



Improving child health and well-being

Creating opportunities for all Ohio children to thrive

Sept. 29, 2020



Vision

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

Mission

To provide the independent and nonpartisan analysis needed to create evidence-informed state health policy that improves health value.



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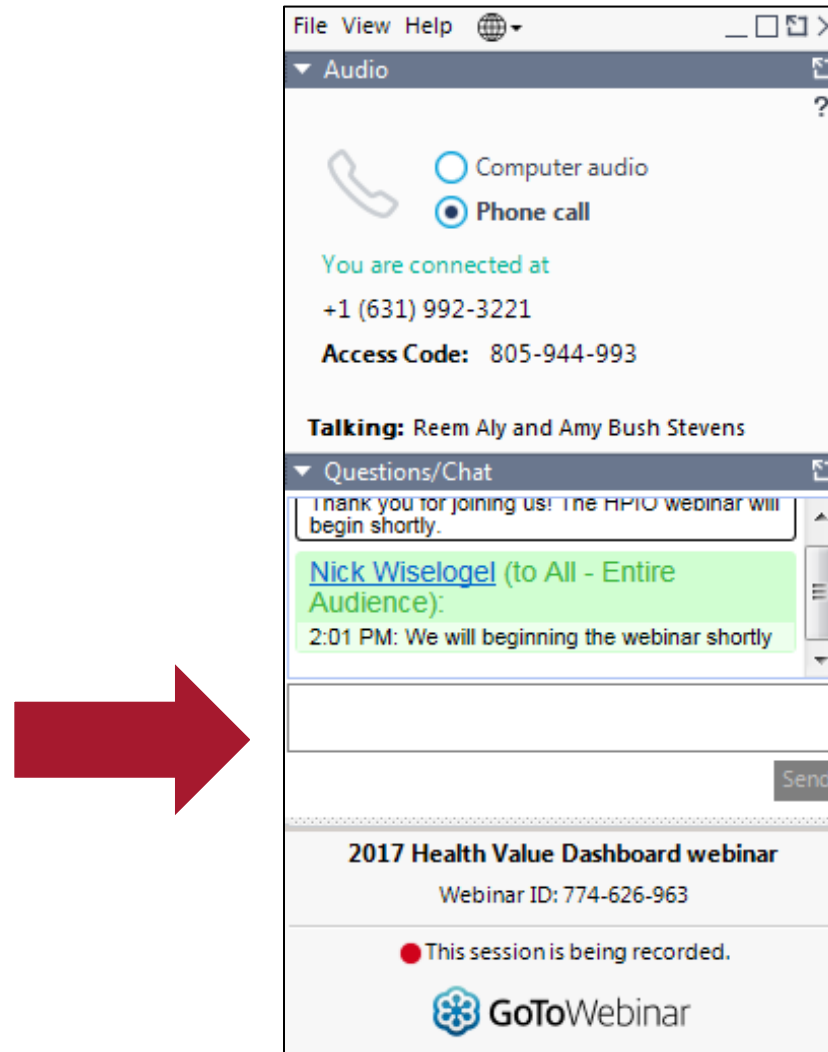


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on the event page at

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LeeAnne Cornyn

Director of Children's Initiatives

Office of Ohio Governor Mike DeWine



MIKE DEWINE
GOVERNOR OF OHIO

Preventing ACEs: Ohio's Response to COVID-19

Jon Husted, Lt. Governor



ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative



Substance Abuse



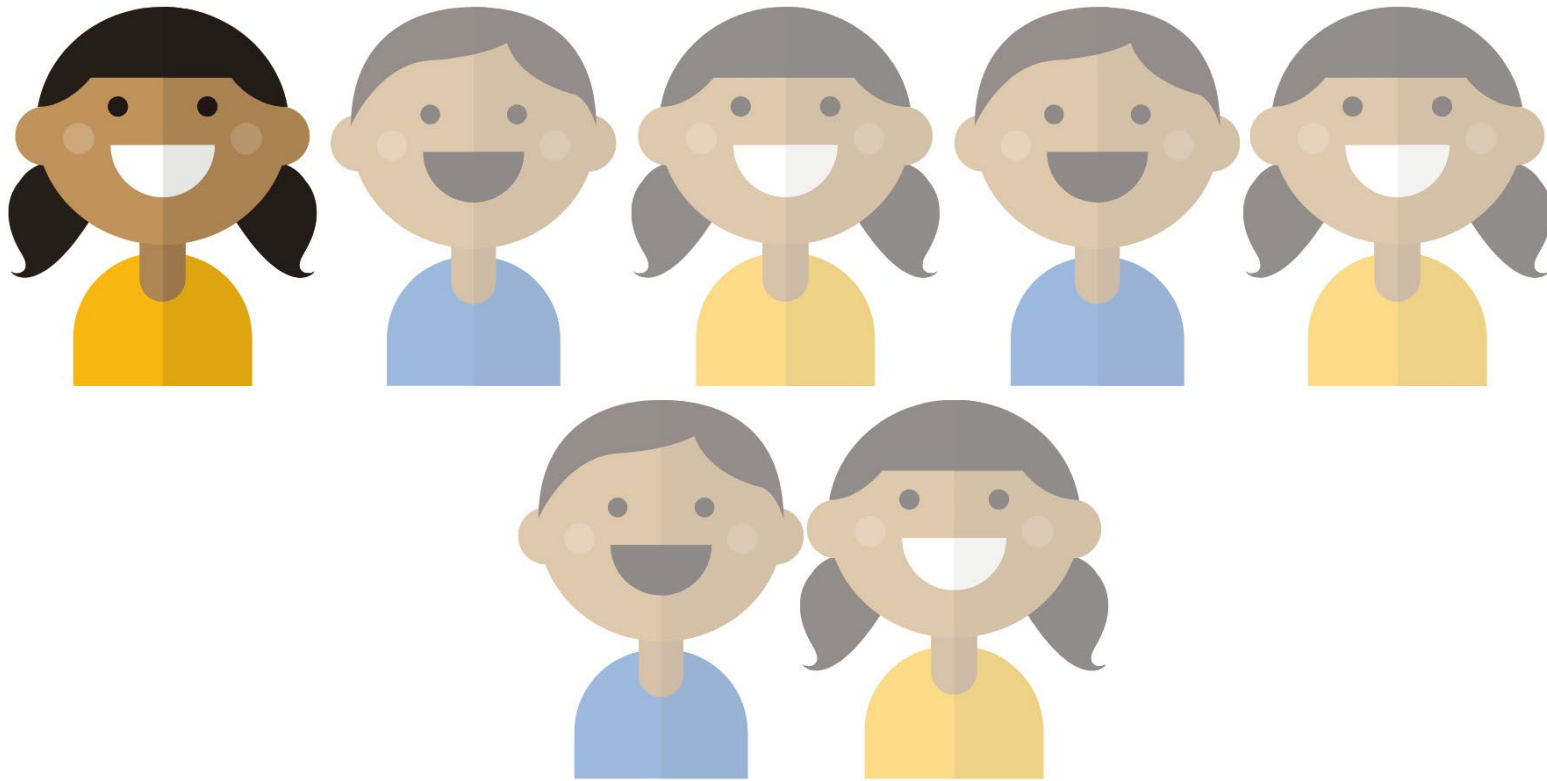
MIKE DEWINE
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Nearly half of
all Ohio
children have
experienced
one or more
ACEs.



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GOVERNOR OF OHIO



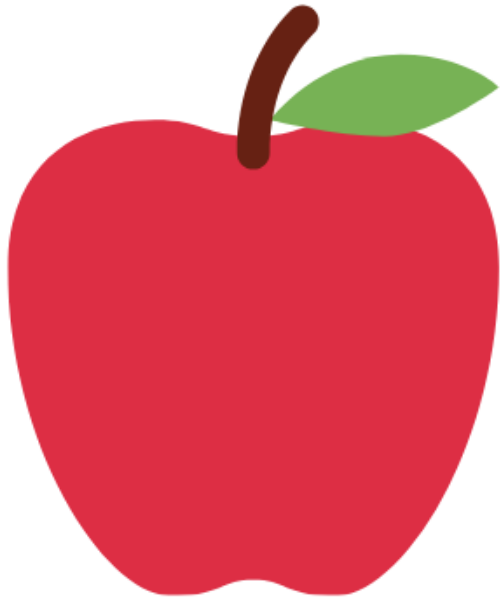
One in seven
Ohio children
have
experienced
three or
more ACEs.



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MIKE DEWINE
GOVERNOR OF OHIO



MIKE DEWINE
GOVERNOR OF OHIO

Food Assistance

- 13 administrative waivers
- More than \$480 million in emergency supplemental food benefits
- P-EBT
 - Round 1: \$261 million in benefits for 872,714 children
 - Round 2: \$86 million in benefits for 490,000 children
- Disaster Household Distribution Program for families up to 230% FPL statewide



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GOVERNOR OF OHIO

Child Care

- Child Care programs closed on March 25th except for Temporary Pandemic Child Care Programs.
 - Provided \$131 million in closure payments to PFCC providers
 - Licensed 1,915 TPCC programs
 - Provided nearly \$36 million for child care for low-wage, essential employees
- Child Care reopened on May 31st at reduced ratios
 - Nearly \$50 million in COVID and ratio-support payments provided
- Child Care returned to normal ratios on August 9th
 - Up to \$30 million in incentive payments to maintain reduced ratios
 - 1,400 providers currently participating



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Child Care

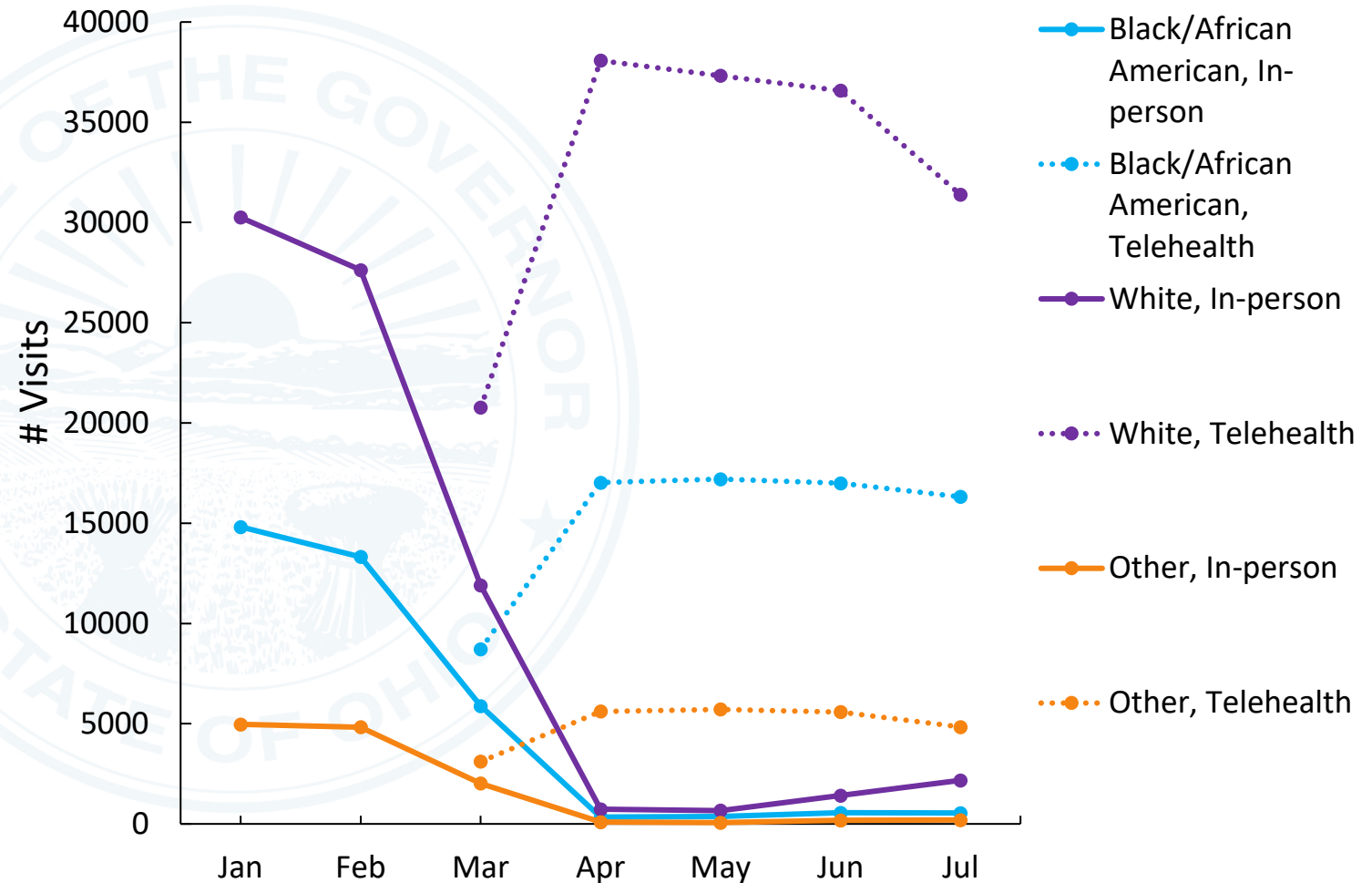
- Temporary Pandemic School Age Child Care Program created on August 25th
 - \$9 million to provide child care for low-income children learning remotely
 - Working with nearly 30 providers and applicants



