CONNECTICUT | FACT SHEET 2021
Strong Roots Grow a Strong Nation
Advancing Policies to Catalyze Well Being by Addressing the Epidemic and Legacy of Adverse Childhood Experiences

About this FACT SHEET
All findings reported here are based on analysis of data from the 2018-2019 National Survey of Children's Health (NSCH) and most recent data from the Behavioral Risk Factor Surveillance Survey (**BRFSS**).
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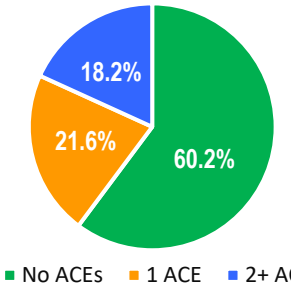
Nearly 40% of US children[1] and two-thirds of adults[2] have been exposed to at least one Adverse Childhood Experience—such as physical or emotional neglect or abuse, living with someone with a drug, alcohol or serious mental health problem, the death of a parent and being exposed to violence or discrimination in the home or community. **Approximately 1 in 5 children have 2+ ACEs where large impacts are seen.**

Breakthrough neurobiological sciences explain mechanisms linking ACEs exposure levels to markedly higher rates of chronic physical illnesses, mental, emotional and behavioral health problems and lowered quality of life and life expectancy.[3] Methods to prevent and heal the legacy of the trauma from ACEs are available. **Policy shifts are needed to align with science and what is possible.**

US children with ACEs 2018-19[1]



Connecticut children with ACEs, 2018-19[1]

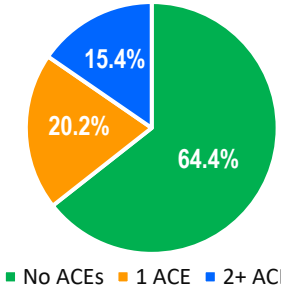


Table 1: National & Connecticut CHILD outcomes by ACEs, (2018-2019 NSCH)[1,4,5]

Key child outcomes (age in years)	Nation[1]			Connecticut[1]*		
	No ACEs	1 ACE	2+ ACEs	No ACEs	1 ACE	2+ ACEs
Child has a chronic condition requiring above routine amount or type of health care services[4] (0-17)	13.3%	20.8%	35.0%	15.2%	30.0%	30.4%
Child has an ongoing emotional, developmental, or behavioral problem (0-17)	4.7%	9.3%	20.4%	4.6%	18.2%	19.6%
Child is overweight or obese (10-17)	25.8%	32.6%	39.7%	26.9%	20.8%	44.7%
Child is bullied, picked on, or excluded by other children (6-17)	41.9%	48.1%	60.1%	46.1%	47.3%	57.3%
Child's mother is in very good/excellent health (0-17)	77.9%	64.4%	47.6%	82.8%	66.6%	46.7%
Child engages in school (6-17)	56.7%	47.7%	33.4%	53.9%	48.2%	35.7%
Resilience and Flourishing[5] (met all 3 criteria) (6-17)	73.4%	64.4%	52.6%	75.0%	64.1%	46.0%
Child's family stays hopeful when facing problems (0-17)	61.8%	54.6%	48.4%	57.1%	50.5%	35.7%

**To see your state data click on the outcome and select your state*

Prevalence of adults with ACEs[2]

- 61.5% of adults across 23 states with data had 1+ ACEs
- 24.6% were estimated to have had 3 or more ACEs

Estimates are based on 2011-2014 Behavioral Risk Factor Surveillance System data across 23 states that collected ACEs data.[2]

Table 2: Odds of key ADULT health problems for adults with 1, 2, 3 or 4+ ACEs compared to adults with no ACEs**

Key adult outcomes	0 ACEs	1 ACE	2 ACEs	3 ACEs	4+ ACEs
Suicide attempts	100%	180%	300%	660%	1220%
Injected drugs	100%	130%	380%	710%	1003%
Consider self an alcoholic	100%	200%	400%	490%	740%
Recent depression	100%	150%	240%	160%	460%
Lung disease	100%	160%	160%	220%	390%

**SOURCE: Based on research from the CDC-Kaiser ACEs Study

- Children with multiple ACEs whose families have greater resilience and parent-child connections have nearly 400% times greater odds of flourishing. **We can promote health and healing even as we work to prevent ACEs.**[5]
- Children with ACEs are more likely to have a chronic condition, have chronic mental, emotional or behavioral problem and either bully or be bullied.
- Children with ACEs are less likely to have mothers who are in very good or excellent physical and mental health and are less likely to engage in school or live in families that feel hopeful during difficult times.

States, federal agencies, health care, education, social services and business sectors alike recognize the toll we have paid by not fostering healthy child development and addressing ACEs and trauma in adults. Recommendations for policy change are widespread and require strong collaboration across federal agencies to enable the innovation, and healing our nation needs and deserves. Our nation's health and strength depend on it.

Key References: [1]Child and Adolescent Health Measurement Initiative (CAHMI), Data Resource Center for Child and Adolescent Health, 2018-2019 National Survey of Children's Health Interactive Data Query, (www.childhealthdata.org); [2]Merrick M, Ford DC, Ports KA. Prevalence of Adverse Childhood Experiences from the 2011-2014 Behavioral Risk Factor Surveillance System in 23 states. JAMA Pediatrics November 2018; [3]Berens AE, Jansen SKG, Nelson CA 3rd. Biological embedding of childhood adversity: from physiological mechanisms to clinical implications. BMC Med. 2017 Jul 20;15(1)135; [4]Bethell CD, Newacheck P, Hawes E, Halfon N. Adverse Childhood Experiences: Assessing the Impact on Health and School. Engagement and the Mitigating Role of Resilience. Health Affairs, 33, no.12 (2014):2106-2115. [5]Bethell CD, Gombojav N, Whitaker RC. Family Resilience and Connection Promote Child Flourishing, Even Amid Adversity. Health Affairs, May 2019.

Prepared by The Child and Adolescent Health Measurement Initiative. Citation: Bethell CD, Gombojav N, Rush M. "Connecticut Fact Sheet 2021: Strong Roots Grow a Strong Nation". Child and Adolescent Health Measurement Initiative (CAHMI), Johns Hopkins Bloomberg School of Public Health. Retrieved dd/mm/yy from www.cahmi.org.

Note: The "economic hardship" ACEs item changed in 2018 leading to fewer children being identified with ACEs compared to prior years.