

Transcript of Dr. Renee Olesen Interview

Renee Olesen

Renee Olesen. I am a general pediatrician at Intermountain Kearns Clinic.

Interviewer

Do you know about the current data regarding the health of our children in Utah?
How are we doing?

Renee Olesen

Just this year Kids Count data reported that we are fourth in the nation. So we're doing pretty good.

Interviewer

And what are the things we're doing well in do you think?

Renee Olesen

Our infant mortality, low birth weight, teen pregnancy are some areas that I think we're doing pretty good in.

Interviewer

We have the state Baby to Baby prenatal program. What programs follow after Baby Your Baby? Talk about those programs.

Renee Olesen

The Baby Your Baby program has been very successful. There are other programs that are being piloted right now that look at right from birth and beyond those first two years. And so they're looking at the child, the health and wellbeing, educational, nutritional status, and also setting the parent up for success. We're looking at parents' success in education, employment, and healthy mental health and wellbeing.

Interviewer

Talk about what those programs are.

Renee Olesen

Okay. Next Gen Kids, there's a program being piloted out of Ogden. It's a national program. Our state's taking part in it. There's a, just to speak a little bit about it, you can probably get more information. Next Gen Kids, a home visiting nurse meets with a pregnant mom and starts building self-esteem, healthy habits, healthy coping skills, education on pregnancy and post-pregnancy with mom. Educated. Employed. Is she secure in her surroundings and financially. And so setting mom up for success even before that baby comes out. And then after, teaching mom and baby how to interact as a unit, getting to know each other. Developing a healthy bond. And looking at that baby and that child's nutritional

status, educational, social, emotional wellbeing are all elements to set this family unit up for success.

Interviewer

And also I understand it, Next Gen Kids brings the parents in, their needs -- educational, employment?

Renee Olesen

Right. So important, we can send a child off to preschool or daycare or try to put them in a healthy environment for six, eight, ten hours a day, but that child is still going to go home to a household that could be filled with dysfunction, financial insecure, food insecure. And so the child is consistently not gaining, and the family as a unit really needs help. And so I think as a society we're recognizing this, that the success is going to be addressing the family unit and setting the whole family unit up for success, especially where we're talking about our families in low socioeconomic, low poverty status.

Interviewer

Talk about the programs that do work well in the state.

Renee Olesen

There's programs that do work really well in the state. We have Early Head Start, the Head Start program, (D?) Advantage, we also have Help Me Grow affiliated with United Way and 2-1-1, that really captures families at many levels. Captures children with developmental screening, can be a resource for families and a guide if there are developmental delays, nutritional needs. Transportation needs. A multitude of services that is sort of the central, providing spokes on a wheel of resources for families.

Interviewer

The Department of Workforce Services site, Care About Childcare?

Renee Olesen

Right. Care About Childcare. So quality childcare is so important. You can imagine two scenarios. One where you have a two-year-old going to a friend's house or a childcare where the toys are broken, the place is dirty, the childcare worker is overwhelmed, there's too many kids in the house. Maybe the TV's on most of the day. Maybe there's very little interaction between the adult and the children. That's one very real scenario that our parents use as childcare due to expense or whatever it may be, or maybe we just not know any better. But the alternative would be quality childcare where you have clean environment, toys, interaction, developmental -- you have a provider who is aware of the children's appropriate developmental needs and stages, can interact with the child and reinforce, read, rhyme, instill routines for the day. Really be a buffering system for a child that might be going home to a stressful home situation where there might be toxic stress. So getting back to your question,.

CareAboutChildCare.utah.gov is a wonderful free resource. It's put out by the Department of Workforce services. It essentially lists all childcare licensed in-home, and private childcare services for families to seek out. They can put in their demographic information, what their needs are, and find out what's available to them and then look further into the childcare places to see what their parent involvement, outdoor resources, indoor resources for childcare development are.

Interviewer

What are the three top things that a parent should look for in a childcare center?

