

STANCE

Linking Systems To address ACES iN Childhood Early on



A large orange circle is positioned on the left side of the slide, partially overlapping the text.

Investigative Team

Rocky Mountain Prevention Research Center's: CDC Core Research Project, STANCE

- Dr. Jenn Leiferman, Director of RMPRC, Co-PI
 - Dr. Jini Puma, Associate Director of RMPRC, Co-PI
 - Dr. Betsy Risendal, Co-I
 - Dr. Glen Mays, Co-I
 - Dr. Beth McManus, Co-I
 - Dr. Danielle Varda, Co-I, Visible Network Labs
 - David LaRocca, Study Coordinator
 - Marlayna Martinez, Research Associate
 - Angela Haynie, Research Associate
- 
- Four yellow curved lines are located in the bottom right corner of the slide, arranged in a diagonal pattern.



- The CDC Prevention Research Centers (PRC) program funds university-based centers to form a nationwide network that serves a vital role within the public health system.
- The PRCs work to identify public health problems and focus on the development, testing, and evaluation of public health interventions that can be applied widely, particularly in underserved communities

A large orange circle on the left side of the slide, partially cut off by the edge.

Rocky Mountain Prevention Research Center

- **The Vision** of the RMPRC is that children and families across the Rocky Mountain region live in communities where health equity is achieved by optimizing social-emotional, mental, and physical health.



San Luis Valley Community Advisory Board



THE TRUTH ABOUT ACEs

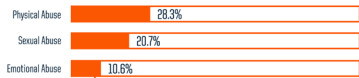
WHAT ARE THEY?

ACEs *are*
ADVERSE
CHILDHOOD
EXPERIENCES

HOW PREVALENT ARE ACEs?

The ACE study* revealed the following estimates:

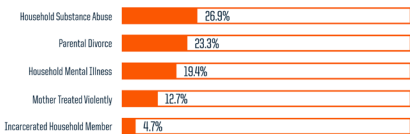
ABUSE



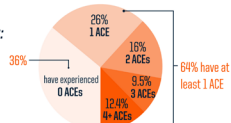
NEGLECT



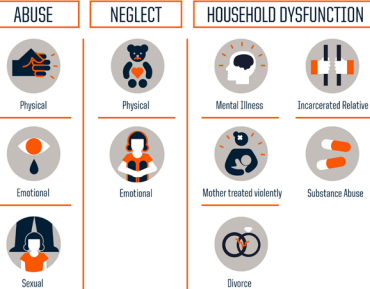
HOUSEHOLD DYSFUNCTION



Of 17,000 ACE study participants:



The three types of ACEs include

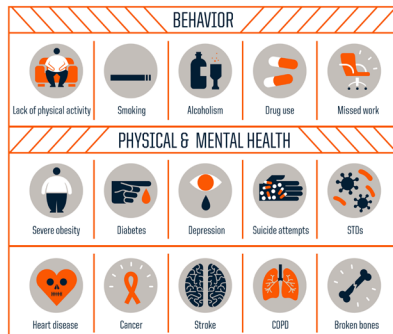


WHAT IMPACT DO ACEs HAVE?

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



Possible Risk Outcomes:

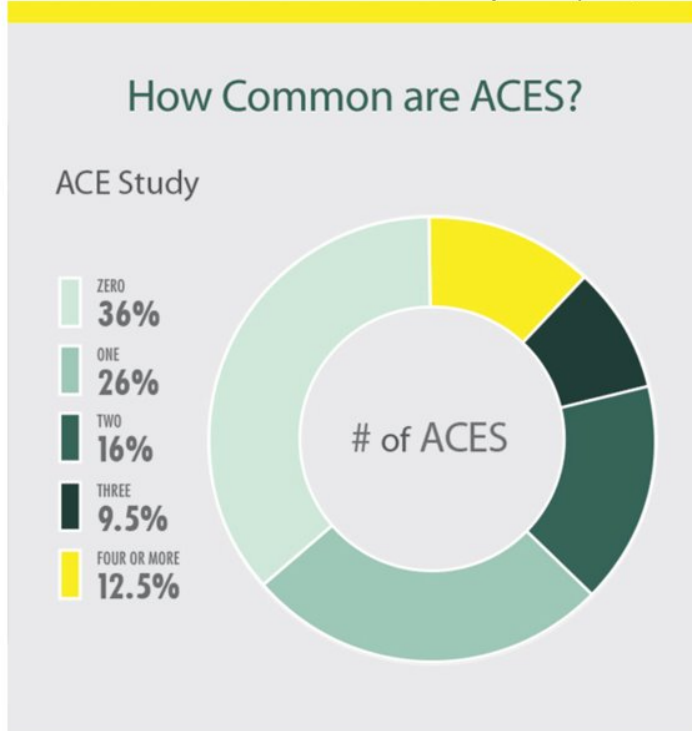


The Issue

- Adverse childhood experiences (ACEs): traumatic experiences that can have a profound effect on a child's developing brain and body with lasting impacts on a person's health throughout the lifespan.
- There are ten recognized ACEs, which fall into three types – abuse, neglect, and household dysfunction (substance abuse in home, parental separation/ divorce, mental illness, spousal abuse, criminal behavior, incarcerated family member or loss of a parent)
- ACEs was identified as priority issue for the San Luis Valley by the RMPRC Community Advisory Board.

