

Characteristics of Vermont Children & Youth <1-17 years Who Have Had 3 or More Adverse Family Experiences

National Survey of Children's Health, 2011-12, Vermont Sample

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Overview of Presentation

- Overview of Adverse Childhood Events (ACEs)
- Background on the National Survey of Children's Health
- Overview of Adverse Family Events (AFE) among Vermont Children and Youth
 - AFE 'Profile'
 - Outcomes
 - School Engagement (6-17 years)
 - Resilience
 - Flourishing
 - Summary points
 - Recommendations
- Questions / Discussion

Adverse Childhood Events (ACEs)

- Phrase used to describe all types of abuse, neglect, and other traumatic experiences occurring to individuals during their childhood
- Kaiser ACE Study examined relationships between ACEs and reduced health and well-being later in life

- Physical / Mental Health

- Severe obesity
- Diabetes
- Depression*
- Suicide attempts*
- STDs
- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones

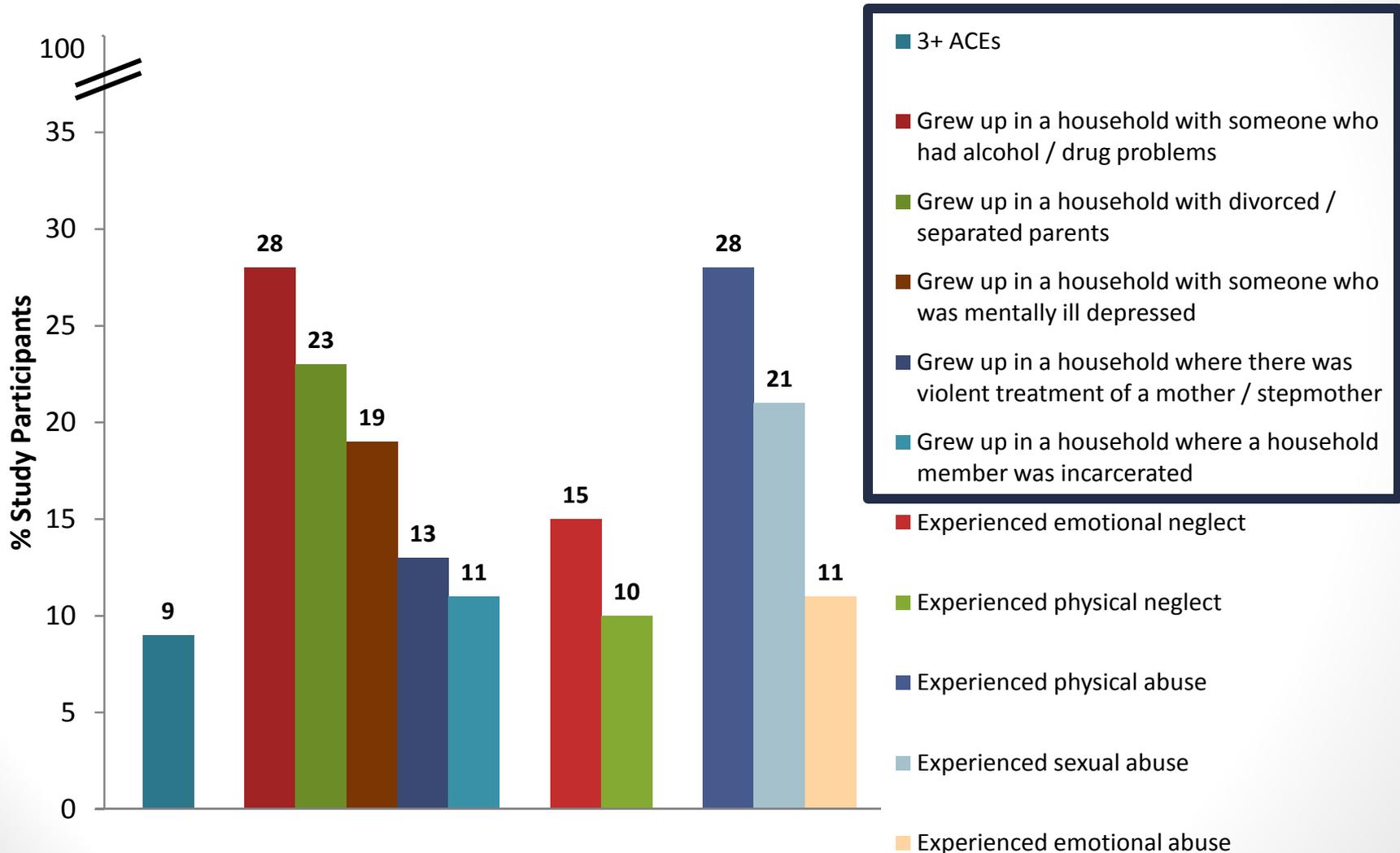
- Behavior

- Lack of physical activity
- Smoking
- Alcoholism*
- Drug use*
- Missed work

*Most prevalent among physical, mental health and behavioral outcomes; reference:

http://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html

Prevalence of Adverse Childhood Events (ACEs) among Kaiser ACE Study Participants



National Survey of Children's Health (NSCH)

- Sponsored by the Health Resources and Services Administration / Maternal and Child Health Bureau (MCHB)
- Uses State and Local Area Integrated Telephone Survey (SLAITS) sampling mechanism
- National Center for Health Statistics oversees sampling and administration
- Designed and data collected in a manner that allow **valid state-to-state, regional, and national comparisons**
- Weighted data yield **prevalence estimates** for non-institutionalized **child populations aged <1-17 in each state and nationally**
- **Over 100 indicators of child health and well-being**
 - Health status – physical, dental, emotional / behavioral / mental
 - Adverse Family Experiences (AFEs)
 - Health care, including medical home
 - School and extracurricular activities
 - Family
 - Neighborhood
 - Early childhood measures (0-5 years)
 - School-age measures (6-17 years)

National Survey of Children's Health, 2011-12

United States

- Sample size: 95,677
- Weighted population size: 73,716,714
- **3+ Adverse Family Experiences (AFEs)**
 - Sample size: 10,029
 - Weighted population size: 8,734,860
 - **About 1 in 8 children / youth**

HRSA Region I

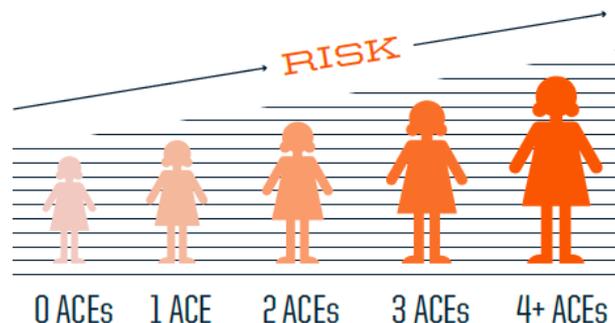
- Sample size: 9,395
- Weighted population size: 2,968,577
- **3+ Adverse Family Experiences (AFEs)**
 - Sample size: 894
 - Weighted population size: 306,614
 - **Almost 1 in 10 children / youth**

Vermont

- Sample size: 1,856
- Weighted population size: 126,393

- **3+ Adverse Family Experiences (AFEs)**
 - Sample size: 173
 - Weighted population size: 15,788
 - **About 1 in 8 children / youth**
 - **NOT statistically different from the US or HRSA Region I**

