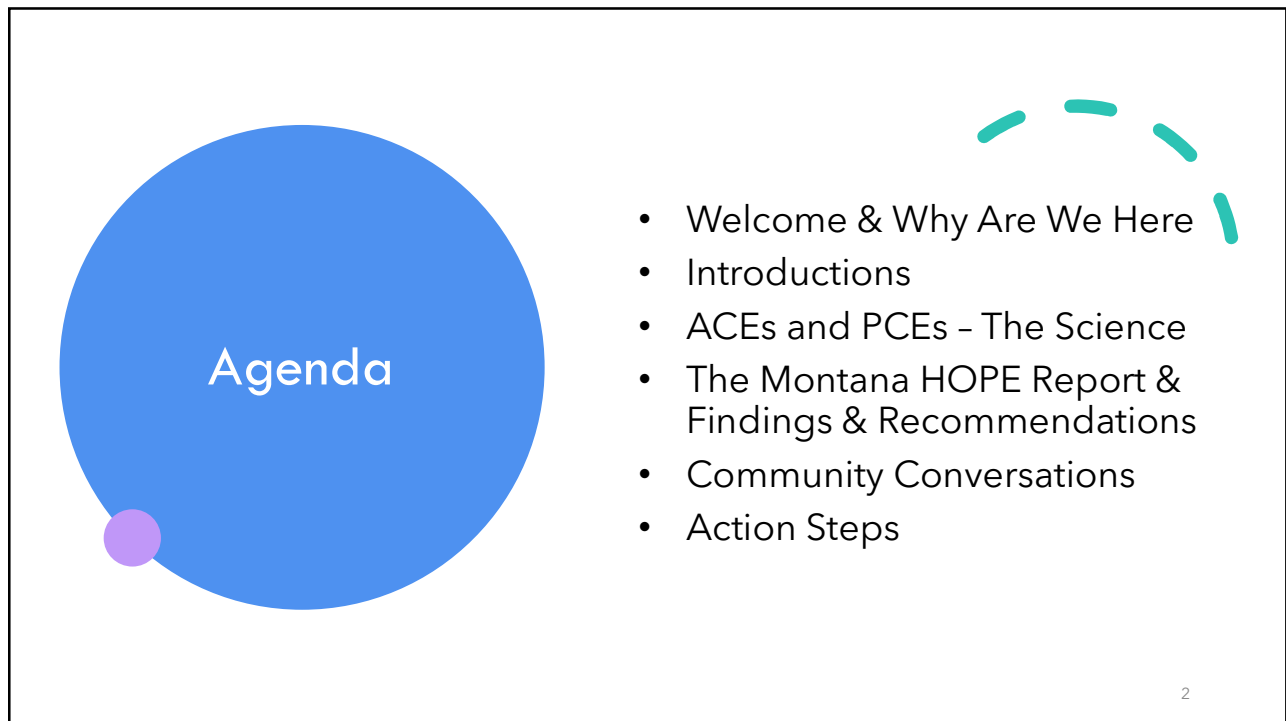
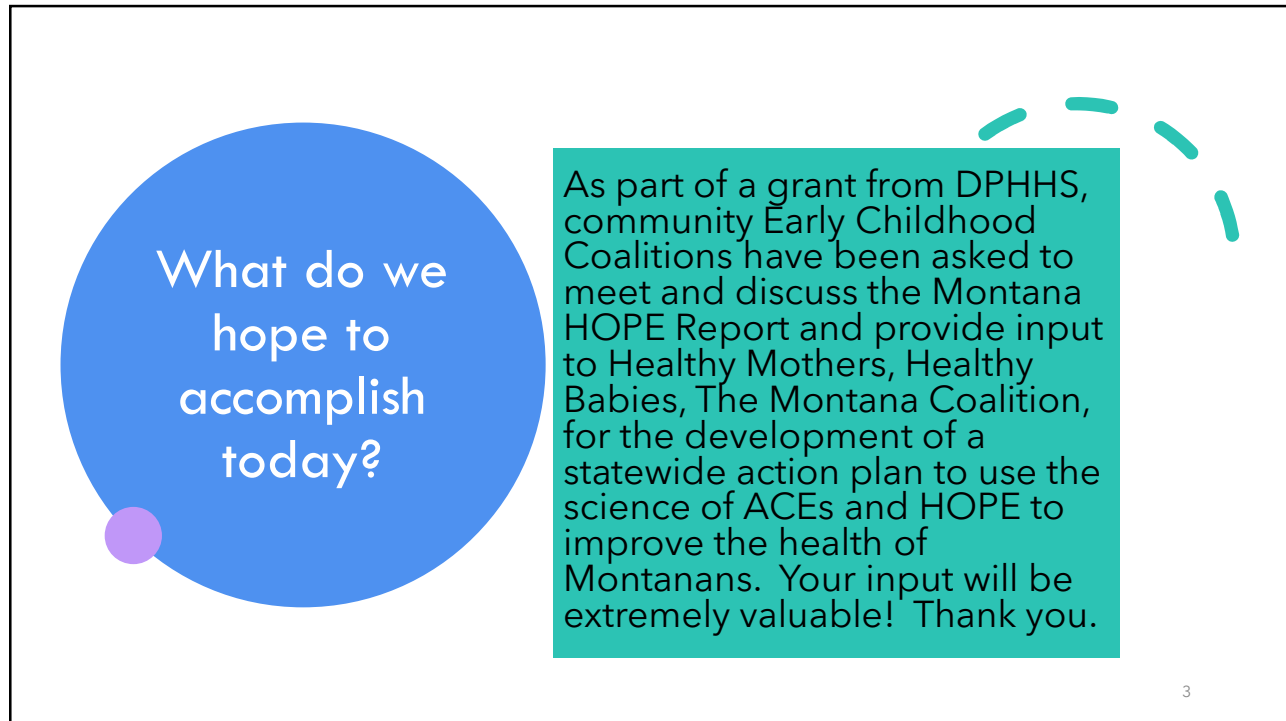




