N.E.A.R

The Magnitude of Solution

ACE Interface

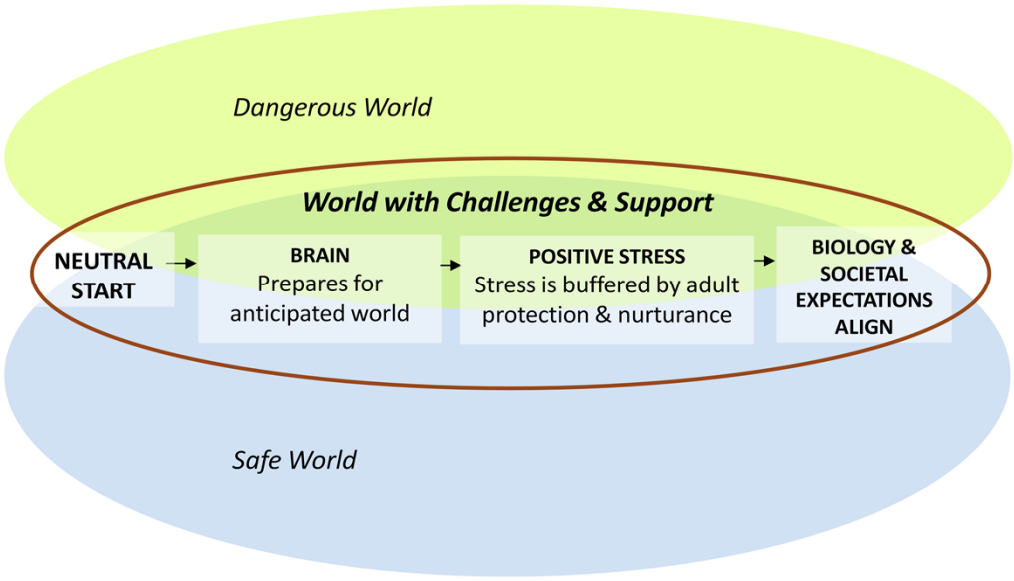
Beyond Resilience… Flourishing

To Flourish: *"To Prosper with Sustained, Continuous, Steady, Strong Growing Well"*

Bing & Miriam Webster Dictionaries

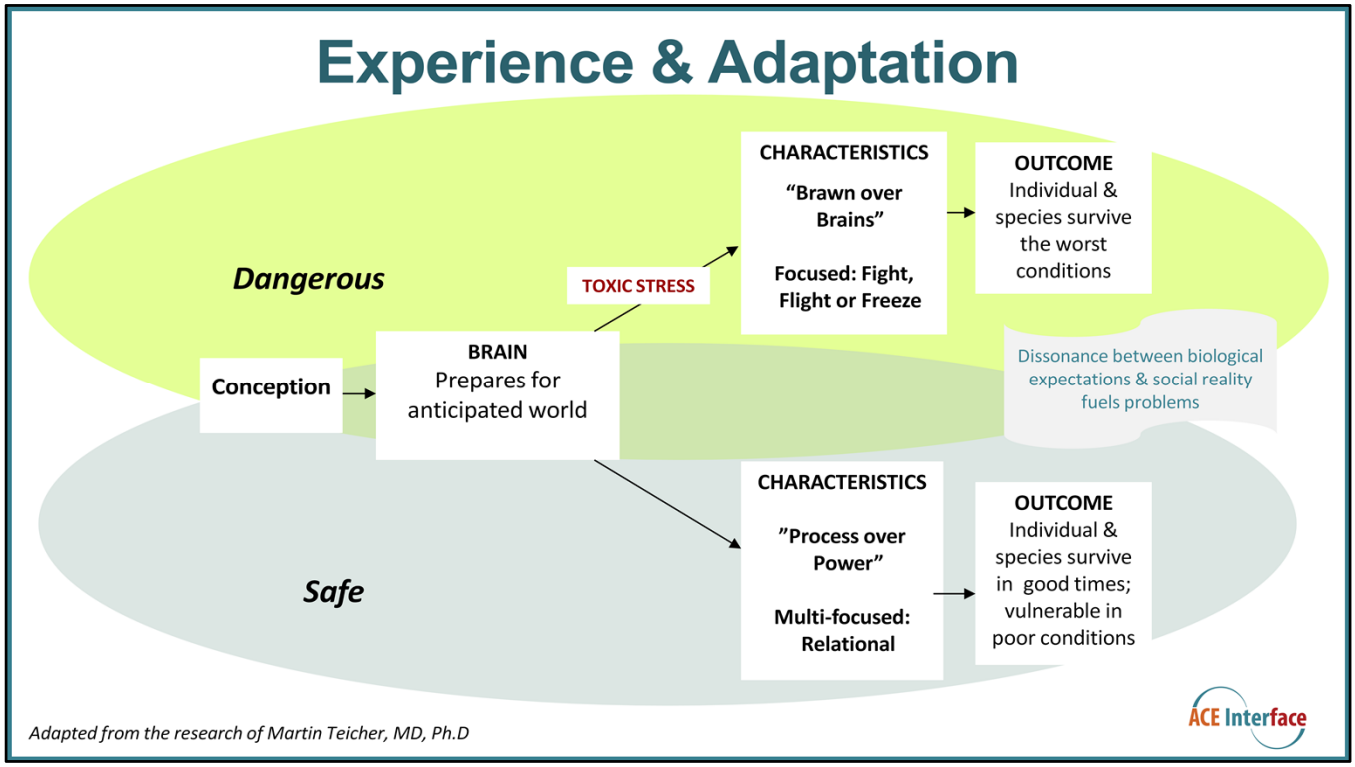
ACE Interface

Experience & Adaptation



Adapted from the research of Martin Teicher, MD, Ph. by Washington Family Policy Council

ACE Interface



We all start with a brain that will adjust.

The top line is what happens when life is tough. In this case, traumatic stress means any condition that causes the stress hormones to be elevated for protracted periods of time. If our early experience includes danger or trauma, then chemicals are release that act on our cells, brain chemicals and other essential systems. We adapt to be quick to anger, quick to act and very tough. This requires brawn over brains…take what you need, ask questions later. And frankly, individuals and the species will do much better in times of trouble if this is how we behave.

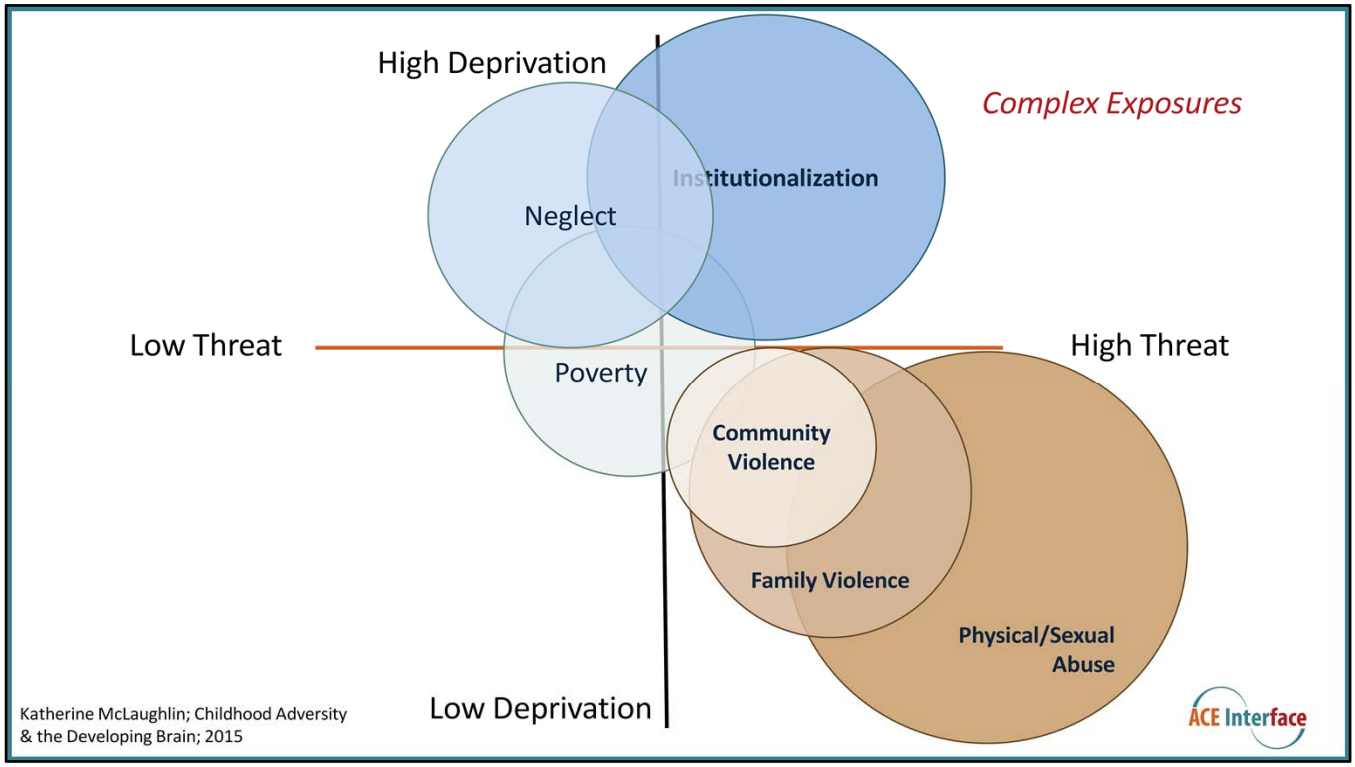
On the other hand, if early experience is warm, friendly, kind and loving, then our brains are bathed in soothing, happy hormones and we grow up relationship-oriented, willing and able to share, and be patient. We value process over power. And that's great for a world where everyone gets along, shares and strives for peace. The species wouldn't do very well in times of trouble—like war, famine or other threats to survival—if we all had these characteristics.

We're only really made to be under stress for about 20 minutes at a time. So experiences like child abuse, neglect or even being in a war zone or a famine cause our stress hormones to be continuously produced. Our bodies prepare for a tough life in a dangerous world. Stress hormones exert influence on cells, chemicals and wiring. They develop brains that are wired for certain characteristics – like being edgy, hot tempered, impulsive and hyper vigilant. This is the path outlined on the top line of the slide. For example, people who have had traumatic stress from conception to the toddler years will likely have a higher baseline of the stress hormones like cortisol in their bodies. As a result, these folks may have a very short fuse and a difficult time calming themselves. If there is more danger just around the corner, rapid calming wouldn't contribute to survival—readiness for a next danger would.

One strong mental model in our society is that the people whose experience takes them on the top path are maladaptive and the people along the bottom path are adaptive. That's untrue…both pathways are adaptive. Both brains are adapting to their experience. And that's good for us as a species because the people whose brains are made for a malevolent world help us survive when life is tough and the people whose brains are wired for a benevolent world help our species survive in calm and happy times. Our experiences get wired into our biology.

Dr. Teicher says it's when our biology collides with social expectations that we run into trouble. A child from the top path is not going to sit still—sitting still is a "sitting duck". He or she is not going to share, cooperate or use words as their first choice. When that child comes to school and we ask them to sit still, share, cooperate, etc, there is a painful disconnect that can be very hard for everyone. Likewise, if you put a person from the benevolent world into the dog-eat-dog competition of say, Wall Street, that person is going to struggle. It's the context we end up in that determines how functional our adaptations really are.

We can't change people's biology—or at least we don't know how to do that yet. But we can teach skills. For example, we do teach girls who are very trusting and relationship oriented to keep themselves safe. We teach self defense and other common sense tools. We may want to think about whether we can teach tools to individuals on the top path way, too. Is there a way to take "impulsive" and add skills so that the individual is a very decisive and capable leader, who is able to act quickly with limited information? What might it take to accomplish that?

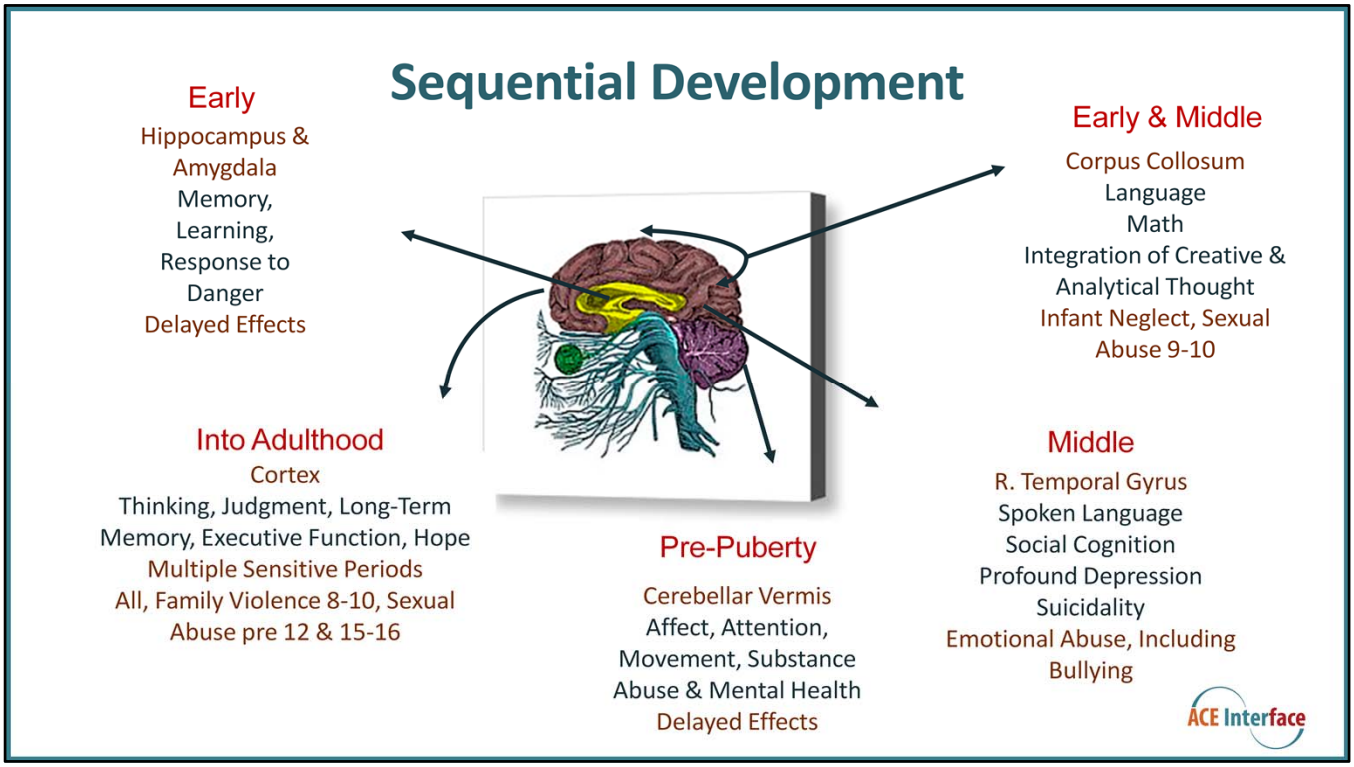


Deprivation in environmental complexity, social inputs, language exposure: the brain requires input from the environment to develop normally; if expected inputs are absent the connections that process that information are eliminated; deprivation in social and cognitive inputs may hijack the developmental processes of synaptic pruning

