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Testimony in Support of SCR 8

(SCR 8, identical to HCR 2, is a concurrent resolution to declare Adverse Childhood Experiences (ACEs) a critical health issue, commit the Legislature to action, and encourage the Governor to direct agencies to assess and report progress on reducing ACEs).

Good Morning Mr. Chairman and members of the Committee. My name is Rick Murdock, former director of the Michigan Association of Health Plans and now Coordinator of the Michigan ACE Initiative for the MAHP Foundation.

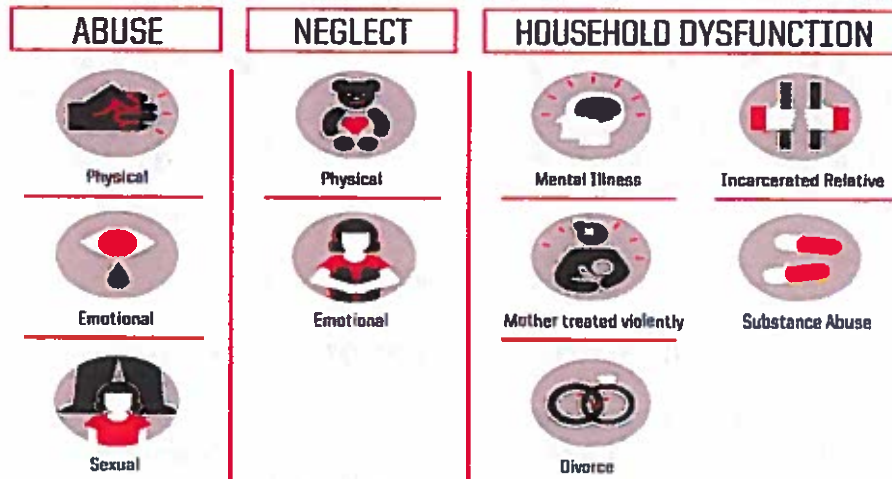
First, we wish to publicly thank you for the inclusion of Senate Concurrent Resolution 8 on the Committee's agenda and indicate our strong support for its passage. This resolution appropriately raises the conversation regarding adverse childhood experiences, ACEs, and its future impact of the health status of Michigan's population.

What Are ACEs

The original ACE study, designed by the Centers for Disease Control and administered to over 17,000 members of Kaiser Permanente Health Plan surveyed these members regarding adverse childhood experiences in the context of their health status. has been replicated in over 30 states with similar findings. These organized Adverse Childhood Experiences into ten categories: abuse (physical, emotional, and sexual); Neglect (Physical and Emotional) and five categories of household dysfunction—all of which are identified in the table on the next page. This study has been replicated now in over 30 states, including Michigan with similar findings.

The original research found that ACEs are common across all socio-economic and culture/ethnicity lines; that they are interrelated; that they accumulated and have powerful impact on future health status; and that they tend to be held in the body leading to mental, physical and behavioral problems throughout a person's life.

According to the most recent Michigan data, as of 2016, **nearly 70% of Michigan's adult population** reported having at least one adverse childhood experience, ACE, and **nearly 1 in 5 adults reported having 4 or more ACEs** as a child. (This data will be updated in through ongoing surveys undertaken by the Michigan Department of Health and Human Services.)



The two-page infographic handout that you have today highlights the most recent data collected by the Michigan Department of Health and Human Services.

Awareness is an absolute key....but it raises the question of “what do we do? How do we begin to identify or establish resiliency? We appreciate the time today to provide a short video that begins to illustrate what is starting to take place related to resiliency in communities and settings across the state.

SHOW VIDEO

We have much more to do and much we can learn from these examples in the video. We do know that from a population health perspective, experiencing adversity (sustained toxic stress) during childhood increases one’s risk of physical, mental and behavioral problems later in life and is therefore considered the most powerful determinant of public health because of the breadth of impacts—from heart disease to homelessness, from depression to violence—all because of the large percent of each of these problems that are attributable to ACEs.

It makes sense then that public policy that focuses on ACE prevention and resilience is the greatest opportunity for improving the well-being of our populations and taking appropriate actions in order to break the ACE cycle. To make this happen first requires awareness of our population of the presence and magnitude of ACEs **and then action.**

Adoption of this resolution will help in taking this major step.

ADVERSE CHILDHOOD EXPERIENCES

AMONG MICHIGAN ADULTS (2016)

What Are Adverse Childhood Experiences and How Prevalent Are They?

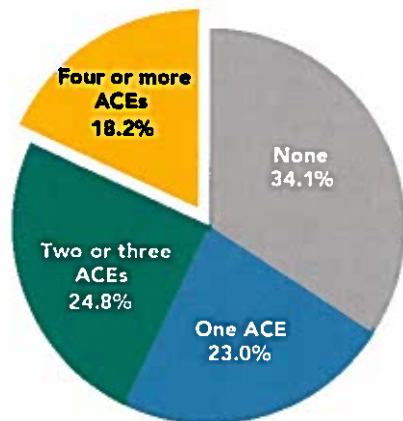
The Centers for Disease Control and Prevention defines adverse childhood experiences (ACEs) as “all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18.” In Michigan, eight specific ACEs are tracked through an annual state-level telephone survey of adults known as the Behavioral Risk Factor Survey. In 2016, two-thirds of Michigan adults (66%) reported having one or more ACEs.



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ACEs Load Matters.

