



# Mental Health/ACEs Call To Action Report

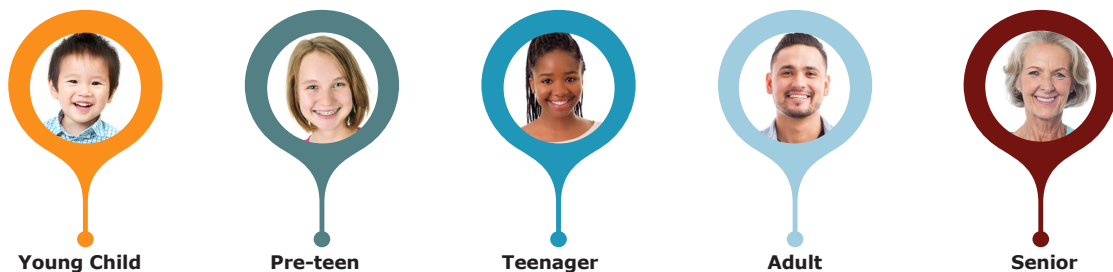


Findings on adverse  
childhood experiences in  
Cass, Douglas, Sarpy  
and Pottawattamie  
Counties  
in partnership with  
The Wellbeing Partners  
and opportunities  
to respond



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**ACEs:** AFFECTING A LIFETIME OF MENTAL HEALTH

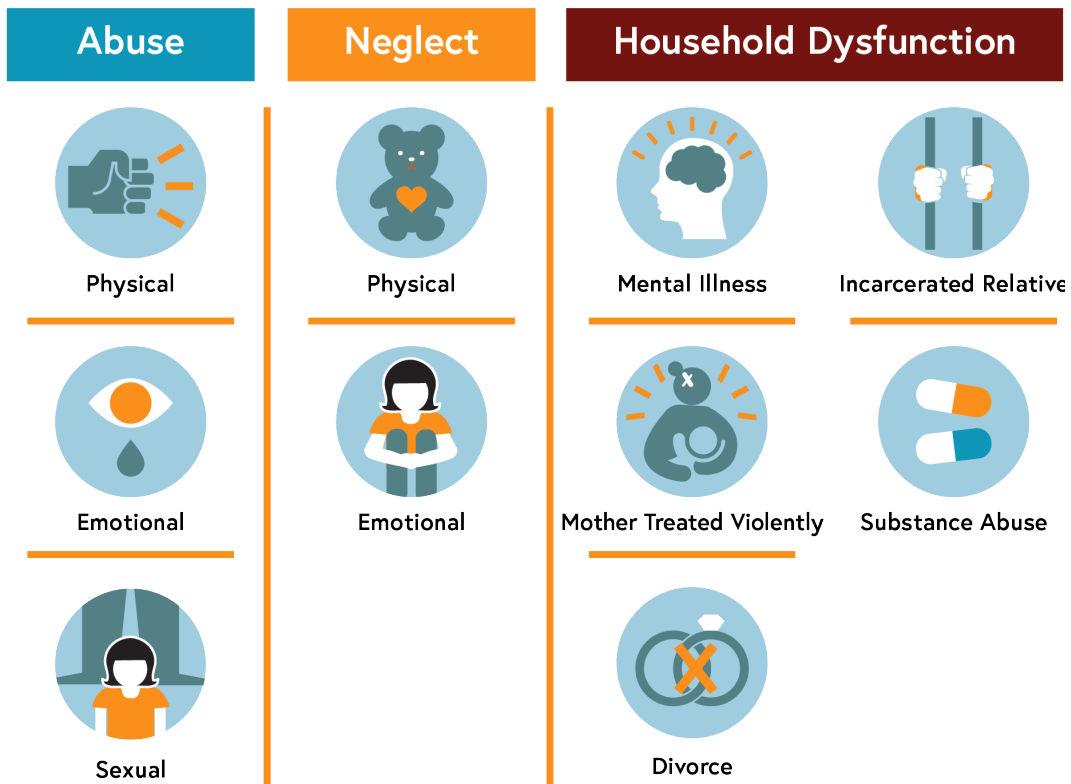
# Executive Summary

We all want to live in places that are healthy and where we and our neighbors thrive. The health departments of Douglas, Pottawattamie, and Sarpy/Cass Counties are committed to making this a reality. From 2020-2022, their work will focus on improving mental health as part of the overall health of the community. An essential piece of improving mental health is addressing trauma, especially trauma that occurs in childhood. The “Mental Health/ACEs Call to Action Report” offers a first-of-its-kind understanding of how widespread childhood trauma is in the Omaha-Council Bluffs metro region and offers insights into how to address trauma to improve mental health.

## Childhood Trauma, Adverse Childhood Experiences, and Long-term Impacts

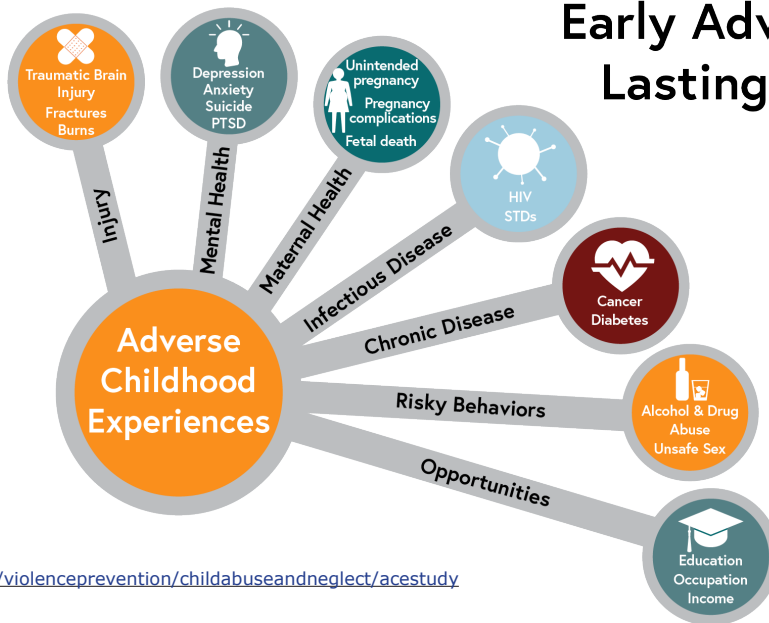
Childhood trauma can occur in many forms. Adverse Childhood Experiences or ACEs is a nationally established definition of childhood trauma that provides a clear tool to assess childhood trauma. ACEs are a helpful framework to begin to understand the scope of childhood trauma in a community and what an individual may have experienced in his/her own life.

ACEs are potentially traumatic events that occur within a family during childhood (0-17 years). There are specific events and circumstances that are included as ACEs (see image more info). Experiencing ACEs can undermine a child’s sense of safety, stability, and bonding.



Source: Center for Disease Control and Prevention  
Credit: Robert Wood Johnson Foundation

# Early Adversity has Lasting Impacts



<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy>

National data indicate that ACEs are common with roughly 61% of adults across 25 states having experienced at least one type of ACE. ACEs occur across all demographic groups; however, according to the Centers for Disease Control and Prevention (CDC) some individuals are at greater risk than others, especially females and several racial/ethnic minority groups.

According to the CDC, ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. ACEs can negatively impact education and job opportunities in adulthood. ACEs can have lasting, negative effects on health, well-being, and opportunity. These experiences can increase the risks of injury, sexually transmitted infections, maternal and child health problems, teen pregnancy, involvement in sex trafficking, and a wide range of chronic diseases and leading causes of death such as cancer, diabetes, heart disease, and suicide. The CDC estimates that preventing ACEs could reduce up to 21 million cases of depression, 1.9 million cases of heart disease and 2.5 million cases of overweight/obesity.

<https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html>

## What Do ACEs look like in the Metro Region

With a national spotlight on ACEs and its impacts on the health and longevity of individuals and communities at large, there is a desire to better understand the incidence of ACEs in our community. Every three years local health departments, health systems, Federally Qualified Health Centers and other non-profit organizations conduct a Community Health Assessment (CHA). Locally this assessment covers the Metro Region, defined as Douglas, Cass, Pottawattamie and Sarpy Counties. The 2018 CHA included questions about ACEs for the first time in the metro region.



## Key Findings

The 2018 CHA data provides key insights into the scope of ACEs across the Metro Region. This data allows the health departments and community partners to take a closer look at trauma and the health impacts. The 2018 Metro Region ACEs report is the result of this closer look and provides in-depth data, specific to ACEs, according to age, race, income, and county. The report also provides additional data points from the Youth Risk Behavior Survey as well as personal stories to help connect ACEs to other health issues such as stress, diagnosed depression, alcohol use, intimate partner violence, food access, and accessing health care, to name a few.

Over 60% of Metro Adults report experiencing at least one ACE.

More than one in every three residents (37%) experienced emotional abuse as a child

One in four respondents (23.6%) experienced parental separation or divorce as an ACE

15.1% reported four or more ACEs across the Metro Region.

More than one in four respondents (26.4%) experienced household substance abuse as an ACE

## The Metro Area Response

The good news is that ACEs can be prevented. Identifying risk factors and building protective factors for families are key components of how communities can begin to address the long-term health impacts of ACEs. Breaking the cycle during early childhood, as well as during youth/adolescence, and understanding the impact of childhood trauma are key first steps that can be taken. Parents and guardians play a key role in helping to prevent and/or reverse the impact of ACEs. This can be done by providing an environment in which children feel safe, stable, known and validated. There is also a role for the business community since adults with ACEs may struggle with presentism, productivity and health concerns which may potentially impact the economic vibrancy of a community.

## We Need Your Help

It is well known that ACEs can have lasting, long-term negative effects on the health and well-being of a community. ACEs are preventable through identifying and addressing risk factors as well as building the capacity for protective factor. Creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent ACEs and help all children reach their full potential (<https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html>).

