



Preventing ACEs in Ohio

Promoting positive social norms
and intervening to lessen harm

February 28, 2024



Vision

Ohio is a model of health, well-being and economic vitality.

Mission

To advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.

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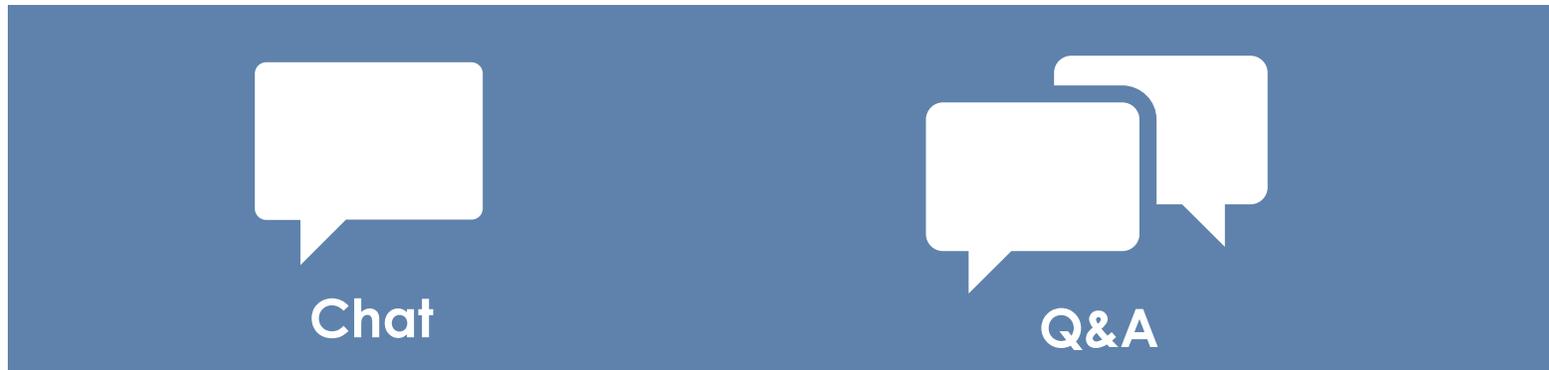
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Today's speakers

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Hawthorne
Trauma-Informed Care
Coordinator
Ohio Department of
Mental Health & Addiction
Services

Impacts of childhood adversity persist

Birth

Adulthood

Adverse childhood experiences



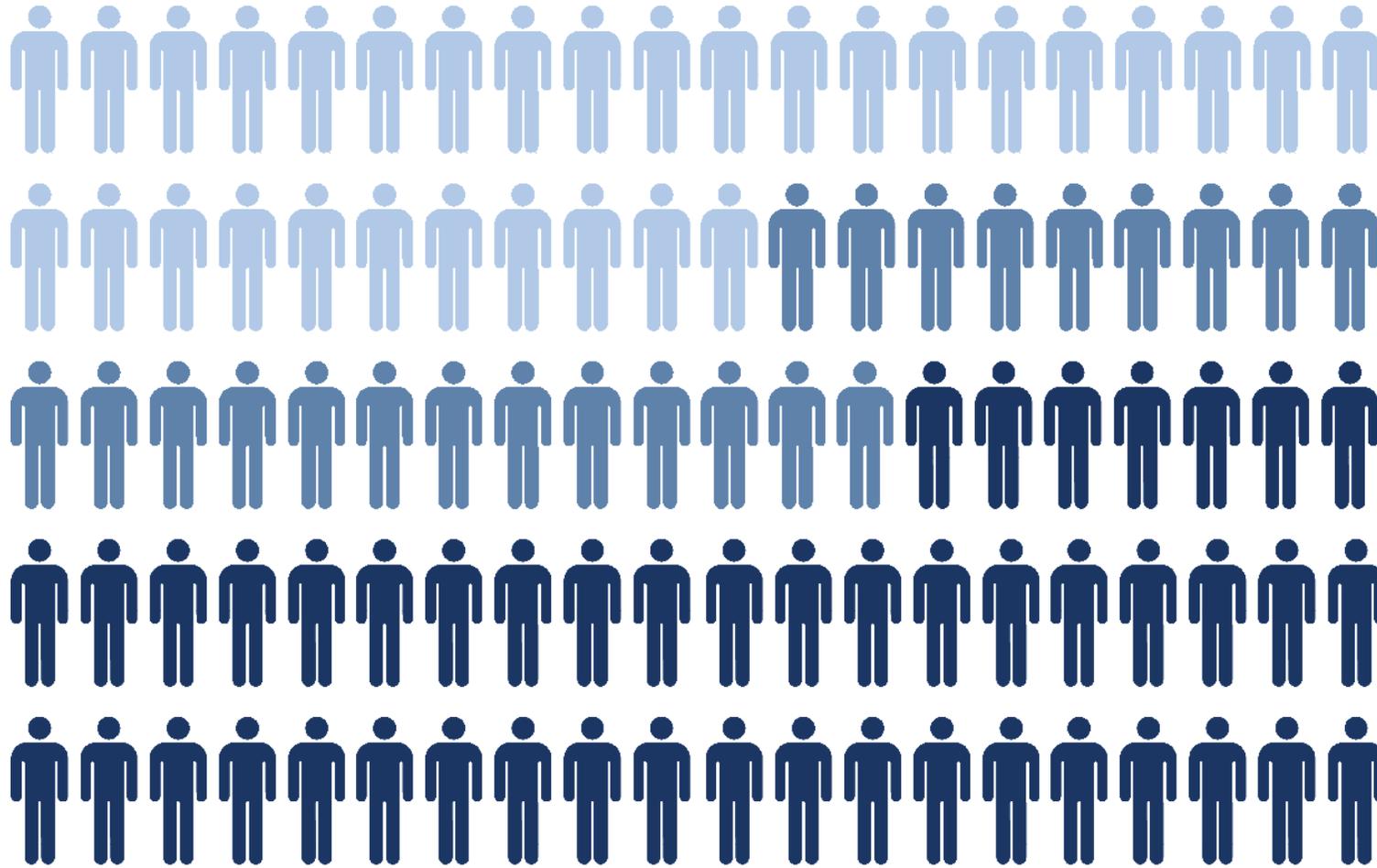
Adverse Childhood Experiences

Abuse	Household challenges	Neglect
<ul style="list-style-type: none">• Emotional abuse• Physical abuse• Sexual abuse	<ul style="list-style-type: none">• Intimate partner violence• Substance use in the household• Mental illness in the household• Parental separation or divorce• Incarcerated member of the household	<ul style="list-style-type: none">• Emotional neglect• Physical neglect

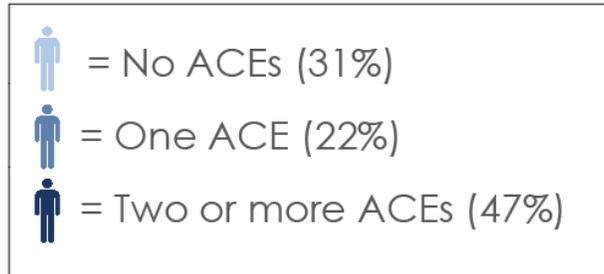
Source: Health Policy Institute of Ohio, "Adverse Childhood Experiences (ACEs) Health impact of ACEs in Ohio." Information from Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention

How many Ohioans have been exposed to ACEs?

