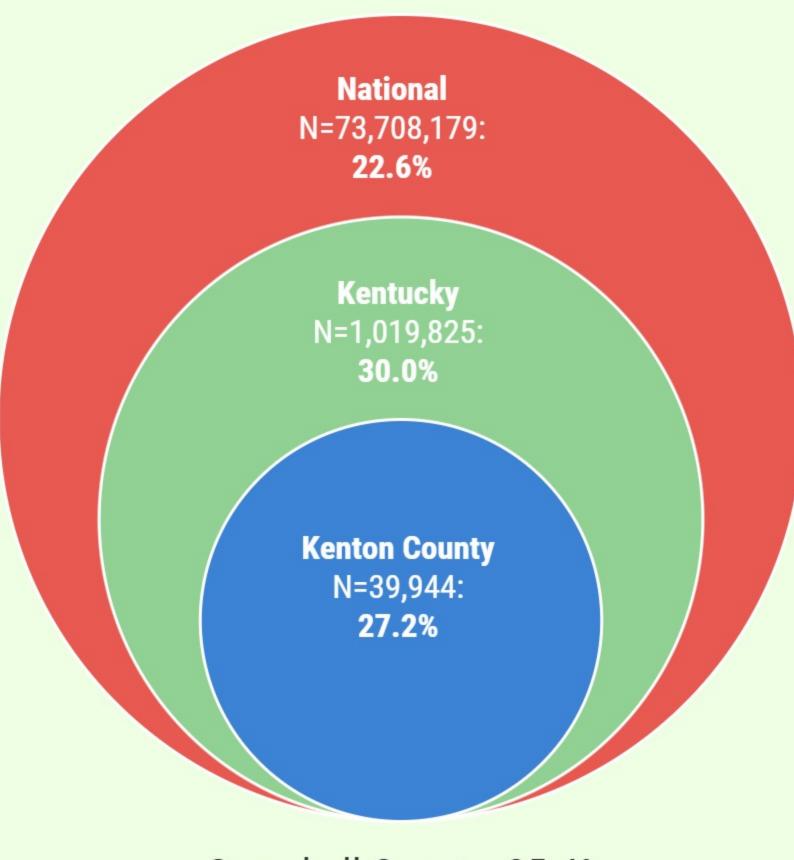


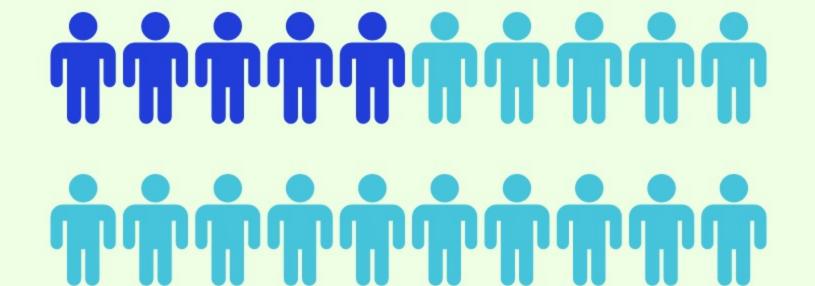
Adverse Childhood Experiences Among Kenton County & Kentucky's Children

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.¹





Campbell County: 25.4% Boone County: 22.7%



Over one fourth of children in Kenton County have 2 or more ACEs (n=11,000)

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

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Adverse Child or Family Experiences (ACEs) Items	Kenton	Kentucky	National
Parent served time in jail	10.9%	13.2%	6.9%
Treated or judged unfairly due to race/ethnicity	2.8%	3.7%	4.1%
Extreme economic hardship	27.4%	29.6%	25.7%
Has been a victim/witness of neighborhood violence	8.5%	9.3%	8.6%
Witnessed domestic violence in the home	9.1%	9.7%	7.3%
Has lived with someone who was mentally ill/suicidal	9.7%	11.1%	8.6%
Family disorder leading to divorce/separation	26.9%	28.9%	20.1%
Death of parent	3.6%	4.2%	3.1%
Has lived with someone who had an alcohol/drug problem	13.6%	14.4%	10.7%
Child had >1 ACEs (1/more of above items)	51.2%	55.3%	47.9%

Even decades after ACEs have occurred, studies demonstrate a strong dose-response effect between the experience of ACEs and adult health? Burgeoning neuroscience, biologic, epigenetic and social psychology studies reveal potential mechanisms for this enduring impact. 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.4

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).

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

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

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

⁴ 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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Kentucky ACEs Profile

For Children 0-17 years old

Data from National Survey of Children's Health 2011-2012 (www.nschdata.org) What Matters and What Can We Do?

	Boone County	Kenton County	Campbell County	Kentucky	
Improve the % of kids who live in communities that feel					
Safe: Supportive:	93.3% 86.7%	91.2% 83.8%	92.3% 85.0%	89.6% 81.6%	
Improve the % of kids (6-17 yrs) who are					
Engaged in school: Repeated a grade	81.3% 10.2%	78.3% 12.6%	79.7% 11.8%	77.5% 14.2%	
Improve the % of kids who have an adequate Medical Home:					
	61.4%	58.8%	60.2%	56.4%	
Improve the system of care for kids with					
Chronic conditions: Chronic mental health problems: Cultivate positive traits - like kids who		25.6% 9.6% ence (6-17 y	25.5% 9.1% /rs):	26.4% 11.3%	
	69.2%	65.1%	67.0%	62.5%	

Measures for kids 0-17 yrs. old:

- Community is usually/always safe.
- Lives in a supportive neighborhood.
- Child has a Medical Home defined as comprehensive, coordinated, familycentered care.
- Child has a special health care need lasting 12 months or longer (shown as "chronic conditions")
- Child has an emotional/behavioral/ developmental problem lasting 12 months or longer (shown as "chronic" mental health problems")

kids 6-17 yrs. old:

- Child is usually/always engaged in school,
- Child has repeated a grade.
- Child usually/always stays calm & in control when faced with a challenge (shown as "resilience").

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

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

History is not Destiny This involves all of us...

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

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.*





School performance goes hand-in-hand with ACEs. Compared to schoolaged 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 #4

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.*

Fact #5

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.*

Abbreviations: ACEs = Adverse Childhood Experiences.

Based on children with special health care needs (CSHCN) screener; CSHCN screener qualifying item about emotional, behavioral, developmental problems. * 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. Adverse childhood experiences: assessing the impact on health and school engagement and the mitigating role of resilience. Health Affairs. 2014 Dec; 33(12):2106-15.