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Making Meaningful Change: Addressing ACEs through Public Policy



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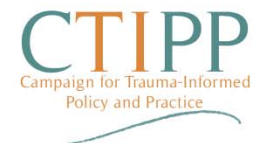
Center for Community Resilience
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Children's Trust
OF SOUTH CAROLINA



ACEs
Connection



CTIPP
Campaign for Trauma-Informed
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SPEAKERS



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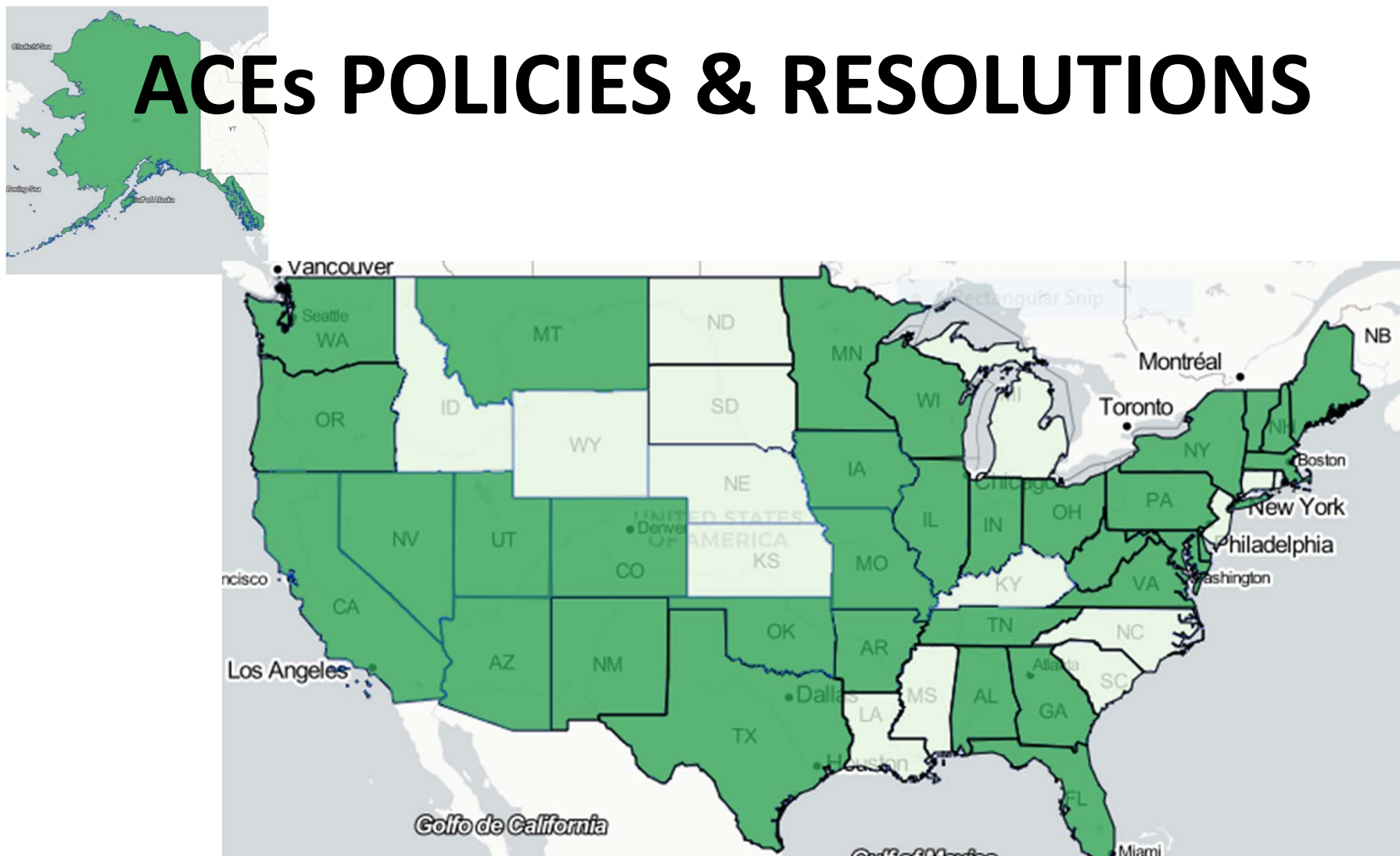


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ACEs POLICIES & RESOLUTIONS



Source: acesconnection.com/mapping-the-movement



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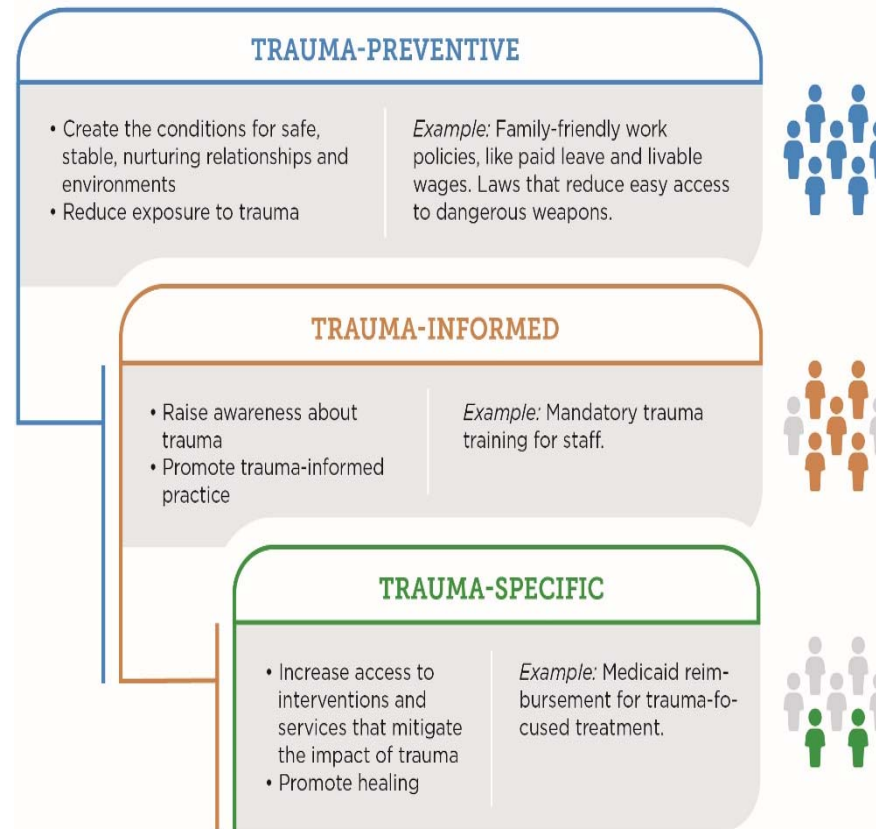
ACES
Connection

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Policy and Practice



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TYPOLOGY OF TRAUMA-RELATED POLICIES



Purtle, J. (2019). Typology of trauma-related policies. In *Mobilizing Action for Resilient Communities, Mobilizing Action for Resilient Communities through policy and advocacy: A toolkit for trauma-informed, cross-sector networks* (p. 7). Philadelphia, PA: Health Federation of Philadelphia.



NETWORK ROLES IN POLICY AND ADVOCACY



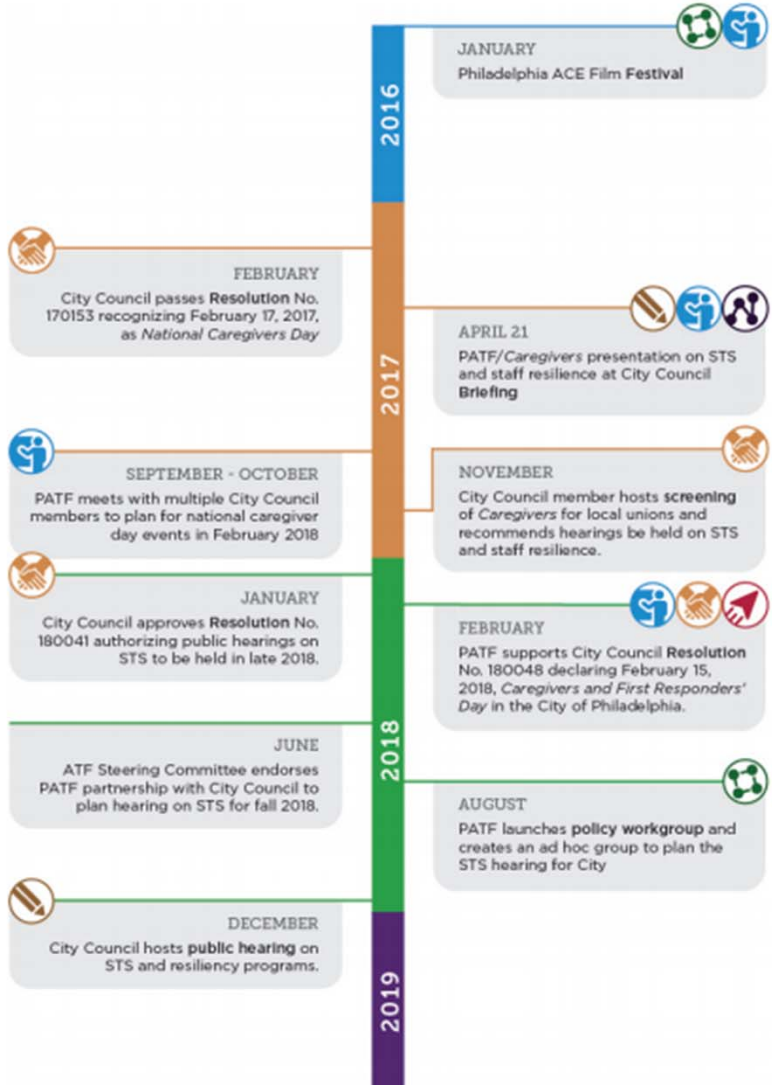
Mobilizing Action for Resilient Communities. (2019). *Mobilizing Action for Resilient Communities through policy and advocacy: A toolkit for trauma-informed, cross-sector networks*. Philadelphia, PA: Health Federation of Philadelphia.



Case study: Addressing secondary traumatic stress among City of Philadelphia employees

PHILADELPHIA ACE TASK FORCE POLICY TIMELINE

Milestones and Network Roles



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Questions & Comments



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Thank you!



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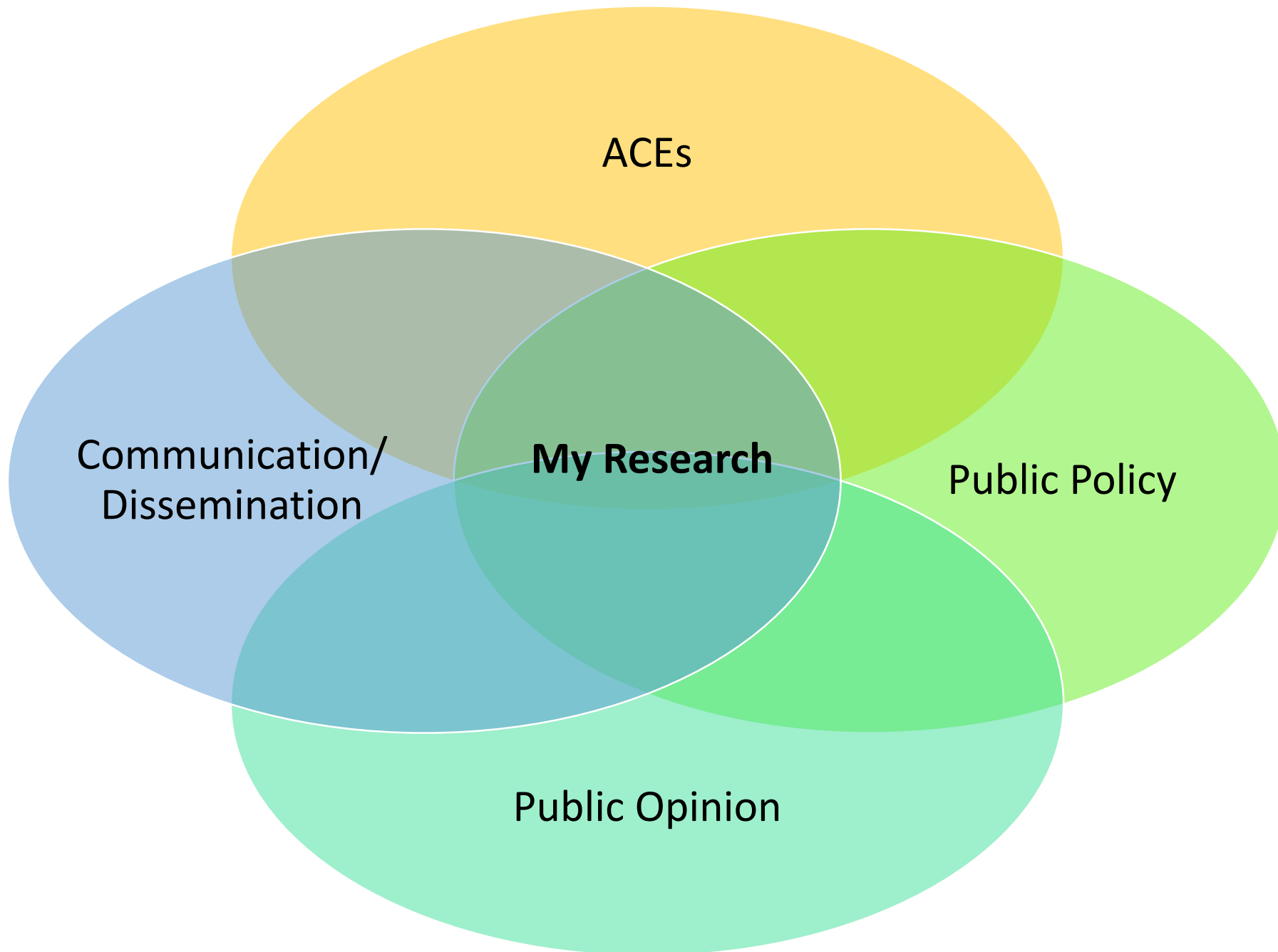


