

# Adverse Childhood Experiences in States and Territories

## A Look at Areas of Improvement for ACEs Prevention: Health Equity and ACEs Disparities Data

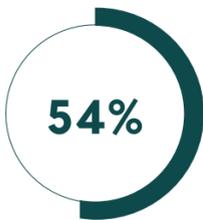
ACEs are potentially traumatic incidents that harm a child's social, cognitive, and emotional functioning and undermine the relationships and environments children need to thrive. State and territorial health agencies (S/THAs) can address ACEs through primary, secondary, and tertiary prevention strategies (hover over underlined text to see expanded term definitions). ACEs prevention strategies have a potential long-term impact on supporting families, and they can sustain family resiliency during times of uncertainty, such as the COVID-19 pandemic.

In 2019, ASTHO conducted the **ACEs Capacity Assessment Tool (ACECAT)**<sup>1</sup>, an electronic survey of its 59 member agencies, to better understand S/THAs' ability to prevent and mitigate ACEs. The ACECAT included three main components: 1) **background** on the S/THA respondent; 2) **infrastructure** at the health agency to support ACEs prevention; and 3) **topical** prevention strategies health agencies are focused on.



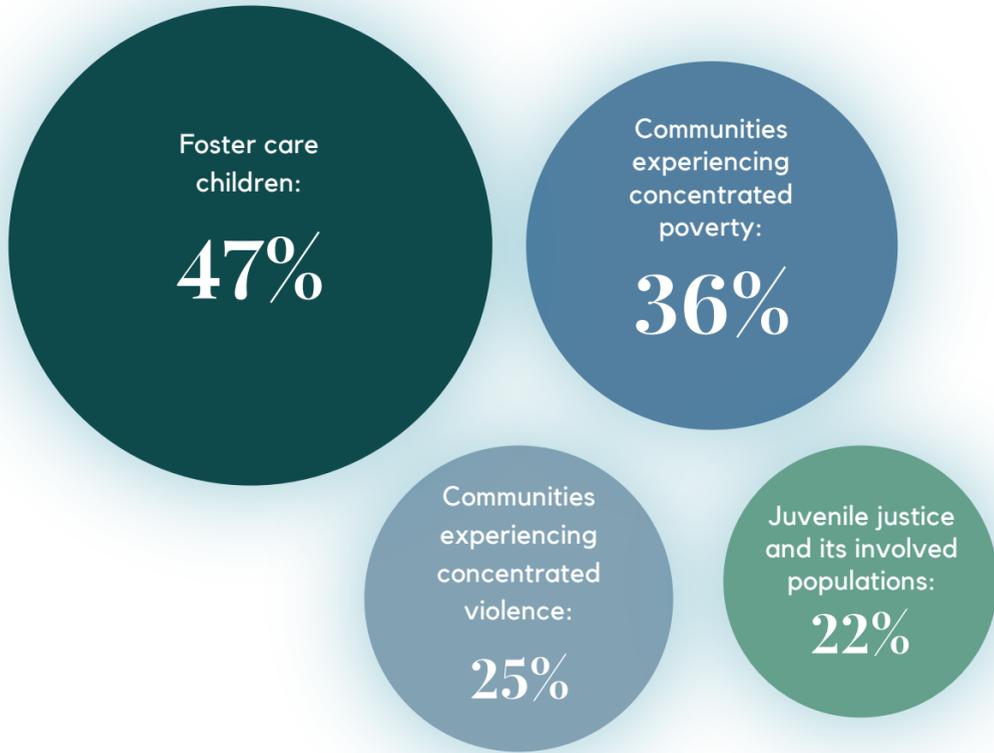
### HEALTH AGENCIES NEED TO ENHANCE SURVEILLANCE SYSTEMS TO REDUCE ACES

Health agencies can enhance surveillance systems to capture data focused on high-ACE burden populations.



Have identified high-risk populations, assessed their needs, and created targeted initiatives to address them.

Fewer departments reported the capacity to identify populations with high ACE burdens. Health agencies are monitoring high-risk communities at the following rates:



### HEALTH AGENCIES NEED TO STRENGTHEN COLLABORATION WITH JUSTICE SYSTEMS

Health agencies can strengthen supports for children with incarcerated parents and juvenile justice populations to stop the cycle of incarceration.

Across capacity items measured, working with correctional agencies to support children of incarcerated parents was the lowest activity measured.



Have no or limited capacity to work with correctional agencies.



Work with juvenile justice systems and their involved populations.



### HEALTH AGENCIES NEED TO MOVE TO TRANSFORMATIONAL APPROACHES

Health agencies can enhance partnerships with criminal and juvenile justice systems by moving beyond transactional approaches and working towards transformational approaches.

Transactional approaches are grounded in reciprocity and navigating existing structures, while transformational approaches work to drive change on a large-scale, societal level.



### HEALTH AGENCIES STILL HAVE AREAS FOR IMPROVEMENT

Most health agencies reported partnerships with law enforcement/public safety (69%) and juvenile/criminal justice systems (72%). However, only 49% of health agencies are focusing on parental incarceration as an ACEs prevention strategy. Agencies can enhance supports for children by improving efforts in the following areas:



Utilize law enforcement data. Just 37% of agencies currently do this.



Promote strategies in which first responders link children affected by parental loss to care. 29% of agencies have strategies in this area.



### LOOKING FORWARD

The ACECAT results reveal gaps in surveillance system data, partnerships with justice systems, and working with high ACE-burden populations. Incarceration and familial separation can have negative impacts<sup>2</sup> that impede a family's ability to offer a safe, stable, nurturing environment that children need to thrive. Health agencies can use these ACEs prevention strategies to make an impact.

<sup>1</sup>For purposes of the ACECAT, capacity is defined as the measurement of an S/THA's efforts, ranging from no capacity, or no efforts currently underway, to full capacity, or the S/THA has targeted initiatives to those in need, and all gaps and challenges related to implementation have been addressed.

<sup>2</sup><https://www.childtrends.org/wp-content/uploads/2015/10/2015-42ParentsBehindBars.pdf>