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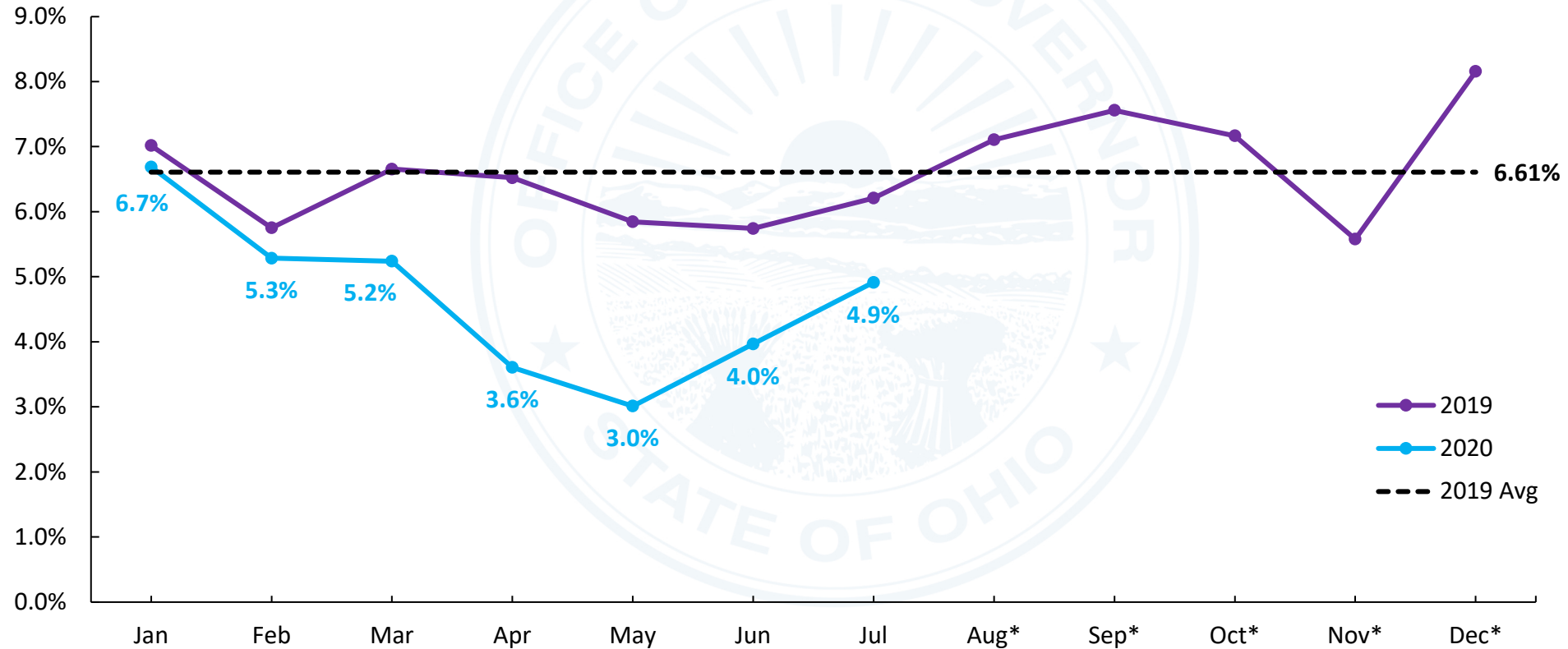
Home Visiting

- Telehealth visits
- Family Retention Supports
 - Phone & Data Cards
 - Diapers
 - Wipes
 - Cleaning Supplies
 - Safety Items
 - Educational Materials
 - Facial coverings



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Home Visiting Program Exits 2019 v. 2020



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Housing

- Two grants totaling \$16 million to the Coalition on Homelessness and Housing in Ohio (COHHIO) to support:
 - Rapid rehousing
 - Transition housing
 - Eviction support



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Foster Care

- No aging out policy
 - Five-month extension for children aging out of Bridges
 - Ongoing extension for children aging out of foster care
- Ensuring visitation
 - Virtual visitation option
 - Micro-grants to counties to support virtual visitation



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**COVID-19 OHIO
MINORITY HEALTH
STRIKE FORCE
BLUEPRINT**

**MORE
THAN A
MASK**



**WANT TO GET
TESTED FOR**

COVID-19?

ANYONE CAN GET A NO-COST TEST AT THESE LOCATIONS



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GOVERNOR OF OHIO

Dr. Kenneth Yeager

Associate Professor, Department of
Psychiatry and Behavioral Health
Ohio State University



Improving People's Lives Through Innovations in Personalized Health Care

The Biology of Toxic Stress and Responding to Adversity

Kenneth R. Yeager PhD



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Disclosures and Conflicts of Interest

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- David E. Schuller MD, Endowed Professorship for Patient Compassion, The James Cancer Hospital. (Walter Family Foundation)
- IRB Approvals #2016287 & #2017154



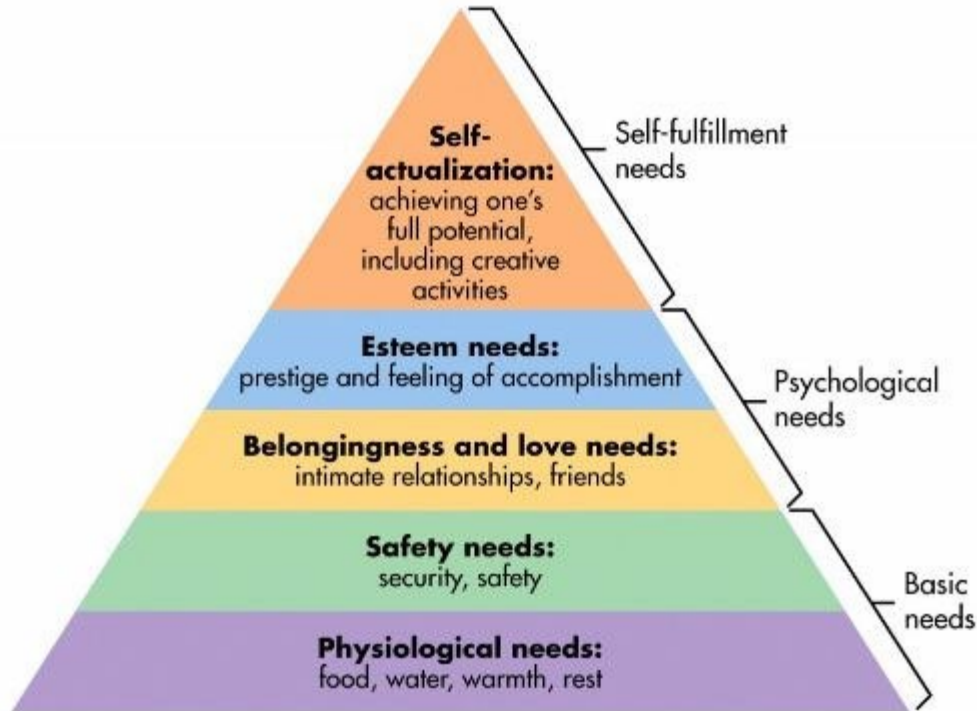
Adverse Childhood Experiences Science

- ACEs Science refers to the research on the prevalence and consequences of adverse childhood events across the lifespan.
- Conducted by the CDC and Kaiser Permanente the ACE Study focuses on mostly, middle to upper middle class, college-educated families that are employed and can afford Kaiser Permanente insurance!
- A large scale, multi-site study with over 70 research papers/replications showing statistically significant outcomes and power; the initial study ($N=17,000$).



Psychology 101

Maslow's Hierarchy of Needs



- Children are unable to focus when their “immediate” basic needs for safety are not being met as a result of toxic stress

What is Trauma?

3E's

- Trauma is:
 - an **EVENT**, series of events, or set of circumstances that;
 - is **EXPERIENCED** by an individual as physically or emotionally harmful or life threatening;
 - and has lasting adverse **EFFECTS** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Three Types of ACEs

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

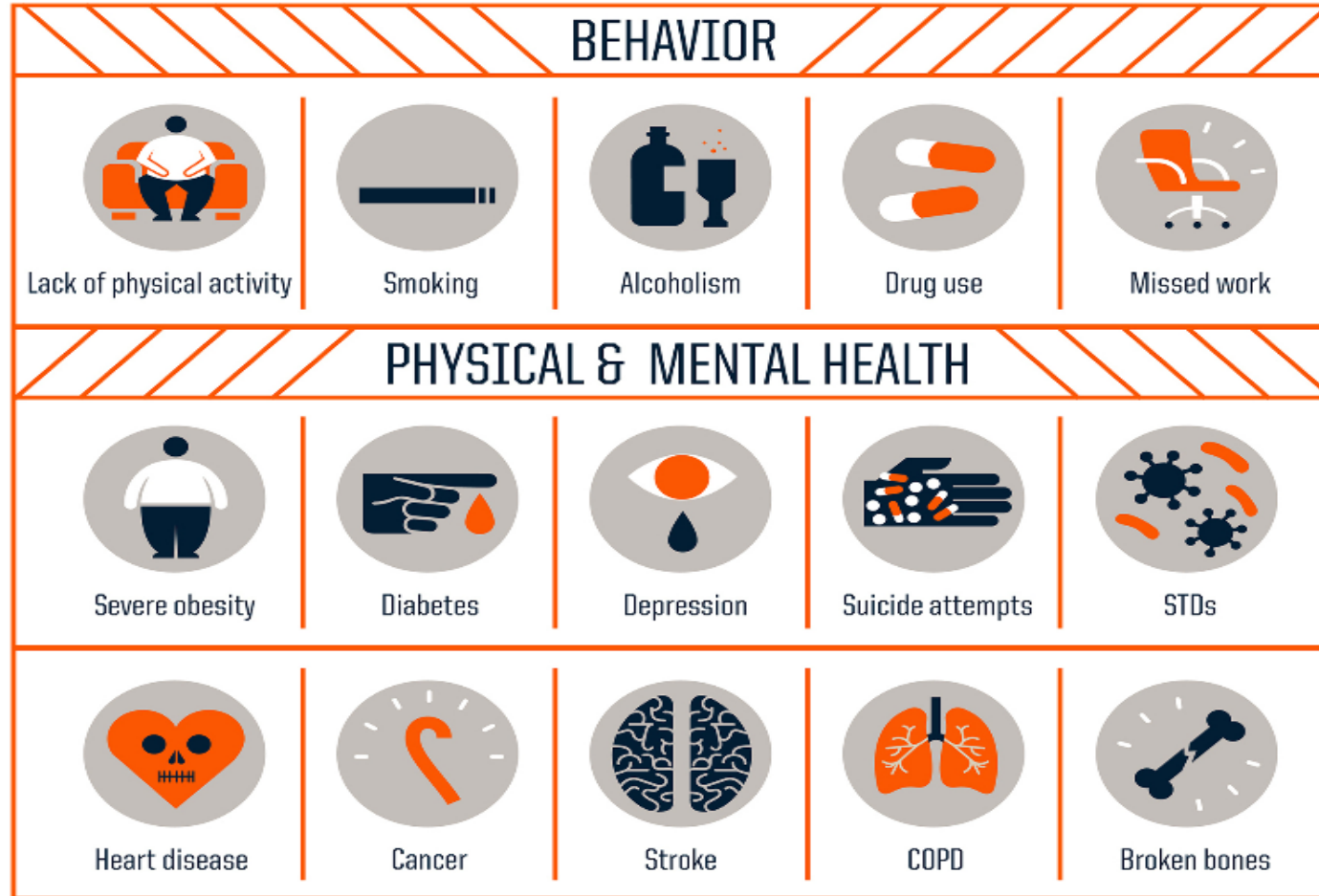
Source: Centers for Disease Control and Prevention

Credit: Robert Wood Johnson Foundation



ACEs Increase Health Risks

According to the Adverse Childhood Experiences study, the rougher your childhood, the higher your score is likely to be and the higher your risk for various health problems later.



Source: Centers for Disease Control and Prevention



Why ACE's Are Significant

- ACEs are common...nearly two-thirds

(64%)

of adults have at least one.

Why ACE's Are Significant

- ACEs don't occur alone....if you have one, there's an

87% chance that you have
two or more.

Anda, R. F., Croft, J. B., Felitti, V. J., Nordenberg, D., Giles, W. H., Williamson, D. F., & Giovino, G. A. (January 01, 1999). Adverse childhood experiences and smoking during adolescence and adulthood. *Jama*, 282, 17, 1652-8.

Felitti et al., (1998) American Journal of Preventive Medicine, 14: 245-258.



Why ACE's Are Significant

- People with an ACE score of 4 are **twice** as likely to be **smokers** and **seven** times more likely to be **alcoholic.**

Pilowsky, D. J., Keyes, K. M., & Hasin, D. S. (January 01, 2009). Adverse childhood events and lifetime alcohol dependence. *American Journal of Public Health*, 99, 2, 258-63.

Felitti et al., (1998) *American Journal of Preventive Medicine*, 14: 245-258.



Why ACE's Are Significant

- Having an ACE score of 4 increases the risk of suicide by

12000%

Perez, N. M., Jennings, W. G., Piquero, A. R., & Baglivio, M. T. (August 01, 2016). Adverse Childhood Experiences and Suicide Attempts: The Mediating Influence of Personality Development and Problem Behaviors. *Journal of Youth and Adolescence : a Multidisciplinary Research Publication*, 45, 8, 1527-1545.

Felitti et al., (1998) American Journal of Preventive Medicine, 14: 245-258.



How the ACES Work

Adverse Childhood Experiences

- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)



Impact on Child Development

- Neurobiologic Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)



Long-Term Consequences

Disease and Disability

- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

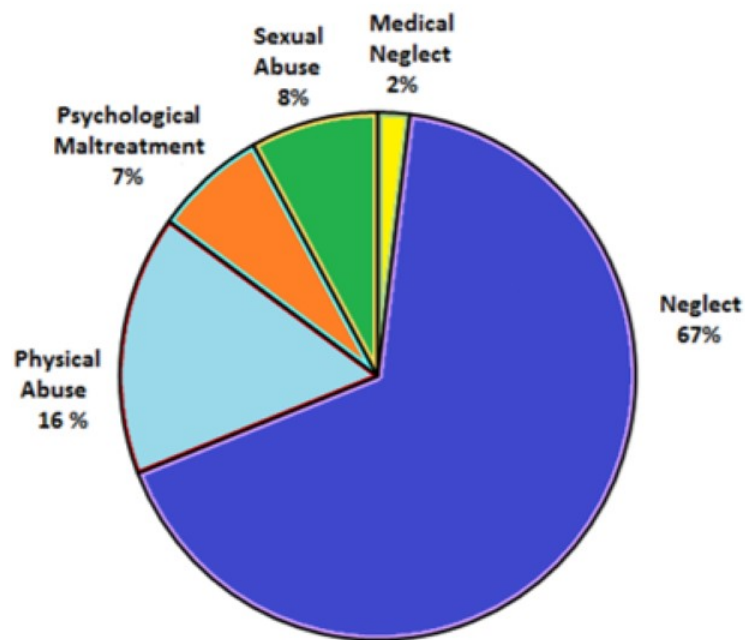
Social Problems

- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- High utilization of health and social services
- Shortened Lifespan

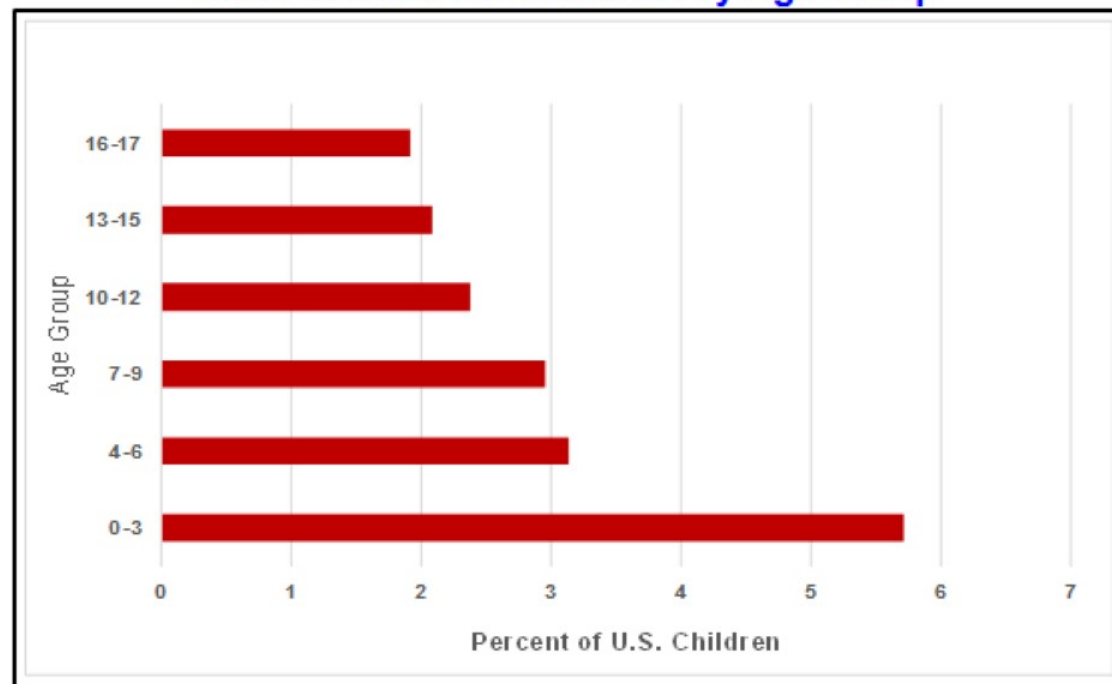
Rates of Maltreatment by Age¹

- Most maltreatment happens to younger children.
- Maltreatment has greater negative effects at younger ages.

