Applying the ACEs Framework to Fatality Review and Prevention

March 8, 2017
About the National Center

The National Center for Fatality Review and Prevention is a resource and data center that supports child death review (CDR) and fetal and infant mortality review (FIMR) programs around the country.

It is funded in part by Cooperative Agreement Number UG7MC28482 from the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).
The Center aligns with MCHB priorities and performance and outcome measures such as:

• Healthy pregnancy
• Child and infant mortality
• Injury prevention
• Safe sleep
HRSA’s overall vision for the Center

• Through delivery of data, training, and technical support, the Center will assist state and community programs in:
  – Understanding how CDR and FIMR reviews can be used to address issues related to adverse maternal, infant, child, and adolescent outcomes
  – Improving the quality and effectiveness of CDR/FIMR processes
  – Increasing the availability and use of data to inform prevention efforts and for national dissemination

Ultimate goal: improving systems of care and outcomes for mothers, infants, children, and families
Webinar Goals

Participants will:

• Understand how childhood experiences impact the health and opportunities of individuals and families
• Understand how ACEs are a public health issue
• Identify ways the ACEs framework and social determinants of health framework can complement each other
• Hear concrete examples of how ACEs framework can be applied to fatality review
Speaker Panel

Bethany Miller
Health Resources and Services Administration

Richard Murdock
R B Murdock Consulting, LLC

Steve Wirtz
California Department of Health

Cathy Costa
Baltimore City Health Department
Housekeeping

• Webinar is being recorded and will be available with slides in a few days on our website: www.ncfrp.org. The Center will notify participants when it’s posted
• All participants will be muted in listen only mode
• Questions can be typed into the Question Window. Due to the large number of participants, we may not be able to get to all questions in the time allotted. The Center will answer all questions and post the answers on the NCFRP web site: https://www.ncfrp.org/
Creating Healing Communities: Addressing Adverse Childhood Experiences in Michigan

(A Michigan Health Endowment Funded Project)

Rick Murdock, MAHP Foundation Grant Coordinator
Economic Impact of Health Care

**FACT:** Nearly $80 Billion -- estimated health care expenditures in Michigan, including out of pocket expenses

As Result, Taxpayers Have huge responsibility:
- Nearly one quarter of Michigan’s Citizens are on Medicaid
- Nearly 18% are on Medicare

As Result, State Budget Health Expenditures are Stretched
- Medicaid
- State Employees and Retirees

As Result, Individual Exposure to Health Care Costs Grows

Major Political Issue: “Repeal/Replace Affordable Care Act, ACA”

What are our solutions?
Which is the largest spender in the U.S. health care system?

A. Medicare and Military/VA
B. Medicaid
C. Private business
D. Health Plans
E. Other
Economic Impact of Health Care

- Medicare/Military: 26%
- Medicaid: 18%
- Private Business: 21%
- Health Plans: 28%
- Other: 7%

Source: www.CMS.gov
Economic Impact of Health Care

What do we typically do to address costs of health care?

- Increase insurance coverage (ACA, Exchange, Medicare, employer coverage incentives)
- Negotiate Preferred Provider arrangements & networks
- Establish patient center medical home/health home
- Increase consumer “responsibility”—copay/deductibles, etc
- Promote Wellness/Health Promotion

These efforts may “at best” reduce the rate of increase due to demographics, prevailing health status, chronic diseases
Economic Impact of Health Care

Should we begin to look at how long term investments can affect our health care—and if so how, what, when, where?
Health Factors Affecting Health Outcomes

Health Behaviors 30%
- Tobacco use
- Diet & Exercise
- Alcohol use

Clinical Care 20%
- Access to care
- Quality of care

Social & Economic Factors 40%
- Education
- Employment
- Income
- Family & Social Support
- Community Safety

Physical Environment 10%
- Environmental Quality
- Built Environment

www.countyhealthrankings.org/our-approach
ACE Study

- Retrospective cohort study of Kaiser Permanente HMO population in San Diego
  - Over 17,000 participants
  - Average age of 57
- Study of the impact of adverse childhood experiences on health throughout the lifespan
- ACEs are very common but largely unrecognized
- ACE’s are the basis for much of adult medicine and of many common public health and social problems
- ACEs are strong predictors of later social malfunction, mental illness, health risks, disease and premature death
- ACEs are interrelated, not solitary
- ACEs are the *leading* determinant of the health and social and economic outcomes of our nation
Studies Identified 10 ACE Categories - “Stressors”

