

“Taking ACES Upstream”

State Chapter/Prevent Child Abuse America Affinity Group

Final Report (Oct. 10, 2019)

Background: The findings and continued research from the Adverse Childhood Experience Study (ACES) have identified groundbreaking correlations between a child experiencing early trauma or “toxic stress” and a wide array of poor health and life outcomes, across the entire age span. The Study has led to a variety of significant reform efforts in health care, social services and child welfare, primarily focused on educating staff about “trauma-informed care” and identifying ways to ameliorate the impact of early trauma after it has happened.

For the network of Prevent Child Abuse America (PCAA) state chapters focused on prevention of child abuse and neglect, the findings from the ACE research have helped raise awareness about the harmful impact of child abuse on future outcomes and engaged additional stakeholders in our work, influenced by the fact that 2/3 of Americans have experienced at least one of the ten “adverse experiences” from the ACE Study.

Many of our state chapters lead efforts or are participating in state reform efforts based on the ACE Study framework. However, based on discussions among chapter leaders, much of that focus has still been focused on reacting to ACEs after the fact -- on assessing ACE scores and discussing the downstream implications for children who have experienced early trauma. The promising work of “trauma-informed care” has been featured in the documentary film, Paper Tigers, and a 60 Minutes episode with Oprah Winfrey, and describes new tools for those who work with children. However, efforts to use the ACE Study to strengthen prevention are still in a relatively early stage of development.

The U.S. Center for Disease Control (CDC), through the Essentials for Childhood Initiative and the Preventing Child Abuse and Neglect - Technical Assistance Package, is spearheading efforts in several states to shift the efforts from the ACES “upstream” towards prevention. Many state PCA chapters are also creating new campaigns and strategies focused the mission of “prevention”.

In addition, in 2017, Congress passed the Families First Prevention Services Act. The Act provides eligible states with new funding designed to keep high risk youth from being placed into foster care. Federal guidelines are still being established to define what types of programs and strategies will be eligible for these new funds and states are taking different interpretations about whether the FFPSA can support prevention programs “further upstream” from direct entry into foster care. The Act has created new conversations across many states about the opportunities to expand prevention strategies and further supports the need for this report. However, despite the additional focus on “prevention”, youth at risk of foster care placement have already experienced abuse and efforts to strengthen true prevention – before children experience abuse - are still needed.

In 2018, PCAA created an “affinity group” of state chapter leaders interested in sharing ideas, information and strategies focused on the topic, “Taking ACES Upstream”. The goals were to strengthen

connections across the state chapter network and identify promising innovations and future strategies for both a national effort and the 50 state-chapter network to prevent child abuse and neglect and other forms of early childhood trauma. The final goal was to issue a report of recommendations for state and national policy to strengthen prevention of early childhood trauma based on the findings from the ACE Study and continuing brain science and research.

Process: The affinity group was chapter-driven with participation and support from key senior staff from the PCAA (Bart Klika, Chief Research and Strategy Officer, Marissa Morabito, Director of Policy and Anita Odom, Director of Chapter Services). Rush Russell, Executive Director for PCA-NJ, served as the convener/chairperson for the effort. The group held multiple meetings, covering the following topics:

- 1) Review of the Research: Led by Dr. Bart Klika, Senior Director of Research for PCAA, summarizing advances in research in the 25 years since the original ACE Study was first published, identifying promising areas related to prevention, and areas where additional research is still needed.
- 2) Perspective from the CDC: Led by Dr. Melissa Merrick, Senior Epidemiologist, Surveillance Branch, Division of Violence Prevention, CDC, about CDC efforts focused on strengthening prevention based on the ACE Study. It included information about the CDC's national initiative, Essentials for Childhood, as well as the CDC publication, Technical Assistance Package on the Prevention of Child Abuse and Neglect.
- 3) State Experiences with Essentials for Childhood: Presentations and discussion with two PCA Executive Directors (Vicky Roper, Kansas and Sharon Hirsch, North Carolina) representing state chapters participating in the Essentials for Childhood Initiative.
- 4) State-led Efforts to focused on the ACE Study and Reform: A presentation from Liz Cox, Executive Director of PCA-IA about the "ACEsConnection initiative" and its impact in Iowa and other states.
- 5) Review of the ACE Interface Master Training Initiative: A panel discussion among states which had participated in this Initiative, a "train the trainer" program to educate community members and stakeholder groups about the ACE Study and use the information to mobilize action.
- 6) Change in Mind Initiative: Presentation from Dr. Jennifer Jones about this multi-site demonstration program focused on educating leaders in large social service or health care provider systems on the advances in brain science and the ACE Study, who are then asked to use that information to reform policies and practices.
- 7) Other information: We also reviewed the publication from the National Council of State Legislators (NCSL – Preventing and Mitigating the Effects of Adverse Childhood Experiences) as well as information submitted from 30 state PCA Chapters about efforts in their states related to the ACE study, including use of the ACE index on states' Behavioral Risk Factor Surveillance Survey, showings of documentary films, Resilience and Paper Tigers, and other state-based efforts.

