

The WDG Childhood Experiences Survey

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Presentation Outline



- Why ACES?
- WDG Childhood Experiences Survey
- Survey Results
- Key Messages
- The Impact

ACEs

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical

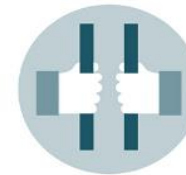


Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently

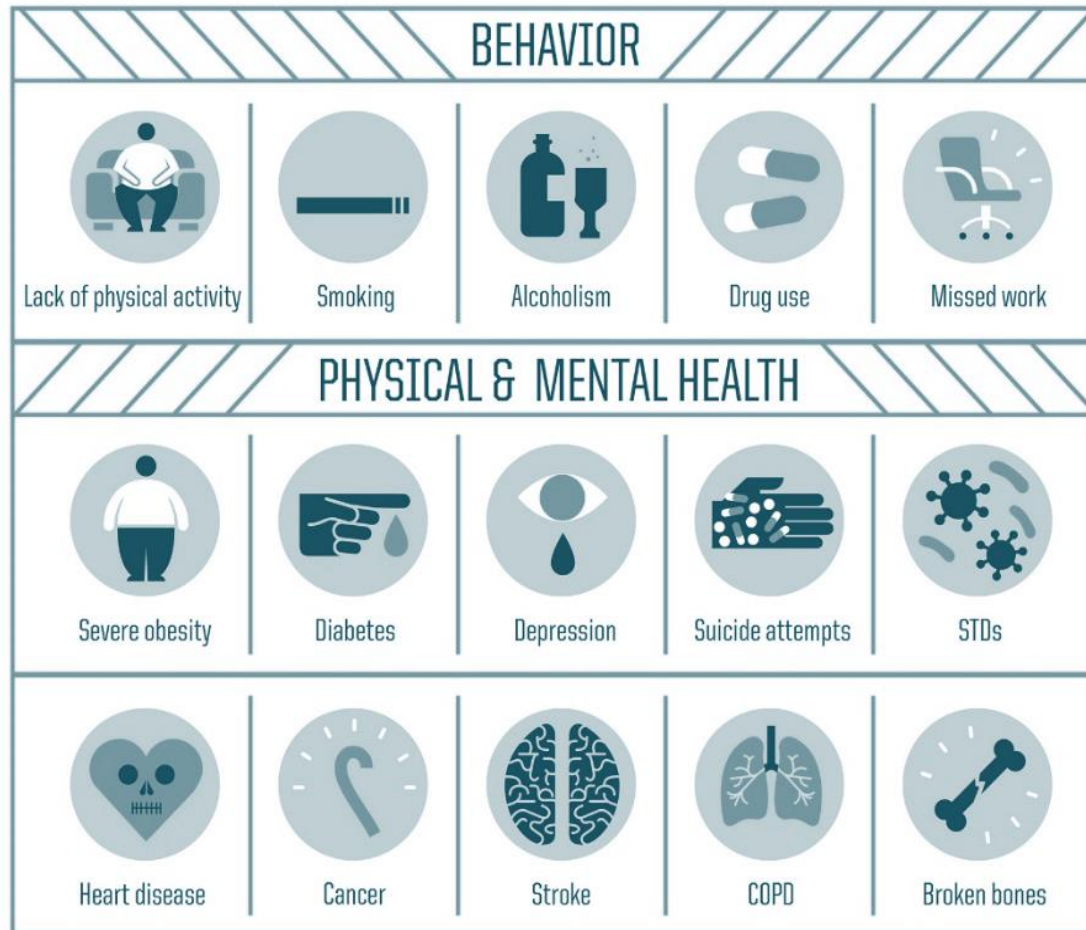


Substance Abuse



Divorce

ACEs outcomes



Why ACEs?

“Adverse childhood experiences are the **single greatest unaddressed public health threat** facing our nation (the United States) today.”

- Dr. Robert Block, the former President of the American Academy of Pediatrics

“The findings are important medically, socially, and economically: They provide remarkable insight into how we become what we are as individuals and as a nation. The ACE Study reveals a **powerful relation between our emotional experiences as children and our adult emotional health, physical health, and major causes of mortality** in the United States.”