1. Recurrent emotional abuse
2. Recurrent physical abuse
3. Sexual abuse
4. Witnessed domestic violence
5. Household alcohol or drug abuse
6. Household member who is depressed, suicidal or mentally ill
7. Parents separated/divorced
8. Incarcerated household member
9. Emotional neglect
10. Physical neglect
Health Risks: Childhood Experiences vs. Adult Alcoholism

![Bar chart showing the percentage of alcoholic individuals by ACE Score]

- 0% for 0 ACE Score
- 1% for 1 ACE Score
- 2% for 2 ACE Score
- 3% for 3 ACE Score
- 4% for 4+ ACE Score
Childhood Experiences Underlie Suicide

![Graph showing percentage of suicide attempts by ACE score.]

- **0** ACE Score: 1% Attempting Suicide
- **1** ACE Score: 2% Attempting Suicide
- **2** ACE Score: 3% Attempting Suicide
- **4+** ACE Score: 4% Attempting Suicide
ACE Score & Rates of Antidepressant Prescriptions
ACE Score and Rates of Antipsychotic Prescriptions

![Bar chart showing the relationship between ACE Score and prescription rate per 100 persons-years. The chart displays an increase in prescription rate as the ACE Score increases from 0 to 5.]
The ACE Score and the Prevalence of Liver Disease (Hepatitis/Jaundice)
ACE Score and Indicators of Impaired Worker Performance

![Chart showing the relationship between ACE Score and indicators of impaired worker performance.](chart.png)

- **Absenteeism (<2 days/months)**
- **Serious Financial Problems**
- **Serious Job Problems**

Legend:
- ACE Score
  - 0
  - 1
  - 2
  - 3
  - 4
ACE Findings

Disrupted Neural Development

PET Scans
Healthy brain vs. the effects of extreme deprivation beginning at infancy

See also the work of Dr. Bruce Perry at www.childtrauma.org
ACE Study Findings

- As ACE scores goes up, so does risk for:
  - Smoking
  - Organic disease (pulmonary, heart & liver disease)
  - Adult alcoholism & drug use
  - Depression and suicide attempts
  - Multiple sexual partners
  - STD’s and Rape (from 5% to 33%)
  - Risk for intimate partner violence
  - Addictions
  - Dying early

- Job problems and lost time from work

- Adverse Childhood experiences are the most basic and long-lasting cause of health risk behaviors, mental illness, social malfunction, disease, disability, premature death and health care costs
Findings of the ACE Study

- ACE score of 6 or higher in populations — an amount 20-year shortening of lifespan
- ACE score of 4 in populations — 260% more likely to have Chronic Obstructive Pulmonary Disorder (COPD) than a person with an ACE Score of 0
- ACE score of at least 7 in populations -- increased the likelihood of childhood/adolescent suicide attempts 51-fold and adult suicide attempts 30-fold
- ACE scores of 4 or higher in populations -- increases the chance of having self-acknowledged alcoholism as an adult by 500% (with a history of parental alcoholism).
- ACE Scores of 4 or more in populations were 12 times more likely to have attempted suicide, 7 times more likely to be alcoholic and 10 times more likely to have injected street drugs
Adverse Childhood Experience and Future Domestic Violence Risk
Adverse Childhood Experience and Depression

**Depression**

- Most say depression is a disease.
- Many say depression is genetic.
- Some say it is due to a chemical imbalance.

*But what if depression were not a disease... but a normal response to life events?*

**Childhood Experiences Underlie Chronic Depression**

- % With a lifetime history of Depression

- ACE Score

- Women
- Men
Adverse Childhood Experience and Addiction

### Changing How We Think About Addiction

- **Traditional Concept:**
  - Addiction is due to the characteristics intrinsic in the molecular structure of some substance.

- **The ACE Study Challenges that Concept by Showing:**
  - Addiction highly correlates with characteristics intrinsic to that individual’s childhood experiences.

