Hosted by ASTHO and CDC

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Agenda

• Objectives
• Overview of ACEs
• Primary Prevention of ACEs
• State Presentation: Tennessee
• State Presentation: New York
• Discussion and Q&A
• Wrap-up
VISION

State and territorial health agencies advancing health equity and optimal health for all.

MISSION

To support, equip, and advocate for state and territorial health officials in their work of advancing the public’s health and well-being.
Today’s Objectives

• Learn from states who are using the ACEs BRFSS module and other sources of data to inform their primary prevention work.
• Encourage the collection and use of the ACEs BRFSS module and other sources of data as part of a state’s regular public health monitoring and surveillance.
• Advance the use of data for the prevention of negative health outcomes
Overview: Adverse Childhood Experiences

_Nearly half of all children nationwide has experienced at least one ACE_

- Stressful incidents that harm social, cognitive, and emotional functioning and undermine the safe, nurturing environments children need to thrive
- Exposure increases the likelihood for long-term chronic health issues and behavioral health effects

Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html
Primary Prevention of ACEs

Evidence-based strategies designed to enhance protective factors and reduce risk factors for ACEs before they occur

• Build parenting skills and promote social norms for positive parenting
• Strengthen economic supports for families
• Provide quality education and enrichment early in life

State Presentation

Richard Kennedy, Executive Director, Tennessee Commission on Children and Youth
Building Strong Brains Tennessee
Becoming a Trauma-Responsive State

Richard Kennedy
Tennessee Commission on Children and Youth
Tennessee BRFSS Data

Adverse Childhood Experiences (ACEs) are stressful or traumatic experiences that disrupt the safe, nurturing environments that children need to thrive. Exposure to ACEs can lead individuals toward the adoption of unhealthy habits and the onset of negative long-term health and economic issues.

Adverse childhood experiences that may negatively impact development include the following:

- Physical and sexual abuse
- Emotional and sexual neglect
- Parental mental illness
- Parental substance abuse
- Parental incarceration
- Parental separation or divorce
- Household violence
- Residential mobility

A person's ACE score is calculated by totaling the number of different types of adverse events experienced in childhood.

Like a house's foundation, brain architecture is built over time and from the bottom up. Positive experiences in infancy and early childhood can build a strong and solid foundation. Negative experiences weaken the foundation which can lead to life-long problems.
Building Strong Brains Mission

Building Strong Brains Tennessee
works to change the culture of Tennessee
so the state’s overarching
philosophy, policies, programs and practices for children, youth and young adults
utilize the latest brain science to
prevent and mitigate the impact of adverse childhood experiences.
Adverse Childhood Experiences: Prevention, Mitigation, and Recovery Anticipated Multi-Sector, Multi-Level, Public and Private Impacts
Building Strong Brains
Public Private Partnerships

- Coordinating Team
  Guided by
  - Public Sector Steering Group
  Balanced by
  - Private Sector Steering Group
  Supported by
  - Foundations & In-kind Resources
  Tennessee State Government
Public Sector Accomplishments

- **CHILDREN’S SERVICES**: Inclusion of BSB TN values, metaphors and related brain development constructs in PATH [Parents As Tender Healers] Training for Foster Parents; development of a webinar about ACEs and trauma-responsiveness made available to all DCS workers; expanding Safe Baby Courts to five additional regions.

- **CORRECTION**: Implemented trauma-informed practices in the “Children’s Gallery” program at the West TN Women’s Rehabilitation Center to help incarcerated mothers bond with their children in structured yet age-appropriate ways.

- **EDUCATION**: T4T reaching over 5000 educators and school administrators w/ BSB TN: Strategies for Educators; in FY19 training provided to 72 school selected competitively to become Trauma-Informed Schools.

- **HEALTH**: Recognized ACEs as primary factor in public health outcomes as underlying other major health concerns; a lead person has been identified in all local Health Departments to assure staff are trained; implementing CHAD program training in all counties; committed substantial federal funding to move BSB TN forward
Public Sector Accomplishments (cont.)

