

Applying the ACEs Framework to Fatality Review and Prevention

March 8, 2017



About the National Center

The National Center for Fatality Review and Prevention is a resource and data center that supports child death review (CDR) and fetal and infant mortality review (FIMR) programs around the country.

It is funded in part by Cooperative Agreement Number UG7MC28482 from the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).



The Center aligns with MCHB priorities and performance and outcome measures such as:

- Healthy pregnancy
- Child and infant mortality
- Injury prevention
- Safe sleep

HRSA's overall vision for the Center

- Through delivery of data, training, and technical support, the Center will assist state and community programs in:
 - Understanding how CDR and FIMR reviews can be used to address issues related to adverse maternal, infant, child, and adolescent outcomes
 - Improving the quality and effectiveness of CDR/FIMR processes
 - Increasing the availability and use of data to inform prevention efforts and for national dissemination

Ultimate goal: improving systems of care and outcomes for mothers, infants, children, and families



Webinar Goals

Participants will:

- Understand how childhood experiences impact the health and opportunities of individuals and families
- Understand how ACEs are a public health issue
- Identify ways the ACEs framework and social determinants of health framework can complement each other
- Hear concrete examples of how ACEs framework can be applied to fatality review



Speaker Panel



Bethany Miller
Health Resources
and Services
Administration



Steve Wirtz
California
Department
of Health



Richard Murdock
R B Murdock
Consulting, LLC



Cathy Costa
Baltimore City
Health Department

Housekeeping

- **Webinar is being recorded and will be available with slides in a few days on our website: www.ncfrp.org. The Center will notify participants when it's posted**
- All participants will be muted in listen only mode
- Questions can be typed into the Question Window. Due to the large number of participants, we may not be able to get to all questions in the time allotted. The Center will answer all questions and post the answers on the NCFRP web site:

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



Creating Healing Communities: Addressing Adverse Childhood Experiences in Michigan

(A Michigan Health Endowment Funded Project)

Rick Murdock, MAHP Foundation Grant Coordinator



Economic Impact of Health Care

FACT: Nearly \$80 Billion -- estimated health care expenditures in Michigan, including out of pocket expenses

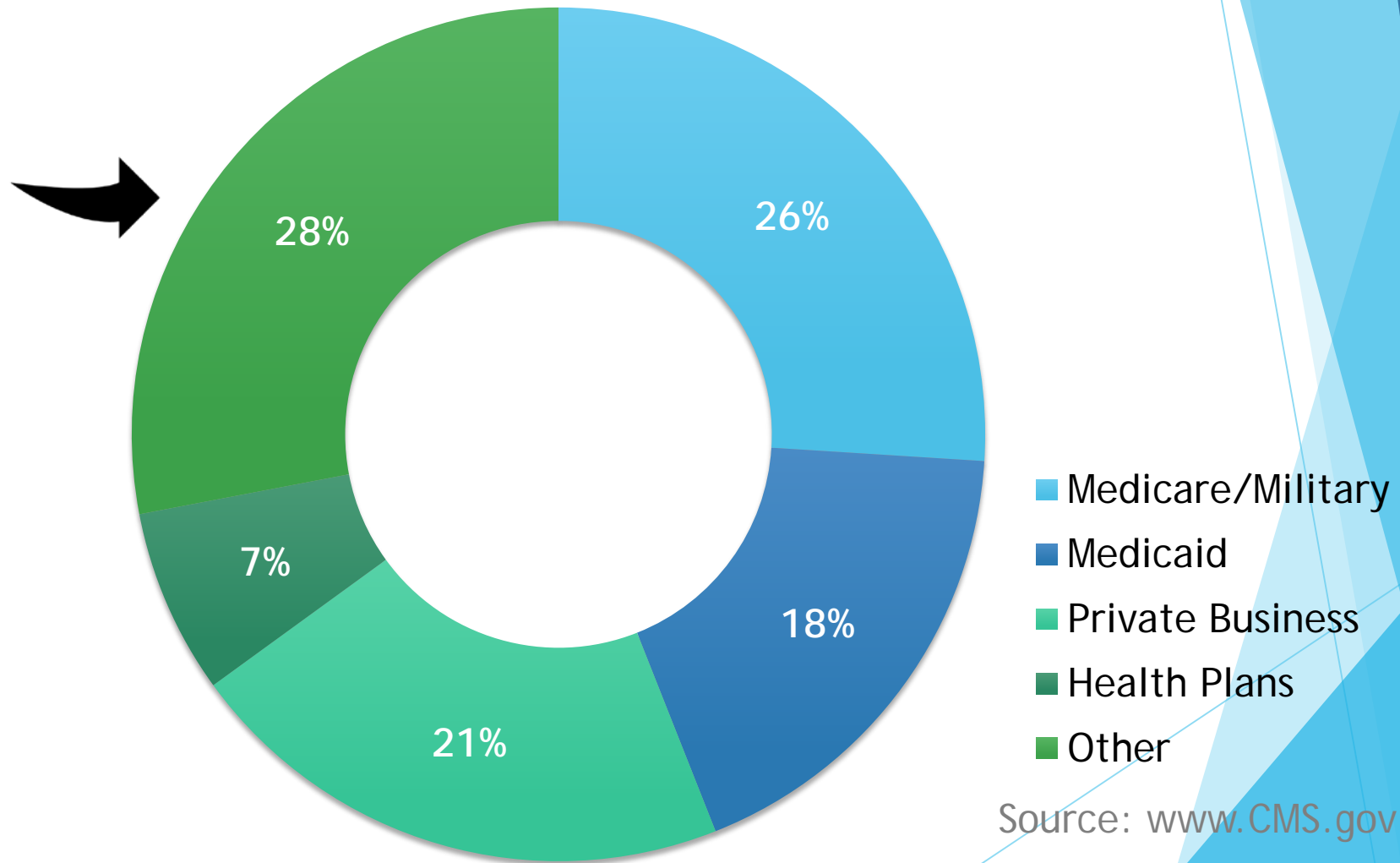
- ▶ As Result, Taxpayers Have huge responsibility:
 - ▶ Nearly one quarter of Michigan's Citizens are on Medicaid
 - ▶ Nearly 18% are on Medicare
- ▶ As Result, State Budget Health Expenditures are Stretched
 - ▶ Medicaid
 - ▶ State Employees and Retirees
- ▶ As Result, Individual Exposure to Health Care Costs Grows
- ▶ Major Political Issue: "Repeal/Replace Affordable Care Act, ACA"

What are our solutions?

Which is the largest spender in the U.S. health care system?

- A. Medicare and Military/VA
- B. Medicaid
- C. Private business
- D. Health Plans
- E. Other

Economic Impact of Health Care



Economic Impact of Health Care

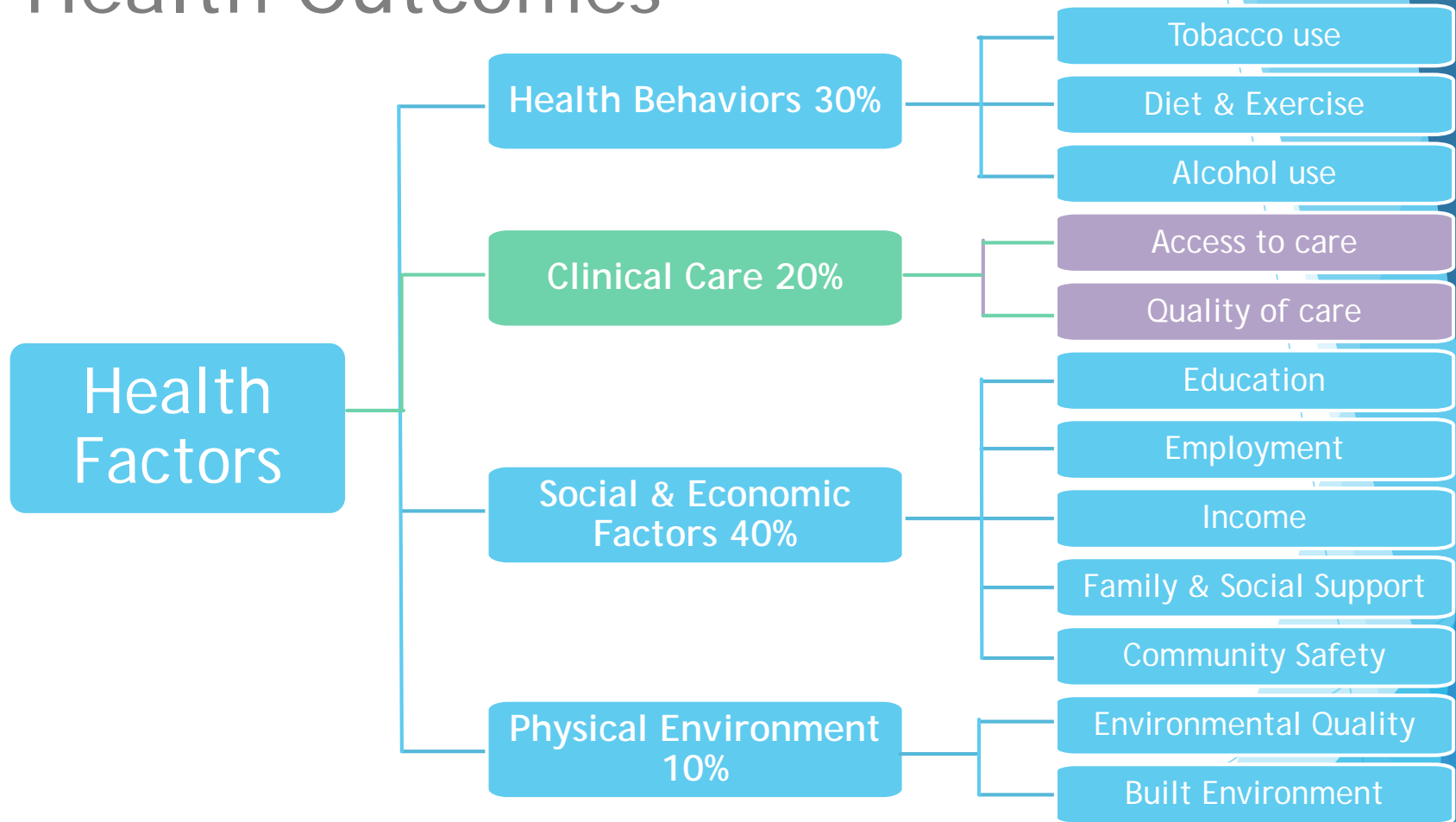
- ▶ What do we typically do to address costs of health care?
 - ▶ Increase insurance coverage (ACA, Exchange, Medicare, employer coverage incentives)
 - ▶ Negotiate Preferred Provider arrangements & networks
 - ▶ Establish patient center medical home/health home
 - ▶ Increase consumer “responsibility”—copay/deductibles, etc
 - ▶ Promote Wellness/Health Promotion

These efforts may “at best” reduce the rate of increase due to demographics, prevailing health status, chronic diseases

Economic Impact of Health Care

- ▶ Should we begin to look at how long term investments can affect our health care—and if so how, what, when, where?

Health Factors Affecting Health Outcomes



ACE Study

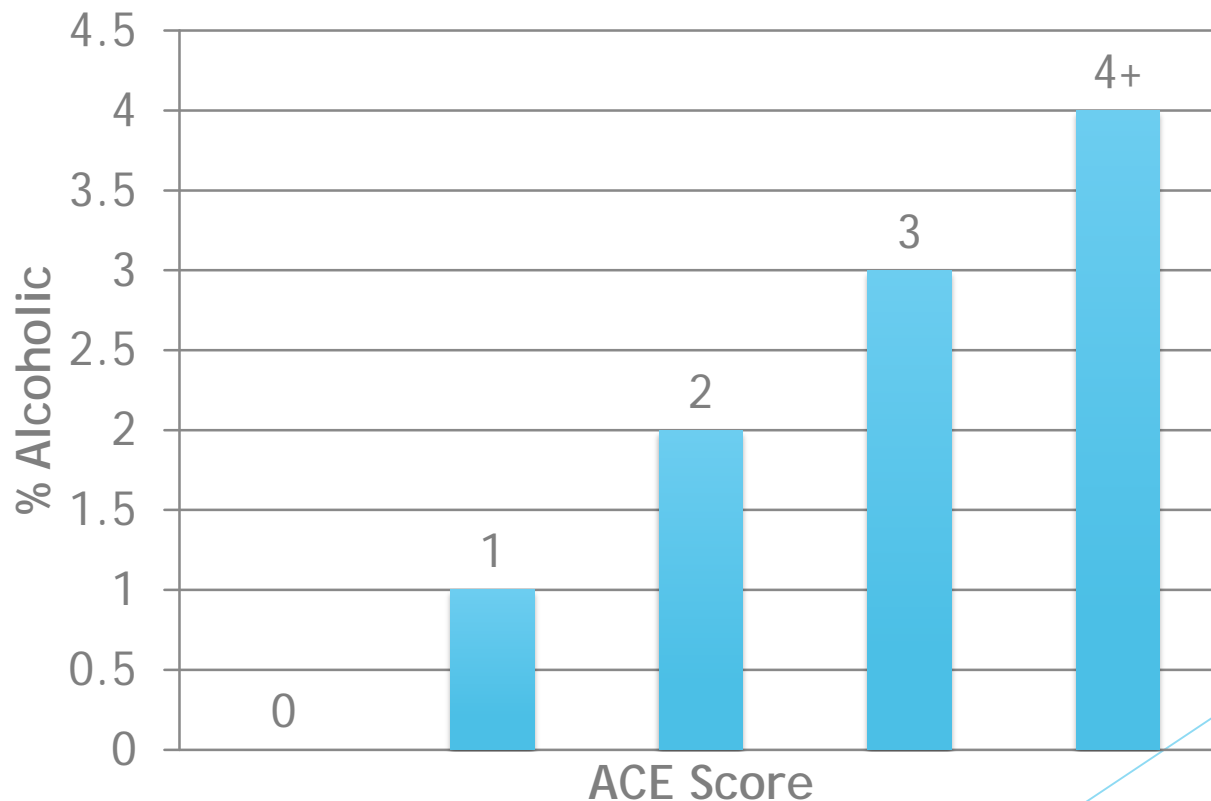
- ▶ Retrospective cohort study of Kaiser Permanente HMO population in San Diego
 - ▶ Over 17,000 participants
 - ▶ Average age of 57
- ▶ Study of the impact of adverse childhood experiences on health throughout the lifespan
- ▶ ACEs are very common but largely unrecognized
- ▶ ACE's are the basis for much of adult medicine and of many common public health and social problems
- ▶ ACEs are strong predictors of later social malfunction, mental illness, health risks, disease and premature death
- ▶ ACEs are interrelated, not solitary
- ▶ ACEs are the *leading* determinant of the health and social and economic outcomes of our nation

Studies Identified 10 ACE Categories - “Stressors”

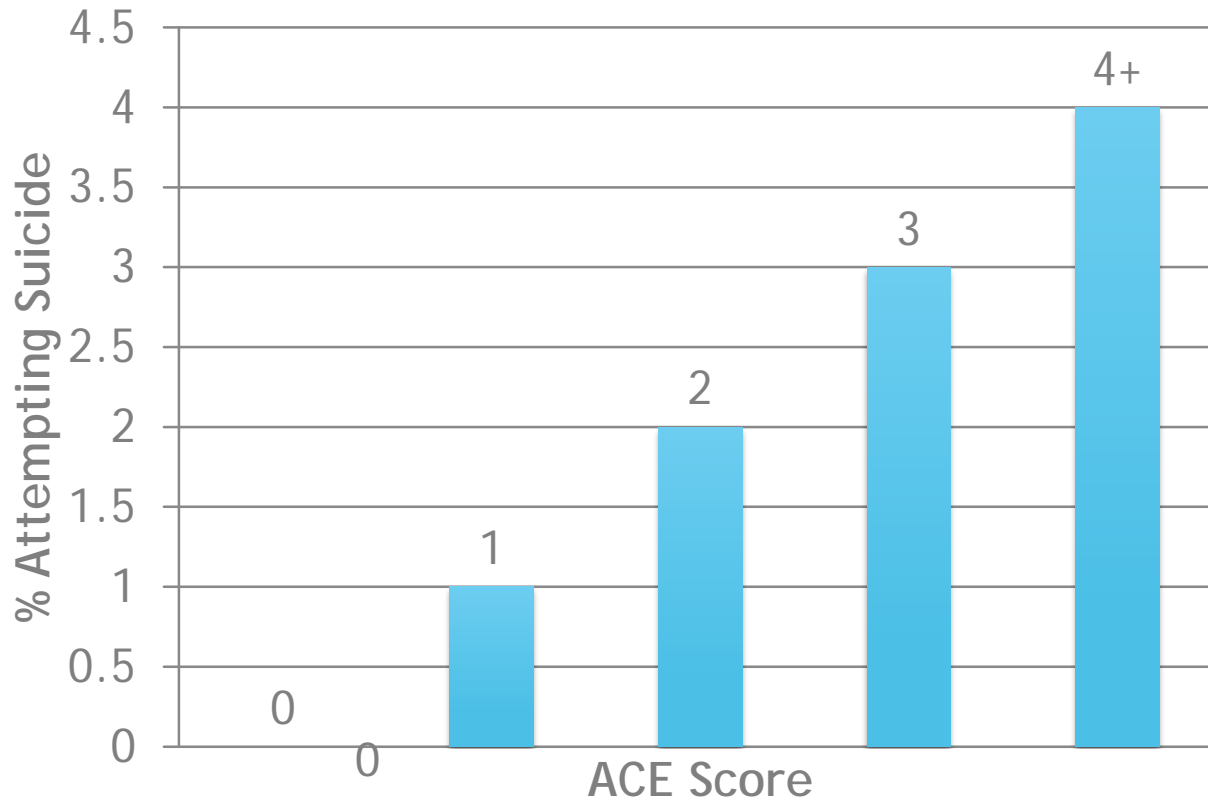
1. Recurrent emotional abuse
2. Recurrent physical abuse
3. Sexual abuse
4. Witnessed domestic violence
5. Household alcohol or drug abuse
6. Household member who is depressed, suicidal or mentally ill
7. Parents separated/divorced
8. Incarcerated household member
9. Emotional neglect
10. Physical neglect

Health Risks:

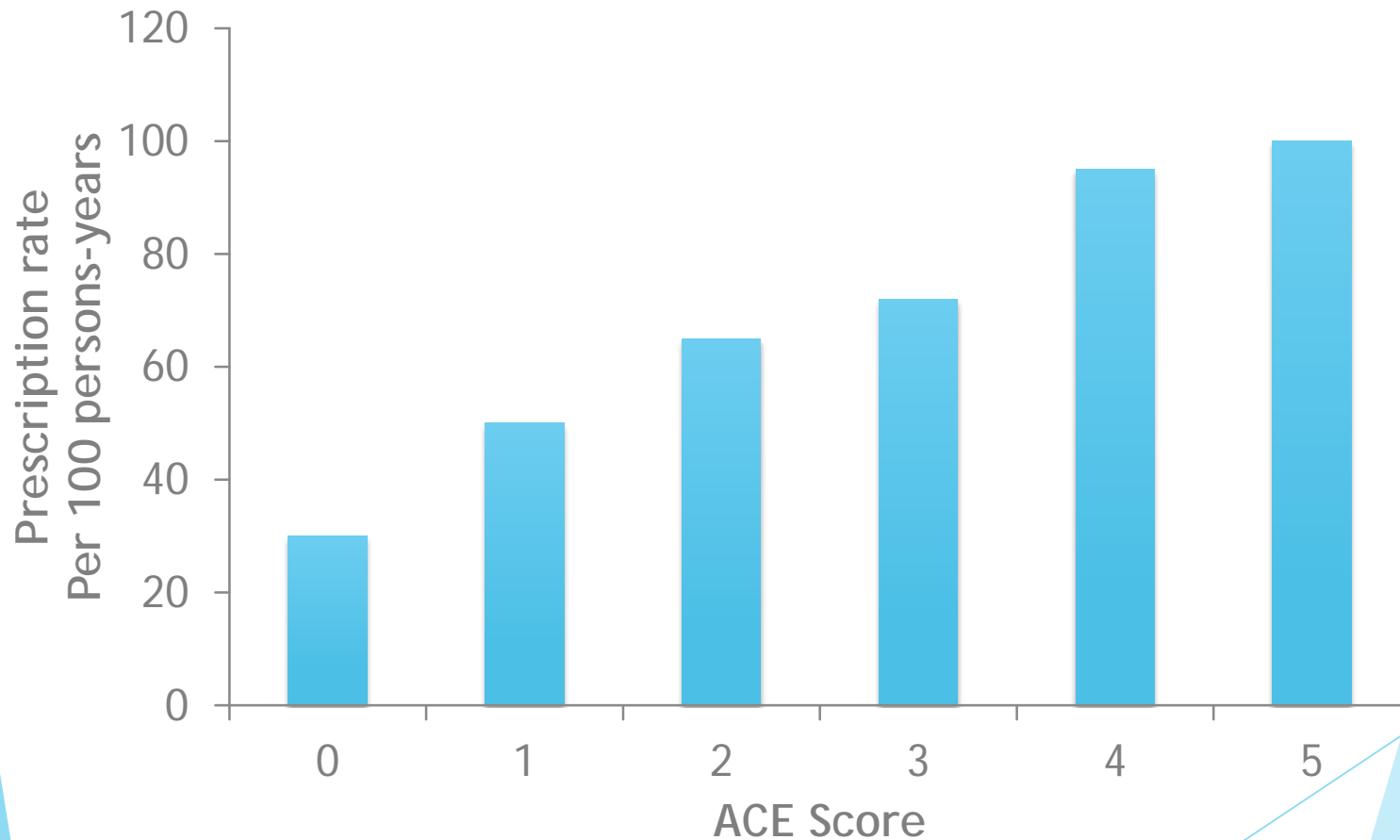
Childhood Experiences vs. Adult Alcoholism



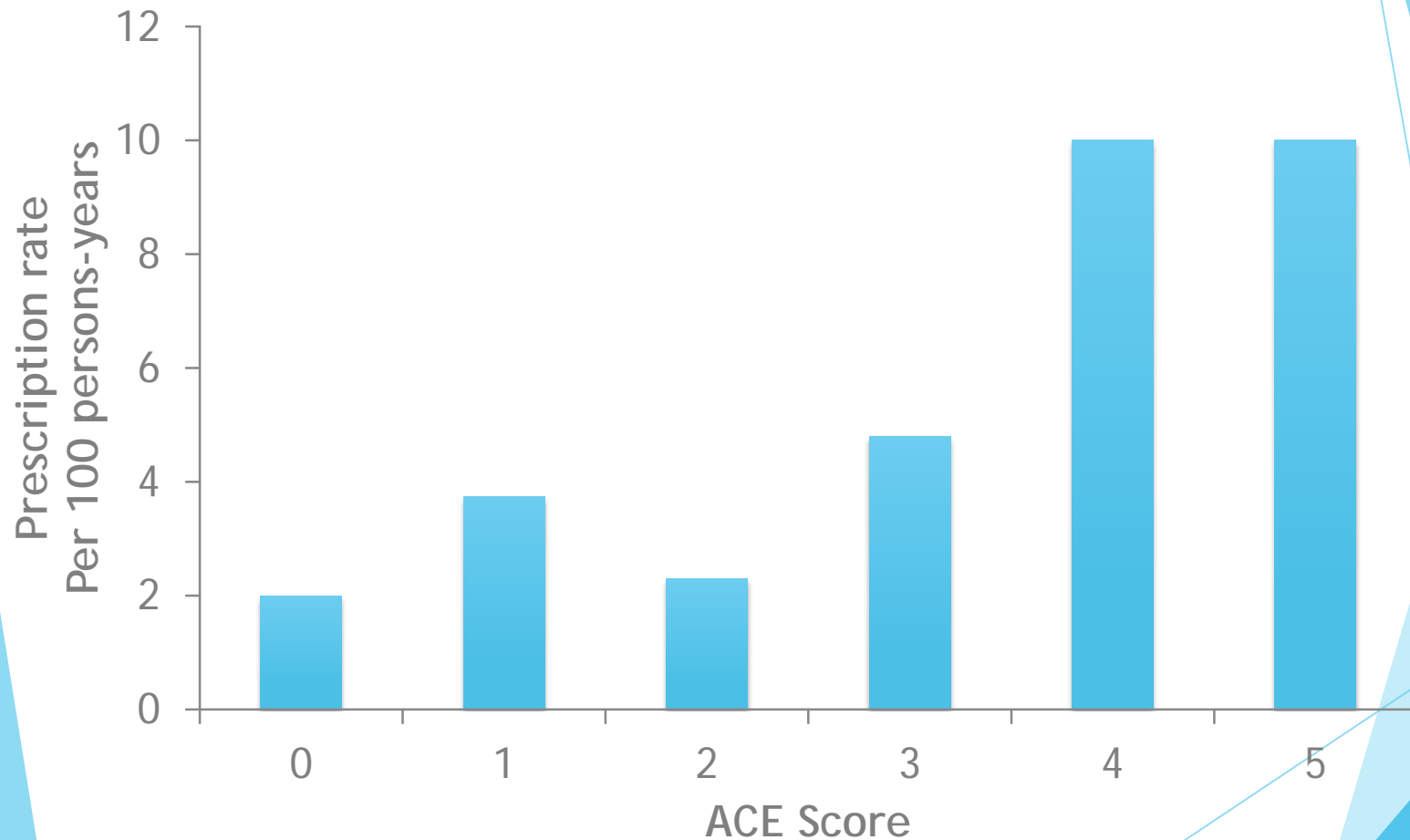
Childhood Experiences Underlie Suicide



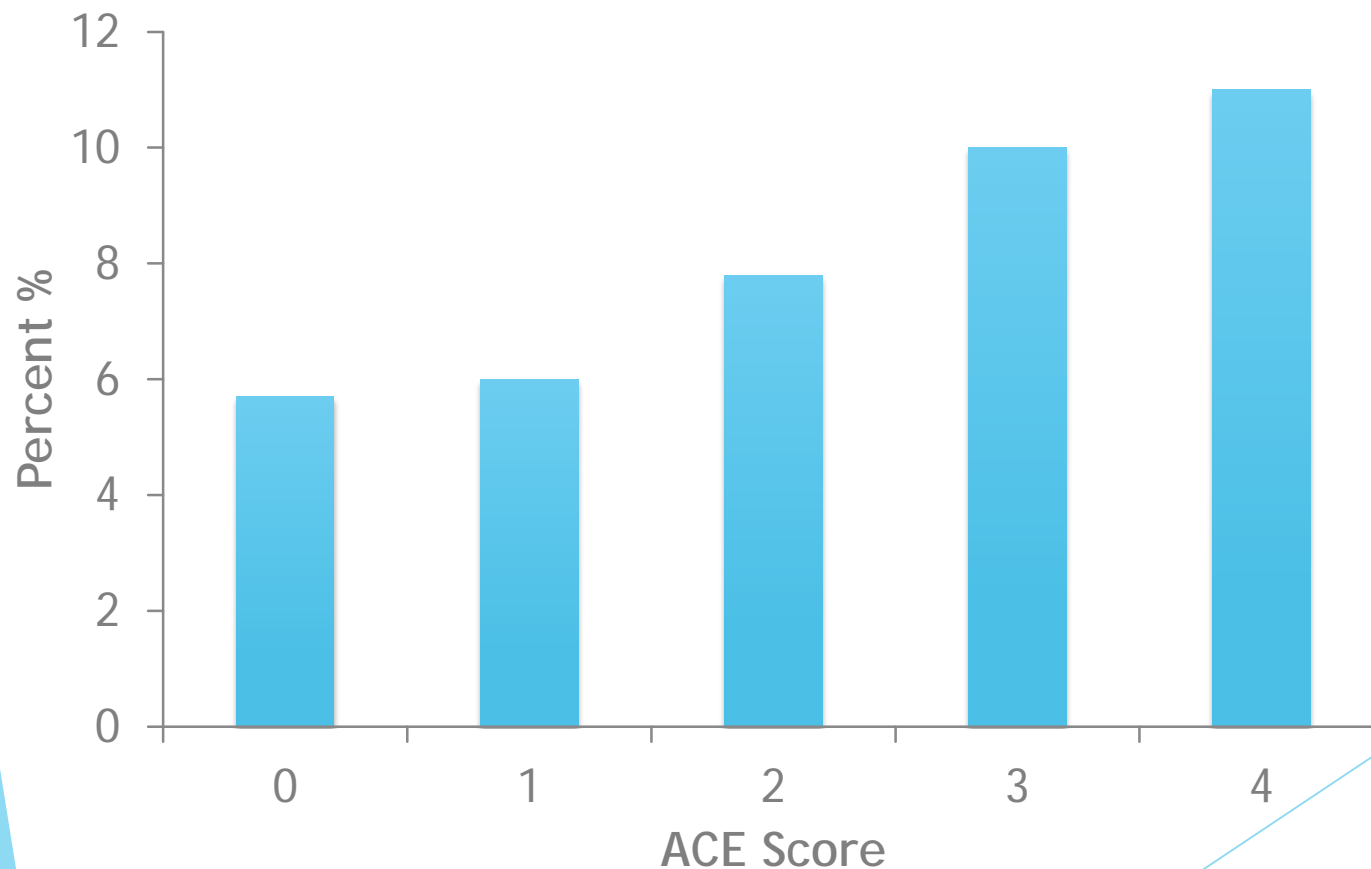
ACE Score & Rates of Antidepressant Prescriptions



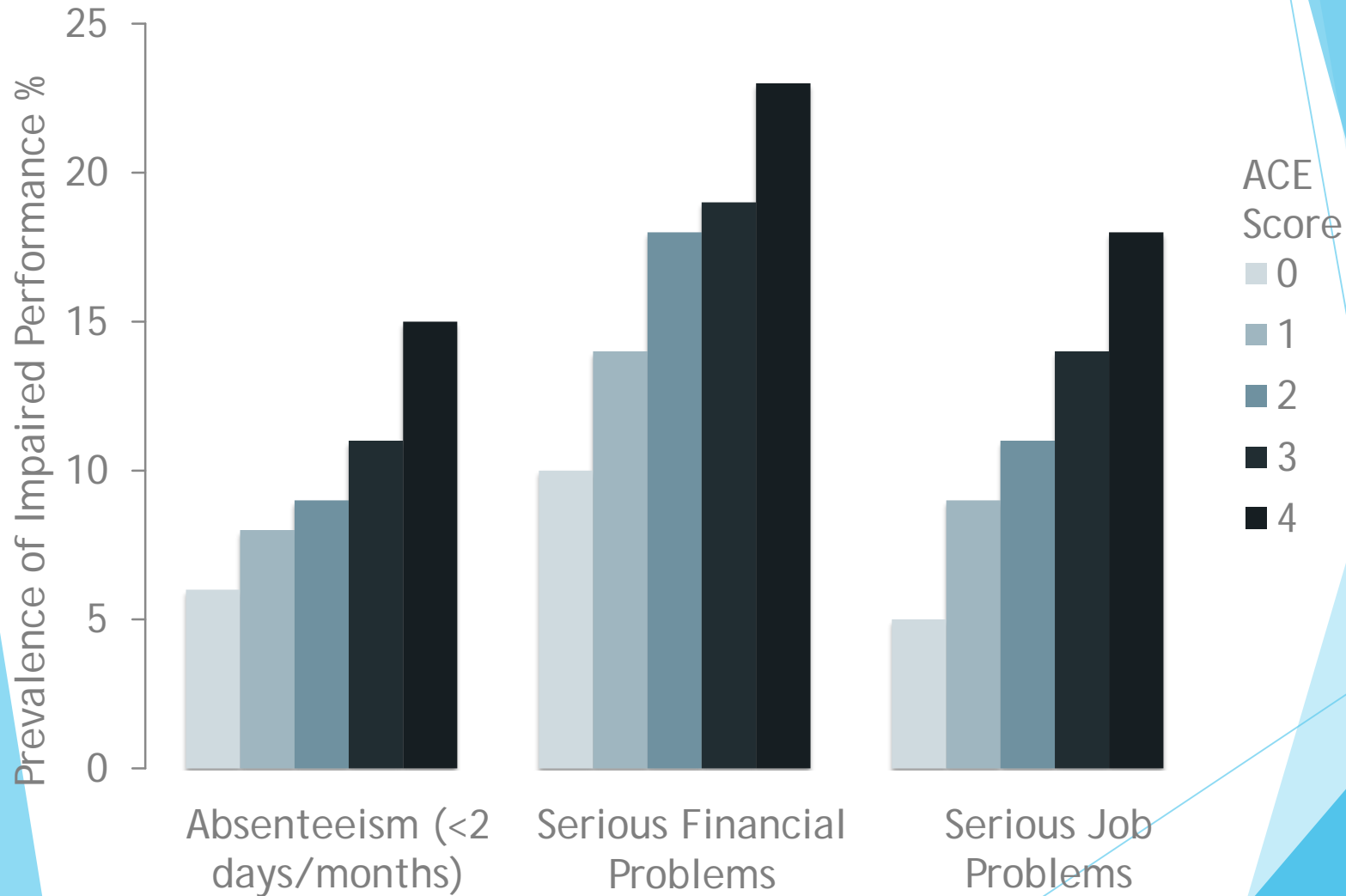
ACE Score and Rates of Antipsychotic Prescriptions

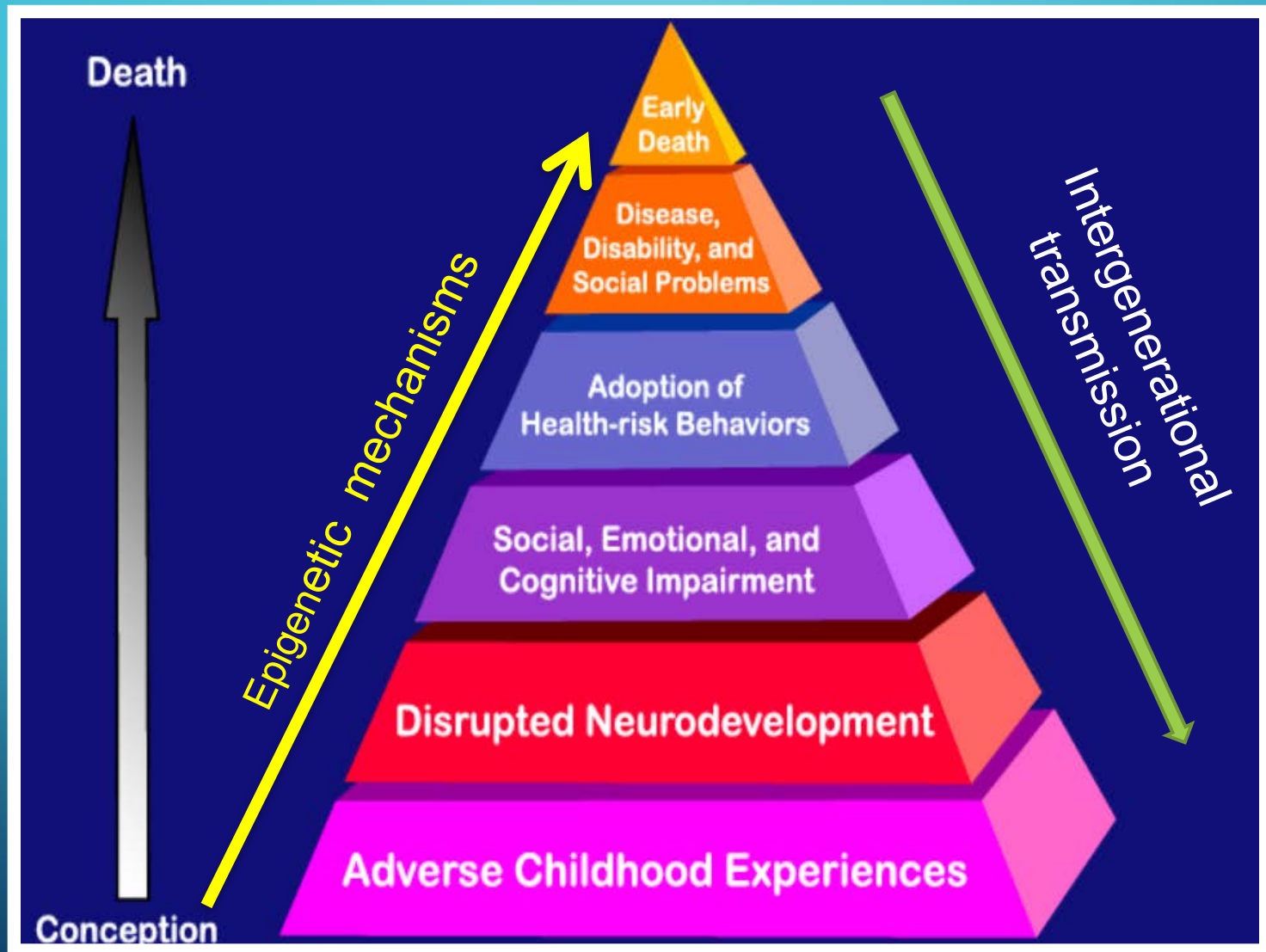


The ACE Score and the Prevalence of Liver Disease (Hepatitis/Jaundice)



ACE Score and Indicators of Impaired Worker Performance





ACE Findings

Disrupted Neural Development



PET Scans

Healthy brain
vs.
the effects of
extreme
deprivation
beginning at
infancy

See also the work of Dr. Bruce Perry at www.childtrauma.org

ACE Study Findings

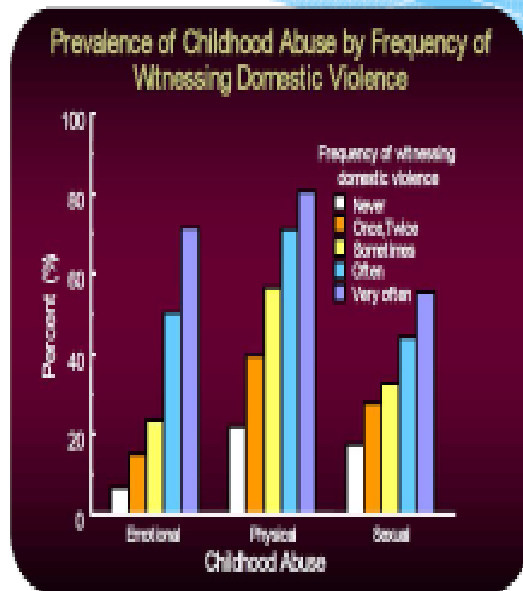
- ▶ As ACE scores goes up, so does risk for:
 - ▶ Smoking
 - ▶ Organic disease (pulmonary, heart & liver disease)
 - ▶ Adult alcoholism & drug use
 - ▶ Depression and suicide attempts
 - ▶ Multiple sexual partners
 - ▶ STD's and Rape (from 5% to 33%)
 - ▶ Risk for intimate partner violence
 - ▶ Addictions
 - ▶ Dying early
 - ▶ Job problems and lost time from work
- Adverse Childhood experiences are the most basic and long-lasting cause of health risk behaviors, mental illness, social malfunction , disease, disability, premature death and health care costs