### ACE Score and Alcohol Use and Abuse

- **ACE Score**
  - 0 = 1
  - 1 = 2
  - 2 = 3
  - 3 = 4 or more

- **Percent with alcohol related problem**
  - Alcoholic
  - Married an Alcoholic
Population Attributable Risk

A large portion of many health, safety and prosperity conditions is attributable to Adverse Childhood Experience.

ACE reduction reliably predicts a decrease in all of these conditions simultaneously.
Untreated Adverse Early Childhood Events Only Exacerbate Over Time

**Childhood**
- Developmental Delays
- Expulsion

**Adolescence**
- Delinquency
- Mental Health
- Sexual Activity
- Drugs & Alcohol
- Violence

**Adulthood**
- Psychiatric Problems
- Drug Abuse
- Alcohol
- Crime

**Source:** Adverse Childhood Experiences (ACE) Study. Information available at [http://www.cdc.gov/ace/index.htm](http://www.cdc.gov/ace/index.htm)
Final insights from the ACE study

- Adverse childhood experiences are common but typically unrecognized.
- Their link to major problems later in life is strong, proportionate, and logical.
- They are the nation’s *most basic* public health problem.
- It is comforting to mistake intermediary mechanism for basic cause.
- What presents as the ‘Problem’ may in fact be an attempted solution.
- Treating the solution may threaten people and cause flight from treatment.
- Change will be resisted by us in spite of enormous benefits.
<table>
<thead>
<tr>
<th>ACE Category</th>
<th>Prevalence in Original ACE Study</th>
<th>Prevalence in Michigan (BRFSS Surveillance 2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abuse:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>— Emotional</td>
<td>11%</td>
<td>35%</td>
</tr>
<tr>
<td>— Sexual</td>
<td>21%</td>
<td>11%</td>
</tr>
<tr>
<td>— Physical</td>
<td>26%</td>
<td>17%</td>
</tr>
<tr>
<td><strong>Family Dysfunction:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-- Incarcerated Relative</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td>-- Violence on Mother</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>-- Mental Illness in Home</td>
<td>19%</td>
<td>16%</td>
</tr>
<tr>
<td>-- Parental Divorce</td>
<td>23%</td>
<td>27%</td>
</tr>
<tr>
<td>-- Substance Abuse</td>
<td>28%</td>
<td>27%</td>
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<tr>
<td><strong>Neglect:</strong></td>
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<td></td>
</tr>
<tr>
<td>-- Physical</td>
<td>10%</td>
<td>N.A.</td>
</tr>
<tr>
<td>-- Emotional</td>
<td>15%</td>
<td>N.A.</td>
</tr>
</tbody>
</table>
Building Self-Healing Communities

Population Affected by ACEs

Medicine & Health Services

Justice System

Education System

Child & Family Services

www.aceinterface.com
Creating Healing Communities: Addressing Adverse Childhood Experience in Michigan Project

Goals

- Awareness and Development or Inventory of Interventions appropriate for Adverse Childhood Experiences
- Collaboration with Other Initiatives in Community and State to align existing and future resources
- Sustaining Healing Communities and Reduction in Adverse Childhood Experiences

3/8/2017
MAHP Foundation Allocation of Resources

- Support for State Steering Committee and Subcommittees
- Training for professionals through CME and conference presentations
- Research on Best Practices and processes around the Country
- Communications and social media
- Regional training in targeted community and individuals
- Model Development and recommendations

MAHP Foundation (Michigan Health Endowment Grant and in-kind)
Michigan Association of Health Plan’s Foundation

Creating Healing Communities: Addressing Adverse Childhood Experiences in Michigan
(A Michigan Health Endowment Funded Project)

www.mahp.org/ace-grant

Rick Murdock, Grant Coordinator
Richardbrucemurdock@gmail.com
LIFTING UP ADVERSE CHILDHOOD EXPERIENCES (ACES) IN CHILD FATALITY REVIEW: A LOCAL EXAMPLE

Cathy Costa, MSW, MPH
Baltimore City Health Department

March 8, 2017
Trauma & Resilience in Baltimore City
Child Homicides Rising Again

*Through October 31, 2016, including three cases still pending declaration of manner of death.
Child Homicides Rising Again

*Through October 31, 2016, including three cases still pending declaration of manner of death.