Prevalence of ACEs in Ohio, 2021



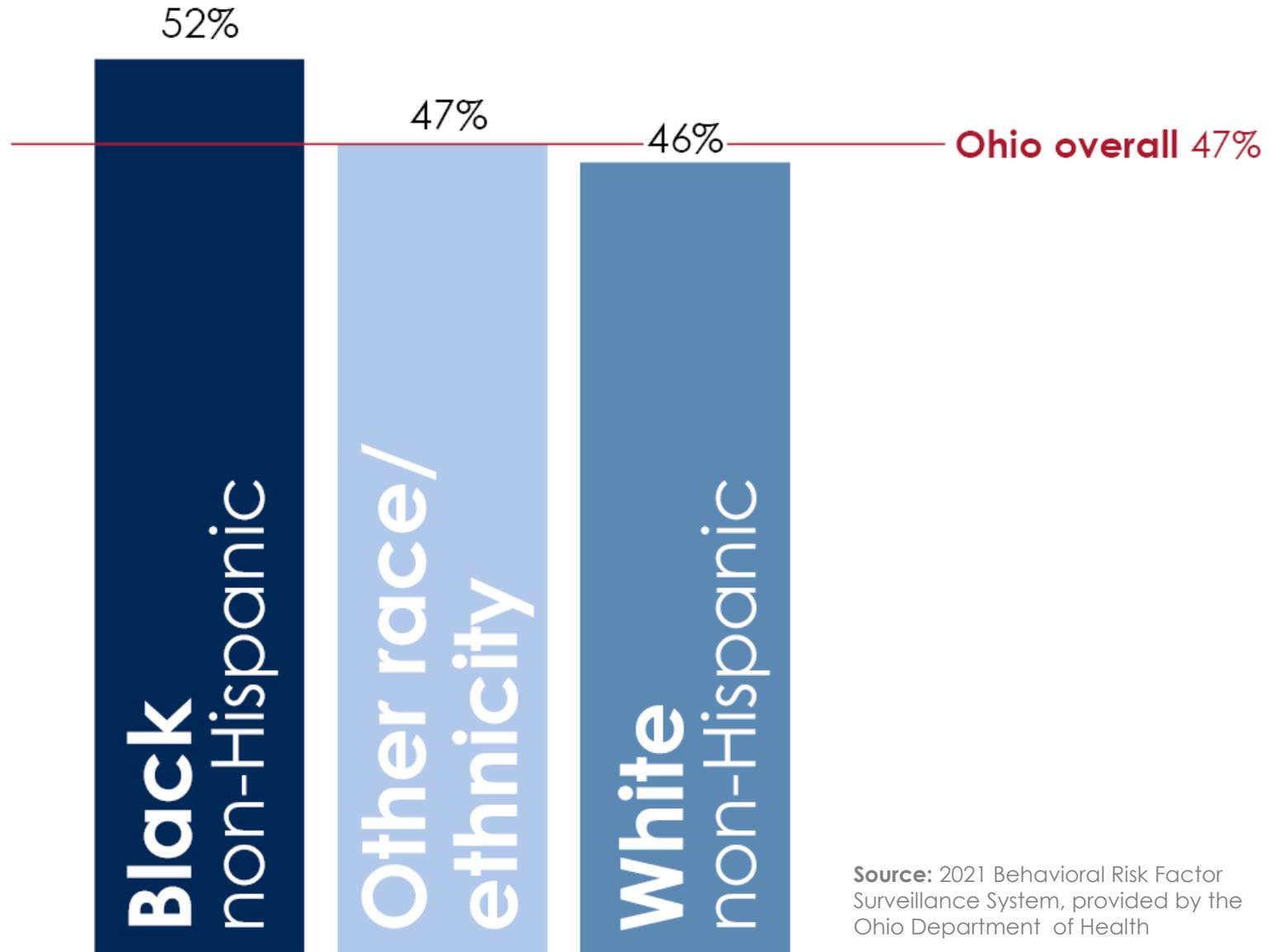
In 2021, more than two thirds of Ohio adults reported having been exposed to ACEs, and nearly half of all adults reported being exposed to two or more ACEs.



Source: 2021 Behavioral Risk Factor Surveillance System, provided by the Ohio Department of Health

Who is most affected by ACEs?

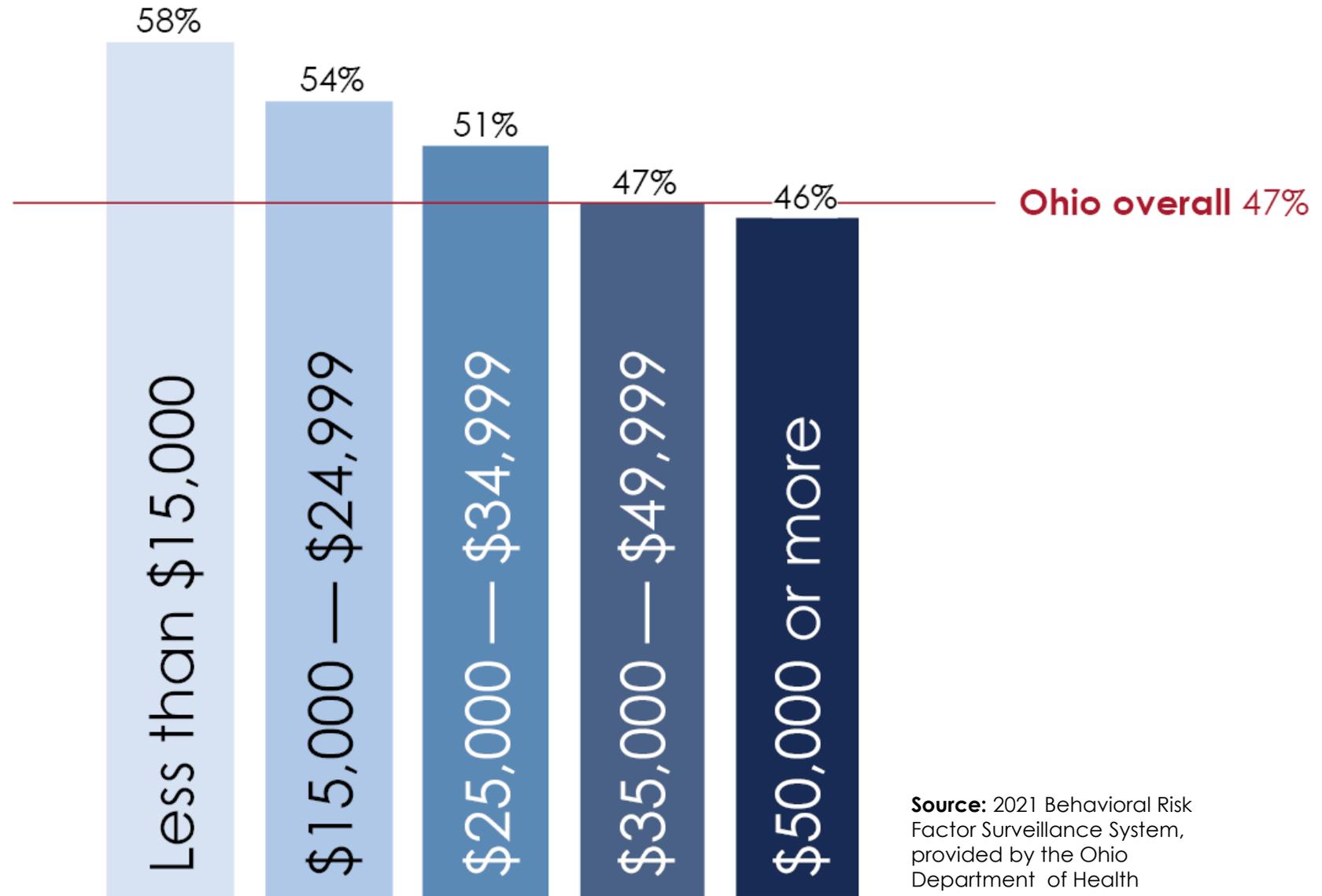
Prevalence of two or more ACEs, by race and ethnicity, 2021



Source: 2021 Behavioral Risk Factor Surveillance System, provided by the Ohio Department of Health

Who is most affected by ACEs?

Prevalence of two or more ACEs, by income, Ohio, 2021

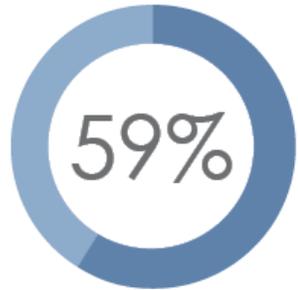


Source: 2021 Behavioral Risk Factor Surveillance System, provided by the Ohio Department of Health

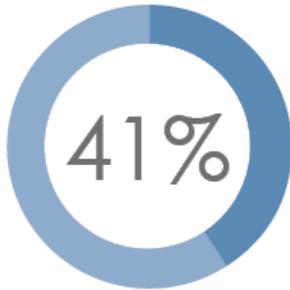
How many Ohioans have been exposed to ACEs?

Prevalence of specific ACEs among adults who report at least one ACE, 2021

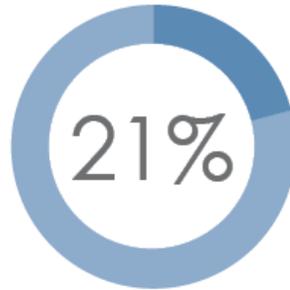
Abuse



Emotional abuse



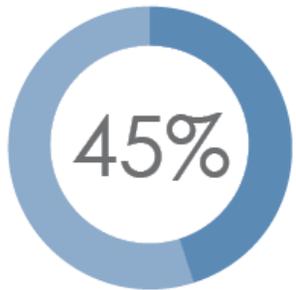
Physical abuse



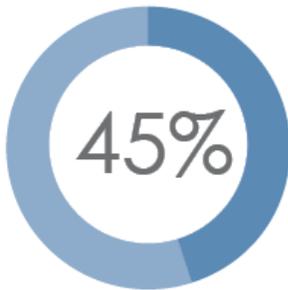
Sexual abuse

Emotional abuse is the most-common ACE reported among Ohio adults, followed by substance abuse by a household member and divorce/separation of parents.

