

ACES-Informed Pandemic Recovery: Fostering Resilience in Niagara

September 28th, 2022

Niagara Children's Planning Council

Agenda

- Review of ACEs Problem
- Evidence-based Strategies to address ACEs
- NRPH Knowledge Translation project overview
- Discussion Questions

What are ACEs?

Adverse Childhood Experiences (ACEs) are stressful or traumatic events that occur in childhood (0-18) that have been found to increase the risk of engaging in health harming behaviors and developing chronic health problems.

ACEs can generally be grouped into three categories:

Abuse	Household dysfunction	Neglect
<ul style="list-style-type: none">• Emotional Abuse• Physical Abuse• Sexual Abuse	<ul style="list-style-type: none">• Intimate Partner Violence (IPV)• Substance use in the household• Mental Illness in the household• Parental separation / divorce• Incarcerated family/household member	<ul style="list-style-type: none">• Emotional neglect• Physical neglect

Negative behaviors and health outcomes associated with ACEs

Behaviour Outcomes	Physical and Mental Health Outcomes
<ul style="list-style-type: none">• Poor coping strategies• Lack of physical activity• Smoking, alcohol and substance use behaviours• Unhealthy relationship patterns	<ul style="list-style-type: none">• Cardiovascular disease, heart disease, risk of stroke• Obesity and diabetes• Chronic Obstructive Pulmonary Disease (COPD)• Anxiety, depression and suicidal ideation• Increased likelihood of broken bones

Original ACE Study – major findings

Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

The Adverse Childhood Experiences (ACE) Study

Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

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.

Methods: A questionnaire about adverse childhood experiences was mailed to 13,494 adults who had completed a standardized medical evaluation at a large HMO; 9,508 (70.5%) responded. Seven categories of adverse childhood experiences were studied: psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. The number of categories of these adverse childhood experiences was then compared to measures of adult risk behavior, health status, and disease. Logistic regression was used to adjust for effects of demographic factors on the association between the cumulative number of categories of childhood exposures (range: 0–7) and risk factors for the leading causes of death in adult life.

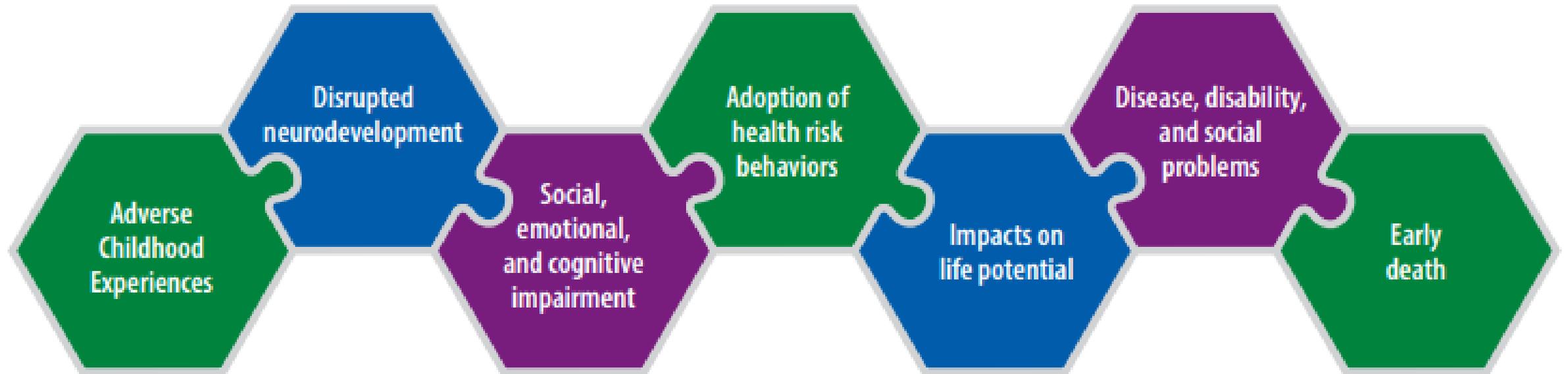
Results: More than half of respondents reported at least one, and one-fourth reported ≥ 2 categories of childhood exposures. We found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases that were studied ($P < .001$). Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, ≥ 50 sexual intercourse partners, and sexually transmitted disease; and a 1.4- to 1.6-fold increase in physical inactivity and severe obesity. The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease. The seven categories of adverse childhood experiences were strongly interrelated and persons with multiple categories of childhood exposure were likely to have multiple health risk factors later in life.