- **HUMAN SERVICES**: ACEs training has been added as part of licensing expectations for child care providers. ACEs was included in Phase 1 of the Two Gen Capacity Building from DHS University which was available to all DHS staff. All TANF partners were engaged/trained.

- **MENTAL HEALTH/SUBSTANCE ABUSE SERVICES**: Incorporating BSB/ACEs into local System of Care Across TN [SOCAT] practices; included BSB/ACEs requirements into scopes of services in FY19 contracts; the Training and Technical Assistance Center (TTAC) has partnered with BSB/ACEs trainers throughout the state to offer trainings as requested and on a quarterly basis.

- **Office of Criminal Justice Programs**: Funded ACEs Public Awareness Campaign; promoted grant announcement: Serving Youth and Young Adults w/ Trauma; increased awareness of Handle with Care through training of law enforcement; and supported appropriate BSB work in relevant grant funded projects.
Public Sector Accomplishments (cont.)

- **TCCY**: Has led two major areas of focus relative to Knowledge Mobilization—(1) Training For Trainers for over 950 people who have reached over 39,000 constituents and (2) initiation of various approaches to promote community action plans [More about that....]

- **TENNCARE**: Amerigroup: Internal training to MCO Case Management and Utilization Management associates; clinical and non-clinical associates incorporate the training tenants from ACEs into outreach and care plans as deemed appropriate; utilizing ACEs training links and FAQ materials to assist in outreach effort. External: member events, member educational fliers; collaborating with providers during case management coordination efforts to address members potential ACEs. BlueCare: Internal training to case managers and any staff who is interested; external staff include providers and community members. They have trained 600 since 2018 and is provided in 1, 2, and 3 hour increments. Their goal is to instill an understanding of the latest brain science to prevent and mitigate the impact of ACEs.
Private Sector Accomplishments

- Served as extenders of BSB TN principles, values and metaphors to respective participating agency boards, staffs, programs and practices
- Have incorporated expectations for grantees to address ACEs prevention, mitigation and recovery strategies when appropriate to the purpose of fund sources
- Have implemented BSB TN-related trainings within some large organizations
- Utilized collective impact strategies to address and advocate for continued focus on social/emotional health and well-being
- Special recognition to the Sycamore Institute for publication of The Economic Cost of ACEs In Tennessee, which has garnered nationwide attention
- Successfully demonstrated the value of Community Innovations that resulted in an increase in state appropriations for ACEs-related activities in the recurring budget beginning w/ FY19
- And much, much more......
Community Innovations

Funds support Innovations in these sectors

- **Academia**
  - Belmont University
  - ETSU Biostats/Epidemiology
  - MTSU College of Education
  - TSU COE in Learning Sciences
  - UT College of Social Work

- **Child Welfare**
  - Camelot Care Centers
  - CASA Nashville

- **Early Childhood/Childcare**
  - Allied Behavioral Health Solutions
  - Baptist Memorial Thrive By 5
  - UT Extension Services

- **Community**
  - ACE Nashville
  - Boys & Girls Clubs Knoxville
  - ETSU/Boys and Girls Clubs
  - ETSU System of Care
  - Grundy County Discover Together
  - LeBonheur Triple P
  - LeBonheur START
  - UT Health Sciences Center Fayette County
  - UT Health Sciences Center
  - United Way of Greater Chattanooga
Community Innovations

Funds support Innovations in these sectors

- **Education**
  - Gibson County School District
  - Greene County Schools
  - Metro Nashville Public Schools
  - Murfreesboro City Schools

- **Justice/Courts**
  - Davidson County Infant Court
  - Family Center
  - Jackson Police Department
  - West TN Healthcare Fndtn

- **Faith-based Community**
  - Bethany Christian Services Chattanooga
  - Bethany Christian Services Nashville

- **Medical**
  - Baptist Memorial Health Care
  - ETSU Department of Pediatrics
  - Frontier Health
  - VU Medical Center Pediatrics Clinic
  - VU Medical Center Pediatrics Division