Renee Olesen

Walking into a childcare center parents should ask questions. How many providers? How much space is there outdoor play, indoor play? Nutrition, how is the child's nutrition being addressed? How does the childcare provider's discipline? There should really be no screen time or television offered. Or very minimal in the childcare setting.

Interviewer

And a lot of interaction and play.

Renee Olesen

Absolutely. Really a child's brain development early on in the first three to five years is very plastic. Their experiences are so important. So for instance, a child that might be sitting in a home watching TV most of the day, their neuroconnections are being pruned in that one isolated environmental experience is being reinforced over and over. Whereas the child that's in a quality childcare setting with other children to play with, bright colors, lots of books, lots of toys, positive interaction, nutritious foods, plenty of activity and a guiding childcare worker to lead them on their way, really gets, as you can imagine, lots of firing neuroconnections in a varying experience.

Interviewer

Talk about the things parents need to routinely do for their children's health.

Renee Olesen

Parents, as they're having children, really should prepare for nutrition even in the prenatal period. Young children thrive in an environment that provides routine. Structure and routine really empowers a child and gives them a sense of what's coming next. Reading, rhyming, rewarding for things that they're doing with just positive recognition and relationships. Parents having infants and toddlers, they should be aware of having a medical home, a place where they can take their baby to have regular check-ups to see that physically that child's developing normally. And also to learn what normal developmental stages are occurring. When is it appropriate for that little toddler to be hitting, yelling, screaming, defying what we want as parents is control. And them exerting their need to independence and control. Of course children need immunizations. And a place

where parents feel comfortable and confident in bringing their child for care when their child is acutely ill or dealing with chronic illnesses.

Interviewer

Talk about the nasty air and children. What have you experienced?

Renee Olesen

Every winter, when the inversion hits, you can see it coming from -- of course you can see it coming, but boy, in the offices we really do get inundated with our chronic asthmatics. It's a huge problem. We really see it affect our families in poverty that might not have access to quality medical care, consistent medical care. Having gaps in medical care can really -- is that too loud? It's an alarm for the refrigerator. Bringing down on our kids, especially our teens, our children, our infants in poverty that are living in lower socioeconomic households that might be experiencing gaps in medical care. They really over utilize our urgent care and emergency care systems. They don't have a consistent medical provider or possibly consistent use of medications to help prevent their asthmatic exacerbations that often lead to prolonged hospital stays or as I said, use of our emergency resources.

Interviewer

So you're saying that low income people have more respiratory problems because of our bad air and you see it and feel it?

Renee Olesen

Certainly families that had inconsistent medical coverage are not -- they are the ones that suffer the most. They are not having their chronic medical conditions like asthma maintained and they're possibly not taking their controller medications on a regular basis. They might be suffering year-round or even be wheezing for longer periods of time and we're just recognizing them at moments when they're in crisis that can then lead to hospitalization or burden the health care system with excessive unnecessary emergency room visits. If they were covered with medical insurance and Medicaid and insurance plans, they would be linked to a medical home and have their chronic medical condition covered. I'm skipping around on that.

Interviewer

So you do experience and see more families bringing their children in for respiratory problems during the winter here?

Renee Olesen

No question. The winter in Utah is really rough. Especially on our asthmatics living in poverty.

Interviewer

Tell the story about a family who perhaps were in the coverage gap.

Renee Olesen

Right. So had coverage gap, you have families that may be eligible for health insurance, but for one reason or other aren't enrolled. And then you have families that maybe their income has gone up and they no longer qualify for Medicaid or they work for a company that doesn't offer a medical insurance plan, or they work too many hours, they just don't fit into the area where medical coverage is necessary. So recently I just had a family, lovely family. The boy had had seizures over the summer. He was treated in an emergency room setting. Again, he wasn't affiliated with a medical home, didn't have a primary caregiver. The emergency room treated him appropriately. Provided the family with referrals. And a short term plan. They ran out of medicine. The medical system can be quite intimidating. They did not seek help for him appropriately, didn't get the referrals or consultations needed and didn't follow-up with providers as needed so he subsequently had more seizures. Coming into us, he's established care and we're getting him the help he needs. And one of the reasons that they were unable to sort of traverse the medical health system was the lack of medical care and the concern over rising medical bills and not being able to meet those needs. He wasn't having a seizure at the time, you know, hopefully they wouldn't come back. So really lack of knowledge was occurring there.

