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INFORMATION



**National Advisory Committee on Rural Health and Human Services'
Policy Brief on Exploring the Rural Context for Adverse Childhood
Experiences (ACEs)**

Housekeeping

- Q & A to follow – Submit questions using Q&A area
- Slides are available at <https://www.ruralhealthinfo.org/webinars/nacrhhs-aces>
- Technical difficulties please call 866-229-3239



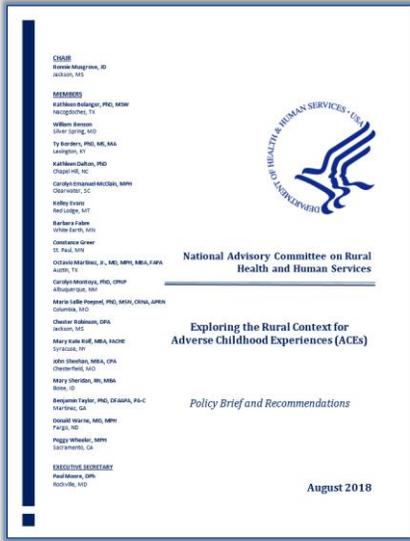
Exploring the Rural Context for Adverse Childhood Experiences (ACEs)

Policy Brief Webinar

October 29, 2018

Background on the Committee

- The Committee is a federally chartered independent citizens' panel whose charge is to advise the Secretary of the U.S. Department of Health and Human Services (HHS) on health care challenges in rural America.
- The Committee is comprised of 21 members, including the chair, with knowledge and expertise in rural health and human services.



The Committee meets twice a year to:

- Examine important issues that affect the health and well-being of rural Americans
- Provide policy recommendations to advise the HHS Secretary on how the Department and its programs can better address these rural issues
- Recent Topics:
 - Suicide in Rural America*
 - Modernizing Rural Health Clinic Provisions*
 - Social Determinants of Health*

Link to Committee's Policy Briefs:

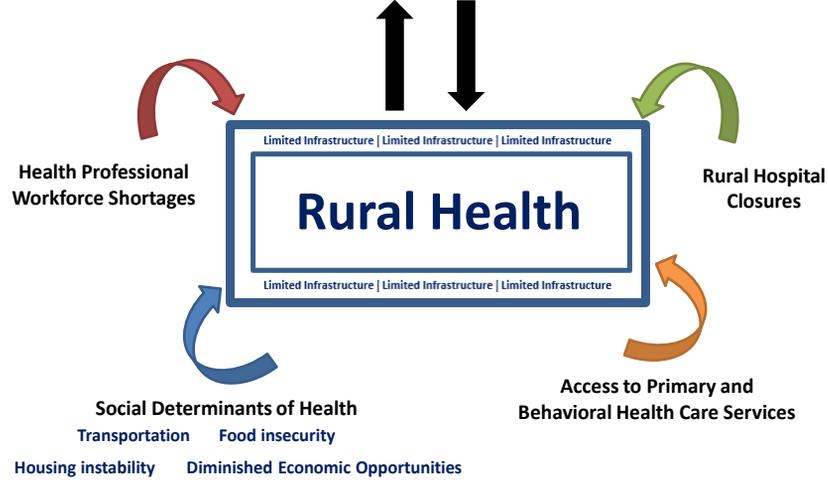
<https://www.hrsa.gov/advisory-committees/rural-health/publications/index.html>