Neglect found to impact working memory, planning, ADHD. Deprivation associated with these executive function skills

Institutionalization – like Romanian Orphanage;

1) Insensitive care: High caregiver/child ratios, rotating shifts – little psychological investment in children, no responses to distress
2) Isolation: little interaction with peers or adults, lack of individualized attention
3) Low cognitive complexity: infrequent language exposure, highly routinized environment



Hippocampus: all maltreatment early, sexual abuse 3-5
Corpus Collosum: neglect in Infancy, sexual abuse middle
Cerebellar Vermis: all maltreatment
Cortex: All maltreatment prenatal to age 3; Witnessing family violence ages 8-10;
Sexual abuse prior to age 12 affecting visual cortex
Sexual abuse at 15-16 affecting executive function

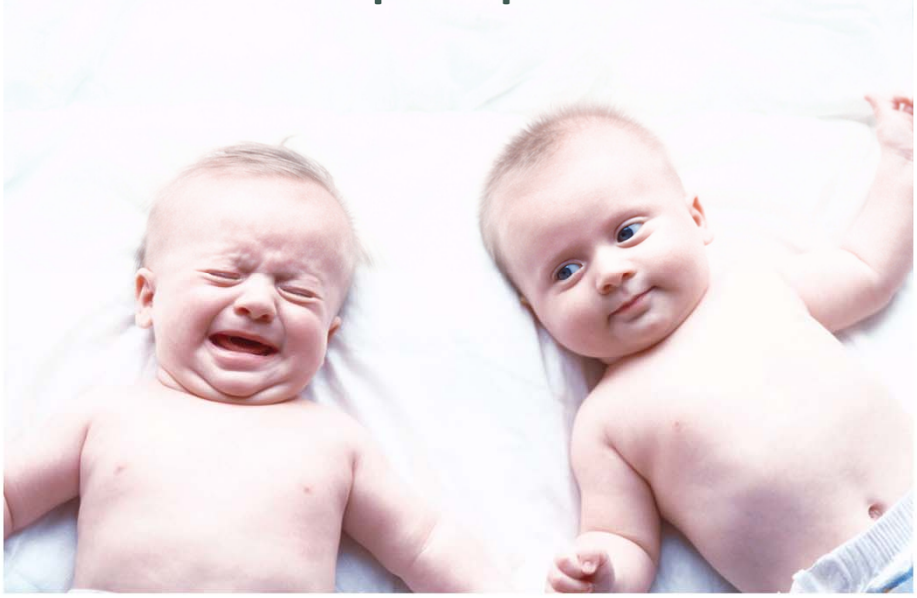
Epigenetics

"… Experiences of a parent, before even conceiving offspring, markedly influence both structure and function in the nervous system of subsequent generations."

Dr Brian Dias, Emory University, 2014

ACE Interface

Each Person: A Unique Experience of the World



ACE Interface

Dr. John Snow
1854

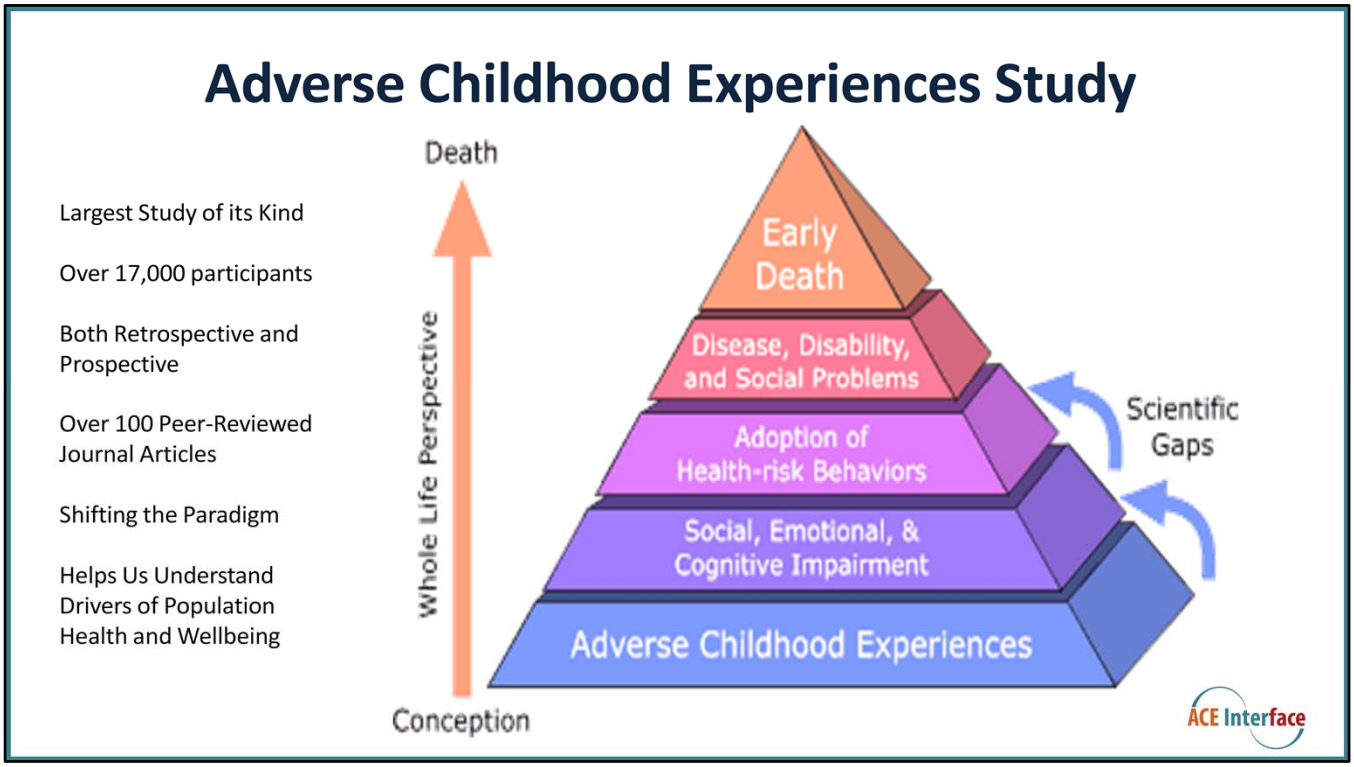
~~Cholera Death is Caused by Miasmas~~

1. New Way of Thinking
2. Shoe Leather Epidemiology
3. Lives Saved

ACE Interface

Within ten days, the number of deaths from cholera exceeded five hundred.
Foul odors was theory of the day

Tell everyone
MM shift – people begin to drink out of different pump
Cooperate to make a system that works – prefigurative action
Begin to construct new infrastructure
Lives improve
Consistent with values of society



We have been talking about neuroscience research – which is the study of individuals. Now we are going to switch gears and talk about the population as a whole. It can be challenging to think about how the whole population is affected by a disease agent – but when we are interested in transformational change – really finding high leverage solutions to problems, then we need to think about what would produce population-level improvements. So, we'll turn to the field of epidemiology.

When Dr. Rob Anda and Dr. Vincent Felitti designed the ACE Study, they were testing a theory about pathways to disease. They were studying disease agents that would change the way we think about preventive action. They thought about the impact of life experiences during childhood on human development and how health changes over the lifespan. They used a life-span perspective to develop this theoretical model for learning about foundations of health, safety, and long life.

Their theory was that adverse childhood experience leads to social, emotional, cognitive impairment, which leads to adoptions of risk behaviors, which leads to disease and early death. They designed the ACE study to determine whether or not adverse childhood experience could be an underlying cause of a portion of diseases experienced in the population.

Prior to this work Dr. Anda had been a leader in the field of reducing heart disease. His work through the 80s and into the 90s, was about identifying risk and protective factors that predicted heart disease, and working to reduce the risk and increase the protective factors. You all will recognize this risk and protective model – it has been the prevailing model for prevention in many fields during our lives. But, Dr. Anda knew that risk for heart disease as will as risk for many mental, physical, and behavioral disorders is not randomly distributed – and therefore could not be the underlying cause of the health problems he was dedicated to resolving. Prior to the ACE study, Dr Anda won many prestigious awards for his work leading primary, secondary and tertiary disease reduction strategies using a risk and protection factor approach, but he left that behind in order to find underlying causes of ill-health.

This pioneering and courageous work by Drs. Felitti and Anda uncovered evidence of the most powerful determinate of the public's health. It also challenged long held beliefs about pathways to disease and theories about how best to interrupt them. The work was, at first, controversial. Now, it leads strategy at the World Health Organization, many federal agencies, and here in Washington – in state agencies and in communities throughout the state.

Experiences Considered in the ACE Study

Indicators of Family Dysfunction

1. Mentally ill, depressed or suicidal person in home
2. Drug addicted or alcoholic family member
3. Parental discord – indicated by divorce, separation, abandonment
4. Witnessing domestic violence against the mother
5. Incarceration of any family member

Abuse

6. Child physical abuse
7. Child sexual abuse
8. Child emotional abuse

Neglect

9. Physical Neglect
10. Emotional Neglect

ACE Interface

The Adverse Childhood Experience categories that Drs Anda and Felitti included in their study include :

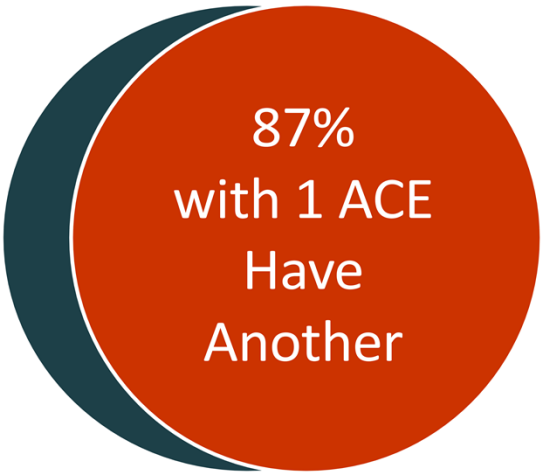
- Three forms of abuse: physical, emotional, and sexual abuse
- Two kinds of neglect: physical and emotional neglect and
- Five indicators of household functioning: having a mentally ill, depressed or suicidal person in the home, having a drug addicted or alcoholic family member, incarceration of a family member, loss of a parent, and witnessing violence against one's mother.

The researchers did ask about severity of abuse, duration and other kinds of questions that are important to folks working in child safety. But when it comes to health outcomes, they found that what matters most in terms of life-long health is the *number of different kinds* of adverse childhood experiences. When lots of different categories stack up in a person's life, the cumulative effective is stunning.

And, these different kinds of experiences do typically come in clusters – among people who said that they had one category of Adverse Childhood Experience, 87% had at least one more category of Adverse Childhood Experience. So, the researchers said "It doesn't make sense to make a study about the 13% who don't have additional ACEs, it makes more sense to have the study be about the 87% of people who did experience multiple ACE categories.

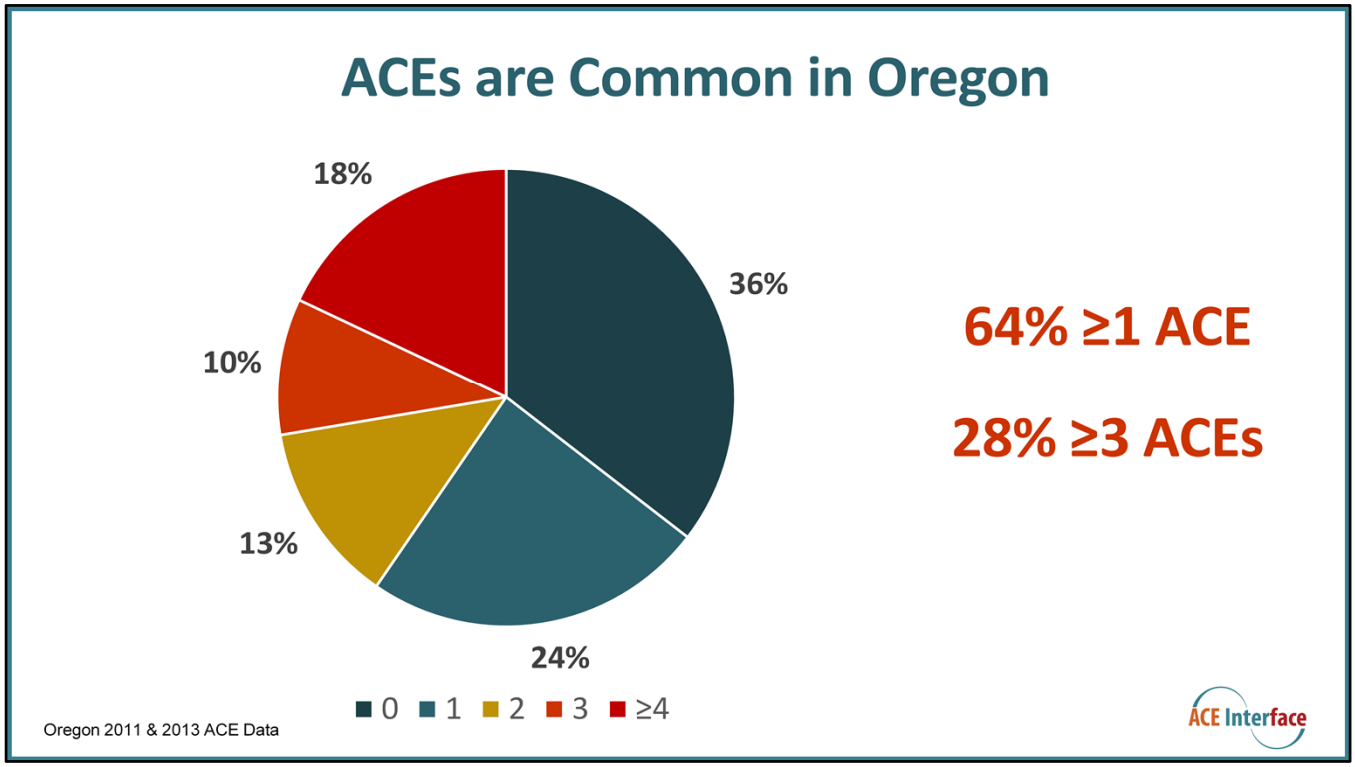
That's why they made an ACE score – which you will see throughout the rest of this presentation. The ACE Score is the number of different categories of Adverse Experience during a person's childhood – from 1-10.