Interviewer

Do you see that in families? Does this story return to you?

Renee Olesen

We do often get phone calls saying I can't afford to come in, I can't afford the co-pay, can you help me out? Or a family has missed well child visits and they don't realize that vaccines for children can cover their immunizations. And now being enrolled in health care, in a medical health plan their well visits are covered for free, which has been wonderful for our families, but certainly for short-term illnesses or even long-term illnesses, families, if they can't afford it, don't come, and the illness can get out of control and lead to hospitalization or worse.

Interviewer

And you've seen that?

Renee Olesen

Yes, I've experienced this.

Interviewer

What are the struggles you see in low-income families when it comes to access to health and health care? Anything else to share?

Renee Olesen

Well access to health care is critical, especially for our families living in poverty or

below the poverty level. They often enter the medical system with higher medical needs. They haven't possibly had preventive cares. Their illnesses might be out of control and having an established relationship with a medical home is ideal.

Interviewer

What is a medical home?

Renee Olesen

Medical home is where we treat -- it's family-centered care. Patient and family-centered care where the family can come in and we're not only treating the illness, but we're treating the patient and considering what's going on in the family home too. We're possibly surveying and seeing, you know, what the family home life is like. What the past medical history is like, past medications or office visits where we're really taking into consideration the child's whole medical health file and seeing where they need help, guidance, support, and offering it, and making sure it's followed through.

Interviewer

How do you know what the family home is like?

Renee Olesen

Well, as pediatricians we don't. We rely on survey questions. Getting to know the families. I mean when you're seeing a family every few months in the first year of when their baby's an infant, in the first year of life, and then every year thereafter, you get to know them, you get to know what social stressors might be taking place. Oftentimes as practitioners, families are going through hard things and share with us. So we have an idea what stress might be going on in the home and what the child might be experiencing. So when they're coming back with repeated stomach aches or headaches or you know, the child might be having repeated medical complaints -- we can look around and say well how are things with anything scary or sad happen lately? You know, sort of see if we can't figure out what the cause is, how we can help, how we can guide to services that might be needed.

Interviewer

Why are low-income families and children considered high risk? What is the risk of poverty on the brain?

Renee Olesen

A household living in poverty, under the poverty level, they could have food insecurity. They might not have healthy food choices. So starting with nutrition, then going on to medical care, immunizations, assessing for developmental skills, developmental milestones being achieved. If these things aren't being monitored or education is not being offered in what normal is, these families are unnecessarily lacking in these areas and it sets them up for concern, for stress, for future problems. And there could be elements of toxic stress that we'd be

dealing with. Toxic stress might be a situation where there's recurrent long-lasting stressors going on in the home. Maybe it's only a one-parent home. Maybe there's substance abuse occurring on a regular basis. Or there's physical violence going on in the home the child's witnessing. Or the abuse is happening to the child or another family member. All these elements are toxic stress and they lead to a cascade of responses that happen in an individual's body and it's happening early in a child and happening consistently, really sets that child up for long-term illness. Your short-term hormones like adrenaline and long-term hormones like cortisol bathe the brain and they really affect the neuroconnections and brain architecture that has a lasting effect. But that's not the final word. I mean if we're seeing these families, let's say, you know, Early Head Start is identifying some developmental problems, or the pediatrician is seeing chronic medical problems or stressors that are coming out in the family, and can offer resources, we can help that family with buffering skills. You know, teaching some parents skills or referring to -- or even right in the office, you know, talking to the parents about building resilience within the home or care giving, you know, a quality childcare, early high-quality preschool that can be the buffer for the child. So even though they may be going home to a stressful situation, there's a loving, caring, supporting adult, structured environment that can really help alleviate that long-term stress for that child. So it doesn't all have to be bad.

