Preventing ACEs in Ohio
Ensuring a strong start for children and strengthening economic supports for families

December 13, 2022
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.
## Core Funders

<table>
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<tr>
<th>Funders</th>
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<tr>
<td>Bethesda Inc.’s grants initiative to transform health</td>
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<td>Bruening</td>
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<td>CareSource</td>
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<td>Cleveland Foundation</td>
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<td>The George Gund Foundation</td>
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<td>Harmony Project</td>
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<td>HealthPath</td>
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<td>Interact for Health</td>
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<td>Mercy</td>
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<td>Nord Family Foundation</td>
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<td>Mt. Sinai Health Foundation</td>
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<td>North Canton Medical Foundation</td>
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<td>Ohio State Bar Foundation</td>
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<td>Sisters of Charity Foundation of Canton</td>
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<td>Sisters of Charity Foundation of Cleveland</td>
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THANK YOU to the organizations that have generously supported HPIO’s 2022 educational event series.
Share your thoughts on twitter throughout the presentation

Follow @HealthPolicyOH and use the hashtag #HPIOforum
Participating in **Zoom**

Chat

Q&A
Download slides and resources from today’s forum on the event page at

Preventing ACEs in Ohio

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

December 13, 2022
## Adverse Childhood Experiences

<table>
<thead>
<tr>
<th>Abuse</th>
<th>Household challenges</th>
<th>Neglect</th>
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<tr>
<td>Emotional abuse</td>
<td>Intimate partner violence</td>
<td>Emotional neglect</td>
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<tr>
<td>Physical abuse</td>
<td>Substance use in the household</td>
<td>Physical neglect</td>
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<tr>
<td>Sexual abuse</td>
<td>Mental illness in the household</td>
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<td></td>
<td>Parental separation or divorce</td>
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<tr>
<td></td>
<td>Incarcerated member of the household</td>
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</tbody>
</table>

**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
Impacts of childhood adversity persist

Birth

Adverse childhood experiences

Adulthood
Tabitha Jones-McKnight, DO, MPH, FACOP, FAAP
Assistant Medical Director
Ohio Department of Health
Ohio Department of Health: Preventing and Mitigating Adverse Childhood Experiences

Prepared for Health Policy Institute of Ohio’s “Preventing ACEs in Ohio: Ensuring a strong start for children and strengthening economic supports for families” Forum

December 13, 2022
What shapes our health and well-being?
Many factors, including these 3 SHIP priority factors:

Community conditions
- Housing affordability and quality
- Poverty
- K-12 student success
- Adverse childhood experiences

Health behaviors
- Tobacco/nicotine use
- Nutrition
- Physical activity

Access to care
- Health insurance coverage
- Local access to healthcare providers
- Unmet need for mental health care

How will we know if health is improving in Ohio?
The SHIP is designed to track and improve these 3 SHIP priority health outcomes:

Mental health and addiction
- Depression
- Suicide
- Youth drug use
- Drug overdose deaths

Chronic disease
- Heart disease
- Diabetes
- Childhood conditions (asthma, lead)

Maternal and infant health
- Preterm births
- Infant mortality
- Maternal morbidity

All Ohioans achieve their full health potential
- Improved health status
- Reduced premature death

Vision
Ohio is a model of health, well-being and economic vitality
Title V MCH Block Grant Action Plan Priorities 2021-2025

Women & Maternal
- Decrease risk factors contributing to maternal morbidity
- Increase mental health support for women of reproductive age
- Decrease risk factors associated with preterm births

Infant
- Support healthy pregnancies and improve birth and infant outcomes

Child
- Improve nutrition, physical activity, and overall wellness of children

Adolescent
- Increase developmental approaches and improve systems to reduce adolescent and young adult suicide rate
- Increase protective factors and improve systems to reduce risk factors associated with the prevalence of adolescent substance use

Children and Youth with Special Health Care Needs
- Increase prevalence of children with special health care needs receiving integrated physical, behavioral, developmental, and mental health services

Cross-Cutting/Systems Building Priorities
- Prevent and mitigate the effects of adverse childhood experiences.
- Improve healthy equity by addressing community and social conditions and reduce environmental hazards that impact infant and child health outcomes.
What is Home Visiting?

• Two generation program that provides expectant parents and families necessary resources and skills to raise children healthy, happy and ready to learn.

• Located mostly in the home so families feel at ease, and convenient with no travel required.

