

#### Acknowledgement

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

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Iris Smith, MPH, Ph.D. PTTC Associate



## Our Roadmap Today

- ✓ Learning Objectives
- ✓ Overview of the ACE Study
- ✓ Identifying Risk Factors
- ✓ An Expanded Framework for Prevention
- Evaluation Planning
- ✓ Additional Resources
- ✓ Feedback



### Learning Objectives



Demonstrate how adverse childhood experiences (ACE) data can be used to identify risk factors that contribute to substance misuse in a community.



Describe how ACE data can be used to measure the impact of prevention efforts.



Create a plan to advance the prevention of ACE with community-led prevention efforts.

### What is the ACE Study?

01/12/14 NEWS

#### Early Adversity Increases Physical, Mental, Behavioral Problems, Scientists Report





Dr. Robert Anda & Dr. Vincent Felitti Investigators

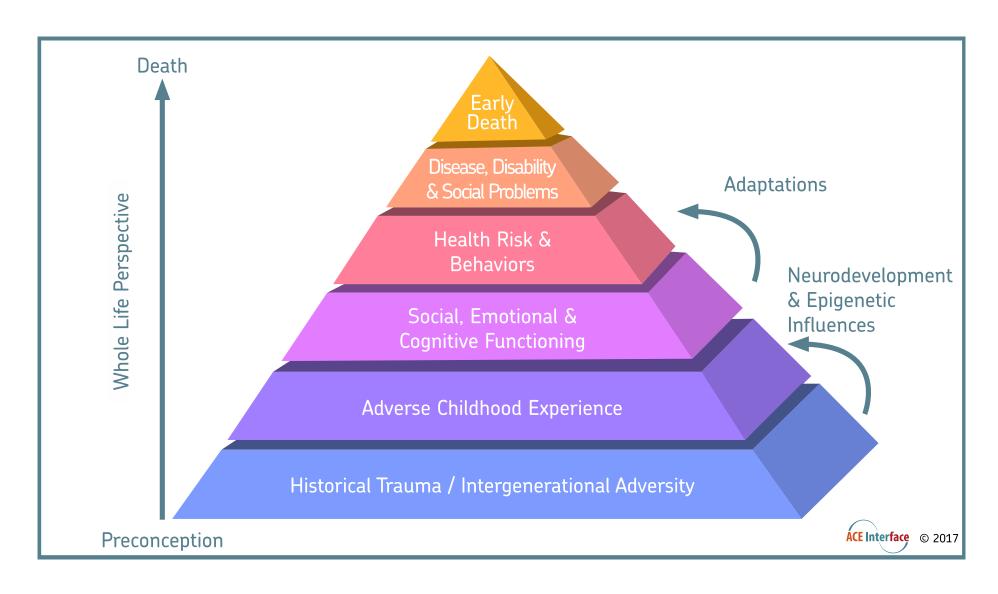
Centers for Disease Control & Prevention, Kaiser Permanente Study

