



HOSPITALS • RESEARCH • FOUNDATION

Arkansas Parents and Caregivers: Needs, Challenges, and Hope

Presented at the

70th Arkansas Public Health Association Annual Meeting and Expo

Pathways to Health Equity: A Glance at the Social Determinants of Health, Health Policy, and Advocacy

May 9-11, 2018 - Little Rock, Arkansas



HOSPITALS • RESEARCH • FOUNDATION

Building Child Health - Overview and Background

Nicholas Long, Ph.D.

UAMS Department of Pediatrics &
Arkansas Children's Hospital

Presentation Overview

- Natural Wonders: Parenting & Caregiver Support Workgroup
- Parenting as a determinant and driver of child health
- Findings from our Parenting Needs Assessment and the impact of parental Adverse Childhood Experiences (ACEs) on our findings
- An overview of the growing importance of ACEs, toxic stress and parenting on health outcomes
- Recommendations and discussion for action



natural ¹⁰ YEARS wonders

- 31 private/public organizations working together to improve child health in Arkansas
- Collective Impact Model
 - Arkansas Children's is the backbone support organization
- 10 child health workgroups
 - 300 participating partners

Workgroup: Parenting & Caregiver Supports

- Workgroup members
- Activities include:
 - Development of a Model (Parenting / Child health building)
 - Needs Assessment
 - Messaging Project (Frameworks)
 - Parenting Adversity Index



Why a focus on parenting?

- Arkansas Children's Community Needs Assessment findings
- National recognition of the importance of parenting
- Fragmentation of services/funding/advocacy
- Crosses disciplines
- Increasing evidence of the relationship between parenting and children's health



Nurturing Parenting

Eliminates Poverty Risk for Metabolic Syndrome

- Study of 1,215 middle-aged Americans
- Those that grew up poor were 40% more likely to have metabolic syndrome in adulthood (high blood pressure, glucose intolerance, extra fat around the middle).
 - Risk remained even in poor children who went on to college and raised their SES.
- Risk disappeared when parenting was taken into account
 - Children raised in low-educated families, but whose mothers were nurturing, were no more likely to have metabolic syndrome than those whose parents had 4-year college degrees.
 - Potential mechanisms include cortisol levels and inflammation.

Miller et al., 2011



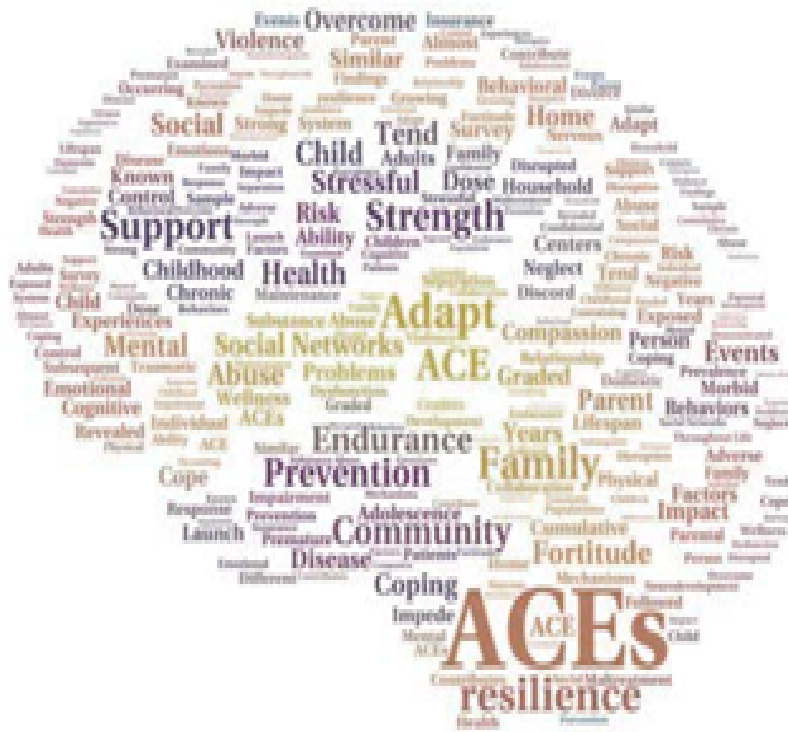
Can Parenting-based Interventions Impact Inflammation?

- Excessive inflammation, a chronic over-activation of parts of the immune system, has been found to be related to a number of health problems in later life (e.g., heart disease) as well as mental health disorders such as depression.
- RCT of a 7-week intervention that involved parenting strategies and stress management for 11 year olds (low SES, African-American, rural families).
- At 19 years of age the youth who participated in the intervention had significantly ($p < .001$) less inflammation on all six indicators of inflammation relative to controls.
- Inflammation was lowest among youth who received, as a function of the intervention, more nurturing-involved parenting and less harsh-inconsistent parenting.
- Intervention was most effective in reducing inflammation with the most disadvantaged families.

