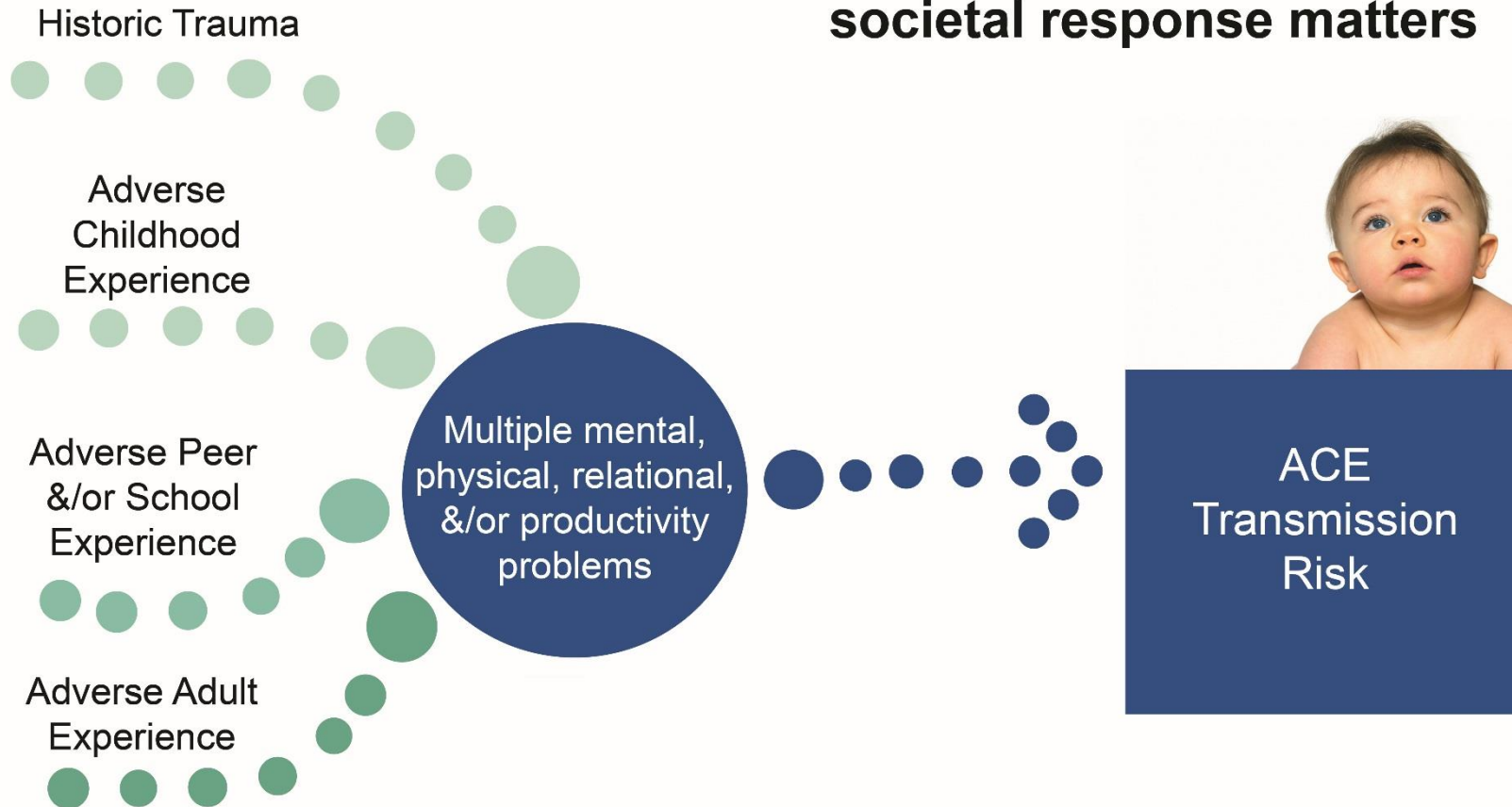

Trauma, Toxic Stress, and Adverse Childhood Experiences (ACEs): The OHA Perspective

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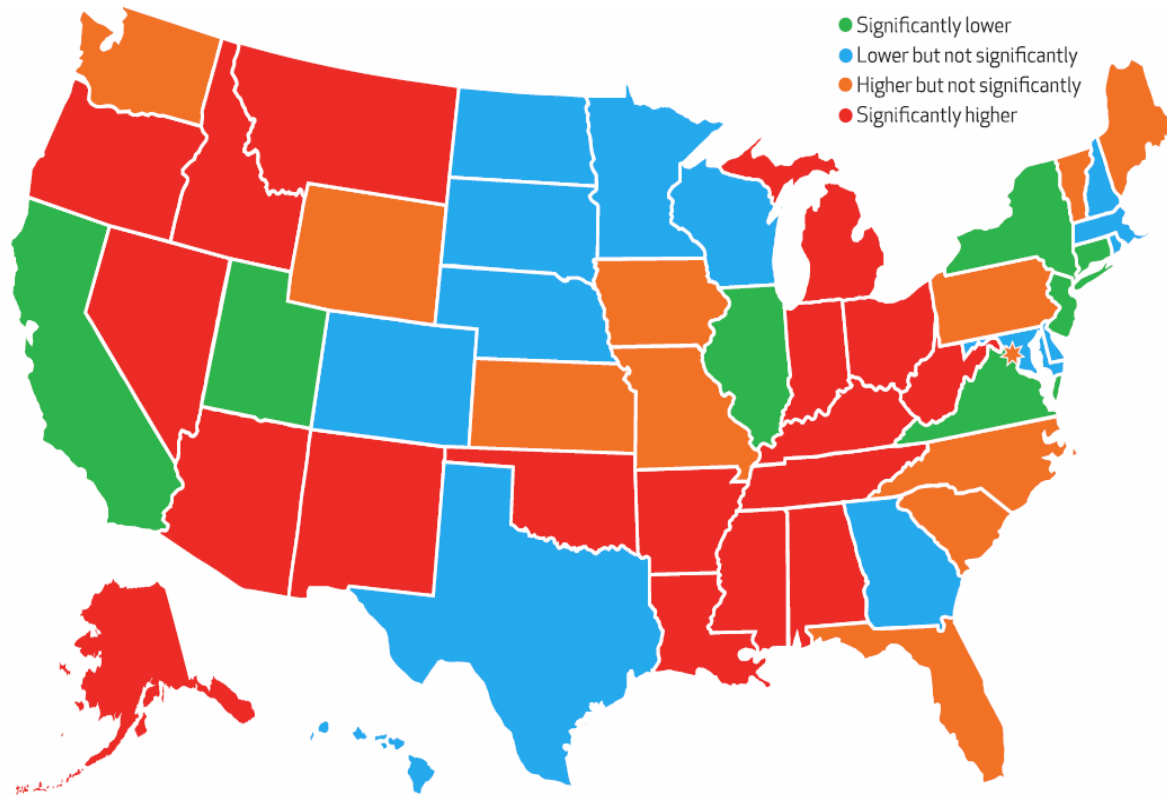
Data shows cascade of experiences... societal response matters



