Positive Childhood Experiences
Before and During COVID-19

Elizabeth Crouch, PhD, Rural and Minority Health Research Center
Janice Probst, PhD, Rural and Minority Health Research Center

Nurturing Minds Conference
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RURAL AND MINORITY HEALTH RESEARCH CENTER

Our mission is to illuminate and address the problems experienced by rural and minority populations in order to guide research, policy, and related advocacy.
HEALTH DISPARITY POPULATIONS

• Rural
• Racial/Ethnic Minorities
• Low SES
• Sexual and Gender Minorities
• Sex/Gender
• Disability
• Nativity
• Geographic Region

Source: National Institute on Minority Health and Health Disparities
WHAT ARE ACES AND WHY ARE THEY IMPORTANT?
WHAT ARE ACES?

• Adverse Childhood Experiences
• ACEs are traumatic events that occur in a child’s life.
  • Abuse
  • Neglect,
  • Household dysfunction.
• Traumatic experiences as a child are associated with negative health and well-being outcomes as an adult.
Early Adversity Increases Physical, Mental, Behavioral Problems, Scientists Report

Centers for Disease Control & Prevention, Kaiser Permanente Study

Over 17,000 study participants

The ACE Study confirms, with scientific evidence, that adversity early in life increases physical, mental and behavioral problems later in life.

Dr. Robert Anda & Dr. Vincent Felitti
Investigators
Adverse Childhood Experiences ARE COMMON

**Household Dysfunction**
- Substance Abuse: 27%
- Parental Sep/Divorce: 23%
- Mental Illness: 17%
- Battered Mothers: 13%
- Criminal Behavior: 6%

**Neglect**
- Emotional: 15%
- Physical: 10%

**Abuse**
- Emotional: 11%
- Physical: 28%
- Sexual: 21%

TOTAL 10 ACEs

© 2014 ACE Interface

UofSC
South Carolina
Early Adversity has Lasting Impacts

Adverse Childhood Experiences

- Traumatic Brain Injury
- Fractures
- Burns

- Depression
- Anxiety
- Suicide
- PTSD

- Unintended pregnancy
- Pregnancy complications
- Fetal death

- HIV
- STDs

- Infectious Disease

- Chronic Disease

- Cancer
- Diabetes

- Alcohol & Drug Abuse
- Unsafe Sex

- Risky Behaviors

- Opportunities

- Education
- Occupation
- Income

https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html

South Carolina
DOSE-RESPONSE RELATIONSHIP

• Adults reporting four or more ACEs are more likely to...
  • Engage in **risky drinking behavior** such as binge drinking and heavy drinking *(Crouch et al. 2017)*
  • Continue to smoke even with diagnosis of a smoking exacerbated illness *(Crouch et al. 2018)*
  • Have **poor self-reported mental health and physical health** in adulthood *(Crouch et al. 2017; Crouch et al. 2017)*
WHAT ARE PCES AND WHY ARE THEY IMPORTANT?
THE ROLE OF POSITIVE CHILDHOOD EXPERIENCES (PCES)

• Positive Childhood Experiences (PCEs) are positive life events such as having a mentor, or a safe, stable relationship with a caregiver.

• Both positive and traumatic experiences as a child are associated with health and well-being outcomes as an adult.
Positive Childhood Experiences

- Prevent ACEs
- Reduce toxic stress
- Promote Healing
WE KNOW THAT:

• **Identifying positive experiences** allows people to use their own life experiences to heal and recover.

• **Programs** that support positive childhood experiences promote health development – while avoiding stigma and labeling.

• **Health equity** serves as the foundation for HOPE: Healthy Outcomes from Positive Experiences. It invites us to think of each other’s strengths and connections in ways that go beyond labeling individuals as helpless victims of historical trauma and institutional racism.