Over 17,000 study participants

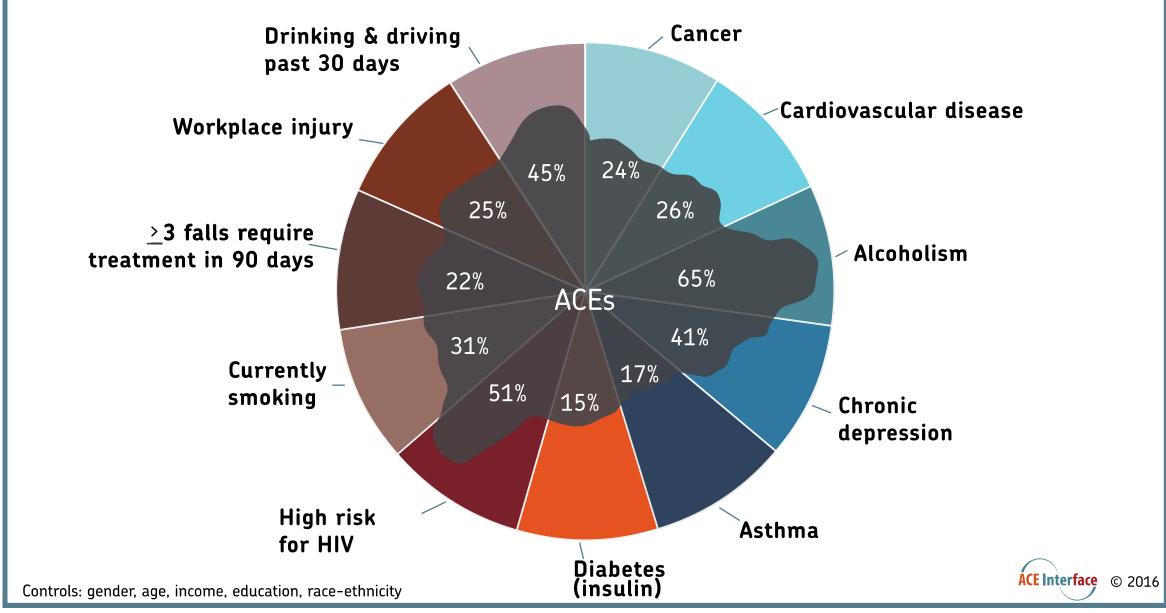
The ACE Study confirms, with scientific evidence, that adversity early in life increases physical, mental and behavioral problems later in life.