- **Media**
  - WCTE Upper Cumberland
VISION FOR SUCCESS

- Universal Awareness and Commitment
- Competent, Committed, Inspirational Leaders at All Levels
- Broad Community Engagement
- Common Practice Implementation
- A System to Organize Data for Analysis and Shared Results
- Targeted System-specific Marketing Strategies
- Business Engagement, Advocacy & Investment
- Formalized Infrastructure Support
STRATEGIC PRIORITIES

Engaging
Engaging Stakeholders,
Key leaders, Communities

Supporting
Supporting with Financial
Models, Marketing &
Infrastructure

Equipping
Equipping Providers and
Communities with Tools
and Trainings

Connecting
Connecting Learnings and
Sharing Information
Conclusion

With this effort, there is confidence in our collective ability to change the culture from 

What is wrong with this child?

to

What happened to this child?
State Presentation

Matthew Garnett, Research Scientist, Bureau of Occupational Health and Injury Prevention, New York State Department of Health
From Surveillance to Action
Adverse Childhood Experiences in New York State

Matthew Garnett, MPH, Bureau of Occupational Health and Injury Prevention

Michael Bauer, MS, Bureau of Occupational Health and Injury Prevention
Brynn Lape, MPH, Bureau of Occupational Health and Injury Prevention
Priti Irani, MSPH, Office for Public Health Practice
Mycroft Sowizral, PhD, Bureau of Chronic Disease Prevention
Colleen Baker, Public Health Information Group
Background
**WHAT IMPACT DO ACEs HAVE?**

As the number of ACEs increases, so does the risk for negative health outcomes.

**Possible Risk Outcomes:**

**BEHAVIOR**
- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work

**PHYSICAL & MENTAL HEALTH**
- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STDs
- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones

Source: Robert Wood Johnson Foundation, CDC
The Prevention Agenda, 2019 – 2024
ACEs Cross Multiple Priority areas

- **Promote a Healthy and Safe Environment**
  - Direct prevention of ACEs

- **Promote Healthy Women, Infants and Children** and **Promote Mental Health and Prevent Substance Abuse**
  - Enhance resiliency among those with ACEs
  - Encourage trauma informed approaches to providing services and care
# BRFSS ACEs Workgroup

| Leadership | • Bureau of Chronic Disease Evaluation and Research  
|            | • Bureau of Occupational Health and Injury Prevention  
|            | • Office of Public Health Practice |
| Goals      | • Analyze ACEs data from the 2016 BRFSS  
|            | • Make recommendations to address ACEs |
| Details    | • Group consisted of 35+ individuals to direct the meaningful use of the ACEs data  
|            | • Final recommendations:  
|            |   • Create an action plan to fully address ACEs through the state prevention agenda  
|            |   • Encourage trauma informed care approaches  
|            |   • Increased screening and surveillance  
|            |   • Continue surveillance and research into ACEs |
BRFSS ACEs Module Used in 2016

- 11 questions assess 8 categories of ACEs
  - 5 household dysfunction
  - 3 childhood abuse
  - Neglect: none

<table>
<thead>
<tr>
<th>Household Dysfunction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Did you live with anyone who was depressed, mentally ill, or suicidal?</td>
</tr>
<tr>
<td>2) Did you live with anyone who was a problem drinker or alcoholic?</td>
</tr>
<tr>
<td>3) Did you live with anyone who used illegal street drugs or who abused prescription medications?</td>
</tr>
<tr>
<td>4) Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?</td>
</tr>
<tr>
<td>5) Were your parents separated or divorced?</td>
</tr>
<tr>
<td>6) How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Childhood Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>7) Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say—</td>
</tr>
<tr>
<td>8) How often did a parent or adult in your home ever swear at you, insult you, or put you down?</td>
</tr>
<tr>
<td>9) How often did anyone at least 5 years older than you or an adult, ever touch you sexually?</td>
</tr>
<tr>
<td>10) How often did anyone at least 5 years older than you or an adult, try to make you touch sexually?</td>
</tr>
<tr>
<td>11) How often did anyone at least 5 years older than you or an adult, force you to have sex?</td>
</tr>
</tbody>
</table>
ACEs are Common

59% experienced at least one ACE

13% of New York Adults experience 4 or more ACEs
Prevalence of ACEs Among Selected States

<table>
<thead>
<tr>
<th>State</th>
<th>% of adults with 1+ ACE</th>
<th>% of adults with 4+ ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>62%</td>
<td>17%</td>
</tr>
<tr>
<td>Illinois</td>
<td>51%</td>
<td>14%</td>
</tr>
<tr>
<td>Iowa</td>
<td>56%</td>
<td>15%</td>
</tr>
<tr>
<td>Kansas</td>
<td>55%</td>
<td>14%</td>
</tr>
<tr>
<td>Minnesota</td>
<td>55%</td>
<td>13%</td>
</tr>
<tr>
<td>New York</td>
<td>59%</td>
<td>13%</td>
</tr>
<tr>
<td>Vermont</td>
<td>57%</td>
<td>13%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>56%</td>
<td>14%</td>
</tr>
</tbody>
</table>

NYSDOH, Behavioral Risk Factor Surveillance System 2016
Bureau of Occupational Health and Injury Prevention
Prevalence of ACEs
Among Adults (Age 18+ Years) in New York State

- Emotional abuse: 27%
- Parental separation/divorce: 25%
- Substance abuse in household: 24%
- Physical abuse: 21%
- Violence between adults in household: 17%
- Mentally ill household member: 14%
- Sexual abuse: 11%
- Incarcerated household member: 6%

Note: Physical Abuse and Sexual Abuse are each defined as having occurred ‘once’ or ‘more than once’. Emotional Abuse is defined as having occurred ‘more than once’.

NYSDOH, Behavioral Risk Factor Surveillance System 2016
Bureau of Occupational Health and Injury Prevention
Prevalence of 3+ ACEs
Among Adults (Age 18+ Years) in New York State

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>25%</td>
<td>29%</td>
</tr>
<tr>
<td>25-34</td>
<td>22%</td>
<td>25%</td>
</tr>
<tr>
<td>35-44</td>
<td>26%</td>
<td>22%</td>
</tr>
<tr>
<td>45-54</td>
<td>23%</td>
<td>26%</td>
</tr>
<tr>
<td>55-64</td>
<td>23%</td>
<td>25%</td>
</tr>
<tr>
<td>65+</td>
<td>11%</td>
<td>23%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>22%</td>
<td>21%</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>21%</td>
<td>22%</td>
</tr>
<tr>
<td>Non-Hispanic, Other Race Only</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Multiracial, Non-Hispanic</td>
<td>31%</td>
<td>31%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>29%</td>
<td>31%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>23%</td>
<td>23%</td>
</tr>
<tr>
<td>Male</td>
<td>20%</td>
<td>20%</td>
</tr>
</tbody>
</table>

NYSDOH, Behavioral Risk Factor Surveillance System 2016
Bureau of Occupational Health and Injury Prevention
Prevalence of ACEs by Level of Education
Among Adults (Age 18+ Years) in New York State

NYSDOH, Behavioral Risk Factor Surveillance System 2016
Bureau of Occupational Health and Injury Prevention
Prevalence of ACEs by Sexual Orientation/Transgender Status

Among Adults (Age 18+ Years) in New York State
### Adjusted Odds Ratios: 3+ ACEs by Selected Health Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Adjusted Odds Ratio</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever diagnosed with depression</td>
<td>6.23† times more likely</td>
<td>(4.48-8.65)</td>
</tr>
<tr>
<td>Had more than 14 bad mental health days (past month)</td>
<td>4.67† times more likely</td>
<td>(3.24-6.71)</td>
</tr>
<tr>
<td>Seeing impairment</td>
<td>3.59† times more likely</td>
<td>(2.10-6.12)</td>
</tr>
<tr>
<td>Non-asthma lung diseases</td>
<td>3.50† times more likely</td>
<td>(2.12-5.76)</td>
</tr>
<tr>
<td>Disability that limits daily activities</td>
<td>2.90† times more likely</td>
<td>(2.17-3.90)</td>
</tr>
<tr>
<td>Arthritis</td>
<td>2.88† times more likely</td>
<td>(2.19-3.78)</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>2.67† times more likely</td>
<td>(1.47-4.86)</td>
</tr>
<tr>
<td>Had more than 14 bad physical health days (past month)</td>
<td>2.59† times more likely</td>
<td>(1.85-3.63)</td>
</tr>
<tr>
<td>Fall in past 12 months (people 45+)</td>
<td>2.49† times more likely</td>
<td>(1.85-3.34)</td>
</tr>
<tr>
<td>Ever had asthma</td>
<td>1.81† times more likely</td>
<td>(1.31-2.50)</td>
</tr>
<tr>
<td>Obesity</td>
<td>1.73† times more likely</td>
<td>(1.33-2.24)</td>
</tr>
<tr>
<td>Poor sleep (&lt;7 hours a night on average)</td>
<td>1.67† times more likely</td>
<td>(1.30-2.13)</td>
</tr>
</tbody>
</table>