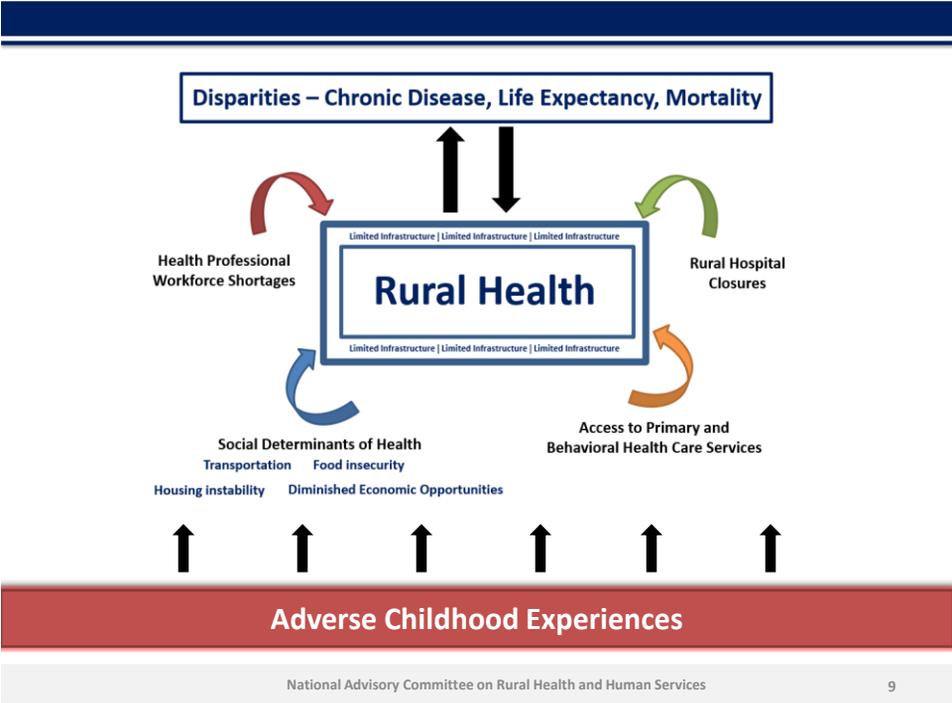
What are ACEs?

Adverse childhood experiences (ACEs) refer to any form of chronic stress or trauma, such as abuse, neglect, or household dysfunction, that, when experienced during childhood and adolescence, can have both short- and long-term impacts on an individual's development, health and overall well-being.



Disparities – Chronic Disease, Life Expectancy, Mortality





Webinar Speakers



Paul Moore, DrPH
Executive Secretary | National Advisory Committee on Rural Health and Human Services
Senior Health Policy Advisor | Federal Office of Rural Health Policy



Donald (Don) Warne, MD, MPH
Former Committee Member | National Advisory Committee on Rural Health and Human Services
Director | Indians into Medicine (INMED) Program
 University of North Dakota's School of Medicine & Health Science



Siri Young, LCSW
Mental Health and Special Services | Schoharie County Child Development Council, Inc.
Founding Member | Schoharie County ACEs Team



Aaron Lopata, MD, MPP
Chief Medical Officer | Maternal and Child Health Bureau (MCHB)
 Health Resources and Services Administration (HRSA)

ACEs and Rurality

Don Warne, MD, MPH

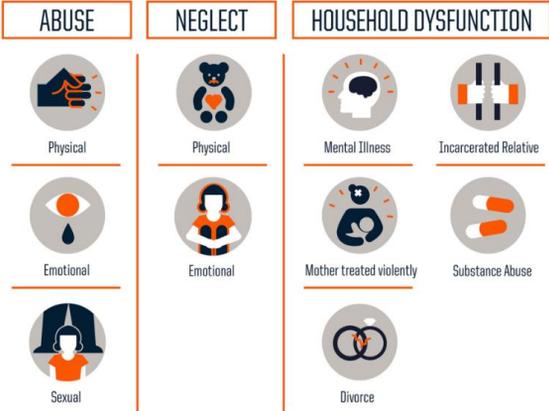
Director | Indians into Medicine Program

Associate Dean | Diversity, Equity and Inclusion

Professor | Department of Family & Community Medicine

University of North Dakota's School of Medicine & Health Science

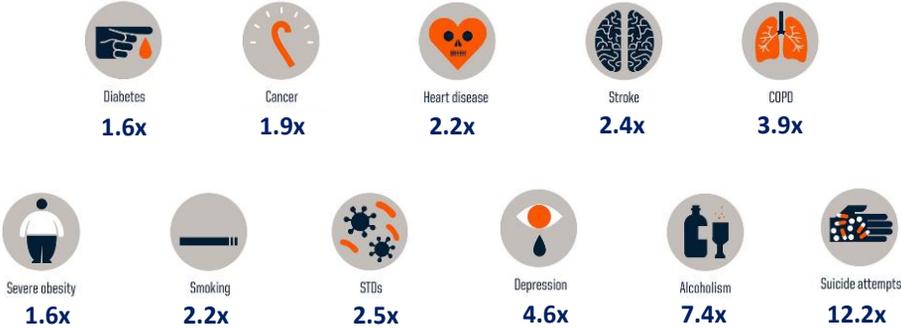
ACE Categories



Source: [Felitti, et al. \(1998\)](#) | Image Credit: Robert Wood Johnson Foundation

The ACE Study Findings

Compared to individuals that reported **NO** ACEs, those with **4 or more** were as likely to experience:



Source: [Felitti, et al. \(1998\)](#) | Image Credit: Robert Wood Johnson Foundation



CDC-Kaiser ACE Study Pyramid illustrates the progression by which exposure to childhood adversity influences human health and well-being over the lifespan. Source: [Felitti, et al. \(1998\)](#).