- 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)

Prevalence Of Children Ages 0-17, By State, Who Experienced Two Or More Of The Nine Adverse Childhood Experiences
Evaluated In The 2011-12 National Survey Of Children's Health

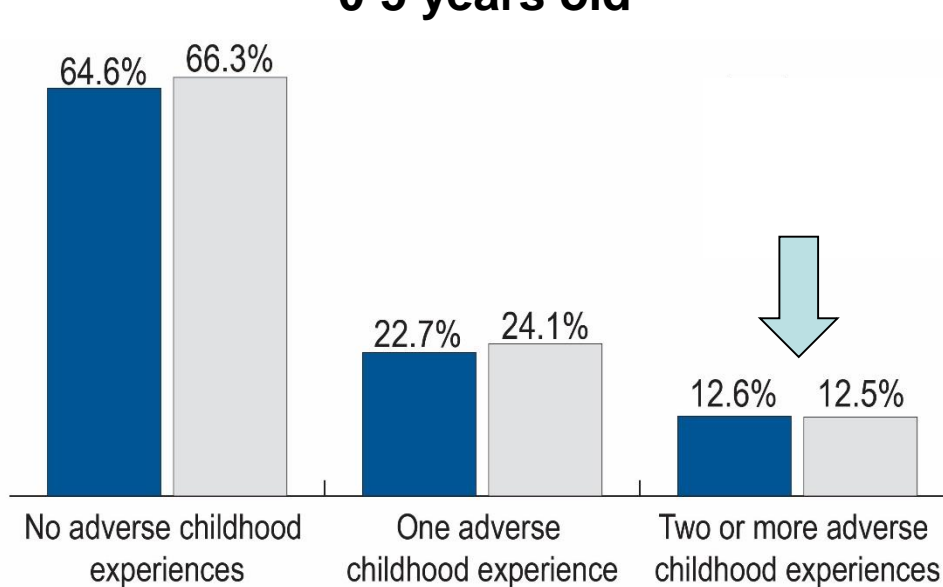


Source: Bethell, C 2016

Bethell, C, Newacheck, P, Hawes, E, Halfon, N. Adverse childhood experiences: assessing the impact on health and school engagement and the mitigating role of resilience. (2014) Health Affairs Dec; 33(12):210-2016