Types of Child Maltreatment

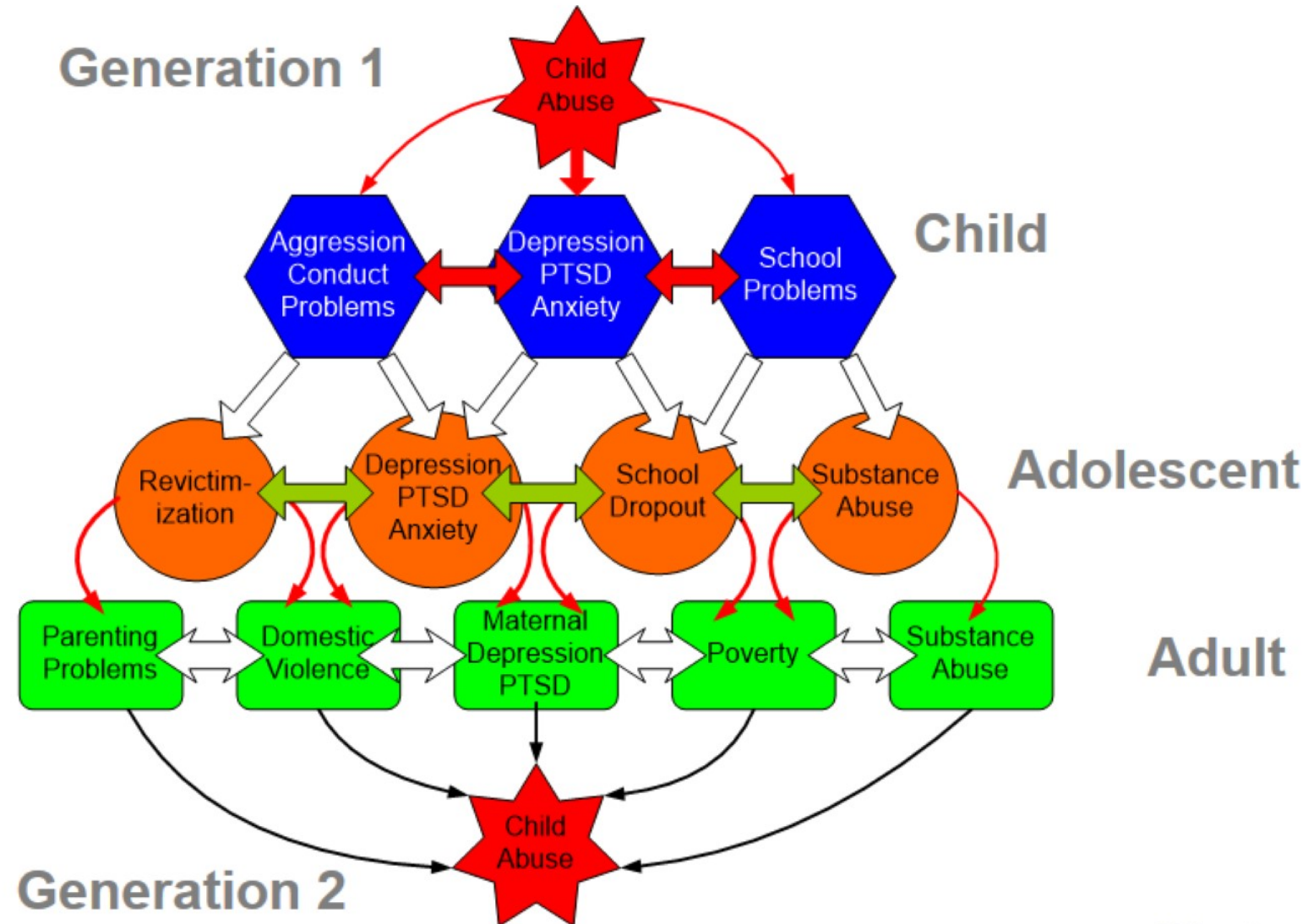


Rates of Child Maltreatment by Age Group

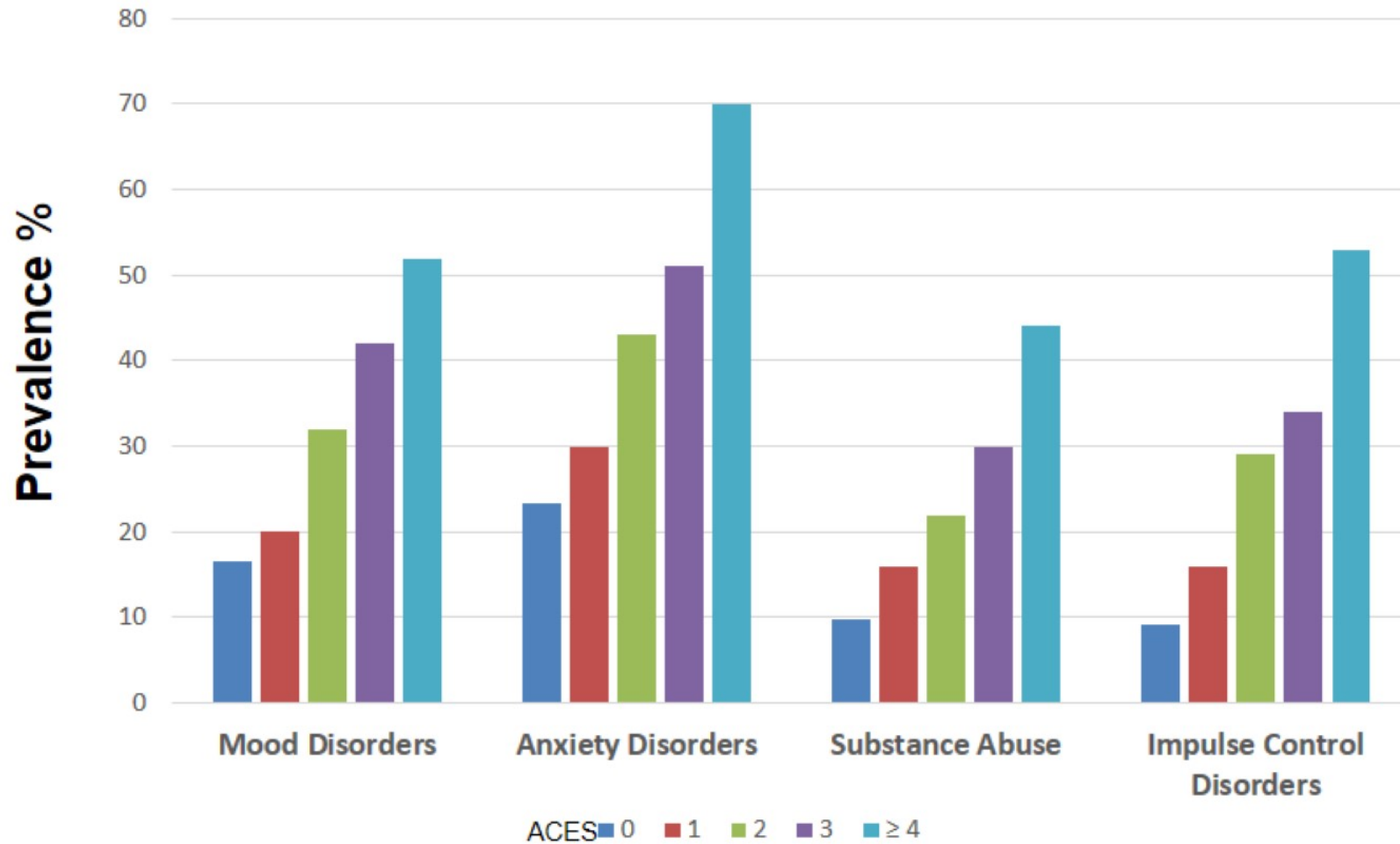


¹Child Maltreatment 2012. Washington, DC: US Department of Health and Human Services; 2014.

How ACES Cross Generations



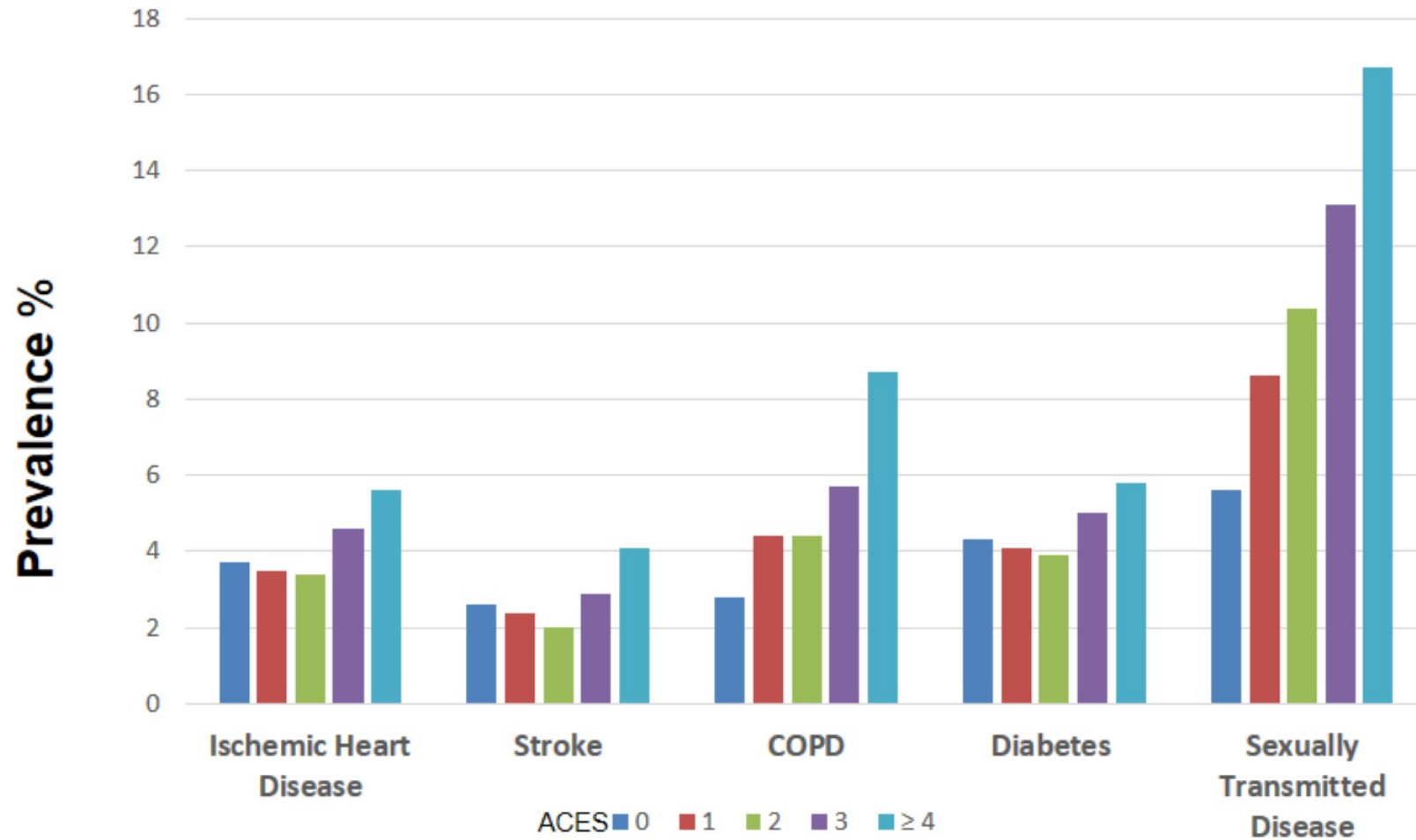
Cumulative ACES & Mental Health^{1,2}



¹Data from the National Comorbidity Survey-Replication Sample (NCS-R).

