Community insights

Community Foundation for Kingston & Area

An occasional publication of the Community Foundation for Kingston & Area

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Welcome to the first *Community Insights* report from the Community Foundation for Kingston & Area. This report is a spin-off from our *2018 Vital Signs*® report. These reports are intended to take a more in-depth look at single issues of importance to our community.

The Public Health Crisis of Our Time?

Adverse Childhood Experiences (ACEs) have been described as the public health crisis of our time.

This report topic was inspired by speakers at recent Foundation events:

- Dr. Jeff Turnbull, Inner City Health (Ottawa), prioritized prevention: "Focus on youth."
- Dr. Meredith MacKenzie (family physician, Street Health Centre, Kingston) and Kris Millan (Director of Family Health, KFL&A Public Health) spoke to the impact of adverse childhood experiences (ACEs) on life-long negative health outcomes.
- Mike Bell (CEO, Kingston Community Health Centres) linked health equity and the social determinants of health.

See www.cfka.org/ACEs

What are Adverse Childhood Experiences?

ACEs are negative, stressful, traumatizing events that a person experiences before the age of 18 and are associated with life-long physical and mental health risks.

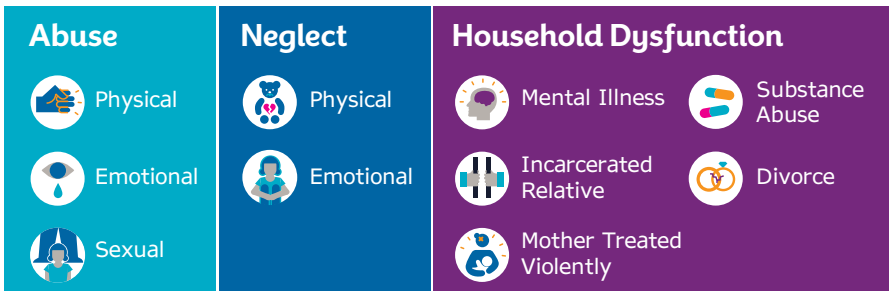
"ACEs affect the developing brain in ways that affect our ability to learn and develop cognitively. They influence health, well-being, social development, chronic disease, and mental illness, and have a massive impact on future violent behaviours and criminality."[1]

NUMBERED REFERENCES CAN BE FOUND ON THE REPORT'S FINAL PAGE

Adverse Childhood Experience = trauma = toxic stressor

The Centers for Disease Control and Prevention conducted the landmark ACE study between 1995 and 1997 with the Kaiser Permanente Health Maintenance Organization in Southern California. A confidential questionnaire was distributed to over 17,000 of Kaiser's adult patients. The questionnaire aimed to assess adverse childhood experiences between the ages of 0 and 18 and the person's current health status.

Researchers identified 10 specific areas of childhood adversity (in the graphic below) that affect future health. The higher the person's score, the greater the risks of future health and behavioural issues.



SOURCE: ROBERT WOOD JOHNSON FOUNDATION

Analysis of Canadian data confirms findings of the landmark ACEs study. A data sample of 23,000 individuals was derived from the 2012 Canadian Community Health Survey – Mental Health. The analysis evaluated the effects of exposure to childhood sexual, physical, and intimate partner violence on physical health. The experience of these kinds of child abuse was associated with the occurrence of nine common diseases: arthritis, back issues, hypertension, migraines, chronic obstructive pulmonary disease, cancer, stroke, bowel disease, and chronic fatigue.

(TRACIE O. AFIFI, ET AL, *CHILD ABUSE AND PHYSICAL HEALTH IN ADULTHOOD*, STATISTICS CANADA, HEALTH REPORTS, MARCH 2016.)

You can determine your ACE and Resilience scores here: www.acesconnection.com/blog/got-your-ace-resilience-scores

Watch the powerful **TED talk** on ACEs by Dr. Nadine Burke Harris at **www.ted.com**

The costs of the negative health and social outcomes of ACEs

What are the lifetime health and behavioural outcomes of ACEs?

Experiencing four or more ACEs dramatically increases a person's risk of future health and behavioural issues.

The resulting costs to society are enormous: for example, for child abuse and neglect only, Canada's costs for health care, social services, and personal costs (e.g., therapy) in 1998 were estimated at almost $4 billion per year. These data are reported in *The Chief Public Health Officer's Report on the State of Public Health in Canada 2016: Focus on Family Violence.* The dates of the data and the report reveal a serious shortcoming: much of the data related to these issues are outdated or not available either provincially and/or nationally.

