The landmark Adverse Childhood Experiences (ACEs) study, a retrospective case control design with over 17,000 adult participants, demonstrated that early trauma including child abuse and neglect, exposure to domestic violence, growing up in a household with substance abuse or mental illness are common experiences that often cluster (Felitti et al, 1998). ACEs were predictive, in a dose response relationship, of leading public health problems including suicide, substance abuse, obesity and depression. Worldwide, ACEs are recognized as leading social determinants of health. More than 20 states have collected population-based data through their participation in the United State's Behavioral Risk Factor Surveillance System (BRFSS), the largest telephone survey in the world. The State of Alaska added the ACEs module to their BRFSS survey in 2013. While slightly more than one-third (35.6%) of adult Alaskans disclosed zero ACEs, more than 1 out of 4 (27.4%) indicated that they experienced 3 or more ACEs before the age of 18 year old (Alaska Department of Health and Social Services, 2014). Comparison of BRFSS data for Alaska to a study combining BRFSS data for five other states indicated higher rates of several childhood adversities (Centers for Disease Control and Prevention, 2009). Population attributable risk fractions indicated that ACEs are responsible for significant proportions of leading Alaskan public health concerns including heavy and binge drinking, smoking tobacco, poor physical health and asthma. These data suggest a downward trend in the prevalence of ACEs among older Alaskans compared to young adults. Data from the 2011-2012 National Survey of Children’s Health on the prevalence of ACEs among Alaskan children will also be discussed. This workshop will examine the data on the prevalence of ACEs in Alaska within the context of a statewide initiative to educate service providers and communities about ACEs.

References

