



Kansas Maternal & Child Health Council

JANUARY 11, 2017 MEETING



Welcome

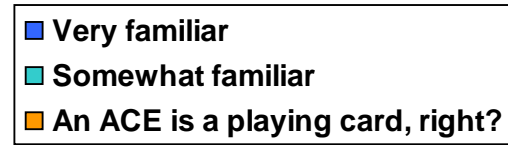
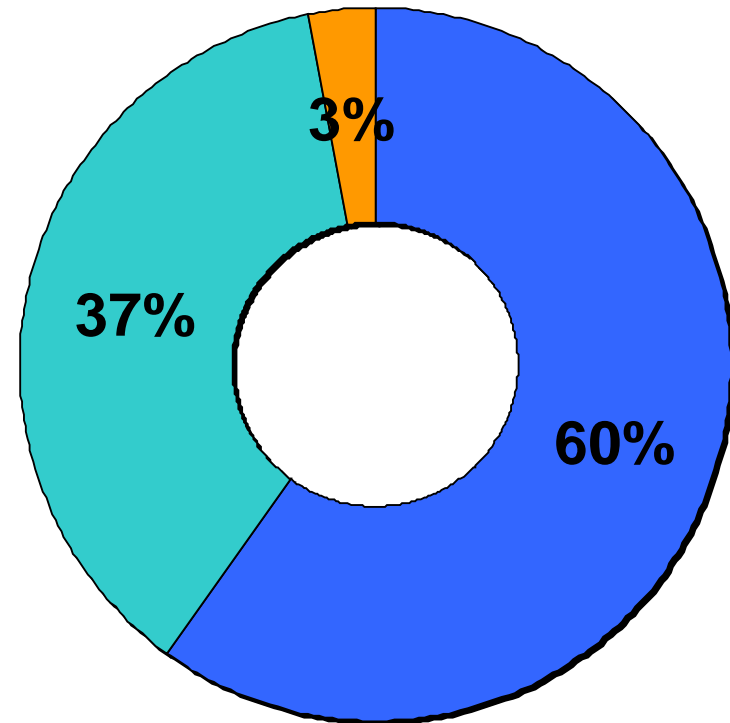
Recognize New Members

Approval of Minutes

DENNIS COOLEY, MD, CHAIR

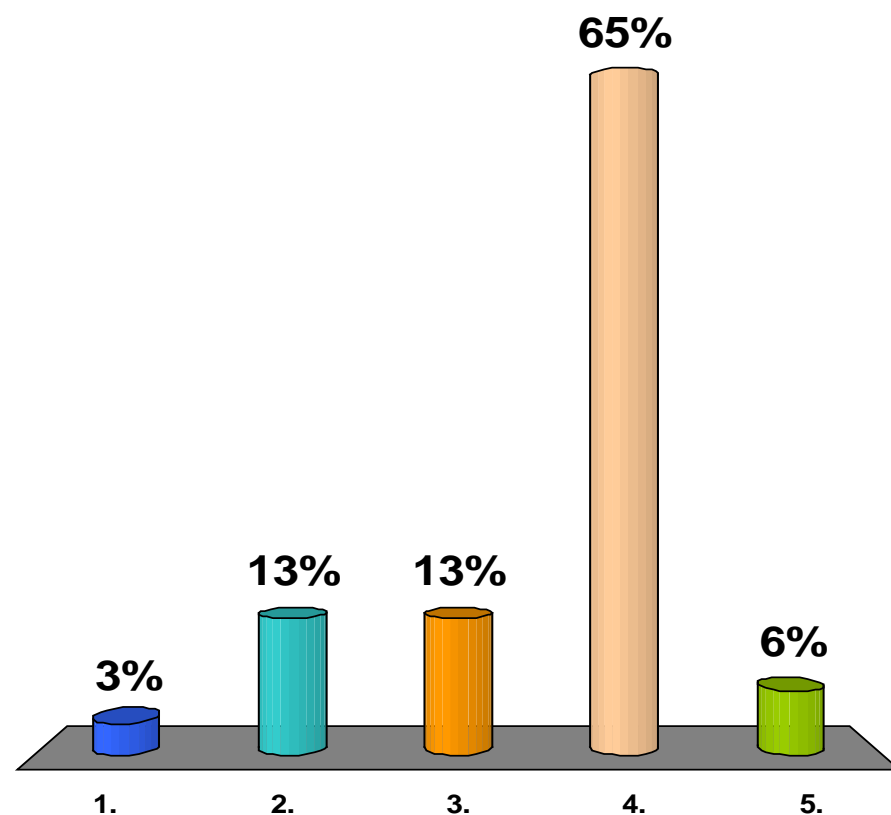
How familiar are you with the concept of ACEs?

1. Very familiar
2. Somewhat familiar
3. An ACE is a playing card, right?



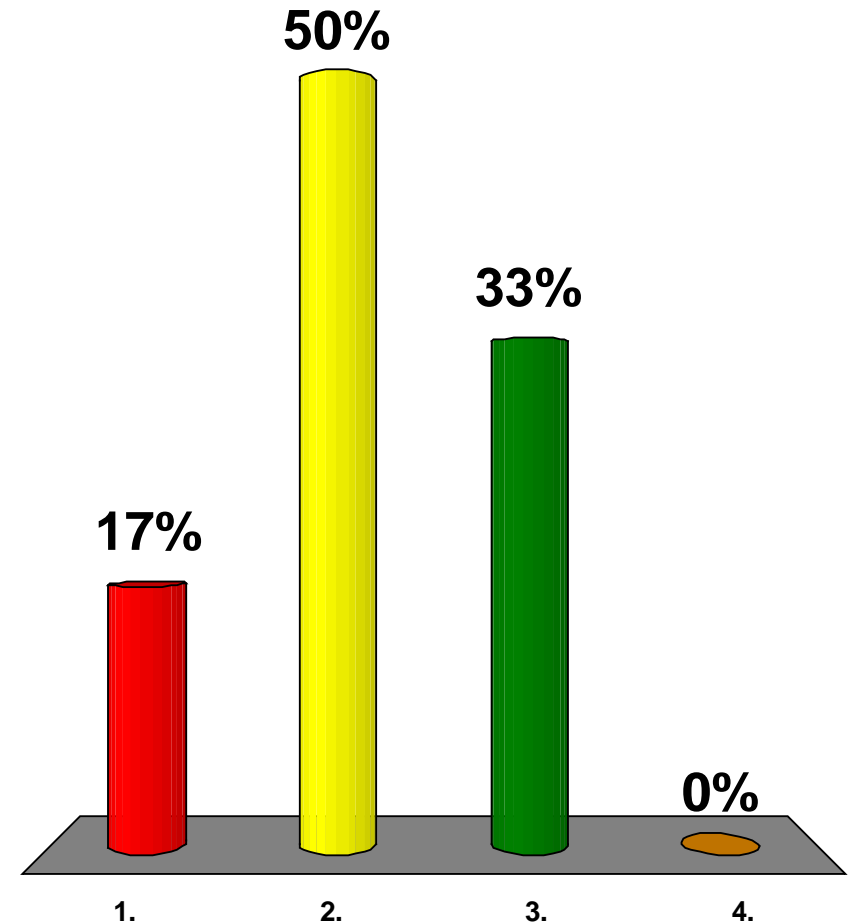
Does your organization currently screen for ACEs in the population that you serve?

1. Yes
2. In process of implementation
3. No
4. N/A
5. I don't know



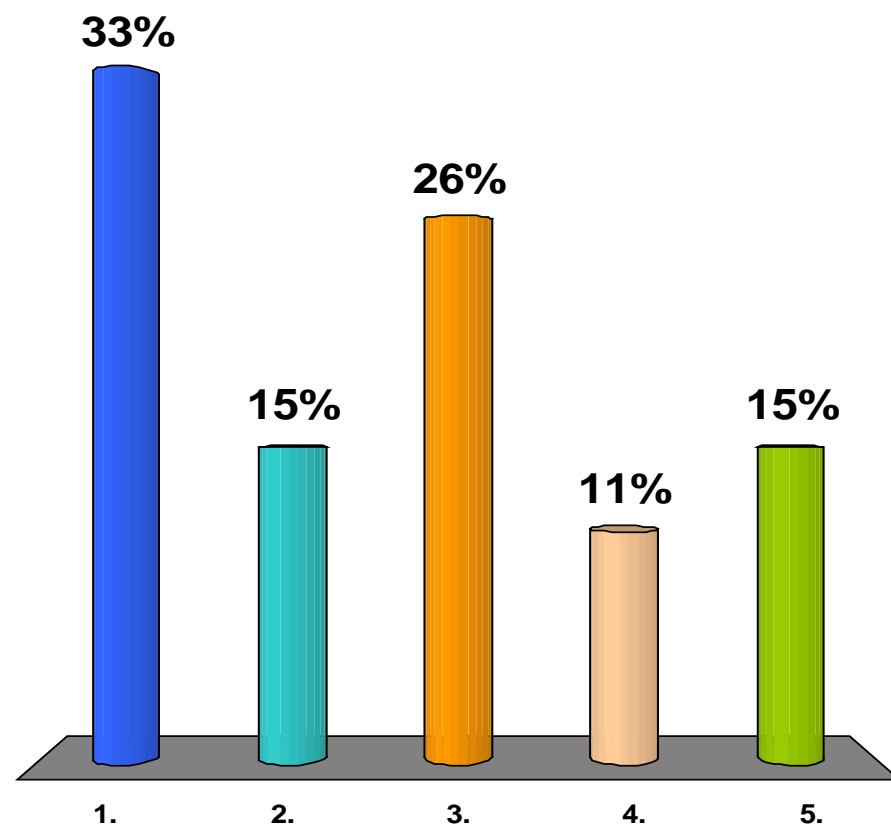
How familiar are you with the concept of Trauma-Informed Systems of Care?

1. Very familiar
2. Somewhat familiar
3. Not familiar
4. ACEs and TISC are the same thing.



How likely are you to begin the process of implementing trauma-informed policies & practices in the next year?

1. Have already started!
2. Very likely
3. Somewhat likely
4. Not very likely
5. Not at all

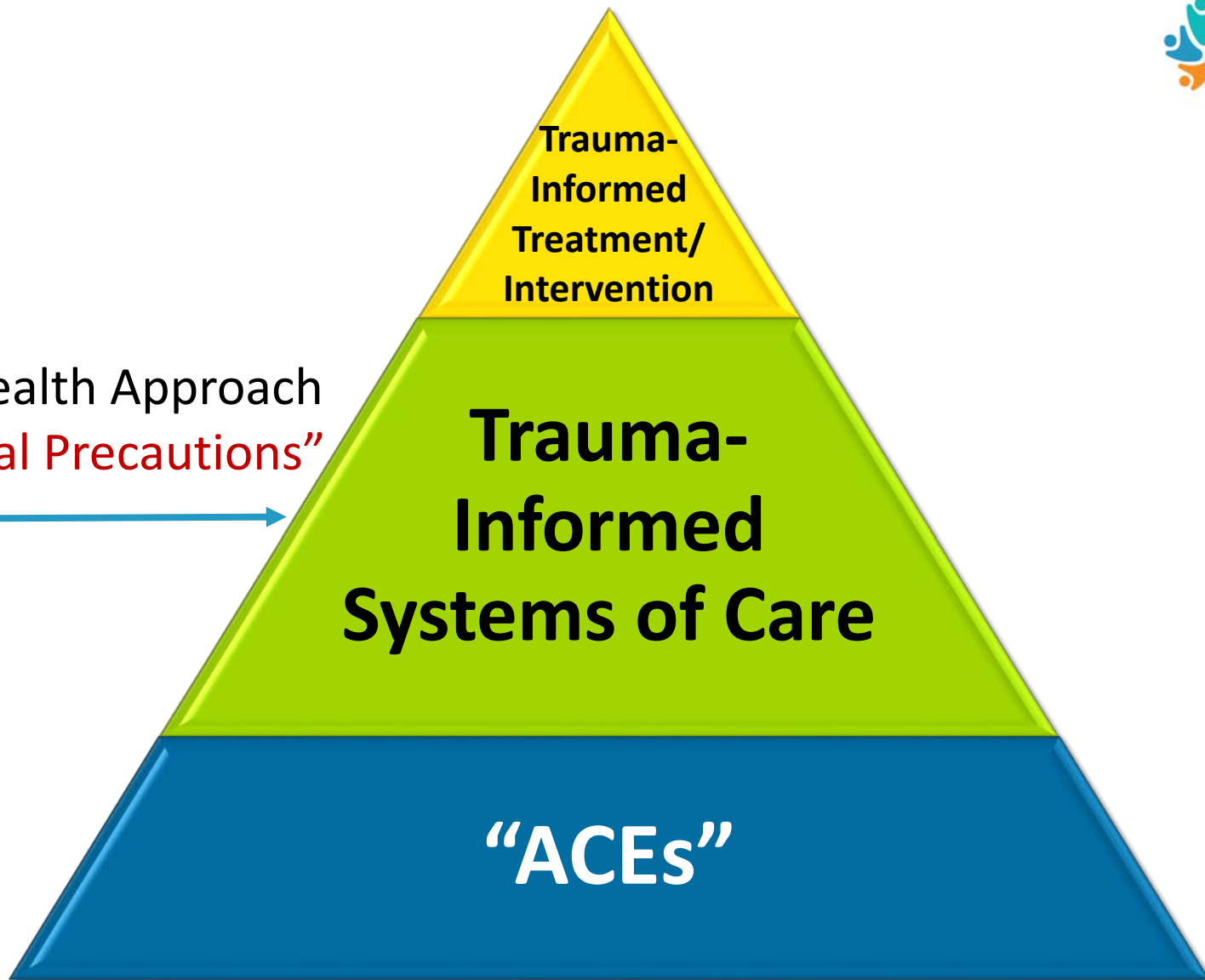


Purposes of the Day

- Learn from regional experts about emerging efforts to implement TISC.
- Review available resources for education and implementation of TISC
- Identify actions at the organization and council level for implementation of TISC

