

Conversation on Race & Healthy Equity Series

Trauma Series Part 2:

Adverse Childhood Experiences



September 30, 2019

OVERVIEW

9:00-9:25	Welcome/Overview/Icebreaker
9:25-10:15	Exploring Adverse Childhood Experiences Aditi Srivastav, Children's Trust of South Carolina
10:15-10:25	Break
10:25-11:15	Panel Presentation Robert Ellington, Success Coach, HALOS Quenetta White, Principal, AC Corcoran Elementary
11:15-11:25	Debrief/Group Discussion
11:25-11:30	Evaluation & Close



RATIONALE FOR TRAUMA SERIES

Trauma is a pervasive problem. It results from exposure to an incident or series of events that are emotionally disturbing or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being.

Experiences that may be traumatic include

- Physical, sexual, and emotional abuse
- Childhood neglect
- Living with a family member with mental health or substance use disorders
- Sudden, unexplained separation from a loved one
- Poverty and discrimination
- Institutionalized racism and historical oppression
- Violence in the community, war, or terrorism

MEETING NORMS

- Treat each other with dignity and respect
- Be present
- Silence technology
- Practice active listening/listen to understand
- Disagree with ideas, not with people
- Step up, step back
- Be genuine about ideas, challenges, and feelings
- Practice and experience humility - each of us may not have all the answers

GET SOCIAL!

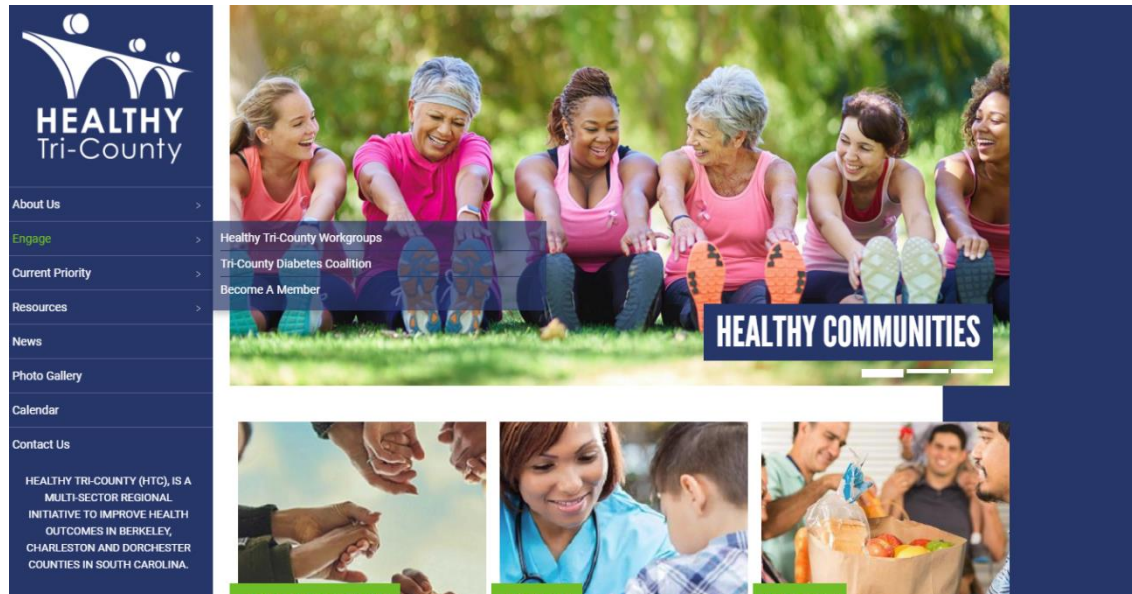


#healthytricity

CONTEXT SETTING

Healthy Tri-County, is a multi-sector regional initiative to improve health outcomes in Berkeley, Charleston, and Dorchester counties launched by Roper St. Francis Healthcare, MUSC Health, and Trident United Way in January 2017.

The long-term aspirational goal of this initiative is to improve the health and well-being of every person and community within the Tri-County area.



LEARN MORE AT www.healthytricounty.com



HEALTHY TRI-COUNTY MEMBERS



AccessHealth Tricounty

Alliance for a Healthier South Carolina

American Cancer Society

American Diabetes Association

American Heart Association

Assoc. for the Blind & Visually Impaired

Barrier Island Free Medical Clinic

Berkeley County Library System

Berkeley County School District

Charleston County Parks & Recreation

Charleston County Public Library

Charleston County School District

Charleston Dorchester Mental Health

Charleston Police Department

Charleston Promise Neighborhood

Children's Trust of SC

City of Charleston

Dee Norton Child Advocacy Center

Dept Health & Environmental Control

Diabetes Advisory Council of SC

Dorchester 4 School District

Dorchester Alcohol and Drug Comm

Dorchester Children's Center

Dorchester County Library

East Cooper Community Outreach

ECPI

Ernest E. Kennedy Center

Fetter Health Care Network

Florence Crittenton Progs of SC

Healthy Lifestyle Network

Healthy Plate Cooking

Help Me Grow

Johns Island Rehab & Healthcare Ctr

Lowcountry Alliance for Model Communities

Lowcountry Food Bank

Lowcountry Grad Center

Lowcountry Local First

Lowcountry Street Grocery

Medical University of SC

Metanioia

Miller Consulting

My Sister's House

Nucor

Our Lady of Mercy Outreach

Palmetto Advantage Care

Palmetto Community Action Partnership

Palmetto Project

PASOs

Roper St. Francis

Saillant Lang Consulting

SC Cancer Alliance

SC Thrive

Second Chance Bikes

Select Health SC

Shifa Free Medical Clinic

St. James Santee Family Health Ctr

Summerville Family YMCA

The Nourished Principles

Tri-County Cradle to Career Collaborative

Tricounty Family Ministries

Trident Health

Trident Literacy Association

Trident United Way

Wellness Five

Welvista

YMCA of Greater Charleston

YWCA Greater Charleston

Youth Empowerment Services



HEALTHY TRI-COUNTY

HEALTH DATA WORKGROUP

Activities
(1) 2019 Tri-County
Community Health
Needs Assessment
(2) Health Data Resource
Hub

HEALTH IMPROVEMENT PLAN WORKGROUP

Activities
Implement and monitor
2018-2023 Tri-County
Health Improvement
Plan.

DIABETES COALITION

Activities
(1) Raise awareness
about and reduce
rates of prediabetes
and diabetes
(2) Increase availability
of National Diabetes
Prevent Program

HEALTHY PEOPLE HEALTHY CAROLINAS

Activities
Implement evidence-
based interventions
addressing physical
activity/nutrition and
early identification and
prevention of chronic
disease

SOCIAL DETERMINANTS OF HEALTH & HEALTH EQUITY

Activities
(1) Conversation on Race & Health Equity Series, (2) Dissemination of Equity Resources