### Preventing Child Abuse and Neglect

The infographic is a vertical stack of five colored boxes, each with a white hexagonal icon on the left and text on the right. The colors from top to bottom are orange, teal, blue, light blue, and dark red. The icons represent: a piggy bank with a dollar sign, a group of people, a graduation cap, a target with an arrow, and a shield.

- Strengthen economic supports to families**
  - Strengthening household financial security
  - Family-friendly work policies
- Change social norms to support parents and positive parenting**
  - Public engagement and enhancement campaigns
  - Legislative approaches to reduce corporal punishment
- Provide quality care and education early in life**
  - Preschool enrichment with family engagement
  - Improved quality of child care through licensing and accreditation
- Enhance parenting skills to promote healthy child development**
  - Early childhood home visitation
  - Parenting skill and family relationship approaches
- Intervene to lessen harms and prevent future risk**
  - Enhance primary care
  - Behavioral parent training programs
  - Treatment to lessen harms of abuse and neglect exposure
  - Treatment to prevent problem behavior and later involvement in violence

<https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>

This report is a Call to Action for the Metro Region. It is our hope that readers will

- Read and process the data and information from the 2018 Community Health Assessment.
- Share this report with others and talk about ACEs and the effects it can have on individuals and communities.
- Join efforts and get involved to prevent ACEs by seeking out opportunities in your neighborhood, work place, etc. to build a supportive and nurturing environment for every adult and child so that we may all thrive to our fullest.

# Freddie's Story



**W**hile it is unusual for communities to openly discuss mental health, Freddie Gray is working to change this norm. Freddie loves her community and Omaha. A few things that people need to know about Freddie is that she is a leader, intelligent, outgoing, funny, friendly, she radiates joy and kindness, and she deals with a mental health diagnosis - depression - openly and honestly. About 25 years ago, Freddie did not know that she was living with clinical depression and was undiagnosed. She remembers the day the clinical director at the mental health residential treatment center she was working at asked her to complete a screening form. Freddie recalls that once she realized what the clinical director had handed her, she was "really insulted because it was a depression screening tool and I knew what it was, I had worked there for a while." Freddie said that she filled out the depression screening tool but was "fussing the whole time." She remembers the clinical director coming to her office, shutting her door, and telling her that she really needed to talk to someone. Freddie says that he told her "if I were to diagnose you, I would say that you are clinically depressed." Freddie remembers that she did not go back to work at the residential treatment center after this incident. She was very reluctant and did not want to seek professional help. Thanks to encouragement from her husband, she went to a psychiatric visit and received a diagnosis, clinical depression and an anxiety disorder. During her

early days in therapy, she was cautious about what she shared with her therapist and did not want to accept her diagnosis. However, she was consistent with her medication and continued to go to her therapy appointments. When talking about barriers, Freddie said that her biggest barrier was herself, as "in the African American culture, you are taught that what goes on in your house stays in your house." Today, Freddie has a different outlook on things and shares her mental health story. She talks about how her thinking shifted from "I'm just mad at the world" to accepting that she needed to talk to someone and seeking that help. Now, Freddie plans for the future, not only for herself, but also for younger generations. Part of her planning is seeing a return to the idea that optimal health includes wellness in mind, body, and soul. Freddie also hopes that mental health counselors will be available to students at every school just like academic advisors. This way the schools can address the need for mental health services among youth. Freddie also wants to make sure that there are programs in place that prepare youth for whatever future role they chose. She believes that making changes for the next generation requires collaboration; where we see people of diverse languages and cultures coming together.

"If we can predict it, we can prevent it."  
- Dr. Rob Anda

# Background

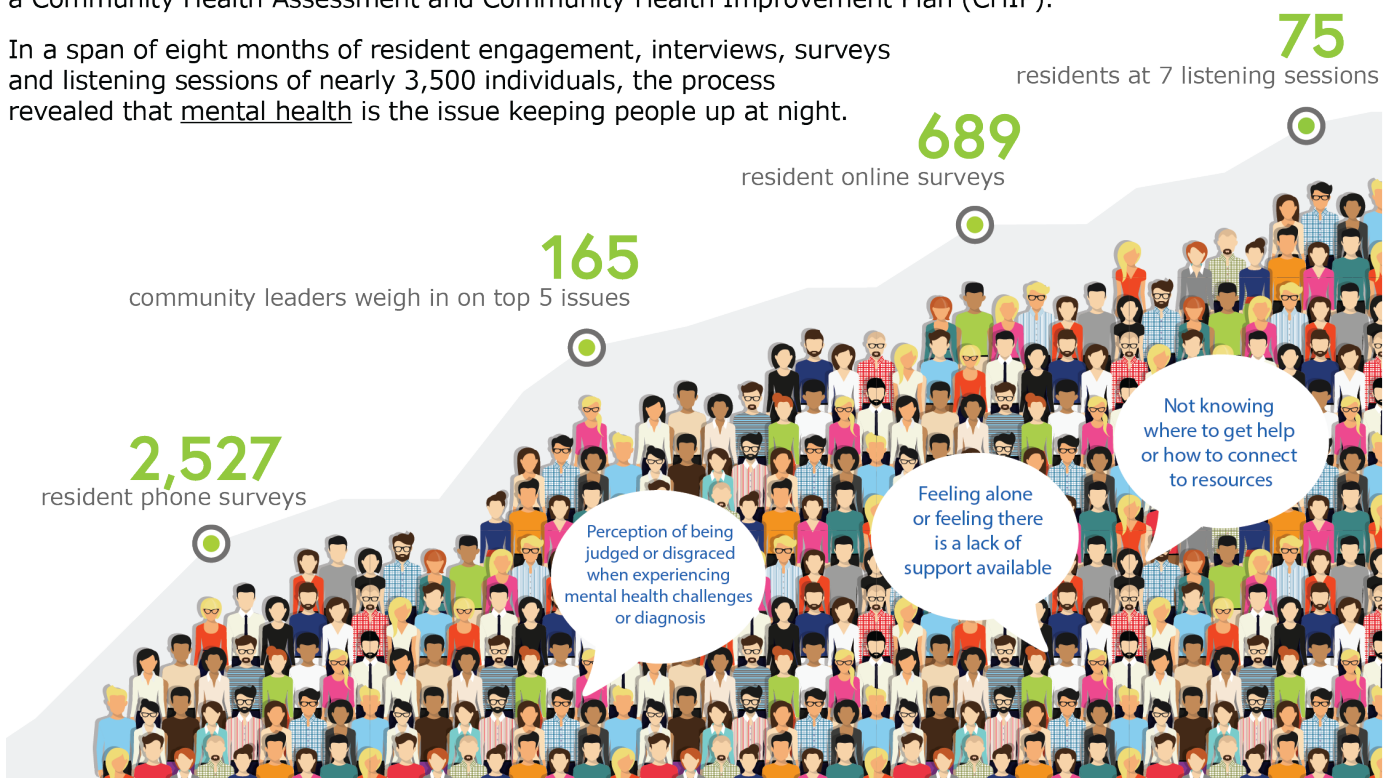
Every three years community partners, representing the Metro Area (Cass, Douglas, Pottawattamie and Sarpy counties), gather to determine the process for and conduct a Community Health Assessment (CHA). In the Metro Area two CHAs are completed; Adult and Child & Adolescent. The Adult CHA, completed through phone surveys and stakeholder input, gathers information to identify the status of health among residents in these four counties. Additionally, risk factors and causes of illness are also obtained. The Child & Adolescent CHA is also completed via phone surveys with parents of children under 18 years old that reside in Douglas, Pottawattamie and Sarpy counties. Both CHAs drive the development of a Community Health Improvement Plan (CHIP), which is the action plan to address identified health concerns. Community partners involved in this process include the Douglas County Health Department, Sarpy/Cass Health Department, Pottawattamie County Health Department, Boys Town National Research Hospital, CHI Health Systems, Children's Hospital & Medical Center, Methodist Health System, Nebraska Medicine, The Wellness Partners, Charles Drew Health Center, OneWorld Community Health Centers, Omaha Community Foundation and United Way of the Midlands.

Specific to the Adult CHA, through a prioritization process, residents of the Metro Area have identified Mental Health as the number one health priority to address in the 2020-2022 CHIP. This report provides a new way to look at the intersection of Adverse Child Experiences (ACEs) and mental health and the impact of ACEs on the overall health of a community.

## HOW DID WE GET HERE?

This work is part of a required, data-driven, and evidence based process that occurs every three years with area health departments, health systems and federally qualified health centers - called a Community Health Assessment and Community Health Improvement Plan (CHIP).

In a span of eight months of resident engagement, interviews, surveys and listening sessions of nearly 3,500 individuals, the process revealed that mental health is the issue keeping people up at night.



One Clear Priority is Mental Health



# Adverse Childhood Experiences in the Metro Area

**A**dverse Childhood Experiences are negative childhood experiences that may result in extended periods of extreme stress and can lead to a multitude of health and social challenges across the lifespan. A person's environment can be influenced by either protective or negative social and environmental factors that will contribute to their health outcomes. For the first time ever the 2018 CHA included questions specific to ACEs for Metro Area residents. The experiences that a child has today will influence their health as adults tomorrow. During a child's formative years, they may go through traumatic experiences that negatively impact changes well into their adult lives.

Through this report, and with data from the 2018 CHA, partners across Cass, Douglas, Pottawattamie and Sarpy counties hope to shed light on the current state of mental health in the Metro Area area. The topics of mental health and mental illness are not ones that are regularly and easily discussed. However, mental illness can occur in all people across gender, race, ethnicity, age, income, educational levels and geographies. Through this Call to Action, we hope to create a greater understanding of how ACEs and mental health impact children, adolescents, and adults as we begin to formulate a plan of action to address this significant health concern.

## What are ACEs

The Adverse Childhood Experiences Study, conducted between 1995 and 1997 by Dr. Robert Anda at the Center for Disease Control and Prevention (CDC) and Dr. Vincent Felitti at Kaiser Permanente, found significant associations between childhood abuse, neglect and other potentially traumatic experiences that occur to people under the age of 18 with adult health problems.