Current Efforts in the Field:

Many PCA state chapters have undertaken efforts to raise awareness about the ACE Study and the implications to strengthen efforts to prevent child abuse and other forms of early childhood trauma. The efforts can be generally classified into two major categories:

1) Efforts to raise awareness among key leaders and stakeholders about the ACE Study, and use that information to mobilize actions and reforms:

PCA state chapter leaders described significant value from efforts to raise awareness about the ACE study and use that information to advocate for reforms across key sectors -- child welfare, health care, early education, juvenile justice, social services and in general community settings (parent groups, youth-serving organizations, primary prevention campaigns). Several statewide initiatives were reviewed, with key common elements: a) Training staff and other stakeholders to train others about the ACE Study, b) Engaging stakeholder groups to participate in awareness sessions; c) Development of an overall strategy and content to mobilize actions; and d) Having resources/funding to lead and manage the initiative. One common approach was convening showings of the documentary films, "Paper Tigers" and/or "Resilience" to key stakeholder groups followed by facilitated discussions. More structured and comprehensive state initiatives showing promise included the CDC's Essentials for Childhood Initiative, the ACES Connection Initiative in Iowa, and the ACES Master Interface Initiative. See Appendix A for further description of these initiatives.

2) Specific policy and legislative reforms to strengthen prevention of early childhood trauma:

A number of states have passed new legislation, adopted reforms in policy and practice, or provided additional funding for research-based prevention programs, based on the ACE Study and state-led mobilization efforts. Several states have passed resolutions in their state legislatures highlighting the significance of the ACE Study to the development of future state policies affecting children and families. Many efforts have been undertaken to adapt systems in health care, child welfare and education around "trauma-informed care", which lead to changes in policies and practices to improve treatment strategies and promote resilience. Other examples include states increasing resources for evidence-based home visiting programs, as well as reforms identified in the CDC's TA Package that provide greater support for families, such as the Earned Income Tax Credit, family leave policies, subsidized child care, etc.

Themes for Consideration

- ✓ Educating key stakeholder groups about the ACE Study and brain science has been of value to strengthen public awareness and support for efforts to prevent early trauma and to mobilize more specific actions across key sectors.
- ✓ While there are many promising ideas to strengthen prevention, there does not appear to be single program or policy that should be required for adoption by every state. The CDC, NCSL, and others have published examples of legislative reforms to strengthen families and may reduce "toxic stress", but many are broad-based efforts that reduce economic insecurity and strengthen the safety net around basic needs.
- ✓ Each state, based on its own history, culture, politics, and funding, must be able to pursue priorities tailored to their own circumstances but based on a foundation of research about what will work to prevent early childhood trauma.

Recommendations:

- 1) **Support a national expansion of the Essentials for Childhood (EFC) Initiative currently sponsored by the CDC.** PCAA/state chapters should work together to advocate for additional funding for the CDC to expand the EFC to all states who wish to participate and meet appropriate application requirements. We would also recommend that eligibility for the lead agency not be limited to state health departments but also include departments of children and families or a qualified nonprofit agency designated by the state. The EFC provides a number of advantages to create a stronger, more cohesive national effort, using the findings from the ACE Study to strengthen the prevention of child abuse and other forms of early child trauma. Key elements of the EFC include:
 - a) Grant support that is necessary for states to lead and manage the initiative, convene other key stakeholders, monitor progress and adhere to research-based strategies.
 - b) A comprehensive four-part structure, based on research and the established scientific reputation of the CDC, that addresses key elements of prevention: The Initiative recognizes that prevention of child abuse and other forms of early childhood trauma is complex, and addressing the issue as a public health approach will require a combination ideas based on lessons learned from prior public health campaigns. The four parts include:
 - Raising awareness and commitment to promote safe, stable nurturing relationships and environments and prevent child maltreatment.
 - Using data to inform actions.
 - Creating the context for healthy children and families through norms change and programs.
 - Creating the context for healthy children and families through policies.
 - c) Flexibility at the state level to set priorities and strategy: While each state must base their efforts on a common framework and research, each state has its own unique culture, leadership, history and resources that must be taken into account. The EFC allows states to set their own priorities consistent with the four-part framework, which can strengthen buy-in and support, adapt to each state's strengths, and also create a natural level of innovation across the 50-state network. States will be able to use ideas and programs based on their own decisions, rather than being forced to use a single set of materials or programs mandated at the federal level.
 - d) Resources to support convening, technical assistance and evaluation: A significant advantage of a national effort led by the CDC is the major functions that the CDC performs for all of its major initiatives, which include bringing implementation sites together to review progress and discuss new ideas, the ability to monitor progress across multiple sites, the ability to provide national expertise and technical assistance that states may need, and finally, the ability to lead a national evaluation to measure outcomes. This new national effort, while being implemented with variation across many participating states, will require national leadership to maximize its impact and the CDC is uniquely qualified for this role.