OUR HEALTH, OUR FUTURE. TRI-COUNTY HEALTH IMPROVEMENT PLAN



Our Health, Our Future

Tri-County Health Improvement Plan 2018-2023

Community Action Guide



Berkeley | Charleston | Dorchester



Our Health, Our Future

The Tri-County Health Improvement Plan 2018-2023

Berkeley | Charleston | Dorchester

www.healthytricounty.com



TRI-COUNTY HEALTH IMPROVEMENT PLAN

TOPIC GROUPS

Access to
Care

Behavioral
Health

Clinical
Preventative
Services

Obesity,
Nutrition &
Physical
Activity

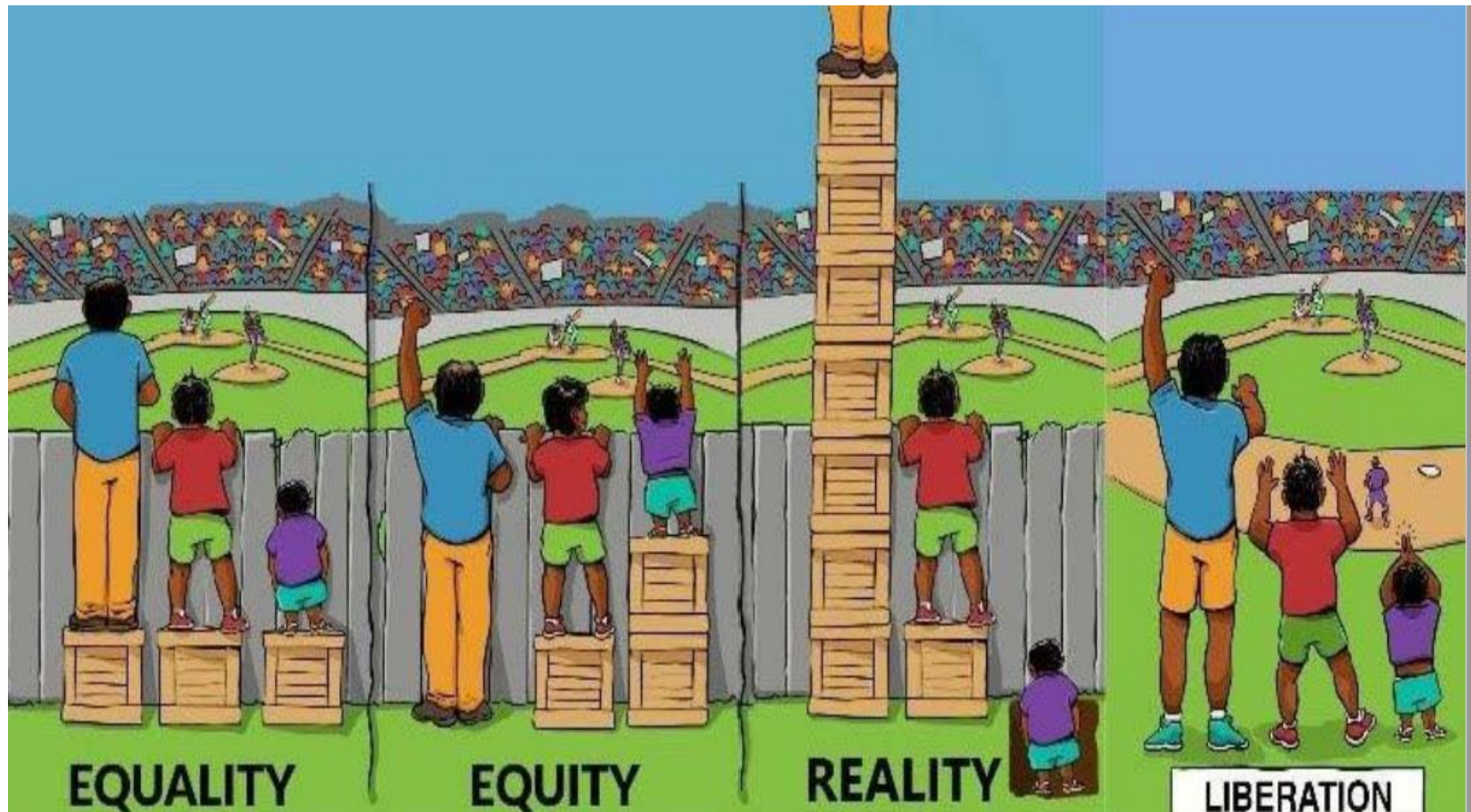
Maternal,
Child &
Infant
Health

INFUSED IN ALL TOPICS

Social Determinants

Health Equity

HEALTH EQUITY & HEALTHY TRI-COUNTY



EXPECTATIONS SETTING

IF YOU WISH TO MOVE
MOUNTAINS
TOMORROW, YOU MUST
BEGIN BY MOVING STONES
TODAY.