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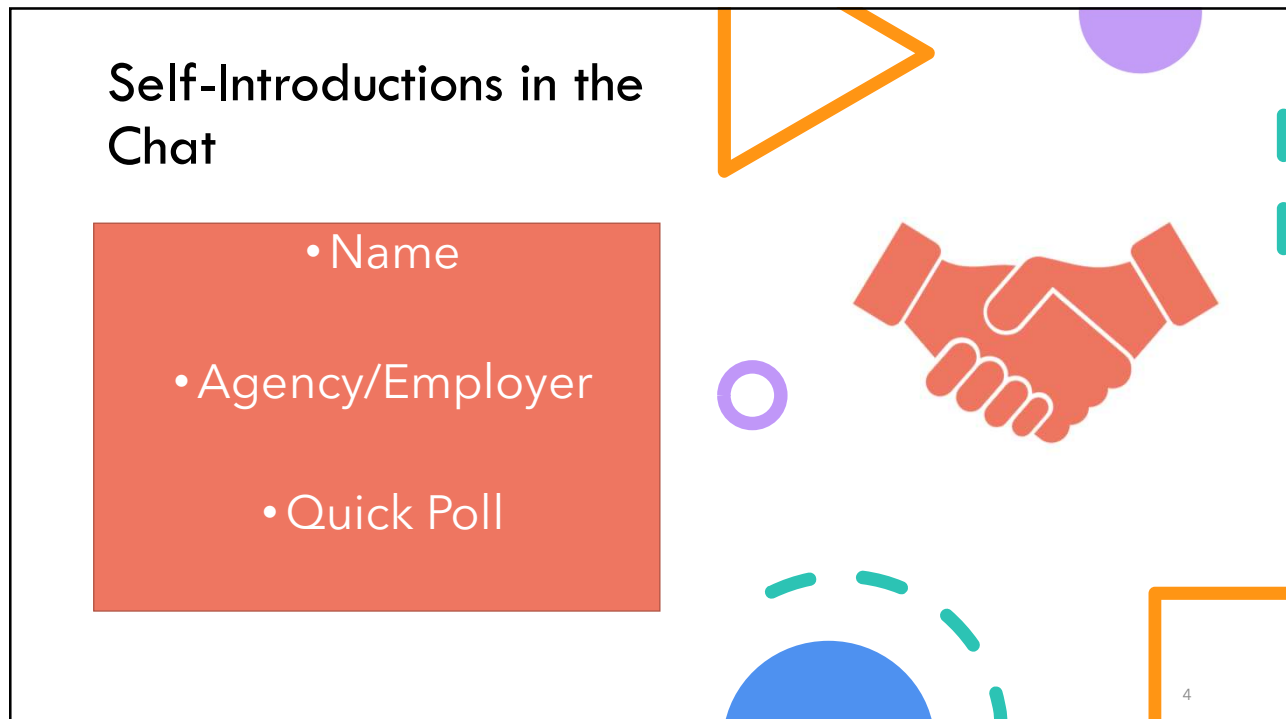


What do we hope to accomplish today?

As part of a grant from DPHHS, community Early Childhood Coalitions have been asked to meet and discuss the Montana HOPE Report and provide input to Healthy Mothers, Healthy Babies, The Montana Coalition, for the development of a statewide action plan to use the science of ACEs and HOPE to improve the health of Montanans. Your input will be extremely valuable! Thank you.