• Family and prevention focused.
System Goals

1. Improve maternal and child health.
2. Prevent child abuse and neglect.
3. Encourage positive parenting.
4. Promote child development and school readiness.
Core Service Components

- Health & wellness assessments and screenings.
- Research-informed parenting education curriculum.
- Family-driven goals with steps toward achievement.
- Referral and linkage to needed medical and social supports.

Screening and Assessment
Curriculum and Parent Education
Family Goal Plan
Referrals
Expansion Goals

- Driven by the following:
  - Governor Mike DeWine’s goals of increasing access to evidence-based home visiting.
  - Increase in State General Revenue Funding (GRF) of an additional $1.95 million per year of the biennium (2022 & 2023).
  - Recommendation from Governor’s Advisory Committee on Home Visiting to access all available state and federal funding sources.
Progress- Expansion
Capacity-Building

Access
- Oct. 2019: 81 counties
- Current: 88 counties

Choice
- Oct. 2019: 13 counties with 2 or more models
- Current: 29 counties with 2 or more models

Models
- Oct. 2019: 6 counties with NFP
- Current: 27 counties with NFP
Cumulative Enrollment: State Funding

Home Visiting Expansion

<table>
<thead>
<tr>
<th>Year</th>
<th>Enrollment</th>
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<tr>
<td>2019</td>
<td>6,441</td>
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<tr>
<td>2020</td>
<td>7,199</td>
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<td>2021</td>
<td>7,772</td>
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<tr>
<td>2022</td>
<td>9,990</td>
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<tr>
<td>2023</td>
<td>11,488</td>
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GOAL
Reducing Risk and Increasing Protective Factors

Strategies include:

• Adolescent resiliency grants through the MP program.

• Continue participation on existing prevention workgroups, including Ohio Anti-Harassment Intimidation and Bullying Initiative.

• Provide resources, technical assistance and professional development to health professionals working in schools and early childhood level to support resiliency.

• Support programming in local communities on preventing violence and identifying and responding to victims of violence through the Sexual Assault and Domestic Violence Prevention Program.
Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS): ACEs Questions

• The YRBS/YTS is part of a nationwide surveying effort conducted every two years in a sample of high schools and middle schools across the U.S. to assess students' health risks and behaviors in categories identified as most likely to result in adverse outcomes.

• Given ACEs’ strong relationship with risk behaviors and negative health outcomes, CDC and ODH have prioritized the need to understand ACEs among youth by asking about them on the High School YRBS/YTS questionnaire.

• CDC and ODH have partnered to include 16 ACEs and Positive Childhood Experiences (PCEs) questions on our YRBS/YTS questionnaires.

• The 16 ACEs questions were included for the first time in the 2021 YRBS/YTS and will also be included in 2023.

• Ohio received weighted data in 2021, providing representative YRBS/YTS ACEs data of Ohio high school students for the first time.
Safe Environment for Every Kid (SEEK)+ Injury Tool-QI Project

• Evidence-based screening tool for families at child well visits (birth to age 5) that involved both the tool to identify and address psychosocial risk factors for child maltreatment among families with children aged 0-5 years and injury prevention topics.
  o Both paper and electronic screening and resources available.

• ODH partnered with Ohio American Academy of Pediatrics for wave 4 of the project.
  o 8 practices recruited with 20 providers participating in current wave.
  o Current wave focused on rural communities not connected to a major pediatric hospital.

• Tool is used to identify areas practitioners can counsel families on or provide resources to address in the community.
SEEK+ Injury Continued

• Monthly action calls with Ohio AAP required with teaching session for providers (topics this wave have included food insecurity, home safety, job resources, and child passenger safety).

• Practitioners are making it a policy to implement this screening tool.

• Results thus far:
  o Providers starting to have impactful conversations with families.
  o Providers viewing as an avenue to address social determinants of health.
  o Providers have implemented using programs and services, such as Triple P & Cribs for Kids.
  o 791 families screened in Wave 4.
  o 96% of families are receiving resources as a result of screening tool.
More Information

Dyane Gogan Turner, MPH, RD/LD, IBCLC
Ohio Title V Program Director
Ohio Department of Health
Dyane.Goganturner@odh.ohio.gov

Ensuring a strong start for children
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.