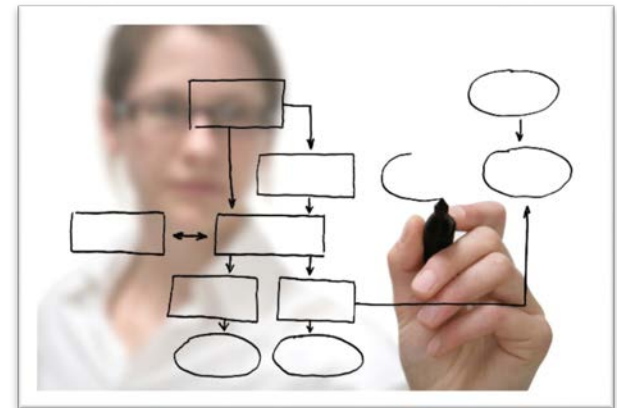


Public Health Approach
“Universal Precautions”



TISC - Areas of focus

- Early Screening and Comprehensive Assessment of Trauma
- Patient Voice, Choice, and Collaboration
- Workforce Development and Best Practices
- Safe and Secure Environment
- Data Collection and Performance Improvement



Physical & Behavioral Health Practitioners

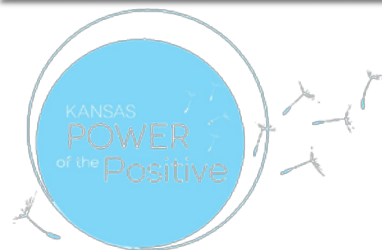
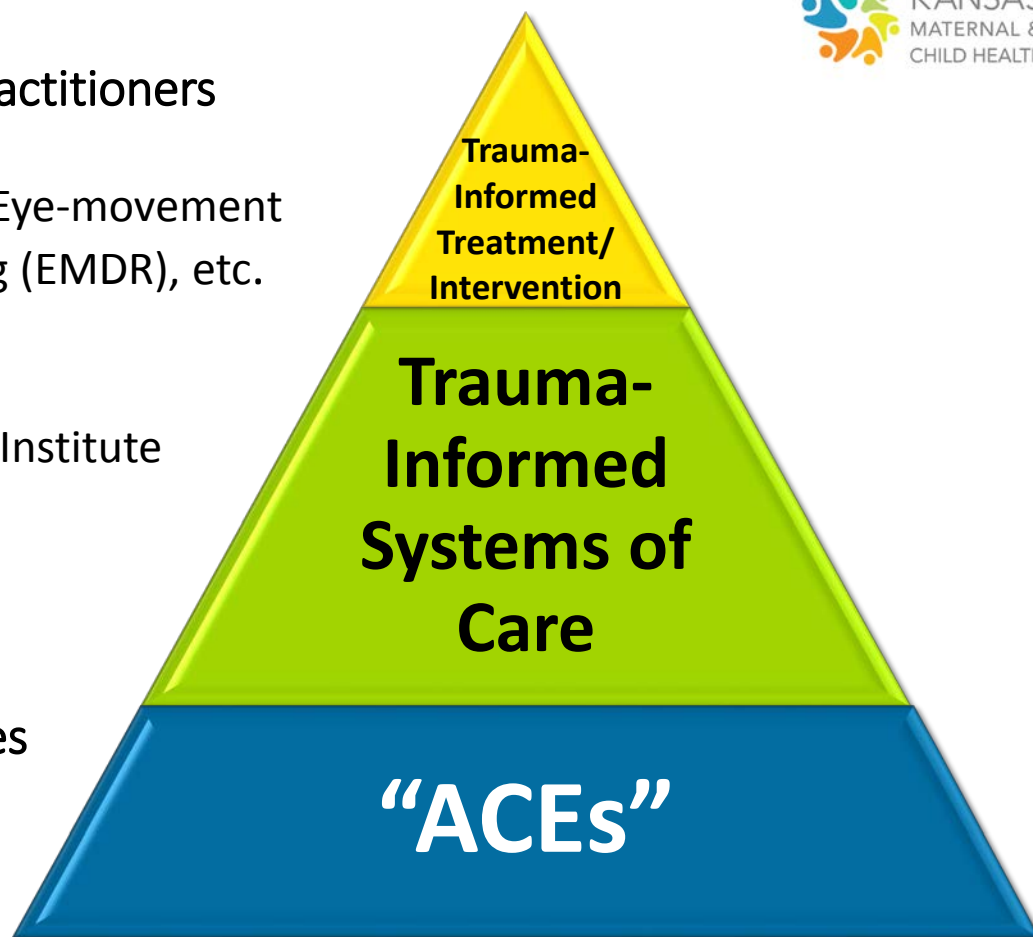
- Medication
- Cognitive Behavioral Therapy, Eye-movement Desensitization & Reprocessing (EMDR), etc.

TISC Training and Consultation

- WSU Community Engagement Institute
- Lemonade for Life
- Foster Care Providers
- Others?

Community Awareness Activities

- Film screenings
- Facilitated Discussions
- Trainings



Kansas Power of the Positive

- Raising Awareness
- Kids are Good Business



Presentation

DR. RENAIISA ANTHONY, MD, MPH

Deputy Director, Center for Reducing Health Disparities
University of Nebraska Medical Center



Adverse Childhood Experiences (ACE Scores) Theory, Application & Implementation

Renaisha S. Anthony MD, MPH

Deputy Director/Assistant Professor
Center for Reducing Health Disparities
College of Public Health
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January 11, 2017





KANSAS
MATERNAL &
CHILD HEALTH



Who Are You?

Where do you make an impact?

- Health Care Professionals (direct service)
- Public Health Practitioners
- Health Departments
- Other Government/Policy Organizations
- Other Non-Profit Organizations
- Academic/Researchers
- Administrators
- Kansas (urban, rural, other)



Who is passionate about women, children and adolescents? MCH?





Pop Quiz: What is?



MATERNAL
AND
CHILD HEALTH







Social Determinants

MODIFIABLE

- Zip Code/Neighborhood
- Educational attainment
- Employment
- Socioeconomic status
- Social support
- Resources

Where you live, work, play and pray makes a tremendous impact on health and long term life outcomes.

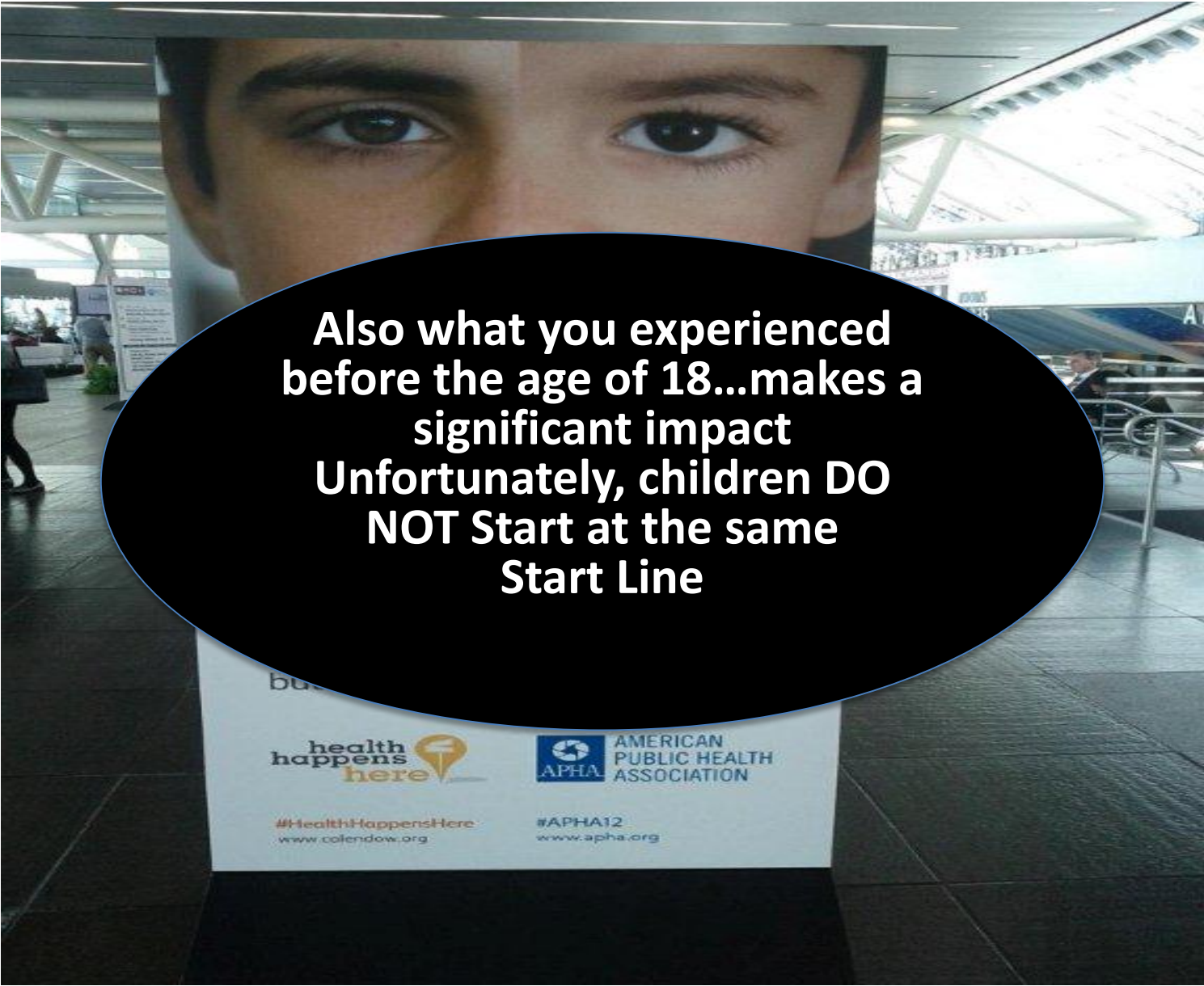
NON MODIFIABLE

- gender, race, ethnicity

OTHERS (may or may not be modifiable)

- culture, religion individual but also societal level





**Also what you experienced
before the age of 18...makes a
significant impact
Unfortunately, children DO
NOT Start at the same
Start Line**

health
happens
here



AMERICAN
PUBLIC HEALTH
ASSOCIATION

#HealthHappensHere
www.colendow.org

#APHA12
www.apha.org



Adverse Childhood Experiences

- Chronic, toxic stress and childhood trauma impact the development of children into adolescence and across the life course.



The Ace Study

Injury Prevention & Control : Division of Violence Prevention

Violence Prevention



About Us



Child Maltreatment



Definition

Data Sources

Risk and Protective Factors

Essentials for Childhood

ACE Study



About the Study

The ACE Pyramid

The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego.

More than 17,000 Health Maintenance Organization (HMO) members undergoing a comprehensive physical examination chose to provide detailed information about their childhood experience of abuse, neglect, and family dysfunction. To date, more than 50 scientific articles have been published and more than 100 conference and workshop presentations have been made.

The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States. It is critical to understand how some of the worst health and social problems in our nation can arise as a consequence of adverse childhood experiences. Realizing these connections is likely to improve efforts towards prevention and recovery.



An ACE score is a tally of different types of abuse, neglect, and other hallmarks of a rough childhood. According to the Adverse Childhood Experiences study, the rougher your childhood, the higher your score is likely to be and the higher your risk for later health problems. You can take the test below:

What's Your ACE Score?

START THE QUIZ

Credit: Danny DeBelius/NPR

<http://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean>

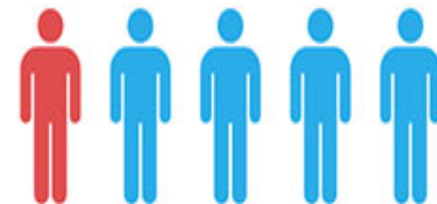


THE DATA



Major Findings

Adverse Childhood Experiences (ACEs) are common. ACE data from the BRFSS was similar to that of the [original ACE Study](#). Regardless of the data source, almost two-thirds of surveyed adults report at least one ACE, and more than one in five reported three or more ACEs.



The ACE score, a total sum of the different categories of ACEs reported by participants, is used to assess cumulative childhood stress. Regardless of the data source, study findings repeatedly reveal a graded dose-response relationship between ACEs and negative health and well-being outcomes across the life course.