Prevalence of ACEs

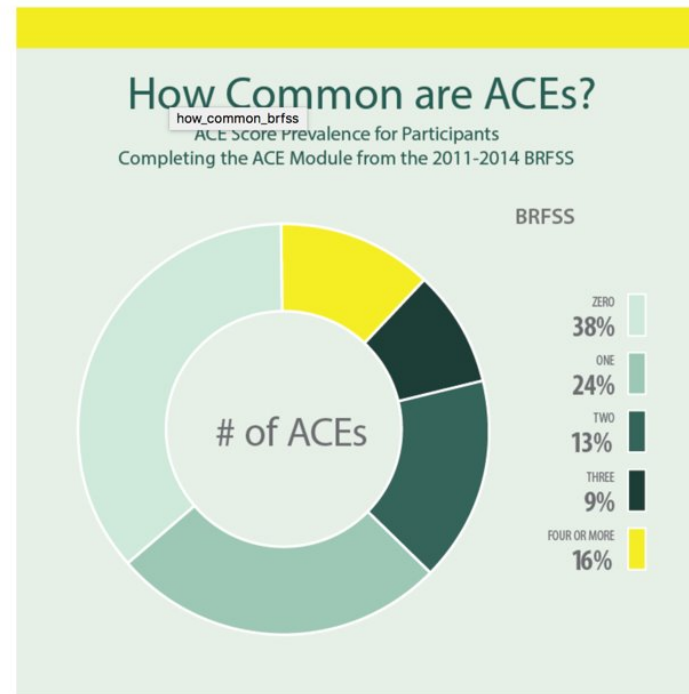
ACE Score Prevalence for CDC-Kaiser ACE Study Participants, Waves 1 and 2.



Note: Research papers that use Wave 1 and/or Wave 2 data may contain slightly different prevalence estimates.

Source: Centers for Disease Control and Prevention, Kaiser Permanente. The ACE Study Survey Data [Unpublished Data]. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016.

ACE Score Prevalence for Participants Completing the ACE Module on the 2011-2014 BRFSS.



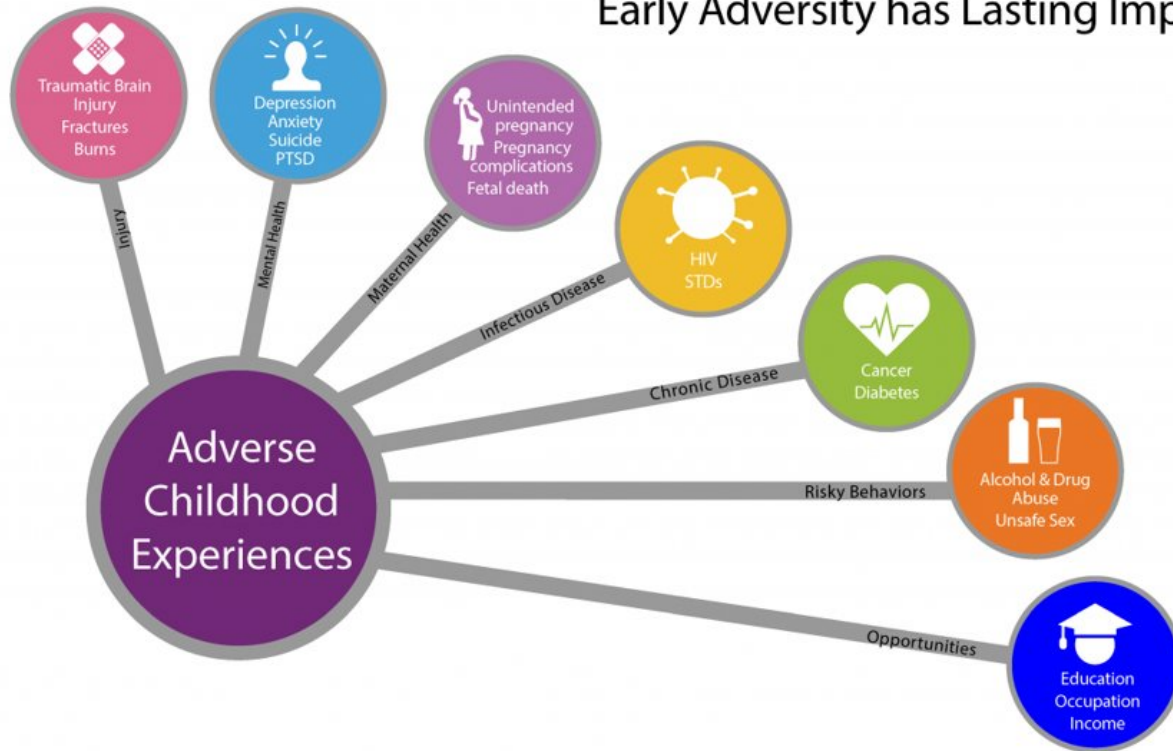
Note: Reports and articles that use data from other years and/or other states may contain different estimates.

Source: Merrick, M.T., Ford, D.C., Ports, K. A., Guinn, A. S. (2018). Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. JAMA Pediatrics, 172(11), 1038-1044.