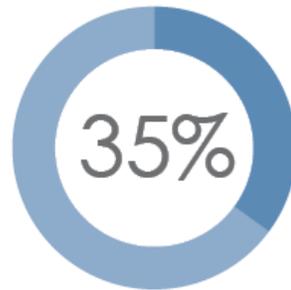
Household problems



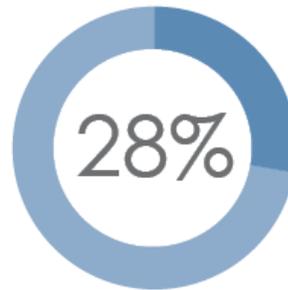
Substance abuse by a household member



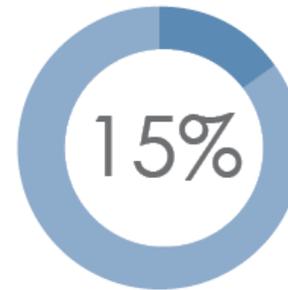
Divorce/separation of parents



Mental illness of household member



Domestic violence



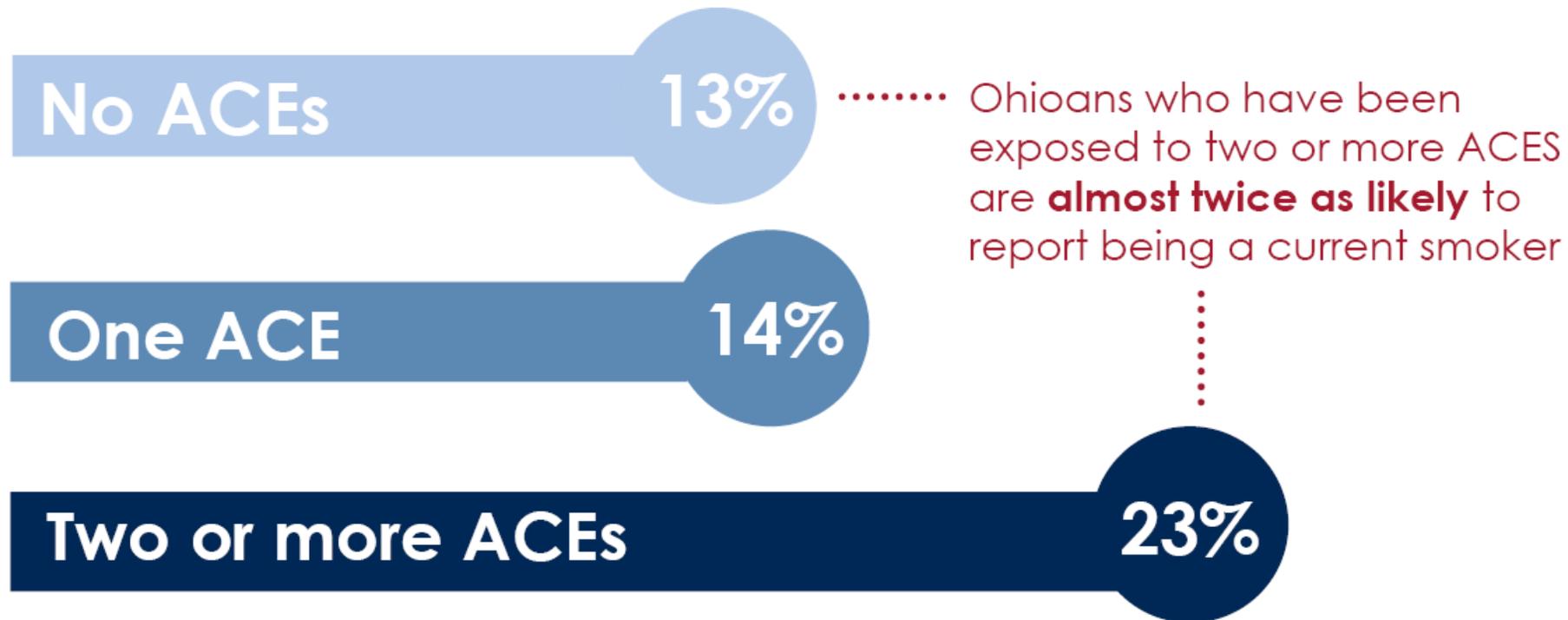
Incarcerated household member

Source: 2021 Behavioral Risk Factor Surveillance System, provided by the Ohio Department of Health

How does ACEs exposure impact health?

Prevalence of negative health outcomes (age adjusted), by number of ACEs, 2021

Percent of adults who are current smokers

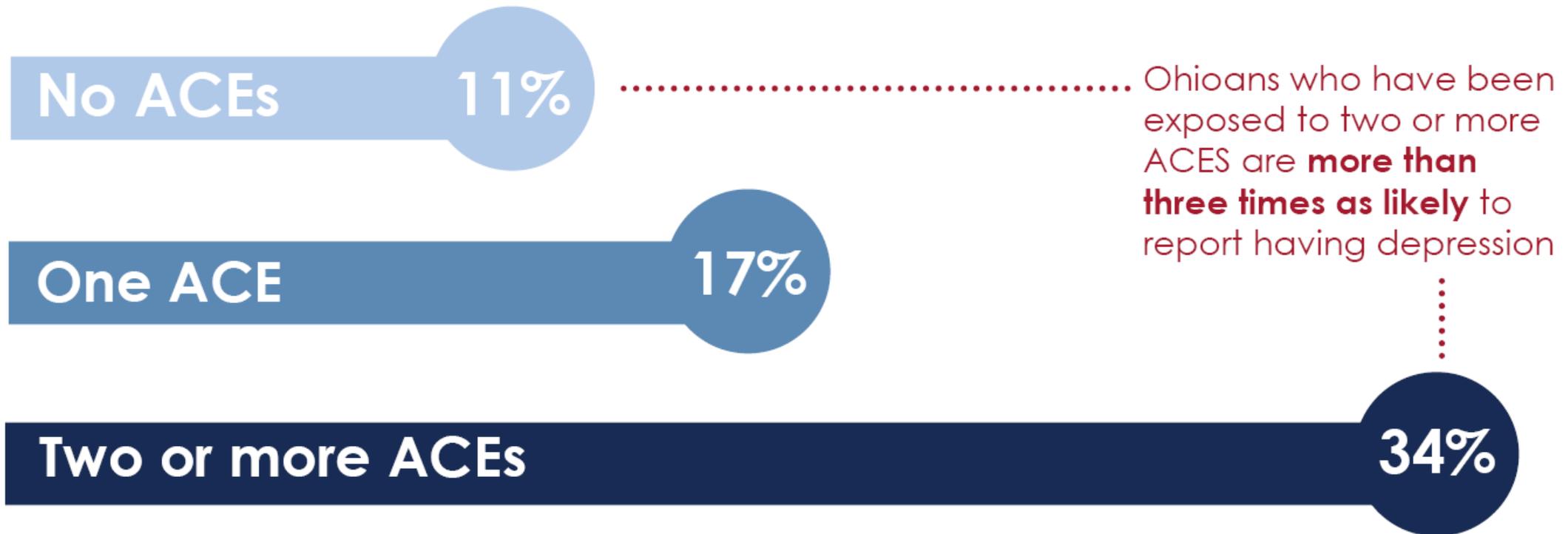


Source: 2021 Behavioral Risk Factor Surveillance System, provided by the Ohio Department of Health

How does ACEs exposure impact health?

Prevalence of negative health outcomes (age adjusted), by number of ACEs, 2021

Percent of adults with depression (ever)



Source: 2021 Behavioral Risk Factor Surveillance System, provided by the Ohio Department of Health

Promoting positive social norms, such as a shared sense of responsibility for the health and well-being of children, can prevent adverse childhood experiences (ACEs). Treatment for mental health conditions and substance use disorders (SUD) among parents and other caregivers can also reduce risks for ACEs. At the same time, when ACEs do occur, there are many trauma-informed interventions that can reduce harm and prevent similar adversity for future generations.

Since 2020, the Health Policy Institute of Ohio (HPIO) has released a series of policy briefs on ACEs in Ohio. As part of that work, HPIO outlined a comprehensive and strategic approach to preventing ACEs, elevating 12 key evidence-informed strategies. As displayed in figure 1, this brief examines the implementation status of four strategies that:

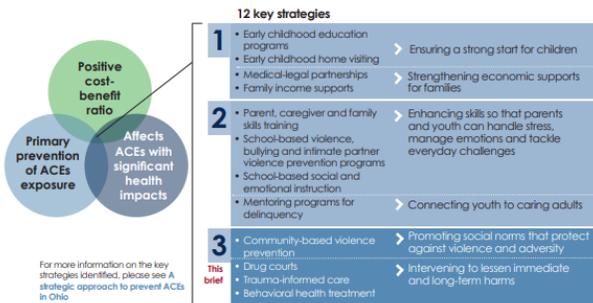
- Promote social norms that protect against violence and adversity
- Intervene to lessen immediate and long-term harms

The brief also highlights examples of strategy implementation in Ohio and identifies strengths, gaps and recommendations related to each strategy. HPIO conducted key informant interviews with eight organizations, listed on p. 19, to inform this work.

3 key findings for policymakers

- **Everyone has a role to play in preventing ACEs in Ohio.** Creating a culture with a shared responsibility for the health and well-being of children can prevent ACEs.
- **Trauma-informed care can prevent ACEs and reduce the harm they cause.** Trauma-informed care is an integral part of any approach to mitigating the impacts of ACEs and preventing ACEs for subsequent generations, especially in systems with which people who have experienced trauma regularly interact (e.g., education, health care, juvenile and criminal justice systems, children services).
- **Further support is needed to strengthen the behavioral health workforce.** Treatment for mental health conditions and/or substance use disorders among parents and other caregivers can prevent ACEs, but many Ohio counties, especially rural counties, do not have a sufficient number of behavioral health treatment providers.