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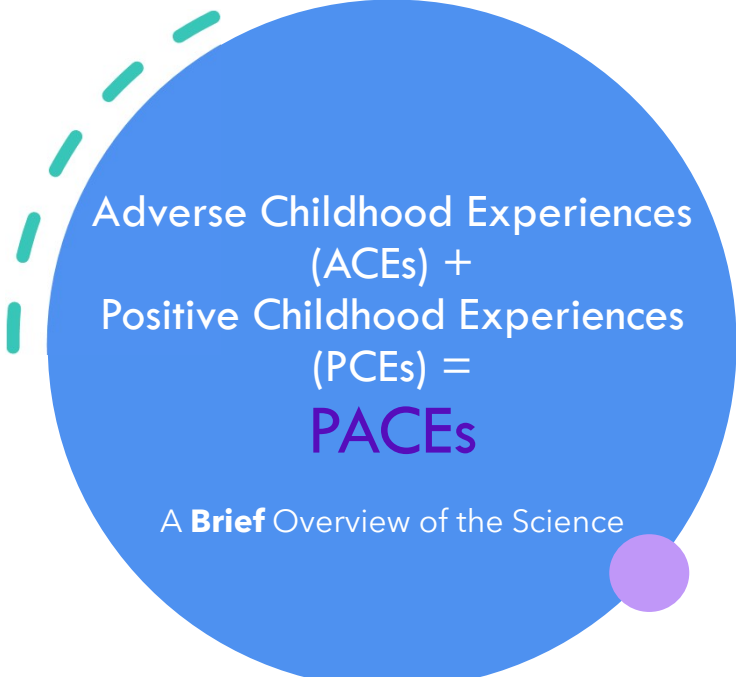


Self-Introductions in the Chat

- Name
- Agency/Employer
- Quick Poll

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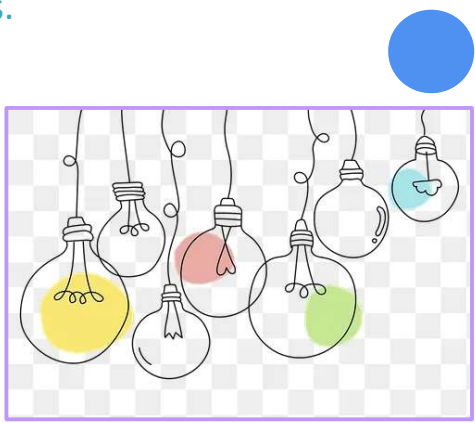
Adverse Childhood Experiences
(ACEs) +
Positive Childhood Experiences
(PCEs) =
PACEs

A **Brief** Overview of the Science

5

Knowing about PACEs science changes what people believe about themselves.

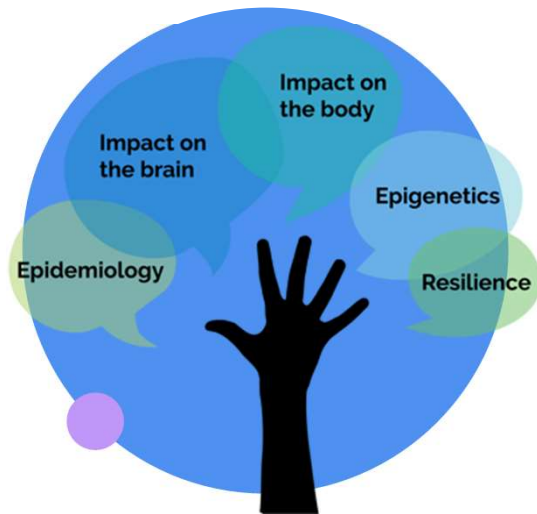
- We weren't born bad.
- We weren't responsible for the things that happened to us when we were children.
- We coped appropriately, given that we were offered no other ways – it kept us alive.
- We can change.
- Adversity is not destiny.



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6

5 parts of PACEs science



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Epidemiology. ACE Study, expanded ACE surveys, PACEs surveys

Impact on the brain. Toxic stress caused by ACEs impact children's developing brains.

Impact on the body. Short and long-term health consequences of toxic stress.

Epigenetics. How toxic stress is passed from one generation to another; historical trauma.