ACE Categories are Interrelated



ACEs Have Cumulative Effect: ACE Score = Number of Categories of ACEs (1-10)

ACE Interface



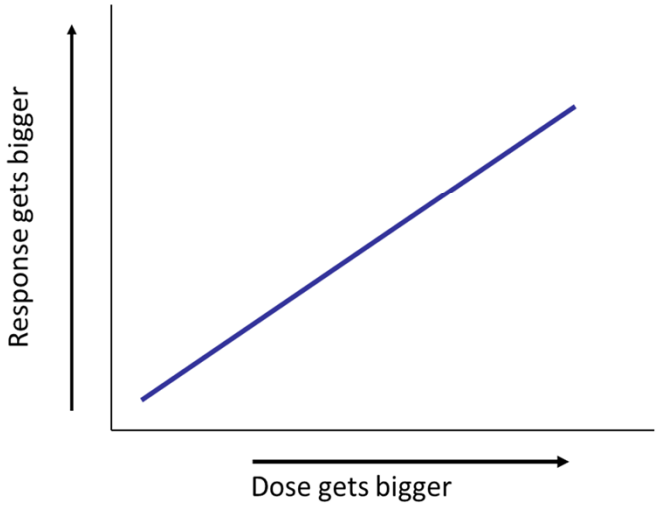
In Washington, we only could survey adults about 8 of the ACEs, so the ACE score in the Washington data is a score of 0 to 8 ACEs. We weren't able to ask about child neglect because the questions developed by the CDC about neglect didn't make it through their rigorous testing process. In Washington, ACEs are common – in fact they are almost exactly as common as they were in the initial study population. 62% of Washington adults have an ACE score of 1 or more; 26% have an ACE score of 3 or more; and, 5% have an ACE score of 6 to 8.

The news that ACEs are this common can be hard to hear, for a variety of reasons. We all know people who have struggled with adverse experiences. What does it really mean when we say "ACEs are common?" It means that the majority of us sitting here today have a personal experience with ACEs. With 60% of Washingtonians reporting one or more of these experiences, the data can really hit home.

Many thousands of Washingtonians have seen this Power Point- or a similar one. Some people have been very deeply touched by the data—moved to tears, even. And that's really okay. I want you to know that many of those folks have said afterwards that they feel liberated. They will often say: "Oh, these things in my life are connected. My life is hard for some very good reasons."

Some people have asked if there are other ACEs. The answer is "probably yes". These nine types of experience are proxy for toxic stress – the kind that creates elevated stress hormones for prolonged periods of time – through critical or sensitive developmental periods. Some researchers refer to the type of stress that causes stress hormones and neurotransmitters to be released and to remain at high levels for long periods of time Toxic Stress; others call this phenomenon Complex Trauma.

A CLASSIC CAUSAL RELATIONSHIP
MORE ACEs = MORE HEALTH PROBLEMS



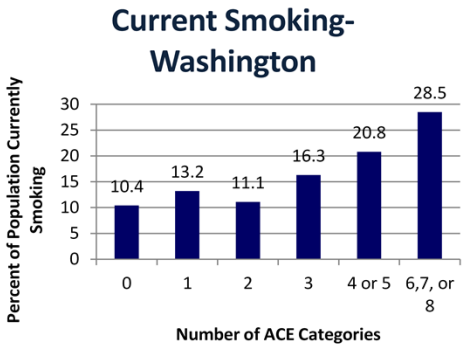
Dose-response is a direct measure of cause & effect.

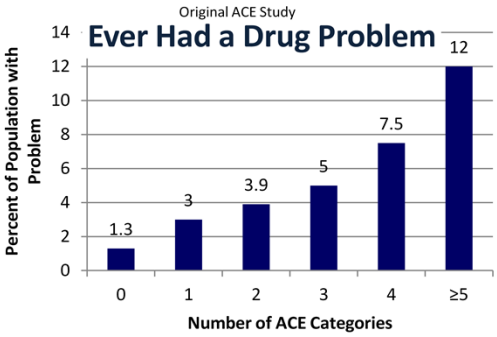
The "response"—in this case the occurrence of the health condition—is caused directly by the size of the "dose"—in this case, the number of ACEs.

ACE Interface

A Significant Portion Of Risk for Disease Is Attributable to ACEs…

- Smoking
- Heavy Drinking
- Binge Drinking
- Drinking and Driving
- Had a Drug Problem
- Addicted to Drugs
- Ever Injected Drugs





ACE Interface

These charts show the dose-response relationship between higher ACE categories and various kinds of risks for health problems. These charts are all read the same way. I'll walk you through the top chart on current smoking in Washington, and then you will recognize that same stair-stepped pattern in the rest of the ACE findings slides.

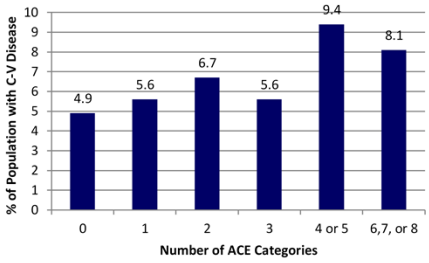
The vertical access in the smoking chart is the percent of the population with the disease or condition – in this case current smoking. Along the horizontal access, from left to right are the number of ACE categories reported: on the far left you see the group of people who reported "zero" ACEs, then the group who reported "one" Ace, and so on to the group represented on the far right who reported having an ACE score of 6, 7 or 8.

Among people who reported 0 ACE categories, 10.4% currently smoke; among people who reported 6, 7 or 8 ACE categories, 28.5% currently smoke. The higher the ACE "dose" the greater the probability of current smoking. That is what we mean by a dose-response relationship between ACEs and mental, physical and behavioral health problems. We see that same dose-response pattern for people reporting that they have ever had a drug problem, and if we had more time, I could show you this same pattern for heavy drinking, binge drinking, drinking and driving, drug addiction and injection of drugs.

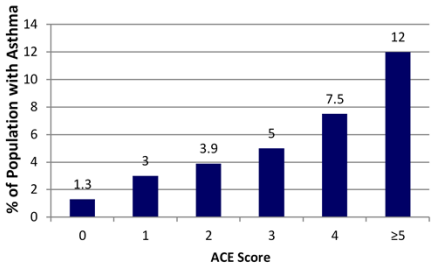
A Significant Portion of Chronic Disease is Attributable to ACEs

- Cardio Vascular Disease
- Cancer
- Diabetes
- Asthma
- Auto Immune Disease
- Chronic obstructive pulmonary disease
- Ischemic heart disease
- Liver Disease

Cardio Vascular Disease



Asthma



ACE Interface

And here we see the relationship between ACEs and chronic disease.

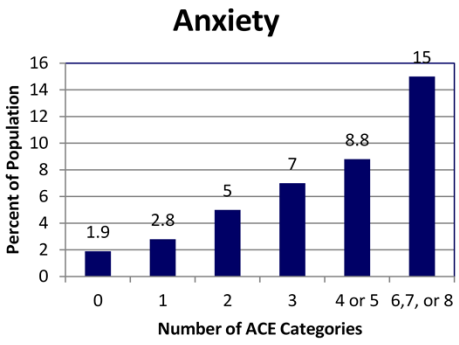
People with an ACE Score of 6 to 8 are 1 & ¾ times more likely to have cardiovascular disease than people with zero ACEs.

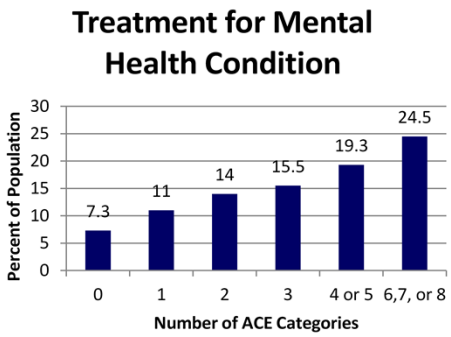
And, for Asthma, we can see that only 1.3% of people reporting an ACE score of 0 have asthma; as compared with 12 % of people with an ACE score of 5 or more having asthma. So, people with high ACE scores are ten times more likely to have asthma than people with an ACE score of zero.

And, if we were to look at more charts about ACEs and chronic disease, we would see the same pattern: the higher the ACE score, the higher the percent of people suffering from cancer, diabetes, auto immune disease, COPD, Ischemic heart disease, and liver disease.

A Large Portion of Mental Illness Is Attributable to ACEs…

- Depression
- Serious & persistent mental illness
- Frequent mental distress
- Nervousness
- Suicide attempts
- Emotional problems restrict activities





ACE Interface

And, here we can see the relationship between ACEs and mental health.

Whether we consider depression, mental distress, nervousness, serious and persistent mental illness, suicide problems or challenges that restrict people's daily lives, we see the same stair-stepped pattern – the higher the ACE score, the higher the odds of mental health challenge.

ACEs and Work/Life Activities

Attributable to ACEs:

Disability-Related Days when Can't Do Usual Activities

Worker Injury

Work-related Illness

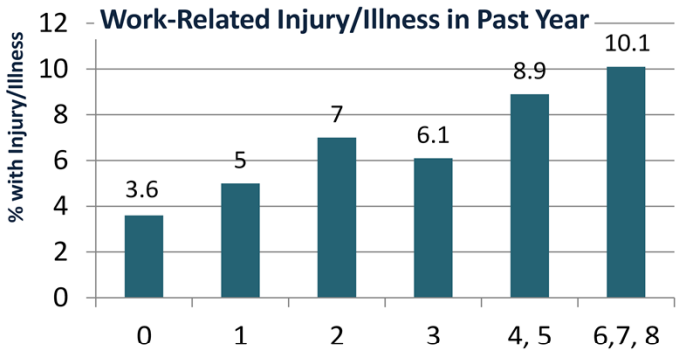
Drugs/Alcohol

Hopelessness

Health Limits Activity

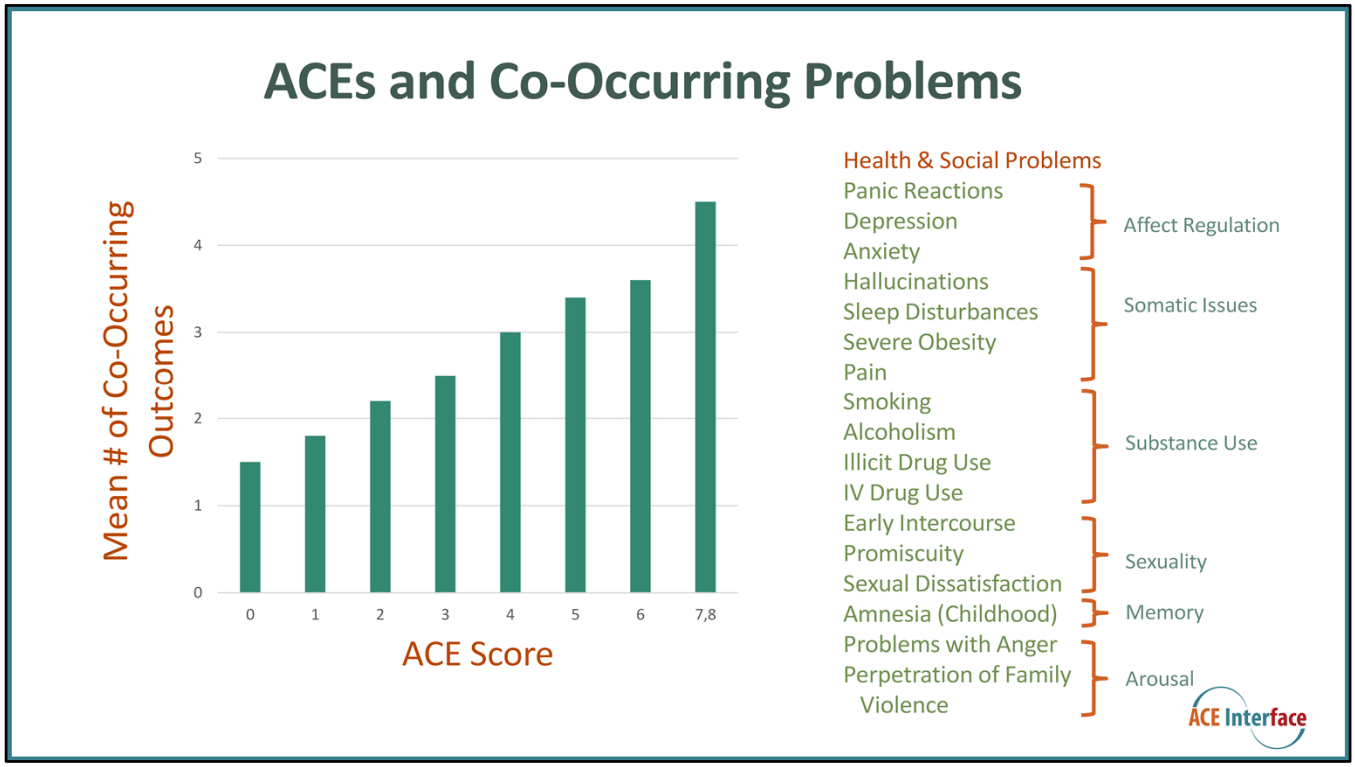
Serious Job Problems

Serious Financial Problems



ACEs are also drivers of one of the most important factors for success in school and success at work: showing up. Here we can see the impact of higher ACE score on people missing work due to physical or mental health challenges.