• **Policies** that promote positive childhood experiences make life better for all of us and promote our long-term health and well-being.
4 Building Blocks of HOPE

1. Relationships
   - with other children
   - with other adults
   - through interactive activities
Building Blocks of HOPE

2. Environment
   - Safe, equitable, & stable
   - Living, playing, & learning
   - Positive school & home environments
4 Building Blocks of HOPE

3 Engagement
- Develop a sense of connectedness
- Social/civic activities
4 Building Blocks of HOPE

Opportunities for Social Emotional Development
• Playing with peers
• Learning self-reflection
• Collaboration in art, sports, drama, & music
NATIONAL SURVEY OF CHILDREN’S HEALTH

Asks about ACEs (Crouch 2019)

ORIGINAl ARTICLE
Rural-Urban Differences in Adverse Childhood Experiences Across a National Sample of Children
Elizabeth Crouch, PhD;1 Elizabeth Radcliffe, PhD;1 Janice C. Probst, PhD;1 Kevin J. Bennett, PhD;2,3 & Selina Hunt McKinney, PhD,APRN3

1 South Carolina Rural Health Research Center, Arnold School of Public Health, University of South Carolina, Columbia, South Carolina
2 School of Medicine, University of South Carolina, Columbia, South Carolina
3 College of Nursing, University of South Carolina, Columbia, South Carolina

Asks about seven PCES (Crouch 2020)

ORIGINAl ARTICLE
Rural-Urban Differences in Positive Childhood Experiences Across a National Sample
Elizabeth Crouch, PhD;1 Elizabeth Radcliffe, PhD;1 Melinda A. Merrell, PhD, MPH;1 & Kevin J. Bennett, PhD;2

1 Rural and Minority Health Research Center, Arnold School of Public Health, University of South Carolina, Columbia, South Carolina
2 School of Medicine, University of South Carolina, Columbia, South Carolina
<table>
<thead>
<tr>
<th>Being in nurturing, supportive relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mentorship</strong></td>
</tr>
<tr>
<td>Is there at least <strong>one adult</strong> in this child’s school, neighborhood, or community who knows this child well and who he or she can rely on for advice or guidance?</td>
</tr>
<tr>
<td><strong>Family resilience</strong></td>
</tr>
<tr>
<td>When your family faces problems, how often are you likely to do each of the following? 1) <strong>talk</strong> together about what to do, 2) <strong>work together</strong> to solve our problems, 3) <strong>know we have strengths</strong> to draw on, and 4) <strong>stay hopeful</strong> even in difficult times</td>
</tr>
<tr>
<td><strong>Living, developing, playing, and learning in safe, stable, protective, and equitable environments</strong></td>
</tr>
<tr>
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<tr>
<td><strong>Supportive neighborhood</strong></td>
</tr>
<tr>
<td><strong>Safe neighborhood</strong></td>
</tr>
<tr>
<td>Having opportunities for constructive social engagement and to develop a sense of connectedness</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>After-school participation</strong></td>
</tr>
<tr>
<td><strong>Volunteerism</strong></td>
</tr>
<tr>
<td>Learning social and emotional competencies</td>
</tr>
<tr>
<td>-------------------------------------------</td>
</tr>
<tr>
<td><strong>Sharing ideas</strong></td>
</tr>
<tr>
<td>How well can you and this child <strong>share ideas or talk</strong> about things that really matter?</td>
</tr>
</tbody>
</table>
Positive childhood experiences reported by respondents to the 2017-2018 National Survey of Children’s Health, children six years of age and older, in total and stratified by race/ethnicity, n=33,747

