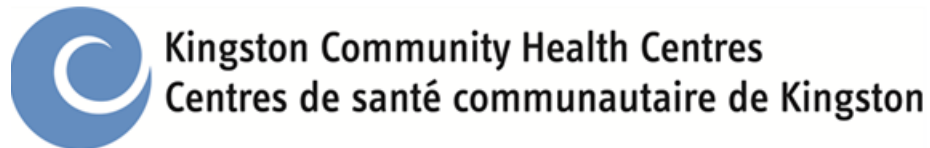


ACEs Aren't Wild Cards: Investing in Community Resilience to Prevent and Mitigate the Effects of Adverse Childhood Experiences

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Community Health Centres

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May 13, 2019



Agenda

- What are ACEs?
- How do ACEs impact health and social-wellbeing?
- What can be done about ACEs?
- Community initiatives
- Summary



Adverse Childhood Experiences (ACEs):

- ACEs are the main determinant of health AND social well-being of all of us
- The outcomes of ACEs are predictable (and therefore preventable)
- “Causes of the causes” of poor outcomes
- ACEs are not the end of people’s stories
- All of us can play a role to mitigate the toxic effects of ACEs

***“It is easier to build strong
children than to repair broken
men.”***

Frederick Douglass (1817–
1895)

“Public Health Parable”



Mr C:

- 58 yo man
- 4 older siblings and 1 twin sister
- Father and mother both with alcoholism
- Mother with depression
- Witness of IPV to mother
- Fought to protect twin sister vs violence
- Beaten by father with belt
- Parents separated
- Father incarcerated

Mr C:

- Removed from home age 7 (“unmanageable”)
- Placed into “training schools”
- Abused at every training school (physical/sexual/emotional)
- Ran away from homes many times
- Started using substances at age 12
- Incarcerated several times

Mr C:

- OUD, on opioid agonist therapy
- Amphetamine substance use disorder
- Smoker
- Multiple fractures, including recent fractured hip
- HCV +
- Multiple soft tissue infections
- Homelessness

ACEs Study:

[Am J Prev Med](#). 1998 May;14(4):245-58.

Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study.

[Felitti VJ¹](#), [Anda RF](#), [Nordenberg D](#), [Williamson DF](#), [Spitz AM](#), [Edwards V](#), [Koss MP](#), [Marks JS](#).

[+ Author information](#)

Abstract

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.



ACE SCORE:

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

ACEs *Predict* Future Health and Social Well-being:

WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:

BEHAVIOR				
Lack of physical activity	Smoking	Alcoholism	Drug use	Missed work
PHYSICAL & MENTAL HEALTH				
Severe obesity	Diabetes	Depression	Suicide attempts	STDs
Heart disease	Cancer	Stroke	COPD	Broken bones

- ACEs are common
- ACEs don't occur in isolation
- Dose response relationship

ACEs and Education:



- KFLA: Percentage of vulnerable children is higher than the Ontario average and trending UP (EDI, early development index)
- Children with high ACE scores have less success in school and more behaviour problems
- Less likely to complete school
- Limits life potential (later education, employment, earnings outcomes)
- Reduces full health and human potential



ACEs, Violence and Incarceration:

- Kingston has high rates of youth violence
- Boys who are sexually abused ⁽¹⁾
 - more likely to engage in intimate partner violence
- Men who are incarcerated ⁽²⁾:
 - 50 % physical and
 - 30%sexual abuse and
 - All have higher ACE scores

1-Duke, 2010

2-Baglivio, 2014

Indigenous Peoples:

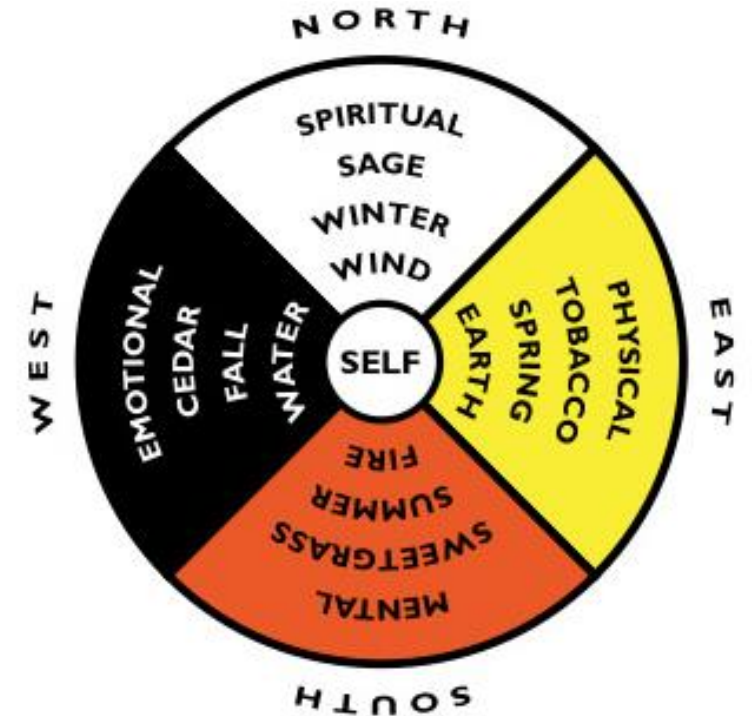
RESEARCH ■ VULNERABLE POPULATIONS

The Cedar Project: mortality among young Indigenous people who use drugs in British Columbia

Kate Jongbloed MSc, Margo E. Pearce PhD, Sherri Pooyak MSW, David Zamar MEng, Vicky Thomas, Lou Demerais, Wayne M. Christian, Earl Henderson MA, Richa Sharma MA, Alden H. Blair MSc, Eric M. Yoshida MD MHSc, Martin T. Schechter MD PhD, Patricia M. Spittal PhD; for the Cedar Project Partnership

■ Cite as: *CMAJ* 2017 November 6;189:E1352-9. doi: 10.1503/cmaj.160778

- 13 x more likely to die compared with Canadians of same age
- 18 x if intravenous substance use
- *Indigenous people experience worse health outcomes compared to other Canadians due to ongoing and historical structural violence (eg colonialism, racism)*



ACEs and Homelessness (1):

- 85% had at least one ACE
- 52.4 % ACE 4+
 - (KP population 7%)



235,000
Canadians experience
homelessness
EACH YEAR

<https://www.raisingtheroof.org/>



Homeless women in Kingston double the national average



Elliot Ferguson

[More from Elliot Ferguson](#)

Published on: November 8, 2018 | Last Updated: November 8, 2018 8:16 PM EST

ACEs and Health Outcomes: ACE Score 4 +

- Obesity, Fracture, Diabetes 160%
- Any CANCER 190%
- Heart Disease, Smoking 220%
- Hepatitis, Stroke 240%
- STI'S 250%
- COPD 390%
- Depression 460%
- Illicit substance 470%
- Alcoholism 740%
- Inject substances 1,000%
- Suicide 1,200%
 - Child/youth 80% attributable
 - Adults 64%
- Male with ACE of 6+:
 - IDU 4,600%
 - Die 20 years earlier

Treatment of chronic diseases account for 67% of direct health care costs in Canada (68B treatment, 122B lost productivity...total \$190B)

What is Mr C's ACE score?

