

ACEs Prevalence, Scores, and Health Outcomes

Behavioral Risk Factor Surveillance System (BRFSS) 2011 & 2013

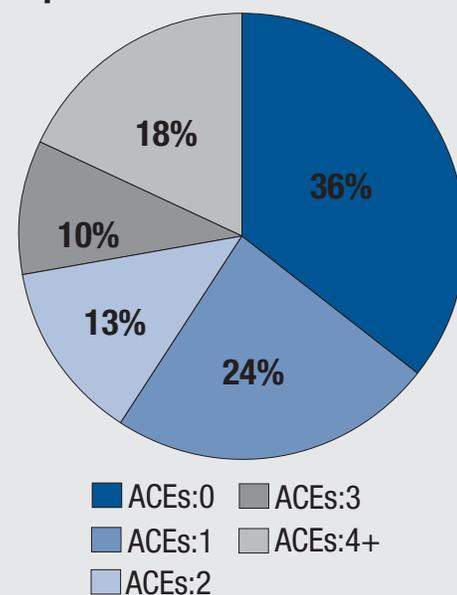
Adverse childhood experiences (ACEs) is a phrase used to describe abuse, violence and distressed family environments of children under the age of eighteen. ACEs include physical, sexual and emotional abuse; household substance abuse; adult mental illness; separated, divorced and/or incarcerated parents; and intimate partner violence.

ACEs are interrelated and common among adults. ACEs are associated with negative health outcomes including depression, obesity, diabetes, cardiovascular disease, asthma and others.

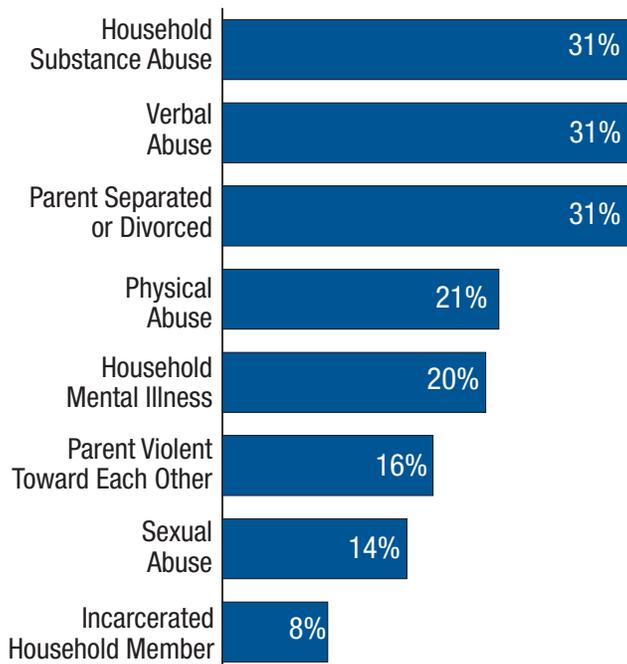
ACEs data were collected in the Oregon 2011 and 2013 Behavioral Risk Factor Surveillance System Survey (BRFSS) and combined for this report. BRFSS is a state-based system of health surveys conducted over the phone. These surveys collect information on demographics, health status, well-being, health behaviors, risks for chronic diseases and injuries, preventive health practices and access to health care and support services.¹

Eleven questions were asked and combined into eight ACEs categories. Analysis showed how many ACEs Oregonians experienced and their association with health outcomes.

How many ACEs do Oregonians experience?



