

# **Toxic Stress: Impact of Adverse Childhood Experiences on Mental Health and Chronic Disease**

**Webinar Report – April 21, 2022**

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CHRONIC DISEASE DIRECTORS**

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## Background

CDC's Division of Cancer Prevention and Control formed the Cancer Prevention Across the Lifespan (CPAL) workgroup in an effort to address cancer risk and protective factors at each phase of life. In previous years, the CPAL workgroup collaborated with external partners to conduct reviews of the literature and convene expert meetings to identify factors that influence cancer risk during every phase of life. This project will use the information gained from this previous work and apply it to the development of innovative resources to put evidence-based cancer prevention strategies into action using a lifespan approach. More information about the previous work of the CPAL workgroup is available on the CDC website <https://www.cdc.gov/cancer/dccp/prevention/lifetime.htm>.

During the fourth year of this five-year project, we are focused on examining the risk factors for cancer in select population groups:

- American Indian/Alaska Native (AIAN) populations
- Hispanic and Latino populations
- Persons with a history of Adverse Childhood Experiences (ACEs)

This report documents the results of the first in a series of webinars on Adverse Childhood experiences (ACEs) conducted during Year 4 of this project. This first webinar, convened on April 21, 2022, focused on how toxic stress of ACEs could impact mental health and chronic disease in adulthood.

## Planning and convening the webinars

Discussions for this first were convened with two subject matter experts, Dr. Rob Anda and Dr. Jim Marks, whom we had interviewed earlier in the year. Conversations between CDC and NACDD led to this schedule of webinars:

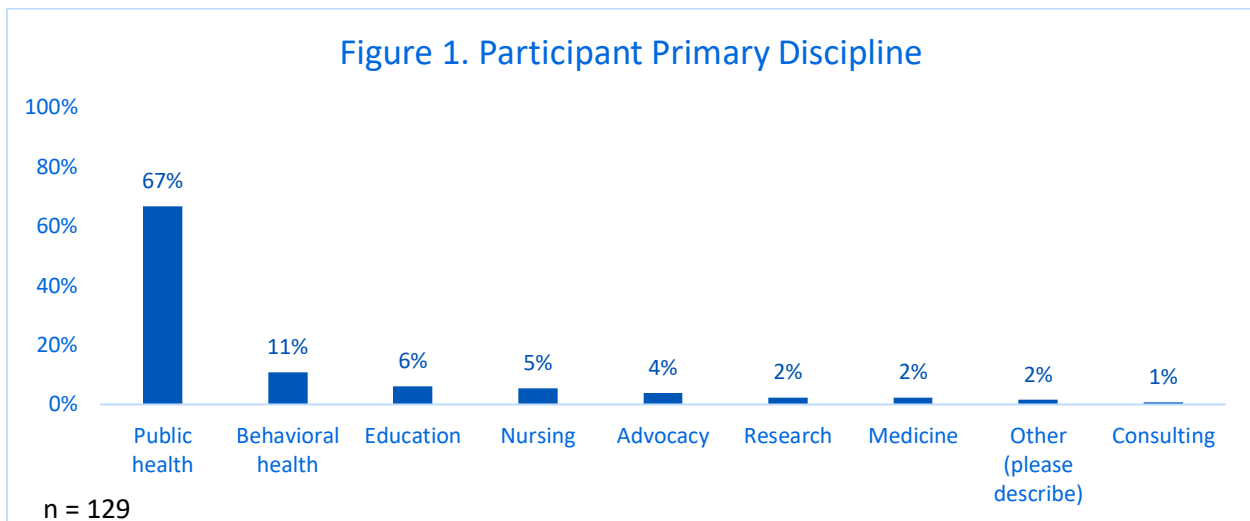
- **April 21, 2022:** Webinar #1: Toxic Stress: Impact on Mental Health and Chronic Disease
- **May 19, 2022:** Webinar #2: State Action to Address ACEs
- **September 27, 2022:** Webinar #3: Trauma-Informed Care

The April 21 webinar had 230 registrants and 129 attendees. The speakers were Rob Anda, MD, MS, Co-founder of ACE Interface and Jim Marks, MD, MPH, former executive vice president of the Robert Wood Johnson Foundation and former director of the National Center for Chronic Disease Prevention and Health Promotion at CDC.