Miller, Brody et al., 2014

Parenting Model

- We developed a parenting model to provide guidance with future efforts to improve child/adolescents
- Focuses on the relations between parental factors (ACEs), contextual factors, parenting capacity, direct parenting supports and child/adolescent outcomes



ACEs = ADVERSE CHILDHOOD EXPERIENCES

The three types of ACEs include

ABUSE

NEGLECT

HOUSEHOLD DYSFUNCTION



Physical



Physical



Mental Illness



Incarcerated Relative



Emotional



Emotional



Mother treated violently



Substance Abuse



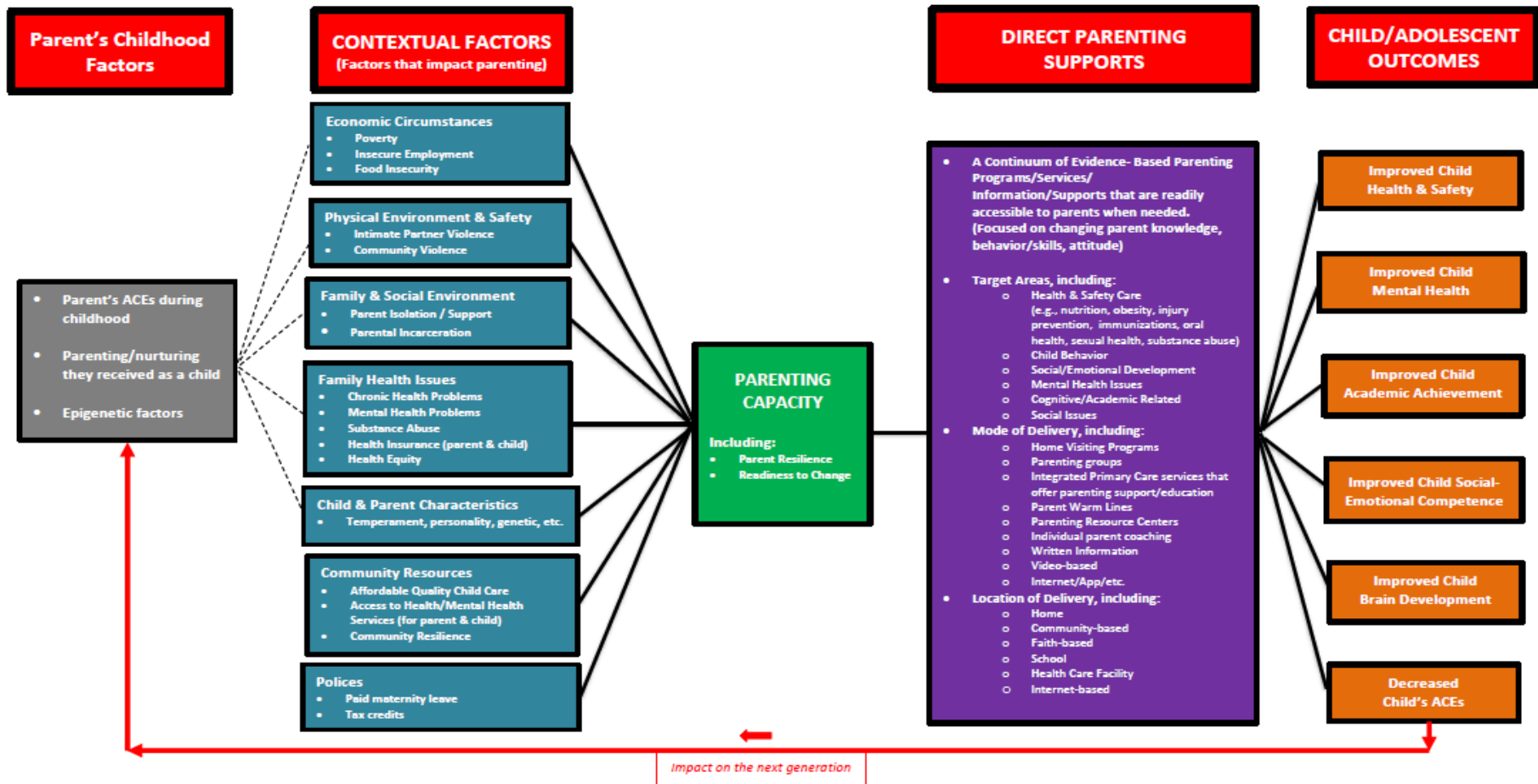
Sexual



Divorce

Parenting Model (DRAFT 5/1/17)
 Nicholas Long, Ph.D.

Parenting: The process of parenting involves ensuring children's health and safety, preparing children for life as productive adults and transmitting values. Effective parenting is critical in promoting and supporting the physical, emotional, social, behavioral, and intellectual development/health of children.