Among people with an ACE score of zero, only 4 percent missed 10 days of work in the month before the survey. That would be two full weeks of work missed. Whereas one out of five people with an ACE score of six or more missed ten or more days of work.



We've looked at how the chances of having risk factors and health and social problems increase as the ACE Score goes up. But we've looked at these problems one at a time. The ACE researchers learned that Adverse Childhood Experience can affect multiple brain systems and functions. So they wondered if higher ACE Scores would lead to the risk of having multiple health and social problems.

On the right side of the slide you'll see a list of 18 health and social problems that could be affected, given the brain systems and functions known to be impacted by toxic stress. The researchers created a second score---that's average number of health and social problems in the health records of study participants.

In this slide we see that the mean number of the 18 listed health and social problems increases as the ACE Score goes up. So, for an ACE Score of Zero people averaged about one and one-half of those 18 problems; at ACE Scores of 7-8 they averaged 4 and one-half of them. This told the ACE Study Team that higher ACE Scores meant that the chances of having multiple health and social problems are increased.

Both cost and the complexity of problems is affected by adverse childhood experiences.

ACEs, Poverty & Youth Academic Achievement

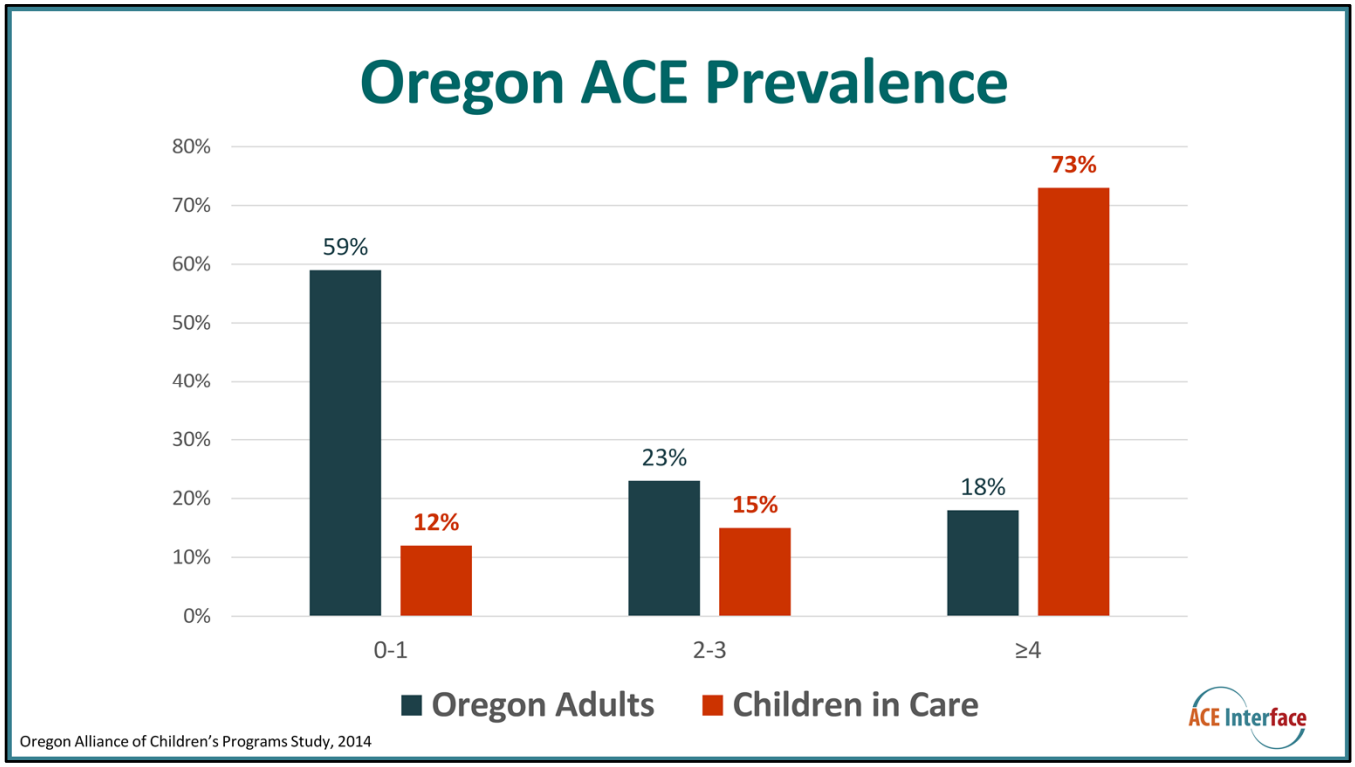
As youth ACE scores increase in schools:

- Standardized test results in Grade 10 are significantly lower
- Reported risk behaviors are significantly higher
- Access to social supports and positive peer and community influences are reduced

"While poverty continues to be an influence on youth wellbeing, community and youth ACEs are more consistent predictors of youth wellbeing."

Dr. Christopher Blodgett, No School Alone, January 2015

ACE Interface


Oregon ACE Prevalence
80%
70%
60%
50%
40%
30%
20%
10%
0%
59%
12%
23%
15%
18%
73%
0-1
2-3
≥4
Oregon Adults
Children in Care
ACE Interface
Oregon Alliance of Children's Programs Study, 2014

Outcomes Attributable to ACEs

Risk

- Smoking
- Heavy drinking
- Obesity
- Risk of AIDS
- Taking painkillers to get high
- Obesity

Prevalent Disease

- Cardiovascular
- Cancer
- Asthma
- Diabetes
- Auto immune
- COPD
- Ischemic heart disease
- Liver disease

Poor Mental Health

- Frequent mental distress
- Sleep disturbances
- Nervousness
- MH problem requiring medication
- Emotional problems restrict activities
- Serious & persistent mental illness

Health & Social Problems

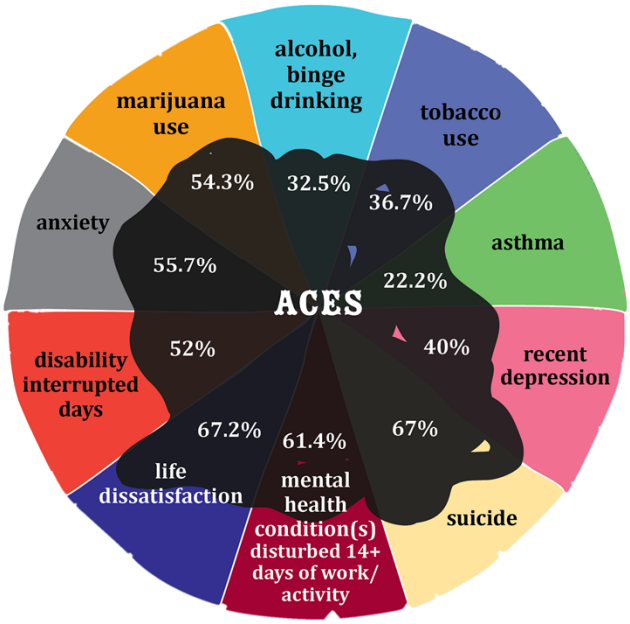
- Fair or poor health
- Life dissatisfaction
- Health-related limits to quality of life
- Disability that impedes daily functioning
- Don't complete secondary education
- Unemployment
- History of adult homelessness

Intergenerational ACE Transmission

- Mental Illness
- Drugs or Alcohol Problem
- Multiple divorces, separations
- Victim of family violence
- Adult incarceration

ACE Interface

The Magnitude of the Solution



Population Attributable Risk for ACE–related problems ranges from 20% to 80%

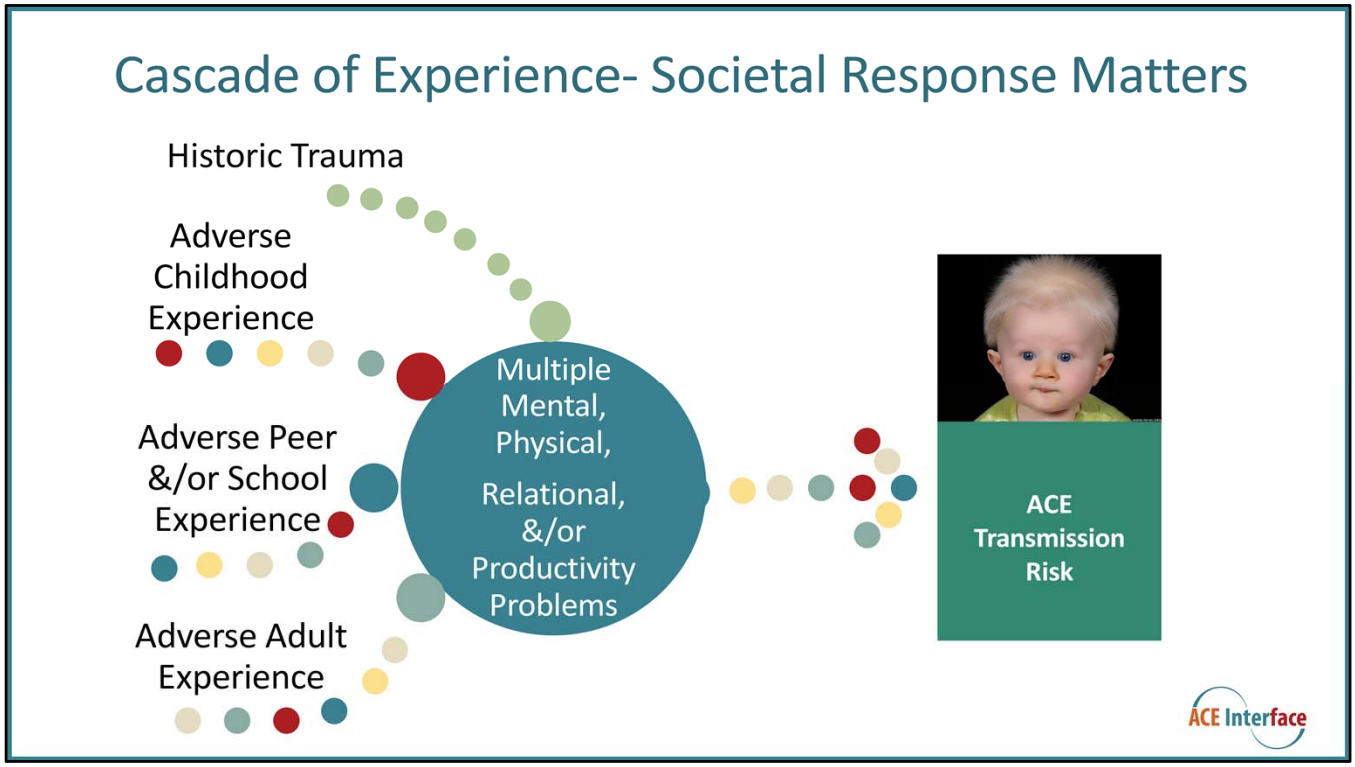
ACE Interface

Parenting Adults

Have the most power for preventing ACEs in the next generation.

And… Parenting can feel harder for people with ACE-attributable problems because it IS harder – biologically.

ACE Interface


Cascade of Experience- Societal Response Matters
Historic Trauma
Adverse Childhood Experience
Adverse Peer &/or School Experience
Adverse Adult Experience
Multiple Mental, Physical, Relational, &/or Productivity Problems
ACE Transmission Risk
ACE Interface

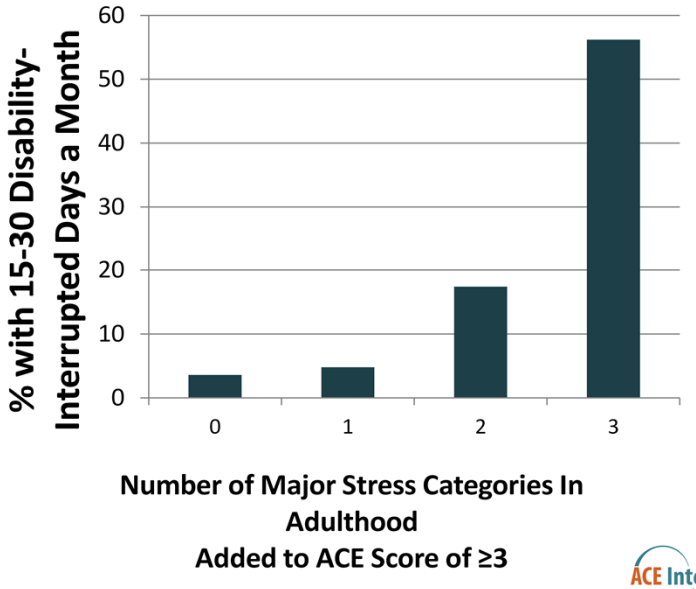
Adult Adversity Compounds Effects

Adults with ≥3 ACEs

Plus

Major Stress Categories:

1. **Homelessness**
2. **Incarceration**
3. **Chronic illness**
4. **Separation/Divorce**
5. **Severe Depression**
6. **Work-related Injury/ Illness**



