

# Adverse Childhood Experiences



Adverse childhood experiences (ACEs) are preventable, potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home or community; systemic causes such as racism or chronic poverty; having a family member attempt or die by suicide; growing up in a household with substance misuse; or instability due to parental separation or household members being incarcerated.<sup>1</sup>

## ACEs and Public Health

ACEs can have lasting, negative effects on health and well-being, such as chronic physical and behavioral health issues. Exposure to ACEs increases the risk of chronic disease and disability; the prevalence of heart attack, asthma, fair/poor health, frequent mental distress, and disability proportionally increases with each additional reported ACE.<sup>2</sup> Additionally, the economic and social costs of ACEs for families, communities, and nations total hundreds of billions of dollars each year.<sup>1</sup> It is integral that health departments promote primary and secondary prevention of ACEs designed to enhance protective factors and reduce risk factors for ACEs before they occur.<sup>3</sup>

About 61% of adults surveyed reported that they had experienced at least one ACE.

Nearly 1 in 6 reported they had experienced four or more ACEs.<sup>1</sup>

## ACEs and Accredited Health Departments

We reviewed Site Visit Report comments related to ACEs. We found 41 different examples across 15 health departments. Examples of work conducted on ACEs by accredited health departments included:

- Presenting to public health professionals or community members the impact of ACEs on overall health; community data on ACEs; prevention and response strategies
- Conducting trainings for local health departments and other agencies on how to increase protective factors for ACE prevention
- Increasing awareness of ACEs and their negative consequences through communication methods
- Revising or identifying health priorities regarding prevention of ACEs within the CHAs/CHNAs, community health improvement plans, or strategic plans
- Conducting research on the prevalence, consequences, and public health implications of ACEs within the community
- Implementing screening and referral services for ACEs within the jurisdiction
- Conducting a community assessment of ACEs and their consequences for local stakeholders

**Example:** One accredited health department identified and implemented strategies to address factors that contribute to specific populations' higher health risks and poorer health outcomes. Upon identifying ACEs as an emerging area within the [State]'s health assessment and improvement plan, the health department analyzed various social factors associated with high risks for ACEs including income level, education level, and substance and physical abuse. The state also created a position to promote awareness and education regarding ACEs and developed and implemented standardized presentations that address ACEs and the links to poor health outcomes within certain populations.

## What's Next?

PHAB encourages health departments to promote awareness of ACEs and continue conducting the important work of the primary and secondary prevention of ACEs. Through this, health departments can help shift the focus from individual responsibility to community solutions.

Most Domains in Version 1.5 of PHAB Standards & Measures included examples of work related to ACEs.

Measure 10.2.3 had the greatest number of ACEs-related examples.

<sup>1</sup><https://www.cdc.gov/violenceprevention/aces/fastfact.html>

<sup>2</sup>Gilbert LK, Breiding MJ, Merrick MT, Parks SE, Thompson WW, Dhingra SS, Ford DC. Childhood adversity and adult chronic disease: An update from ten states and the District of Columbia, 2010. *Am J Prev Med.* 2015;48(3):345-9.

<sup>3</sup><https://www.astho.org/ASTHOBriefs/Adverse-Childhood-Experiences-Primary-Prevention/>