Prevalence of individual ACEs in Oregon, 2011 & 2013

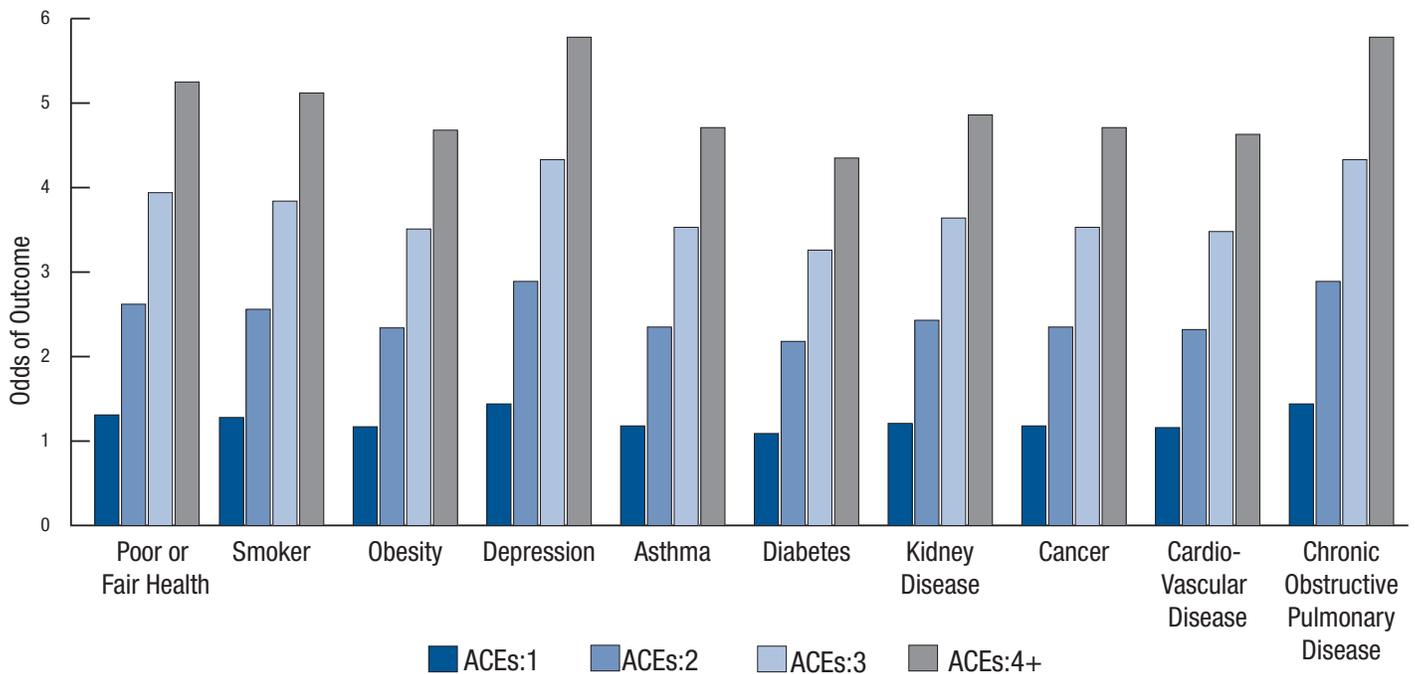


- ACEs are common, nearly 2/3 of the population has experienced at least one ACE
- Close to 1 out of 5 people experience 4 or more ACEs
- ACEs are often clustered
- People can thrive even with high ACE scores

Due to the sensitive nature of these questions, not all survey respondents answered each question. The percentage represents the weighted percent of the positive responses among those who provided a response for that ACE category.

¹ Centers for Disease Control and Prevention. Adverse Childhood Experiences (ACEs) Study. <http://cdc.gov/ace>

The association between ACEs and health outcomes in Oregon, 2011 & 2013



This table highlights the relationship between the number of ACEs experienced and associated health outcomes. This analysis controlled for sociodemographics including age, sex, education, poverty, race and ethnicity, and for smoking for chronic obstructive pulmonary disease and cardiovascular disease.

OHA's ACEs Prevention Efforts

Community Programs

- Provide a continuum of evidence informed programs that encourage attachment and healthy relationships
- Implement whole person, integrated healthcare similar to the Oregon Coordinated Care Organization (CCO) Model

Systemic Approaches

- Develop the Oregon Public Health Division's Strategic plan objectives to reduce violence and suicide
- Translate the Oregon Title V Block Grant priority to reduce toxic stress and trauma into practice
- Encourage innovative practices that reduce the transmission of intergenerational ACEs by focusing on pregnant women and families

Policy Recommendations

- Fund data collection and assessment for ACEs
- Support practices that build caregiver capacity such as the infant mental health endorsement, the neuroscience, epigenetics, ACEs and resiliency research (NEAR) toolkit for home visitors, and the Trauma Informed Oregon workforce trainings
- Integrate programs that are based on NEAR principles across all health promoting systems, especially for those serving young children, parents and families
- Expand trauma-informed workforce policies to all OHA agencies

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