Assembly Learning Session: ACEs

May 29, 2020
Presenter

- Natasha Pineda, AHD
- Christy Lawton, AHD
- Trevor Storrs, Alaska Children’s Trust
- Available for Questions - Dr. Jarred Parrish
Overview

• What are ACEs?
• What can we do?
• What is AHD doing?
• Why invest in prevention?
What are ACEs?
Data Links

- Your Ace Score
- Alaska Resilience
- CDC: Child Abuse Prevention Technical Package
- CDC: Sexual Violence Prevention Technical Package
- ACES in Alaska
- Economic Cost of ACES in Alaska
- Data: ALCAN Link
- Presentation Slides: ACES in Alaska
- Child Maltreatment Prevention: Past, Present, and Future
- CDC: Preventing Adverse Childhood Experiences
- DHSS: Framework for Prevention of Child Maltreatment
Adverse Childhood Experiences

**ABUSE**
- PHYSICAL
- EMOTIONAL
- SEXUAL

**NEGLECT**
- PHYSICAL
- EMOTIONAL

**HOUSEHOLD DYSFUNCTION**
- MENTAL ILLNESS
- INCARCERATION OF A HOUSEHOLD MEMBER
- DOMESTIC VIOLENCE
- SUBSTANCE ABUSE
- PARENTAL SEPARATION OR DIVORCE

GRAPHIC SOURCE: NPR
Significant finding:

the greater the number of ACEs,

the greater the risk for an array of poor physical, mental and behavioral health outcomes for individuals throughout their lives.
Model: Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan.

- Generational Embodiment / Historical Trauma
- Social Conditions / Local Context
- Adverse Childhood Experiences
- Disrupted Neurodevelopment
- Social, Emotional, & Cognitive Impairment
- Adoption of Health Risk Behavior
- Disease, Disability, & Social Problems
- Early Death

Death

Conception
Early Adversity has Lasting Impacts

- Adverse Childhood Experiences
  - Traumatic Brain Injury
  - Fractures
  - Burns

- Mental Health
  - Depression
  - Anxiety
  - Suicide
  - PTSD

- Maternal Health
  - Unintended pregnancy
  - Pregnancy complications
  - Fetal death

- Infectious Disease
  - HIV
  - STDs

- Chronic Disease
  - Cancer
  - Diabetes

- Risky Behaviors
  - Alcohol & Drug Abuse
  - Unsafe Sex

- Opportunities
  - Education
  - Occupation
  - Income
Is there data about this?
What is the Healthy Alaska?

This is Alaska’s state health improvement plan.

Healthy Alaskans 2020 (HA2020) brings together partners from many sectors across the state to improve health and ensure health equity for all Alaskans through shared understanding, united efforts, and collective accountability.