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>All (%)</th>
<th>Hispanic</th>
<th>Non-Hispanic White</th>
<th>Non-Hispanic Black</th>
<th>Non-Hispanic Other</th>
<th>P-value</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>PCE types</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After school activities</td>
<td>80</td>
<td>71</td>
<td>84</td>
<td>74</td>
<td>82</td>
<td>&lt;0.0001</td>
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<tr>
<td>Volunteer in community, school, or church</td>
<td>44</td>
<td>34</td>
<td>49</td>
<td>42</td>
<td>46</td>
<td>&lt;0.0001</td>
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<tr>
<td>Mentor for advice or guidance</td>
<td>90</td>
<td>82</td>
<td>95</td>
<td>87</td>
<td>88</td>
<td>&lt;0.0001</td>
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<tr>
<td>Share ideas with caregiver</td>
<td>68</td>
<td>68</td>
<td>68</td>
<td>69</td>
<td>65</td>
<td>0.5485</td>
</tr>
<tr>
<td>Live in safe neighborhood</td>
<td>66</td>
<td>60</td>
<td>73</td>
<td>56</td>
<td>64</td>
<td>&lt;0.0001</td>
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<tr>
<td>Live in supportive neighborhood</td>
<td>57</td>
<td>50</td>
<td>65</td>
<td>47</td>
<td>52</td>
<td>&lt;0.0001</td>
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<tr>
<td>Family resilience</td>
<td>81</td>
<td>81</td>
<td>84</td>
<td>75</td>
<td>77</td>
<td>&lt;0.0001</td>
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<tr>
<td>PCE summary score</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>&lt;0.0001</td>
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<tr>
<td>Less than three</td>
<td>20</td>
<td>18</td>
<td>6</td>
<td>13</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Three or more</td>
<td>90</td>
<td>82</td>
<td>95</td>
<td>87</td>
<td>88</td>
<td></td>
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</tbody>
</table>
PCES AND SCHOOL SUCCESS
Children who repeated a grade were less likely to report all positive experiences except neighborhood safety.

National Survey of Children’s Health, 2017 - 2018

- Family resilience: 77% (Child who repeated grade) vs 81% (All children)
- Live in supportive neighborhood: 53% (Child) vs 58% (All children)
- Live in safe neighborhood: 63% (Child) vs 67% (All children)
- Share ideas with caregiver: 57% (Child) vs 68% (All children)
- Mentor for advice or guidance: 84% (Child) vs 90% (All children)
- Volunteer in community, school, or church: 34% (Child) vs 44% (All children)
- After school activities: 67% (Child) vs 80% (All children)

- Child who repeated grade
- All children
Children who experience school absenteeism were less likely to report all positive experiences except mentoring.
RURAL URBAN DIFFERENCES IN ACES AND PCES
RURAL CHILDREN’S HEALTH

• Nationally, 12 million children live in rural areas.

• Rural children versus urban (Probst et al, 2018):
  • Higher percent Medicaid covered
  • More likely to miss 1 or more days of school
  • Higher rates of obesity
  • Lower rates of preventive medical and oral health services
  • Higher mortality rates, largely associated with unintentional injuries
RURAL CHILDREN MORE LIKELY TO EXPERIENCE NEARLY ALL ACES

ACEs among rural and urban children, 2016 NSCH, 35 states

Economic hardship
Racial/ethnic mistreatment
Household substance use
Household mental illness
Witness neighborhood violence
Witness household violence
Household incarceration
Parental death
Parental separation/divorce

All comparisons except neighborhood violence significant at p<0.001.
DIFFERENCES IN TOTAL EXPOSURE

ACEs have a dose-response relationship. Compared to urban children:

• Rural children more likely to have one to three ACEs (33.3% versus 30.1%, p<0.0001)
• Rural children more likely to have four or more ACEs (6.9% versus 3.8%, p<0.0001)
• Rural children less likely to have zero ACEs (59.9% versus 66.1%, p<0.0001)
August 2018 Recommendations

1. “…develop and implement a comprehensive prevention strategy that identifies priority outreach/awareness, programming, research and policy areas to address toxic stress, trauma and the health consequences of ACEs for rural, tribal and other at-risk populations.”

2. “… support research that evaluates long-term economic costs resulting from ACEs and benefits gained from federal investments in ACE-related prevention programming.”

3. HRSA’s MCH should “… establish and include a predefined variable for “Rural-Urban Status” in the National Survey on Children’s Health to allow for standardized analyses of ACE prevalence.”

4. “… seek additional funding for telehealth-supported school-based health centers in rural areas as a way of increasing access to integrated primary and behavioral health care services.”
PCES AMONG RURAL CHILDREN
2017-2018 STUDY OF PCES

- Rural children, while having higher rates of ACEs, also were more likely to have at least two of the PCEs measured in our adjusted analyses.

- Rural children were more likely to volunteer in their community, school, or church, a measure of an opportunity for constructive social engagement.