Figure 1. Key strategies for preventing ACEs in Ohio



Strategies to prevent ACEs in Ohio

Promoting positive social norms and intervening to lessen harm

Becky Carroll, MPA, Director of Policy Research and Analysis, HPIO
June Postalakis, Assistant Policy Analyst, HPIO

Ohio ACEs Impact Project: Phase I

08.28.2020

hpio Health Policy Brief
Adverse Childhood Experiences (ACEs)
Health impact of ACEs in Ohio

Overview
There are many organizations working to improve child well-being in Ohio at the state and local levels. Across these entities, the impact of adverse childhood experiences (ACEs) has surfaced as a common challenge that must be addressed.

Exposure to ACEs is a pervasive problem affecting many children in Ohio and across the country. National data and analysis provide clear evidence that ACEs exposure is linked to poor health and well-being through adulthood, including disrupted neurodevelopment, social problems, disease, disability and premature death.¹ In addition, ACEs exposure has severe long-term cost implications at the individual and societal levels, including increased medical, child welfare, criminal justice and special education expenditures, as well as productivity losses.²

This brief:

- Summarizes current research on how ACEs impact health and well-being
- Provides new data and analysis on the prevalence of ACEs in Ohio and the impact of ACEs on the health of Ohioans

More specifically, this brief expands on what we know from national research by exploring these questions:

- To what extent could Ohio's health outcomes be improved by preventing ACEs?
- Which ACEs have the most significant impact on the health of Ohioans?

Ohio ACEs Impact project
Led by the Health Policy Institute of Ohio, this project will include a series of three policy briefs and a resource page to build on and amplify current efforts to address ACEs.

This brief focuses on the health impact of ACEs on Ohioans. The remaining two briefs will provide information on:

- The economic impact of ACEs in Ohio
- Evidence-informed and cost-effective strategies to prevent, screen and treat for ACEs exposure

3 key findings for policymakers

- **Exposure to ACEs is a pervasive problem.** Nearly two-thirds of Ohioans have been exposed to ACEs. Ohioans of color and Ohioans with low incomes, disabilities and/or who are residents of urban and Appalachian counties are more likely to experience multiple ACEs.
- **Preventing ACEs can improve health.** For example, if exposure to ACEs were eliminated in Ohio, an estimated 36% of depression diagnoses could be prevented.
- **Focusing action on specific ACEs may yield more significant health impacts.** Data analysis suggests that preventing and mitigating the impacts of emotional and sexual abuse and living in a household with someone who has a substance use disorder, mental health problem or who is incarcerated are likely to have the largest effects on the health of Ohioans.

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02.12.2021

hpio Health Policy Brief
Adverse Childhood Experiences (ACEs)
Economic Impact of ACEs in Ohio

Overview
Exposure to adversity in childhood is a pervasive problem in Ohio and across the country with severe, long-term health impacts that persist into adulthood. Nearly two-thirds of Ohioans have been exposed to an adverse childhood experience (ACE), with more than one-third of Ohioans exposed to two or more ACEs.¹ Nationally, Ohio is in the bottom quartile on ACEs exposure (ranking 39 out of 50 states and D.C.), indicating a higher percent of children exposed to two or more ACEs compared to many other states.²

According to HPIO's 2019 Health Value Dashboard, Ohio ranks 46 out of 50 states and D.C. on health value – a composite measure of Ohio's rank on health outcomes and healthcare spending. This means that Ohioans live less healthy lives and spend more on health care than people in most other states.

The research is clear that ACEs result in both significant health and economic impacts. Economic costs from ACEs are incurred across the public and private sectors, including substantial costs to the healthcare system.³ The economic burden of ACEs also impacts the state child protection, behavioral health, criminal justice and education systems, as well as private sector businesses. By preventing and mitigating the impacts of ACEs, policymakers and others can put Ohio on a path towards improved health value.

This brief builds on HPIO's Adverse Childhood Experiences (ACEs): Health Impact of ACEs in Ohio by:

- Summarizing national research on the economic costs associated with ACEs exposure
- Providing new data and analysis on the economic impacts of ACEs in Ohio

More specifically, this brief expands on what we know from national research by providing Ohio data to answer the following questions:

- How does ACEs exposure impact healthcare costs?
- To what extent does ACEs exposure contribute to lost productivity?
- What is the impact of specific types of ACEs on economic costs?

3 key findings for policymakers

- **Preventing ACEs can reduce healthcare and other spending.** If ACEs exposure were eliminated, more than \$10 billion in annual healthcare and related spending could be avoided in Ohio. Approximately \$319 million in lost wages due to missed work days could also be prevented annually if ACEs exposure were eliminated.
- **Focusing action on specific ACEs, particularly those associated with behavioral health, can yield significant savings.** For example, over \$4.5 billion in annual spending to treat depression is attributed to ACEs exposure. Significant healthcare costs for treating depression could be avoided by focusing on preventing and mitigating the impacts of emotional and sexual abuse and living in a household with someone who has a mental health problem.
- **Economic costs associated with ACEs extend beyond health impacts.** ACEs exposure results in economic burdens to individuals, families and society, including impacts on both the public and private sectors.

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08.20.2021

hpio Health Policy Brief
Adverse Childhood Experiences (ACEs)
A strategic approach to prevent ACEs in Ohio

Overview
Safe, stable environments and nurturing relationships are essential for children's healthy growth and development. Children in families that are stressed and that do not have access to necessary supports are more likely to be exposed to adversity and trauma or Adverse Childhood Experiences (ACEs). Exposure to ACEs can cause serious and long-lasting health and economic harms that persist across generations.¹

ACEs are common. In Ohio, one in five children were exposed to ACEs in 2018-2019.² However, ACEs are not inevitable and Ohioans are resilient. Exposure to ACEs does not have to determine future hardship. There are strategies that state policymakers and others can deploy to prevent ACEs and safeguard the well-being of Ohio children and families who have experienced adversity and trauma.

Ensuring that all children have a fair opportunity to thrive is a value shared by many Ohioans. Leaders across both the public and private sector have expressed a strong commitment to this value and have taken actions to lay a solid foundation for families and children. This brief, the third in HPIO's Ohio ACEs Impact Project, provides insights to build upon these successes and support a comprehensive and strategic approach that maximizes resources to prevent ACEs and advance equitable outcomes.

3 key findings for policymakers

- **Focusing action on key strategies can have a powerful impact.** State policymakers and other partners can maximize the effectiveness of public and private spending to prevent ACEs by focusing on 12 cost-beneficial strategies (see figure 1).
- **ACEs are not inevitable.** Significantly reducing the number of children in Ohio who are exposed to ACEs requires getting ahead of potential harms, creating safe, stable and nurturing environments and fostering resilience.
- **ACEs prevention efforts must reach children and families most at risk.** Ohio's public and private leaders should equip communities to support children and families that are most at risk for experiencing adversity and trauma, such as Ohioans of color and Ohioans with low incomes, disabilities and/or who live in urban and Appalachian areas.

Figure 1. Key strategies for preventing ACEs in Ohio

12 key strategies

- Early childhood education programs
- Early childhood home visiting
- Medical-legal partnerships
- Family income supports
- Community-based violence prevention
- School-based violence, bullying and intimate partner violence prevention programs
- Parent/caregiver and family skills training
- School-based social and emotional instruction
- Mentoring programs for delinquency
- Drug courts
- Trauma-informed care
- Behavioral health treatment

• There is evidence that the strategy reduces disparities and inequities.
Note: Additional information on these 12 key strategies, identified through a cost-benefit analysis, can be found on page 9.

Ohio ACEs Impact Project: Phase I

08.28.2021

hpio Health Policy Brief
Adverse Childhood Experiences (ACEs)
Health impact of ACEs in Ohio

Overview
There are many organizations working to improve child well-being in Ohio at the state and local levels. Across these entities, the impact of adverse childhood experiences (ACEs) has surfaced as a common challenge that must be addressed.

Exposure to ACEs is a pervasive problem affecting many children in Ohio and across the country. National data and analysis provide clear evidence that ACEs exposure is linked to poor health and well-being through adulthood, including disrupted neurodevelopment, social problems, disease, disability and premature death.¹ In addition, ACEs exposure has severe long-term cost implications at the individual and societal levels, including increased medical, child welfare, criminal justice and special education expenditures, as well as productivity losses.²

This brief:

- Summarizes current research on how ACEs impact health and well-being
- Provides new data and analysis on the prevalence of ACEs in Ohio and the impact of ACEs on the health of Ohioans

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- The economic impact of ACEs in Ohio
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- How does ACEs exposure impact healthcare costs?
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3 key findings for policymakers

- Preventing ACEs can reduce healthcare and other spending. If ACEs exposure were eliminated, more than \$10 billion in annual healthcare and related spending could be avoided in Ohio. Approximately \$319 million in lost wages due to missed work days could also be prevented annually if ACEs exposure were eliminated.
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- Economic costs associated with ACEs extend beyond health impacts. ACEs exposure results in economic burdens to individuals, families and society, including impacts on both the public and private sectors.