2 ACEs – 16%
3 ACEs – 9.5%
4 or more ACEs - 12.5%

Findings show a graded, dose-response relationship between ACEs and negative health and well-being outcomes

Early Adversity has Lasting Impacts



- ACEs have been linked to increased health risks for alcoholism, drug abuse, depression, suicide attempt and numerous chronic health conditions.

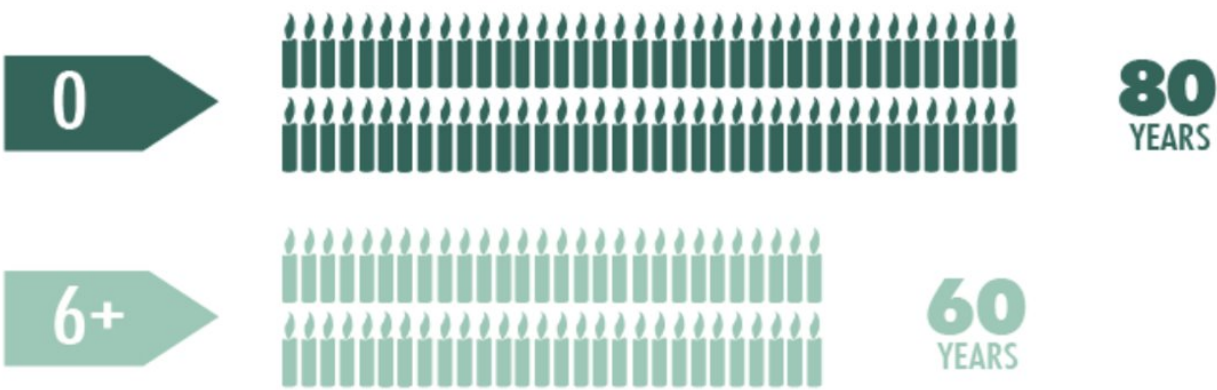
A person with 4 or more ACEs is...

- 12.2. times likely to attempt suicide
- 10.3 times likely to use injection drugs
- 7.4 times likely to be an alcoholic
- 2.4 times likely to have a stroke
- 1.6 times likely to have diabetes

Impact of ACEs

LIFE EXPECTANCY

People with six or more ACEs died nearly **20 years earlier on average** than those without ACEs.



ECONOMIC TOLL

The Centers for Disease Control and Prevention (CDC) estimates that the lifetime costs associated with child maltreatment at **\$124 billion**.



Prevention of ACEs



Strengthen economic supports to families

- Strengthening household financial security
- Family-friendly work policies



Change social norms to support parents and positive parenting

- Public engagement and enhancement campaigns
- Legislative approaches to reduce corporal punishment



Provide quality care and education early in life

- Preschool enrichment with family engagement
- Improved quality of child care through licensing and accreditation



Enhance parenting skills to promote healthy child development

- Early childhood home visitation
- Parenting skill and family relationship approaches



Intervene to lessen harms and prevent future risk


- Enhanced primary care
- Behavioral parent training programs
- Treatment to lessen harms of abuse and neglect exposure
- Treatment to prevent problem behavior and later involvement in violence

Source: Fortson, B. L., Kleven, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (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.

A large orange circle on the left side of the slide, containing the text 'S.T.A.N.C.E.' and 'The Approach'.