Interviewer

And certainly toxic stress can happen in middle-income homes as well.

Renee Olesen

You better believe it. I think you're starting to talk about the ACEs study. There was a study done by Dr. Vincent Felitti and Robert Anda. Kaiser Permanente and the CDC came together and identified 17,000 study participants who retrospectively and prospectively looked at their childhoods. Recalled their childhoods and then went forward with this sort of what lifelong health adversities they've experienced. This study group was quite shocking actually. It was 80 percent white. Average age was 57. 74 percent attended some college. Pretty much 50/50 men and women. And they looked back at their childhood with a questionnaire that was quite intimate and addressed some pretty difficult things that they might have experienced in childhood. And so the study really looked forward then at how many adverse childhood experiences did the individual score. And they found that individuals that scored four or more were four times as likely to suffer from depression, two and a half times as likely to have chronic pulmonary disease, cardiovascular disease. Twelve times as likely to attempt suicide. So we see now that these individuals dealing with long-term -- if they were dealing with early childhood stress, and that affected their habits and healthy habits and lifestyle choices in adolescence and young adulthood. They then went on to possibly have long-term illnesses like diabetes, heart disease. And this is unfortunate. It's preventable. It's an area where as pediatricians and practitioners, psychiatrists, social workers, becoming more aware of. If we can intervene and help these children and families learn early on that toxic stress is

very real and there's buffering components like nutrition, consistent childcare giving, high-quality childcare. These long-term adverse effects can potentially be prevented.

Interviewer

Give us an example of what is going on in the home that is toxic. And then again, maybe talk about ways that the parents can learn self-restraint skills, skills in helping themselves.

Renee Olesen

Well let me first start by saying that stress is not bad. You have a positive stress, you have tolerable stress. Positive and tolerable stressors. There's a loving caregiver there that is able to say, "it's okay, get back up, brush your knees off, you know, move forward." But in a toxic stress home there might be abuse taking place, neglect takes place or dysfunctional household. It might be a household where there's maternal depression. So the child's, on a daily basis seeing a mom that's not able to interact with them. So there's developmental skills not being you know, advanced. It might be a home where the dad's incarcerated or parents are divorced and they're living only with mom or only with dad. Or maybe they're living with the grandparents or they're even in foster care. If they're witnessing violence, abuse of any sort, these are all elements of toxic stress. And the thing with toxic stress is it's a long-lasting stressor. It's repeated. It's unbuffered. You know, there's not somebody there, an adult to say, "It's okay, it's going to be okay."

Interviewer

And so what is offered to the adults to help the adults?

Renee Olesen

So building resilience is a big thing that we're learning as we move through this sea of toxic stress and adverse childhood experiences. Building resilience really means teaching parents the skills to empower their kids. Things that can build resilience can be simply things like reading to your child, bonding with your child, rhyming, cuddling, playing, rewarding them when they're doing something good with positive praise. And developing sound relationships within the family unit or extended family. Resilience. You have a child who has good character, coping skills. They think about what their parent kind of dreams and thinks about the future with that child. The parent can reinforce what their child's good at. "You're so good at music, you enjoy the violin." The child comes out saying, "I'm a violin player, I'm so good with music. I'm a great dancer. I volunteer with the church." They have a sense of self. They have self-resiliency skills and character.

Interviewer

So when it's extreme, it sounds like toxic stress involves neglect, violence. When it gets to that level I can't see a parent sitting down and reading to their child. What happens to a child when it gets to that level?

Renee Olesen

So when a child is dealing with long-lasting stress, toxic stress, it's unbuffered by a loving caregiver or just positive adult role model, they end up going to school not ready to learn, not ready to participate, focus. Their self-regulations skills, healthy coping skills -- they're just not readily available. Their brains have been dealing with, you know, as we talked about earlier, their brains are bathed in these short and long-acting hormones like adrenaline and cortisol. And it has them on a high level alert system much of the day, many days of the weeks, many weeks of the year. And they end up appearing like a child that has attention deficit or depression or anxiety when really what could be addressed or an increased awareness could be drawn to is what's going on in that child's environment. In their home.