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08.20.2021

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- Community-based violence prevention
- School-based violence, bullying and intimate partner violence prevention programs
- Parent/caregiver and family skills training
- School-based social and emotional instruction
- Mentoring programs for delinquency
- Drug courts
- Trauma-informed care
- Behavioral health treatment

⊕ = There is evidence that the strategy reduces disparities and inequities.
Note: Additional information on these 12 key strategies, identified through a cost-benefit analysis, can be found on page 9.

Ohio ACEs Impact Project: Phase I

08.28.2020

hpio Health Policy Brief
Adverse Childhood Experiences (ACEs)
Health impact of ACEs in Ohio

Overview
There are many organizations working to improve child well-being in Ohio at the state and local levels. Across these entities, the impact of adverse childhood experiences (ACEs) has surfaced as a common challenge that must be addressed.

Exposure to ACEs is a pervasive problem affecting many children in Ohio and across the country. National data and analysis provide clear evidence that ACEs exposure is linked to poor health and well-being through adulthood, including disrupted neurodevelopment, social problems, disease, disability and premature death.¹ In addition, ACEs exposure has severe long-term cost implications at the individual and societal levels, including increased medical, child welfare, criminal justice and special education expenditures, as well as productivity losses.²

This brief:

- Summarizes current research on how ACEs impact health and well-being
- Provides new data and analysis on the prevalence of ACEs in Ohio and the impact of ACEs on the health of Ohioans

More specifically, this brief expands on what we know from national research by exploring these questions:

- To what extent could Ohio's health outcomes be improved by preventing ACEs?
- Which ACEs have the most significant impact on the health of Ohioans?

Ohio ACEs Impact project
Led by the Health Policy Institute of Ohio, this project will include a series of three policy briefs and a resource page to build on and amplify current efforts to address ACEs.

This brief focuses on the health impact of ACEs on Ohioans. The remaining two briefs will provide information on:

- The economic impact of ACEs in Ohio
- Evidence-informed and cost-effective strategies to prevent, screen and treat for ACEs exposure

1

02.12.2021

hpio Health Policy Brief
Adverse Childhood Experiences (ACEs)
Economic Impact of ACEs in Ohio

Overview
Exposure to adversity in childhood is a pervasive problem in Ohio and across the country with severe, long-term health impacts that persist into adulthood. Nearly two-thirds of Ohioans have been exposed to an adverse childhood experience (ACE), with more than one-third of Ohioans exposed to two or more ACEs.¹ Nationally, Ohio is in the bottom quartile on ACEs exposure (ranking 39 out of 50 states and D.C.), indicating a higher percent of children exposed to two or more ACEs compared to many other states.²

According to HPIO's 2019 Health Value Dashboard, Ohio ranks 46 out of 50 states and D.C. on health value – a composite measure of Ohio's rank on health outcomes and healthcare spending. This means that Ohioans live less healthy lives and spend more on health care than people in most other states.

The research is clear that ACEs result in both significant health and economic impacts. Economic costs from ACEs are incurred across the public and private sectors, including substantial costs to the healthcare system.³ The economic burden of ACEs also impacts the state child protection, behavioral health, criminal justice and education systems, as well as private sector businesses. By preventing and mitigating the impacts of ACEs, policymakers and others can put Ohio on a path towards improved health value.

This brief builds on HPIO's Adverse Childhood Experiences (ACEs): Health Impact of ACEs in Ohio by:

- Summarizing national research on the economic costs associated with ACEs exposure
- Providing new data and analysis on the economic impacts of ACEs in Ohio

More specifically, this brief expands on what we know from national research by providing Ohio data to answer the following questions:

- How does ACEs exposure impact healthcare costs?
- To what extent does ACEs exposure contribute to lost productivity?
- What is the impact of specific types of ACEs on economic costs?

3 key findings for policymakers

- Preventing ACEs can reduce healthcare and other spending. If ACEs exposure were eliminated, more than \$10 billion in annual healthcare and related spending could be avoided in Ohio. Approximately \$319 million in lost wages due to missed work days could also be prevented annually if ACEs exposure were eliminated.
- Focusing action on specific ACEs, particularly those associated with behavioral health, can yield significant savings. For example, over \$4.5 billion in annual spending to treat depression is attributed to ACEs exposure. Significant healthcare costs for treating depression could be avoided by focusing on preventing and mitigating the impacts of emotional and sexual abuse and living in a household with someone who has a mental health problem.
- Economic costs associated with ACEs extend beyond health impacts. ACEs exposure results in economic burdens to individuals, families and society, including impacts on both the public and private sectors.

Inside

How do ACEs impact economic costs?	2
Summary of health impacts of ACEs in Ohio	2
What is the economic impact of ACEs in Ohio?	5
Conclusion	10

1

08.20.2021

hpio Health Policy Brief
Adverse Childhood Experiences (ACEs)
A strategic approach to prevent ACEs in Ohio

Overview
Safe, stable environments and nurturing relationships are essential for children's healthy growth and development. Children in families that are stressed and that do not have access to necessary supports are more likely to be exposed to adversity and trauma or Adverse Childhood Experiences (ACEs). Exposure to ACEs can cause serious and long-lasting health and economic harms that persist across generations.¹

ACEs are common. In Ohio, one in five children were exposed to ACEs in 2018-2019.² However, ACEs are not inevitable and Ohioans are resilient. Exposure to ACEs does not have to determine future hardship. There are strategies that state policymakers and others can deploy to prevent ACEs and safeguard the well-being of Ohio children and families who have experienced adversity and trauma.

Ensuring that all children have a fair opportunity to thrive is a value shared by many Ohioans. Leaders across both the public and private sector have expressed a strong commitment to this value and have taken actions to lay a solid foundation for families and children. This brief, the third in HPIO's Ohio ACEs Impact Project, provides insights to build upon these successes and support a comprehensive and strategic approach that maximizes resources to prevent ACEs and advance equitable outcomes.

3 key findings for policymakers

- Focusing action on key strategies can have a powerful impact. State policymakers and other partners can maximize the effectiveness of public and private spending to prevent ACEs by focusing on 12 cost-beneficial strategies (see figure 1).
- ACEs are not inevitable. Significantly reducing the number of children in Ohio who are exposed to ACEs requires getting ahead of potential harms, creating safe, stable and nurturing environments and fostering resilience.
- ACEs prevention efforts must reach children and families most at risk. Ohio's public and private leaders should equip communities to support children and families that are most at risk for experiencing adversity and trauma, such as Ohioans of color and Ohioans with low incomes, disabilities and/or who live in urban and Appalachian areas.

Figure 1. Key strategies for preventing ACEs in Ohio

12 key strategies

- Early childhood education programs
- Early childhood home visiting
- Medical-legal partnerships
- Family income supports
- Community-based violence prevention
- School-based violence, bullying and intimate partner violence prevention programs
- Parent/caregiver and family skills training
- School-based social and emotional instruction
- Mentoring programs for delinquency
- Drug courts
- Trauma-informed care
- Behavioral health treatment

• = There is evidence that the strategy reduces disparities and inequities.
Note: Additional information on these 12 key strategies, identified through a cost-benefit analysis, can be found on page 9.

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Ohio ACEs impact project: Phase II

A closer look at ACEs prevention strategies

10.07.2022

hpio Health Policy Brief

Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio

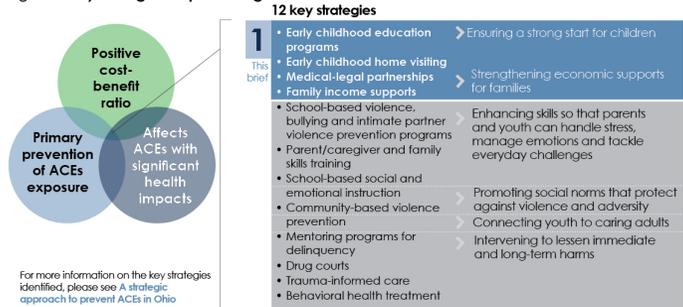
1 Ensuring a strong start for children and strengthening economic supports for families

The health and well-being of Ohioans can be improved by ensuring that children have a strong start and that families are financially stable. Providing and implementing evidence-informed programs and policies, such as high-quality early childhood education, home visiting, medical-legal partnerships and a refundable state Earned Income Tax Credit, can both prevent and mitigate the impacts of childhood adversity and trauma.¹ Policymakers and partners across the state are taking action to make sure that Ohio children and families have what they need to thrive.

Roughly 20% of Ohio children are exposed to one or more adverse childhood experiences (ACEs), which have both immediate and long-term effects on health.² By focusing on the implementation of evidence-informed strategies, state and local partners can ensure that every child has a fair chance for a long and healthy life.

In 2020 and 2021, the Health Policy Institute of Ohio released a series of policy briefs on the health and economic impacts of ACEs and elevated 12 evidence-based, cost-effective strategies (programs, policies and practices) that prevent ACEs before they happen and improve health. This brief examines the implementation status of four of those strategies in Ohio. These four strategies are effective at ensuring a strong start for children and strengthening economic supports for families. Figure 1 outlines the 12 strategies and highlights the four that will be discussed in this brief.

