Prioritizing Possibilities for Child and Family Health: An Agenda to Address Adverse Childhood Experiences and Foster the Social and Emotional Roots of Well-being in Pediatrics

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ABSTRACT

OBJECTIVE: A convergence of theoretical and empirical evidence across many scientific disciplines reveals unprecedented possibilities to advance much needed improvements in child and family well-being by addressing adverse childhood experiences (ACEs), promoting resilience, and fostering nurturance and the social and emotional roots of healthy child development and lifelong health. In this article we synthesize recommendations from a structured, multiyear field-building and research, policy, and practice agenda setting process to address these issues in children's health services.

METHODS: Between Spring of 2013 and Winter of 2017, the field-building and agenda-setting process directly engaged more than 500 individuals and comprised 79 distinct agenda-setting and field-building activities and processes, including: 4 in-person meetings; 4 online crowdsourcing rounds across 10 stakeholder groups; literature and environmental scans, publications documenting ACEs, resilience, and protective factors among US children, and commissioning of this special issue of *Academic Pediatrics*; 8 in-person listening forums and 31 educational sessions with stakeholders; and a range of action research efforts with emerging community efforts. Modified Delphi processes and grounded theory methods were used and iterative and structured synthesis of input was conducted to discern themes, priorities, and recommendations.

RESULTS: Participants discerned that sufficient scientific findings support the formation of an applied child health services research and policy agenda. Four overarching priorities for the agenda emerged: 1) translate the science of ACEs, resilience, and nurturing relationships into children's health services; 2) cultivate the conditions for cross-sector collaboration to incentivize action and address structural inequalities; 3) restore and reward for promoting safe and nurturing relationships and full engagement of individuals, families, and communities to heal trauma, promote resilience, and prevent ACEs; and 4) fuel "launch and learn" research, innovation, and implementation efforts. Four research areas arose as central to advancing these priorities in the short term. These are related to: 1) family-centered clinical protocols, 2) assessing effects on outcomes and costs, 3) capacity-building and accountability, and 4) role of provider self-care to quality of care. Finally, we identified 16 short-term actions to leverage existing policies, practices, and structures to advance agenda priorities and research priorities.

CONCLUSIONS: Efforts to address the high prevalence and negative effects of ACEs on child health are needed, including widespread and concrete understanding and strategies to promote awareness, resilience, and safe, stable, nurturing relationships as foundational to healthy child development and sustainable well-being throughout life. A paradigm-shifting evolution in individual, organizational, and collective mindsets, policies, and practices is required. Shifts will emphasize the centrality of relationships and regulation of emotion and stress to brain development as well as overall health. They will elevate relationship-centered methods to engage individuals, families, and communities in self-care related to ACEs, stress, trauma, and building the resilience and nurturing relationships science has revealed to be at the root of well-being. Findings reflect a palpable hope for prevention, mitigation, and healing of individual, intergenerational, and community trauma associated with ACEs and provide a road map for doing so.

KEYWORDS: adverse childhood experiences; agenda; child health; crowdsourcing; family engagement; Medicaid; medical home; National Survey of Children's Health; pediatrics; resilience; self-care; social determinants of health; well-being

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DECADES OF DISCOVERY and advocacy now compel action to address the effects of childhood social and emotional experiences to promote healthy development and well-being early and across life.[1–4] In recent years, an array of foundational initiatives have advanced understanding about the centrality of attuned, positive, and safe, stable, and nurturing relationships (SSNRs) and healthy attachment between children and primary caregivers to healthy brain, social, emotional, cognitive, and physical development and well-being throughout childhood and adulthood.[5–8] We are now seeing a convergence of theoretical, empirical, and applied evidence from a range of scientific disciplines, which has unleashed an unprecedented focus on SSNRs, resilience-building, and child development. These disciplines encompass the fields of neuroscience, attachment, human development, stress physiology, polyvagal theory, epigenetics, psychology, mind-body interventions, resilience, well-being, and related research.[4,9–12] Integration of research findings across these and other disciplines directly link disruptions in early life attachment and social and emotional experiences to child stress, well-being, and costly and chronic physical, mental, and social health problems throughout life.[13–18] Knowledge regarding this link has existed for decades, and now rapidly accumulating findings point to effective approaches to transform and heal negative effects of adversity and promote resilience and thriving despite adversity.[4,7,10,19,20] Since at least 1998, agendas set forth for children's health services research and policy have prioritized a focus on children's family context and related social determinants of health.[21,22] However, it is only more recently that our knowledge, understanding, interest, and political will are converging to create the critical mass needed to translate these longstanding priorities for child and family health and resilience into innovation and action.

