

From ACEs to Embraces

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Problem Explanation

ACES

The Center for Disease Control (CDC) studied the relationship between childhood abuse and adulthood health risk behaviors and disease. They grouped adverse childhood experiences (ACEs) into three broad categories (abuse, household challenges, and neglect) with ten subcategories. The study results showed a strong correlation with the number of subcategories a person experienced as a child and poor health and choices as adults (Felitti, Anda, Nordenbert, Willionso, Spitz, Edwards, Marks, 1998). For example, a person with four ACE exposures was 12.2 times more likely to attempt suicide, 7.4 times more likely to become an alcoholic, and 10.4 times more likely to inject drugs than a person with zero exposures. Twelve percent of America's children have 4 or more ACEs (CDC, 2018).

According to the CDC, "childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue" (About Adverse, 2016). In preventing ACEs, we can improve the health of our society, reduce crime, improve the lives of children in our county, our state, and our country and we can save money. The estimated economic burden of new cases of maltreated children in the US is \$124 billion (Fang, 2012).

FOSTER CARE AND ATTACHMENT ISSUES

Every seven minutes, a child enters foster care due to alleged abuse or neglect (Safe Babies, 2014). Over 22,000 child abuse and neglect complaints were filed in Alabama in 2015. A vast majority of those complaints were referred for full investigations. Of the more than 8,000 allegations, more than half were for children who had been physically abused; more than a third were neglected and 17.4% were sexually abused (Alabama's, 2017). Less than half of these children were reunited with a parent or primary caregiver. Nationally, 680,000 children were maltreated. These statistics align with the CDC's ACEs study. Three of the categories in the CDC study were psychological, physical, and sexual abuse. These are the primary reasons children enter foster care (Leve, et. al., 2012).

"Attachment" is a psychological term that describes a child's relationship with a primary caregiver. Disorganized attachments are present in 82% of children in high-risk situations. Due to the psychological, physical, and sexual abuse they have suffered, foster children are usually in the high-risk category.

Close to 5,000 children live in out-of-home care with almost 1,700 of those children being 5 years old or younger. "Disorganized attachment in infancy and early childhood is recognized as a powerful predictor for serious psychopathology and maladjustment in children" (Benoit, 2004). Thus, when children enter foster care as infants and toddlers, it is essential that policies are in place to ensure that permanency is provided quickly to promote the best opportunity to form healthy attachments. Alabama's current policies work against that outcome. Children often have multiple placements before achieving permanency. The "emotional consequences of multiple placements or disruptions are likely to be harmful" (Developmental, 2000).

DESIRED OUTCOMES AND THE CONCEPTUALIZATION OF THE PLAN

Through the Grand Challenge, I propose a multi-pronged approach to preventing ACEs in the children of Jefferson County with the first focus on helping foster children. Once proven successful, the programs can be expanded across the state and the nation.

Dr. Bruce Perry, an internationally renowned authority on the adverse effects of childhood trauma and maltreatment, recommends a four-pronged approach to improve health outcomes for our children. This plan includes:

1. Promote education about brain and child development,
2. Respect the gifts of early childhood,
3. Address the relational poverty in our modern world, and
4. Foster healthy developmental strengths (Perry, 2004).

These objectives align with the four Mission Pillars found in UAB's Strategic Plan.

In following Dr. Perry's approach, I propose, in line with UAB's education pillar, that the university work to integrate child development and caregiving in public education programs and emphasize brain development. This should include parenting courses but also training for teachers and administrators about providing trauma informed care in our public schools. In public health nursing programs, UAB should promote supporting, nurturing relationships for parents so they can better nurture their children.