Resources: To learn more about toxic stress, see the following TED-Ed videos: "[How stress affects your brain](#)" and "[How stress affects your body](#)".

Rural ACE Prevalence

Rural Adults:

- 55.4% reported at least 1 ACE and 14.7% experienced 4 or more^[1]
 - ❑ Sample: 2011 and 2012 BRFSS data from 79,810 survey respondents from 9 states (Iowa, Minnesota, Montana, North Carolina, Oklahoma, Tennessee, Vermont, Washington, and Wisconsin).
- 56.5% reported at least 1 ACE and 14.6% experienced 4 or more^[2]
 - ❑ Sample: BRFSS ACE survey data was obtained from 103,203 respondents from Maine, Minnesota, Montana, Nebraska, Nevada, Vermont, and Washington in 2011; Connecticut, Iowa, and North Carolina in 2012; and Iowa and Utah in 2013.
- Rural/Urban Difference?
 - ❑ Rural ACE prevalence appears to be lower^[1] or roughly the same,^[2] compared to urban respondents.

Rural Children:

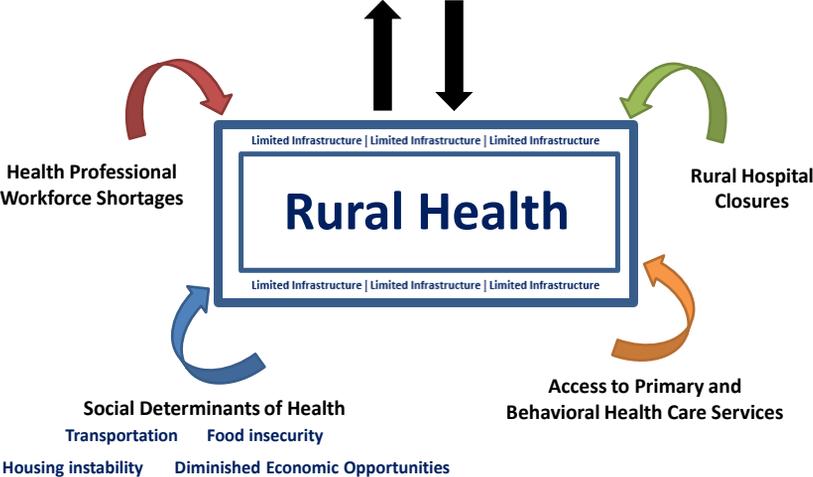
- 28.9% in small rural areas experienced 2 or more, compared to 21.3% of urban children.^[3]

^[1] Chanlongbutra, Amy, Gopal K. Singh, and Curt D. Mueller. "Adverse childhood experiences, health-related quality of life, and chronic disease risks in rural areas of the United States." *Journal of Environmental and Public Health*, (2018). [DOI: 10.1155/2018/7151297](https://doi.org/10.1155/2018/7151297).

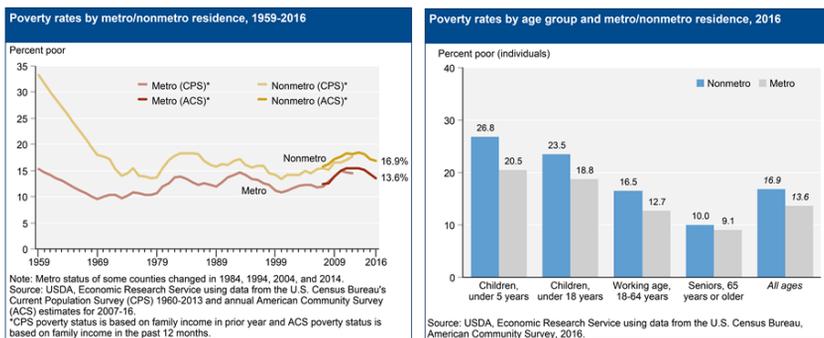
^[2] Talbot, Jean A., Donald Szlosek, and Erika C. Ziller. "Adverse childhood experiences in rural and urban contexts." *Research & Policy Brief*. (April 2016). Maine Rural Health Research Center. Retrieved from <https://muskie.usm.maine.edu/Publications/rural/Adverse-Childhood-Experiences-Rural.pdf>.