Source: Health Policy Institute of Ohio policy brief, “Adverse Childhood Experiences (ACEs): A strategic approach to prevent ACEs in Ohio.”
The health and overall 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 25% of Ohio children are exposed to one or more adverse childhood experiences (ACEs), which have both immediate and long-term effects on health. 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 these 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

12 key strategies

1. Ensuring a strong start for children
2. Strengthening economic supports for families

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

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

For more information on the key strategies identified, please see A strategy approach to prevent ACEs in Ohio.
Ensuring a strong start for children

<table>
<thead>
<tr>
<th>Key strategy</th>
<th>Specific policy or program example(s)</th>
<th>Cost-benefit ratio</th>
<th>ACEs with significant health impacts* addressed by the key strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early childhood education programs</td>
<td>Child-Parent Centers (preschool program), a program that provides comprehensive educational, family support and healthcare services to economically disadvantaged children</td>
<td>$10.83¹</td>
<td>Emotional abuse</td>
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<tr>
<td></td>
<td>Early childhood education programs for low-income families</td>
<td>$4.33²</td>
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<td>Early childhood home visiting</td>
<td>Early childhood home visiting programs</td>
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<td>Medical-legal partnerships</td>
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<td>Family income supports</td>
<td>Expanding the Ohio Earned Income Tax Credit to 30% of the federal credit and making it refundable</td>
<td>$1.75</td>
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¹ Source: Health Policy Institute of Ohio
² Source: National Center for Children in Poverty
³ Source: National Scientific Council on Adverse Childhood Experiences
## Risk and Protective Factors for ACEs

<table>
<thead>
<tr>
<th></th>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
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<tbody>
<tr>
<td><strong>Community</strong></td>
<td>• Communities with limited education and economic opportunities&lt;br&gt;• Communities with high rates of violence and crime&lt;br&gt;• Communities with easy access to drugs and alcohol</td>
<td>• Communities with healthcare providers&lt;br&gt;• Communities with safe and affordable housing&lt;br&gt;• Communities with high-quality childcare and early childhood education providers</td>
</tr>
<tr>
<td><strong>Family and peers</strong></td>
<td>• Caregivers who experienced ACEs as children&lt;br&gt;• Families living in poverty&lt;br&gt;• Caregivers with limited understanding of children’s needs or development</td>
<td>• Caregivers who provide safe, stable and nurturing relationships&lt;br&gt;• Families who can meet basic needs&lt;br&gt;• Positive friendships and peer networks</td>
</tr>
<tr>
<td><strong>Individual</strong></td>
<td>Children who do not feel they can share their feelings with their caregivers</td>
<td>Children who develop healthy social and emotional skills</td>
</tr>
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The importance of early childhood

Publicly-funded early childhood education programs in Ohio

• State-funded preschool (funded through the Ohio Department of Education)
• State preschool special education
• Head Start and Early Head Start
• Publicly funded child care (i.e., child care vouchers)

Step Up To Quality, Ohio’s five-star quality rating and improvement system for early care and education programs, promotes and recognizes programs that meet quality standards and exceed health and safety regulations.
Reach of publicly funded early childhood education programs in Ohio 2019-2021*

*Data for Early Head Start is not included.

** IDEA Part B Early Intervention provides services through public school systems, including special education, to children with developmental delays.

Note: There is potential for overlap among children served because data for these programs come from multiple sources. This likely results in an underestimate of unmet need.

Sources: Health Policy Institute of Ohio policy brief, “Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio: Ensuring a strong start for children and strengthening economic supports for families.” Adapted from Groundwork Ohio’s 2022 Early Childhood Dashboard Preview. Data from Ohio Department of Job and Family Services (2021); U.S. Office of Head Start data as reported by the Annie E. Casey Kids Count Data Center (2019); U.S. Department of Education (2019-2020); Ohio Department of Education (2020)
## Strength, gap and recommendation for High-quality early childhood education

<table>
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<tr>
<th>Strength</th>
<th>Gap</th>
<th>Recommendation</th>
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<tr>
<td>• 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)</td>
<td>• 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</td>
<td>• 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</td>
</tr>
</tbody>
</table>

**Source:** Health Policy Institute of Ohio policy brief, “Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio: Ensuring a strong start for children and strengthening economic supports for families.”
Early childhood home visiting

Photo source: U.S. Department of Health and Human Services Office of Head Start website
Evidence-based home visiting models operating in Ohio

- Early Head Start home-based option
- Healthy Families America
- Home Instruction for Parents of Preschool Youngsters
- Nurse-Family Partnership
- Parents as Teachers
- SafeCare Augmented
Healthy Families America®
Estimated percentage of Ohio need met through evidence-based home visiting programs, 2019

84,035
Total families in need of home visiting (CY 2017 estimate)

- 10.4% ODH HomVEE programs
- 5.4% Other HomVEE programs
- 1.1% ODM HomVEE programs
- 16.9% (14,215) Families served through all HomVEE home visiting models (2019)