-Dr. Vincent Felitti

Survey Purpose

1. Examine the prevalence and distribution of ACEs in WDG in order to inform future program priorities and planning
2. Examine differences in ACE distribution among priority populations/socio-demographic variables in order to inform potential targeted interventions
3. Support the collective impact activities of the Guelph-Wellington ACEs Coalition and other community groups
4. Raise awareness about ACEs in the general population of WDG
5. Support public health's work within a broader health system

Survey Outline

Format:

- Online (through Qualtrics)

Target Audience:

- Adults in WDG (18+)

Recruitment:

- WDG Public Health website
- Postcards sent to community partners
- Social media

Survey Content

Section 1

- Consent and inclusion criteria

Section 2

- ACEs Tool

Section 3

- Resilience Tool

Section 4

- Demographics

Section 5

- Health Outcomes and Behaviours

Childhood Experiences Survey

RESULTS

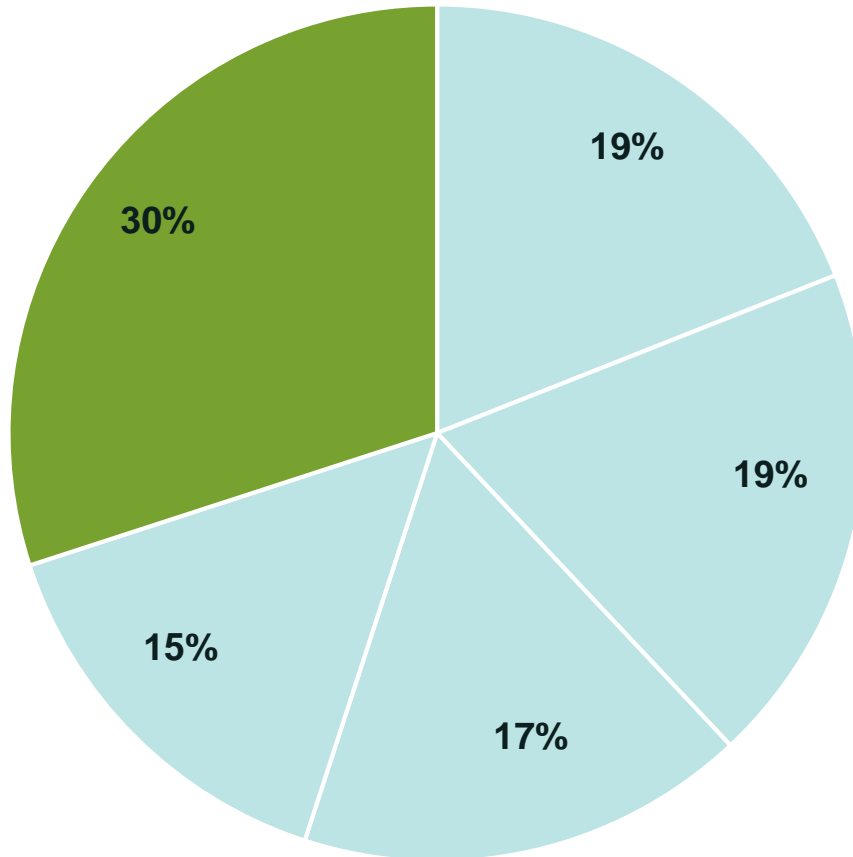


Who participated in the survey?

990 participants

- Participants ranged from 18 to 87 years of age
 - 40% 18-34 years of age vs. 31% 15-34 in WDG
- Female
 - 75% vs. 51% in WDG
- Highly educated
 - 76% post-secondary degree or diploma vs. 67% in WDG
- Middle to low income
 - 36% with a household income \$80,000+ vs. 51% in WDG
- Heterosexual (83%)
- Born in Canada
 - 85% vs. 83% in WDG