Dr. Felitti and Dr. Anda, worked together and asked 17,000 adults about their history of exposure to what they called ACEs. For every "yes" the respondent would be scored one point on the ACEs score sheet. The researchers correlated the total ACEs scores against health outcomes and found that:

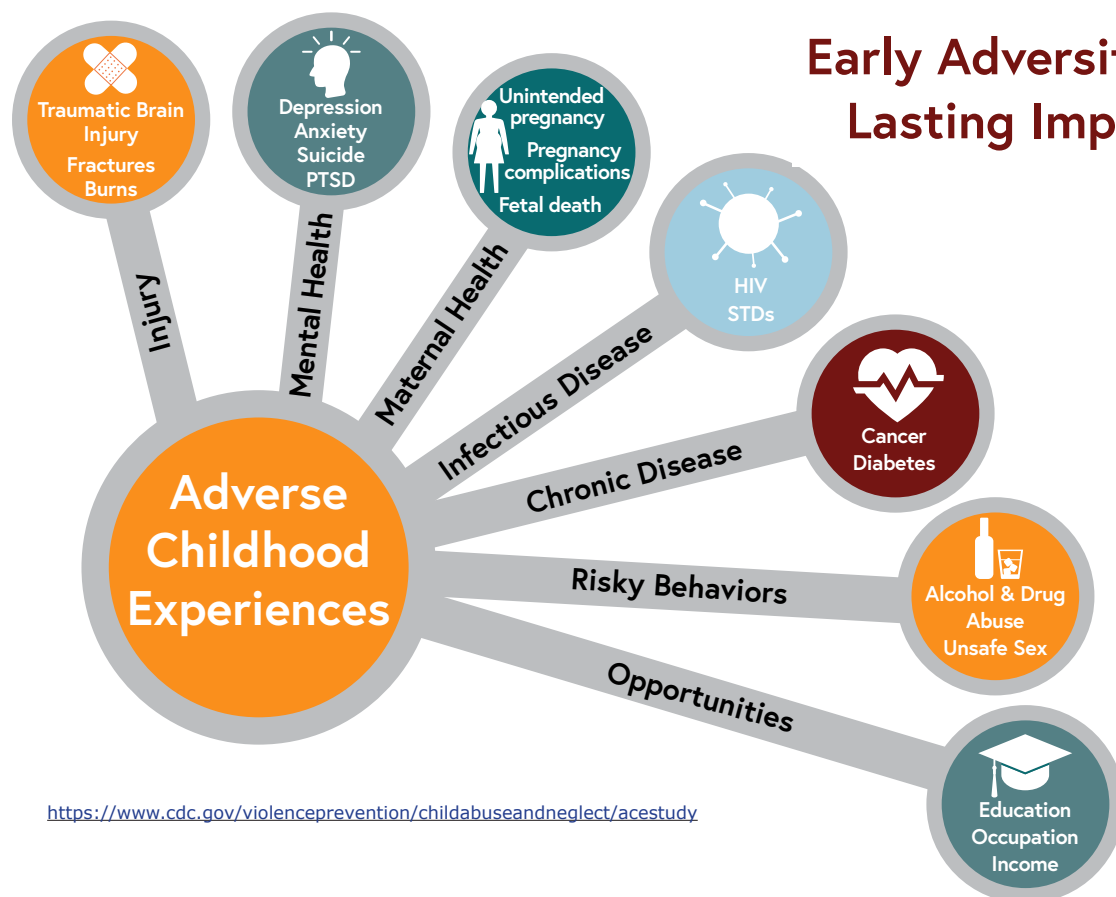
- 1) ACEs are incredibly common; 64% of people had at least one ACE and one in eight people had four or more ACEs.
- 2) There was a relationship between the total number of ACEs and health outcomes. Higher total ACEs scores were linked to worse health outcomes. The study linked childhood trauma to a range of health and social outcomes including:

- Alcoholism
- Chronic obstructive pulmonary disease
- Depression
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Smoking
- Adolescent pregnancy
- Sexually transmitted diseases
- Intimate partner violence

The high-risk behaviors and mental illness associated with multiple ACEs can follow a child into adulthood and impact not only the individual but the community, leading to long-term health problems, emotional issues, and increased risks for drug use, increased crime rates, greater number of dependence on public assistance and other high-risk behaviors (Felitti et al, 1998). Reducing the number of individuals with ACEs and decreasing the number of ACEs that an individual is exposed to is critical to reducing larger societal issues.



## Early Adversity has Lasting Impacts



### Community Health Assessment (including Regional approach)

For the first time, the CHA phone survey, conducted in 2018, included asking residents the ACEs questions (see diagram below).

## Adverse Childhood Experiences (ACEs) (Metro Area, 2018)

Category	Question
Household Mental Illness	Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?
Household Substance Abuse	Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?
	Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?
Incarcerated Household Member	Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
Parental Separation or Divorce	Before you were 18 years of age, were your parents separated or divorced?
Intimate Partner Violence	Before you were 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up?
Physical Abuse	Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking.
Emotional Abuse	Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down?
Sexual Abuse	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex?

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 363-370]  
Notes: • Reflects the total sample of responders.

# Overall Findings on ACEs in Metro Area.

**1**

**60.2% of Metro Adults report experiencing at least one ACE.**



**More than one in every three residents (37%) experienced emotional abuse as a child.**

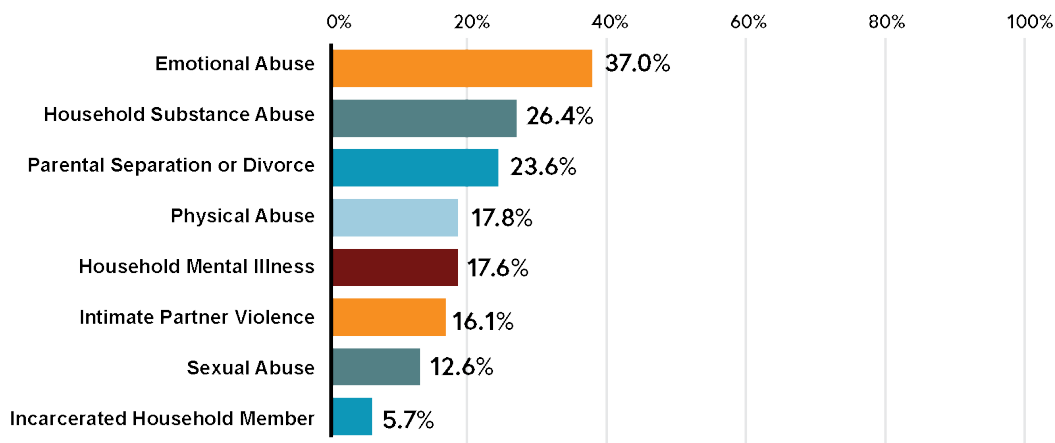


**More than one in four (26.4%) residents lived in a home with substance abuse as a child.**



**One in four residents (23.6%) experience parental separation or divorces as an ACE.**

## Adverse Childhood Experiences (ACEs) (Metro Area, 2018)

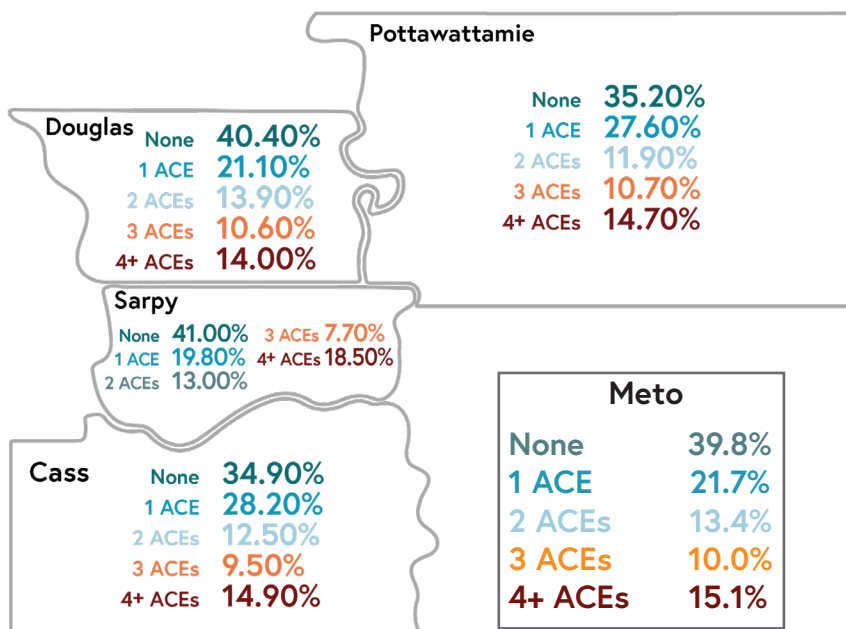


Sources: • 2018 PRC Community Health Survey. Professional Research Consultants, Inc. [Items 353-370]

Notes: • Reflects the total sample of responders.

• ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.

