Project Update – May 2017

In August of 2011 as part of the Advisory Board on Alcoholism and Drug Abuse and Alaska Mental Health Boards’ efforts to provide a focus on prevention of mental illness and substance abuse a project related to gathering and informing Alaskans about childhood trauma was begun. It started with an attempt that Fall to include questions regarding Adverse Childhood Experiences (ACE) in the 2012 Behavioral Risk Factor Surveillance System (BRFSS) survey. This effort was unsuccessful.

As a result of this initial setback, board staff began a process of building consensus for these questions to be included in the 2013 BRFSS survey. Additionally, alternative data sets were developed and presentations made to generate support in Alaska for our own ACE effort. Partners who were willing to help fund the addition of the questions were found. Finally the Boards made a comprehensive proposal in the early fall of 2012 for inclusion of the 11 questions in the 2013 survey which was successful.

With approximately 18 months to go before the first data would become available, preparation need to be made for its subsequent use. This included an extensive analysis of how other states, which had already conducted an ACE survey through their BRFSS System had explored and reported on their findings. Throughout the process monitoring other states use of their data has been key. Mimicking effective strategies and avoiding those with less success has been a part of the project.

Meetings were held to get partners willing to analyze the data once it became available. With a few notable exceptions (UAA - Justice Center) it became clear that a truly thorough analysis and reporting of the data would have to be generated by the Boards or though contractors. Whether because of structural or systemic issues or through resource provision – ready detailed analysis was not forthcoming.

Because childhood trauma is such a large component of the issues on which the Boards focus - avoiding the all too common issue of a study being completed and then gathering dust on the shelf was important. It is always too easy to move onto the next “shiny object” and lose focus on this issue. The commitment of the Board’s and the Executive Director was essential because of the hefty obligation of Boards’ staff time and other resources. This discipline and focus amidst dramatic changes in Alaska has been vital to moving the project forward.

What follows below is a history of the project which includes some of the many other groups contributions to this issue. Also included are results about ACEs in Alaska with comparisons to other states. Our initial assessment that Alaska has high ACEs has been borne out. The nature of this type of report precludes details or excludes the efforts of other groups and individuals. This is due to the purpose of reporting on the Boards’ work and the need to keep this document brief enough to be readable and it is not a reflection on others’ great work around this topic.

Hopefully there are enough examples of the many labors happening to provide the reader with the impact of the ACEs work being done here in Alaska including foremost the contributions of the Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse.
The History

For many years a very limited number of Alaskans were focused on the issues of childhood trauma. These leaders were focused in the areas of mental health and early childhood development. They were intentionally driving the message about ACEs in hundreds of trainings and other interactions around the state. Without this work, many more people would be suffering in the dark. Below are just a few of those efforts which have been happening before ACEs became the “hot topic” it is today.

The Association of Alaska School Boards has been, for more than 20 years, through the Alaska Initiative for Community Engagement (ICE) been working on building assets and resilience across the state for children and youth as well as the communities they serve.

Association of Alaska School Boards

Countless efforts, in place now for decades to revive rich native cultures damaged by contact with the western world have and continue to instill pride in Alaskan Natives of all ages for their significant and historical place in the world. The awareness of childhood trauma in the context of historical trauma has been key.

In the world of Domestic Violence Prevention, Alaskans who do this work were early adopters of acknowledging ACEs impact on the issues with which they work. The Family Violence Prevention Project helped to lead the charge in this area.

The Alaska Child Trauma Center has become a world class treatment facility for children and their families who are struggling with the impact of an adverse start to life.

Early childhood educators and other professionals have been helping the youngest Alaskan and their families in ways and have meaningful experiences which are the basis of a successful life. They teach the “soft skills”, sometimes called character traits which lead to more prosperous adults.

In the world of Domestic Violence Prevention, Alaskans who do this work were early adopters of acknowledging ACEs impact on the issues with which they work. The Family Violence Prevention Project helped to lead the charge in this area.

The Division of Behavioral Health and the Division of Juvenile Justice have been promoting trauma informed work within their own daily efforts and through trainings for communities for many years now.
There are a number of new and important efforts in the state around Adverse Childhood Experiences or ACEs which are bringing light to the issues of early traumatic experiences. The groups listed above are just a sample of those who have been working on these issues for years. One of the great strengths of Alaska’s approach to the ACEs work going on is that anyone can participate. No one group owns the work. Business leaders, school counselors, child care workers, and political leaders all have a stake in the work and the outcomes.