^[3] U.S. Department of Health and Human Services, Health Resources and Services Administration. "The health and well-being of children in rural areas: A portrait of the Nation 2011-2012." (April 2015). Health Resources and Services Administration. Retrieved from https://mchb.hrsa.gov/nsch/2011-12/rural-health/pdf/rh_2015_book.pdf.

Disparities – Chronic Disease, Life Expectancy, Mortality



Rural Disparities: Poverty



Source: U.S. Department of Agriculture, Economic Research Service. "Rural poverty & well-being." (18 April 2018). Retrieved from <https://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/>.

Rural Disparities: Mortality

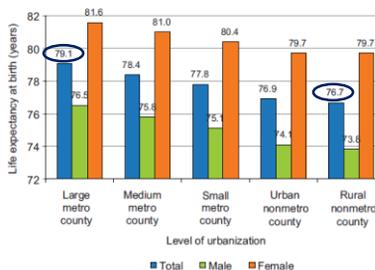
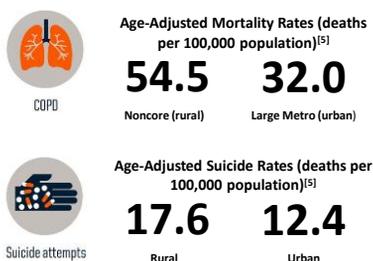
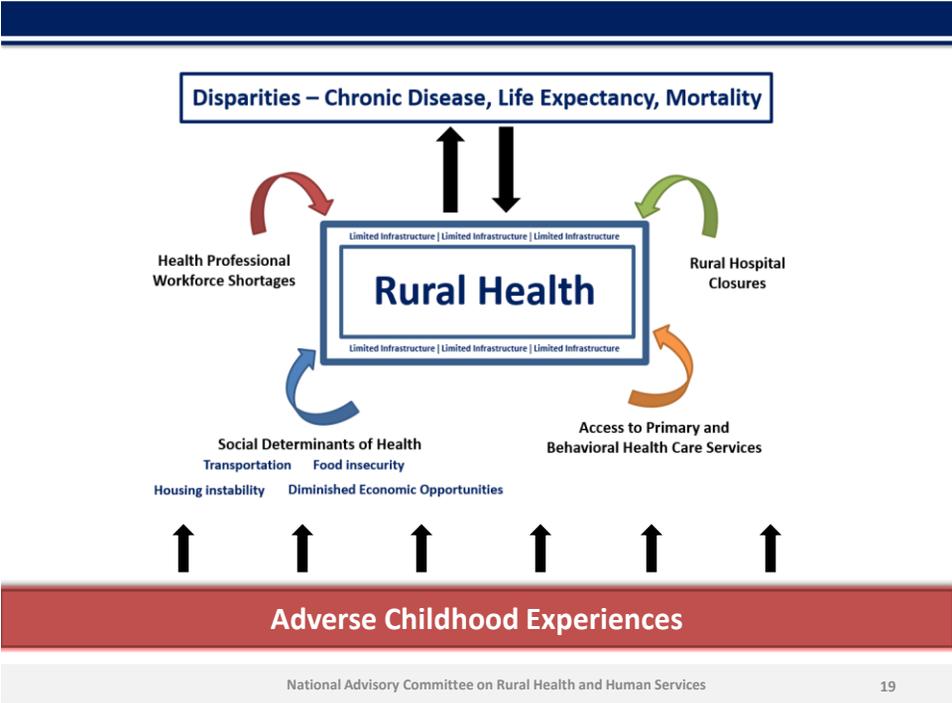


Figure 1. Life expectancy at birth (years) by levels of urbanization, U.S., 2005-2009

^[5] Croft, Janet B., et al. "Urban-rural county and state differences in chronic obstructive pulmonary disease - United States, 2015." *MMWR Report*, 67.7 (2018): 205-211. DOI: 10.15585/mmwr.mm6707a1.

^[6] Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2015 on CDC WONDER Online Database, released December 2016. Data are from the Multiple Cause of Death Files, 1999-2015, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10.html>.

