



STRENGTHENING FAMILIES AND COMMUNITIES

Working Together to Improve Outcomes for Children

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Maternal and Child Health

Director



OBJECTIVES

- **Briefly review the ACES study and describe adversity in family experience**
- Describe public health approach and provide frame shift to prevention and promoting protective factors
- Highlight one Vermont Early Childhood Approach to Optimizing Child Development
 - State Health Improvement Plan
 - DULCE
 - Home Visiting

THE ACE STUDY (FELITTI ET AL.)

- Largest study of its kind – more than 17,000 participants
- Examined health and social effects of adverse childhood experiences over the lifespan.
- Study participants: middle-class Americans from San Diego
 - 80% white
 - 74% attended college
 - Average age = 57
 - Split evenly between men and women

THE ACE STUDY

1. Physical, sexual or emotional abuse
2. Physical or emotional neglect
3. Household mental illness
4. Living in a household with substance abuse
5. Having a parent/caregiver divorce or separate
6. Exposure to domestic violence
7. Living in a household where a member was or has been incarcerated

Research Article

Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

The Adverse Childhood Experiences (ACE) Study

Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

Background: The relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse, and household dysfunction during childhood has not previously been described.

Methods: A questionnaire about adverse childhood experiences was mailed to 13,494 adults who had completed a standardized medical evaluation at a large HMO; 9,508 (70.5%) responded. Seven categories of adverse childhood experiences were studied: psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. The number of categories of these adverse childhood experiences was then compared to measures of adult risk behavior, health status, and disease. Logistic regression was used to adjust for effects of demographic factors on the association between the cumulative number of categories of childhood exposures (range: 0–7) and risk factors for the leading causes of death in adult life.

Results: More than half of respondents reported at least one, and one-fourth reported ≥ 2 categories of childhood exposures. We found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases that were studied ($P < .001$). Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, ≥ 50 sexual intercourse partners, and sexually transmitted disease; and a 1.4- to 1.6-fold increase in physical inactivity and severe obesity. The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease. The seven categories of adverse childhood experiences were strongly interrelated and persons with multiple categories of childhood exposure were likely to have multiple health risk factors later in life.

Conclusions: We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.

Medical Subject Headings (MeSH): child abuse, sexual, domestic violence, spouse abuse, children of impaired parents, substance abuse, alcoholism, smoking, obesity, physical activity, depression, suicide, sexual behavior, sexually transmitted diseases, chronic obstructive pulmonary disease, ischemic heart disease. (Am J Prev Med 1998;14:245–258) © 1998 American Journal of Preventive Medicine

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CHILDHOOD
ADVERSITY HAS
LIFELONG
CONSEQUENCES.

Significant adversity in childhood is strongly associated with unhealthy lifestyles and poor health **decades later.**

ADVERSE FAMILY EXPERIENCES (AFE)

ACEs	AFEs
Abuse, neglect and other trauma that an adult experienced in childhood	Neglect and trauma that a child may experience in his or her home or neighborhood
ACE questions are asked of an adult about his or her own childhood	AFE questions are asked of a parent/guardian about his or her child (except questions about physical or psychological abuse)

AFEs among Vermont Children, <1-17 years

Adverse Child or Family Experience	Vermont Prevalence	US Prevalence
Child had 1 or more adverse experience*	44.2	45.0
Child had 2 or more adverse experiences*	21.2	20.5
Socioeconomic hardship	23.8	24.3
Divorce or separation of parents/guardians	24.2	24.0
Death of a parent/guardian	2.3	3.5
Incarceration of a parent/guardian	6.1	7.7
Lived with someone who had an alcohol or drug problem	12.9	8.5
Lived with someone who was mentally ill, suicidal, or severely depressed	9.8	7.4
Witnessed or heard domestic violence among adults	5.0	5.3
Victim or witness of neighborhood violence	3.8	3.8
Treated unfairly due to race or ethnicity	2.2	3.7
Moved 4 or more times to a new address	13.8	13.4

Source: 2016-2017 National Survey of Children's Health; * does not include residential mobility

SCREENING FOR SOCIAL DETERMINANTS



PUBLIC HEALTH IMPLICATIONS

What we KNOW:

- Childhood adversity has lifelong consequences

The gap between is what
we now know and what we do?