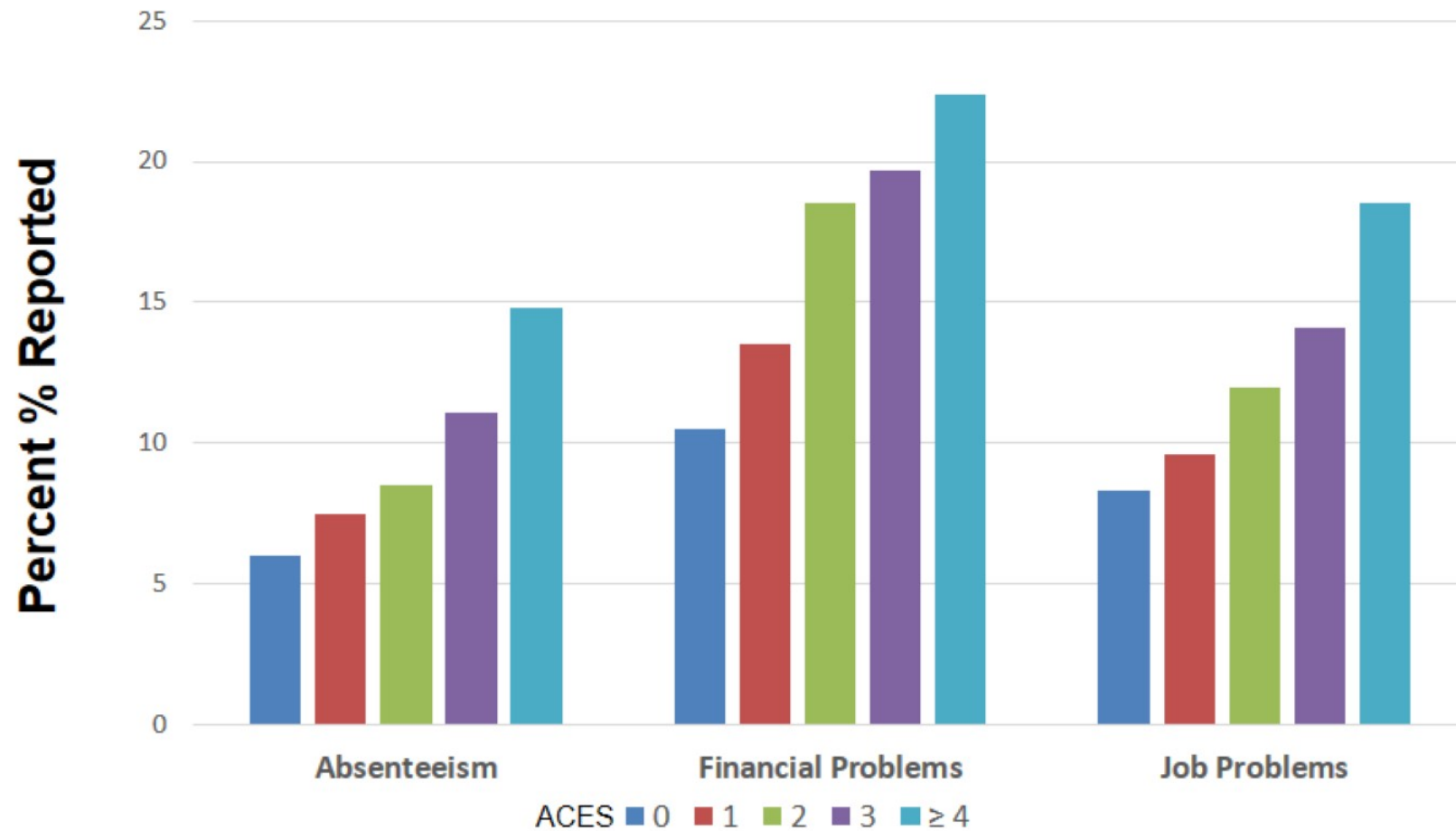
²Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.

Cumulative ACES & Chronic Disease¹



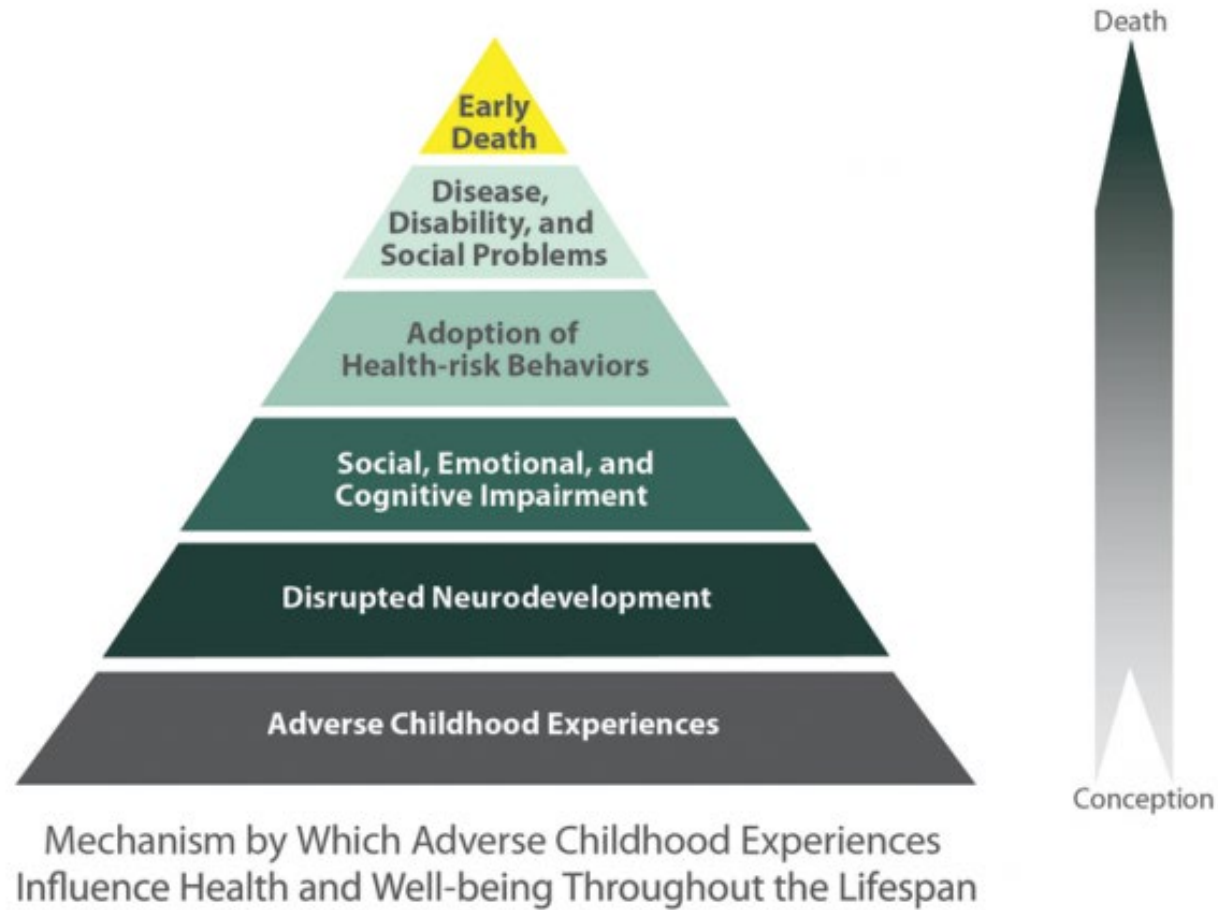
¹Felitti et al., (1998) American Journal of Preventive Medicine, 14:245-258.

Cumulative ACES & Impaired Worker Performance¹



¹Anda et al., (2004) The Permanente Journal/Winter 8:30-38.

In Summary...The ACE Pyramid

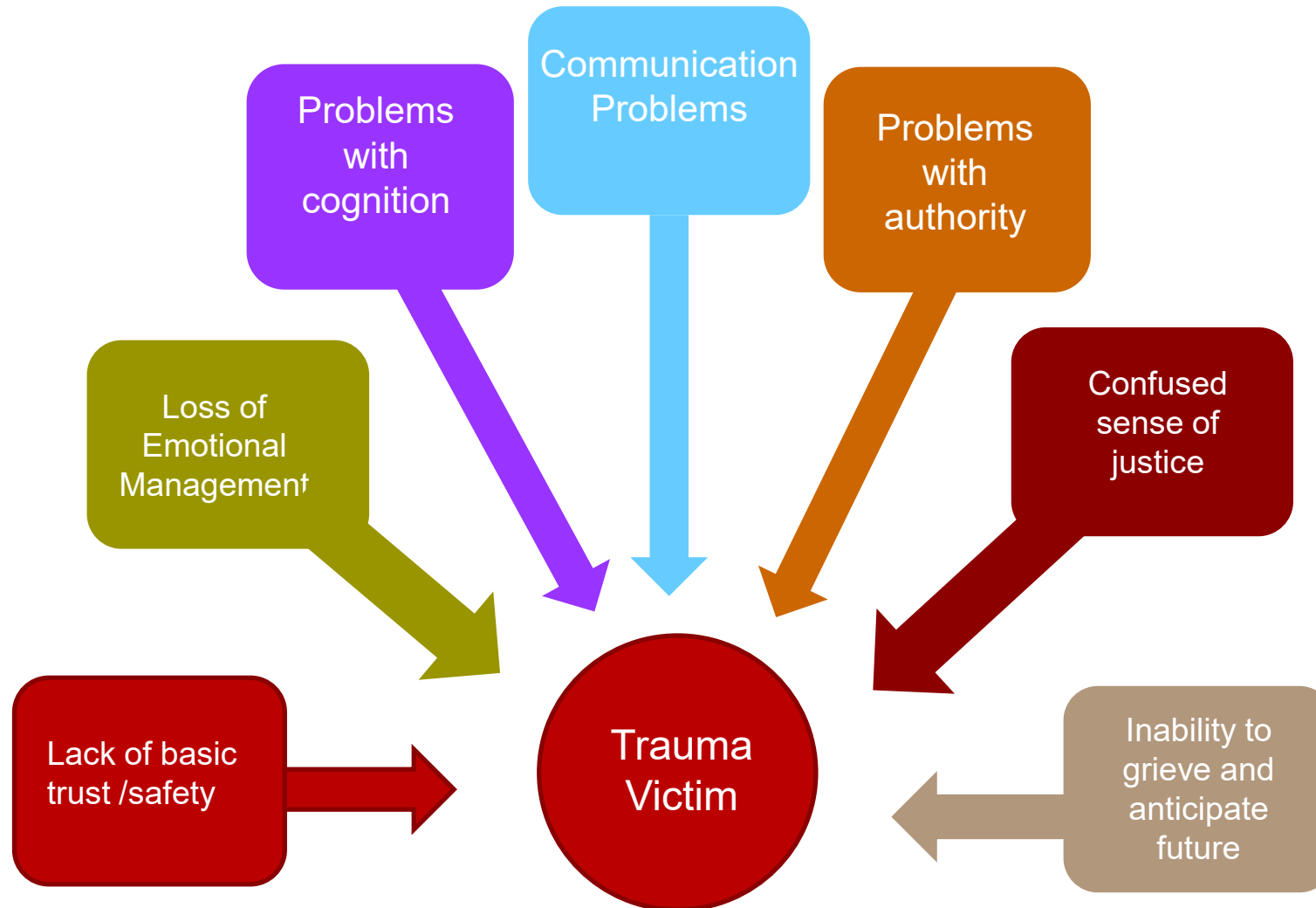


So What is Next?

- Training: designed to understand the extent of ACE's and to ask the question what has happened opposed to what is wrong with...
- Treatment: working with healthcare providers, often is important in understanding individual needs of trauma victims.
- Prevention: Keeping in mind that trauma can happen in multiple ways in multiple settings. It's important to be aware of potential trauma experiences, that could be contributing to emerging trauma responses.



Trauma – Organized Person



Thank you!

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Reem Aly

Vice President

Health Policy Institute of Ohio



Adverse Childhood Experiences (ACEs) in Ohio

September 29, 2020

Ohio ranks



37

Percent of children
who have been
exposed to two or
more ACEs

Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau (2017-2018)

HPIO Ohio ACEs Impact Project



Brief 1
**Health impact
of ACEs in Ohio**
(August 2020)



Brief 2
**Economic impact
of ACEs in Ohio**
(September – December 2020)



Brief 3
**How can we
improve?**
(January-March 2021)



Resource page



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?

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 reducing exposure to emotional and sexual abuse, providing adequate supports to prevent or treat parents struggling with addiction and mental health problems, and preventing parents from being incarcerated are likely to have the largest effects on health outcomes.

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



OHIO
UNIVERSITY

**Voinovich School of
Leadership and Public Affairs**

What are included as 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

3

Key findings for policymakers

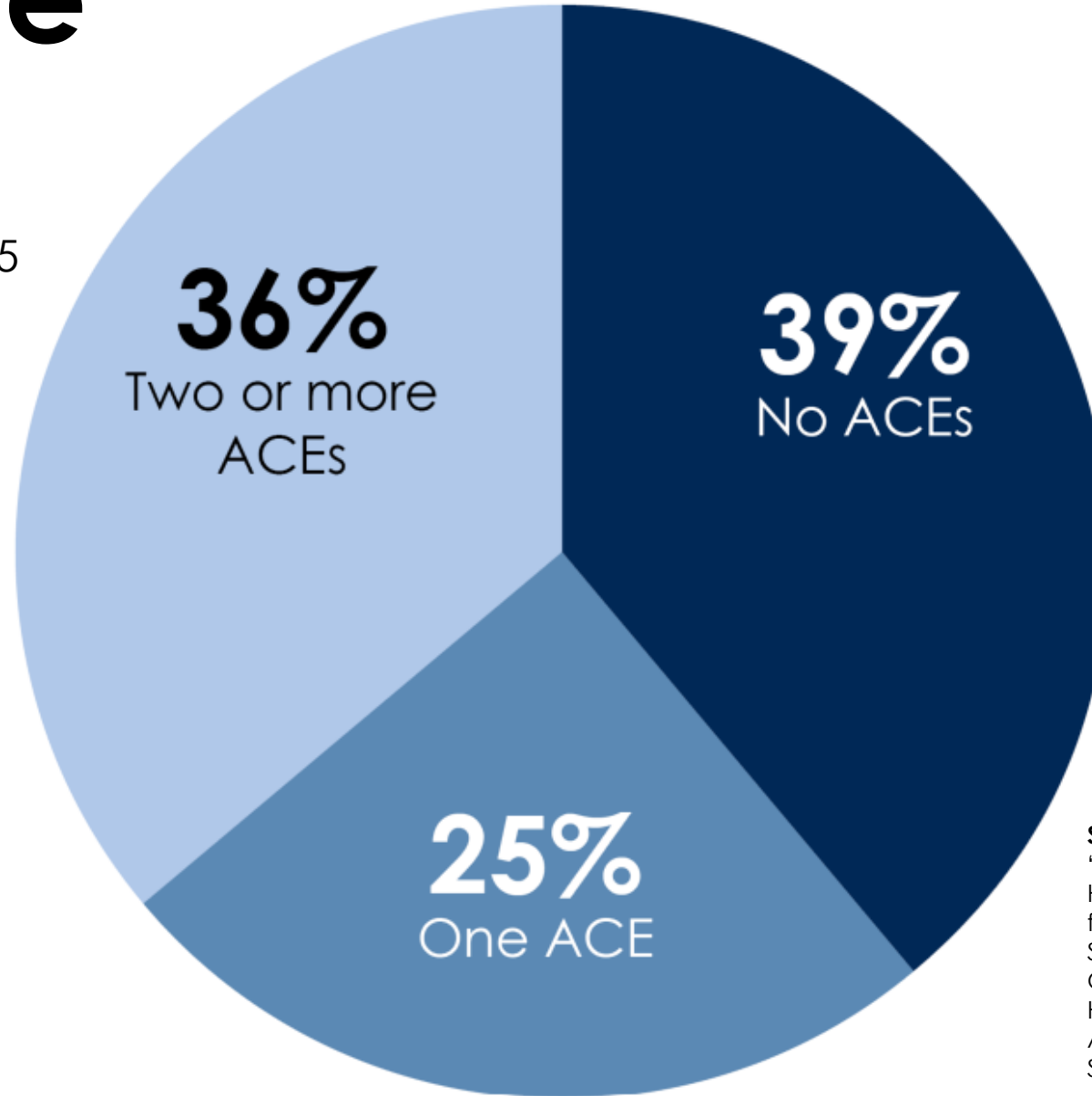
- **Exposure to ACEs is a pervasive problem.**
- **Preventing ACEs can improve health.**
- **Focusing action on specific ACEs may yield more significant health impacts.**

3 Key findings for policymakers

Exposure to ACEs is a pervasive problem.