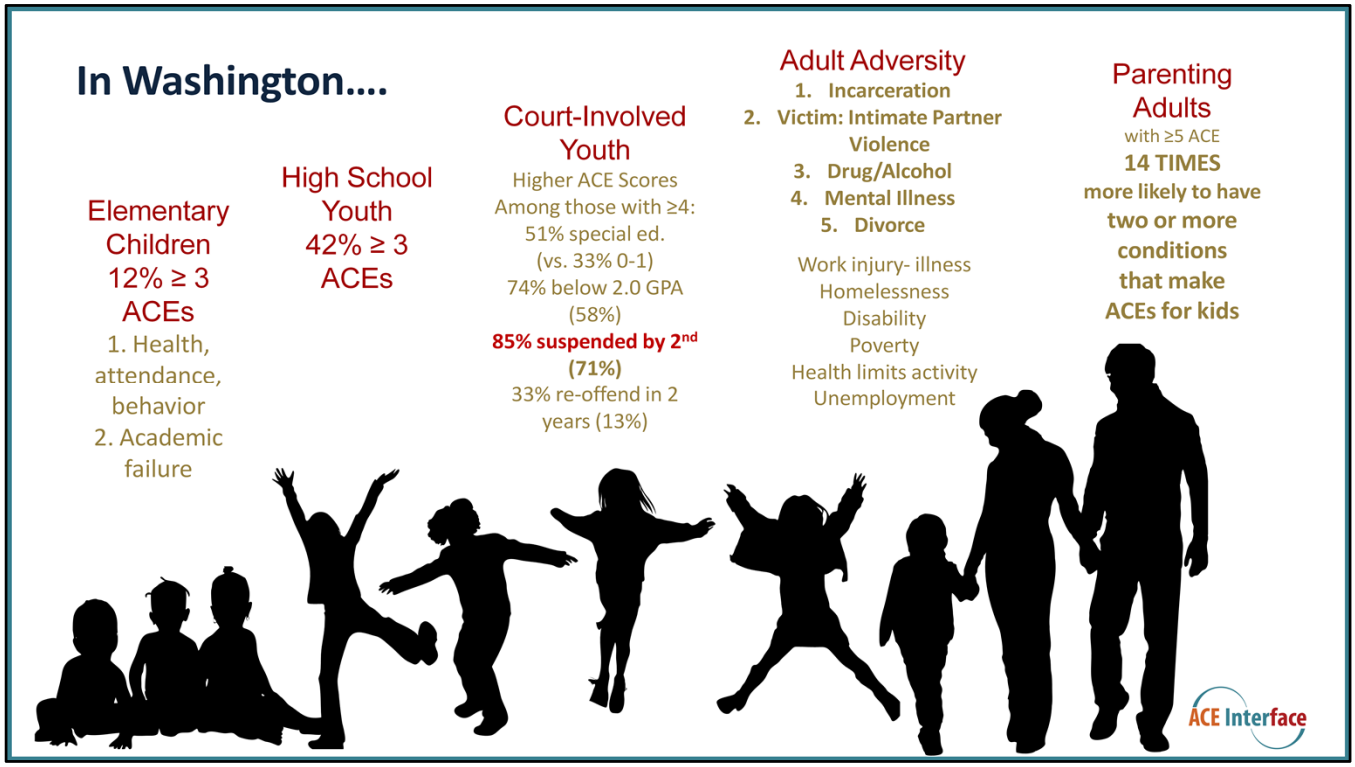
ACE Interface

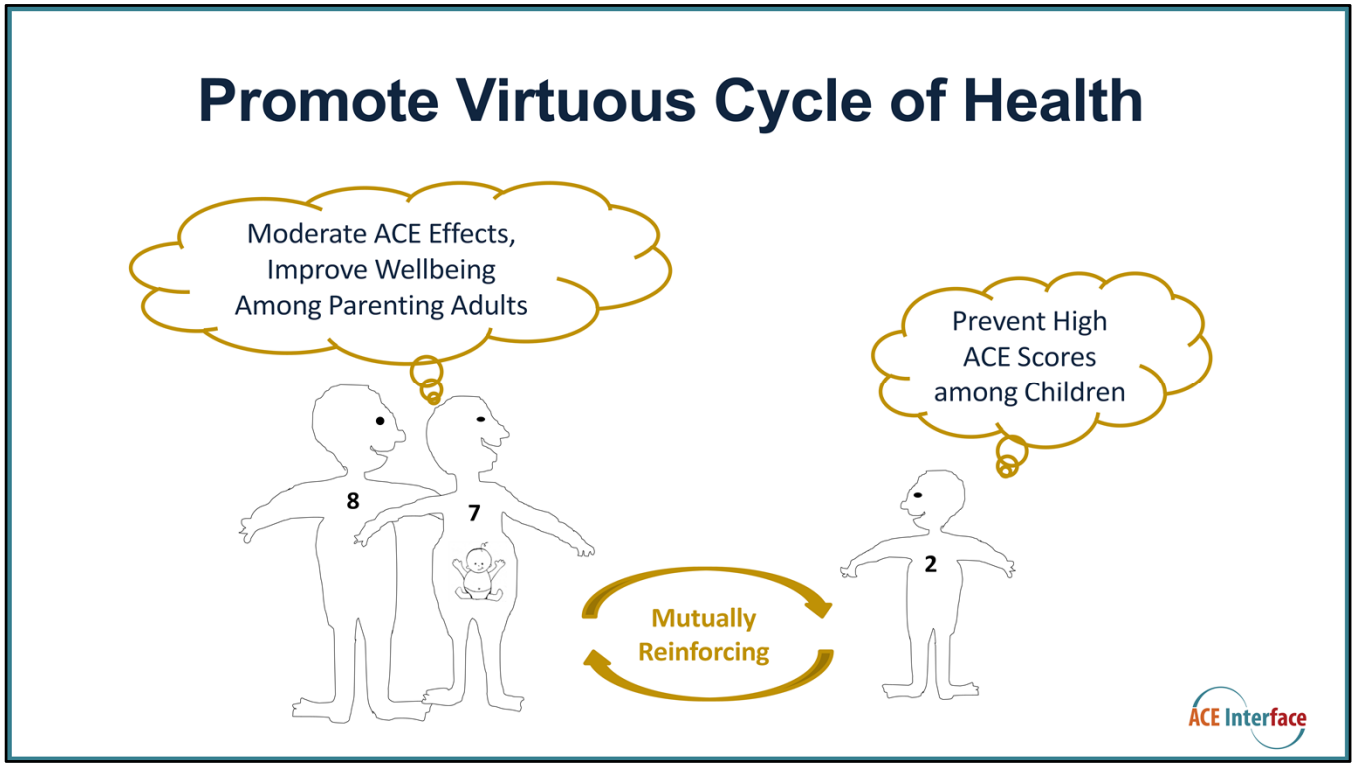
Adult adverse experience interacts with the impacts of Adverse Childhood Experience.

The combination results in more complex symptoms, which are reflected in increased disability score. This chart provides information about adults with 3 or more ACEs. Having a higher ACE score increases the likelihood of adult adversities, including the categories considered in this chart

Homelessness
Incarceration
Chronic illness
Separation/Divorce
Severe Depression
Work-related Injury/ Illness

adversity Eighty percent (80%) of the population of adults who have a high ACE score plus a large number of categories report interruption in their ability to do their usual activities, including work for one or more days a month. Forty percent (40%) report disability-related interruption to their daily activities for 14 to 29 days a month (Moderate Disability Score).


In Washington….
Elementary Children 12% ≥ 3 ACEs
1. Health, attendance, behavior
2. Academic failure
High School Youth 42% ≥ 3 ACEs
Court-Involved Youth
Higher ACE Scores
Among those with ≥4:
51% special ed.
(vs. 33% 0-1)
74% below 2.0 GPA
(58%)
85% suspended by 2nd
(71%)
33% re-offend in 2 years (13%)
Adult Adversity
1. Incarceration
2. Victim: Intimate Partner Violence
3. Drug/Alcohol
4. Mental Illness
5. Divorce
Work injury- illness
Homelessness
Disability
Poverty
Health limits activity
Unemployment
Parenting Adults
with ≥5 ACE
14 TIMES
more likely to have
two or more conditions
that make
ACEs for kids
ACE Interface



We've all heard the phrase "breaking the cycle"… sometimes it is used when people talk about child abuse or violence. We can think in those terms when we think about preventing ACEs.

When parents struggle with daily parenting tasks due to the effects of their own ACEs, a little help and support may go a long way toward keeping their family safe, healthy and together.

Our support for parents with high ACE scores can potentially improve their daily functioning and the functioning of their families. So, one strategic focus of our efforts could be helping parenting adults in their work and family lives.

As parents, with the help of their circle of friends and neighbors succeed, they are more likely to be able to prevent the accumulation of ACEs in the lives of their children. And, as ACE scores among children go down, and those children grow to become parents – we'll see fewer ACE-related challenges for the next generation of parents. So, we set up a reinforcing cycle for the good.

Instead of "breaking the cycle" we might think about "making the cycle" of ACE prevention. This would be a powerful cycle for the good – one that is sustainable because success with one generation leads to success with the next. Instead of spiraling down, we would spiral up… isn't that where we want to be.

Trauma Informed Approach

Improve Systems & Community Context

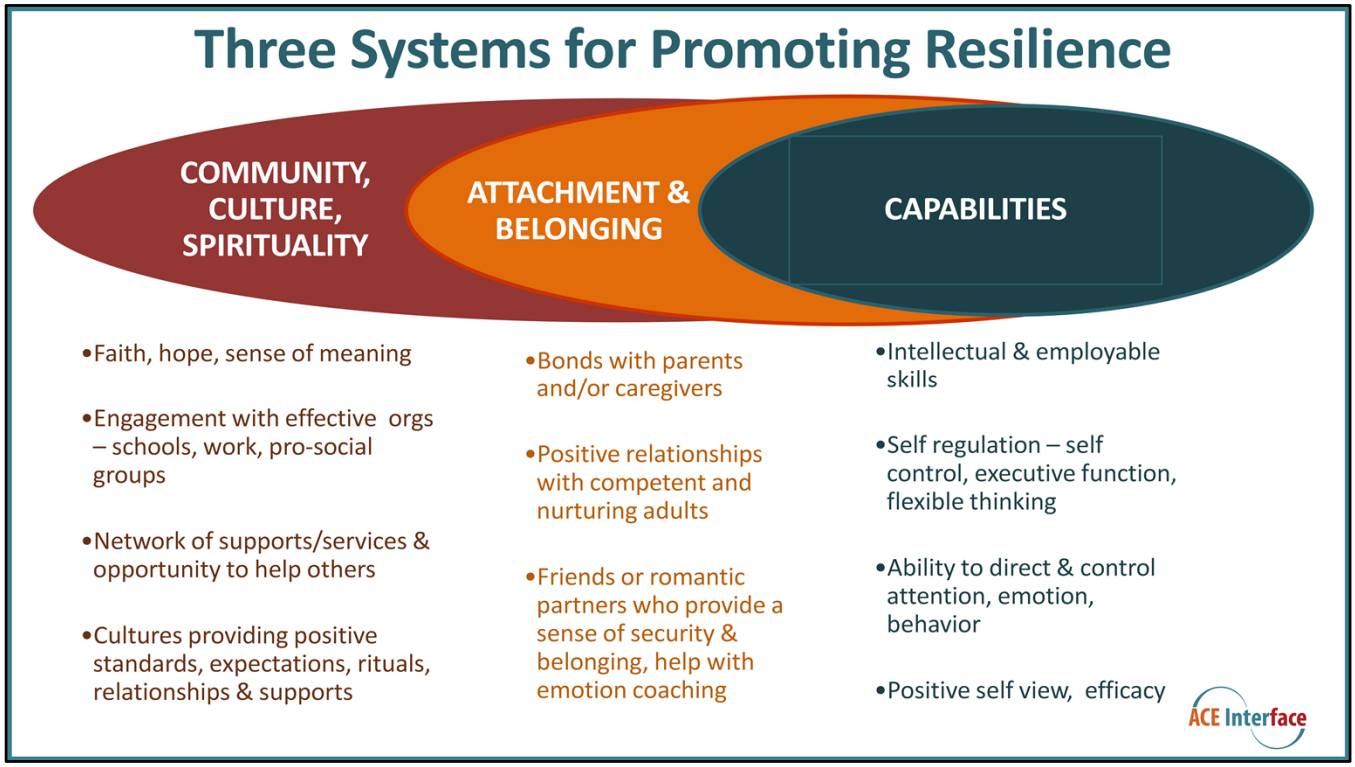
- **Realizing the prevalence** of trauma
- **Recognizing** how it affects all individuals involved with the program, organization or system, including its own workforce
- **Resisting re-traumatization**
- **Responding** by putting this knowledge into practice

ACE Interface

Core Principles of a Trauma-Informed System of Care:

- **Safety** – ensuring physical and emotional safety
- **Trustworthiness** – maintaining appropriate boundaries and making tasks clear
- **Choice** – prioritizing (staff) consumer choice and control (people want choices and options; for people who have had control taken away, having small choices makes a big difference)
- **Collaboration** – maximizing collaboration
- **Empowerment** - prioritizing (staff) consumer empowerment and skill-building

ACE Interface



Community, culture and spirituality provide human beings with belonging, faith, hope, and a sense of meaning.

Some people feel a sense of community with the people around them; others from their cultural heritage. For some, a sense of belonging comes more from their connection to a place, or a set of beliefs. Together, all of these strengths come together in community.

Communities are complex adaptive systems – every individual impacts the community as a whole; and the whole community also influences the life of each and every individual. When communities have healthy processes and organizations, it's like a rising tide – a rising tide that lifts all people.

Being a resilient community isn't something that "Just happens" – it's a continuous process of connecting and re-connecting people, ideas, resources, and hope. Communities can develop rituals of connection – using regular gatherings to build social networks that will be in place during good times and bad.

CAPABILITIES

Abuse, Response to Threat & Self Regulation

Small amount of stress can be experienced as danger/crisis
Amygdala – command center - biological response to threat

"Establishing Safety First is Paramount"

Katherine McLaughlin

ACE Interface

What Helps Individuals Self-regulate?

