



Health Policy Fact Sheet

The link between Adverse Childhood Experiences (ACEs) and poor health

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur during childhood (ages 0-17).¹ ACEs can generally be grouped into three categories: abuse, household challenges and neglect.

Can poor health in Ohio be attributed to ACEs?

Consistent with national research findings², Ohioans who reported experiencing more ACEs were also more likely to report the following negative health outcomes and behaviors:

- Ever being diagnosed with depression, asthma and/or poor respiratory health
- Being a current smoker and/or heavy drinker
- Delaying health care because of cost in the past year

For example, as seen in figure 1, the percent of Ohioans who currently smoke and were exposed to two or more ACEs (32%) was almost three times higher than smokers who reported no ACEs (11%). Similarly, the percent of Ohioans with depression who were exposed to two or more ACEs (32%) was almost three times higher than Ohioans with depression who reported no ACEs (12%).

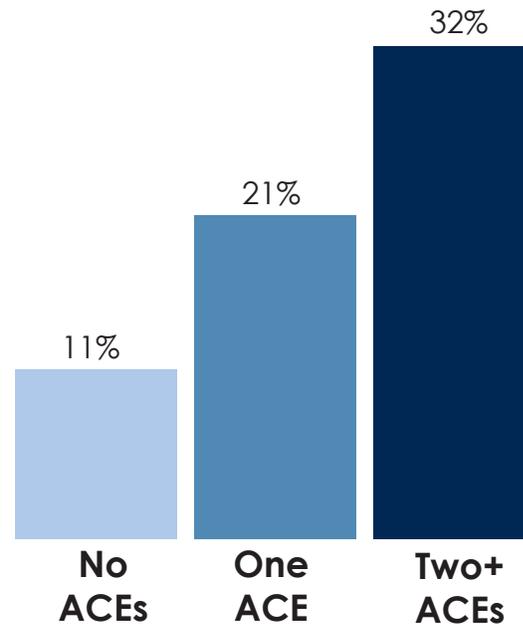
Can preventing ACEs improve health?

Figure 2 illustrates the impact of preventing exposure to multiple ACEs on six health outcomes using an estimate called population attributable risk (PAR).³ For example:

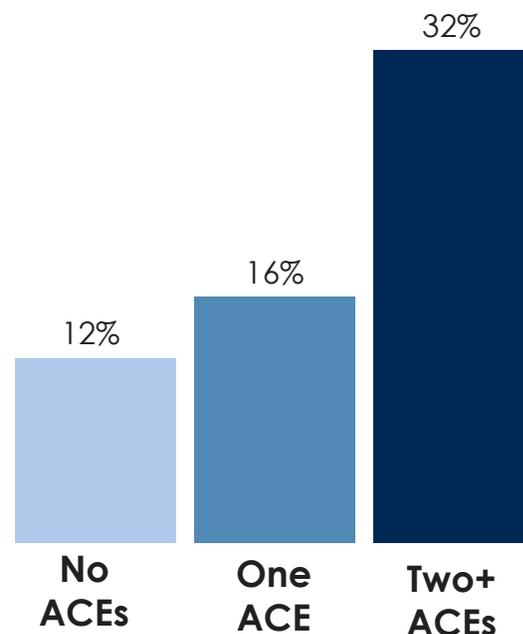
- An estimated 36% of depression diagnoses in Ohio can be attributed to experiencing multiple ACEs. If exposure to ACEs were eliminated among Ohioans, an estimated 36% of depression diagnoses could be prevented.
- An estimated 33% of current smoking in Ohio can be attributed to experiencing multiple ACEs. If exposure to ACEs were eliminated, an estimated 33% of current smoking could be prevented.