It is the framework of 25 health priorities for Alaska. This framework is based on the latest scientific evidence and the input of Alaskans from communities across the state.
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Reduce the suicide mortality rate per 100,000 population, among the population age 15-24 years</td>
<td>28.5</td>
<td>43.2</td>
<td>41.8 (2015)</td>
<td>44.2 (2018)</td>
<td>12.5</td>
</tr>
<tr>
<td>Reduce the suicide mortality rate per 100,000 population, among the population age 25 years and older</td>
<td>23.2</td>
<td>23.5</td>
<td>30.7 (2015)</td>
<td>25.8 (2018)</td>
<td>17.6</td>
</tr>
<tr>
<td>Reduce the percentage of adolescents (high school students in grades 9-12) who felt so sad or hopeless every day for 2 weeks or more in a row that they stopped doing some usual activities during the past 12 months</td>
<td>27.6%</td>
<td>23.0%</td>
<td>36.0% (2017)</td>
<td>33.6% (2015)</td>
<td>29.9%</td>
</tr>
<tr>
<td>Reduce the mean number of days in the past 30 days adults (age 18 and older) report being mentally unhealthy</td>
<td>3.3</td>
<td>2.9</td>
<td>3.3 (2018)</td>
<td>3.7 (2018)</td>
<td>3.7</td>
</tr>
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</tr>
<tr>
<td>Reduce the percentage of adolescents (high school students in grades 9-12) who were ever hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months</td>
<td>7.2%</td>
<td>8.0%</td>
<td>8.8% (2017)</td>
<td>7.3% (2017)</td>
<td>No data</td>
</tr>
<tr>
<td>Reduce the rate of rape per 100,000 population</td>
<td>Statewide-74.6</td>
<td>67.5</td>
<td>Statewide data only</td>
<td>88.0 (2015)</td>
<td>28.1</td>
</tr>
<tr>
<td>Reduce the alcohol-induced mortality rate per 100,000 population</td>
<td>15.4</td>
<td>15.3</td>
<td>23.6 (2015)</td>
<td>26.2 (2018)</td>
<td>9.1</td>
</tr>
<tr>
<td>Reduce the percentage of adults (age 18 years and older) who report binge drinking in the past 30 days based on the following criteria: 5 or more alcoholic drinks for men; 4 or more alcoholic drinks for women, on one occasion.</td>
<td>23.6%</td>
<td>20%</td>
<td>15.4% (2018)</td>
<td>16.4% (2018)</td>
<td>16.3%</td>
</tr>
</tbody>
</table>
### Healthy Alaskans 2020 ACEs-Related Indicators (Continued)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Reduce the percentage of adolescents (high school students in grades 9-12) who report binge drinking in the past 30 days based on the following criteria: 5 or more alcoholic drinks in a row within a couple of hours, at least once in the past 30 days</td>
<td>23.3%</td>
<td>17%</td>
<td>14.1% (2017)</td>
<td>14.6% (2017)</td>
<td>17.7%</td>
</tr>
</tbody>
</table>

The Scorecard reports that nearly all of these indicators have negative progress in Anchorage or statewide, meaning that the numbers have not fallen significantly since 2010. Compared to the United States, Alaska and Anchorage consistently score worse on these indicators, with the exception of adolescent and adult binge drinking.
What is the BRFSS?

The **Behavioral Risk Factor Surveillance System** marks its 30th year in 2020 and remains the gold standard of behavioral surveillance.

Currently data are collected monthly in all 50 states, the District of Columbia, American Samoa, Palau, Puerto Rico, the U.S. Virgin Islands, and Guam.

More than 500,000 interviews were conducted in 2011, making the BRFSS the largest telephone survey in the world.
### Behavioral Risk Factor Surveillance System

#### ACEs in Adult Population: Before Age 18, Ever Experienced

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>17.6%</td>
<td>18.5%</td>
<td>17.9%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>16.1%</td>
<td>15.9%</td>
<td>11.6%</td>
</tr>
<tr>
<td>Alcohol misuse in the household</td>
<td>29.0%</td>
<td>28.5%</td>
<td>No data</td>
</tr>
<tr>
<td>Mental illness in the household</td>
<td>24.6%</td>
<td>22.0%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Parental separation or divorce</td>
<td>29.1%</td>
<td>30.4%</td>
<td>27.6%</td>
</tr>
<tr>
<td>Incarcerated household member</td>
<td>8.3%</td>
<td>9.8%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Emotional neglect</td>
<td>16.4%</td>
<td>14.9%</td>
<td>14.8% (1995-97 Kaiser Study)</td>
</tr>
<tr>
<td>Physical neglect</td>
<td>10.1%</td>
<td>10.3%</td>
<td>9.9% (1995-97 Kaiser Study)</td>
</tr>
</tbody>
</table>
What is the YRBS?

Alaska’s YRBS is part of a national effort run by the U.S. Centers for Disease Control and Prevention (CDC).

Alaska students take the YRBS every other year in odd-numbered years in public traditional, alternative, and juvenile justice and correctional high schools.