2. Building on the research supporting the Essentials for Childhood, Prevent Child Abuse America and the state chapter network should partner with the CDC, the National Conference of State Legislators (NCSL), and other key stakeholder groups to support advocacy efforts at the federal and state level related to effective policies shown to prevent child abuse and neglect. The CDC identifies several policies related to strengthening economic supports for families that have shown correlations with reductions in the incidence of child abuse. Two examples include adjustments to the Earned Income Tax Credit (EITC) and efforts to expand “family-friendly business policies”. Several states have reported success in building new partnerships to strengthen prevention efforts by advocating for “family-friendly” business policies that engage the powerful voice of the business community in the overall effort. PCAA and state chapters should work together to identify priority strategies that have a base of leadership and political support that can enhance the opportunity for eventual adoption of policies at the state and/or national level.

3. PCAA and state chapters should work with NCSL and other stakeholders to educate state and federal and state legislators, as well as local elected officials, about the ACE Study, and the implications for policymaking related to children and families. Despite the groundbreaking research from the ACE Study and related brain science, many of the most influential leaders at the federal, state and local level – including elected members of Congress, state legislators, county and municipal leaders – are not aware about the Study and how it affects the future of children in their state. A priority effort should be undertaken to develop campaigns to educate our most important policymakers with this important new research.

4. In collaboration with other key stakeholder in field of early childhood health and development, Prevent Child Abuse America and state chapters should spearhead national and state public awareness campaigns to educate members of the general public about the ACE study and its implications for prevention of child abuse and other forms of childhood trauma. Over the past ten years, there have been growing efforts to educate policy leaders and professionals among organizations serving children and youth about the ACE Study and implications for treatment and prevention. Based on our review of the field, there are two important considerations: a) Despite efforts to date, most parents are not aware of the ACE Study and how it may affect their child’s future development. b) In addition, much of the efforts to raise awareness among professionals remains focused on what to do after a child experiences trauma and the need for additional counseling and treatment services. The ACE Study has powerful implications for parents, in their choices about parenting and the circumstances surrounding their children. Studies show parents want the best for their children but they are not aware about how their behavior and choices may affect the wiring of their child’s brain and their future success in life. If parents are made aware about ACES, it may increase opportunities for prevention – and change parents’ behavior that expose their children to toxic stress going forward. Such campaigns must be carried out with sensitivity as simply telling parents that their prior stress and circumstances may have already harmed their children carries obvious risks. However, there are lessons from other public health public awareness campaigns and from initiatives already underway to support a thoughtful but expansive national public awareness campaign. Because “ACES” engages a much higher percentage of the public than just abuse alone, use of the ACE Study can strengthen political will to support

broader investments in prevention as well as educate parents of young children about how their choices in parenting can further strengthen their child's future success.

In our review, we identified two significant "train the trainer" initiatives based on the ACE Study and building resilience in children, that have shown promise in dramatically expanding awareness and actions based on the ACE Study. These include the Connections Matter Initiative, developed by Dr. Linda Chamberlain and Prevent Child Abuse Iowa, and ACE Interface, developed by Drs. David Anda and Laura Porter.

5. PCAA and the state chapter network should advocate for a continued expansion and investment for programs to improve families access to evidence-based services that have been shown to prevent child abuse and other forms of early childhood trauma. As one example, evidence-based home visiting programs, such as Healthy Families America, have more than 25 years of rigorous research documenting their effectiveness in preventing child abuse and improving a broad array of child health and development outcomes for children and parents. However, these programs only reach a small percentage of families who could benefit from the services. Advocacy efforts should be supported to expand home visiting programs to reach a higher percentage of the birth cohort (through MIECHV as well as state-based efforts). Development of a universal system of home visiting, based on a tiered system, basing the number of visits to a families' needs, could strengthen the program's position as an anchor of prevention that supports every family and eliminate the perception (stigma) that the program only serves "low income families". In addition, expanding access to other research-based family support programs that reduce "toxic stress" in families, such as safe and stable housing, parenting education, mental health and substance abuse treatment services, nutrition programs and income support should also be supported.

6. Major stakeholder systems serving young children and their parents, especially early education and primary care, should receive training about adapting their policies and practices related to the ACE Study and systems of "trauma-informed or trauma-sensitive" care. Over the past 10 years, many professionals in systems serving children and youth, including child welfare, health care, and education have received training about trauma informed care. The training provides information about how providers can adapt their services recognizing prior trauma with a goal of preventing trauma and strengthening resilience among children who have experienced prior trauma. If these efforts are moved up to reach a high percentage of our youngest children 0-5, including schools and pediatric practices, we maximize the opportunity for prevention by reaching parents starting on day one and involving major systems – touch points – that serve children on a population basis.