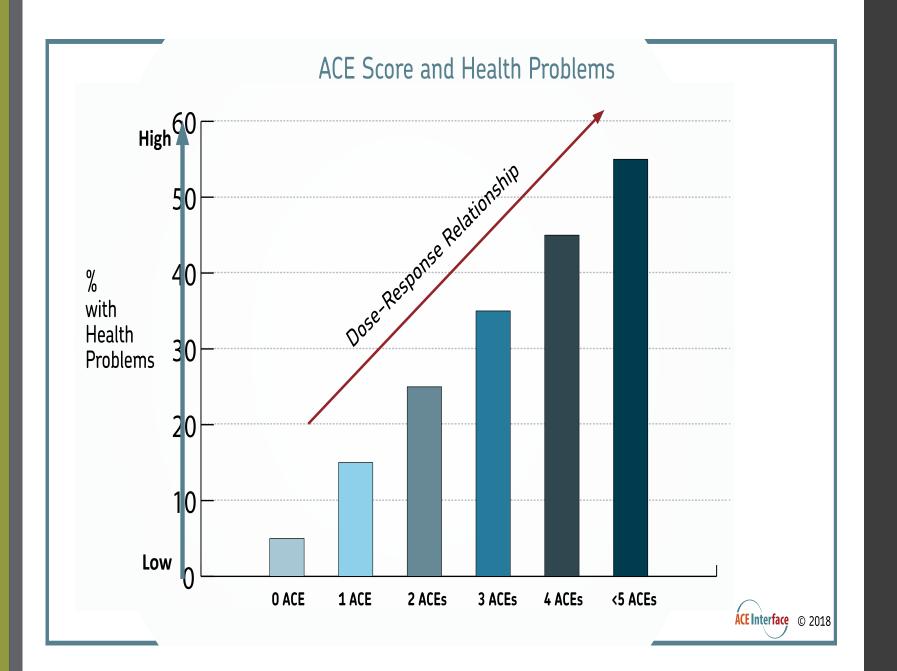


# The ACE Pyramid



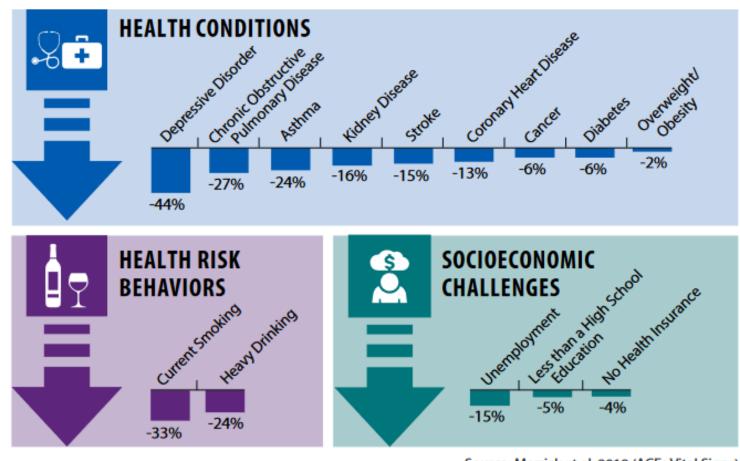






A Dose
Response
Relationship

# Potential Reduction of Negative Outcomes in Adulthood

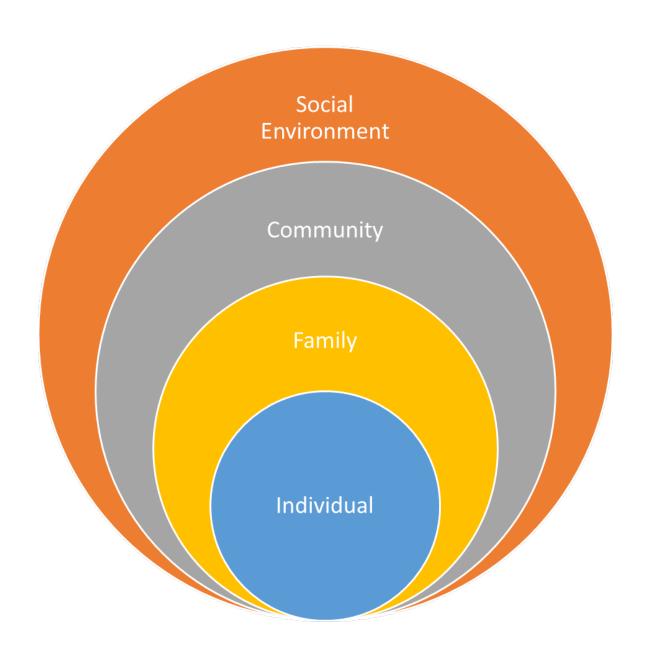


Source: Merrick et al, 2019 (ACEs Vital Signs)

# So, What Can Prevention Professionals Do?

When a flower doesn't bloom you fix the environment in which it grows, not the flower.