Source: Singh, Gopal K., and Mohammad Siahpush. "Widening rural-urban disparities in life expectancy, U.S., 1969-2009." *American Journal of Preventive Medicine*, 46.2 (2014): e19-e29. DOI: 10.1016/j.amepre.2013.10.017.



Policy Recommendations

Recommendation 1

The Committee recommends the Secretary develop and implement a comprehensive prevention strategy that identifies key priority areas, such as outreach and awareness, programming, research, and policy, to address toxic stress, trauma and the health consequences of ACEs for rural, tribal, and other at-risk populations.

Other HHS Strategies:

- [Five-point Opioid Strategy](#), the [National Strategy on Suicide Prevention](#), and [HRSA's Strategy to Address IPV](#)

Recommendation 2

The Committee recommends the Secretary support research that evaluates economic costs resulting from ACEs and benefits gained from federal investments in ACE-related prevention programming.

Referenced: McLaughlin, Michael, and Mark R. Rank. "Estimating the economic cost of childhood poverty in the United States." *Social Work Research*, 42.2 (2018): 73-83. DOI: [10.1093/swr/svy007](https://doi.org/10.1093/swr/svy007).

Recommendation 3

The Committee recommends the Health Resources and Services Administration’s (HRSA’s) Maternal and Child Health Bureau (MCHB) establish and include a predefined variable for “Rural-Urban Status” in the National Survey on Children’s Health (NSCH) to allow for easier, standardized analyses of ACE prevalence.

Recommendation 4

The Committee recommends the Secretary seek additional funding for telehealth-supported school-based health centers (SBHCs) in rural areas as a way of increasing access to integrated primary and behavioral health care services.

Referenced: Centers for Disease Control and Prevention. “Providing access to mental health services for children in rural areas.” Rural Health Policy Brief. (n.d.) Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/ruralhealth/child-health/policybrief.html>.

Local Perspective on ACEs

Siri Young, LCSW

Mental Health and Special Services | Schoharie County Child Development Council, Inc.
Founding Member | Schoharie County ACEs Team

National Advisory Committee on Rural Health and Human Services

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Schoharie County

- Rural Upstate NY
- Population 31,317 people
- 622 square miles
- Demographics:
 - 95.7% Caucasian
 - 97% English speaking
 - Per capital income \$28,467

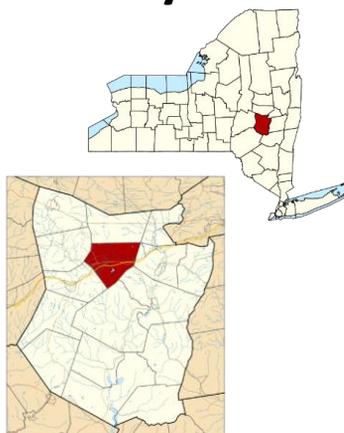
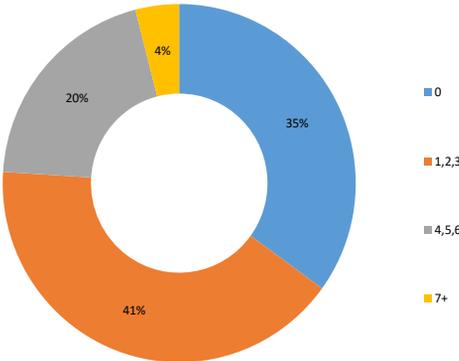


Image Credit: [Wikipedia](#).

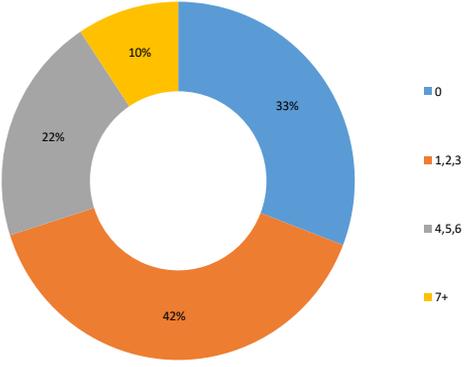
Schoharie County ACEs Team

- Formed 2015
- Need for trauma informed services for children and families.

