

Learning from Oklahoma's Adverse Childhood Experiences (ACE) Story



Why is research on Adverse Childhood Experiences¹ (ACEs) important?

- Negative childhood experiences are related to major risk factors for the leading causes of illness and death and poor quality of life among adults.
- ACEs are common among all segments of the population.
- ACEs are connected. People who report any ACE are likely to experience adversity in other categories.

For more information on the ACE Study, results, and implications for public health and violence prevention efforts see [ACE Infographic](#) and the [CDC ACE website](#).

1. Felitti V, Anda R, Nordenberg D, Williamson D, Spitz A, Edwards V, Koss M, Marks J. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine* 1998;14:245-258.

There are many childhood and adolescent experiences that can have a tremendous impact on lifelong health and opportunity. For example, exposure to violence as a child has been linked to a host of poor outcomes. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs). This case study briefly highlights how the state of Oklahoma supported ACE data collection and used their data to inform child maltreatment prevention efforts. It also provides examples of Oklahoma's next steps in their child maltreatment prevention work.

How was Oklahoma able to collect ACE data?

Oklahoma established a strong case for collecting ACE data.

Oklahoma wanted a broader understanding of risk factors associated with poor behavioral health outcomes among their population so that they could strengthen their primary prevention efforts. In order to stop poor outcomes before they occurred, Oklahoma needed data that could highlight associations between early life experiences and adult health outcomes.

Example: Addressing data gaps to help shift the focus from treatment to prevention. Oklahoma's workgroup on the behavioral health of children understood the need for population-level, risk factor data to guide prevention efforts. Realizing that ACE data could fill existing data gaps, the workgroup advocated for the inclusion of the ACE module in [Oklahoma's Behavioral Risk Factor Surveillance Survey \(BRFSS\) in 2012 and 2014](#). Collecting population-level ACE data was an actionable step toward informing their child maltreatment and behavioral health prevention efforts.

Oklahoma utilized partnerships to move ACE data collection forward.

Oklahoma needed partners to champion prevention efforts informed by ACE data. This required manpower and funding. Oklahoma appealed to state agencies in the child welfare, juvenile justice, and mental health sectors by meeting with them and showcasing the importance of ACE data in the context of the agencies' priorities.

Example: A multidisciplinary ACE workgroup was created. Individuals from multiple sectors in the health department were invited to participate in a new ACE workgroup. They convened to discuss moving ACE data collection forward by studying the steps taken by other states. The workgroup collaborated with stakeholders and agencies to understand and ensure that everyone's interests were reflected in the data collection and analysis processes.

How is Oklahoma using their ACE data to inform prevention action?

Analyzing and sharing data to unify stakeholders. Oklahoma is strategizing on how to present ACE data to appeal to a broad audience, including both those with specific interests in ACEs and those who are less familiar. These efforts will pave the way for future collaborative action steps.

CASE STUDY



Keys for Success in Oklahoma:

- Addressing gaps in existing data and advocating for the inclusion of the ACE module in the state's Behavioral Risk Factor Survey in 2012 and 2014
- Spreading the message about ACEs and related health outcomes through workgroup formation and meetings
- Unifying child adversity and maltreatment prevention across multiple sectors and framing ACE data collection as a priority for those agencies
- Collecting, analyzing, and interpreting data that can inform prevention action

If you would like to read more about ACEs and prevention, the following resources may be helpful to you: [ACE Infographic](#), [CDC ACE website](#), [CDC Essentials for Childhood website](#), or [the National Center for Community-Based Child Abuse Prevention](#).

Example: Connecting agencies to use ACE data in ways that are meaningful across sectors. Oklahoma's ACE workgroup used the ACE data to unify agencies from multiple sectors, including key members from the Department of Mental Health and Substance Abuse and Family Support and Prevention Services. Each of these players has brought high energy, interest, and buy-in toward the goal of understanding how ACEs affect the lifelong health and well-being of Oklahoma's citizens. These collaborations will guide the development of Oklahoma's ACE data briefs and prevention initiatives.

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.

Example: Using funding to support efforts to buffer and prevent the effects of ACEs. Oklahoma's Department of Mental Health and Substance Abuse Services was awarded a grant from the US Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) to support the initiative, [Strengthening Hope and Resiliency Everyday \(SHARE\)](#). SHARE raises awareness about ACEs and other childhood trauma, and provides examples of ways to build community resiliency to prevent and treat adverse childhood experiences.

What are the next steps for Oklahoma?

- The ACE workgroup plans to finalize ACE data briefs. These briefs will be used to educate the public and different sectors about the prevalence and impact of ACEs in the state. The data briefs will unify additional partners with a common goal to understand and intervene with ACEs in Oklahoma, and may be used as a tool to justify the appropriation of additional ACE prevention resources.
- Information about ACEs was used to inform the [Oklahoma State Plan for the Prevention of Child Abuse and Neglect 2014-2018](#), which establishes a vision to improve children's environments and development in order to decrease child maltreatment. The Oklahoma State Plan is focused on creating a culture of change that emphasizes the health, safety, and well-being of Oklahoma's children.
- Oklahoma is focused on building capacity for the primary prevention of ACEs. As outlined in [Oklahoma statutes](#), primary prevention involves the implementation of programs and services designed to promote the general welfare of children and families. In a partnership focused on such capacity building, Oklahoma's State Department of Health plans to collaborate with the University of Kansas Center on Public Partnerships and Research to pilot the [Lemonade for Life](#) program. The program trains home visitors and other professionals how to use an ACE screening tool and provide trauma-informed prevention approaches.

Summary

Healthy child development is essential for life-long health, and life-long health is essential for a prosperous America. Realizing the important role of public health and partners in child maltreatment prevention work, Oklahoma was able to increase attention and buy-in to collect ACE data, a necessary step in raising awareness and informing prevention efforts. Oklahoma is committed to assuring that all children reach their full health and life potential by assuring safe, stable and nurturing relationships and environments, and [other protective factors](#) for all Oklahoma children.