Alexander den Heijer



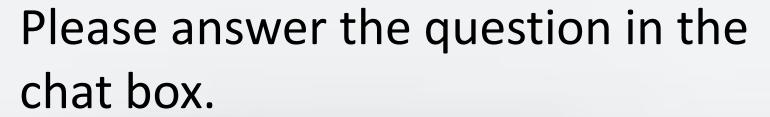
# Identifying Risk Factors for ACEs

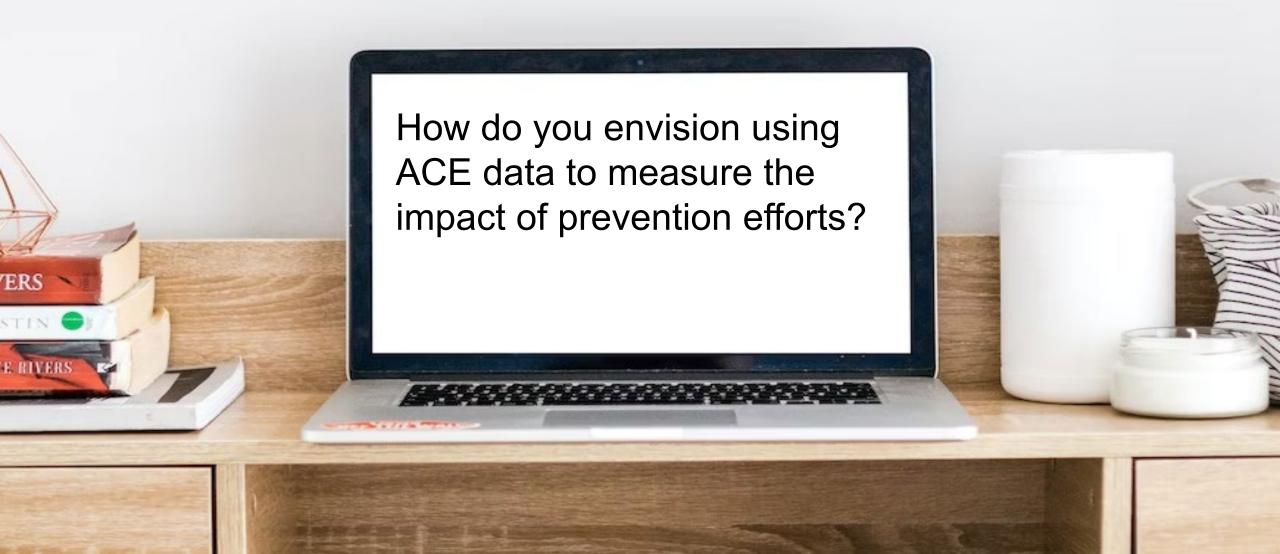


*"What is predictable is preventable."* 

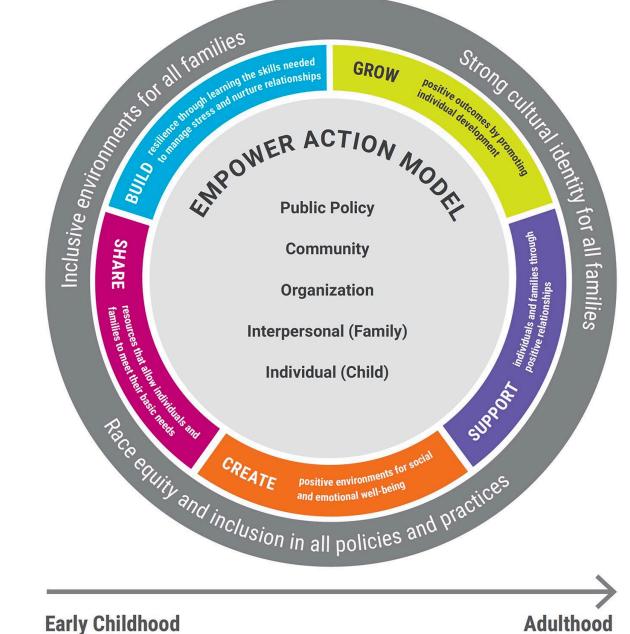
Anda and Felitti







# An Expanded Framework for **ACE** Prevention



Incorporating
ACE Prevention
into Your
Strategic Plan



### Step 1: Assessment

- Determine the ACE risk factors in your community.
- Examine national, state, and available local data.
- Select and prioritize prevention focus.