ACEs Score

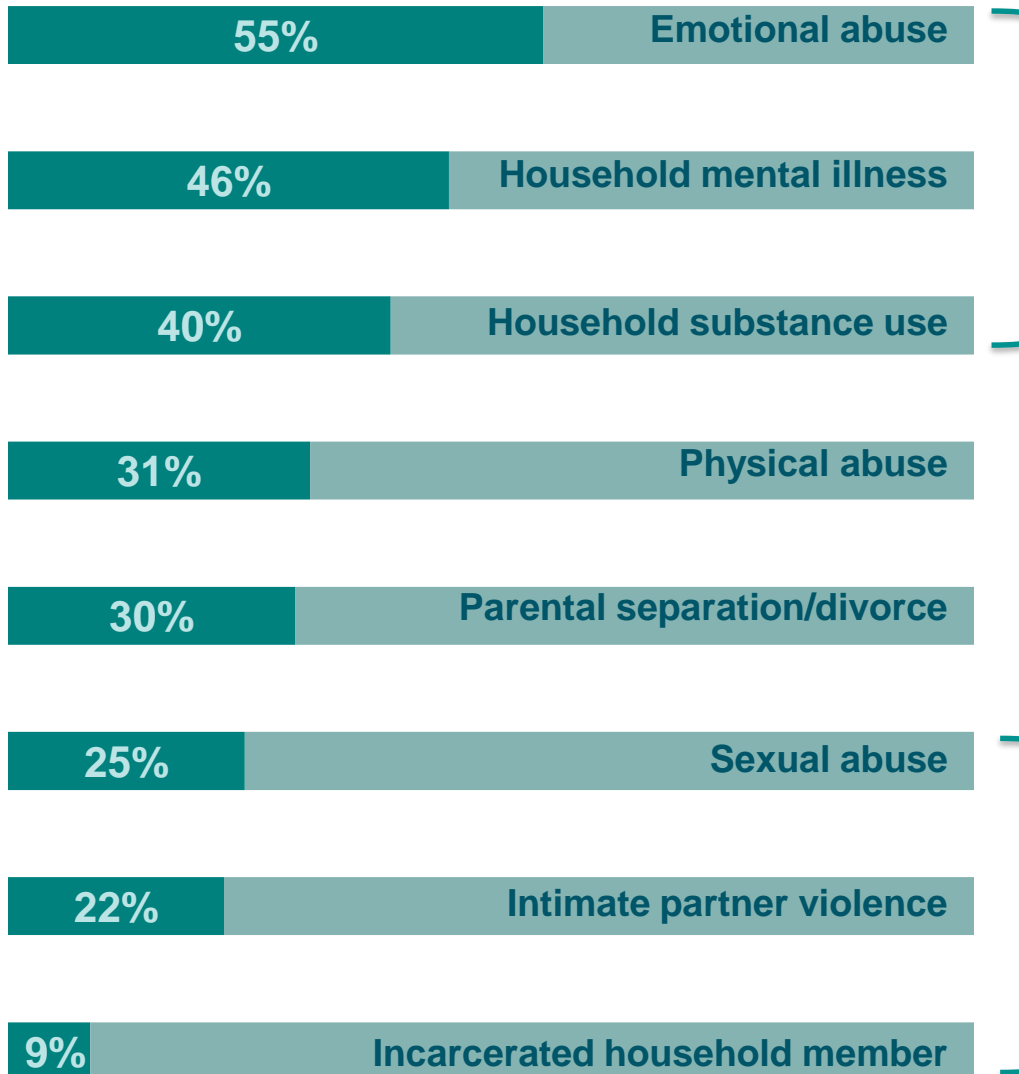


80% of participants reported experiencing 1 or more ACEs

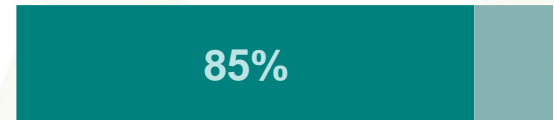
30% report experiencing 4 or more ACEs