† = significant at p < .05; ‡ = significant at p < .01
## Adjusted Odds Ratios: 3+ ACEs by Selected Risk Behaviors

<table>
<thead>
<tr>
<th>Risk Behavior</th>
<th>Adjusted Odds Ratio</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV risk behaviors*</td>
<td><strong>3.67‡</strong> times more likely</td>
<td>(2.23-6.04)</td>
</tr>
<tr>
<td>Current smokers</td>
<td><strong>2.84‡</strong> times more likely</td>
<td>(2.00-4.03)</td>
</tr>
<tr>
<td>Ever E-cigarette use</td>
<td><strong>2.70‡</strong> times more likely</td>
<td>(1.95-3.75)</td>
</tr>
<tr>
<td>Ever smokers</td>
<td><strong>2.68‡</strong> times more likely</td>
<td>(2.09-3.44)</td>
</tr>
<tr>
<td>Binge drinking</td>
<td><strong>1.50‡</strong> times more likely</td>
<td>(1.08-2.06)</td>
</tr>
</tbody>
</table>

*HIV risk behaviors include history of any (within the past year): IV drug use, a venereal disease or sexually transmitted disease, transactional sex for drugs or money, unprotected anal sex, or having four or more sexual partners.

‡ = significant at \( p < .01 \)
Other Analyses

Regionality

Co-Reported ACEs

Leading Co-Reported Experiences
Among Each Experience, Percent of With Another Experience

<table>
<thead>
<tr>
<th>Rank</th>
<th>Mental Illness</th>
<th>Substance Use</th>
<th>Incarcerated</th>
<th>Violence Against Adults</th>
<th>Parental Separation or Divorce</th>
<th>Medical Abuse</th>
<th>Emotional Abuse</th>
<th>Sexual Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Physical A.</td>
<td>Physical A.</td>
<td>Physical A.</td>
<td>Physical A.</td>
<td>Physical A.</td>
<td>Physical A.</td>
<td>Physical A.</td>
<td>Physical A.</td>
</tr>
<tr>
<td>3</td>
<td>Physical A.</td>
<td>Physical A.</td>
<td>Physical A.</td>
<td>Physical A.</td>
<td>Physical A.</td>
<td>Physical A.</td>
<td>Physical A.</td>
<td>Physical A.</td>
</tr>
<tr>
<td>4</td>
<td>Parent Separation or Divorce</td>
<td>Parent Separation or Divorce</td>
<td>Parent Separation or Divorce</td>
<td>Parent Separation or Divorce</td>
<td>Parent Separation or Divorce</td>
<td>Parent Separation or Divorce</td>
<td>Parent Separation or Divorce</td>
<td>Parent Separation or Divorce</td>
</tr>
</tbody>
</table>

Urban vs Rural

Correlated ACEs

Prevalence of a 3+ ACE Score by DSRIP Region and Urbanicity, Among Adults (Age 18+ Years) in New York State

Prevalence of ACEs by Children in Home Among Adults (Age 18+ Years) in New York State

Prevalence of ACEs by Fruit and Vegetable Consumption Among Adults (Age 18+ Years) in New York State

Specific Associations

Prevalence of Ever Smoking by ACEs Group

Prevalence of ACEs by Children in Home Among Adults (Age 18+ Years) in New York State

Prevalence of ACEs by Fruit and Vegetable Consumption Among Adults (Age 18+ Years) in New York State

NEW YORK STATE OF OPPORTUNITY. Department of Health
Data in Action
BRFSS ACEs Workgroup

New York State Department of Health:
• AIDS Institute
• Division of Chronic Disease
• Bureau of Family Health
• Bureau of Occupational Health and Injury Prevention,
• Center for Environmental Health
• Bureau of Social Determinants of Health
  Center for Community Health
• Division of Nutrition
• Office of Minority Health and Health Disparities Prevention
• Office of Public Health Practice
• Office of Public Health
• Office of Rural Health

New York State Council on Children and Families
New York State Office of Alcoholism and Substance Abuse Services
New York State Office of Mental Health

Integrating Adverse Childhood Experiences (ACEs) Science to Address Substance Use Disorder Conference

<table>
<thead>
<tr>
<th>Leadership</th>
<th>Office for Public Health Practice &amp; Opioid Prevention Program Collaboration</th>
</tr>
</thead>
</table>
| Goals      | • Discuss ACEs impact on the risk of substance use disorder  
              • Explain how addressing ACEs can influence treatment  
              • Provide examples of ACES integration in treatment settings |
| Details    | • Dr. Daniel Sumrok of the University of Tennessee, leading researcher in  
              integrating ACEs and substance use disorder treatment  
              • Featured examples from across New York of ACEs integration into care  
              • Tabletop exercise on how to integrate ACEs into health department activities |
| ACEs Role  | • New York ACEs data presented to provide a foundational understanding of the  
              problems faced across the state |
Prominent Uses

Presentations
• Prevention for States and Data Driven Prevention Initiative grantees meeting
• Integrating Adverse Childhood Experiences Science to Address Substance Use Disorder Conference
• New York State Department of Health (NYSDOH), Center for Community Health Division Seminar
• NYSDOH, Center for Environmental Health Directors Rounds
• NYSDOH, Regional Office Directors Presentation
• NYSDOH, BRFSS General Workgroup
• NYSDOH, Injury Community Implementation Group biannual meeting
• Centers for Medicare and Medicaid Services Rural Health Council site visit
• ProjectTEACH (Training and Education for the Advancement of Children’s Health) conference
• Safe States Alliance Annual Meeting 2018
• Northeast and Caribbean Injury Prevention Network Meeting

Other
• New York State Prevention Agenda
• Various grant applications to address resiliency and primary prevention
• Cited in the New York Times in an Op-ed piece by Governor Andrew Cuomo
• Child Abuse and Neglect Report:
Future Goals

- Work with partners on the primary prevention of ACEs
- Work with partners on addressing ACEs
- Collect and analyze additional ACEs data
- Continue to disseminate ACEs findings
- ACEs and substance use Integration activities
  - Train staff at state funded Drug User Health Hubs in trauma informed care
  - Integrate ACEs into prescriber education initiatives
  - Integrate ACEs lens into overdose related media campaigns
Thanks!

This work has been a collaborative endeavor, accomplished using assistance from the following grants from the Centers for Disease Control and Prevention:

- NU17CE924845-02/03, Core State Violence and Injury Prevention Program (Core SVIPP)
- NU17CE002742-02, Prevention for States (PfS)

The contents of this presentation are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.
Questions?
• ASTHOBrief on primary prevention strategies for ACEs:
  • http://www.astho.org/generickey/GenericKeyDetails.aspx?contentid=20515&folderid=5150&catid=7184
• ASTHO’s Essentials for Childhood Policy Guide:
  • http://www.astho.org/prevention/essentials-for-childhood-policy-guide/
• ASTHO’s Early Brain Development Technical Assistance Framework and Database:
  • http://www.astho.org/earlybrain/Library/
• Upcoming ASTHOCOnnected on lead exposure and early brain development
• ASTHO Experts Podcast on ACEs/Early Brain Development
  • Coming soon!
Help ASTHO evaluate by visiting bit.ly/prevaces on your device now!