As will be well demonstrated below, ACEs are very common events for young Alaskans and have been for a long time. They have an impact on everyone’s life. Even if someone has no Adverse Childhood Experiences in their own history, chances are that they will interact with many people who do each day.

The Data

In each of the past three years (2013-2015), Alaska has asked a sample of adults about their experiences prior to their 18th birthday. The results of these three surveys give Alaska a robust representative sample of what Alaskans have experienced. Known as ACEs, Adverse Childhood Experiences have been linked to dozens of negative social, economic and health outcomes during childhood and throughout someone’s life. Now with three years of surveys and approximately 11,000 responses the chance to delve into the details of the data’s richness is at hand.

Comparison to Other U.S. States

Since the 2013 Alaska ACEs report titled: *Adverse Childhood Experiences: Overcoming ACEs in Alaska*, the Centers for Disease Control and Prevention have expanded their analysis of the reporting of other states’ ACEs gathered through the Behavioral Risk Factor Surveillance System. In 2015, they released an analysis of ten states and the District of Columbia’s ACE questionnaire results. These results reflect more than 53,000 American’s responses to the same ACE questions asked here in Alaska. While still not a national figure this represents the best estimate of ACEs in the U.S. population to date. The ten states are: Hawaii, Nebraska, Nevada, Maine, Ohio, Pennsylvania, Utah, Vermont, Washington and Wisconsin.
This new report provides an opportunity for an improvement over the five state group comparison Alaska conducted with the 2013 results. As displayed below in Table 1 and Table 2, Alaska has significantly higher rates of each adverse childhood experience than this large sample of their peers in other states.

Table 1

<table>
<thead>
<tr>
<th>ACE Category</th>
<th>10 State Women</th>
<th>Alaskan Women</th>
<th>10 State Men</th>
<th>Alaskan Men</th>
<th>10 State Total</th>
<th>Alaskan Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent (N =32,539)</td>
<td>Percent (N =6,076)</td>
<td>Percent (N =21,245)</td>
<td>Percent (N =5,040)</td>
<td>Percent (N =53,784)</td>
<td>Percent (N =10,847)</td>
</tr>
<tr>
<td><strong>ABUSE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>34.1%</td>
<td>40.0%</td>
<td>35.9%</td>
<td>38.6%</td>
<td>35.0%</td>
<td>39.3%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>15.8%</td>
<td>19.5%</td>
<td>15.9%</td>
<td>17.7%</td>
<td>15.9%</td>
<td>18.6%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>15.2%</td>
<td>20.1%</td>
<td>6.4%</td>
<td>7.7%</td>
<td>10.9%</td>
<td>13.7%</td>
</tr>
<tr>
<td><strong>HOUSEHOLD CHALLENGES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intimate Partner Violence</td>
<td>15.6%</td>
<td>20.4%</td>
<td>14.2%</td>
<td>16.8%</td>
<td>14.9%</td>
<td>18.6%</td>
</tr>
<tr>
<td>Household Substance Abuse</td>
<td>27.2%</td>
<td>32.8%</td>
<td>22.9%</td>
<td>27.0%</td>
<td>25.1%</td>
<td>29.7%</td>
</tr>
<tr>
<td>Household Mental Illness</td>
<td>19.3%</td>
<td>25.4%</td>
<td>13.3%</td>
<td>17.7%</td>
<td>16.3%</td>
<td>21.4%</td>
</tr>
<tr>
<td>Parental Separation or Divorce</td>
<td>23.1%</td>
<td>31.5%</td>
<td>22.5%</td>
<td>31.6%</td>
<td>22.8%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Incarcerated Household Member</td>
<td>5.2%</td>
<td>11.7%</td>
<td>6.2%</td>
<td>10.8%</td>
<td>5.7%</td>
<td>11.3%</td>
</tr>
</tbody>
</table>