Findings of the ACE Study

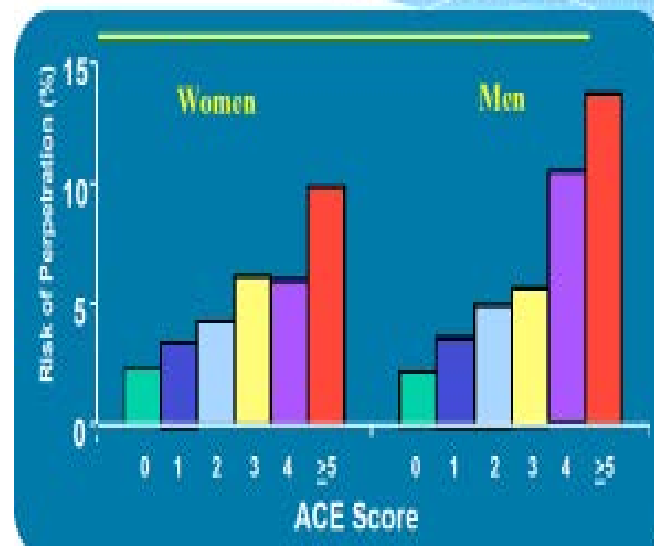
- ▶ ACE score of 6 or higher in populations — an amount 20-year shortening of lifespan
- ▶ ACE score of 4 in populations — 260% more likely to have Chronic Obstructive Pulmonary Disorder (COPD) than a person with an ACE Score of 0
- ▶ ACE score of at least 7 in populations -- increased the likelihood of childhood/adolescent suicide attempts 51-fold and adult suicide attempts 30-fold
- ▶ ACE scores of 4 or higher in populations -- increases the chance of having self-acknowledged alcoholism as an adult by 500% (with a history of parental alcoholism).
- ▶ ACE Scores of 4 or more in populations were 12 times more likely to have attempted suicide, 7 times more likely to be alcoholic and 10 times more likely to have injected street drugs

Adverse Childhood Experience and Future Domestic Violence Risk

Domestic Violence and the Risk of Other ACEs



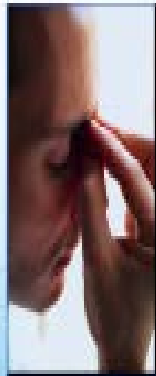
ACE Score and the Likelihood of Perpetrating Domestic Violence



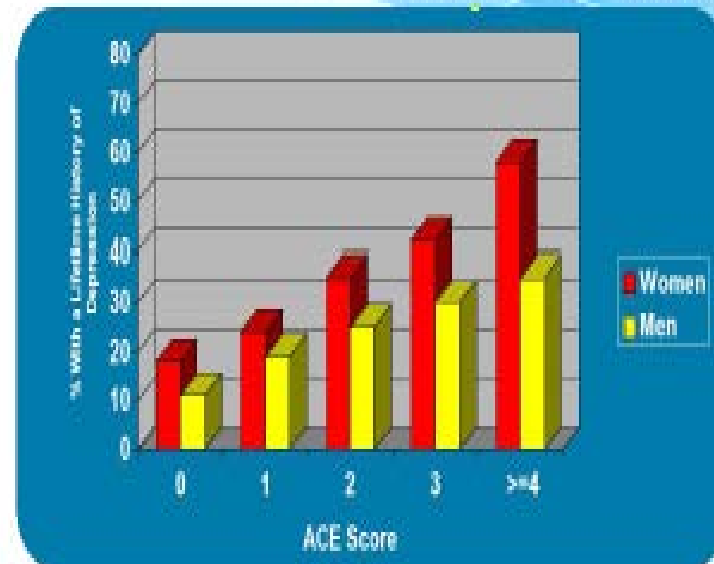
Adverse Childhood Experience and Depression

Depression

- * Most say depression is a disease.
- * Many say depression is genetic.
- * Some say it is due to a chemical imbalance.
- * *But what if depression were not a disease....but a normal response to life events?*



Childhood Experiences Underlie Chronic Depression



Adverse Childhood Experience and Addiction

Changing How We Think About Addiction

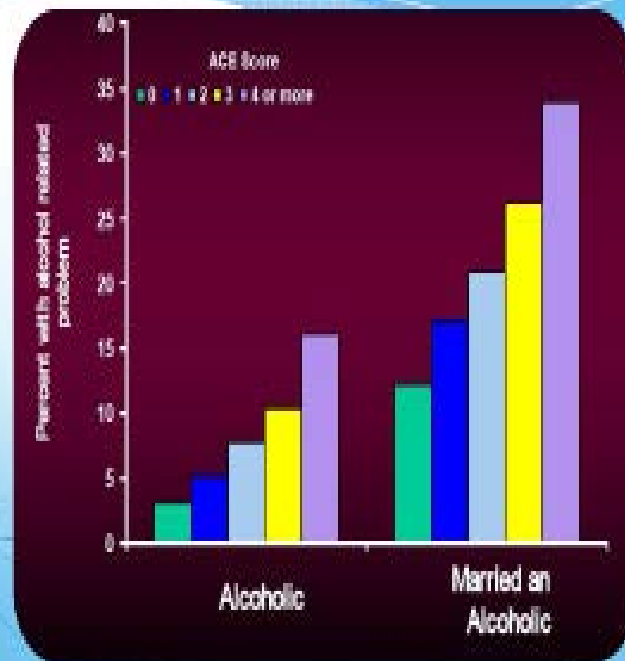
* Traditional Concept:

- Addiction is due to the characteristics intrinsic in the molecular structure of some substance.

* The ACE Study Challenges that Concept by Showing:

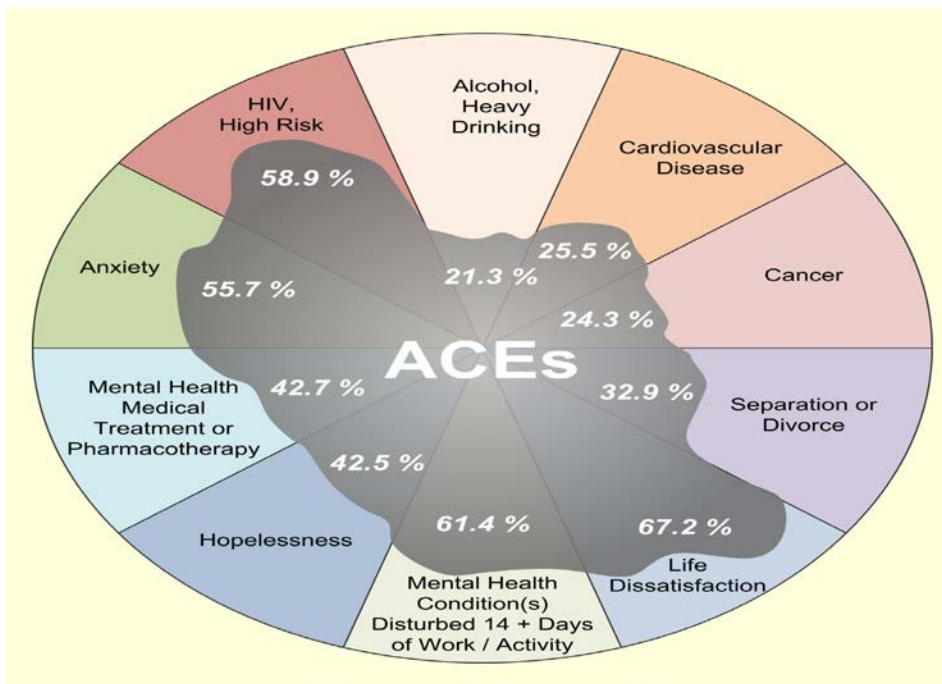
- Addiction highly correlates with characteristics intrinsic to that individual's childhood experiences.

ACE Score and Alcohol Use and Abuse



Population Attributable Risk

A large portion of many health, safety and prosperity conditions is attributable to Adverse Childhood Experience.

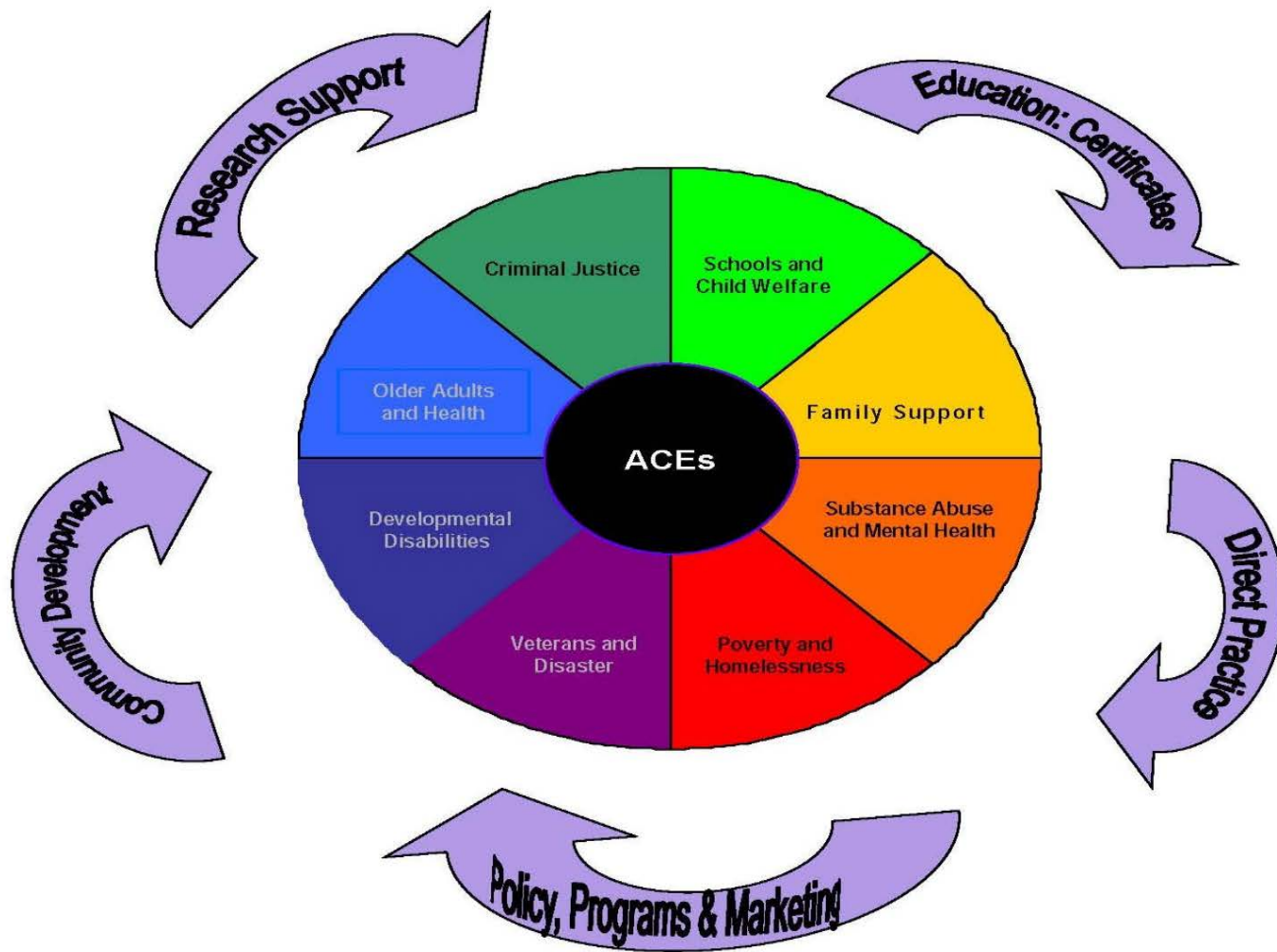


ACE reduction reliably predicts a decrease in all of these conditions simultaneously.

Untreated Adverse Early Childhood Events Only Exacerbate Over Time



Source: Adverse Childhood Experiences (ACE) Study. Information available at <http://www.cdc.gov/ace/index.htm>

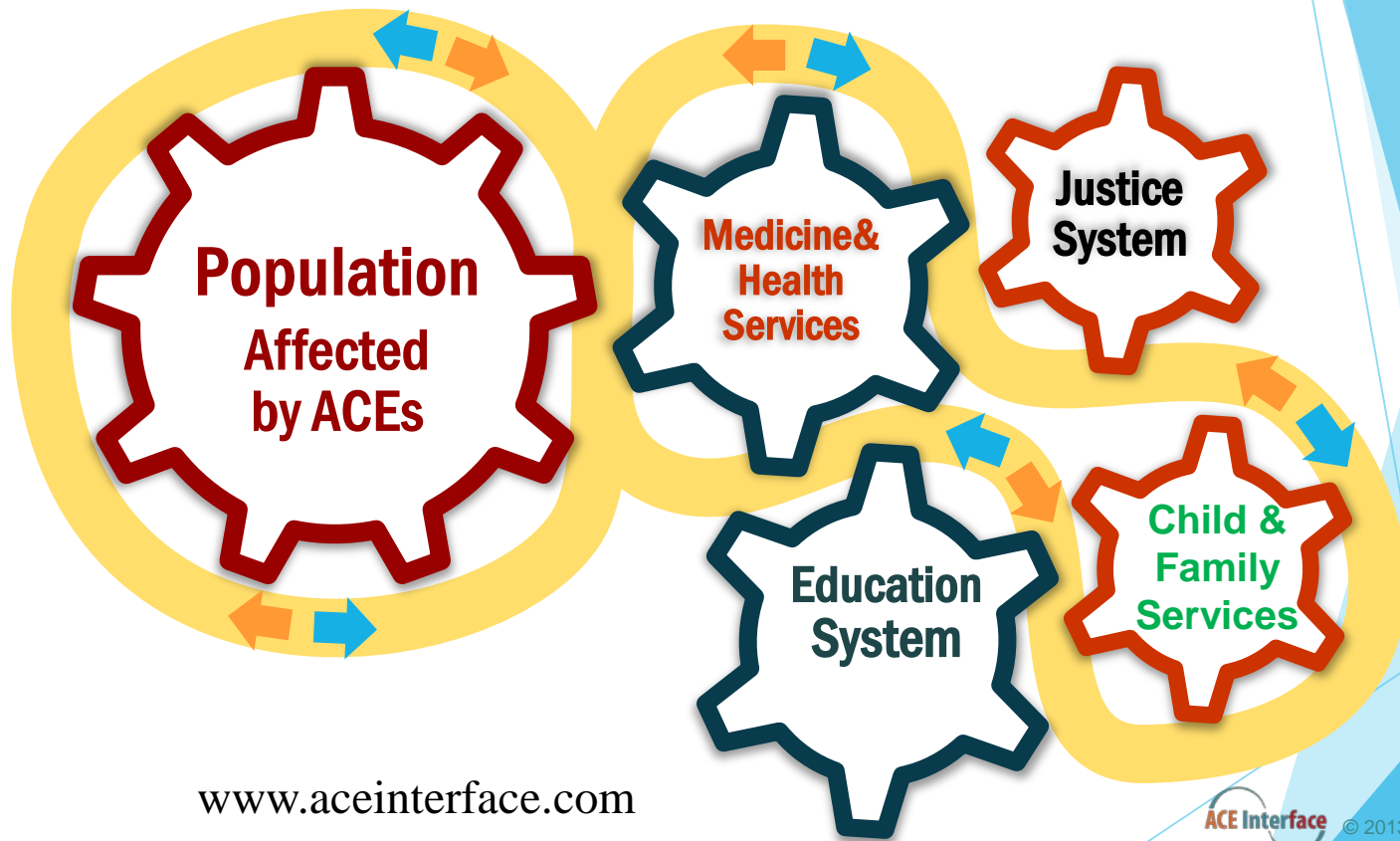


Final insights from the ACE study

- Adverse childhood experiences are common but typically unrecognized.
- Their link to major problems later in life is strong, proportionate, and logical.
- They are the nation's *most basic* public health problem.
- It is comforting to mistake intermediary mechanism for basic cause.
- What presents as the 'Problem' may in fact be an attempted solution.
- Treating the solution may threaten people and cause flight from treatment.
- Change will be resisted by us in spite of enormous benefits.

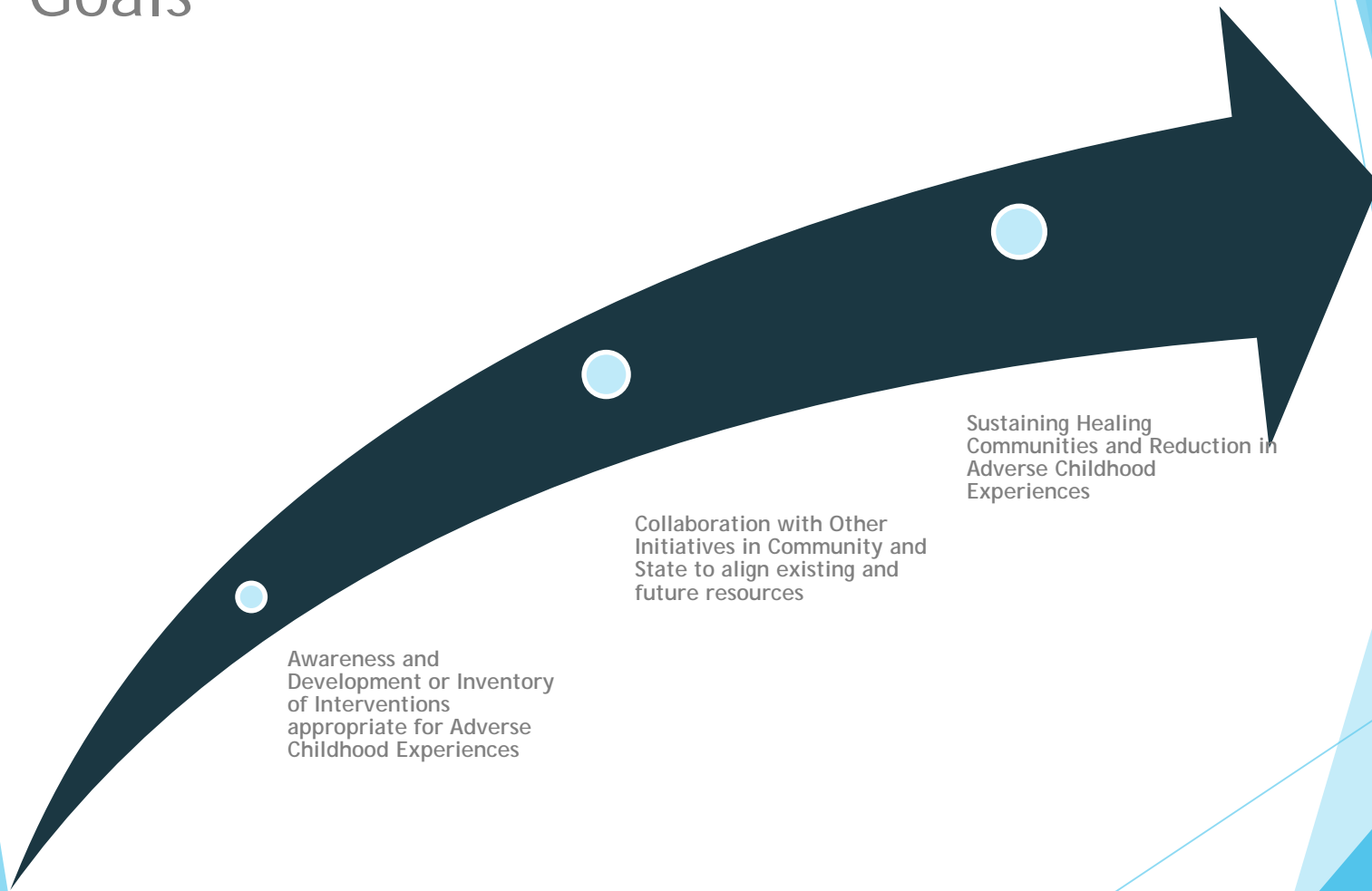
ACE Category	Prevalence in Original ACE Study	Prevalence in Michigan (BRFSS Surveillance 2013)
<u>Abuse:</u> —Emotional —Sexual —Physical	11% 21% 26%	35% 11% 17%
<u>Family Dysfunction:</u> --Incarcerated Relative --Violence on Mother --Mental Illness in Home --Parental Divorce --Substance Abuse	10% 13% 19% 23% 28%	8% 16% 16% 27% 27%
<u>Neglect:</u> --Physical --Emotional	10% 15%	N.A. N.A.