ACEs among young children, Oregon and US

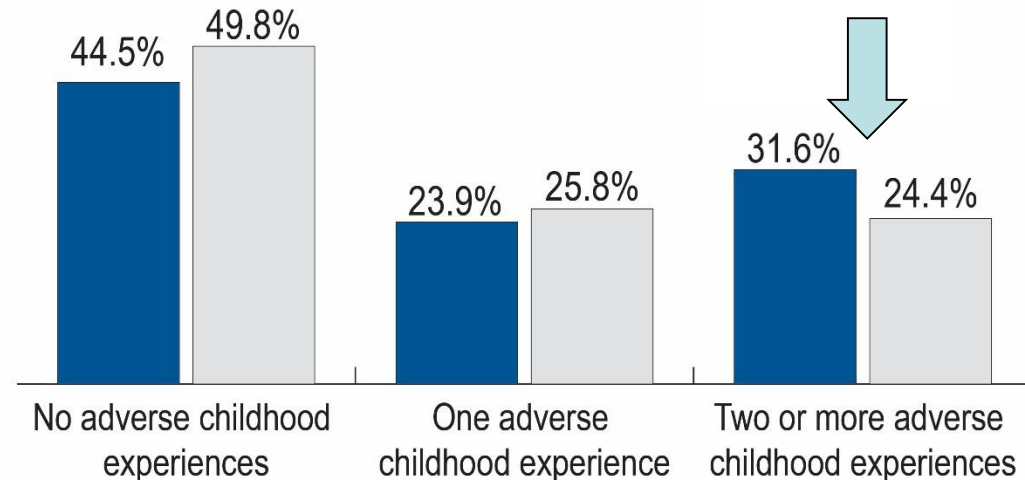
0-5 years old



■ Oregon ■ US

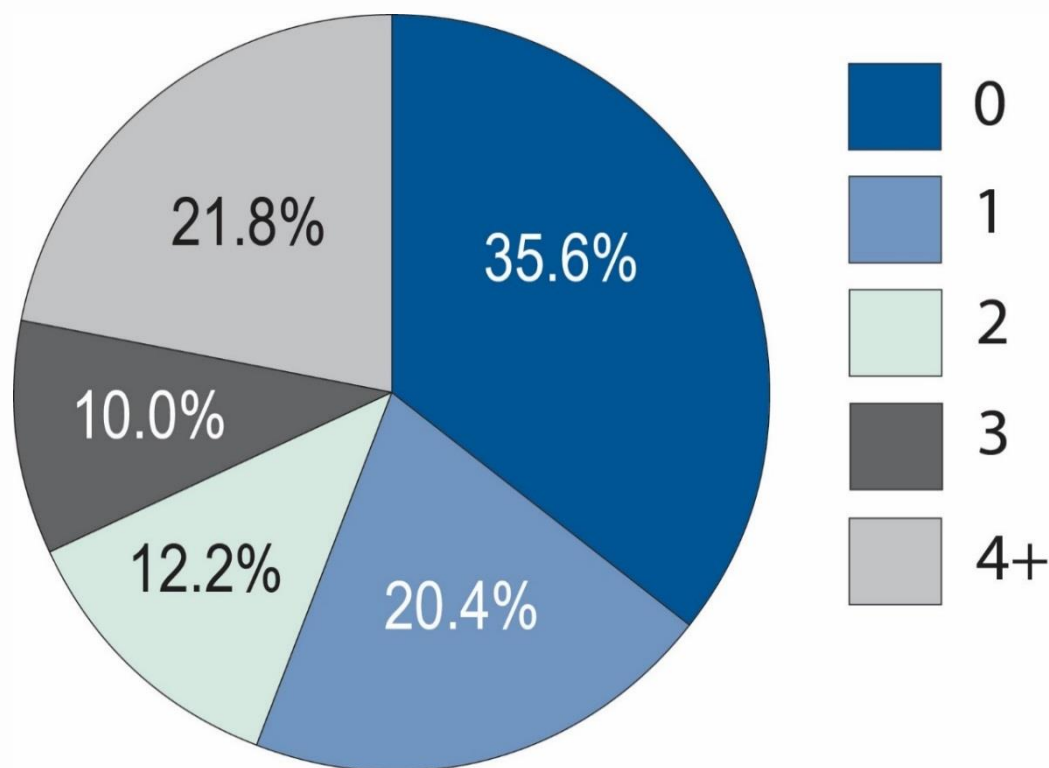
National Survey of Children's Health, 2011/2012

6-11 years old



How many ACEs have adult Oregonians experienced?

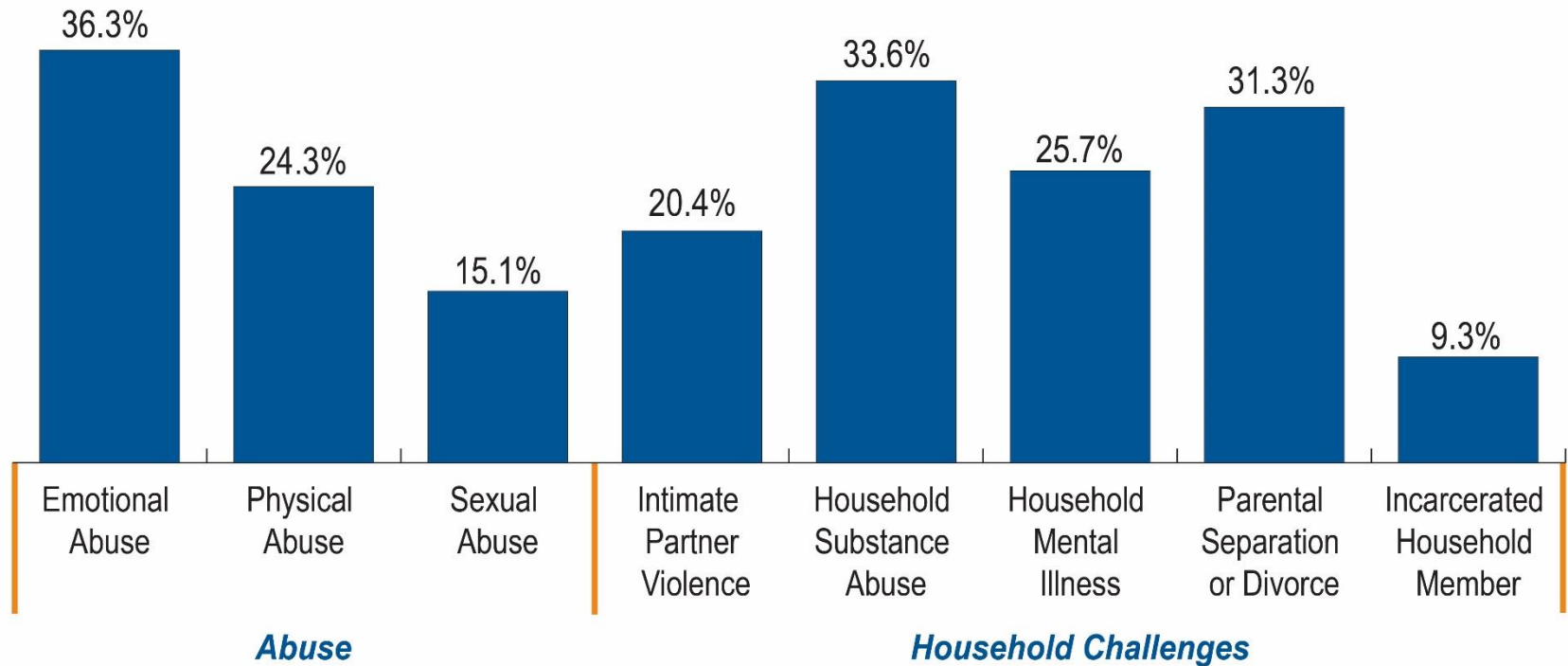
Adverse Childhood Experiences BRFSS, Oregon 2015