Table 2

<table>
<thead>
<tr>
<th>Number of Adverse Childhood Experiences (ACE Score)</th>
<th>10 States &amp; DC Women</th>
<th>10 States &amp; DC Men</th>
<th>10 States &amp; DC Total</th>
<th>Alaskan Women</th>
<th>Alaskan Men</th>
<th>Alaskan Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>(N =32,539)</td>
<td>(N =21,245)</td>
<td>(N =53,784)</td>
<td>40.0%</td>
<td>35.7%</td>
<td>40.7%</td>
</tr>
<tr>
<td>1</td>
<td>41.4%</td>
<td>35.7%</td>
<td>33.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 – 3</td>
<td>21.4%</td>
<td>23.6%</td>
<td>23.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 or more</td>
<td>16.2%</td>
<td>17.0%</td>
<td>14.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Source: Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, 2013-2015 Alaska Behavioral Risk Factor Surveillance System

**Behind the Scenes – Getting the Questions Asked of Alaskans**

The outstanding work of the **Division of Chronic Disease and Health Promotion** which manages the BRFSS each year and their willingness to support the efforts to get the data to Alaskans cannot be overstated. The three year effort to pay for these questions to be included in the annual BRFSS survey has been carried by multiple agencies inside and outside of government. These costs only entail getting the questions asked, significant resources of the Boards were used to analyze and package the results. Table 3 below displays participation in the data gathering efforts.

Table 3

<table>
<thead>
<tr>
<th>Organization</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska Mental Health Trust</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Advisory Board on Alcoholism and Drug Abuse &amp; Alaska Mental Health Board</td>
<td>$8,750</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Division of Behavioral Health</td>
<td>$6,250</td>
<td>$6,000</td>
<td></td>
</tr>
<tr>
<td>Council on Domestic Violence and Sexual Assault</td>
<td>$2,500</td>
<td>$5,000</td>
<td></td>
</tr>
<tr>
<td>Division of Teaching and Learning</td>
<td>$2,500</td>
<td>$5,000</td>
<td></td>
</tr>
<tr>
<td>Family Violence Prevention Project</td>
<td>$2,500</td>
<td>$2,500</td>
<td>X</td>
</tr>
<tr>
<td>Alaska Children’s Trust</td>
<td>$5,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alaska Native Tribal Health Consortium</td>
<td>X</td>
<td>$5,000</td>
<td></td>
</tr>
<tr>
<td>Division of Women's and Children's and Family Health</td>
<td>$3,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mat-Su Health Foundation</td>
<td>$2,500</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Department of Health Sciences - UAA</td>
<td>$2,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institute for Social and Economic Research - UAA</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School of Social Work - UAA</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chugachmiut</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statewide Suicide Prevention Council</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Bold or X indicate a letter of support was written
Web Platforms Developed for Sharing Information

Website

It became clear that the use of these data would include the need for a dynamic platform as new information became available and more in-depth analysis was completed. The Department of Health and Social Services, Public Information Team was essential in developing and maintaining this effort.

Since the first full month of operation in February of 2015 this website has averaged 582 views per month. The last four months of available data, (September 2016-March 2017) the average has been just under 523 views per month. To give some perspective - over the length of the websites life it has averaged the rank of 269th of the most visited State of Alaska websites and in the past 4 months 260th.

The many resources developed were shared on this website. There are more than 200 Powerpoint slides currently available on the website for people to use.

Facebook

A Facebook page was developed and as of mid-May 2017 has approximately 220 followers. No advertising was done – rather the effort has been growing slowly but steadily since its inception. In order to keep the management of the page to a minimum it is not interactive but rather a post on various related topics is made daily. Views of those posts in the past six months vary from more than 1,100 to single digits. Ongoing analysis of high impact posts is being conducted with no clear patterns being found to date.
Publications Produced as a Result of a Significant or Complete Contribution from the Boards

There have been several publications from this work which are being used for a number of different projects around the state. These publications reside on the Boards website, “Overcoming ACEs in Alaska” or can be linked to from that site.

The state’s original report: *Adverse Childhood Experiences: Overcoming ACEs in Alaska*, published in January 2015 explored some of these links.

Analysis was done in a joint effort with the University of Alaska – Anchorage, Justice Center and reported in the spring of 2015. This report examined ACEs and drinking among Alaskan adults.

With the development of the website – Alaska ACE Cards were with Alaska specific facts and the web address in order to encourage people to access the information. As of May 1, 2017 - 2,700 ACE cards have been distributed to Alaskans in person by boards’ staff. See above for the data on website visits.