Building Self-Healing Communities



www.aceinterface.com

Creating Healing Communities: Addressing Adverse Childhood Experience in Michigan Project Goals

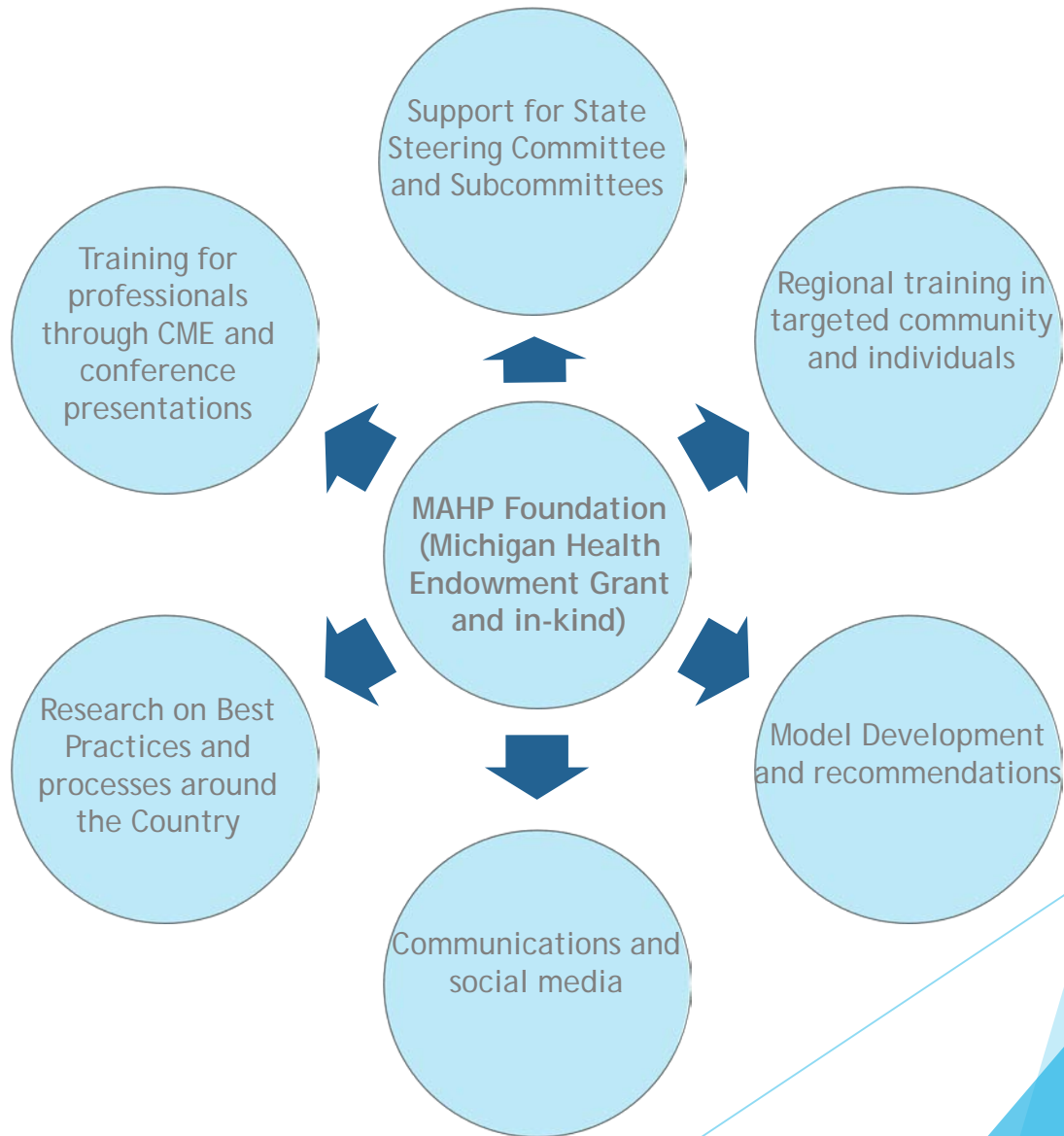


Awareness and Development or Inventory of Interventions appropriate for Adverse Childhood Experiences

Collaboration with Other Initiatives in Community and State to align existing and future resources

Sustaining Healing Communities and Reduction in Adverse Childhood Experiences

MAHP Foundation Allocation of Resources



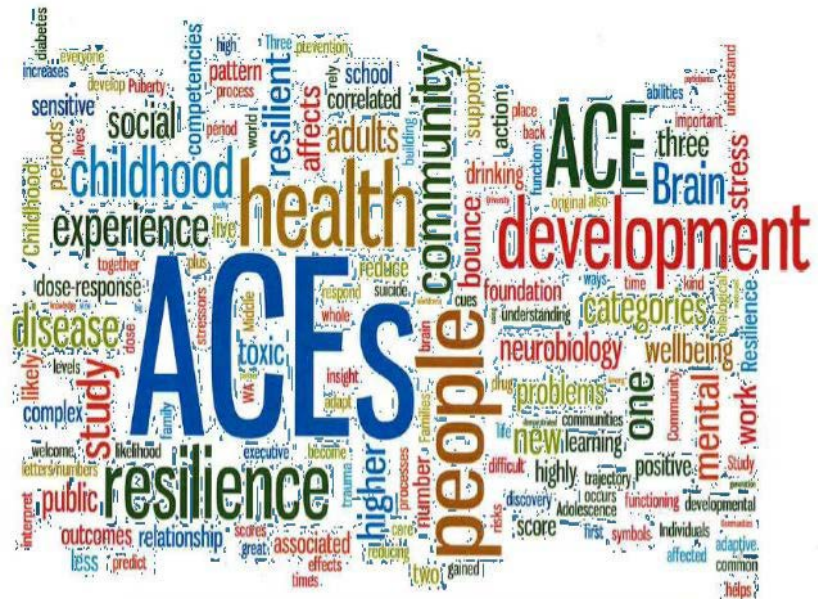
Michigan Association of Health Plan's Foundation

Creating Healing Communities: Addressing Adverse Childhood Experiences in Michigan (A Michigan Health Endowment Funded Project)

www.mahp.org/ace-grant

Rick Murdock, Grant Coordinator
Richardbrucemurdock@gmail.com

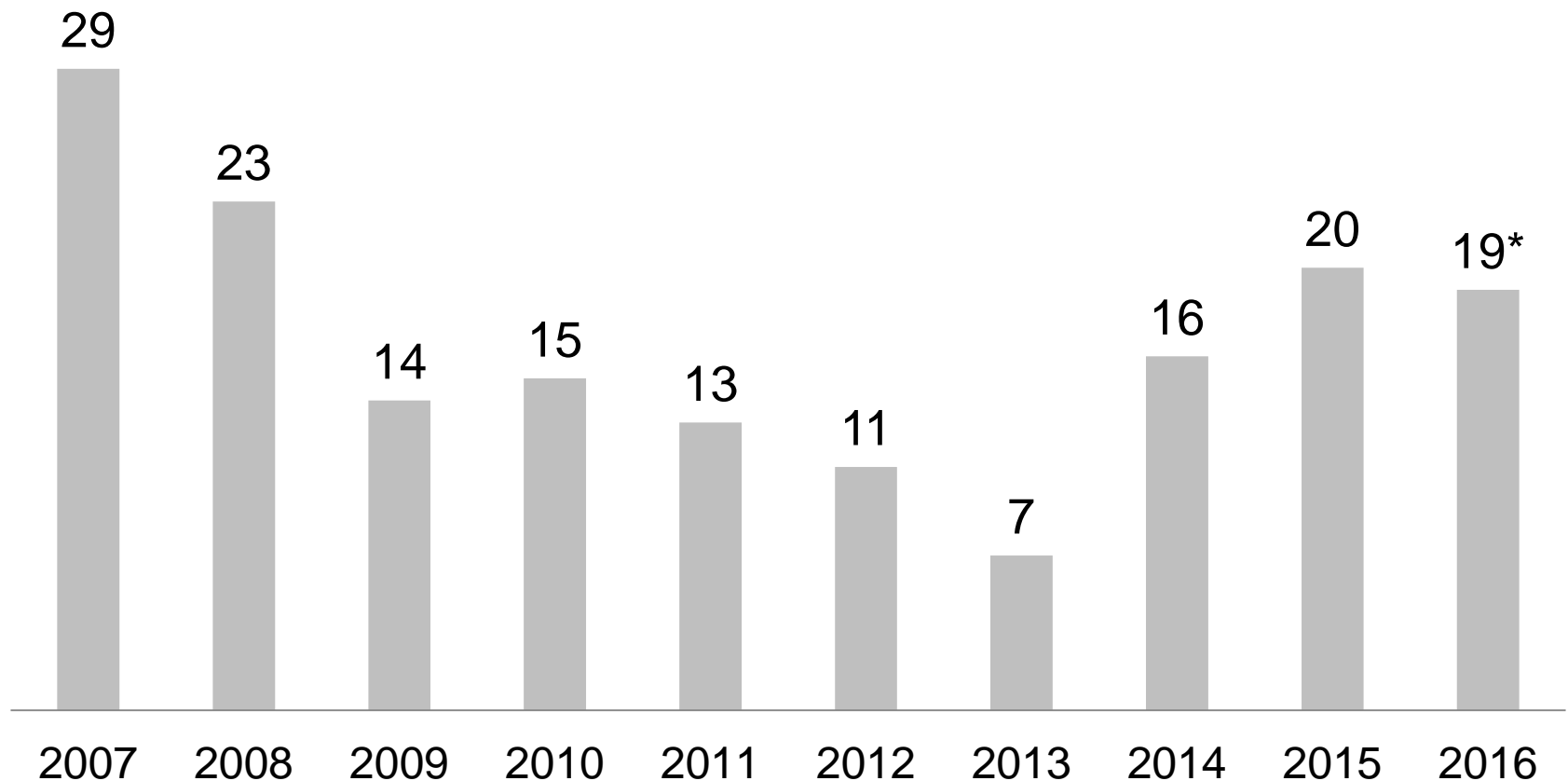




Trauma & Resilience in Baltimore City

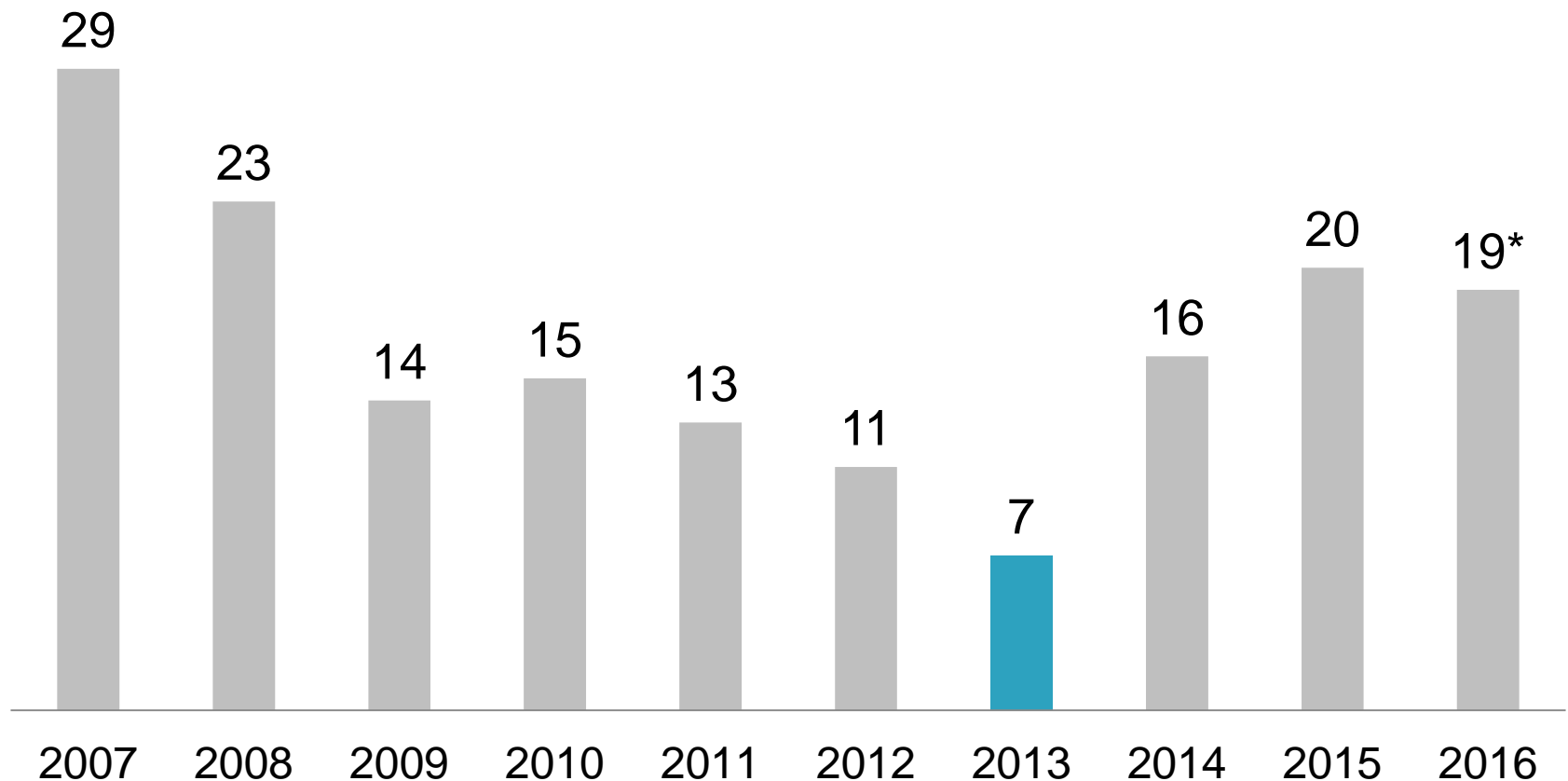


Child Homicides Rising Again



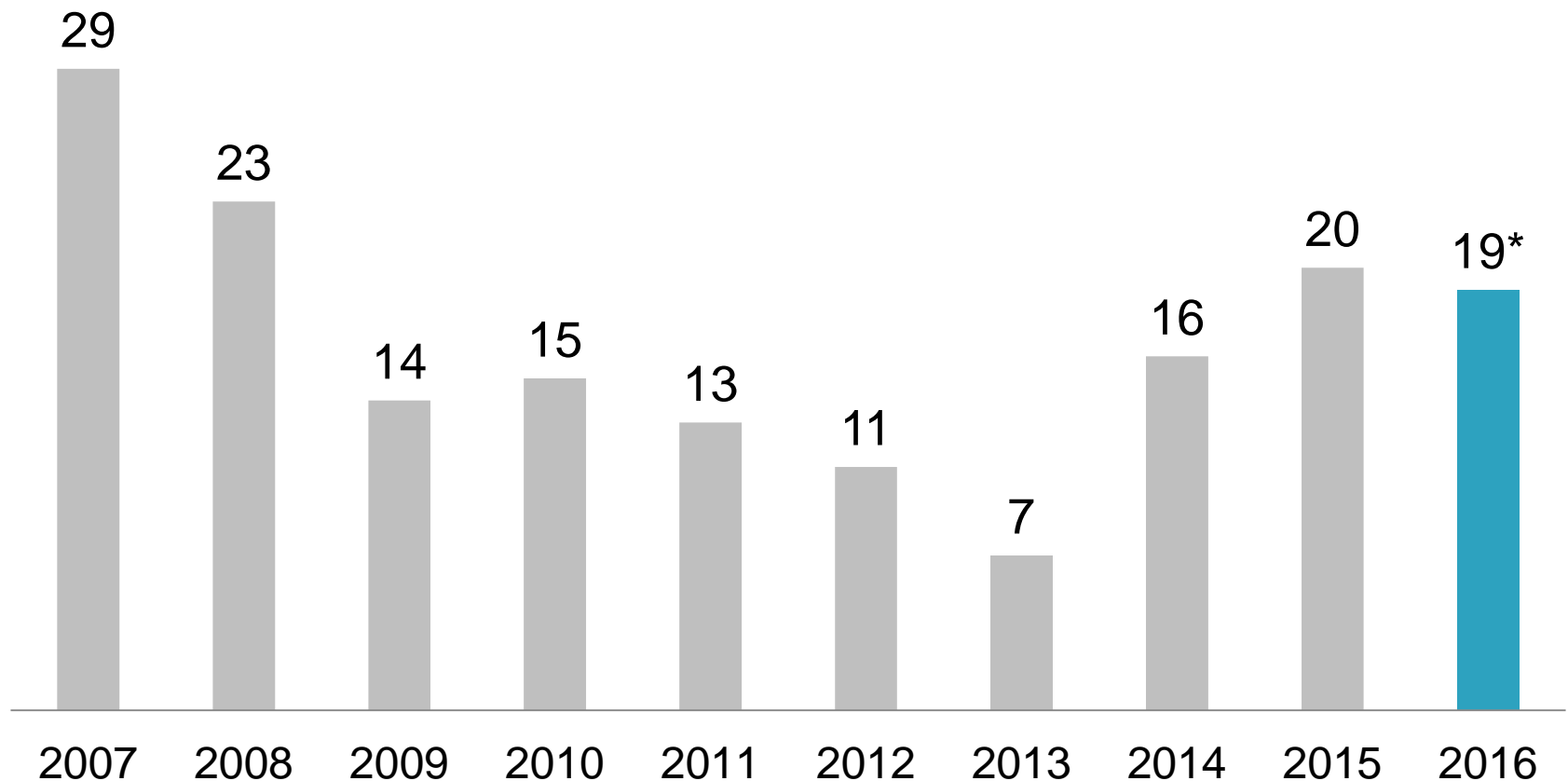
*Through October 31, 2016, including three cases still pending declaration of manner of death.

