

Adverse Childhood Experiences Policy Statement

POSITION

State and territorial health officials (S/THOs) and agencies can provide leadership to address and prevent adverse childhood experiences (ACEs) across the lifespan. Almost half of children nationwide have experienced at least one ACE, and those who have experienced at least one are more likely to experience multiple negative health and behavioral health outcomes.ⁱ At the threshold of four ACEs, the risk for negative physical and mental health outcomes increases and at six the risk of premature death increases by 20 years.ⁱⁱ

Reports from CDC, SAMHSA, the American Academy of Pediatrics (AAP), and the Safe States Alliance serve as roadmaps for state health agencies to address ACEs across sectors. Programs, such as the Title V Maternal and Child Health Services Block Grant, the Preventive Health and Health Services Block Grant, and injury prevention programs, can provide a portion of the funding and infrastructure to support healthy and safe communities across populations.

Summary of Recommendations:

- Create safe, stable, nurturing environments for children and families by utilizing a population health approach that engages cross-sector partners, uses data to drive efforts and monitor progress, fostering resilience, and cultivates a trauma-informed workforce.
- Support policy and environmental changes across sectors to strengthen household financial security and economic self-sufficiency and to develop a trauma-informed state government.
- Protect and increase investments in early childhood development, home visiting, and trauma-informed services for low-income children and families, and fund rigorous evaluation of programs.

BACKGROUND

ACEs are stressful or traumatic incidents that harm social, cognitive, and emotional functioning and undermine the safe, nurturing environments children need to thrive. ACEs include emotional, physical, or sexual abuse and neglect, and household challenges. A child's well-being flourishes in nurturing, stable environments, whereas children exposed to adverse events often suffer toxic stress responses that alter the brain's developing architecture and impact health throughout the life course.ⁱⁱⁱ

Adults who were exposed to ACEs have a higher risk for experiencing chronic disease, behavioral health issues, and intimate partner violence, all of which can contribute to dysfunctional, maladaptive parenting practices.^{iv} As a result, ACEs are often cyclical and inter-generational, where the negative effects can be transmitted through toxic stress during pregnancy affecting fetal brain development.^v Considering the productivity loss and increased healthcare, education, child welfare, and criminal justice costs associated with child maltreatment, the estimated lifetime costs, based on investigated cases in 2015, total \$2 trillion.^{vi} While prevention and intervention strategies are needed at all levels of the socio-ecological model, this policy statement aims to provide actionable recommendations at the family and individual levels.^{vii}

RECOMMENDATIONS

ASTHO recommends the following policy and systemwide changes to create safe, stable, nurturing relationships, and environments for children and families by:

- 1) Utilizing a population health approach:

- a. Engage cross-sector partners to support the social and emotional well-being of children and their families.
 - i. Build a comprehensive focus that crosscuts key sectors of society (e.g., public health, education, social services, payers, justice, and media) and work collaboratively with trusted family venues (e.g. faith based, barber shops, and other community centers) to influence family services that fall outside the realm of clinical practice.
 - ii. Support centralized access points, care coordination efforts, and community leadership and infrastructure to link children and families to universal and targeted services.^{viii}
 - b. Use data to inform prevention programs and policy and to identify at risk populations, or geographic areas to implement context-specific prevention initiatives.
 - i. Fully leverage diverse data sources such as vital statistics, Medicaid and Managed care organizations data, private payer data, criminal justice data, child protection and welfare data, educational and Pregnancy Risk Assessment Monitoring system data, and demographic data, and emergency room/emergency department data, Behavioral Risk Factor Surveillance System, National Survey of Children’s Health and Substance Abuse Prevention and Treatment block grant data at the state level.
 - ii. Support rigorous program evaluation to demonstrate effectiveness of programs designed to address and prevent ACEs.
 - c. Foster resilience by enhancing social-emotional protective factors.
 - i. Reduce stigma around mental health and behavioral health issues.^{ix}
 - ii. Implement prevention approaches that promote prosocial and healthy behaviors at the individual and familial levels, such as evidence-based programs that support positive parenting skills.^x
 - iii. Support and fund comprehensive and affordable evidence-based home visiting programs that deploy multi-disciplinary teams of professionals to assess and address family needs and connect families to appropriate services.^{xi}
 - d. Cultivate a trauma-informed workforce in:
 - i. All child, adult, and family serving sectors, such as early care and education for a multi-generational approach.^{xii}
 - ii. Primary care programs using evidence-based models, such as the Safe Environment for Every Kid model, which can reduce child abuse and neglect and maternal stress.^{xiii}
 - iii. Dual generational approaches that address the needs of children and their families, such as substance use disorder treatment with a parenting component or rooming-in programs for newborns to treat neonatal abstinence syndrome.^{xiv}
- 2) Support policy and environmental changes across sectors by working with partners to:
- a. Strengthen household financial security and economic self-sufficiency through child support payments, tax credits, paid family leave, reduced financial barriers for mental healthcare, housing rental assistance, and subsidized childcare.^{xv}
 - b. Fund Title V, Maternal Infant and Early Childhood Home Visiting programs, Preventive Health and Health Services Block Grant, and other early childhood development programs to support healthy communities across populations.
 - c. Foster a trauma-informed state bureaucracy, where all employees are trained in trauma-informed concepts and all agencies have a stake in addressing ACEs as a cross-cutting issue.