As the number of ACEs increases, so does the risk for negative health outcomes

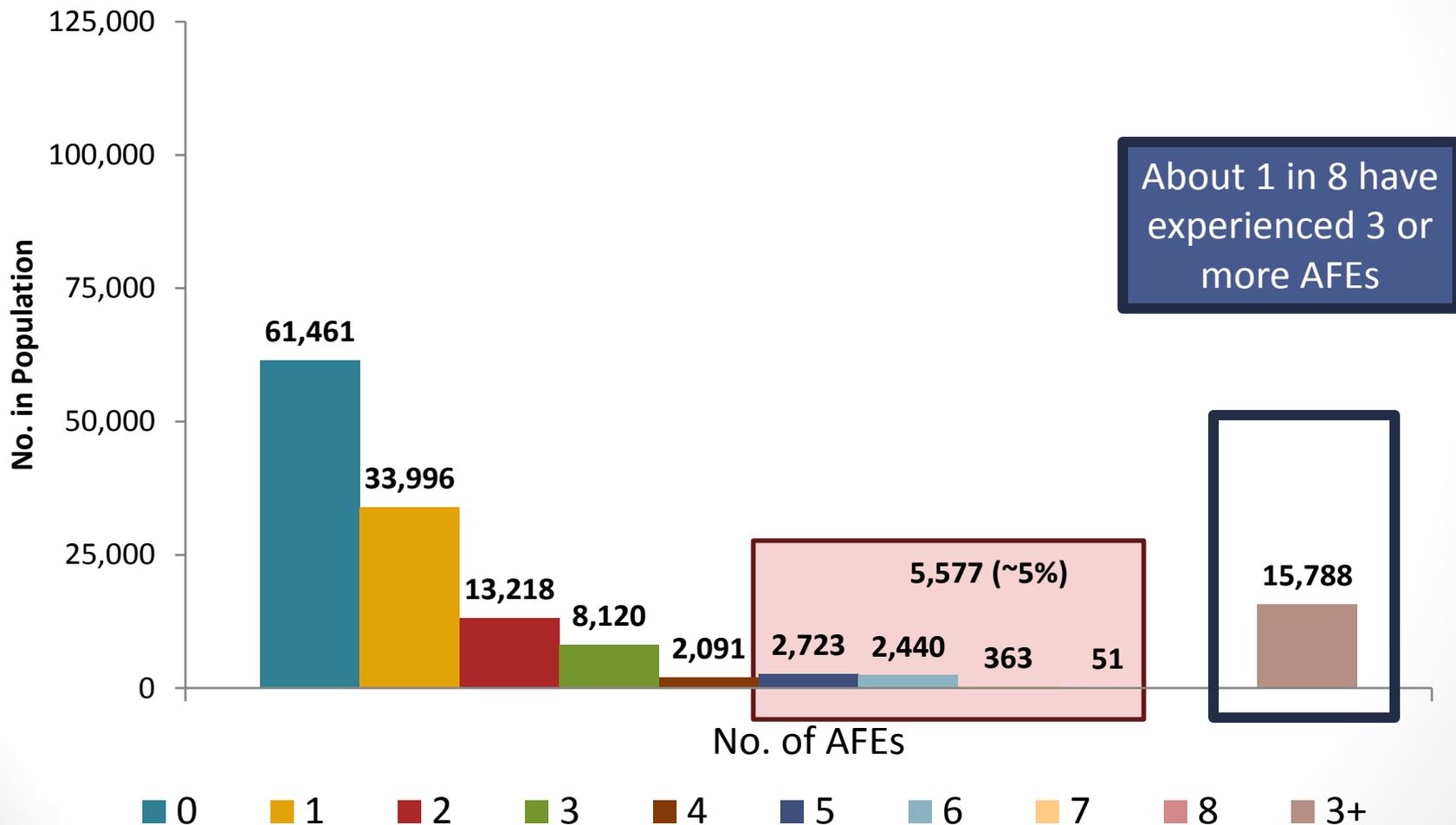


Possible Risk Outcomes:

BEHAVIOR				
 Lack of physical activity	 Smoking	 Alcoholism	 Drug use	 Missed work
PHYSICAL & MENTAL HEALTH				
 Severe obesity	 Diabetes	 Depression	 Suicide attempts	 STDs
 Heart disease	 Cancer	 Stroke	 COPD	 Broken bones

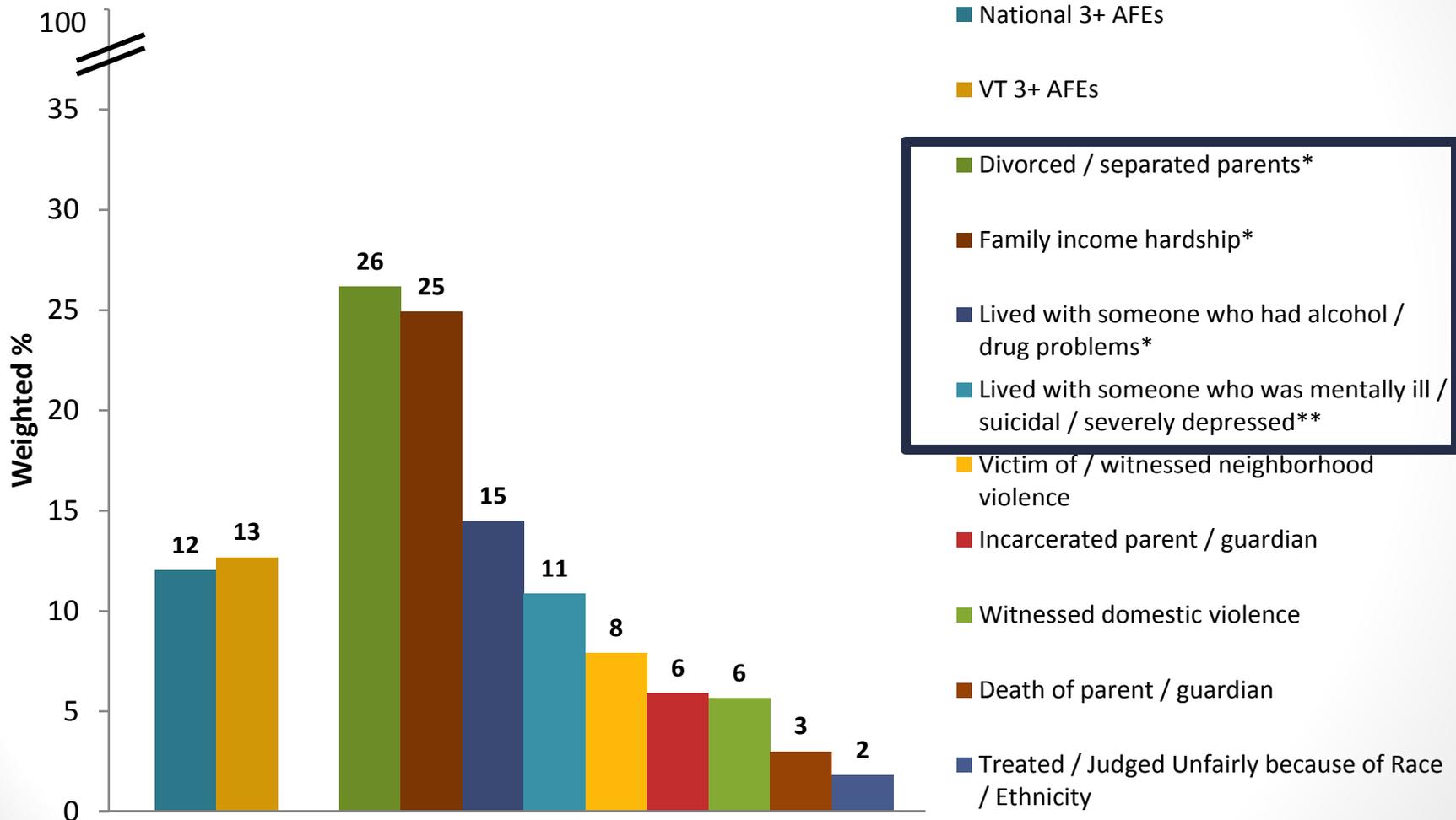
ADVERSE FAMILY EXPERIENCES AMONG VERMONT CHILDREN & YOUTH, <1-17 YEARS

Burden of Vermont Children / Youth, <1-17 years (n=124,463), with AFEs



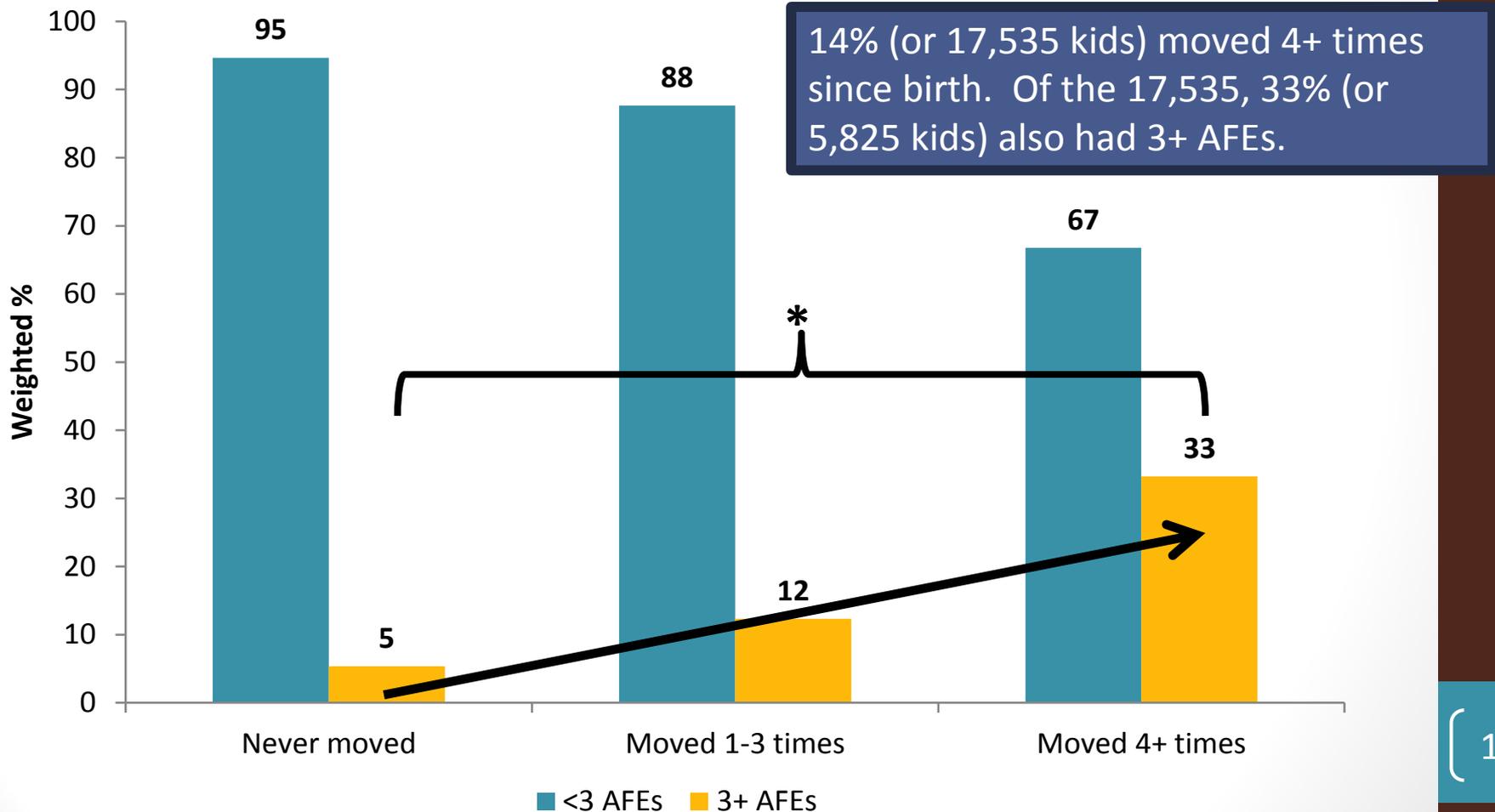
Values in figure are the weighted population numbers.