Needs Assessment Overview

- Supported by the Natural Wonders Innovation Fund and the AR Children's Trust Fund
- Unique aspects of this survey
 - It assessed parenting support needs from the parent's perspective (vs. the perspective of professionals)
 - It examined the potential influence of parental ACEs
- Limitations (number of questions allowed)
- Random telephone survey conducted by the UALR Survey Research Center



HOSPITALS • RESEARCH • FOUNDATION

2017 Parent Support Needs Assessment Findings

Irma Cardenas, MPH

**Department of Child Advocacy and Public Health
Arkansas Children's Hospital**

Purpose

- To assess parenting support needs in Arkansas from the parent's perspective
 - Do parents perceive a need for support?
 - Where do parents get support or information from?
 - What do parents in Arkansas identify as the supports they need as parents?
 - Do parent ACES score impact parents' needs?

Methods

- Random telephone survey of Arkansas parents with children under 18 years of age living at home at the time of the survey
- 409 participants (99% by cell phone)
 - 29% response rate (completed interview whether or not they could be contacted)
 - 92% cooperation rate

Questionnaire

- Data collection done in Summer of 2017
- 12 minutes long, anonymous, English interviews
- 43 core question (10 were ACEs questions)
- Areas of focus:
 - Current parenting situation
 - From where parents receive support
 - Reasons for lack of support
 - ACEs score
 - Demographics

Analysis

- 389 surveys used for analysis
- Grandparents were removed from final sample
- Data was weighted with 2017 population estimates[†] for age and income
- Limitations include a small sample size and over sampling of higher income and central Arkansas parents

[†]American Community Survey



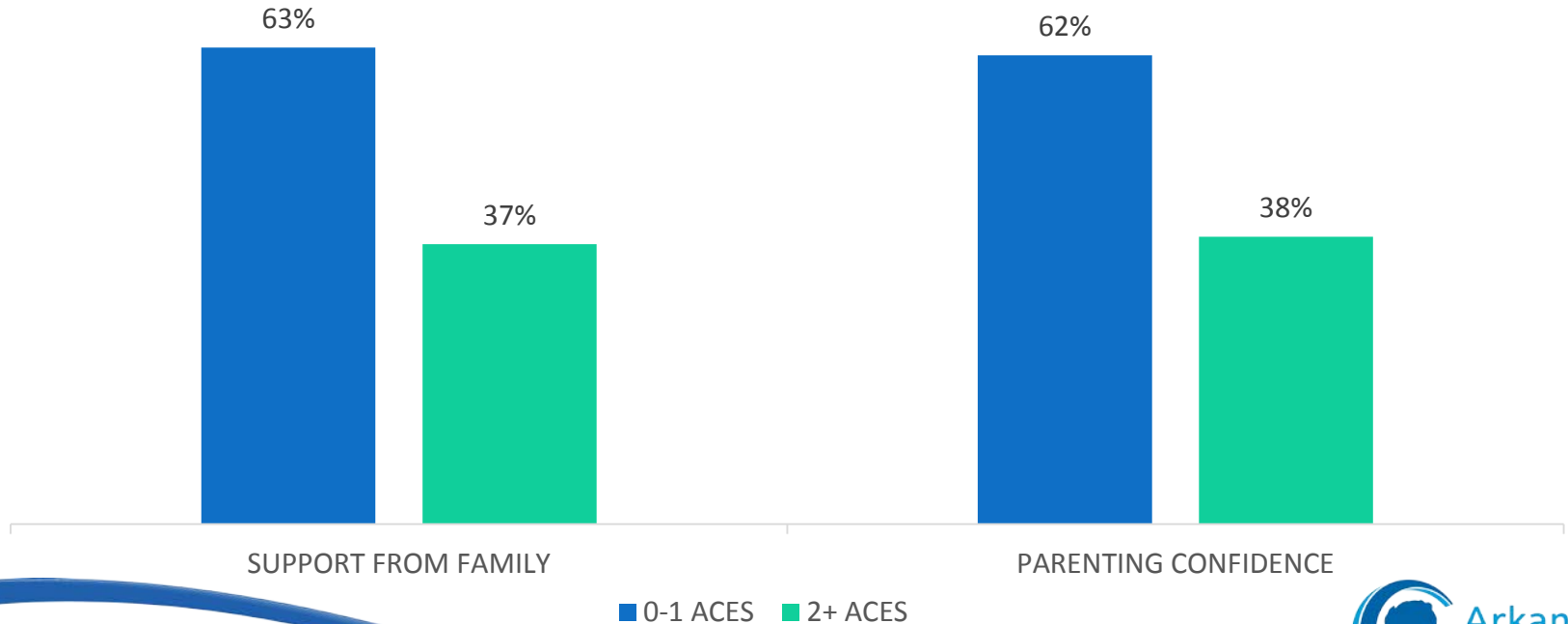
Participants

- 92% of respondents were biological parents
- Even distribution of respondents of young, middle age and older parents. (36% < 35 yrs., 36% 35-44 yrs., 28% 45+ yrs.)
- Larger representation of college educated parents (40% college graduate, 29% < HS)
- 67% of parents with 0-1 ACEs had higher incomes than those with 2+ ACEs (33%)
- Minority parents especially Hispanics and PI were under represented