APPROVAL DATES:

Community Health & Prevention Policy Committee Approval: July 1, 2019

Board of Directors Approval: December 11, 2019

Policy Expires: December 31, 2022

ASTHO membership supported the development of this policy, which was subsequently approved by the ASTHO Board of Directors. Be advised that the statements are approved as a general framework on the issue at a point in time. Any given state or territorial health official must interpret the issue within the current context of his/her jurisdiction and therefore may not adhere to all aspects of this Policy Statement.

ⁱ Child Trends. “The Prevalence of Adverse Childhood Experiences, Nationally, by State, and by Race or Ethnicity.” Available at: <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>. Accessed 9-14-2018.

ⁱⁱ Brown DW, Anda RF, Tiemeier H, *et al.* “Adverse childhood experiences and the risk of premature mortality.” *American Journal of Preventative Medicine*. 2009. Nov;37(5):389-96. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/19840693>. Accessed 9-14-2018.

ⁱⁱⁱ Center on the Developing Child, Harvard University. “Innovating in Early Head Start: Can Reducing Toxic Stress Improve Outcomes for Young Children?” Available at: <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>. Accessed 9-14-2018.

^{iv} Child Trends. “The Prevalence of Adverse Childhood Experiences, Nationally, by State, and by Race or Ethnicity.” Available at: <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>. Accessed 9-14-2018.

^v Buss C, Entringer S, Moog N, *et al.* “Intergenerational Transmission of Maternal Childhood Maltreatment Exposure: Implications for Fetal Brain Development.” *Journal of the American Academy of Child & Adolescent Psychiatry*. 2017. Volume 56, Issue 5, Pages 373–382. Available at: [https://www.jaacap.org/article/S0890-8567\(17\)30105-3/fulltext](https://www.jaacap.org/article/S0890-8567(17)30105-3/fulltext). Accessed 9-14-2018.

^{vi} Peterson C, Florence C, & Klevens J “The Economic Burden of Child Maltreatment in the United States.” *Child Abuse & Neglect*. 2018. 86, 178-183. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6289633/>

^{vii} Fortson BL, Klevens J, Merrick MT, *et al.* “Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities.” National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. 2016. Available at <https://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Technical-Package.pdf>. Accessed 9-14-2018.

^{viii} Duke Family Connects International. “Family Connects Works.” Available at: <http://www.familyconnects.org/evidencebase/>. Accessed 9-14-2018.

^{ix} Center for the Study of Social Policy. “About Strengthening Families and the Protective Factors Framework.” Available at: <https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf>. Accessed 9-14-2018.

^x Safe States Alliance. “Child Abuse and Neglect Strategies.” Available at: https://www.safestates.org/page/IPI_ChildAbuse_pg1?&hsearchterms=%22adverse+and+childhood+and+experiences22. Accessed 9-14-2018.

^{xi} Duke Family Connects International. “Family Connects Work.” Available at: <http://www.familyconnects.org/evidencebase/>. Accessed 9-14-2018.

^{xii} Child Trends. “Helping Young Children who have Experienced Trauma: Policies and Strategies for Early Care and Education.” Available at: <https://childtrends-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2017/04/2017-19ECETrauma.pdf>. Accessed 9-14-2018.

^{xiii} *Ibid*

^{xiv} Neger EN & Prinz RJ. “Interventions to address parenting and parental substance abuse: conceptual and methodological considerations.” *Clinical Psychology Review*. 2015. Dec; 86: 178–183. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4464898/>. Accessed 6-19-2019.

^{xv} Fortson BL, Klevens J, Merrick MT, *et al.* “Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities.” National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. 2016. Available at <https://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Technical-Package.pdf>. Accessed 9-14-2018.