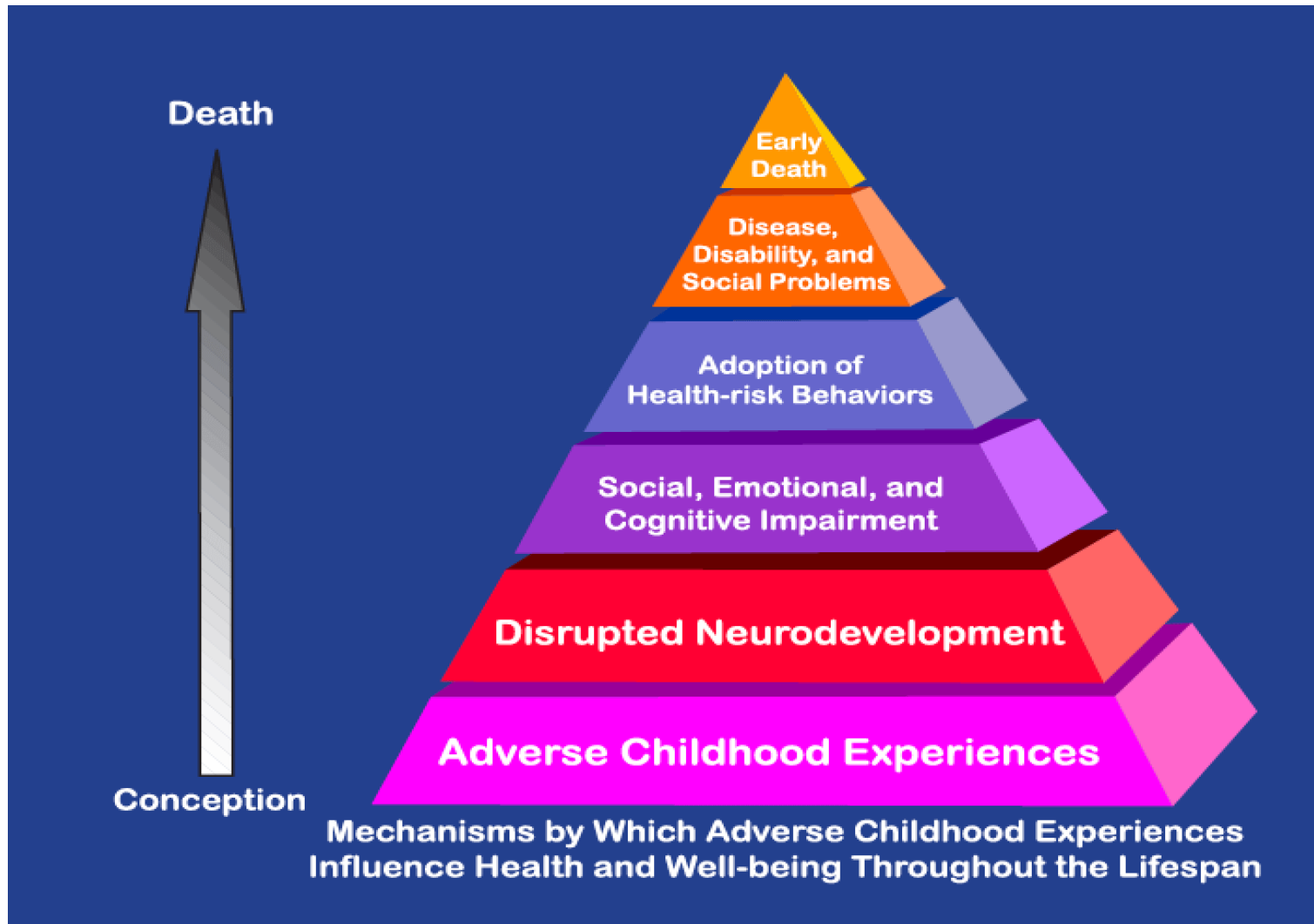
As the number of ACEs increases so does the risk for the following:

- Myocardial infarction
- Asthma
- Mental distress
- Depression
- Smoking
- Disability
- Reported income
- Unemployment
- Lowered educational attainment
- Coronary heart disease
- Stroke
- Diabetes

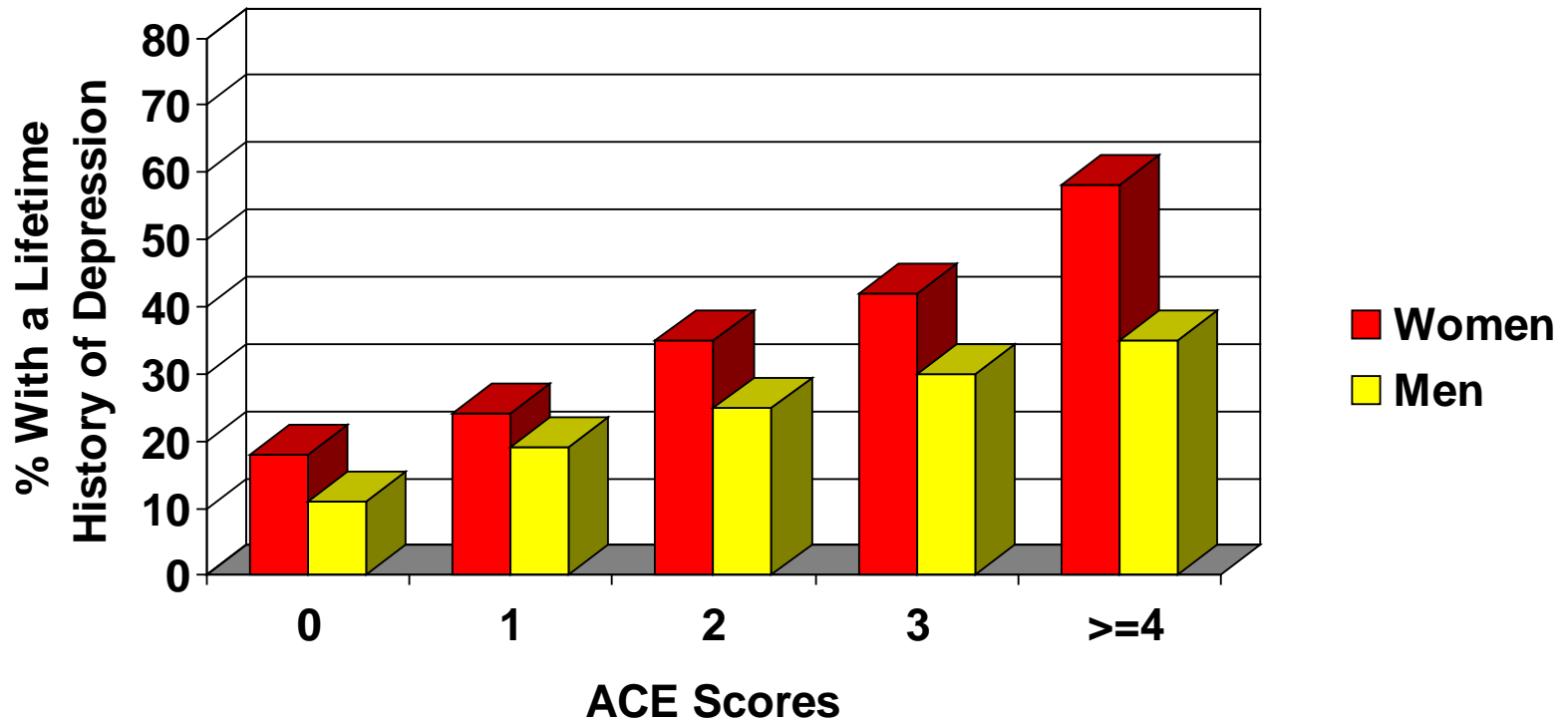
Dose-response describes the change in an outcome (e.g., alcoholism) associated with differing levels of exposure (or doses) to a stressor (e.g. ACEs). A graded dose-response means that as the dose of the stressor increases the intensity of the outcome also increases.

*Findings reflect studies that have utilized BRFSS data on various years. This list is not exhaustive. For more outcomes see [selected journal publications](#).

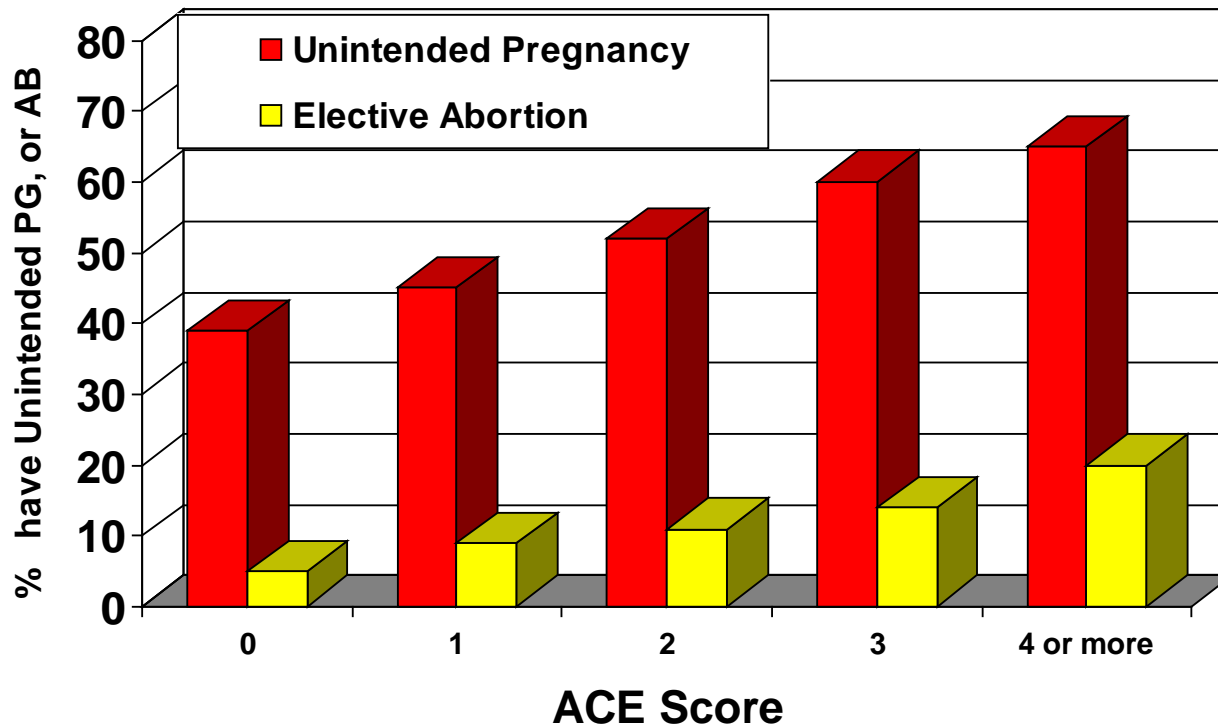
The ACE Pyramid: Theoretical Framework



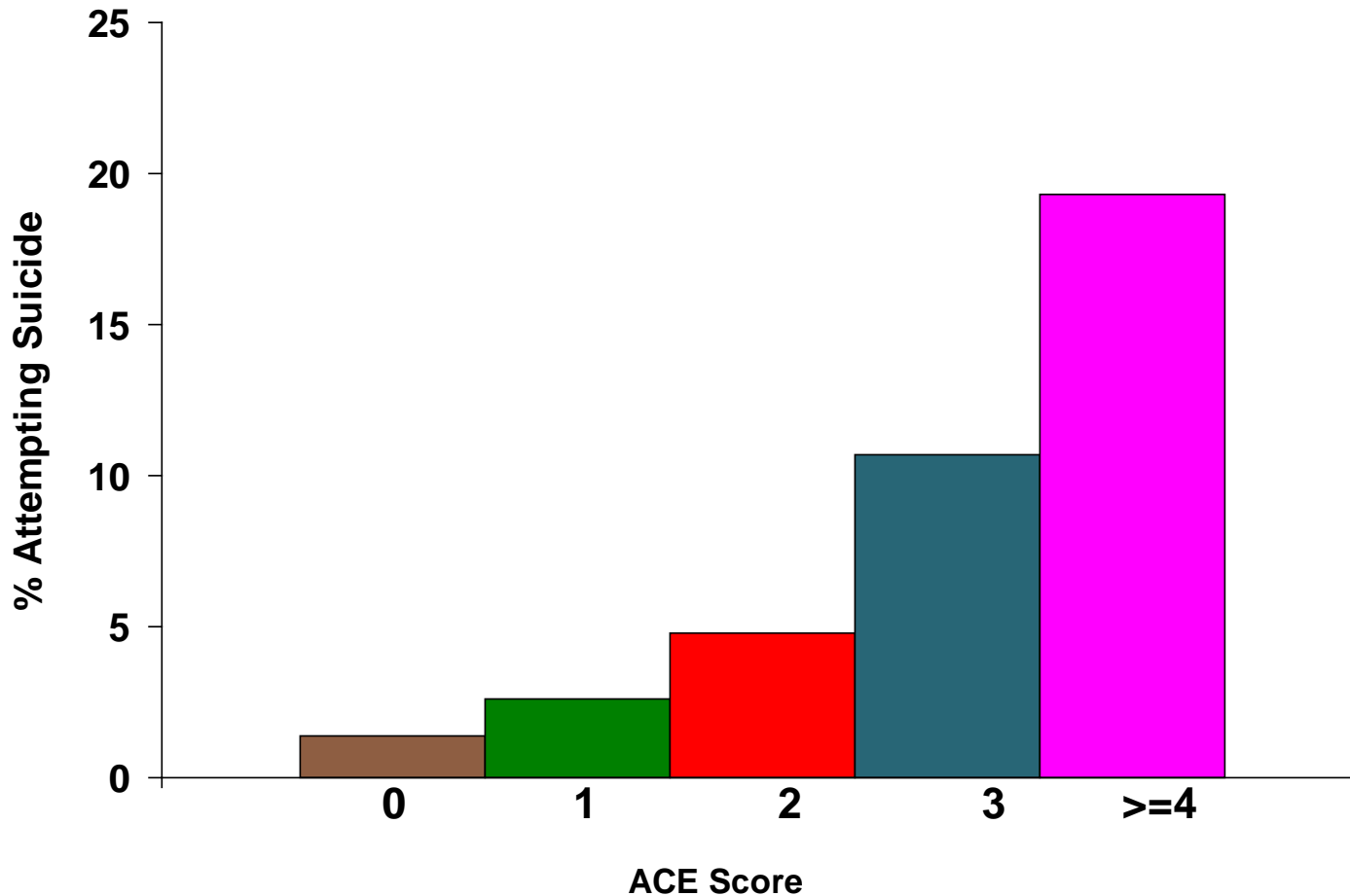
Childhood Experiences Underlie Chronic Depression



ACE Score vs. Unintended Pregnancy or Elective Abortion



Childhood Experiences Underlie Later Suicide



ACEs Increase Health Risks

According to the Adverse Childhood Experiences study, the rougher your childhood, the higher your score is likely to be and the higher your risk for various health problems later.

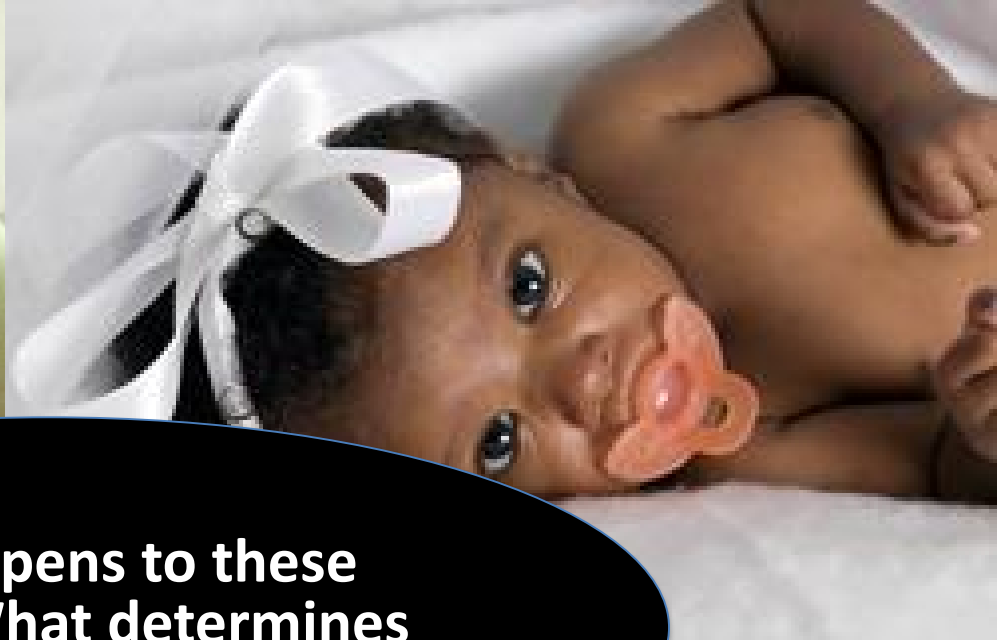
BEHAVIOR



Source: Centers for Disease Control and Prevention

Credit: Robert Wood Johnson Foundation



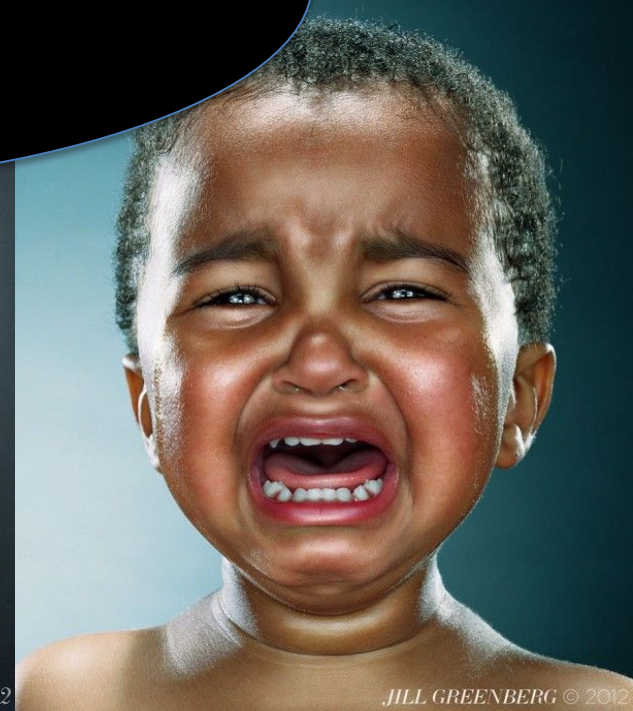
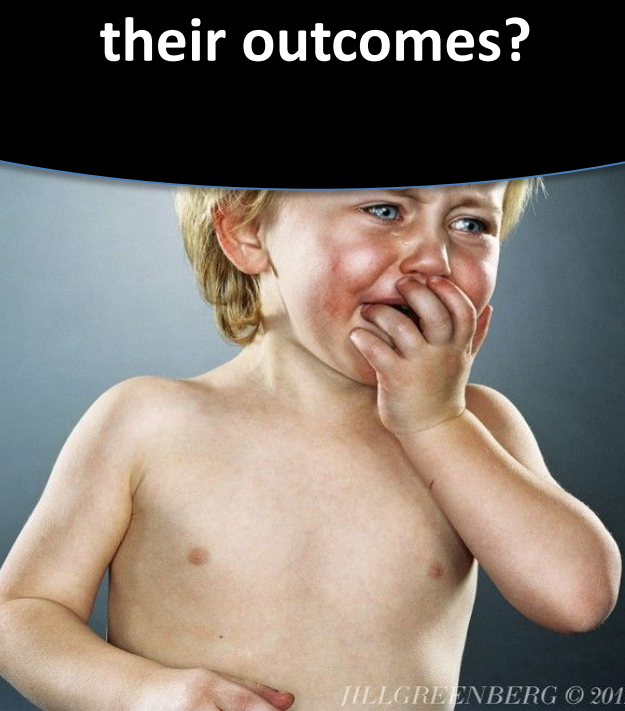


What happens to these children? What determines their outcomes?





What happens to these children? What determines their outcomes?



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Influences Over

Risk vs. Protective Factors:

Drinking alcohol

Smoking tobacco

Sexual promiscuity

Using drugs

Overeating/eating disorders

Delinquent behavior

Poor Impulse Control

Self inflicted harm (self injury)

Relationship Trauma

and more.....

Relative
Magnit
of Infl

80

FIGURE 2: INFLUENCE OF HEALTH STATUS ACROSS THE LIFECOURSE. The health status of individuals is a function of endogenous factors (genetic, physiological, psychological, and social) and a range of influences from the immediate community (school and workplace), and the larger community (neighborhood, city, and nation). As illustrated in figure 2, the relative influence of these factors changes as a function of age. Adapted from Nordio S. 1978. Needs in Child and Maternal Care. Rational Utilization and Social-Medical Resources. *Rivista Italiana di Pediatria* 4:3-20.

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From Neal Halfon





IT'S NOT ALL DOOM AND GLOOM

FUTURE FEARS PT. 1

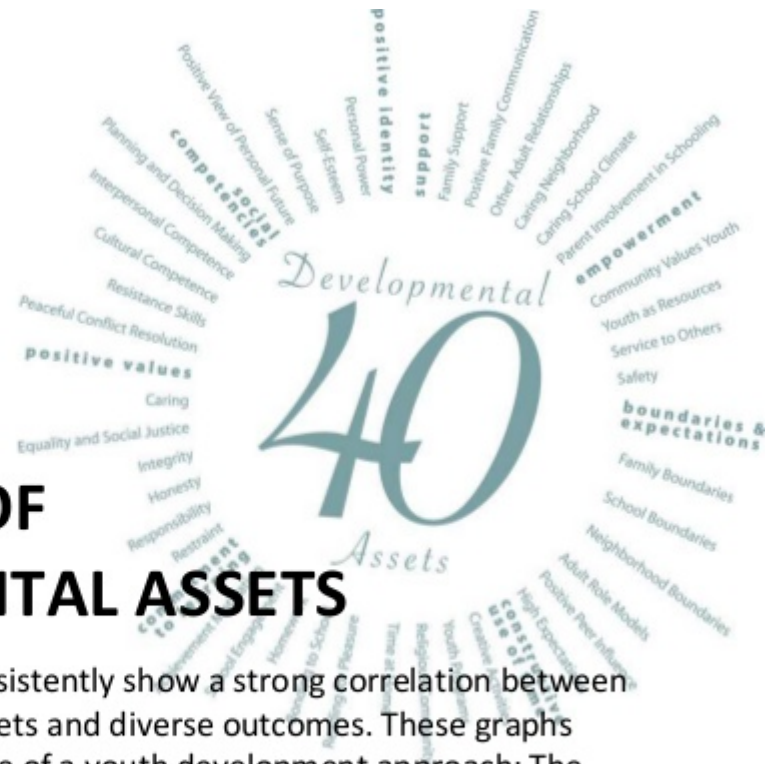


40 Developmental Assets











THE POWER OF DEVELOPMENTAL ASSETS

Search Institute studies consistently show a strong correlation between young people's levels of assets and diverse outcomes. These graphs demonstrate a core message of a youth development approach: The more strengths young people have in their lives, the more likely they are to grow up successfully.



40 Developmental Assets

The 20 External Assets		The 20 Internal Assets	
Support 	<input type="checkbox"/> Family support <input type="checkbox"/> Positive family communication <input type="checkbox"/> Other adult relationships <input type="checkbox"/> Caring neighbourhood <input type="checkbox"/> Caring school climate <input type="checkbox"/> Parent involvement in schooling	Commitment to Learning 	<input type="checkbox"/> Achievement motivation <input type="checkbox"/> School engagement <input type="checkbox"/> Homework <input type="checkbox"/> Bonding to school <input type="checkbox"/> Reading for pleasure
Empowerment 	<input type="checkbox"/> Community values youth <input type="checkbox"/> Youth as resources <input type="checkbox"/> Service to others <input type="checkbox"/> Safety	Positive Values 	<input type="checkbox"/> Caring <input type="checkbox"/> Equality and social justice <input type="checkbox"/> Integrity <input type="checkbox"/> Honesty <input type="checkbox"/> Responsibility <input type="checkbox"/> Restraint
Boundaries and Expectations 	<input type="checkbox"/> Family boundaries <input type="checkbox"/> School boundaries <input type="checkbox"/> Neighbourhood boundaries <input type="checkbox"/> Adult role models <input type="checkbox"/> Positive peer influence <input type="checkbox"/> High expectations	Social Competencies 	<input type="checkbox"/> Planning and decision making <input type="checkbox"/> Interpersonal competence <input type="checkbox"/> Cultural competence <input type="checkbox"/> Resistance skills <input type="checkbox"/> Peaceful conflict resolution
Constructive Use of Time 	<input type="checkbox"/> Creative activities <input type="checkbox"/> Youth programs <input type="checkbox"/> Religious community <input type="checkbox"/> Time at home	Positive Identity 	<input type="checkbox"/> Personal power <input type="checkbox"/> Self-esteem <input type="checkbox"/> Sense of purpose <input type="checkbox"/> Positive view of personal future



Resilience

Adverse Childhood Experiences of Low-Income Urban Youth

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^b*Division of General Internal Medicine, Department of Medicine, and*
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KEY WORDS

child abuse, children of impaired parents, domestic violence, nominal group technique, poverty, sexual abuse, spouse abuse, substance abuse, urban

ABBREVIATIONS

ACE—adverse childhood experience
FPL—federal poverty level



WHAT'S KNOWN ON THIS SUBJECT: Adverse childhood experiences have been shown to have long-term impacts on health and well-being. However, little work has been done to incorporate the voices of youth in understanding the range of adverse experiences that low-income urban children face.



WHAT THIS STUDY ADDS: Study participants cited a broad range of adverse experiences beyond those listed in the initial adverse childhood experience studies. Domains of adverse experiences included family relationships, community stressors, personal victimization, economic hardship, peer relationships, discrimination, school, health, and child welfare/juvenile justice systems.



Positive Deviance

Adverse Childhood Experiences, 40
Developmental Assets, Resilience,
Coping. Protective Factors Can
Mitigate ACEs

- What is wrong is always available but so is what is right!
- In every community there are individuals or groups whose uncommon behaviors and strategies enable them to find better solutions to problems than their peers, while having access to the same resources.





HOW CAN YOU APPLY THIS
FOR YOUR POPULATION & KEY STAKEHOLDERS

An Ounce of Prevention is
Worth a Pound of Cure
- Benjamin Franklin -

Prevention & Lifecourse Model

How I Use: (RECIPE)



Adverse Childhood Experiences (ACE)



Hi. I'm Dr. Anthony and I will be taking care of you today. The following questions will help me deliver better care during your visit. Some of the questions may cause discomfort if you experienced trauma or pain as a child. Childhood trauma can impact your health as an adult but together we can partner to keep you healthy. This may be the first time you have been asked these questions in the health care setting. What you share is kept confidential between us and your honesty will help me provide better care. Please track the number of questions in which you answered yes and write the total number in the space at the end of the questionnaire.

While you were growing up, during your first 18 years of life:

RESILIENCE Questionnaire

Please an X in the box that is most accurate for each statement:

The Question	Definitely true	Probably true	Not sure	Probably Not True	Definitely Not True
1. I believe that my mother loved me when I was little.					
2. I believe that my father loved me when I was little.					
3. When I was little, other people helped my mother and father take care of me and they seemed to love me.					
4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.					
5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.					
6. When I was a child, neighbors or my friends' parents seemed to like me.					
7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.					
8. Someone in my family cared about how I was doing in school.					
9. My family, neighbors and friends talked often about making our lives better.					
10. We had rules in our house and were expected to keep them.					
11. When I felt really bad, I could almost always find someone I trusted to talk to.					



WHAT IS TIC?

Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

▶ RESOURCES

▶ EVENTS

WHAT IS THE IMPACT OF TRAUMA



No one is immune to the impact of trauma. Trauma affects the individual, families, and communities by disrupting healthy development, adversely affecting relationships, and contributing to mental health issues including substance abuse, domestic violence, and child abuse. Everyone pays the price when a community produces multi-generations of people with untreated trauma by an increase in crime, loss of wages, and threat to the stability of the family.

HOW CAN WE BECOME TRAUMA INFORMED

Becoming "trauma-informed" means recognizing that people often have many different types of trauma in their lives. People who have been traumatized need support and understanding from those around them. Often, trauma survivors can be re-traumatized by well-meaning caregivers and community service providers. The Iowa TIC project seeks to educate our communities about the impact of trauma on clients, co-workers, friends, family, and even ourselves. Understanding the impact of trauma is an important first step in becoming a compassionate and supportive community.

RESOURCES

Trauma Informed Care
<http://www.traumainformedcareproject.org/>

It's my life...
I can PLAN IT!











Take control! Visit www.facebook.com/womenrise







Reproductive Life Planning!

