



Adverse and Positive Childhood Experiences: A Primer for SORH

Introduction

An individual's positive and negative [experiences in childhood](#) and [educational attainment](#) are known as key components to healthy outcomes in adulthood. As health care partners continue to understand the impact of the social determinants of health—the 80-90% of factors that impact health outcomes—the role of an individual's childhood experiences is important to recognize. This fact sheet summarizes adverse and positive childhood experiences and offers steps that State Offices of Rural Health can take to communicate, educate, collaborate and innovate with their rural communities.

Adverse Childhood Experiences (ACEs)

To date, the greatest emphasis has been placed on the prevention of negative experiences for children. [Adverse Childhood Experiences](#) (ACEs) are potentially traumatic events that occur in a child's life. Common among the U.S. population, it is estimated that [61% of American adults](#) experienced at least one type of ACE in their lifetime. ACEs

may include abuse or neglect, witnessing or experiencing violence in the home or community, or having a household dysfunction. They may also include growing up in a household where there is a substance use disorder, mental health challenges, or instability due to parent separation/divorce or incarceration. It is important to remember that ACEs are nearly always preventable and that childhood trauma [affects health across the life span](#).

Positive Childhood Experiences (PCEs)

The good news is that a child's exposure to positive experiences may prevent or lessen the impact that ACEs may have on their outcomes later in life. [Positive Childhood Experiences](#) (PCEs) are those that support a child's development into a healthy adult. These may also be considered resiliency factors, or experiences that help individuals make less risky decisions as adults. The four building blocks of PCEs include healthy relationships, safe environments, engagement, and opportunities for social-emotional development.

What role do State Offices of Rural Health (SORHs) have in addressing ACEs / promoting PCEs?

MAPPING OUT A STRATEGY



1 Know your state's data on rural childhood outcomes.

Rural children are more likely to have [poorer health outcomes](#) as compared to urban children, including [higher rates of ACEs](#), but they also have [higher rates of many PCEs](#). Understanding the disparities that rural children in your state may face is key to creating awareness among rural health stakeholders as well as targeting available resources to support improved outcomes.

■ Characteristics of rural child population

- data.census.gov
- state health departments

■ State/county ACEs prevalence rates

- <https://datacenter.kidscount.org/>
- Behavioral Risk Factor Surveillance System contact(s) in state health departments

■ Know your individual ACEs score (if desired)



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Identify resources.

As rural health stakeholders learn about the needs of children in their rural communities, they will require additional information as they begin to spread awareness of the issues. Resources on available trainings, data, and best practices are fundamental to helping disseminate information.

■ The ACE Interface Train the Master Training Program

■ **State/local early childhood systems of care**

- State health departments (especially departments/programs focused on epidemiology, early childhood, and/or social determinants of health)
- State child advocacy organizations (e.g., Children’s Trust)
- Specific ACEs initiatives
- Maternal Infant and Early Childhood Home Visiting (MIECHV) [grantees](#)

■ **National/state child advocacy organizations**

- [Prevent Child Abuse America](#)
- [Child Welfare Information Gateway](#)
- [HRSA Maternal & Child Health](#)
- [ACEs Connection](#)



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Connect the dots.

The role of a SORH within its state is to [convene, coordinate, and connect resources](#). SORHs can make a difference in rural children’s outcomes by leveraging their full network of local, state, and national partnerships to collectively pursue the goal of reducing ACEs and increasing PCEs.

- **Attend or convene early childhood focused meetings and/or network within the state to bring a rural perspective.**
- **Provide trainings for health care providers to learn about ACEs, including using [ACE screening tools](#) in primary care practices.**
- **Invite early childhood professionals to participate in rural health discussions, leveraging their expertise.**



Conclusion

Early intervention in a child’s life may prevent ACEs and/or increase exposure to PCEs, which will improve their ability to thrive as an adult. Limited awareness of the role of ACEs and PCEs, as well as a lack of resources to provide early intervention, may hinder rural communities’ response in addressing potential disparities among their children. SORHs have an important role to play in connecting communities to available local, state, and national resources and as natural conveners in their state to educate and collaborate with other stakeholders.

For more information on ACEs and PCEs, please contact:



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