

Episode 4: Scaling Positive Childhood Experiences from Science to Policy: Featuring Dr. Nadine Burke Harris

Podcast transcript

“And so, it’s really around combining these tools. One, to identify risk and cost, and then two, then to line up what’s the solution? The solution is family supports, PCEs, HOPE framework, child-parent psychotherapy... Underlying systems change is policy. -Nadine Burke Harris, MD, MPH, FAAP

Robert Sege: Welcome to the HOPEful Conversations About Child Development podcast series. I’m Bob Sege, a pediatrician and director of the HOPE National Resource Center at Tufts Medicine.

Baraka Floyd: And I’m Baraka Floyd, a community pediatrician at Stanford and HOPE Facilitator and Champion. The Healthy Outcomes from Positive Experiences, or HOPE framework, emphasizes the Building Blocks that children need to thrive: relationships, environments, engagement, and emotional growth. In this podcast, we interview leaders in child health and development in order to learn more about how to support families in creating positive childhood experiences for their children. You can learn more about HOPE by visiting our website, positiveexperience.org. Welcome back to HOPEful Conversations. We’re back with Dr. Nadine Burke Harris this week, the first Surgeon General of California, who led the Covid response in California, as well as training over 20,000 pediatricians and other clinicians to screen for adverse childhood experiences and treat for toxic stress. In our last week’s episode, we discussed her experience learning about treating toxic stress at Center for Youth Wellness and creating one of the first tools to do so, and her process for screening for risk for toxic stress and how to treat and prevent toxic stress, utilizing a holistic approach to assure that there are both buffers and a response that includes the whole family. Welcome back, Dr. Harris.

Nadine Burke Harris: You guys had me back. Thank you so much.

Floyd: Thank you so much for being back with us.

Sege: Of course, we invited you back. The last time we talked, we had a great conversation, but let’s talk about the practical applications for our audience in their work. You’ve mentioned that buffers, or positive experiences, like the HOPE Building Blocks, are a key component to treatment and recovery from toxic stress. From your experience, how can we incorporate these essential ideas into policies that support children and families?

Burke Harris: So, there’s a lot of pieces to that, but when we think about how do we incorporate these essential Building Blocks into what we are delivering for kids and families, there’s a couple different pieces to it, right? So, when we’re thinking about systems transformation and we’re thinking about policy, one of the things that was really instrumental in the way that we did things in California was we used the ACEs framework to do a much better job at accurately assessing the cost. So, we did the economic analysis to look at the cost of ACEs to the state of California in cardiovascular disease, in chronic lung disease, in mental health disorders. And, it was a huge number. Like the previous economic analysis, the cost of child maltreatment nationally over the lifetime, was \$124 billion. That was the



previous estimate. But, when we used the ACE framework, and we looked at the cost of ACEs to the state of California, we found it was \$112.5 billion per year. And that was really important because when we're doing these analyses, we want to make sure that we were doing systems change, right? Underlying systems change is policy change. And so, at the time, that was the best evidence that we had to make the case around the cost of not doing anything.

And, then we really used that to open the door to support putting in an infrastructure, getting a reimbursement infrastructure that supports these buffering interventions. And, so it's really around combining these tools. One, to identify risk and cost, and then two, then to line up what's the solution? The solution is family supports, PCEs, HOPE framework, child-parent psychotherapy. Like, that is the solution. You know, in my role as California Surgeon General, it wasn't just like, thinking of the science and the framework and all that stuff. It was also sitting down with the Department of Finance and saying, "Here's the cost, and then here's the opportunity that we have." And, that was actually how we were able to get some of these things paid for so that we can have a system that is durable, so it's accessible for families and also durable. And, that was, you know, it was, probably my favorite thing about being in government was expanding access to families for all of these buffering care services.

Sege: It's such a huge impact. And, you know, we followed in your footsteps. And last year, we published a paper about the economic impact of positive childhood experiences. It was published in a national journal over the summer. And like you, we showed there are really hundreds of billions of dollars at stake. And, once you have that kind of impact, it really makes it seem like a very wise expenditure to do these interventions for children, which actually are not very expensive, and help ensure our future.

Burke Harris: That's right. So it's really just like there's all, all of these different pieces to the puzzle when we think about systems transformation. And then, also, like, how are we working with the current system to be able to do this systems transformation? Right? So we know, for example, HOPE works with, there are so many clinicians, a lot of the times when we think about transforming outcomes for kids and families, we think we need some brand-new intervention or some brand-new, you know, some magical pill, right? And, it turns out we know what helps families heal. We know that relational health, safe, stable and nurturing relationships, PCEs, right, are essential ingredients in helping families heal. And, that's why, you know, the work that you guys have been leading through HOPE has been so important and groundbreaking.

Floyd: Thank you so much for that summary. As I think about your response, I wonder if there is, like one key, pithy example that you might be able to share, kind of soup to nuts, from your experience as a Surgeon General for our listeners, that might help people think about where to get started. Because, I hear understanding the costs, understanding the system that we're working in, collaborating with people in the Office of Finance to understand how we are going to pay for things. And, then I'm also thinking, if I were to want to start to do this, where might be the best place to start?