*2007: 29
2008: 23
2009: 14
2010: 15
2011: 13
2012: 11
2013: 7
2014: 16
2015: 20
2016: 19*
Child Homicides Rising Again

*Through October 31, 2016, including three cases still pending declaration of manner of death.
Child Abuse Homicides Rising

*Through October 31, 2016, including three cases still pending declaration of manner of death.
Child Abuse Homicides Rising

*Through October 31, 2016, including three cases still pending declaration of manner of death.*
Lifting Up ACEs Now in CFR

- Children we see in CFR do not come to us randomly
- What **they** have experienced and their **parents** have experienced have elevated their risk for early death
- ACEs = language for talking about trauma and for measuring and elevating it to partners and community

How Baltimore City CFR is taking action on ACES:

- Educating the CFR Team
- Tracking ACEs in our cases to measure magnitude
- Implementing prevention strategies
Educating the CFR Team

- ACE Study and science
- ACE gradient for unintentional and intentional injury, just as for chronic disease
- Urban ACEs
ACE Gradients for Injury

• Findings from the National Longitudinal Study of Adolescent and Adult Health, May 2015

• Odds of injury increased by ACE Score

• Child maltreatment, particularly physical abuse and emotional neglect, had a strong influence on the odds of both unintentional and intentional injury

• Interpersonal loss, such as a family member or friend’s suicide attempt or experiencing the death of a parent, had a strong influence on the odds of intentional injuries
Odds of experiencing serious injury in young adulthood increase by ACE score

Odds of experiencing a **motor vehicle crash** in young adulthood increase by ACE score

Odds of \textbf{being shot or stabbed} in young adulthood increase by ACE score

Urban ACEs

- Living in an unsafe neighborhood
- Experiencing bullying
- Witnessing violence
- Experiencing racism
- Living in foster care

THE PHILADELPHIA ACE PROJECT
## Tracking ACEs Case by Case

### Adverse Childhood Experiences Summary

<table>
<thead>
<tr>
<th>Abuse and Neglect</th>
<th>Child</th>
<th>CG1</th>
<th>CG2</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>?</td>
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<tr>
<td>Emotional abuse</td>
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<tr>
<td>Sexual abuse</td>
<td>?</td>
<td>?</td>
<td>?</td>
<td></td>
</tr>
<tr>
<td>Physical neglect</td>
<td>?</td>
<td>?</td>
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<tr>
<td>Emotional neglect</td>
<td>?</td>
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<table>
<thead>
<tr>
<th>Household Dysfunction</th>
<th>Child</th>
<th>CG1</th>
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</thead>
<tbody>
<tr>
<td>Separation/divorce/death</td>
<td>?</td>
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<tr>
<td>Substance use</td>
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<tr>
<td>Mental illness</td>
<td>?</td>
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<tr>
<td>Domestic violence</td>
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<tr>
<td>Incarceration</td>
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<thead>
<tr>
<th>ORIGINAL ACE SCORE</th>
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### Urban ACEs

<table>
<thead>
<tr>
<th>Urban ACEs</th>
<th>Child</th>
<th>CG1</th>
<th>CG2</th>
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</tr>
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<tbody>
<tr>
<td>Neighborhood safety</td>
<td>?</td>
<td>?</td>
<td>?</td>
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<tr>
<td>Bullying</td>
<td>?</td>
<td>?</td>
<td>?</td>
<td></td>
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<tr>
<td>Witnessing violence</td>
<td>?</td>
<td>?</td>
<td>?</td>
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<tr>
<td>Racism</td>
<td>?</td>
<td>?</td>
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<tr>
<td>Foster care</td>
<td>?</td>
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<table>
<thead>
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<th>COMBINED ACE SCORE</th>
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<tbody>
<tr>
<td>Physical abuse</td>
<td>X</td>
<td>?</td>
<td>?</td>
<td>Multiple CPS investigations</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>?</td>
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<td>?</td>
<td>?</td>
<td>?</td>
<td></td>
</tr>
<tr>
<td>Mental illness</td>
<td>X</td>
<td>?</td>
<td>?</td>
<td>Mother has depression</td>
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<tr>
<td>Domestic violence</td>
<td>?</td>
<td>?</td>
<td>?</td>
<td></td>
</tr>
<tr>
<td>Incarceration</td>
<td>X</td>
<td>?</td>
<td>?</td>
<td>Father incarcerated at age 3</td>
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### ORIGINAL ACE SCORE