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Opinion Research to Help Translate ACE Evidence into Public Policy

Jonathan Purtle, DrPH, MSc
Drexel University Dornsife School of Public Health

NIMH: R21MH111806 (Purtle), RWJF:73960 (Purtle)



Two Studies:

1. State legislator opinions about ACEs as risk factors for adult mental health/substance use conditions
2. Public opinion about ACEs

Study 1:

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Articles

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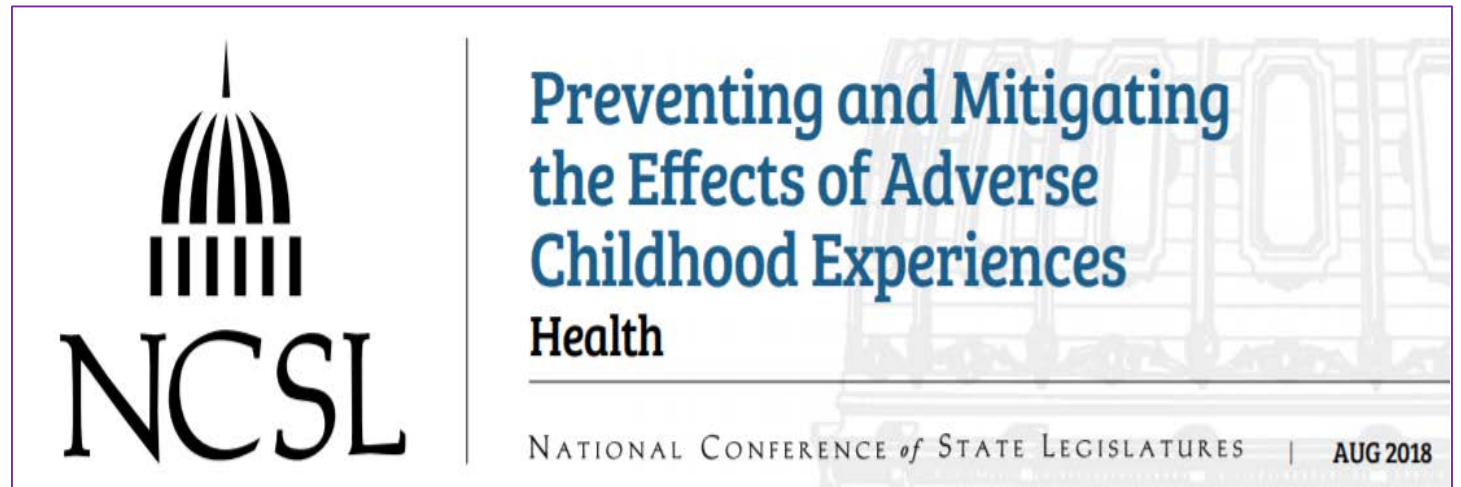
State Legislators' Opinions About Adverse Childhood Experiences as Risk Factors for Adult Behavioral Health Conditions

Jonathan Purtle , Dr.P.H., M.Sc., Félice Lê-Scherban, Ph.D., M.P.H., Xi Wang, Ph.D., Emily Brown, M.S.W., Mariana Chilton, Ph.D., M.P.H.

Published Online: 5 Jul 2019 | <https://doi.org/10.1176/appi.ps.201900175>

The Importance of State Legislators:

- The 7,383 state legislators in the U.S. can help prevent ACEs and mitigate their effects
 - Allocation of tax revenue
 - Regulation of service systems
 - Affect social determinants of ACEs/health



ACEs and Risk of Mental Health and Substance Use Problems in Adulthood

The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis

Karen Hughes, Mark A Bellis, Katherine A Hardcastle, Dinesh Sethi, Alexander Butchart, Christopher Mikton, Lisa Jones, Michael P Dunne

- Compared with adults with 0 ACEs, adults with ≥ 4 ACEs had 4.4-times higher odds of depression, 5.8-times higher odds of problematic alcohol use, 10.2-times higher odds of problematic drug use, and 30.1-times higher odds of attempting suicide

Population Attributable Fractions of Psychiatric Disorders and Suicide Ideation and Attempts Associated With Adverse Childhood Experiences

| Tracie O. Afifi, MSc, Murray W. Enns, MD, Brian J. Cox, PhD, Gordon J.G. Asmundson, PhD, Murray B. Stein, MD, MPH, and Jitender Sareen, MD

- 3 ACEs—sexual abuse, physical abuse, and witnessing domestic violence—accounted for 27% of all mood, anxiety, and substance use disorders among adult females and 24% of those among adult males

Study Aims:

1. Describe state legislators' opinions about ACEs as risk factors for adult behavioral health conditions,
2. Identify how these opinions vary between legislators with different characteristics (e.g., ideology)

Methods

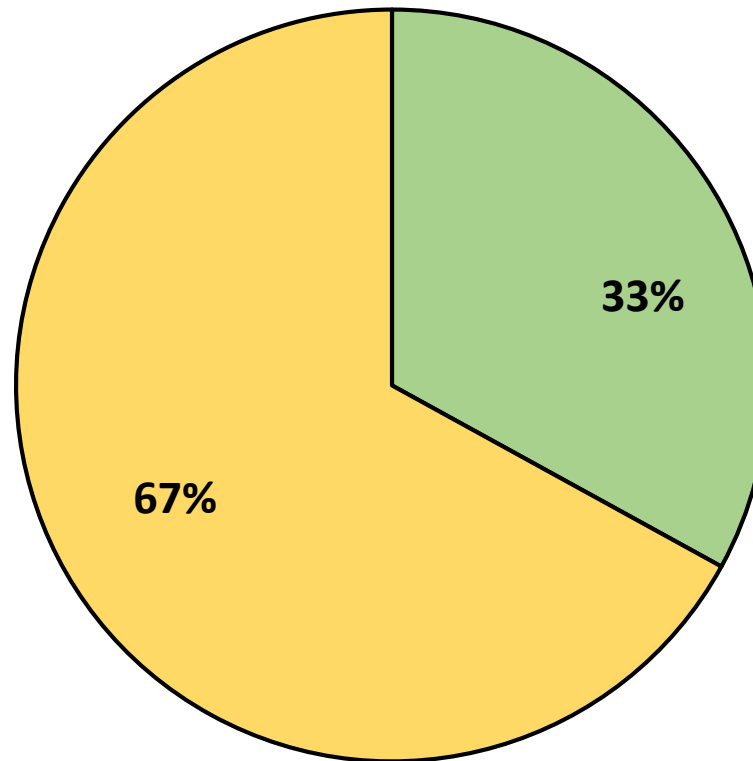
- March-September 2017:
 - Multi-modal survey (post-mail, e-mail, phone) of a state-stratified random sample of state legislators
 - Excluding their staff
 - Post-mail invitation to complete the survey online, two paper versions of the survey, called up to 15 times, received ten e-mail invitations to complete the survey online (28 recruitment attempts)
- N= 475 (response rate= 16.4%)
 - Calculated and applied non-response weights accounting for political party, gender, and region

Methods:

- **Dependent Variable:**
 - “To what extent do you think that each of the following events, when experienced as a child, increase a person’s risk of developing a mental illness or substance use disorder as an adult? (1= little risk increase; 5= major risk increase).
 - Childhood sexual abuse
 - Childhood physical abuse
 - Witnessing domestic violence as a child
 - Childhood neglect
 - Dichotomized 5, “major risk increase,” (yes/no)
 - Assessed as continuous variables in sensitivity analysis
- **Independent Variables:**
 - Awareness of ACE study
 - Gender
 - Political party
 - Ideology

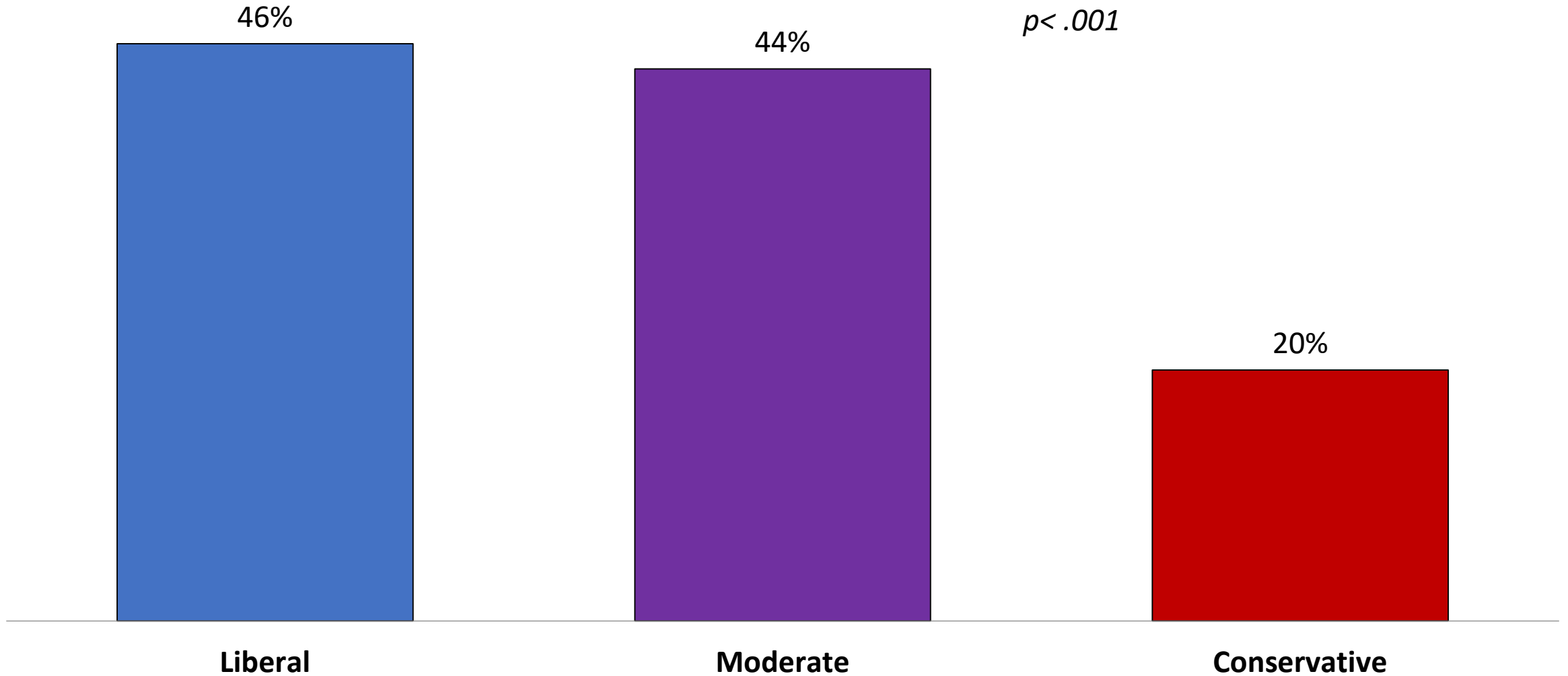
Results:

Awareness of ACE Study Among State Legislators

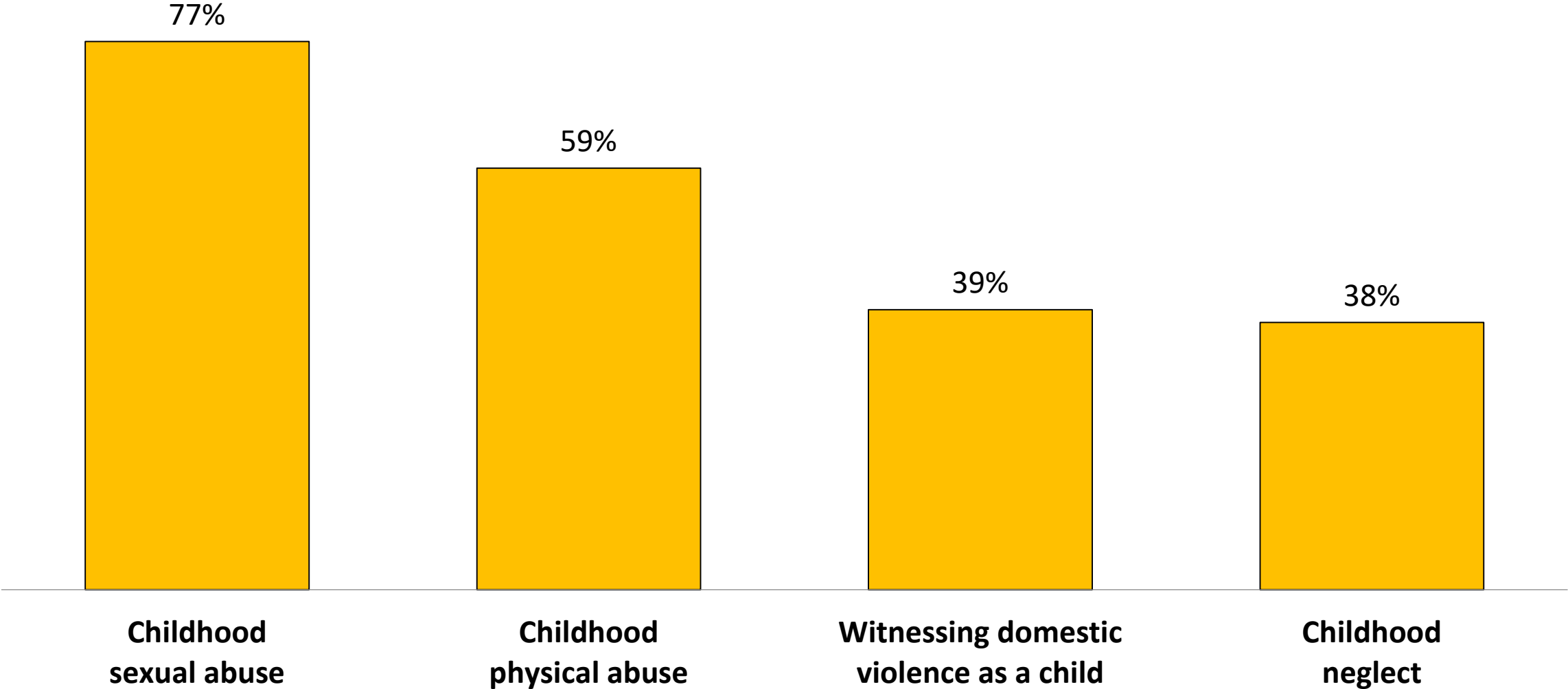


■ Had Heard of ACE Study ■ Had Not Heard of ACE Study

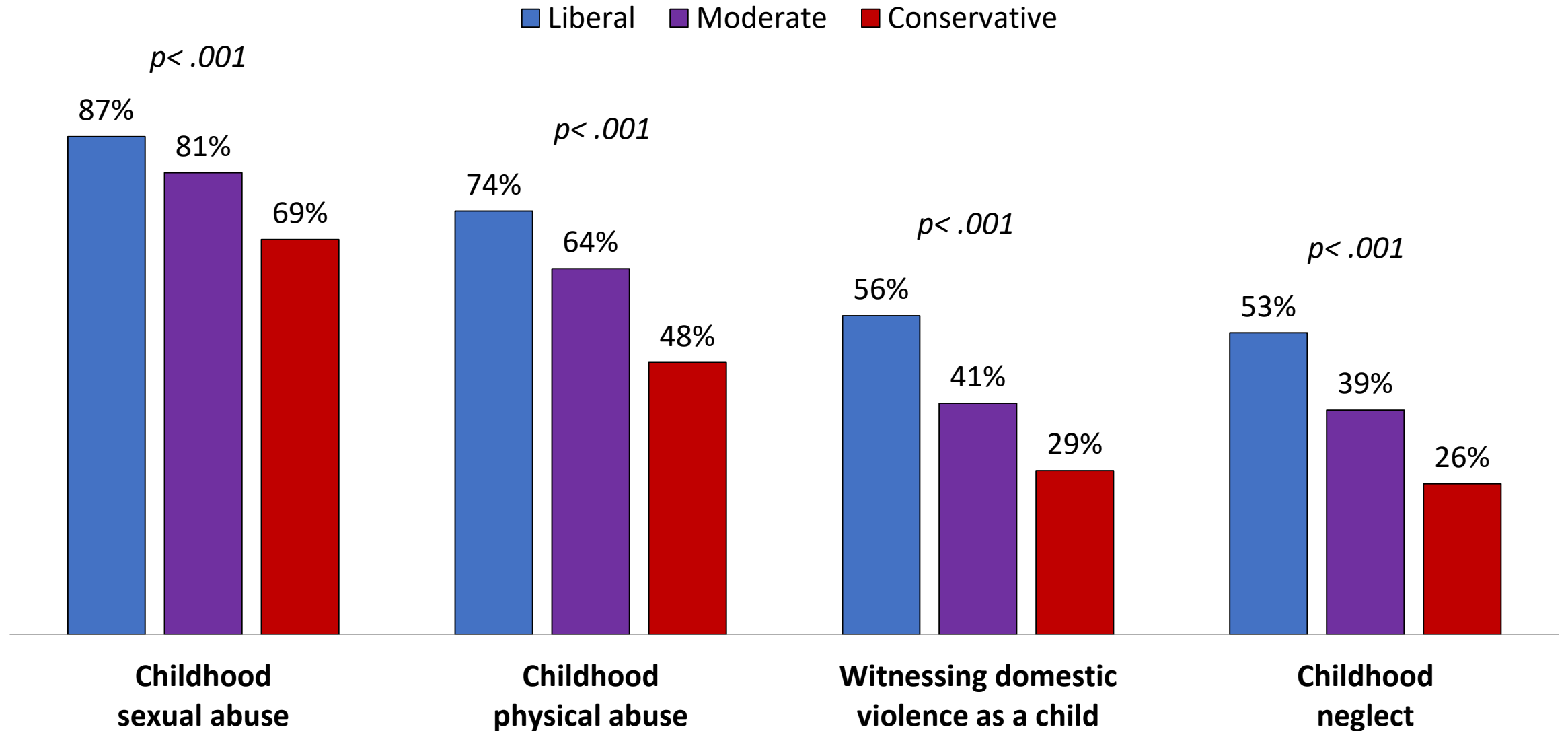
Proportion of Legislators Who had Heard of ACE Study, Stratified by Ideology



Legislator Opinions about Adverse Childhood Experiences as Risk Factors for Adult Behavioral Health Conditions



Legislator Opinions about Adverse Childhood Experiences as Risk Factors for Adult Behavioral Health Conditions



Study 1: Discussion

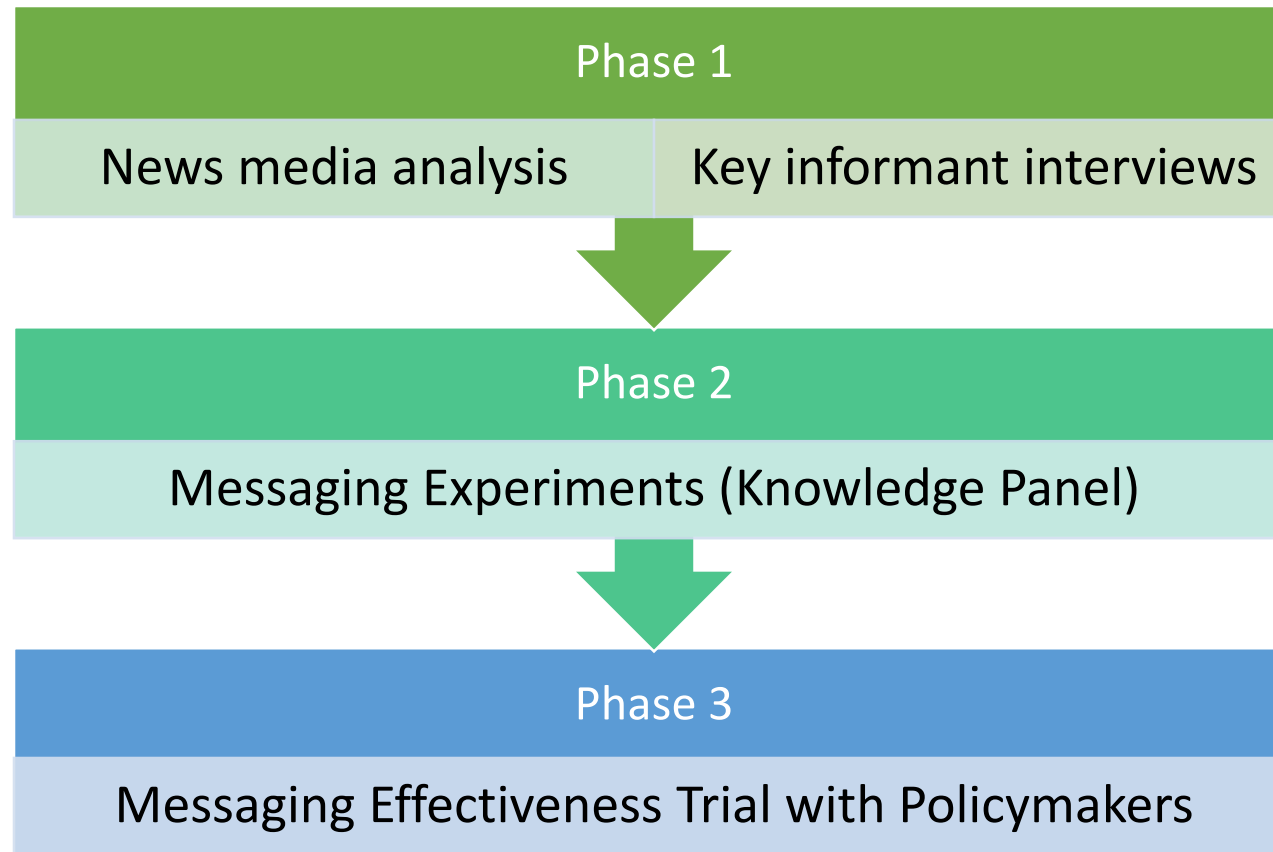
- Many state legislators are unaware of, or unpersuaded by, evidence about the extent to which ACEs are risk factors for adult behavioral health conditions, especially the ACEs of witnessing domestic violence and childhood neglect
 - Witnessing domestic violence as a child accounts for approximately 12% of the population burden of adult mood, anxiety, and substance use disorders
 - Childhood physical abuse accounts for only about 4% (Afifi et al., 2008, *AJPH*)
- Information about the ACE study is reaching more liberal and moderate legislators than conservative legislators
 - Liberals remained more likely to perceive ACEs as major risk factors after adjusting for having heard of the ACE study

Study 2:

Testing Strategies to Communicate Evidence about ACEs While Minimizing Stigma towards Children and Families

- Concerns about the portrayal of ACE science in mainstream media (and academia)
 - “Doom and gloom,” might suggest that people with high ACE scores are “damaged goods”
 - Does not sufficiently acknowledge how structural factors (e.g., poverty, community violence) contribute to elevated ACE prevalence in socially disadvantaged communities
- Aims: Determine the most effective way to frame evidence about ACEs so that it:
 1. Increases support and civic engagement for government interventions that promote healthy child development (prevent ACEs and mitigate their consequences), and
 2. Does not produce stigma towards children who have experienced ACEs and their families

Testing Strategies to Communicate Evidence about ACEs While Minimizing Stigma towards Children and Families



Public Opinion about ACEs

- Fall 2019 survey of 502 U.S. adults (KnowledgePanel)
 - Response rate= 60.5%
- All respondents provided with brief summary of information about ACEs

“Recent research has examined the effects of **adverse childhood experiences** on a person’s health and well-being when they become an adult. Adverse childhood experiences include things like abuse and neglect, having a parent with a serious substance use disorder or mental illness, and witnessing domestic or community violence. The risk of health and social problems in adulthood increases with the number of adverse childhood experiences that a person has had.”