ACEs Scores - Children - 2015
n = 46



ACEs Scores - Adults - 2015
n = 46



The team is comprised of service providers in our community who are vested in promoting community awareness and capacity in order to help children and caregivers build resilience in response to ***Adverse Childhood Experiences.***



Schoharie County ACEs Team Members:



Accomplishments

- 3rd Annual Trauma and Resilience Conference – 250 people
- “Trauma Bags”
- Information Ambassadors

Trauma and Trauma-Informed Approach

- **Trauma:** An *event*, series of events, or set of circumstances that is *experienced* by an individual as physically or emotionally harmful or life threatening and that has lasting adverse *effects* on the individual's functioning and mental, physical, emotional, or spiritual well-being.
- **Trauma-informed approach:** A program, organization, or system that *realizes* the widespread impact of trauma and understands potential paths for recovery; *recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and *responds* by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

Source: [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#).

Ambassador Role

- Trauma informed staff use trauma informed perspective with children, families, and each other
- Use of ACEs questionnaire and other education materials
- Focus on resilience building

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Federal Perspective on ACEs

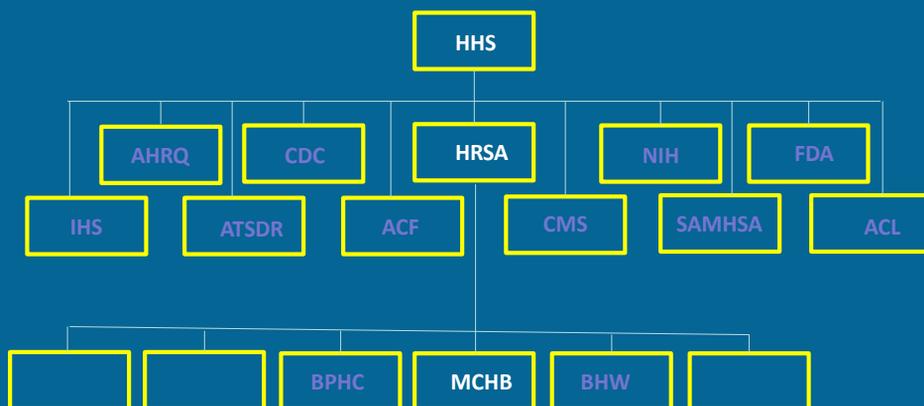
Aaron Lopata, MD, MPP

Chief Medical Officer | Maternal and Child Health Bureau

Health Resources and Services Administration

U.S. Department of Health and Human Services

Maternal & Child Health Bureau (MCHB)



Maternal and Child Health Bureau

- **Mission: Improve the health of all mothers, children, and families**
 - FY 2018 Appropriation = \$1.292 billion
 - Title V MCH Block Grant
 - Maternal, Infant, and Early Childhood Home Visiting Program
 - Healthy Start
 - Rural IMPACT



Maternal and Child Health Bureau Mission

Improve the health of America's mothers, children, and families.



Maternal and Child Health Bureau: <http://mchb.hrsa.gov>



Maternal and Child Health Bureau Vision

We envision an America where all children and families are healthy and thriving



Maternal and Child Health Bureau: <http://mchb.hrsa.gov>



Maternal and Child Health Bureau Vision (cont.)

- Where every child and family have a fair shot at reaching their fullest potential



Maternal and Child Health Bureau: <http://mchb.hrsa.gov>



ACEs are preventable

- Prevent ACEs (primary prevention)
- Strengthen resilience (secondary prevention)



Children Thrive in Thriving Families and Healthy Communities

- Safe
- Stable
- Nurturing Relationships
- Environments



What do Families need to Thrive?

- Job opportunities
- Fair Wages, scheduling, paid leave
- Transportation options
- The quality and affordability of housing and neighborhoods
- Affordable, healthy food supply
- Access to affordable, quality health care
- Quality of child care, public schools and opportunities for higher education
- Civic engagement and inclusion
- Availability of networks of social support
- Family Support



HRSA/MCHB programs: A comprehensive, 2-generation approach

Create a comprehensive, 2-generation approach to family needs by integrating and coordinating maternal and child health (MCH) services and social and medical programs such as:

- *Maternal, Infant, Early Childhood Home visiting Program*
- *Healthy Start*
- *Early Childhood Comprehensive Systems Program*
- *Rural IMPACT*



Maternal, Infant, Early Childhood Home visiting Program

Provides voluntary, evidence-based home visiting services to improve

Goals:

- Prenatal, maternal, and newborn health
- Child health and development, including the prevention of child injuries and maltreatment
- Parenting skills
- School readiness and child academic achievement
- Family economic self-sufficiency
- Referrals for and provision of other community resources and supports