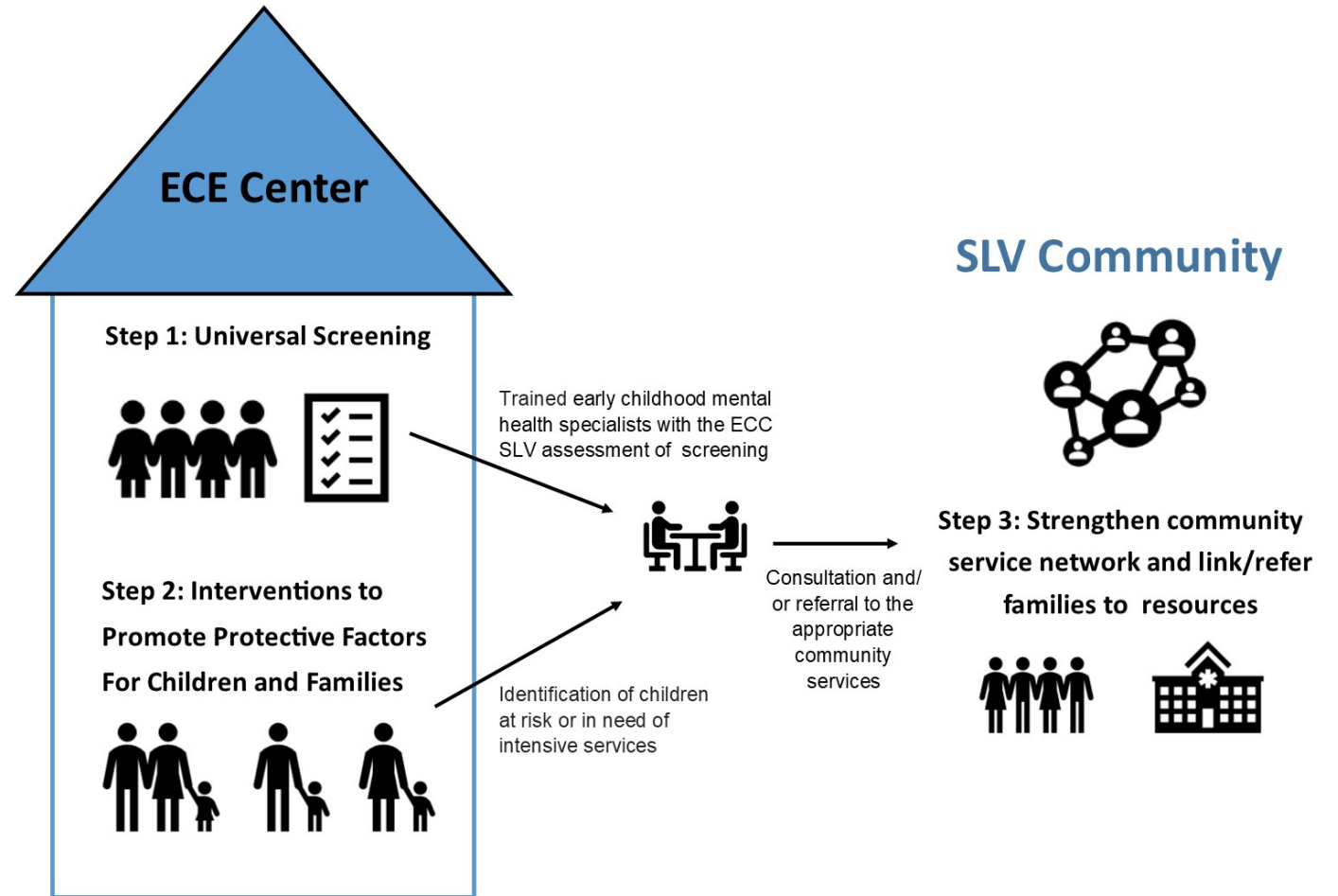
S.T.A.N.C.E.

The Approach

- A multi-level intervention within a systems framework as a strategy to reduce the occurrence and adverse outcomes related to ACEs
 - **Program Goals:**
 - Build community awareness of ACEs
 - Increase the identification of children experiencing ACEs
 - Increase the use of evidence-based intervention strategies in ECE settings
 - Improve the linkage of affected children and their families to appropriate support services
- 
- Four short, thick yellow lines of varying lengths and orientations in the bottom right corner of the slide.

Three Intervention Steps

1. Implement universal screening for ACEs in the early childhood education (ECE) settings
2. Promote protective factors in children and their families through interventions in the ECE settings
3. Strengthen community service network and link/refer families to needed resources



Step 1: Conduct ACEs screening and referral at early childhood education centers

- Build capacity and infrastructure within ECE settings to implement ECE-based assessments for early identification of ACEs and appropriate referral to extant community supports (e.g., behavioral health services)
 - Wellness Survey and PCN APP
- Trained early childhood mental health specialists with the ECC SLV will assess every screening and for those who screen positive (either child or parent) for one or more ACEs
 - provide early childhood mental health consultation and/or refer the family to the appropriate community services, depending on the ACE(s) and the needs of the family
 - “referral” could take a variety of forms (e.g., a traditional referral to a service agency, a “warm handoff” to the agency, a navigator model at the ECE center

CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child

To be completed by Parent/Caregiver

Today's Date: _____

Child's Name: _____ Date of birth: _____

Your Name: _____ Relationship to Child: _____

Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child's doctor in assessing their health and determining guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number in the box provided.

Please DO NOT mark or indicate which specific statements apply to your child.

1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box.

Section 1. At any point since your child was born...

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

2) Of the statements in Section 2, HOW MANY apply to your child? Write the total number in the box.

Section 2. At any point since your child was born...

- Your child was in foster care
- Your child experienced harassment or bullying at school
- Your child lived with a parent or guardian who died
- Your child was separated from her/his primary caregiver through deportation or immigration
- Your child had a serious medical procedure or life threatening illness
- Your child often saw or heard violence in the neighborhood or in her/his school neighborhood
- Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion

Step 2: Implement an evidence-based ECE intervention that promotes protective factors in children and their families

Tiered intervention that promotes social-emotional development among children, enhances resilience and reduces stress amongst parents/teachers, as well as strengthens social and physical environmental support within the ECE

Individualized intervention approach for children with the most severe and persistent challenging behavior

Intensive Intervention

Targeted Supports

Secondary interventions for children identified as at risk

Universal approach including all children

Supportive Environments

Nurturing and Responsive Relationships

Step 3: Strengthen community service network of care for ACEs

Strengthen the community system of care to better meet the needs of children and families struggling with ACEs

1. Characterize existing ACEs services system of care by conducting a community-level social network analysis
 - Data collection at 2 timepoints using the PARTNER (Program to Analyze, Record, and Track Networks to Enhance Relationships) tool
2. Identify barriers and discrepancies between systems-level and personal networks of care (using a personal network analysis)
 - Parents of young children whose family has a high number of ACEs will complete a survey at the intervention ECE sites using the Person-Centered Network App
3. Develop and implement community-driven solutions to strengthen the ACEs system of care