African Proverb



ADVERSE CHILDHOOD EXPERIENCES

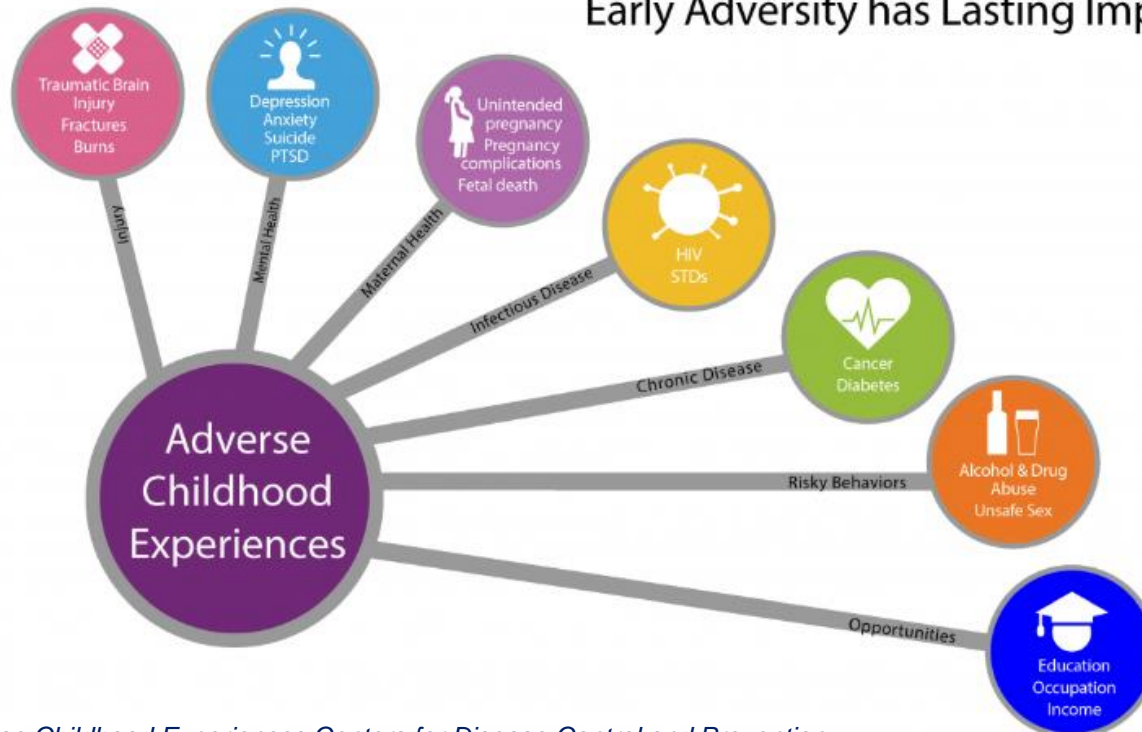
Adverse Childhood Experiences (ACEs) is the term used to describe all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18.

Adverse Childhood Experiences have been linked to

- risky health behaviors,
- chronic health conditions,
- low life potential, and
- early death.

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

Early Adversity has Lasting Impacts



INTRODUCTIONS & ICEBREAKER

On a Scale of 1 (no exposure) to 5 (expert),
how familiar are you with Adverse Childhood Experiences
(ACE) research, theories and best practices?

What interests you about this topic?

What do you hope to learn more about ACE today?



