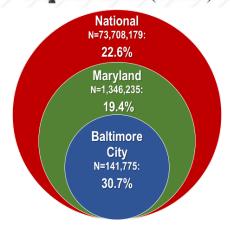
www.childhealthdata.org

Adverse Childhood Experiences Among Baltimore & Maryland'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 Table 1.¹

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



Howard County: 16.3%; Baltimore County: 21.8%

Nearly one third of children in Baltimore City have 2 or more ACEs (n=~43,500)

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

Adverse Child or Family Experiences (ACEs) Items	Baltimore City	Maryland	National
Extreme economic hardship	34.2%	20.1%	25.7%
Family disorder leading to divorce/separation	22.1%	16.9%	20.1%
Has lived with someone who had an alcohol/drug problem	10.2%	8.3%	10.7%
Has been a victim/witness of neighborhood violence	13.2%	7.9%	8.6%
Has lived with someone who was mentally ill/suicidal	11.1%	7.2%	8.6%
Witnessed domestic violence in the home	8.6%	6.3%	7.3%
Parent served time in jail	9.9%	6.1%	6.9%
Treated or judged unfairly due to race/ethnicity	6.4%	3.9%	4.1%
Death of parent	5.4%	2.7%	3.1%
Child had \geq 1 ACEs (1/more of above items)	56.3%	41.6%	47.9%

Even decades after ACEs have occurred, studies demonstrate a strong dose-response effect between the experience of ACEs and adult health.² Burgeoning neuroscience, biologic, epigenetic and social psychology studies reveal potential mechanisms for this enduring impact.³ 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).

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

Requested Citation: Child & Adolescent Measurement Initiative (2014). "Adverse Childhood Experiences among Baltimore and Maryland's Children." Data Resource Center, supported by Cooperative Agreement 1-U59-MC0680-01 from the U.S. Department of Health & Human Services. Health Resources & Services Administration, Maternal & Child Health Bureau. Retrieved from www.childhealthdata.com. Revised on 10/15/14.

¹ 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

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.

Baltimore ACEs Profile

For Children 0-17 years old

Data from the National Survey of Children's Health 2011-2012 (www.nschdata.org)

What Matters and What Can We Do?











Improve the % of kids who have an adequate Medical Home:

45.2% 55.3%		59.2%	57.2%
10.270	00.070	00.270	07.2



Improve the system of care for kids with

m 1.0/0	20.4% 6.3%	19.7% 6.1%
		m11070



Cultivate positive traits - like kids who show resilience (6-17 yrs):

56.0%

62.8%

66.3%

64.1%

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, family-centered 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")

Measures for kids 6-17 yrs. old:

- Child is usually/always engaged in
- 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!

History is not Destiny



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

This involves all of us...

- 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 performance goes hand-in-hand with ACEs. Compared to school-aged kids with 2+ Fact #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.*
- Among kids with ACEs, those who do not have a family-centered medical home are 41% less Fact #3: likely to be engaged in school, 55% more likely to repeat a grade, and are 41% less likely to exhibit resilience.*
- Kids with ACEs are more likely to have chronic health problems & to have parents with Fact #4: 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.*
- act #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.