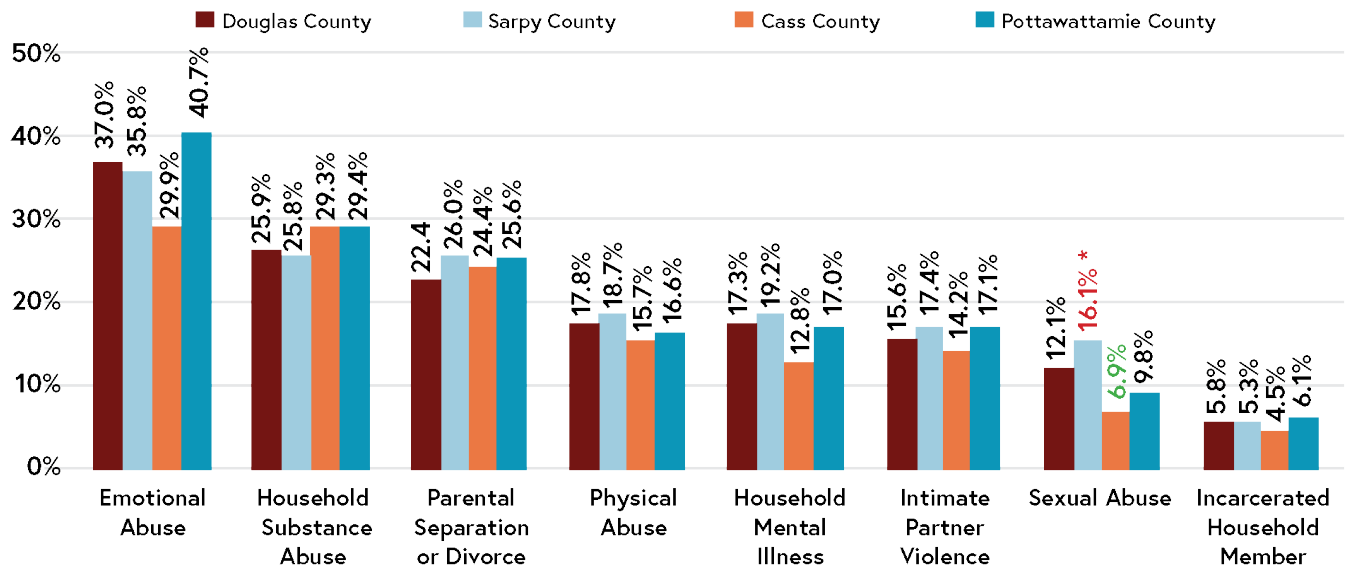
## Prevalence of ACEs score in adult population in metro area



Across the Metro, more than **one in ten** (15.1%) residents report a high ACE score of 4 or more. People with a high ACE score are significantly more likely to experience negative outcomes as a result of childhood trauma.

# Prevalence Of ACEs Categories By County

## Prevalence of Types of ACEs Categories by County (Metro Area, 2018)



### ACEs Demographics Across the Metro Area

The findings of the ACEs study in the Metro Area revealed that there is significant difference of high ACEs by race, age, and socio-economic level in the population of the Metro Area. Note that ACE scores of 4+ were more prevalent in adults between the ages of 18 to 44 (negative correlation with age) and Black residents.

#### High ACEs by Age

People under age 65 were much more likely to report 4+ ACEs than people 65 and over. 22% of people ages 18-39, 13.7% of people ages 40-64, and 6% of people 65+ reported 4 or more ACEs.

#### High ACEs by Income

There is not a significant correlation between income and a high ACE score. However, people who always or frequently worry about being able to pay for their rent/mortgage or have enough food to eat are more likely to have a high ACE score.

#### High ACEs by Race

High ACEs scores were reported in 23% of respondents identifying as non-Hispanic Black, followed by 18.2% of respondents identifying as Hispanics. The reported percentage of high ACEs in the Black population was nearly twice the reported percentage of ACEs in White. 23% (Black) vs 13.8% (White). Though not statistically significant, American Native respondents reported a staggeringly high percentage with a high ACEs score.

# ACEs Data by County

## Cass County

Percent of Cass County survey respondents reporting each category of ACEs

Emotional abuse	29.9%
Household substance abuse	29.3%
Parental separation or divorce	24.4%
Physical abuse	15.7%
Intimate partner violence	14.2%
Household mental illness	12.8%
Sexual abuse	6.9%
Incarcerated household member	4.5%

## Douglas County

Percent of Douglas County survey respondents reporting each category of ACEs

Emotional abuse	37.0%
Household substance abuse	25.9%
Parental separation or divorce	22.4%
Physical abuse	17.8%
Household mental illness	17.3%
Intimate partner violence	15.6%
Sexual abuse	12.1%
Incarcerated household member	5.8%

## Pottawattamie County

Percent of Pottawattamie County survey respondents reporting each category of ACEs

Emotional abuse	40.7%
Household substance abuse	29.4%
Parental separation or divorce	25.6%
Intimate partner violence	17.1%
Household mental illness	17.0%
Physical abuse	16.6%
Sexual abuse	9.8%
Incarcerated household member	6.1%

## Sarpy County

Percent of Sarpy County survey respondents reporting each category of ACEs

Emotional abuse	35.8%
Parental separation or divorce	26.0%
Household substance abuse	25.8%
Household mental illness	19.2%
Physical abuse	18.7%
Intimate partner violence	17.4%
Sexual abuse	16.1%
Incarcerated household member	5.3%

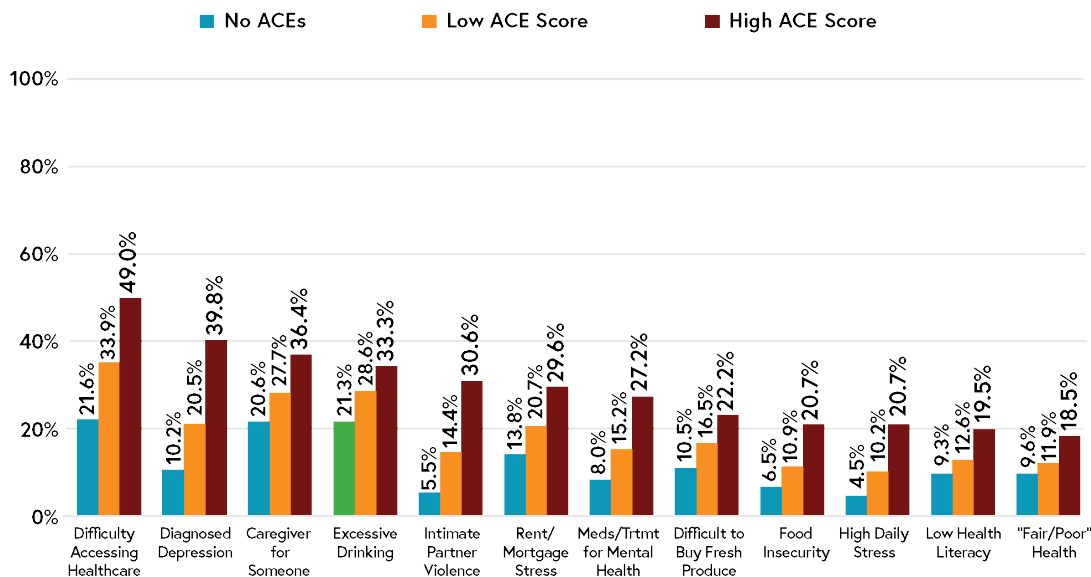
# ACEs Impact to Lifelong Health

**T**raumatic childhood experiences affect the future of the children involved. It is not only physical health that suffers but also their mental and emotional well-being. Understanding the impact of ACEs and how to prevent them could improve health outcomes in our community for both physical and mental health.

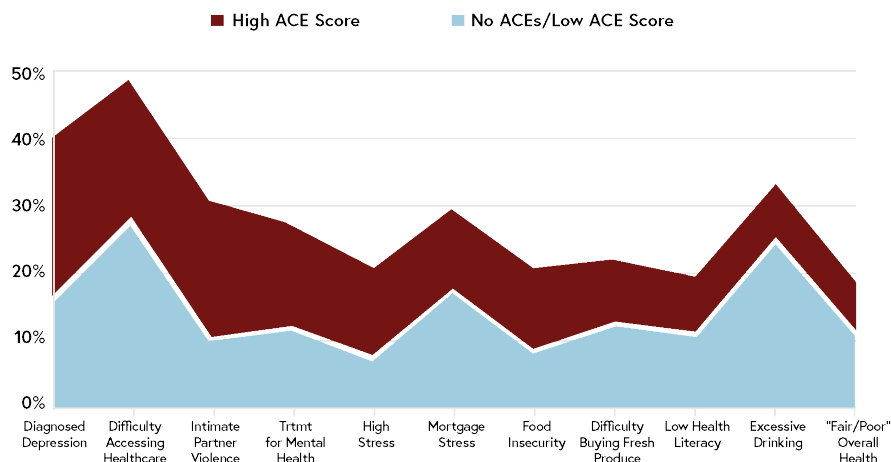
Data from the 2018 CHA shows a significant correlation between ACEs and physical and mental health issues. It also demonstrates a connection between ACEs and life circumstances which in themselves can be detrimental. Examples include:

- Difficulty accessing healthcare
- Intimate partner violence
- Difficulty buying fresh produce
- Diagnosed depression
- Rent/Mortgage stress
- Food insecurity
- Caregiver for someone
- Medication/treatment for mental health
- High daily stress
- Excessive drinking
- Low health literacy
- Fair/poor health

## ACEs Impact to Lifelong Health



## Relationship of ACEs with Other Health Issues (By ACE Risk Classification: Metro Area 2018)



# Protective and Resilience Factors to Consider

Research indicates that supportive and responsive relationships with caring adults, as early in life as possible, can prevent or even reverse the damaging effects of toxic stress response associated with ACEs. ACEs can be painful and destructive, but they are not the end of the story. Building resilience can help overcome ACEs. Research suggests that in addition to building and maintaining supportive relationships, building self-regulation and skills that help manage behavior and emotions can be protective, decreasing the negative effects associated with ACEs (Gouin et al., 2017; Hughes et al., 2018)



## Risk Factors

Parents' lack of understanding of children's needs, child development, and parenting skills
Parental history of child abuse or neglect
Substance abuse and/or mental health issues including depression in the family
Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income
Non-biological, transient caregivers in the home
Parental thoughts and emotions that tend to support or justify maltreatment behaviors
Social isolation, parenting stress, and family violence including intimate partner violence

## Family Protective Factors

Nurturing and attachment
Knowledge of parenting and child development
Parental resilience
Social connections
Concrete supports (food, clothing, housing, transportation, etc.)
Social and emotional competence of children

The 2018 Child & Adolescent Community Health Assessment (CHA) captured data on family resilience factors in the Metro Area because the home environment has long-term effects on early childhood development and is an essential resilience factor in adolescent growth as youth prepare to leave home.