Figure 1. Key strategies for preventing ACEs in Ohio



This brief:

- Describes strategies that ensure a strong start for children and strengthen economic supports for families
- Provides examples of strategy implementation in Ohio
- Identifies strengths, gaps and recommendations for strengthening ACEs prevention strategies

Health Policy Brief

Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio

2 Building skills and strengthening connections to caring adults

Building skills and strengthening connections to caring adults ensures that every child can thrive. Enhancing a variety of assets and resources can buffer children and families from the well-documented harmful effects of toxic stress and adversity¹ and promote the ability to withstand, adapt and recover from trauma.² Increasing these protective factors can lead to stronger families, better health, educational and employment outcomes and benefits to society at large.

In 2020 and 2021, the Health Policy Institute of Ohio (HPHO) released a series of policy briefs on the health and economic impacts of adverse childhood experiences (ACEs) and elevated 12 evidence-informed, cost-effective strategies (programs, policies and practices) that prevent ACEs in children. These strategies tackle the underlying causes of adverse and traumatic events before they occur. As displayed in figure 1, this brief examines the implementation status of four strategies that:

- Enhance skills so that parents and youth can handle stress, manage emotions and tackle everyday challenges
- Connect youth to caring adults and activities

The brief also highlights examples of strategy implementation in Ohio and identifies strengths, gaps and recommendations related to each strategy. HPHO conducted key informant interviews with ten organizations to inform this work listed on page 18.

Figure 1. Key strategies for preventing ACEs in Ohio



January 2024

hpio Health Policy Brief

Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio

3 Promoting positive social norms and intervening to lessen harm

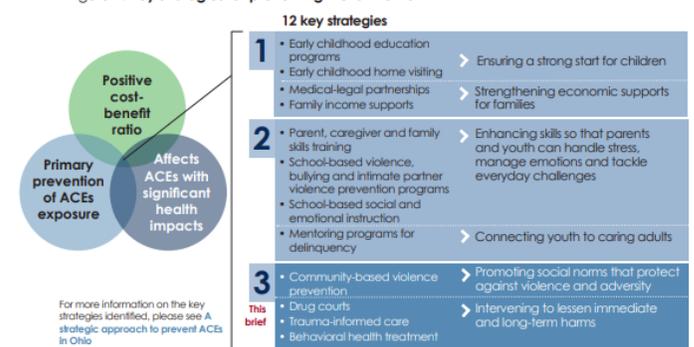
Promoting positive social norms, such as a shared sense of responsibility for the health and well-being of children, can prevent adverse childhood experiences (ACEs). Treatment for mental health conditions and substance use disorders (SUD) among parents and other caregivers can also reduce risks for ACEs. At the same time, when ACEs do occur, there are many trauma-informed interventions that can reduce harm and prevent similar adversity for future generations.

Since 2020, the Health Policy Institute of Ohio (HPHO) has released a series of policy briefs on ACEs in Ohio. As part of that work, HPHO outlined a comprehensive and strategic approach to preventing ACEs, elevating 12 key evidence-informed strategies. As displayed in figure 1, this brief examines the implementation status of four strategies that:

- Promote social norms that protect against violence and adversity
- Intervene to lessen immediate and long-term harms

The brief also highlights examples of strategy implementation in Ohio and identifies strengths, gaps and recommendations related to each strategy. HPHO conducted key informant interviews with eight organizations, listed on p. 19, to inform this work.

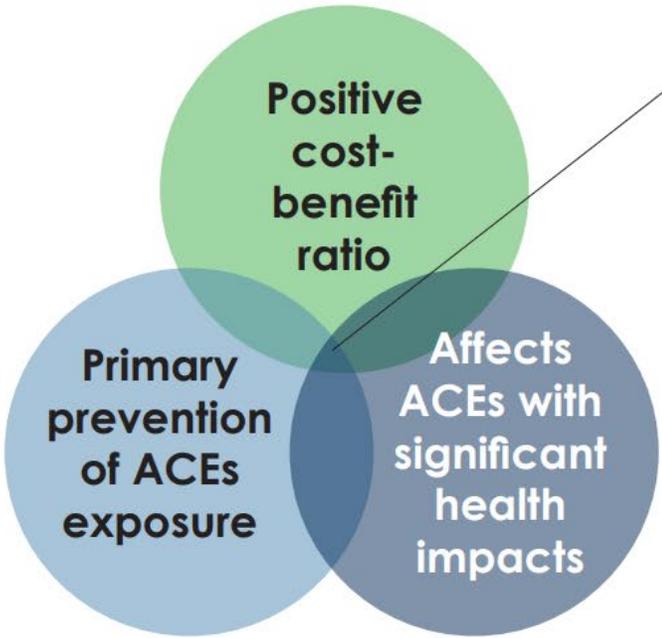
Figure 1. Key strategies for preventing ACEs in Ohio



What is included in these briefs?

1. **Description** of key strategies
2. **Implementation status** of strategy across Ohio
3. Highlight of an **example program**
4. **Implementation considerations** (i.e., best practices and challenges)
5. **Actionable policy recommendations** to enhance implementation efforts

Key strategies for preventing ACEs in Ohio



For more information on the key strategies identified, please see [A strategic approach to prevent ACEs in Ohio](#)

12 key strategies

- 1**
 - Early childhood education programs
 - Early childhood home visiting
 - Medical-legal partnerships
 - Family income supports

➤ Ensuring a strong start for children

➤ Strengthening economic supports for families
- 2**
 - Parent, caregiver and family skills training
 - School-based violence, bullying and intimate partner violence prevention programs
 - School-based social and emotional instruction
 - Mentoring programs for delinquency

➤ Enhancing skills so that parents and youth can handle stress, manage emotions and tackle everyday challenges

➤ Connecting youth to caring adults
- 3**
 - Community-based violence prevention
 - Drug courts
 - Trauma-informed care
 - Behavioral health treatment

➤ Promoting social norms that protect against violence and adversity

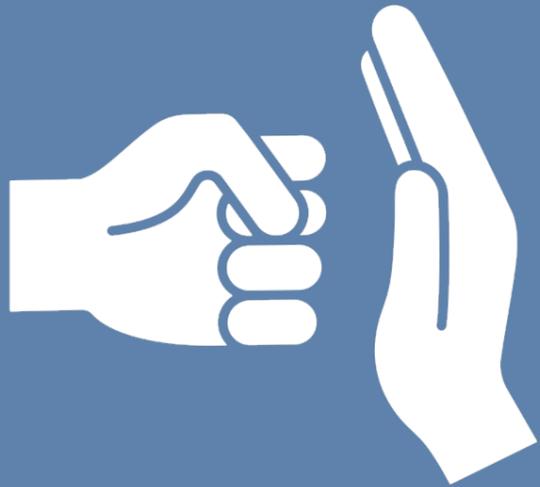
➤ Intervening to lessen immediate and long-term harms

This brief

Source: Health Policy Institute of Ohio policy brief, "Adverse Childhood Experiences (ACEs): Promoting positive social norms and intervening to lessen harm."

Action steps to ensure strategies reach the most at-risk children

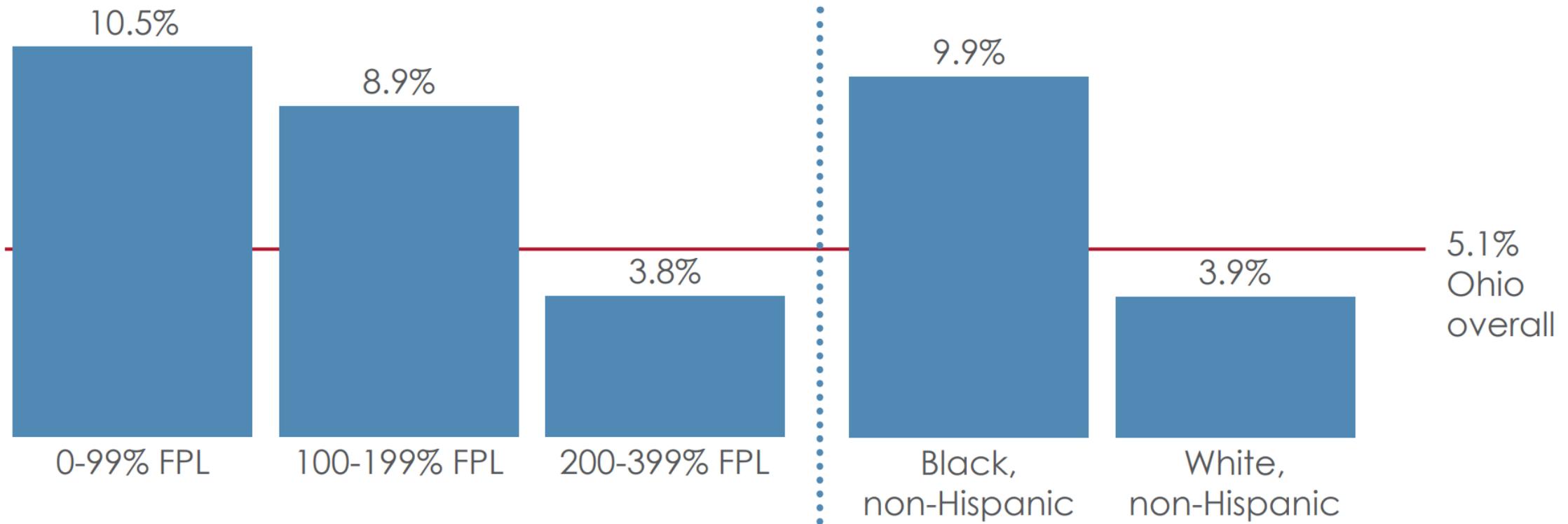
- **Authentically engage** communities most at risk for ACEs exposure
- Understand **current and historical community context** that may bolster or impede efforts to address ACEs
- Ensure **resources are allocated and strategies are adapted, tailored and implemented** to advance the health of at-risk children
- Reduce **participation or engagement barriers** (e.g., childcare, transportation, cultural/linguistic or accessibility barriers)
- **Evaluate** how a policy or program was implemented and whether it was effective in eliminating disparities and inequities



