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:

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.
National Advisory Committee on Rural Health and Human Services

Disparities – Chronic Disease, Life Expectancy, Mortality

- Health Professional Workforce Shortages
- Social Determinants of Health
  - Transportation
  - Food insecurity
  - Housing instability
  - Diminished Economic Opportunities
- Rural Hospital Closures
- Access to Primary and Behavioral Health Care Services

Rural Health

Limited Infrastructure | Limited Infrastructure | Limited Infrastructure
Disparities – Chronic Disease, Life Expectancy, Mortality

Health Professional Workforce Shortages

Social Determinants of Health
  - Transportation
  - Food insecurity
  - Housing instability
  - Diminished Economic Opportunities

Rural Health

Rural Hospital Closures

Access to Primary and Behavioral Health Care Services

Adverse Childhood Experiences

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

<table>
<thead>
<tr>
<th>ABUSE</th>
<th>NEGLECT</th>
<th>HOUSEHOLD DYSFUNCTION</th>
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</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Physical</td>
<td>Mental Disease</td>
</tr>
<tr>
<td>Emotional</td>
<td>Emotional</td>
<td>Incarcerated Relative</td>
</tr>
<tr>
<td>Sexual</td>
<td></td>
<td>Mother treated violently</td>
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<td></td>
<td></td>
<td>Substance Abuse</td>
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The ACE Study Findings

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

- **Diabetes**: 1.6x
- **Cancer**: 1.9x
- **Heart disease**: 2.2x
- **Stroke**: 2.4x
- **COPD**: 3.9x
- **Severe obesity**: 1.6x
- **Smoking**: 2.2x
- **STDs**: 2.5x
- **Depression**: 4.6x
- **Alcoholism**: 7.4x
- **Suicide attempts**: 12.2x


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]

- 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[2] or roughly the same,[1] compared to urban respondents.

Rural Children:

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

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Rural Disparities: Poverty


Rural Disparities: Mortality

Disparities – Chronic Disease, Life Expectancy, Mortality

- Health Professional Workforce Shortages
- Social Determinants of Health
  - Transportation
  - Food Insecurity
  - Housing Instability
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- Access to Primary and Behavioral Health Care Services
- Rural Hospital Closures

Adverse Childhood Experiences

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.

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.

Local Perspective on ACEs

Siri Young, LCSW

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

Schoharie County

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

Schoharie County ACEs Team

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

ACEs Scores - Children - 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 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

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
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

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
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**

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**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?

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Thank you!

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  • Slides are available at https://www.ruralhealthinfo.org/webinars/nacrhhs-aces