NEW YORK

ACEs Data Opens Doors for Injury Prevention

SHARED RISK AND PROTECTIVE FACTORS (SRPF)

Many injury and violence-related issues are complex, interconnected, and often share the same root causes, such as poverty, inequity, and historical trauma. Understanding the overlapping or shared causes of injuries and violence can help public health professionals better address injuries and violence in all its forms.

A variety of factors can increase or decrease the likelihood of injury and violence. Risk factors make it more likely that people will experience injuries and violence. Examples of risk factors include rigid social norms about what is “masculine” and “feminine,” a lack of education and job opportunities, and family conflict. Protective factors can increase resilience when encountering risk factors and make it less likely that people will experience injuries and violence. Examples of protective factors include connections to caring adults or access to mental health and substance abuse services.

The New York State Department of Health’s Bureau of Occupational Health and Injury Prevention (BOHIP) addresses multiple injury and violence issues, including traumatic brain injury, motor vehicle crash injury, child abuse and neglect and opioid overdose. Their work in these areas is funded by CDC’s Core State Violence and Injury Prevention Program (SVIPP) grant and the Prevention for States (PfS) grant. In 2016 the SVIPP funding announcement specifically called for states to use a shared risk and protective factor (SRPF) approach.

While other CDC programs (e.g. DELTA and RPE) had been encouraging this approach for some time, this was the first time that a program within the NY BOHIP focused on this approach. New York was prepared for this call because they had already identified Adverse Childhood Experiences (ACEs) as an area of interest. Specifically, they decided to focus on surveillance of ACEs. While working on ACEs is just one aspect of a more comprehensive approach to addressing shared risk and protective factors, focusing on ACEs is a powerful way to help partners think about how upstream experiences can affect downstream outcomes. ACEs have strong research backing them as risk factors for many health, social, and behavioral outcomes. Individuals with high ACE scores are at increased risk for most kinds of violence and many types of injuries. Addressing ACEs can be an effective tool in taking a SRPF approach when used to look at multiple types of injury and violence and/or other health outcomes.
“ACEs are the catnip of public health. Once people get a whiff of it, they all want more!”

ADVERSE CHILDHOOD EXPERIENCES (ACES)

ACEs are stressful or traumatic events experienced in childhood, including abuse and neglect. They may also include household dysfunction, such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health and social problems throughout a person’s lifespan. ACEs are also cumulative, meaning the more ACEs a child is exposed to, the higher likelihood they will experience some numerous health, social, and behavioral problems later in life, including a shorter life expectancy. Preventing ACEs and providing support to those who have experienced them could have a significant positive impact on population health and longevity.

More information:

https://www.cdc.gov/violenceprevention/acesstudy/index.html

HOW THEY DID IT

In 2015, the BOHIP worked with staff from the Office of Public Health Practice and the Bureau of Chronic Disease Evaluation and Research to ensure that an 11-question ACEs module was included in the state's Behavioral Risk Factor Surveillance System (BRFSS) – a health-related telephone survey that collects statewide data about residents’ health-related behaviors, conditions, and services. Adding this number of questions required a significant investment and was supported by state resources.

With this new ACEs data, BOHIP epidemiology staff began a report focused on child abuse and neglect. At the same time, wider interest in ACEs across the health department and with other state agencies led to the creation of a second report based solely on ACEs. Entitled Understanding and Responding to Adverse Childhood Experiences in New York State, this report was a product of a state health department-wide working group that, as BOHIP staff enthusiastically shared, was made up of “Everyone!” In addition to the BOHIP – which analyzed data for the report – many other offices within the state health department partnered to develop the report, such as: the Offices of Alcoholism and Substance Abuse Services, Mental Health, Nutrition, Chronic Disease, Family Health, and Rural Health, as well as the Bureau of Social Determinants of Health, Minority Health and Health Disparities. Staff from every office and department could identify how ACEs made sense and affected their area of work. As one BOHIP staff person noted, “ACEs are the catnip of public health. Once people get a whiff of it, they all want more!”
HOW INJURY DATA LEADS TO ACTION

BOHIP’s initial work on ACEs data analysis in 2015 positioned them as leaders in the department-wide group and report development several years later. Excitement around ACEs and the report have led to requests for data from the ACEs report to be presented by epidemiologists in the BOHIP. The report was also used by New York State Governor, Andrew Cuomo, in a June 2018 opinion piece in the New York Times about childhood trauma. Further, it is not only ACEs data that is leading to action. Going forward, the BOHIP is starting a suicide prevention project using data from their state’s Violent Death Reporting System because they are seeing strong correlations between high ACE scores and depression which then connect to self harm and suicide.