Conclusions: We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.

- ACEs are common across all populations. Almost two-thirds of study participants reported at least one ACE, and more than one in five reported three or more ACEs.
- There is a graded dose-response relationship between ACEs and adult health risk behaviours and health outcomes.
- Persons with multiple categories of childhood ACEs were likely to have multiple health risk factors later in life

ACEs across the life course

Positive and negative experiences in childhood shape our trajectory of health or illness for our entire lives, and this impact can be attributed to the brain-body physiology that result from our childhood experiences during critical developmental periods



What are ACEs?

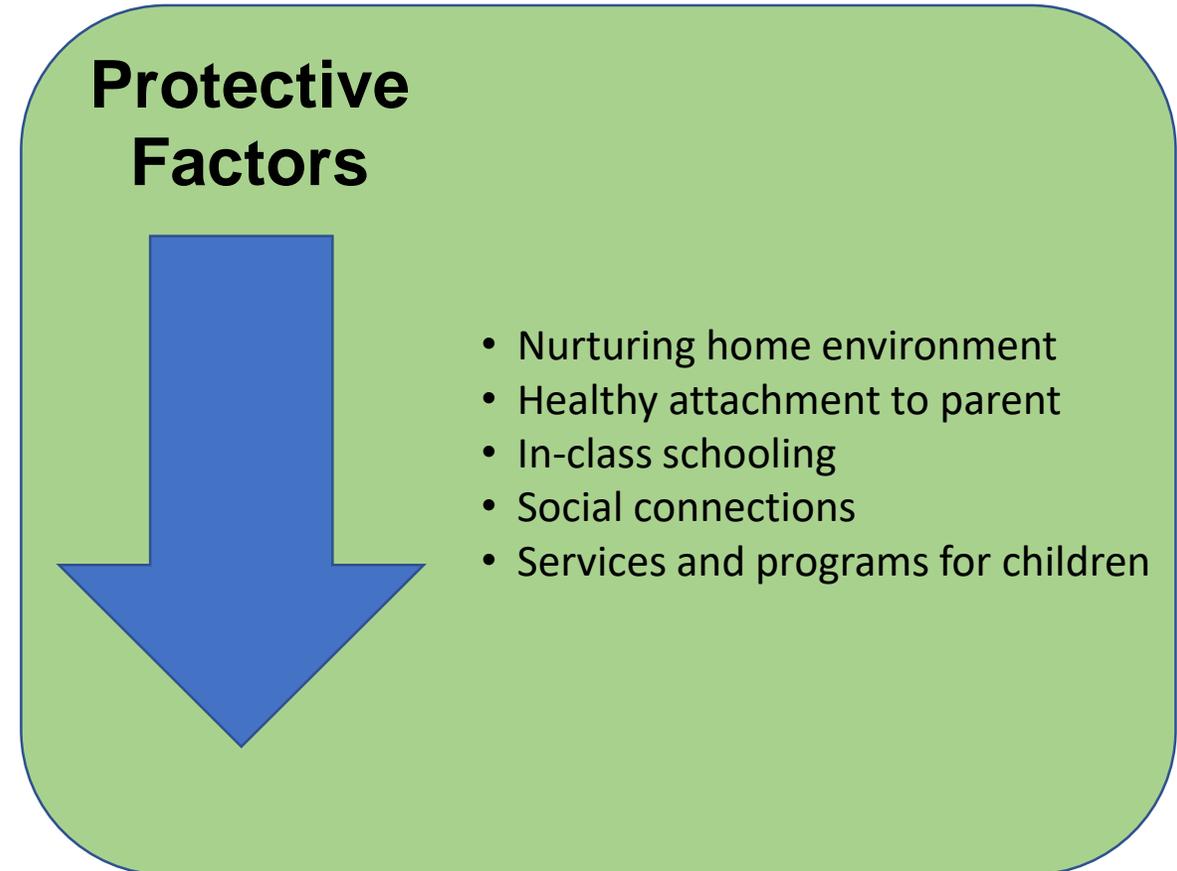
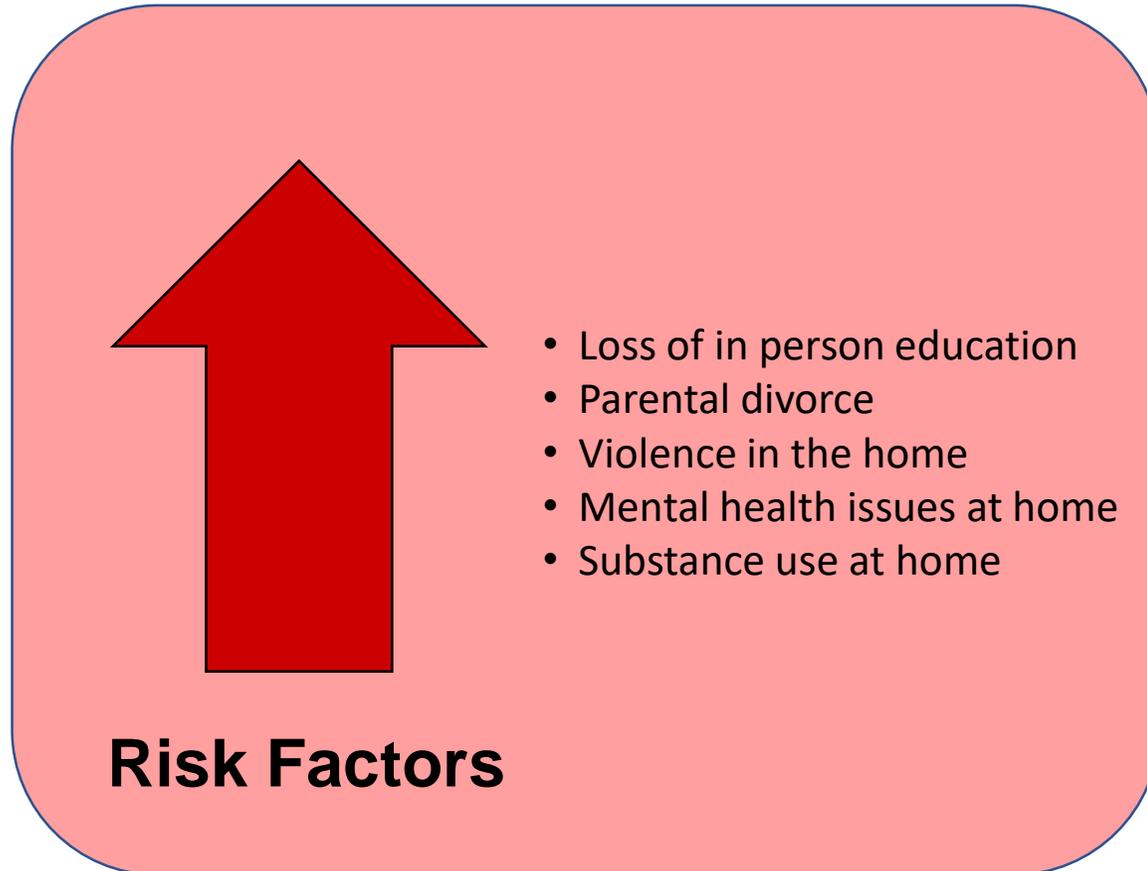