Figure 1. Prevalence of negative health outcomes (age adjusted), by number of ACEs, Ohio, 2015

Percent of adults who currently smoke

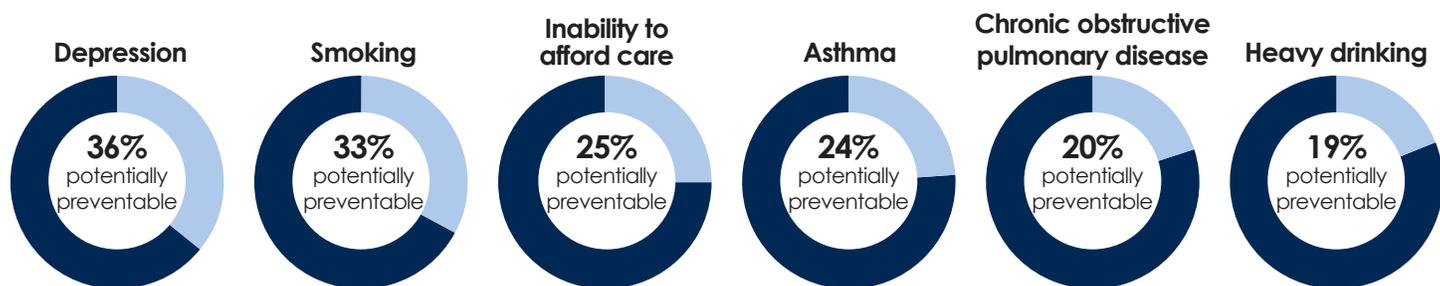


Percent of adults with depression (ever)



Source: Data from the 2015 Behavioral Risk Factor Surveillance System was provided by the Ohio Department of Health's Division of Health Improvement and Wellness.

Figure 2. Potential impact of preventing exposure to ACEs on six health outcomes in Ohio



Source: Data from the 2015 Behavioral Risk Factor Surveillance System was provided by the Ohio Department of Health's Division of Health Improvement and Wellness.

Which ACEs have the greatest impact on the health of Ohioans?

HPIO's analysis isolated the impact of specific ACEs. The ACEs listed in figure 3 have the most significant health impacts.

For example, figure 3 illustrates that:

- If exposure to emotional abuse were eliminated, an estimated 16% of depression and 12% of current smoking could also be eliminated.
- If adequate supports and policies were in place to prevent parental or other household member incarceration, an estimated 7% of current smoking and 12% of limited healthcare access due to cost could also be eliminated.

Figure 3. PARs 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: Data from the 2015 Behavioral Risk Factor Surveillance System was provided by the Ohio Department of Health's Division of Health Improvement and Wellness.

Notes

1. Centers for Disease Control and Prevention (2019). *Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; see also Chang, Xuening et al. "Associations between adverse childhood experiences and health outcomes in adults aged 18–59 years." *PLoS One* 14, no. 2 (2019): e0211850. doi: 10.1371/journal.pone.0211850; see also "ADVERSE CHILDHOOD EXPERIENCES (ACEs): What Are ACEs?" Child Welfare Information Gateway website. The Children's Bureau, within the U.S. Department of Health and Human Services. Accessed March 4, 2020. <https://www.childwelfare.gov/topics/preventing/preventionmonth/resources/ace/>; see also "Preventing Child Abuse & Neglect | Violence Prevention | Injury Center | CDC." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, February 26, 2019. <https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>
2. Merrick, Melissa T. et al. "Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015–2017." *Morbidity and Mortality Weekly Report (MMWR)* 68, no. 44 (2019): 999–1005. doi: 10.15585/mmwr.mm6844e1
3. For this analysis exposure to ACEs was defined as exposure to 2 or more ACEs. This decision was made based on research findings that exposure to multiple ACEs is associated with worse health outcomes than exposure to a single ACE. PAR is an estimate of the percentage of an outcome observed in a population that can be attributed to a specific factor. See the policy brief for additional description of the methodology.

HPIO contracted with researchers from the Ohio University Voinovich School for Leadership and Public Affairs to analyze the most-recently available BRFSS ACEs module data for Ohio (from 2015).

This fact sheet is an excerpt from the HPIO publication
Adverse Childhood Experiences (ACEs)
 Health impact of ACEs in Ohio



View the complete report at

www.hpio.net/adverse-childhood-experiences-aces-health-impact-of-aces-in-ohio