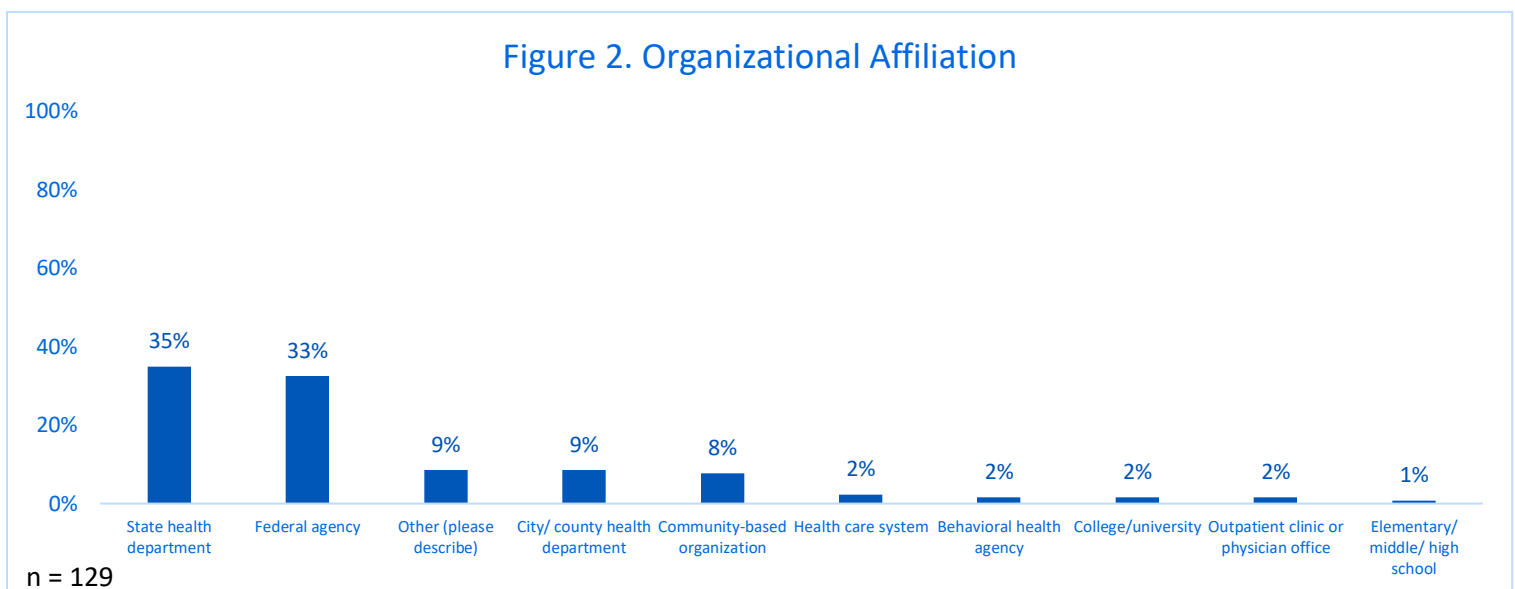
## Participant Demographics

The following demographics are from webinar attendees/participants. All attendees were from the United States.

**Figure 1:** About 67% of attendees were from the Public Health Primary Discipline, followed by 11% from the Behavioral Health field, just about 6% from Education, 5% from Nursing, and 4% in Advocacy.



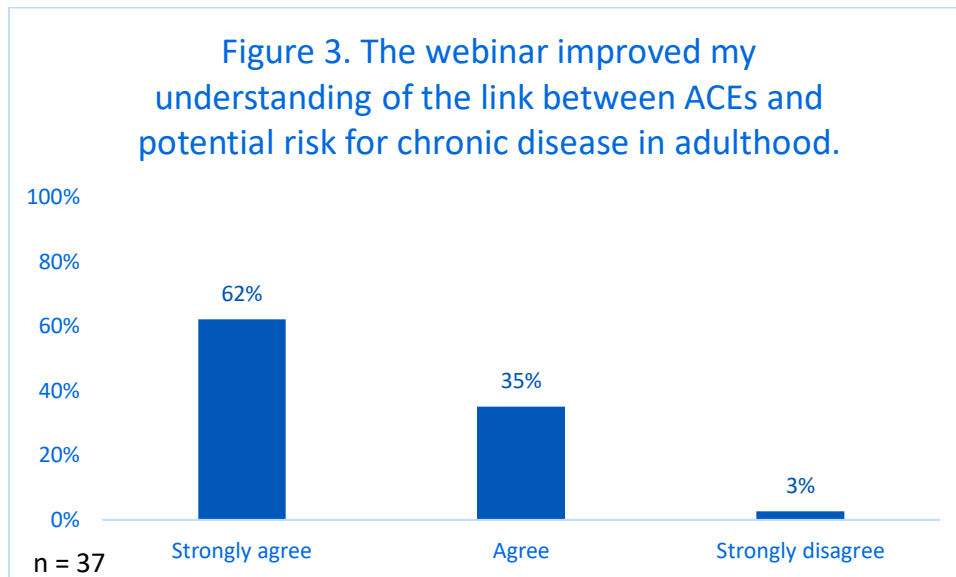
**Figure 2.** A total of 35% of attendees reported affiliation with a state health department, while almost 33% indicated affiliation with a federal agency (CDC), followed by equal representation from other organizational affiliations and city/county health departments.