<http://www.cdc.gov/preconception/reproductiveplan.html>

FP: Contraception

Your Birth Control Choices

Method	How well does it work?	How to Use	Pros	Cons
The Implant <i>(Nexplanon™)</i> 	> 99%	A health care provider places it under the skin of the upper arm. It must be removed by a health care provider.	Long lasting (up to 3 years) No pill to take daily Often decreases cramps Can be used while breastfeeding You can become pregnant right after it is removed.	Can cause irregular bleeding After 1 year, you may have no period at all. Does not protect against human immunodeficiency virus (HIV) or other sexually transmitted infections (STIs).
Progestin IUD <i>(Mirena®, Skyla®)</i> 	> 99%	Must be placed in uterus by a health care provider. Usually removed by a health care provider.	Mirena™ may be left in place up to 7 years. Skyla™ may be left in place up to 3 years. No pill to take daily. May improve period cramps and bleeding. Can be used while breastfeeding. You can become pregnant right after it is removed.	May cause lighter periods, spotting, or no period at all. Rarely, uterus is injured during placement. Does not protect against HIV or other STIs.
Copper IUD <i>(ParaGard®)</i> 	> 99%	Must be placed in uterus by a health care provider. Usually removed by a health care provider.	May be left in place for up to 12 years. No pill to take daily. Can be used while breastfeeding. You can become pregnant right after it is removed.	May cause more cramps and heavier periods. May cause spotting between periods. Rarely, uterus is injured during placement. Does not protect against HIV or other STIs.
The Shot <i>(Depo-Provera®)</i> 	94-99%	Get shot every 3 months.	Each shot works for 12 weeks. Private. Usually decreases periods. Helps prevent cancer of the uterus. No pill to take daily. Can be used while breastfeeding.	May cause spotting, no period, weight gain, depression, hair or skin changes, change in sex drive. May cause delay in getting pregnant after you stop the shots. Side effects may last up to 6 months after you stop the shots. Does not protect against HIV or other STIs.
The Pill 	91-99%	Must take the pill daily.	Can make periods more regular and less painful. Can improve PMS symptoms. Can improve acne. Helps prevent cancer of the ovaries. You can become pregnant right after stopping the pill.	May cause nausea, weight gain, headache, change in sex drive – some of these can be relieved by changing to a new brand. May cause spotting the first 1-2 months. Does not protect against HIV or other STIs.
Progestin-Only Pills 	91-99%	Must take the pill daily.	Can be used while breastfeeding. You can become pregnant right after stopping the pill.	Often causes spotting, which may last for many months. May cause depression, hair or skin changes, change in sex drive. Does not protect against HIV or other STIs.
The Patch <i>(Ortho Tricore®)</i> 	91-99%	Apply a new patch once a week for three weeks. No patch in week 4.	Can make periods more regular and less painful. No pill to take daily. You can become pregnant right after stopping patch.	Can irritate skin under the patch. May cause spotting the first 1-2 months. Does not protect against HIV or other STIs.
The Ring <i>(NuvaRing®)</i> 	91-99%	Insert a small ring into the vagina. Change ring each month.	One sit a fit at a time. Private. Does not require spermicide. Can make periods more regular and less painful. No pill to take daily. You can become pregnant right after stopping the ring.	Can increase vaginal discharge. May cause spotting the first 1-2 months of use. Does not protect against HIV or other STIs.

Method	How well does it work?	How to Use	Pros	Cons
Male/External Condom 	82-98%	Use a new condom each time you have sex. Use a polyurethane condom if allergic to latex.	Can buy at many stores. Can put on as part of sex play/foreplay. Can help prevent early ejaculation. Can be used for oral, vaginal, and anal sex. Protects against HIV and other STIs. Can be used while breastfeeding.	Can decrease sensation. Can cause loss of erection. Can break or slip off.
Female/Internal Condom 	79-95%	Use a new condom each time you have sex. Use extra lubrication as needed.	Can buy at many stores. Can put in as part of sex play/foreplay. Can be used for oral and vaginal sex. May increase pleasure when used for vaginal sex. Good for people with latex allergy. Protects against HIV and other STIs. Can be used while breastfeeding.	Can decrease sensation. May be noisy. May be hard to insert. May slip out of place during sex.
Withdrawal <i>(Pull-out)</i>	78-96%	Pull penis out of vagina before ejaculation (that is, before coming).	Costs nothing. Can be used while breastfeeding.	Less pleasure for some. Does not work if penis is not pulled out in time. Does not protect against HIV or other STIs. Must interrupt sex.
Diaphragm 	88-94%	Must be used each time you have sex. Must be used with spermicide. A health care provider will fit you and show you how to use it.	Can last several years. Costs very little to use. May protect against some infections, but not HIV. Can be used while breastfeeding.	Using spermicide may raise the risk of getting HIV. Should not be used with vaginal bleeding or infection. Raises risk of bladder infection.
Rhythm <i>(Natural Family Planning, Fertility Awareness)</i> 	76-99%	Predict fertile days by: taking temperature daily, checking vaginal mucus for changes, and/or keeping a record of your periods. It works best if you use more than one of these. Avoid sex or use condoms/spermicide during fertile days.	Costs little. Can be used while breastfeeding. Can help with avoiding or trying to become pregnant.	Must use another method during fertile days. Does not work well if your periods are irregular. Many things to remember with this method. Does not protect against HIV or other STIs.
Spermicide <i>(Cream, gel, sponge, foam, insert, film)</i> 	72-82%	Insert more spermicide each time you have sex.	Can buy at many stores. Can be put in as part of sex play/foreplay. Comes in many forms: cream, gel, sponge, foam, insert, film. Can be used while breastfeeding.	May raise the risk of getting HIV. May irritate vagina, penis. Cream, gel, and foam can be messy.
Emergency Contraception Pills <i>(Elogestal EC (Plan B) One-Step, Next Choice and others) and ulipristal acetate (ella®)</i> 	58-94%	Works best the sooner you take it after unprotected sex. You can take EC up to 5 days after unprotected sex. If pack contains 2 pills, take both together. You should start a birth control method right after using EC to avoid pregnancy.	Can be used while breastfeeding. Available at pharmacies, health centers or health care providers: call ahead to see if they have it. Women and men of any age can get some brands without a prescription.	May cause stomach upset or nausea. Your next period may come early or late. May cause spotting. Does not protect against HIV or other STIs. Women under age 17 need a prescription for some brands. Ulipristal requires a prescription. May cost a lot.



Bedsider.org

Are you a provider? Visit Bedsider Providers »

Welcome! (Sign in or Create your account) **BEDSIDERINSIDER**

BEDSIDER

[birth control methods](#)

[where to get it](#)

[reminders](#)

[features](#)

[questions](#)



Welcome to the free support network for birth control.



Policy/Advocacy

Federally Qualified Health Centers



Considered essential community providers.

Required to provide primary care.

Permitted to choose level of family planning services to offer.

Required to treat patients below the poverty line.

Required to collect statistical information annually.

Care provided by physicians.

Title X Clinics



Considered essential community providers.

Focused on providing family planning and sexual health services and supplies.

Required to treat patients below the poverty line.

Extensive reporting procedure is required.

Care provided by nurse practitioners, physician assistants.

Planned Parenthood Affiliates



Designated as nonprofit health-care organizations.

Private donations accepted to offset costs not covered by insurance companies.

Focused on family planning services and supplies.

Patients below the poverty line are treated as part of their mission statement.

Extensive reporting procedure is required.

Care provided by physicians, nurse practitioners and physician assistants.

Preconception & Interconception

<http://www.cdc.gov/preconception/index.html>

OVERVIEW

What is preconception health and health care?

PLANNING FOR PREGNANCY

Tips for women who are planning a pregnancy.

WOMEN

Tips for women, even if they don't plan to get pregnant.

MEN

Steps for men.

REPRODUCTIVE LIFE PLAN

Learn how to make a reproductive life plan.

HEALTH PROFESSIONALS

Clinical care, recommendations, and tools.

RESOURCE CENTER

Resources and tools for women, men, and health professionals.

ARTICLES AND DOCUMENTS

Scientific articles and other documents.

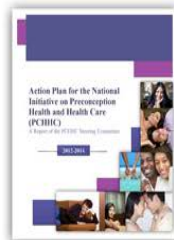
Share with Your Friends

Preconception health and health care focuses on taking steps now to protect the health of a baby in the future.

 [Share on Facebook](#)

 [Share on Twitter](#)

 [Send an E-mail](#)



Health Initiative

Too many babies in the United States are born preterm, of low birth weight, or with birth defects. Improving the health of women of childbearing age, before they conceive, is essential to changing these trends.

[More >](#)

Show Your Love  Preconception Health

Show Your Love Campaign

Show Your Love is a national campaign designed to improve the health of women and babies by promoting preconception health and healthcare.

[More >](#)



My Reproductive Life Plan

Thinking about your goals for having or not having children and how to achieve those goals is called a reproductive life plan. Learn how to make a reproductive life plan today!

[More >](#)



Centering Pregnancy

What Women are saying about **Centering**Pregnancy®

"One of the benefits to me was that someone always asked the question that I didn't think to ask."

"When it came time for labor, Centering helped me feel informed."

"It is so relaxed. It doesn't feel like a medical visit."

"It is an extremely supportive, safe environment."

"We get a babysitter and look forward to this time to focus on us."

**TAKING THE 17P
(PROGESTERONE) SHOTS**



Unnatural Causes: When the Bough Breaks



UNNATURAL CAUSES

...is inequality making us sick?

SELECT EPISODE

- ▶ **In Sickness and In Wealth** (56 min.)
- When the Bough Breaks** (29 min.)
- Becoming American** (29 min.)
- Bad Sugar** (29 min.)
- Place Matters** (29 min.)
- Collateral Damage** (29 min.)
- Not Just a Paycheck** (30 min.)

Languages
& Captions

5-minute
intro clip

 CALIFORNIA
NEWSREEL
www.newsreel.org

Poverty Simulator playspent.org

POVERTY

Two bills are due today.

WHAT DO YOU WANT TO DO?



PAY MOBILE
PHONE BILL
(\$75)

OR



PAY CAR
INSURANCE
(\$100)

OR



PAY BOTH
(\$175)

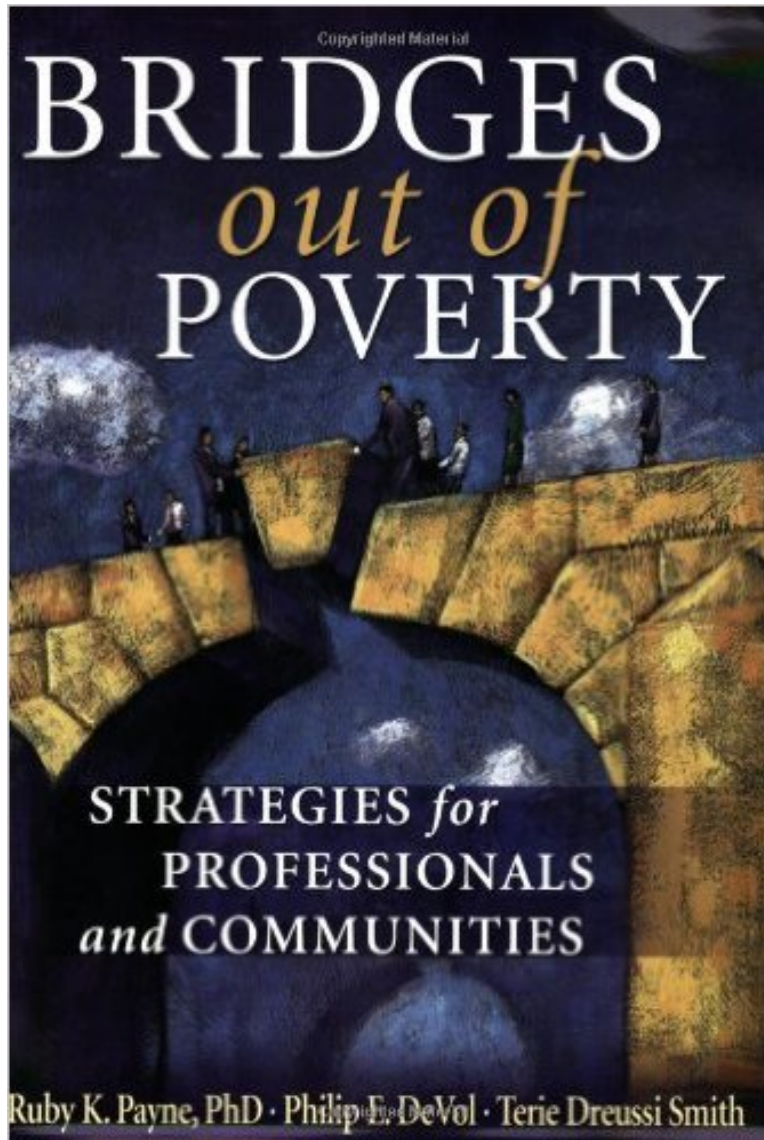
OR



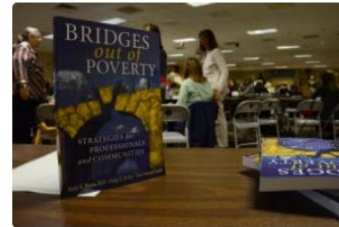
ASK A FRIEND



Bridges Out of Poverty



What is the Bridges Out of Poverty Training?



Have you ever wondered “Why don’t they just get a job?” Have you ever said “They buy pop, candy, and junk food instead of food that’s good for them.” Do you ever look at the tattoos, nails being done, hair looks great and instantly wonder “How do they pay for that when they don’t pay their bills?” This training will touch on those questions, thoughts, and so much more.

The Bridges Out of Poverty Training is a 6 hour class that will dive directly into the world of those who are in poverty touching on many topics. Topics include the mental models of different classes, causes of poverty, hidden rules of economic classes, language barriers, and resources needed for success. This training is perfect for people who work with individuals in lower class or people looking to gain a deeper connection with their community. The Bridges Out of Poverty Training cost \$25, lunch and beverages are provided.

Are you ready to CHALLENGE the way you have been thinking?