Prevalence of ACEs

by number of ACEs, Ohio, 2015



Source: Health Policy Institute of Ohio, "Adverse Childhood Experiences (ACEs) Health impact of ACEs in Ohio." Data from the 2015 Behavioral Risk Factor Surveillance System was provided by the Ohio Department of Health's Division of Health Improvement and Wellness. Analysis by Ohio University, Voinovich School of Leadership and Public Affairs.

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

by type, Ohio, 2015

Abuse

Emotional abuse	57%
Physical abuse	26%
Sexual abuse	18%

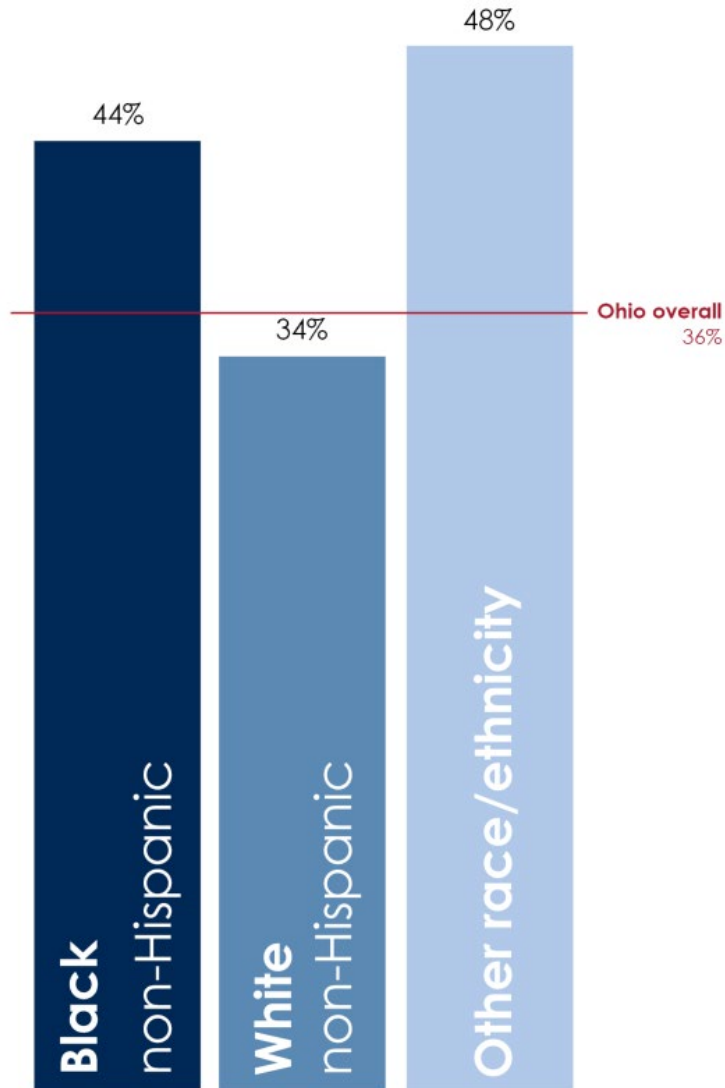
Household problems

Substance abuse by a household member	41%
Divorce/separation of parents	36%
Domestic violence	26%
Mental illness of a household member	25%
Incarcerated household member	14%

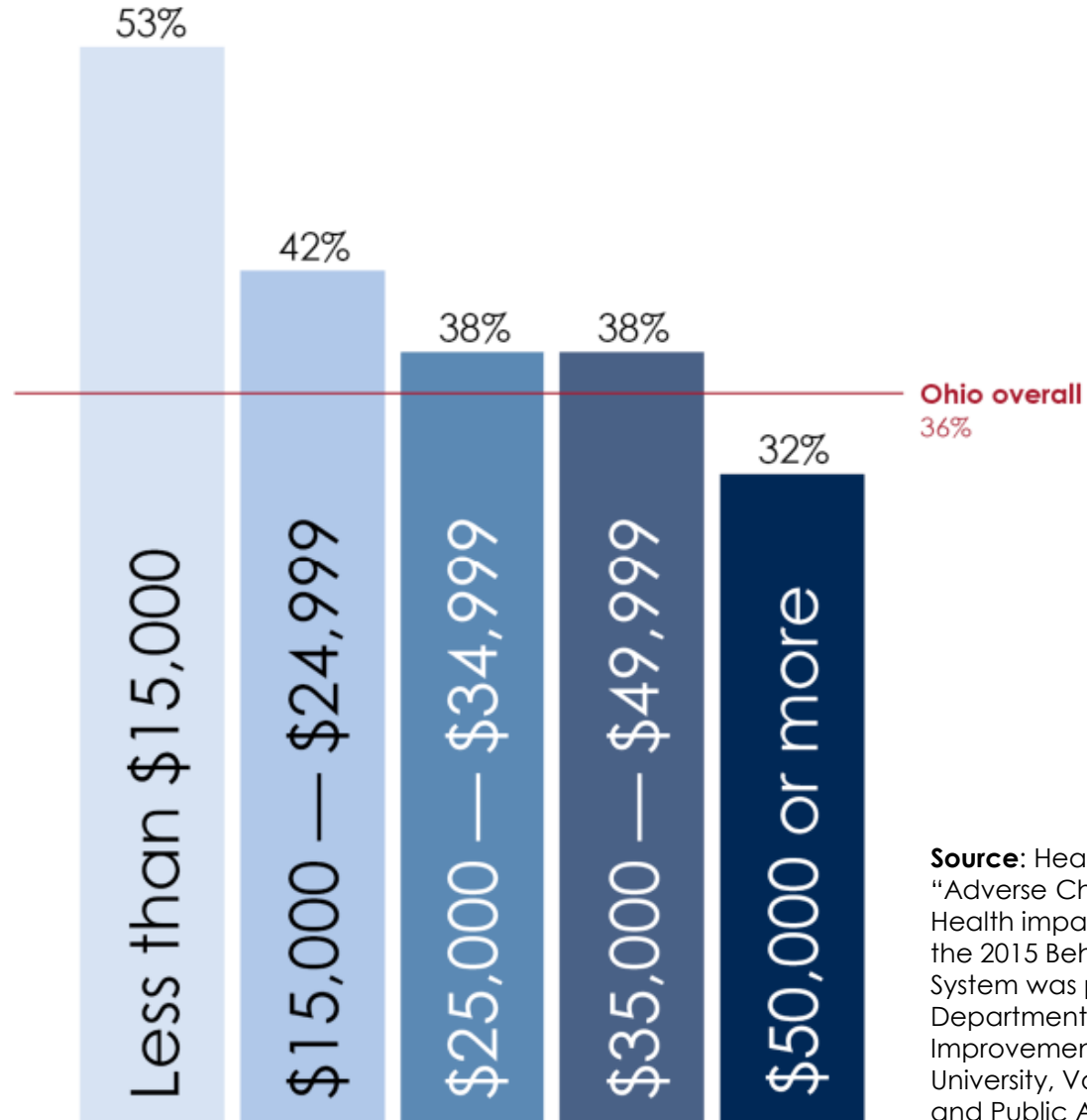
Source: Health Policy Institute of Ohio, "Adverse Childhood Experiences (ACEs) Health impact of ACEs in Ohio." Data from the 2015 Behavioral Risk Factor Surveillance System was provided by the Ohio Department of Health's Division of Health Improvement and Wellness. Analysis by Ohio University, Voinovich School of Leadership and Public Affairs.

Prevalence of two or more ACEs

by race and ethnicity, Ohio, 2015



by income, Ohio, 2015



Source: Health Policy Institute of Ohio, "Adverse Childhood Experiences (ACEs) Health impact of ACEs in Ohio." Data from the 2015 Behavioral Risk Factor Surveillance System was provided by the Ohio Department of Health's Division of Health Improvement and Wellness. Analysis by Ohio University, Voinovich School of Leadership and Public Affairs.

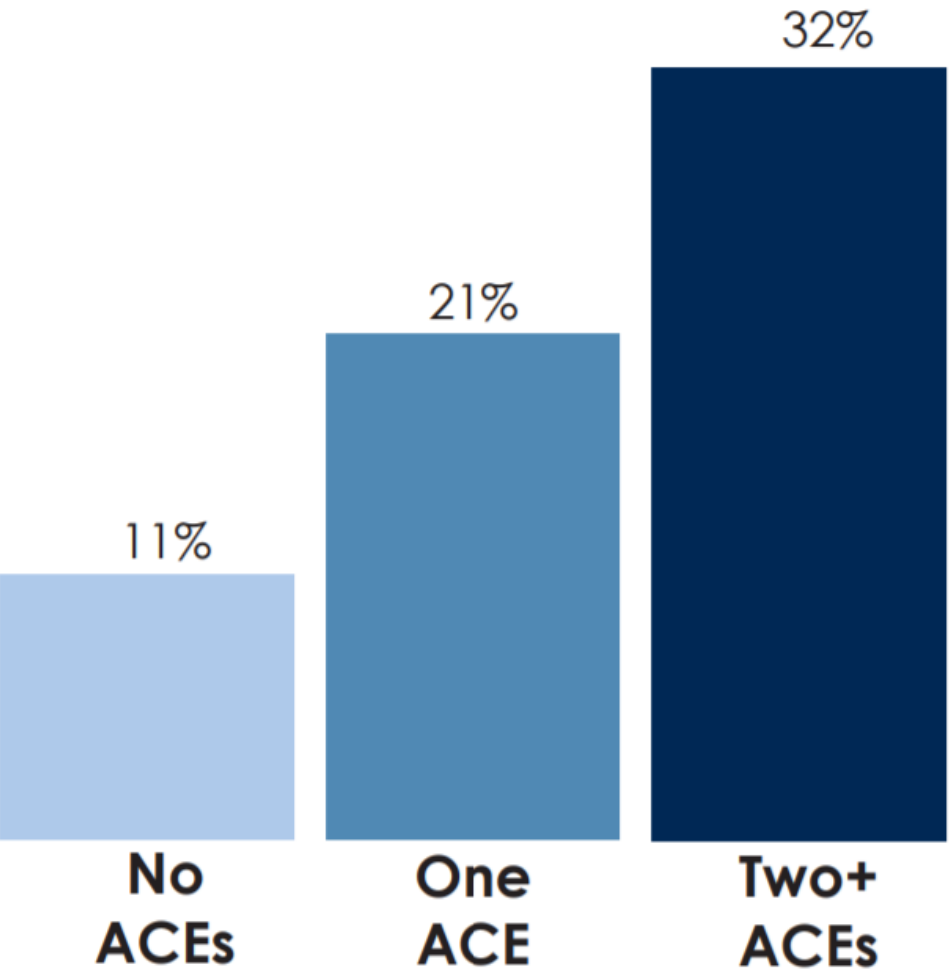
3 Key findings for policymakers

**Preventing ACEs can
improve health.**

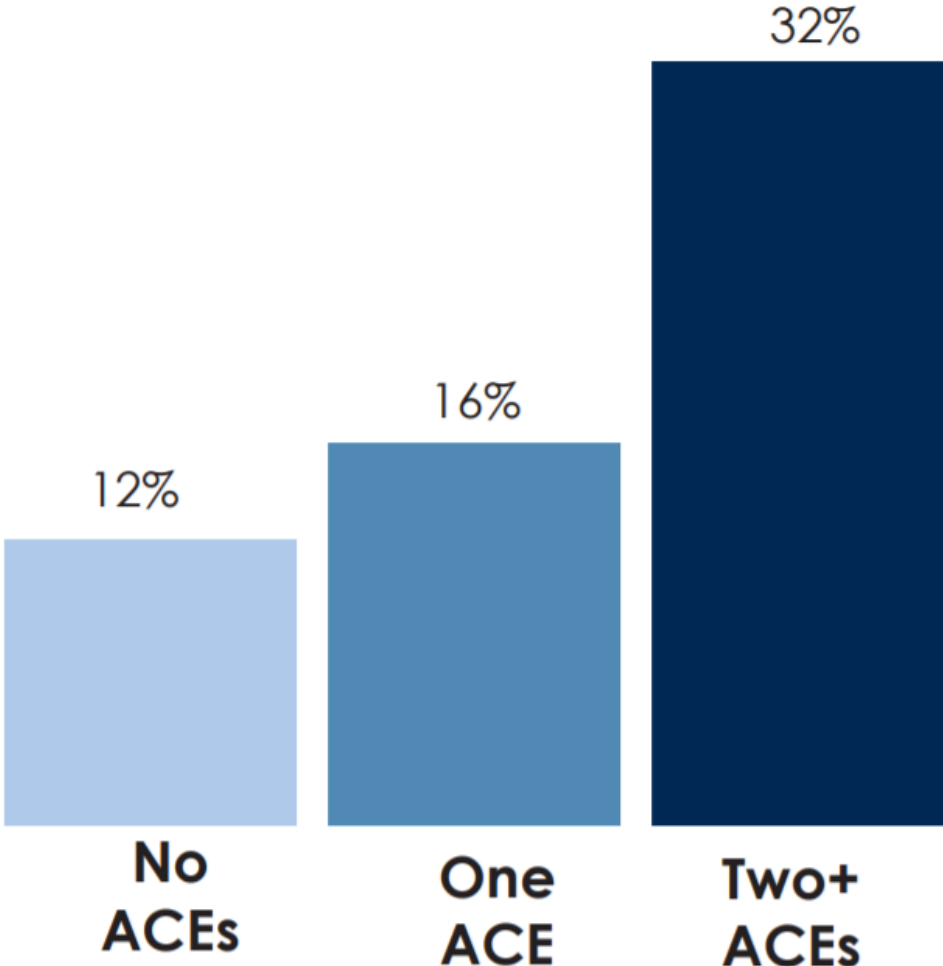
Prevalence of negative health outcomes

by number of ACEs, Ohio, 2015

Percent of adults who are current smokers



Percent of adults with depression (ever)

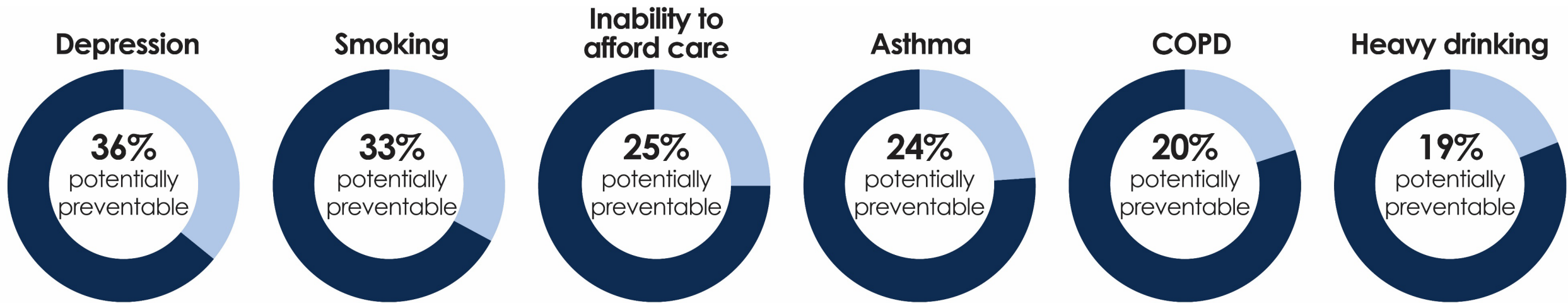


Source: Health Policy Institute of Ohio, "Adverse Childhood Experiences (ACEs) Health impact of ACEs in Ohio." Data from the 2015 Behavioral Risk Factor Surveillance System was provided by the Ohio Department of Health's Division of Health Improvement and Wellness. Analysis by Ohio University, Voinovich School of Leadership and Public Affairs.