- **ABUSE:**

Physical

Emotional

Sexual

- **NEGLECT:**

Physical

Emotional

- **HOUSEHOLD DYSFUNCTION:**

- Mother and Father with alcoholism

- Mother treated violently

- Mother with depression

- Father incarcerated

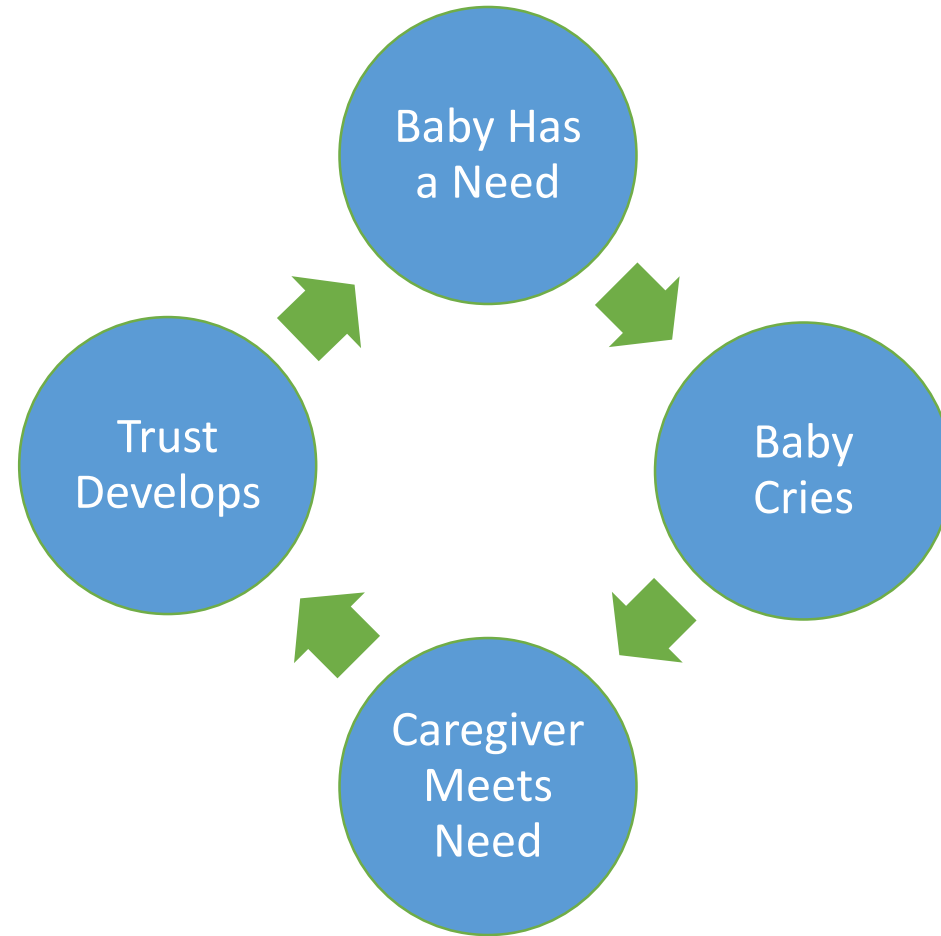
- Parents divorced

- **SCORE: 10/10**

Mr C's ACE related health and social consequences:

- Smoking
- Depression
- Suicidality
- Injection use
- Hepatitis C
- Fractured bones
- School failure
- Incarceration
- Unemployment
- Homelessness

Attachment: How We Respond to Stressors



Mitigate Toxic Stress: Healthy Attachment

- Requires “SNAP” adults:

- Safe
- Nurturing
- Available
- Predictable

- Results in:

- higher self-esteem
- more self-efficacy
- will seek out social supports
- will be able to share their feelings more easily

Avoidant/Disorganized/Ambivalent Attachments:

- Emotional dysregulation
- Difficulty with relationships
- Challenges with boundaries
- Anger, rage, fear, sadness
- Reduced self-efficacy

Adverse Community Environments:



ACEs and Epigenetics

- Intergenerational transmission
- Current and past experiences can lead to changes in the chemical environment of the genome that leads to changes in protein expression

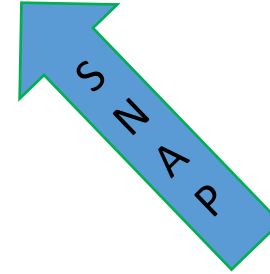
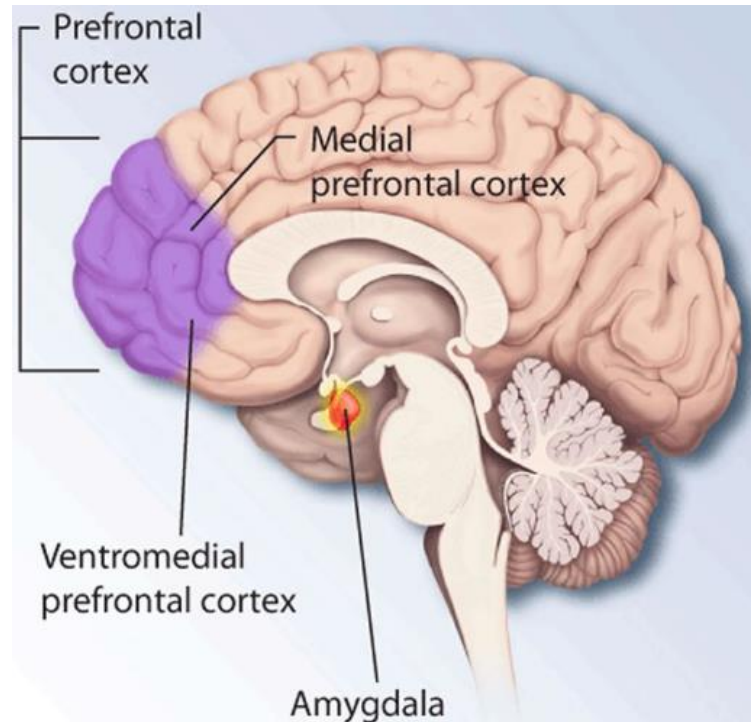