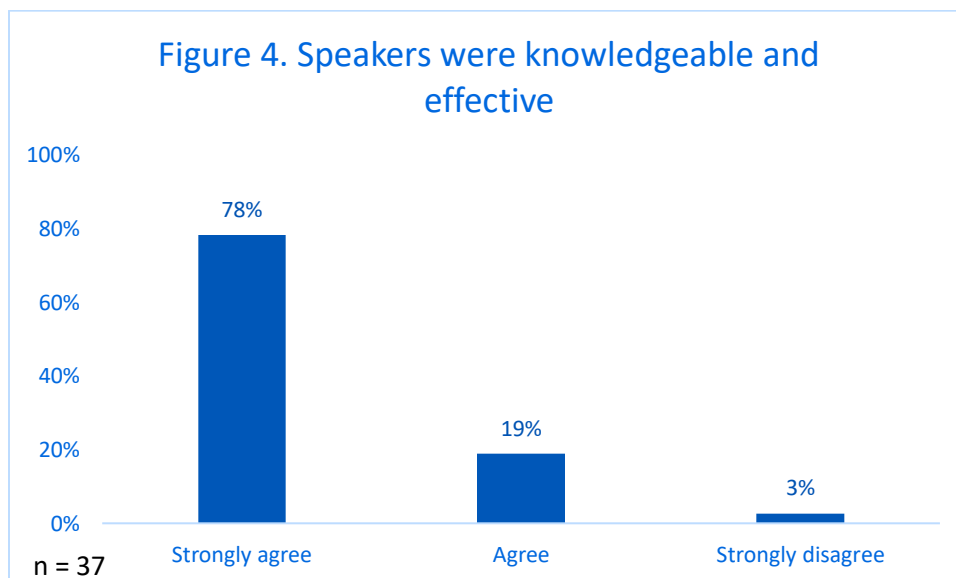
## Evaluation

A total of 37 people completed the webinar survey (Response Rate = 29%). Please note that all responses have been rounded to the nearest whole number.

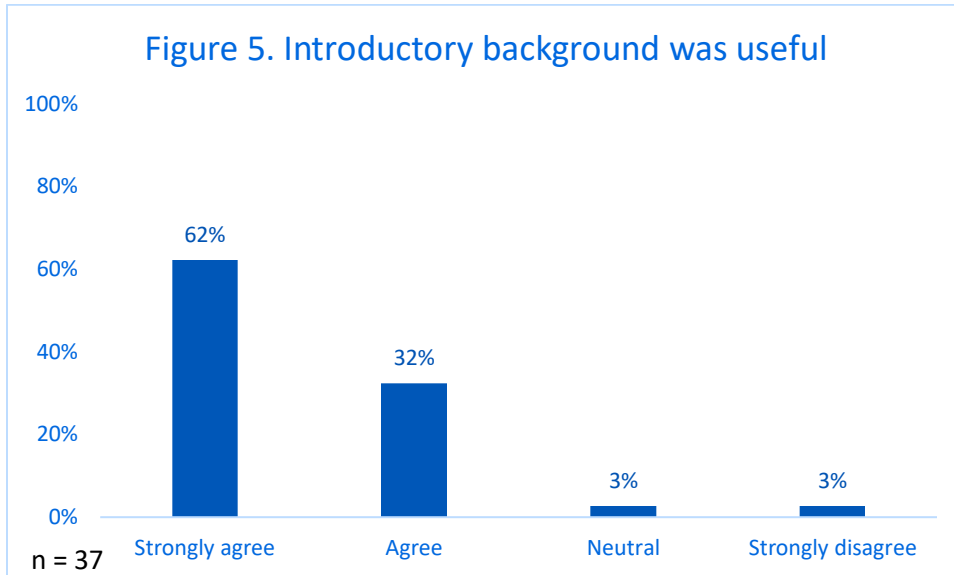
**Figure 3.** Almost all attendees strongly agreed or agreed (97%) that the webinar improved their understanding of the link between ACEs and potential risk for chronic disease in adulthood