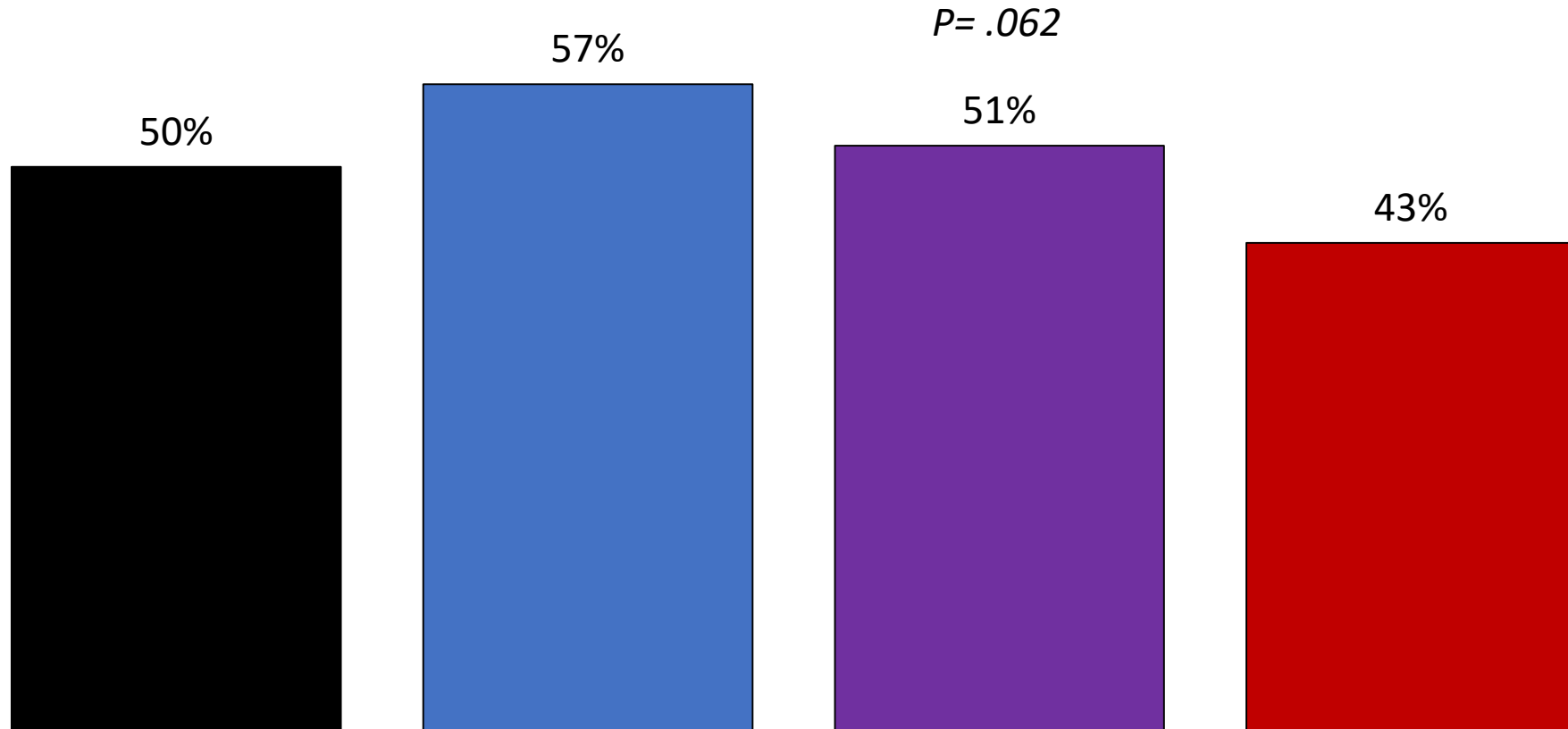
■ All ■ Liberal ■ Moderate ■ Conservative

50%



Believe that it is Very Important that the Government Do Something to Prevent ACEs (5,6,7 on 7-Point Scale)

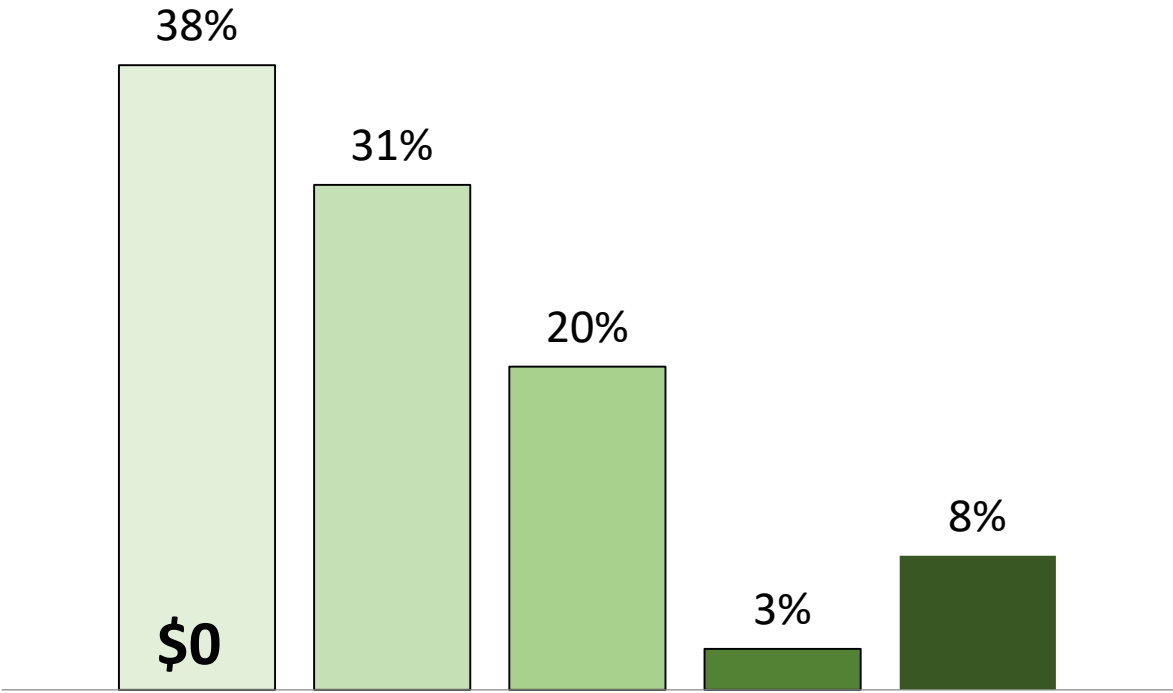
■ All ■ Liberal ■ Moderate ■ Conservative



Believe that it is Very Important that the Government Do Something to Prevent ACEs (5,6,7 on 7-Point Scale)

Willingness to Pay Higher Taxes to Address ACEs

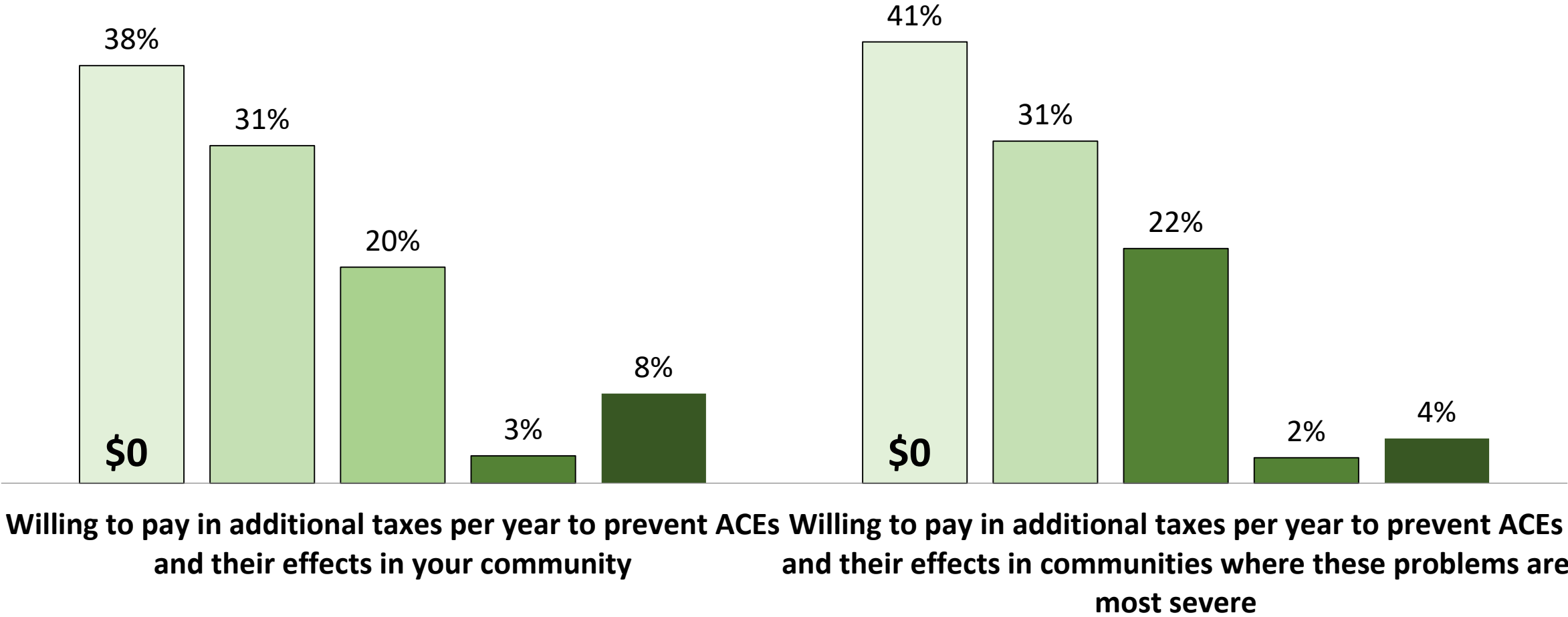
□ \$0 □ \$50 ■ \$100 ■ \$150 ■ \$200



Willing to pay in additional taxes per year to prevent ACEs and their effects in your community

Willingness to Pay Higher Taxes to Address ACEs

□ \$0 □ \$50 ■ \$100 ■ \$150 ■ \$200



Attribution of Blame for Problems Caused by ACEs

■ All ■ Liberal ■ Moderate ■ Conservative

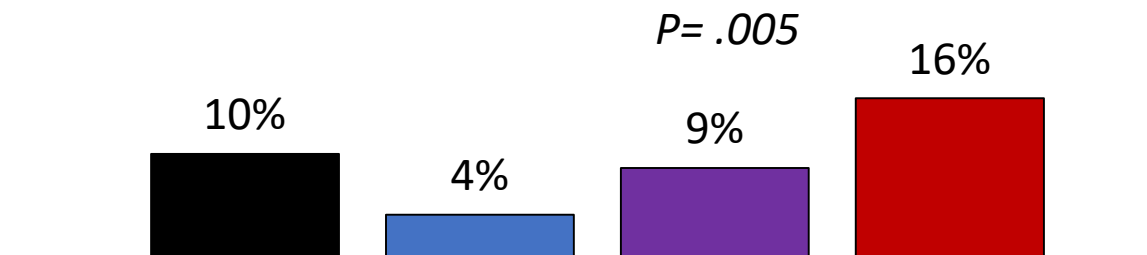
10%



People who have experienced ACEs are very much to blame for their problems (4,5, on 5-point scale)