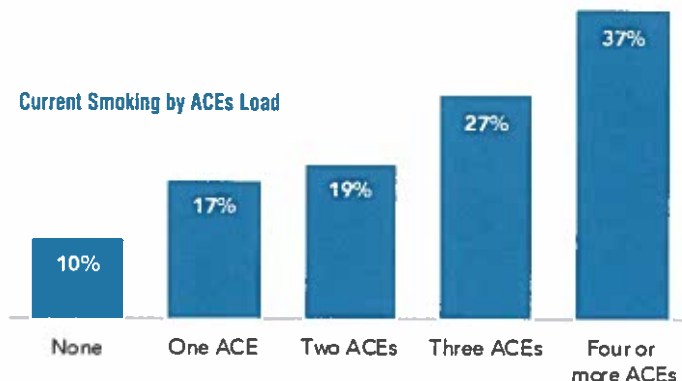
Generally speaking, the higher a person’s ACEs load (the number of ACEs they have), the greater their likelihood of exhibiting risky health behaviors and experiencing poorer health outcomes. In 2016, nearly a quarter of Michigan adults reported experiencing at least one ACE, a quarter reported experiencing two to three ACEs, and nearly one in five experienced four or more.



ACEs Are Strongly Associated with Health Risk Behaviors and Poor Health Outcomes.

In 2016, 44% of Michigan adults with four or more ACEs had been diagnosed with depression, compared to only 12% with no ACEs. This trend was similar for those with chronic obstructive pulmonary disease (COPD), asthma, poor mental health, poor physical health, and poor overall health.

37% of Michigan adults with four or more ACEs reported currently smoking.



2.7M

adults (39%) reported being verbally abused one or more times as a child.

2.1M

adults (29%) reported substance abuse in their household.



1.4M

adults (20%) reported mental illness in their household.



1.9M

adults (27%) reported having separated or divorced parents.

1.3M

adults (18%) reported that they were physically abused one or more times as a child.



1.4M

adults (19%) reported physical violence between adults in their household.

1.1M

adults (16%) reported being sexually abused one or more times as a child.

0.6M

adults (9%) reported having an incarcerated household member.

46%

greater risk of binge drinking for adults with one or more ACEs compared to those with no ACEs.

82%

greater risk of poor mental health for adults with one or more ACEs compared to those with no ACEs.

83%



greater risk of diagnosed COPD for adults with one or more ACEs compared to those with no ACEs.

69%

greater risk of lifetime asthma for adults with one or more ACEs compared to those with no ACEs.

57%

greater risk of current asthma for adults with one or more ACEs compared to those with no ACEs.

64%

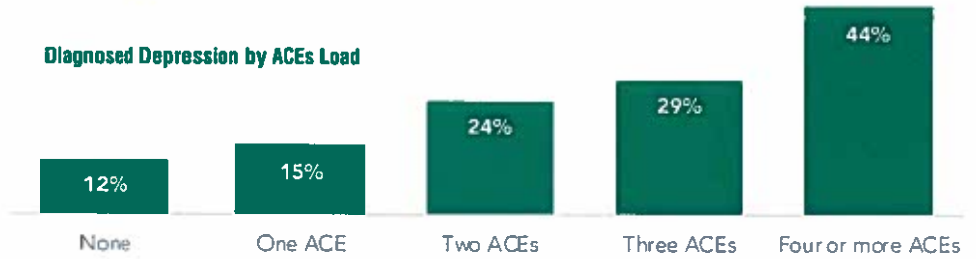


greater risk of fair or poor general health for adults with one or more ACEs compared to those with no ACEs.

141%

greater risk of depression for adults with one or more ACEs compared to those with no ACEs.

Diagnosed Depression by ACEs Load



There Is Hope

Social support from friends, family, and the community can help buffer the negative effects of ACEs. In Michigan, adults with high levels of social support were 7% to 29% less likely to report negative health outcomes compared to those with low social support.

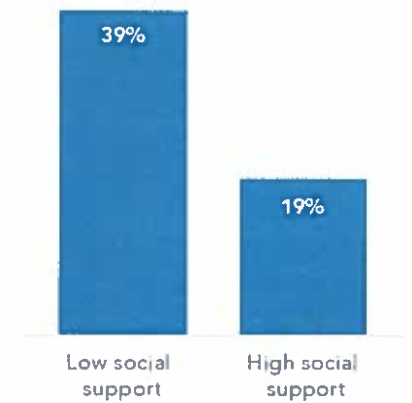
We Can Overcome ACEs

As a supportive adult, you can help buffer the effects of ACEs by helping to build resilience in others. Resilience means that, in the face of adversity, people can navigate life well and actively participate in preventing ACEs in the next generation.

Find out more at Michigan.gov/TraumaToxicStress

Michigan adults with four or more ACEs and high social support had a lower risk of poor physical health.

Poor Physical Health by Level of Social Support



Children's Trust Fund
Protecting Michigan's Children

MICHIGAN HEALTH
ENDOWMENT FUND



Risk was calculated using a ratio comparing the prevalence of the behavior or condition among those with one or more ACE compared to the prevalence among those with zero ACEs.

REFERENCES

Centers for Disease Control and Prevention. April 9, 2019. "About Adverse Childhood Experiences." Centers for Disease Control and Prevention. Accessed July 22, 2019. <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html>

Murad, A. and O. Barth. 2016. Michigan Behavioral Risk Factor Surveillance System Survey Data. Lansing: Michigan Department of Health and Human Services, Lifecourse Epidemiology and Genomics Division.

Data analysis and infographic design by Public Sector Consultants based on weighted prevalence estimates among Michigan's adult population provided by the Michigan Department of Health and Human Services, Lifecourse Epidemiology and Genomics Division.