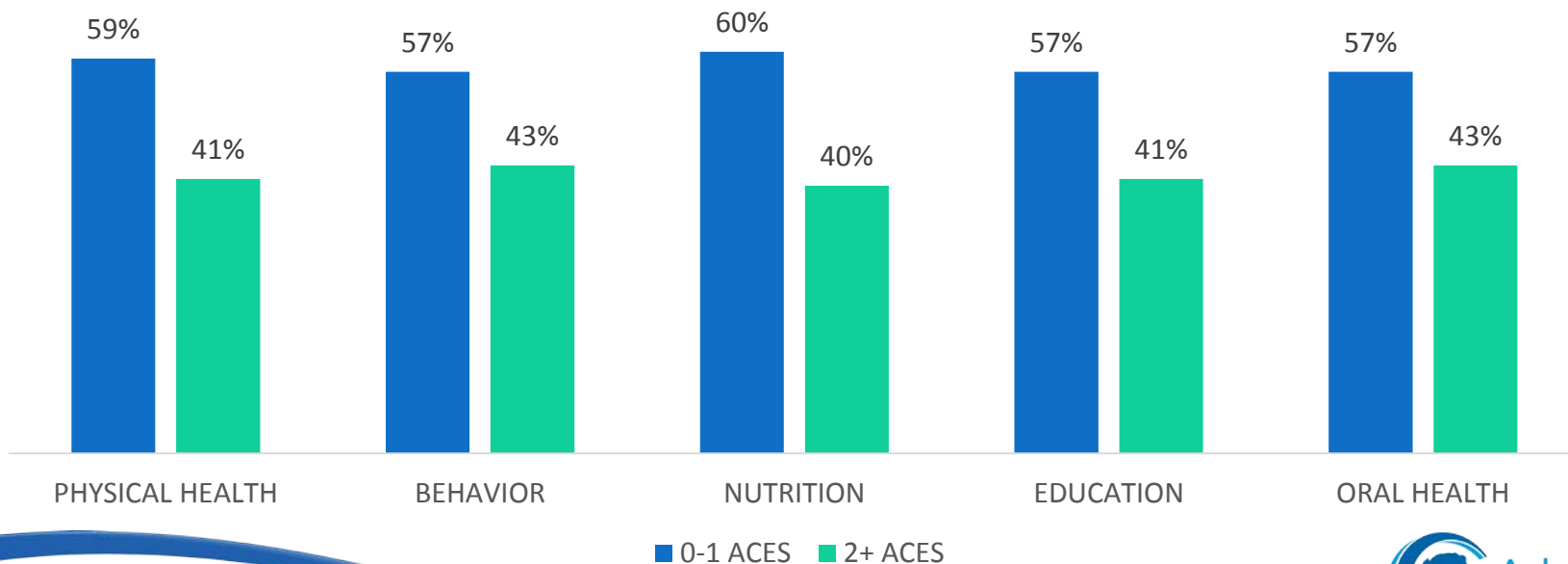
ACEs Scores of Arkansas' Parents with children in the home

- 41% of parents had 2 or more adverse childhood experience
 - Represent 141,000 (out of 345,000) Arkansas' parents with children under 18 years of age

