The Link Between Past Adverse Childhood Experiences and Current Social Determinants of Health; *Inclusive Recommendations for Future Data Collection*

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Abstract:

Adverse Childhood Experiences (ACEs) are recognized as influential factors in shaping individuals' health outcomes throughout their lifespan (CDC 2023). However, the research exploring the impact of ACEs lacks a connection between previously identified ACEs and currently defined social determinants of health (SDOH). The view of ACE criteria refrains from acknowledging adverse events relevant to diverse populations which lacked representation within the initial ACE study from 1995 to 1997. *This research poster aims to investigate this relationship and provide inclusive recommendations for future data collection.*

Through a literature review, this research establishes a strong association between ACEs and various SDOH, centered around socioeconomic implications including income, education, employment, housing, and access to healthcare. By examining existing data sources, it is evident the current data collection efforts often lack comprehensive inclusion of expanding ACEs and ineffectively capture the full impact of childhood adversity on SDOH.

Why is it a Tribal Public Health problem and how does it impact tribal communities?

Historical Trauma: Tribal communities have a history of colonization, forced assimilation, displacement, and other forms of trauma. This historical trauma can have intergenerational effects and contribute to adverse childhood experiences. Understanding the link between ACEs and SDOH is crucial for addressing and healing from historical trauma.

Limited Data and Research: There is a significant lack of data and research specifically focused on ACEs and SDOH within tribal communities. This data gap hinders the development of targeted interventions and policies to address the unique needs and challenges faced by these communities. Without adequate data collection, it becomes difficult to identify and address the root causes of health disparities.

Cultural Context: Tribal communities have distinct cultural contexts, belief systems, and social structures that shape their experiences and health outcomes. The concept of ACEs and SDOH needs to be understood within this cultural framework to ensure that interventions are culturally appropriate and respectful of indigenous knowledge and practices.

Structural Inequities: Tribal communities often face structural inequities, including limited access to healthcare, education, employment opportunities, and stable housing. These inequities contribute to increased exposure to ACEs and exacerbate the negative impact of ACEs on health outcomes. Addressing the link between ACEs and SDOH requires a comprehensive approach that addresses these underlying structural inequities.

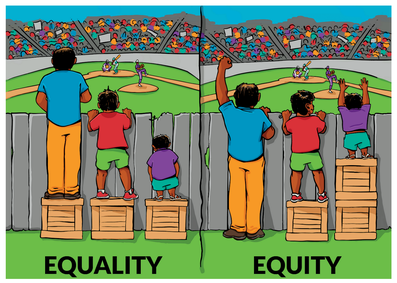
Trauma-Informed Care: Recognizing and responding to the impacts of ACEs requires a trauma-informed approach to healthcare and social services. Tribal communities need resources and support to develop trauma-informed care practices that are culturally sensitive and responsive to the unique needs of their communities. Implementing such practices can be challenging without adequate awareness and understanding of the link between ACEs and SDOH.

Student Discussion on how to best approach solutions in their community:

Public health plays a crucial role in promoting the overall well-being and quality of life within a community. It focuses on preventing diseases, prolonging life, and improving the health of populations through organized efforts and informed decision-making. Public health acts as a bridge that connects health disparities and health opportunities, aiming to address and reduce the gaps in health outcomes among different groups. Approaches to improving community and individual well-being rely on recognition of the challenges facing the population. Specifically looking at the American Indian and Alaskan Native populations, an understanding of historical and ongoing health disparities must be established. A primary part of public health is pivoting, being able to shift practices to meet the diverse populations in the areas they need. By understanding their unique needs and providing appropriate interventions, public health aims to improve the health of all communities, ensuring equal opportunities for everyone.

A Social-Ecological Model for Physical Activity - Adapted from Heise, L., Ellsberg, M., & Gottemoeller, M. (1999)