STANCE PARTNER SURVEY

Preliminary Baseline Results

Visible Network Labs | May 15- June 24, 2020



**Rocky Mountain
Prevention Research Center**
colorado school of public health

SLV Community Participation

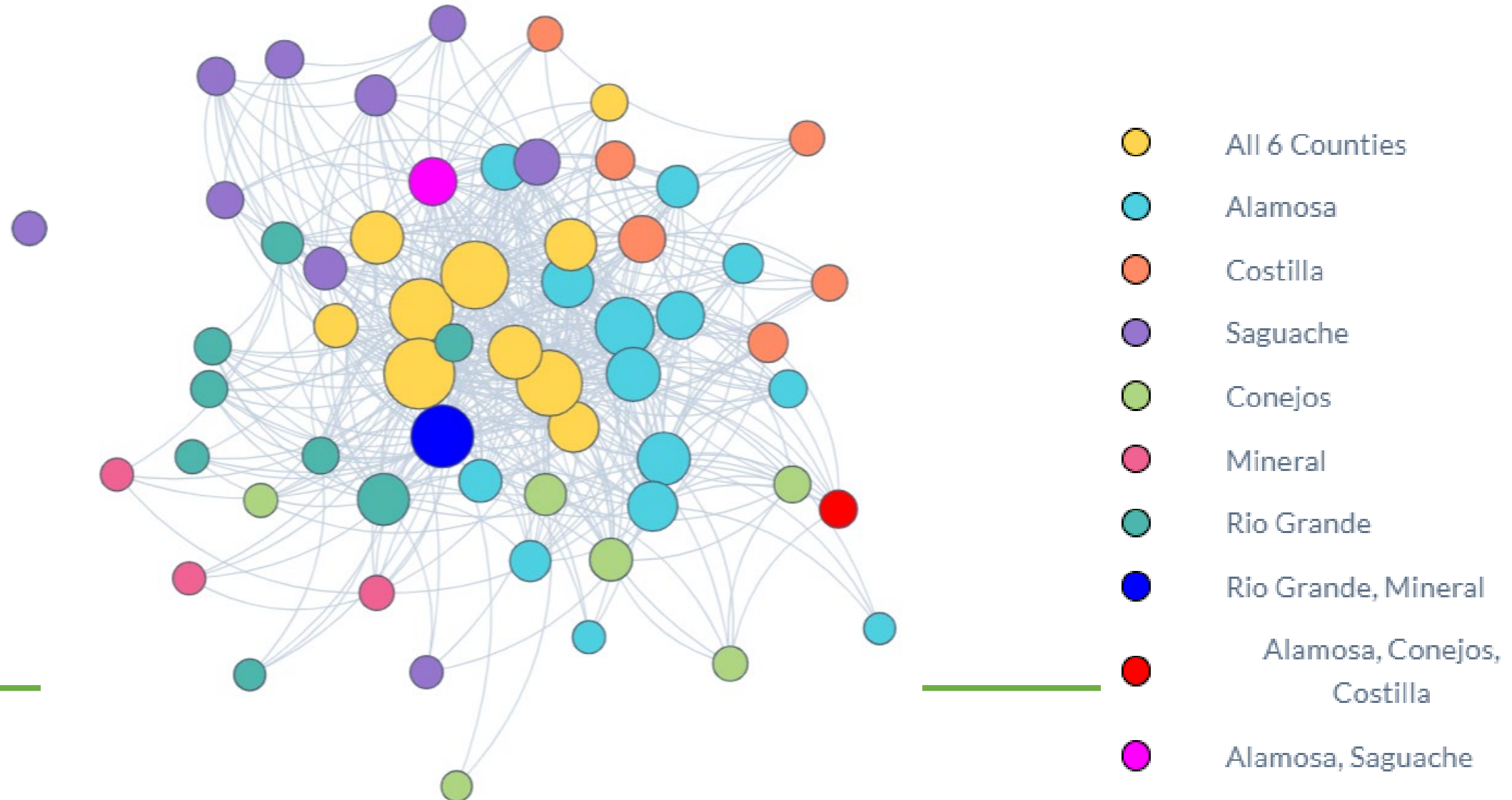
VisibleNetworkLabs

- 75% (44 of 59) Response Rate
- Health Care, Education, Public Health, Criminal Justice, Social Services