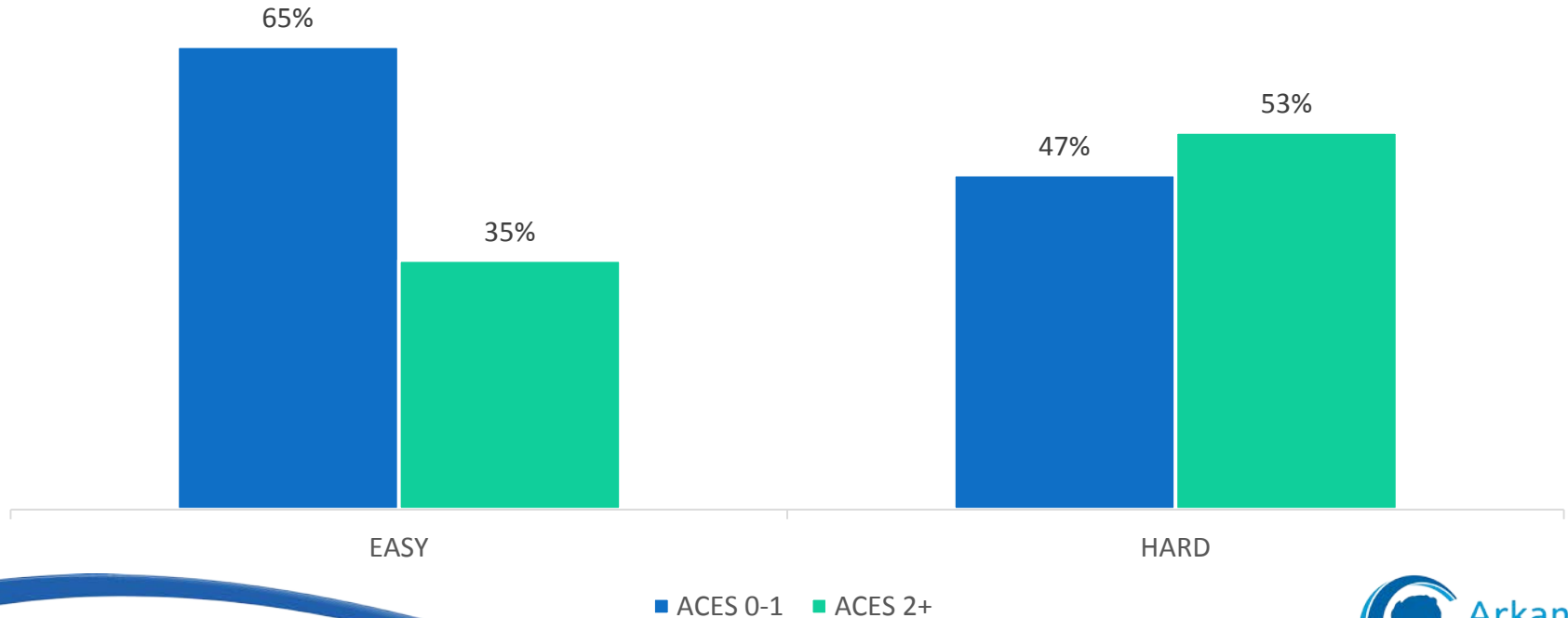
Parents with 2+ ACEs reported less parenting support and confidence



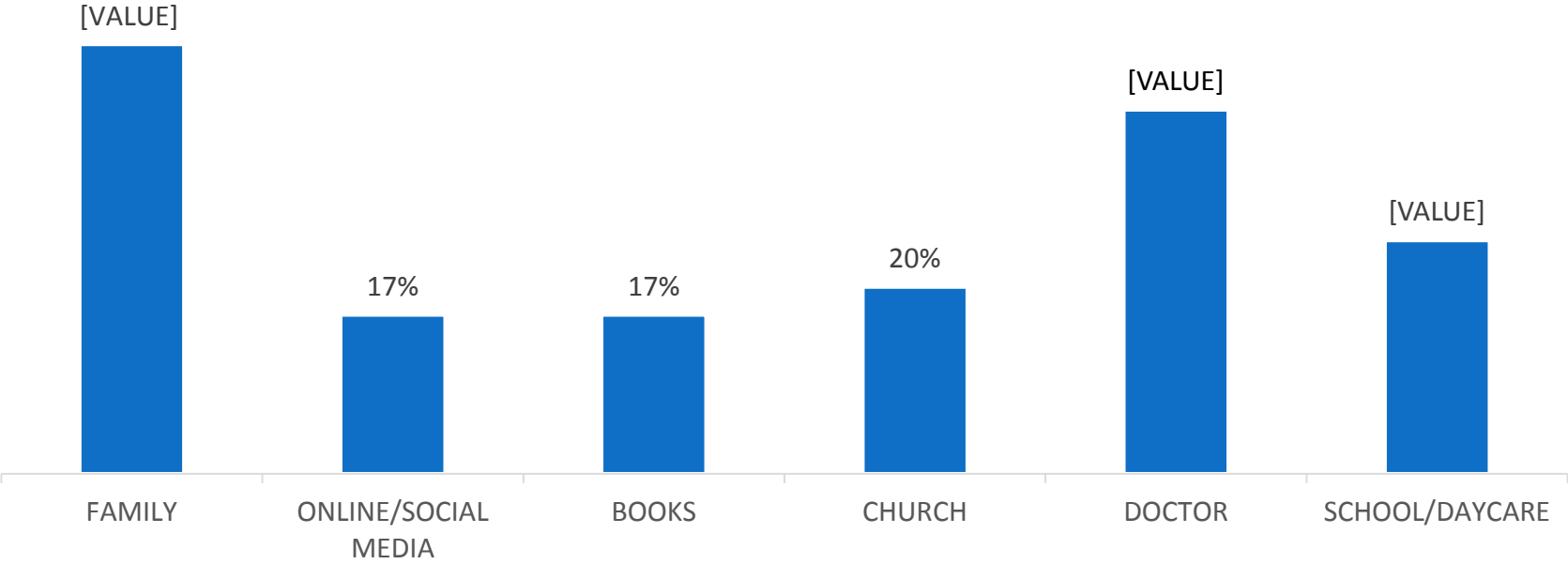
Parents with 2+ ACEs identify less parent support needs