The now 20-year-old Adverse Childhood Experiences (ACEs) study led by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente (Kaiser)[16–18] itself built on decades of previous research documenting effects of stress and childhood trauma.[12,20,23] This groundbreaking study further documented the importance of attachment, parenting, and teaching children and adults skills to be aware of and regulate the stress and emotions associated with adverse experiences.[5,6] The ACEs study catalyzed research on individual, family, and community trauma and factors enabling or impeding SSNRs and environments in childhood. By extension, the ACEs study fostered efforts in public health and medicine to address developmental trauma and proactively promote nurturing family relationships, resilience, and social and emotional skills among children and families.[9,24–28] Resilience research and discoveries of neuroplasticity and epigenetics help explain the wide variation in the effect of ACEs and trauma, highlighting the capacity to heal, build resilience, and buffer effects through nurturing relationships and environments and self-care.[10,11,19,29–31] The concept of ACEs and its related research is of great relevance to pediatrics and children's health services yet poses many issues and challenges. The field-building and agenda-setting effort summarized in this paper was launched to further strengthen the capacity of researchers, clinicians, and policymakers to effectively address ACEs and promote resilience, nurturing relationships, and environments in pediatrics and children's health services[32]—with the understanding that collaboration across sectors is essential to these aims, including with education, child welfare, social services, public health, juvenile justice, and business sectors.[33–37]

Planning for this effort began in Spring 2013 with an analysis of first-ever available national and state level ACEs, resilience, and family functioning data from the 2011–12 National Survey of Children's Health (NSCH).[38] Building on more narrow assessments of reported child maltreatment in the United States,[39] analysis of the NSCH showed that nearly one-half of all US children and youth,[40,41] two-thirds with public insurance, and three-quarters with emotional, mental, or behavioral diagnoses experienced 1 or more of 9 ACEs, similar to those evaluated in the CDC/Kaiser study (http://www.childhealthdata.org/browse/survey/results?q=2257&r=1).[42] These findings are consistent with the unprecedented rates of emotional, mental, and behavioral health problems among US children and youth and concomitant NSCH findings that fewer than 47.7% of school-age children in the United States meet basic criteria for flourishing (http://www.childhealthdata.org/browse/survey/results?q=2480&r=1). Empirical analyses confirmed a marked, negative population-wide effect of ACEs on child development, physical, mental, emotional, and behavioral health and school engagement with consistent effects across racial and income groups. We also documented promising population-based findings that many children flourish despite multiple ACEs when family, community, and health care-related protective factors are present and they have opportunities to learn and develop resilience. We also found that these factors are differentially prevalent across subgroups of children and geographic areas.[42] These findings paralleled growing evidence about the importance of trauma-informed and trauma-responsive care and specific strategies and approaches to prevent and heal from the effects of ACEs (see the Supplementary Appendix; http://www.cahmi.org/wp-content/uploads/2015/01/ACEs-Supplement_National-Agenda-Technical-Appendix_04-04-17.pdf). NSCH findings and this expanding evidence base imbued a hopeful tone for our efforts. This hope for prevention and healing is essential for translation and was the motivation and basis for engaging the pediatric research, practice, and policy communities to identify goals and priorities for addressing ACEs and promoting resilience and well-being of children, youth, and families in children's health services.

Previous foundation-building efforts enabled this work, including the 2012 American Academy of Pediatrics policy statement on early life adversity, the CDC's Essentials for Childhood initiative, the Robert Wood Johnson Foundation's National ACEs Summit (May 2013), and launch