



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

Executive summary

Overview

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. 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 (Figure ES 1 outlines what is considered an ACE). 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. More background information on the project is available on pages 3 and 4.

3 key findings for policymakers

- **Actions to prevent ACEs are already underway.** There are many opportunities to support partners across the state who are implementing **cost-effective, evidence-based strategies** to prevent ACEs.
- **ACEs prevention efforts must meet the needs of children and families.** To maximize impact, strategies should be scaled up and tailored towards those most at risk for experiencing adversity.
- **Supporting evidence-based strategies can reduce healthcare spending and other costs.** By increasing funding and sustaining support for evidence-based strategies, policymakers can effectively prevent ACEs in Ohio and reduce long-term costs.

What are ACEs?

Adverse childhood experiences (ACEs) are “potentially traumatic events” that occur during childhood (ages 0-17). The research literature generally groups ACEs into three categories: abuse, household challenges and neglect, as outlined in figure ES1. There is also emerging research on the negative effects of other forms of childhood adversity and trauma, such as experiencing racism and discrimination, war, community violence, poverty and frequent mobility.

Figure ES1. **What is considered an ACE?**

Abuse	Household challenges	Neglect
<ul style="list-style-type: none"> • Emotional abuse • Physical abuse • Sexual abuse 	<ul style="list-style-type: none"> • Witnessing domestic 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: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention



Strategy No. 1: Early childhood education

Evidence-based early childhood education (ECE) programs lay the foundation for Ohio's youngest learners to succeed throughout their lives.

Figure ES2. **Strengths, gaps and recommendations for early childhood education programs for low-income families and Child-Parent Centers**

Strengths	Gaps	Recommendations
<ul style="list-style-type: none"> • Many ECE programs are being implemented across Ohio, ranging in size, structure and reach • Ohio has a robust quality rating system for early care and education (Step Up To Quality) with required participation by state-funded early childhood education programs • ECE programs have federal, state and local financial support, and sometimes receive funding from philanthropy and other private entities, such as healthcare systems, in the communities they serve • The Ohio SFY 2022-2023 budget increased access to publicly funded child care (PFCC) from 130% to 142% FPL (and 150% for families with children with special needs) 	<ul style="list-style-type: none"> • PFCC, the state program serving the largest number of young children, lacks sustainable and long-term funding • Ohio's PFCC income eligibility limit (142%) is among the lowest in the U.S., and many working families with low incomes are unable to access quality ECE for their children • Half of early childhood programs that are part of PFCC have not yet reached a "high quality" rating (3-5 stars) • There are no formal Child-Parent Centers (CPCs) in Ohio 	<ul style="list-style-type: none"> • Increase access to quality ECE programs for young children with working parents by increasing eligibility for Ohio's publicly funded child care from 142% to 200% FPL • Increase funding and support for early childhood education programs that have not yet achieved a high-quality rating • Invest state dollars in Early Head Start and Head Start to focus on and tailor to the needs of low-income children experiencing multiple ACEs, including children in state custody and children experiencing homelessness • Look to states such as Illinois, Wisconsin and Minnesota for guidance in implementing the CPC model



Strategy No. 2: Early childhood home visiting

Home visiting programs are an evidence-based, multi-generational strategy proven to prevent and mitigate the impacts of ACEs.

Figure ES3. **Strengths, gaps and recommendations for early childhood home visiting**

Strengths	Gaps	Recommendations
<ul style="list-style-type: none"> • Every Ohio county is covered by at least one evidence-based home visiting model • State policymakers, including the administration of Governor Mike DeWine, place significant focus on early childhood home visiting programs in Ohio • Funding for home visiting has increased in the last two biennial state budgets, and Medicaid reimbursement for some nurse home visiting programs has been implemented 	<ul style="list-style-type: none"> • The reach of evidence-based home visiting programs to families in need is relatively small in Ohio • In 2019, only 16.9% of the estimated number of Ohio families in need of home visiting services were served through HomVEE (U.S. Department of Health and Human Services Home Visiting Evidence of Effectiveness review) models (estimated need calculated by the Health Resources and Services Administration) 	<ul style="list-style-type: none"> • Increase state funding for evidence-based early childhood home visiting, especially those models that are most cost-beneficial and focus on the ACEs with the largest impacts in Ohio (as defined in Health Impact of ACEs in Ohio) • Integrate Early Head Start and other non-state funded evidence-based home visiting programs into Ohio's Help Me Grow Central Intake and Referral System • Collaborate with existing home visiting providers to overcome capacity limitations, including workforce challenges



Strategy No. 3: Medical-legal partnerships

Medical-legal partnerships (MLPs) integrate legal services into healthcare settings, such as hospitals and behavioral health clinics, by referring patients to legal assistance.