0 ACEs 1 ACE 2 ACEs 3 ACEs 4 or more ACEs

ACEs Score



Bullying



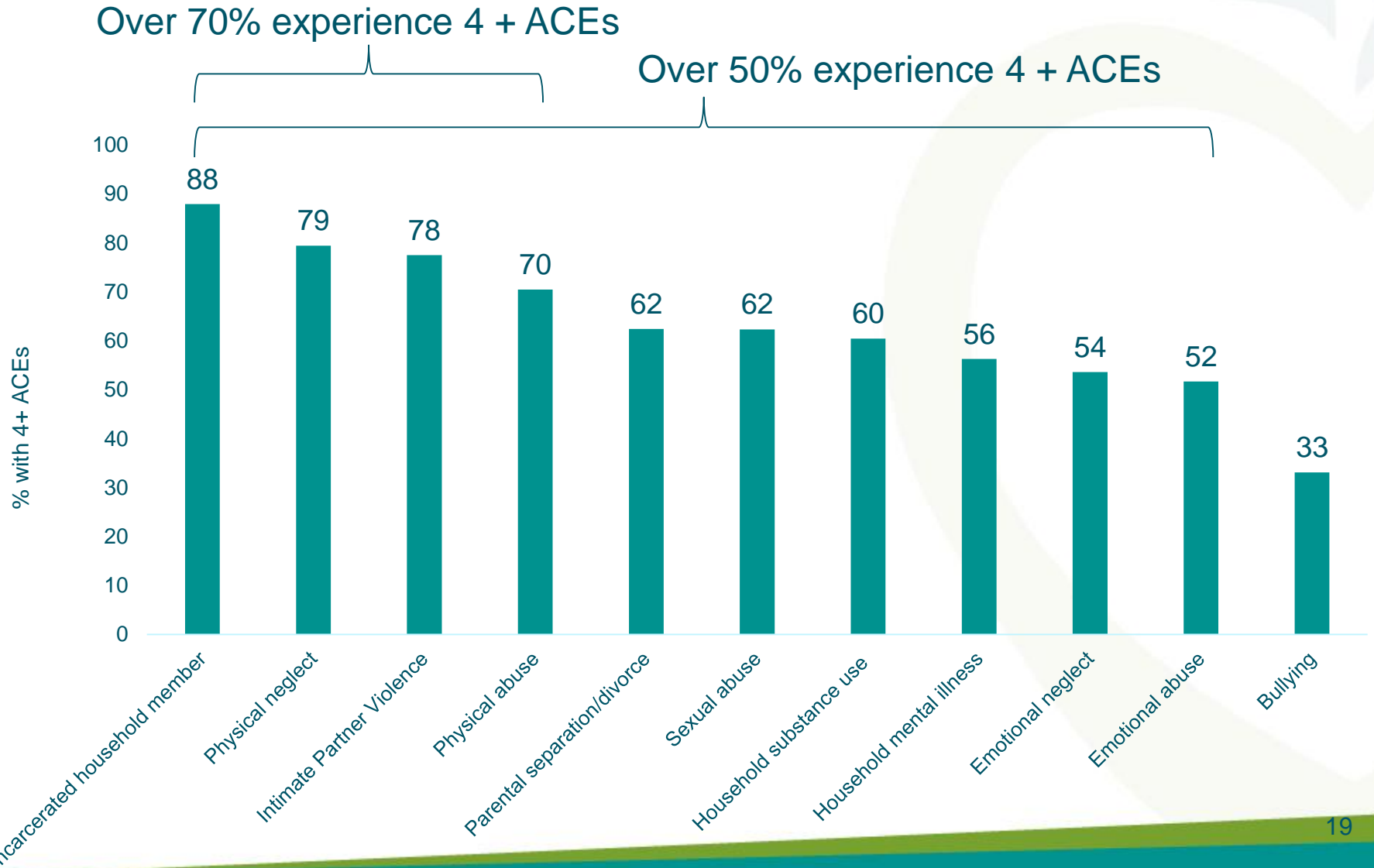
Emotional Neglect



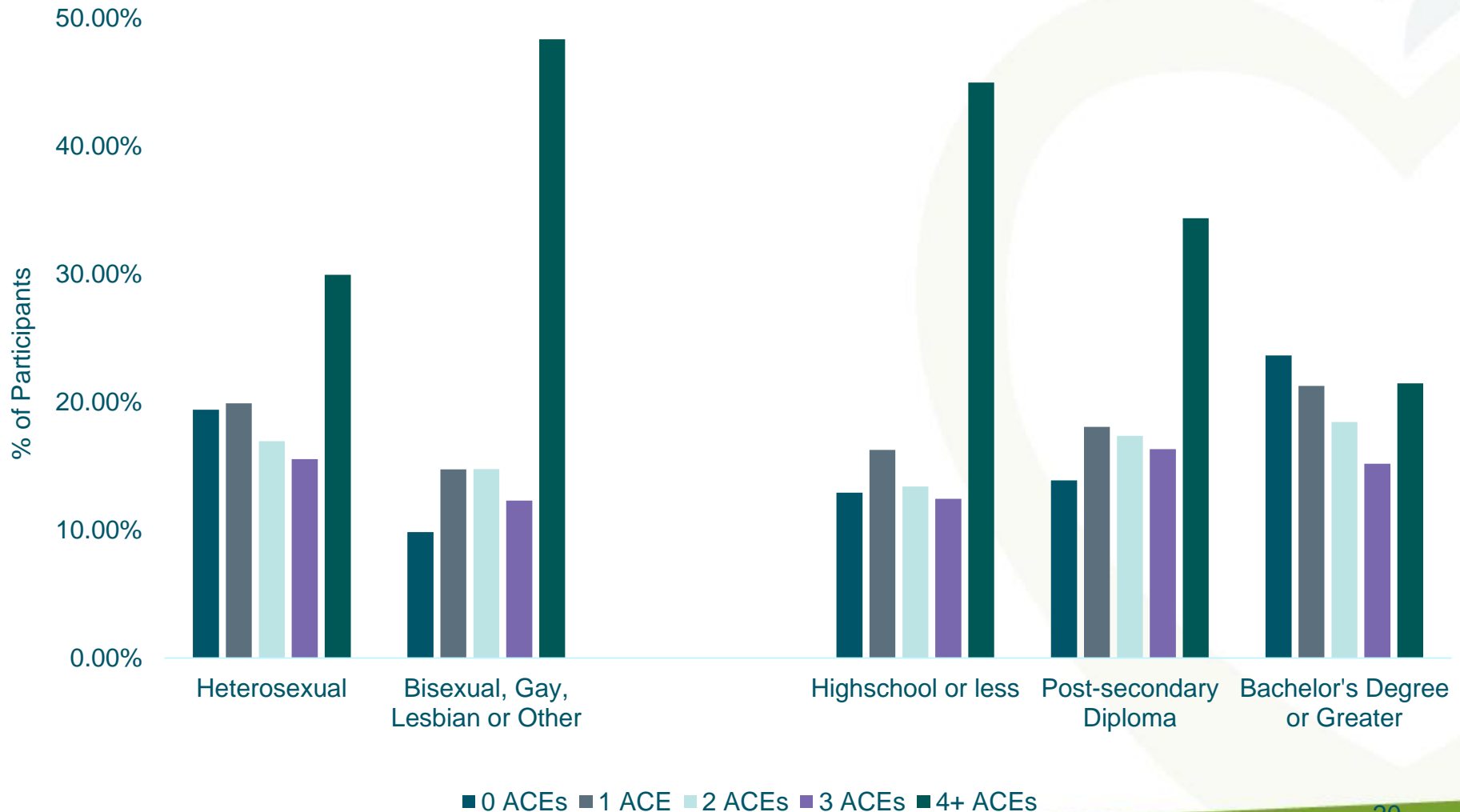
Physical Neglect



Clustering of ACEs