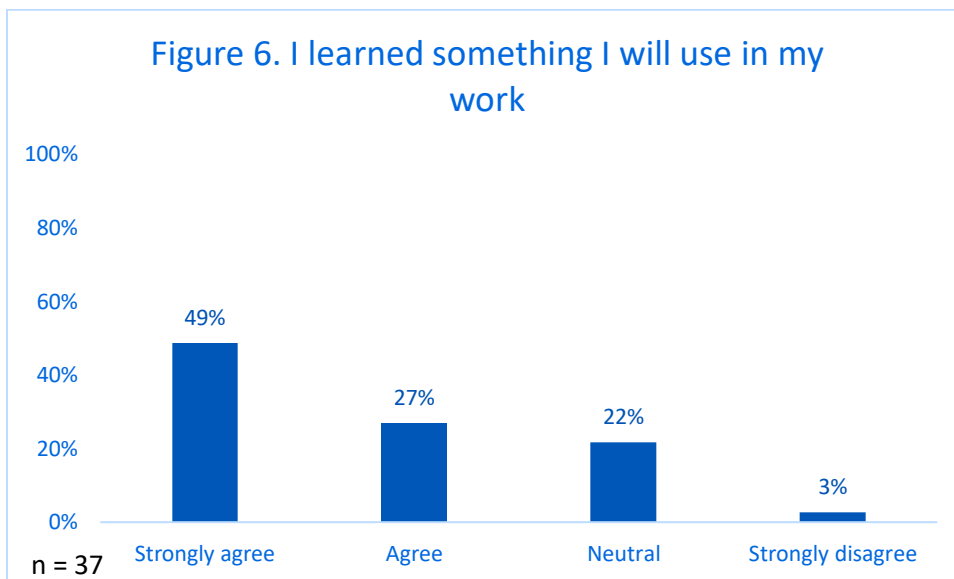
**Figure 4.** Most strongly agreed or agreed (97%) that the speakers were knowledgeable and effective.



**Figure 5.** Most attendees (94%) strongly agreed or agreed that the introductory background was useful, while 3% (one respondent) selected neutral and 3% (one respondent) strongly disagreed.



**Figure 6.** About three quarters of respondents strongly agreed or agreed (about 76%) that they learned something they could use in their work, while 22% were neutral on the topic and 3% (one respondent) strongly disagreed.



Note: One respondent strongly disagreed with all evaluation questions. Comments do not provide a possible explanation.

We received a variety of responses when respondents were asked how they planned to use the information provided in the webinar.

By being more open to ACE in my practice with patients.
Cancer's relationship to trauma in childhood.
Communicating and raising awareness.
Consider opportunities to connect with other programs on the connection between ACEs and chronic disease.
Create strategies to prevent and/or reduce ACES.
Direct practice.
Excellent topic of discussion.
General awareness and understanding.
Good information for grandparents.
Great information and suggestions! I thoroughly enjoyed the presentation. I will use the information presented to inform policy system and environmental changes at the community level.
Help make decisions re policies &/or training expectations.
I oversee grants made to local organizations and health departments, and addressing ACESs in included in our grant deliverables.
I oversee the tobacco, diabetes, comprehensive cancer control, health promotion and heart disease programs. I plan to incorporate ACEs in future chronic disease trainings and workplan activities.
I plan to put some thought into how we can support health coaches to not only have access to ace training but have the space to reflect and do the self awareness work necessary to support clients.
I will consider how we can incorporate the concepts of ACEs into our chronic disease prevention, education and policy work. I like the analogy of the Comp Cancer Plan.
I will try to view more of the chronic health conditions experienced by my patients from an ACEs perspective to see if there is a connection we could explore as part of their healing process.
I will use the information as I met with families as a chaplain in the hospital setting.
I will use the references provided to further explore this topic.
Incorporate information into my trainings that I host on trauma and ACEs.
Integrate into parent engagement.
It provides a new lens and framework for examining chronic diseases and planning programs.
It will help me understand more about the factors that could be affecting our participants.
Not sure how to include information in my work at the national level of a program.
PH works with clientele of all ages. We can use this as a positive reinforcement.
Possibly help to use ACEs to improve diabetes prevention in underserved populations.
Preventing ACEs could potentially reduce many health conditions.
Primary prevention.
Share the recorded webinar with colleagues in NCCDPHP to help elevate interest in ACEs. Inquire whether NACDD can help bring folk together to address ACEs.
Taken into consideration when planning strategies in priority populations. Will introduce ACEs to community health workers and coalition.
The information provided is helpful background knowledge. I am unclear about how this may be used in the future.
To further my public health career by better understanding current topics in the field.
We have been working with ACEs, mostly with the school districts.
We will be discussing amongst all of our chronic disease programs in the section that I supervise and seek additional training.
Will promote among other professionals working with populations at risk for ACE, local NGOs and health departments. will use for personal and professional knowledge.

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Attendees were then asked if they indicated they would not be using the information presented during the webinar, please tell us why, including any barriers or challenges they may face.

It does not fall under my jurisdiction at work.

Many children have concerns within our county and we can use your information.

My job function is not directly related to this kind of work, I was attending out of professional curiosity and development.

Only barriers or challenges I may face would be the situation i.e., meeting with a family in live / death situation.

Schools have had a prime focus on Covid the last couple of years and has created a barrier to work with them on this important topic. Hopefully, things will continue to settle down soon.

Somewhat amazed by the interconnectedness of it all.

The evolving science of how to intervene to prevent ACEs is a barrier. Will be interested in learning more.