Interviewer

And who does that? Who will have the right to have that key to open that door to that private world?

Renee Olesen

We're all responsible, we're all stewards of protection for our children. It takes a village to raise a child. So if -- I mean certainly the pediatrician can be a first line, a childcare center, individuals that are working in early intervention, parents, extended family -- I think we all need to see, need to recognize are there acute changes going on in a child's home life? Is there sleeping problems? Weight changes going on that could be signs of stress.

Interviewer

Parents struggling with financial hardships are more prone to stress and depression. Two-generational approaches.

Renee Olesen

Really addressing poverty and toxic stress, addressing setting a family up for success early on takes a two-generation approach. Building not only the child up with healthy nutritional habits, monitoring developmental skills and fostering early education, but also taking into account what's going on with the parent. Is there financial insecurity? Is there educational achievement that we can work on? Is there employment assistance and knowledge of positive parenting skills that can embrace the family unit and really reach towards a future of wholeness, whole success.

Interviewer

Do you treat Head Start families?

Renee Olesen

Of course, yes, and a Head Start family looks like any other family. The wellness visit, depending on what age we're dealing with there's developmental

surveys taking place. And if there's an alert, alarm, a developmental assessment that's not on target or there could be a Head Start -- we offer those resources. Head Start's been wonderful with the preschool program. These families often don't have access or knowledge about high-quality preschools. And so starting at age three they're enrolled in Head Start and they're proud. And these kiddos are confident, their self-esteem is high, the parents are energized about education and learning. And it's a wonderful, and successful system.

Interviewer

And there's a huge waiting list.

Renee Olesen

There's another in-home preschool program called Up Start Utah. Up Start's amazing. My little girl participates in it, it's starting at age four. It may go to three in the future. But it's an in-home parent-driven preschool program. So five days a week your child sits in front of Rosie and learns all about reading and math and it's 15 minutes a day. Your child is committed for the whole school year. And they end up entering kindergarten reading most times as a first grade level. Not only does it teach them reading skills, but it teaches the parent and the child to coordinate routine, rhythm, reading of course. But we need to figure out ways to get our little toddler to do their homework every evening or early every morning and be positive about it and make it a success and fun opportunity. I forgot the other little guy's name. It's Rosie -- so the children learn from Rusty and Rosie and they're animated characters that interplay inside this amazing developmental computer program that is just fun. It changes every day. The kids really enjoy it.

Interviewer

And your daughter, you see how it's improving?

Renee Olesen

Yes. And it teaches the parent what we should be doing with our kiddos. You know, not just simply reading, but rhyming, you know, spelling out words. Things that can sometimes seem routine like oh, I should know that, or I do that. And it gives the parents points, you know, educational points to be working with their kids too, which is important.

Interviewer

Is it a state-funded program?

Renee Olesen

It is a state-funded program. And the Waterford Institute is running it here in Utah.

Interviewer

Why are you so personally interested in the ACEs study and toxic stress?

Renee Olesen

As the childcare representative for the Utah Chapter of the American Academy of Pediatrics, a grant just sort of fell in my lap. Building Bridges with Toxic Stress. And it was titled: Early Brain and Child Development. And it just struck a chord, it seemed very interesting. So I apply for it. It was a small grant that we received. And it introduced me to the ACE's study, I got to hear Dr. Felitti speak at a local conference. And how could you not be interested? And it seems to affect all families. I feel like all of us, in some ways, while we all certainly deal with stress, whether it's positive or toxic, but what a wonderful awareness to see just not only as a pediatrician, but as a parent, how stress affects our youth and learning and self-regulation and coping skills and they later development into unhealthy coping habits which then become habits and lead into unhealthy lifestyles and chronic health diseases. So if we can intervene, it's like magic, you know? So I love the idea of talking about it, getting the community involved, increasing awareness because that's how it all starts. We might not have all the answers now, but at least we can start talking about it and raise awareness about it, and the answers will come.