Attribution of Blame for Problems Caused by ACEs

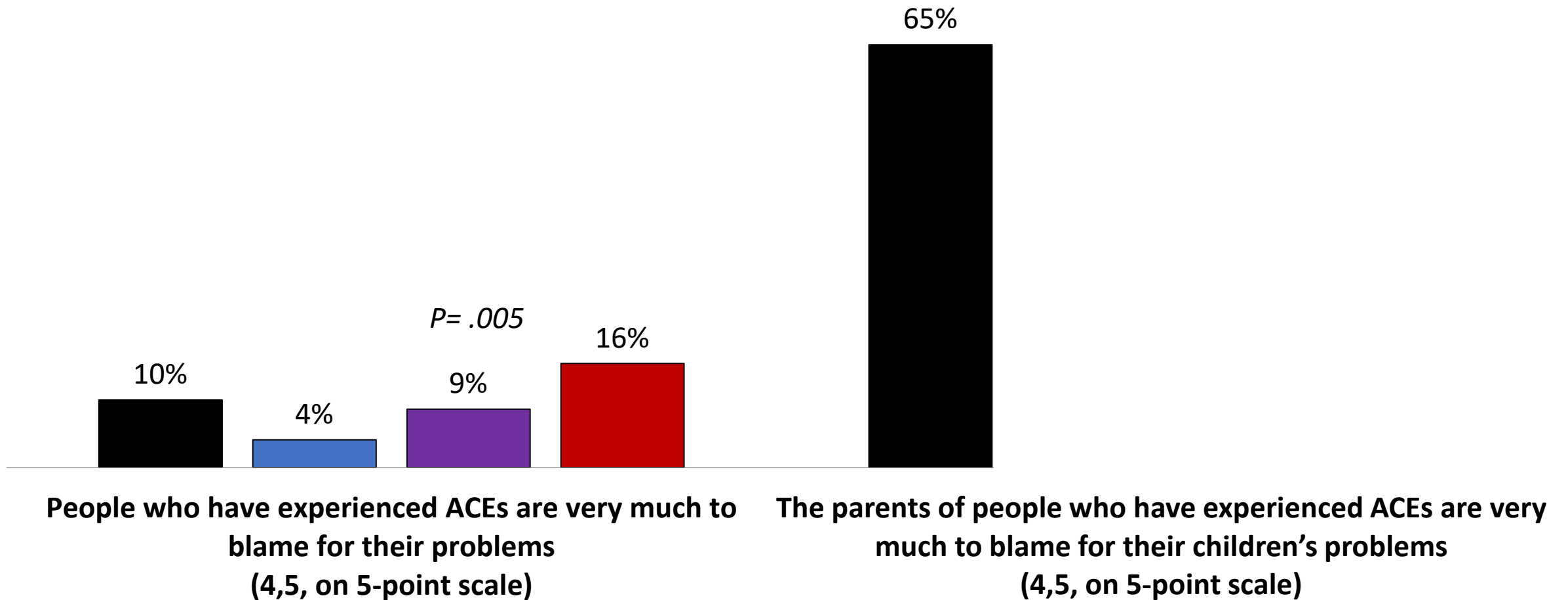
■ All ■ Liberal ■ Moderate ■ Conservative



People who have experienced ACEs are very much to blame for their problems (4,5, on 5-point scale)

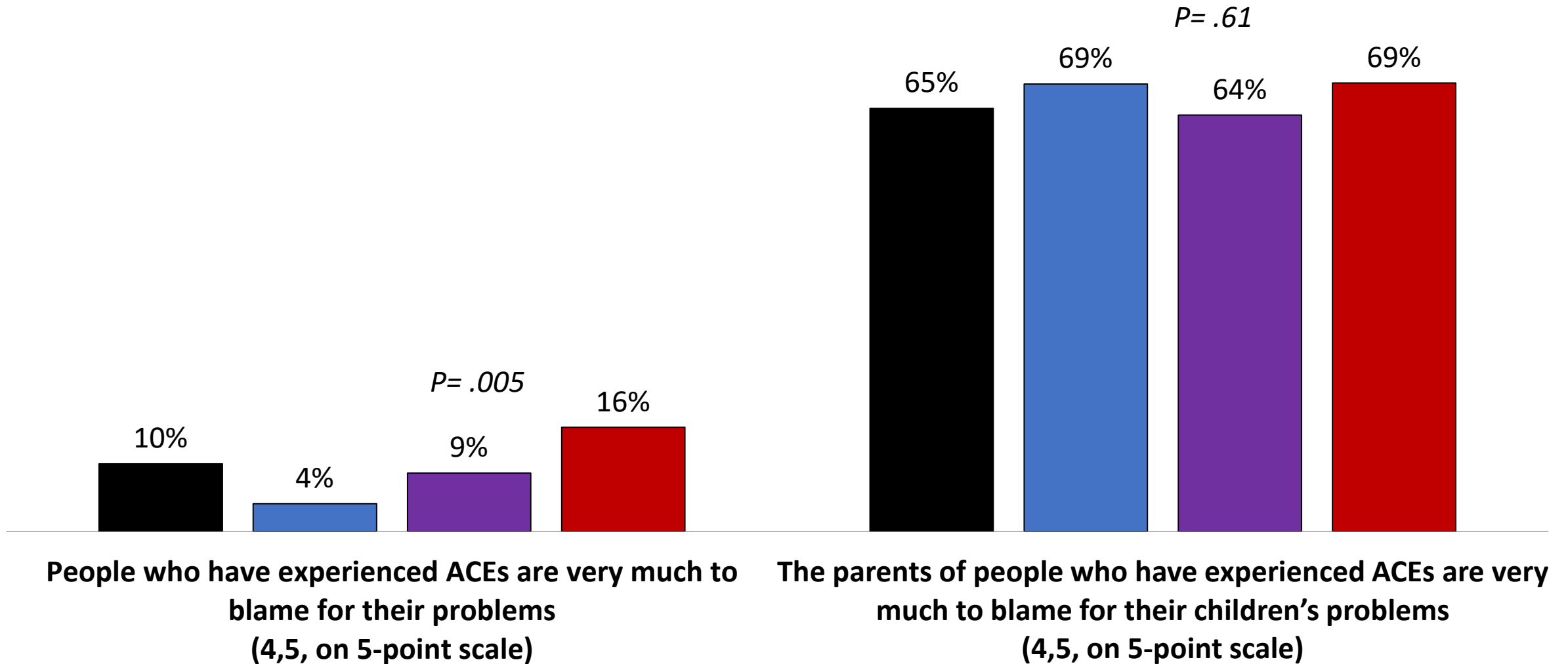
Attribution of Blame for Problems Caused by ACEs

■ All ■ Liberal ■ Moderate ■ Conservative



Attribution of Blame for Problems Caused by ACEs

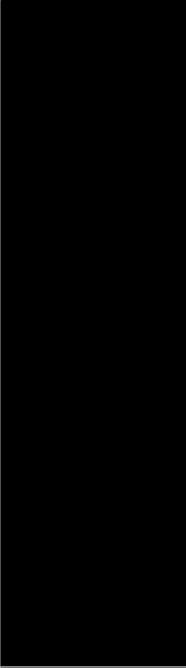
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Preferences for Social Distance from People ACEs

■ All ■ Liberal ■ Moderate ■ Conservative

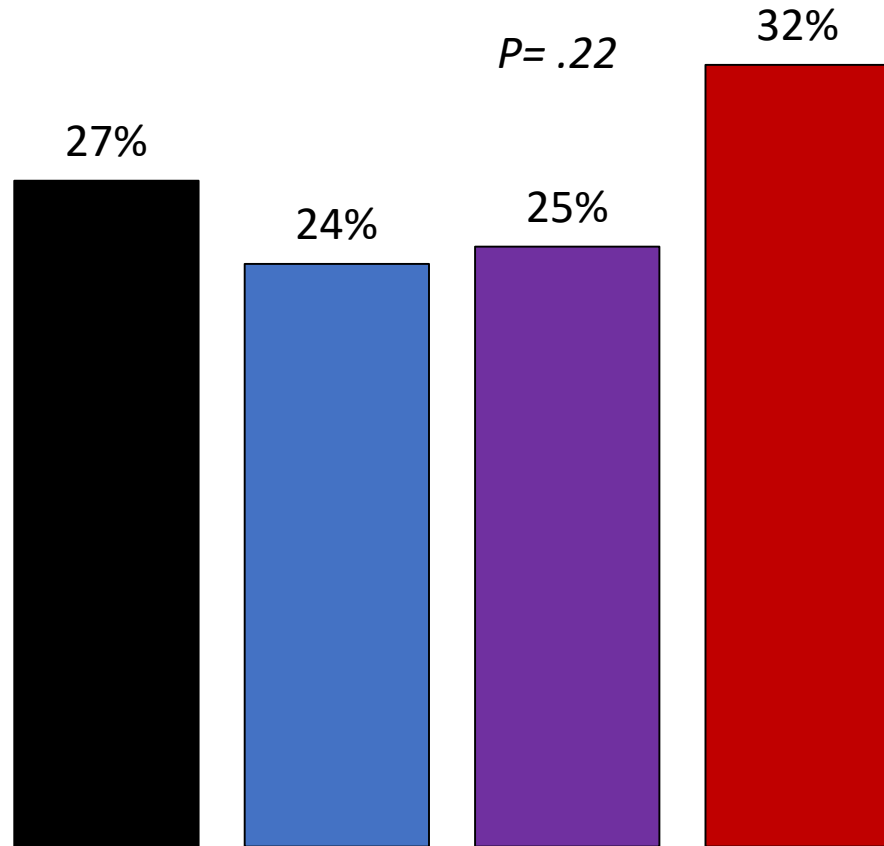
27%



Unwilling to have a person with a lot of ACEs marry into their family (1,2 on 5-point scale)

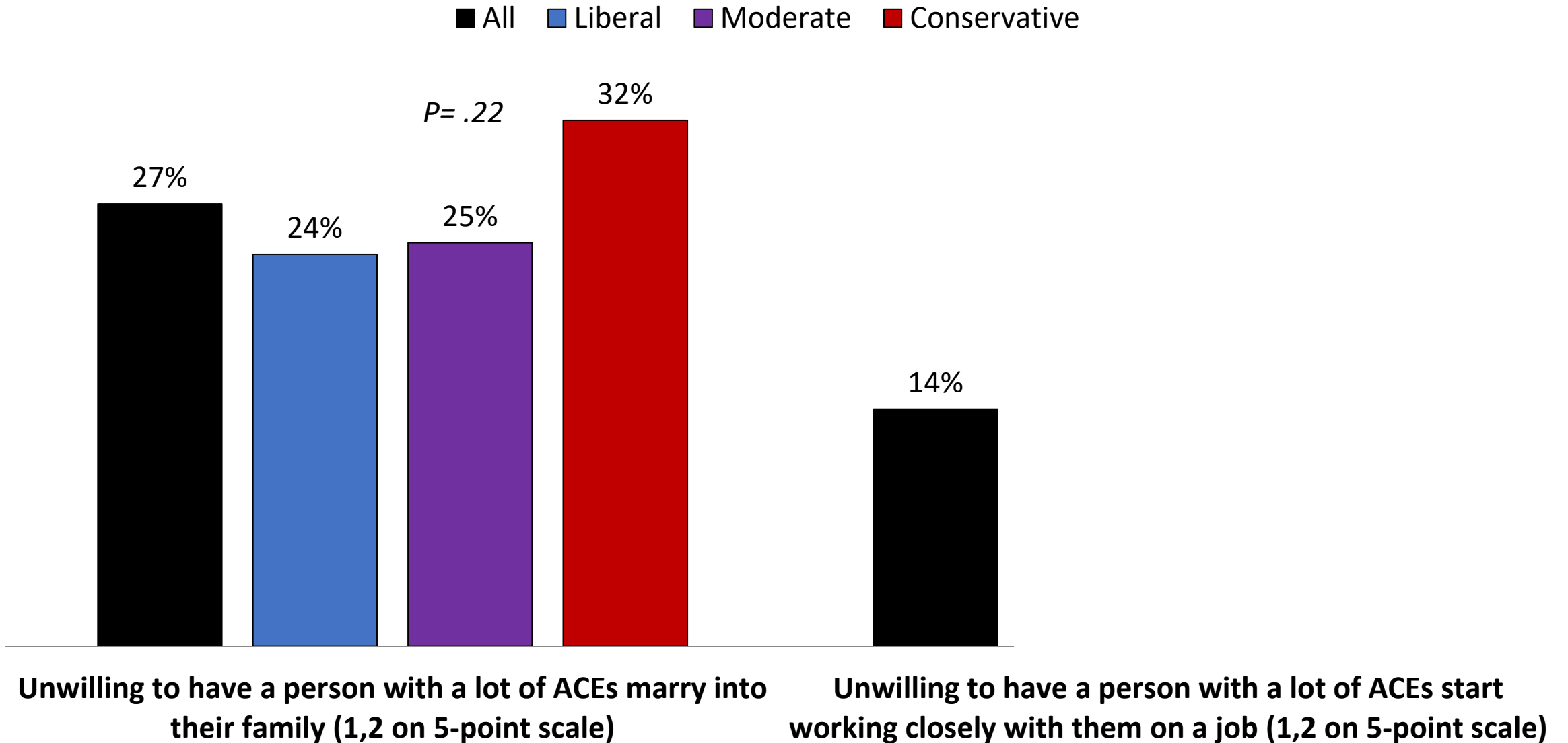
Preferences for Social Distance from People ACEs

■ All ■ Liberal ■ Moderate ■ Conservative



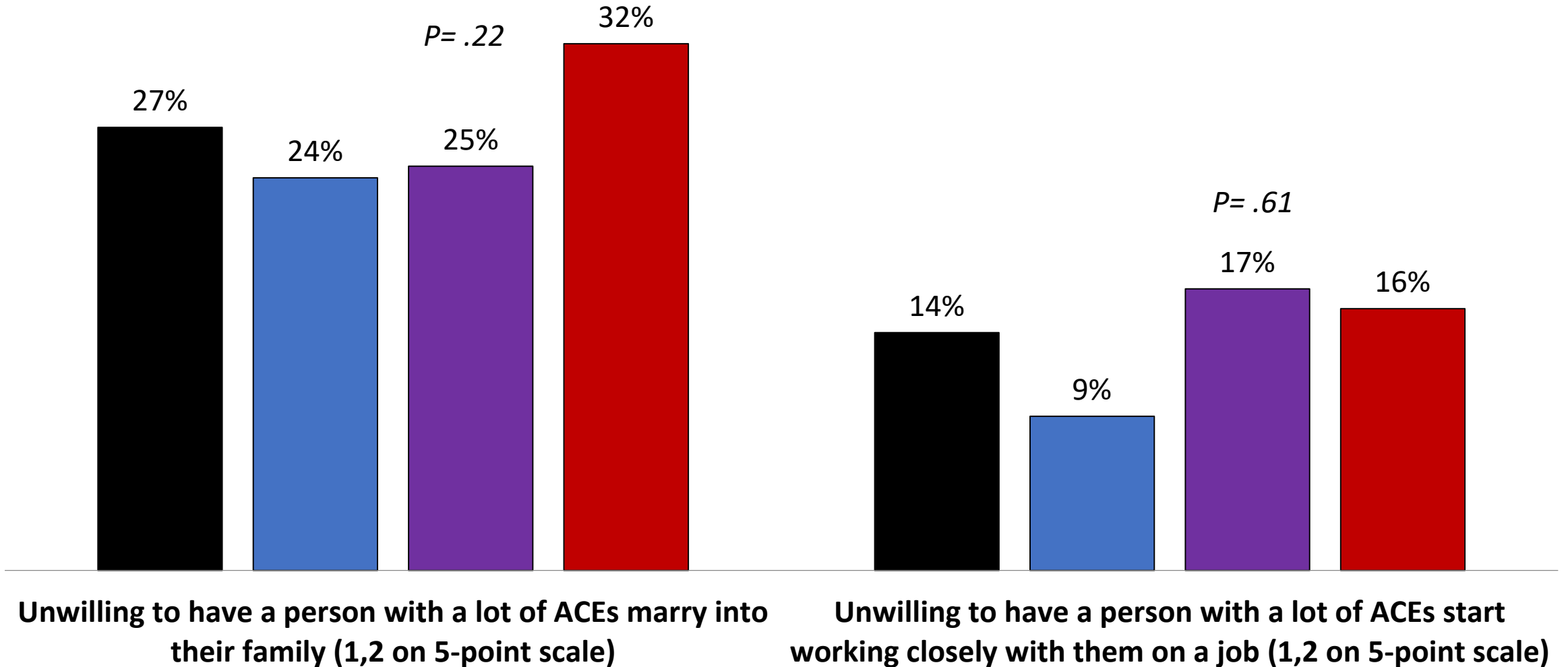
Unwilling to have a person with a lot of ACEs marry into their family (1,2 on 5-point scale)

Preferences for Social Distance from People ACEs



Preferences for Social Distance from People ACEs

■ All ■ Liberal ■ Moderate ■ Conservative



Study 2: Discussion

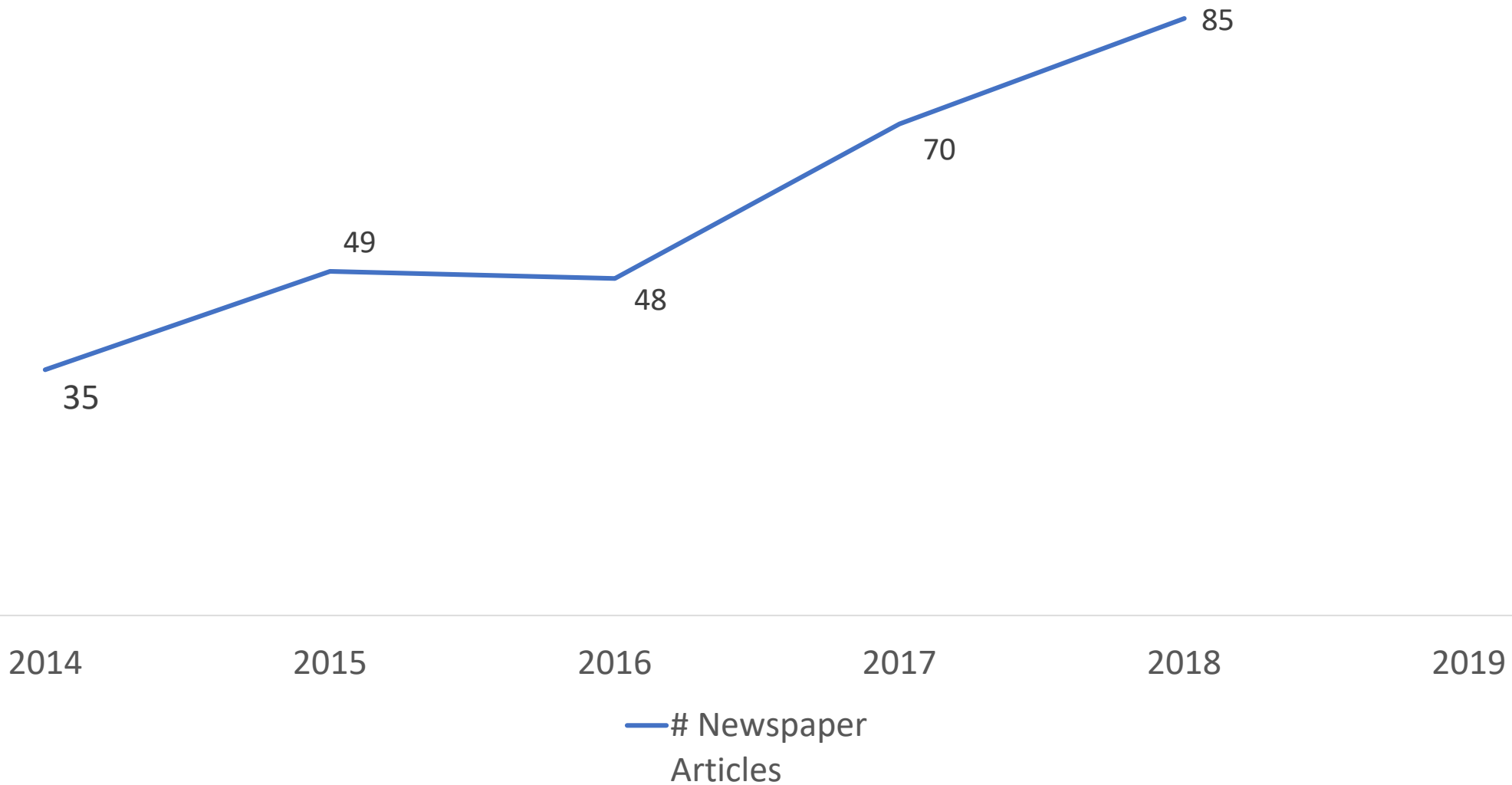
- Parental blame related to ACEs might be pervasive
- Stigma towards people with high ACE scores might be pervasive
- These negative attitudes might exist across the ideological spectrum
- Public concern about ACEs and support for government intervention is high
- Next steps
 - Experimentally test the effects of different messages about ACE science on attitudes towards people with high ACE scores, their parents, and support for government intervention to address ACEs

Thank You!

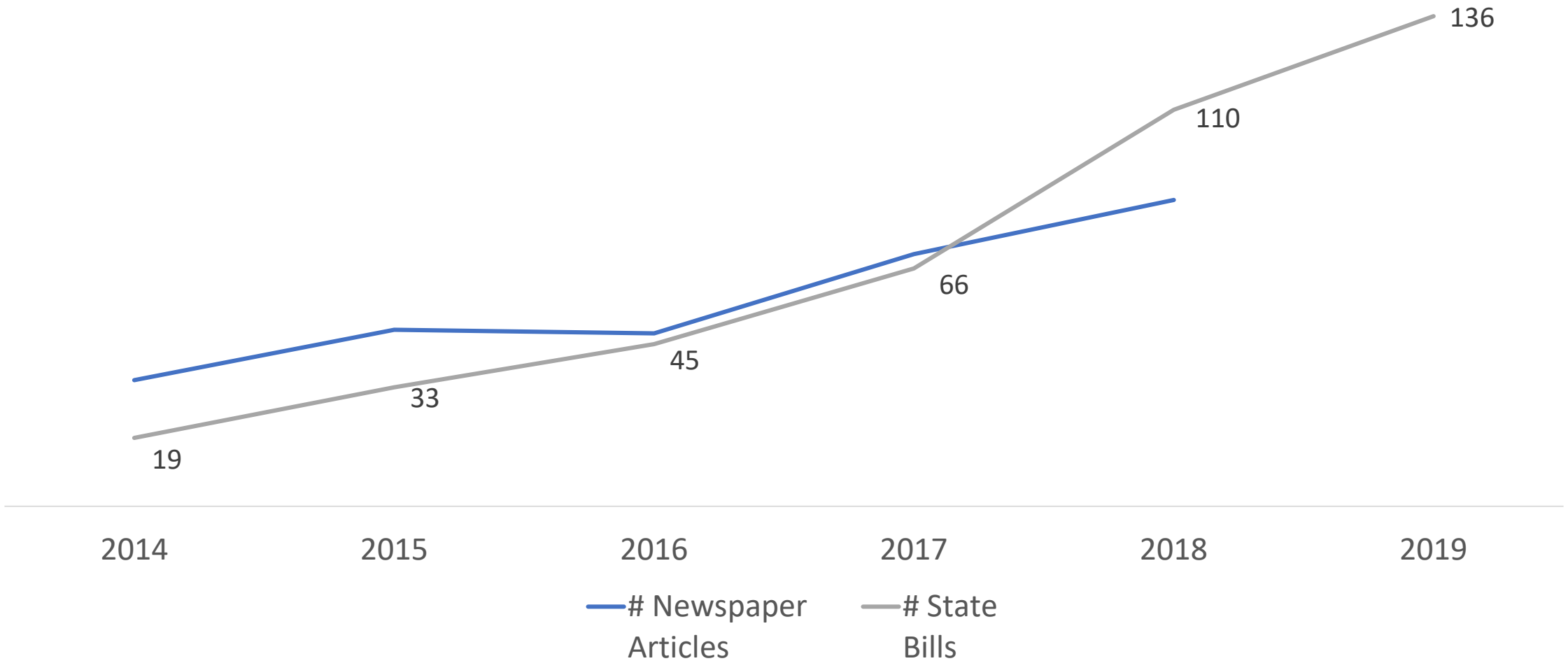
- JPP46@Drexel.edu

Context

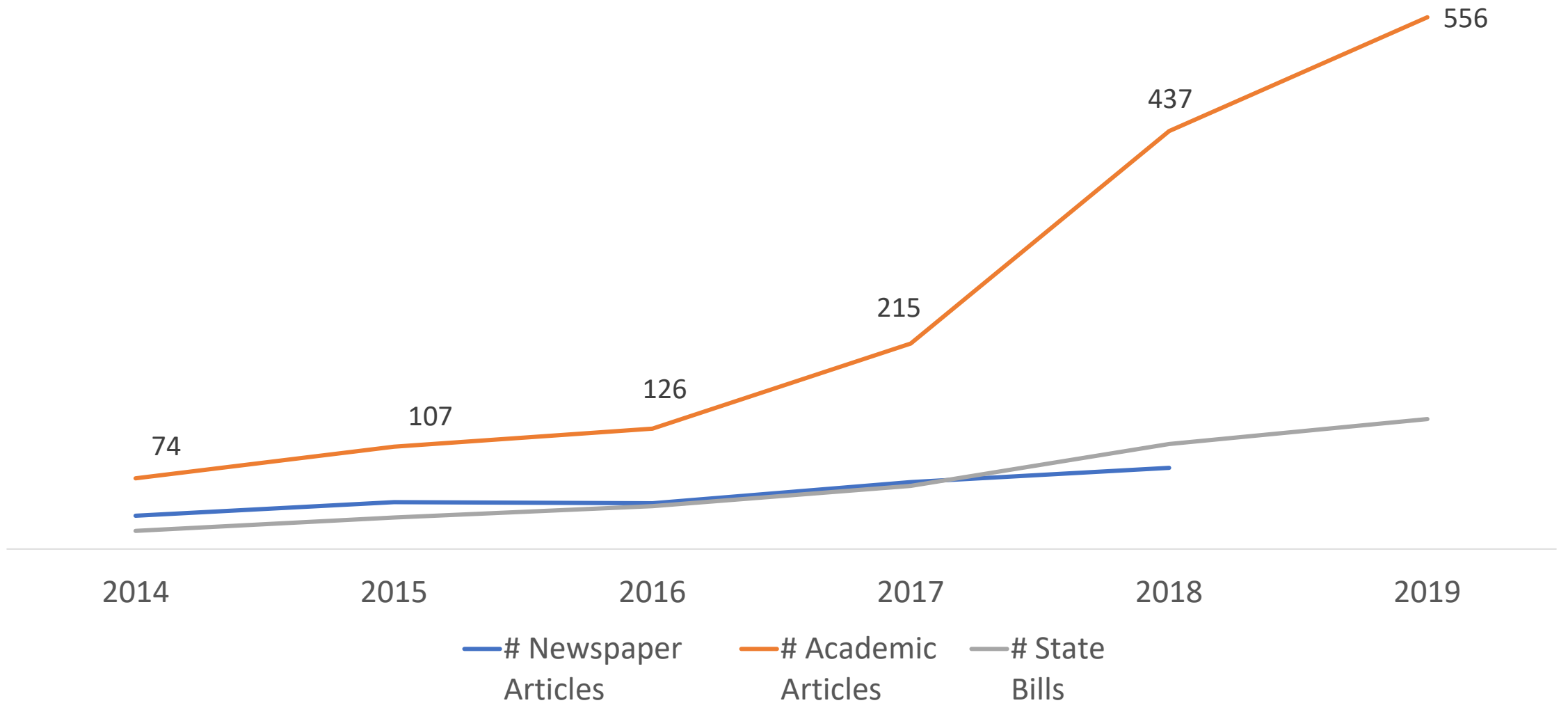
ACEs are Receiving Increasing Attention



ACEs are Receiving Increasing Attention



ACEs are Receiving Increasing Attention



Public Opinion about ACEs

What was the purpose of the study?

- This study sought to understand **barriers and opportunities** for policies and program creation and implementation around ACEs
- Utilized the perspectives of state legislators to inform **state advocacy strategies** for pushing ACEs policies
- Focused on understanding what **policies and programs legislators would recommend to address ACEs**

Legislator Perspectives on Preventing Adverse Childhood Experiences in South Carolina

Aditi Srivastav Bussells, PhD, MPH
Research and Community Impact Manager
Children's Trust of South Carolina

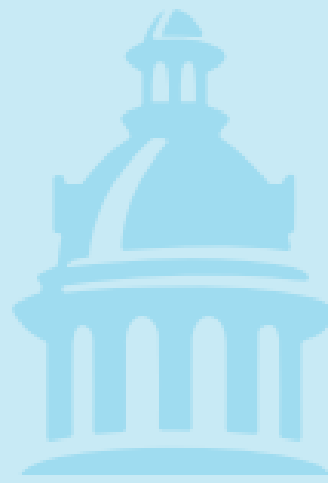


- 1 State legislators
(n=24)
- 2 Semi-structured face-to face interviews
Professionally transcribed
- 3 Data managed and analyzed using Dedoose
- 4 Focused coding qualitative techniques
- 5 High interrater agreement
 $\kappa = 0.76-0.87$

Methodology

Who participated?

Diverse perspectives were represented.



HOUSE **58%** SENATE **42%**



58%
REPUBLICAN



71%
MALE



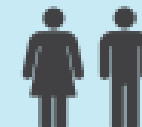
75%
WHITE



42%
DEMOCRAT

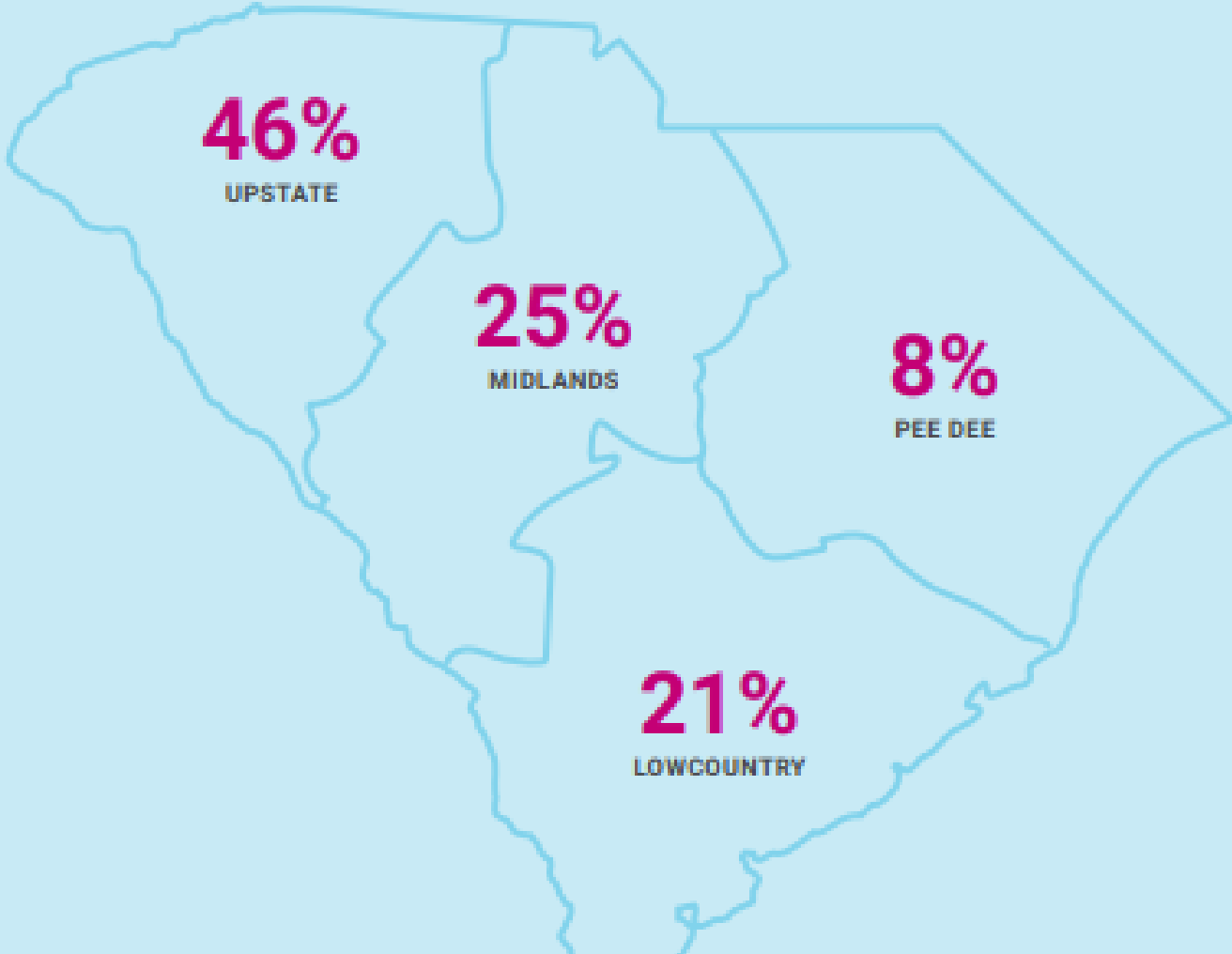


29%
FEMALE



25%
BLACK

Regions represented



The Multiple Streams Theory



Problem

How would you define ACEs?
How about childhood trauma?
How can we generate more awareness among legislators about ACEs?



Policies

If you had a magic wand, what would you do about ACEs?
What kind of information do you use to learn about ACEs?



Politics

Can state public policy efforts address ACEs effectively?
What are some opportunities/obstacles to passing policies that affect kids?



What do legislators think about ACEs?



Legislators have a general understanding of ACEs

“...it's things that draw the children's attention away from being kids, that are negative. So, experiencing domestic violence, sexual molestation, abuse, seeing something violent, seeing someone die, having a tragedy, being removed from their home, being hungry...”



Legislators recognize the intergenerational component of ACEs

“The reason we have ACEs in my opinion is because we've had ACEs in the past. The reason we don't eat healthy or we don't focus on education, that we're okay with giving drugs and abusing and sexually abusing our children is because we're the product of our parents.”



Legislators don't yet see the link between ACEs and long term health outcomes

“I can see it being connected to school problems or issues with mental health, or even things like engagement in crime, but I don't think I would go with the obesity or heart disease part.”



How do you get legislators to care about adverse childhood experiences (ACEs) as a policy issue?



Use terms childhood trauma and ACEs strategically

“Because it’s broader...I mean it’s horrible when a child is physically or sexually abused, but, percentage-wise, the population it happens to much fewer children than, say, being stuck in a bad home environment....”

“I believe that you need to call things what they are. I think that adverse childhood experiences somewhat cheapens what the real issue and what has happened...a lot of times we don't feel comfortable with calling things what they are, but I think it lessens the impact when you don't.”



Make ACEs a solvable policy problem

“When people ask me, “How do you fix education?” I don't know. “How do you fix domestic violence?” That's a lot. You've got to break it down into something that is manageable in the pursuit of this broader aim, but what is something that can be achieved?”

“That is not something that can get fixed with the stroke of a pen, that is not executive order, that is not a piece of legislation, that is a long term cultural change that I don't know how to affect, but continue looking for ways to do that...”

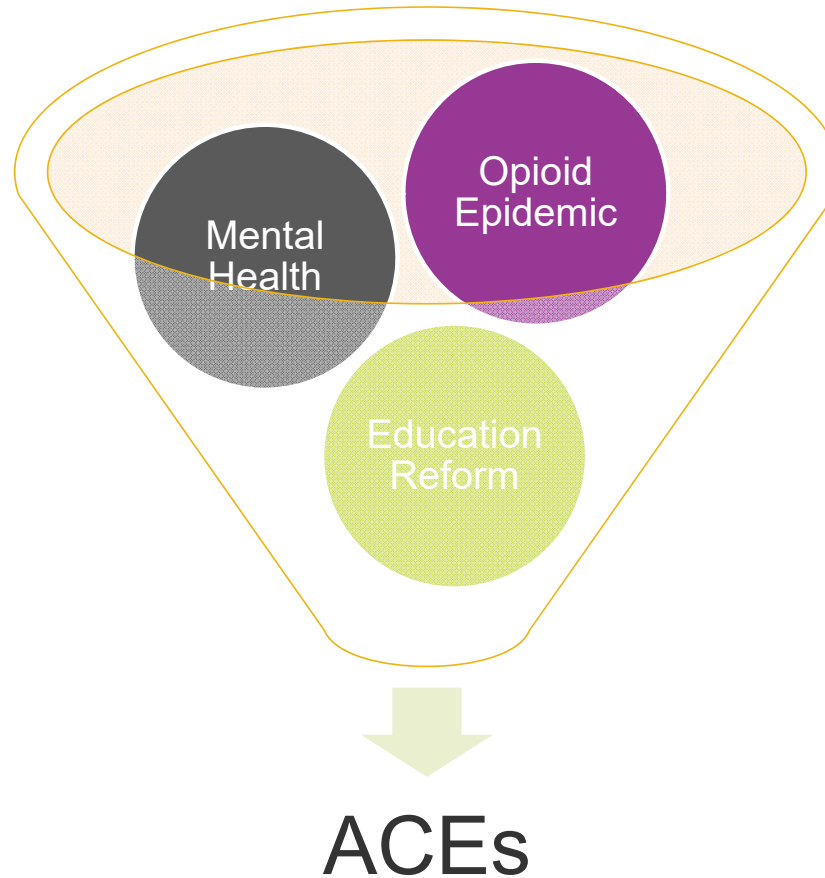


Prevention cannot be the main argument

“If I was going to try and pass a bill, [prevention] would not be the only argument I had for why the bill should pass. It's a nice add-on. It's a good bullet point. Everybody who wants to vote for your bill will use that in their little blurb on their website about why they voted for it, but it's not a reason that people would vote for your legislation.”