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

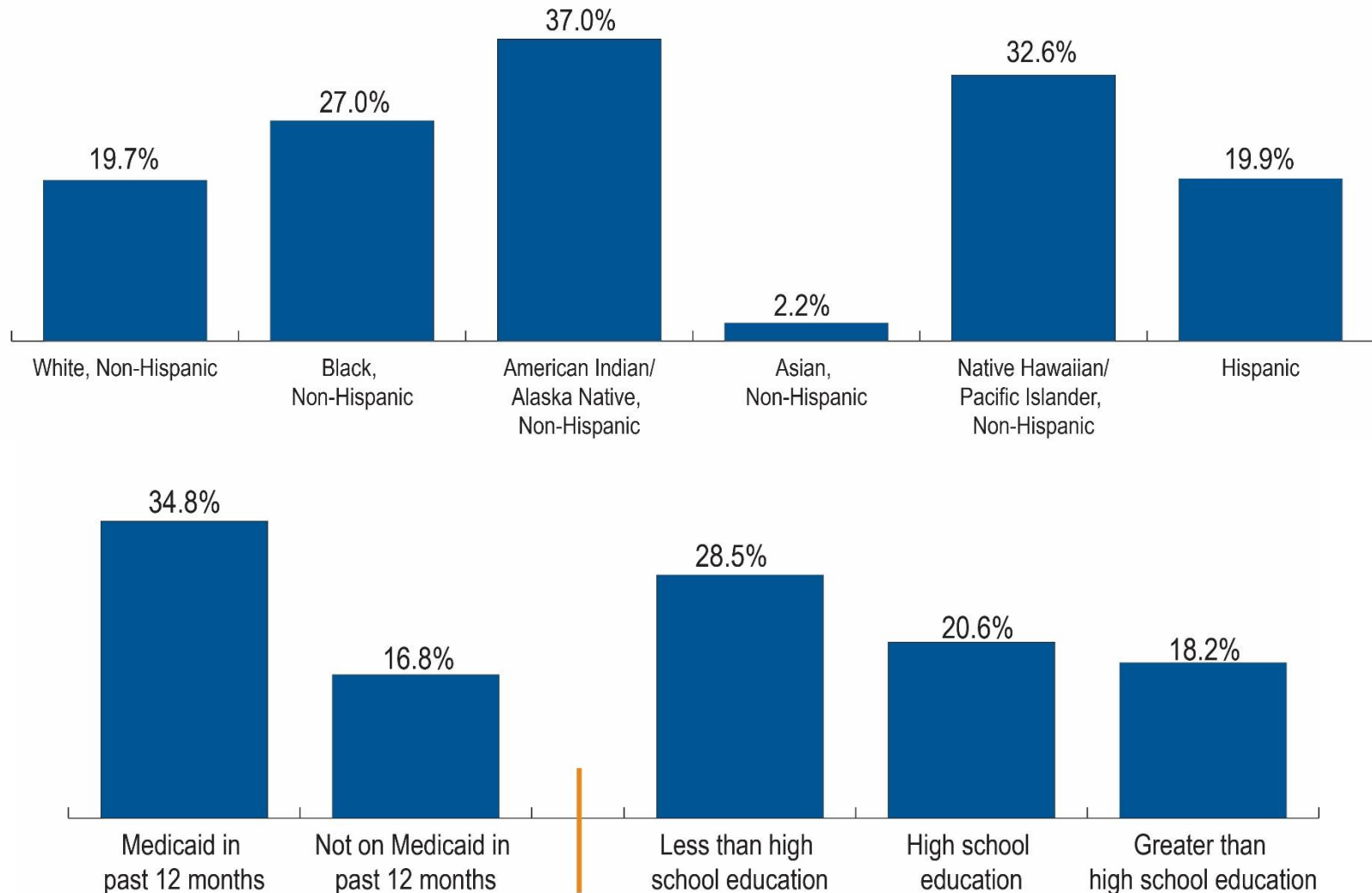
Prevalence of individual ACEs among adult Oregonians