A total of 85.1% of parents with children ages 6 months to 5 years report that their child "always" or "usually" bounces back when things do not go his/her way.

For children ages 6-17, 77.3% of parents report that they "always" or "usually" stay calm and in control when faced with a challenge.

## Family Resilience

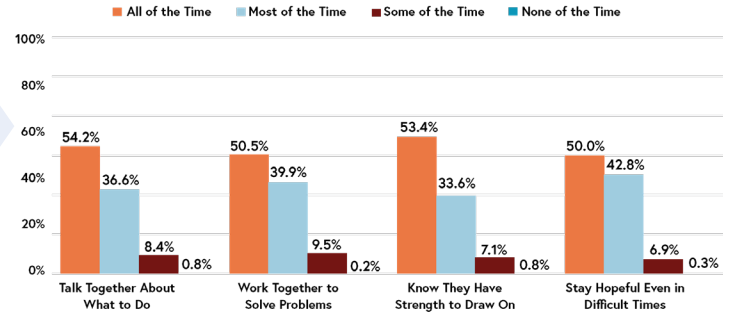
"When your family faces problems, how often are you likely to do each of the following? Would you say all of the time, most of the time, some of the time or none of the time."

Parents were asked a series of questions related to family resilience, including how often the family:

- Talks together about what to do;
- Works together to solve problems;
- Knows they have strength to draw on; and
- Stays hopeful even in difficult times.

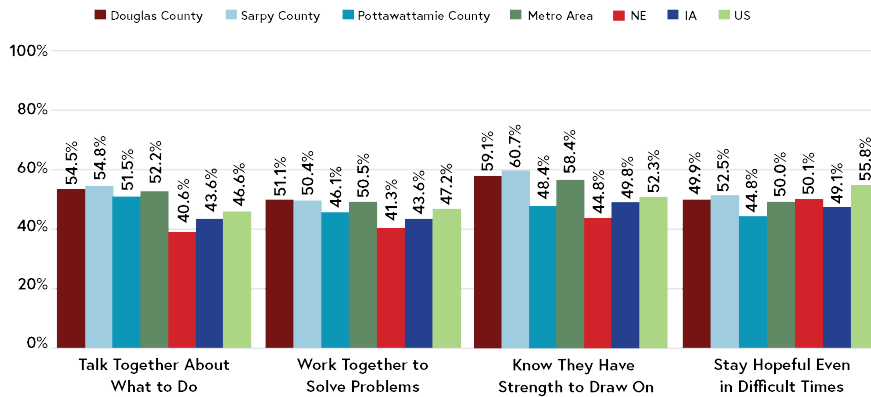
For each question, at least half of parents responded that the family does these things "all of the time".

## Family Resilience (Metro Area, 2018)



Sources: • PRC Child and Adolescent Health Surveys. Professional Research Consultants, Inc. [Items 344-347]  
Notes: • Asked of all respondents with a randomly selected child in the household.

## Family Resilience "All of the Time" Responses (Metro Area, 2018)



Sources: • 2018 PRC Child & Adolescent Health Survey. Professional Research Consultants, Inc. [Items 344-347]  
Notes: • Child and Adolescent Health Measurement Initiative 2016 National Survey of Children's Health (\*NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement US9MC27866 from the U.S. Department of Health and Human Services Administration's Maternal and Child Health Bureau (HRSA MCHB) Retrieved 10/05/18 from www.childhealthdata.org CAHMI: www.cahmi.org  
• Asked of all respondents with a randomly selected child in the household.

## Meeting Child's Needs

"How confident are you at your ability to access...?"

Would you say: extremely confident, somewhat confident, or not at all confident"

How confident are you in your ability to meet this child's...?"

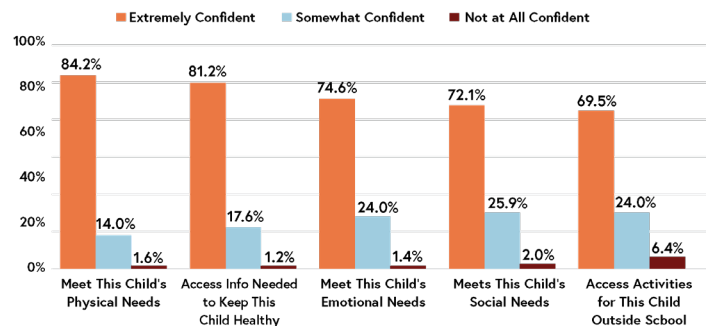
Would you say: extremely confident, somewhat confident, or not at all confident"

Parents were asked a series of questions related to meeting their child's needs, including how confident the parent is:

- Accessing the information they need to keep their child healthy;
- Accessing activities for their child outside of school (such as sports, dance classes, music lessons, or clubs);
- Meeting their child's emotional needs;
- Meeting their child's physical needs; and
- Meeting their child's social needs.

Responses ranged from 69.5% being "extremely confident" accessing activities for the child outside of school, to 84.4% being "extremely confident" in the meeting the child's physical needs.

## Parent's Confidence in Ability to... (Metro Area, 2018)



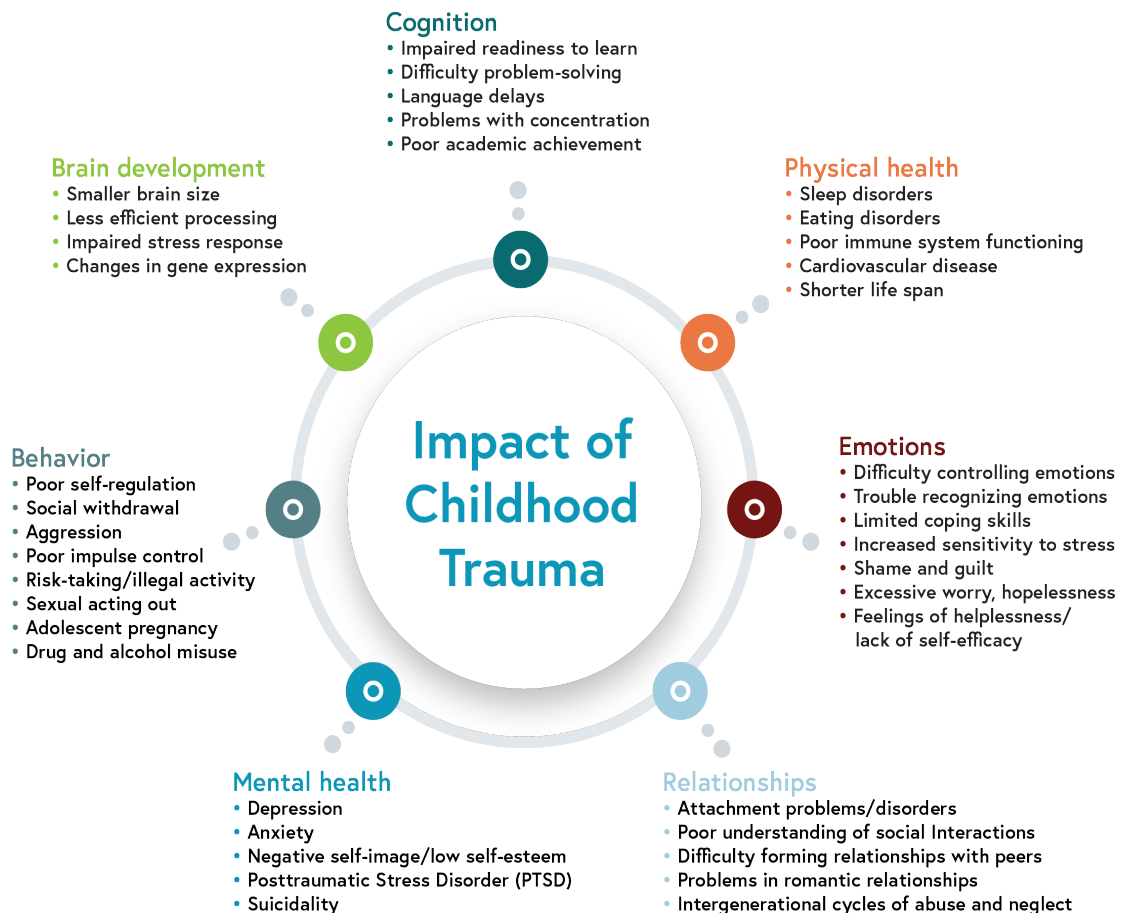
Sources: • PRC Child & Adolescent Health Survey. Professional Research Consultants, Inc. [Items 339-343]  
Notes: • Asked of all respondents with a randomly selected child in the household.



# Efforts at Breaking the Cycle: Early Child Care and Education



**T**rauma directly impacts a child’s brain development. This can directly impact academic efforts (thinking, memorizing, and learning) through early childhood and into adolescence. This can also lead to challenges in a child’s ability to self-regulate and read social cues, which in turn impacts relationships with teachers/ friends, ability to concentrate, pay attention and follow directions. Home Visiting programs and quality Early Child Care and Education can both build the capacity for protective factors through secure social/emotional attachments, early learning opportunities, and life skills that build resiliency in the face of life challenges.



<https://www.childtrends.org/publications/how-to-implement-trauma-informed-care-to-build-resilience-to-childhood-trauma>

# Amanda and Chrys' Story



**A**manda and Chrys are a mother and son who reside in Pottawattamie County. They both live with mental health diagnoses and are honest and open with the mental health struggles that each of their family members has faced. Chrys was diagnosed with depression, Amanda's older son was diagnosed with Attention Deficit Hyperactive Disorder (ADHD), and Amanda with bipolar disorder. Amanda recalls that after her diagnosis things were challenging. "Being bipolar is a constant yo-yo... you can be laughing one minute and bawling the next for no apparent reason and it was a trial and error until I got everything perfectly controlled." Taking charge of her mental health was important for Amanda. Chrys recalls that things were different when he was younger and his mom was learning to manage her disorder.