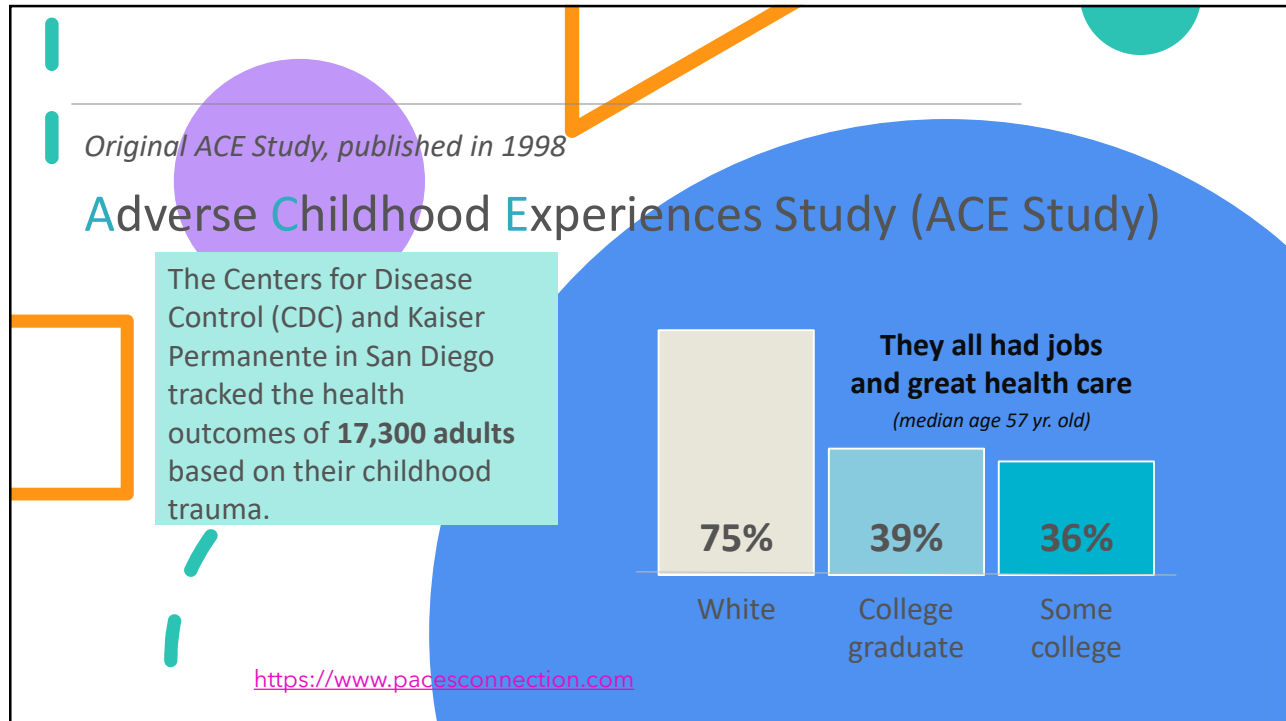
Resilience. The brain is plastic. The body wants to heal.

7

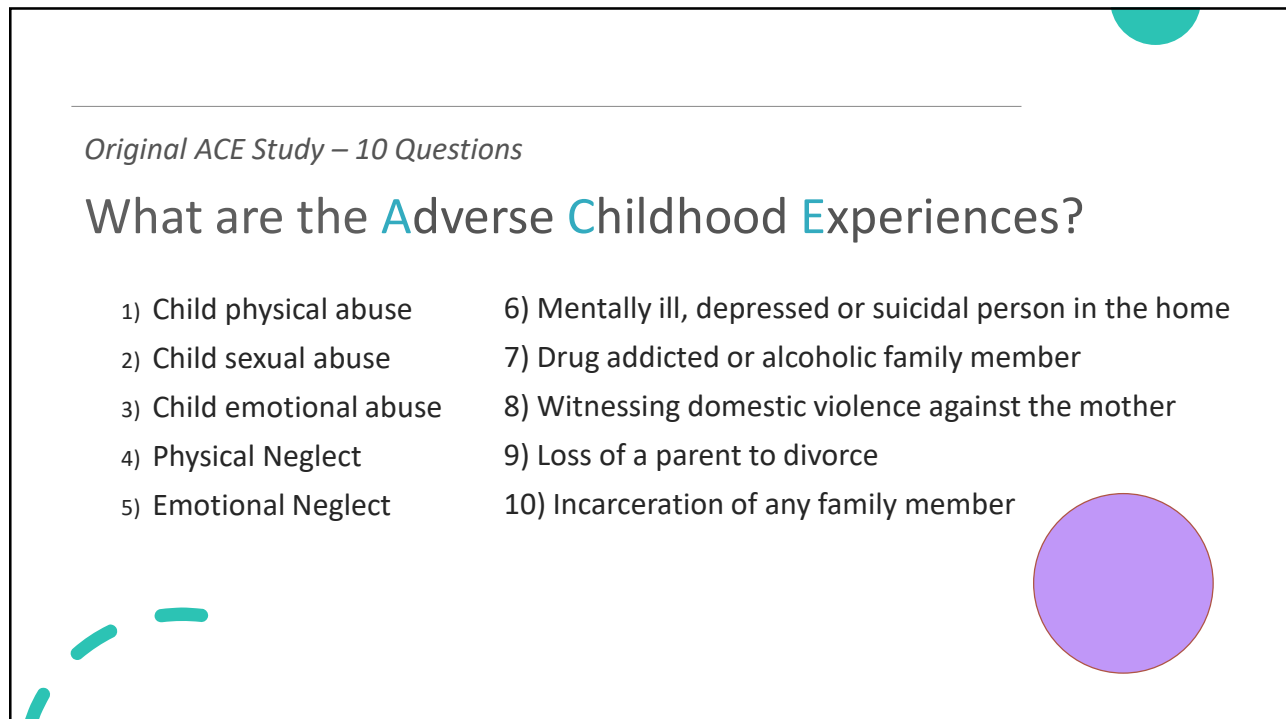
A note as we learn more...