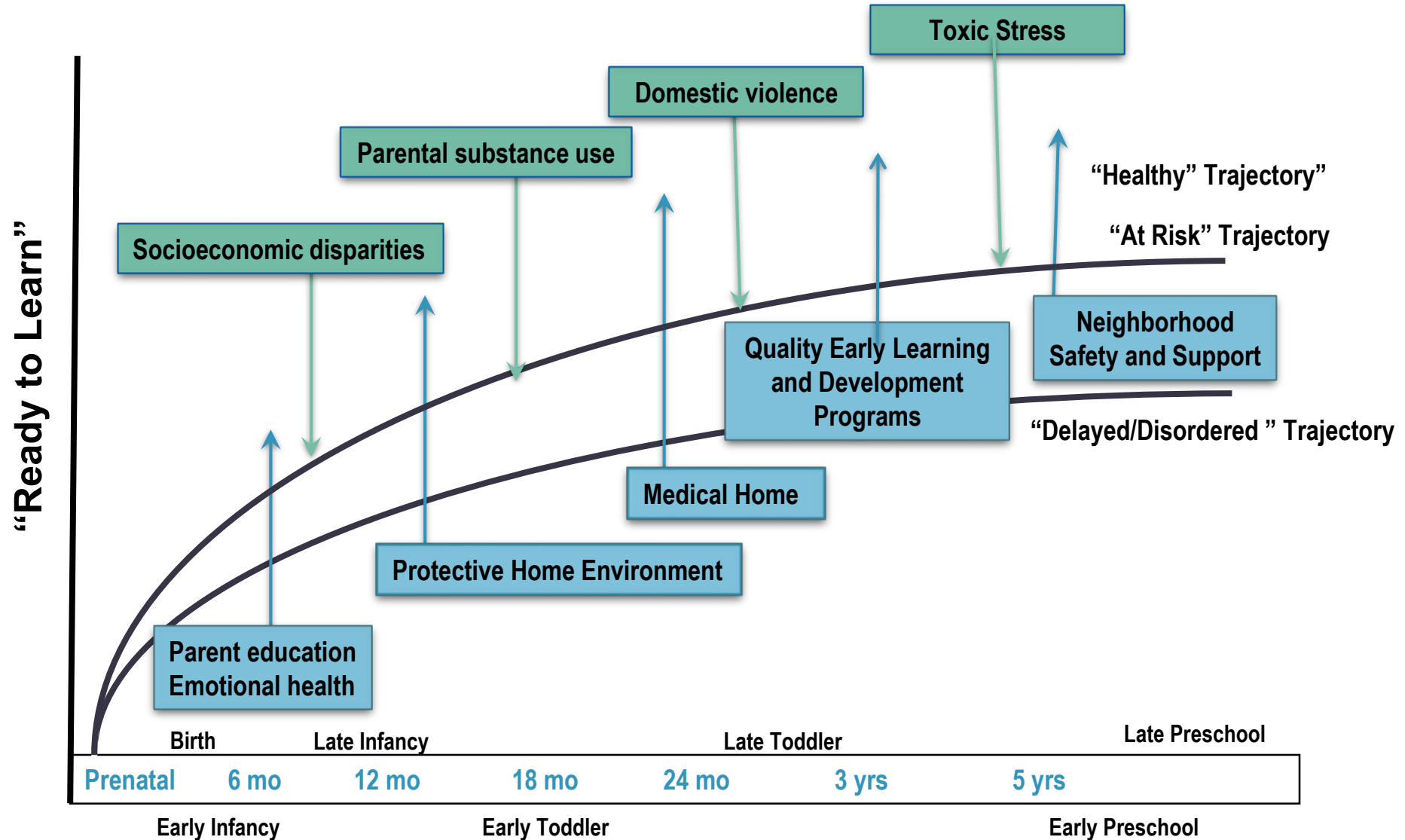
What we DO:

- Almost all of the trillions of dollars that we spend on health is on treatment and **NOT** prevention

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DEVELOPMENTAL TRAJECTORIES



BALANCING ACES WITH HOPE

(Health Outcomes of Positive Experiences)

The Science of Thriving! The possibility for flourishing even in the face of adversity

- Being in nurturing, supportive relationships.
- Living, developing, playing, and learning in safe, stable, protective, and equitable environments.
- Having opportunities for constructive social engagement and to develop a sense of connectedness.
- Learning social and emotional competencies.

