

Preventing Adverse Childhood Experiences: Data to Action (PACE: D2A)

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Informational Call: [CDC-RFA-CE20-2006](https://www.cdc.gov/od/oc/2020/rfa-ce20-2006.htm)

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Presenters



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Agenda

- Notice of Funding Opportunity (NOFO) Purpose
- NOFO Foci & Activities
- Funding Information
- Key Dates
- Application Requirements
- Question & Answer



How ACEs Influence Health & Opportunity



Purpose

Support recipients in measuring, tracking, and preventing adverse childhood experiences (ACEs) in their states by:

- Building a state representative surveillance infrastructure
- Supporting implementation of data-driven, comprehensive, evidence-based strategies

ACEs CDC Resources

Preventing Adverse Childhood Experiences (ACEs):

Leveraging the Best Available Evidence



National Center for Injury Prevention and Control
Division of Violence Prevention



Morbidity and Mortality Weekly Report

Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015–2017

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On November 5, 2019, this report was posted as an MMWR Early Release on the MMWR website (<https://www.cdc.gov/mmwr>).

Abstract


Introduction: Adverse childhood experiences, such as violence victimization, substance misuse in the household, or witnessing intimate partner violence, have been linked to leading causes of adult morbidity and mortality. Therefore, reducing adverse childhood experiences is critical to avoiding multiple negative health and socioeconomic outcomes in adulthood.

Methods: Behavioral Risk Factor Surveillance System data were collected from 25 states that included state-added adverse childhood experience items during 2015–2017. Outcomes were self-reported status for coronary heart disease, stroke, asthma, chronic obstructive pulmonary disease, cancer (excluding skin cancer), kidney disease, diabetes, depression, overweight or obesity, current smoking, heavy drinking, less than high school completion, unemployment, and lack of health insurance. Logistic regression modeling adjusting for age group, race/ethnicity, and sex was used to calculate population attributable fractions representing the potential reduction in outcomes associated with preventing adverse childhood experiences.

Results: Nearly one in six adults in the study population (15.6%) reported four or more types of adverse childhood experiences. Adverse childhood experiences were significantly associated with poorer health outcomes, health risk behaviors, and socioeconomic challenges. Potential percentage reductions in the number of observed cases as indicated by population attributable fractions ranged from 1.7% for overweight or obesity to 23.9% for heavy drinking, 27.0% for chronic obstructive pulmonary disease, and 44.1% for depression.

Conclusions and implications for public health practice: Efforts that prevent adverse childhood experiences could also potentially prevent adult chronic conditions, depression, health risk behaviors, and negative socioeconomic outcomes. States can use comprehensive public health approaches derived from the best available evidence to prevent childhood adversity before it begins. By creating the conditions for healthy communities and focusing on primary prevention, it is possible to reduce risk for adverse childhood experiences while also mitigating consequences for those already affected by these experiences.

ACE Strategies & Approaches for Prevention

 Preventing ACEs	
Strategy	Approach
Strengthen economic supports to families	<ul style="list-style-type: none">• Strengthening household financial security• Family-friendly work policies
Promote social norms that protect against violence and adversity	<ul style="list-style-type: none">• Public education campaigns• Legislative approaches to reduce corporal punishment• Bystander approaches• Men and boys as allies in prevention
Ensure a strong start for children	<ul style="list-style-type: none">• Early childhood home visitation• High-quality child care• Preschool enrichment with family engagement
Teach skills	<ul style="list-style-type: none">• Social-emotional learning• Safe dating and healthy relationship skill programs• Parenting skills and family relationship approaches
Connect youth to caring adults and activities	<ul style="list-style-type: none">• Mentoring programs• After-school programs
Intervene to lessen immediate and long-term harms	<ul style="list-style-type: none">• Enhanced primary care• Victim-centered services• Treatment to lessen the harms of ACEs• Treatment to prevent problem behavior and future involvement in violence• Family-centered treatment for substance use disorders

NOFO Foci

- Building/enhancing an ACE surveillance infrastructure
- Implementing ACE primary prevention strategies
- Conducting foundational activities to support data to action

NOFO Activities Related to Surveillance Focus

- Develop/leverage multi-sector partnerships
 - For example: Developing a partnership with the Youth Risk Behavior Survey (YRBS) state coordinator
- Identify, gather, and synthesize relevant ACEs data
- Conduct innovative surveillance approaches
- Produce annual state data profiles
- Develop a data dissemination plan

Measuring ACEs - Youth Risk Behavior Survey (YRBS)

- ACE module will access lifetime prevalence of:
 - *Emotional abuse*
 - *Physical abuse*
 - *Sexual abuse*
 - *Physical neglect*
 - *Witnessing intimate partner violence*
 - *Household substance abuse*
 - *Household mental illness*
 - *Incarcerated relative*