Biofeedback

Massage

Mindfulness, reflection

Movement and music

Exercise & Play

Practicing connection

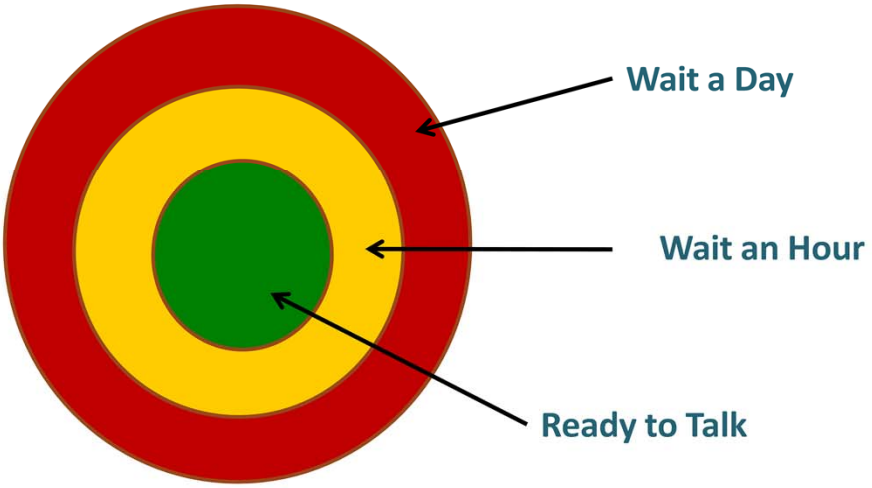
Cognitive Reappraisal Training

(e.g. TF CBT – reduces Amygdala response)

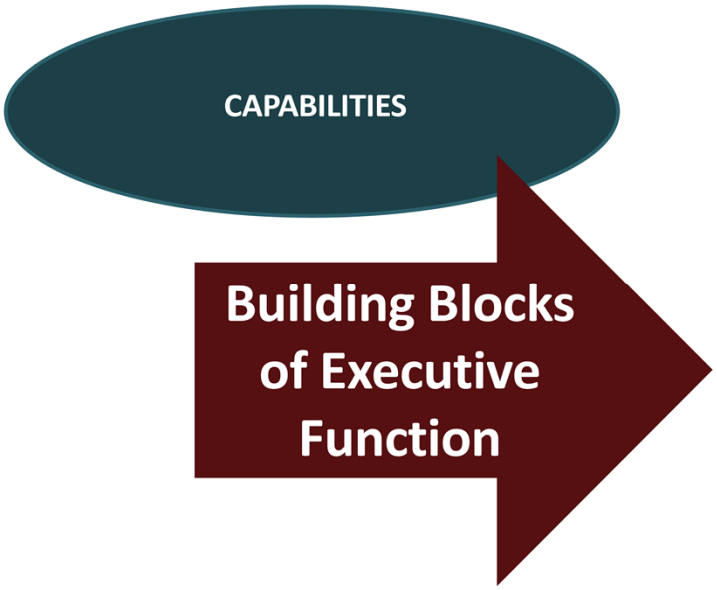
(May be especially helpful to focus on cognitions around perceived threats)

ACE Interface

Mindful Discipline: Lincoln High



ACE Interface



Response Inhibition
Working Memory
Emotional Control
Flexibility
Sustained Attention
Task Initiation

Planning & Prioritizing
Organization
Time Management
Goal-directed persistence
Metacognition

Dawson & Guare 2013, pp. 42-43

ACE Interface

Neglect & Executive Function

The brain requires input from the environment to develop normally

If expected inputs are absent the connections that process that information are eliminated

↓ Environmental complexity
Social inputs
Language exposure

→

↓ Working memory
Planning
ADHD

Katherine McLaughlin; Childhood Adversity & the Developing Brain; 2015

ACE Interface

What Helps?

- Parenting education – improve adult skills
- Increase consistency, predictability of environment
- Consistent reinforcement patters
- Build executive function through games (?)

Katherine McLaughlin; Childhood Adversity
& the Developing Brain; 2015

ACE Interface

Games – A New EF Building Frontier

Reasoning

- Set
- Quirkle
- Rush Hour
- Chocolate Fix
- Azada & Azada II
- Big Brain Academy
- Picross
- Professor Brainium's Games
- Neves
- Pipe Mania

Speed of Processing

- Spoons
- Pictureka
- Speed
- Blink
- Perfection
- Feeding Frenzy
- Super Cow
- Bricks of Atlantis
- Nervous Brickdown
- Super Monkey Ball
- Mario Kart
- Ratatouille

ACE Interface

Katherine McLaughlin; Childhood Adversity & the Developing Brain; 2015

Stress-Induced Executive Dysfunction

Influences:

Processing loads (how much the brain can handle until it gets "full")

Verbal memory (retaining information given verbally)

Working memory (the brain's short-term memory chalkboard)

Generalizing ability (applying information from one situation to another)

Initiating ("getting going" or "when to start")

Organizing and planning

Deborah Gray (2014) Nurturing Attachments

ACE Interface

What Helps?

- **Ask what parts people "get." What parts don't they "get"**

  Wait until they respond; explain only the parts they don't get.

- **Ask people to tell you when their brains are "full"**

  Take a physical break when brains are full.

- **Use visuals, especially when people need to make choices**

  Visuals will help people to "hold" an idea while comparing to another choice.

- **Speak more slowly & limit words**

  Seven word sentences are ideal.

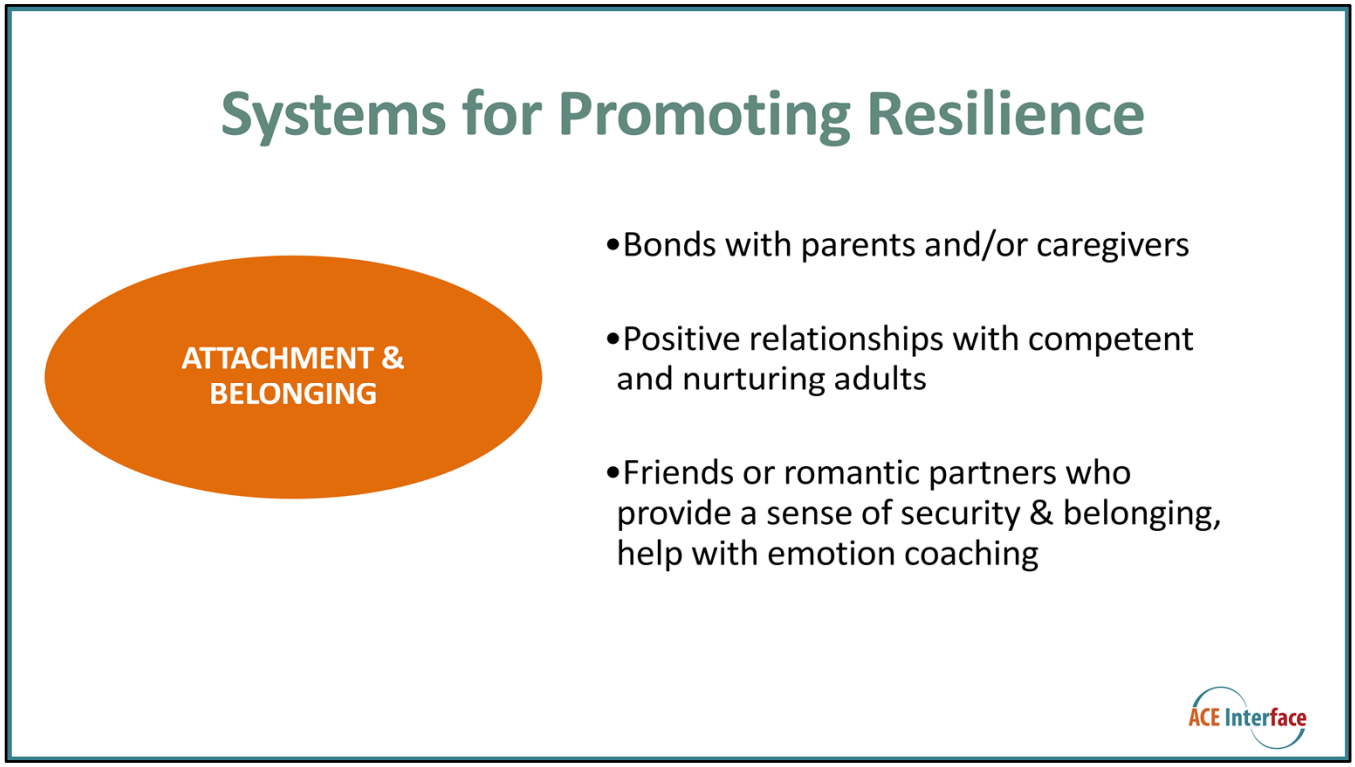
- **Use white space and have "start" and "finish" markings Forms?... Work a sample with them; Show one completed**

- **Remember the body**

  Allow for drinks and stretches; keep your body relaxed

Deborah Gray (2014) Nurturing Attachments

ACE Interface



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Being a resilient community isn't something that "Just happens" – it's a continuous process of connecting and re-connecting people, ideas, resources, and hope. Communities can develop rituals of connection – using regular gatherings to build social networks that will be in place during good times and bad.

What Generates Belonging & Support?

Developing ceremonies or rituals

Including others in health-promoting activities

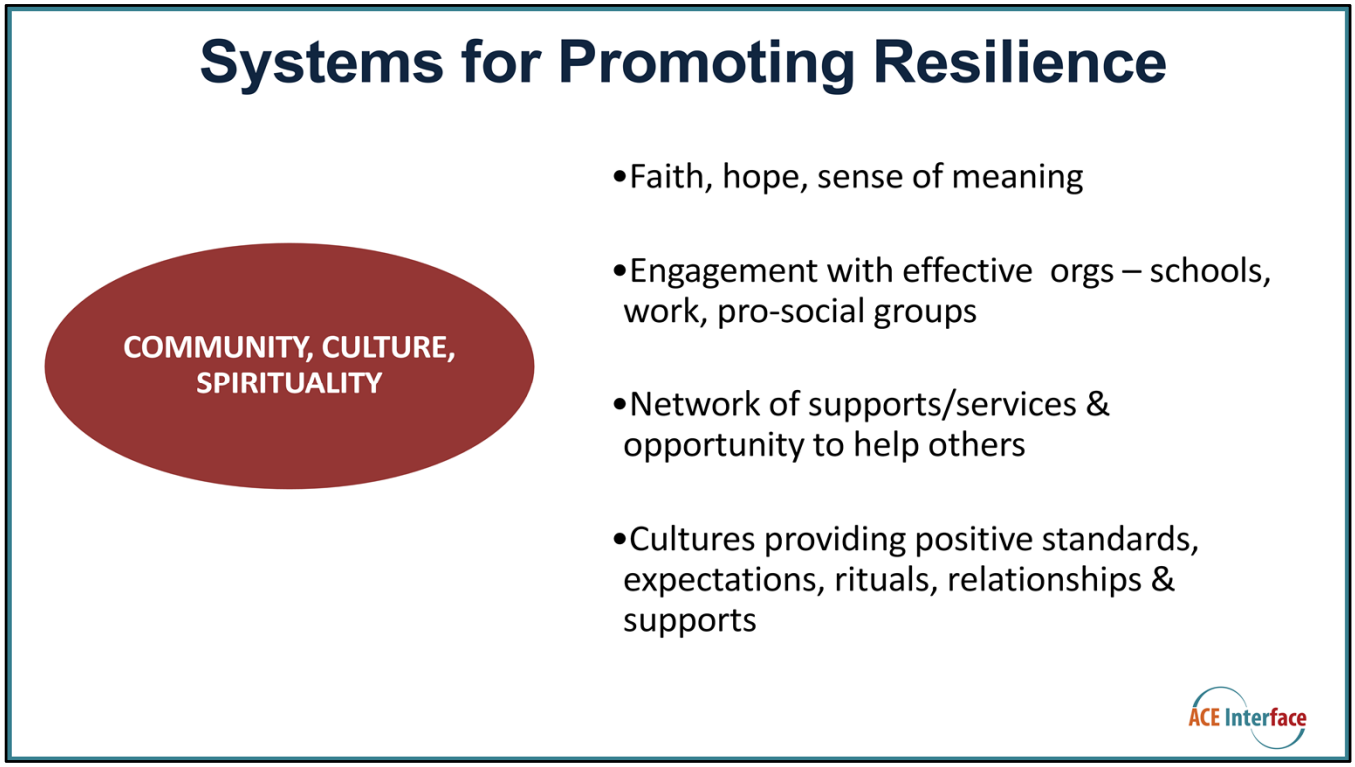
Engaging in multiple family or whole community/workplace dialogues

Setting up mutual support/helping systems

Creating art, movement, rhythm, music

Learning together

ACE Interface



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Community ACEs Predict Youth Risk

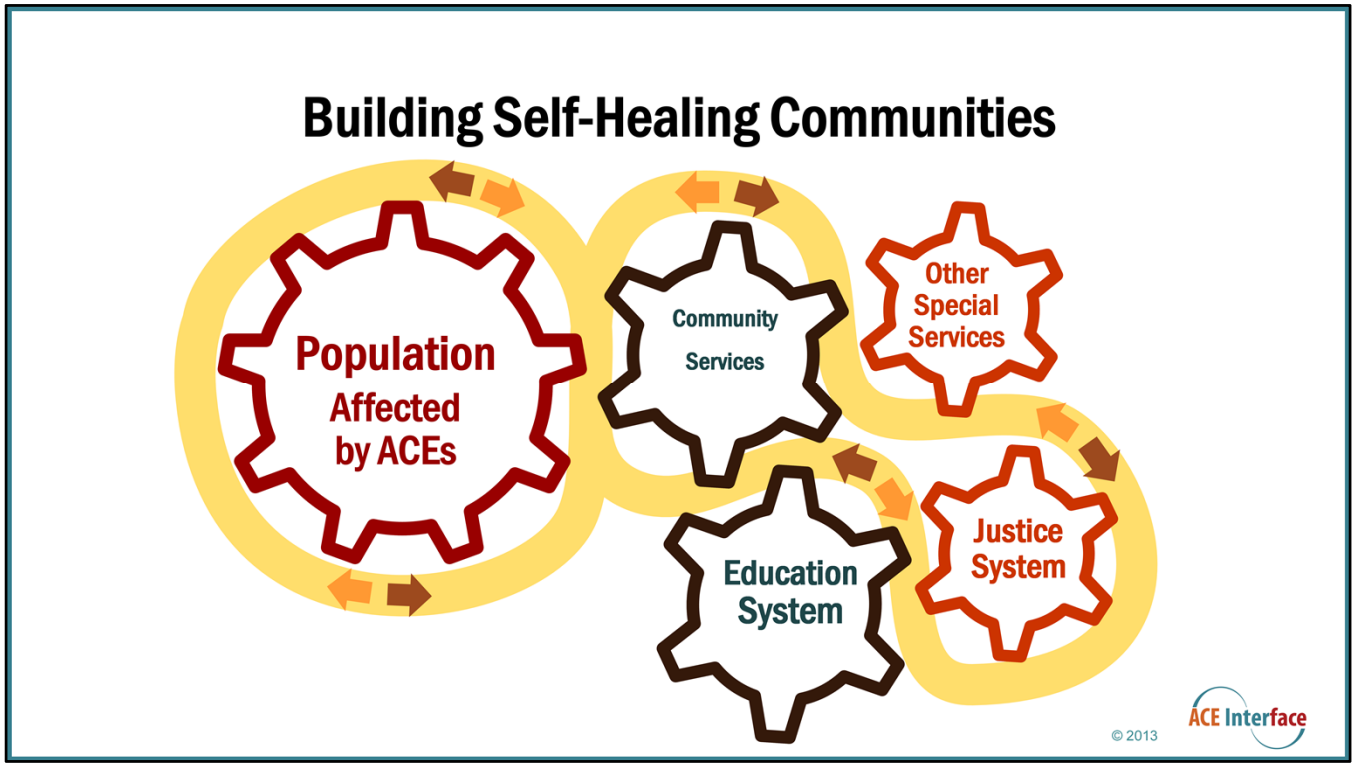
Rate of adults with ≥3 ACEs in a community powerfully predicts:

- Lower child test scores
- Low neighborhood attachment
- More positive attitudes towards drug use
- Lower levels of the social skills needed to succeed in schools and adulthood

In high ACE communities, youth more likely to be kicked out
In high poverty communities, youth more likely to be absent or drop out

ACE Interface

What Builds Community Capacity
Decisions for Results & Shared Identity
Expand Leadership
COMMUNITY, CULTURE, SPIRITUALITY
Come Together – Talk about What Matters
Learn Together
ACE Interface


Building Self-Healing Communities
Population
Affected
by ACEs
Community
Services
Other
Special
Services
Justice
System
Education
System
© 2013
ACE Interface

Help that Helps

Support: Feeling socially and emotionally supported and hopeful

Help: Having 2 or more people who give concrete help when needed

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ACE Interface

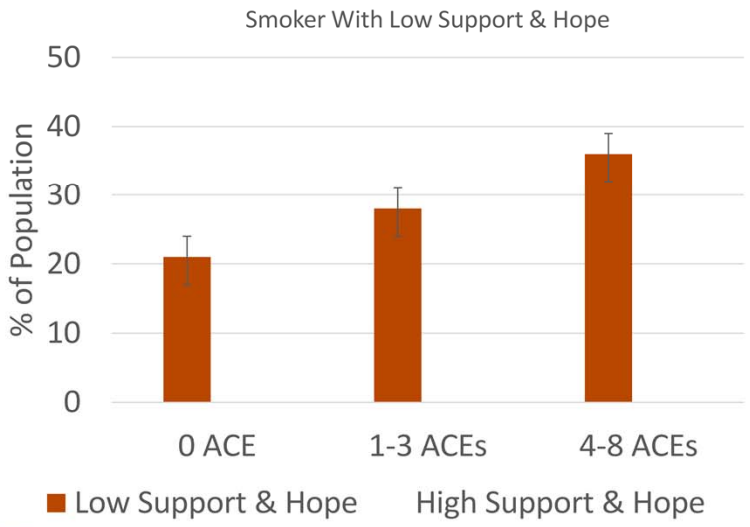
Support

Feeling socially and emotionally supported and hopeful

… Always or Usually
(vs Rarely or Never)

ACE Interface

ACEs & Smoking



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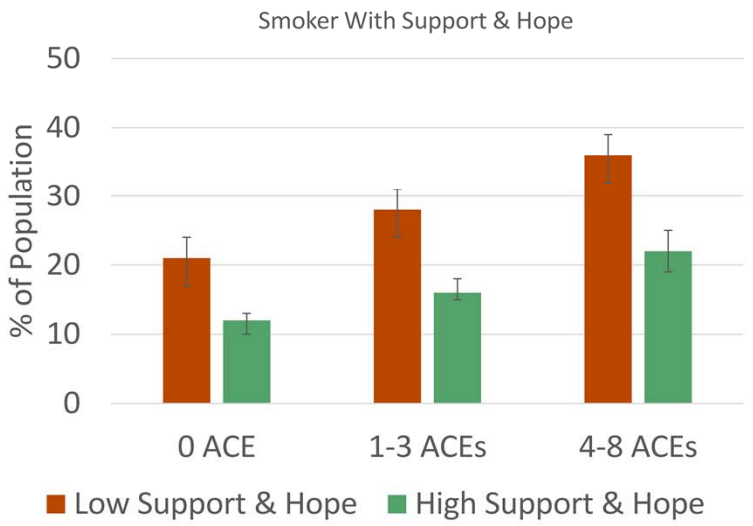
Smoking & Support



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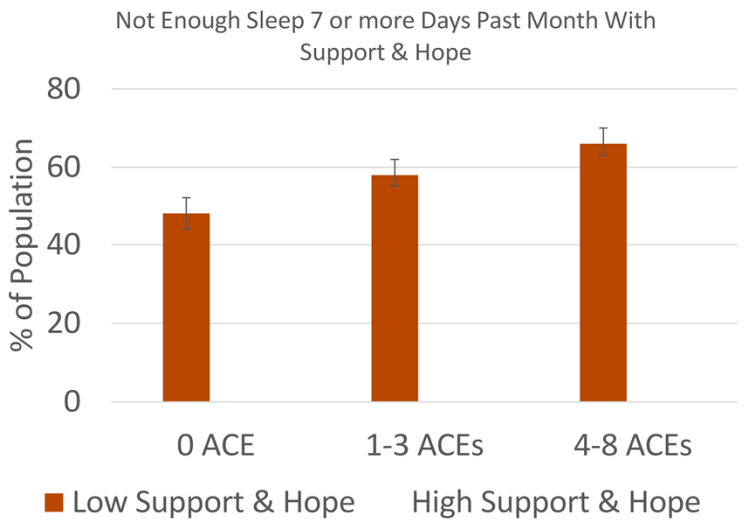
ACEs & Sleep



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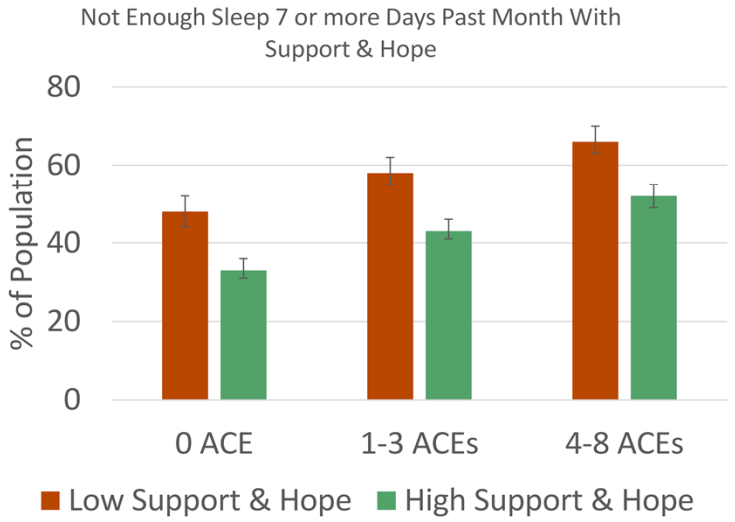
ACE Interface

Sleep & Support



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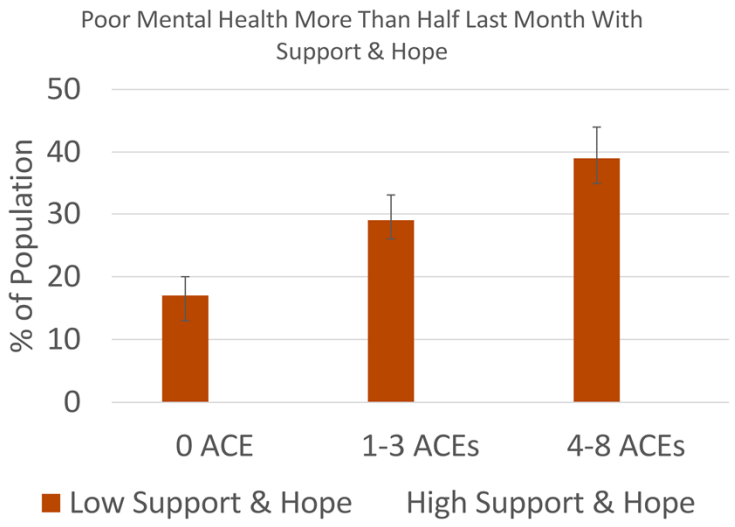
ACE Interface

ACEs & Poor Mental Health



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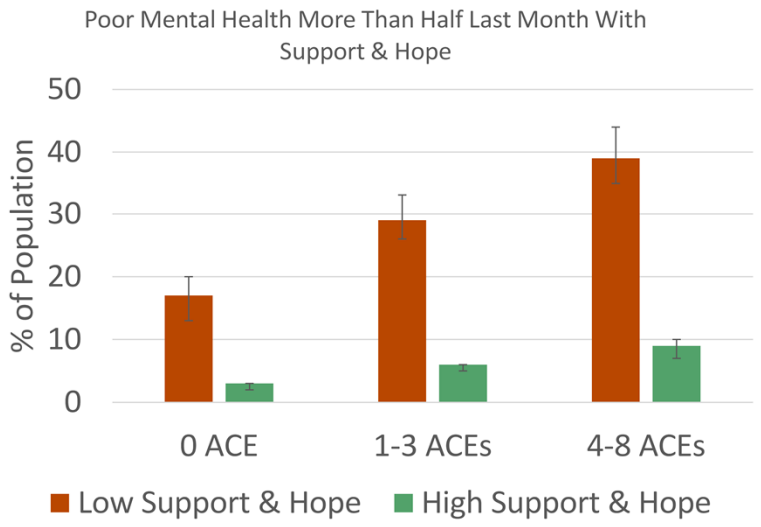
ACE Interface

Mental Health & Support



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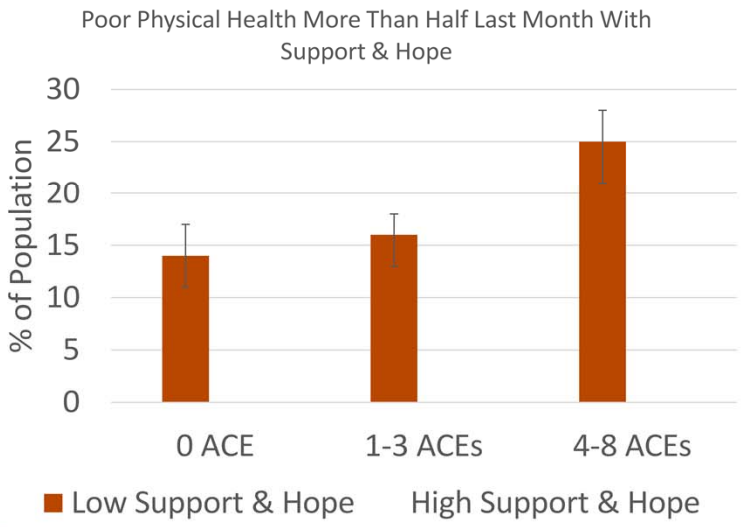
ACE Interface

ACEs & Poor Health



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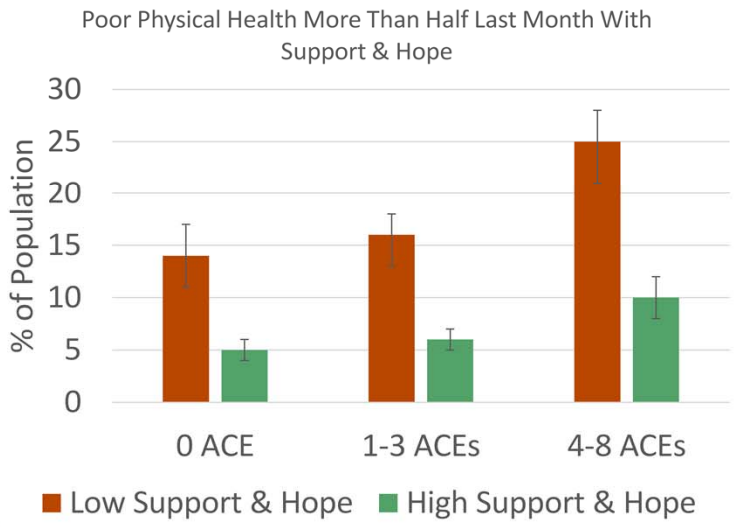
ACE Interface

Poor Health & Support



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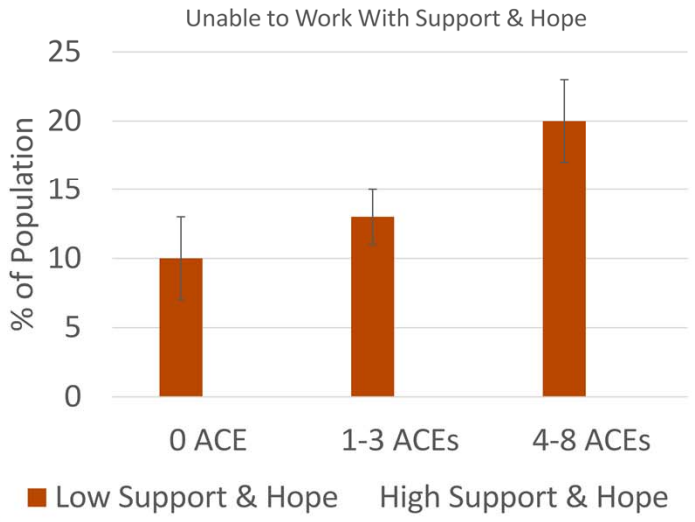
ACEs & Ability to Work



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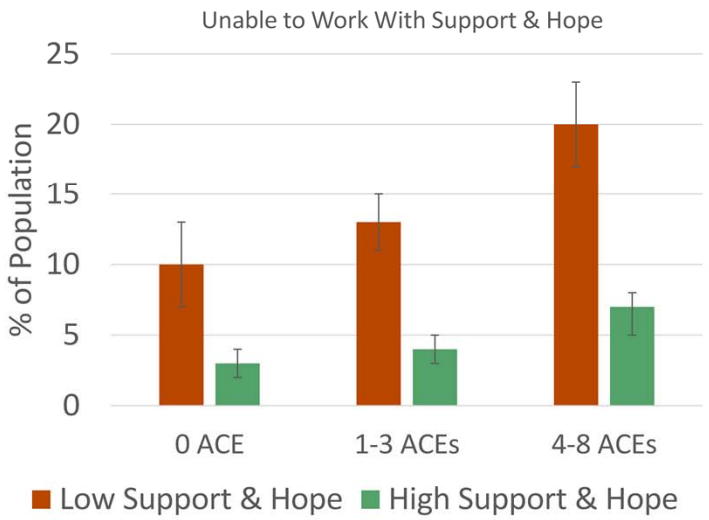
ACE Interface