Child Homicides Rising Again



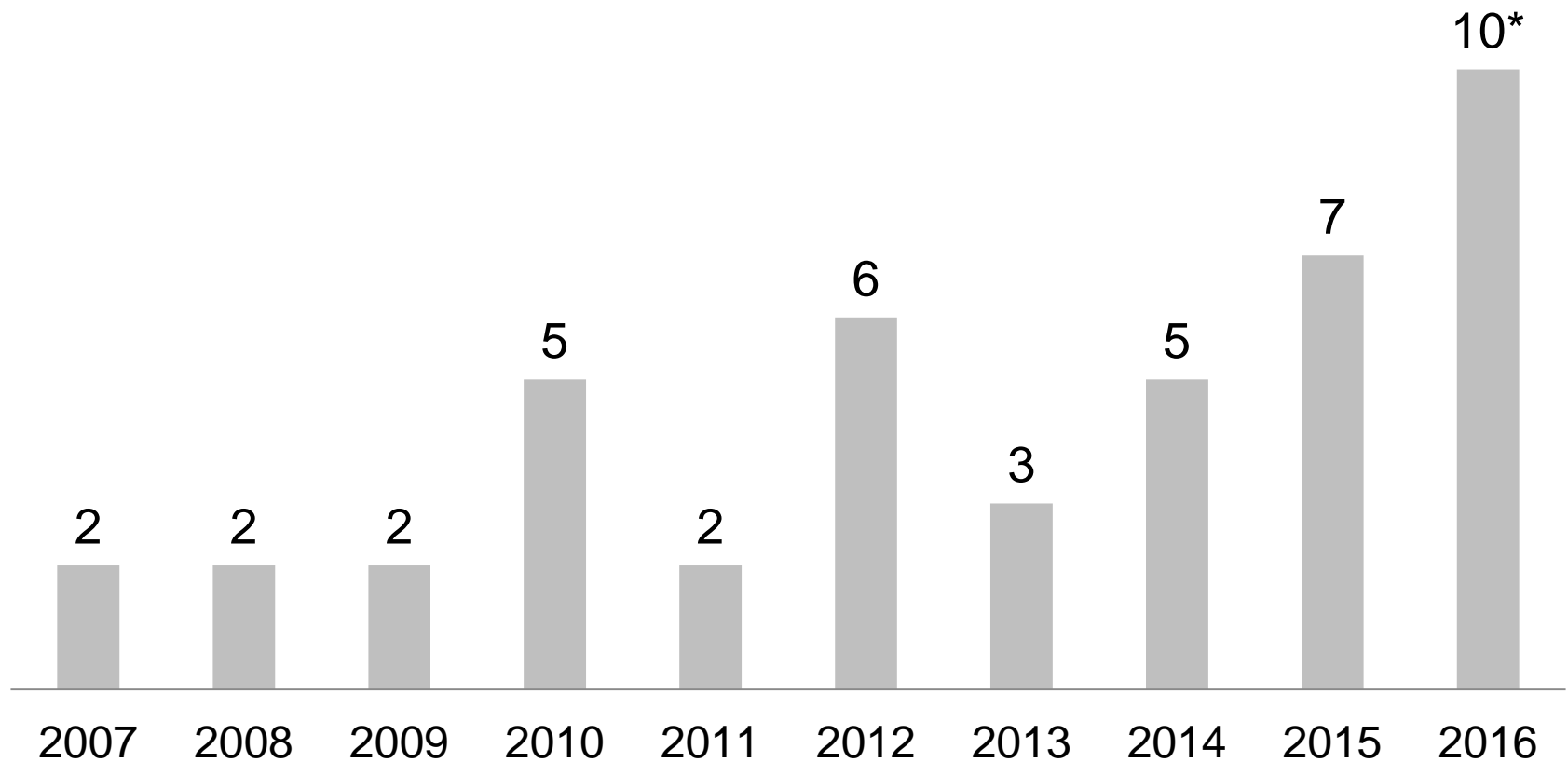
*Through October 31, 2016, including three cases still pending declaration of manner of death.

Child Homicides Rising Again



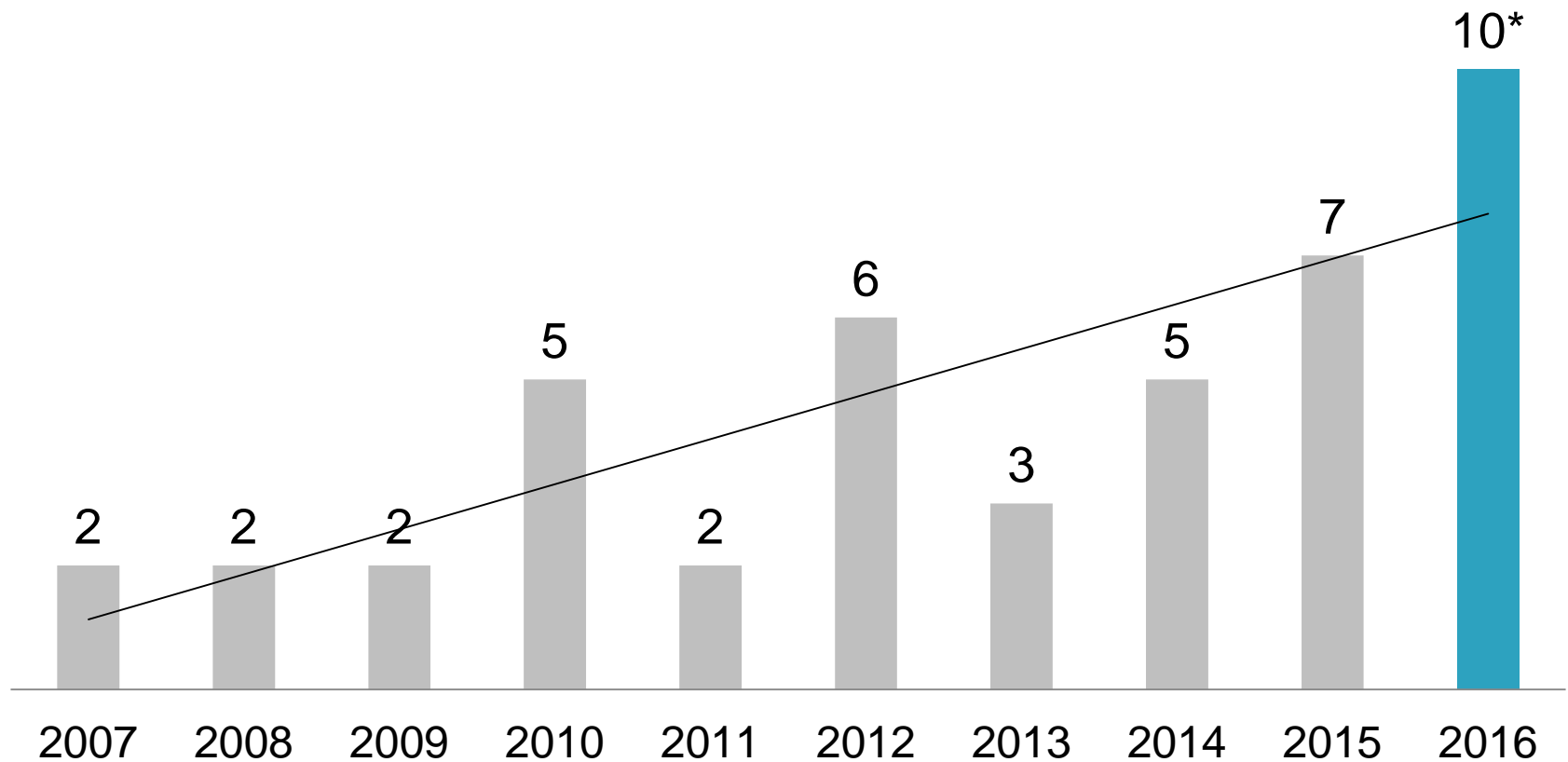
*Through October 31, 2016, including three cases still pending declaration of manner of death.

Child Abuse Homicides Rising



*Through October 31, 2016, including three cases still pending declaration of manner of death.

Child Abuse Homicides Rising



*Through October 31, 2016, including three cases still pending declaration of manner of death.

Lifting Up ACEs Now in CFR

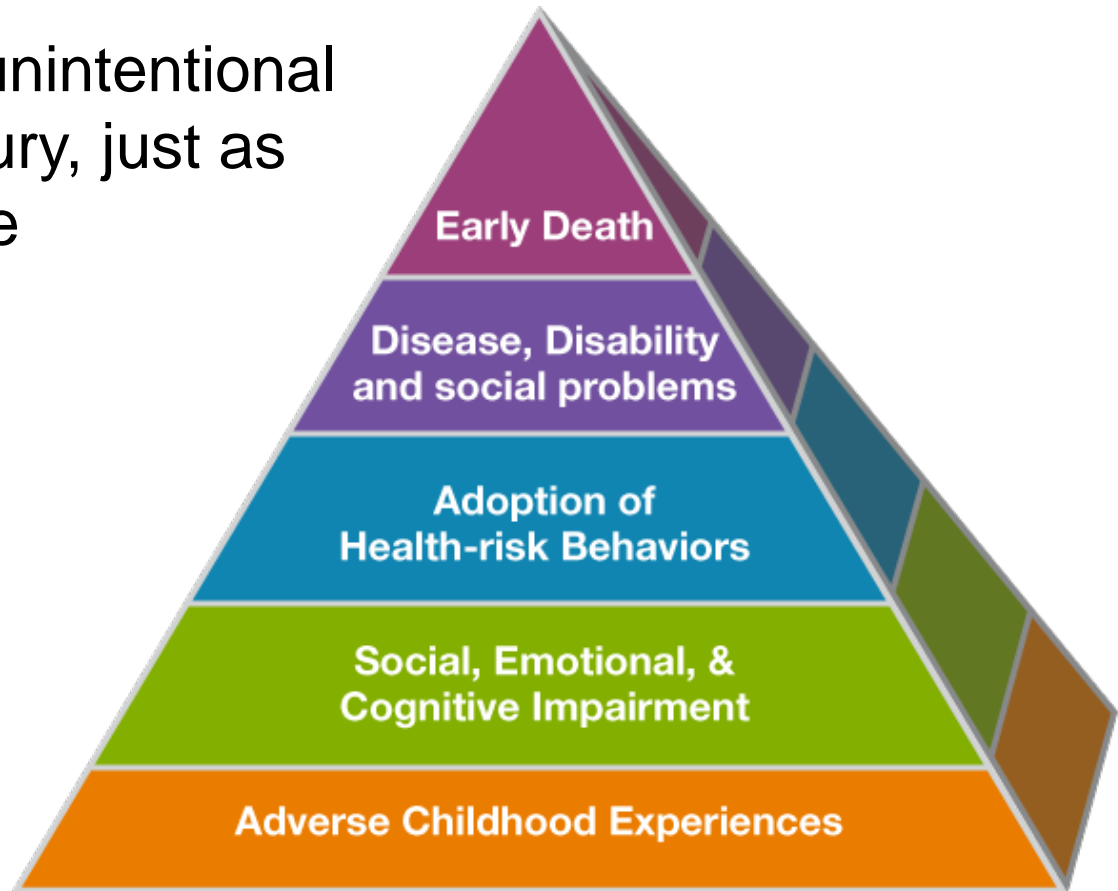
- Children we see in CFR do not come to us randomly
- What **they** have experienced and their **parents** have experienced have elevated their risk for early death
- ACEs = language for talking about trauma and for measuring and elevating it to partners and community

How Baltimore City CFR is taking action on ACEs:

- Educating the CFR Team
- Tracking ACEs in our cases to measure magnitude
- Implementing prevention strategies

Educating the CFR Team

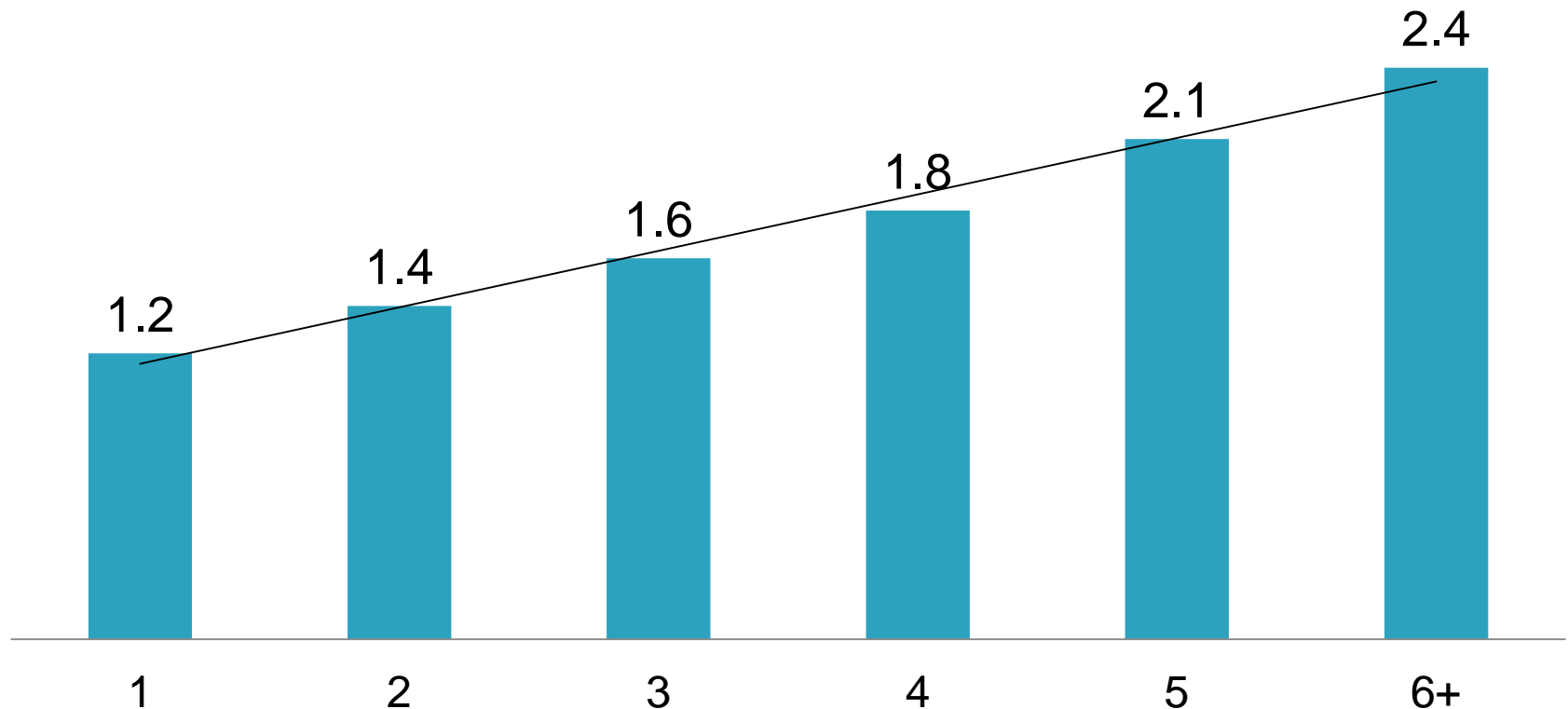
- ACE Study and science
- ACE gradient for unintentional and intentional injury, just as for chronic disease
- Urban ACEs



ACE Gradients for Injury

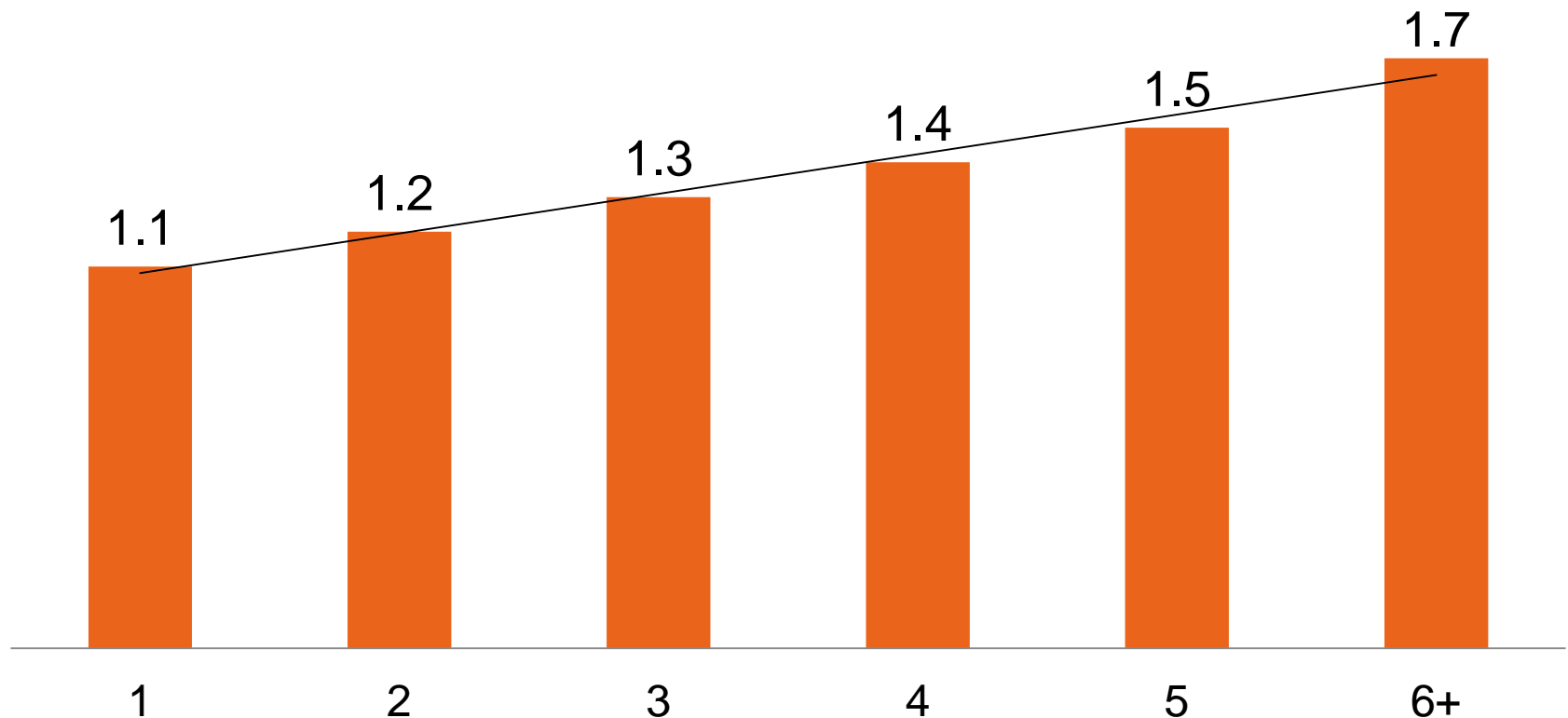
- Findings from the National Longitudinal Study of Adolescent and Adult Health, May 2015
 - Odds of injury increased by ACE Score
 - **Child maltreatment**, particularly physical abuse and emotional neglect, had a strong influence on the odds of both unintentional and intentional injury
 - **Interpersonal loss**, such as a family member or friend's suicide attempt or experiencing the death of a parent, had a strong influence on the odds of intentional injuries

Odds of experiencing **serious injury** in young adulthood increase by ACE score



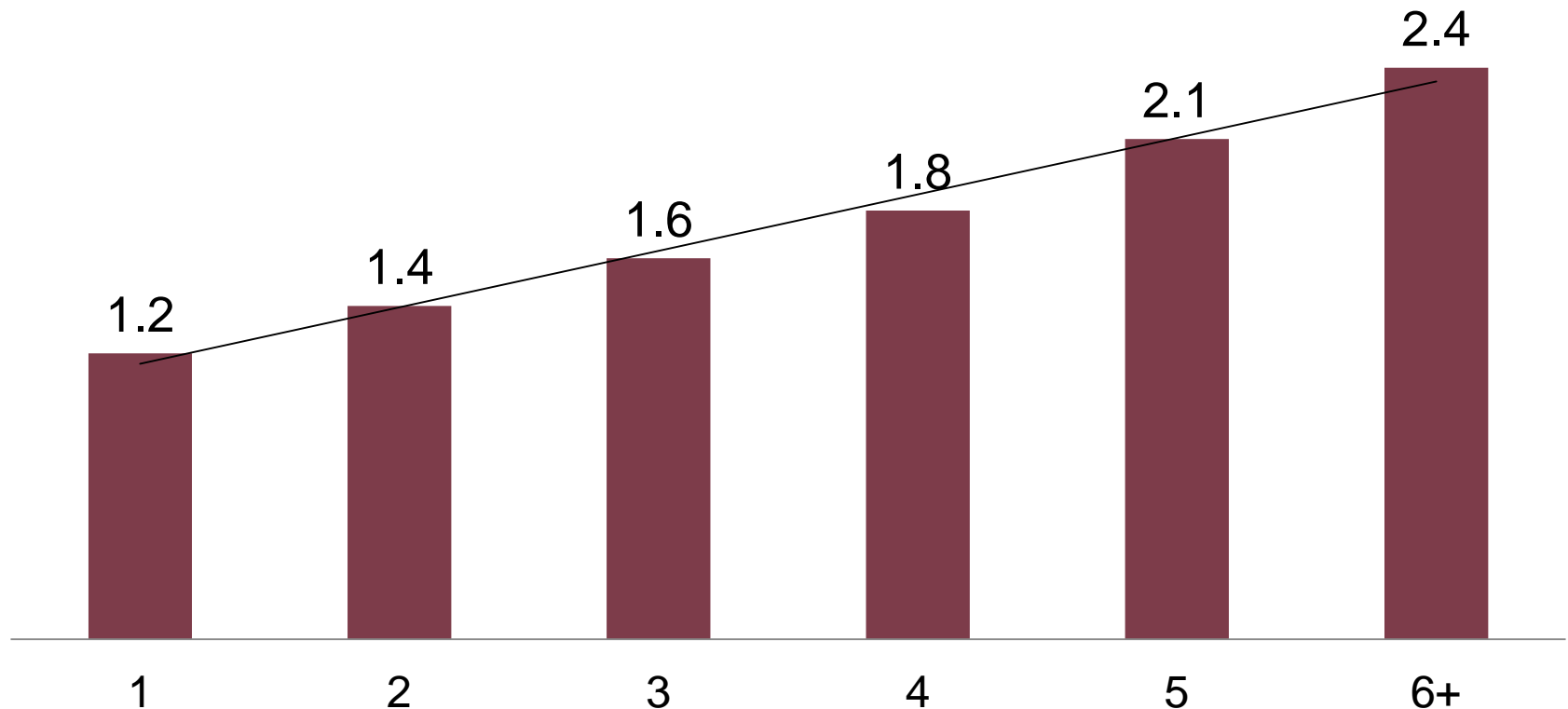
Source: Sotero, M. M. (2015). *The effects of adverse childhood experiences on subsequent injury in young adulthood: Findings from the National Longitudinal Study of Adolescent and Adult Health*. Retrieved from <http://digitalscholarship.unlv.edu/cgi/viewcontent.cgi?article=3433&context=thesesdissertations>

