

Learning from Wisconsin's Adverse Childhood Experiences (ACE) Story



Why is research on Adverse Childhood Experiences¹ (ACE) important?

- Negative childhood experiences are related to major risk factors for the leading causes of illness and death and poor quality of life among adults.
- ACEs are common among all segments of the population.
- ACEs are connected. People who report any ACE are likely to experience adversity in other categories.

For more information on the ACE Study, results, and implications for public health and violence prevention efforts see [ACE Infographic](#) and the [CDC ACE website](#).

1. Felitti V, Anda R, Nordenberg D, Williamson D, Spitz A, Edwards V, Koss M, Marks J. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine* 1998;14:245-258.

Wisconsin collected ACE data using their Behavioral Risk Factor Surveillance System (BRFSS) for the first time in 2010. Since then, the state has made great strides increasing awareness about the long-term negative health effects of ACEs and using their ACE data to inform child maltreatment prevention action. This case study briefly highlights how Wisconsin initiated ACE data collection and used data to inform prevention. It also outlines Wisconsin's next steps in their efforts to reduce child maltreatment.

See Wisconsin's [Executive Summary](#) for more information about their ACE data.

How was Wisconsin able to collect ACE data?

Wisconsin identified and formed partnerships across multiple sectors.

Wisconsin needed to form partnerships across multiple sectors to generate ideas on how to collect ACE information and support ACE data collection efforts.

Example: Form a workgroup. In 2009, the Children's Trust Fund convened the first ACE and trauma workgroup, which included 45 representatives from child welfare, corrections, mental health, and healthcare sectors. This diverse group assisted with the planning process of ACE data collection, brainstormed funding strategies to support the inclusion of the ACE module on Wisconsin's BRFSS, and shared information about ACEs across their respective sectors to gather additional support.

Wisconsin increased buy-in from leaders from a variety of sectors.

The support of well-known figures, as well as partnerships with leading organizations and healthcare sectors, helped to increase attention to ACEs and child maltreatment prevention as a key public health issue for Wisconsin.

Example: Buy-in from a visible leader. Wisconsin's First Lady championed the state's "Fostering Futures" initiative, which utilized child maltreatment research to inform child welfare services. The First Lady's support increased public awareness and buy-in for collecting state-specific ACE data.

How is Wisconsin using their ACE data to inform prevention action?

Sharing ACE findings keeps the issue of child maltreatment at the forefront of Wisconsin's prevention planning.

Access to Wisconsin-specific ACE data helped people realize that child maltreatment occurs in neighborhoods and in families from all walks of life. The data helped to quantify the problem at a local level, making it easier to identify specific prevention actions.

Example: Disseminate and train. [Children's Trust Fund \[CTF\]](#) participated in widespread distribution and online publication of ACE findings and recommendations. In addition, ACE Master Trainers presented Wisconsin's ACE findings and recommendations for prevention action in multiple settings statewide.

CASE STUDY



Keys for Success in Wisconsin:

- Convening a multi-sector working group to plan every aspect of ACE data collection and utilization
- Spreading the message about ACEs and related health outcomes through publications and presentations
- Using ACE data to inform prevention action across multiple sectors (including healthcare, the justice system, mental health, and child protective services)
- Identifying gaps in knowledge and practice through ACE data

If you would like to read more about ACEs and prevention, the following resources may be helpful to you: [ACE Infographic](#), [CDC ACE website](#), [Wisconsin's Children's Trust Fund](#), or [CDC Essentials for Childhood website](#).

Collecting ACE data provides the platform for a common language and directs prevention. Wisconsin utilized their ACE data to develop common language around child maltreatment that kept practitioners focused on the same goal, contributing to collaboration and prevention actions across multiple sectors.

Example: Children of incarcerated parents. In Wisconsin, an ACE score of four or more was highly correlated with incarceration of a household member. As a result, Wisconsin is:

- identifying ways to gather ACE data among children and parents involved in correctional systems;
- developing services—including a culture responsive to trauma-related needs that moves beyond treatment programming to improve living environments and relationships with corrections staff—to support prisoners with trauma histories; and
- developing programs and services to help mitigate exposure to additional ACEs and support children who are currently growing up with a parent who is incarcerated.

Example: ACEs in the Medicaid population. Of Wisconsin residents who report four or more ACEs, nearly 30% are currently receiving BadgerCare, Wisconsin's Medicaid Program. Consequently, Wisconsin is working on:

- reimbursing providers who are using evidence-based, child maltreatment prevention initiatives;
- creating a health insurance benefits package that addresses childhood trauma and acknowledges its impact on lifelong health; and
- integrating an ACE module into the Medicaid enrollment processes to collect ACE data.

What are the next steps for Wisconsin?

- A small number of American Indians participated in the first wave of ACE data collection, which limited the understanding of the scope and impact of ACEs among this population. A greater number of American Indians were sampled in the second wave of data collection. Examination of this information is underway. These data will lead to better understanding of ACEs and related health problems in this population and could help inform prevention activities.
- ACE “hotspots,” or Wisconsin counties where the burden of ACEs was significantly higher compared to other places, were identified. To identify potential risk factors contributing to the hot spots, neglect and poverty questions were added to Wisconsin's BRFSS survey. Examination of this information is underway. These data will lead to better understanding of the unequal distribution of ACEs and the need for related prevention strategies.
- Wisconsin recently hosted the Midwest Regional ACEs Summit with nine other states to identify policies and practices to advance prevention efforts based on ACE research and emerging [brain science](#). Illinois will host the Second Annual Midwest Regional ACE Summit in March 2015 to continue this work.

Summary

Childhood experiences have a tremendous, lifelong impact on health and quality of life. [Safe, stable, nurturing relationships and environments](#), and [other protective factors](#), are essential to preventing child maltreatment and to assuring that all children can reach their full health and life potential. Wisconsin utilized their ACE data to provide a platform to increase support for evidence-based strategies that promote protective factors. These actions will help children grow up to be healthy and productive citizens so that *they*, in turn, can build stronger and safer families and communities for *their* children.