Data in Action

USING DATA TO EXPAND PERSPECTIVES ON CHILDHOOD ADVERSITY AND WELL-BEING IN CALIFORNIA

When the CDC/Kaiser Permanente Adverse Childhood Experiences (ACEs) study was first published in 1998, it changed our understanding of the prevalence of child abuse and neglect and the consequences for adult health. The results showed that two-thirds of an insured, employed population in Southern California had experienced at least one ACE, and one in five had experienced three or more — greatly increasing their risk for adult health conditions such as alcoholism, depression, suicide attempts, and risk for sexual violence, among many others.

The findings were eye-opening, but raised a whole new set of questions. How could ACEs be prevented or mitigated in children before they damaged the health and well-being of adults? How could these findings move outside the clinical, one-on-one realm of doctor and patient to more community-wide, environmental prevention strategies?

In California, a CDC Essentials for Childhood grant was part of the response. The grant aligned well with a Collective Impact approach that brought early care and education partners together with a common agenda of preventing child maltreatment, conducting mutually reinforcing activities, and sharing data and outcomes. In late 2014, their efforts accelerated when the Center for Youth Wellness released a report — *A Hidden Crisis: Findings on Adverse Childhood Experiences in California* — that included county-specific ACEs data from a statewide survey conducted by the California Department of Public Health (CDPH). CDPH and its partners considered how these data could be made more accessible and useful to the many partners interested in improving child health and well-being at the county level.

With support from the Lucile Packard Foundation for Children’s Health, partners including the CDPH’s Safe and Active Communities Branch, ACEs Connection, and First 5 California collaborated to make county-specific

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ACEs data and Essentials for Childhood indicators more accessible through a data platform and dashboard.

The project is unfolding in several phases. In the first phase, currently underway, three separate county-level measures of childhood adversity will be combined on www.kidsdata.org (a statewide child health data website supported by the Packard Foundation). In addition to Behavioral Risk Factor Surveillance System (BRFSS) data on ACEs, these measures will include the Child and Adolescent Health Measurement Initiative (CAMI) National Survey of Children’s Health, which asked parents of children aged 12 and under about their exposure to ACEs to measure exposure in real time, instead of waiting until these children are adults. Another measure is the Maternal and Infant Health Assessment (California’s equivalent of PRAMS), which poses a series of questions about childhood adversity to post-partum women aged 18-34.

The second phase involves individuals selecting a short list of existing www.kidsdata.org indicators that are relevant to their Essentials common agenda and developing county-specific data dashboards to display these indicators. Future plans include identifying data gaps that could be filled with existing data and incorporating them into the www.kidsdata.org dashboards. For example, the child poverty measure does not currently take into account the effects of California’s social safety net programs (e.g., California Work Opportunity and Responsibility to Kids; temporary cash aid; the earned income tax credit; or the California Supplemental Nutrition Assistance Program). Similarly, several surveys (e.g., California Healthy Kids and the National Child Health Survey) collect responses related to childhood resiliency, but these are not available in a way that would be useful and accessible to local advocates and planners. Ultimately, the group hopes to stimulate broader discussions about childhood trauma and toxic stress — conversations that move beyond parent-child interactions to address the powerful role of communities, policies, and social norms in preventing child maltreatment. As data are transformed into more accessible and useful information, increased support can be generated from the public, legislators, and policy makers for policies that prevent ACEs more effectively, on a societal and community level.