THE STRENGTHENING FAMILIES MODEL

CENTER FOR THE STUDY OF
SOCIAL POLICY

Parental
Resilience



Social
Connections

Concrete Support
in Times of Need



Knowledge
of Parenting
and Child
Development

Social and
Emotional
Competence
of Children



PARENTAL RESILIENCE



Be strong, not stressed

The process of managing stress and functioning well even when things are difficult.

SOCIAL CONNECTIONS

Get And Give Support!

Sometimes being a parent can be very stressful. It's easier to handle parenting challenges when we have positive relationships with family, friends and neighbors. Having a network of caring people in our life helps us feel secure, confident and empowered — and this helps us become better parents.



KNOWLEDGE OF PARENTING & CHILD DEVELOPMENT

Learn more so you can parent better



There is no such thing as a perfect parent, but knowing what to expect does make the job a lot easier.

CONCRETE SUPPORT IN TIMES OF NEED



Get help when you need it

All families go through tough times.

However, knowing where to get help in the community can make things a lot easier.

SOCIAL & EMOTIONAL COMPETENCE

Help your child manage feelings and relationships



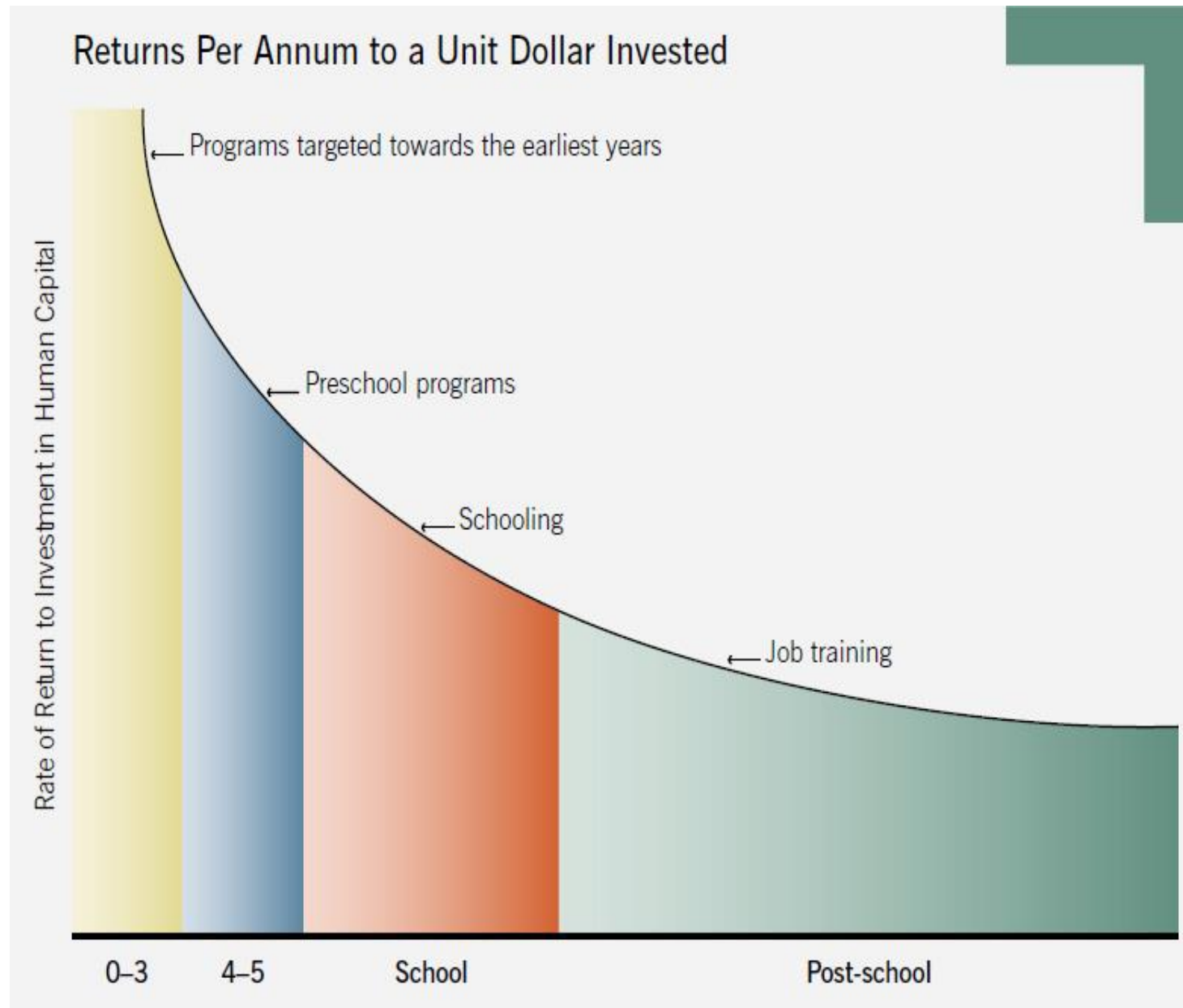
Helping children develop social-emotional competence allows them to manage their emotions and build healthy relationships with their peers and adults.



