

## Learning from Alaska's Adverse Childhood Experiences (ACE) Story



### Research on Adverse Childhood Experiences<sup>1</sup> (ACEs) is important because it shows that:

1. Childhood exposure to violence and related risk factors is associated with lifelong health and wellbeing.
2. ACEs are common among all segments of the population.
3. 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](#), [ACE snapshot](#) 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.

In 2013, Alaska used their Behavioral Risk Factor Surveillance System (BRFSS) to collect ACE data for the first time, allowing them to determine the prevalence of ACEs, including child abuse and neglect in their state. This case study provides a brief overview of how Alaska was able to collect and use their data to inform prevention and intervention efforts, and next steps in their ACE prevention work.

See Alaska's full [ACE report](#) for more information about their findings.

### How was Alaska able to collect ACE data?

**Alaska formed strong multidisciplinary teams of people dedicated to raising awareness of ACEs.** Highlighting ACEs as an important public health issue allowed champions and stakeholders to raise resources for surveillance and prevention efforts.

**Example: *The Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse.*** A core group of people representing the State of Alaska, Tribal Health, non-profits, and others led grassroots efforts to get the word out about ACEs to key community members bringing the issue of ACEs into the forefront of health efforts across Alaskan communities.

**Alaska identified a need for state-specific ACE data.** Using ACE data collected from other states, the original ACE Study, data from Child Protective Services, and the Pregnancy Risk Assessment Monitoring System as examples, Alaska made a strong argument in favor of collecting ACEs on their BRFSS so that they could study the impact of ACEs and prevention efforts in their own state.

**Example: *Making an economic case for ACEs.*** Partners were willing to invest money for ACE data, but Alaska needed to make a strong case to include the ACE module into the BRFSS where space was limited. Alaska stressed that ACE prevention would improve multiple health outcomes and have significant economic benefits. Once partners realized how ACE data could benefit prevention work across health topics, the ACE module was prioritized.

### How is Alaska using their ACE data to inform prevention?

**Sharing key findings with stakeholders.** Presenting Alaska's ACE data fostered several efforts aimed at preventing childhood adversity and overcoming trauma. Several [publically available presentations](#) can be tailored and delivered to various audiences.

**Example: *The Alaska Resilience Initiative.*** The Initiative formed in 2012 to advance the dialogue on ACEs and foster a culture of health that supports children and families. The Initiative includes professionals in mental health and human services, universities and foundations, the First Alaskans Institute and the Alaska Native Tribal Health Consortium, and includes resilience trainers who educate various audiences about brain architecture, ACEs, and resilience.

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## How is Alaska using their ACE data to inform prevention? (continued)

**Highlighting ACEs to help frame comprehensive services for children.** Using Alaska's ACE data, several collaborative groups have secured funding to raise awareness about ACEs and support prevention efforts.

**Example 1: Alaska's Early Childhood Comprehensive Systems (ECCS).** Supported by the [Heath Resources and Service Administration](#), ECCS made the case for various stakeholders to come together to improve services for children, including preventing and treating exposure to ACEs, through programs like [Strengthening Families](#). Primary care providers, teachers, and caregivers were given an overview of ACEs so that they could better understand and serve the needs of the children in their communities.

**Example 2: Raising Our Children with Kindness (R.O.C.K.) Mat-Su** is a cross-sector collaborative working to promote family resilience and reduce child abuse and neglect in Alaska's Mat-Su Borough. The work of the initiative is coordinated by three working groups: Primary Prevention; Secondary and Tertiary Prevention; and Policy.

**Example 3: Alaska Children's Trust** was awarded funding from Robert Wood Johnson's [Mobilizing Action for Resilient Communities \(MARC\) program](#) to focus on building relationships among various sectors and communities to build a culture of health by translating the [science of ACEs](#) into practices and policies that foster resilience.

**Example 4: All Alaska Pediatric Partnership** has been a catalyst for improving healthcare services for children and families, and has participated in coordinated efforts to increase awareness and prevention of ACEs through pediatric training, resource development, and programs. For example, Alaska's chapter of [Help Me Grow](#) has played a key role in connecting at risk children with the services they need.

## Introducing primary prevention efforts that promote [safe, stable, nurturing relationships and environments](#).

Alaska's efforts to foster positive relationships and environments for all Alaskan children can reduce the risk of childhood adversity in their communities.