Ability to Work & Support



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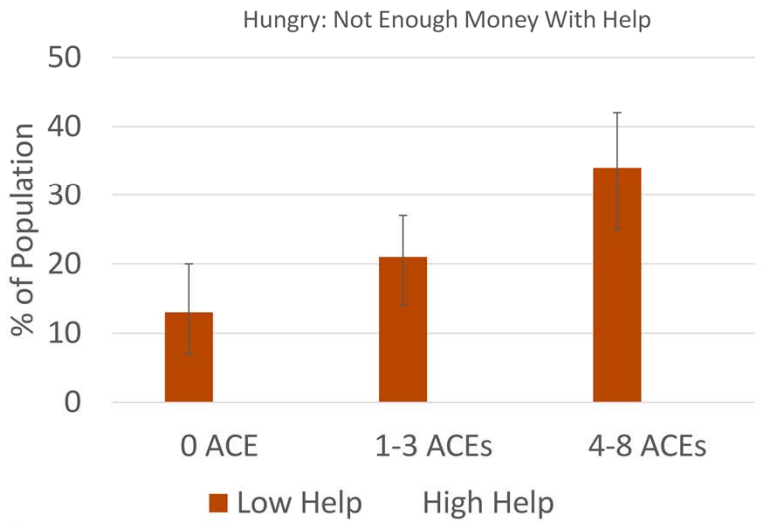
ACE Interface

Help

Having two or more people who give concrete help when needed

ACE Interface

ACEs & Hunger



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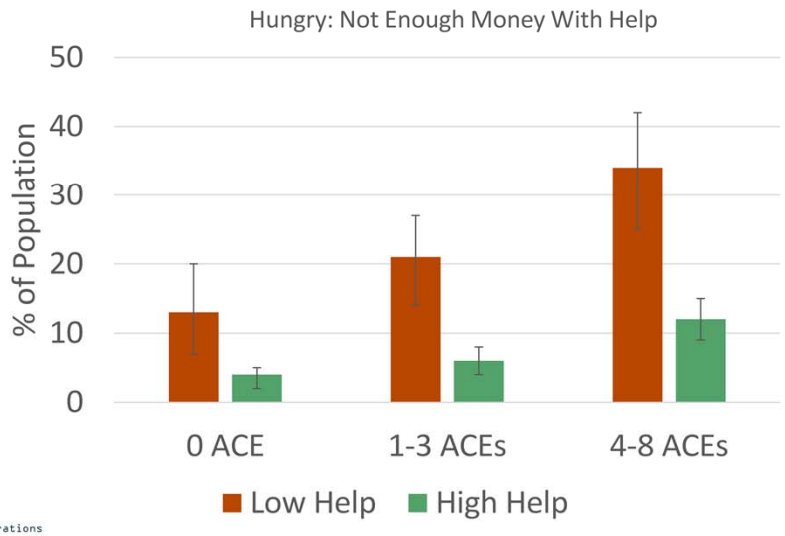
Hunger & Help



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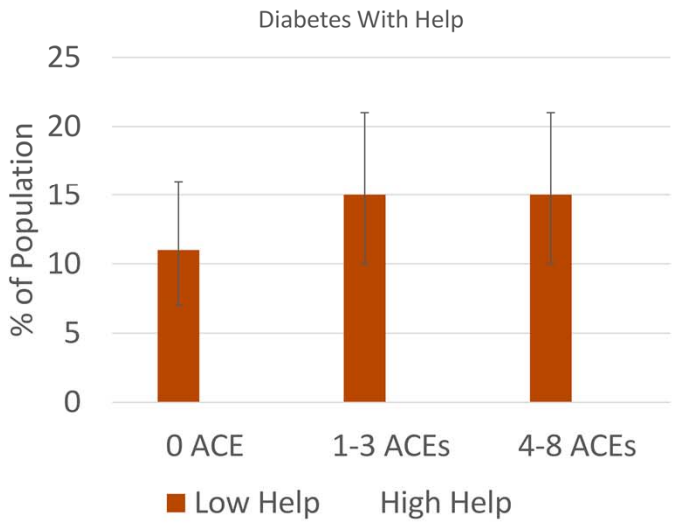
ACE Interface

ACEs & Diabetes



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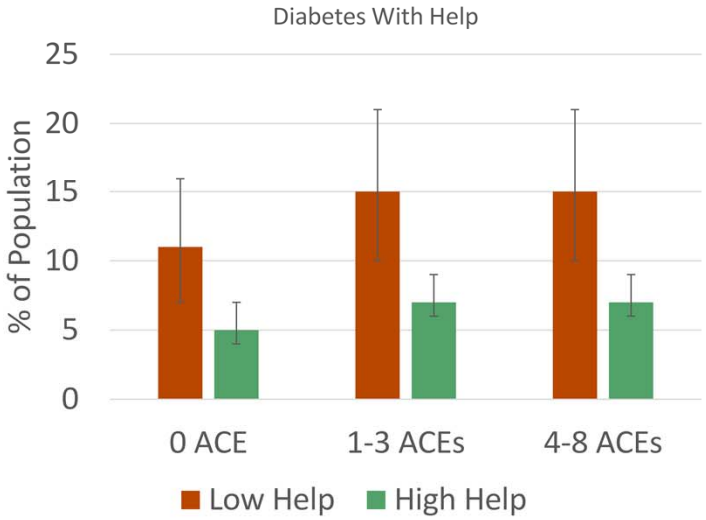
Diabetes & Help



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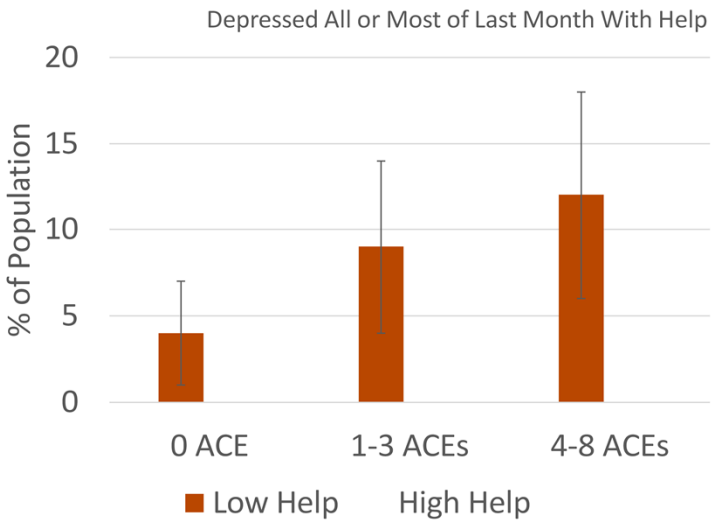
ACEs & Depression



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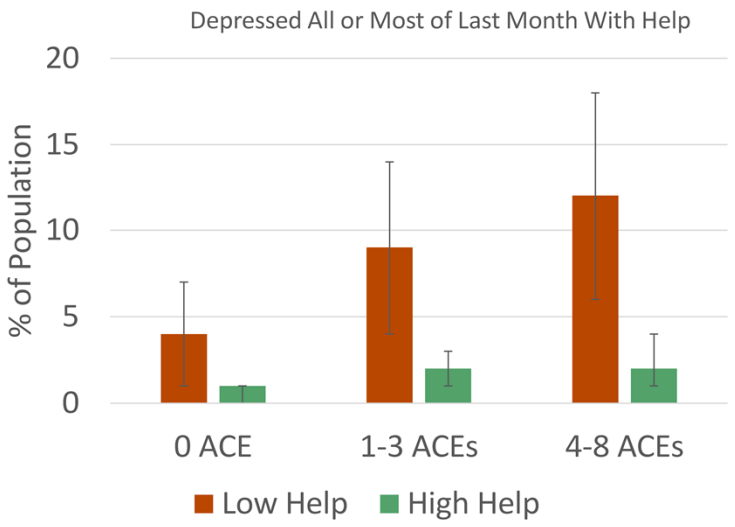
Depression & Help



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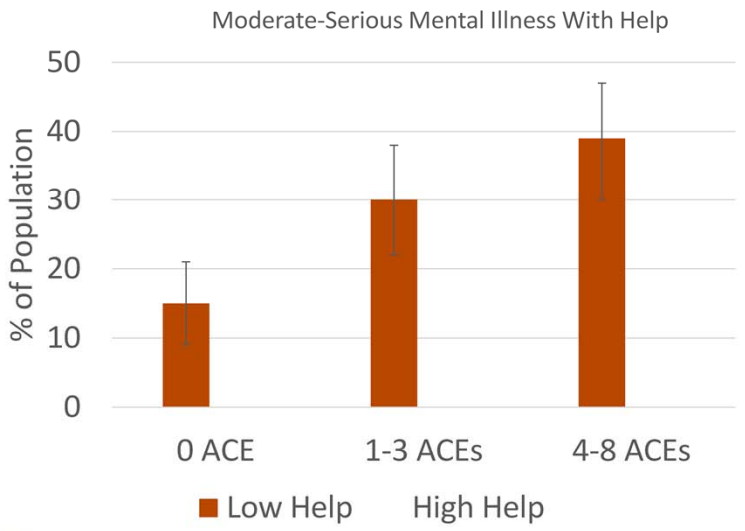
ACEs & Mental Illness Symptoms



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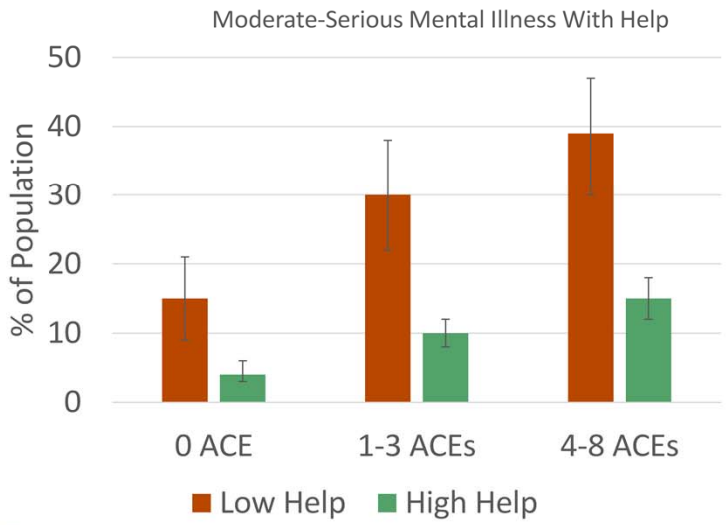
Mental Illness Symptoms & Help



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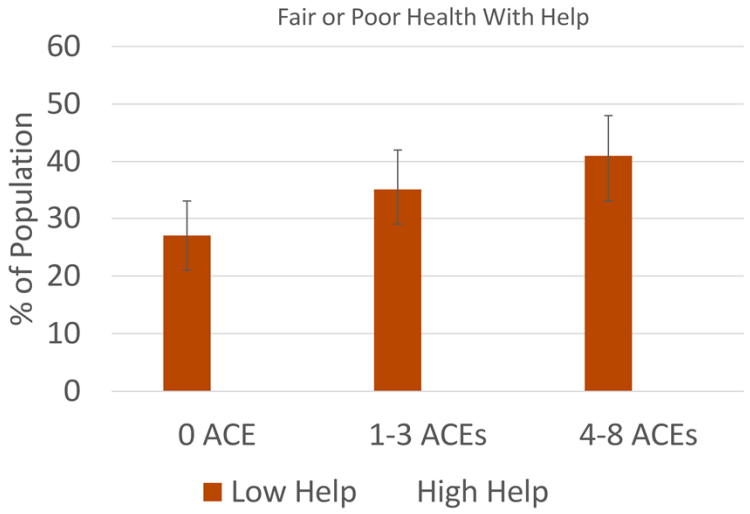
ACEs & Poor Health



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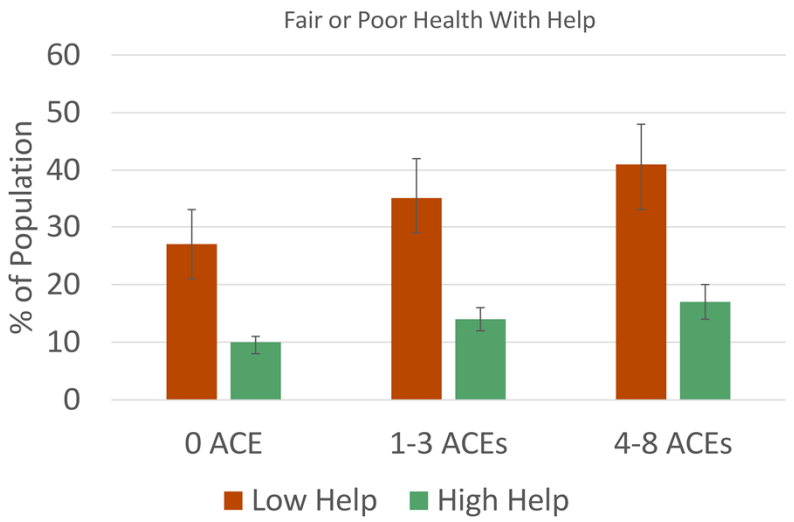
Poor Health & Help



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ACE Interface

Community Help that Helps

Community Reciprocity: watching out for children, intervening when they are in trouble, and doing favors for one another

Social Bridging: reaching outside one's immediate circle of friends to recruit help for someone inside that circle.

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ACE Interface

Reciprocity & Bridging

Better Rates:

- Obesity
- Mental Illness Symptoms
- Alcohol Consumption among Women
- Physical Activity
- Happiness
- Worry about Money for Rent
- Having A Primary Care Physician
- Experiencing Housing Instability
- Being Hungry Because of No Money

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Culture Change

We Create Culture in Our Moment by Moment Interactions with One Another

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Thank You!

Laura Porter
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ACE Interface.com