This presentations describes hard things that happen to people. Some of these may have happened to you, or people you love. If any of this causes a hard reaction, please take the time you need to practice self-care, set boundaries, and seek support. Reach out to someone you trust if you need to.

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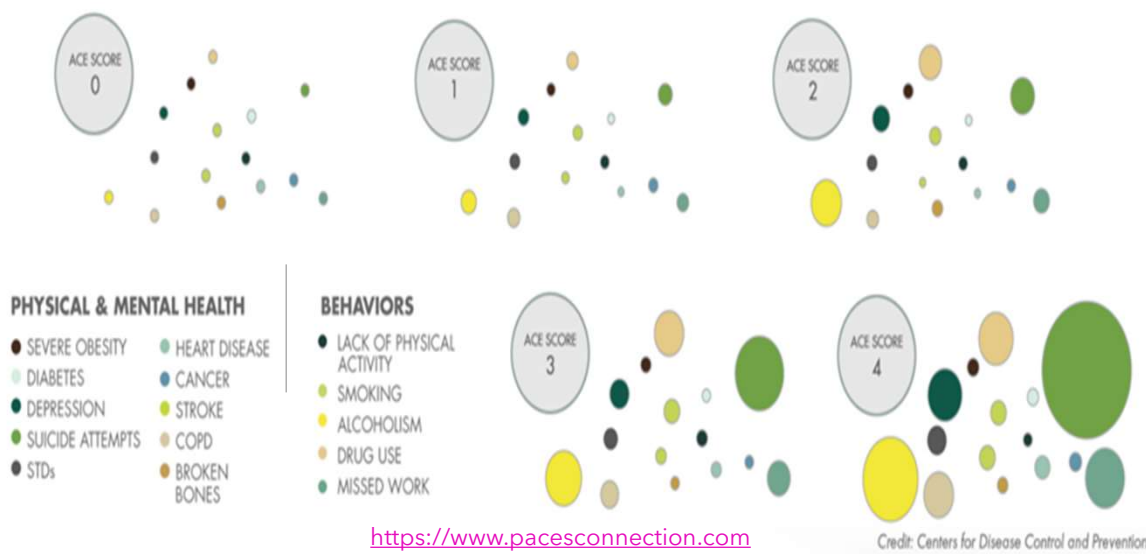
ACE Study Key Findings

- Direct link between childhood trauma and the adult onset of chronic disease, as well as mental illness, social and economic problems.
- About two-thirds of participants experienced **one or more types** of adverse childhood experiences (ACEs). Of those, 87 percent had experienced 2 or more types. In other words, ACEs usually don't happen in isolation.
- Dose-dependent outcomes: More ACEs result in a higher risk of medical, mental, social and economic problems as an adult.

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11

ACE Study | Findings



12

Impact of ACE Score of 4 or more

Health Behaviors

- 10.3** times more likely to use **injectable drugs**
- 7.4** times more likely to be an **alcoholic**
- 3.3** times more likely to engage in **risky sexual behavior**
- 3.23** times more likely to **binge drink**
- 2.93** times more likely to be a **current smoker**

Mental Health

- 12.2** times more likely to **attempt suicide**
- 5.13** times more likely to suffer from **depression**
- 4.22** times more likely to be diagnosed with **dementia**

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13

What about Positive Childhood Experiences?

*Because there is more to it
than just resilience!*

14

What are the Positive Childhood Experiences?

1. Able to talk to family about feelings.
2. Family stood by you during hard times.
3. Participated in community traditions.
4. Felt a sense of belonging in high school.
5. Felt supported by friends.
6. 2 adults (not parents) who took interest in you.
7. Felt safe, protected by adult in home.

ACEs and HOPE

15

15

Positive Childhood Experiences & Research Findings

- Recently, researchers have started to examine the impacts of positive childhood experiences (PCEs) on children and adults
- 2019 - found a dose-response association between positive childhood experiences and adult mental and relationship health among adults who experienced ACEs, irrespective of how many ACEs they had (Journal of AMA Pediatrics 2019)
- 2019 - found that at each level of ACEs, "the presence of flourishing increased in a graded fashion with increasing level of family resilience and connection." (Health Affairs)
- 2021 - found that "greater childhood family connection was associated with greater flourishing in US adults across levels of childhood adversity." (academicpedsjnl.net)
- <https://www.pacesconnection.com/blog/aces-101-faqs>