Health Resources and Services Administration. Maternal, Infant, and Early Childhood Home Visiting. <http://mchb.hrsa.gov/programs/homevisiting/>



The Home Visiting Program Priority Populations

- Families in at-risk communities
- Low-income families
- Pregnant women under age 21
- Families with a history of child abuse or neglect
- Families with a history of substance abuse
- Families that have users of tobacco in the home
- Families with children with low student achievement
- Families with children with developmental delays or disabilities
- Families with individuals who are serving or have served in the Armed Forces, including those with multiple deployments



Health Resources and Services Administration. Maternal, Infant, and Early Childhood Home Visiting. <http://mchb.hrsa.gov/programs/homevisiting/>



How Does Home Visiting Prevent ACEs?

1. Screen and support

- depression
- domestic violence
- child abuse and neglect

2. Build relationship and resilience

3. Connect family to community systems of services & support



Healthy Start

- Healthy Start strengthens the foundations at the community, state, and national levels to help women, infants, and families reach their fullest potential.
- Since the program's creation in 1991, it has grown from a demonstration project in 15 communities to 100 Healthy Start projects in 37 states and Washington, DC. Close collaboration with local, state, regional, and national partners is key to Healthy Start's success.



Healthy Start Goals

- Reduce differences in access to, and use of health services,
- Improve the quality of the local health care system,
- Empower women and their families, and
- Increase consumer and community participation in health care decisions.



Early Childhood Comprehensive Systems Program

- Using a Collaborative Innovation and Improvement Network approach, the Early Childhood Comprehensive Systems Impact (ECCS Impact) grant program works to enhance early childhood (EC) systems building and demonstrate improved outcomes in population-based children's developmental health and family well-being indicators.
- Additionally, these grants develop collective impact expertise, and implement and sustain efforts at the state, county and community levels.



Rural IMPACT

Rural Integration Models for Parents and Children to Thrive (IMPACT) Demonstration

- Provided technical assistance to 10 rural and tribal communities with vision, capacity, and assets to develop innovative two-generation strategies.
- Goal of increasing parents' employment and education and the well-being of their children and families.
- Collaboration between HHS and the U.S. Departments of Agriculture, Education, and Labor, the Corporation for National and Community Service



HHS programs (outside HRSA)

Create a comprehensive, 2-generation approach to family needs by integrating and coordinating maternal and child health (MCH) services and social and medical programs such as:

- **Early childhood education programs – Head Start, Early Head Start**
- **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**
- **Title X Family Planning**
- **Trauma-informed systems of care**





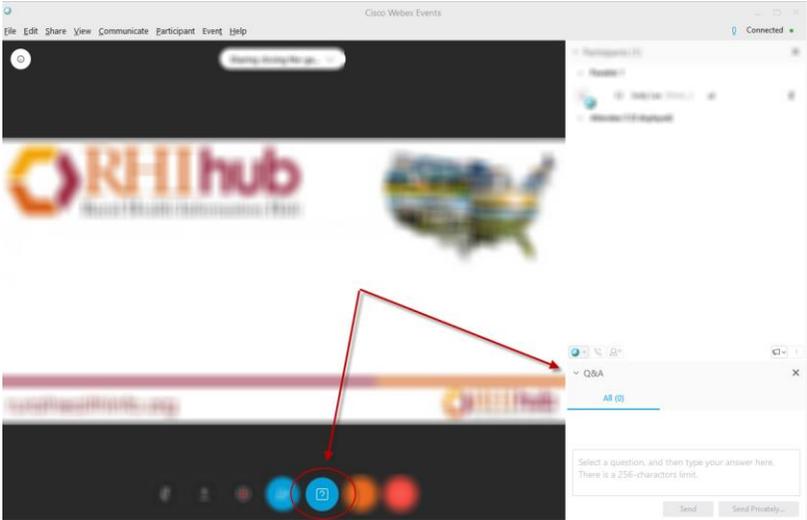
For More Information

To find out more about the Committee, please visit our website at <http://www.hrsa.gov/advisorycommittees/rural/> or contact:

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Questions?



Thank you!

- Contact us at ruralhealthinfo.org with any questions
- Please complete webinar survey
- Recording and transcript will be sent to you
 - Slides are available at <https://www.ruralhealthinfo.org/webinars/nacrhhs-aces>

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