Figure ES4. **Strengths, gaps and recommendations related to Medical-legal partnerships (MLPs)**

Strengths	Gaps	Recommendations
<ul style="list-style-type: none"> • MLPs are being implemented across the state. As of 2021, there were 23 MLPs in Ohio. The Cleveland-Akron area has the most MLPs • MLPs have local economic support, receiving funding from philanthropy and other private entities (e.g., healthcare systems) in the communities they serve 	<ul style="list-style-type: none"> • MLPs and legal aid services lack sustainable and long-term funding • Many medical facilities around Ohio do not have an MLP, leaving most of the state without the number of MLPs needed to meet demand 	<ul style="list-style-type: none"> • State and local governments can allocate funding to MLPs in their budgets, including allocation of state general revenue funding and agency-specific funding (such as the Ohio Department of Health's infant vitality funding) • Health centers can develop social determinants of health and legal need screenings to help patients get connected to necessary legal services



Strategy No. 4: Family income supports: Earned Income Tax Credit

Ohio's Earned Income Tax Credit (EITC) is an example of a family income support that has a positive cost-benefit ratio and directly impacts ACEs.

Figure ES5. **Strength, gap and recommendation for Ohio's EITC**

Strengths	Gaps	Recommendations
In 2019, Ohio raised the state credit amount to 30% of the federal EITC and removed the income cap of \$20,000	Ohio is one of only five states with a state EITC that is non-refundable, limiting its ability to help all eligible Ohioans, especially those with the lowest incomes	Ohio can follow the lead of 23 other states and the District of Columbia and make the state EITC refundable

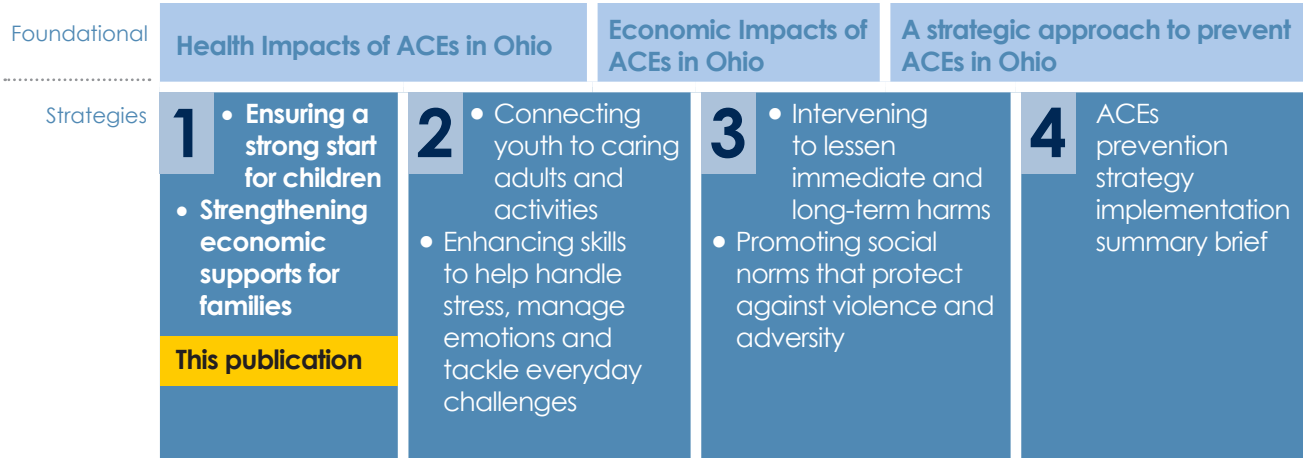
Background

Ohio ACEs Impact Project

Building upon the first three publications of the [Ohio ACEs Impact Project](#), HPIO is developing three additional policy briefs that will describe and assess the implementation of 12 evidence-informed and cost-effective strategies at the state and local level that prevent ACEs exposure.