| 4 | ? | ? |

### Urban ACEs

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### COMBINED ACE SCORE

| 7 | ? | ? |
Preventing ACEs

• CFR child abuse prevention project
  • Findings from 37 child abuse fatalities and near fatalities
  • Comprehensive set of recommendations by January 2017
  • Jointly seeking funds with partners for staff person to coordinate coalition of stakeholders and oversee implementation through B’more for Healthy Babies

• BHB prevention of substance-exposed pregnancies efforts

• Evidence-based home visiting
Mitigating the Impact of ACEs

• Increasing access to and utilization of mental health and substance use disorder treatment

• Crisis, Information & Referral Line promotion and outreach

• Youth Health and Wellness Healthy Minds and Bodies strategy

• ReCAST grant for youth services and school-based mental health

• Provider outreach and education
Building Resilience

• BHB early childhood services and social support pipeline
  • Baby Basics Moms Clubs
  • Evidence-based home visiting
  • Group-based parenting and attachment programming
  • Head Start
  • Pre-K

• School readiness systems strengthening

• Youth Health and Wellness Healthy Communities strategy
Tackling Racism

• Becoming explicitly anti-racist
  • Undoing Racism with the People’s Institute for Survival and Beyond
  • Prioritizing elimination of racial disparities
  • Continuing to emphasize systems work

• Becoming accountable to the community
  • Community advisory board oversight
  • Deepening community conversations and engagement
Important Role of Local CFRs on ACEs

- Documenting ACEs experienced by children in our cases
- Raising awareness with team members and partners
- Leading on addressing trauma in our communities
  - Public health and health care providers
  - Schools and community-based organizations
  - Community residents
- Working both down and upstream in our prevention efforts
Questions?
Applying Adverse Childhood Experiences to Fatality Review

A Perspective from California

March 8, 2017

Steve Wirtz, PhD
Chief, Injury Surveillance and Epidemiology Section
Safe and Active Communities Branch
California Department of Public Health
California Essentials for Childhood

- Child maltreatment prevention initiative
  - Collective impact approach
  - Social determinants framework funded by CDC
- Vision: All California children, youth, and their families thrive in safe, stable, nurturing relationships, and environments
- Partnership between the CDPH Safe and Active Communities Branch and CDSS Office of Child Abuse Prevention
Partner Initiatives

Let's Get Healthy California

essentials for childhood

California Health in All Policies Task Force

Defending Childhood: Protect, Heal, Thrive

First 5 California

Center for Youth Wellness

ACEs Connection Network
Join the movement to prevent ACEs, heal trauma, build resilience.

Children Now

CALIFORNIA CAMPAIGN TO COUNTER CHILDHOOD ADVERSITY
4CA.ORG
Science of Early Childhood Development

- Growing body of scientific knowledge

ACE Study

PEDIATRICS®

Official Journal of the American Academy of Pediatrics

Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health

The Lifelong Effects of Early Childhood Adversity and Toxic Stress

Morbidity and Mortality Weekly Report (MMWR) Adverse Childhood Experiences Reported by Adults --- Five States, 2009 December 17, 2010 / 59(49);1609-1613

Early Childhood Investments Substantially Boost Adult Health

Science 28 March 2014:

Heckman
The economics of human potential.