Adverse Childhood Events, Oregon, 2015

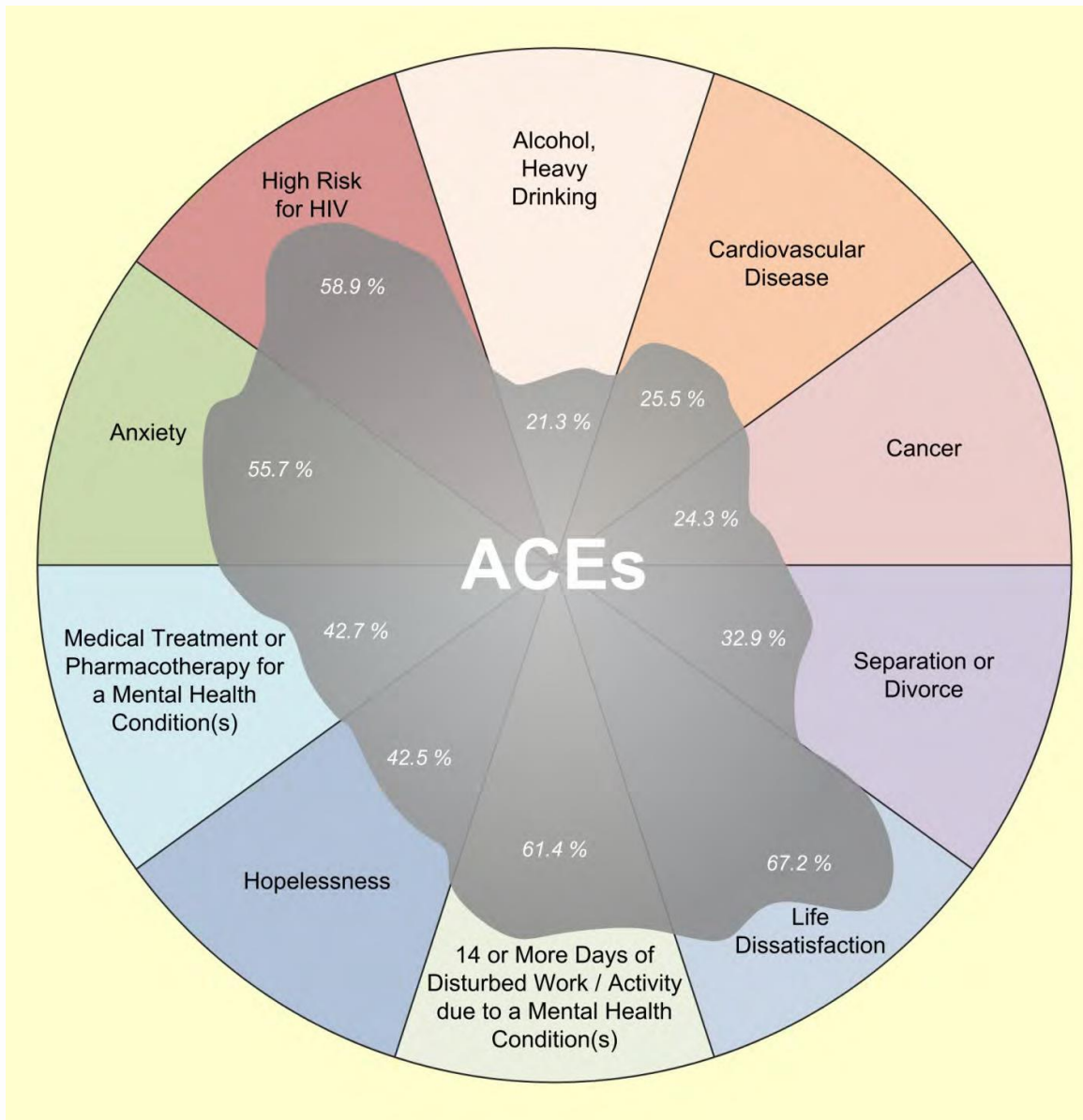


ACEs among Oregon's vulnerable populations

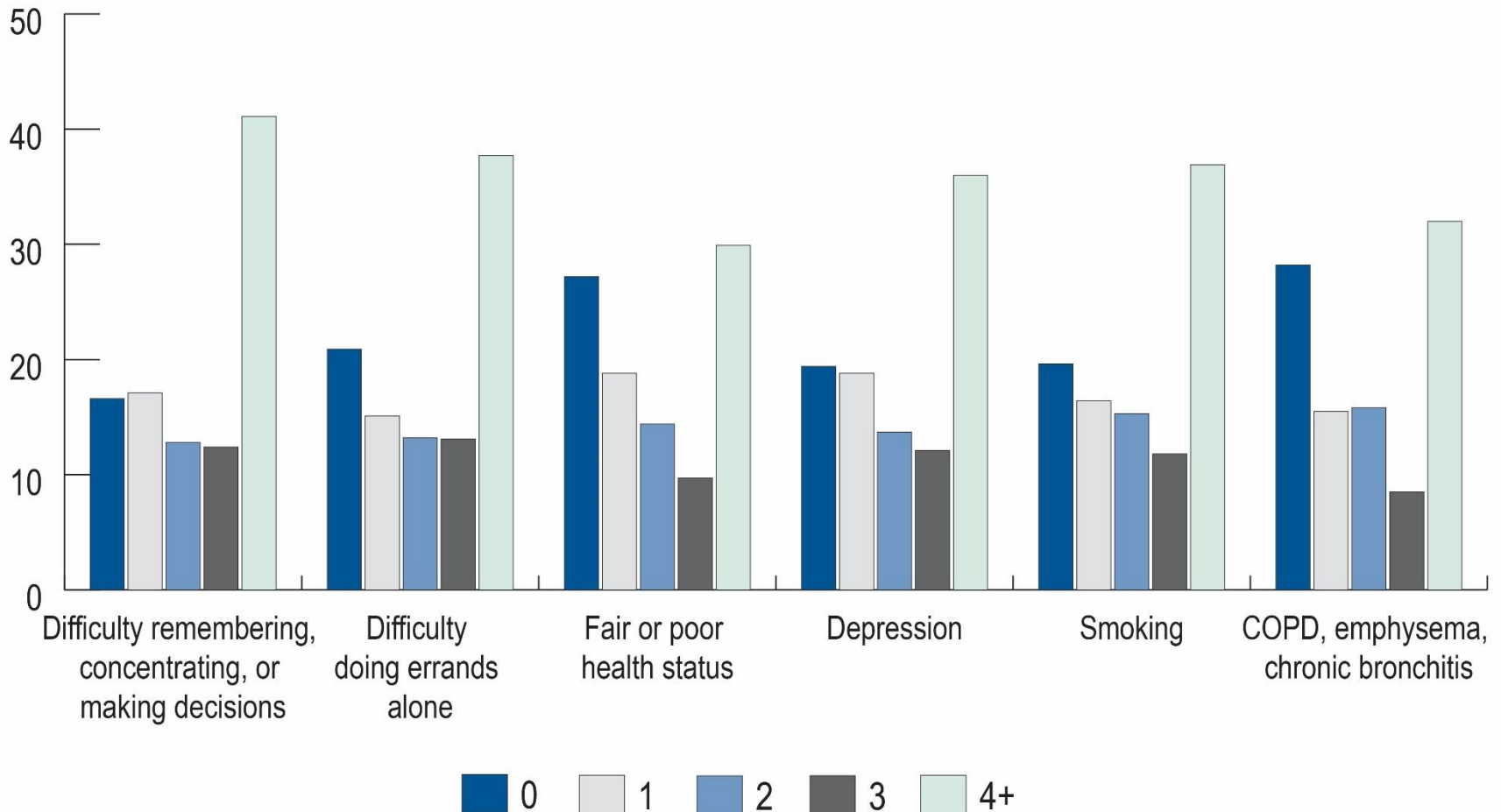
Populations with high ACEs score (4+), Oregon 2013-2015