Prevalence of Adverse Family Experiences (AFEs) among Vermont Children / Youth, <1-17 years



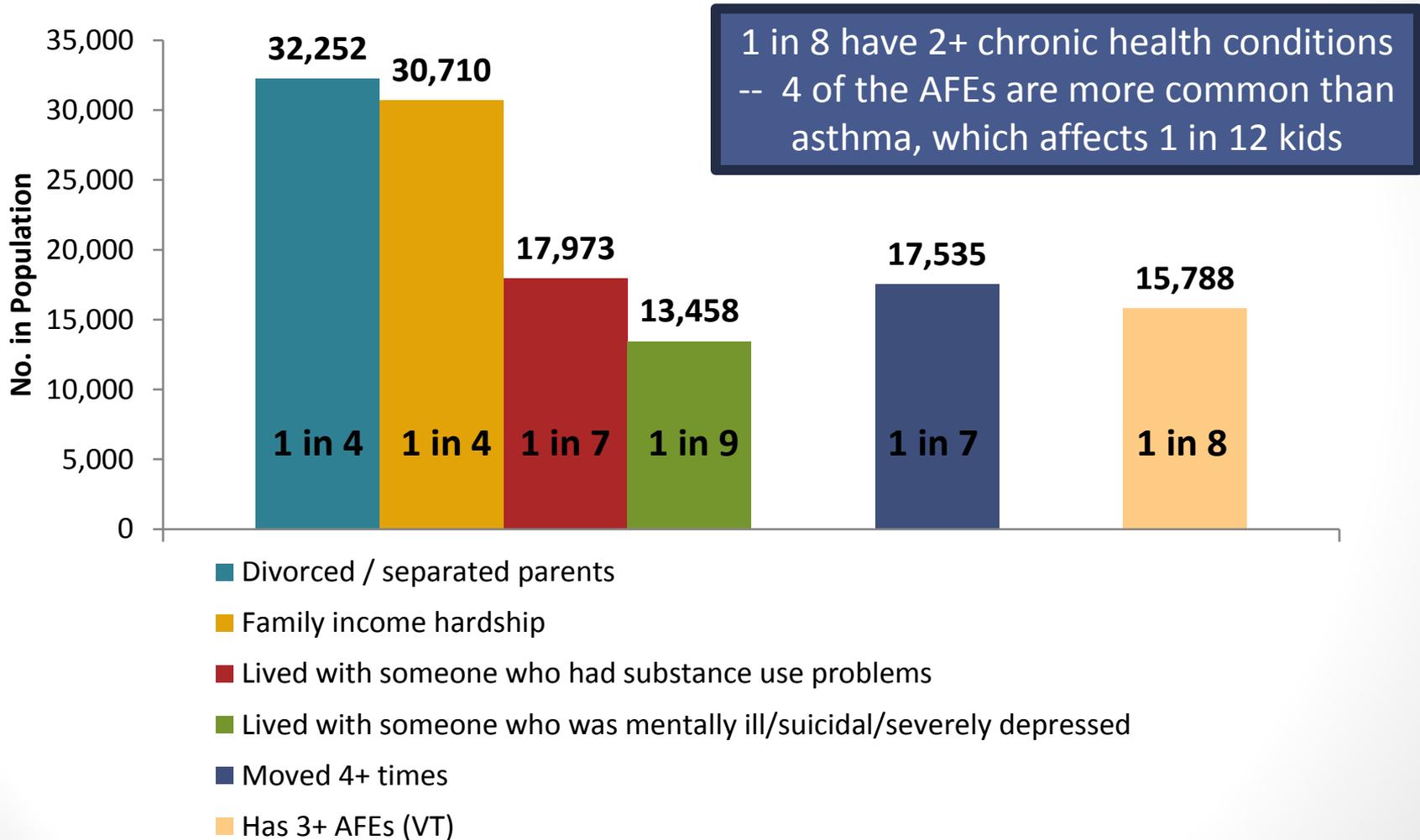
Values in figures are weighted percentages. *Significant statistical difference. **Nears statistical difference.

Residential Mobility* among Vermont Children / Youth, <1-17 years



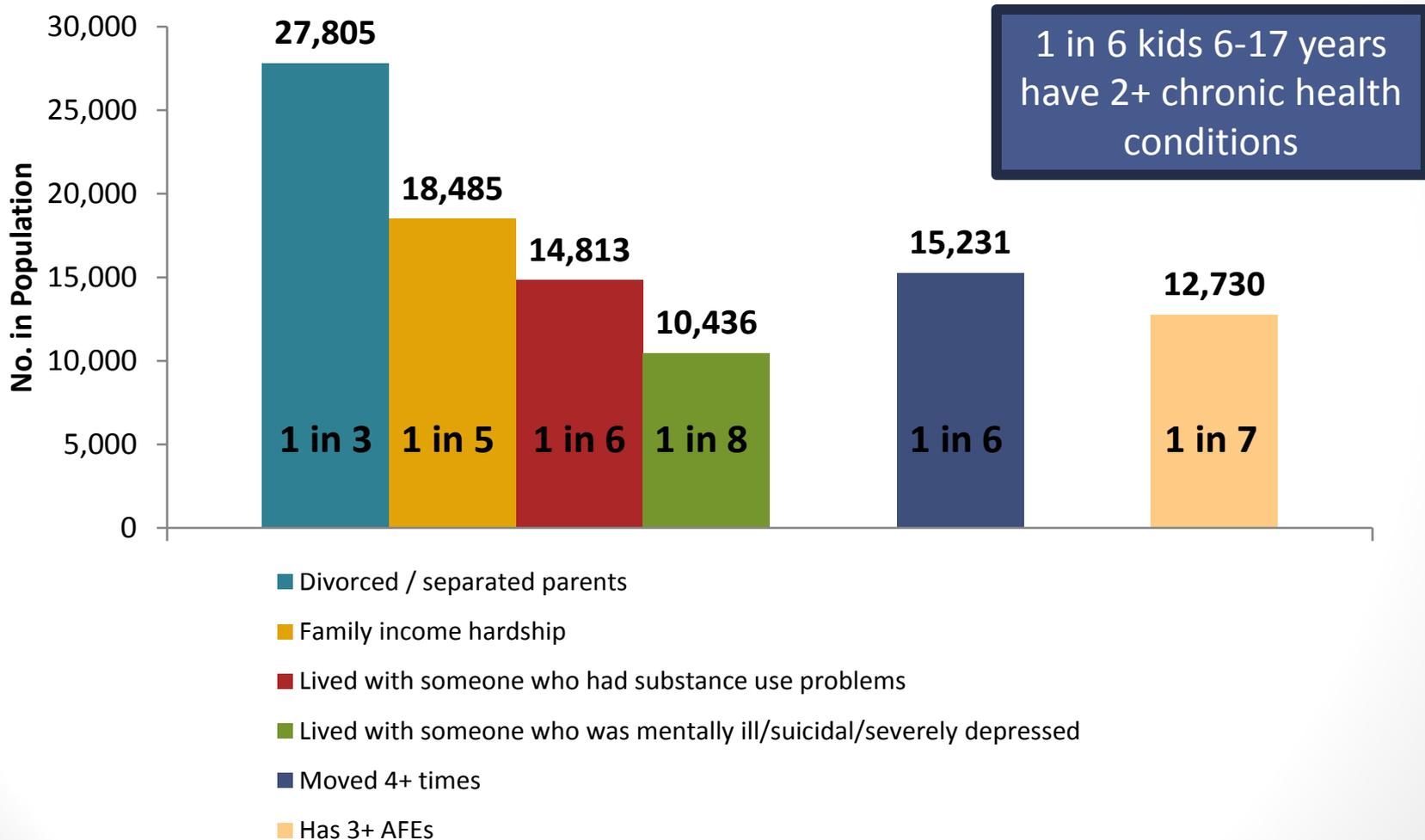
Values in figures are weighted percentages. *Significant statistical difference.