Population attributable risk (PAR) analysis

PAR provides an **estimate of the percentage of negative health-related outcomes** in Ohio's entire adult population **that can be attributed to Ohioans who have experienced two or more ACEs.**

Potential impact of preventing exposure to ACEs on six health outcomes in Ohio



Source: Health Policy Institute of Ohio, "Adverse Childhood Experiences (ACEs) Health impact of ACEs in Ohio." Data from the 2015 Behavioral Risk Factor Surveillance System was provided by the Ohio Department of Health's Division of Health Improvement and Wellness. Analysis by Ohio University, Voinovich School of Leadership and Public Affairs.

3 Key findings for policymakers

Focusing action on specific ACEs may yield more significant health impacts.

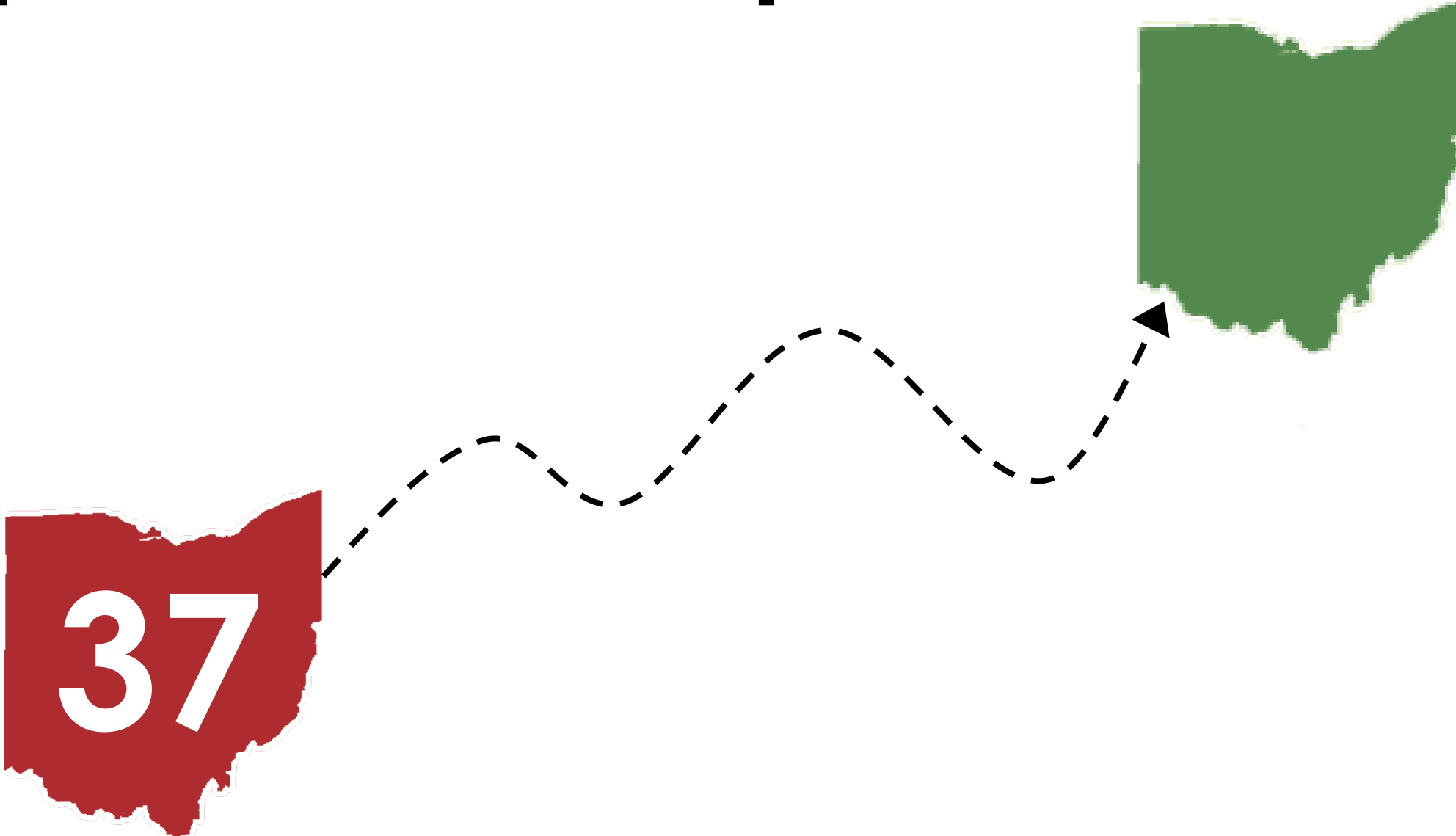
Population attributable risk (PAR) for specific ACEs

Ohio, 2015

Emotional abuse	
Outcome	PAR
Depression	16%
Current smoking	12%
Living in a household with a person with substance use problems	
Outcome	PAR
Current smoking	14%
Living in a household with a person with a mental illness	
Outcome	PAR
Depression	20%
Asthma	13%
Inability to afford health care	14%
Sexual abuse	
Outcome	PAR
Depression	15%
Living in household with a person who was incarcerated	
Outcome	PAR
Current smoking	7%
Inability to afford care	12%

Source: Health Policy Institute of Ohio, "Adverse Childhood Experiences (ACEs) Health impact of ACEs in Ohio." Data from the 2015 Behavioral Risk Factor Surveillance System was provided by the Ohio Department of Health's Division of Health Improvement and Wellness. Analysis by Ohio University, Voinovich School of Leadership and Public Affairs.

Improvement is possible



Resource page

The screenshot shows the HPIO website header with the logo, tagline "Lead. Inform. Improve.", a search bar, and social media icons for Facebook, Twitter, and LinkedIn. A navigation menu includes links for Home, About, Topics, Briefs, Events, Groups, and Consulting. The breadcrumb trail reads "Health Policy Institute of Ohio > Resource page: Ohio Adverse Childhood Experiences (ACEs) Impact Project".

Resource page: Ohio Adverse Childhood Experiences (ACEs) Impact Project

Exposure to Adverse Childhood Experiences (ACEs) is a pervasive problem affecting many children in Ohio and across the country. The evidence is clear that ACEs exposure is linked to poor health and wellbeing through adulthood, including disrupted neurodevelopment, social problems, disease, disability and premature death.

ACEs are "potentially traumatic events" that occur during childhood (ages 0-17). There is variation among researchers in what is considered an ACE. However, ACEs can generally be grouped into three categories: abuse, household challenges and neglect.

Ohio ACEs Impact project

Led by the Health Policy Institute of Ohio, this project includes development of a series of three policy briefs and this resource page to build on and amplify current efforts to understand and address ACEs in Ohio. The conceptual framework below illustrates the expected outcomes of the project.

Policy brief 1: **Adverse Childhood Experiences (ACEs): Health Impact of ACEs in Ohio**, summarizes the current research on ACEs and provides new analysis on the impact of ACEs on the health and well-being of Ohioans.

The remaining two briefs to be developed are:

- Policy brief 2: The economic impact of ACEs in Ohio
- Policy brief 3: Evidence-informed and cost-effective strategies to prevent, screen and treat for ACEs exposure

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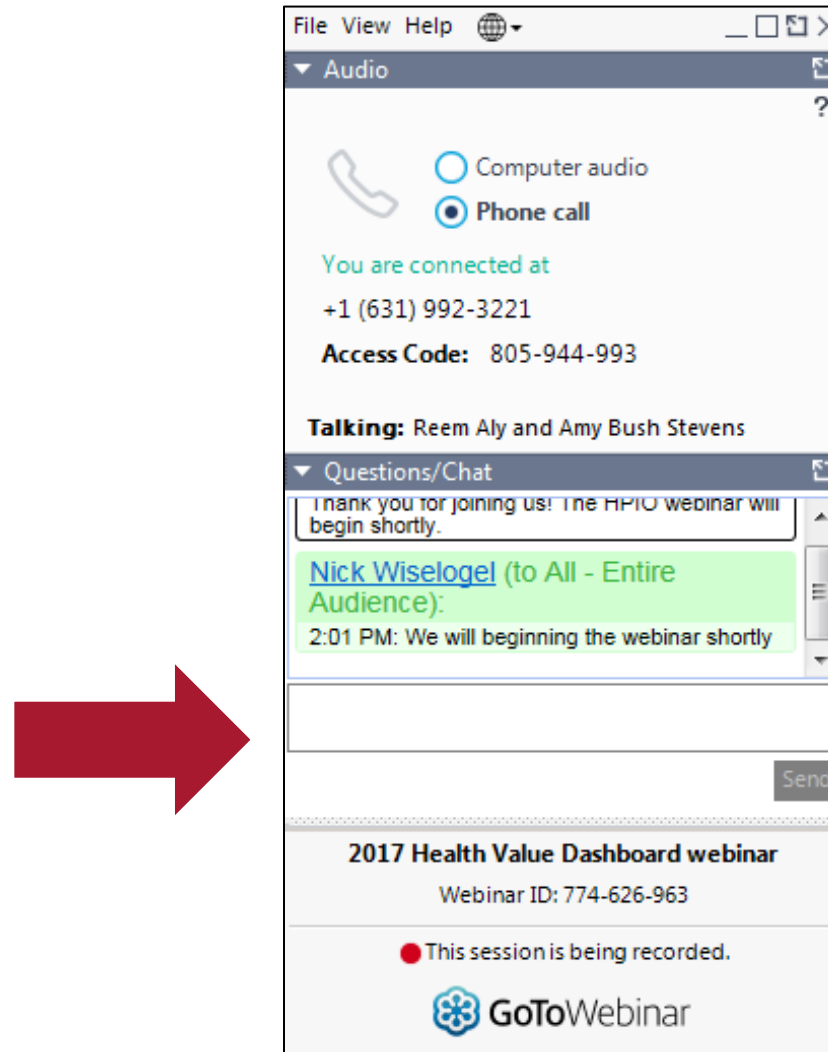
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Contact

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Please type questions in the question box



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Audio

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Phone call

You are connected at
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Access Code: 805-944-993

Talking: Reem Aly and Amy Bush Stevens

Questions/Chat

I thank you for joining us! The HPIO webinar will begin shortly.

Nick Wiseloge (to All - Entire Audience):
2:01 PM: We will beginning the webinar shortly

Send

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Dr. Sara Johnson

Director, General Academic Pediatrics
Fellowship, Associate Professor of
Pediatrics