Student participation in the YRBS is anonymous, voluntary, and requires written parental consent. The survey includes questions on a variety of topics.
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Anchorage School District</th>
<th>Alaska</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among students who dated, ever physically hurt on purpose by someone they were dating in the past year</td>
<td>8.8%</td>
<td>8.2%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Ever physically forced to have sexual intercourse in past year</td>
<td>7.8%</td>
<td>8.7%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Attempted suicide that resulted in need for medical attention in past year</td>
<td>3.6%</td>
<td>3.4%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Agree or Strongly Agree: Feel alone in life</td>
<td>22.3%</td>
<td>22.0%</td>
<td>No data</td>
</tr>
<tr>
<td>Disagree or Strongly Disagree: Teachers really care about them and give them a lot of encouragement</td>
<td>13.2%</td>
<td>13.8%</td>
<td>No data</td>
</tr>
<tr>
<td>Felt sad or hopeless for two or more weeks in a row in past year</td>
<td>36.0%</td>
<td>35.5%</td>
<td>31.5%</td>
</tr>
</tbody>
</table>
## Office of Children’s Services: Anchorage-specific data

<table>
<thead>
<tr>
<th>Alleged Victims by Alleged Maltreatment: Anchorage</th>
<th>Anchorage victims as percent of all statewide alleged victims, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014</td>
</tr>
<tr>
<td>Neglect</td>
<td>5097</td>
</tr>
<tr>
<td>Mental Injury</td>
<td>1146</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>1362</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>871</td>
</tr>
<tr>
<td>All Alleged Victims (Statewide)</td>
<td>16447</td>
</tr>
</tbody>
</table>
### Alleged Victims by Age: Anchorage

Children may be in multiple regions and maltreatment categories. Children of unknown age are included in the total only.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 years</td>
<td>1384</td>
<td>1501</td>
<td>1450</td>
<td>1434</td>
<td>1408</td>
</tr>
<tr>
<td>3-5 years</td>
<td>1257</td>
<td>1337</td>
<td>1263</td>
<td>1262</td>
<td>1274</td>
</tr>
<tr>
<td>6-8 years</td>
<td>1238</td>
<td>1394</td>
<td>1271</td>
<td>1415</td>
<td>1354</td>
</tr>
<tr>
<td>9-11 years</td>
<td>982</td>
<td>1080</td>
<td>1098</td>
<td>1204</td>
<td>1300</td>
</tr>
<tr>
<td>12-14 years</td>
<td>888</td>
<td>1006</td>
<td>1002</td>
<td>1063</td>
<td>1122</td>
</tr>
<tr>
<td>15+ years</td>
<td>776</td>
<td>895</td>
<td>893</td>
<td>951</td>
<td>1017</td>
</tr>
<tr>
<td>All Alleged</td>
<td>16447</td>
<td>17713</td>
<td>18284</td>
<td>20042</td>
<td>21367</td>
</tr>
<tr>
<td>Victims (Statewide)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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### Office of Children’s Services: Anchorage-specific data

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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anchorage</td>
<td>1314</td>
<td>1570</td>
<td>1710</td>
<td>1715</td>
<td>1687</td>
</tr>
<tr>
<td>Alaska</td>
<td>3231</td>
<td>3699</td>
<td>4116</td>
<td>4189</td>
<td>4116</td>
</tr>
<tr>
<td>Anchorage as portion of Alaska</td>
<td>40.7%</td>
<td>42.4%</td>
<td>41.5%</td>
<td>40.9%</td>
<td>41.0%</td>
</tr>
</tbody>
</table>
How to prevent and address ACEs
Best use of prevention funds

FUND PROGRAM SERVICES THAT:

BUILD AND EXPAND ON EFFORTS TO

PREVENT AND REDUCE IMPACT OF ACES THROUGH BUILDING RESILIENCY

ARE BASED ON OR INFORMED BY

CENTERS FOR DISEASE CONTROL (CDC) OR U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) PREVENTION FRAMEWORKS

HIGHLY SUGGESTED TO

USE OF EVIDENCE-BASED OR INFORMED PROGRAMS
Strengthen economic supports to families
- Strengthening household financial security
- Family-friendly work policies

Change social norms to support parents and positive parenting
- Public engagement and enhancement campaigns
- Legislative approaches to reduce corporal punishment

Provide quality care and education early in life
- Preschool enrichment with family engagement
- Improved quality of child care through licensing and accreditation

Enhance parenting skills to promote healthy child development
- Early childhood home visitation
- Parenting skill and family relationship approaches

Intervene to lessen harms and prevent future risk
- Enhanced primary care
- Behavioral parent training programs
- Treatment to lessen harms of abuse and neglect exposure
- Treatment to prevent problem behavior and later involvement in violence
DHSS Framework for Prevention of Child Maltreatment uses three categories:

**Primary**: focused on universal, population-level services; includes public awareness campaigns and parenting classes

**Secondary**: focused at higher-risk populations; includes programs like home visits and more focused parenting supports

**Tertiary**: focused on families affected by child maltreatment/ACEs; includes programs like family preservation services and mental health supports

## Federal DHHS Child Maltreatment Prevention Framework

<table>
<thead>
<tr>
<th>Prevention Level</th>
<th>Description</th>
<th>Types of services</th>
<th>Evidence-Based Programs*</th>
</tr>
</thead>
</table>
| **Primary Prevention** | Universal services aimed at the whole population | • Public awareness campaigns about child maltreatment  
• Parenting classes  
• Family supports and strengthening programs | • Triple P Positive Parenting Program  
• Period of PURPLE Crying  
• Stewards of Children  
• ACT/Parents Raising Safe Kids  
• Parents as Teachers |
| **Secondary Prevention** | Services targeted to populations at higher risk for maltreatment | • Home visiting programs and parenting classes | • The Incredible Years  
• SafeCare  
• Combined Parent-Child CBT  
• Effective Black Parenting Program |
| **Tertiary Prevention** | Services for families already affected by maltreatment | • Family preservation services  
• Parent mentoring and support groups  
• Mental health services | • Attachment and Biobehavioral Catchup  
• Early Pathways  
• Promoting First Relationships  
• Parent-Child Interaction Therapy |
What is happening at AHD?
2018 Substance Misuse Assessment

**Policy Recommendation 11:**
Require Municipal Employees at AHD to Attend Training on Trauma and Cultural Competency.

<table>
<thead>
<tr>
<th>Need Assessed</th>
<th>Policy Analyzed</th>
<th>Recommendation Delivered</th>
<th>Policy Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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</table>

- **Assessment finds trauma as the single most named driver of substance use and misuse in Anchorage.**
- **Policy analysis work groups convened and working groups identified provider education as a policy priority.**
- **Literature Review completed and technical needs identified. Grant funding applied for.**
- **Initiatives and low-cost training offerings identified. AHD implemented training and has a way to onboard new staff.**
AHD Specific Training

ACT Tier 1-2019 Community-Based Prevention grant award received

Focus on primary prevention strategies to prevent child abuse and neglect within the Municipality with emphasis on these Protective Factors:

- Parental Resiliency
- Social Connections
- Concrete Support in Times of Need
AHD Specific Training

Components of Project include:

- Using every interaction with our population to help them build their individual or families' protective factors.
- Training all staff on ACES, Trauma Informed Care (TIC) and Strengthening Families (SF) model.
- Developing plans to further embed and increase knowledge overall.
- Increasing efforts to make AHD a safe and welcoming place.
- Ensuring AHD staff are operating with a Trauma Informed Care Lens.
AHD Specific Training

4th quarter 2019 and 1st quarter 2020:

95% of staff received foundational training on:
- ACES, TIC & SF
- Historical Trauma and Resiliency of Alaska’s First People

Leadership Focus:
Embedding into daily practice.
Increased staff awareness & Understanding.
Improved customers service.
Why invest in addressing ACEs?
Benefits of addressing ACEs

• Healthier & Safer individuals
• Healthier & Safer families
• Healthier & Safer community
• Stronger economy
## Economic costs of ACEs in Alaska

<table>
<thead>
<tr>
<th>Health Behavior or Outcome</th>
<th>Est. Annual Costs Linked w/ ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Medicaid (Age 20+)</td>
<td>$382 million</td>
</tr>
<tr>
<td>Current Smoker</td>
<td>$203 million</td>
</tr>
<tr>
<td>Non-Gestational Diabetes</td>
<td>$117 million</td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>$69 million</td>
</tr>
<tr>
<td>Arthritis</td>
<td>$60 million</td>
</tr>
<tr>
<td>Obesity</td>
<td>$34 million</td>
</tr>
</tbody>
</table>

**Total**  $866 million
Questions?
Thank you!

Contact info:
Natasha Pineda, Director
Anchorage Health Department
(907) 343-4650
natasha.pineda@anchorageak.org