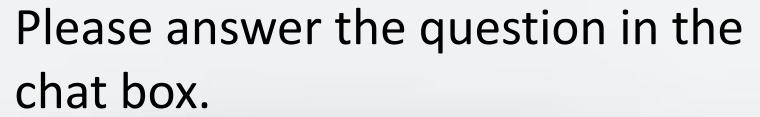


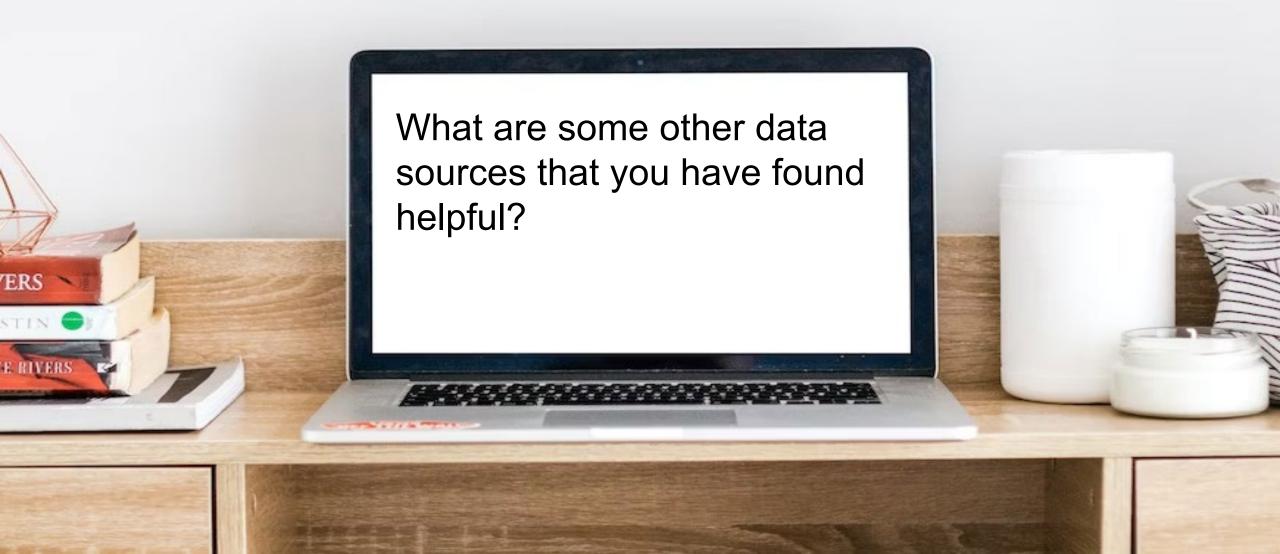


#### Potential Data Sources

- Behavioral Risk Factor Surveillance System (BRFSS)
- Youth Risk Behavior System (YRBSS)
- National Survey of Children's Health (NSCH)
- National Survey of Children's Exposure to Violence
- National Child Abuse and Neglect Data System





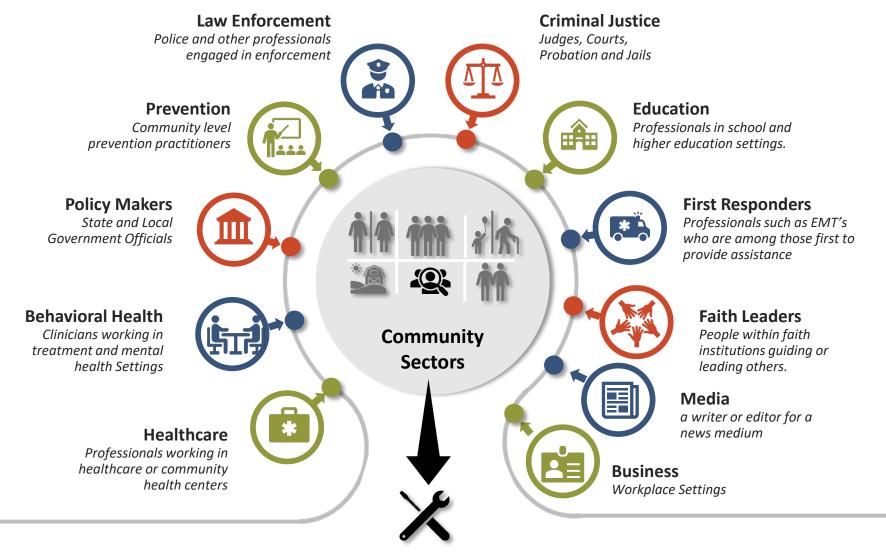


# Step 2: Collaborate and Build Capacity





#### Sectors



**EMPOWERMENT and RESILIENCE** 



Reconceptualizing our Prevention Efforts to Include the Prevention of ACE.



