Abstract Text:

Purpose

Adverse child and family experiences and toxic stress have been shown to affect child health and development, including brain development, physical and mental health, and development of adult disease. The inclusion of adverse child and family experiences (ACEs) in the 2011/12 National Survey of Children’s Health allows for in-depth analysis of the prevalence and associations of ACEs, health status and functioning, and family well-being.

Methods

New data in the 2011-12 National Survey of Children’s Health allow for the first time a picture of the experiences and needs of children related to adverse childhood events, child resilience and family connectedness and stress. Additionally, the 2007 National Health Interview Survey allows summarization of findings on mind-body methods for children and suggests potential underuse of these methods to promote child, youth, and family well-being and to improve the efficiency and effectiveness of conventional medical care.

Results

Nationally, 22.6% experiencing two or more adverse experiences, with states ranging from 16.3%-32.9%. Children who live below the poverty line are over 3.5 times more likely to have two or more ACEs, and adverse experiences are more prevalent among older children as youth have a longer period of time to accumulate adverse experiences. There is a strong association between ACEs, youth resilience and parental aggravation. Children age 12-17 with two or more ACEs are over twice as likely to have a parent with high levels of parenting stress and less likely to exhibit resilience than children with no adverse experiences. Strong associations also exist between ACEs, school performance, health care quality, and family well-being.

Research evidence is supporting the growing consensus that mind-body and mindfulness-based methods are relevant to healthy child developmental and lifelong health, particularly in response to toxic stress and trauma. Mind-body and mindfulness-related methods have the potential to (1) ameliorate the negative psychological, social and biologic impacts of toxic stress, adverse childhood events and trauma; and (2) promote strengths, resilience, self-regulation, school and work readiness and positive lifelong health behaviors among all children.

Nationally, 4.7% of children use mind-body therapy, representing 3 million children. Of these, over one-third (36.1%) use multiple types of mind-body therapy. Children with emotional, mental or behavioral conditions have the highest rates of mind-body therapy utilization (14.0%); however, with only one-in-seven utilizing this type of service, evidence suggests that there is a dramatic underuse of mind-body methods.

Conclusion

Given the high prevalence of adverse child and family experiences and emerging evidence to support mind-body interventions, it is imperative to integrate relationship centered care and mind-body methods.
for these children. With the evidence linking adverse childhood experiences, trauma, and development over the life course, it is imperative to think about life trajectory and improving health and well-being of our future generations.

Title: National and State Data On ACE Risk and Resilience: The Call for Mind/Body Interventions
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Preferred Presentation Format: Podium (Oral) Presentation
Type of Abstract: Original Research
Abstract previously submitted? No
Consent to reproduce: Yes

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Is your submission also relevant to this year's Pediatrics for the 21st Century program: Pediatrics for the 21st Century (Peds-21) - Promoting Early Brain and Child Development (EBCD): Building Brains, Forging Futures?

Abstracts should highlight successful approaches to promoting optimal early brain and child development. Approaches that address early learning and literacy, social emotional development, parent education, early screening and referral for behavioral and developmental concerns, comprehensive systems building and collaboration, and promotion of positive child care and early education experiences are welcome. Specific approaches that highlight unique needs and approaches in diverse communities and populations also are welcome. Submissions describing partnerships between pediatricians and public health agencies, educational institutions, community based organizations, and governmental entities; pediatrician participation in state early childhood advisory councils and quality rating systems; and programs which facilitate parent/patient engagement are especially encouraged. Abstracts also may focus on the negative impact of inadequate services and toxic stressors to developmental and behavioral outcomes. The influence of physical health issues such as chronic illness, diet and exercise on the developing brain also are topics of interest.

To save you time, we will duplicate your submission and send it for consideration to the Peds 21 program, if you indicate your intent below. If you do so, upon completing this submission, you will receive a second email message requesting that you log in and complete your submission to the Peds 21 program. Your submission to the Peds 21 program is not complete until you take that next step of concluding your submission.

If you have edits to your abstract, you will need to log into both submissions to make your edits so please make sure to keep both your confirmation email messages. Please note that it is possible you could be accepted to present during both programs.

Yes, please consider my abstract for a poster presentation on Friday, October 25, 2013 in:

- Pediatrics for the 21st Century (Peds-21) - Promoting Early Brain and Child Development (EBCD): Building Brains, Forging Futures

FINAL STEPS

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