ACEs score is *not equal* across all sociodemographic levels

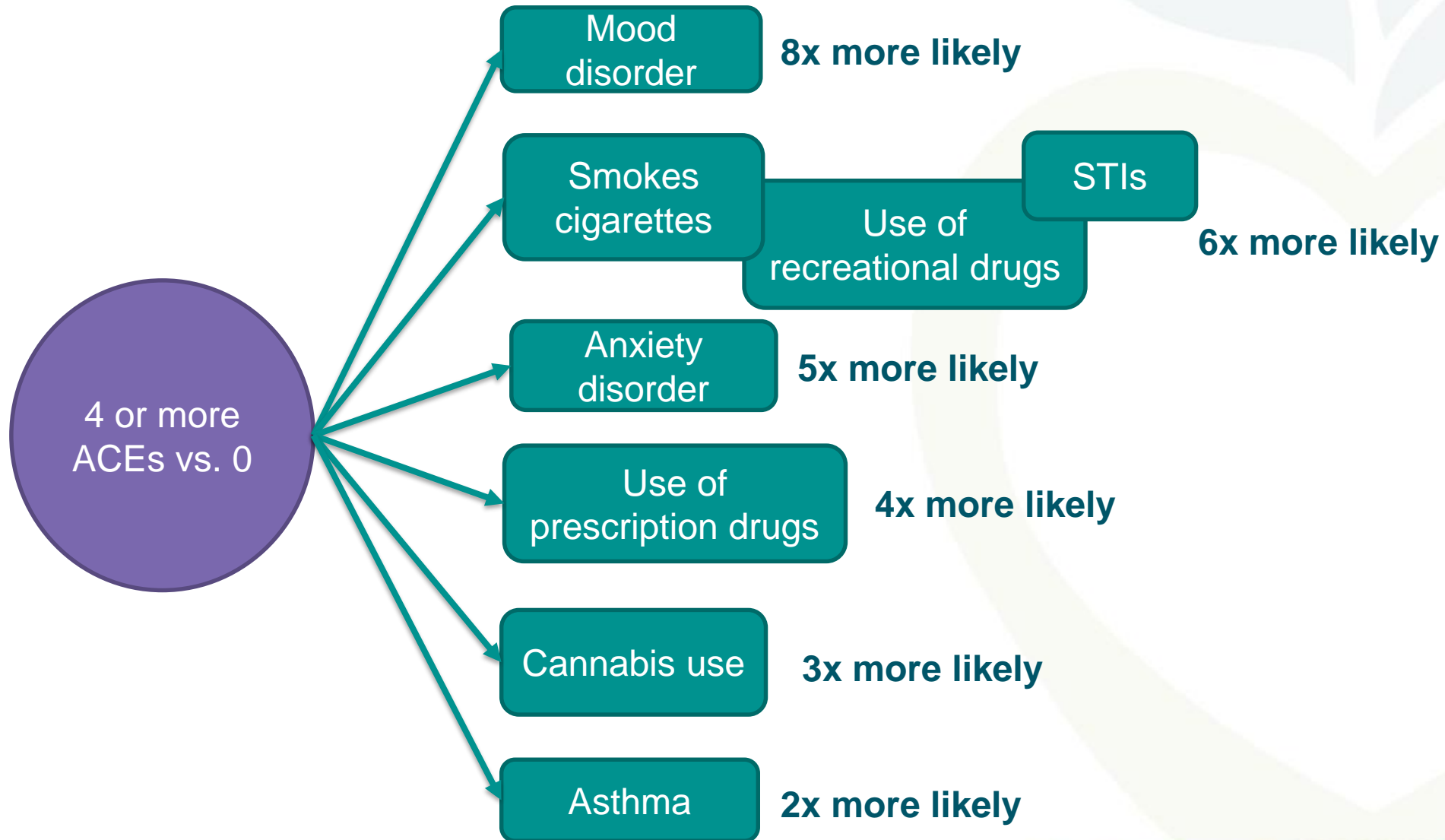


ACEs and Health Outcomes

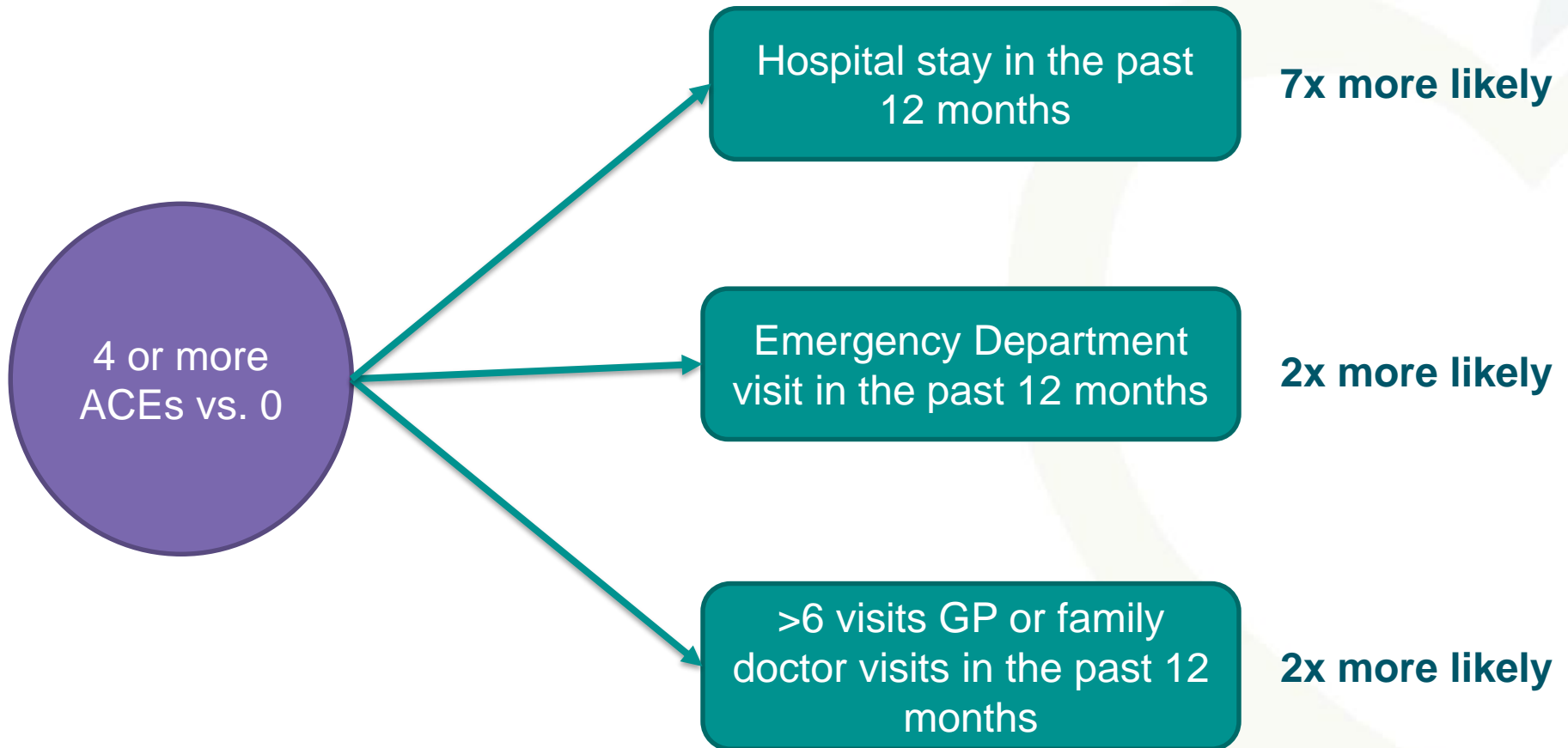
- 65% of participants that report prescription or recreational drug use...
- 60% of teen mothers..
- 56% of participants that currently smoke cigarettes..
- 52% of participants that report a mood or anxiety disorder...