CDPH
California Department of Public Health
http://apps.who.int/iris/bitstream/10665/44489/1/9789241500852_eng.pdf?ua=1
CDC Child Maltreatment Framework

Indicators for Essentials for Childhood Impact

Source: Alexander S., Wright R., and Klevens J. Presentation to California Essentials for Childhood Leadership Action Team; CDC Essentials Site Visit to Sacramento, CA; September 1, 2015.
Health Impact Pyramid adapted to child maltreatment

Examples
- Parent training
- Screen and refer for IPV, depression or substance abuse
- Home visitation, Family Resource Centers
- Policy and funding for pre-K for all
- Reduce Poverty: Increase CalWORKS and/or CalFresh assistance; living wage laws

Smallest Impact
- Counseling & Education

Largest Impact
- Long-lasting protective interventions
- Changing the context
  - Make healthy choices the "default" or easiest choice
- Socioeconomic Factors
Broader Context of Prevention

- Life Course Perspective emphasizes a temporal and social perspective on health and well-being:
  - Developmental
    - Across life experiences (i.e., gestation, early childhood, adolescence, young adulthood, midlife, senior)
  - Across generations
  - Socio-ecological
    - Experiences are shaped by the wider social, economic, and cultural context.
ACEs Summary

- Childhood trauma is common
- Extreme traumas tend to cluster together to produce cumulative impacts
- **Not just the ACEs traumas – social and community adversity and hardships as well**
- Poverty increases the negative impacts of trauma
- Consistent health impacts across multiple domains
  - Social emotional impairment
  - Unhealthy behaviors
  - Mental health problems
  - Physical health problems
  - Chronic diseases
- Prevention, mitigation and recovery are possible
- Collaborative multi-sector approach are necessary
Cascade of Risks over the Life Span

Life course model adapted from racial disparities work by Michael Lu
CHILD BORN INTO POVERTY

Family Stress/Dysfunction
- Single Parent Household
- Limited Family Support
- Depression/Mental Disorders/SUDs
- Lack of Parenting Skills
- Family Violence

Child Welfare System/Criminal Justice
- Over Representation of People of Color
- Disparities in Substantiations/Out of Home Placements
- Inequalities in Arrests, Prosecution & Sentencing
- Incarceration
- Recidivism

Cumulative/Lifetime Consequences
- Accumulation of Toxic Stress
- Institutional Racism
- Chronic Health Problems
- Unemployment
- Unsafe/Violent Neighborhood
- Homelessness

Environmental Inequalities
- Limited Access to Resources
- Poor Health Care
- Lack of Affordable Housing
- Limited/Poor Education
- Unsafe/Violent Neighborhood

Risky Behaviors
- Poor Nutrition
- Limited Physical Activity
- Substance Use/Abuse
- Early Sexual Activities
- Criminal Activity/Violence

Social Exclusion/Isolation
- Marginalization
- Reduced/Denied Civil Rights
- Stigma/Stereotyping
- Limited Community Support

COMMUNITIES WITH HIGHLY CONCENTRATED POVERTY
- Chronic Family/Generational Poverty
- Low Educational Achievement
- Fewer Opportunities and Resources for Healthy Behavior Leads to Significantly Worse Health Outcomes
- Reduced/Limited Income Opportunities Lead to Illegal Activity
Kidsdata.org

• Created Child Adversity and Resiliency data topic on Lucile Packard Foundation's Kidsdata.org

• Three sources of ACEs data:
  – Behavioral Risk Factor Surveillance System (BRFSS)
  – Maternal and Infant Health Assessment (MIHA)
  – National Survey of Children’s Health (NSCH)

• Broader framework for understanding and addressing child adversity across the lifespan
  – Includes social determinant-level causes of trauma
<table>
<thead>
<tr>
<th>Adverse Experiences</th>
<th>NSCH</th>
<th>MIHA</th>
<th>BRFSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socioeconomic Hardship/Basic Needs Unmet</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Hunger</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Housing Instability</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Neighborhood Violence</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster Care Placement</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Treated Unfairly Because of Race/Ethnicity</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal, Physical, Sexual Abuse</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Parent Divorce/Separation</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Parent Death</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incarceration of Household Member</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Mental Illness of Household Member</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Drug or Alcohol Abuse in Household</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Find data about the health and well being of children in communities across California:

Enter a location and/or a topic, e.g. “Los Angeles foster care”

Measuring Resilience Among California Children

One third of children in California are not resilient, meaning they do not adapt well in the face of adversity. Boosting resilience could play a huge role in curbing the long-term effects of childhood trauma.
BRFSS ACEs Module