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THE HECKMAN EQUATION



Source: heckmanequation.org

WHAT'S HAPPENING IN VERMONT?



Help Me Grow
Vermont

Strong
Families
Vermont Home
Visiting

Developmental
Understanding
Legal
Collaborations
for Everyone
(DULCE)

Building
Flourishing
Communities

Ongoing
efforts to
increase High
Quality
Affordable
Child Care

BUILDING FOUNDATION FOR HEALTHIER LIVES



Meet Young Children & Families Where They Are

Medical Home

- the DULCE model

Child's Home

- Sustained Home Visiting programs
- Strong Families Start at Home

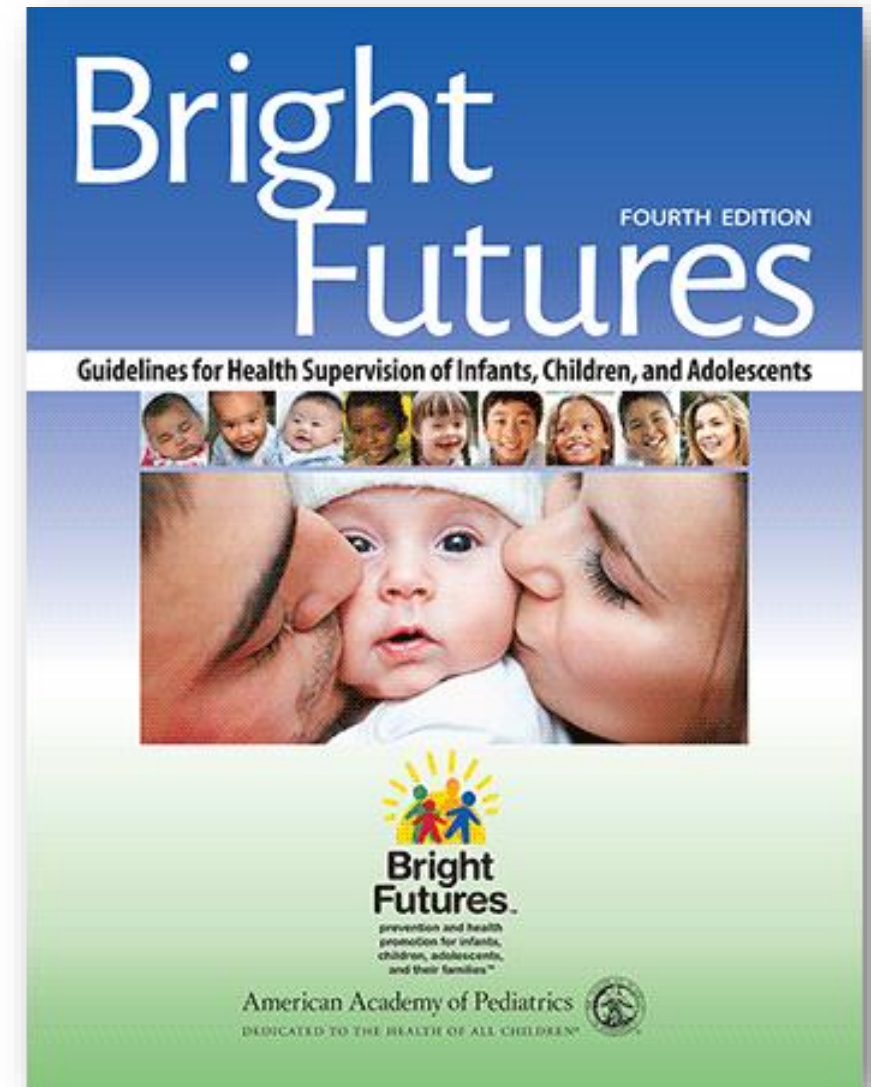
PEDIATRIC MEDICAL HOME AND BRIGHT FUTURES 4TH EDITION