***report 4
or more ACEs***

ACEs and Health Outcomes



ACEs and Health Service Use



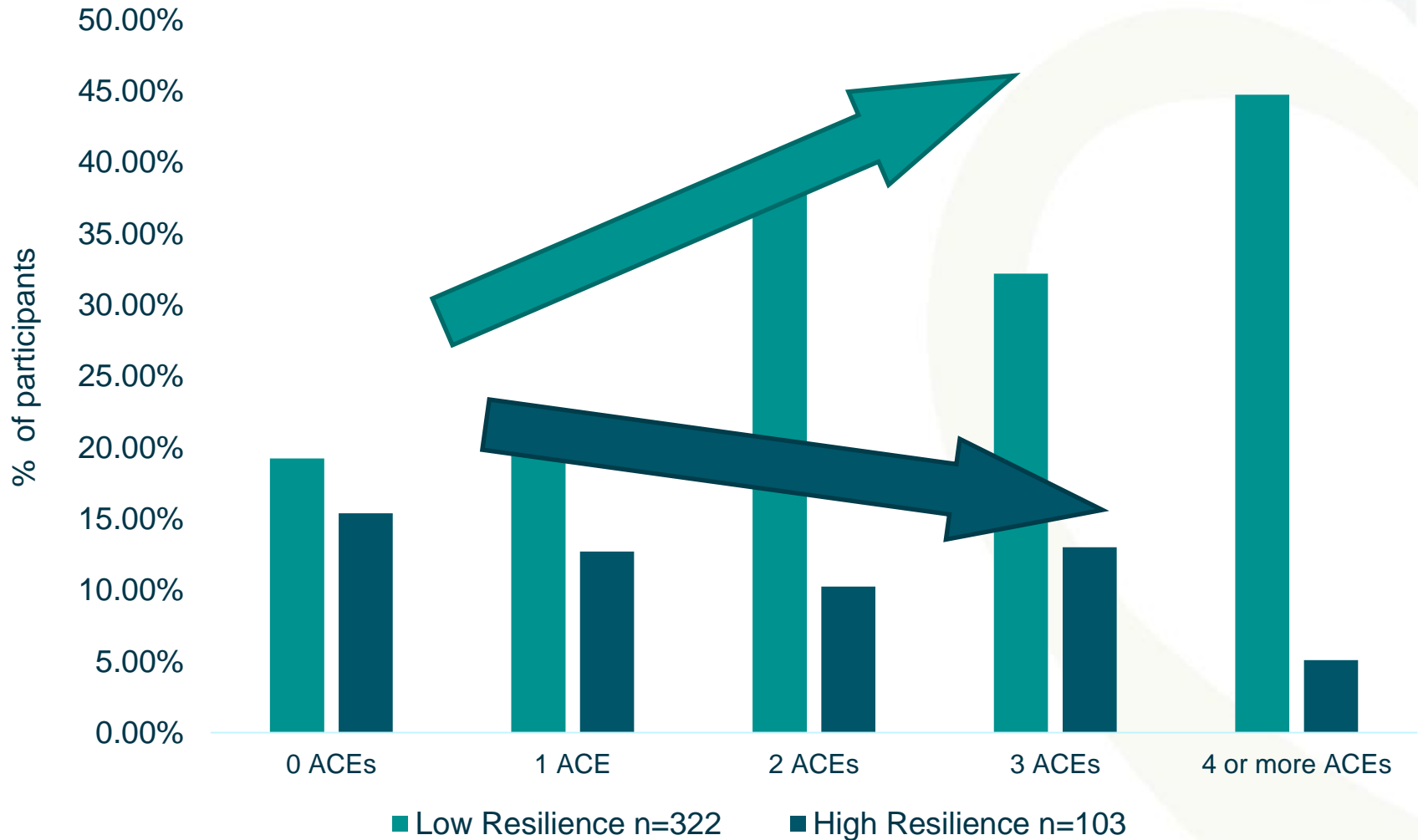
Brief Resilience Scale (BRS)