THE RIGHT CONDITIONS FOR DATA TO ACTION

Many states may be interested in including the ACEs module on their BRFSS survey, but the cost and politics of doing so may make this difficult. Adding 11 questions can be both a financial and logistical challenge for the already long BRFSS survey, as other questions may need to be removed to make space for the ACEs module.

For New York, the $30,000 price tag that came with the ACEs module was supported by state sources. Additionally, the combined voices of the Bureau of Occupational Health and Injury Prevention (BOHIP), the Office of Public Health Practice (both of whom had spots on the Department’s BRFSS planning workgroup), and other programs within the DOH and its sister agencies made the recommendation more potent.

FIND YOUR FLOCK AND FLY TOGETHER

Shared risk and protective factor approaches are not new ideas. In fact, most states have organizations or groups who have already been doing this work and can amplify other similar efforts.

In New York, there was already interest in ACEs within the State University of New York (SUNY) School of Social Welfare. SUNY had been awarded a HEARTS (Healthy Environments and Relationships That Support) grant to address ACEs by the Healthy Federation of Philadelphia, with support from the Robert Wood Foundation and The California Endowment. SUNY had also been reaching out to state health department partners, including the state health improvement plan known as “The Prevention Agenda,” which is coordinated through the state’s Office of Public Health Practice (OPHP). Within the Prevention Agenda, addressing ACEs is named in multiple priority areas: preventing violence, promoting social emotional development in children, promoting wellbeing, and preventing mental and substance abuse disorders.

The BOHIP was able to offer their expertise to meet local needs in addressing ACEs identified by OPHP. Since the OPHP works across many health issues, the BOHIP had an avenue to influence issues outside of their typical realm, showcase their epidemiology capacity, and demonstrate what an important partner injury prevention is for broader public health achievements.
Relationships and shared buy-in are critical components of injury prevention programs’ ability to put their data skills to work. We can do great things with information, but skillfully navigating the broader contexts surrounding and influencing our work is crucial to its success.

**OPIOID CONFERENCE FOCUSED ON ACES**

To build on the public health approach being applied to the opioid epidemic, BOHIP wanted to increase understanding and awareness around ACEs as a factor in addiction and overdose. As a BOHIP staff member explained, “We noticed that folks were giving Narcan and using the prescription drug monitoring system, but not addressing ACEs. We’d been encouraging a more trauma-informed approach, but people didn’t know about ACEs and didn’t know what to do.”

To address these gaps in knowledge, BOHIP hosted an opioid conference focused on ACEs. They had a session describing the basics of what ACEs are and what the data show about ACEs in New York. They also had practitioner panels to discuss examples of how ACEs are being used in real-world settings. One example included substance abuse treatment facilities where ACE-based questions are used to inform treatment protocols. Another example was of a hospital system that has integrated trauma-informed care into its patient services. BOHIP successfully drew the connections between these two topic areas; they used data and staff expertise in ACEs from one program area (SVIPP) braided with funding and expertise in opioids in another program area (PfS) to create a conference addressing both topics.

**SUMMARY**

The NY BOHIP is a national leader in finding ways to use data on ACEs to catalyze relationships and drive educational programming that move injury and violence prevention efforts forward. The impact of ACEs and childhood trauma on all areas of health and well-being is enormous. By understanding the nature and extent of New Yorkers’ childhood risk factors, BOHIP has been able raise the profile of injury and violence prevention and have a more prominent voice in the conversations around how to promote safety in both children and adults. Next steps include using an ACEs lens in other areas, such as suicide prevention. As one NY staff member explained, “We are not nearly there with all the work, but we are certainly thinking along the lines of the shared risk and protective factor lens. We are seeing how we can connect some of the work we’re doing together, and seeing how if you do one thing it helps another.”