EXPLORING ACE



ADITI SRIVASTAV BUSSELLS, PHD

Research & Community Impact Manager

Children's Trust Of South Carolina

BREAK



If you haven't already, get social!
#healthytricity



PANEL PRESENTATION



QUENETTA WHITE

Principal

AC Corcoran Elementary



ROBERT ELLINGTON

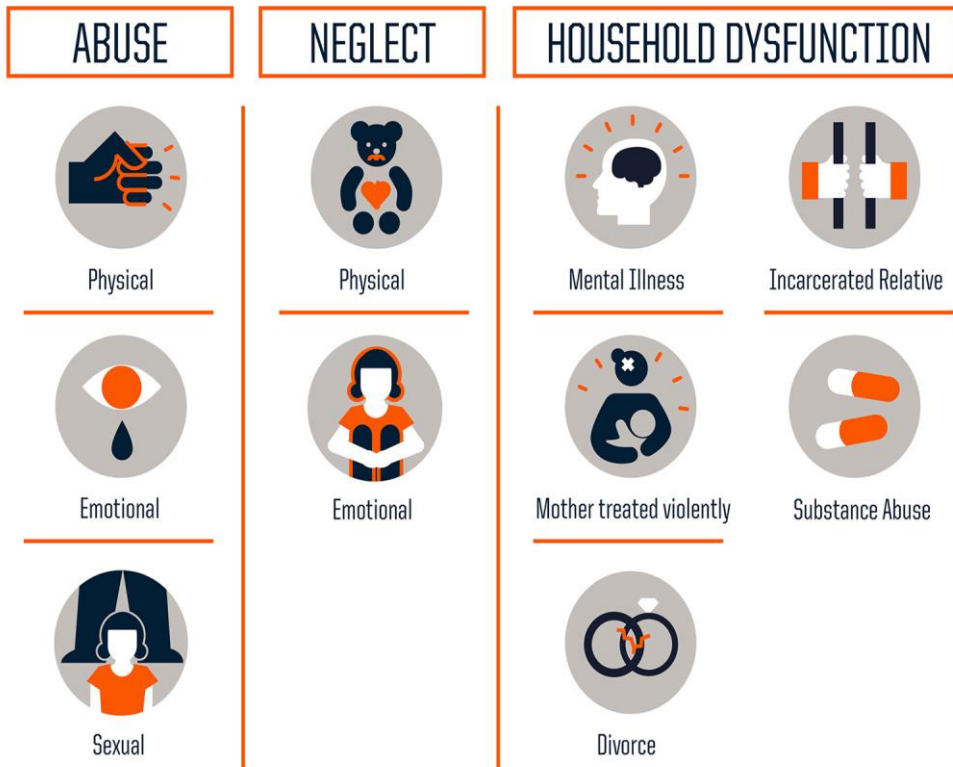
Success Coach

HALOS

Race and Health Equity

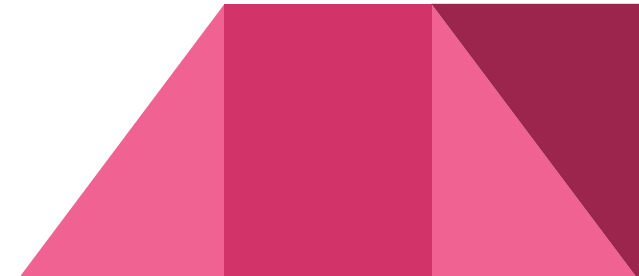
Educational Perspective
Quenetta G. White, Principal
A.C. Corcoran Elementary School

ACEs Research in Education



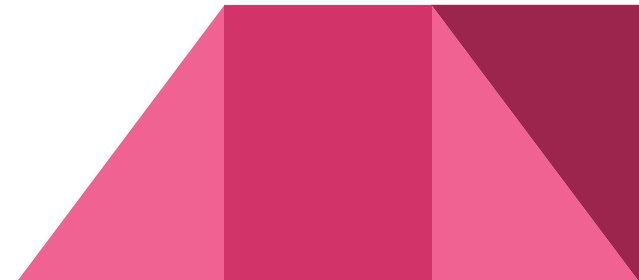
1. Many students are dealing with one or more areas of abuse, neglect or dysfunction in their home
2. School is often a struggle
3. Fight or flight
4. School is sometimes their safe haven

What's Missing: Education



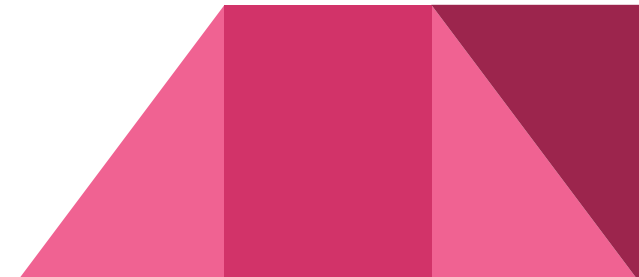
Doing Well

1. Mental Health counselors in schools
2. Social/Emotional curriculum
3. School counselors/psychologists
4. Parenting classes
5. Food Pantries
6. Clothing Drives
7. Partnerships
8. Mentoring Programs



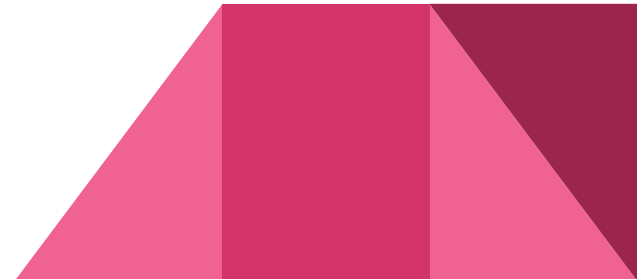
OFls

1. More schools with wrap-around services
2. Full-time mental health counselor all schools
3. In-depth training for school staff
4. Strong mentor programs
5. Ongoing educational support for all who work directly with children