Selected **health and behaviour outcomes associated with ACEs and estimated costs are provided in the following table:**

ACEs Outcome	Increased Risk by %	Economic Impact
Substance Use		
Alcohol	740%	It is estimated that substance use (such as alcohol, tobacco, opioids, and cannabis) costs about $1,100 for every Canadian regardless of age; that is, $38.4 billion annually.[2]
Tobacco	220%	
Injection substance use	1,000%	
Physical Health		
Diabetes	160%	In 2020 it is estimated that diabetes will cost the Canadian health care system $16.9 billion.[3]
Chronic Obstructive Pulmonary Disease (COPD)	390%	The total cost of COPD (a lung disease) hospitalizations is estimated to be $1.5 billion a year (2010).[4]
Mental Health		
Depression	460%	The economic burden of mental illness in Canada is estimated at $51 billion per year. This includes health care costs, lost productivity, and reductions in health-related quality of life.[5]
Suicide	1,200%	

A social response

MacKenzie and Mitchell, who see the consequences of ACEs through their work at Kingston's Street Health Centre, suggest that: "The effects of ACE toxic stress can be mitigated by the presence of people we are calling "SNAP" **(safe, nurturing, available, and predictable)** adults.

"These SNAP adults provide the safety and compassion required to prevent the long-term effects of toxic stress on the developing brain and bring an understanding of the effects of toxic stressors on the adults we work and live with in our communities. SNAP adults can include neighbours, coaches, teachers, health-care providers, you … anyone and everyone.

"We need to ask the question, 'What's happened to you?' rather than, 'What is wrong with you?' and begin to become trauma-sensitive. As one example, this allows us to view substance use as a symptom of something much bigger, not an end in itself, and shifts our paradigm to think upstream at **prevention** measures (starting with healthy attachment in childhood and addressing all the social determinants of health)."[1]

"Health and wellbeing are shaped by a number of factors such as housing, income, education, employment, and social support networks. Often referred to as the social determinants of health, these are best addressed through actions within and across sectors."
See The Canadian Council on the Social Determinants of Health at ccsdh.ca

It takes a village to raise a child. (Igbo proverb: Africa) "It takes a village" simply means that an entire community of people must interact with children for them to experience and grow in a safe and nurturing environment.

Be a **safe, nurturing, available, and predictable (SNAP)** adult.
We all do better with the right supports.

Why invest in prevention?

If we can predict it, we can prevent it.

The negative health and well-being associated with ACEs are predictable; if they are predictable, they are preventable. As a community, we may want to focus our efforts on supporting families to build on their capabilities and foster protective factors.

"Protective factors are characteristics or strengths of individuals, families, communities or societies that act to mitigate risks and promote positive well-being and healthy development."

While there is no demonstrated link with ACEs, we are awaiting release of data for the most recent Early Development Instrument (EDI) cycle. The EDI is a population *measure of kindergarten children's* developmental health and well-being at entry to Grade 1. Watch for our forthcoming *Community Insights* report.

Protective factors are:

- Parental resilience;
- Social connections;
- Knowledge of parenting and child development;
- Concrete support in times of need; and
- Social and emotional competence of children.[6]

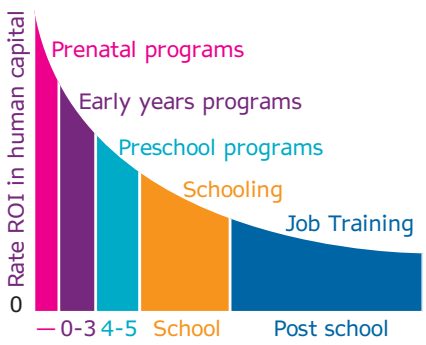
In addition to these protective factors, there are a variety of approaches communities can use to create safe, stable, and nurturing environments to help children and families thrive and be as healthy as they can be.[7] A few examples of programs and services in the KFL&A area are provided for illustrative purposes:

1. **Strengthen economic supports to improve household financial security.**
   - **Child Care Subsidy** (municipally funded).
2. **Change social norms to support parents and positive parenting through public engagement and education campaigns.**
   - **Parenting in KFL&A** campaign and supporting resources (KFL&A Public Health).
3. **Provide quality childcare and education early in life.**
   - **Kahwá:tsire** Journey Together.
   - **Full-day Kindergarten** for four and five year olds.
4. **Enhance parenting skills to promote healthy child development through home visiting programs.**
   - **Healthy Babies Healthy Children** program (KFL&A Public Health, Métis Nation of Ontario, Ontario Native Women's Association).
5. **Intervene to lessen harms and prevent future risk for children and families.**
   - **Intersection Program** diverts eligible children and youth at risk from the justice and child welfare systems to more appropriate services (Youth Diversion).

