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Testimony House Health Care Committee
H. 762 – An act relating to the Adverse Childhood Experience Questionnaire
Kathleen Hentcy, Vermont Department of Health
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Hello, and thank you for the opportunity to address your committee. My name is Kathleen Hentcy. I am a chronic disease specialist in the Barre and Morrisville District offices of the Department of Health.

I am going to tell you about a project we started three years ago, in the Barre District Office to assess the community awareness of childhood trauma and engage the community in prevention strategies.

At that time, a team of public health nurses, nutritionists and others, including myself, were considering how to address the increasing obesity rate in our community. In 2011, our data told us that 25% of Vermont adults were obese, and 35% were overweight; among youth the figures weren't encouraging, either. One quarter of our youth were either overweight or obese.

As we examined state, local and national data relating to obesity we considered the landmark Adverse Childhood Experiences study. I won't go into detail on the ACE study, since I know you will be hearing about it tomorrow from Dr. Vincent Felitti, one of the lead researchers.

I'll just say that the study came about as the result of a project Dr. Felitti had undertaken in his practice in the early 1990s to help severely obese patients lose weight. Dr. Felitti noted that while patients lost large amounts of weight quickly, for many, challenges in life led them to gain it all back, and sometimes more. When questioned, they stated clearly that without the weight, they no longer felt safe. And then they talked about having experienced sexual or physical abuse for example, as children, and how those experiences caused them to feel unsafe as a normal-weight person.

These kinds of associations came up often enough that Dr. Felitti finally teamed with the CDC to design the Adverse Childhood Experiences study. As part of the study, more than 17,000 mostly white, middle-class, college educated patients agreed to answer questions about their childhood experiences. The researchers then correlated their responses to their health conditions, among other things.

The ACE study found that more than half of the participants reported at least one type of childhood adversity, such as sexual abuse, recurrent physical abuse, recurrent emotional abuse, having a family member incarcerated, seeing the mother battered; having an alcoholic or a drug-using family member; living with someone who was chronically depressed, mentally ill, or suicidal; and parental separation or divorce. One quarter of the participants reported two or more of these adversities, and 12.5% reported four or more. It is important to note that we are talking about types of adversity, not the number of incidents. The researchers found that those with more types of adversities in childhood had corresponding increases in chronic disease later in life. Those with four or more types of adversities have poorer outcomes: more addiction, more disease, earlier death.

Briefly, the study found that:

- Adverse Childhood Experiences are very common
- Adverse Childhood Experiences are strong predictors of health risks and disease from adolescence to adulthood – including obesity, heart disease, diabetes, cancer and more
- The study leaders, Dr. Felitti and Dr. Robert Anda, of the CDC, report that this combination of findings makes Adverse Childhood Experiences one of the leading, if not the leading determinant of the health and social well-being of our nation

In our office, we began to consider that perhaps obesity, at least in a significant portion of the population, might be a symptom of an underlying root cause – namely, childhood trauma – and that addressing the root cause might be a more effective means of addressing not only obesity but many other chronic health issues.

In defining the scope of the problem of childhood trauma, the Barre team was fortunate to have access to Vermont-specific ACE data as well. For example, we know that 58% of Vermont adults had at least one adverse event in their childhood.

– 23% had one ACE and 14% four or more. That is higher than that reported for 4 or more ACEs in the original study – which was 12.5% - and is of particular note given the powerful affect multiple ACEs have on later outcomes.

According to the Health Surveillance Unit of the Department of Health, Vermont adults with at least four ACEs generally experience higher rates of chronic disease and risk behaviors when compared to the entire Vermont population. Specifically, smoking, obesity, depression, and overall prevalence of a chronic disease are higher.

Adults with at least four ACEs tend to be obese (34%) rather than overweight, as compared with Vermont adults overall (24% are obese. THESE ARE NOT ADDITIVE.).
For our team, in the Barre District office, this information led us to recognize childhood trauma as a determinant of health with profound impacts upon community well-being. In order to obtain a comprehensive understanding of the issue in our region, our team conducted 20 structured interviews with a multi-disciplinary group of community stakeholders.

One key stakeholder we interviewed talked about the need for much earlier interventions, when she likened the effect of childhood trauma to a pebble being dropped into a pond of water: "If [the pebble dropping is] the point at which [a] child is traumatized, then there is a whole ripple effect. What are we spending dealing with these ripples way out here, when we should be corralling that money to address the pebble going into the pond. ….We're spending a lot of money on trauma, [but] I don't think we're allocating it in the most effective way. "

Another noted the power of promoting healthy relationships: "[I]t's not just about what is trauma, but what is a nurturing culture?...We may want to give out a message of what a nurturing culture is, for a developing brain, and what are the experiences you can expose your child to that are creative and good .... If that's part of the whole picture, we're going to be addressing childhood trauma."

And finally, another stakeholder spoke for those who rarely get counted in such studies, when he said, "The ACE stud[y shows only] the tip of the iceberg because there are alot of people who don't show up for healthcare or services."

Before I finish, I'll touch quickly on some of our key findings.
For example, a gap we identified, not surprisingly, was that there isn't enough data being gathered, and what data exists isn't consistent across agencies and organizations.

We also found that, overall, there is good-to-expert understanding of trauma among professionals, but in general, community leaders and the public have limited knowledge and understanding of the incidence and prevalence of childhood trauma, it's immediate effects and it's long term effects.

We also heard that there are more people who need services than there are services available.

Once we had this information organized, we then held a community forum in order to develop recommendations from the information we had gathered.

Next week, on the 19th, we will hold a second community forum to help us decide our top three priorities from those recommendations, and form workgroups to tackle those priorities on the local level.

On a policy level, however, it is already clear from our work what our community sees as critically important if we are going to prevent early and repeated adversities in the lives of our children, and intervene effectively where such adversities have already occurred.

We heard:

1) Programs must be integrated across all human services agencies. This means a family-and-child centered system of health promotion, prevention, early intervention, treatment and support.

2) All services providers and the community at large must understand trauma and its impact upon public and personal health and behavior . This would include:

    a. A broad public understanding that the ability to learn, to work productively, and to stay healthy are built in early childhood

    b. All parents understanding the stages of brain development and realistic expectations for their children's behavior

    c. Health care and human services providers understanding the impacts of early adversities and how to support parents and their children

I would like to end by noting the dominant theme of all of the work the Barre Health Promotion Team has been engaged in regarding childhood trauma over the past three years. One administrator of child and family focused programs recently summed it up for me when she placed her hand on a copy of our report, and said, "I have great hope."

I would be happy to answer any questions you might have. Thank you for your time.