Source: Health Policy Institute of Ohio policy brief, “Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio: Ensuring a strong start for children and strengthening economic supports for families.” Estimate of families in need of home visiting services derived from 2017 American Community Survey data provided by the Health Resources Services Administration; Number of families served data is from the Ohio Department of Health (FFY 2019), Ohio Children’s Trust Fund (SFY 2019), the Ohio Head Start Collaboration Office (FFY 2019), YWCA of Greater Cincinnati (FFY 2019), the Children’s Home of Cincinnati (July 2018-June 2019), Columbus Public Health (FFY 2019) and Piqua Parents as Teachers (FFY 2019)

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# Strengths, gaps and recommendations for Early childhood home visiting

<table>
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<tr>
<th><strong>Strengths</strong></th>
<th><strong>Gaps</strong></th>
<th><strong>Recommendations</strong></th>
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</table>
| • 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 | • In 2019, only 16.9% of the estimated number of Ohio families in need of home visiting services were served through evidence-based models (estimated need calculated by HRSA) | • 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  
• Collaborate with existing home visiting providers to overcome capacity limitations, including workforce challenges |

*Source: Health Policy Institute of Ohio policy brief, “Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio: Ensuring a strong start for children and strengthening economic supports for families.”*
Robyn Lutz, Administrative Nurse Manager Labor and Delivery, OhioHealth
Jeanne Wickliffe, Program Manager Maternal Infant Home Visiting Program
The Center for Family Safety and Healing at Nationwide Children’s Hospital
Autumn Glover, Senior Director, Community Health Partnerships, OhioHealth (moderator)

Preventing ACES in Ohio: Implementing Home Visiting through Partnership
Reducing Childhood Trauma Through Home Visiting

Robyn Lutz
OhioHealth’s Historic Approach

• Meeting young mothers at their high school with a multidisciplinary team on our Mobile Unit since 1993 (Wellness on Wheels – WOW).
• HHS Funded Research to address rapid repeat pregnancy which included our first home visiting program 2010-2016 and a second from 2016-2021, and a collaborative HV program with the health department from 2018-2019.
• Collaboration with Celebrate One to address Infant Mortality rates in 2016
• Confluence of OhioHealth Strategic Women’s Health Goals and Ohio Better Birth Outcome Sub-Committee on Home Visiting
Meeting young mothers where they are

- Mobile Unit - overcame barrier of access
- Mobile Unit has both registered nurses and social workers who addressed the social determinants of health
- Has impressive outcomes regarding infant mortality
The Teen Options to Prevent Pregnancy Research

• Home Visiting utilizing Motivational Interviewing, a patient centered style of communication.
• Nurses and Social Workers provided home visits for 18 months.
• Results published in ACOG and replicated-50 percent reduction in rapid repeat pregnancy in intervention group. Social Determinants of Health addressed by Social Worker and Nurses. Provided IPV and Depression Screening
Ohio Equity Institute 2013 and the Establishment of Celebrate One for Franklin County to Address Infant mortality in 2016

• Upstream-Policies and Procedures
• Downstream- CHW to connect people in target zip codes to clinical and social services
Celebrate One and Ohio Better Birth Outcomes (OBBO)

• OhioHealth is represented on OBBO Board - Dr. Melillo, Cheryl Gee and Autumn Glover.
• Since 2016, as a system, we’ve had meetings with prenatal clinic managers to address and implement OBBO Goals
• During that time, we conducted another 5-year HHS research study for teen mothers utilizing Home Visiting. This time, we collaborated with Directions for Youth and Families because of their shared focus on home visiting with social workers coupled with the fact that they were leaders in town in addressing ACE’s and providing trauma-informed care.
<32 weeks prematurity prevention

Summary
Aligned priority project across hospitals/FQHCs

Interventions:

• Maternal home visiting
• Access to contraception
• Prenatal Care Data QI
• Address racial bias
Home Visiting Collaborative

• The Central Ohio Home Visiting Collaborative was created to align home visiting goals and accelerate implementation strategies across the healthcare systems who serve newly pregnant and parenting moms and families.

• It was developed through OBBO, an existing infant mortality and prematurity prevention partnership between hospital systems, federally qualified healthcare centers, community agencies and city leadership.

