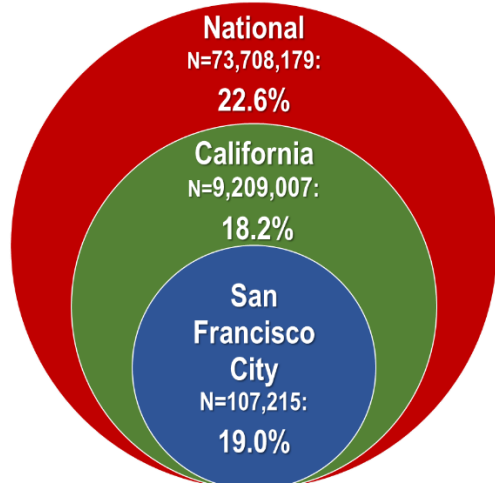


## Adverse Childhood Experiences Among San Francisco & California Children

Adverse childhood experiences (ACEs) have been found to have a direct and synergistic impact on the healthy development and lifelong health of individuals. ACEs evaluated in prominent studies include experiences ranging from extreme poverty, family problems, to experiencing violence, abuse, and discrimination Table 1.<sup>1</sup>

### Children & Youth with 2+ Adverse Childhood Experiences (ACEs)



One of five children in the San Francisco City have 2 or more ACEs (n~20,370)

Table 1. State and National Level Prevalence of Adverse Childhood Experiences Items Among Children, Age 0-17 yrs.

Adverse Child or Family Experiences (ACEs) Items	California	National
Extreme economic hardship	22.4%	25.7%
Family disorder leading to divorce/separation	16.6%	20.1%
Has lived with someone who had an alcohol/drug problem	10.8%	10.7%
Has been a victim/witness of neighborhood violence	7.7%	8.6%
Has lived with someone who was mentally ill/suicidal	5.4%	8.6%
Witnessed domestic violence in the home	6.7%	7.3%
Parent served time in jail	5.4%	6.9%
Treated or judged unfairly due to race/ethnicity	4.1%	4.1%
Death of parent	2.4%	3.1%
Child had $\geq 1$ ACEs (1/more of above items)	44.3%	47.9%

Even decades after ACEs have occurred, studies demonstrate a strong dose-response effect between the experience of ACEs and adult health.<sup>2</sup> Burgeoning neuroscience, biologic, epigenetic and social psychology studies reveal potential mechanisms for this enduring impact.<sup>3</sup> Promising methods to promote resilience and prevent or ameliorate the impact of ACEs are also evolving rapidly and focus on developing resilience and safe, stable, nurturing relationships in the home and community.<sup>4</sup> Many studies on ACEs have been retrospective in nature, asking adults to recall their childhood experiences and then examining the prevalence of various chronic conditions and economic outcomes. The recent 2011/12 National Survey of Children's Health (NSCH) now provides a first ever profile of ACEs among US children ages 0-17 years (Table 1).

<sup>1</sup> The Child and Adolescent Health Measurement Initiative: Data Brief on Adverse Childhood Events Among California's Children. Accessed on April 2, 2014. www.cahmi.org

<sup>2</sup> Felitti VJ (2009). Adverse Childhood Experiences and Adult Health. Academic Pediatrics. May-June; 9(3):131-132.

<sup>3</sup> Hertzman C, Boyce T (2010). How experience gets under the skin to create gradients in developmental health. Annu Rev Public Health; 31:329-47.

<sup>4</sup> Sege, R, Linkenbach, J. Essentials for Childhood: Promoting Healthy Outcomes From Positive Experiences; June 1, 2014. Pediatrics v133,n6.

Note: Adverse Childhood Experiences (ACEs) is a composite measure that includes items listed in Table 1.






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# San Francisco ACEs Profile

## For Children 0-17 years old

Data from the National Survey of Children's Health 2011-2012 ([www.nschdata.org](http://www.nschdata.org))

### What Matters and What Can We Do?

	San Francisco City	California	Measures for kids 0-17 yrs. old:
 <p>Improve the % of kids who live in communities that feel...</p> <p>Safe: <b>84.1%</b></p> <p>Supportive: <b>79.9%</b></p>			- Community is usually/always safe.
 <p>Improve the % of kids (6-17 yrs) who are...</p> <p>Engaged in school: <b>85.3%</b></p> <p>Repeated a grade: <b>5.3%</b></p>			- Lives in a supportive neighborhood.
 <p>Improve the % of kids who have an adequate Medical Home:</p> <p><b>48.5%</b></p>			- Child has a Medical Home defined as comprehensive, coordinated, family-centered care.
 <p>Improve the system of care for kids with...</p> <p>Chronic conditions: <b>16.3%</b></p> <p>Chronic mental health problems: <b>5.5%</b></p>			- Child has a special health care need lasting 12 months or longer (shown as "chronic conditions")
 <p>Cultivate positive traits - like kids who show resilience (6-17 yrs):</p> <p><b>68.8%</b></p>			- Child has an emotional/ behavioral/ developmental problem lasting 12 months or longer (shown as "chronic mental health problems").
			<b>Measures for kids 6-17 yrs. old:</b> <ul style="list-style-type: none"> <li>- Child is usually/always engaged in school,</li> <li>- Child has repeated a grade.</li> <li>- Child usually/always stays calm &amp; in control when faced with a challenge (shown as "resilience").</li> </ul>

*Building resilience and safe, stable, nurturing relationships is key!*

## History is not Destiny

*This involves all of us...*

ACEs can have a life-long impact of chronic stress, trauma, and poor health lasting through adulthood, but...

- Fact #1:** Among children with any ACE, those who witnessed neighborhood violence were least likely to have a protective home environment, an adequate medical home, and to be engaged in school.\*
- Fact #2:** School performance goes hand-in-hand with ACEs. Compared to school-aged kids with 2+ ACEs, those with no ACEs are 1.3 times more likely to be engaged in school & 3 times less likely to repeat a grade.\*
- Fact #3:** Among kids with ACEs, those who do not have a family-centered medical home are 41% less likely to be engaged in school, 55% more likely to repeat a grade, and are 41% less likely to exhibit resilience.\*
- Fact #4:** Kids with ACEs are more likely to have chronic health problems & to have parents with poor health. For instance, those with 2 or more ACEs are 2 times more likely to have chronic conditions, and 5 times less likely to have a mother in good health.\*
- Fact #5:** Resilience can be learned and buffers the negative impacts of ACEs. Among kids with 2+ ACEs, those who show resilience are much more likely to be engaged in school & less likely to repeat a grade.\*

Abbreviations: ACEs = Adverse Childhood Experiences. 2+ ACEs = 2 or more of 9 adverse child or family experience items.

\* Even after adjustment for chronic conditions (when it's not the outcome), socio-economic & demographic characteristics, differences are statistically significant.

Source 1: The Child & Adolescent Health Measurement Initiative. Data Resource Center: Data Query. Accessed on Oct. 9, 2014.

Source 2: Bethell C, Newacheck PW, Hawes E, Halfon N. Population-based finding on childhood trauma and resilience. Under edit for publication.