sexual Dissatisfaction
Early Age of First Intercourse

Early Stress

CHILIdHood Stress

Hyper-responsive stress response; calm/coping

Changes in Brain Architecture

Chronic “fight or flight;” cortisol / norepinephrine
National Survey of Children’s Health
US Prevalence and Across State Variations

47.9% of US Children have 1+ (of 9) ACEs
Age 0-17 years

- 22.6% No adverse family experiences
- 52.1% One adverse family experience
- 25.3% Two or more adverse family experiences

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

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

- **0-99% FPL**: 34.10% (1 ACE), 10% (2+ ACEs)
- **100-199% FPL**: 25.10% (1 ACE), 25.10% (2+ ACEs)
- **200-399% FPL**: 25.40% (1 ACE), 24.70% (2+ ACEs)
- **400% FPL**: 16.90% (1 ACE), 10.10% (2+ ACEs)
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 Linkenbauch, 2014; Shonkoff, 2010; Bethell et al, 2015

• These findings underscore the importance of social-emotional skills
Mindset Shifts are Occurring...

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)

- 6-7 (AOR: 5.39)
- 8-9 (AOR: 2.80)
- 10-11 (AOR: 4.28)
- 12-13 (AOR: 3.72)
- 14-15 (AOR: 3.27)
- 16-17 (AOR: 2.72)

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 1st 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
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
Adverse childhood experiences (ACEs) have been found to affect development and lifelong health of individuals. ACEs encompass a range of adverse conditions, from extreme poverty, family problems to experiences of abuse and neglect.

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

- **National**: 7,709,179 (22.6%)
- **Maryland**: 346,235 (19.4%)
- **Baltimore City**: 191,779 (30.7%)

**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**
  - Safe: 82.9%
  - Supportive: 75.7%
  - Engaged in school: 72.8%
  - Repeated a grade: 12.3%
  - Chronic conditions: 21.0%
  - Chronic mental health problems: 7.8%
  - Cultivate positive traits: 56.0%

- **Baltimore County**
  - Safe: 88.7%
  - Supportive: 81.7%
  - Engaged in school: 79.6%
  - Repeated a grade: 8.0%
  - Chronic conditions: 21.0%
  - Chronic mental health problems: 6.9%
  - Cultivate positive traits: 62.8%

- **Howard County**
  - Safe: 91.3%
  - Supportive: 85.6%
  - Engaged in school: 83.8%
  - Repeated a grade: 5.5%
  - Chronic conditions: 20.4%
  - Chronic mental health problems: 6.3%
  - Cultivate positive traits: 66.3%

- **Maryland**
  - Safe: 88.7%
  - Supportive: 82.4%
  - Engaged in school: 80.2%
  - Repeated a grade: 6.8%
  - Chronic conditions: 19.7%
  - Chronic mental health problems: 6.1%
  - Cultivate positive traits: 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").

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

**History is not Destiny**

*This involves all of us...*

**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 2nd 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
The Well Visit Planner Cycle of Engagement

**FAMILIES**

CAHMI Develops Additional Well Visit Planner Content

<table>
<thead>
<tr>
<th>Social Emotional Development</th>
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<tr>
<td>• ACEs, current trauma, stressors</td>
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<td>• Resilience, protective factors (HOPE)</td>
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<td>• Child and parent behaviors</td>
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<td>• Parent self-efficacy</td>
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<td>• Intergenerational patterns</td>
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**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**

Enhanced outcomes for parents and children through improved parenting practices.
CAHMI’s 3rd Pathway: creating an ACEs/Resilience agenda using CoDigital software

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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