Presentation Title

16

16

Health Outcomes from Positive Experiences

- In line with research focused on the buffering effects of Positive Childhood Experiences (PCEs), the Health Outcomes from Positive Experiences (HOPE) team at Tufts Medical Center have identified four building blocks that lessen the effects of ACEs:
 - Relationships
 - Environments
 - Engagement
 - Social and Emotional Development
- Central to the burgeoning HOPE theoretical framework is growing evidence that potential long term risks of negative/ adverse childhood experiences can be mitigated by positive childhood experiences, which may have more salient impacts on adult health and wellbeing than previously thought
- There is growing recognition of the interplay between adverse childhood experiences (ACEs) and positive childhood experiences (PCEs)

17

17

The Montana HOPE Report

The State of Montana collected data on the HOPE variables (7 PCEs) in the 2019 Behavioral Risk Factor Surveillance Survey (BRFSS) and Tufts University prepared a report analyzing some of this data to produce a report:

Healthy Outcomes from Positive Experiences (HOPE): Positive Childhood Experiences and Adult Substance Use

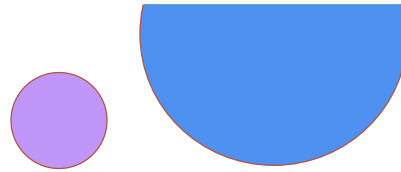
—
 Montana Statewide Data from the CDC's Behavioral Risk Factor Surveillance System

18

18

The Montana HOPE Report Summary of Key Findings

SUMMARY OF KEY FINDINGS: The answer to the question posed by this study is, “Yes, positive childhood experiences do have a buffering impact on adult substance use behaviors, specifically cigarette, alcohol and illicit substance use.” The 2019 MT BRFSS data indicate that the positive adult outcomes of PCEs extend beyond lower risks of physical and mental health to include a lower likelihood of cigarette and illicit drug use and lower likelihood of problem drinking behaviors. Key findings include:



19

19

The Montana HOPE Report Findings

1. A positive community norm exists in Montana regarding positive childhood experiences reported by adults. Most Montana adults report experiencing each of the PCEs often or very often in their childhoods. The strongest of these norms include 90.8% feeling safe and protected by an adult at home, 82.8% feeling supported by friends in high school, and 81.4% feeling their family stood by them during difficult times in childhood.

2. The more total PCEs reported, the lower the prevalence of having ever been a cigarette smoker. Those who reported having experienced the highest levels of PCEs demonstrated a 68% reduced risk of having been a cigarette smoker compared to those who reported having experienced the lowest levels of PCEs. This relationship also exists across each individual PCE with the greatest risk reductions being tied to “feeling family stood by them during difficult times” (46% reduced risk of having been a cigarette smoker), “feeling safe and protected by an adult in their home” (45% reduced risk), and “enjoying participating in community traditions” (42% reduced risk).

3. The more total PCEs reported, the fewer alcoholic beverages consumed in the past 30 days. Of those who reported drinking in the past 30 days, those having experienced the highest levels of PCEs reported consuming 26% fewer drinks than those who reported the lowest levels of PCEs. All PCEs except “having two nonparent adults take a genuine interest” were associated with significantly fewer drinks (12%-19% fewer) consumed in the past month.

Presentation Title

20

20

The Montana HOPE Report Findings Continued

4. The more total PCEs reported, the fewer drinks consumed per occasion. Those experiencing the highest levels of PCEs reported consuming 12% fewer drinks per occasion than those who reported the lowest levels of PCEs. Specific PCEs correlated to this significant reduction in drinks per occasion include “feeling safe and protected by an adult in their home,” “enjoyed participating in community traditions,” and “felt family stood by them during difficult times.”

5. Those who reported the lowest levels of PCEs reported more incidents of binge drinking in the past month. Those experiencing the fewest PCEs reported 25-26% more binge drinking occasions than those who reported experiencing moderate to high levels of PCEs. The most salient positive childhood experiences to this outcome include “feeling a sense of belonging at high school,” and “feeling safe and protected by an adult in their home.”

6. The fewer total PCEs reported, the higher the maximum number of drinks consumed in a single occasion. Compared to those who experienced the most PCEs, those with the fewest reported consuming 9% more drinks during their heaviest drinking occasion in the past 30 days. The most salient positive childhood experiences to this outcome include “feeling safe and protected by an adult in their home” (13% fewer drinks reported), and “felt family stood by them during difficult times” (9% fewer drinks reported).

7. Those experiencing the most PCEs reported the lowest prevalence of lifetime illicit drug use. Those who reported experiencing the highest levels of PCEs reported 71% lower odds of lifetime illicit drug use (i.e., cocaine, including crack, heroin, methamphetamine, also known as meth, crank, or ice, hallucinogens, inhalants, stimulants, and sedatives) compared to those reporting the lowest levels of PCEs. Across ALL the PCEs, those who endorsed the given childhood experience often or very often were at significantly lower odds of having ever used an illicit drug, with those who felt safe and protected by an adult in their home often or very often having a 61% reduced risk.