NOFO Activities Related to Implementation Focus

- Enhance an existing state action plan
- Leverage multi-sector partnerships and resources
- Implement ACE prevention approaches from the *Preventing ACEs: Leveraging the Best Available Evidence technical package*
 - **Note: Two** prevention approaches must address strategies that target Strengthening Economic Supports, Promoting Social Norms Change, or Ensuring a Strong Start for Children

NOFO Activities Related to Data to Action

- Assess current state capacity to monitor ACEs and develop recommendations for improvement
- Assess current ACE prevention efforts and identify gaps in meeting the needs of populations at high risk
- Use assessments to refine the implementation of prevention strategies proposed in your application



Evaluation Components Related to NOFO Activities

- Develop and implement a process and outcome evaluation plan to include:
 - Evaluation of state-level implementation of NOFO activities and progress on state action plan
 - Identification and tracking of indicators related to ACE surveillance and prevention activities
 - Identification and tracking of indicators that measure outcomes of selected prevention strategies and other outcomes specified in the NOFO logic model

Funding Information

- Total Project Funding: \$6,000,000
- Award ceiling per award year, per recipient: \$500,000
- Award floor per award year, per recipient: \$400,000
- Budget period length: 12 months
- Total project period length: 3 years

Key Dates

- Letters of Intent due May 22, 2020
- Applications due July 13, 2020
- Notice of Award is August 31, 2020
- Start date is September 1, 2020
- End date is August 31, 2023

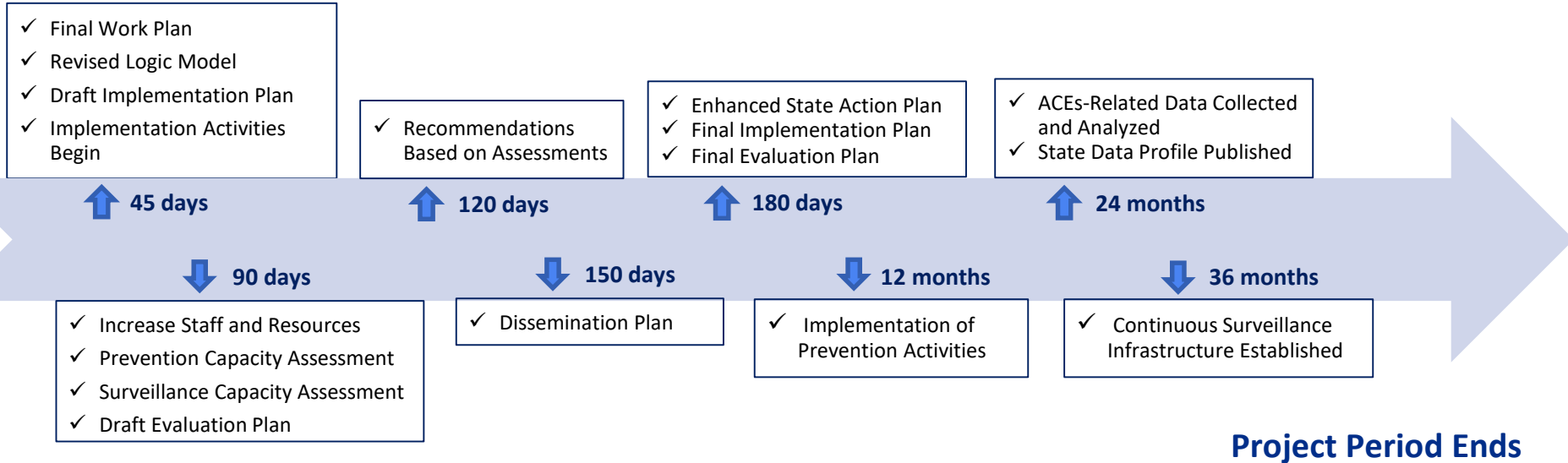


Application Requirements

- Table of Contents (no page limit)
- Project Abstract Summary (max 1 page)
- Project Narrative (max 20 pages)
 - Background
 - Approach (including purpose, outcomes, strategies and activities, collaboration, target populations, and health disparities)
 - Evaluation and Performance Management Plan
 - Organizational Capacity Description
 - Work Plan
 - Logic Model
- Budget Narrative

Recipient Deliverables & Timeline

Project Period Begins



Question & Answer



Thank you!

Visit CDC's National Center for Injury Prevention and Control web site: www.cdc.gov/ncipc

Visit the PACE Funding Announcement website:
<https://www.cdc.gov/injury/fundedprograms/preventing-adverse-childhood-experiences/index.html>

Visit our ACE Online Resources:
vetoviolence.cdc.gov/apps/phl/images/ACE_Accessible.pdf
vetoviolence.cdc.gov/apps/aces/

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