• The collaboration’s overall goals are to improve birth outcomes, maternal outcomes, parent-child bonding and early childhood outcomes.
OhioHealth Joins Central Ohio Home Visiting Collaborative

• In 2020, we recognized the need for a partnership and alignment between healthcare entities to increase the efficacy of referrals and capacity for home visiting in Central Ohio

• Mt. Carmel had a home visiting program, OhioHealth had our home visiting research, the Health Department has had thriving home visiting programs for years and Nationwide Children’s was expanding their home visiting partnership with NFP which they will talk about as well as their Help Me Grow home visiting program

• The decision was made to centralize referrals to NCH and all the major health care systems would subcontract our home visiting nurses to NCH as that is where Celebrate One and OBBO is housed though they are funded through all of the Central Ohio hospitals.

• We also recognized the need to include OSU, Heart of Ohio, Lower Lights and other agencies who, though they did not have a home visiting program, were key referral partners.

• It is also important to clarify that other organizations provide home visiting services other than the hospital systems. ROOTT, Center for Healthy Families, YMCA, and others. Today, we are talking about the hospital systems collaborations.
To enable the collaboration, key strategies at OhioHealth included PDSA Cycles to assess and develop home visiting referral process for other programs outside of our research.
Total Home Visiting Referrals January 2021-December

Total Referrals 2020
- 269 Total Referrals
- 102 were HAT
- 38% of total

Total Referrals 2021
- 670 Total Referrals
- 120 were HAT
- 18% of total
Lessons Learned from OhioHealth as a large hospital system with many clinics

- Constant Communication with Managers but also attend staff meetings
- Champions in every Clinic.Listen and communicate back to them regarding their patients and home visiting
- Take a step towards change

- Keep objective numbers to avoid anecdotal feelings “no one is interested-everyone is trying to come into our patient’s homes”
- Utilize automated buttons to create easy process for clinic staff-extreme success! Behavioral Economics
# For discussion: Initial successes and challenges

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Successes</th>
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<tr>
<td>Bureaucracy</td>
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<tr>
<td>Siloed</td>
<td>Learning to Listen</td>
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<td>Fixed mindset</td>
<td>Customizable</td>
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<td>Funding/Sustainability</td>
<td>Building Relationships</td>
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<td>Legal</td>
<td>Champions</td>
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<td>HR</td>
<td>Client focused</td>
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Maternal Infant Home Visiting Program

Jeanne Wickliffe
Maternal-Infant Home Visiting Models

*Nurse Family Partnership (NFP) & Healthy Families America (HFA)*

**NFP**
- Five teams
  - 5 nurse supervisors
  - 20 nurse home visitors
- NFP team includes OhioHealth-employed nurses
- Serving 8 Ohio counties – Athens, Delaware, Franklin, Guernsey, Marion, Morgan, Muskingum and Union

**HFA**
- Three teams
  - 6 social workers
  - 4 PreK-first grade educators
  - 3 supervisors
- HFA team includes Mt Carmel Health System-employed nurses
- Serving three Ohio counties – Delaware, Franklin and Union
Funding

• Nurse Family Partnership Incentive Fund (expansion)
• MIECHV Program
• Ohio Department of Health – Help Me Grow Home Visiting
• Ohio Department of Medicaid
  • ODM funding supports the expansion of NFP to multiparous women or women with multiple live births.
NFP Background

• Original target population based on research:
  – First-time moms
  – Enroll by 16 weeks, but not after 28 weeks
• Evidenced based Maternal Infant Home Visiting model
• Outcomes:
  – Increased breast feeding for baby, birth to 12 months of age
  – Decreased pre-term births
  – Decreased smoking and drug use
  – Management of hypertension and increased other preventative health practices
  – Improved child health and development
  – Improved economic stability through exposing clients to opportunities that support families with the development and completion of goals toward self efficacy; education, family planning and job skills
HFA Background

• Target Population:
  • First or multiparous moms
  • Ideally enroll prenatally, will accept clients with infants up to 6 months of age

• Outcomes:
  • Increased parental knowledge of child development – physical and emotional
  • Supports a quality home environment
  • Promotes positive parent-child interactions
  • Improves family health; stresses the importance of well care, depression screenings
  • Prevents Child Abuse and Neglect
Maternal Infant Home Visiting Target Population

**NFP**
- First-time mothers 16-28 weeks gestation
- Women with “high-risk” diagnosis
- Current or history of substance abuse
- Adolescent pregnancy
- Immigrant
- Currently experiencing or history of mental health challenge
- Homeless or currently in an unsafe or insecure housing situation

**HFA**
- Pregnant women
- Families with an infant who is 6 months old or younger
- Current or history of substance abuse
- Adolescent pregnancy or mother
- Immigrant
- Currently experiencing or history of mental health challenge
- Homeless or currently in an unsafe or insecure housing situation
Challenges/Barriers