Focus on Social Determinants of Health

- Greater focus on lifelong physical/mental health
- Strength based approaches

The healthcare setting offers three key advantages in providing parenting support

1. Reach virtually all families in early years
(> 95% of Vermont infants receive routine health care
with a child health provider in the first month of life)
2. Lack of social stigma attached to using medical care
3. High level of trust that families extend to their child's
healthcare provider, whose active endorsement
encourages engagement in other services



BRIGHT FUTURE ROAD SHOW

8 regional dinners,
264 human service
community providers,
48 health care
providers

Objective: Discuss collaboration among pediatric medical homes, community agencies and organizations in each region to strengthen families and improve care delivery (with special focus on addressing social determinants and ACES prevention)

Global Theme emerged: Importance of increasing capacity in pediatric medical homes to conduct screening, provide parent/family support and facilitate connections (through Children's Integrated Services) to community resources. DULCE is universally acknowledged as a promising model to accomplish these objectives.

Through universal access point of DULCE in medical home, families in need of support are referred to local Children's Integrated Services teams where service coordination occurs.

DULCE — A COMMUNITY RESPONSE TO TOXIC STRESS

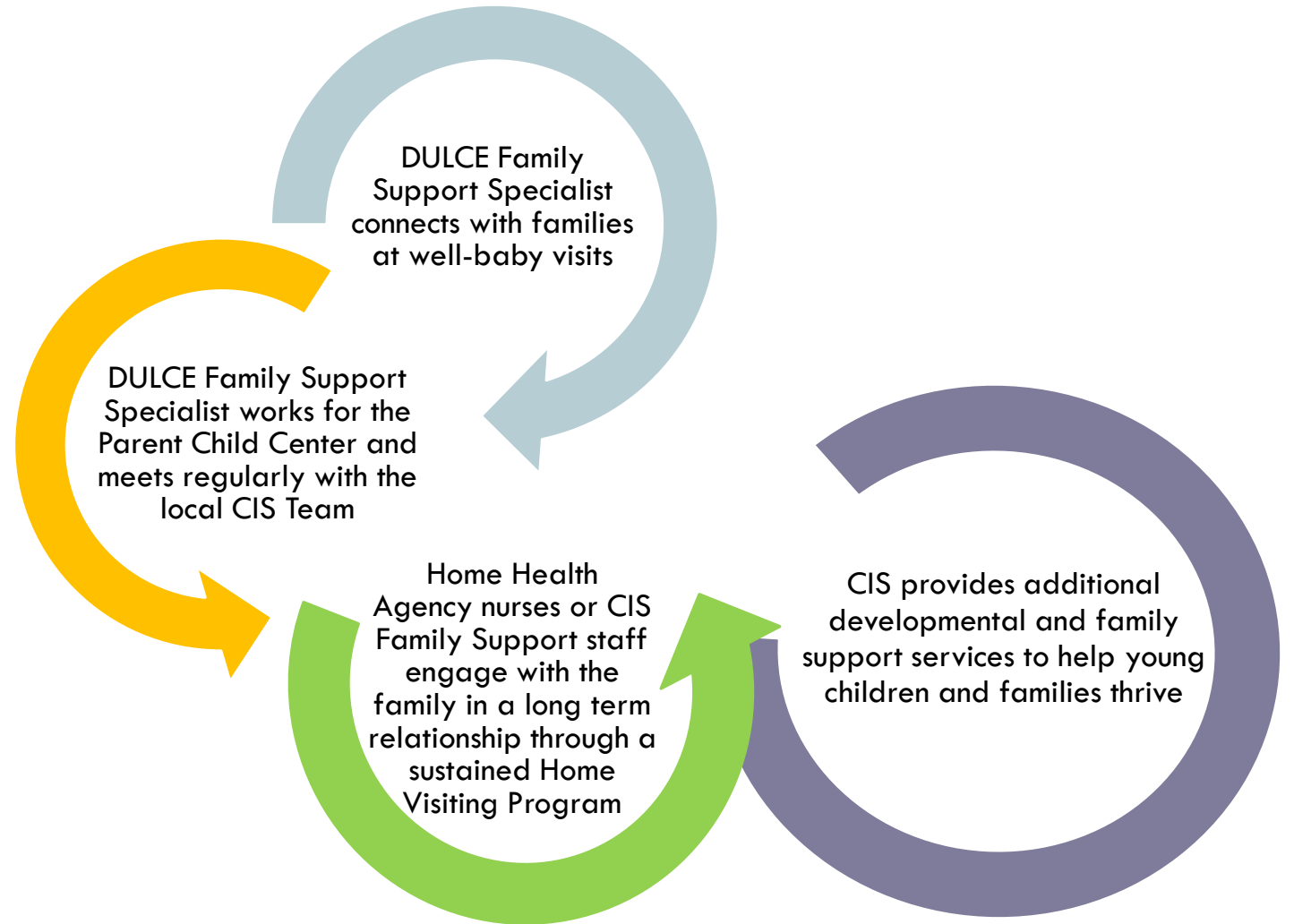
Developmental **U**nderstanding — A Family Specialist promotes knowledge of child development and parenting from birth to six months utilizing the Brazelton Institute Touch Points model

and **L**egal **C**ollaboration — Helping families meet their basic needs in collaboration with the Medical Legal Partnership and the DULCE team

For **E**veryone — Universally reaching families where they already bring their babies — healthcare clinics



**COMMUNITY
PARTNERS
SURROUND
FAMILIES WITH
SUPPORTIVE
RELATIONSHIPS**



HOME VISITING