Burke Harris: When I think about where you are with HOPE, you're well on your way. Like, just what Bob was describing in terms of analysis, that was one of the things that we did. As you're moving towards scale and continuing to build national practice, different clinical settings, like in different communities, right? All of these different pieces, these are the Building Blocks. I think one of the other pieces that is really important is recognizing how do the things that we're suggesting or recommending fit within the existing delivery system? So, how does it support, reinforce, partner with the existing delivery system? A great example of that, specifically, if we're talking about my experience in the Surgeon General's office with ACE screening, one of the pieces that was really important was, I

remember I sat down with one of the governor's key strategists, and I was saying, listen, the whole point of ACE screening, we know there are so, there are a lot of interventions, right? You know, I talked about child-parent psychotherapy. There's EMDR, there's, you know, internal family systems therapy, there's HOPE, there's Healthy Steps, these different, there are all these wonderful interventions that can support individuals at different stages of need, right? Some that are broad-based, like HOPE, that are for literally every family, and some like CPP or EMDR, that are specialized for individuals who really need deeper support.

So, having that whole continuum of care, and what I was clear about, I said, the whole point of ACE screening is to help identify those people who need additional intervention earlier, before harm happens, right? And, so biggest thing that I cared about was getting access to services based on risk rather than based on harm. So, in California, when I took office, in order for a child or youth to get access Medicaid to pay for wraparound services or mental healthcare, they needed a mental health diagnosis or they needed to be in the foster care system. And, you know, one of the things I said was the data on ACEs is so strong. We know that an individual with 4 more ACEs is, you know, almost 5 times as likely to develop depression. We know that they're between 12 and 37 times as likely to have suicidal ideation. Let's not wait for that outcome before they get services. Let's identify those who are high risk. We can identify that easily. And, I remember that moment, I was talking with the governor strategist, and he had worked for many governors and he was like, "I get it." Back when HIV came on the scene, and we developed and antiretrovirals were available, Medicaid only paid for them if someone already had an AIDS-defining diagnosis, right? So, just, let's just think about that for a second. And, what they saw was that the mortality rate was really high. And, even though those medications were really expensive, right, when scientists said, hey listen, I know it's really expensive, but we're actually going to make a really strong scientifically-backed case of why we should let folks who are HIV positive, who don't have an AIDS-defining diagnosis, they should get access to the medications because, even though they're asymptomatic, it actually turns out that when you apply the intervention earlier, they have much better outcomes.

And, that's what ACE screening was all about. It was about assessing those, identifying who's at high risk. And, then in California we changed our policy to say that a child in California can get access to wraparound services or specialty mental health paid for by Medicaid on the basis of the ACE score and they don't need a diagnosis. And, that was transformative because that dramatically increased access to services.

Sege: Nadine, as a primary care pediatrician, I love that because I know that it actually conforms to what parents want because parents know their child is struggling in school or having this problem, but it's really difficult to diagnose a 4-year old with anything. Right. Strep throat's easy, but you know, all the mental health diagnoses are really around adults. And this, what you've done is really opens up so much support for children and families. And I actually, personally, I admire you so much for making that connection because it wasn't just giving people a number like, you know, you're a number 4 or number 7, but it was opening up resources that were available so parents could do what they really want to do, which is help their children and be supported in doing that.

Burke Harris: That's the whole point. And, can I say, this was based on the research. When we did the Pearls trial, the randomized control trial, where we did the validation around ACE screening, you wanna know what we found? Initially, what we found was that there, there wasn't a strong association between ACEs and ADHD. And I was shocked. In my clinical practice, we had seen this incredibly strong association between ACEs and ADHD. But then, when we actually did executive functioning testing of the individuals who went through the randomized control trial, what we found was there

were clinically measurable executive functioning deficits. But guess what? The mean age was 5. We could see clinically measurable deficits in executive functioning. They didn't yet rise to the level of a clinical diagnosis of ADHD. And, that's the point. Early detection and early intervention don't wait for someone to be so impaired that they meet the diagnostic criteria.

Floyd: The other thing I think that kind of goes without saying, but I'm going to say it anyway, is especially as you think about getting support for mental health diagnoses, this also makes it where it's less stigmatizing because they're more available and it's more accepted. And, so I will say in my experience as a general pediatrician in California, since ACEs Aware has started, it has become somewhat easier to get people to start, to tap into the idea of getting support because it's more available. They know more people who are getting support now. And, it's not as much of having to wait and wait and wait until the other shoe drops and their little one's having a lot more trouble.

Sege: We could go on and on about this. I love this conversation. And, what we've read longitudinal studies that look at the effects of positive childhood experiences on growth. In Australia, they had a study that started with the birth cohort and followed those kids into adolescence. And, kids who had more positive experiences had less mental health problems as teenagers. Then, you look into, like, what are the positive experiences and their relationships, environment, engagement, emotional growth. So, the things that we can do to just promote those. And, you know, one of the things Robert Putnam wrote about this is decreasing the cost of out of school time activities for kids, so every kid can be on a team or sing in a choir or do art, are all those things that make kids know that they matter and that they have all these skills, even if they're not a math whiz. It's really important. And, these are simple things that we can do as a society, based on this really strong research. It's like so many things in the world that first we start understanding the pathology, like what's wrong? And then, later, you figure out what you, what you need to promote normal functioning. And, we're at that wonderful place now where you can have these conversations about all the factors that affect children. And, following your example and how cost effective it is for society to invest in children and to help them when they're trouble, to make them strong. That's great.