Chrys described the first time that he heard the word transgender. He said that "when I first heard of the word I was curious, I was introduced to the community... and I looked into it and thought maybe I want to try that because that seems like who I would be." For Amanda it was a little different, she recalls that her "initial approach was mostly fear." She explained that she did not know why she felt that way and that she was never against it but felt as though she was losing someone. Amanda knew that Chrys was "no different than he was before, he just outwardly spoke it." To aid in this process, Amanda and Chrys looked for a therapist and Amanda

says "it was a huge blessing to hear someone else tell you this is how it is, this is not going to change."

While sharing their story, Chrys and Amanda discussed barriers people have when addressing their mental health. One of the main barriers was denial, specifically in adults, because often times "they don't want to think there's something wrong with them because they are seeking help from a professional. Everyone needs help at some point and instead of seeking help they blindfold themselves to their own problems and more so to that of their children." The stigma that adults have placed on mental health is also something that Chrys believes is a barrier that is affecting younger people as "a lot of my friends are going through struggles with depression... and their family members don't even think it's a thing." Chrys believes that there needs to be more outreach to parents rather than children and Amanda agrees. She said that "parents don't address it when their kids tell them I'm depressed, or I think I'm gay, trans, or I have a lot of anxiety" and she believes that the education on mental health should be "one of those things that you have to make available to both parent and child as best as you can."

**"Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today."**

- Dr. Robert Block,  
former president American Academy Pediatrics

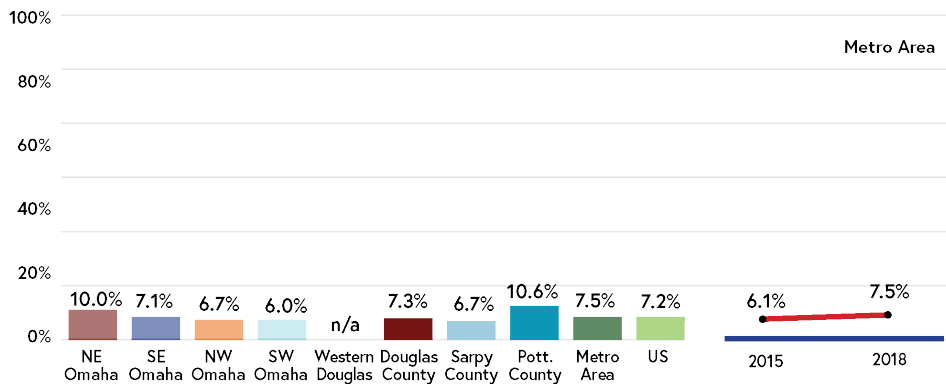
# Efforts to Breaking the Cycle: Youth/Adolescence

Child maltreatment and other ACEs have been linked to depressed mood, anxiety, post-traumatic stress disorder symptoms, risk-taking behavior, early pregnancy, eating disorders, weight problems, substance use, STD treatment, suicide attempts, and mental health treatment in adolescents. Few studies have examined the relationship between ACEs and adolescent physical health. (JAMA Pediatrics, 2014).

Data from the 2018 Child and Adolescent PRC phone survey, as reported by parents for children ages 5 through 17, reported the following:

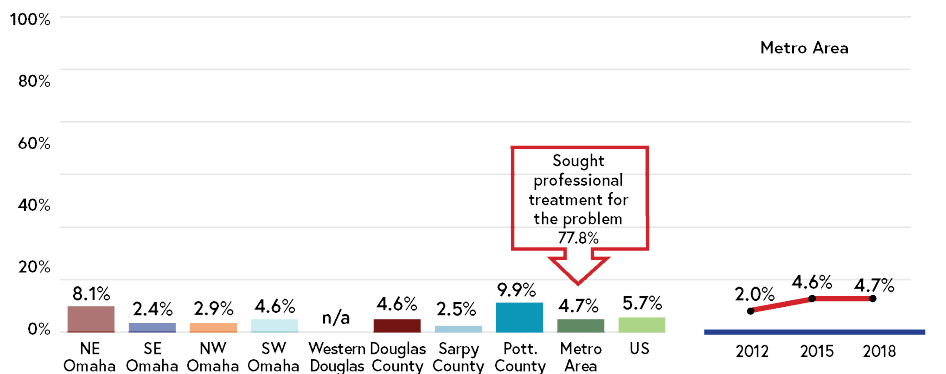


## Child Has Been Diagnosed with Depression (Metro Area Children Age 5-15, 2018)



Sources: • 2018 PRC Child & Adolescent Health Surveys. Professional Research Consultants, Inc. [Items 56]  
 • 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

## Child Felt Sad or Hopeless for Two or More Weeks In the Past Year and Stopped Performing Usual Activities (Metro Area Children Age 5-17, 2018)



Sources: • 2018 PRC Child & Adolescent Health Surveys. Professional Research Consultants, Inc. [Items 84-85]  
 • 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

- Such signs of depression are highest among teenagers when compared against children ages 5-12.

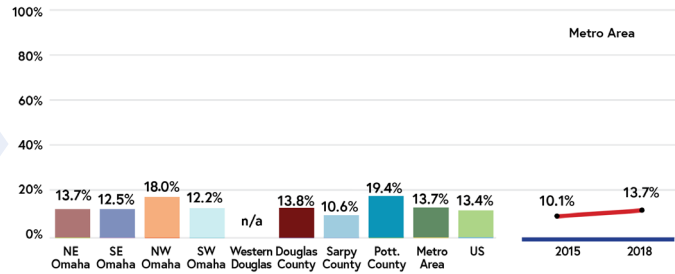
## Anxiety

### Anxiety Disorders

A total of 13.7% of Metro Area parents report they have been told by a doctor or other health care provider that their school-age child had anxiety.

- Almost identical to US findings.
- No significant difference by area.
- TREND statistically higher than that reported in 2015.

## Child Has Been Diagnosed with Anxiety (Metro Area Children Age 5-17, 2018)



Sources: • 2018 PRC Child & Adolescent Health Surveys. Professional Research Consultants, Inc. [Items 85]  
• 2016 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

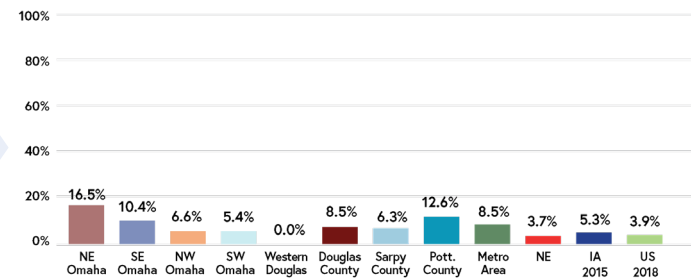
- Teens and White children are statistically more likely to have an anxiety diagnosis.

## Exposure to Neighborhood Violence

"To the best of your knowledge, has the child ever been the victim of violence, or has this child ever witnessed any violence in his/her neighborhood?"

- A total of 8.5% of Metro Area parents report that their child has been exposed to neighborhood violence, either as a victim or as a witness.
- Notably higher than state or national findings
- In Douglas County, these reports were highest in Northeast Omaha. Note that no parents in Western Douglas reported this type of exposure to violence.
- Statistically comparable by county.

## Child Ever Exposed to Neighborhood Violence (Metro Area, 2018)



Sources: • 2018 PRC Child & Adolescent Health Surveys. Professional Research Consultants, Inc. [Items 319]  
Child and Adolescent Health Measurement Initiative 2016 National Survey of Children's Health ("NSCH") data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement US9MC27866 from the U.S. Department of Health and Human Services Administration's Maternal and Child Health Bureau (HRSA MCHB) Retrieved 10/05/18 from www.childhealthdata.org CAHMI: www.cahmi.org

Notes: • Asked of all respondents with a randomly selected child in the household.



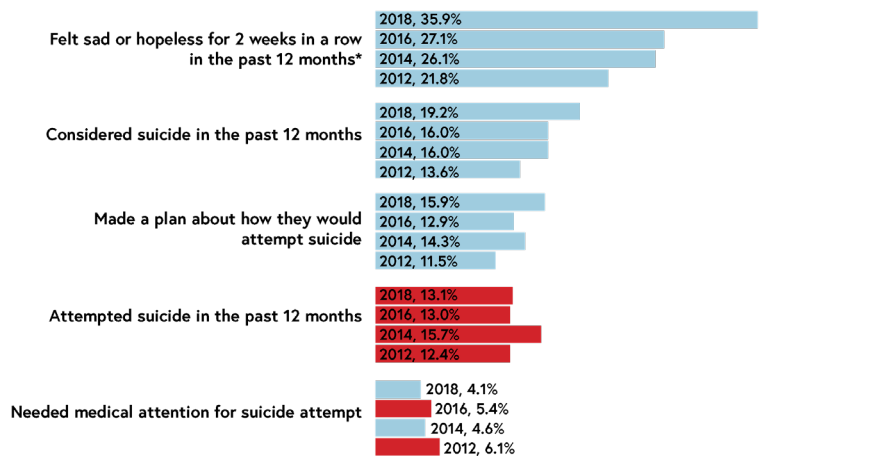
### Exposure to neighborhood violence is more common among:

- Teens
- Children living in very low-income households
- Black children

Child & Adolescent Health Needs Assessment  
Professional Research Consultant, Inc, p. 143

According to the Center for Disease Control and Prevention (CDC), the Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults. The Douglas County YRBSS 2019 report indicates the following data for Mental Health and Suicide, Substance Use--Alcohol, and Bullying and Dating Violence.