Interviewer

And you mentioned it takes a village. What can the community do and why is this a community issue? Is it just awareness?

Renee Olesen

I don't necessarily think we're looking at a situation where we need to be paranoid or look out for the abused child. But as parents learning ways to interact with our kid on a regular basis, you know, getting down on the floor, playing with them, cuddling with them, we really do get caught up with our social media, our iPhones, our computers, our screen times. And it's been easy to allow our kids to maybe watch excessive TV time or be interacting with our child while we're on our iPhones. And as a community, as parents, as caregivers, teachers, providers on many levels, recognizing that our kids need our eyes, they need our direct attention, our conversation, our sincere conversation inquiries. It all helps. And yeah.

Interviewer

And they are our future generation.

Renee Olesen

Here in Utah we're really tackling intergenerational poverty and our welfare-dependent group of families. We want to break that cycle. Families that have two or more generations living below the poverty level. We have an opportunity here to intervene and really empower the families with the skills they need, and the children with the education and help they need to get out of the intergenerational poverty cycle.

Interviewer

And how can policy makers make a difference in the health and safe of a child?

Renee Olesen

Currently we do have the Intergenerational Poverty Mitigation Commission that's working -- creating legislation, working with legislators to find ways to how Utah can decrease the poverty burden. And really refining that it's not by infusing more money to poverty, families, but infusing and empowering them with skills and life skills and parenting skills that will empower them.

Interviewer

So this is all to be determined.

Renee Olesen

For sure, so the pilot projects are you know, the foundation that we're working with. There's amazing, amazing projects scattered across the state. And trying to find what works and really focusing on it and building it, growing it, and then bringing it to all communities is the hope. We know that the wellness of the child really relies on the wellness of the parent. That unit is what creates a healthy future, healthy foundation, healthy future.

Interviewer

How can a community make a difference in the health and resiliency of a child?

Renee Olesen

The community should care about this. Children are our future. Investing in our children early in the preschool years from zero to five years old, that's going to be our future. Our economic future. And they will be our future community that cares for us.

Interviewer

As practitioners, what should be going on?

Renee Olesen

As practitioners, I think what we should know about our children -- and we're getting really good at this -- is surveying the family. You know, those children that are coming and showing signs of stress, chronic headaches, chronic abdominal pain, possibly uncontrolled ADHD, depression or anxiety. We might be dealing with a child that has an elevated A score above four or more already and we're leading them down a road of trying to continue to fix the acute problem at hand, or taking a step back surveying the household, the environment, the nutritional status, the educational impact that that child's living under and seeing if there's somewhere else that we need to be focusing in on to help this individual and this family. We're raising awareness to the families, to the parents. Did you realize that you know, a child that's suffering with these frequent chronic complaints that are seemingly -- we're not just finding organic disease with, they

might be suffering from stress.

Interviewer

So why now? Why are we doing this now, in this time?

Renee Olesen

It's all coming together. Dr. Felitti's study was you know, 20 years ago. I think that developmentally Dr. Shonkoff, and Dr. James Heckman, it really gives us -- these individuals have really outlined, and created a nice platform for us to resonate from. We're looking at a study that shows that early childhood experiences in environment really pave the way to unhealthy lifestyle habits which directly lead to chronic health conditions. And then you have Dr. Shonkoff out of Harvard teaching us about how this early childhood development and brain development and neuronal connections are forming so quickly, so early, and so important at a time when we might have thought, "Oh our kid's not going to remember this stress. It just doesn't matter that this is happening in front of my eight month old." But the fact is, is that these neuronal connections and epigenetic changes that are taking place are passed down generation to generation. And then you have Dr. James Heckman, a Nobel Laureate in economics who says that if we just invest a few dollars early on when children's brains are most plastic and able to change, we can get four to seven dollars return on that one dollar. Instead right now we're investing these monies into you know, our 27 to 40 year olds, 50 year olds that are having chronic mental health conditions, chronic medical health concerns when we could prevent all that by investing in our children's futures by investing in quality childcare programs, parenting skills programs, parents employment empowering and early preschool projects.