Reach pregnant women and children in their homes including rural and isolated families.

Through Children's integrated Services, Vermont has a coordinated system of Sustained Home Visiting to build Protective Factors and Improves Outcomes

- Preventing adverse childhood events (aces),
- Improving maternal mental health outcomes,
- Increased smoking cessation,
- Increased and prolonged breastfeeding rates,
- Increased parental involvement, and
- Higher rates of maternal high school completion or GED equivalent



WHAT IS HELP ME GROW?

IMPROVING ACCESS

Statewide system for improving access to existing resources and services for expectant parents and families with young children through age 8.

MAKING CONNECTIONS

HMG proactively addresses family's concerns about their child's behavior and development by making connections to existing community-based services and high quality parent education resources.



Help Me Grow[®]
Vermont

VISION

All people in Vermont have a fair and just opportunity to be healthy and live in healthy communities

OUTCOMES

- Vermonters have the resources needed for healthy living and healthy aging
- **All children achieve optimal development**
- Vermonters have life-long opportunities for oral health
- Vermonters demonstrate resiliency and mental wellness

STRATEGIES

Invest in Community Infrastructure

Use payment reforms and regulatory levers to invest in housing, food, transportation

Expand subsidies, loans and grants for weatherization

Create transportation to increase connectivity and reduce isolation

Expand community water fluoridation

Promote healthy community design and policy

Build Individual and Community Resilience, Connection, and Belonging

Expand home visiting services

Promote *Strengthening Families*

Implement school health and wellness

Expand youth mentors, peers program and supports

Create community-based recovery supports

Increase Access to Care and Services

Integrate primary care, oral health, mental health and substance use in health care and alternative settings