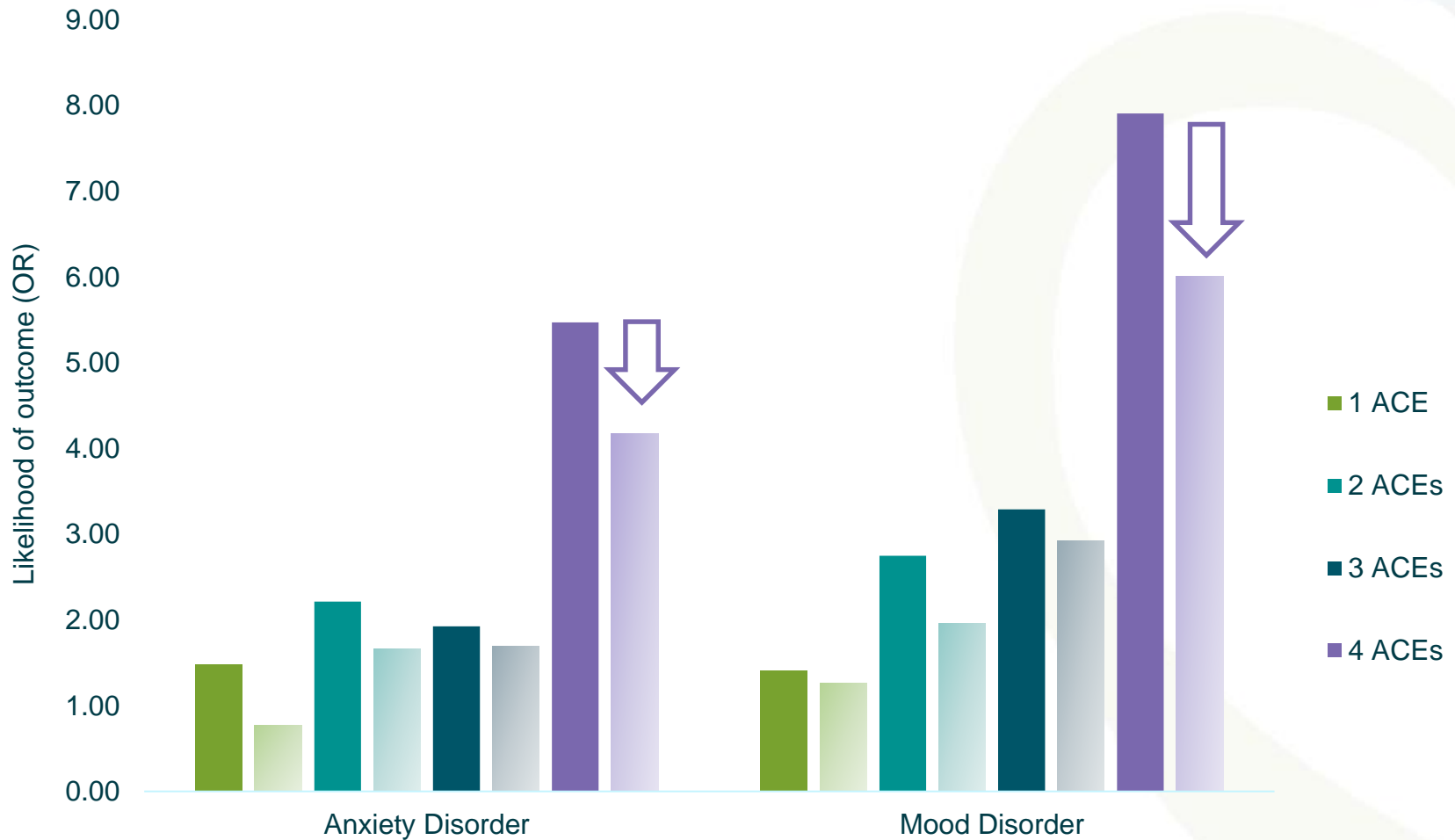
- Low Resilience (1.00-2.99)
- Normal Resilience (3.00-4.30)
- High Resilience (4.31-5.00)

- Increasing trend of low resilience scores observed as educational attainment and household income decreased

Resilience and ACEs score



The protective role of resilience



Take Away Messages

1. High ACEs scores and low resilience correlate with socioeconomic disadvantage
2. Intergenerational impact of ACEs on mental illness and substance use
 - Mental illness and substance use in the household are the most common ACEs experienced
 - High ACEs score is most strongly associated to mental illness and substance use in adulthood
3. ACEs score early in life correlate with low resilience score in adulthood
4. Resilience protects individuals from development of mental illness

The Impact

- Strong support for the ongoing work of the Guelph-Wellington ACEs coalition and other community groups working in this area
- Support internal capacity building within WDGPH to ensure we are delivering trauma informed services aimed to prevent and mitigate the health impact of ACEs in our community
- Implementing resilience promoting programs and services in WDG has the potential to buffer the negative impact of toxic stress that develops with exposure to ACEs



The Impact

- **How will you use these results to inform you current work?**
- **How can you work to build resiliency among the population that you work with?**

Essential ingredients for resilience programs

- **Build relationships**
- **Encourage powerful identifies**
- **Provide opportunities for power and control**
- **Promote social justice**
- **Improve access to basic material needs (food, housing, safety)**
- **Develop a sense of belonging, responsibility for others, spirituality, and life purpose**
- **Encourage a sense of culture and historical roots**

Questions?

THANK YOU!

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