Promoting social norms
that protect against
violence and adversity

Percent of Ohio parents with children living in unsafe neighborhoods

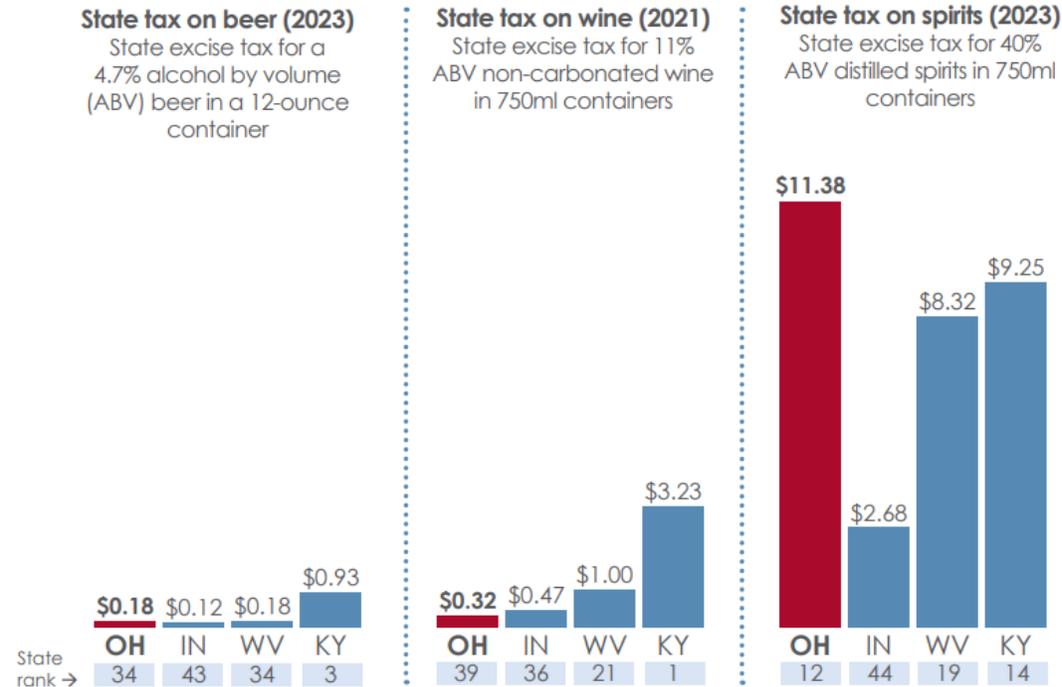
by income and race, 2020-2021



Source: Child and Adolescent Health Measurement Initiative. 2020-2021 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved Nov. 9, 2023, from www.childhealthdata.org.

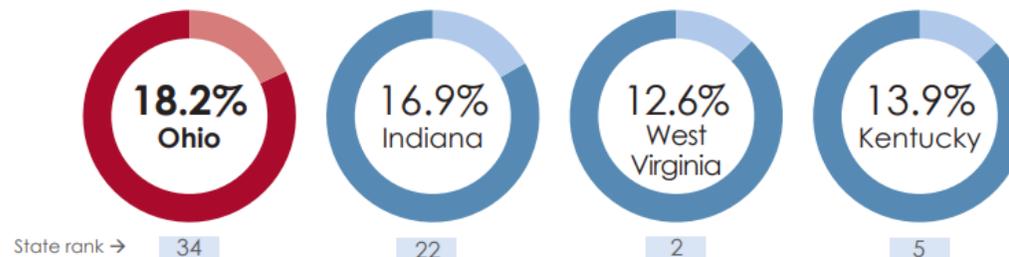
Community-based violence prevention: alcohol taxes

State alcohol taxes and excessive drinking in Ohio and neighboring states



Source: Tax Foundation

Percent of the population reporting excessive drinking, 2021



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, as compiled by America's Health Rankings.

Strategy implementation

Select best practices and challenges

Best practices

- Adapt programs based on community needs
- Collaborate with partners seeking a common goal

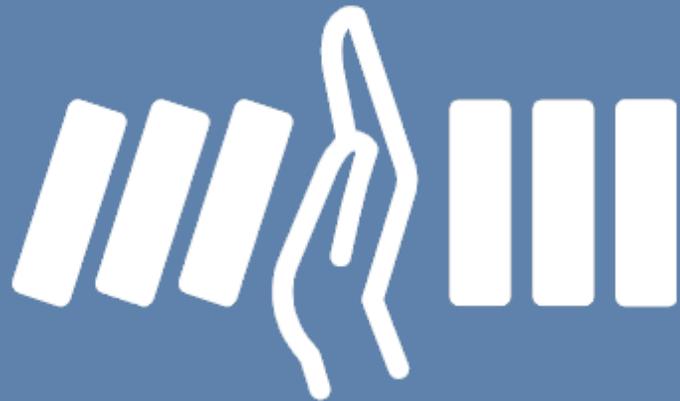
Challenges

- Funding
- Grant requirements
- Partnership with schools

Community-based violence prevention recommendations

State and local policymakers can:

- Assist organizations with program implementation through **increased funding** and **technical assistance**
- Match increases in liquor taxes with **increases in beer and wine taxes**



Intervening to lessen immediate and long-term harms

Drug courts and family treatment courts



Ohio counties with family treatment courts, 2023



Note: There are two family treatment courts in Lucas County. There are also juvenile treatment courts in Clark, Delaware, Henry, Muskingum, Summit and Williams counties.
Source: Supreme Court of Ohio

Select best practices and challenges

Best practices

- Complementary treatment and social services
- Multidisciplinary teams

Challenges

- Acknowledge the role of poverty and provide appropriate interventions
- System mistrust

Drug courts and family treatment courts recommendations

Drug courts and family treatment court programs can:

- Develop ways to **promote accountability and healthy relationships** between participants and staff
- **Increase trust** among participants through frequent meetings between parents, children and providers