21

21

The Montana HOPE Report Recommendations

RECOMMENDATIONS:

- **Efforts to promote the existing positive community norm of PCEs in Montana** could help raise awareness of these critical buffering experiences in childhood, increase understanding of the power and prevalence of PCEs, increase positive parenting practices, increase safe and supportive adult involvement in the lives of children, increase efforts to promote belonging among high school students, and increase prevalence of and participation in positive community events and traditions.
- **Funding and promotion of evidence-based programs and services and promising practices that include education about positive childhood experiences (home visiting programs, positive parenting classes, etc.) is critical to seeing these long-term, positive health outcomes realized.** The initial investment of empowering parents and other adults with the knowledge and skills to provide these PCEs to the children in their lives and community is likely to produce a high return on investment due to the fact that most of the PCEs included in this survey do not require a monetary investment by parents and community members to implement.
- **Making equitable adjustments in the processes and policies of systems** that fund and promote these programs and services as needed will ensure that all families have proportionate access to needed supports and the resulting positive outcomes.

22

22

The CDC's Recommended Approaches for Preventing ACEs & Increasing HOPE

Preventing ACEs	
Strategy	Approach
Strengthen economic supports to families	<ul style="list-style-type: none"> • Strengthening household financial security • Family-friendly work policies
Promote social norms that protect against violence and adversity	<ul style="list-style-type: none"> • Public education campaigns • Legislative approaches to reduce corporal punishment • Bystander approaches • Men and boys as allies in prevention
Ensure a strong start for children	<ul style="list-style-type: none"> • Early childhood home visitation • High-quality child care • Preschool enrichment with family engagement
Teach skills	<ul style="list-style-type: none"> • Social-emotional learning • Safe dating and healthy relationship skill programs • Parenting skills and family relationship approaches
Connect youth to caring adults and activities	<ul style="list-style-type: none"> • Mentoring programs • After-school programs
Intervene to lessen immediate and long-term harms	<ul style="list-style-type: none"> • Enhanced primary care • Victim-centered services • Treatment to lessen the harms of ACEs • Treatment to prevent problem behavior and future involvement in violence • Family-centered treatment for substance use disorders

23

23

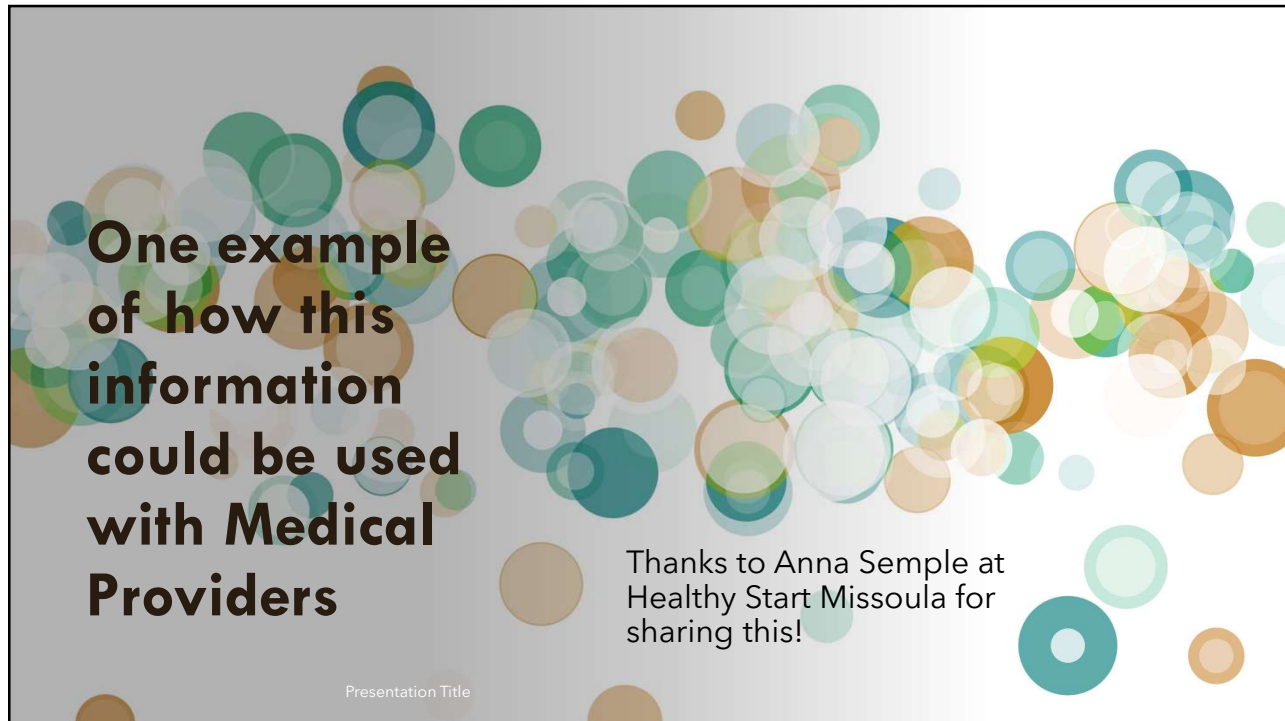
Community Conversation

Let's discuss the following questions and record your answers on the discussion form(s) provided:



- 1) IN THE CHAT: Describe your response to the findings in the Montana HOPE Report - what's a word or phrase that captures your reaction?
- 2) What strategies could you use to grow awareness in your community about the HOPE Report and PCEs?
 - What services exist in your community that provide children with PCEs and build resilience? (See CDC examples)
 - How can you connect more families and children to these services?
 - What would you be most excited about if you could accomplish it?
- 4) Are you aware of existing work in your community related to Adverse Childhood Experiences (ACEs)? If so, how would you ensure that this work would be coordinated and aligned with efforts to increase community awareness of PCEs?
- 5) Would you like to engage additional community members in efforts to build resiliency by promoting PCEs? Which community members or groups?

24

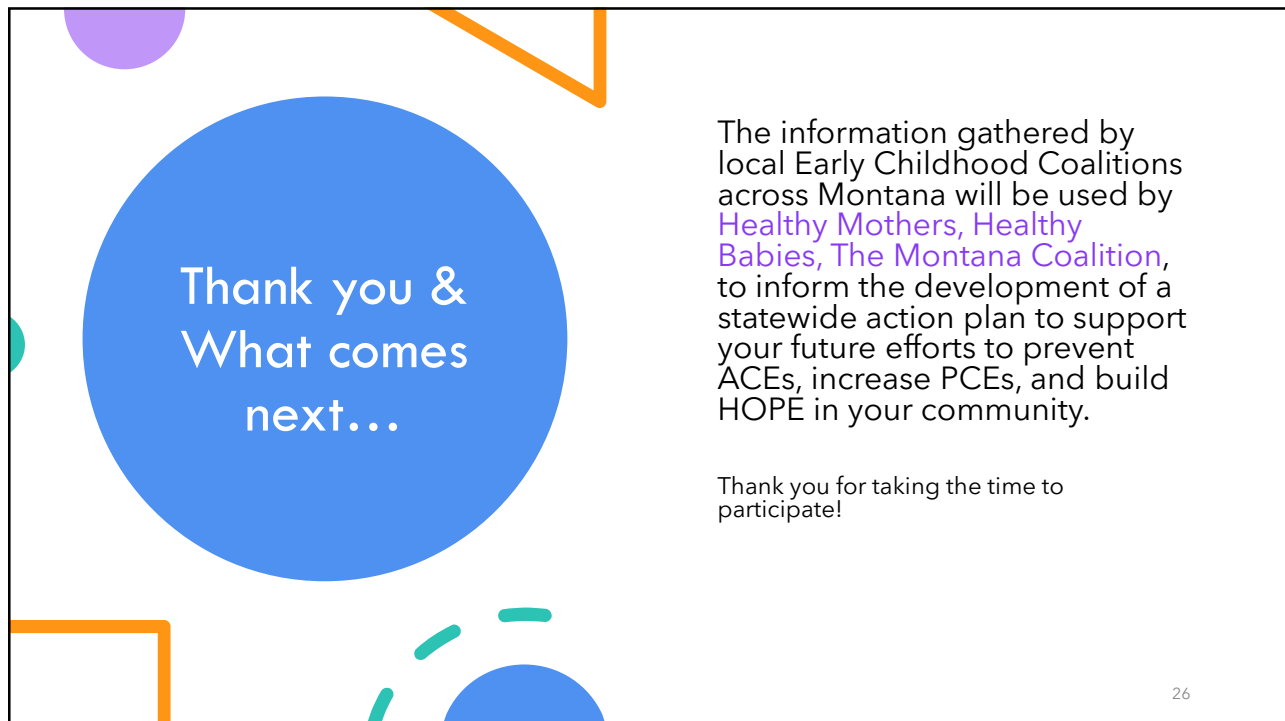


One example of how this information could be used with Medical Providers

Thanks to Anna Semple at Healthy Start Missoula for sharing this!

Presentation Title

25



Thank you & What comes next...

The information gathered by local Early Childhood Coalitions across Montana will be used by [Healthy Mothers, Healthy Babies](#), [The Montana Coalition](#), to inform the development of a statewide action plan to support your future efforts to prevent ACEs, increase PCEs, and build HOPE in your community.

Thank you for taking the time to participate!

26

26