Network Map by Jurisdiction & Centrality

VisibleNetworkLabs

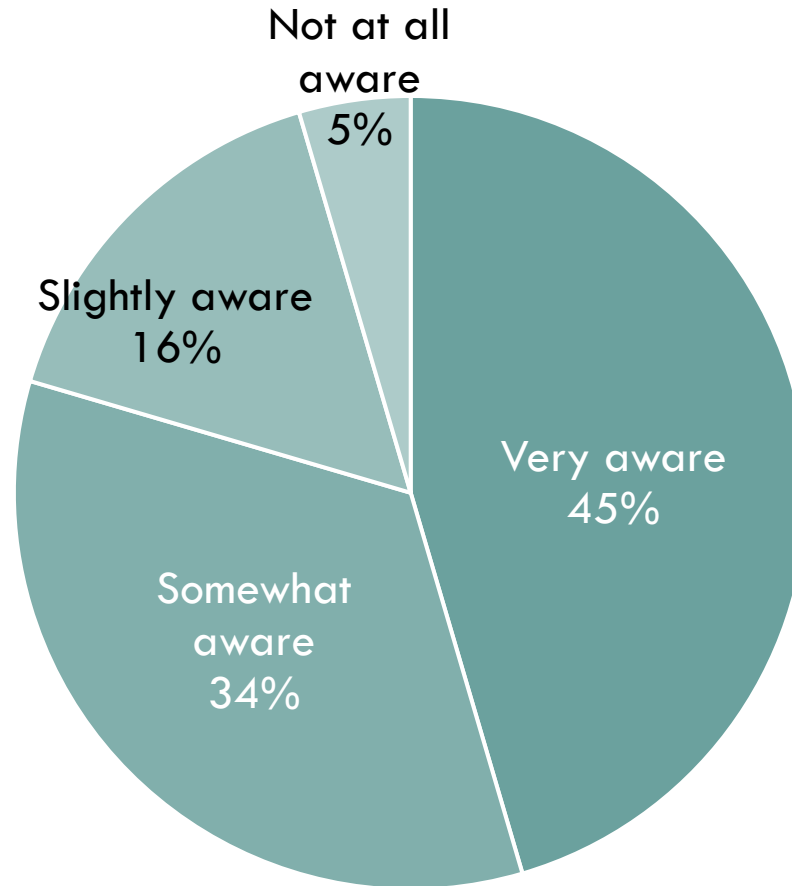


Center

colorado school of public health

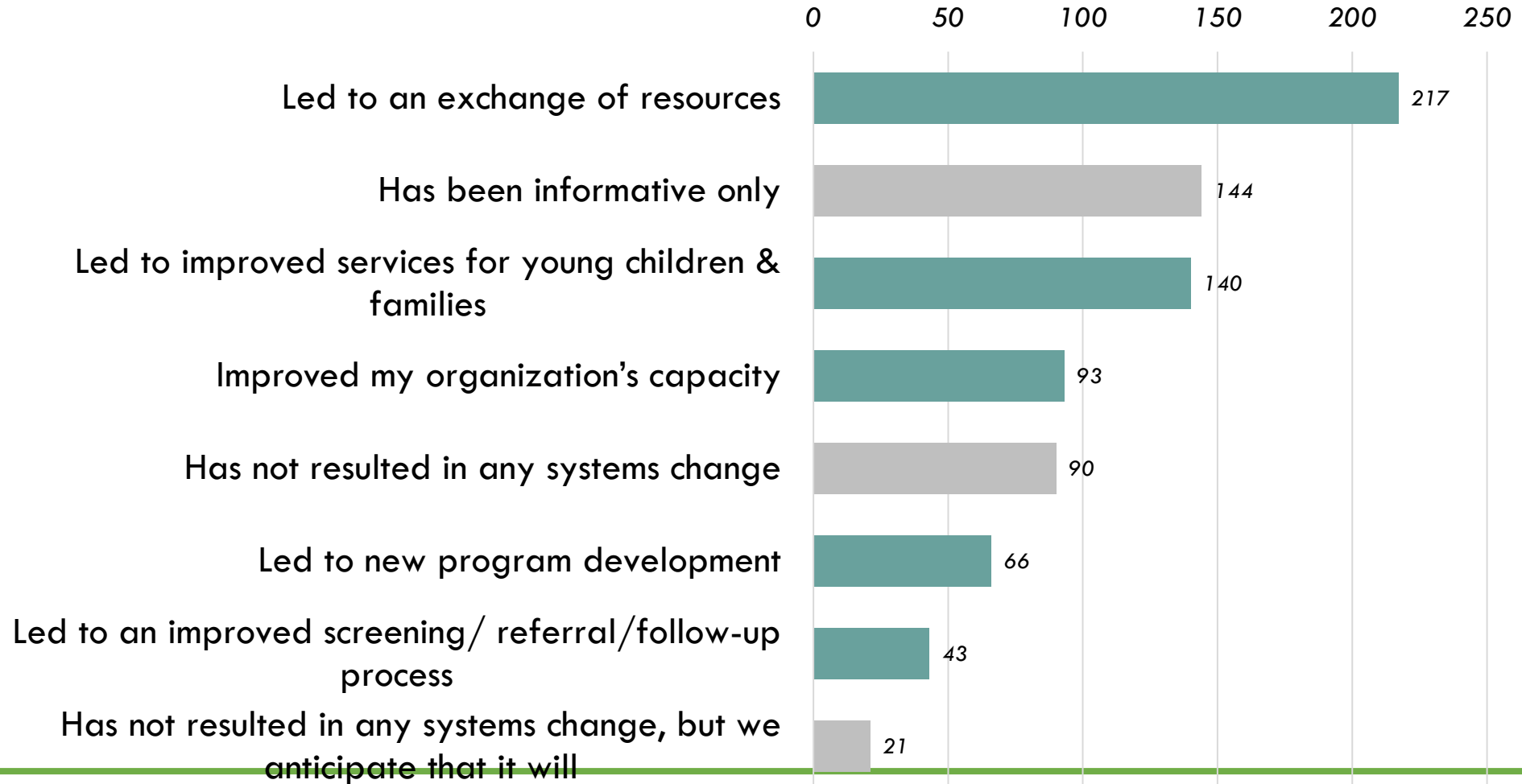
What is Your Awareness of ACEs?