A hand-drawn diagram on a whiteboard defining ACEs. The text is arranged vertically: 'ADVERSE' in purple, 'CHILDHOOD' in red, and 'EXPERIENCES' in blue, with '(ACEs)' in black below it. The first letter of each word is enclosed in a circle. Below this, 'IMPACT on BRAIN, BODY' is written in black, with 'and BEHAVIOUR' on the next line. A hand holding a blue marker is visible on the right side, having just finished writing 'BEHAVIOUR'. There are several small, hand-drawn clouds scattered around the text.

ADVERSE
CCHILDHOOD
EEXPERIENCES
(ACEs)
IMPACT *on* BRAIN, BODY
and BEHAVIOUR

Impact of the COVID-19 Pandemic

Early evidence from local, provincial and national sources shows that many ACES-related **risk factors have increased** while **protective factors have decreased** throughout the COVID-19 pandemic



How can we address ACEs?

CDC 6 Strategies to address ACEs



Teach Skills



Connect youth to caring adults & activities



Ensure a strong start for children



Lessen harms and prevent future risks



Promote norms that protect against violence and adversity



Strengthen Economic Support



CDC 6 Recommendations	Example
Teach Skills	<ul style="list-style-type: none">• Social-emotional learning (Universal school-based programs)• Safe dating and healthy relationship skills program• Parenting skills and family relationship approaches (Triple P) <p>Ex) Teach parents skills related to managing stress, addressing behavioural issues and conflict resolution</p>
Connect youth to caring adults & activities	<ul style="list-style-type: none">• Mentoring programs (Big Brothers Big Sisters / REACT Youth Engagement)• After-school programs <p>Ex) Help youth identify prosocial activities they enjoy, that provides structure and connects them to a caring mentorship figures</p>
Ensure a strong start for children	<ul style="list-style-type: none">• Early childhood home visitation programs (Nurse Family Partnership Program)• High quality childcare (Accessible to all regardless of socioeconomic status)• Preschool enrichment with family engagement (EarlyONs) <p>Ex) Capacity building initiatives that enable parents to access resources and support systems (i.e., subsidized child care centres)</p>
Lessen harms and prevent future risk	<ul style="list-style-type: none">• Enhanced primary care services that remove barriers to access (i.e., Transportation barriers)• Multidisciplinary health care approach that addresses physiological and psychological well-being• Victim-centred services that lessen the harms of ACEs and reduce exposure to violence <p>Ex) Develop networks of support in your community. Prioritize funding that will minimize wait times for supportive programs/services</p>
Promote norms that protect against violence and adversity	<ul style="list-style-type: none">• Public education campaigns• Legislative approaches to reduce corporal punishment• Bystander approaches• Men and boys as allies in prevention <p>Ex) Inform clients about ACEs, the cycle of abuse, and the importance of safe, nurturing relationships using a trauma-informed approach</p>
Strengthen Economic Support	<ul style="list-style-type: none">• Strengthening household financial security• Family-friendly work policies <p>Ex) Support clients access to income and employment support</p>

Most Important Things to Remember

1. Stressful and traumatic events experienced before the age of 18 are known to have long-term and negative consequences into adulthood.
2. There is growing evidence that suggests children have been exposed to ACE-related risk factors throughout the pandemic.
3. There are evidence-based strategies that can prevent and mitigate ACEs.

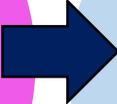
Public Health's role

- Public health agencies, which typically place prevention at the forefront of efforts and work to create broad population-level impact, can **bring critical leadership and resources to this problem.**
- Public health agencies are well positioned to:
 - **collect and disseminate data and evidence,**
 - **implement preventive measures,**
 - **evaluate programs, and track progress.**
- **Collaboration and community capacity-building are essential.**
 - Although public health is highly involved in addressing ACEs, the strategies and approaches cannot be accomplished by the public health sector alone.

Primary Goal: To prevent/mitigate the long term effects associated with Adverse Childhood Experiences (ACEs) in the Niagara Region by implementing knowledge translation activities with internal and external partners.

Secondary Goal: To establish a community of practice/network/coalition of partners with a shared vision to prevent & mitigate ACEs in Niagara through increased coordination, collaboration, knowledge sharing, and advocacy work.

Collect, analyze, collate available data



Review literature/key messages – ACEs, Resilience, Six Strategies for Reducing ACEs



Facilitate discussions with internal and external partners about their role in addressing ACEs in Niagara



Develop and implement Knowledge Translation

Discussion Questions

How does this connect to your work underway?

How would you like to be involved with this project?

Contact: amanda.hicks@niagararegion.ca

Learning resources

- Read:
 - [PHO Literature Review](#) – Interventions to Prevent and Mitigate the impact of ACEs in Canada
 - [CDC's Six Strategies technical report](#)
 - [Responding to Adverse Childhood Experiences](#) – Wales Report
- Watch:
 - [How Childhood Trauma Affects Health – Dr. Nadine Burke Harris](#)
 - [Prevent ACEs now CDC –YouTube](#)
 - [What Should You Know about ACEs](#)
- Access credible webinars/training materials:
 - [Alberta Family Wellness Brain Story](#)
 - Wellington-Dufferin-Guelph ACEs Coalition [learning modules](#)
 - Harvard Center for Developing Child [multi media resources](#)

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