
HOUSE CONCURRENT RESOLUTION

REQUESTING THE GOVERNOR TO INVEST IN PREVENTATIVE HEALTH CARE,
INCLUDING MENTAL HEALTH WELLNESS INTERVENTION AND RELATED
MEASURES THAT INCORPORATE NATIVE HAWAIIAN CULTURAL
PRACTICES, TO REDUCE THE EXPOSURE OF CHILDREN IN THE STATE
TO ADVERSE CHILDHOOD EXPERIENCES.

1 WHEREAS, adverse childhood experiences are traumatic
2 occurrences during childhood that can have a profound effect on
3 a child's developing brain or body and can result in poor mental
4 or physical health during the person's adulthood; and

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6 WHEREAS, adverse childhood experiences can include:
7 physical, emotional, or sexual abuse; physical and emotional
8 neglect; and household dysfunction, including substance abuse,
9 untreated mental illness or incarceration of a household member,
10 domestic violence, or the separation or divorce of household
11 members; and

12
13 WHEREAS, research published during the past two decades in
14 the evolving fields of neuroscience, molecular biology, public
15 health, genomics, and epigenetics demonstrate that the
16 experiences of the first several years of life can change the
17 biology of the human body in ways that can influence a person's
18 physical, mental, and spiritual health over the course of that
19 person's lifetime; and

20
21 WHEREAS, adverse childhood experiences impact the physical
22 architecture of a child's developing brain and can have profound
23 negative repercussions, as the brain serves as the foundation
24 for all learning, health, and behavior; and

25
26 WHEREAS, strong, frequent, or prolonged stress in childhood
27 caused by adverse childhood experiences can result in toxic



1 stress that negatively impacts the development of a child's
2 fundamental brain architecture and stress response system; and
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4 WHEREAS, in 1998, the United States Centers for Disease
5 Control and Prevention, in coordination with Kaiser Permanente,
6 published an Adverse Childhood Experiences Study in which more
7 than seventeen thousand adult Californians were surveyed
8 regarding their personal childhood experiences; and
9

10 WHEREAS, the 1998 Adverse Childhood Experiences Study
11 remains one of the largest investigations of the effects that
12 childhood abuse, neglect, and household challenges have on
13 later-life health and well-being; and
14

15 WHEREAS, two-thirds of participants in the 1998 Adverse
16 Childhood Experiences Study had at least one adverse childhood
17 experience and one in six participants had four or more adverse
18 childhood experiences; and
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20 WHEREAS, the 1998 Adverse Childhood Experiences Study also
21 demonstrated a strong correlation between the number of adverse
22 childhood experience and a person's risk for disease and
23 negative health behaviors; and
24

25 WHEREAS, the 1998 Adverse Childhood Experiences Study
26 included findings that:
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- 28 (1) A person with four or more adverse childhood
29 experiences is:
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31 (A) 2.4 times more likely to have a stroke;
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33 (B) 2.2 times more likely to have ischemic heart
34 disease;
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36 (C) 2 times more likely to have chronic pulmonary
37 obstructive disease;
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39 (D) 1.9 times more likely to have cancer;
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41 (E) 1.7 times more likely to have diabetes;
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- 1 (F) 12.2 times more likely to attempt suicide;
- 2
- 3 (G) 10.3 times more likely to use injection drugs;
- 4
- 5 (H) 7.4 times more likely to become an alcoholic; and
- 6
- 7 (I) 46 times more likely to have learning or
- 8 emotional problems;
- 9
- 10 (2) A person with six or more adverse childhood
- 11 experiences has a life expectancy that is twenty years
- 12 shorter than that of a person with no adverse
- 13 childhood experiences;
- 14
- 15 (3) A woman with seven or more adverse childhood
- 16 experiences is 5.5 times more likely to become
- 17 pregnant as a teenager;
- 18
- 19 (4) A woman with three or more violent adverse childhood
- 20 experiences is 3.5 times more likely to become the
- 21 victim of intimate partner violence; and
- 22
- 23 (5) A man with three or more violent adverse childhood
- 24 experiences is 3.8 times more likely to perpetuate
- 25 violence against an intimate partner; and
- 26

27 WHEREAS, adverse childhood experiences can affect a child's
 28 future contact with the criminal justice system; and
 29

30 WHEREAS, the Trauma and Learning Policy Initiative, a
 31 nationally-recognized collaboration between Massachusetts
 32 Advocates for Children and Harvard Law School, finds that
 33 neurobiological, epigenetic, and physiological studies
 34 demonstrate that traumatic experiences in childhood and
 35 adolescence can diminish the concentration, memory, and
 36 organizational language abilities needed to succeed in school
 37 and can negatively impact the academic performance, classroom
 38 behavior, and ability to form relationships among children and
 39 adolescents; and
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41 WHEREAS, early childhood education offers a unique window
 42 of opportunity to prevent and, if necessary, heal the impacts of



1 adverse childhood experiences and toxic stress on a child's
2 brain, body, and spirit; and

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4 WHEREAS, the emerging science and research on toxic stress
5 and adverse childhood experiences evince a growing public health
6 crisis in the State, with impacts to the State's educational,
7 juvenile justice, criminal justice, and public health systems;
8 and

9

10 WHEREAS, positively influencing the architecture of a
11 child's developing brain is more effective and less costly than
12 attempting to correct poor learning, health, and behavior later
13 in life; and

14

15 WHEREAS, supportive and stable relationships between
16 children and their families, caregivers, and other important
17 adults in their lives play a critical role in buffering children
18 from the effects of toxic stress and adverse childhood
19 experiences; and

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21 WHEREAS, the influence of a stable and protective buffering
22 relationship with a non-relative adult can also mitigate the
23 negative effects of a child's adverse childhood experiences; and

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25 WHEREAS, Native Hawaiian and other cultural practices
26 provide a strength- and asset-based approach in building
27 community wellness and resilience; and

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29 WHEREAS, the State recognizes the significance of early
30 childhood and youth brain development as well as the importance
31 of considering the concepts of cultural and historical trauma,
32 early adversity, toxic stress, childhood trauma, and protective
33 buffering relationships when developing and establishing
34 programming and services for children in the State; now,
35 therefore,

36

37 BE IT RESOLVED by the House of Representatives of the
38 Thirtieth Legislature of the State of Hawaii, Regular Session of
39 2020, the Senate concurring, that the Governor is requested to
40 invest in preventative health care, including mental health
41 wellness intervention and related measures that incorporate



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1 Native Hawaiian cultural practices, to reduce the exposure of
2 children in the State to adverse childhood experiences; and
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4 BE IT FURTHER RESOLVED that the Legislature urges the
5 Governor to consider the: principles of brain development;
6 connection between mental, physical, and spiritual health;
7 concepts of toxic stress, adverse childhood experiences, and
8 buffering relationships; and the importance of early
9 intervention and culture and aina-based programs when developing
10 the policy strategies and goals of the State; and
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12 BE IT FURTHER RESOLVED that certified copies of this
13 Concurrent Resolution be transmitted to the Governor, Chair of
14 the Board of Education, Superintendent of Education, Director of
15 Health, and Director of Human Services.
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OFFERED BY:

