
SURVEILLANCE AND MONITORING OF ADVERSE CHILDHOOD EXPERIENCES IN MISSISSIPPI: A CALL TO ACTION

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THE HEALTH OF MISSISSIPPI'S CITIZENS

#50 Mississippi USA Today Ranking 2020

- **10-yr. population change:** +1.2% (7th lowest)
- **2018 unemployment:** 4.8% (5th highest)
- **Poverty rate:** 19.7% (the highest)
- **Life expectancy at birth:** 74.8 years (the shortest)
 - Cardiovascular disease #1 cause of death (1/3 of all deaths)
- **Obesity rate** (highest; 36.5%)
- **Education** (bottom 5 state in high school diploma and bachelor's degree attainment)
- **Incarceration:** (3rd highest)
- **Preterm birth rates:** (17%; top 5)

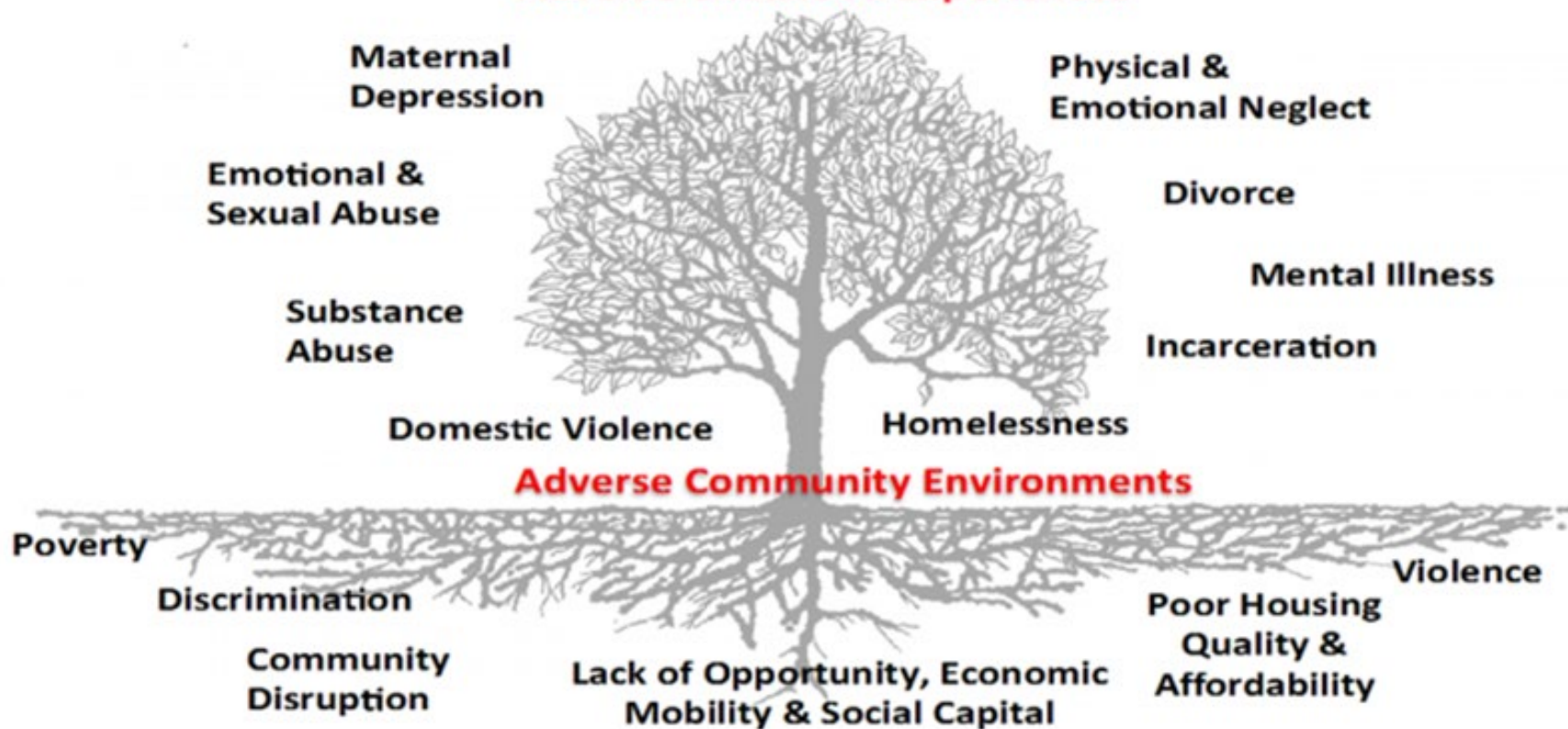
<https://www.usatoday.com/story/money/2019/11/07/best-worst-us-states-to-live-in/40544227/>