Finding childcare harder for parents with ACEs



Where parents go for information & parental supports

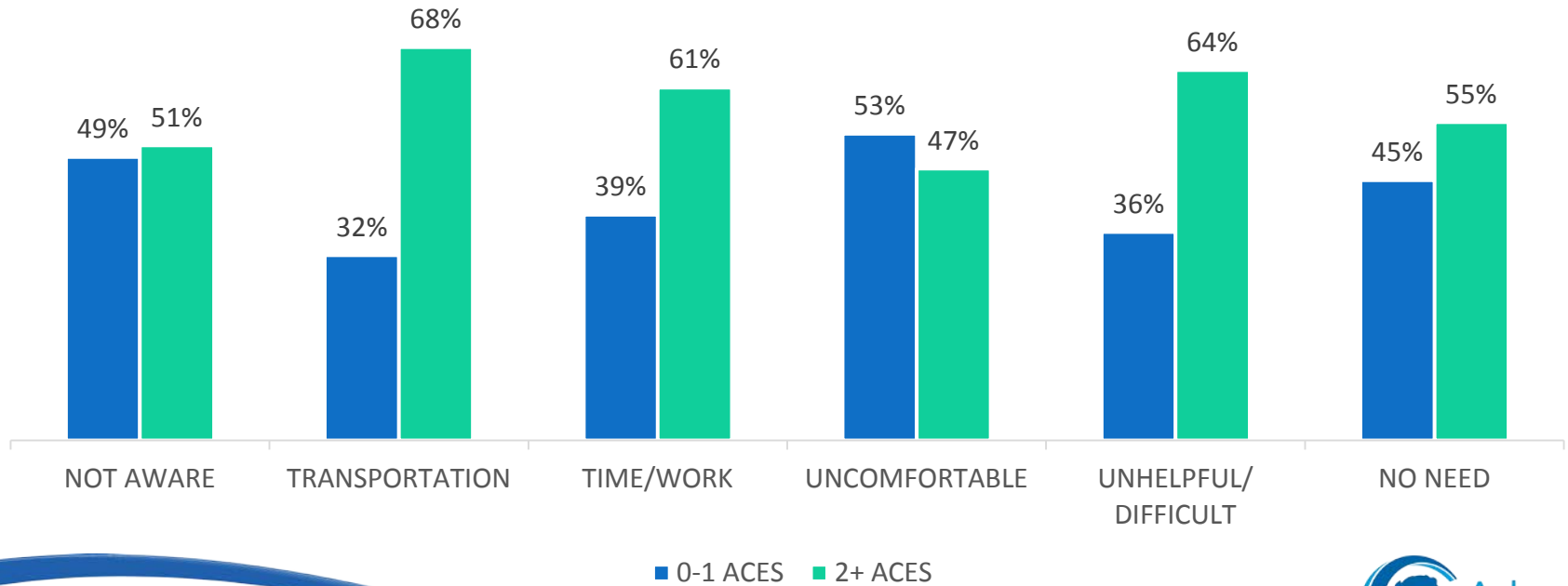


■ SUPPORT/INFORMATION SOURCES

Barriers to Support

- Approximately half of all parent reported being unaware of information or support to help them with parenting
- Parents with 2+ ACEs reported higher levels of barrier and/or having no need for support
- Parents with 0-1 ACEs reported higher levels of feeling uncomfortable discussing a need for parenting

Reasons parents do not get information or supports





HOSPITALS • RESEARCH • FOUNDATION

The Larger Perspective: ACEs, Toxic Stress and Parenting

Alan Mease, M.D., F.A.A.P.

