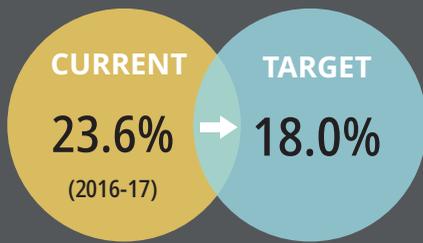


HEALTH INDICATOR 5: ADVERSE CHILDHOOD EXPERIENCES

DESIRED RESULT: IMPROVE CHILD WELL-BEING



DEFINITION

Percent of children who have experienced two or more of the following:

- Hard to get by on money
- Parent/guardian divorced or separated
- Parent/guardian died
- Parent/guardian served time in jail
- Saw or heard violence in the home
- Victim/witness of neighborhood violence;
- Lived with anyone mentally ill, suicidal, or depressed;
- Lived with anyone with alcohol or drug problem;
- Often treated or judged unfairly due to race/ethnicity

DETAILS

Measure relies on parental report of experiences or aspects of their children's lives

NC CHILDREN WITH 2+ ACES (2016-17)

23.6%

2030 TARGET

18.0%

RANGE AMONG NC COUNTIES

Not Available

RANK AMONG STATES

32nd*

DATA SOURCE

Children's National Health Survey

STATE PLANS WITH SIMILAR INDICATORS

Early Childhood Action Plan^L - indicator of safe and nurturing relationships

*Rank of 1st for state with lowest percent of children with 2+ ACES

Rationale for Selection:

Children's experiences of adversity and trauma can have lifelong impacts on health and well-being. Trauma-informed and resilience building practices are gaining attention and are being implemented to help children overcome their experiences and circumstances.^L

Context

Children thrive in safe, stable, and nurturing environments. Adverse experiences, such as exposure to trauma, violence, or neglect during childhood, increase the likelihood of poor physical and mental health as a child grows up.⁴⁸ The more Adverse Childhood Experiences (ACEs) an individual has, the greater the risk for health-related challenges in adulthood. This includes a higher risk for coronary heart disease, stroke, asthma, and chronic obstructive pulmonary disease, much higher risk of depression, higher rates of risky health behaviors like smoking and heavy drinking, and more socioeconomic challenges.⁴⁹ Research has shown that exposure to these Adverse Childhood Experiences (ACEs) can impact children's neurobiological development, negatively affecting their learning, language, behavior, and physical and mental health. Decreasing childhood exposures to trauma, building resilience, strong relationships with caregivers, and providing safe, stable environments can help children overcome the impact of ACEs.

While two-thirds of people have at least one ACE, the more ACEs a child accumulates the more at risk to chronic disease and risky health behaviors they become.⁴⁸ In North Carolina, almost 1 in 4 children ages 0-17 has experienced two or more ACEs, including 18% of children ages 0-5.^{M,50}

Disparities

Factors associated with greater risk of two or more ACEs for children in North Carolina include:

- **Living arrangements:** living with a caregiver other than their parents, those in non-married two parent households, and those in single mother households⁵⁰
- **Income:** children in low-income households
- **Care Needs:** Children with complex health care needs or emotional, behavioral, or developmental issues
- **Race and ethnicity:** African American or Other, non-Hispanic (i.e., not white, Asian, or Hispanic)

2030 Target and Potential for Change

North Carolina is currently tied at 32nd of the 50 states in the number of children with two or more ACEs, with 23.6% of children (with 1st representing the lowest percent of children with two or more ACEs). Aiming for a 25% decrease in this number by 2030, the HNC work group chose a target of 18.0% of children with two or more ACEs. In setting the ambitious target, they took into account data for the states with the lowest averages (2016-17 - California: 14.8%; Maryland: 15.6%; New Jersey: 15.6%), and the United States average (20.5%).

