REPORT TO THE BOARDS OF HEALTH

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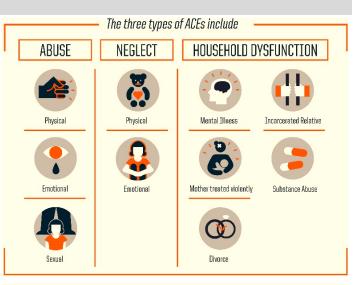
Mid-Michigan District Health Department, Wednesday, August 28, 2019 Mid-Michigan District Health Department, August 28, 2019 District Health Department #10, Friday, August 23, 2019

Adverse Childhood Experiences (ACEs)

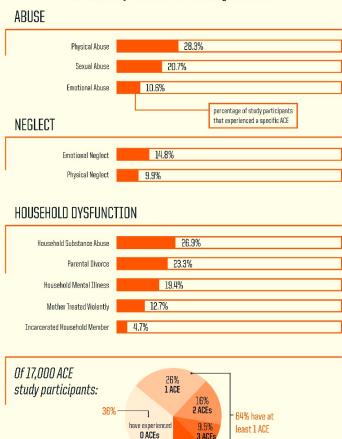
Adverse childhood experiences, or ACEs, are potentially traumatic events that occur to someone before age 18. A very large body of research has found that ACEs have a substantial, lifelong impact on physical and emotional health. They are linked to risky health behaviors, chronic health conditions, lower life potential, and earlier death. As the number of ACEs and individual experiences increases, so does the risk for poor outcomes.

The landmark study investigating ACEs took place from 1995 to 1997, and surveyed over 17,000 people about their childhood experiences and current health and health behaviors. The survey asked about 10 ACEs in three main categories. (The ACE questionnaire is available at the end of this report.) Nearly two-thirds of those questioned had a history of at least one adverse childhood experience, and over 20% reported 3 or more. The most commonly reported ACEs were physical and sexual abuse, exposure to substance misuse and mental illness in the household, and parental separation or divorce. Since this first study was conducted, 42 states plus the District of Columbia have performed their own surveys and found similar results. In Michigan, it was found that 28.5% of children up to age 17 had 2 or more ACEs.

Exposure to ACEs cause too much stress, often called toxic stress, effecting a child's developing brain, cardiovascular system, immune system, and metabolic system. When a child experiences several ACEs over time, there is a long-lasting stress response that causes lasting damage and long-term health consequences. People with six or more ACEs die about 20 years earlier than those with no ACEs. Those with 2 ACEs are 3 times more likely to use illicit drugs and 2 times more likely to have depression and to miss two or more weeks of work in a month due to mental illness. People with 4 or more



The ACE study* revealed the following estimates:





ACEs are 2 times more likely to smoke, have heart disease, stroke, cancer, STDs, and diabetes, 5 times more likely to use illicit drugs, have depression and miss work due to mental illness, 7 times more likely to consider themselves alcoholic, and 12 times more likely to attempt suicide.

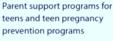
There are ways to prevent and manage the harms caused by ACEs. Building protective factors, or resilience, for individuals, families, and communities is an important way to prevent ACEs. There are core principles that should drive policies and services aimed at these efforts. These three core principles are: support responsive relationships for children and adults; strengthen core life skills, and; reduce sources of stress in the lives of children and families. There are proven and effective programing that can support these principles. These include: home visiting programs, quality early child care and education, economic supports, family-friendly workplaces, affordable housing, and improved access and coverage to needed physical and mental health services.

The single most common factor for children and teens who develop the capacity to overcome serious hardship is having at least one stable and committed relationship with a supportive parent, caregiver, or other adult.

What can Be Done About ACEs?

These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. Safe, stable, and nurturing relationships and environments can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:





Mental illness and substance abuse treatment



prevention



Sufficient economic supports for families with lower incomes.



Home visiting to pregnant women and families with newborns







Intimate partner violence

Family-friendly work

Healthy Living Recommendations

- 1. Get involved with the Michigan ACE initiative at https://miace.org/get-involved/.
- 2. Support existing evidence-based prevention and treatment efforts such as home visiting programs, parent education programs, dual treatment programs for substance abuse, and trauma-informed care.
- 3. Be a mentor or school volunteer to provide at-risk children a stable, committed adult relationship. -- the most important predictor of their ability to overcome hardship.

Resources

- Michigan ACE initiative at https://miace.org/get-involved/
- On-Line ACEs Training https://vetoviolence.cdc.gov/apps/aces-training/#/#top
- The National Mentoring Partnership https://www.mentoring.org/
- . iChill App: Teaches Resiliency Model of self-help skills https://www.traumaresourceinstitute.com/ichill-app/ichill-app-1

References

- Bellazaire, A. (2018). Preventing and Mitigating the Effects of Adverse Childhood Experiences. National Conference of State Legislatures. http://www.ncsl.org/research/health/preventing-and-mitigating-the-effects-of-adverse-childhoodexperiences.aspx
- Center for Disease Control and Prevention (CDC). Adverse Childhood Experiences (ACEs). • https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html

- Center for Youth Wellness (2013). Whitepaper: An Unhealthy Dose of Stress. https://drive.google.com/file/d/1RD50IIP2dimEdV3zn0eGrgtCi2TWfakH/view
- S. Cohen, "Three Principles to Improve Outcomes for Children and Families" (Cambridge, Mass.: Center on the Developing Child at Harvard University, October 2017), <u>https://developingchild.harvard.edu/resources/three-early-childhood-development-principles-improve-child-family-outcomes/</u>
- Academy Healthy. Rapid Evidence Review. What evidence-based interventions for parents and families help mitigate adverse childhood experiences among children? <u>https://www.academyhealth.org/files/RapidEvidenceReview.ACEs .Prevention.pdf</u>

Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1.	Did a parent or other adult in the household often or very often Swear at you, insult you, put you down, or humiliate you? or				
	Act in a way that made you afraid that you might be physically hurt?	Yes	Νο	If yes enter 1	
2.	Did a parent or other adult in the household often or very often Push, grab, slap, or throw something at you? or				
	Ever hit you so hard that you had marks or were injured?	Yes	No	If yes enter 1	
3.	Did an adult or person at least 5 years older than youever Touch or fondle you or have you touch their body in a sexual way? or				
	Attempt or actually have oral, anal, or vaginal intercourse with you?	Yes	No	If yes enter 1	
4.	Did you often or very often feel that No one in your family loved you or thought you were important or special? or				
	Your family didn't look out for each other, feel close to each other, or sup	-			
		Yes	No	If yes enter 1	
5.	Did you often or very often feel that You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or				
	Your parents were too drunk or high to take care of you or take you to the		-		
		Yes	NO	If yes enter 1	
6.	Were your parents ever separated or divorced?	Yes	No	If yes enter 1	
7.	 Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or 				
	Ever repeatedly hit at least a few minutes or threatened with a gun or kni	fe?			
		Yes	No	If yes enter 1	
8.	Did you live with anyone who was a problem drinker or alcoholic or who us	sed sti Yes	-	If yes enter 1	
٥	Was a household member depressed or mentally ill, or did a household me			•	
5.	was a nousehold member depressed of mentally in, of did a nousehold me	Yes		If yes enter 1	
10.	Did a household member go toprison?	Yes	No	If yes enter 1	
	Now add up your "Yes" answers:		This is yo	our ACE Score	