**Family Health Branch, Center for Health Advancement
Arkansas Department of Health**

CONDITIONS *for* TOXIC STRESS



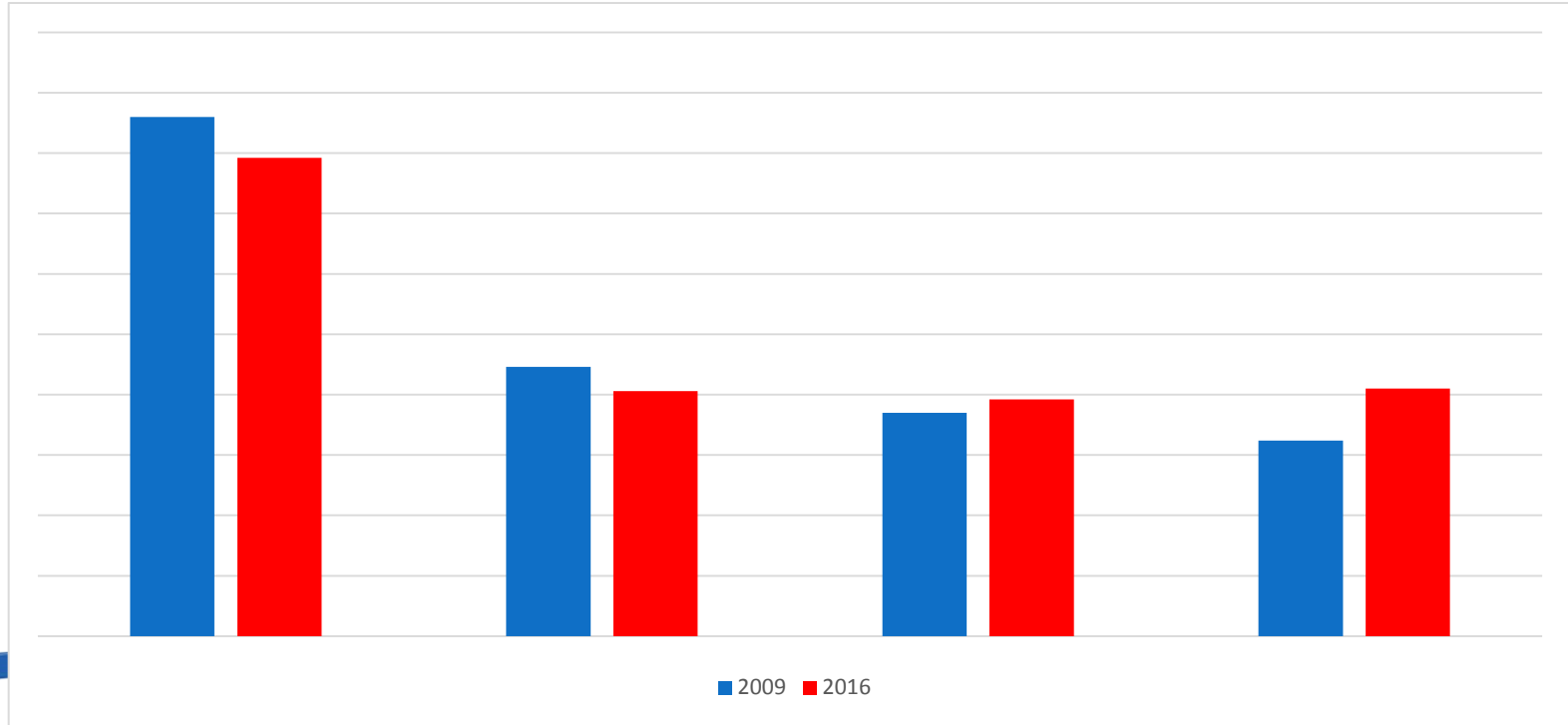
Nurturing and supportive parenting prevent the stress associated with Adverse Childhood Experiences from becoming toxic.

The Increasing Importance of ACEs in Arkansas

- Increasing prevalence of ACEs in Arkansas
- Comparative prevalence of ACEs in Arkansas

BRFSS ACEs in Arkansas

(weighted percent)



Prevalence of ACEs by category

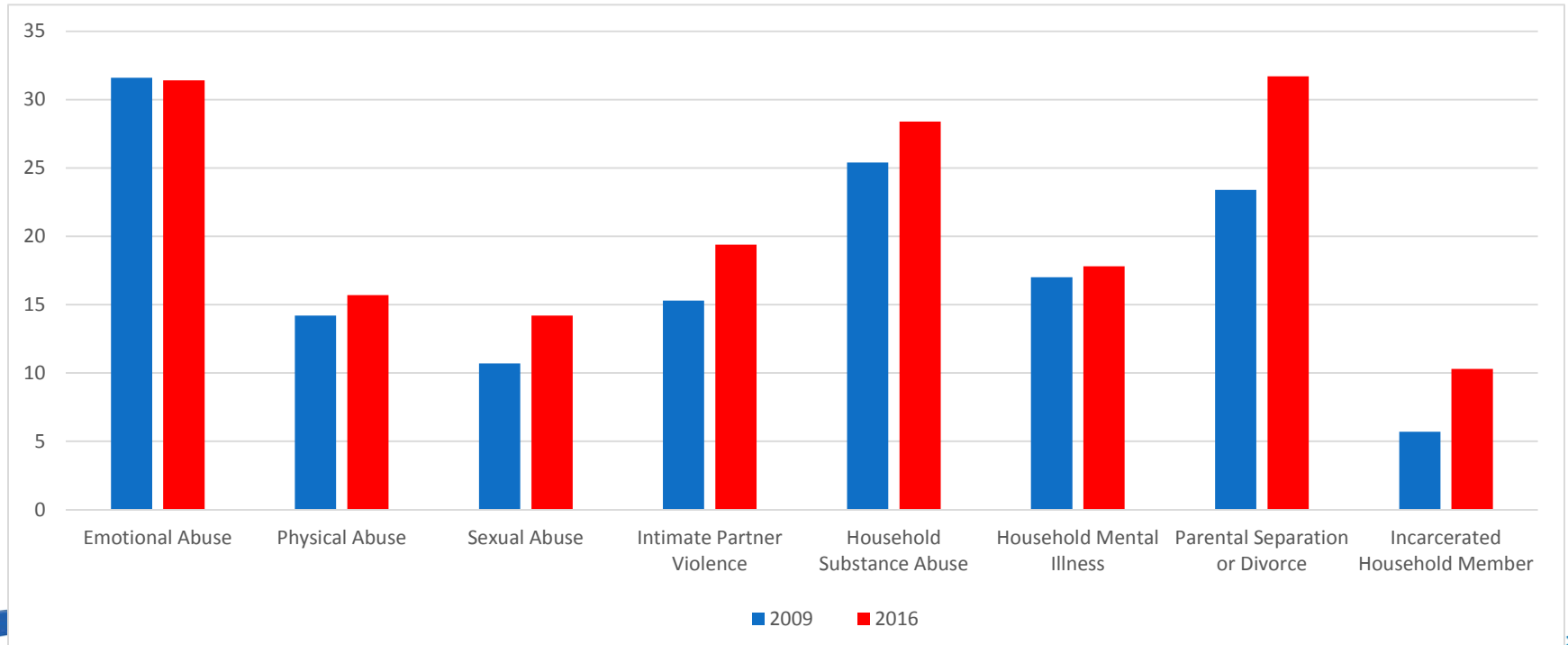
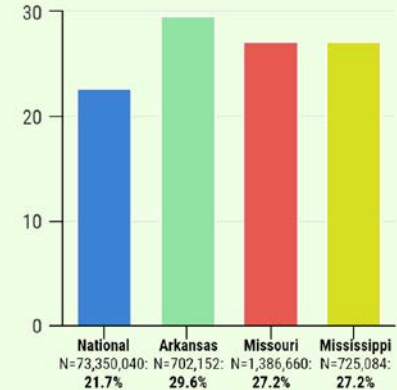