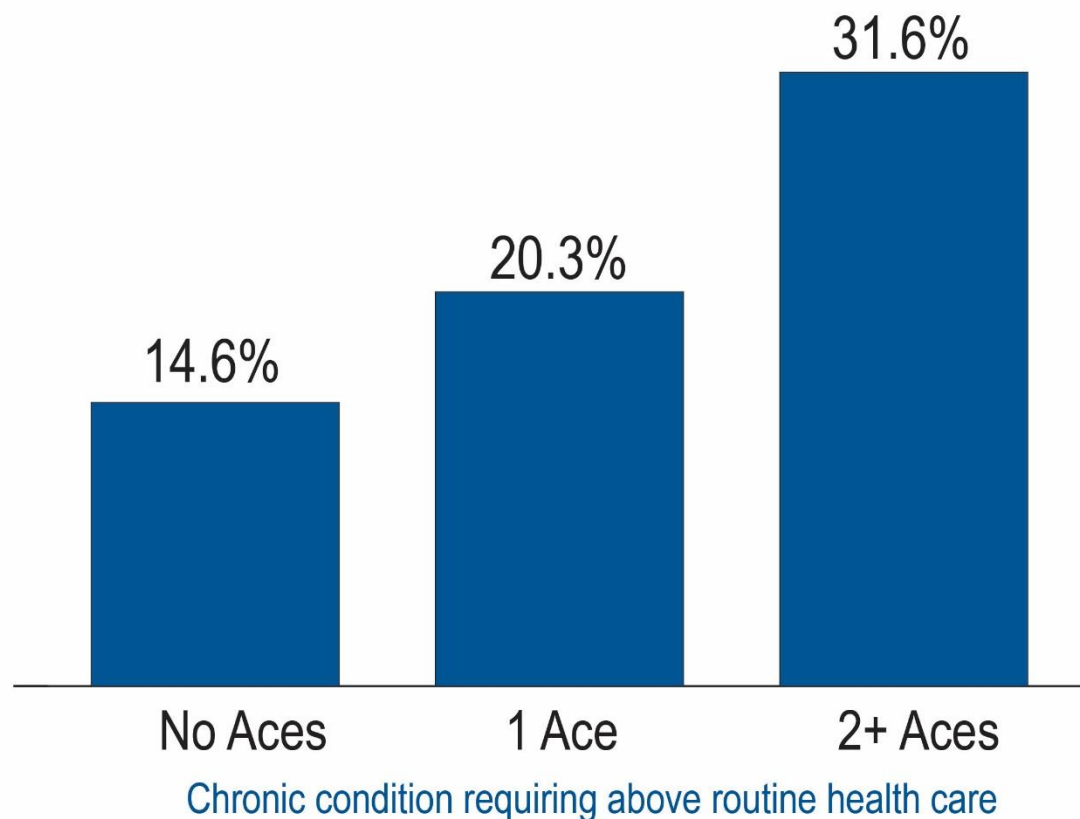
Population Attributable Risk (Porter, 2013)



Adult health outcome by ACEs score, Oregon 2013-2015



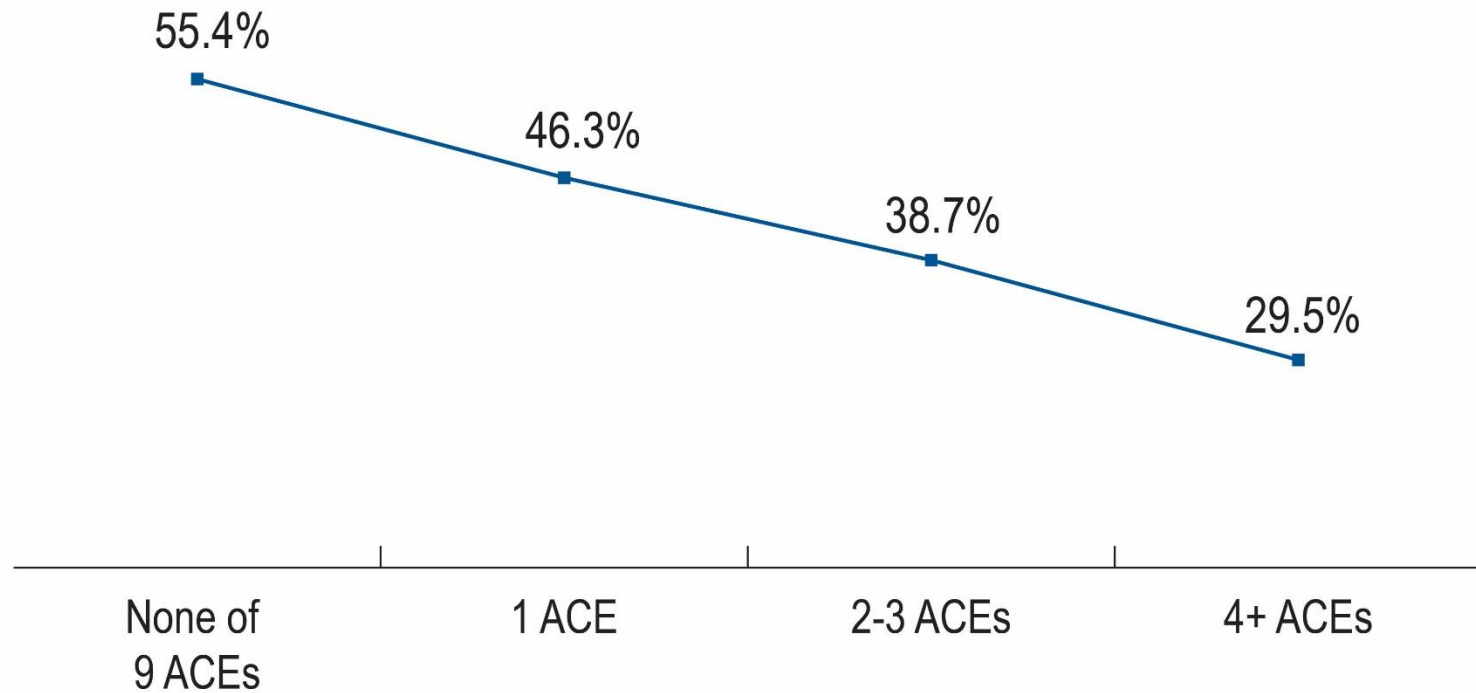
Impacts on chronic condition status appear early in life