Odds of experiencing a **motor vehicle crash** in young adulthood increase by ACE score



Source: Sotero, M. M. (2015). *The effects of adverse childhood experiences on subsequent injury in young adulthood: Findings from the National Longitudinal Study of Adolescent and Adult Health*. Retrieved from <http://digitalscholarship.unlv.edu/cgi/viewcontent.cgi?article=3433&context=thesesdissertations>

Odds of **being shot or stabbed** in young adulthood increase by ACE score



Source: Sotero, M. M. (2015). *The effects of adverse childhood experiences on subsequent injury in young adulthood: Findings from the National Longitudinal Study of Adolescent and Adult Health*. Retrieved from <http://digitalscholarship.unlv.edu/cgi/viewcontent.cgi?article=3433&context=thesesdissertations>

Urban ACEs

- Living in an unsafe neighborhood
- Experiencing bullying
- Witnessing violence
- Experiencing racism
- Living in foster care

THE PHILADELPHIA



— **PROJECT** —

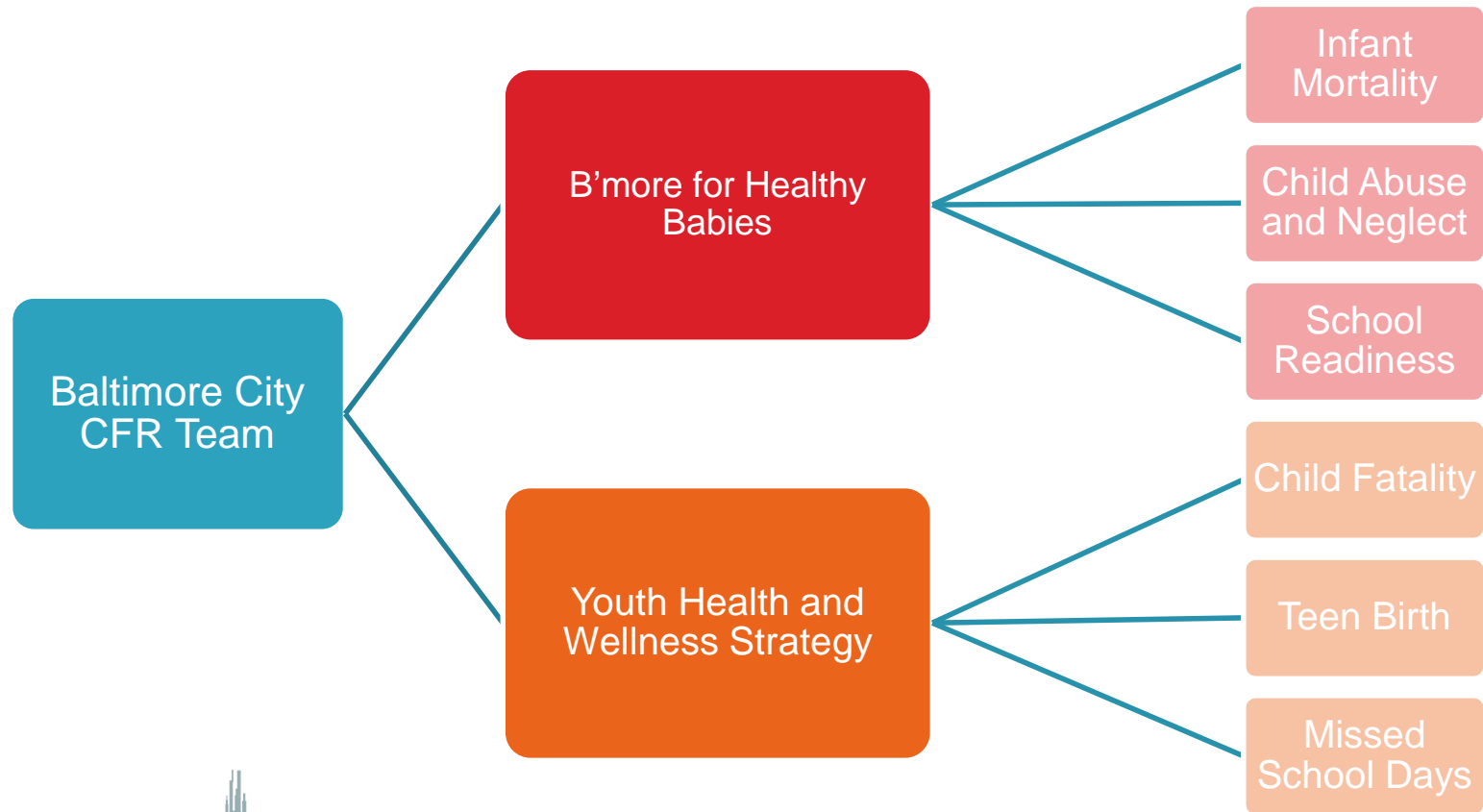
Tracking ACEs Case by Case

Adverse Childhood Experiences Summary				
Abuse and Neglect	Child	CG1	CG2	Notes
Physical abuse	?	?	?	
Emotional abuse	?	?	?	
Sexual abuse	?	?	?	
Physical neglect	?	?	?	
Emotional neglect	?	?	?	
Household Dysfunction	Child	CG1	CG2	Notes
Separation/divorce/death	?	?	?	
Substance use	?	?	?	
Mental illness	?	?	?	
Domestic violence	?	?	?	
Incarceration	?	?	?	
ORIGINAL ACE SCORE	?	?	?	
Urban ACEs	Child	CG1	CG2	Notes
Neighborhood safety	?	?	?	
Bullying	?	?	?	
Witnessing violence	?	?	?	
Racism	?	?	?	
Foster care	?	?	?	
COMBINED ACE SCORE	?	?	?	

Tracking ACEs Case by Case

Adverse Childhood Experiences Summary				
Abuse and Neglect	Child	CG1	CG2	Notes
Physical abuse	X	?	?	Multiple CPS investigations
Emotional abuse	?	?	?	
Sexual abuse	?	?	?	
Physical neglect	X	?	?	Multiple CPS investigations
Emotional neglect	?	?	?	
Household Dysfunction	Child	CG1	CG2	Notes
Separation/divorce/death	?	?	?	
Substance use	?	?	?	
Mental illness	X	?	?	Mother has depression
Domestic violence	?	?	?	
Incarceration	X	?	?	Father incarcerated at age 3
ORIGINAL ACE SCORE	4	?	?	
Urban ACEs	Child	CG1	CG2	Notes
Neighborhood safety	X	?	?	Lives in a neighborhood with high violent crime
Bullying	?	?	?	
Witnessing violence	?	?	?	
Racism	X	?	?	Child of color
Foster care	X	?	?	Lived in foster care for 2 years
COMBINED ACE SCORE	7	?	?	

Implementing Prevention Strategies



150+ implementing partners

Preventing ACEs

- CFR child abuse prevention project
 - Findings from 37 child abuse fatalities and near fatalities
 - Comprehensive set of recommendations by January 2017
 - Jointly seeking funds with partners for staff person to coordinate coalition of stakeholders and oversee implementation through B'more for Healthy Babies
- BHB prevention of substance-exposed pregnancies efforts
- Evidence-based home visiting



Mitigating the Impact of ACEs

- Increasing access to and utilization of mental health and substance use disorder treatment
- Crisis, Information & Referral Line promotion and outreach
- Youth Health and Wellness Healthy Minds and Bodies strategy
- ReCAST grant for youth services and school-based mental health
- Provider outreach and education



Crisis, Information & Referral Line
Mental Health and Substance Use

410-433-5175

We are always open and waiting for your call — 24/7
For men, women & children - with or without insurance

Crisis

- Call us if you have an urgent need for mental health or substance use treatment
- Someone you can trust will help you over the phone or in person

Information

- Find out how to get free medicine to stop an overdose from heroin or painkillers
- Learn where to find medical care and other resources

Referral

- Get into detox or rehab
- Find mental health treatment
- If you are calling about someone else, they must be with you when you call

Building Resilience

- BHB early childhood services and social support pipeline
 - Baby Basics Moms Clubs
 - Evidence-based home visiting
 - Group-based parenting and attachment programming
 - Head Start
 - Pre-K
- School readiness systems strengthening
- Youth Health and Wellness Healthy Communities strategy



Tackling Racism

- Becoming explicitly anti-racist
 - Undoing Racism with the People's Institute for Survival and Beyond
 - Prioritizing elimination of racial disparities
 - Continuing to emphasize systems work
- Becoming accountable to the community
 - Community advisory board oversight
 - Deepening community conversations and engagement

UNDOING RACISM



Important Role of Local CFRs on ACEs

- Documenting ACEs experienced by children in our cases
- Raising awareness with team members and partners
- Leading on addressing trauma in our communities
 - Public health and health care providers
 - Schools and community-based organizations
 - Community residents
- Working both down and upstream in our prevention efforts

Questions?



Applying Adverse Childhood Experiences to Fatality Review

A Perspective from California

March 8, 2017

Steve Wirtz, PhD

Chief, Injury Surveillance and Epidemiology Section

Safe and Active Communities Branch

California Department of Public Health



California Essentials for Childhood

- Child maltreatment prevention initiative
 - Collective impact approach
 - Social determinants framework funded by CDC
- Vision: All California children, youth, and their families thrive in safe, stable, nurturing relationships, and environments
- Partnership between the CDPH Safe and Active Communities Branch and CDSS Office of Child Abuse Prevention



Partner Initiatives



CH1LDREN NOW

ACEs Connection Network

Join the movement to prevent ACEs, heal trauma, build resilience.



CALIFORNIA CAMPAIGN TO
COUNTER CHILDHOOD ADVERSITY
4CA.ORG

Science of Early Childhood Development

- Growing body of scientific knowledge

ACE Study
PEDIATRICS
OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

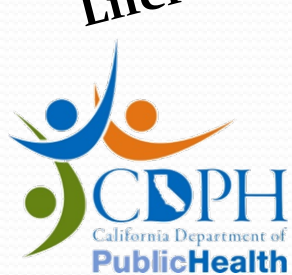
Early Childhood Adversity, Toxic Stress,
and the Role of the Pediatrician:
Translating Developmental Science Into
Lifelong Health



The Lifelong Effects
of Early Childhood
Adversity and Toxic
Stress

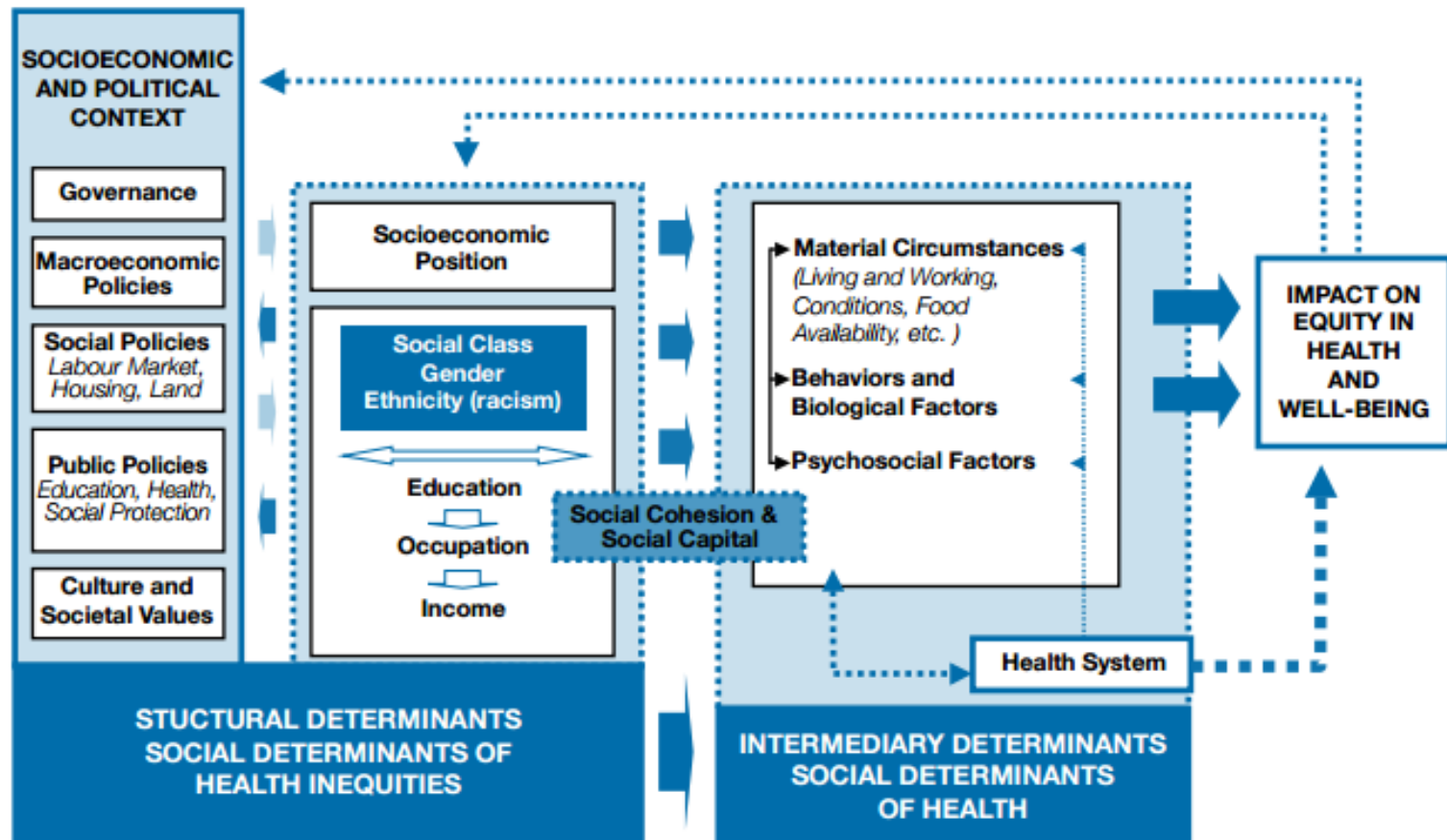
Morbidity and Mortality Weekly Report
(MMWR) Adverse Childhood Experiences
Reported by Adults --- Five States, 2009
December 17, 2010 / 59(49);1609-1613

Early Childhood
Investments
Substantially Boost
Adult Health
Science 28 March 2014:



Conceptual Model

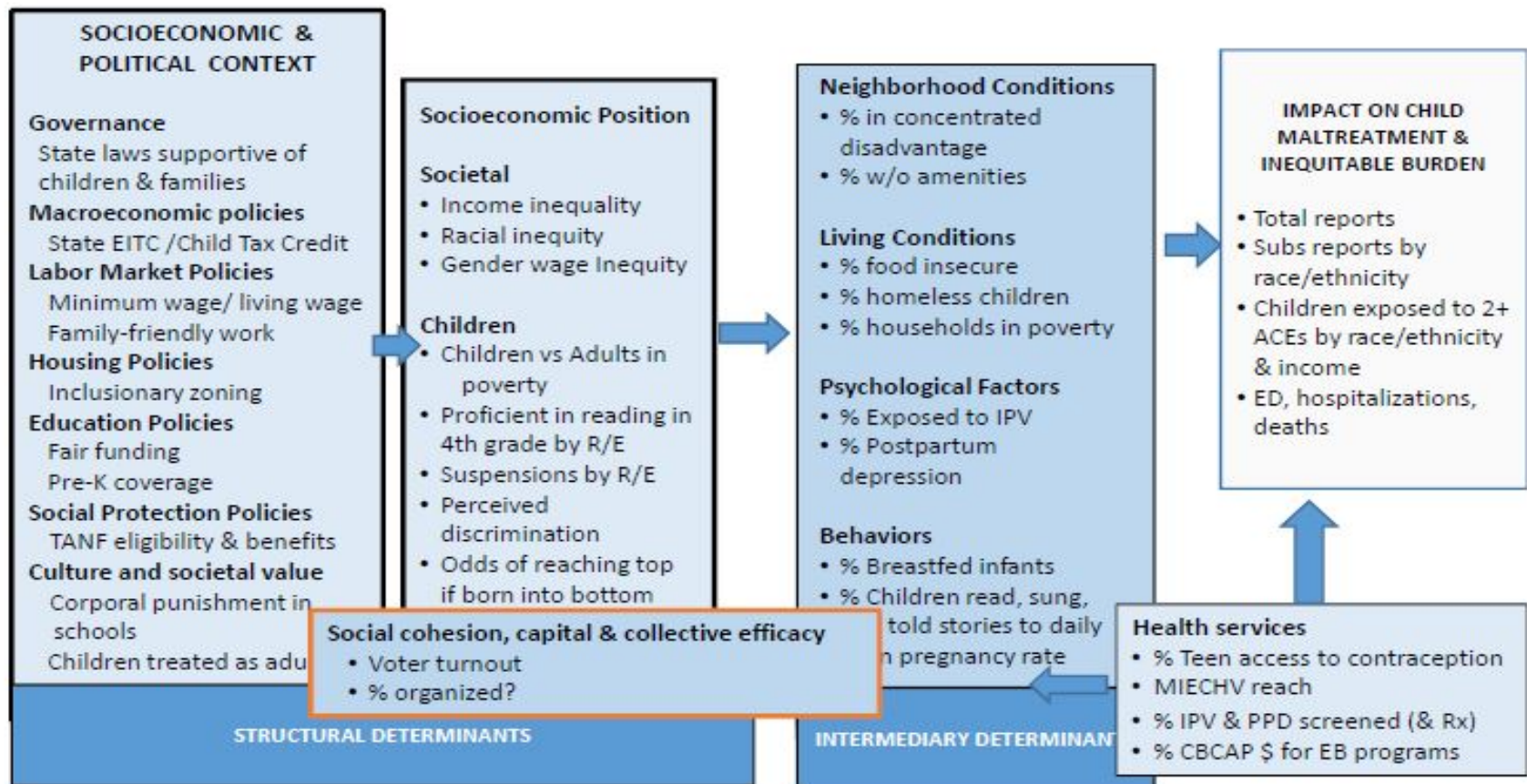
Social Determinants of Health



Solar O, Irwin A. A conceptual framework for action on the social determinants of health. Social Determinants of Health Discussion Paper 2 (Policy and Practice), World Health Organization 2010
http://apps.who.int/iris/bitstream/10665/44489/1/9789241500852_eng.pdf?ua=1

CDC Child Maltreatment Framework

Indicators for Essentials for Childhood Impact



Source: Alexander S., Wright R., and Klevens J. Presentation to California Essentials for Childhood Leadership Action Team; CDC Essentials Site Visit to Sacramento, CA; September 1, 2015.