- Rural children were more likely to have a mentor outside of their home (school, neighborhood, or community), a measure of being in nurturing, supportive relationships.
WHY STUDY WITHIN RURAL DIFFERENCES

• Structural racism affects all social determinants of health and may influence the availability of PCES for BIPOC (Black, indigenous, people of color) children

• Rural BIPOC experience worse access and utilization of mental and physical health services than their urban peers

• The majority of growth in rural populations has occurred among BIPOC, but …

• Since the population of nonwhite rural children is often small in national studies, rural children are frequently lumped together, with racial-ethnic differences within rural not receiving appropriate attention
RACIAL/ETHNIC DIFFERENCES IN PCES AMONG RURAL CHILDREN

<table>
<thead>
<tr>
<th>Category</th>
<th>Hispanic</th>
<th>White</th>
<th>Black</th>
<th>Multi-racial</th>
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</thead>
<tbody>
<tr>
<td>After-school</td>
<td>63</td>
<td>76.6</td>
<td>71</td>
<td>72.2</td>
</tr>
<tr>
<td>Share ideas</td>
<td>61</td>
<td>66.9</td>
<td>70.7</td>
<td></td>
</tr>
<tr>
<td>Safe neighborhood</td>
<td>61</td>
<td>71.5</td>
<td>65.8</td>
<td>74.7</td>
</tr>
<tr>
<td>Supportive neighborhood</td>
<td>63.3</td>
<td>63.3</td>
<td>51.1</td>
<td>82.8</td>
</tr>
<tr>
<td>Family resilience</td>
<td>74.7</td>
<td>78</td>
<td>71.2</td>
<td>82.8</td>
</tr>
</tbody>
</table>

% of Rural Residents

After-school | Share ideas | Safe neighborhood | Supportive neighborhood | Family resilience
---|-------------|------------------|-------------------------|----------------------
63 | 61 | 61 | 63.3 | 74.7
76.6 | 66.9 | 71.5 | 63.3 | 78
71 | 70.7 | 65.8 | 51.1 | 82.8
72.2 | | 74.7 | | 82.8

Hispanic | White | Black | Multi-racial
---|-------|-------|----------
63 | 76.6 | 71 | 72.2
61 | 66.9 | 70.7 | |
61 | 71.5 | 65.8 | |
63.3 | 63.3 | 51.1 | |
74.7 | 78 | 71.2 | |

South Carolina
WHAT'S HAPPENING IN SOUTH CAROLINA WITH PCES DURING THE COVID-19 PANDEMIC
• Rural and Minority Health Research Center, along with CORE for Applied Research, are the evaluators of the South Carolina MIECHV program

• Starting mid March 2020, home visiting went virtual

• At present, home visiting is virtual or hybrid

• Let’s look at some performance measure benchmarks, comparing 2019 to 2020
CHILD MALTREATMENT RATES

• Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period.
• This data is reported to us in aggregate by the South Carolina Department of Social Services (DSS).
• For 2020, **37.4 investigated cases of maltreatment per 1000 children.**
• The FY20 rate represents a marked decrease from the **FY19 rate of 90.9 cases per 1000 children.**
• We suspect that there may be fewer reports of child maltreatment due to the COVID-19 pandemic.
PARENT CHILD INTERACTION

• Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interactions by the home visitor using a validated tool

• The FY20 percentage (70.3%) is only slightly lower than the FY 19 percentage (71.5%). Performance went down, but compared to the decline in child maltreatment rates, the differences is pretty small.

• Home visitors are making maximum use of the virtual setting to see how parents interact w/ the child.
EARLY LANGUAGE AND LITERACY

• Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day

• This years’ performance (96.6%) reflects an improvement from the FY19 report of 94.2%.
SO WHAT CAN WE DO TO OVERCOME ACES AND PROMOTE PCES?
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthen economic supports to families</td>
<td>• Strengthening household financial security</td>
</tr>
<tr>
<td></td>
<td>• Family-friendly work policies</td>
</tr>
<tr>
<td>Promote social norms that protect against violence and adversity</td>
<td>• Public education campaigns</td>
</tr>
<tr>
<td></td>
<td>• Legislative approaches to reduce corporal punishment</td>
</tr>
<tr>
<td></td>
<td>• Bystander approaches</td>
</tr>
<tr>
<td></td>
<td>• Men and boys as allies in prevention</td>
</tr>
<tr>
<td>Ensure a strong start for children</td>
<td>• Early childhood home visitation</td>
</tr>
<tr>
<td></td>
<td>• High-quality child care</td>
</tr>
<tr>
<td></td>
<td>• Preschool enrichment with family engagement</td>
</tr>
<tr>
<td>Teach skills</td>
<td>• Social-emotional learning</td>
</tr>
<tr>
<td></td>
<td>• Safe dating and healthy relationship skill programs</td>
</tr>
<tr>
<td></td>
<td>• Parenting skills and family relationship approaches</td>
</tr>
<tr>
<td>Connect youth to caring adults and activities</td>
<td>• Mentoring programs</td>
</tr>
<tr>
<td></td>
<td>• After-school programs</td>
</tr>
<tr>
<td>Intervene to lessen immediate and long-term harms</td>
<td>• Enhanced primary care</td>
</tr>
<tr>
<td></td>
<td>• Victim-centered services</td>
</tr>
<tr>
<td></td>
<td>• Treatment to lessen the harms of ACEs</td>
</tr>
<tr>
<td></td>
<td>Treatment to prevent problem behavior and future involvement in violence</td>
</tr>
<tr>
<td></td>
<td>• Family-centered treatment for substance use disorders</td>
</tr>
</tbody>
</table>
PARENT AND HOME-BASED INTERVENTIONS

• Home visiting programs
  • Particularly important as ACEs can repeat across generations
  • Early childhood interventions

• Parent education and support
  • Address secure attachment in parent child relationship; help parents and caregivers tune in to their children
  • Referral to parenting programs such as Strengthening Families and Empowering Families

• Parent mental health and substance misuse care
COMMUNITY INITIATIVES

• Community level initiatives can help link families with services. One such example is the SEEK program (Safe Environment for Every Kid), which connects families, through their primary health care providers, to community supports.

• Family-based resource centers may help community programs connect directly with neighborhoods and families.
COMPASSIONATE SCHOOLS
Know your ACE score

What is your ACE score?
Answer as they would apply prior to your 18th birthday.

TAKE THE ACE SCORE QUESTIONNAIRE

https://scchildren.org/resources/adverse-childhood-experiences/know-ace-score/
THE ACE INTERFACE TRAIN THE MASTER TRAINER PROGRAM
STATEWIDE RESOURCES

• State health department colleagues
• State child advocacy organizations
• State legislative initiatives
• Specific ACEs initiatives:
  • South Carolina
• State Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program:
  • https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/fy19-awards
CONNECT THE DOTS

ACES = Adverse Childhood Experiences
In the space below, brainstorm ways you can promote the four building blocks of HOPE (Healthy Outcomes from Positive Experiences) in your organizations and everyday work.

**Being in nurturing, supportive relationships with parents, peers, and adults outside of the family:** warm, responsive, secure attachments, physically/mentally healthy parents, trusting relationships with peers/other adults

**Living, learning, and playing in safe, stable, and equitable environments:** safe/stable homes, adequate nutrition/sleep, high-quality learning and play opportunities, access to high-quality medical/dental care
ADAPTING TO COVID-19 CHALLENGES

• When did the home visitors realize they had to change things?
• How many parents had computers or tablets for virtual?
• Where did the visitors make their calls from?
• Human interest stories?
Healthy Start grant → MIECHV grant → “Opportunity Knocks”
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Gateway provides easy and timely access to research conducted by the Rural Health Research Centers

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Fund by the Federal Office of Rural Health Policy, Health Resources and Services Administration.
REFERENCES + USEFUL RESOURCES

- Examining exposure to adverse childhood experiences and later outcomes of poor physical and mental health among South Carolina adults. Children and Youth Services Review, 84:193-197.
- Crouch, E., Strompolis, M., Morse, M., Bennett, K., and Radcliff, E. (2017). Assessing the Interrelatedness of Multiple Types of Adverse Childhood Experiences and Odds for Poor Health in South Carolina Adults. Child Abuse and Neglect, 65, 204-211.
REFERENCES + USEFUL RESOURCES