Barriers

1. Trust
2. Time
3. Resources



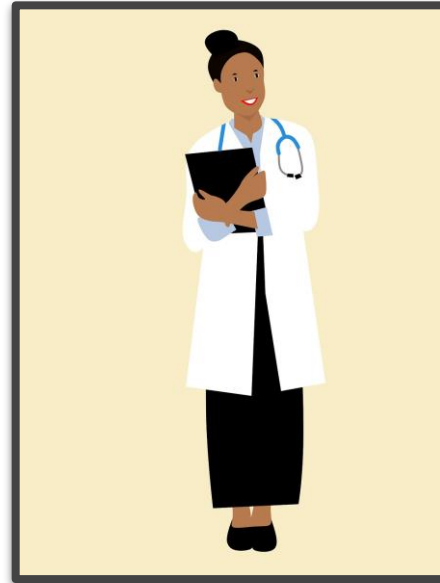
Assumptions

1. Race
2. Socio-economics
3. Learning disability
4. ADHD
5. I.E.P./504



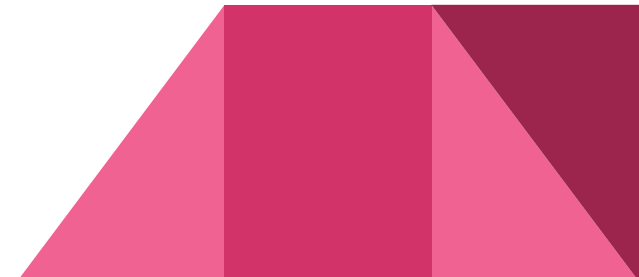
Who else?

1. Doctors/Psychologists
2. Colleges/Universities
3. Religious leaders
4. School Board Members
5. Law Enforcement
6. Department of Social Services



Future

- ★ Safe,
Healthy well-rounded children
- ★ Successful future with many
opportunities
- ★ Higher Success Rate
- ★ More students completing
college and/or ready for a career



Strengths/Support/Contributions

- Awareness
- Communication
 - Continuous
 - Collaborative
 - Trust
- Village
- Contribution: Making the connections/providing resources/avenue of support



HALOS

Because Family Matters.®

ACES (ADVERSE CHILDHOOD EXPERIENCES)



Drug abuse



Incarceration



Mental illness



Domestic
violence



Physical/Sexual
abuse



Health
disparities



Stigma



Stress of
poverty

A CLOSER LOOK

- 51% of children in the child welfare system have had four or more ACEs compared to 13% in the general population
- 38% of children in the child welfare system have had four or more ACEs by the time they have reached their third birthday
- The child welfare system is increasingly relying on grandparents and other relatives to raise the children
- Grandparents and other relatives are less likely than non-related foster parents to receive supports and services, including those provided by professionals trained in helping children who have experienced trauma

WHAT IS KINSHIP CARE?



KINSHIP CARE

- Children in kinship care have nearly half the risk of behavioral and social problems of children in non-relative foster care.
- Their placement is more likely to be permanent.





Children In Kinship Care (Number) - 2016-2018

National KIDS COUNT
KIDS COUNT Data Center, datacenter.kidscount.org
A project of the Annie E. Casey Foundation

GRANDPARENTS AND GRANDCHILDREN

- 5.6% of African Americans aged 30 and older live with a grandchild
- Non-Hispanic whites are the least likely to live under the same roof as their grandchildren (2.6%)
- 7.1% of Hispanics live with a grandchild

Source: 2014 American Community Survey data



WHO ARE THE CAREGIVERS?

- Lower income
- Disproportionally African –American women/ single
- Lower educational attainment
- Poorer health
- Kinship caregivers have less knowledge about and access to services, even when they exist

BARRIERS TO RESPONDING TO CHILDREN WHO HAVE EXPERIENCED TRAUMA

- Loss
- Role/Boundary Redefinition
- Guilt
- Embarrassment
- Projection/Transference
- Loyalty
- Child Rearing Practices
- Stress Management/Physical Limitations
- Anger and Resentment
- Morbidity and Mortality-
What's the plan?

