Trauma, Toxic Stress, and Adverse Childhood Experiences (ACEs): The OHA Perspective

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- Adverse childhood experiences and other forms of trauma (historic and personal) are common.
- 41% of Oregonians have experienced 2 or more ACEs.
Prevalence of ACEs Among US Children
(2011-12 National Survey of Children’s Health)

Source: Bethell, C 2016
ACEs among young children, Oregon and US

0-5 years old

- No adverse childhood experiences: 64.6% (Oregon), 66.3% (US)
- One adverse childhood experience: 22.7% (Oregon), 24.1% (US)
- Two or more adverse childhood experiences: 12.6% (Oregon), 12.5% (US)

National Survey of Children’s Health, 2011/2012

6-11 years old

- No adverse childhood experiences: 44.5% (Oregon), 49.8% (US)
- One adverse childhood experience: 23.9% (Oregon), 25.8% (US)
- Two or more adverse childhood experiences: 31.6% (Oregon), 24.4% (US)
How many ACEs have adult Oregonians experienced?

44% of Oregonians experienced 2 or more ACEs during childhood; 22% experience 4 or more.
Prevalence of individual ACEs among adult Oregonians

Adverse Childhood Events, Oregon, 2015

- Emotional Abuse: 36.3%
- Physical Abuse: 24.3%
- Sexual Abuse: 15.1%
- Intimate Partner Violence: 20.4%
- Household Substance Abuse: 33.6%
- Household Mental Illness: 25.7%
- Parental Separation or Divorce: 31.3%
- Incarcerated Household Member: 9.3%
ACEs among Oregon’s vulnerable populations

Populations with high ACEs score (4+), Oregon 2013-2015

- White, Non-Hispanic: 19.7%
- Black, Non-Hispanic: 27.0%
- American Indian/Alaska Native, Non-Hispanic: 37.0%
- Asian, Non-Hispanic: 2.2%
- Native Hawaiian/Pacific Islander, Non-Hispanic: 32.6%
- Hispanic: 19.9%

- Medicaid in past 12 months: 34.8%
- Not on Medicaid in past 12 months: 16.8%
- Less than high school education: 28.5%
- High school education: 20.6%
- Greater than high school education: 18.2%
Population Attributable Risk (Porter, 2013)
Adult health outcome by ACEs score, Oregon 2013-2015

- Difficulty remembering, concentrating, or making decisions
- Difficulty doing errands alone
- Fair or poor health status
- Depression
- Smoking
- COPD, emphysema, chronic bronchitis

Legend:
- 0
- 1
- 2
- 3
- 4+
Impacts on chronic condition status appear early in life

Source: Bethell, C 2016

Flourishing and Adverse Childhood Experiences (US Children Age 6-17)

- None of 9 ACEs: 55.4%
- 1 ACE: 46.3%
- 2-3 ACEs: 38.7%
- 4+ ACEs: 29.5%
Resiliency buffers the effects of adversity and trauma

Relationship is central to resiliency

- Early childhood – successful and secure attachment; stable responsive relationships
- Later childhood and adolescence—meaningful peer and adult relationships
- Adulthood – social support, healthy relationships, connection to community, culture, spirituality
Key components of resilience for individuals

1. **Capability**: Self-regulation, self-efficacy and perceived control, intellectual and employable skills; social/emotional competence in children

2. **Attachment and belonging**: Strong adult/child relationship; social connections/positive relationships with friends, supportive adults

3. **Connection to Community**: Culture, spirituality
Key components of resilience for communities

1. **Equitable opportunity**: living wages, quality education, local wealth

2. **People**: connected to community and each other; strong, healthy relationships and community norms

3. **Place**: safe, supportive environment – safe parks and open spaces, cultural expression, access to healthy foods, quality housing, transportation, etc.
Public Health Division trauma-informed workforce and systems work

- PHD Trauma Forum
- HIV Section Trauma-informed system and workforce
- Adolescent Health Trauma-informed school-based health services
- Women Infants and Children’s (WIC) Program workforce training
- Home Visiting Workforce Training
Maternal and Child Health ACEs Prevention Efforts

Local health agencies, and MCH tribal grantees:

- **Staff training and implementation of trauma-informed policies**
  MCH services/systems

- **Home visiting**: applying trauma informed principles to practice and integrating ACEs screening and NEAR* science

- **Community**: culturally specific Indian parenting classes and historical trauma simulation training for community providers.