An effort by an interdepartmental workgroup to explore the resulted in more integration of ACEs prevention work between the Alaska’s Departments of Health & Social Services, Education and Early Development, & Public Safety.
Boards’ developed and presented (as of May 1, 2017) at more than 85 meetings and other gatherings to more than 4,000 Alaskans around the state. Additionally these materials were made available to others working in the field as a rich resource for their own work. The volunteers in the Alaska Children’s Trust ACE speakers’ bureau were given these resources when they joined the effort. These resources were also used extensively by Linda Chamberlain, Ph.D. and Matt Hirschfeld, M.D. Ph.D., Josh Arvidson, LSSW as well as Boards’ staff.

The Division of Chronic Disease and Health Promotion in Alaska’s Division of Public Health has been conducting a cutting edge effort to get data to Alaskans. This has been true for the ACEs project as well. In the summer of 2016 Alaska ACE data went live through the Alaska AK-IBIS web-based interface. Communities around the state quickly began using this information for planning and grant writing. Communities and regions can now access “their data” about childhood trauma.

The ACE data is especially suited for economic analysis. The Boards staff produced a document doing just that. It has been presented to a Legislative committee, various groups around the state and at an international mental health conference in Prague in 2016 (no state funds used for the latter).

It was apparent as the work of this project progressed that there was a need to round out the picture with more resources. Other data sources were evaluated. The Youth Risk Behavior Survey was analyzed and results distributed to explore Alaska youths’ protective factors. The National Survey of Children’s Health was analyzed extensively and results offered in various venues and for the public to use. These new data sources have enriched the work of the Boards and others focused on child trauma.
Presentations Made by Board Staff Related to This Project

*School Nurses Conference, Anchorage, Alaska, April, 2017
R.O.C.K. Mat-Su Meetings, Wasilla and Talkeetna, Alaska, April, 2017
*Alaska Association of School Boards Conference, Juneau, Alaska, April 2017
Public Health Community Meetings, Craig and Hydaburg, Alaska, March 2017
*Full Lives Conference, Anchorage, Alaska, March, 2017
*Legislative Lunch and Learn, Juneau, Alaska, March, 2017
*Council on Domestic Violence and Sexual Assault Prevention Conference, Anchorage, Alaska, March, 2017
Lemon Creek Correctional Facility – Prisoner Training, Juneau, Alaska, January, 2017
Fairbanks Hospital Board, Fairbanks, Alaska, January 2017
Juneau Youth Services Staff Training, Juneau, Alaska, December, 2016
Sunshine Clinic Training, Web, November 2016
*Alaska School Health and Wellness Conference, Anchorage, Alaska, October 2016
*National Education Association Alaska Conference, Anchorage, Alaska, October 2016
*Alaska Mental Health Board & Advisory Board on Alcoholism and Drug Abuse Mini Conference, Anchorage, Alaska, October 2016
*Alaska Nurse Association Conference, Anchorage, Alaska, October 2016
*Tanana Chiefs Conference, Fairbanks, Alaska, September 2016
*Statewide Opioid Task Force, Teleconference, September 2016
CBJ Parks and Recreation Staff, Juneau, Alaska, August 2016