Burke Harris: Bob, this is what you're saying, I think, is exactly right. I mean, I think that when we look at public health approach, and as a former Surgeon General, that's like literally all of what I'm about. And, we think about a true public health approach has, you know, what are the things that we support for everyone, right? And, then it's kind of like that tiered support. Like, what is. What do we do for everyone? What about for folks who are struggling? And, part of the reason why our work goes together hand in hand so closely. Right. Is that, you know, one of the things we see in clinical practice is a parent's ability to provide positive childhood experiences for their child is, in part, can be so strongly facilitated by when they get care for their ACEs, right? So, it's like this is where the ACE framework and the HOPE framework goes together so well, because we know the data is so clear, right. That, in fact, when an individual has 4 more ACEs, if they have high levels of buffering PCEs and supportive relationships, we can actually reduce the likelihood of developing an adverse outcome, physical, mental health, behavioral health outcome, by as much as 59%. So, we know, like, that liberal sprinkling of and support of PCEs across the general population. It's like fluoride in the water. It's like vaccination. We want to have vaccinations, and we also want antibiotics, right? Like, we need a whole system of care.

Floyd: One of the other things I think that we all think about in this work is vicarious trauma in doing this work and trying to systems build because there are fits and starts, right? And, so we've talked about building systems for preventing and treating toxic stress in today's episode. I'm curious, as the first Black woman Surgeon General, and with all these inaugural roles, what systems do you put in



place for yourself? You think about caring for yourself? I think that would be a benefit for, our listeners to hear.

Burke Harris: So, there's a couple of pieces there. Healthy environments are as important in the clinical setting as they are in the family setting. Part of the reason why I say that is because, for myself, as a Black woman, the key piece of this for me is the supports, the infrastructure of support that I put in place in my life. Right. I all the time say infrastructure is love at scale.

Floyd: I love that.

Sege: I love that. Yeah.

Burke Harris: Which is on a regular basis. So real talk. So there were things that I did in my personal life. I get tremendous support from my husband. He's amazing. I also have a squad of girlfriends and really strong familial relationships. I also do all the things. I meditate, I do my therapy, like, all of that stuff. But interestingly, I was in office, I reached out to a handful of other government leaders, and we just really had this informal kind of lunchtime conversations for those of us who are in leadership roles. It was after George Floyd, and I was like, how can we be effective in responding to racial trauma? Not just each of us by ourselves in our individual roles, but, like, how do we have authentic conversations about what it looks like trying to do this work, and be truthful about what some of the obstacles are and be talking about what we've been trying to get through for six months and we don't know, you know, why it's so challenging and how do we support each other and, like, secretly back channel so that when we're in the next meeting and one of us says something and the next one. That's a great idea, right? So building systems of support on the personal level, on the professional level, and that is what enables us to then build those systems of support to the communities and the populations that we're serving.

Floyd: Thank you so much for sharing that. It makes me reflect a lot on. I have a group text that, like, I think about after George Floyd, how I would not have gotten through those first few months without my group text. Because, in the same way, it was like, as we were moving through our day, it was reminding that person who's going to the meeting after you, like, don't forget, make sure that you let them know that this is happening so they hear it over and over again. Because we want this particular thing to be successful. We want this to get through. And it really is. It's making sure that you have all of those circles of support around you so that you have that system in order for you to be able to do your work effectively. Bu, I love infrastructure is love at scale. Like, I'm so stealing that.

Burke Harris: No, crazy.

Sege: I feel like this whole experience has been like a big group hug. And, I think that we're really on the verge of a really important movement in terms of understanding what the implications of childhood experiences are how society can invest in them, the stories that we each have as providers and that we've learned from you today as a leader, both for your personal sanity and for the changes you can make in society. And Dr. Burke Harris, thank you so much for the time you spent with us, for your lifetime of dedication. And I have to say, we've been talking for a long time and honestly, for your friendship. Thank you.

Burke Harris: I am so excited to be walking shoulder-to-shoulder with both of you in doing this important work because I believe that together we are transforming our systems. Like, all these



uncomfortable feelings we're feeling right now, that's the feeling of systems transformation. And, I just want to say to all the listeners out there, to all the HOPE Facilitators out there, your work is so important. Thank you for what you do every day. And this how we do it. This is how we transform outcomes for kids and their families. And we're doing it.

Sege: The HOPEful Conversations about Child Development podcast was produced by Kris Markman and Patricia Reyes at the Tufts Clinical and Translational Science Institute. Funding for this podcast was provided by the Freedom Together Foundation. For more information, a transcript, and resources related to today's HOPEful conversation, please visit us at positiveexperience.org or follow us on LinkedIn.