Health Impact Pyramid adapted to child maltreatment

**Smallest
Impact**

**Largest
Impact**



Examples

Parent training

Screen and refer for
IPV, depression or
substance abuse

Home visitation
Family Resource
Centers

Policy and funding for
pre-K for all

Reduce Poverty: Increase
CalWORKS and/or
CalFresh assistance;
living wage laws

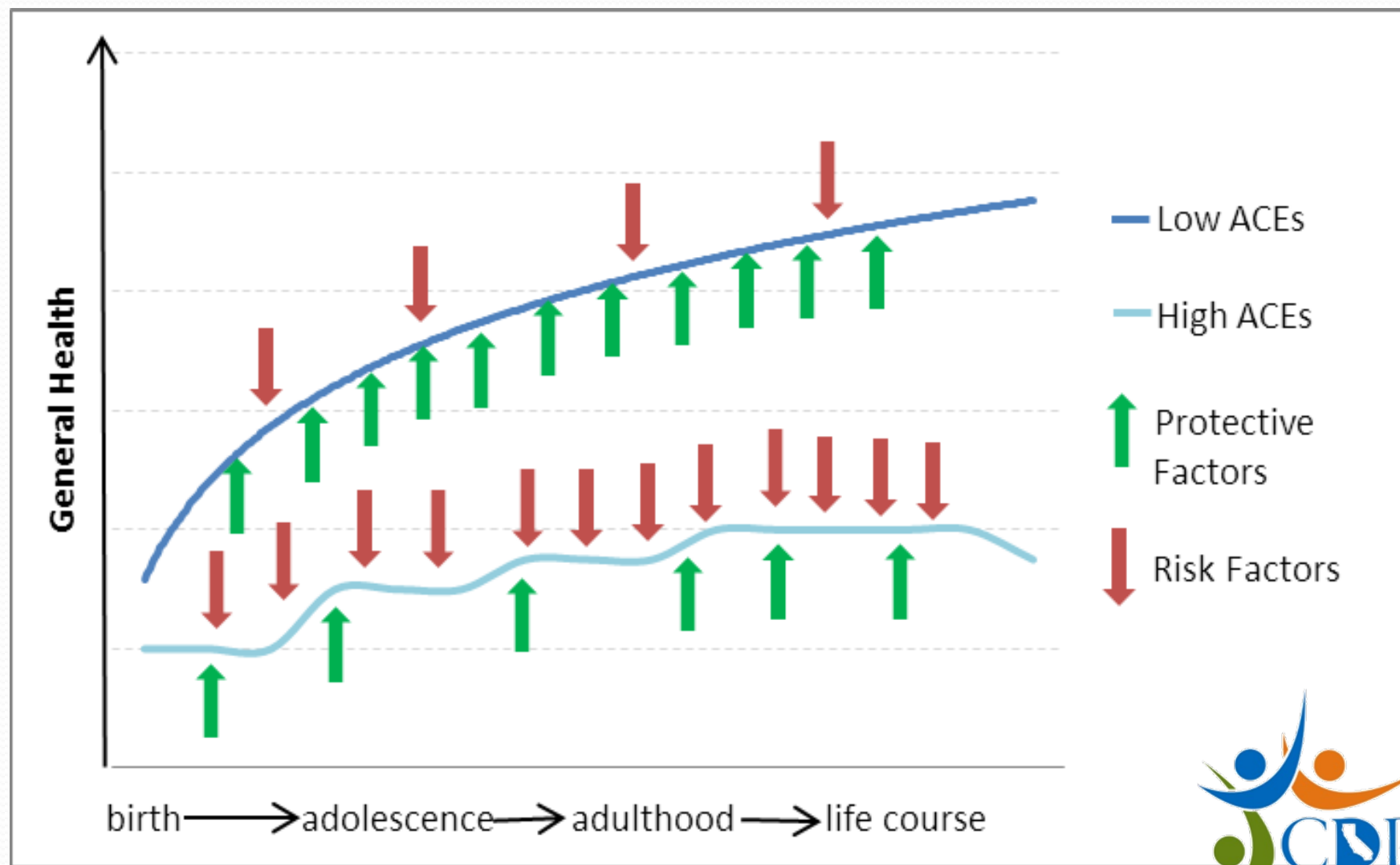
Broader Context of Prevention

- Life Course Perspective emphasizes a temporal and social perspective on health and well being:
 - Developmental
 - Across life experiences (i.e., gestation, early childhood, adolescence, young adulthood, midlife, senior)
 - Across generations
 - Socio-ecological
 - Experiences are shaped by the wider social, economic and cultural context.

ACEs Summary

- Childhood trauma is common
- Extreme traumas tend to cluster together to produce cumulative impacts
- **Not just the ACEs traumas – social and community adversity and hardships as well**
- Poverty increases the negative impacts of trauma
- Consistent health impacts across multiple domains
 - Social emotional impairment
 - Unhealthy behaviors
 - Mental health problems
 - Physical health problems
 - Chronic diseases
- Prevention, mitigation and recovery are possible
- Collaborative multi-sector approach are necessary

Cascade of Risks over the Life Span



Life course model adapted from racial disparities work by Michael Lu

CHILD BORN INTO POVERTY

Family Stress/Dysfunction

- Single Parent Household
- Limited Family Support
- Depression/Mental Disorders/SUDs
- Lack of Parenting Skills
- Family Violence

Child Welfare System/Criminal Justice

- Over Representation of People of Color
- Disparities in Substantiations/Out of Home Placements
- Inequalities in Arrests, Prosecution & Sentencing
- Incarceration
- Recidivism

Cummulative/Lifetime Consequences

- Accumulation of Toxic Stress
- Institutional Racism
- Chronic Health Problems
- Unemployment
- Unsafe/Violent Neighborhood
- Homelessness

Environmental Inequalities

- Limited Access to Resources
- Poor Health Care
- Lack of Affordable Housing
- Limited/Poor Education
- Unsafe /Violent Neighborhood

Risky Behaviors

- Poor Nutrition
- Limited Physical Activity
- Substance Use/Abuse
- Early Sexual Activities
- Criminal Activity/Violence

Social Exclusion/Isolation

- Marginalization
- Reduced/Denied Civil Rights
- Stigma/Stereotyping
- Limited Community Support

COMMUNITIES WITH HIGHLY CONCENTRATED POVERTY

- Chronic Family/Generational Poverty
- Low Educational Achievement
- Fewer Opportunities and Resources for Healthy Behavior Leads to Significantly Worse Health Outcomes
- Reduced/Limited Income Opportunities Lead to Illegal Activity

Kidsdata.org

- Created Child Adversity and Resiliency data topic on Lucile Packard Foundation's Kidsdata.org
- Three sources of ACEs data:
 - Behavioral Risk Factor Surveillance System (BRFSS)
 - Maternal and Infant Health Assessment (MIHA)
 - National Survey of Children's Health (NSCH)
- Broader framework for understanding and addressing child adversity across the lifespan
 - Includes social determinant-level causes of trauma

Adverse Experiences	NSCH	MIHA	BRFSS
Socioeconomic Hardship/Basic Needs Unmet	X	X	X
Hunger		X	
Housing Instability		X	
Neighborhood Violence	X		
Foster Care Placement		X	
Treated Unfairly Because of Race/Ethnicity	X		
Verbal, Physical, Sexual Abuse			X
Domestic Violence	X		X
Parent Divorce/Separation	X	X	X
Parent Death	X		
Incarceration of Household Member	X	X	X
Mental Illness of Household Member	X		X
Drug or Alcohol Abuse in Household	X	X	X

[Home](#)[Data by Topic](#)[Data by Region](#)[Data by Demographic](#)[Data in Action](#)[Blog](#)

Find data about the health and well being of children
in communities across California:

[A-Z Index](#) | [PDF Fact Sheets](#)

Measuring Resilience Among California Children



One third of children in California are not resilient, meaning they do not adapt well in the face of adversity. Boosting resilience could play a huge role in curbing the long-term effects of childhood trauma.

BRFSS ACEs Module

- Centers for Disease Control and Prevention (CDC) health-related telephone survey that collects state-level data about United States residents.
- ACEs Module adapted from Kaiser Permanente ACEs study in late 1990s.
- Asks adults to reflect on their childhood experiences from ages 0-17.
- Questions on topics such as mental illness, substance abuse, incarceration, parental separation or divorce, and abuse.

BRFSS: Prevalence of Adverse Childhood Experiences

Table

Bar

Map

Pie

 Download & Other Tools

Location: [\(hide\)](#)

1 selected

Year(s):

2008-2013

Data Type: [\(edit\)](#)

Percent

Household Type: [\(edit\)](#)

All

Number of ACEs: [\(edit\)](#)

All

[Clear All](#)

☐ California

[Select All Counties](#)

☒ Alameda County

☐ Alpine, Amador, Calaveras, Inyo, Mariposa, Mono, and Tuolumne Counties

☐ Butte County

Alameda County

Percent

Number of ACEs

Households with Children

Households without Children

All Households

0 ACEs

38.7%

46.2%

43.0%

1-3 ACEs

43.9%

45.0%

44.5%

4 or More ACEs

17.5%

8.9%

12.5%

MIHA Childhood Hardships

- Annual population-based survey of postpartum women with a recent live birth (age ≥ 15).
- Asks women to reflect on their childhood hardships prior to age 14.
- Questions focus on foster care placements, economic hardships, and household dysfunction.

MIHA: Prevalence of Childhood Hardships



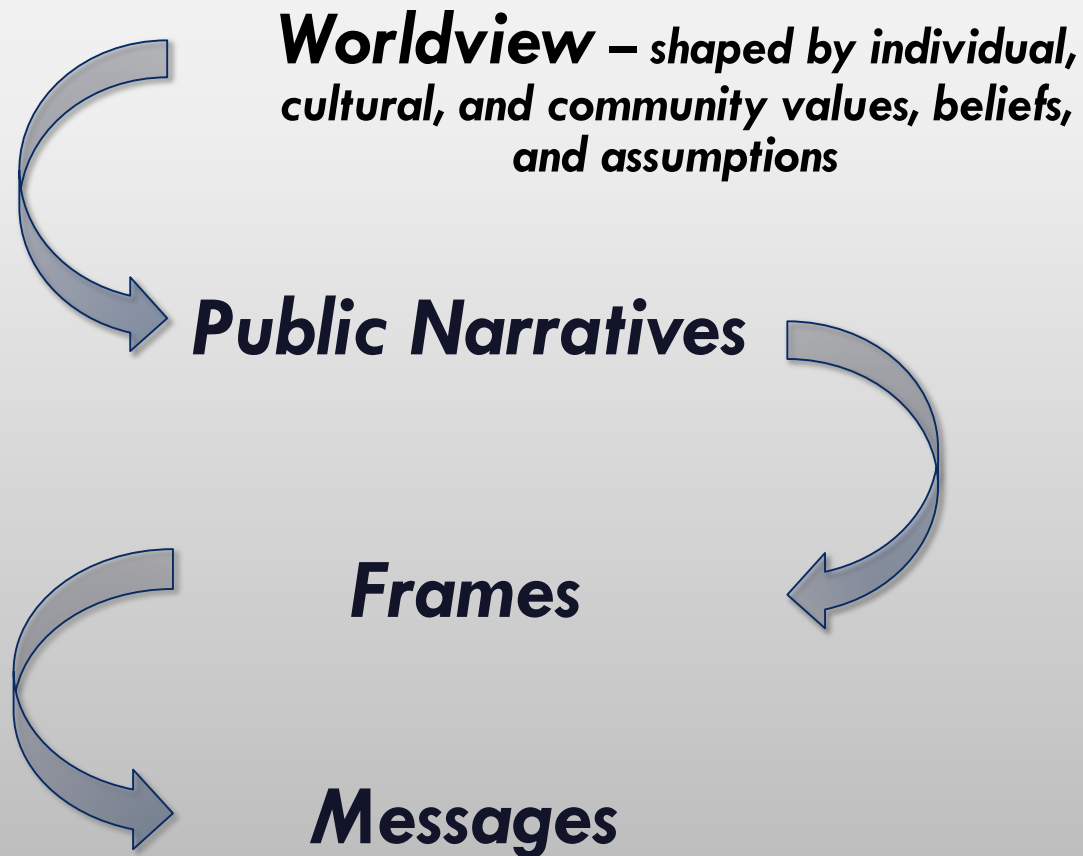
NSCH CAHMI

- Collected by National Center for Health Statistics in partnership with CDC.
- Asks parents about the current adverse experiences of their children ages 0-17.
- Uses a set of family, economic, and community adversity indicators to ascertain ACEs exposure.
- Most direct population-based survey measure of current child adversity included in the Kidsdata.org topic.

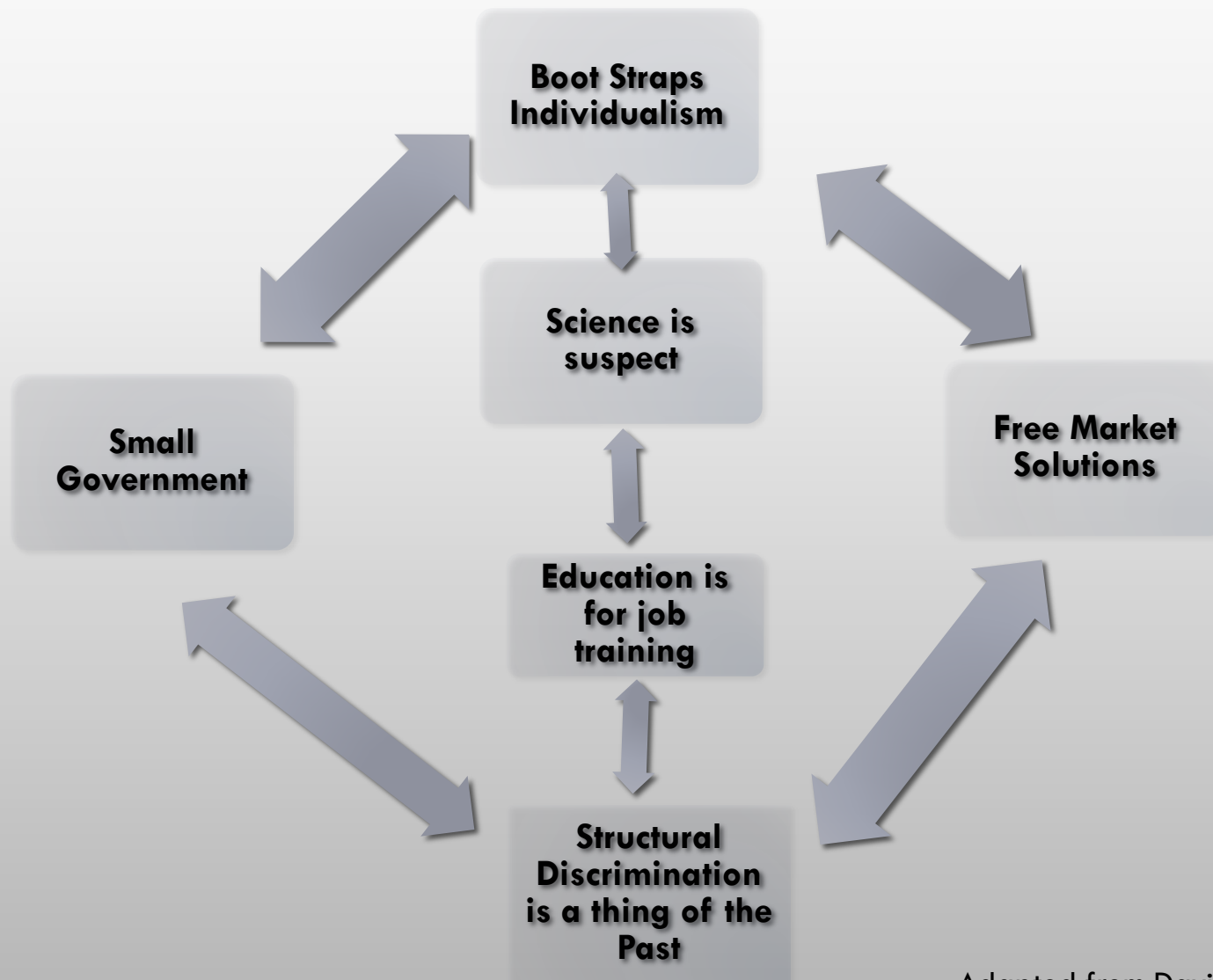
NSCH: Children Who Are Usually/Always Resilient