Burden of Most Prevalent AFEs among Vermont Children / Youth, <1-17 years



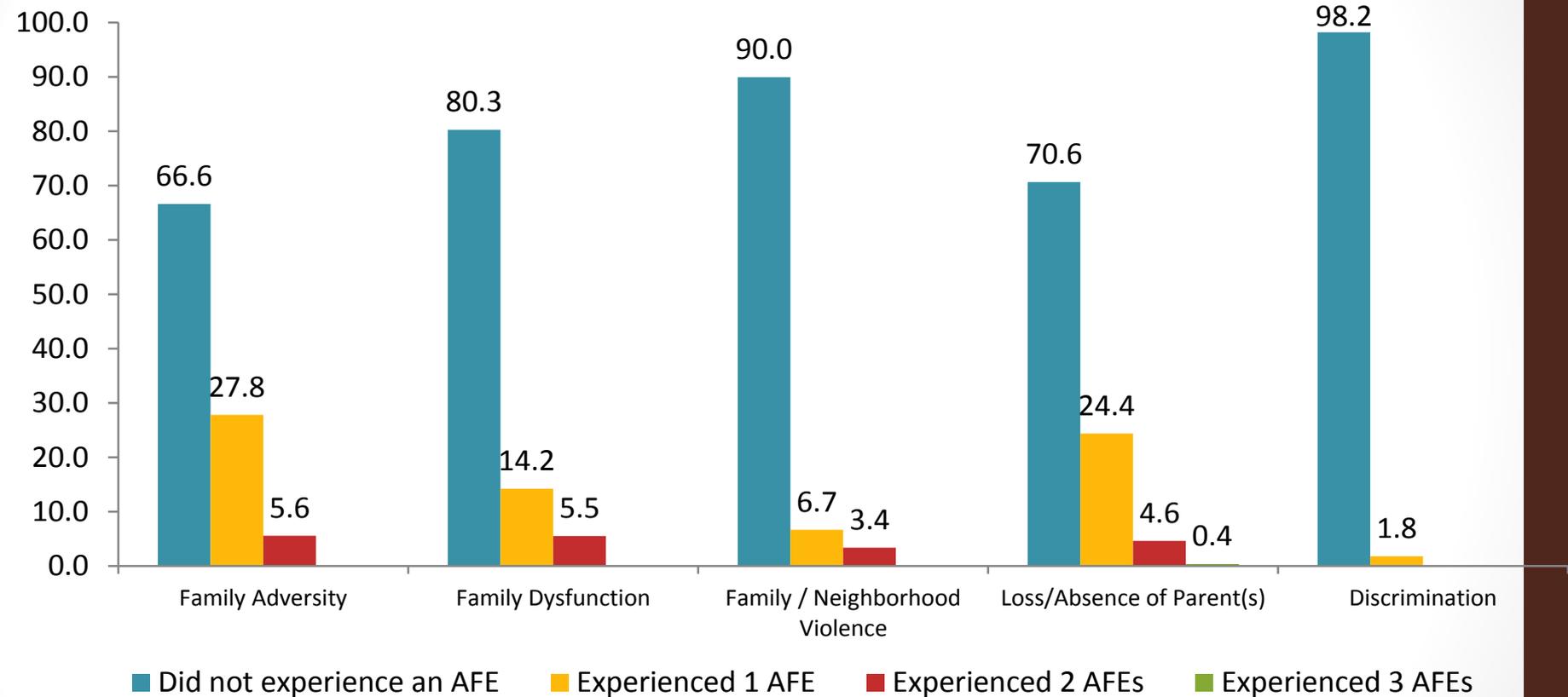
Values in figure are the weighted population numbers.

Burden of Most Prevalent AFEs among Vermont Children / Youth, 6-17 years



Values in figure are the weighted population numbers.

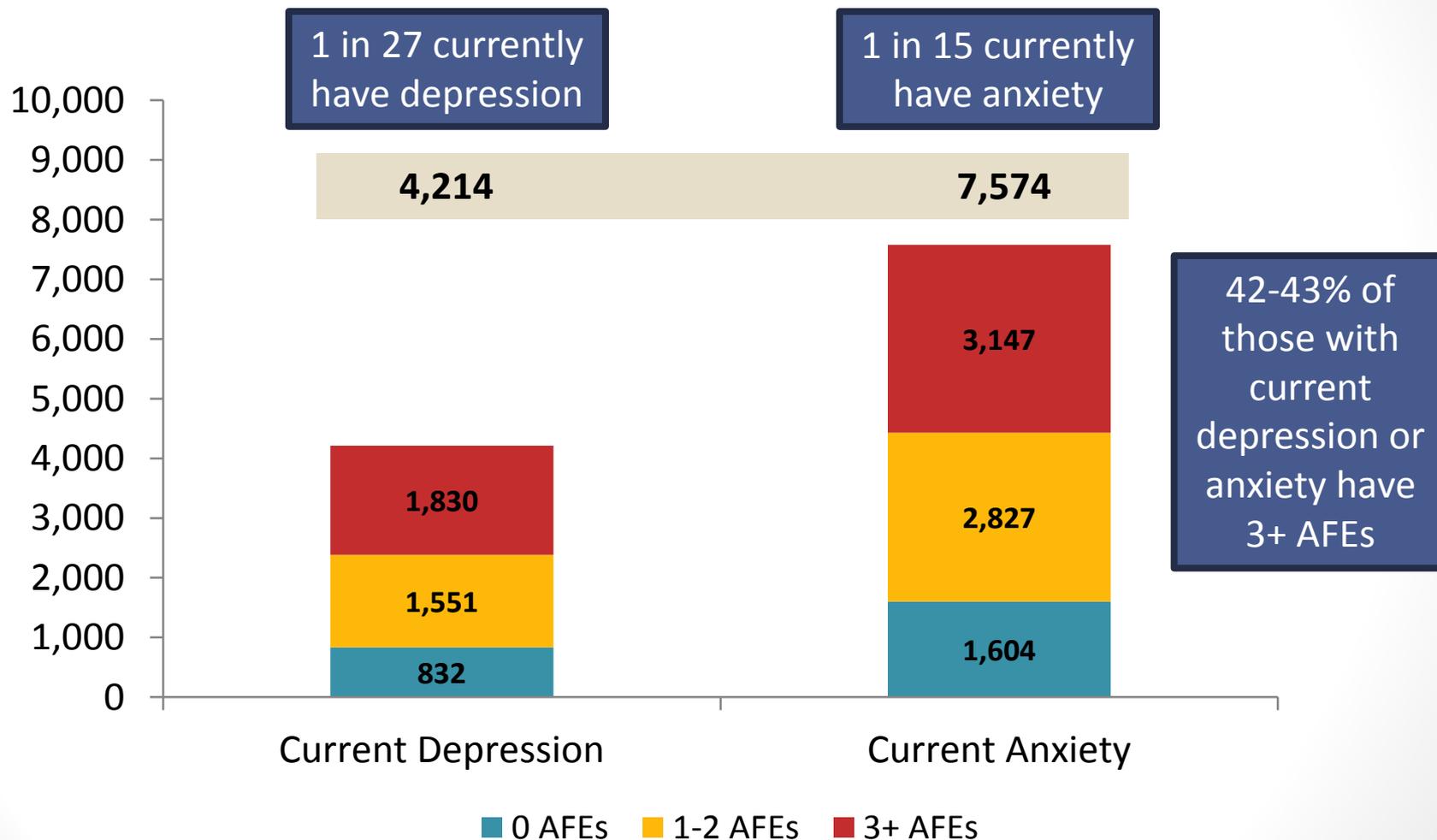
Prevalence of AFEs by Domain among Vermont Children/Youth, <1-17 years