*UAS Educational Leadership Class, Juneau, Alaska, July 2016
World Congress of the World Association for Infant Mental Health, Prague Czech Republic, June 2016**
Public Meeting, Dillingham, Alaska, May 2016
Yaakoosge Daakahidi Staff Training, Juneau Alaska, April 2016
*Association for the Education of Young Children—Southeast Conference, Juneau, Alaska, March 2016 & March 2017
*Norton Sound Health Corporation & Kawerak Boards Joint Meeting, Nome, Alaska, March 2016
*SERRC Adult Educators Meeting, Juneau, Alaska, February, 2016
*After School Activity Conference, Juneau, Alaska, January, 2016
*UAA Social Work Class, Anchorage, Alaska, January, 2016
*Statewide Alternative High School’s Meeting, Anchorage Alaska, January, 2016
Catholic Social Services Homelessness staff, Anchorage, Alaska, January, 2016
*Lt. Governor’s and Cabinet Suicide Prevention Meeting, Juneau, Alaska, December, 2015
*Bureau of Indian Affairs - Social Services Training, Anchorage, Alaska, December, 2015
*ANTHC, Smoking Cessation Training, Web, November 2015
*Majestro, Corrections Training, Anchorage, Alaska, November, 2015
*House HSS Sub-Committee, Juneau, Alaska, November, 2015
Glory Hole Staff/Board Training, Juneau, Alaska, October, 2015
*School Health and Wellness Conference, Anchorage, Alaska, October, 2015
*Child in Need of Aid/Court Improvement Conference, Anchorage, Alaska, October, 2015
*Alaska Academy of Family Physicians, Talkeetna, Alaska, September, 2015
Juneau Youth Services Staff Training, Juneau, Alaska, August, 2015
Zach Gordon Youth Center Staff Training, Juneau, Alaska, August, 2015
*Kawerak Head Start Training, Nome, Alaska, August, 2015
Juneau Suicide Prevention Summit, Juneau, Alaska, June 2015
*Advanced Trauma Treatment, Anchorage Alaska, May 2015 & April 2016
*Public Health Nurses, Juneau Alaska, April 2015
*Holistic Health Conference – North Star, Anchorage, Alaska, April 2015
*Early Childhood Mental Health Conferences, Anchorage Alaska, 2015
Kodiak Community Meeting ACES, Kodiak, Alaska, April 2015
*Recidivism Conference, Anchorage, Alaska, March 2015
*LEND Program - UAA, Teleconference, March & October 2015, September 2016
*CDVSA - Prevention Summit - Anchorage, Alaska - March 2015
"Raising of America" Screening and Panel Discussion - Juneau, Alaska, February 2015
FASD Forum, Juneau, Alaska, February 2015
*Alaska Health Summit, Anchorage Alaska, January 2015

*North Star Behavioral Health, Lunch and Learn, Anchorage Alaska, January, 2015
*Residential Care for Children and Youth Training, Anchorage, Alaska, December 2014
*Alaska Resiliency Coaches, Webinar, November 2014
*Alaska Council on Domestic Violence and Sexual Assault, Sitka, Alaska, November 2014
*Alaska School Counselor Conference, Anchorage Alaska, November 2014
*Housing and Homelessness Conference, Juneau, Alaska, September 2014
*State of Reform, Anchorage Alaska, October 2014
*Alaska Mental Health Trust Authority Board of Trustee Meeting, November 2013
*Alaska School Counselor's Conference, Anchorage Alaska, November 2013
*Governor’s Work Group on Domestic Violence and Sexual Assault, Anchorage Alaska, September 2013
*Alaska Early Childhood Coordinating Council, Anchorage, Alaska, June 2013
*Bring the Kids Home – Alaska Mental Health Trust Authority, Anchorage, Alaska, November, 2012
*Division of Behavioral Health Prevention Provider Meeting, Anchorage, Alaska 2012
*Infant Learning Programs Coordinator Meeting, Electronically, December 2012

* Indicate the audience represented a regional or statewide group of Alaskans. ** No State Funds Used
**Media Stories or Interviews Directly Involving the Boards’ Work on this Project**

- Public Access TV, Sitka, Alaska, Local Television
- Alaska Dispatch News x 2, Regional News, Print
- 360 North, x 2, Web and Statewide Television
- State of Reform x 2, Web video and/or print
- Institute for Social and Economic Research, Web
- KTOO, Juneau x 2, Alaska, Regional Radio
- ACEs Too High, x4 National Website
- The Alaska Nurse
- Juneau Empire, Juneau, Alaska, Local Paper
- Fusion News, National Website
- Alaska Public Media x 3, Statewide Web and or Radio
- Gavel to Gavel, Web and Statewide Television
- KOTZ Radio, Kotzebue, Alaska, Regional Radio
- Alaska Business Weekly x 2

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**Investment in Change – The Strategy**

As can be seen by the products and presentations outlined above, the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse have invested heavily in this project. Staff time and travel costs have been the main financial expenditures. The focus has been on adding value to other effective statewide and local work going on. Pains were made to maximize the impact around the state when travel for presentations was done. Statewide audiences were targeted whenever possible.

Making the work of the Boards available for others to use is a key component of this project. When exploring what most other states had done with their ACE module outcomes - it was clear that a significant amount of analysis and “packaging of results” need to be done for a higher impact. Consequently, slide decks were developed and shared with others doing the work. Often this included personalization of specific slides for speakers who asked for them.

