

In this research brief, we report the association between ACCEs and chronic health outcomes.

## Introduction

Kushalnagar, et al., 2020, define **adverse childhood communication experiences (ACCEs)** as a form of toxic stress experienced by deaf and hard of hearing (DHH) children. Language deprivation (insufficient access to direct child-caregiver communication during a child’s critical period of language development) and communication neglect (exclusion from indirect family communication and incidental learning), are two defining features of ACCEs.<sup>2</sup> Toxic stress experienced during ACCEs, like with adverse childhood experiences (ACEs), are associated with poor health outcomes in adulthood.<sup>2</sup>

## Findings

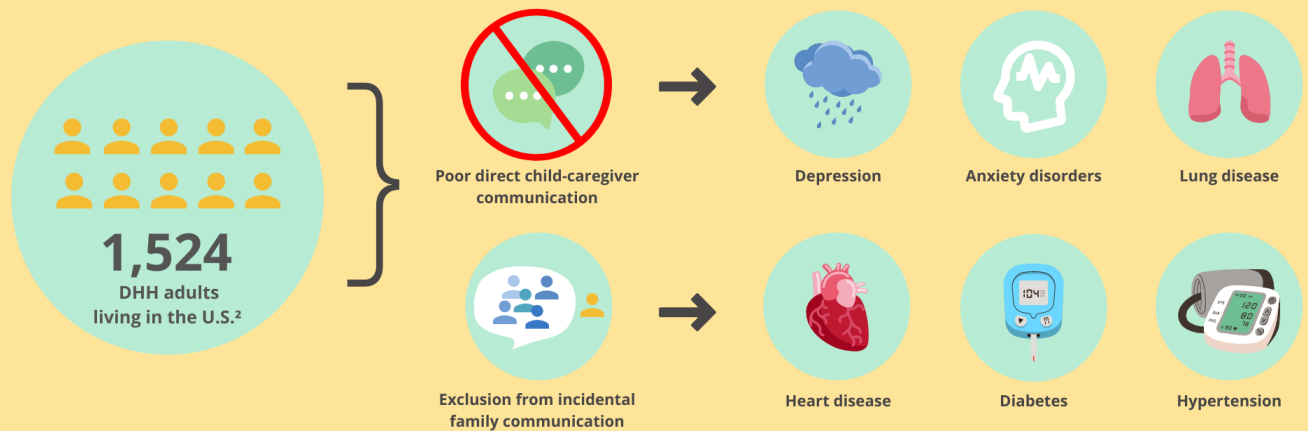
Language deprivation is linked to delayed cognitive development and psychosocial isolation.<sup>1</sup>

Poor direct child-caregiver communication and long-term exclusion from incidental family communication were associated with increased risk for multiple chronic health outcomes for DHH adults.<sup>2</sup>

## Quick Facts

FACTS

- National data was collected from 2016 to 2020. Over 1,500 deaf adults answered questions about ACCEs and health outcomes.
- Severe language deprivation during childhood is associated with increased risk for adulthood chronic medical conditions.
- Severe communication neglect during childhood is associated with increased risk for chronic mental health conditions.



## Actions to prevent and mitigate ACCEs

- Develop a common, statewide lens around ACCEs
- Improve the quality of ACCEs surveillance data
- Implement ACCE screening
- Support systems transformation
- Develop a comprehensive, ACCE trauma-informed system of care

### About The Center for Deaf Health Equity

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The Center for Deaf Health Equity’s mission is to conduct research that links accessibility to health outcomes among deaf, deafblind, and hard of hearing individuals.

The Center’s Briefs provide a snapshot of noteworthy, data-driven research findings from the Center. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.

### References Used in this Brief

- 1) Kushalnagar P, Mathur G, Moreland CJ, et al. Infants and children with hearing loss need early language access. *J Clin Ethics*. 2010;21(2):143-154. doi:10.1016/j.amepre.2020.04.016 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3072291/>
- 2) Kushalnagar P, Ryan C, Paludneviene R, Spellun A, Gulati S. Adverse Childhood Communication Experiences Associated With an Increased Risk of Chronic Diseases in Adults Who Are Deaf. *Am J Prev Med*. 2020;59(4):548-554. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7508773/>