**Example 1: Alaska has encouraged screening and treatment of ACEs in health care settings.** For example, the Alaska Native Medical Center Hospital employs behavioral health consultants (BHCs) who are available at every child and adult well visit. BHCs are trained to consider ACEs during their visits through conversation and established screening tools, and provide recommendations for follow-up services.

**Example 2: Appropriating federal funds to reduce ACEs.** Alaska used their Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funds to deliver an evidence-based home visiting program (i.e., Nurse Family Partnership) to families in the borough of Anchorage to improve child health and development and families' economic self-sufficiency. Further, the Alaska Medical Native Center, through the [Nutaqsiivik Nurse-Family Partnership](#), has also implemented home visiting programs for Alaskan Native and American Indian families.

**Making trauma-informed care a priority.** Recognizing the prevalence of ACEs in their communities, Alaska led concentrated efforts to encourage ACE prevention and sensitivity to the many ways trauma manifests.

**Example 1: Trauma-informed education.** Alaska involved both teachers and students in promoting trauma-informed care and resiliency.

- Alaska initiated a statewide professional development course on trauma-informed approaches for schools. The webinar provides an overview of ACEs and recommendations for trauma-informed teaching practices. Hundreds of educators participated in this webinar. Through the [R.E.C. Room](#) (youth Resource and Enrichment Co-op), students are involved in leading sessions on building resilience and healing from childhood adversity.
- The Department of Education applied for multiple grants to prevent and buffer exposure to ACEs for Alaskan students. For example, the Substance Abuse and Mental Health Services Administration (SAMHSA) funded Alaska's [Project AWARE](#) allowing them to embed mental health providers into nine alternative schools. These providers demonstrate stable, healthy adult relationships, and also counsel and connect students to appropriate community services.

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## Keys for Success in Alaska:

- Identifying key gaps in existing data and modifying the 2014 and 2015 BRFSS to include items regarding physical and emotional neglect
- Spreading the word about ACEs to key stakeholders through talks, presentations, and workshops and connecting the dots between ACEs and other public health, education, and justice topics
- Creating a strong, collaborative effort across various agencies and organizations to prevent childhood adversity
- Stressing the importance of safe, stable, nurturing relationships and environments in order to prevent as well as lessen the impact of ACEs.

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

## **Example 2: Alaska has integrated ACEs into their Behavioral Health systems.**

[Alaska Child Trauma Center](#) and [Alaska's Division of Behavioral Health](#) co-hosted the statewide Trauma Treatment Training Institute, and developed the Alaska Trauma 101 curriculum. Over 2,000 providers across the state have been trained, allowing Alaska's Division of Behavioral Health to roll out universal screening for adverse experiences in their behavioral health treatment centers.

## What are the next steps for Alaska?

- 1. Analyze ACE data.** In 2014 and 2015, Alaska included neglect items in their state's added questions on BRFSS. In addition, the Alaska Native Tribal Health Consortium and the Alaska Native Epidemiology Center provided resources to ensure oversampling in rural regions of Alaska. Data across these years will be aggregated to further understand the distribution of ACEs in Tribal communities, as well as the prevalence and impact of neglect.
- 2. Using ACE data to inform statewide policy.** Recently, Alaska introduced House Concurrent Resolution No. 21 ([HCR21](#)) – a request for greater investment in ACE prevention through statewide policy and prevention programs. Though the bill did not pass, it provides an example of introducing ACE prevention efforts into state legislature.
- 3. Connecting ACEs to other health efforts.** Increased awareness of the impact of ACEs has helped inform various prevention efforts. For example, the associations between ACEs and smoking was presented to Alaskan Smoking Cessation programs. Subsequently, [Alaska's Tobacco Quit Line](#) began to incorporate questions about individuals' behavioral health history, and there is interest in incorporating ACEs in future prevention efforts.

## Summary

ACEs can have a lasting impact on the mental, emotional, and physical health of Alaskans. Using data collected from its BRFSS, Alaska was able to support several initiatives to prevent childhood adversity in schools, hospitals, homes, and other spheres of society. Alaska has shown a strong commitment to preventing early adversity and promoting safe, stable, nurturing relationships and environments so that all children in Alaska can thrive and reach their full health and life potential.