There are significant efforts in Homer, Juneau and the Mat-Su that need to be recognized as being exceptional and these efforts preceded the Boards project kickoff. Hopefully, the Boards efforts will help them to continue their work such as having access to the regional data that the BRFSS ACE module provides. Those local projects, however, belong to the many people in those communities that have met, planned and are implementing great strategies to reduce and mitigate child trauma.

The All Alaska Pediatric Partnership has been working on low to the ground systemic changes for screening and referral for children and youth with traumatic experiences. They have become important partners to the boards’ staff working on this project. Throughout this process the Office of Children’s Services, Early Childhood Comprehensive Systems Coordinator has been supportive and effective ally in the work. That office quietly is driving major changes of which only insiders may be aware.

Other efforts which have occurred since the beginning of the project need to be recognized. Patrick Anderson, a board member with Sea Alaska Corporation worked closely with Representative Geran Tarr to introduce a resolution in the House of Representatives in 2016 focused on ACEs and their outcomes. Patrick’s work on ACEs, while a health corporation CEO also predate this project. While not successful yet, this effort and others offer great opportunity to change the landscape. The Alaskan Children’s Trust has started an effort to promote resiliency and has worked closely with the Mat-Su’s and Homer’s longstanding efforts around trauma informed communities. They trained speakers to provide education about trauma who have been presenting regularly. For both of these projects the Boards’ have provided some support when possible but as they are robust local efforts we have focused instead on trying to support other less developed efforts around the state.
**Impact**

One main focus of the Boards’ mission is to educate Alaskans about Substance Abuse and Mental Health issues. Clearly trauma and its impact is an imperative component of that story. Ultimately the goal of raising awareness of trauma is to affect change across multiple areas of services, prevention and general community support of all Alaskans. Separating out the impact of the efforts of the Boards and the many other projects by our partners is difficult to quantify.

Some of the exciting changes that have occurred since the beginning of this project include the following:

- Data from the boards work is informing the training of clinical staff at the Alaska Child Trauma Center. Use of information describing the co-occurring childhood trauma rates of Alaskans is given to clinicians working with traumatized children. These data inform their clinical work.
- At least two national grants have been received by the Office of Children’s Services using the Alaska ACEs data as a component of the proposal. From Zero to Three, “an independent, non-partisan research-based voice that educates the public and political leaders about the unique developmental needs of babies and toddlers”, a technical assistance grant was awarded to improve Alaska’s Medicaid system. A Health Resources & Services Administration - Maternal and Child Health Grant of $426,000 was awarded to reduce ACEs’ impacts and for system development in three regions (Kodiak, Mat-Su and Norton Sound).
- The Department of Education and Early Development was awarded a five years grant from the Substance Abuse and Mental Health Services Administration totaling $9.1 million focused on Alternative High School Students Mental Health. ACE data was used in the proposal.
- The smoking cessation hotline or “Quitline” now asks about callers’ behavioral health history. Twice board staff has presented to smoking cessation groups about the link between trauma and tobacco use. This effort, along with other work may have contributed to this change. Smoking rates for people who experience severe mental illness and substance abuse issues are higher than the general population.
- In the fall of 2016 an effort to define and provide resources for Alaskan Trauma Informed Schools with partners in the Department of Education and Early Development, the Alaska Association of School Boards and the Division of Behavioral Health will commence led by Boards staff and driven from this project’s findings. In May of 2017 an e-learning module will be added to the DEED website to train school personnel across the state in trauma.
- Boards staff is regularly training University of Alaska students with this data through the LEND (Leadership Education in Neurodevelopmental and Related Disabilities) graduate program which provides a year-long exposure to students from multiple disciplines.
- A partnership with researchers at Women’s, Children’s and Family Health is moving forward with Boards’ staff supporting efforts to bring these important issues more fully into the realm of public health.
- Data developed as part of this project has been used in the design of the 1115I Medicaid Waiver application as well as developing goals for the Opioid Task Force using a trauma lens.
- Ongoing efforts to inform Alaskans about ACEs are proceeding with scheduled events with various communities on the docket. It seems while systems changes go onward the straightforward efforts around even basic education must continue for now.

Completed: May 2, 2017