Under UAB's research, innovation, and economic development pillar and capitalizing on the neuroplasticity of the brain in early childhood, UAB should work to expand upon efforts by the Zero to Three organization currently operating in eight other states. It surveyed state child welfare policies regarding foster children to assess how well their processes are differentiated for the needs of very young children. They found that 39 states have policies to support children staying in their first out-of-home care placement because they recognize the emotional trauma to the child that may result from breaking bonds with their new families. Fourteen states have policies that allow quicker termination of parental rights when the child will not be returned to his birth parents and eleven states require a higher level of review when a child is transitioned to a second out-of-home placement (Jordan, Szrom, Colvard, Cooper, & DeVoought, 2013). Based on its findings, Zero to Three recommends monthly court hearings for young children in foster care and permanency hearings by six months instead of the twelve-month deadline under Alabama's current policies (Achieving, 2013). Through the Grand Challenge, UAB should advocate for testing the best of these policies within the Jefferson County Department of Human Resources.

Our children lack the familial and communal relationships of yesteryear. Children's opportunities to engage with people who can nurture, enrich, educate, and protect them are limited. In addressing UAB's community engagement pillar, UAB should foster programs that combat this relational poverty by encouraging children to interact with positive role models or offering multi-generational engagement, neighborhood gatherings, and similar activities.

UAB's patient care pillar focuses on integrative care and revolutionary therapies. Through various departments, UAB can help imbue our children with the six core strengths Dr. Perry recommends to help children cope with life's challenges. These strengths are: attachment, affiliation, attunement, tolerance, respect, and self-regulation. Any success UAB can generate in these areas by supporting families and helping to provide optimal childhood experiences will promote life-long mental and physical health.

CONCLUSION

Through the Grand Challenge, UAB can implement the CDC's four goals for preventing ACES: "Goal 1: Raise Awareness and Commitment to Promote Safe, Stable, Nurturing Relationships and Environments and Prevent Child Maltreatment; Goal 2: Use Data to Inform Actions; Goal 3: Create the Context for Healthy Children and Families through Norms Change and Programs; Goal 4: Create the Context for Healthy Children and Families through Policies" (CDC, 2018). Together, we can give children a sense of belonging and change ACES to embraces.

List of Potential Team Members

Nonprofit Resources

American Bar Association Center on Children and the Law

Alabama State Bar Association Foster Care Improvement Taskforce

Birmingham area churches

Child Trauma Academy, Houston, Texas

Child Welfare League of America

Children's Aid Society of Alabama, APAC (Alabama Pre/Post Adoption Connections)

Dave Thomas Foundation for Adoption

Nomad, small nonprofit whose motto is 'See a need, fill a need'

Cindy Anderson, co-founder, MPA student at UAB

Cassie Wilcox, co-founder, MPP student at University of Chicago

Zero to Three

Business Resources

CG Legal Services, LLC

Cindy Anderson, owner

Individual Resources

Dr. Bruce Perry - M.D., Ph.D., Senior Fellow, Child Trauma Academy, Houston, Texas

Public Resources

Alabama Department of Education

Alabama Department of Human Resources, Family Services

John James, LCSW, MSW

Alabama Department of Public Health

Renae Carpenter, LCSW PIP, State Social Work Director

Center for Disease Control, Injury Center

Jefferson County Schools

UAB Resources

Collat School of Business

Marketing faculty & students

Social Media faculty & students

College of Arts & Sciences faculty & students

Anthropology of Peace and Human Rights

Communication Management

Public Administration

Social Work

Sociology

Institute for Human Rights

School of Education faculty & students

Community Health & Human Services

Counselor Education

Early Childhood & Elementary Education

Education Study in Diverse Populations

Instruction Design & Development

School Psychometry

Secondary Education

Special Education

School of Health Professions faculty & students

Nutrition Sciences

Occupation Therapy

Physical Therapy

Rehabilitation Science

School of Medicine faculty & students

Family Medicine & Community Medicine

Medicine

Neurology

Pediatrics

Population Health, Health Disparities and Outcomes Effectiveness Research

Precision Medicine

Psychiatry

School of Public Health

Global Health Studies

Public Health

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