A significant return on investment (ROI) — 13% per annum!

We have all heard the argument that the cost of expanding early childhood programming is too heavy a burden on taxpayers and the Provincial budget. Research by the Nobel Laureate Professor James J. Heckman demonstrates that the highest economic returns come from investments in prenatal programs and the earliest years of childhood. Heckman's project analysed a wide variety of life outcomes – health, crime, income, IQ, schooling, and the increase in a mother's employment income when quality childcare is available – showing a ROI of 13% per annum.

Early childhood development is a smart investment. The earlier the investment, the greater the return.



SOURCE: HTTPS://HECKMANEQUATION.ORG/TOP-20-RESOURCES

Heckman's conclusion:

Invest in early education for disadvantaged children

+ Develop cognitive skills, social abilities and healthy behaviours early

+ Sustain early development with effective education through to adulthood

= Gain a more capable workforce

For additional information on the outstanding return on investment in pre-natal and early childhood programs, visit **heckmanequation.org/resource/13-roi-toolbox/**

Want to learn more?

Visit our website for additional references on ACEs at www.cfka.org/ACEs

ACEs every day . . .

Dr. Meredith MacKenzie is a family physician with the Street Health Centre. She is a champion of the ACE model after seeing the effects of childhood traumas on the patients she encounters every day – members of our community, perhaps our neighbour. We asked Dr. MacKenzie to share some of her reflections with us.

Q: What do you hope people reading this report take away from it?

A: I hope we have sparked our community to take more compassionate and proactive approaches to help people who have experienced childhood traumas and work to prevent their occurrence in the first place.

There are known, evidence-based interventions that we can invest in, to secure peoples' futures: with early investment in children and families, their struggles need not be so profound.

Q: Why are you so passionate about this topic?

A: I believe in people's infinite capacity for growth and change but I am frustrated by how hard things are for people who have suffered so much childhood trauma. If there had been one safe, nurturing, available, and predictable (SNAP) adult in their lives, things could have been much different for them.

For example, I had the privilege to spend part of an afternoon, after working with you on this report, to hear the story of a beautiful person in crisis. Without an appointment, he had waited hours until I returned to my clinic. He kept repeating, again and again, while weeping, "What have I done that is so wrong that this s*** just keeps happening to me?! I just need a break, man." We cried together … : he does need a break.

Our systems just keep him down, which means he continues to believe the lies he has been told his whole life – that he is worthless, doesn't matter, and it would be better if he were dead. So he uses substances to dull the pain of his current situation.

If he had been given different supports earlier in his life, I am **certain** that his suffering now would be less. Why should it be so hard for him?

We need to redesign "the system" to address these well-known outcomes.

Q: If you had one wish for our community what would it be?

A: Maybe two? I hope that we all recognize our role in being SNAP adults to reduce the impact of trauma in our community. And that we prioritize supporting families and children.

The Foundation and Children's and Youth Well-being

Q: How does the Foundation address ACEs?

A: (Tina Bailey, Executive Director) We are helping to raise community awareness of ACEs through our events and publications. Building a shared understanding of the issue is the first step in achieving effective community response. By using our voice and our network we hope to stimulate further conversations and, most important, actions.

And of course, we help through the funding we provide!

Q: What types of funding does the Foundation provide to improve children's and youth well-being?

A: We provide financial support in several ways:

- In 2018, our competitive Community Grants Program distributed close to $75,000 for projects supporting children's and youth well-being.
- Several endowment funds generate reliable annual incomes for local agencies serving children and youth: Pathways to Education, Kingston Youth Diversion, and the Boys and Girls Club.
- Many donor-directed funds support charities of their choice that encourage children's, youth, and families' well-being.

Our funds list can be reviewed at www.cfka.org/funds-list

Q: How can people help the Foundation prevent the costly negative health and social outcomes associated with ACEs?

A: People can help us continue to fund this work either by donating to any of our funds that support children, families, and youth or work with us to create their own fund.

References

1. Dr. Meredith MacKenzie and Travis Mitchell, *Biggest Risk Factor to our Health,* (April 2019). Department of Family Medicine, Queen's University: familymedicine.queensu.ca/familymedicine/familymedicine/source/Family%20Medicine/Global%20Health/Horizons%20Spring%202019%20F.pdf
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7. Fortson, B. L., et al. (2016). *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities.* Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention: www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf

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