<https://www.geneticsdigest.com/epigenetics-a-beginners-guide-to-how-it-works-examples/>

Neurobiology of Toxic Stress:

UPSTAIRS BRAIN:

- Judgment
- Inhibitory control
- Decision making
- Organizing
- Planning, memory, learning
- Behaviour control
- Emotional regulation
- Personality



DOWNSTAIRS BRAIN:

- Smoke Detector
- Survival Mode
- Fight/flight/freeze

Knowing about ACEs: Trauma Sensitive

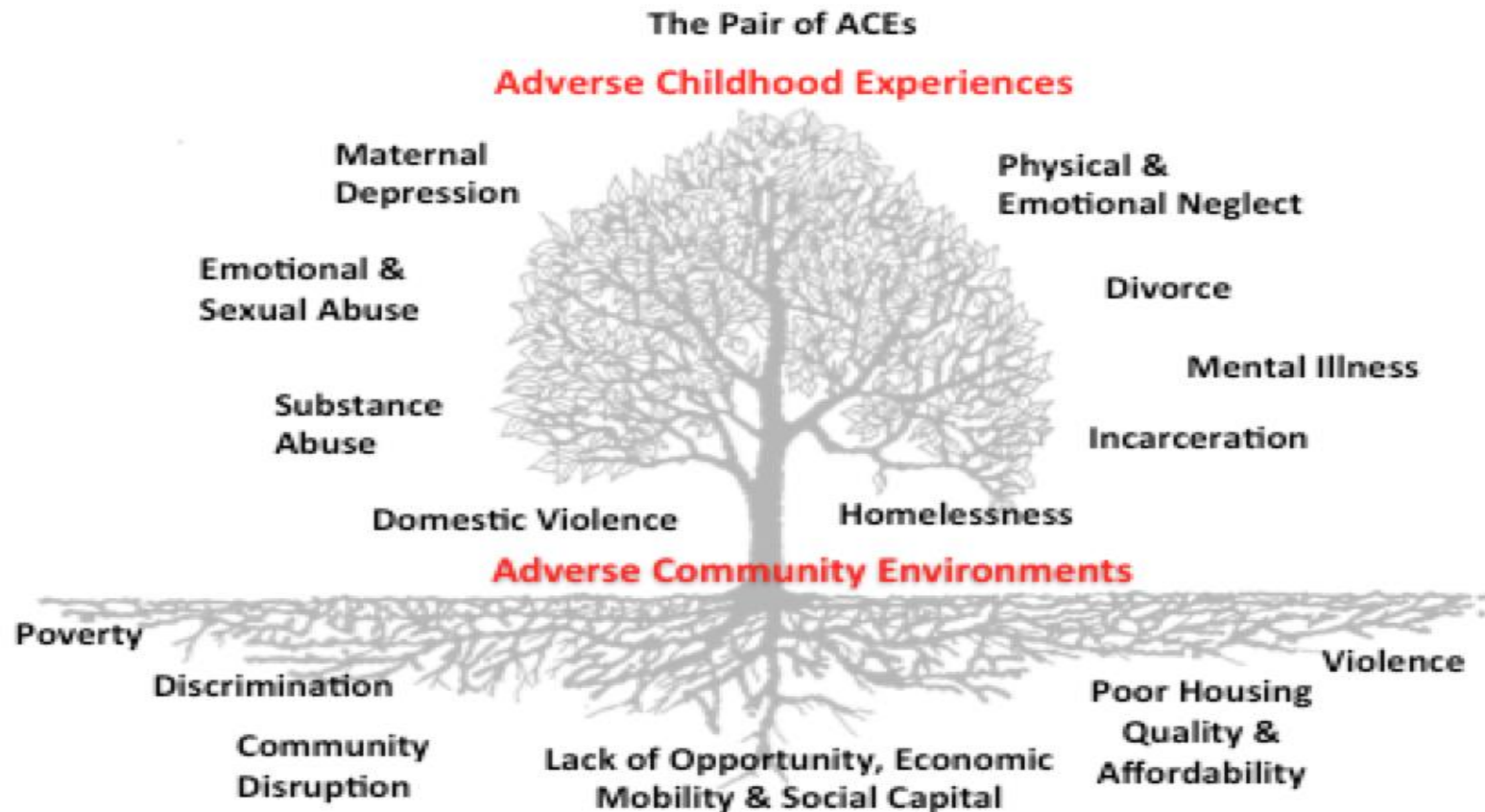
Changes our point of view:

- **What is wrong with you?!" becomes "what has happened to you?" And, "what is it like to live where you live?"**
- Details of stories are not necessarily keys to healing...

Empowers Survivors:

- They weren't born bad
- They are not responsible for the things that happened to them when they were children
- Their coping was adaptive...kept them alive.
- They can heal with supports...neuroplasticity

What do we do about this?



- Many strategies are needed to address the causes and developmental consequences of ACEs and other childhood adversities
- Requires the collaboration of many different community players

Resiliency and Protective Factors

- Positive parenting and childhood experiences
- Protective adult relationships
- Always available adult



The more healthy relationships a child has, the more likely he will be to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love.

— Bruce D. Perry —

AZ QUOTES

What *can* Be Done About ACEs?

These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. **Safe, stable, and nurturing relationships and environments** (SSNREs) can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:

Voluntary home visiting programs can help families by strengthening maternal parenting practices, the quality of the child's home environment, and children's development.

Example: Nurse-Family Partnership



Home visiting to pregnant women and families with newborns



Parenting training programs



Intimate partner violence prevention



Social support for parents



Parent support programs for teens and teen pregnancy prevention programs



Mental illness and substance abuse treatment



High quality child care



Sufficient income support for lower income families

Preventing or Mitigating the Impacts of ACEs: Effective Interventions

- Interventions that result in safe, stable, and nurturing relationships and environments
 - **Safety:** The extent to which a child is free from fear and secure from physical or psychological harm within their social and physical environment.
 - **Stability:** The degree of predictability and consistency in a child's social, emotional, and physical environment.
 - **Nurturing:** The extent to which a parent or caregiver is available and able to sensitively and consistently respond to and meet the needs of their child.

Interventions



Strengthen economic supports to families.

Sufficient income support for lower income families

Family-friendly work policies

Policies that help reduce stress by helping parents have easier access to programs



Change social norms to support parents and positive parenting.

Public engagement and education campaigns about parenting programs, positive parenting, and acceptable parenting behaviours

Providing anticipatory guidance and brief consultation on common developmental issues as part of well baby visits



Provide quality care and education early in life.

Preschool enrichment with family engagement

Improved quality of child care

Policies that increase access to affordable, high quality child care



Enhance parenting skills to promote healthy child development.

Early childhood home visiting programs

Parenting skill and family relationship approaches



Intervene to lessen harms and prevent future risk.

Enhanced primary care

Behavioural parent training programs

Treatment to lessen harms of abuse and neglect exposure

Treatment to prevent problem behaviour and later involvement in violence

Policies that decrease financial barriers to accessing mental health care for parents

Change Social Norms



Child & Babytalk



Like us on Facebook
Child & Babytalk in KFL&A



Call us at 613-549-1154
1-800-267-7875, ext. 1555


- Receive trusted, parenting information about nutrition, breastfeeding, development, pregnancy, and more.
- Ask a Registered Nurse questions.
- Learn from other parents' experiences.
- Share your thoughts.



www.kflaph.ca
2018-10-18



Let your child **Play**
Help them **Grow**
Keep them **Safe**



**Play builds healthy brains!
Give your child freedom to play.**

For more parenting tips, visit
kflaph.ca/parenting
In partnership with local community agencies.