Invest in Telehealth/telemedicine modalities

Include SBINS for social determinants / healthy behaviors for all children and families in health care practices and childhood settings (DULCE and Help Me Grow)

Adopt Organizational and Institutional Practices for Increasing Equity

STATE HEALTH IMPROVEMENT PLAN: OPTIMIZING CHILD DEVELOPMENT

Developmental Screening

Create a system of universal developmental screening and referrals for children and their families to be used in early care, education and health settings (Help Me Grow)

Screening, Brief Intervention and Navigation to Services

Implement screening for health behaviors, housing, transportation, food and economic security, with brief intervention and navigation to services in all health care practice settings (DULCE model)

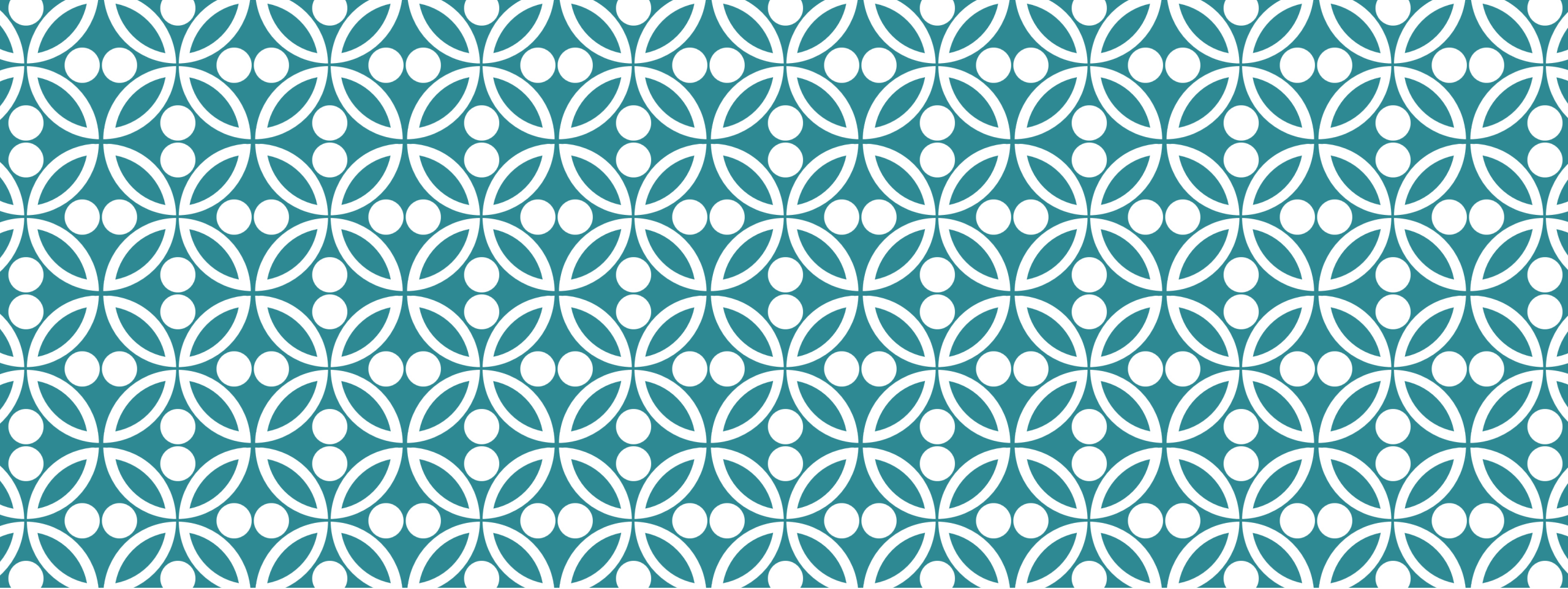
STATE HEALTH IMPROVEMENT PLAN: OPTIMIZING CHILD DEVELOPMENT

Home Visiting

Expand access to an array of home visiting services for families who have young children, or are expecting

Promote social and emotional development of all children

Through practice improvements and professional development for early care and learning providers (early Multi Tiered Systems of Support)



THANK YOU AND QUESTIONS |