^L North Carolina Department of Health and Human Services. North Carolina Early Childhood Action Plan. February 2019. <https://files.nc.gov/ncdhhs/ECAP-Report-FINAL-WEB-f.pdf>

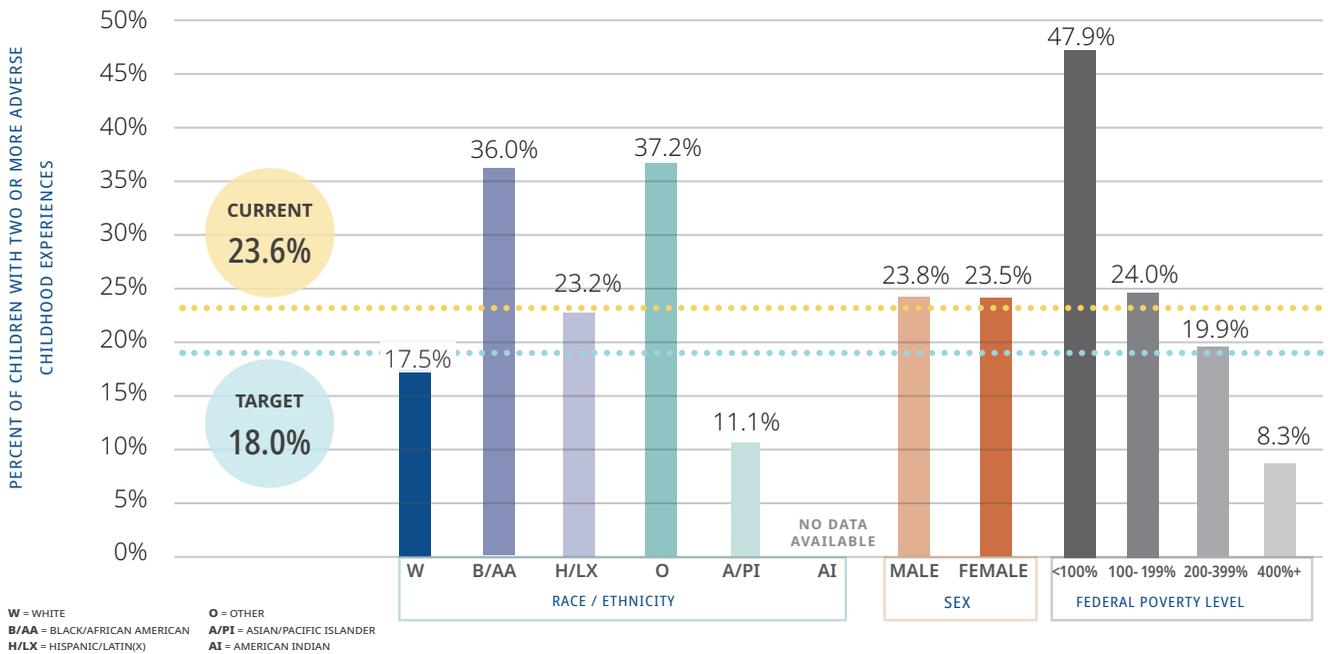
^M Data collected through the Children's National Health Survey by parent report of the experiences of their children.

HEALTH INDICATOR 5: ADVERSE CHILDHOOD EXPERIENCES

DESIRED RESULT: IMPROVE CHILD WELL-BEING

FIGURE 12

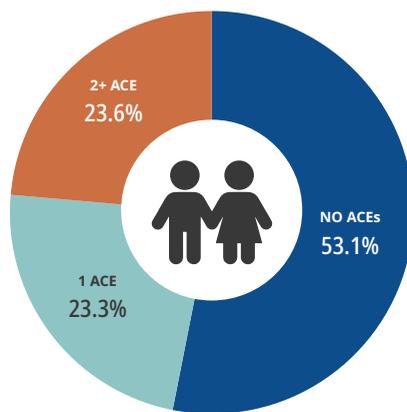
Percent children with two or more Adverse Childhood Experiences across populations in North Carolina and distance to 2030 target



Due to societal forces that entrench ACEs in the lives of many people with lower incomes and people of color, reaching the selected target will be challenging. Movement toward the target will be viewed as a success in decreasing childhood exposure to trauma. At the same time, negative impacts on the children experiencing these challenges can be mitigated by increasing trauma-informed practices in medical, educational, and other settings, and implementing strategies and programs to support families and children and foster resilience.

FIGURE 13

ACEs Among Children in North Carolina, 2016-17



Source: Children's National Health Survey

Levers for Change

- Increase minimum wage and employment opportunities
- Increase opportunities for trauma-informed parenting support
- Expand community and domestic violence prevention initiatives
- Increase access to behavioral health treatment
- Increase access to evidence-based parenting programs and home visiting programs