STRESS GETS UNDER THE SKIN

POOREST STATE IN
THE NATION =
CHRONIC STRESS
FOR MUCH OF THE
POPULATION

The Pair of ACEs

Adverse Childhood Experiences



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011



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CHILDHOOD ADVERSITY-ADULT OUTCOMES LINK

- The original ACE study adults who had experienced 4 or more ACEs had substantially higher cardiovascular risk, as well as high risk for other negative physical and mental health outcomes (Felitti et al., 1998), lower educational attainment, unemployment, poverty (Meltzer et al., 2017), and emotional and behavioral challenges (Bethell et al., 2017).
- Negative experiences tend to cluster
- Preliminary evidence suggest that the negative effects of ACEs can be transmitted from one generation to the next
 - Toxic stress during pregnancy can impact genetic “programming” (Madigan et al., 2017)
- Chronic or toxic stress, particularly in the first 3-5 years of life, wire the brain and nervous system for hypervigilance
- Creates wear and tear on the body systems

THREE KINDS OF RESPONSES TO STRESS

POSITIVE

Brief increases in heart rate, mild elevations in stress hormone levels.

- Test taking

TOLERABLE

Serious, temporary stress responses, buffered by supportive relationships.

- Death of a grandparent supported by close family

TOXIC

Prolonged activation of stress response systems in the absence of protective relationships.

- Living in an impoverished, neglectful home

WAYS TO MITIGATE TOXIC STRESS

BUILD TRAUMA INFORMED SYSTEMS

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- Parenting that promotes secure attachment (Letourneau et al., 2020)
 - Trauma-Informed systems
 - Recognize signs and symptoms of mental health problems
 - Child Advocacy Studies Training
 - Mental Health First Aid; Youth Mental Health First Aid
 - Effective approaches to healing trauma
 - Trust-Based Relational Intervention (TBRI)
 - Attachment & Child Health (ATTACH)
 - Safe Baby Court
 - Trauma Focused Cognitive Behavioral Therapy
 - Child-Parent Psychotherapy



WE HAVE EVIDENCE-BASED WAYS TO MITIGATE
TRAUMA, BUT WHERE DO WE START?



WHAT DATA ARE AVAILABLE REGARDING ACES IN MS?

-
- How does Mississippi compare to other states with ACEs data collection?
 - How can we better use the data to inform programming for children and families dealing with adversity?
 - How can we build trauma informed systems to reduce negative outcomes of Mississippians?



METHODS



DATA COLLECTION

- A broad search of data collection efforts was conducted as a preliminary step in a national environmental scan, which included
 - measurement constructions,
 - sampling,
 - representativeness,
 - periodicity, and
 - modality.
- Using Google Scholar and Inter-University Consortium of Political and Social Scientific Research (ICPSR), we pulled a survey of data collection efforts that included measurements of adversities faced by children.
- Results in this presentation were informed by preliminary findings from the structure of these data collection efforts

META-ANALYSIS OF ACES RESEARCH

- Searched PubMed, Eric, psycinfo, socindex, and EBSCO databases
- After deleting duplicates by title, the sampling frame included 5,007 articles that included the term “Adverse Childhood Experiences” in the text of the paper
- Preliminary analyses of 219 manuscripts
- Variables of interest
 - Contemporaneous/Retrospective Collection
 - Proxy/Self Report
 - Social and Community Supports



RESULTS



WHAT DATA ARE AVAILABLE?

- **Behavioral Risk Factor Surveillance System (BRFSS)**
 - Retrospective data collected from adults about their own childhoods
 - 22 states are currently collecting; ACE questions vary and have varied over time even within state
 - ACEs data collected inconsistently across states
 - Mississippi will now have 2 years of these data available
- **Youth Risk Behavior Surveillance System (YRBS)**
 - Contemporaneous data (strict randomized sample procedures)
 - 3 states participate in the ACEs survey
 - ACEs data collected inconsistently across states
 - Mississippi does not include the ACEs modules

WHAT DATA ARE AVAILABLE?