## Step 3: Planning

- Select the prevention target
- Review evidence-based strategies that "fit" your community
- Select a strategy(ies) that is a good conceptual and practical fit for your community.

## Step 4: Implementation

- Select indicators that will tell you that the strategy is being implemented according to the plan (fidelity).
- Identify benchmarks that will help you monitor the progress and quality of implementation.





# Evaluation Planning: Selecting Indicators

An indicator is *measurable* information used to determine if a program, practice, or policy is implemented as expected and is achieving desired outcomes.



# How Will You Know Your Program Has Been Successful?



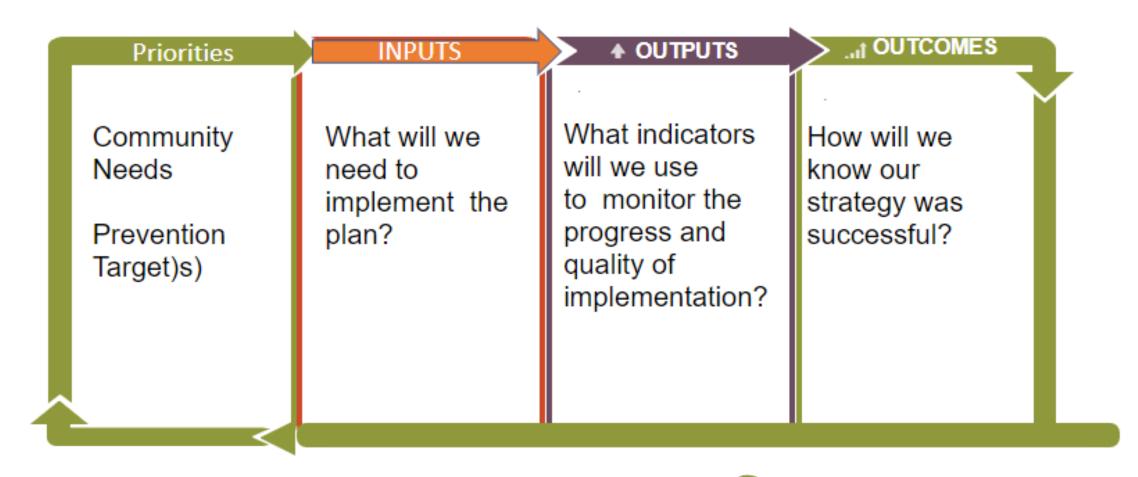
- ✓ Does the indicator logically relate to the problem and its desired outcomes?
  - ✓ Risk Factor?
  - ✓ Protective Factor?
  - ✓ Context?
  - ✓ Is it measurable?
  - ✓ Do you have the capacity to measure it?

#### Creating a Monitoring and Evaluation Plan

Is the intervention Measurable Monitoring being "products" implemented as **Implementation** (outputs) intended (fidelity)? Example: Was the same material presented in the same number of sessions over the same time frame using the same methods? Did the program reach its intended audience? Did anything **Short- and** change as a Long-term **Outcome Evaluation** result of the **Outcomes** prevention strategy(ies)

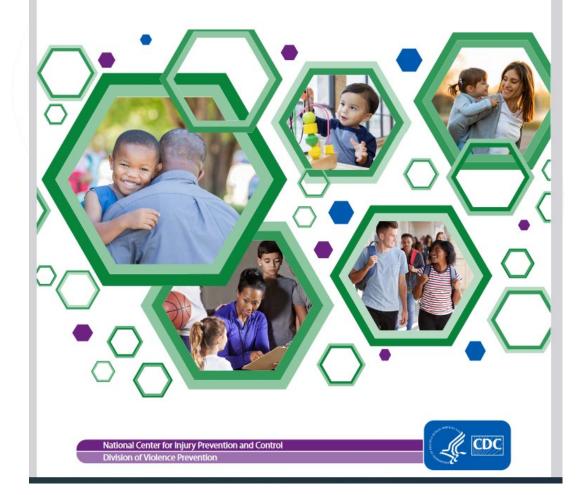
Example: Did participants who participated in the program change their behavior?

