Adverse Childhood Experiences

TIPS TO HELP YOU SUPPORT INCLUSIVITY AND EQUITY

Adverse Childhood Experiences (ACEs) *and childhood trauma are public health crises that hurt the quality of life for your patients and their families. ACEs are associated with toxic stress and add to poor health outcomes, risky health behaviors and limit life opportunities and potential.*

ACEs impact individuals from all socioeconomic and demographic backgrounds, but certain populations may be more vulnerable to experience a disproportionate impact of ACEs and toxic stress.

The Office of the California Surgeon General and Department of Health Care Services (DHCS) lead the ACEs Aware initiative. Its goal is to cut in half ACEs and toxic stress in one generation. You play a big role in meeting this goal.

A "one-size-fits-all" approach does not work

When working with patients with ACEs, it is important to understand the unique experiences of individuals and communities. The one-size-fits-all approach does not consider inequities based on biases of culture, race, immigration status, gender identity or sexual orientation, for example. Therefore, intentional approaches with diverse populations may more equitably address diverse presentations of trauma and symptoms.

Percentage having at least one ACE, by race or ethnicity, nationally[1]

ACEs data for LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning and all the communities included): On average, lesbian, gay and bisexual (LGB) individuals have a higher prevalence of ACEs than heterosexuals; 42.4% of LGB individuals reported between three and eight ACEs.[2]

Hispanic	Black	Asian
51%	**61%**	**23%**

(continued)

ACEs fall into three areas:

- Neglect
- Abuse
- Household dysfunction

Considerations for inclusivity

The exposures listed in the table below are common for some groups (e.g. racism, poverty, acculturation, etc.). The list is not intended to be an exhaustive account of exposures or approaches for different population groups.

Race, ethnicity or community	Possible stressful or traumatic exposures	Approaches
Hispanic	• Acculturation and acculturative stress • Immigration status (including policies and undocumented status) • Family separation • Job stress • Language barrier	• Learn about the client's level of acculturation, including different generations of the same family. • Use motivational interviewing techniques to build connections when addressing behavior change. • Use a professional interpreter who can also act as a cultural broker.[3] • Integrate alternative healing practices. Develop relationships in the community, such as with the use of promotores.
Black	• Historical trauma • Institutional racism • Intergenerational conditions • Police brutality • Homelessness	• Use of motivational interviewing within a primary care clinic has been shown to make a big improvement in coping with stress and referral to behavioral health services.[4] • Increase awareness that institutional racism exists and has created a mistrust of health care institutions. • Attend implicit bias trainings and implement anti-racism policies and practices. • Connect patients to faith-based groups and schools that can play a key role in offering social support and building resilience among Black communities.[5]
Asian	• Exposure to armed conflict • Refugee/immigrant experience • Stigma and shame • Model minority myth • Racism • Trust in outsiders • Linguistic isolation	• Create awareness of ethnic variation and significance of connections through shared language given the implications of linguistic isolation. • Integrate spirituality or alternative healing practices as cultural considerations. • Use targeted messaging in community outreach, build relationships with and involve trusted community leaders (e.g., shamans, clan leaders and traditional healers).[5] • Discuss mental health issues by talking about physical symptoms such as insomnia and general health issues.
LGBTQ+	• Non-acceptance from a family member or close friend • Societal stigma • Chronic stressor related to stigmatized identities • Homelessness	• Provide gender-affirming care for transgender and gender non-conforming youth. • Build individual-level and broader protective factors.[6] – Individual: Positive self-esteem, stress-management and spirituality. – Broader: Perceived social support, positive LGBTQ+ role models and social activism. • Recognize the signs of emotional distress from feeling a disconnection between their biological sex and the gender they identify with. It is important to NOT pressure LGBTQ+ people to "come out" or disclose. • Collect sexual orientation and gender identity (SOGI) data. Use the data to develop health care programs that aim to reduce health disparities among the LGBTQ+ population.

For more information and resources, contact **Cultural.and.Linguistic.Services@healthnet.com.**

References

[1]Sacks, V & Murphey, D. (2018). The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity. Retrieved from https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity.

[2]Craig, S. L., Austin, A., Levenson, J., Leung, V. W. Y., Eaton, A. D., & D'Souza, S. A. (2020). Frequencies and patterns of adverse childhood events in LGBTQ+ youth. Child Abuse & Neglect, 107, 104623. doi:10.1016/j.chiabu.2020.104623.

[3]Jezewski, M. A. (1990, August). Culture brokering in migrant farm worker health care. Western Journal of Nursing Research, 12(4), 497 -513. Cultural Broker is defined as bridging, linking, or mediating between groups or persons of differing cultural backgrounds for the purpose of reducing conflict or producing change.

[4]Goldstein, E., Topitzes, J., Birstler, J., & Brown, L. R. (2019). Addressing adverse childhood experiences and health risk behaviors among low-income, Black primary care patients: Testing feasibility of a motivation-based intervention. Gen Hosp Psychiatry, 56: 1 -8. doi:10.1016/j.genhosppsych.2018.10.007.

[5]UC Davis Center for Reducing Health Disparities. (2009). Community voices. Retrieved from https://health.ucdavis.edu/crhd/resources.html.

[6]Colpitts, E. & Gahagan, J. (2016). The utility of resilience as a conceptual framework for understanding and measuring LGBTQ health. International Journal for Equity in Health, 15:60 DOI 10.1186/s12939-016-0349-1.

21-328/FLY96751EH01w (5/21)