Figure ES6 displays the policy briefs in both phases of the Ohio ACEs Impact Project, including the CDC ACEs prevention strategy categories that will be explored in each of the upcoming briefs. This work will culminate in a final brief that will summarize policy recommendations for enhancing implementation efforts of all 12 key strategies.

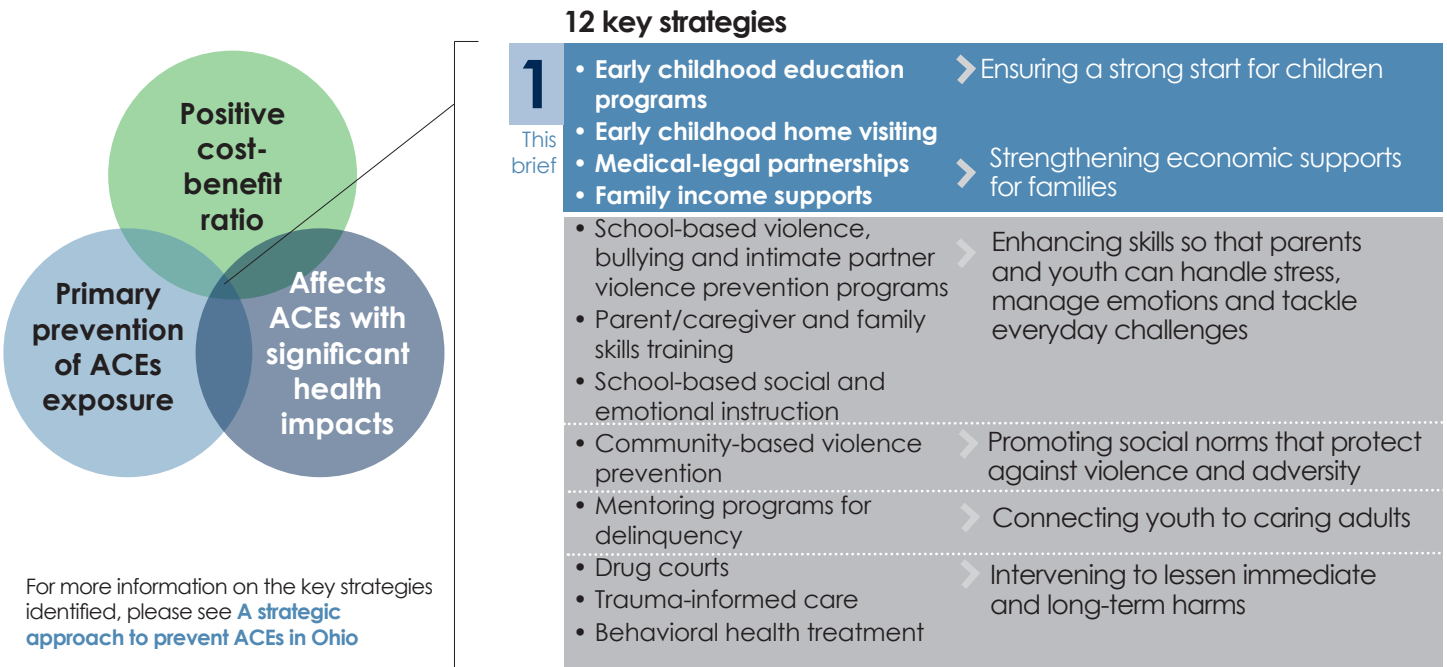
Figure ES6. Ohio ACEs Impact Project Phases



To inform examples of ACEs prevention strategies implemented in Ohio for this policy brief, HPIO conducted five key-informant interviews with staff from these organizations:

- Community Legal Aid Services, Inc. (Northeast Ohio)
- CoStars by the Children's Home (now Best Point Education and Behavioral Health; Cincinnati)
- Ohio Head Start Association, Inc. (statewide)
- Preschool Promise (Dayton and Montgomery County)
- SPARK Ohio (Northeast Ohio)

Figure ES7. Key strategies for preventing ACEs in Ohio



Download the complete report at <https://bit.ly/3SXWLZr>



This project is funded by the Harmony Project.