VisibleNetworkLabs



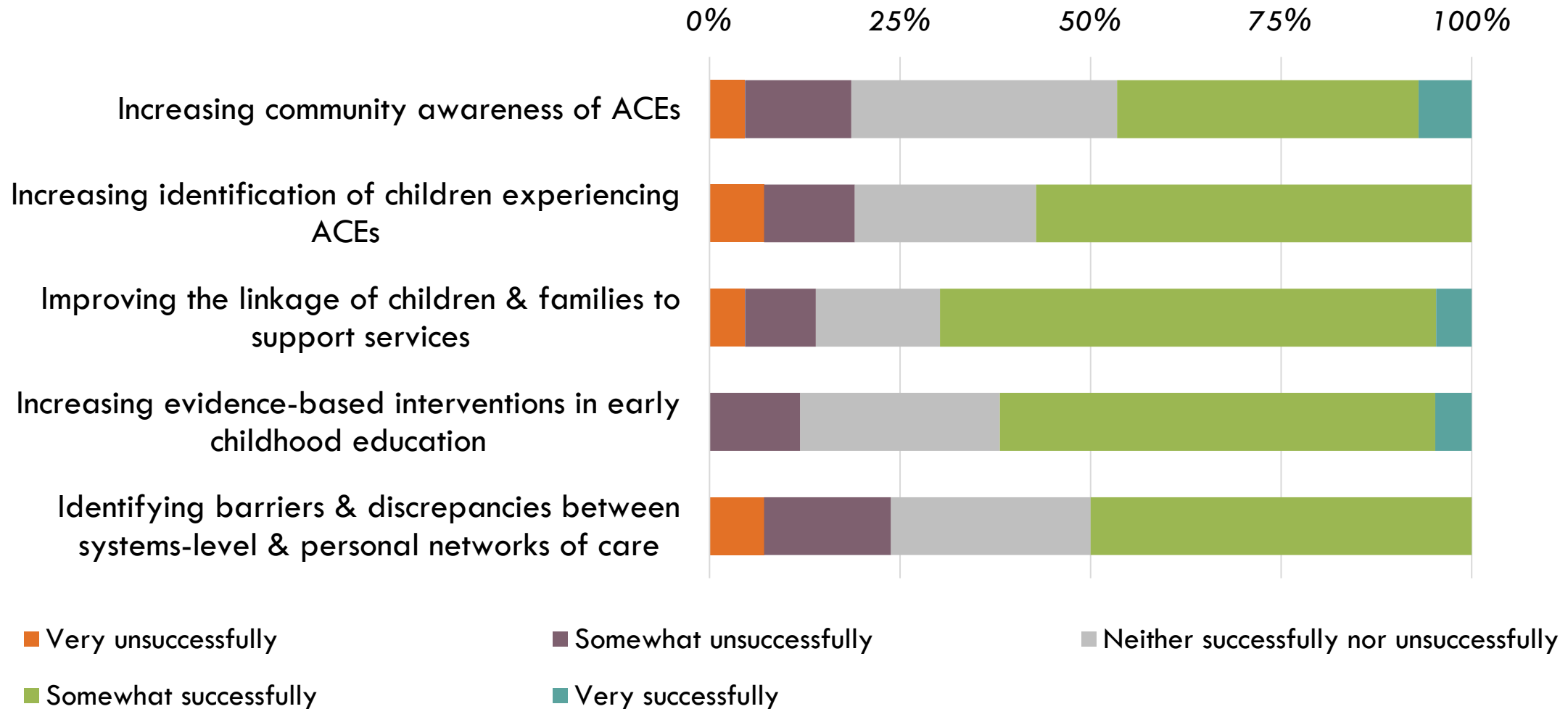
What Are the Outcomes of Community Relationships?

VisibleNetworkLabs



How Successful is the Community in Addressing ACEs?