• Staff Recruitment and Retention
• Hiring for diversity in race, culture and gender
• Exposing the community to NFP, HFA and other maternal infant home visiting models
• Safety for clients and home visitors
Robyn Lutz, Administrative Nurse Manager Labor and Delivery, OhioHealth

Jeanne Wickliffe, Program Manager Maternal Infant Home Visiting Program The Center for Family Safety and Healing at Nationwide Children’s Hospital

Autumn Glover, Senior Director, Community Health Partnerships, OhioHealth (moderator)
Questions
Poll Question
Strengthening economic supports for families
## Strengthening economic supports for families

<table>
<thead>
<tr>
<th>Key strategy</th>
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<td>Expanding the Ohio Earned Income Tax Credit to 30% of the federal credit and making it refundable</td>
<td>$1.75</td>
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*ACEs: Adverse Childhood Experiences
Family income supports

Includes Earned Income Tax Credit, Child Tax Credit, TANF, unemployment insurance

Reduce poverty

Increase employment
Federal EITC amount for households with one child
Tax year 2021

Note: EITC amounts displayed here exemplify how the EITC operates based on marital status and amount of earned income. Different amounts of credit are available for tax filers with no children, two children and three or more children. The data assumes that all income is from earnings (as opposed to investments, for example).

Source: Health Policy Institute of Ohio policy brief, "Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio: Ensuring a strong start for children and strengthening economic supports for families." Data from Center on Budget and Policy Priorities (2022)
EITC in Ohio

• 30% of the federal EITC
• Non-refundable
### Strength, gap and recommendation for Ohio’s EITC

<table>
<thead>
<tr>
<th>Strength</th>
<th>Gap</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 2019, Ohio raised the state credit amount to 30% of the federal EITC and removed the income cap of $20,000</td>
<td>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</td>
<td>Ohio can follow the lead of 23 other states and the District of Columbia and make the state EITC refundable</td>
</tr>
</tbody>
</table>

*Source: Health Policy Institute of Ohio policy brief, “Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio: Ensuring a strong start for children and strengthening economic supports for families.”*
Medical legal partnerships

• Legal services integrated into healthcare settings
• Funded by health systems, philanthropy, etc.

Increase access to legal and social services
Medical legal partnerships

Reduce stress and disparities

Improve child and family well-being
Ohio-based MLPs

Note: Regions used are based on those defined by the Ohio Medicaid Assessment Survey and are provided to contextualize the service areas of MLPs in Ohio. MLP service areas may cross regional lines or not include every county in a region. Some MLPs operate in multiple regions and have been included in counts for all regions in which they operate.

Source: Data provided by Ohio Access to Justice Foundation. Ohio’s Medical Legal Partnership Summary PDF. Provided March 1, 2022.
## Strengths, gaps and recommendations related to medical-legal partnerships (MLPs)

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Gaps</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• MLPs are being implemented across the state. As of 2021, there were 23 MLPs in Ohio. The Cleveland-Akron area has the most MLPs</td>
<td>• MLPs and legal aid services lack sustainable and long-term funding</td>
<td>• 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 for HEAL)</td>
</tr>
<tr>
<td>• MLPs have local economic support, receiving funding from philanthropy and other private entities (e.g., healthcare systems) in the communities they serve</td>
<td>• Many medical facilities around Ohio do not have an MLP, leaving most of the state without the number of MLPs needed to meet demand</td>
<td>• Health centers can develop social determinants of health and legal need screenings to help patients get connected to necessary legal services</td>
</tr>
</tbody>
</table>
Child Health Law Partnership

Cincinnati Children’s Hospital Medical Center and Legal Aid Society of Greater Cincinnati

Robert Kahn, MD, MPH  @docrob64
Elaine Fink, JD
Rachel Barr, JD
Melissa Klein, MD, MEd
Andy Beck, MD, MPH
Alex Sims, MD, MPH
Adrienne Henize, JD
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.
Cincinnati Child Health-Law Partnership (Child HeLP)

Innovative medical-legal partnership (MLP) between Cincinnati Children’s and the Legal Aid Society of Greater Cincinnati launched in 2008 to address social determinants of health and mitigate health disparities through effective legal advocacy

- Address families’ unmet civil legal needs
- Educate health professionals about social determinants of health
- Advocate for system-level change
- Referrals made in 3 primary care and 3 school-based clinics
- Onsite Child HeLP office at main hospital staffed 4 days a week
- Top 3 case types: housing, public benefits, education
Child HeLP Process Map