HALOS MODEL

- Kinship Navigation Services
- Legal Clinics
- Support Groups,
- ARC (Attachment Regulation Competency) –PASTA (Parenting A Second Time Around)
- Critical goods, holiday, school supplies
- Family events
- Intensive Case Management- Success Coach
- **MANAGING RISK FACTORS FOR CHILDREN IN KINSHIP CARE =
IMPROVING CHILD WELL-BEING, PERMANENCY AND SAFETY**

KINSHIP CARE AS A POSITIVE CHILDHOOD EXPERIENCE (PCE)

Below are the seven items on the positive childhood experience (PCE) psychometric analysis. "Before the age of 18, I was..."

- Able to talk with the family about my feelings
- Felt that my family stood by me during difficult times
- Enjoyed participating in community traditions
- Felt a sense of belonging in high school
- Felt supported by friends
- Had at least two non-parent adults who took a genuine interest in me
- Felt safe and protected by an adult in my home

PCES (CONTINUED)

- "Overall, study results demonstrate that PCEs show a dose-response association with adult mental and relational health, analogous to the cumulative effects of multiple ACEs," the authors concluded. "Findings suggest that PCEs may have lifelong consequences for mental and relational health despite co-occurring adversities such as ACEs."

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Christina Bethell, Jennifer Jones, Narangerel Gombojav, Jeff Linkenbach, Robert Sege.

"Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels." *JAMA*

Pediatrics DOI: [10.1001/jamapediatrics.2019.3007](https://doi.org/10.1001/jamapediatrics.2019.3007)

RESILIENCE

- The ability to overcome adversities and adapt successfully to varying situations.



Robert L. Ellington
Success Coach

robert@charlestonhalos.org

GROUP DISCUSSION

WHAT – What did you learn today?

SO WHAT – Why does this matter? Who will you share your learnings with?

NOW WHAT – What **two** things will you commit to doing following this conversation by the end of October?



WHAT CAN YOU DO?

Four Priorities to Address ACEs and Promote Child Wellbeing

1

Translate the science of ACEs, resilience, and nurturing relationships.

There is urgency for rapid and widespread training about the science of ACEs. We must prioritize strategies to translate the science of ACEs and thriving in both children's health services and all sectors working with children, youth and families.

2

Cultivate the conditions for cross-sector collaboration to incentivize action and address structural inequalities.

Adverse Childhood Experiences can be linked to a number of structural inequalities, such as poverty, discrimination, opportunities for employment, and access to health care. Addressing these inequalities will require effective collaboration and partnerships within and between child and family health-related systems, as well as across sectors, including between schools, health services, social services, businesses, and more.

3

Fuel "launch and learn" research, innovation, and implementation efforts.

To address ACEs and promote healing and positive health, we must establish a purposeful research, policy analysis, technical assistance, and funding-assistance infrastructure that enables innovation and real-time learning, improvement, and implementation.

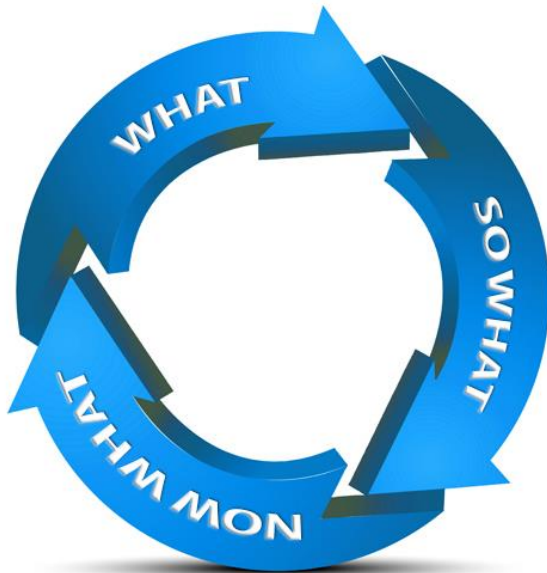
4

Restore and reward safe and nurturing relationships and self-, family-, and community-led prevention and healing.

Create widespread understanding in pediatrics about safe and nurturing relationships, ways to advance them, and the environments to promote healthy child development and wellbeing. This would include training and financing to build a caring capacity, and would reward providers who focus on establishing and restoring safe and nurturing relationships and helping families engage in methods to promote healing.



NEXT STEPS



Get engaged!

THANKS & EVALUATION



**COLLECTIVELY
WE CAN MAKE A DIFFERENCE!**



PRESENTER CONTACT INFORMATION

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