Source: Bethell, C 2016

Bethell, C, Newacheck, P, Hawes, E, Halfon, N. Adverse childhood experiences: assessing the impact on health and school engagement and the mitigating role of resilience. (2014) Health Affairs Dec; 33(12);210-2016

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



Resiliency buffers the effects of adversity and trauma

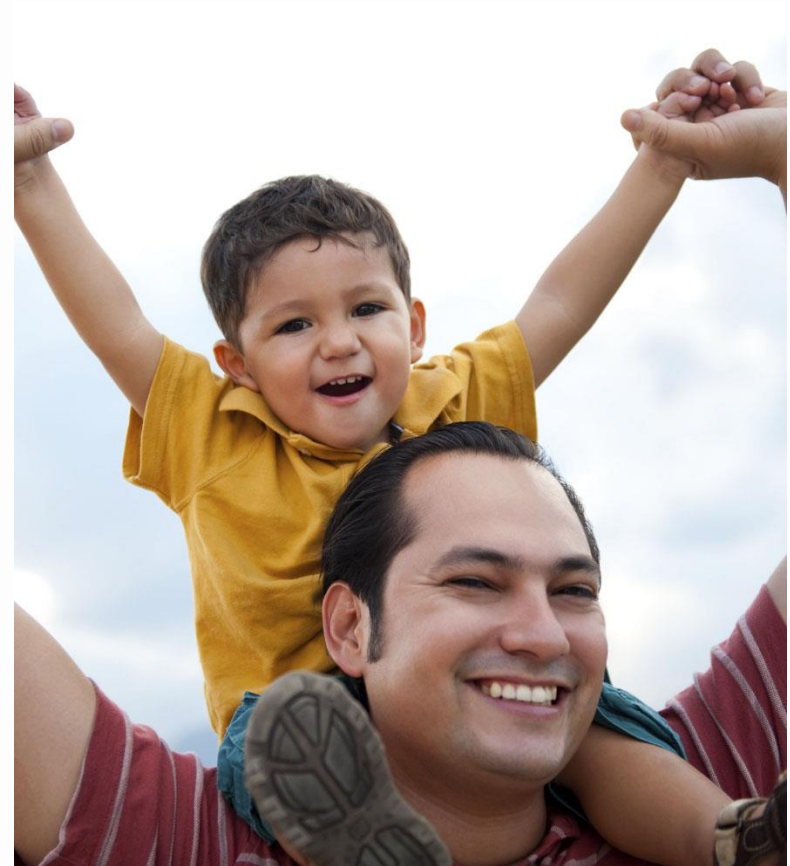
Relationship is central to resiliency

- 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

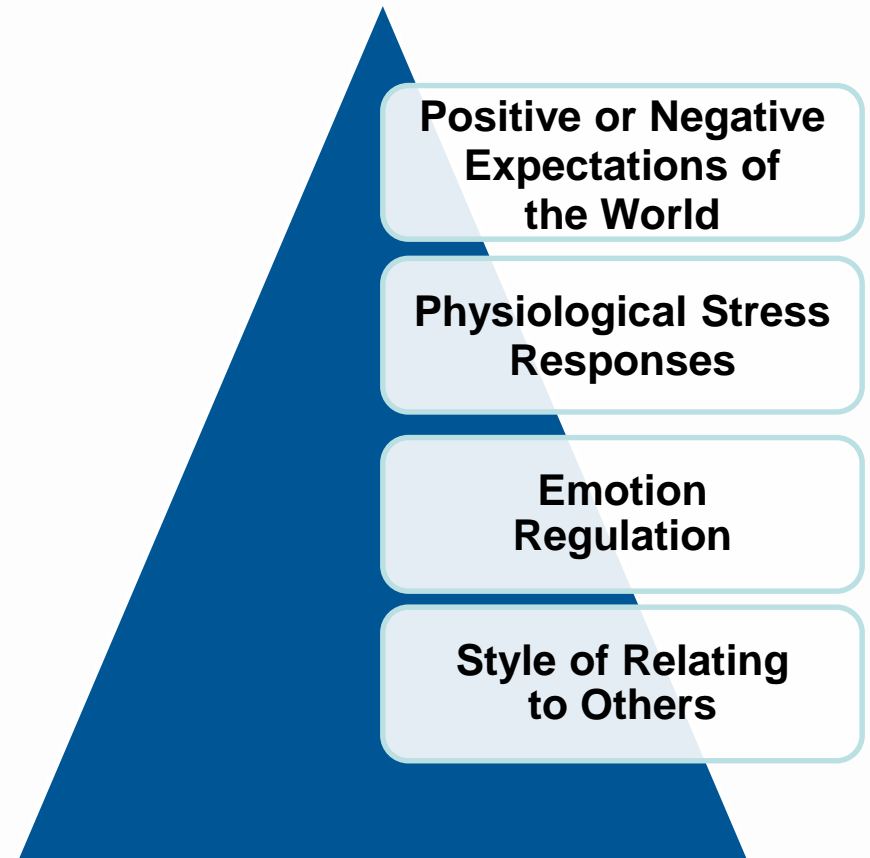
State level MCH :

- **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



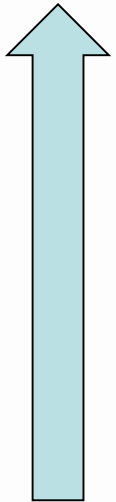
Adverse Childhood Experience (ACES)