1. Patient screens positive for social need at health care visit
2. Medical provider discusses concerns with patient
3. If patient needs legal advocacy and ready to act, MLP referral is made
4. Legal partner provides advice and advocacy for family
5. Medical and legal partners share patient, case and outcomes data
6. Patient and family experience improved health and well being
7. Medical and legal partners together advocate for system-level changes

Multi-disciplinary curriculum educates providers on social determinants, empathy, MLP

Referral processes integrated into electronic health record and routine workflow

Shared data enables warm handoff, quality improvement efforts and evaluation

MLPs are built on shared goals, communication, joint leadership, fundraising and management

Medical and legal partners work together to improve patient and population health outcomes
Social Risk Screening

- * Do you worry that your food will run out before you get money or food stamps to get more?  
  - Yes  
  - No

- * Have you felt down, depressed or hopeless?  
  - Over the past 2 weeks  
  - Yes  
  - No

- * Are you having problems receiving WIC, food stamps, daycare vouchers, medical card, or SSI?  
  - Yes  
  - No

- * Are you doing things you normally don’t do?  
  - Over the past 2 weeks  
  - Yes  
  - No

- * Are you doing things you normally don’t do?  
  - Yes  
  - No

- * Are you being threatened with eviction or losing your home?  
  - Yes  
  - No

- * Do you feel that you and your children are unsafe in your relationships?  
  - Yes  
  - No

---

Child Help (Health Law Partnership)

- **Priority:** Routine
- **Status:** Normal

**Reason for referral:**
- Guardian’s name
- Guardian’s primary phone
- Guardian’s secondary phone

**Comments:**
- Add Comments (F6)

**Specimen:**
- Type:
- Name:
- SPC:

**Show Additional Order Details:**
- Best Required
Child HeLP Impact

January 2009 – June 2022:
• 10,190 referrals made for 7,801 unique patients
• 7,411 legal cases opened
• 9,845 positive legal outcomes achieved
• 18,442 children and 9,160 adults impacted in referred households
• $1,360,000 recovered in back and adjusted future public benefits for families
• During COVID-19 pandemic (2020 - 2022), referrals increased by 20%, averaging 90/month
What types of cases and outcomes?

**Legal Outcomes for Families**  
January 2009 - June 2022  
n = 9845

- Improved housing conditions or prevented homelessness  
- Secured education services to resolve school problems  
- Obtained medical insurance coverage for children  
- Secured or increased income to meet basic needs  
- Resolved legal problems interfering with employment of parents  
- Resolved other legal problems detrimental to health and well-being  
- Provided advice or information about legal rights

- 4319, 44%  
- 1523, 15%  
- 1386, 14%  
- 820, 8%  
- 350, 4%  
- 747, 8%  
- 700, 7%
Provider Training

Immersion Experience

Pre-Clinic Teaching

Multidisciplinary Didactic

Informal Consults
38% decrease in hospitalization after Legal Aid referral

- Assess link between referral to medical-legal partnership and hospitalization
- Advanced methods to “simulate” 100 randomized trials
  - Matched on age, date of referral (or concurrent visit), prior hospitalizations
  - Adjusted for remaining differences, including on census tract deprivation
- **Hospitalization rate in year after referral 38% lower than in matched children not referred**

Pattern Recognition to Inform Policy Changes

TCB manages buildings

1 referral for poor housing conditions

16 referrals from same 19-building complex

677 residents benefit from new roofs, HVAC systems, pest control

Legal Aid recognized common addresses

Tenants' association formed; escrowed funds accessed for repairs

Buildings in foreclosure; absentee landlord

Medicaid verifies SNAP; newborn added

Changes impact ~150 families/month

1 benefits referral for SNAP delay

Process revised

Legal Aid engages benefits organization

Burdensome process; $154 loss per family

Dedicated staff adds newborns to mom's case
Expanding the Partnership

CCHMC Health Equity Network

Seeks to improve outcomes and narrow gaps for selected conditions by addressing factors at root of inequities

Subspecialty teams:

- Depression
- Asthma
- Type 1 Diabetes
- NICU
- Plus 6 more

Legal Aid Center for Health Equity and Advocacy

Advance health outcomes and equity and reduce health disparities using legal advocacy to address individual issues and systemic barriers

Support by a Payer
Key Ingredients

- Agree upon goals and priorities
- Invest in each other’s mission and processes
- Co-lead and co-manage the partnership
- Share data to inform service delivery and address system-level challenges
- Celebrate successes
- Look forward to the future together
Discussion
Information Sharing

CHILD HeLP
(Cincinnati Child Health and Learning Partnership)

Consent for the Legal Aid Society to Share Information with CCHMC
Your Doctor or Social Worker has referred you to Child HeLP. In order to serve you best, the Legal Aid Society may share information with members of your child’s medical team. The sharing of this information changes the confidentiality of your communication with the Legal Aid Society. By signing below, you are giving informed consent to Legal Aid to share information about your case with Cincinnati Children’s Hospital.