Johns Hopkins University School of Medicine

HEALTH POLICY INSTITUTE OF OHIO
SEPTEMBER 29, 2020



Nicole Xu for NPR

COVID-19 and ACES

The pandemic in the lives of children
and families



Sara Johnson, PhD, MPH
Johns Hopkins School of Medicine



Disclosures

I do not have any conflicts of interest to disclose

Unequal burden of ACEs before the pandemic



Gender



Household
income



Race/
ethnicity



Employment
status

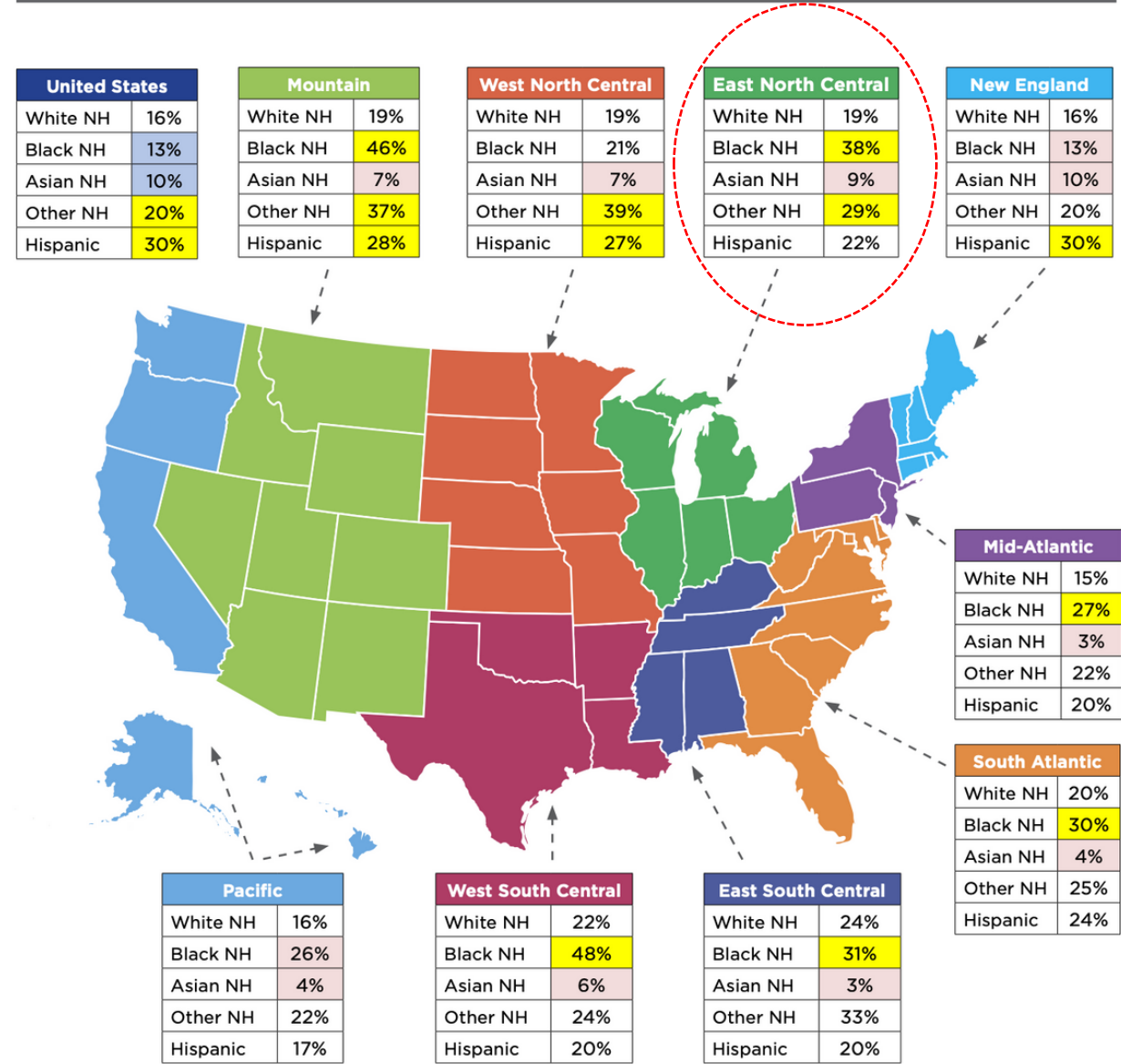


Educational
attainment



Sexual
orientation

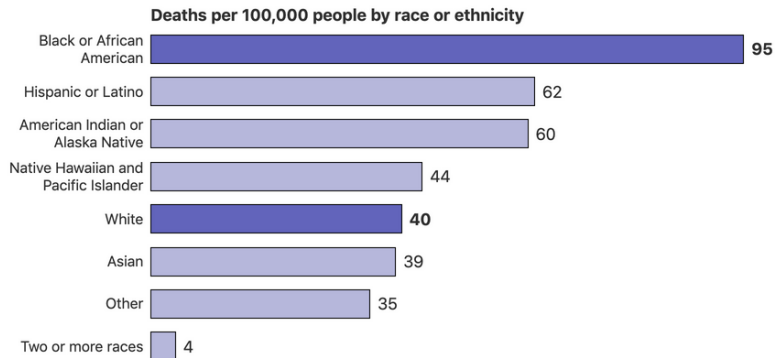
Percentage of children with 2 or more ACEs



Source: Sacks, V., & Murphey, D. (2018). The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity. Bethesda, MD: Child Trends.

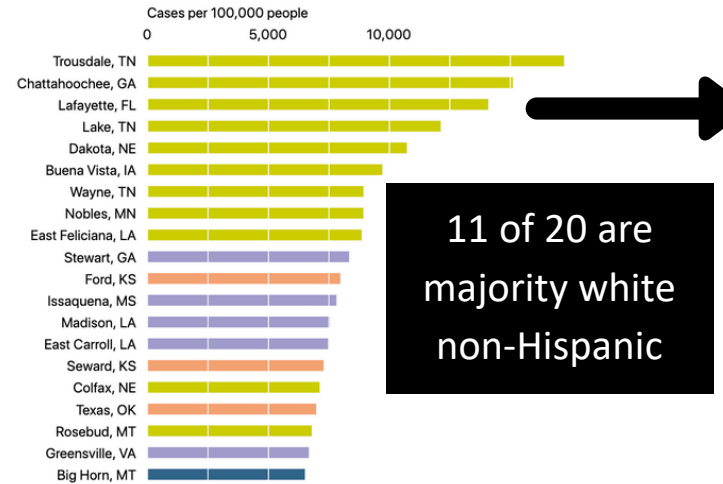
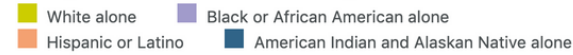
Burden of COVID-19 is falling on those with higher ACE risk

Nationwide, Black people are dying at 2.4 times the rate of white people.



Counties with the 20 highest infection rates

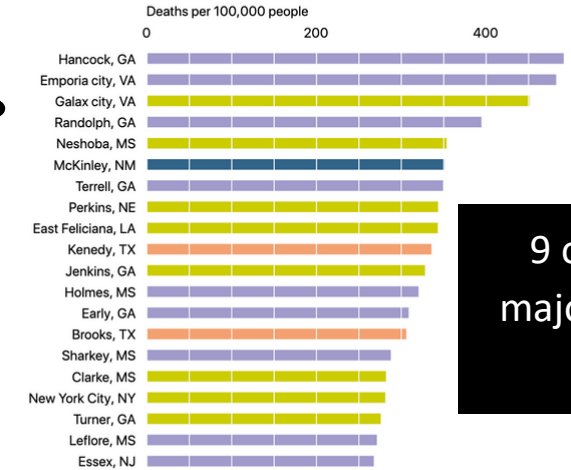
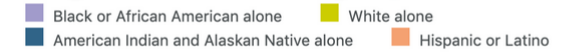
Largest racial or ethnic group



11 of 20 are majority white non-Hispanic

Counties with the 20 highest death rates

Largest racial or ethnic group

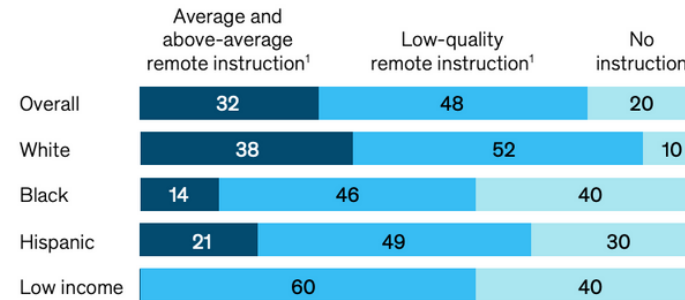


9 of 20 are majority Black

COVID-19 is exacerbating existing inequalities

Learning loss will probably be greater for low-income, black, and Hispanic students.

Quality level of remote instruction, % of K-12 students



Black, Hispanic, and low-income students are at higher risk of not receiving remote instruction of average or above-average quality ...

Average months of learning lost in scenario 2 compared with typical in-classroom learning²



... and the result is learning loss from student disengagement and/or lack of access

¹Estimates based on income quintiles, with assumption that top 2 income quintiles receive high-quality instruction.

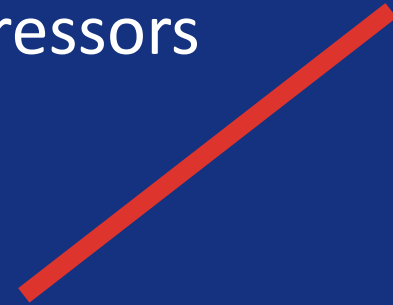
²Includes 0.05 standard deviation reduction for black, Hispanic, and low-income students to account for recession impacts (~1 month of additional lost learning).

Source: US Census 2018

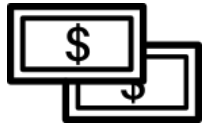
How is COVID-19 increasing risk of ACES?



Family stressors



Family supports



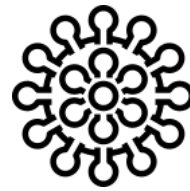
Economic Stability

Caregiver job loss or reduced income
Housing instability/ homelessness
Food insecurity



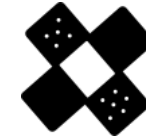
Connection

Social isolation
Disrupted peer relationships
Home confinement
Parental separation
Decreased access to mandatory reporters



Routines

Lack of structure
School closures
Lack of supervision for children of essential workers



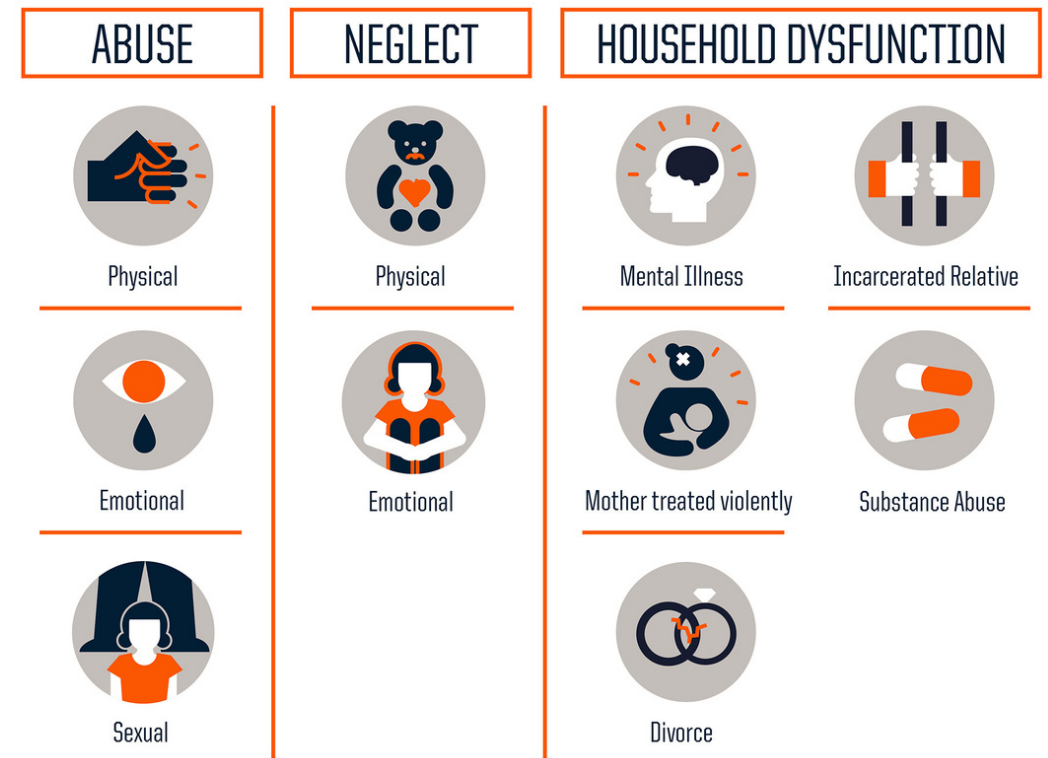
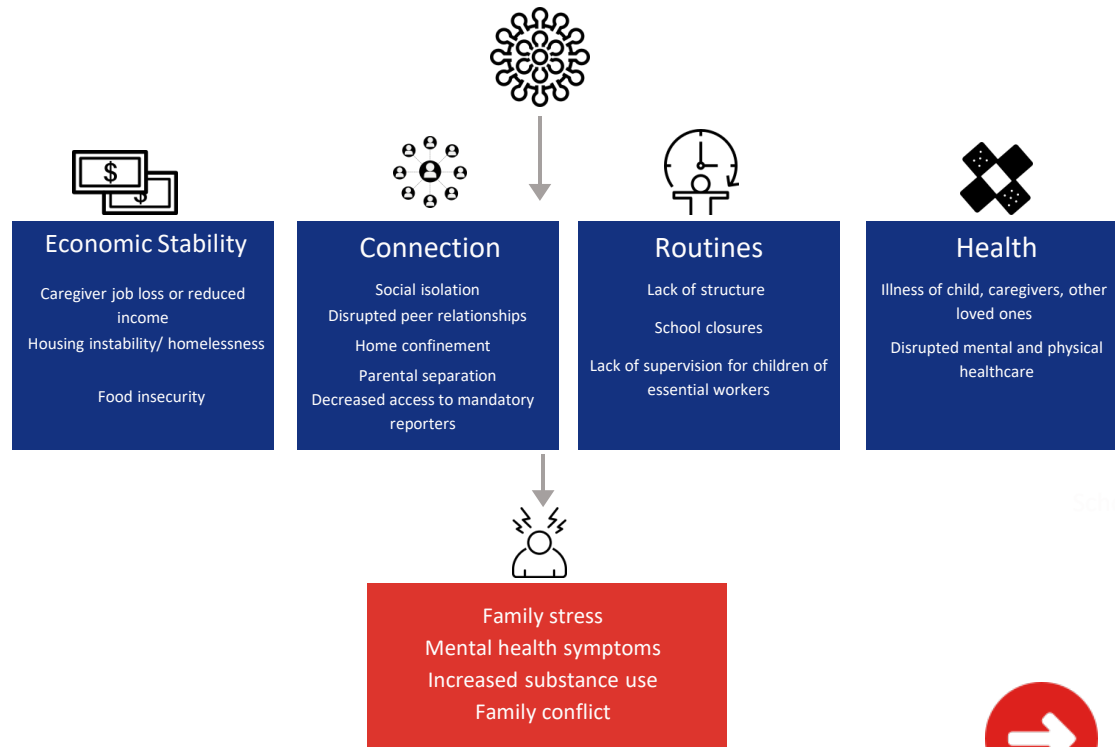
Health

Illness of child, caregivers, other loved ones
Disrupted mental and physical healthcare



Family stress
Mental health symptoms
Increased substance use
Family conflict

Increased risk for ACEs



Source



THE INTERPRETER

A New Covid-19 Crisis: Domestic Abuse Rises Worldwide

Movement restrictions aimed to stop the spread of the coronavirus may be making violence in homes more frequent, more severe and more dangerous.

EDITORIAL

Family violence and COVID-19: Increased vulnerability and reduced options for support

Forensic Science International: Reports 2 (2020) 100089



Contents lists available at [ScienceDirect](#)

Forensic Science International: Reports

journal homepage: www.elsevier.com/locate/fsir



**An increasing risk of family violence during the Covid-19 pandemic:
Strengthening community collaborations to save lives**

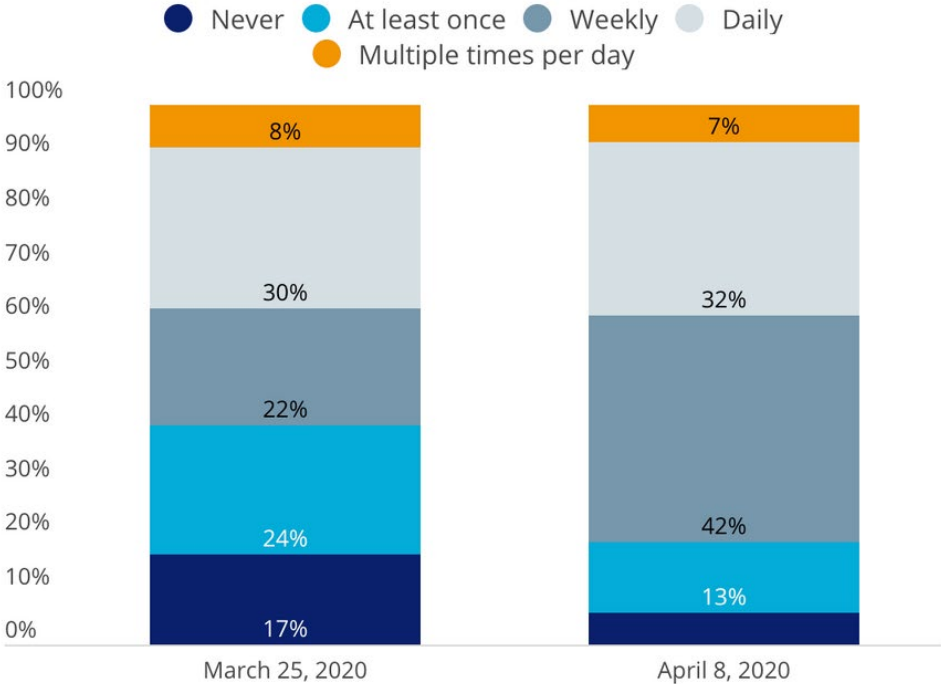
Andrew M. Campbell

Campbell Research & Consulting, Indianapolis, Indiana, United States of America



Loss of contact with teachers

Since your school closed due to Coronavirus, how often have you interacted with the majority of your students?