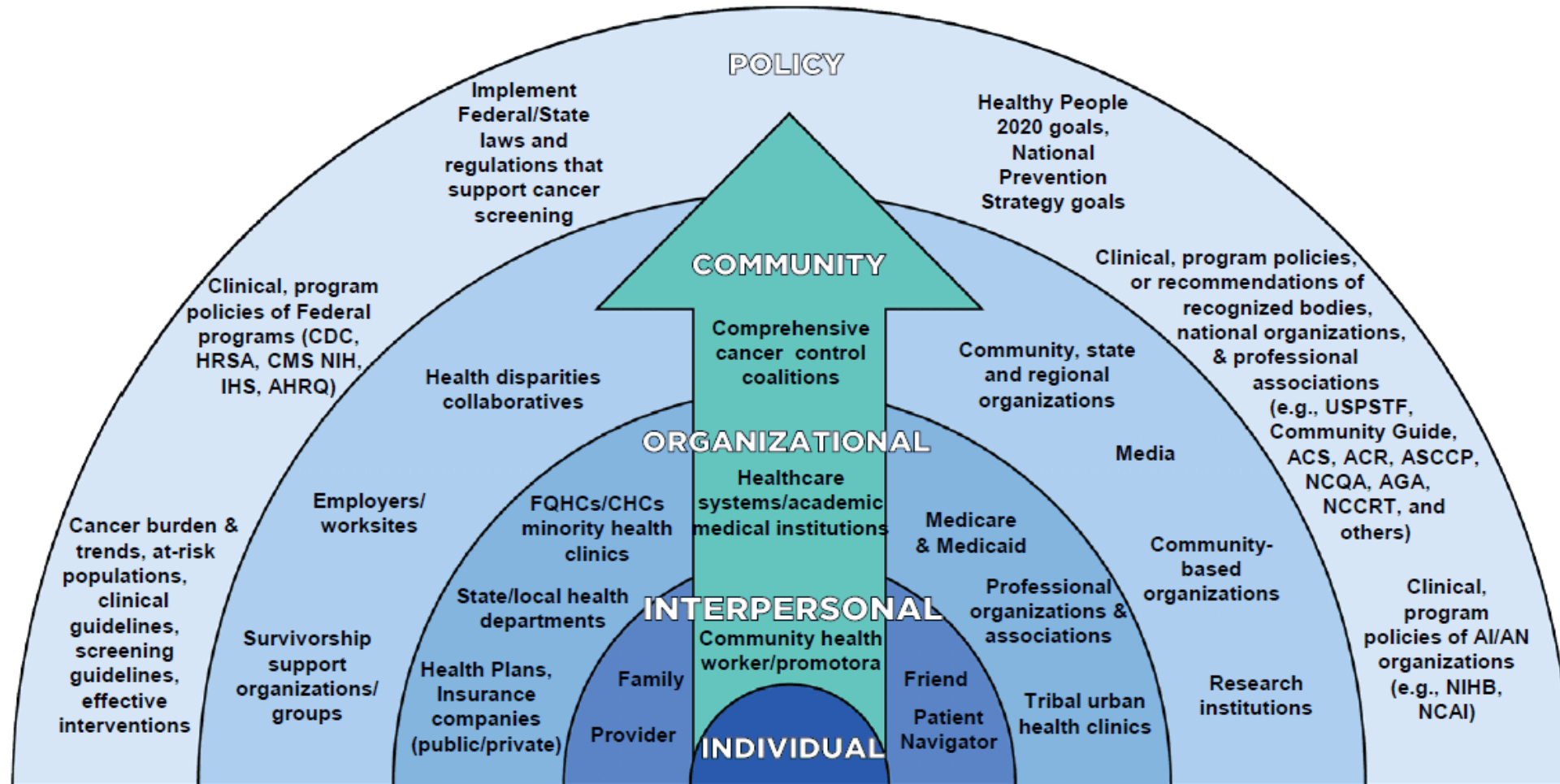
Sign up today for our next Bridges Out of Poverty Training.

2016 Bridges Out of Poverty Trainings



Collaboration: Academic Partners





*Some groups may fit within multiple levels of this model.

Socio-ecological model (SEM)

Other





One Size
Really Doesn't Fit All



<https://www.youtube.com/watch?v=yQrBCJpTewc>



So What Will You Do? How can & will you use this?

“IF YOU COULD
DO ONE THING...”

Soulwork

Soulwork is the core need of every path and every pursuit. Without it, our lives feel empty, dead, directionless and meaningless. Without it, we remain psychologically and spiritually immature. In other words, without soulwork we can never ripen into our fullest potential.

MATEO SOL

WWW.LONERWOLF.COM



Just maybe?

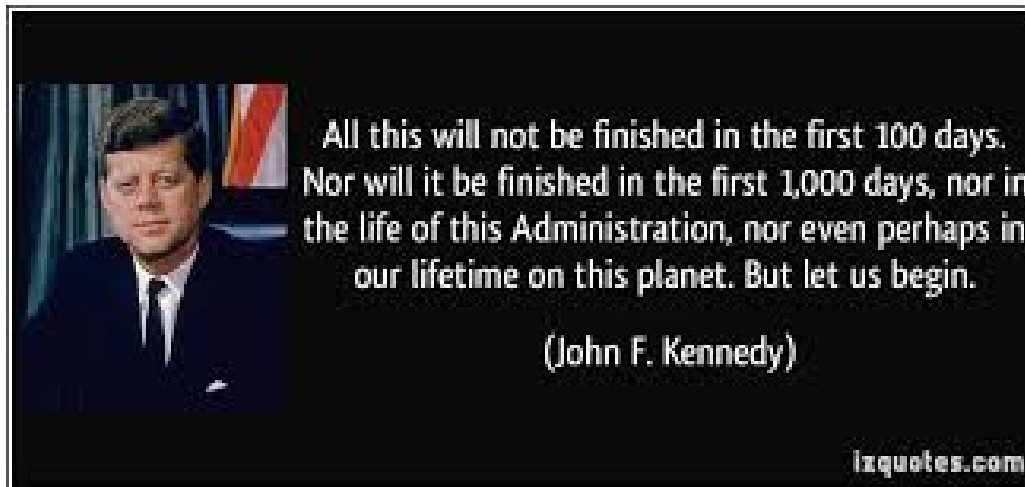
The mission of Kansas Maternal and Child Health is to improve the health and well-being of Kansas mothers, infants, children, and youth, including children and youth with special health care needs, and their families. We envision a state where all are healthy and thriving.

For the federal Title V program, each state conducts a 5-year needs assessment to identify maternal and child health (MCH) priorities. The 2016-2020 MCH priorities for Kansas are:

1. Women have access to and receive coordinated, comprehensive care and services before, during and after pregnancy.
2. Services and supports promote healthy family functioning.
3. Developmentally appropriate care and services are provided across the lifespan.
4. Families are empowered to make educated choices about infant health and well-being.
5. Communities and providers support physical, social, and emotional health.
6. Professionals have the knowledge and skills to address the needs of maternal and child health populations.
7. Services are comprehensive and coordinated across systems and providers.
8. Information is available to support informed health decisions and choices.



I'm going
to change
the world
and this is
my plan...





Thank
You



Renaisha S. Anthony MD, MPH

University of Nebraska Medical Center

Center for Reducing Health Disparities

College of Public Health

Renaisha.anthony@unmc.edu

402 559-9660





University of NebraskaSM Medical Center

BREAKTHROUGHS FOR LIFE.[®]



UNIVERSITY OF
Nebraska
Medical Center



Almost everything will work again if you unplug it for
a few minutes -including you.

- Anne Lamott



Panel Presentation

Emerging Practices for Improved
Outcomes



Celestine Muhammad
Ambassador, Resilient KC



Dena Sneed, OTR/L
Truman Medical Center



Dr. Tiffany Anderson
Topeka Public Schools



Transforming Schools: Leading for Excellence

Transcending Race and Poverty to Transform the Community

Presented by: Dr. Tiffany Anderson



Closing the Achievement Gap: Transforming Schools for Excellence

RODNEY MCALLISTER
1999 – 2001
Your Actions Impact The Community



Closing the Achievement Gap: Transforming Schools for Excellence

Jennings Demographic & Location

- 100% Free lunch
- 98% African American
- Borders Ferguson
- Many students have chronic medical conditions (asthma, diabetes, etc..)

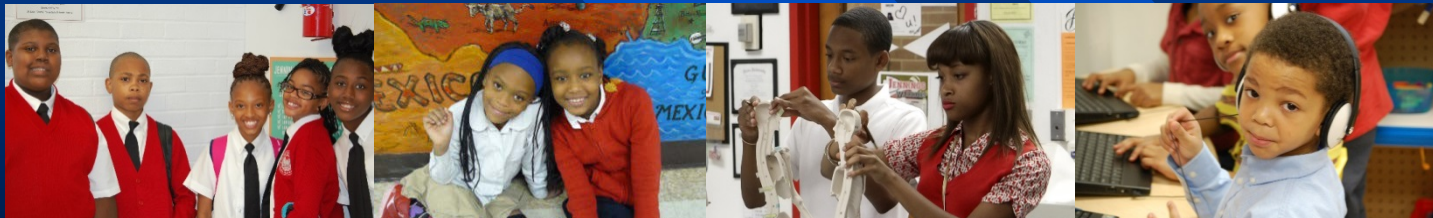


Closing the Achievement Gap: Transforming Schools for Excellence

Meeting Below 50% of Standards = Unaccredited
Meeting 70% of Standards = Full Accreditation

MSIP Movement	2012	2013	2014	2015
APR Total Points	80/140	92/140	109.5/140	113.5/140
Percent of Points	57.1%	65.7%	78.2%	81.1%

MSIP 5 Standards	Points Possible	Points Earned 2014	Points Earned 2015
1. Academic Achievement	56	42	46
2. Subgroup Achievement	14	9.5	10
3. College and Career Ready	30	20	18
4. Attendance	10	8	9.5
5. Graduation Rate	30	30	30
Total	140	109.5	113.5



Closing the Achievement Gap: Transforming Schools for Excellence

Surrounded by Struggles Jennings Shines

 ST. LOUIS POST-DISPATCH

SEPTEMBER 22, 2013 12:15 AM • BY ELISA CROUCH

JENNINGS • Just two years ago, Sean Charleston didn't understand the point of school. He was sometimes suspended. He earned D's. He blew off homework. But then he ended up in Karen Thompson's biomedical science class that the 20-year veteran teacher had begun teaching at Jennings Senior High School. Sean loved the class and saw that Thompson cared about his future. Now, he is determined not just to graduate high school, but college.

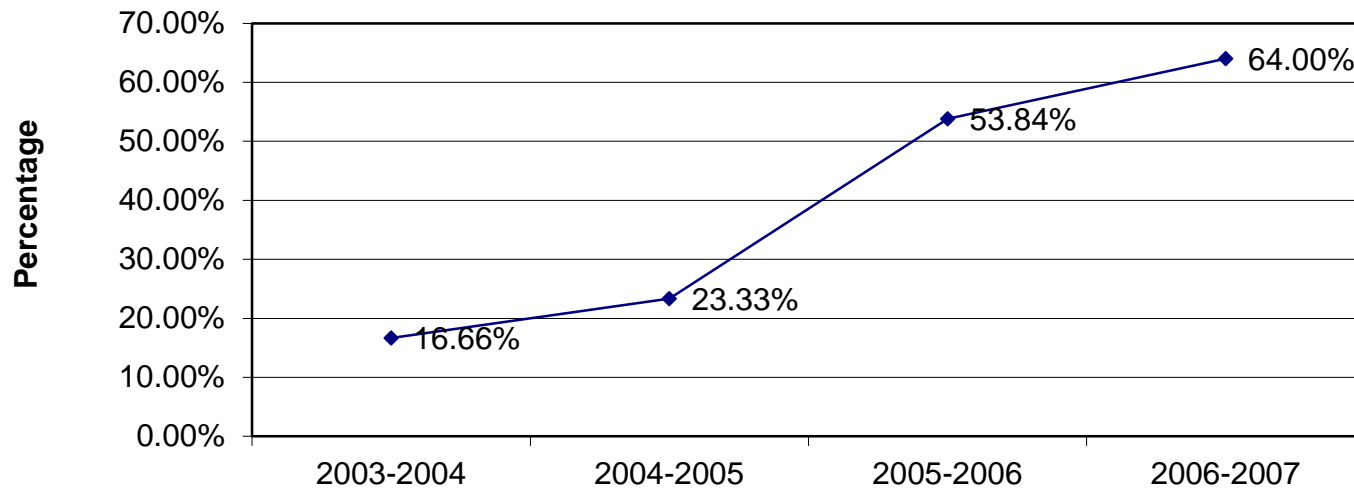
"That's the only way I'll be successful," said Sean, now a sophomore.

Sean's transformation is happening on a larger scale throughout the Jennings School District. The north St. Louis County school system — which once found itself on the brink of losing state accreditation — is climbing back toward academic respectability. Parents are showing up in greater numbers to open houses and parent meetings. Attendance is up. Discipline problems are down. Middle schoolers are visiting college campuses.

More of the article can be found at www..Post-Dispatch.org

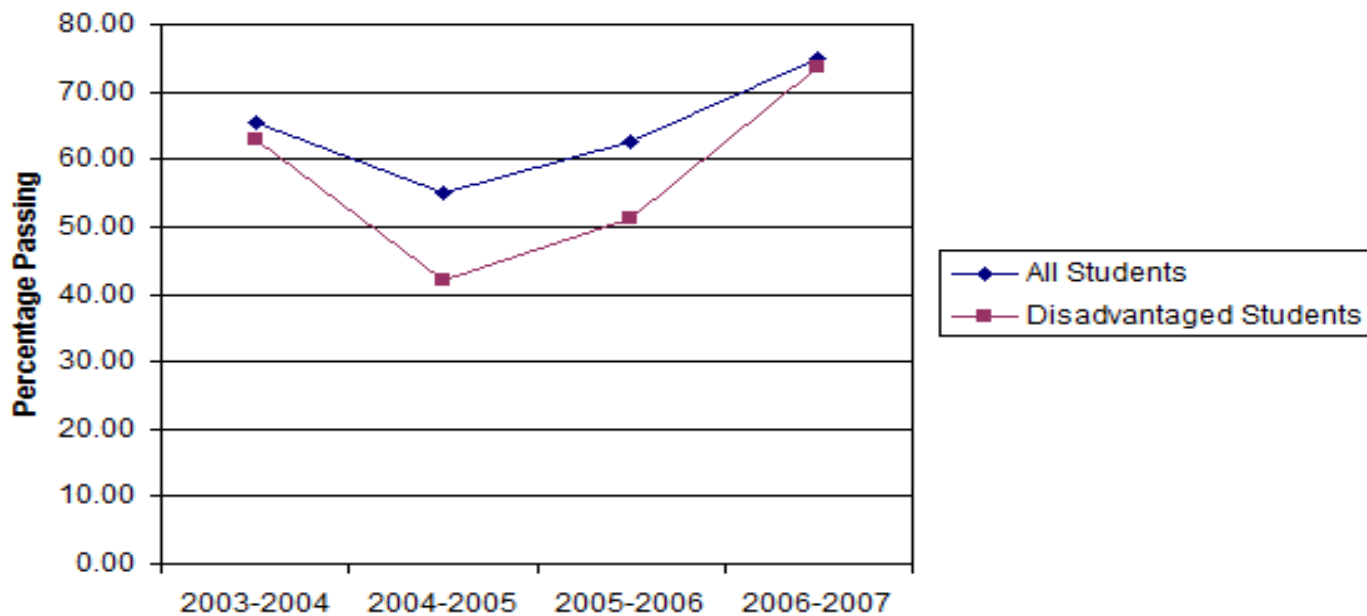
Montgomery County Blacksburg Middle School Closes Achievement Gaps for African American Students