Note: Family Adversity = income hardship and/or residential mobility ≥ 4 moves per child's lifetime; Family Dysfunction = household member substance use and/or mental illness/suicide/several depression; Family/Neighborhood Violence = domestic violence among adults in the household and/or witnessing or being a victim of neighborhood violence; Loss/Absence of Parent(s) = divorce/separation and/or incarceration and/or death

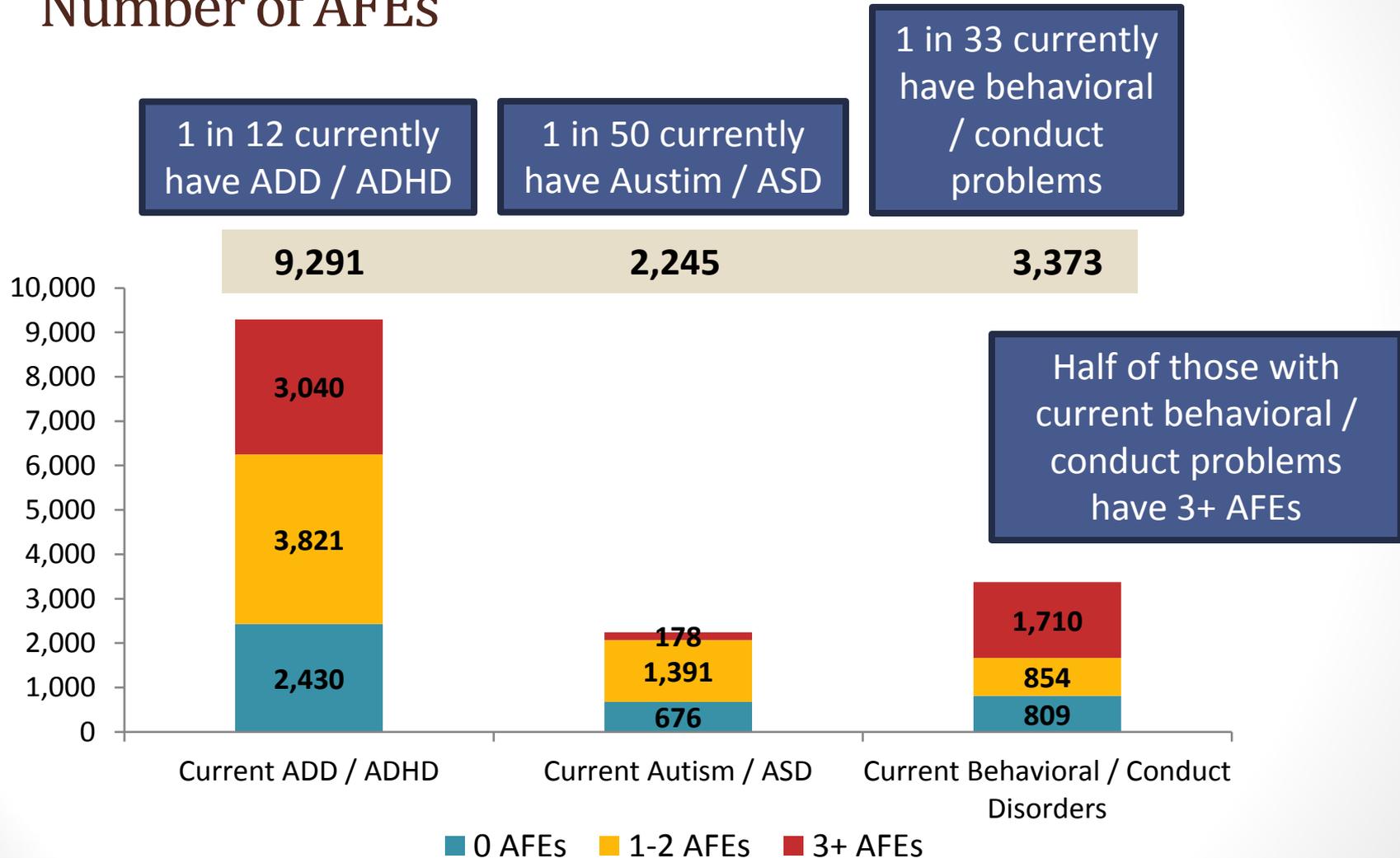
Values in figures are weighted percentages.

Burden of Vermont Children / Youth, 2-17 years, with Depression and/or Anxiety by Number of AFEs



Values in figure are the weighted population numbers.

Burden of Vermont Children / Youth, 2-17 years, with ADD/ADHD, ASD, Behavior / Conduct Disorders by Number of AFEs



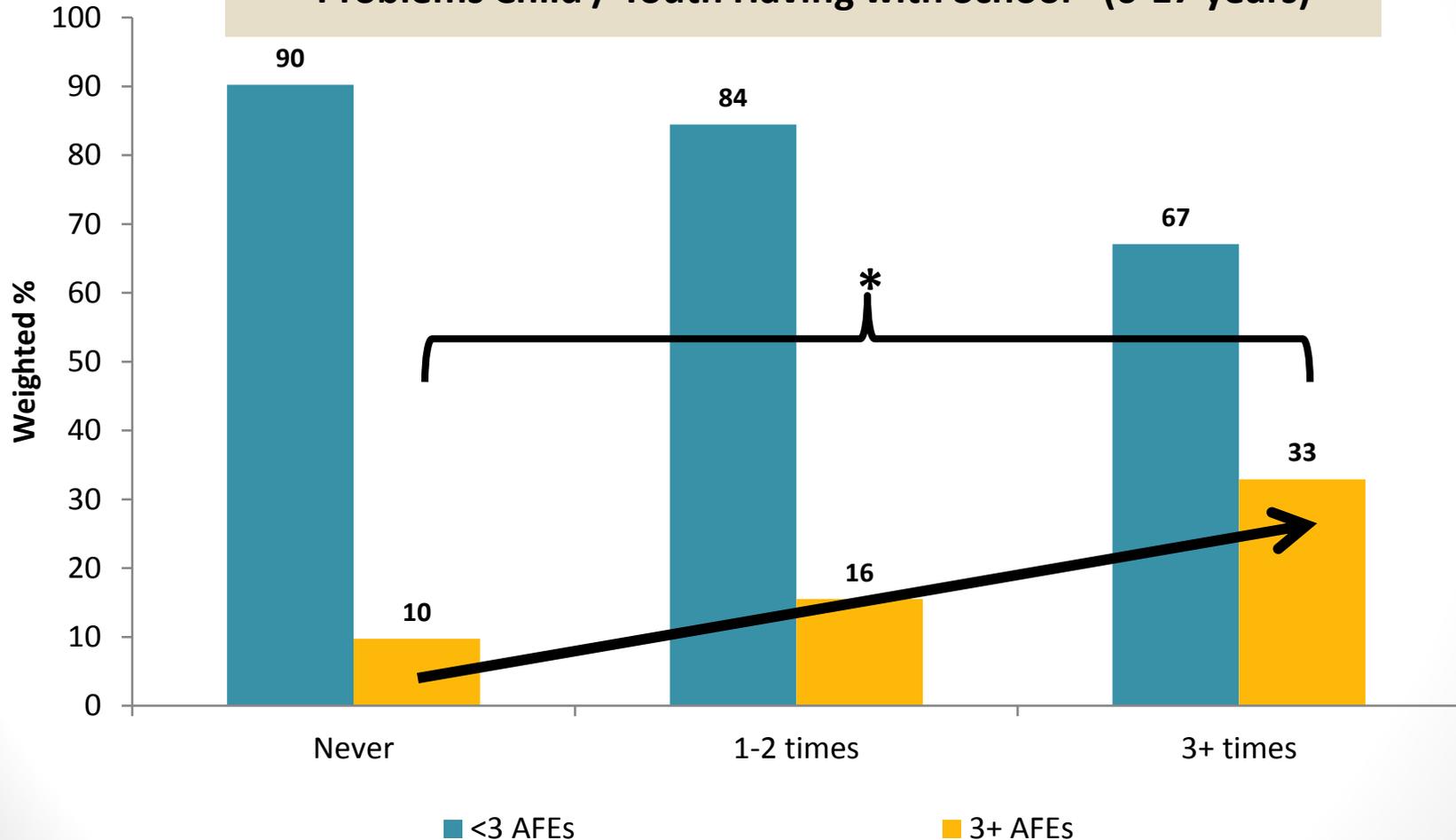
Values in figure are the weighted population numbers.

Do Vermont children / youth who have been exposed to adverse family experiences have higher odds of failing to engage in school, demonstrating resilience, and/or flourishing?

