Annotated Bibliography:

Adverse Childhood Experiences (ACEs) and Behavioral Health

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Introduction to Public Health

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# References

Barnett, M., Sheldrick, R., Liu, S., Kia-Keating, M., & & Negriff, S. (2021). Implications of adverse childhood experiences screening on behavioral health services: A scoping review and systems modeling analysis. *American Psychologist*, 76(2), 364-378.

This article examines the prevalence of adverse childhood experiences (ACEs) screenings in the United States. This is a peer-review of articles that report on ACEs screenings to examine current knowledge (Barnett, Sheldrick, Liu, Kia-Keating, & & Negriff, 2021). 1,643 aricles were reviewed over two decades, and only 12 arciles met the criteria with nine on routine screenings in medical settings and three on population based surveys (Barnett, Sheldrick, Liu, Kia-Keating, & & Negriff, 2021). Ultimate findings were 6% to 64% of patients reported 1+ ACEs and .01% to 40.7% reported 4+ ACEs (Barnett, Sheldrick, Liu, Kia-Keating, & & Negriff, 2021). Limitations included gaps in literature and limited research regarding how ACEs screenings can impact health delivery (Barnett, Sheldrick, Liu, Kia-Keating, & & Negriff, 2021).

This article raises the question on how ACEs scores can actually impact behavioral health and the way an individual’s overall health can be impacted. If an individual has an ACEs score of more than 1, how would that change how their overall health is handled? The next article will be the Centers for Disease Prevention and Control’s (CDC) ACEs information.

# References

Centers for Disease Prevention and Control. (2020, April 3). *BRFSS ACE data.* Retrieved from CDC.gov: https://www.cdc.gov/violenceprevention/aces/ace-brfss.html

This section of the CDCs ACEs information includes the negative outcomes association of ACEs scores. The CDC notes that, “ACEs are common across all populations. Some populations are more vulnerable to experiencing ACEs because of the social and economic conditions in which they live, learn, work, and play (Centers for Disease Prevention and Control, 2020).” The relationship between ACEs scores and health outcomes are negative, with an increased risk of behavioral health conditions (depression, anxiety, suicide, and PTSD), pregnancy complications, fetal death, HIV and other STDs/STIs, cancer, diabetes, substance use disorders, EtOH abuse, and community opportunities such as education, occupation, and even income (Centers for Disease Prevention and Control, 2020). BRFSS conducted a study much like the Keiser survery (when the original ACEs was published and who distributed the survey) and the scores were similar. “Almost two-thirds of surveyed adults reported as least one ACE and more than one in four reported three or more ACEs (Centers for Disease Prevention and Control, 2020).”

This article answers the how and why, but not the acutal prevalence and follow-up research on ACEs. This article notes the possibility of these issues but does not address how the individuals were impacted with early intervention, outcome follow-up, and impact of physician care on the individual. The question that I still have is why ACEs are not a factor in an individual’s overall health and why they don’t help guide their care for physicans?

# References

Anda, R. F., Butchart, A., Felitti, V. J., & Brown, &. D. (2010). Building a framework for global surveillance of the public health implications of adverse childhood experiences. *American Journal of Preventative Medicine*, 39(1) 93-98.

This aricle covers the World Health Organization and CDCs meeting to dicuss the global health burden of ACEs scores and how public health surveillance can build the framework for the model showing this issue and how to measure outcomes. The meeting included different countries articulating “their goal of forming a network aimed at advancing global understanding and measurement of ACEs through the exchange of information and provision of technical expertise and support (Anda, Butchart, Felitti, & Brown, 2010).” This article included insight into ACEs and the possible future endeavours countries can possibly use to measure ACEs in their communities as a way of understanding the outcomes.

This article did not answer my question as to what is actually happening with those who have ACEs scores that may be high and how that could change their health outcomes and how their physicians approach their current and future health. I believe that early screening and intervention should be surveyed to understand how the individuals fall into other public health surveys (such as substance use disorders, suicide, and maternal and child health). If we as public health professionals can track how those individuals with ACEs scores fall in these surveys, it can help with prevention and intervention of specific negative outcomes.