Expand the understanding about what creates health



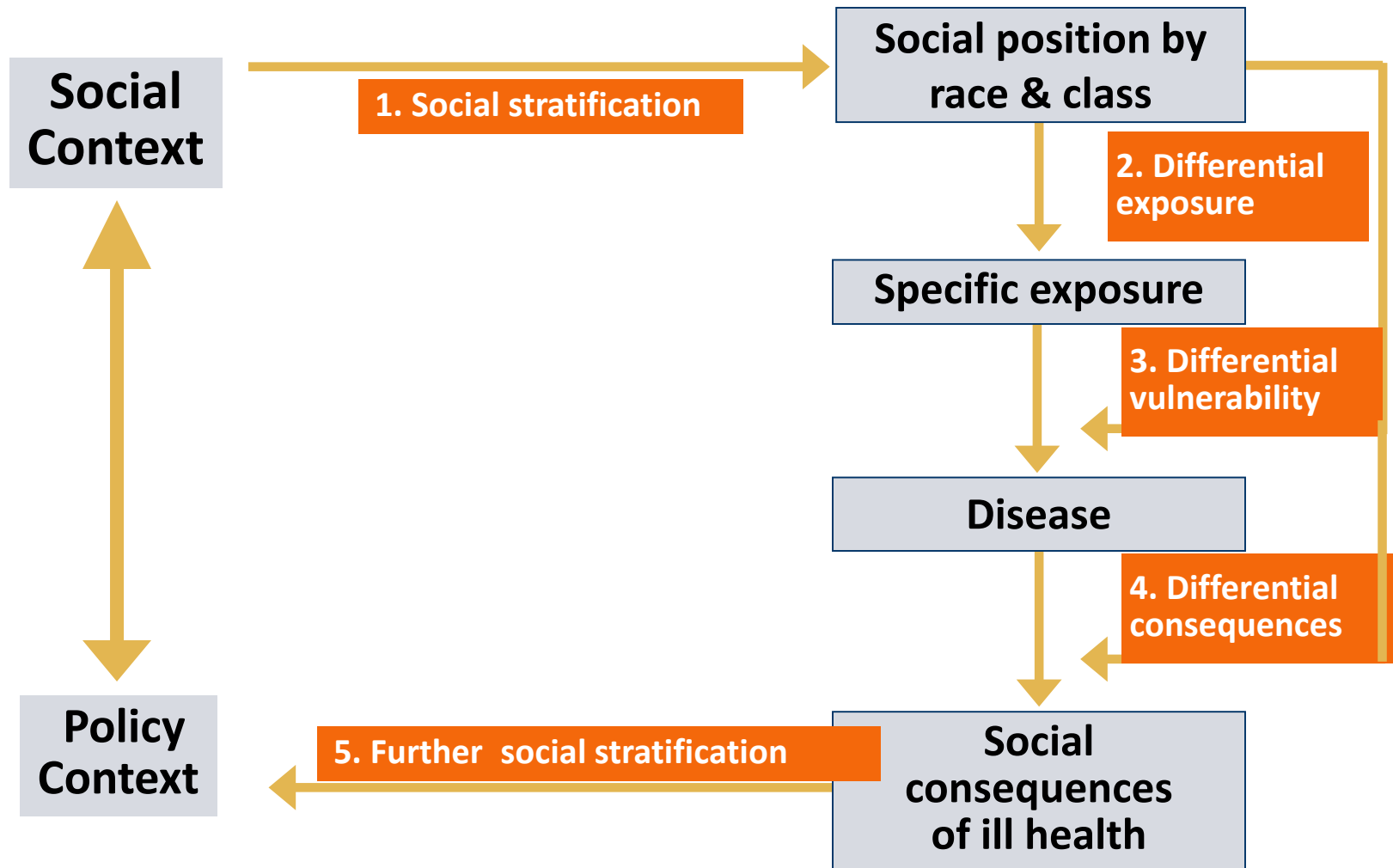
Themes of Dominant Worldview/Narrative



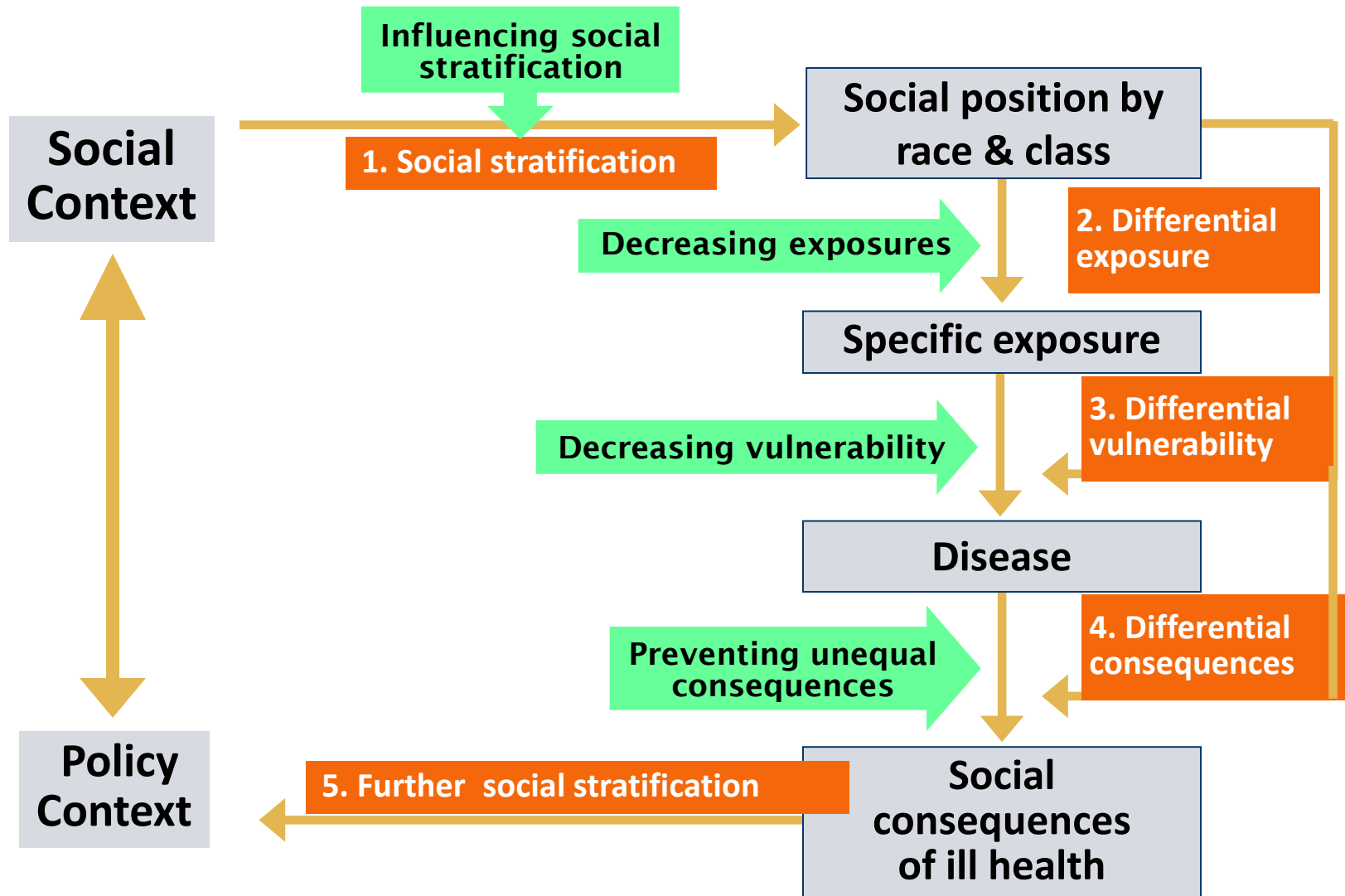
The Real Narrative About What Creates Health Inequities

- Disparities are not just because of lack of access to health care or to poor individual choices.
- Disparities are mostly the result of policy decisions that systematically disadvantage some populations over others.
 - Especially, populations of color and American Indians, GLBT, and low income
 - Structural Racism

Understanding social disadvantage and impact on health across the life course and across generations



Understanding social disadvantage and impact on health across the life course and across generations



Slide Courtesy of Paula Braveman

WHO Strategies for Organizing Programs/Policies

- Strategies that alter social stratification
- Strategies that decrease people's exposure to health damaging factors
- Strategies that decrease the vulnerability and increase the resiliency of disadvantaged groups
- Strategies that intervene through the health care delivery system to reduce the differential consequences of ill health

How Do We Get There?

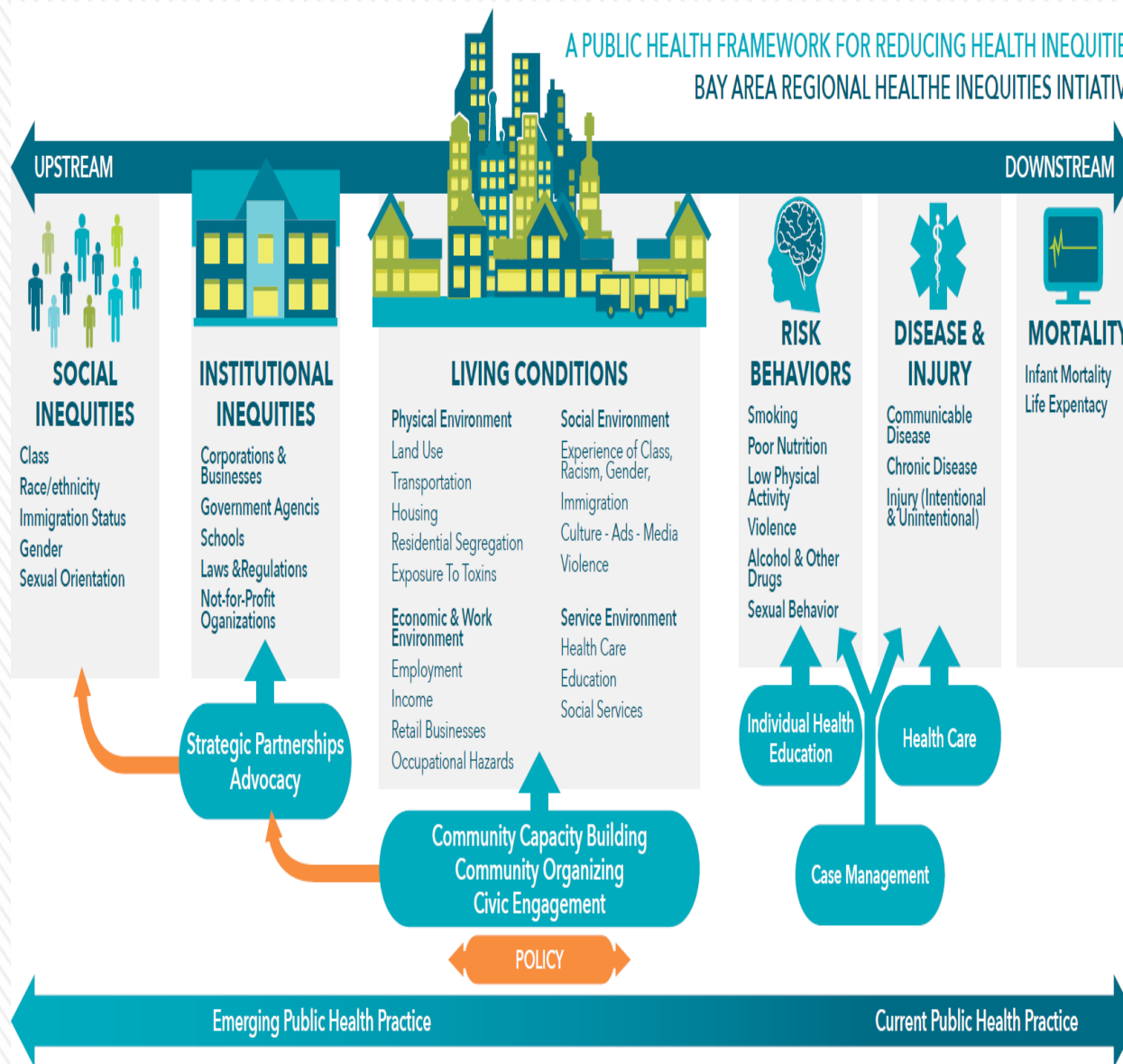
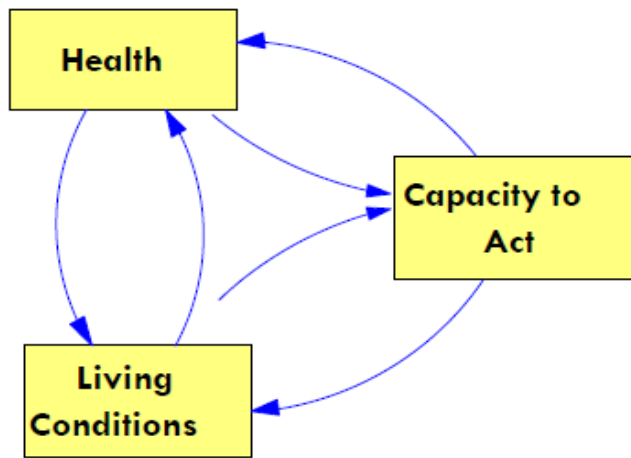


FIGURE 3: Bay Area Regional Health Inequities Initiative (BARHI) Conceptual Framework, 2006.

Improving Living Conditions and Health: Organize the Capacity to Act



- Narrative:
 - Align the narrative to build public understanding and public will.
- People:
 - Directly impact decision makers, develop relationships, align interests.
- Resources:
 - Identify/shift the resources- infrastructure-the way systems and processes are structured.

WHO Strategies for Organizing Programs/Policies

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- Strategies that decrease the vulnerability and increase the resiliency of disadvantaged groups
- Strategies that intervene through the health care delivery system to reduce the differential consequences of ill health

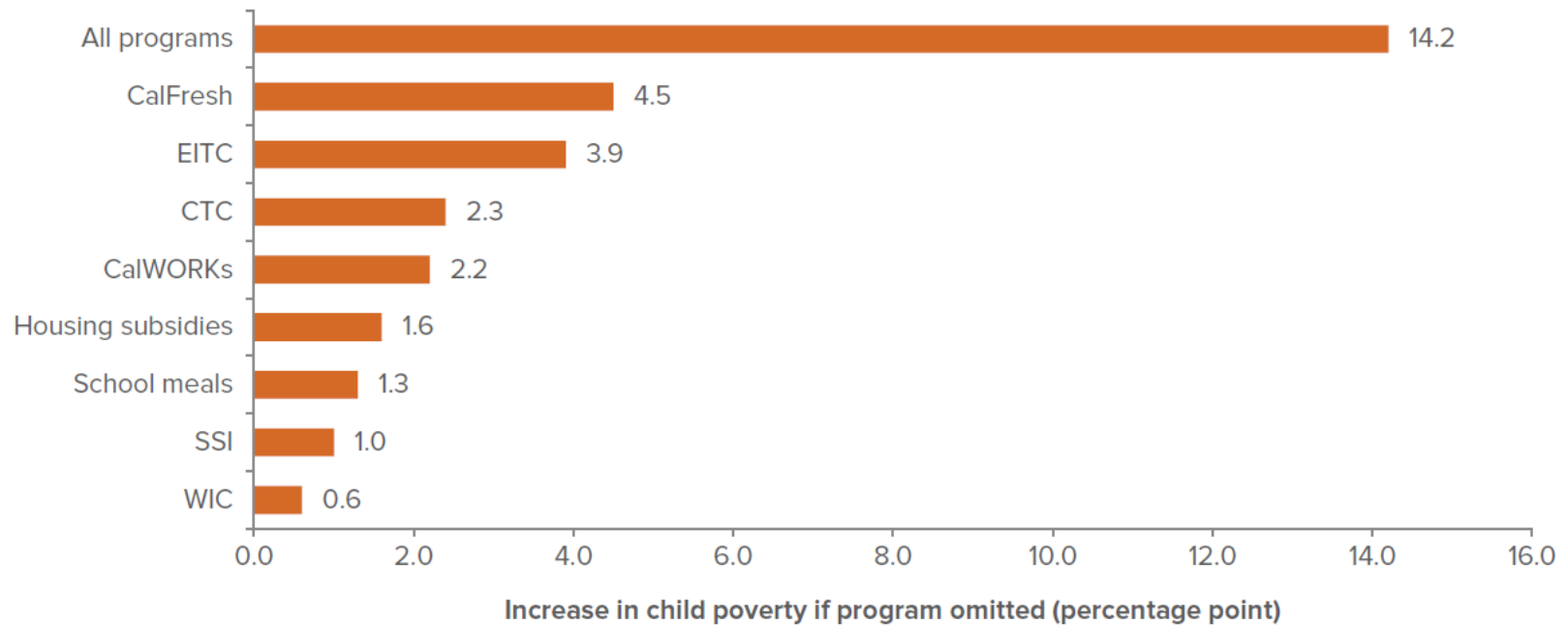
CHILD POVERTY IN CALIFORNIA



PPIC

PUBLIC POLICY
INSTITUTE OF CALIFORNIA

Child poverty is high but would be even higher in the absence of the social safety net



Source: Estimates from the 2013 CPM.

Note: “All programs” bar shows the combined effect of the individual programs listed below—but the individual program bars do not sum to top bar due to overlapping program effects.

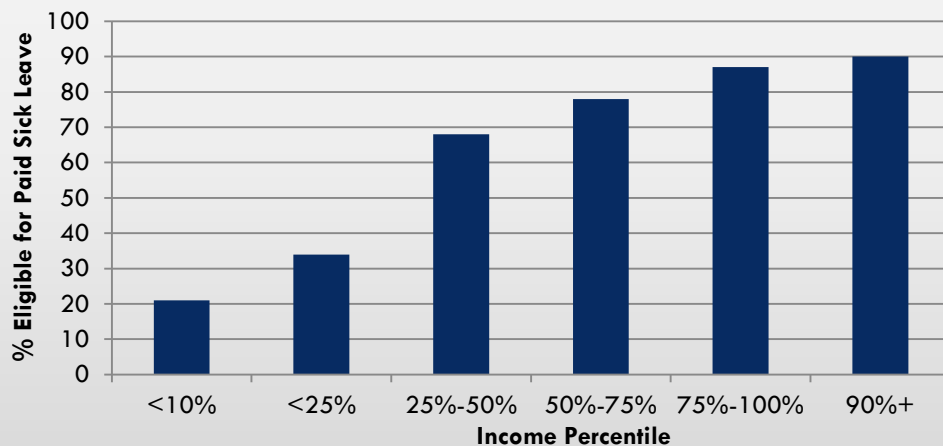
Paid Family Leave and Abusive Head Trauma (AHT)

- Policy Level Intervention: California introduced paid family leave (PFL) in 2004
 - The law was further strengthened last year
- Study design:
 - Observational study for the years 1995 to 2011
 - AHT hospital admissions from California were compared with those from seven states without this policy (Arizona, Colorado, Florida, Iowa, Maryland, Massachusetts and Wisconsin)
- Results:
 - California's 2004 PFL policy was associated with lower rates of AHT admissions after taking account of influential factors
 - Difference for children under 1 was 5.1 admissions per 100 000 children
 - Difference for children under 2 years old was 2.8/100,000
 - Differences were apparent despite low uptake of the policy in California, which reached only 38% in 2014
- Conclusion: Initial observational study shows "positive evidence" of the impact of the policy on AHT hospital admissions.

Joanne Klevens et al. Paid family leave's effect on hospital admissions for pediatric abusive head trauma, Injury Prevention (2016)

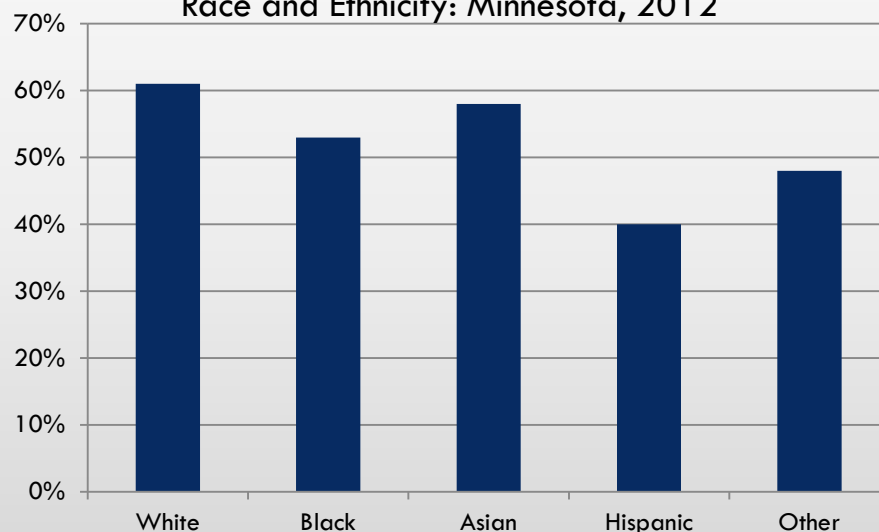
Disparities in Access to Paid Sick Leave

Access to Paid Sick Leave by Income - Rates for All Civilian Employees, U.S. (2014)



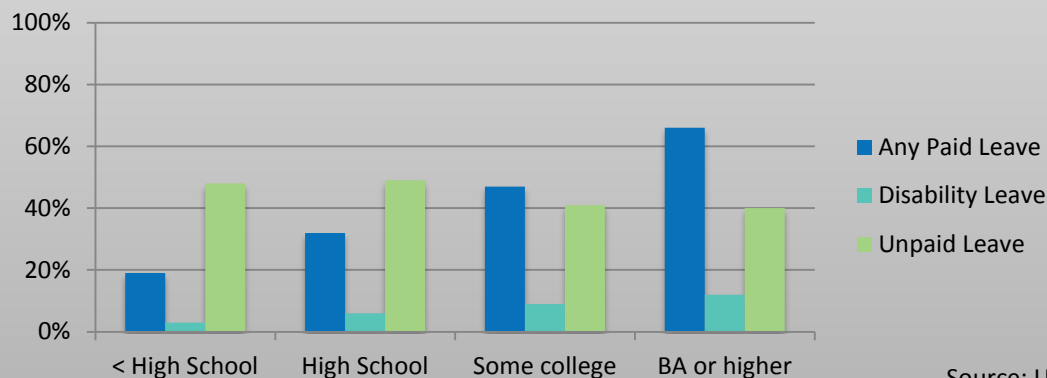
Source: U.S. Bureau of Labor Statistics

Access to Paid Sick Leave by Race and Ethnicity: Minnesota, 2012



Source: Institute of Women's Policy Research

Mothers' Access to Paid Leave by Education: U.S. 2006-2008



Source: U.S. Census

QUESTIONS

Recording of webinar and slides will be posted within a week on
National Center website: www.ncfrp.org

Save the Date!



Facebook and Twitter



Thank you!

Additional questions can be directed to info@ncfrp.org