SCHOOL ENGAGEMENT, RESILIENCE & FLOURISHING

Outcomes: School Engagement

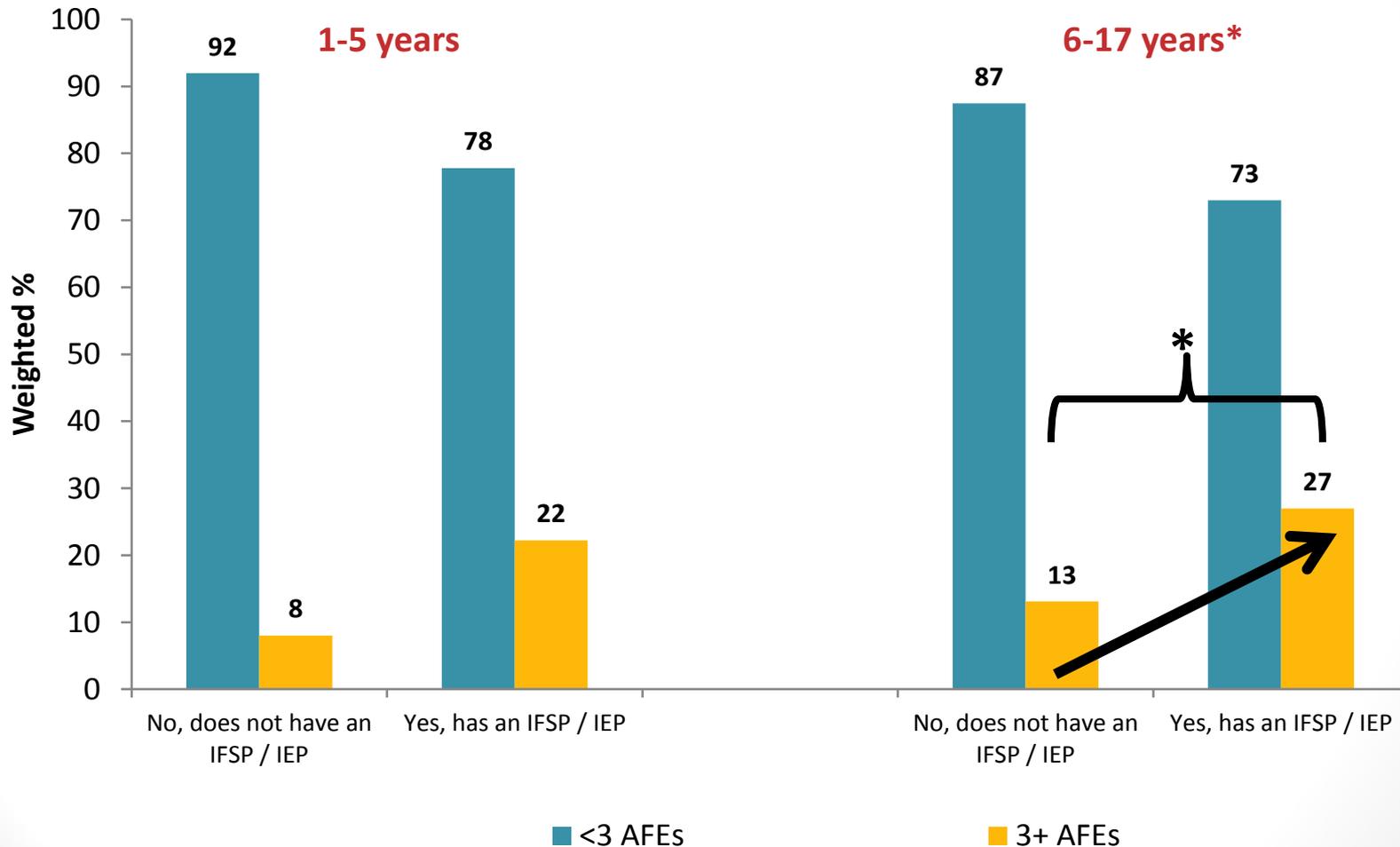
No. of Times School Contacted Parent / Guardian about Problems Child / Youth Having with School* (6-17 years)



Values in figures are weighted percentages. *Significant statistical difference.

Outcomes: School Engagement, cont.

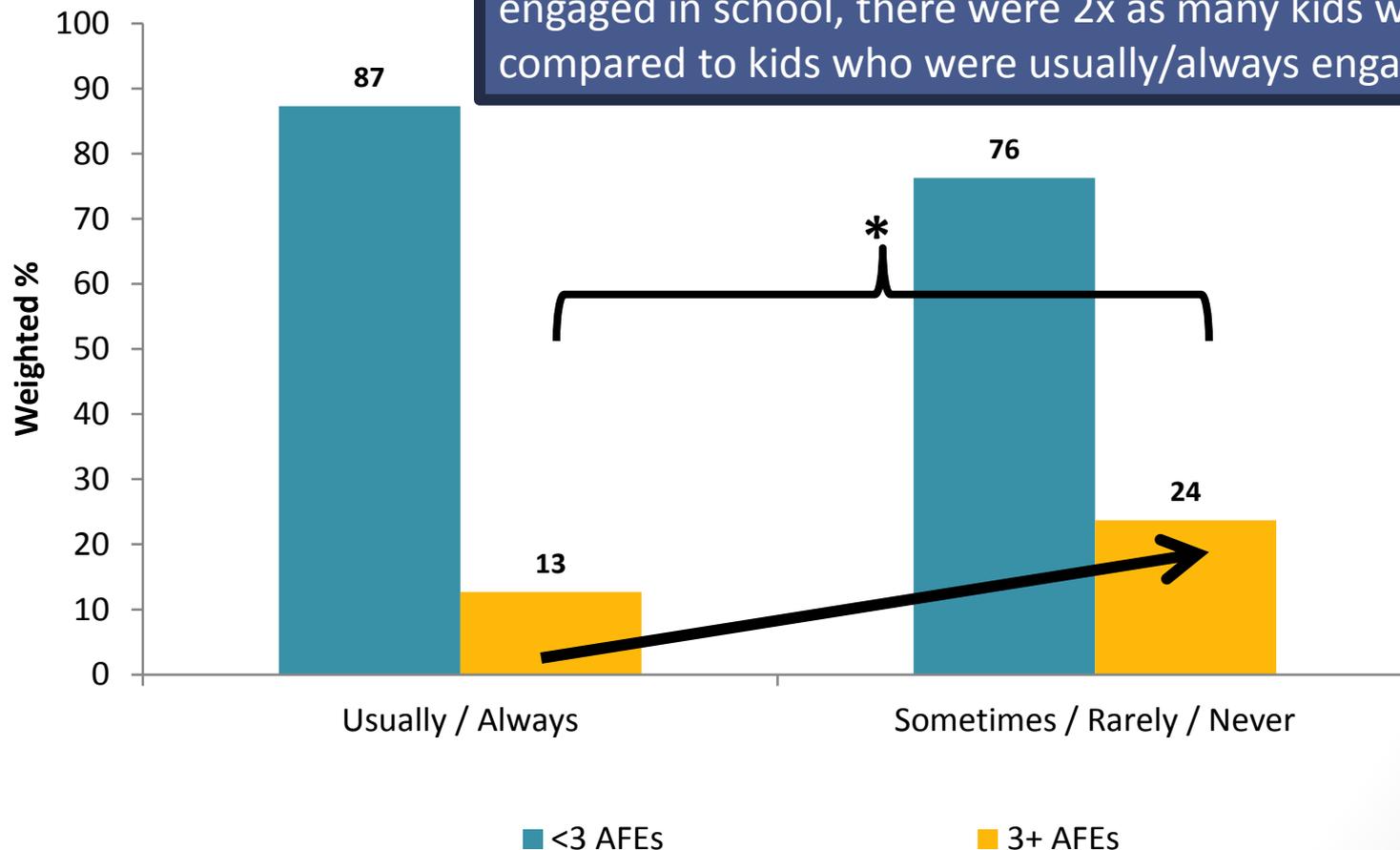
Individualized Family Service Plans (IFSPs) & Individualized Education Plans (IEPs)



Values in figures are weighted percentages. *Significant statistical difference.

Outcomes: School Engagement Composite (6-17 years)

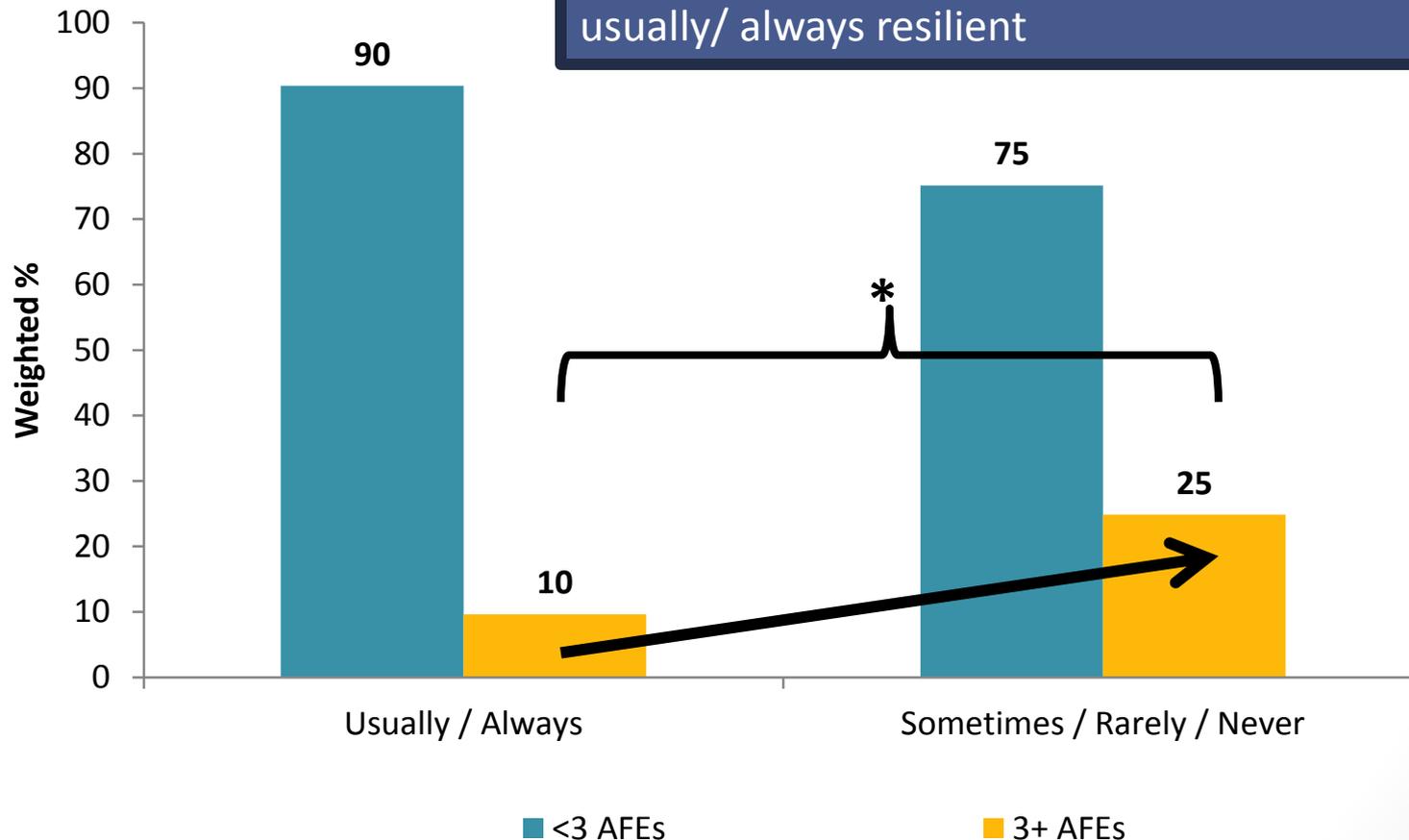
Among kids 6-17 years who were sometimes/rarely/never engaged in school, there were 2x as many kids with 3+ AFEs, compared to kids who were usually/always engaged in school



Values in figures are weighted percentages. *Significant statistical difference.

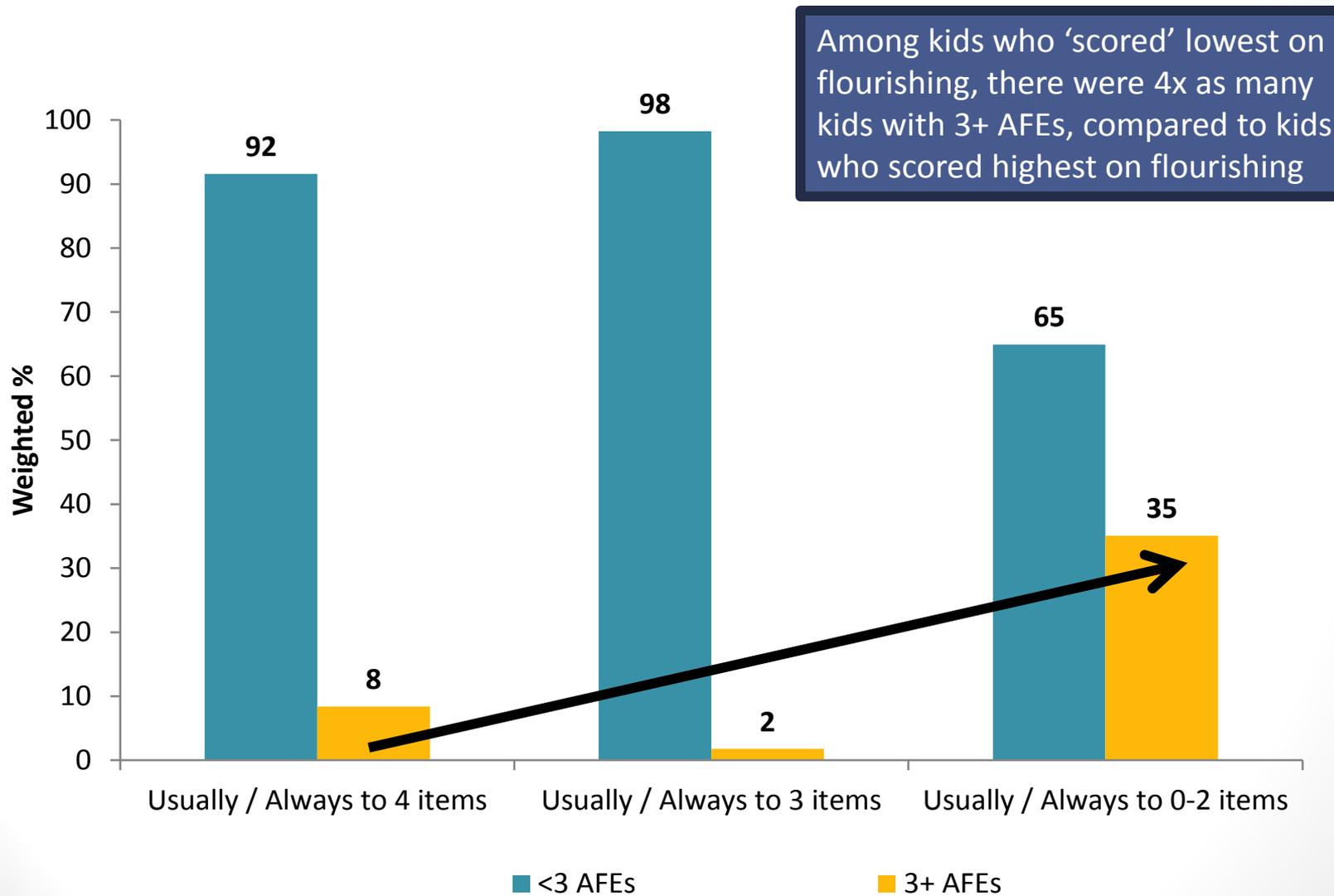
Outcomes: Resilience* (6-17 years)

Among kids 6-17 years who were only sometimes/rarely/never resilient, there were 2.5x as many kids with 3+ AFEs, compared to kids who were usually/ always resilient



Values in figures are weighted percentages. *Significant statistical difference.