- **Partnerships**: Cross-sector partnerships and initiatives to build trauma-informed and resilient communities and systems

- **Strength protective factors for families**: through evidence-based/informed parent-child programs

*NEAR: neurobiology, epigenetics, ACEs and resilience*
Maternal and Child Health ACEs Prevention Efforts

State level MCH:

- **Program and system initiatives**: promotion and training on developmental screening, promotion and sponsorship of Infant Mental Health Endorsement (IMH-E), and other initiatives

- **Increased awareness of ACEs and their impact**: Outreach and education, policy briefs and data dissemination

- **Policy & practice**: integrating trauma and racial equity into agency policy and practice; promoting Earned Income Tax Credit and other family friendly policies

- **Assessment & surveillance**: to better understand the prevalence and impact of trauma and ACEs in Oregon, and inform policy and program decisions
CCO work on trauma and ACEs

• 10 CCCOs have written plans specifically calling out work on ACEs
• Most involve awareness raising and training. Examples:
  – Creating a trauma-informed region (All Care)
  – “Resilience trumps ACEs” initiative (Columbia Pacific)
  – Comprehensive child abuse & neglect prevention initiative (Pacific Source: Central Oregon)
  – Community-wide ACEs and wellbeing assessment (Pacific Source: Columbia Gorge)
  – A focus on investing early to decrease chronic disease (Umpqua Health Alliance, Western Oregon Advanced Health)
  – Community collaboration on a Maternal Medical Home and Safe Touch initiative (Yamhill CCO)
• Partners trained include: schools, clinical practices, PCPs, CACs, community health workers, violence prevention programs, parents, foster parents, social services, home visitors
The brain develops in response to experiences

Positive or Negative Expectations of the World
Physiological Stress Responses
Emotion Regulation
Style of Relating to Others
Adverse Childhood Experience (ACES)

As ACES increase

• Neglect
• Abuse
• Exposure to Violence
• Accidents
• Parental Substance Abuse
• Changes in placement

Life-long risk increases

• Heart Disease
• Diabetes
• Depression
• Cancer
• Learning Problems
• Suicide
Early childhood trauma is common

- 4,852 Children birth through five years were victims of Abuse/Neglect in Oregon in 2015
- 46.6% of all maltreated children
Our Response Matters

Understanding Cultural Context

Coordinate with Primary Care, Early Learning, Child Welfare, Parent Support

Reduce Lifelong Suffering and Medical Costs

Providers with Specialized Early Childhood Expertise

Trauma Informed Evidence Based Interventions

Evidence Based Interventions

Our Response Matters

HEALTH SYSTEMS DIVISION
Child and Family Behavioral Health
Average ECBI-I Score at State and End by PCIT Graduation

Families served in PCIT between 1/1/2014 and 6/30/2015, closed more than 30 days after start.
## Health Systems Intervention Efforts

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HEALTH SYSTEMS DIVISION
Child and Family Behavioral Health
What would help these efforts?

Support knowledge change, practice change and systems change through:

• **Family-friendly policies** that decrease stress and adversity for parents
  - paid family leave, childcare subsidies, affordable housing, EITC, etc.

• **Trauma-informed workforce, workplaces and systems, and services**

• **Programs that strengthen protective factors** for children and families and build community resilience
  - home visiting, maternal and infant mental health, violence prevention, parenting education, etc.

• **Trauma-informed treatment** for women, children, and families
  - PCIT, CPP
Questions?