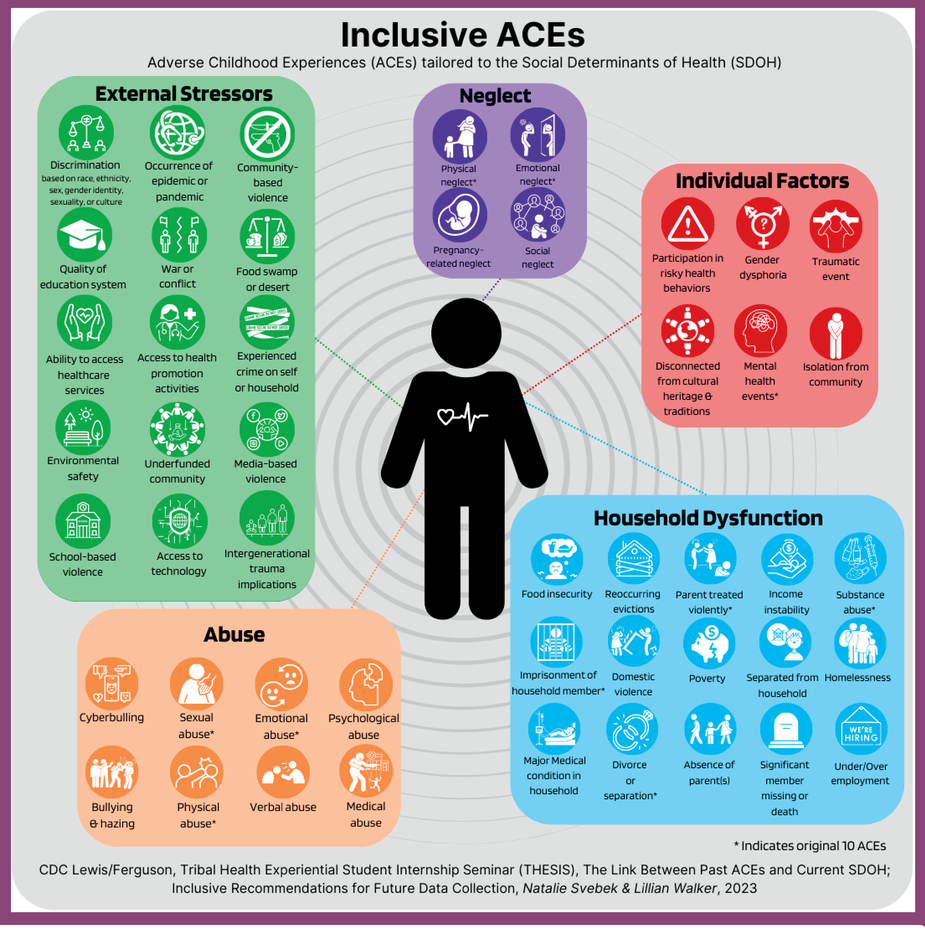
How can the expanding of ACEs advance tribal health equity?



- **Culturally Relevant Interventions:** Develop and implement culturally relevant interventions that acknowledge the unique history, culture, and strengths of tribal communities. Along with recognizing culture as part of one's identity and the value of the community over self. Aiming to meet people where they are, removing stigmas and barriers to services can encourage more engagement. It is important to collaborate with tribal leaders, elders, and community members to ensure interventions are rooted in cultural values and traditions.
- **Education and Awareness:** Increase awareness and understanding of ACEs and their impact on health outcomes within tribal communities. Promote education and training programs that help individuals recognize and mitigate the impact of ACEs or prevent the occurrence of multiple ACEs (CDC 2023). Provide awareness efforts for household members that can offer connections to available resources and support.
- **Data Collection and Research:** Improve data collection and research efforts to better understand the specific challenges and needs of tribal populations. Widen the determination of ACEs to acknowledge more adverse experiences from those of diverse backgrounds. *This information can help inform targeted interventions, programs, and policies that address ACEs and SDOH within these communities.* Display and analyze data in ways that are appropriately aligned with the communities to aid in limiting bias. Utilize collection efforts that prevent a loss of identity or misclassification.
- **Collaborative Partnerships:** Foster partnerships and collaborations between tribal communities, healthcare providers, social service agencies, educational institutions, and government entities. These partnerships can promote coordinated efforts and leverage resources to address health disparities and achieve health equity.

Editors at the CDC. (2023, June 29). ACEs Can Be Prevented. Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/aces/prevention.html

Our recommendation for future data collection:



EFFORTS TO ACKNOWLEDGE THE INTERGENERATIONAL CYCLE OF CHILDHOOD ADVERSITY

Conclusion:

Our inclusive recommendations shed light on the vital importance of understanding the intricate link between past adverse childhood experiences (ACEs) and current social determinants of health (SDOH). While forming this linkage, we focused on thinking beyond oneself and embracing the various backgrounds of populations. Building upon the original Kaiser study, we emphasize the need to broaden the assessment of ACEs by considering additional circumstances that may significantly impact an individual's health trajectory. *We expanded the historical criteria from 3 categories with 10 recognized events to now include 5 categories with 48 recognized events.* We found that multiple ACEs significantly influence the impact of SDOH, such as income instability, lack of education & an underfunded community. From our literature review we found that various ACEs such as substance abuse, community violence, and food insecurity are disproportionately present within specific populations. It is well documented that youth within the LGBTQ+, Native American & Black populations have been shown to be at a significantly higher risk of having 3+ ACEs compared to non-LGBTQ+ and White populations. Subsequently, individuals who experience 4+ ACEs are at an elevated risk for negative health outcomes such as heart disease, diabetes, and substance abuse (CDC 2023). These interactions between various ACEs highlight the need to improve the assessment criteria. By recognizing the nuanced factors that contribute to ACEs and their lasting effects, we can better comprehend how these experiences shape an individual's SDOH as they transition into adulthood. This understanding is essential for developing targeted interventions, policies, and support systems that address the root cause of health disparities and promote equitable outcomes for all individuals, regardless of their early life experiences.

Editors at the CDC. (2023, June 29). ACEs Can Be Prevented. Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/aces/prevention.html

Supporting documents & References:

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