Blacksburg Middle School
African American Longitudinal Data
(English)

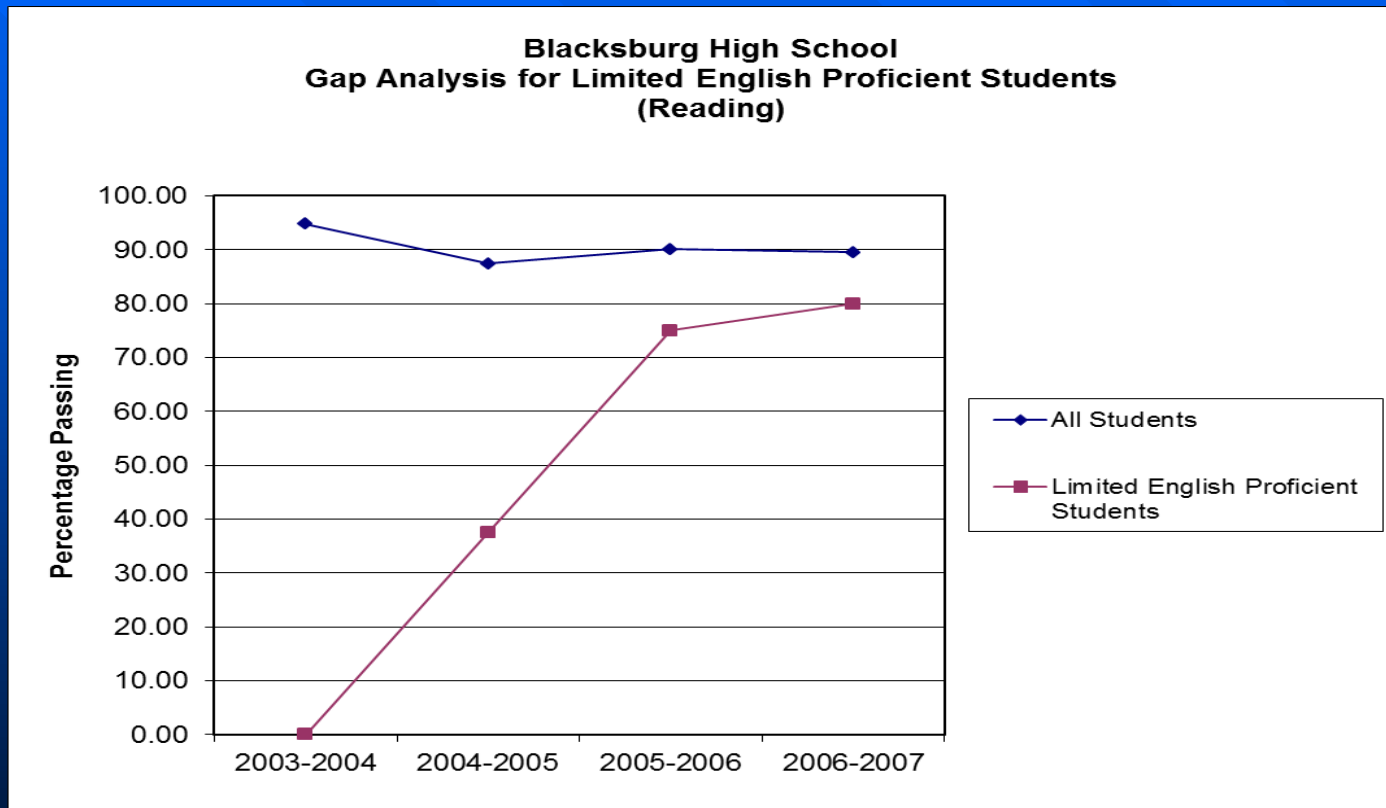


Montgomery County: Achievement Gap Analysis

Shawsville Elementary School
Gap Analysis for Disadvantaged Students
(Mathematics)

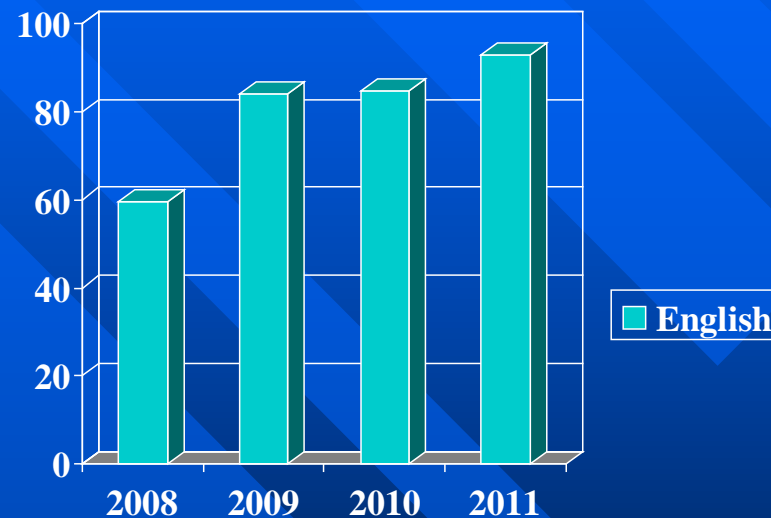


Montgomery County: ELL Gap Analysis Data



Missouri - UA Charter Achievement Results for High School English

- In 2008 the pass rate for students in proficient and advanced was 59.5%.
- In 2009 the pass rate for students in proficient and advanced jumped to 84.1%.
- In 2011 the pass rate for proficient and advanced is 93%.



Transforming a Community and Working Together

- Complete a needs assessment.
- Determine what are the health needs in the community and why aren't they met?
- Examine the relationships within the community and between community agencies.
- Examine economic barriers to health and wellness and ways to change systems and mindsets together.
- Identify resources that are sustainable or that are renewable and begin securing those.

**HOPE HOUSE: Opened in 2015
Educators Institute Tours 2016**



Closing the Achievement Gap: Transforming Schools for Excellence

Improving Health & Wellness

What systems can you change to interrupt the cycle of generational poverty?



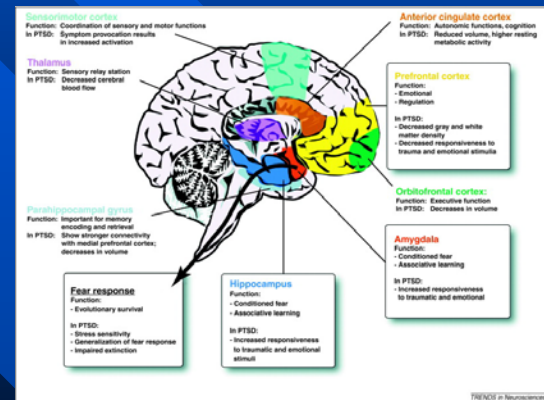
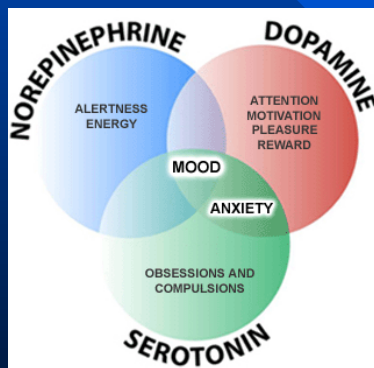
Closing the Achievement Gap: Transforming Schools for Excellence

A zip code should not determine your destiny

**Privilege – What do children in privileged
communities have greater access to than
others?**

Toxic Stress

- Children whose brains are flooded with cortisol may have a hair-trigger temper and fly off the handle inappropriately. Because they are always coping with stress, their developing brains have fewer opportunities to reinforce connections in the cerebral cortex, which is where thoughtful planning occurs.
- **Fewer synaptic connections.** Children under prolonged stress do not have regular opportunities to practice decision-making, problem-solving, and other higher-order thinking skills to strengthen neuron pathways. Over time, underdeveloped executive function skills may lead to school difficulties, trouble with relationships, behavior problems.



Poverty and Toxic Stress

Chronic stress without a human buffer impacts the limbic system (the learning center), and the immune system (the health system). Multiple Adverse Childhood Experiences (ACES) impact development. **If you have greater than 4 ACES you are more likely to have greater learning problems and health problems.** Chronic stress impacts the prefrontal cortex (organization), hippocampus (memory) and the amygdala (emotions). The amygdala remembers stress and grows at the expense of other structures. However, children's brains are malleable into early adulthood.

Relationships and trust happens at the neurobiological level. Children don't come to school with these skills already fully built.

The Impact of Poverty on Learning and Stress: The Ferguson Effect



TOXIC STRESS

St. Louis Post Dispatch 2015

Stress - if left unchecked — is physically toxic to child development and health. Brain imaging, biochemical tests, genetic testing and psychiatric trials show toxic stress ravages growing children — inviting maladies such as asthma, obesity, heart disease, high blood pressure, diabetes, kidney disease and stroke in adulthood.

When children don't get a break from the stress — when adults can't or don't know how to shield their children from it — their developing bodies go on a stress hormone production binge that can alter typical gene expression within their DNA. In some cases, parts of their brains are smaller and their chromosomes shorten. Those biological and developmental changes trigger lifelong health consequences that can ultimately shorten lives. Some pediatricians who treat children in mostly poor neighborhoods describe a toxic stress epidemic.

Effective Schools Research: What we already know

Ron Edmonds, L. Lezotte
and Ron Ferguson

We know that the research-based effective school correlates are:

- Instructional Leadership
- Focused Vision/Mission
- Safe and Orderly Climate
- Climate of High Expectations
- Frequent Monitoring of Progress
- Positive Home-School Relations
- Student Time-on-Task/
Opportunities to Learn

As we work to understand disparities, we know that a tripod of three things have the greatest impact on instruction:

- **Content** – Curriculum
- **Relationships-Home School**
- **Pedagogy** – Having a highly qualified staff with effective instructional techniques

Closing the Achievement Gap: Transforming Schools for Excellence

Relationships

Without relationships, improvement in any school or organization is limited.

Students and adults will work hard for you and with you if they trust you. They won't if they don't!



Closing the Achievement Gap: Transforming Schools for Excellence

Relationship Building Strategies

- High Visibility – Informal interactions are key in high poverty settings
- Remove systems of oppression and teach families and staff to work beyond the system
- Create new economic opportunities (Employing parents, integrating job readiness, addressing underfunded banking, job placement etc..)
- Public Recognition – Giving families, children and staff a voice
- Serving basic family & staff needs with dignity (food pantry, supplies, clothing)
- Home visits & Saturday parent conferences (Be available when families and staff are)
- Multiple Extended Opportunities to succeed for students and staff (Example: Saturday School, staff supports)



**The Level of Commitment in Successful
Schools is Exceedingly High For Every
Staff Member**

Problems are Viewed as Opportunities





Closing the Achievement Gap: Transforming Schools for Excellence

“We can, whenever we choose, successfully teach all children whose schooling is of interest to us. We already know more than we need to do that. Whether or not we do it must finally depend on how we feel about the fact that we haven’t so far.”

--Ron Edmonds 1982



Dr. Tiffany Anderson
Superintendent & Consultant

EDUCATION / Administration / General

Practical, Proven Leadership Strategies to Achieve School Reform

"It's easier to build strong children than to repair broken men." These powerful words from Frederick Douglas are at the heart of Dr. Tiffany Anderson's pragmatic, practical, compassionate mission to reform our educational system. In *Transforming Schools for Excellence*, Dr. Anderson gives aspiring and current leaders tools and strategies to eliminate the achievement gap and improve both schools and the communities they serve. Dr. Anderson includes personal stories, ... and researched best practices - but more importantly, these are strategies she has proven repeatedly, making her a recognized and award-winning leader in education reform. No matter how long you have been in the field of education, this book will inspire you to challenge the status quo, and empower you to take action to improve your school, with Dr. Anderson's insights providing a blueprint for improvement.



Dr. Tiffany Anderson has served as a public school administrator for 14 years in traditional and public schools. After leading several school districts in eliminating achievement gaps, Dr. Anderson was awarded the 2012 Association for Schools Curriculum and Development (ASCD) Honoree Outstanding Young Leaders award. She is a national presenter on accountability in schools, eliminating the achievement gap, transforming schools, implementing the common core standards in the curriculum, recruiting talent for school districts, and a variety of other topics. Dr. Anderson also serves as an adjunct professor at various universities in Kansas and Missouri.

US \$XX.XX

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press

OutskirtsPress.com

V1.0

6" x 9"

TRANSFORMING SCHOOLS FOR EXCELLENCE: CLOSING THE ACHIEVEMENT GAP

DR. TIFFANY ANDERSON

Dr. Tiffany Anderson

Transforming Schools for Excellence: Closing the Achievement Gap

Increasing Accountability
in Charter
and Traditional
Public Schools

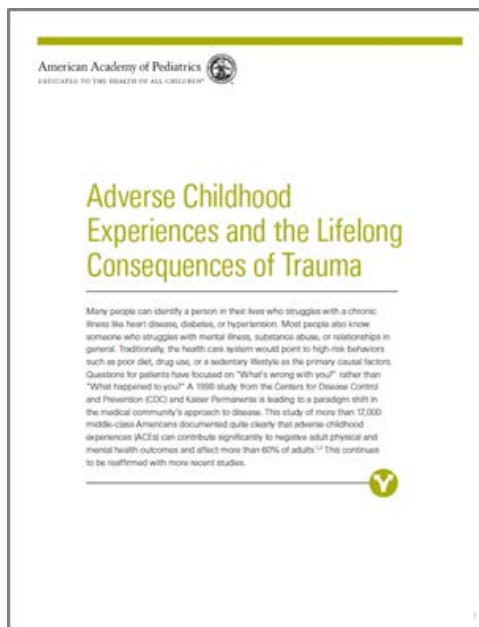


Dr. Anderson's 2012 Book: Transforming Schools for Excellence can be purchased through Amazon, Barnes and Noble or through Outskirts Press. Dr. Anderson can be contacted for consulting by contacting ASCD or through her email at tcanderson814@gmail.com.