VisibleNetworkLabs



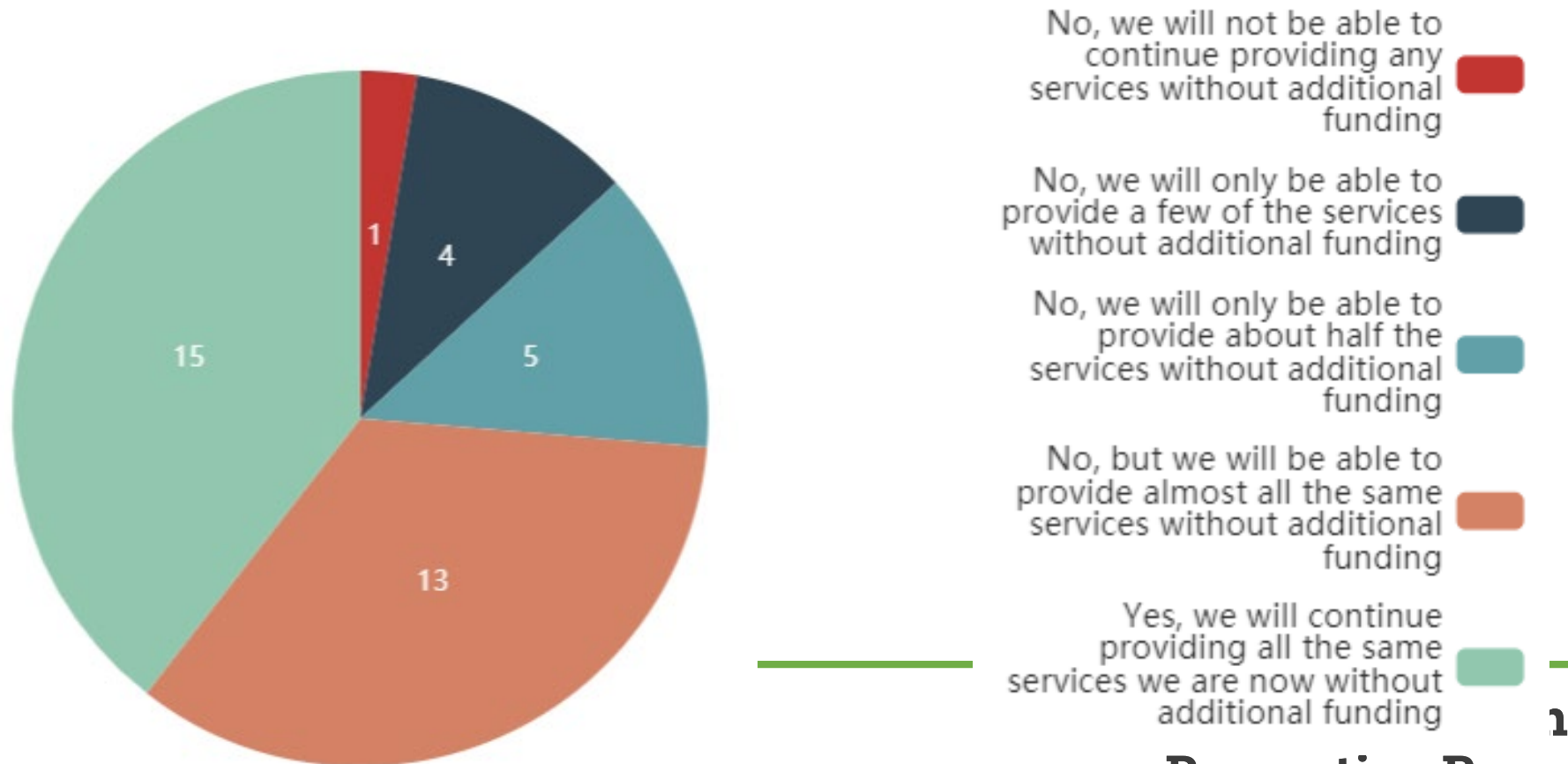
What Are the Barriers to Addressing ACEs?



COVID's Effect on Service Provision

VisibleNetworkLabs

Given all that is going on with the COVID-19 pandemic, do you think your organization can continue to provide the same level of services over the next 12 months for young children (birth to age 5) and their families in the SLV?



Prevention Research Center

colorado school of public health

Which Priority is Most Important?

VisibleNetworkLabs

Improving the linkage of children & families to support services	12
Identifying barriers & discrepancies between systems-level & personal networks of care	7
Increasing community awareness of ACEs	6
Increasing evidence-based interventions in early childhood education	5
Increasing identification of children experiencing ACEs	5

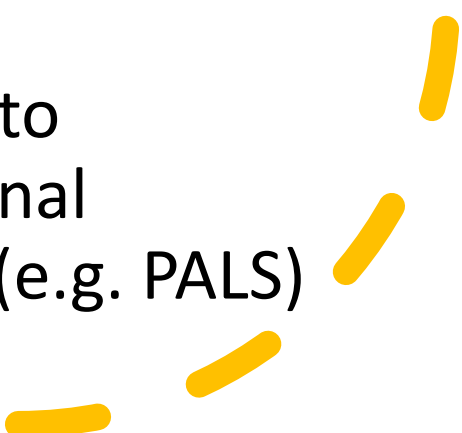
Rocky Mountain
Prevention Research Center
Colorado school of public health

Rocky Mountain
Prevention Research Center
Colorado school of public health

A large orange circle on the left side of the slide, partially cut off by the edge.

S.T.A.N.C.E

Next Steps

- Continue to assess quality, quantity and outcomes of partnerships
 - Identify areas of strengths/opportunities for growth
 - Invest in relationships
 - Leverage extant resources within the community
 - Continue data collection and implementation of STANCE in SLV for upcoming 3 years.
 - Work with community partners to implement and evaluate additional programming to address ACEs. (e.g. PALS)
- 
- A series of yellow dashed lines in the bottom right corner, forming a curved shape.

QUESTIONS?



Contact Information

RMPRC Website: <https://coloradosph.cuanschutz.edu/rmprc>

Join our mailing list:

<https://coloradosph.cuanschutz.edu/research-and-practice/centers-programs/rmprc/about-us/2-contact-us>

Check us out on Twitter: www.twitter.com/rmprc

Check us out on Facebook:

www.facebook.com/rockymountainpreventionresearchcenter