Addressing Toxic Stress from Adverse Childhood Experiences through a Collaboration between a Children's Hospital and a Community Organization

M. Denise Dowd, MD, MPH, John D. Lantos, MD,
Loring Leifer, BA, Donna O'Malley, PhD, RN,
Briana A. Woods-Jaeger, PhD, Karen Cox, PhD, RN, FACHE, FAAN,
David H. Westbrook, BA, Sosha Chaney, BA,
Mary Esselman, PhD, President & CEO,
Brijin Gardner, LSCSW, LCSW, RPT-S, and
Marsha Gillespie

A Novel Partnership Disrupts the Norm in Early Childhood Education and Pediatric Health Care

Children living in poverty in the United States in 2016 face a devastating combination of psychological problems. Their neighborhoods are often violent. They have no place to get healthy food. It is not safe to play outside, even on playgrounds. The children who grow up in this environment, not surprisingly, have many adverse childhood experiences (ACEs). ACEs cause toxic stress. Toxic stress leads to long-term physical and psychological problems. For many pediatricians, children's hospitals, civic leaders, and public health officials, it is difficult to know how to intervene. While the science on causation is indisputable, there are fewer data about treatment. We know that intervention should start early, but the types of interventions that are being proposed require extensive collaboration between social services, health care, and education. Such collaborations require a new sort of cooperation among professionals in disciplines that have not traditionally worked closely together. But they need to start. No one group will be able to solve this problem. This issue of *Current Problems in Pediatric and Adolescent Health Care* essentially provides a case study of one community's attempt to develop such a collaboration.

Curr Probl Pediatr Adolesc Health Care 2017;47:213-216

Introduction

Children living in poverty in the United States face a devastating combination of psychological problems. Their neighborhoods are often violent. It is not safe to play outside, even on playgrounds. Their parents cling to underpaying jobs. Family poverty leads to family dysfunction. The adults in their communities often end up in jail or on drugs or dead. Domestic violence is common.

The kids who grow up in this environment, not surprisingly, have many adverse childhood experiences (ACEs). ACEs cause toxic stress. Toxic stress leads to long-term physical and psychological problems. The children who grow up in these environments thus seem destined to suffer

Funding Source: Claire Gianinni Trust, Shumaker Family Foundation.

from many of the same problems that their parents had faced. The net result is an intergenerational cycle of pathology that is almost as predetermined as a genetic disease and may be more powerful. Public health authorities now speculate that a child's zip code may be a better predictor of his or her long-term health outcomes than that child's genetic code.[1]

We have begun to understand the neurological mechanisms by which toxic stress and ACEs alter brain development.[2–4] Studies quantify the detrimental impact of community violence and poverty.[5] A child who grows up in a neighborhood or community in which ACEs are common will have significant and lifelong impairment of learning and behavior.[6] Civic leaders are beginning to recognize that they must intervene to break this cycle of pathology. Cities and states are developing programs to help poor children.[7–9]

Any solution to the problems associated with childhood poverty will necessarily require interdisciplinary and inter-institutional collaboration between health care, government, social service organizations, and educational institutions.

The American Academy of Pediatrics (AAP) recently issued a powerful policy statement on the problem of childhood poverty. In it, the AAP embraces a model of child health that recognizes the profound effects of child poverty on both short-term and long-term health outcomes.[6,10] The statement places childhood poverty at the forefront of the AAP's child health agenda.

For many pediatricians, children's hospitals, civic leaders, and public health officials, it is difficult to know how to intervene to change this intergenerational cycle of pathology. While the science showing how ACEs cause long-term health problems is indisputable, there is far less scientific evidence about whether any interventions can break this chain of causality. We don't know if any specific interventions work or, if they might, how to administer them. We don't know what "dose" is sufficient. There is evidence that any intervention should start early in childhood and the types of interventions that seem most promising require extensive collaboration between social services, health care, and education. Any solution to the problems associated with childhood poverty will necessarily require interdisciplinary and inter-institutional collaboration between health care, government, social service organizations, and educational institutions. Such collaborations require a new sort of cooperation among professionals in disciplines that have not traditionally worked closely together.

This issue of *Current Problems in Pediatric and Adolescent Health Care* is a case study of one community's attempt to develop such a collaboration. It describes a program that tries to operationalize the policies recently recommended by the AAP in its statement on poverty and child health in the United States.

A series of articles describes the various aspects of a unique collaboration between two Kansas City organizations, Children's Mercy Hospital (CMH) and Operation Breakthrough (OB). CMH is a typical and traditional free-standing, academic, quaternary care children's hospital. OB, located less than a mile from the hospital, provides early childhood education and care, medical, and social services to families who live in the impoverished neighborhood that surrounds the hospital.

In each of the six papers in this issue, we describe important aspects of the two organizations and of their attempt to collaborate to address the problems of toxic stress in childhood. Leifer[11] starts with a brief history of OB and the two idealistic nuns—Sister Berta and Sister Corita—who founded OB more than 45 years ago. This history illustrates the many barriers that organizations have faced in attempting to provide social services to poor children and families. It also, movingly and humorously, shows the grit and determination of the sisters who, against all odds, managed to succeed where many others have failed.

O'Malley et al.[12] give an overview of the past and most recent history of the CMH involvement with OB. They show how both CMH and OB realized

Download English Version:

https://daneshyari.com/en/article/8809563

Download Persian Version:

https://daneshyari.com/article/8809563

Daneshyari.com