Table 1. State and National Level Prevalence of Adverse Childhood Experiences Items Among Children, Age 0-17 yrs. 2016 NSCH

Adverse Child or Family Experiences (ACEs) Items	Arkansas	Missouri	Mississippi	National
Parent served time in jail	16.0%	8.6%	10.7%	8.2%
Treated or judged unfairly due to race/ethnicity	3.7%	3.6%	4.0%	3.7%
Extreme economic hardship	31.5%	25.8%	28.8%	25.5%
Has been a victim/witness of neighborhood violence	5.0%	4.2%	2.1%	3.9%
Witnessed domestic violence in the home	9.7%	6.8%	10.7%	5.7%
Has lived with someone who was mentally ill/suicidal	10.2%	12.4%	8.7%	7.8%
Family disorder leading to divorce/separation	33.3%	28.0%	32.2%	25.0%
Death of parent	5.9%	4.7%	4.7%	3.3%
Has lived with someone who had an alcohol/drug problem	11.6%	10.3%	11.7%	9.0%
Child had >1 ACEs (1/more of above items)	55.9%	47.8%	53.4%	46.3%

Children & Youth with 2+ Adverse Childhood Experiences (ACEs)

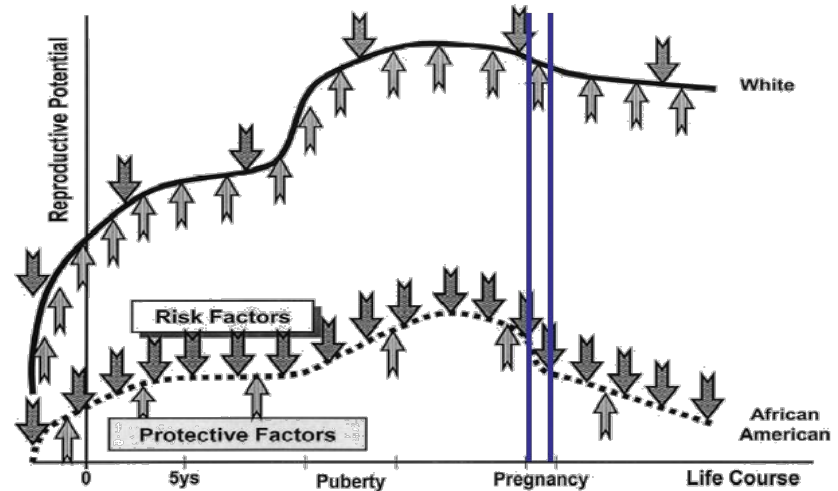


About one in three children in Arkansas have 2 or more ACEs (n≈207,800)

Timing is Everything

- Past models
 - Biomedical
 - Biopsychosocial
- Future models
 - ***Lifecourse Health Development*** (Halfon et al.)

Life Course Perspective



Importance of focusing on the child and family to impact later adult health outcomes

Recommendations

- The role of parenting and parental ACEs in child health outcomes needs to be further investigated.
- Strategies to more effectively improve parenting and caregiver support should be carefully examined across education, health, social services, mental health etc.
- Programs looking to improve health of children need to understand the ACEs experience of their parents



Acknowledgements

natural ¹⁰ YEARS
wonders



ARKANSAS CHILDREN'S
TRUST FUND



for the Prevention of Child Abuse and Neglect