## Mental Health and Suicide

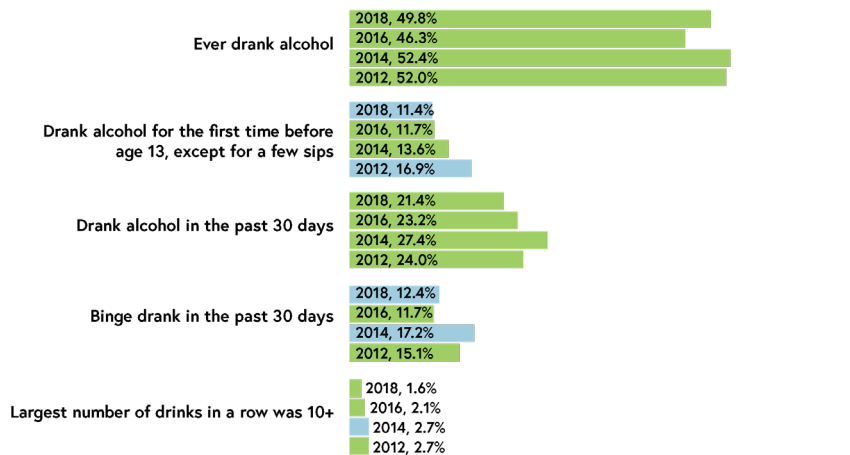


Significantly better than U.S. YRBS (Green) Not significantly different than U.S. YRBS (Blue) Significantly worse than U.S. YRBS (Red)

\*Significant change from 2016 to 2018  
Douglas County Health Department  
06/25/2019

Source: 2018, 2016, 2014, 2012 Douglas County Youth Risk Behavior Survey (YRBS)

## Substance Use - Alcohol

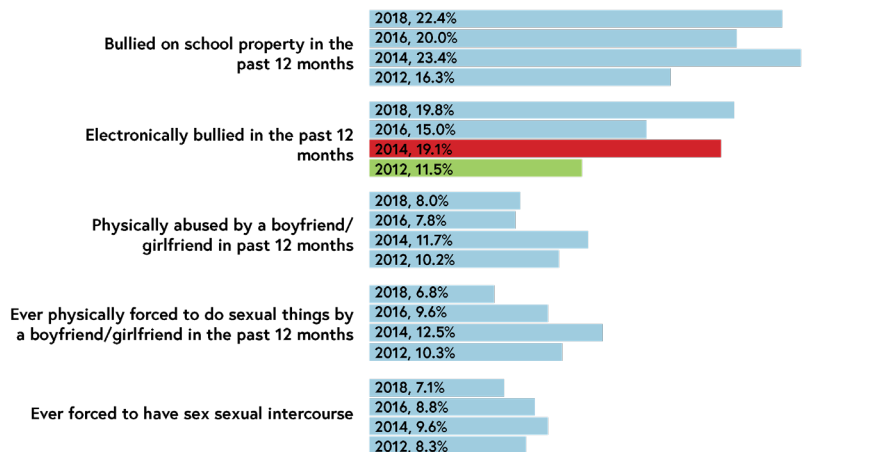


Significantly better than U.S. YRBS (Green) Not significantly different than U.S. YRBS (Blue) Significantly worse than U.S. YRBS (Red)

\*Significant change from 2016 to 2018  
Douglas County Health Department  
06/25/2019

Source: 2018, 2016, 2014, 2012 Douglas County Youth Risk Behavior Survey (YRBS)

## Bullying and Dating Violence



Significantly better than U.S. YRBS (Green) Not significantly different than U.S. YRBS (Blue) Significantly worse than U.S. YRBS (Red)

\*Significant change from 2016 to 2018  
Douglas County Health Department  
06/25/2019

Source: 2018, 2016, 2014, 2012 Douglas County Youth Risk Behavior Survey (YRBS)

Data is not generalized due to less than 60% response rate.

Data points from the 2019 Douglas County YRBSS (page 20) and the Metro Area PRC Child & Adolescent Survey (2018) indicate that youth across Douglas, Pottawattamie and Sarpy counties are experiencing an increase in levels of stress and anxiety.

Data related to suicide, substance use and bullying is limited for youth in Sarpy and Cass counties. Participation rates in the 2018 Nebraska Risk and Protective Factors Student Survey (NRPFS) was 8.9% (Sarpy) and 31.7% (Cass). While survey results cannot be generalized to the entire student population due to low participation rates in the survey, these results suggest some students have experiences with suicide, substance use and bullying that are cause for concern.

### Sarpy County - 10th and 12th graders

Considered attempting suicide: **9.2% (10th) and 20.6% (12th)**  
Attempted suicide: **3.9% (10th) and 2.9% (12th)**  
Lifetime Alcohol use: **76.9% (12th)**  
Any bullying in last 12 months: **53.8% (10th) and 41.3% (12th)**  
Physical dating violence  
among students: **22.9% (10th) and 1.6% (12th)**

### Cass County - 10th and 12 graders

Considered attempting suicide: **12.5% (10th) and 13.5% (12th)**  
Attempted suicide: **2.8% (10th) and 3.9% (12th)**  
Lifetime Alcohol use: **41.7% (12th)**  
Any bullying in last 12 months: **47.9% (10th) and 44.2% (12th)**  
Physical dating violence  
among students: **12.2% (10th) and 12.2% (12th)**

As the data from the mental health assessment of the youth in our community demonstrates young people face many challenges that can impact mental health. As such, it is important to connect ACEs, risk factors, resiliency and protective factors to supporting our youth in their ability to manage and handle life experiences, adjust and cope with supportive environments and flourish despite the experiences of difficult times.



# Efforts to Break the Cycle - Parenting

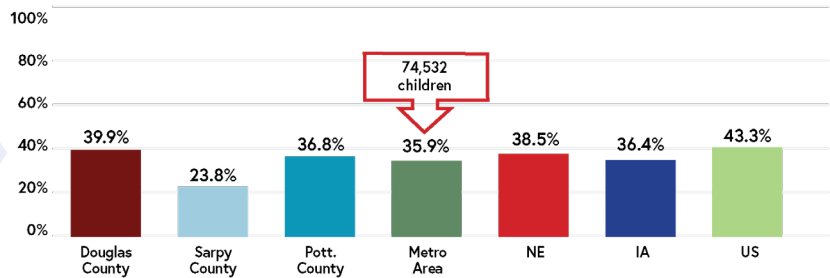


## Children in Low-Income Households

A total of 35.9% of Metro Area children age 0 - 17 (representing an estimated 74,532 children) live below the 200% poverty threshold.

- Below the Nebraska proportion but comparable to Iowa.
- Well below the US proportion.
- By county, highest in Douglas County

## Children in Low-Income Households (Children 0 - 17 Living Below 200% of the Poverty Level, 2012-2016)

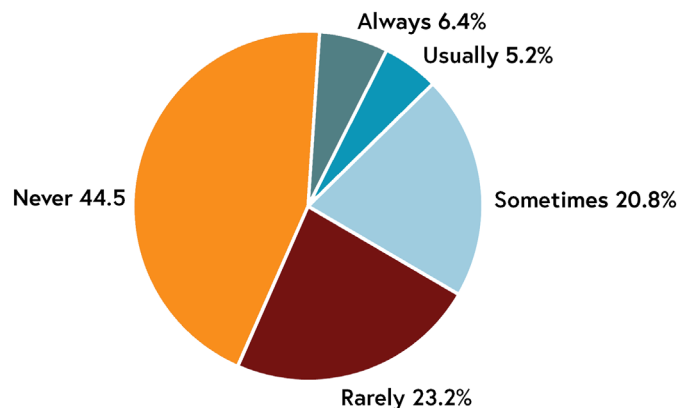


Sources: • US Census Bureau American Community Survey 5-year estimates  
 • Retrieved September 2018 from Community Commons at <http://www.chra.org>  
 Notes: • This indicator reports the percentage of children age 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

## Housing Insecurity

While most surveyed parents rarely, if ever, worry about the cost of housing, a considerable share (32.4%) reported that they were "sometimes", "usually", or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

## Frequency of Worry or Stress Over Paying Rent/Mortgage in the Past Year (Metro Area, 2018)



Sources: • 2018 PRC Child & Adolescent Health Survey. Professional Research Consults, Inc. [Item 357]  
 Notes: • Asked of all respondents about a randomly selected child in the household.

It is possible to break the cycle of childhood trauma. Research shows that ACEs can be prevented when adults provide an environment in which children will feel safe, stable, and validated. Promoting protective factors at a family level can reduce childhood abuse and thus strengthen parent-child relationships which then promote the general well-being for both parents and children. A total of 13.4% of Metro Area children have

parents who report that they have lived with someone with serious mental health issues (2018 PRC Child & Adolescent Survey). Research shows that the environment in which children grow affects their emotional and physical health. Having a parent or other caregiver with mental illnesses increases the child's risk of developing social, emotional and behavioral problems (Center for the Study of Social Policy).



### Adult for Advice/ Guidance

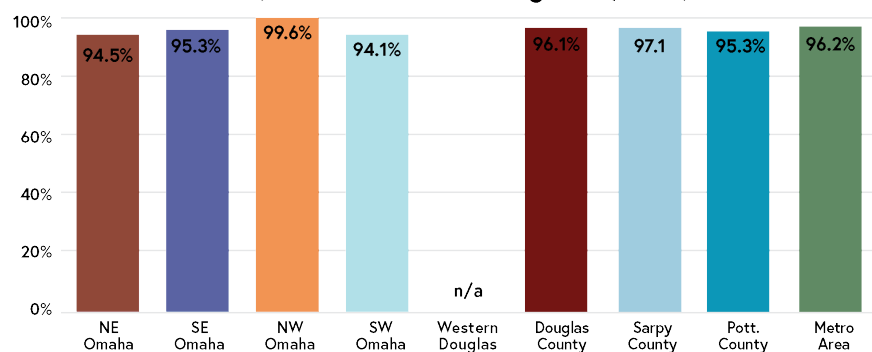
"Other than you or the other adults in your home, is there at least one other adult in this child's school, neighborhood, or community who knows this child well and who he/she can rely on for advice or guidance?"

The vast majority (96.2%) of parents of school-age children in the Metro Area report that their child can rely on at least one adult outside the household for advice or guidance.