• Centers for Disease Control and Prevention (CDC) health-related telephone survey that collects state-level data about United States residents.
• ACEs Module adapted from Kaiser Permanente ACEs study in late 1990s.
• Asks adults to reflect on their childhood experiences from ages 0-17.
• Questions on topics such as mental illness, substance abuse, incarceration, parental separation or divorce, and abuse.
BRFSS: Prevalence of Adverse Childhood Experiences

### Alameda County

<table>
<thead>
<tr>
<th>Number of ACEs</th>
<th>Households with Children</th>
<th>Households without Children</th>
<th>All Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 ACEs</td>
<td>38.7%</td>
<td>46.2%</td>
<td>43.0%</td>
</tr>
<tr>
<td>1-3 ACEs</td>
<td>43.9%</td>
<td>45.0%</td>
<td>44.5%</td>
</tr>
<tr>
<td>4 or More ACEs</td>
<td>17.5%</td>
<td>8.9%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>
MIHA Childhood Hardships

- Annual population-based survey of postpartum women with a recent live birth (age ≥ 15).
- Asks women to reflect on their childhood hardships prior to age 14.
- Questions focus on foster care placements, economic hardships, and household dysfunction.
## MIHA: Prevalence of Childhood Hardships

### Location: (hide)
1 selected

### Year(s):
- 2011-2012

### Number of Childhood Hardships: (edit)
- All

#### Los Angeles County

<table>
<thead>
<tr>
<th>Hardships</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Hardships</td>
<td>60.8%</td>
</tr>
<tr>
<td>1 Hardship</td>
<td>13.9%</td>
</tr>
<tr>
<td>2-3 Hardships</td>
<td>13.3%</td>
</tr>
<tr>
<td>4 or More Hardships</td>
<td>6.9%</td>
</tr>
</tbody>
</table>
NSCH CAHMI

- Collected by National Center for Health Statistics in partnership with CDC.
- Asks parents about the current adverse experiences of their children ages 0-17.
- Uses a set of family, economic, and community adversity indicators to ascertain ACEs exposure.
- Most direct population-based survey measure of current child adversity included in the Kidsdata.org topic.
NSCH: Children Who Are Usually/Always Resilient

<table>
<thead>
<tr>
<th>Locations</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>64.7%</td>
</tr>
<tr>
<td>California</td>
<td>67.1%</td>
</tr>
<tr>
<td>Alameda County</td>
<td>68.6%</td>
</tr>
<tr>
<td>Los Angeles County</td>
<td>65.8%</td>
</tr>
</tbody>
</table>
Expand the understanding about what creates health

**Worldview** – shaped by individual, cultural, and community values, beliefs, and assumptions

**Public Narratives**

**Frames**

**Messages**

David Mann
Themes of Dominant Worldview/Narrative

Bootstraps Individualism

Science is suspect

Small Government

Free Market Solutions

Education is for job training

Structural Discrimination is a thing of the past

Adapted from David Mann
The Real Narrative About What Creates Health Inequities

• Disparities are not just because of lack of access to health care or to poor individual choices.

• Disparities are mostly the result of policy decisions that systematically disadvantage some populations over others.

• Especially, populations of color and American Indians, GLBT, and low income

• Structural Racism
Understanding social disadvantage and impact on health across the life course and across generations

1. Social stratification

2. Differential exposure

3. Differential vulnerability

4. Differential consequences

5. Further social stratification

Social position by race & class

Specific exposure

Disease

Social consequences of ill health

Adapted from Finn Diderichsen, U. Copenhagen

Slide Courtesy of P. Braveman; Removed interventions by SW
Understanding social disadvantage and impact on health across the life course and across generations

Social Context

Social position by race & class

1. Social stratification

2. Differential exposure

3. Differential vulnerability

Specific exposure

Decreasing exposures

Decreasing vulnerability

Disease

Preventing unequal consequences

Social consequences of ill health

5. Further social stratification

Influencing social stratification

Policy Context

Slide Courtesy of Paula Braveman
WHO Strategies for Organizing Programs/Policies

• Strategies that alter social stratification
• Strategies that decrease people's exposure to health damaging factors
• Strategies that decrease the vulnerability and increase the resiliency of disadvantaged groups
• Strategies that intervene through the health care delivery system to reduce the differential consequences of ill health
How Do We Get There?