## Creating a Logic Model



#### **Preventing Adverse Childhood Experiences (ACEs):**

**Leveraging the Best Available Evidence** 



Six Strategies for Preventing Adverse Childhood Experiences



# Six Strategies for Preventing Adverse Childhood Experiences

#### **Six Strategies for Preventing Adverse Childhood Experiences**



Strengthen economic supports for families



Promote social norms that protect against violence and adversity



Ensure a strong start for children



Enhance skills to help parents and youths handle stress, manage emotions, and tackle everyday challenges



Connect youths to caring adults and activities



Intervene to lessen immediate and long-term harms



# Intervene to Lessen Immediate and Long-term Harms



## Creating a Logic Model

#### **PRIORITIES**

#### Needs:

Intervene to lessen immediate and long-term harm of ACE

Goal: Increase community awareness of risk & protective factors

#### **Objectives:**

- Improve recognition of potential ACEs
- 2. Increase mental health supports for children
- 3. Increase help-seeking
- 4. Reduce suicidal thoughts

#### **INPUTS**

- 1. Develop educational materials for parents and school staff
- 2. Engage school system and other community gatekeepers in prevention efforts
- 3. Develop implementation plan

#### **♠** OUTPUTS

#### **Activities:**

- 1. Teach how to recognize symptoms of ACE exposure.
- 2. Model helpseeking behavior
- 3. Follow-up and referral (based on assessment)

#### **Participants:**

Students, parents, school staff, mental health, medical providers, and other gatekeepers in the education components.

#### outcomes

- Improved recognition of signs of ACEs
- Increase in support services for children experiencing ACEs
- 3. Increases in help seeking behavior in families and individuals
- 4. Increase in identification and referrals of children experiencing ACEs



#### Let's hear from you!

What are your questions?

How does ACE prevention fit within your prevention plan/activities?



#### Case Studies

Learning from Oklahoma's Adverse Childhood Experiences (ACE) Story, Case Study, CDC <a href="https://www.cdc.gov/violenceprevention/acestudy/pdf/ace\_case\_study\_oklahoma.pdf">https://www.cdc.gov/violenceprevention/acestudy/pdf/ace\_case\_study\_oklahoma.pdf</a>
Appropriating federal funding for prevention of ACEs. Oklahoma has strategically applied for, received, and disseminated federal funding to address childhood adversity. These efforts address the impact of ACEs and shed light on the importance of prevention and treatment.

Learning from Washington's Adverse Childhood Experiences (ACE) Story, Case Study, CDC <a href="https://www.cdc.gov/violenceprevention/acestudy/pdf/ACE\_Case\_Study\_Washington.pdf">https://www.cdc.gov/violenceprevention/acestudy/pdf/ACE\_Case\_Study\_Washington.pdf</a>
Washington was one of the first states to add the ACE module to their Behavioral Risk Factor Surveillance System (BRFSS) in 2009 to assess the prevalence of ACEs in its adult population and inform prevention action. This case study highlights how Washington supported state-specific ACE data collection, how they used their data to inform prevention efforts and provides examples of Washington's next steps in child maltreatment prevention work.

Learning from Wisconsin's Adverse Childhood Experiences (ACE) Story, Case Study, CDC <a href="https://www.cdc.gov/violenceprevention/acestudy/pdf/ACE">https://www.cdc.gov/violenceprevention/acestudy/pdf/ACE</a> Case Study Wisconsin.pdf
Collecting ACE data provides the platform for a common language and directs prevention. Wisconsin utilized their ACE data to develop common language around child maltreatment that kept practitioners focused on the same goal, contributing to collaboration and prevention actions across multiple sectors.



For further questions, contact:

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Products and resources

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