- Within Douglas County, this prevalence is highest in Northwest Omaha.
- No significant difference among the three Metro Area counties.

### Child Has An Adult for Advice/Guidance (Outside Household)

(Metro Area Children Age 5-17, 2018)



Sources: • 2018 PRC Child & Adolescent Health Survey. Professional Research Consultants, Inc. [Items 326]  
Notes: • Asked of all respondents for whom the randomly selected child in the household is age 5 to 17.

The following are less likely to have this source of support.

- Children living in very low-income households.
- Hispanic children.



# Graciela and Maria's Story



**G**raciela Pacheco and Maria Castañeda are two Douglas County residents who are actively involved in their community. Both shared their experience of dealing with a family member who has been diagnosed with a mental health condition. Maria has two sons, one diagnosed with bipolar disorder and the other with Attention-Deficit/ Hyperactivity Disorder. Maria stated that she was constantly worried and “not sure of what will happen, everything could be good one second and take a turn the next.” As a result, Maria and Graciela both stated that living with someone who struggles with a mental health issue impacts the entire family. Moreover, an added layer of stress is the rising cost of health care. Medication is an important part of treatment for Maria’s sons and she has found herself struggling as “sometimes money is short and there isn’t enough to pay for the medicine because it’s very expensive...and there are times that insurance won’t cover it.” There are also other barriers for them such as language and the fear of addressing mental health issues.

Graciela stated that sometimes in the Hispanic community “we don’t want to accept what’s really happening to us, it’s part of our culture.” Graciela and Maria have endured the uncertainty and lack of information regarding mental health conditions that are present at the individual and community level. Yet, even though both faced barriers, they shared how their

friendship and their community helped them overcome some of these obstacles.

Graciela and Maria have expanded their support networks and participate in multiple parenting programs, support groups, and advocacy education trainings. Graciela laments not being able to provide more support to her family member who struggles with an undiagnosed mental health condition and Maria’s family is still facing issues and barriers when it comes to mental health. In spite of this, both Maria and Graciela share community resources that they know about with others, are educating themselves on the topic, and are raising awareness about the cultural stigma on mental health.

“I believe ACE scores should become a vital sign, as important as height, weight, and blood pressure.”

Dr. Jeffrey Brenner  
Founder and Executive Director of the Camden  
Coalition of Healthcare Providers

# Efforts to Break the Cycle - Business



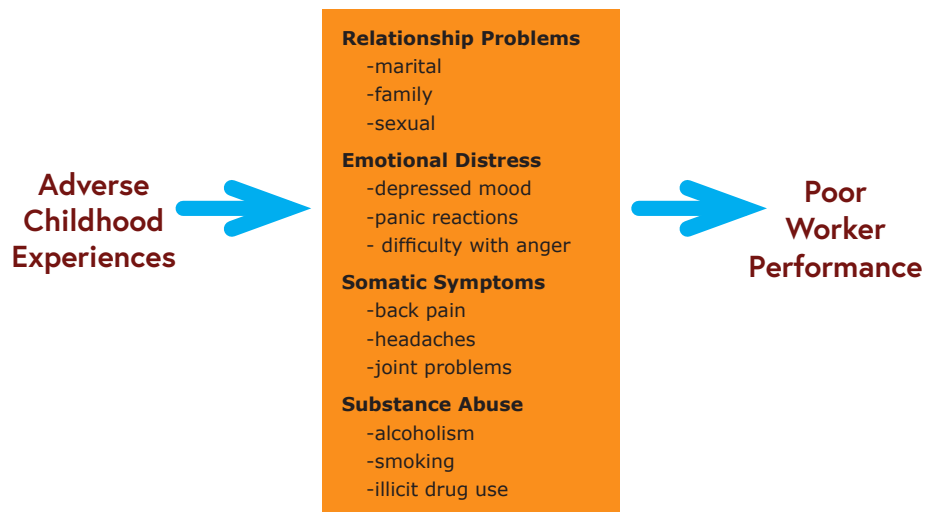
**F**rom 2011 to 2014, over half the adults in a 23-states survey reported having at least one adverse childhood experience and 25 percent of adults reported three or more. The prevalence of ACEs, and their association with various negative outcomes, indicates costs to states can be high. For example, the Centers for Disease Control and Prevention (CDC) estimates that child abuse and neglect, which account for half of the 10 original ACEs, cost approximately \$124 billion per year. These costs affect employers through lost productivity, in addition to costs related to health care, education, child welfare and corrections systems. Lost productivity and health care spending contribute the most to overall annual costs.

[http://www.ncsl.org/Portals/1/HTML\\_LargeReports/ACEs\\_2018\\_32691.pdf](http://www.ncsl.org/Portals/1/HTML_LargeReports/ACEs_2018_32691.pdf)

Research by Dr. Anda et al (2004) showed a strong correlation between the number of ACEs and serious job problems, financial problems and absenteeism.

Anda, Fleisher, Felitti, et al (2004)

## Areas of Health and Well-Being



Parental stress can be lessened through economic support (earned income tax credit, minimum wage increases) family friendly workplace policies (paid family leave, maternity, paternity, bonding, and/or sick leave) and affordable housing options. Employee assistance programs (EAP) and building the capacity for trauma-informed care environments will provide opportunities for improvement.

# Breaking The Cycle Of ACEs: Our Community



**R**esearch shows community collaboration contributes to the well-being of its population. Communities with high levels of collaboration reduce the potential for negative childhood experiences by restructuring natural support and local resources to improve local services, and implement policy to meet families and children's needs.

Research conducted by the Family Policy Council (FPC) in Washington State suggests that:

- Strong self-directed community networks have the potential to bring together government, private and public agencies, citizens, and resources to build support for families and communities
- Communities with high collaboration capacity can reduce ACEs among their young-adult population

Building caring community connections is mutually beneficial for all individuals involved. It is of utmost importance for individuals to identify different opportunities through which they can contribute to building collaborative and caring communities. The following are some examples on how people can build community connections:

- Spending time with family
- Exchange food (recipes, meals, favorite dishes)
- Help others and empathize
- Show hospitality
- Listen to others' stories
- Volunteer

Studies prove that communities connected through caring relationships have:

- Improved health and well-being
- Reduced safety problems of the entire community population
- Reduced adverse childhood experiences
- Reduced high school dropout
- Reduced juvenile suicide attempts
- Reduced juvenile arrests for alcohol, drugs, and violent crime

<https://www.tandfonline.com/doi/full/10.1080/10852352.2012.707463>

# Autumn Sky Burns' Story



**A**utumn Sky Burns is a resident of Sarpy county and very active in her community. She runs a women’s empowerment group and serves on the Sarpy/Cass Health Department’s Board of Health among many other things. She also happens to have been diagnosed with ADHD. Autumn Sky grew up in a small rural community area and experienced the effects of the shortage of healthcare providers. “I had parents who cared, they wanted to get me help and they wanted life to be easier for me.” Unfortunately, Autumn Sky went undiagnosed until she was 27. “I went through school, got all my degrees, and didn’t really have problems with my grades. A lot of times when you’re looking at ADHD young boys are diagnosed because they’re struggling with their grades or hyperactive and it manifest completely different in girls.”

The turning point for her happened while she was working at a mental health facility. During a conversation with the clinical director at her work, the director talked to Autumn Sky about her ADHD (that was undiagnosed at the time). When talking about her misdiagnosis, Autumn Sky pointed out how there are many people in the same situation that she was. “We’re catching it in the younger kids, we’re not catching it in adults, we’re not catching it in elderly people and people are going undiagnosed their entire life.”

Autumn Sky discussed how finances, insurance, lack of

access, not knowing where to look for help, and social stigma were barriers for her. It is not only insurance and finances that affect people seeking to address their mental health but also the stigma that comes along with it. “I know my parents didn’t feel like they had people they could talk to. You think that your child is the only one struggling and that maybe it’s your fault and maybe you could have done something and a lot of times parents don’t want to share with other parents what’s going on,” Autumn Sky said.

When it comes to looking at the bigger picture of how to address mental health, Autumn Sky said, “If I’m struggling, if this is difficult for me and I already have these privileges, what can we do to make this easier for our community?” She believes that instead of creating places for mental healthcare where people can go, the mental health specialists need to be out in the community. “Anything that is going to affect mental health, which is everything because it intersects with everybody... I think that's where we will see a more cohesive plan in our community.” She hopes there can be coordination between all the mental health providers in the Omaha Metro Area with a database that is regularly updated and available for the community to search and access resources to help them address their mental health.



## Call to Action

This report has outlined the numerous lifelong impacts that the experience of ACEs and trauma has on an individual's health and wellbeing. We also know that these negative outcomes can be mitigated. We invite you to join the efforts of Cass, Douglas, Pottawattamie, and Sarpy Counties area in the implementation of a Regional Community Health Improvement Plan. Together, these county health departments are collaborating with the regional convener, The Wellbeing Partners, to address many dimensions of one shared health issue – mental health and wellbeing.

ACEs is one major risk factor that influences mental health, and thus this report contains public health and community data that we are committed to share with residents, advocates, and champions in order to activate solutions across our region.

2020 – 2022 Community Health Improvement Plan Priorities:

- Decrease Mental Health Stigma
- Increase Connections to Resources
- Connect People to Increased Social Supports
- Reduce Trauma

Join efforts to develop and implement the 2020-2022 Community Health Improvement Plan (CHIP) to address these priorities. Consider joining workgroups around each of these areas and help us share this report with others. This movement is led by residents, area champions, multi-sector leaders, and elected officials. Your voice and insights are needed to impact mental wellbeing for all.

Please contact Claudia Granillo, Community Organizer from The Wellbeing Partners, to join this existing work on the regional plan today by emailing [claudiag@thewellbeingpartners.org](mailto:claudiag@thewellbeingpartners.org) or calling 402-934-5795.

Also, connect with your local health department to join efforts at the regional and/or county CHIP level:

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