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE

UPSTREAM

SOCIAL INEQUITIES
Class
Race/ethnicity
Immigration Status
Gender
Sexual Orientation

INSTITUTIONAL INEQUITIES
Corporations & Businesses
Government Agencies
Schools
Laws & Regulations
Not-for-Profit Organizations

LIVING CONDITIONS
Physical Environment
Land Use
Transportation
Housing
Residential Segregation
Exposure to Toxins

Economic & Work Environment
Employment
Income
Retail Businesses
Occupational Hazards

Social Environment
Experience of Class, Racism, Gender,
Immigration
Culture - Ads - Media Violence

Service Environment
Health Care
Education
Social Services

RISK BEHAVIORS
Smoking
Poor Nutrition
Low Physical Activity
Violence
Alcohol & Other Drugs
Sexual Behavior

DISEASE & INJURY
Communicable Disease
Chronic Disease
Injury (Intentional & Unintentional)

MORTALITY
Infant Mortality
Life Expectancy

Community Capacity Building
Community Organizing
Civic Engagement

Strategic Partnerships
Advocacy

Emerging Public Health Practice

Current Public Health Practice

Improving Living Conditions and Health: Organize the Capacity to Act

• Narrative:
  • Align the narrative to build public understanding and public will.

• People:
  • Directly impact decision makers, develop relationships, align interests.

• Resources:
  • Identify/shift the resources-infrastructure-the way systems and processes are structured.
WHO Strategies for Organizing Programs/Policies

• Strategies that alter social stratification
• Strategies that decrease people's exposure to health damaging factors
• Strategies that decrease the vulnerability and increase the resiliency of disadvantaged groups
• Strategies that intervene through the health care delivery system to reduce the differential consequences of ill health
Child poverty is high but would be even higher in the absence of the social safety net.

<table>
<thead>
<tr>
<th>Program</th>
<th>Increase in child poverty if program omitted (percentage point)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All programs</td>
<td>14.2</td>
</tr>
<tr>
<td>CalFresh</td>
<td>4.5</td>
</tr>
<tr>
<td>EITC</td>
<td>3.9</td>
</tr>
<tr>
<td>CTC</td>
<td>2.3</td>
</tr>
<tr>
<td>CalWORKs</td>
<td>2.2</td>
</tr>
<tr>
<td>Housing subsidies</td>
<td>1.6</td>
</tr>
<tr>
<td>School meals</td>
<td>1.3</td>
</tr>
<tr>
<td>SSI</td>
<td>1.0</td>
</tr>
<tr>
<td>WIC</td>
<td>0.6</td>
</tr>
</tbody>
</table>

Source: Estimates from the 2013 CPM.

Note: “All programs” bar shows the combined effect of the individual programs listed below—but the individual program bars do not sum to top bar due to overlapping program effects.
Paid Family Leave and Abusive Head Trauma (AHT)

- Policy Level Intervention: California introduced paid family leave (PFL) in 2004
  - The law was further strengthened last year
- Study design:
  - Observational study for the years 1995 to 2011
  - AHT hospital admissions from California were compared with those from seven states without this policy (Arizona, Colorado, Florida, Iowa, Maryland, Massachusetts, and Wisconsin)
- Results:
  - California's 2004 PFL policy was associated with lower rates of AHT admissions after taking account of influential factors
    - Difference for children under 1 was 5.1 admissions per 100,000 children
    - Difference for children under 2 years old was 2.8/100,000
  - Differences were apparent despite low uptake of the policy in California, which reached only 38% in 2014
- Conclusion: Initial observational study shows "positive evidence" of the impact of the policy on AHT hospital admissions.

Disparities in Access to Paid Sick Leave


Source: U.S. Bureau of Labor Statistics

Access to Paid Sick Leave by Race and Ethnicity: Minnesota, 2012

Source: Institute of Women’s Policy Research

Mothers' Access to Paid Leave by Education: U.S. 2006-2008

Source: U.S. Census
QUESTIONS

Recording of webinar and slides will be posted within a week on National Center website: www.ncfrp.org
Save the Date!
Facebook and Twitter
Thank you!
Additional questions can be directed to info@ncfrp.org