Teachers are leading reporters of suspected abuse

Loss of contact with school mental health services

Districts Becoming the First Point of Care

But Reactive, Uncoordinated Care Overwhelms Teachers and Staff

Districts are the adolescent mental health providers of necessity and choice. Students often have nowhere else to go for mental health care. Even when external care is an option, data shows that students are far more likely to utilize school-based mental health services.

75%

of children receiving mental health care **received that care in a school setting**⁸

21x

Youth are 21 times **more likely to visit a school-based health clinic** for their mental health care than a community-based clinic⁹



2x

higher rate of emergency psychiatric visits **during school weeks than non-school weeks**¹¹



Source: Tigersheepfriends

Less care, fewer touchpoints

← **CMS**.gov

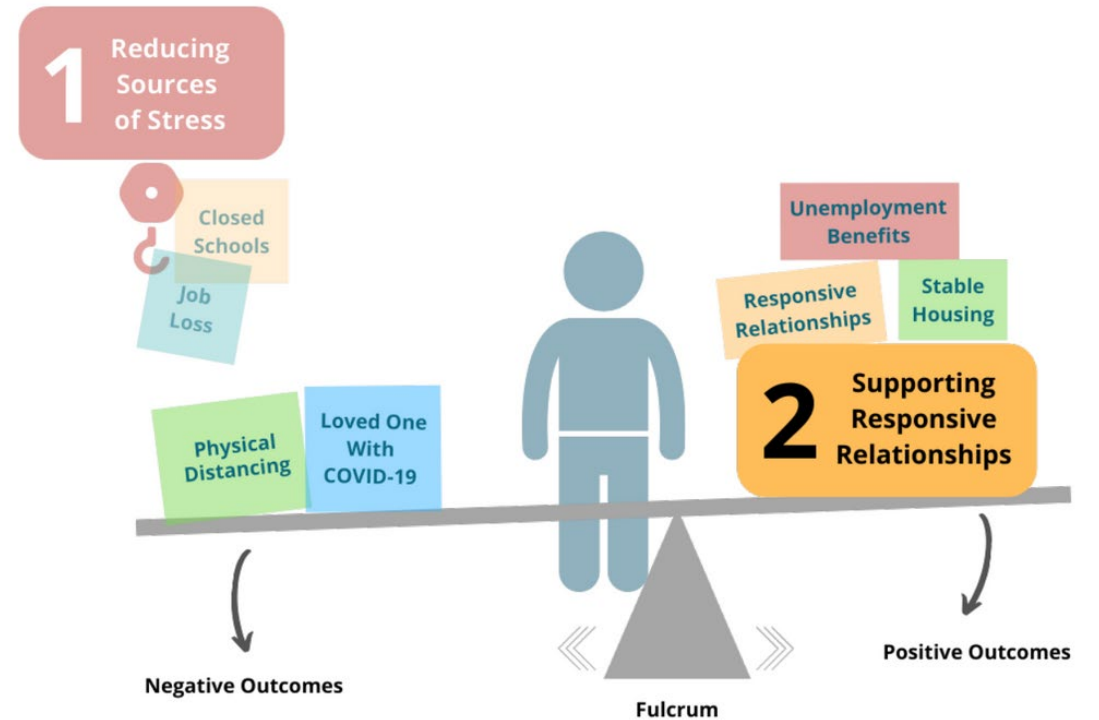
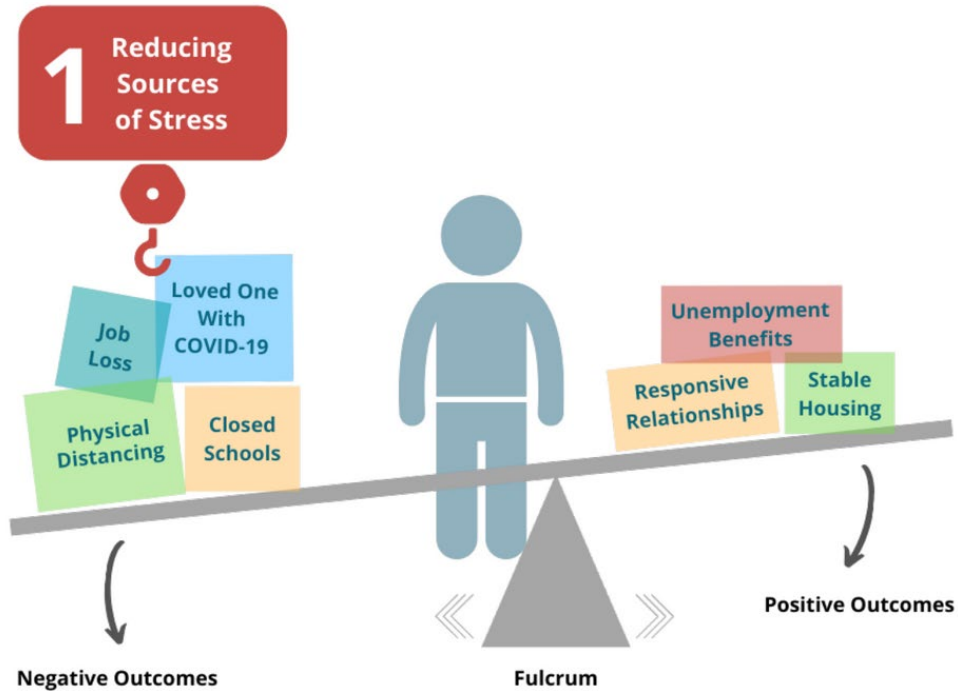
CMS Issues Urgent Call to Action Following Drastic Decline in Care for Children in Medicaid and Children's Health Insurance Program Due to COVID-19 Pandemic

Sep 23, 2020 | Medicaid & CHIP

Protecting children and families: What should we do?



Supporting resilience



Center on the Developing Child
HARVARD UNIVERSITY

Source: <https://developingchild.harvard.edu/resources/how-to-help-families-and-staff-build-resilience-during-the-covid-19-outbreak/>

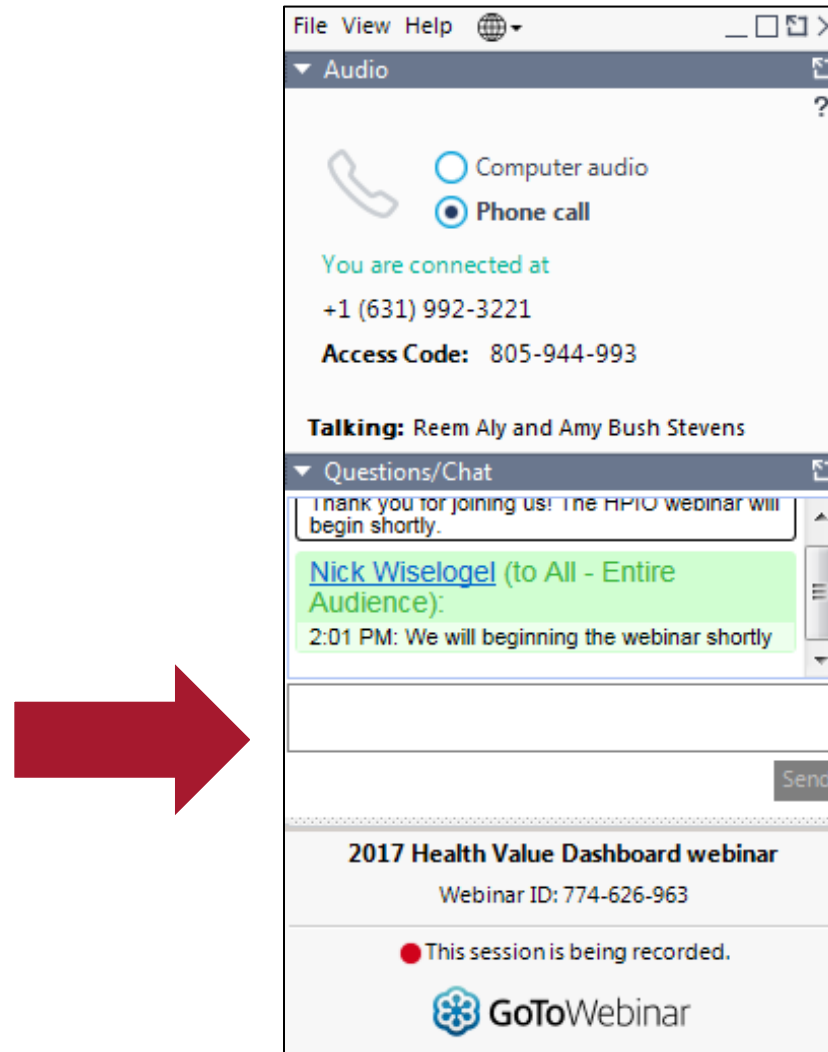
Source: Prime H, Wade M, Browne DT. Risk and resilience in family well-being during the COVID-19 pandemic. *Am Psychol.* 2020;75:631-643.

Thank you

Contact me: sjohnson@jhu.edu



Please type questions in the question box



The screenshot displays a GoToWebinar interface with two main sections: Audio and Questions/Chat.

Audio Section:

- Options: Computer audio, Phone call
- Status: You are connected at +1 (631) 992-3221
- Access Code: 805-944-993
- Talking: Reem Aly and Amy Bush Stevens

Questions/Chat Section:

- Message: Thank you for joining us! The HPIO webinar will begin shortly.
- Message: Nick Wiseloge (to All - Entire Audience): 2:01 PM: We will beginning the webinar shortly
- Input field: An empty text box for typing questions, with a red arrow pointing to it.
- Send button: A button labeled "Send" to submit the message.

Footer:

- 2017 Health Value Dashboard webinar
- Webinar ID: 774-626-963
- Status: This session is being recorded.
- GoToWebinar logo

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Health Equity Research, Vice President of
Health Services Research, Director, Center
for Innovation in Pediatric Practice

Abigail Wexner Research Institute at
Nationwide Children's Hospital

Professor of Pediatrics

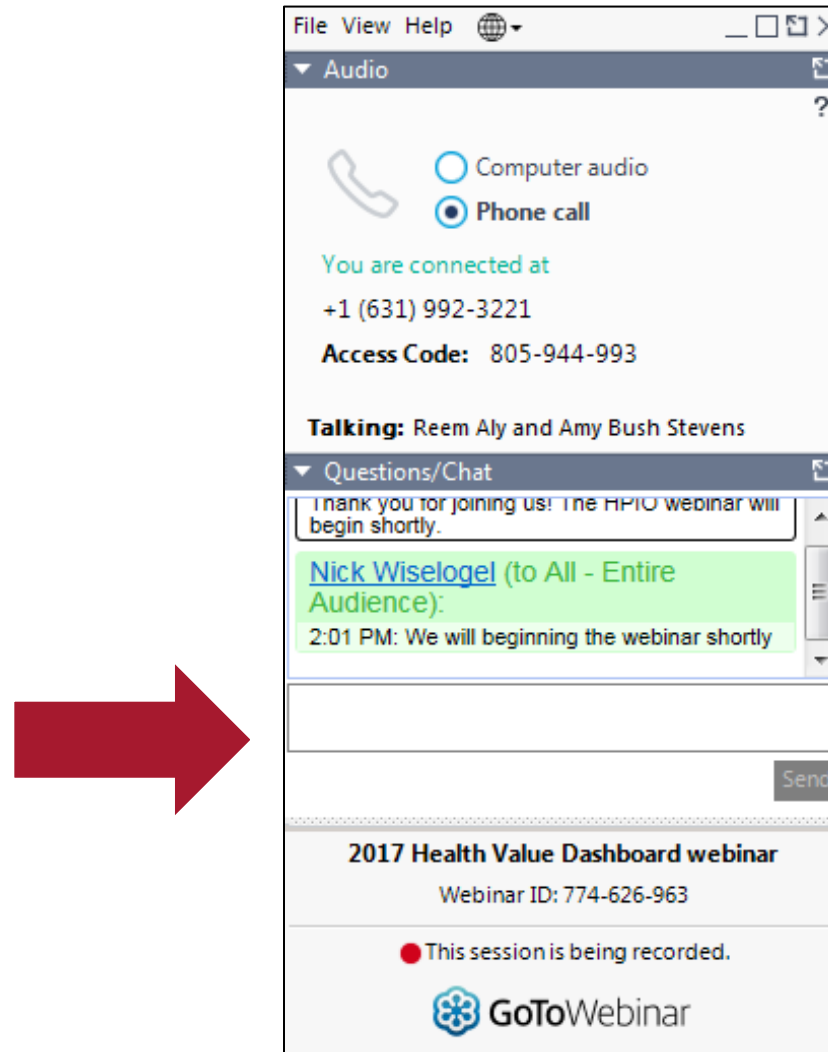
Ohio State University College of Medicine



Mitigating the impact of ACEs in the face of COVID-19

Ohio's strengths, gaps and opportunities for improvement

Please type questions in the question box



The screenshot displays a GoToWebinar interface with two main sections: 'Audio' and 'Questions/Chat'. The 'Audio' section includes options for 'Computer audio' and 'Phone call', with 'Phone call' selected. It also shows connection details: 'You are connected at +1 (631) 992-3221' and 'Access Code: 805-944-993'. The 'Questions/Chat' section shows a message from 'Nick Wiseloge' (to All - Entire Audience) at 2:01 PM: 'We will beginning the webinar shortly'. Below the chat messages is an empty text input field, which is highlighted by a large red arrow pointing from the left. A 'Send' button is located to the right of the input field. At the bottom of the interface, it indicates '2017 Health Value Dashboard webinar' with 'Webinar ID: 774-626-963' and a recording status: 'This session is being recorded.' The GoToWebinar logo is at the bottom.

Questions

Poll Question



Download slides and resources from today's forum
on the event page at

<http://bit.ly/HPIOevents>