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VERMONT MEDICAL SOCIETY RESOLUTION

**Integrating the Science of the Adverse Childhood Experience (ACE)
Study in Vermont Medical Practice and Medical Education**

Adopted October 25, 2014

10 Whereas, The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever
11 conducted to assess associations between childhood maltreatment and later-life health and well-being;
12 and

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14 Whereas, The study is a collaboration between the Centers for Disease Control and Prevention and
15 Kaiser Permanente's Health Appraisal Clinic in San Diego; and

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17 Whereas, The ACE Study findings suggest that certain experiences are major risk factors for the
18 leading causes of illness and death as well as poor quality of life in the United States. It is critical to
19 understand how some of the worst health and social problems in our nation can arise as a consequence
20 of adverse childhood experiences; and

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22 Whereas, evidence from the ACE study indicates that primary prevention of these events will reduce the
23 burden of adult chronic disease and lead to better health outcomes; and

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25 Whereas, results from ongoing research from the ACE study may identify best practices regarding
26 referral and treatment for patients with a history of significant exposure to adverse childhood
27 experiences; now therefore be it

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29 **RESOLVED, that the VMS work with public and private partners to identify, and rigorously**
30 **evaluate and promote, strategies for the integration of strength-based, data-driven and age-**
31 **appropriate prevention, resiliency promotion, and screening and follow-up/referral activities**
32 **throughout Vermont's health care delivery system; and be it further**

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34 **RESOLVED, that VMS advocate for the integration of strength-based, data-driven and age-**
35 **appropriate prevention, resiliency promotion, screening and follow-up/referral activities into**
36 **health care professional training; and be it further**

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38 **RESOLVED, that the VMS urge the Vermont Department of Health to continue to monitor the**
39 **population-based impact of ACE using data collection strategies such as (but not limited to) the**
40 **Behavioral Risk Factor Surveillance System.**