

Adam Crum  
Commissioner

dhss.alaska.gov



Department of Health  
and Social Services

Anchorage, Alaska

STATE OF ALASKA

PRESS RELEASE

FOR IMMEDIATE RELEASE:

Contact: Clinton Bennett, DHSS, 907-269-4996, [clinton.bennett@alaska.gov](mailto:clinton.bennett@alaska.gov)

## **Strengthening households prior to the birth of a new child is critical for preventing adverse childhood experiences**

November 16, 2020 ANCHORAGE — In a [recent study](#) published with data from Alaska, researchers from the Section of Women’s, Children’s and Family Health in the Alaska Division of Public Health (DPH) and the University of North Carolina at Chapel Hill have documented a strong relationship between pre-birth challenges mothers and families experience and the accumulation of adverse childhood experiences (ACEs) in their children.

The study was published in *Pediatrics*, the official journal of the American Academy of Pediatrics (AAP), and could help inform work in Alaska and nationally.

“The findings stress that an intergenerational approach is needed to address adverse childhood experiences, which we know are linked to poorer health outcomes,” said Alaska’s Chief Medical Officer Dr. Anne Zink. “By improving support to families who are expecting a new child, we can expect significant health gains for the new child and the whole family. Early intervention, even before birth, can result in long-term health gains as we work to prevent and reduce ACEs.”

Adverse childhood experiences are negative events or environments experienced during the first 18 years of life that can result in long-lasting trauma. Multiple ACEs during childhood have been linked with negative health and social consequences later in life. [At least five of the 10 leading causes of death are associated with ACEs](#) and links have been made with reduced life expectancy, heart disease, diabetes, obesity, suicide, cancer, substance misuse, mental health, poverty and involvement with the criminal justice system. A [recent study](#) suggests that by preventing ACEs, we could reduce heart disease by 13% and depression by nearly 44% in the United States.

The current study used surveys conducted shortly after pregnancy, a three-year follow-up survey and other already-collected data to study ACEs scores among Alaskan 3-year-olds. Some of the pre-birth household challenges considered in the study included financial challenges, housing stability, violence, someone close to the mother suffering from substance misuse, incarceration of mother or partner, divorce, mental health challenges and other concerns.

“We found that if a mother reported experiencing four or more pre-birth household challenges during approximately 12 months before birth, the child was 4.1 times as likely to have a higher average ACEs

score by age 3 years, compared to those reporting zero household challenges,” said Danielle Rittman, the study’s lead author.

Focusing on building safe, stable and nurturing environments for child rearing, the Centers for Disease Control and Prevention (CDC) has identified numerous strategies to [prevent ACEs](#). This research supports beginning those prevention efforts before the introduction of a new child.

“What is important for us to understand from this work is that children born into households facing multiple challenges may have an instantaneous ACEs score at birth. If we want to reduce the impact of ACEs, we have to implement prevention across generations,” said Dr. Jared Parrish, senior maternal and child health epidemiologist in the DPH and co-author. “With this research, we can focus our efforts by identifying households early that may need increased supports to build capacity, thus preventing subsequent costly interventions later in life.”

Factors that have been proven effective at protecting against and reducing the impact of ACEs include strong social supports, parenting competencies and efficacy, self-regulation, stable/adequate living environment, and positive community. [Research](#) here in Alaska also documents that, in light of adversity, households can mitigate impacts by taking these supportive steps. To learn more about this ongoing work here in Alaska please visit the [Alaska Longitudinal Child Abuse and Neglect Linkage \(ALCANLink\) project website](#).

Key findings from this study include:

- Nearly half (48.1%) of children born in Alaska during 2009-11 experienced one or more ACEs by age 3 years, among which, approximately a third (31%) experienced three or more.
- Household economic challenges, being reported for neglect and maternal mental illness were the most common individual ACEs experienced.
- Mothers who reported experiencing homelessness, incarceration of herself or her partner, intimate partner violence, and divorce/separation during the 12 months before birth were all strongly associated with an increased ACEs score at age 3 years of the birth child.
- A dose-response relationship was observed between the increasing number of pre-birth household challenges experienced and elevated ACEs scores of children at age 3 years.

Prevention starts by gaining an understanding of what ACEs are and how they can impact the life of a child and beyond. Here are tangible examples of ways to do this:

- Visit the [CDC website](#) and become educated on ACEs.
- Providers should consider engaging in a continuum of prevention across the lifespan and assess household challenges at multiple time points, partnering with agencies or programs providing resources to address identified challenges impacting their lives.
- Addressing ACEs should focus on improving economic capacity, supporting early childhood programs, teaching parenting skills, ensuring treatment availability and use, and normalizing positive parenting behavior.

The article is available online at:

<https://pediatrics.aappublications.org/content/early/2020/10/21/peds.2020-1303>

###