



House Health Committee

Chair Rep. Lipp

Vice Chair Rep. Holmes

Ranking Member Rep. Boyd

December 8, 2020

Tracy Nájera, MPA, PhD Executive Director Children's Defense Fund-Ohio

Proponent Testimony HCR 25

Chair Lipp, Vice Chair Holmes, Ranking Member Boyd, and members of the House Health Committee, thank you for the opportunity to offer proponent testimony today. My name is Tracy Nájera, and I am the Executive Director for the Children's Defense Fund-Ohio. The Children's Defense Fund is a private, nonprofit organization working to ensure every child a Healthy Start, a Head Start, a Fair Start, a Safe Start and a Moral Start in life and successful passage to adulthood with the help of caring families and communities.

I come before you today in support of HCR 25, a resolution that would declare Adverse Childhood Experiences (ACEs) a public health emergency. As you may be aware, children under the age of 18 in Ohio experience some of the highest levels of ACEs in the country – in fact Ohio is ranked in the top five states in the number of children who have experienced at least three or more ACEs.¹ Adverse Childhood Experiences such as household challenges and instability, abuse, and neglect, have a significant impact on a child's wellbeing and development and long-term affects into adulthood. Feelings of prolonged stress, fear, terror, and helplessness have a profound effect on a child's physical and mental development and can change the brain's fundamental architecture. Given, Ohio's status, it is not surprising that our state also has some of the worst child wellbeing rates in the country.

The effects of ACEs are also felt disproportionately by race and ethnicity. According to a recent publication by the Health Policy Institute of Ohio (HPIO), the research is clear that racism is a primary driver of the disparities and inequities experienced by communities of color.^{2 3} There is also a growing

¹ Sacks, Vanessa and Murphey, David. The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity. Child Trends. (2018). <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>

² Williams, David R., Jourdyn A. Lawrence, and Brigitte A. Davis. "Racism and health: Evidence and needed research," Annual Review of Public Health 40, no. 1 (2019): 105-125. <https://doi.org/10.1146/annurevpublhealth-040218-043750>.

³ Aly, Reem, et al. "Adverse Childhood Experiences (ACEs): Health Impact of ACEs in Ohio," Health Policy Institute of Ohio, (2020). https://www.healthpolicyohio.org/wp-content/uploads/2020/09/PolicyBrief_ACEs_Final.pdf



body of research connecting racism and other forms of discrimination to ACEs, trauma and toxic stress.

In the past several weeks, I've been reviewing data and research on the impacts that natural disasters have had on children – both educationally and emotionally. There is much we can learn from other experiences, though truly this pandemic is unique in its own rite. In one particular study of 387 children post-Hurricane Katrina, researcher found that 28% of children observed showed symptoms of posttraumatic stress two to three years after the natural disaster.⁴ Another study, which included over 5,700 children found that posttraumatic stress was experienced at greater rates among young children, girls, and children whose families had lost employment, their home, or other forms of stability.⁵ However, research has also shown that children are resilient and at least two out three children will emerge from disasters and traumatic events without lingering in the years after the event or effects later in life. We must make sure that we do much better than that given that we have millions of children who are experiencing this pandemic in a variety of ways and for many their experiences include hunger, threat of homelessness, loss of family income, disconnection from friends, schools, and other caring adults.

Children and families are facing significant challenges during this current pandemic and economic crises Ohio is navigating. In fact, the U.S. Census Bureau's Household Pulse Surveys report the following results for Ohio recently:

- [14% of Ohio families with children reported in October](#) that there was sometimes or always not enough to eat in their household. Sadly, this is not new for many families. [13% responded that they did not have enough food to eat](#) prior to the pandemic either.
- [Nearly one in six Ohio families with children \(15%\)](#) said they had only slight confidence or no confidence at all that they would be able to make their next rent or mortgage payment on time.
- [One in fourteen](#) Ohio families with children (7%) lack health insurance.
- [A fifth of Ohio respondents with children in their households \(23%\)](#) reported that they had felt down, depressed or hopeless in the previous week, indicating a widespread need for access to mental health care.

I know – this news is dire, however, there are reasons to have hope. Research has shown that protective factors can prevent or mitigate the effects of ACEs. Many of these protective factors are those very policies and programs that this general assembly and Governor DeWine has shown support for in the past and indicated a commitment for ongoing support going forward. These include: support for at-risk moms through pregnancy and post-partum, evidence-based home visiting programs for children and mothers, quality early care and education, school-based behavioral health and wellness support to meet

⁴ Mindy E. Kronenberg et al., "Children of Katrina: Lessons Learned about Postdisaster Symptoms and Recovery Patterns," *Child Development* 81 (2010): 1241–59, doi: 10.1111/j.1467-8624.2010.01465.x.

⁵ ³⁹ Christopher J. Lonigan et al., "Children Exposed to Disaster: II. Risk Factors for the Development of Post-Traumatic Symptomatology," *Journal of the American Academy of Child and Adolescent Psychiatry* 33 (1994): 94–105, doi: 10.1097/00004583-199401000-00013.



the needs of the “whole child”, and cultivation of strong social emotional learning skills to build resilience.

The current pandemic and how it has impacted our lives and the lives of many vulnerable Ohioans is traumatic and adverse. Mitigation of the effects of ACE's should be the focus of our work as adults in the upcoming biennium and working on behalf of children and making sure they have what they need to thrive and flourish into healthy adulthood. We must begin by declaring adverse childhood experiences a public health emergency and taking action to make sure that children have the protective factors in place to prevent and mitigate the pervasive and lingering effects of trauma.