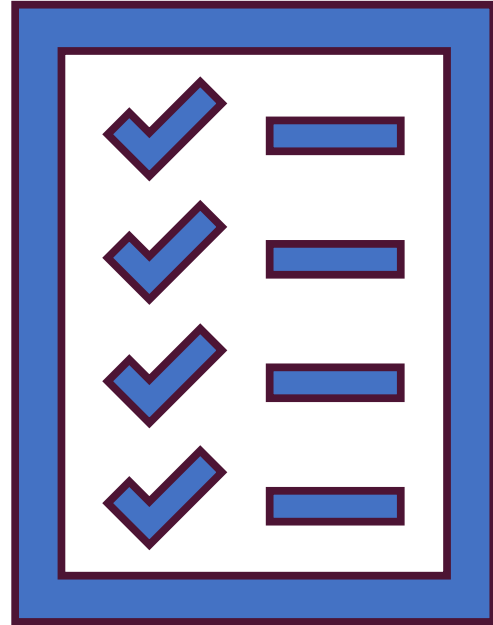
- **National Child Abuse and Neglect Data System (NCANDS)**
 - Contemporaneous data
 - Study of every child with state contact through the Department of Child Protection Services (state-level)
 - Consistent data collection across all 50 states
 - Available by request
- **National Survey of Children's Health (NSCH)**
 - Contemporaneous data
 - Proxy respondents
 - Missing the physical and sexual abuse items
 - Completed by all states using RDD sampling and recruitment plus web-based substantive data collection
 - Available by request
- **Census data**
 - KidsCount available from the Annie E. Casey Foundation

RECOMMENDATIONS FROM THE LITERATURE

- Contemporaneous data allows for timely intervention
 - 10-year lag on some retrospective methods
- Youth-reported (when possible)
 - Caregivers are less likely to report physical and sexual abuse
- Repository of state-level ACE data
 - States with strategic plans have a public-facing repository of ACEs data
 - Reporting data in aggregate helps protect the confidentiality of respondents while still providing usable data products
 - Collect positive experiences data to allow for the analyses of what community and social support areas need strengthening

POSITIVE MOMENTUM IN MISSISSIPPI

- Annual conference on Trauma held each year in Mississippi
- Behavioral Risk Factor Surveillance System has included the ACE modules in the last two rounds of data collection
- Professors around the state have been trained in Child Advocacy Studies Training/FORECAST
 - E.g., MSU Trauma Informed Child Advocacy Certificate
- MSU Extension has a grant that provides training in Adult and Youth Mental Health First Aid upon request to assist practitioners in the field with early identification of mental health problems
- Trust-Based Relational Intervention practitioners now available to conduct trainings in MS
- Zero to Three Safe Baby Program (2 counties)
- ACEs Awareness Foundation of MS



WHAT CAN WE DO?

FUTURE STEPS TO ADVANCE MISSISSIPPI THROUGH ACES PREVENTION/INTERVENTION – SHORT TERM

- Help spread the word about the importance of preventing ACEs and recognize we all play a role in investing in the health of MS long-term
 - It takes a village! We don't want to be #50 anymore!
- Use a strength-based approach and ask about positive experiences/support
- Assist families with finding needed community resources
 - MDHS website for community resources in all 82 counties
- Use available data to drive decisions regarding programming or agency processes
 - Important to meet the population where they are
 - Use currently accessible resources such as KidsCount to plan programming
- Use of data to secure grant funding for non-profits and community programming
 - Request access to available databases
 - Develop white papers for use with funders and non-profits seeking funding

FUTURE STEPS TO ADVANCE MISSISSIPPI THROUGH ACES PREVENTION/INTERVENTION -MEDIUM TERM

- Build collaborations between universities, non-profits, funders, practitioners, and agencies
- Build trauma-informed systems by:
 - Encouraging pediatricians to regularly screen young children for factors that can lead to toxic stress (e.g., maternal depression)
 - Trauma-informed care training for community and agency staff working with children and families facing adversity
 - Starting parent education early (pre-pregnancy, pregnancy)
 - Trauma-informed care training for foster, resource, and respite caregivers
 - Educating early childcare professionals

FUTURE STEPS TO ADVANCE MISSISSIPPI THROUGH ACES PREVENTION/INTERVENTION – LONG TERM

- Create a public-facing repository for ACE data from multiple sources with basic demographics to examine the social determinants of health
- Create a state strategic plan around ACEs for agencies, communities, and universities to use to guide programming and research/evaluation

THANK YOU

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