

June 16, 2021

The Honorable Lucy McBath
1513 Longworth House Office Building
Washington, DC 20515

The Honorable Chris Stewart
166 Cannon House Office Building
Washington, DC 20515

Representatives McBath & Stewart,

We write to express our strong support for H.R. 3467, the Improving Data Collection for Adverse Childhood Experiences Act. This vital piece of legislation will build upon previous studies on Adverse Childhood Experiences (ACEs) in innovative and equitable ways.

ACEs are potentially traumatic events that can have long-lasting effects on an individual's life. As the number of ACEs an individual is exposed to increases, so does the risk for negative outcomes such as asthma and cancer in adulthood. ACEs have become an important focus in public health. The Centers for Disease Control and Prevention (CDC) estimate that if ACEs were prevented there would be 21 million fewer cases of depression, 1.9 million fewer cases of heart disease, and 2.5 million fewer cases of obesity.¹ The COVID-19 pandemic makes this all the more urgent with early signs pointing to increased severity of abuse and neglect during the pandemic.²

The original ACEs study conducted by the CDC and Kaiser Permanente was groundbreaking in advancing understanding of these effects. By categorizing ACEs into three groups: abuse, neglect, and household challenges, it found as the number of ACEs increase so does the risk for negative outcomes.³ However, this study is not free from critiques for, among other things, lacking a representative study population (the study sample was predominantly white, middle-income patients) and insufficiently measuring the impact of social and economic conditions on risk for adversity.⁴

This bill would enable the CDC to build on the original study while addressing these concerns. The study would have a focus on equity by including a diverse nationally representative sample. It would examine the strength of the relationship between ACEs and negative health outcomes, the intensity and frequency of ACEs and the relative strength of particular risk and protective factors. This legislation would also expand the scope of CDC's research outside of household factors to examine the effects that social, economic, and community conditions have on health and well-being. This research is critical to informing current and future programs aimed at mitigating the negative effects of ACEs and promoting the health of children, families and communities nationwide.

¹ BRFFS 2015-2017, 25 states, CDC Vital Signs, November 2019

² Elizabeth Sedo et al. *Trends in U.S. Emergency Department Visits Related to Suspected or Confirmed Child Abuse and Neglect Among Children and Adolescents Aged <18 Years Before and During the COVID-19 Pandemic*

³ Vincent J. Felitti et al., *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults*, (American Journal of Preventive Medicine, 1998), 245-258

⁴ Craig A. McEwen PhD, Scout F. Gregerson BA *A Critical Assessment of the Adverse Childhood Experiences Study at 20 Years*, (American Journal of Preventive Medicine, 2019), 790-794

We thank you for your leadership on this important issue. This critical legislation will go far in expanding our knowledge of ACEs and how to mitigate their effects.

Sincerely,

2020 Mom
Affect Mental Health
Aligning for Health
Alliance for Better Health
American Academy of Pediatrics
American Art Therapy Association
American Association for Psychoanalysis in Clinical Social Work
American Association of Child and Adolescent
Psychiatry
American Association of Suicidology
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Occupational Therapy Association
American Psychiatric Association
American Psychological Association
American Public Health Association
Anxiety and Depression Association of America
Association of Schools and Programs of Public Health
Association of State Public Health Nutritionists
Aunt Bertha
Big Cities Health Coalition
Center for Law and Social Policy (CLASP)
Chenango Health Network Inc.
Child Care Aware® of America
Children's Advocacy Alliance
Children's Home & Aid
Children's Hospital Association
Clinical Social Work Association
Colorado Association for School-Based Health Care
Community Catalyst
Confederation of Independent Psychoanalytic Societies
Depression and Bipolar Support Alliance
Faces & Voices of Recovery
Futures Without Violence
GEEARS: Georgia Early Education Alliance for Ready Students
Girls Inc.
Global Alliance for Behavioral Health and Social Justice
Groundwork Ohio

Hawaii State Rural Health Association
Hilo Medical Center Foundation
Inseparable
International OCD Foundation
Johnson County Public Health, IA
Maine Resilience Building Network
Maternal Mental Health Leadership Alliance
Mental Health America
MENTOR
Mom Congress
National Alliance on Mental Illness
National Association for Children of Addiction
National Association for Children's Behavioral Health
National Association of Pediatric Nurse Practitioners
National Association of Social Workers (NASW)
National Association of State Mental Health Program Directors
National Association of State Offices of Minority Health
National Federation of Families
National League for Nursing
National Network of Public Health Institutes
Partnership to End Addiction
Postpartum Support International
Prevention Institute
Public Health of Dayton and Montgomery
Redstone Global Center for Prevention and Wellness GWU
Resilient Georgia
RI International, Inc.
RiverStone Health
SaintA
Sandy Hook Promise
Society of State Leaders of Health and Physical Education
Tahoe Health LLC
The American College of Preventive Medicine
The Center for Community Resilience at George Washington University
The Jed Foundation
The Kennedy Forum
The National Alliance to Advance Adolescent Health
The Staten Island Partnership for Community Wellness
Trust for America's Health
Washoe County Health District
Well Being Trust
ZERO TO THREE