Embed the issue in a hot topic



How do legislators think ACEs be prevented?



Protective Factors

1. Loving, Consistent Nurturing Relationships

“Love and support. I think the security that comes from being in a loving, nurturing environment produces a foundation that can then survive or be resilient to other negative factors.”

2. Safe Home Environments

“Ideally, every child in the state would come from a two-parent home and at home have a stable home life.”

3. Opportunities to Thrive

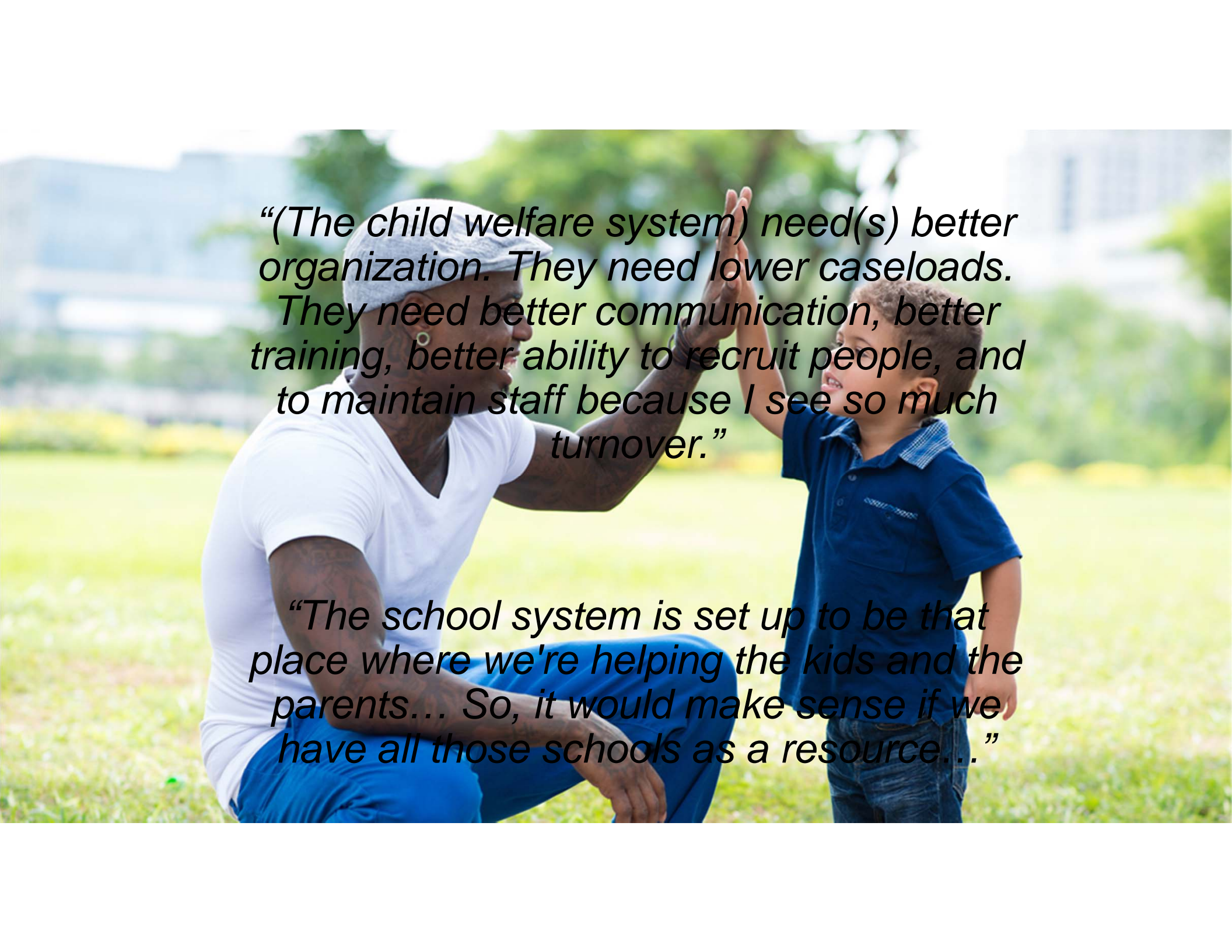
“I just want to see parents to be able to have jobs and those jobs are fulfilling their needs, which means that they are able to fulfill their children's needs.”



Loving Consistent and Nurturing Relationships

- Increase state funding for mentoring programs in after school and faith-based settings
- Improve the education system by hiring more support staff, increasing pay for teachers, and seeking consistency in quality of education
- Use schools as a setting to provide family services after school and on the weekends, such as health care, child care, and continuing education



A photograph of a man and a young boy in a grassy field. The man, on the left, is wearing a white t-shirt, blue pants, and a grey cap. He is kneeling and high-fiving the boy. The boy, on the right, is wearing a blue polo shirt and jeans. The background is a bright, sunny outdoor setting with green grass and trees.


“(The child welfare system) need(s) better organization. They need lower caseloads. They need better communication, better training, better ability to recruit people, and to maintain staff because I see so much turnover.”

“The school system is set up to be that place where we're helping the kids and the parents... So, it would make sense if we have all those schools as a resource...”

Safe Home Environment

- Invest in higher quality group homes and foster care options
- Expand evidence-based parenting programs that encourage positive parent-child interactions
- Provide universal home visiting options for all first-time parents
- Develop laws that prevent child injury and exposure to violence in the home





It would be a home visiting program...so when someone has a baby for the first time and [it is] able to ensure that they're practicing safe sleep and that they're not abusing substances and they're not leaving the child unprotected on the couch or that they're not abusing marijuana or alcohol, making sure they know how to properly feed and change a diaper."

"I've passed legislation to keep parents engaged, to teach parents about domestic violence, to teach parents how to sleep with their kids. I have passed legislation to do everything. I'm trying to legislate good parenting."

Opportunities to Thrive

- Expand access to affordable health options
- Provide workforce readiness programs for single parents
- Offer affordable, high-quality child care options, including universal 3K
- Reform criminal justice policies to encourage reunification of parents with children and work opportunities
- Create data-sharing systems to provide quality and consistent services for children and families and for accountability



A family of four is walking along a paved path in a suburban neighborhood. The father is carrying a young child on his shoulders. The mother is walking next to him, holding the hand of another child who is riding a small toy tractor. The scene is set outdoors with trees and a house in the background.

“I do think Medicaid expansion would have been a good thing for our state, I think it still would. I think we’re passing up on a lot of dollars that can be put in really good use in this state.”

“But it’s almost like, well, we did it and we’re done. We need to share data to see whether [programs and policies] implemented well to see if it has any impact.”

Discussion



Sheds light on how ACE policies should be framed, which can increase urgency



Provides insight on the aspects of ACEs (and resilience) that have gained traction with legislators



Presents political barriers and opportunities to passing ACE policies



Highlights potential advocacy considerations for public health as a field



Limitations

- Legislators that participated may have had more of an interest in children's issues than those who did not participate
- Sample was limited to one state

Future Considerations

- Replication of study in other states
- Examine the role of values and political ideologies
- Compare legislator perspectives with the public
- Empirical testing of messages



**How is this research being
used to move the needle on
ACEs in South Carolina?**



State Lawmakers Discuss KIDS COUNT Annual Report on Child Well-Being



The Empower Action Model

Srivastav, A., Strompolis, M., Moseley, A., & Daniels, K. (2019). The Empower Action Model: A Framework for Preventing Adverse Childhood Experiences by Promoting Health, Equity, and Well-Being Across the Life Span. *Health Promotion Practice*.



BUILD

Advocate for policies that build resilience that create positive environments and provide services for children's well-being

- Are child- and family-serving professionals and other community stakeholders informed about toxic stress, adverse childhood experiences, and protective factors?
- Are professionals and systems assessed for their effectiveness to prevent toxic stress and adverse childhood experiences and build protective factors?
- Are policies trauma-informed within environments that affect children, including within education, health, social services, and justice?
- Do policies work collaboratively to respond to the needs of a child in the state's care?
- Do education, health, social services, and justice policies use a dual-generational approach?
- To break generational cycles of disadvantage and adversity, are there policies or programs that help parents cope with their own trauma?

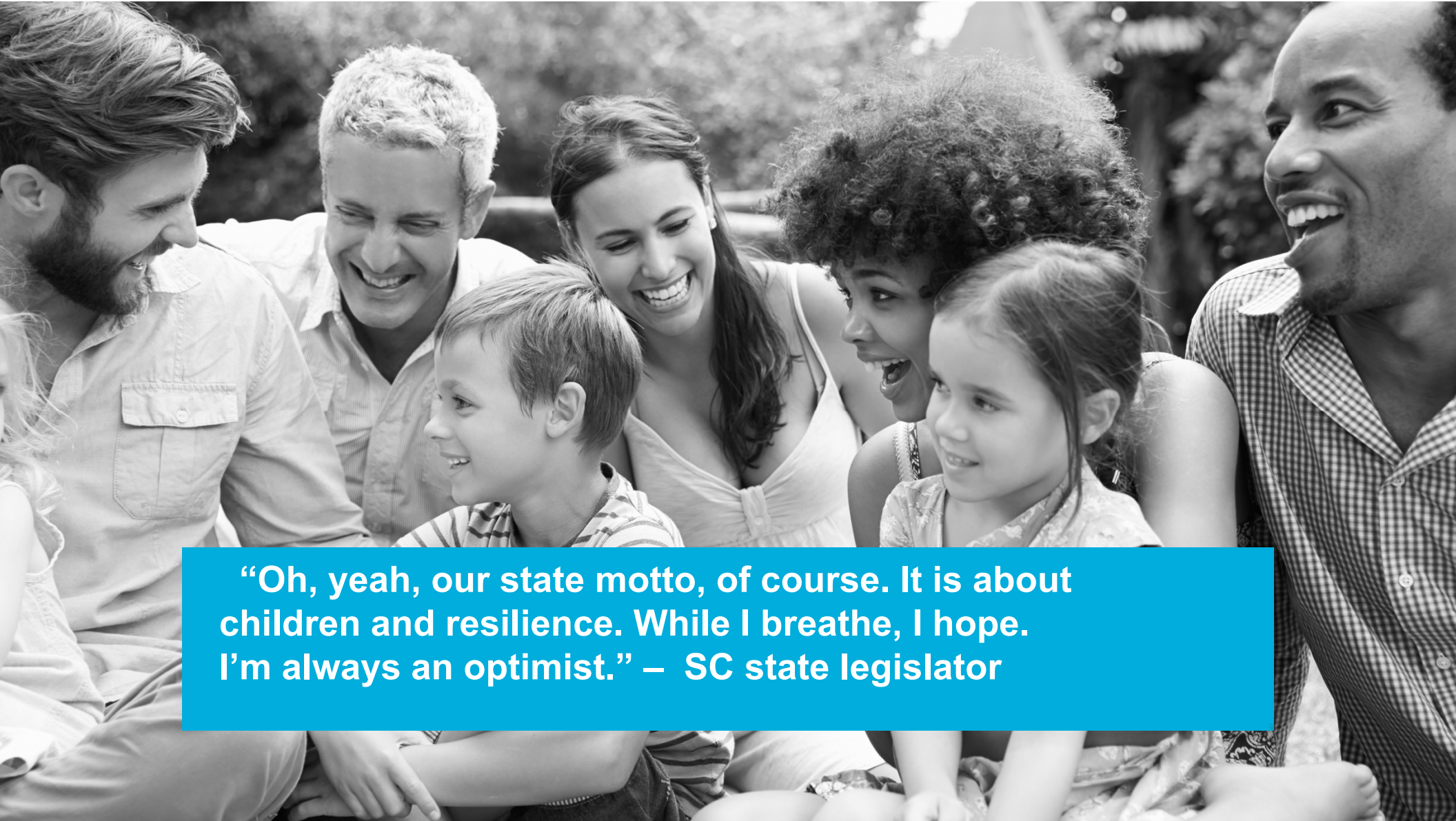


SUPPORT

Fund and endorse programs that provide families with connection and support within their communities

- Is there funding for parent education and support programs across the state, such as the Positive Parenting Program and the Strengthening Families Program?
- Do policies invest in community-based efforts to enrich parent support networks and community-based resources?
- Do policies support the physical safety of families in their neighborhoods and communities?
- Do policies support the emotional safety of families including mental health services, treatment programs and preventive services?
- Do policies help improve high poverty/high need communities?





“Oh, yeah, our state motto, of course. It is about children and resilience. While I breathe, I hope. I’m always an optimist.” – SC state legislator

Thank you!

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