2017-08-16

Listen, Respond, and Connect

with your child



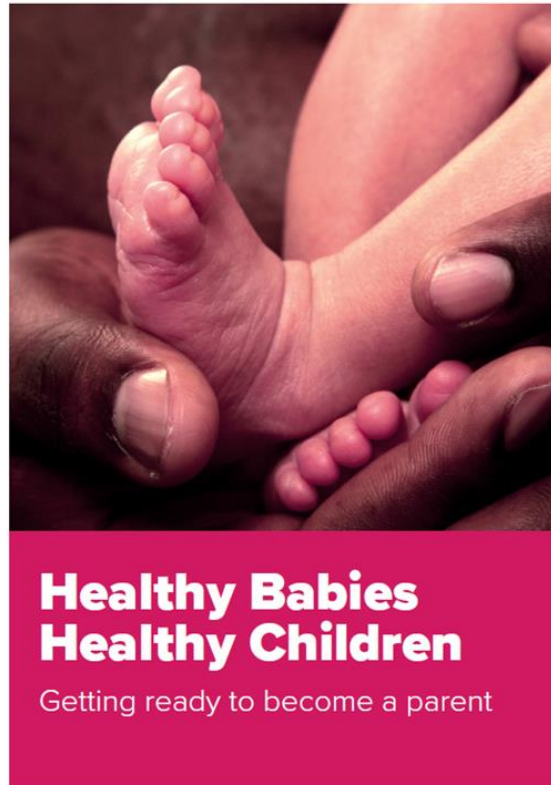
For parenting tips,
visit kflaph.ca/Parenting

In partnership with local community agencies.



2017-08-16

Enhance Parenting Skills



kflaph.ca
2019-04-30



Community Resilience

- Capacity to anticipate risk, limit effects, and recover rapidly through survival, adaptability, evolution, and growth in the face of turbulent change and stress
- Resiliency is the capability to endure and thrive despite adversity

Building Community Resilience Approach

- Focused on resilience as a fundamental strategy to prevent and reduce chronic disease by addressing the root causes of adversity.
 - Continuum of cross-sector cooperation and services to build the social scaffolding that will support children and families and contribute to community resilience.
- Collaboration and Coordination
 - Developing strategic partnerships
 - Redesign and align health and social service delivery systems
 - Addressing gaps and strengthening assets
 - Actively engage and empower adults to buffer children from toxic stressors

Building Community Resilience Model



Shared Understanding

ACEs
Resilience
Narratives of the Community



State of Readiness

Provider Capacity/Capability
System Capacity/Capability
Policy Supports



Cross-Sector Partners

How to Connect
Resource Distribution
Community and Political
Partnerships
Collaboration



Community

Organizational Linkages
Citizen Leadership
Social Supports
Attachment to Place

Buffers to Build Resilience

Individual-Level Buffers	Family-Level Buffers	Community-Level Buffers
Personal characteristics	Resources	Peer relationships
Personal traits	Supportive relationships	Nonfamily relationships
Intellect	Family coherence	Nonfamily social support
Self-efficacy	Parental relationship	Religion
Coping skills	Stable caregiving	Community cohesion
Appraisal of adversity or maltreatment	Spousal support	Civic engagement
Life satisfaction	Stable employment	Economic development

Table 1. Resilience Factors. Afifi T, MacMillan H. (2011). Resilience following child maltreatment: A review of protective factors. *Canadian Journal of Psychiatry*. 56(5):266-272.

Community Initiatives

- Moving on Mental Health
- How Does Learning Happen
- EarlyON Centres
- Boards of Education Mental Health Strategies
- Ontario Public Health Standards-Healthy Growth and Development
- Parenting in KFL&A Campaign
- Community Drug Strategy
- Children and Youth Services Planning Committee
- Infant Mental Health Promotion

CDC Steps to Create Safe, Stable, Nurturing Relationships and Environments

- Raise awareness and commitment to promote safe, stable, nurturing relationships and environments and prevent child maltreatment
- Use data to inform actions
- Create the context for healthy children and families through norms change and programs
- Create the context for healthy children and families through policies

Prevent Child Abuse & Neglect Through Changes at All Levels

Strategies may include:



Learn more about child maltreatment prevention from CDC:
<http://www.cdc.gov/violenceprevention/childmaltreatment/prevention.html>



VetoViolence

Closing the Gap: What we Know and What we Do



Thank you for your interest!

Meredith and Kris

Table Talk

As a community, if we were to do ONE thing to address ACEs and build community resiliency, what would it be it be?