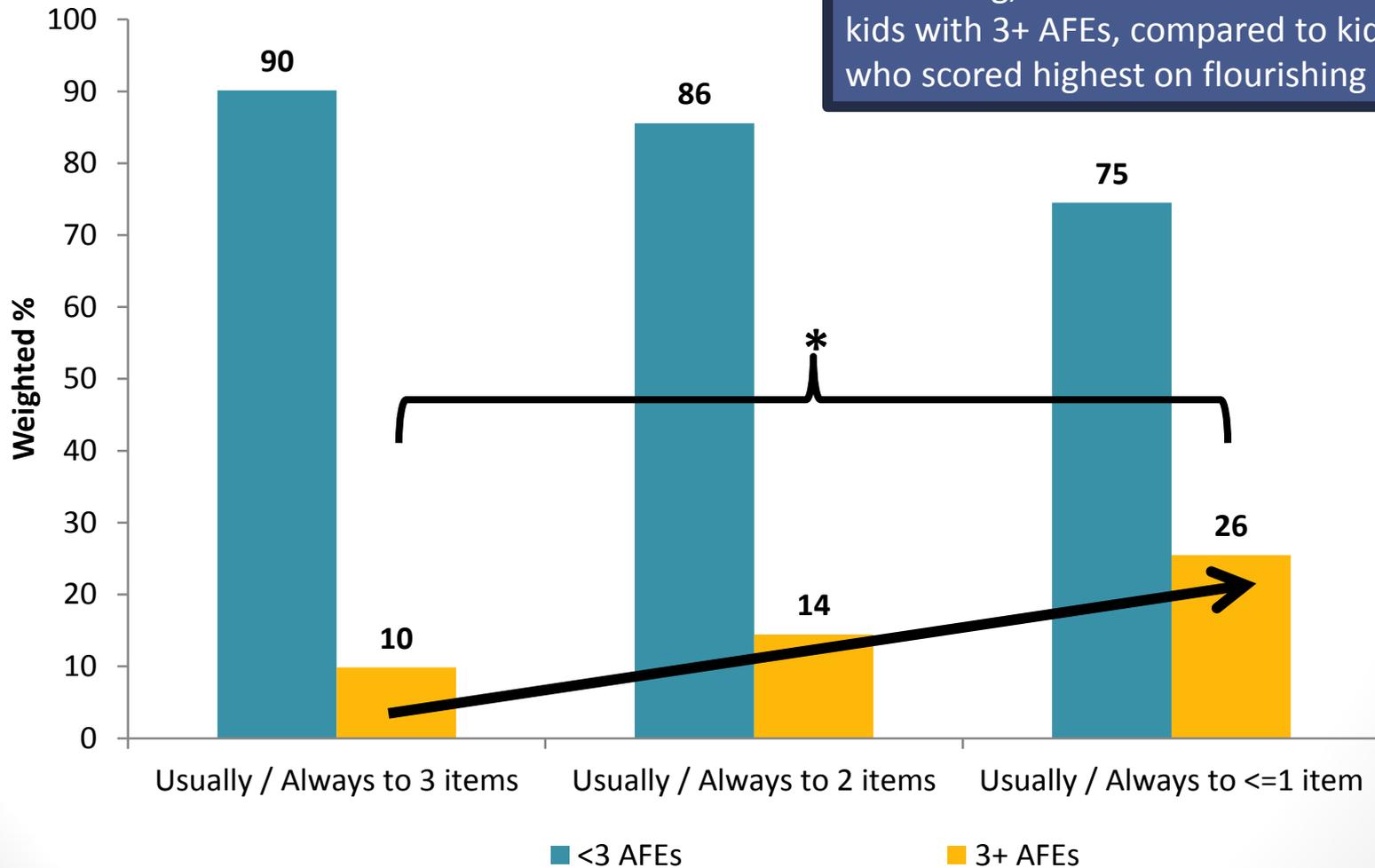
Outcomes: Flourishing (6 mos. – 5 years)



Values in figures are weighted percentages. *Significant statistical difference.

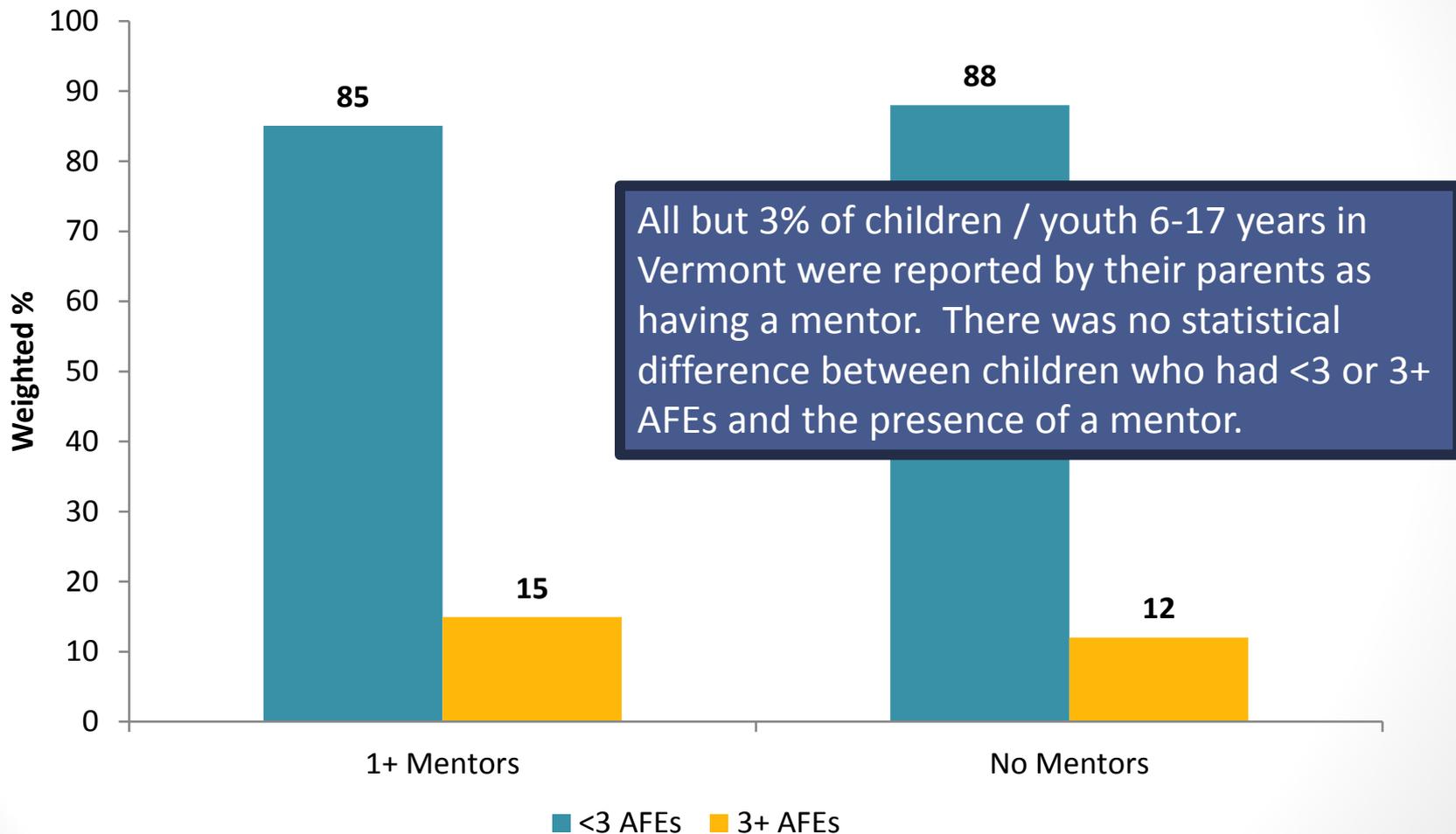
Outcomes: Flourishing (6-17 years)

Among kids who 'scored' lowest on flourishing, there were 2.5x as many kids with 3+ AFEs, compared to kids who scored highest on flourishing



Values in figures are weighted percentages. *Significant statistical difference.

Presence of a Mentor* among Vermont Children / Youth, 6-17 years



Values in figures are weighted percentages.

Summary Points

- The **most prevalent AFEs** among Vermont children / youth aged, <1-17 years, are:
 - **Divorced / separated parents (1 in 4 -- or 32,252)**
 - **Family income hardship (1 in 4 -- or 30,710)**
 - **Having lived with someone who**
 - **Had substance use problems (1 in 7 -- or 17,973)**
 - **Was mentally ill / suicidal / severely depressed (1 in 9 -- or 13,458)**
- Among Vermont children / youth aged <1-17 years with 3+ AFEs,
 - **1 in 7 (or 17,535) has moved 4+ times since birth**
 - **4x as many have special health care needs**
 - **2x as many live in a household where the highest education level is high school or less**
 - **4x as many live in households at <300% FPL**

Summary Points, cont.

- Among Vermont children / youth aged 2-17 years, who

Moved 4+ times since birth	1 in 2 have 3+ AFEs	8,347 children / youth
Depression	1 in 2 have 3+ AFEs	1,830 children / youth
Anxiety	1 in 2 have 3+ AFEs	3,147 children / youth
ADD / ADHD	1 in 3 have 3+ AFEs	3,040 children / youth
Behavioral / conduct disorders	1 in 2 have 3+ AFEs	3,373 children / youth

- **Twice** as many children / youth are on **medication for difficulties with emotions, concentration or behavior**
- **4x** as many children / youth are **receiving counseling or treatment from a mental health professional**

Summary Points, cont.

- Children / youth (6-17 years) exposed to **3+ AFEs have higher odds of failing to**
 - Engage in school
 - Exhibit resilience
 - Flourish
- **Families** of Vermont children / youth **with 3+ AFEs** more commonly:
 - **Are contacted by schools about problems** the child / youth is having with school
 - Have a child with an **IFSP or IEP**

Next Steps for Vermont: Pick the low hanging fruit

- Identify kids with 'high' risk
 - Divorced / separated parents
 - High residential mobility
 - Current / previous residence with
 - Someone with a substance use problem
 - Someone who is/was mentally ill / suicidal / severely depressed
 - Low resilience (melt-downs)
 - Lack of flourishing
 - Low school engagement
- Identify best settings for interventions and prevention
 - Capitalize on relationships with
 - Families
 - Schools
- Use evidence-based programs in appropriate settings
 - Exploit use of existing programs, such as evidence-based home visiting
 - Implement the Vermont family-based approach in the 2 IFS regions

Contact Information

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