Release of Information

I give my permission to any attorney or paralegal of the Legal Aid Society of Greater Cincinnati or any of its affiliates to share information about my case with Cincinnati Children’s Hospital Medical Center.

Parent Guardian Signature
Date

Parent Guardian Name
Telephone

Parent Guardian Date of Birth
Telephone Date of Birth

Email Address
## Population Health

- Resident screens for food insecurity at WCC
- CCHMC opens Freestore Foodbank in-clinic food pantries
- Attending identifies housing concern at asthma follow up
- CCHMC works to reduce Avondale ED visits
- Resident learns of expulsion at WCC
- CCHMC partners with StrivePartnership to increase kindergarten readiness
- Mom shares domestic violence concern with SW
- CCHMC collaborates with Women Helping Women to understand impact of violence

## Population Justice

- Paralegal recovers delayed SNAP benefits for mom and two kids
- LAS advocates for JFS policy changes
- Attorney represents mom in eviction proceeding
- LAS works to preserve affordable housing stock
- Attorney represents patient in expulsion hearing
- LAS works with CPS to reduce out of school discipline
- Attorney obtains order of protection for mom
- LAS participates in YWCA’s Alliance for Immigrant Women
Joint publications


- "Doctors and Lawyers Collaborating to HeLP Children – Outcomes from a Successful Partnership between Professions", Melissa D. Klein, MD, MEd; Andrew F. Beck, MD, MPH; Adrienne W. Henize, JD; Donita S. Parrish, JD; Elaine E. Fink, JD; Robert S. Kahn, MD, MPH, *Journal of Health Care for the Poor and Underserved*, August 2013.


- "Training in Social Determinants of Health in Primary Care: Does it Change Resident Behavior?", Melissa D. Klein, MD; Robert S. Kahn, MD, MPH; Raymond C. Baker, MD, MEd; Elaine E. Fink, JD; Donita S. Parrish, JD; and Deanna C. White, *Academic Pediatrics*, September – October 2011.
Maternal Health-Law Partnership (M-HeLP)

• MLP between TriHealth, Legal Aid Society, and Cincinnati Children’s

• Increase patient engagement in prenatal care through legal consultation and advocacy to address social determinants of health during pregnancy

• Promote newborn outcomes through a coordinated pediatric handoff and proactive legal assessment at birth
M-HeLP Impact

January 2017 – December 2020

• 1,142 referrals made for 896 unique patients
• 1,254 legal cases opened for pregnant women and their families
• 1,035 cases closed with outcomes that addressed or resolved SDH
• 138 newborns proactively assessed at CCHMC and 29 Child HeLP referrals made after birth (through September 2019)
INTRODUCTIONS

Legal Aid

- Civil (not Criminal)
- 8 counties – Central NE Ohio
- Health, Education, Advocacy & Law Project (HEAL) since 2010
- medical-legal partnership

Marie B. Curry

- Lawyer since 1989
- Legal Aid lawyer in MD in early 1990s
- Practiced Health Law in SF in mid-1990s
- Health Policy since 2011
- Racial Health Equity
INCOME
Resources to meet daily basic needs

HOUSING & UTILITIES
A healthy physical environment

EDUCATION & EMPLOYMENT
Quality educational and job opportunities

LEGAL STATUS
Access to jobs

PERSONAL & FAMILY STABILITY
Safe homes and social support
Ms. Peters & Mr. Able, Danny (6 yr) & Madison (13 yr)

- Significant disabilities
- $27K for family of four

- Danny: IEP, new school
- Madison: IEP better supports, experience advocating for child

- $18,000
- Stable housing
Lots of stories.
What are the themes?
• Multiple problems
• Complicated systems
• Personal loss

Marie B. Curry
mcurry@communitylegalaid.org
330 983 2657
Questions
Poll Question
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
Download slides and resources from today’s forum on the event page at

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Email

• HPIO mailing list (link on homepage)
• Ohio Health Policy News (healthpolicynews.org)

www.hpio.net
Thank you