Trauma-
informed
care
Behavioral
health
treatment

MENTAL HEALTH AND PSYCHIATRY SERVICES

More room to
care for children
and teens

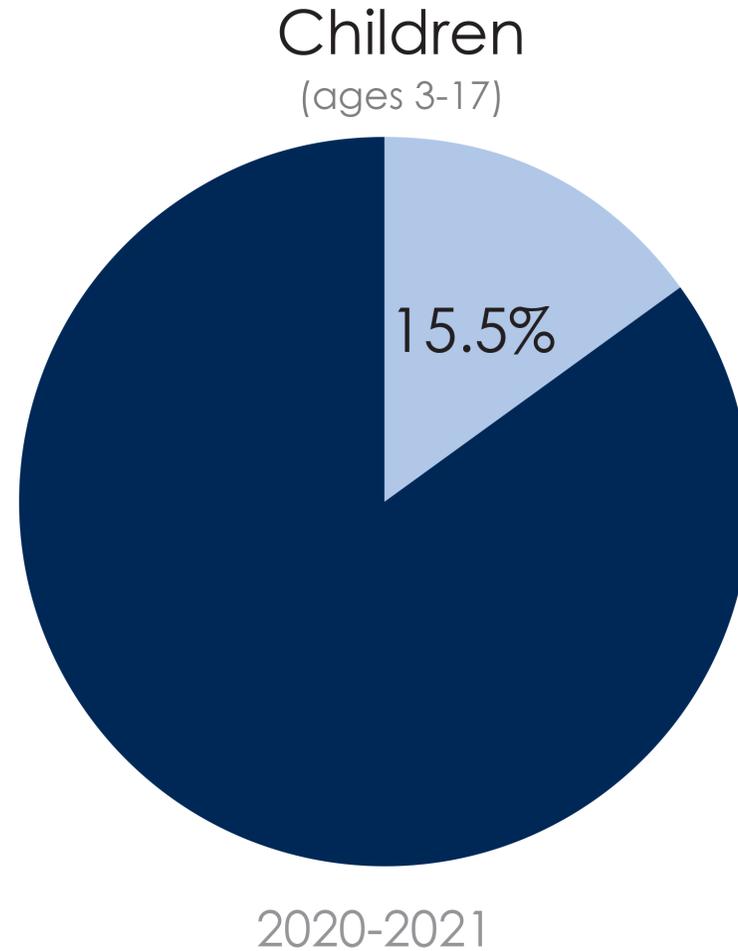
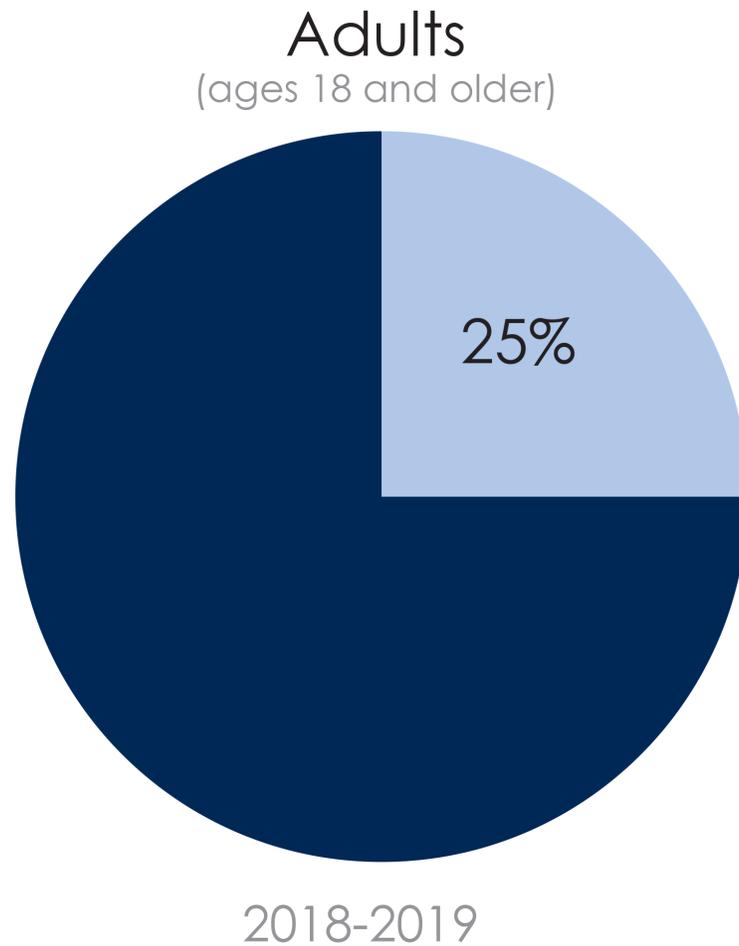


- Therapy rooms for individual and family treatment
- Telehealth services
- Staffed with child and adolescent psychiatrists, advanced practice providers, nurses and mental health therapists

 Akron Children's Hospital

Behavioral Health Treatment

Ohioans who could not access needed mental health treatment



Source: Adult data from the National Survey of Drug Use and Health. Child data from the National Survey of Children's Health.

Executive Summary

The Behavioral Health Workforce Roadmap outlines the plan for implementation of initiatives to address workforce challenges in Ohio. These initiatives were developed with the Advisory Council and summarized in the Synthesis Report.



Initiative Prioritization and Refinement

Initiative Prioritization

- Defined 79 opportunities within 10 solution categories with cultural competency considerations in the Synthesis Report
- Advisory Council members prioritized 24 initiatives through a rank order survey

Initiative Refinement

- Refined each initiative's objective, key actions, stakeholders, funding, and timeline in collaboration with Advisory Council
 - During this process, 3 initiatives were merged, resulting in 22 final initiatives
- Sequenced initiatives by State Fiscal Year (SFY) across a total of 4 years, in consideration of initiative dependencies



Roadmap Development

SFY 24 - 25

(July 2023 – June 2025)

- Included 15 Initiatives:
 - 4 to Increase Awareness
 - 5 to Support Recruitment
 - 4 to Incentivize Retention
 - 2 to Support Contemporary Practice

SFY 26 – 27

(July 2025 – June 2027)

- Included 7 Initiatives:
 - 1 to Increase Awareness
 - 1 to Support Recruitment
 - 2 to Incentivize Retention
 - 3 to Support Contemporary Practice

The actual timing and execution of these opportunities is **dependent on available resources, funding, strategic decisions, and existing initiatives** within Ohio. Final decisions about which projects to implement and the timing of those projects is left to OhioMHAS discretion.



Ohio

START PROGRAM

SOBRIETY, TREATMENT, AND REDUCING TRAUMA



COLONNADE
MEDICAL OFFICES

1550

200

Location: New Horizons Mental Health Services, Lancaster
Source: New Horizons website

Behavioral health treatment recommendations

- State policymakers can encourage statewide implementation of **Certified Community Behavioral Health Clinics**.
- State and local policymakers can fund implementation of **OhioSTART** programs in the remaining 35 counties.

Trauma-informed care



Photo credit: The Atlantic
2018 story featuring Ohio Avenue Elementary School in Columbus

Possible effects of trauma

Among other effects, trauma exposure can lead to an inability to:

- Cope with normal stresses of daily life
- Form trusting relationships
- Manage cognitive processes, such as memory, attention and thinking
- Regulate behavior or control the expression of emotions

Trauma-informed care

- **Realizes** the widespread impact of trauma and possible plans for recovery
- **Recognizes** the signs and symptoms of trauma
- **Responds** by integrating science and knowledge into policies and practices
- **Resists** re-traumatization by avoiding practices that may replicate trauma



Trauma Informed Care Certificate

With the implementation of the Family First Prevention Services Act (Family First), Ohio can better respond to trauma in children and their families. Adverse Childhood Experiences (ACEs) and developmental trauma are highly correlated with serious emotional problems, substance abuse, an increased likelihood of becoming a victim of sexual assault or domestic violence, chronic disease and disability, mortality, increased health care costs, social and worker performance problems. The Trauma Informed Care Certificate is based upon completion of training that meets the Trauma Informed Competencies as determined by the Ohio Department of Job & Family Services and the Ohio Department of Mental Health and Addiction Services.

Trauma-informed care recommendations

State and local policymakers can:

- Take steps to ensure more Ohioans are familiar with trauma and its effects, such as through a **public awareness campaign**
- Offer **more assistance, including dedicated funding**, to encourage schools and healthcare providers to become trauma-informed
- Require **trauma training** for all child-serving public employees

QUESTIONS?



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TRAUMA-INFORMED CARE ACROSS OHIO

**AMY
HAWTHORNE**

Trauma-Informed Care Coordinator

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TIC REGIONAL COLLABORATIVES

- Northeast
- Lower Northeast
- Southeast
- Southwest
- Northwest
- Central



TIC CHARTER DRAFT

- Scope
 - Operate with DEI and TIC lenses
 - Continue to operate within 3 domains (clinical, cultural, and organizational)
 - Support and sustain regional groups
 - Tailor work to community and regional based needs
 - Promote shared language across disciplines

ANNUAL TRAUMA-INFORMED CARE SUMMIT

- Financial Support Partners:
 - DODD
 - DYS
 - ODH
- Keynote: Shiree Teng will speak on supporting organizations to reach their full potential with trauma-informed approaches.
- The summit content is focused on clinical, cultural and organizational



11th Annual Trauma-Informed Care Summit

A Time to Reflect, Adapt and Innovate

When: **Weds and Thurs, May 8 and 9, 2024**

Where: **Hilton Columbus Polaris, 8700 Lyra Drive, Columbus, Ohio**

BEST PRACTICES FOR TIC AND OHIO'S APPROACHES

- Cross-sector, cross-systems approach
- Involve people with histories of trauma in planning
- Maintain strong leadership
- Begin trauma training early in postsecondary education for healthcare and education professions.

SOAR STUDY TO IDENTIFY RISK & RESILIENCY FACTORS TO IMPROVE BEHAVIORAL HEALTH OUTCOMES

- Statewide research initiative funded by OhioMHAS to identify the root causes of the ongoing epidemic of persistent emotional distress, suicide, and drug overdoses in the state.
- The SOAR study will investigate the role of biological, psychological, and social factors that underlie this epidemic.
- [SOAR Studies](#)

eBased Academy Courses

- Free Trauma-Informed Care Courses
- Register for eBased Academy at: <https://mha.ohio.gov/community-partners/peer-supporters/ebased-academy-courses>

QUESTIONS?

OHIO.ORG



MORE INFORMATION

MHA.OHIO.GOV

Join the OhioMHAS listserv for all the latest updates.



**Department of
Mental Health &
Addiction Services**



Ways to influence policy

- Write letters, emails or make phone calls
- Provide district specific data
- Provide analysis of a bill
- Provide testimony at a legislative hearing
- Provide a one-page fact sheet
- Organize community partners to visit key policymakers
- Invite policymakers to visits your organization or speak at a meeting you host

POLL QUESTIONS



Download slides and resources from today's
webinar on the HPIO events page at:
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