



## Experiences in a child's life can impact their health and well-being as an adult!

As a parent, you know it's true: time flies.

Your little ones are growing up so quickly. Before you know it, they are in elementary school and, in the blink of an eye, graduating and making their way into the world.

But did you know that your child's experiences when they are very young play a big part in how their future is likely to unfold?

Years of research findings have shown that negative experiences early in a child's life can have a big impact on their health and well-being as an adult. These negative events – called ACEs (which stands for adverse childhood experiences) – can increase the likelihood of substance use and abuse, depression, unintended pregnancy, obesity, heart disease, and missed work days. For children, ACEs can even significantly impact their growing brain.



Simply put, ACEs are traumatic events that occur in a child's life.



**Physical Abuse**



**Emotional Abuse**



**Addiction**



**Parental Issues**

Has your child experienced any of the following?

- Insults and actions that caused them to be afraid of being physically hurt.
- Injuries from being pushed, grabbed, slapped, or hit.
- Sexual abuse.
- Not having enough to eat, having to wear dirty clothes, or feeling unsafe or unprotected.
- Having caretakers who were too drunk to care for them.
- Having separated or divorced parents.
- Having a mother, stepmother, or other female guardian who has been abused, pushed, grabbed, hit, or threatened with a weapon.
- Living with someone who has been a problem drinker or uses drugs.
- Living with someone who is depressed, mentally ill, or suicidal.
- Having a member of the household who has been in prison.

The **more times** you can answer **YES**, the **higher your child's risk** for **negative outcomes** as an adult. However, you can help build resiliency!

We are here to help!

Dayton Schools are here for you. Our greatest wish is for your child to grow up to be a happy, healthy, successful adult. **It's why we come to work every day.**

Read on to learn more about building a bright future for your child. And please reach out if your family needs help.

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Protective Factors  
**Strong families  
 bright futures**



**Raising a family takes work.** Parenting is hard, and sometimes the stress can be overwhelming. But knowing how to handle stressful times can make all the difference for your child, and can put them on the path to a bright future.

Many people are familiar with "risk factors" – things that make a person more likely to experience something harmful, like a disease, injury, or consequence. On the flip side, "protective factors" can guard against harm, make families stronger, and help keep children safe.

Families who adopt these protective factors are better prepared to deal with life's difficulties and help lessen their impact on children. They are strong families.



**STRONG FAMILIES ARE FLEXIBLE.**

Show your children that challenges can be managed and caring grownups have their back.

**STRONG FAMILIES NEED FRIENDS.**

Build relationships with neighbors, other parents, and friends to show your children they are part of a community that cares.



**STRONG FAMILIES HELP THEIR CHILDREN GROW.**

Learn more about your growing child's needs. Attend parenting classes, reach out to trusted friends and family members, or search the internet for parenting tips and ideas.

**STRONG FAMILIES NEED HELP SOMETIMES.**

Meet your children's basic needs – like food, shelter, clothing and health care. And don't be afraid to ask for help when you need it.



**STRONG FAMILIES TALK AND SHARE.**

Talk to your children and teach them how to express themselves appropriately.

**STRONG FAMILIES SHOW THEIR LOVE.**

Love your children and show them through your actions that you are their chief provider, protector, and teacher.



Whatever choices you have made in the past, every day is a new chance to make better ones moving forward. You are not alone. If you don't know where to turn, start with us. Contact Dayton Schools' Preschool Department at [earlylearning@dayton.kyschools.us](mailto:earlylearning@dayton.kyschools.us) or (859) 292-7492. We would be glad to help.



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



Research on Adverse Childhood Experiences' (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.

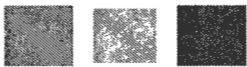
**Example: *Making an economic case for ACEs.*** Partners were willing to invest money for ACE data, but Alaska needed to make a strong case to include the ACE module into the BRFSS where space was limited. Alaska stressed that ACE prevention would improve multiple health outcomes and have significant [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.

## CASE STUDY



### 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.

## CASE STUDY

### 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.