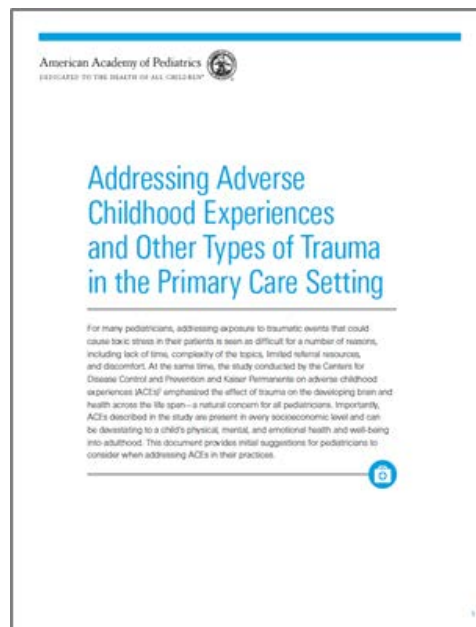
Tools and Resources



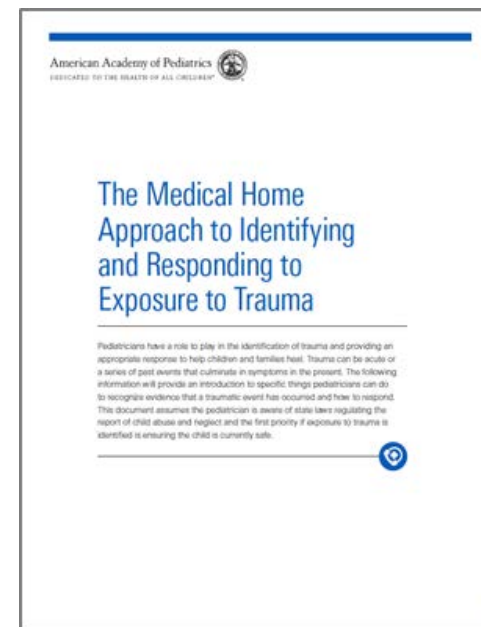
American Academy of Pediatrics: Toolbox for Primary Care



- What Is the Role of Stress?
- The Biology of Trauma
- Effect of Trauma on Parenting Ability
- Resilience and Other Reasons for Optimism

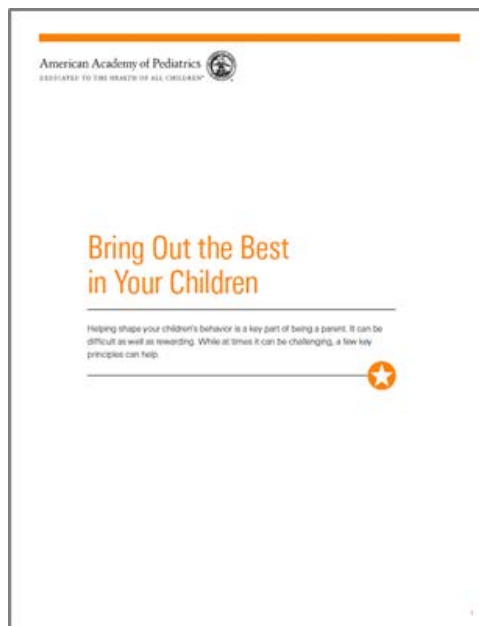


- The Medical Home: Ideal for Addressing Trauma
- The Process
- Assessing Readiness to Change
- Identifying ACEs and Other Sources of Trauma Is Quality Improvement
- Preparing Physicians and Staff for the Process



- Somatic Complaints and Physical Examinations: Recognizing When Something Is Trauma Related
- After Exposure to Trauma Is Identified: The Initial Response
- After Exposure to Trauma Is Identified: Responding to the Symptomatic Child

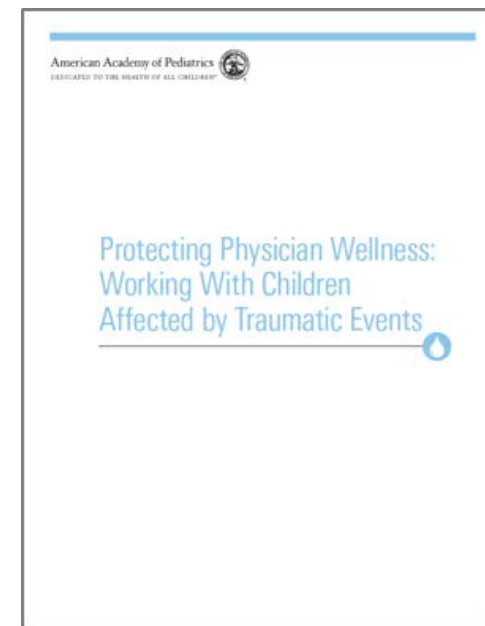
American Academy of Pediatrics: Toolbox for Primary Care



- Key Concepts
- Modeling Behavior
- The Attention Meter
- What About Time-Out?
- Motivating Your Child



- Stress and the Body
- Parents Were Kids Once Too!
- Helping Kids: Strong and Healthy Parents



- The Practice Environment
- An Individual Response

Center for Youth Wellness

OUR MISSION IN THE FIGHT AGAINST ACES AND TOXIC STRESS IS THREE-FOLD: PREVENT, SCREEN AND HEAL.

Prevent



We are helping to prevent toxic stress by raising national awareness among those who have the power to make a difference.

Screen



We screen all kids who walk through the Center's doors for Adverse Childhood Experiences (ACEs) and toxic stress.

Heal



We are a national leader in developing the best ways to heal kids experiencing toxic stress.

Injury Prevention & Control : Division of Violence Prevention

Violence Prevention
Our Approach +
Child Maltreatment -
Definition
Data Sources
Risk and Protective Factors
Essentials for Childhood
ACE Study -
About ACEs
CDC-Kaiser ACE Study
BRFSS ACE Data
Resources
Journal Articles
Presentation Graphics
Consequences
Prevention Strategies
Additional Resources
Featured Topic: Preventing Abusive Head Trauma
Featured Topic: Interrupting Maltreatment Across Generations
Elder Abuse +

[CDC](#) > [Violence Prevention](#) > [Child Maltreatment](#) > [ACE Study](#)

Adverse Childhood Experiences (ACEs)



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. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs).

ACEs can be prevented. Learn more about preventing ACEs in your community.

[More >](#)



CDC-Kaiser ACE Study

Learn more about the original study including ACE definitions, study demographics, and major findings.

[More >](#)

BRFSS ACE Data

Learn more about the BRFSS ACE module including ACE definitions, study demographics, and major findings.

[More >](#)

Resources

Find list of documents, web pages, and tools to help you understand and use data.

[More >](#)

Journal Articles

View a sample of selected adverse childhood experiences journal articles by topic area.

[More >](#)

Childhood Trauma – Changing Minds™

Childhood trauma
Changing minds.™

DEFENDING CHILDHOOD

SHARE 


GESTURES THAT CAN HEAL

As a supportive, caring adult in a child's life, you could be an important factor in helping them overcome the effects of childhood trauma. With these five gestures, you can make a difference in their everyday lives.



CELEBRATE
Use "put-ups," not "put-downs."

[READ MORE](#) [+]



COMFORT
Stay calm and patient.

[READ MORE](#) [+]



COLLABORATE
Ask for their opinions.

[READ MORE](#) [+]



INSPIRE
Expose them to new ideas.

[READ MORE](#) [+]



LISTEN
Show an interest in their passions.

[READ MORE](#) [+]



SCAN - 090
3.40
3.90
JOB#12
JOB#33
#P10 x 438

Healthy Moms, Happy Babies





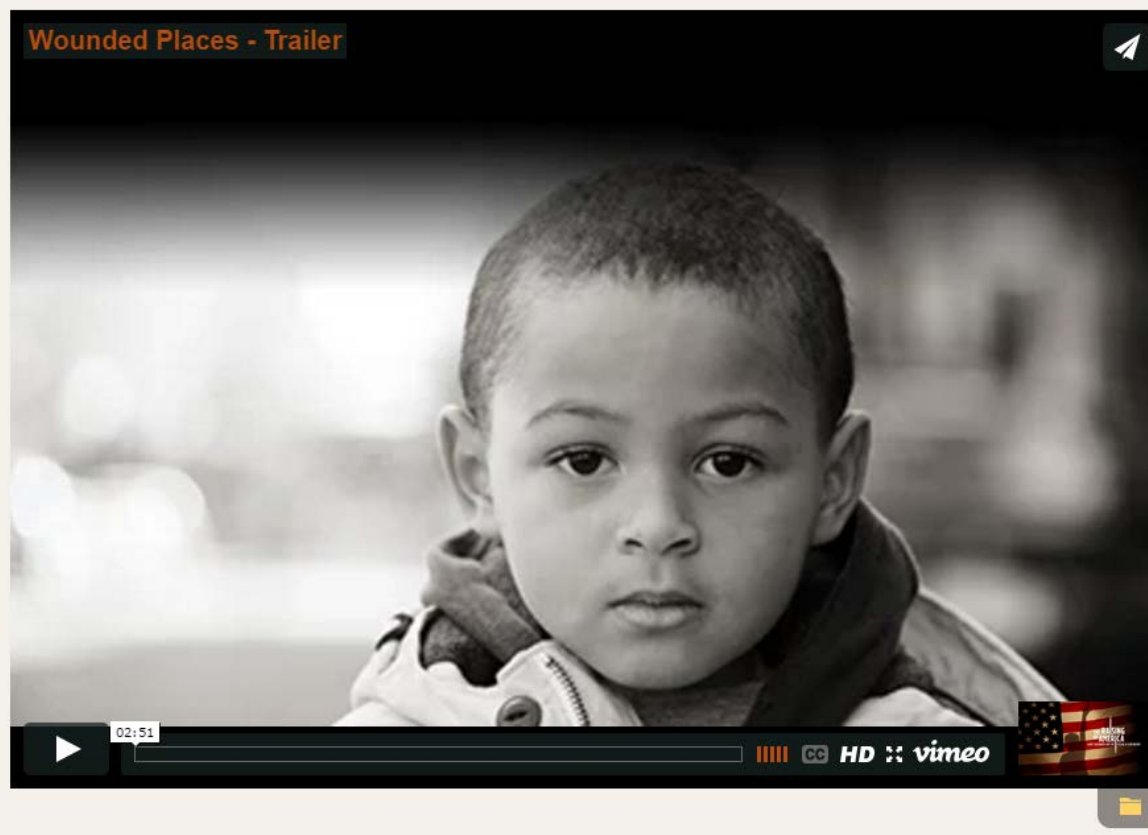
Lemonade FOR Life

A Guide to Using ACEs to Build Hope & Resilience

- Product developed by the University of Kansas Center for Public Partnerships and Research
- Contact: Melissa Zinn, Training Coordinator
mmzinn@ku.edu

Raising of America

Trailer - Wounded Places





Council Discussion

Assessing the Current System &
Identifying Opportunities for New Action



If we did things
completely
right around
TIC...





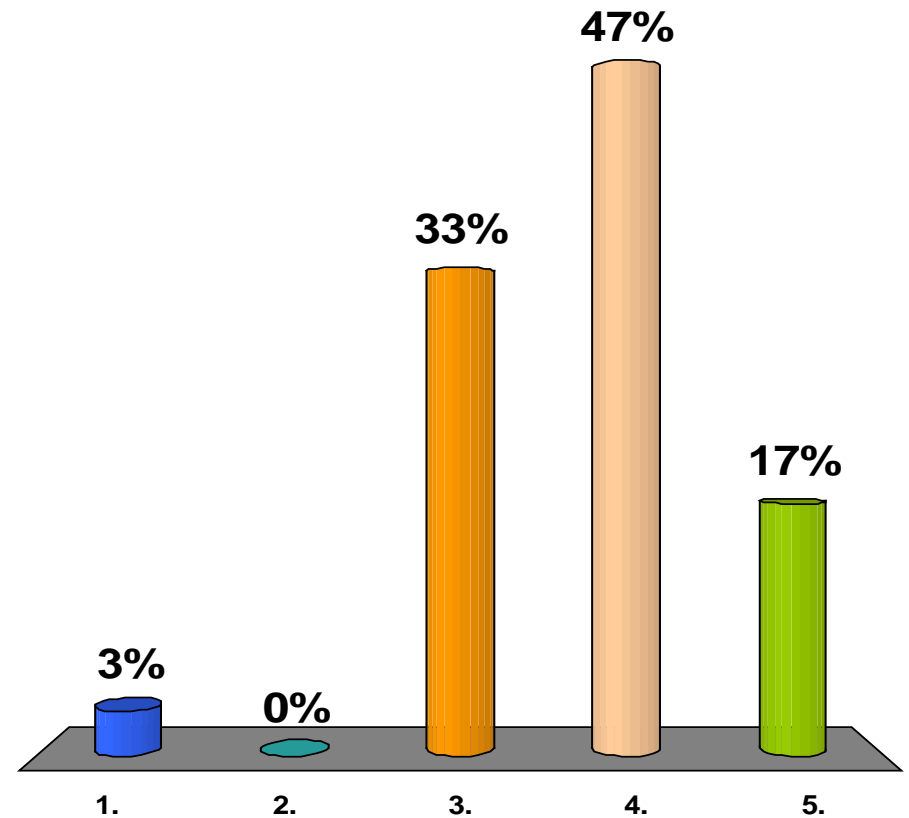
What one thing can **your organization** do in the next six months?

What action can the **MCH council** take?

What do you need to successfully make progress?

On a scale of 1-5, how much has this meeting impacted your understanding of the difference between “ACEs” and “TISC”?

1. No impact
2. Slight impact
3. Some impact
4. Large impact
5. Huge impact



How likely are you to begin the process of implementing trauma-informed policies & practices in the next year?

1. Have already started!
2. Very likely
3. Somewhat likely
4. Not very likely
5. Not at all