As ACES increase

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

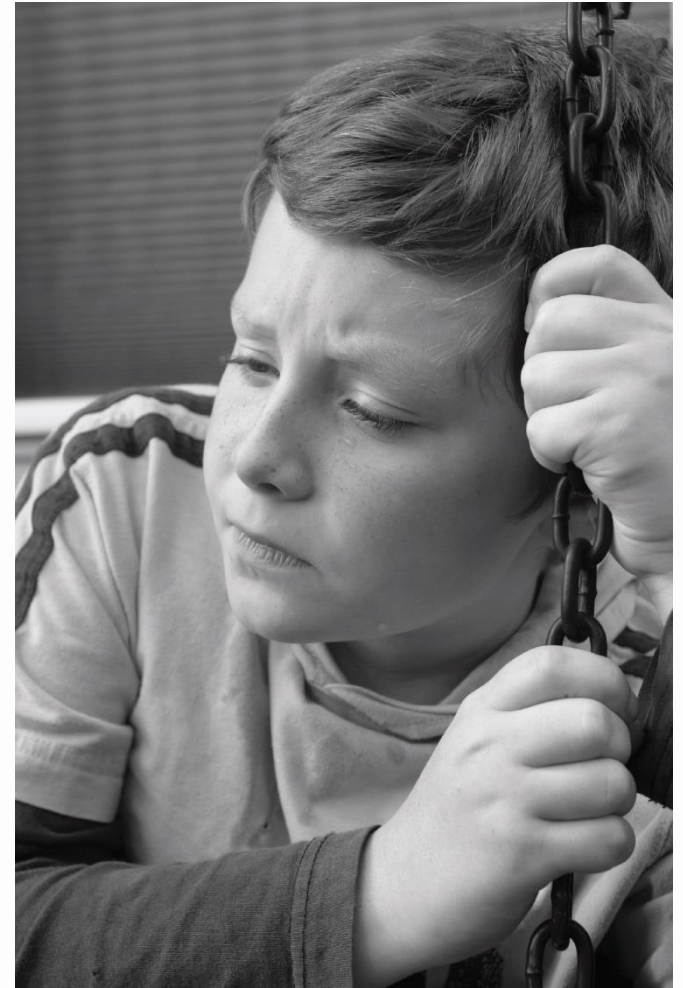
Life-long risk increases

- Heart Disease
- Diabetes
- Depression
- Cancer
- Learning Problems
- Suicide



Early childhood trauma is common

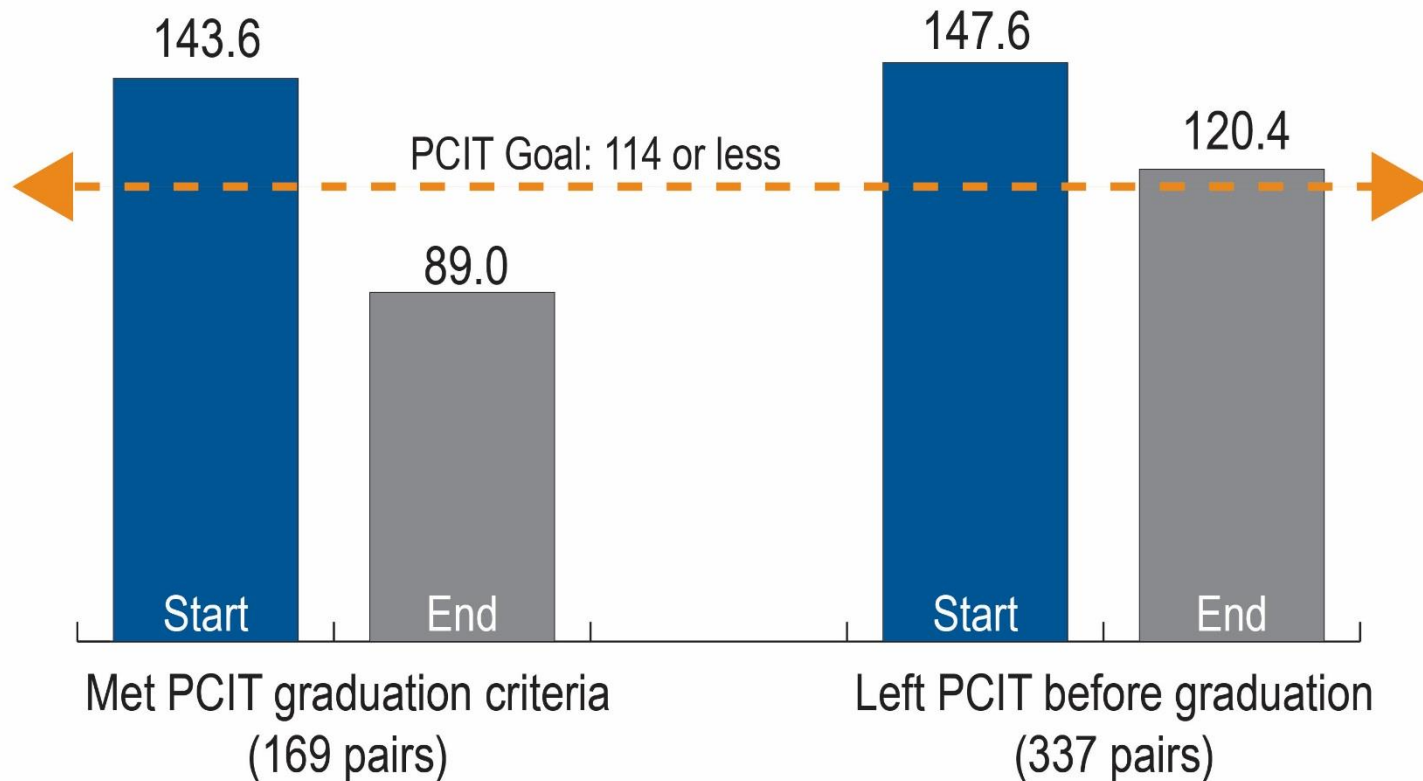
- 4,852 Children birth through five years were victims of Abuse/Neglect in Oregon in 2015
- 46.6% of all maltreated children



Our Response Matters



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

Reduce Risk through Coordination

- Trauma Informed Oregon
- MIECHV Home Visiting
- Relief Nurseries
- Early Learning
- Parenting Hubs

Supports for Effective Intervention

System of Care Wraparound Investment

Evidence Based Treatment (PCIT, CPP)

Parent and Family Peer Support

Workforce Development

Infant Mental Health Graduate Certificate Scholarships

Coordination with Oregon Infant Mental Health Association

Provider Reimbursement Guidance

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?