



Educational **Event** Recap

Preventing ACEs in Ohio

On Dec. 13, 2022, the Health Policy Institute of Ohio hosted a webinar titled *Preventing ACEs in Ohio: Ensuring a Strong Start for Children and Strengthening Economic Supports for Families*. There were more than 300 attendees. A recording of the webinar can be accessed on [HPIO's website](#).

Laying the foundation

The webinar was based on the [latest policy brief](#) of HPIO's [Ohio ACEs Impact Project](#), which covered Ohio's progress on several evidence-informed strategies to prevent adverse childhood experiences (ACEs). HPIO staff, Becky Carroll and Jacob Santiago, briefly discussed the content of HPIO's brief, laying a foundation for the rest of the webinar.

ACEs are defined as "potentially traumatic events," as shown in figure 1, that occur during childhood (ages 0-17).¹ In 2021, 69% of Ohio adults reported having been exposed to one or more ACEs during childhood, which have both immediate and long-term effects on health.²

Figure 1. **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

Speakers and panelists

- **Carrie Almasi**, Director of Assessment and Planning, HPIO
- **Becky Carroll**, Director of Policy Research and Analysis, HPIO
- **Marie Curry**, Managing Attorney, Community Legal Aid
- **Autumn Glover**, Senior Director, Community Health Partnerships, OhioHealth
- **Dr. Tabitha Jones-McKnight**, Assistant Medical Director, Ohio Department of Health
- **Dr. Robert Kahn**, VP of Health Equity Strategy and the Fisher Child Health Equity Center, Cincinnati Children's Hospital Medical Center
- **Robyn Lutz**, Administrative Nurse Manager, Labor and Delivery, Grant Medical Center, OhioHealth
- **Jacob Santiago**, Policy and Evaluation Specialist, HPIO
- **Jeanne Wickliffe**, Program Manager, Maternal Infant Home Visiting Program, The Center for Family Safety and Healing at Nationwide Children's Hospital

HPIO's **Ohio ACEs Impact Project** includes a series of policy briefs on the health and economic impacts of ACEs and elevates 12 evidence-based, cost-effective strategies (programs, policies and practices) that prevent ACEs before they happen and improve health. A strategic approach to preventing and mitigating the harms of ACEs must focus on both promoting protective factors and reducing risk factors for ACEs.

Local example: The Central Ohio Home Visiting Collaborative

Robyn Lutz (OhioHealth) and Jeanne Wickliffe (The Center for Family Safety and Healing, Nationwide Children's Hospital) discussed the Central Ohio Home Visiting Collaborative. This collaborative, composed of Ohio Health, Nationwide Children's Hospital (NCH), Mount Carmel Health System and the Ohio State University Wexner Medical Center, was created to align home visiting goals and accelerate implementation strategies across these healthcare systems who serve newly pregnant and parenting moms and families. Referrals are centralized through NCH, and the health systems subcontract home visiting nurses to NCH. The collaborative is currently utilizing the Nurse-Family Partnership model to serve families across eight counties and the Healthy Families America model to serve families in three counties.

Ms. Lutz noted the importance of health system partnerships in home visiting to reach mothers and engage them in the program. She also emphasized the importance of looking at the whole continuum of maternal and child health.

Ms. Wickliffe identified staff recruitment and retention as challenges for home visiting programs, especially hiring a racially and culturally diverse workforce. She stressed the importance of having a home visitor that the mom can relate to, explaining that it helps with engagement, relationship building and trust.

Evidence of effectiveness

Early in the presentation, Robyn Lutz explained that OhioHealth's home visiting work began when they received a federal government research grant to implement **Teen Options to Prevent Pregnancy** in 2010-2016. Through this program, nurses and social workers conducted home visits, including motivational interviewing, with expectant and parenting adolescent females for 18 months. Through the randomized controlled trial, they found that this approach reduced rapid repeat pregnancies by 50%.³

Local example: Medical-legal partnerships

Next, Dr. Robert Kahn (Fisher Child Health Equity Center, Cincinnati Children's Hospital Medical Center) and Marie Curie (Community Legal Aid) described their work with medical-legal partnerships (MLPs). Ms. Curie mentioned the **I-HELP acronym**, developed by the National Center for Medical-Legal Partnership, which reminds providers of the common health-related social and legal needs to consider:

- **I**ncome
- **H**ousing and utilities
- **E**ducation and employment
- **L**egal status
- **P**ersonal and family stability

"I feel like walking into their home is like walking into sacred space. The power differential is gone. You sit down with them, meet them, listen to them and hear them."

-Robyn Lutz, in response to a question about how home visiting can help families build resilience

First, Dr. Kahn described the Child Health-Law Partnership (HeLP), a medical-legal partnership between Cincinnati Children's Hospital Medical Center and the Legal Aid Society of Greater Cincinnati that was launched in 2008 to address social determinants of health and mitigate health disparities through legal advocacy. The partnership does the following:

- Addresses families' unmet civil legal needs
- Educates health professionals about social determinants of health
- Advocates for systems-level change

Dr. Kahn explained that HeLP's top three case types were housing, public benefits and education. He also explained that speech and language referrals are the only ones that happen more commonly than legal aid referrals. From Jan. 2009-June 2022, 7,411 legal cases were opened through the partnership.

Marie Curry discussed her work on the Health Education Advocacy and Law (HEAL) Project, which includes medical-legal partnerships with several healthcare entities in northeastern Ohio. She explained that the families working with MLPs generally experience multiple barriers to health and stability. For example, she told a story about a family who was facing numerous barriers to health and stability, including disabilities, housing quality concerns, landlord conflicts and education barriers. Ms. Curie also mentioned that the families with whom MLPs work generally have trouble navigating complex and complicated

systems, such as public benefits systems. She added that the people that really need the supports of these systems are often the least able to navigate their rules and requirements.

Dr. Kahn explained that one benefit of an MLP is the ability to identify important patterns among patient needs, which can lead to valuable interventions and/or policy changes that have broader impacts. For example, HeLP had received 16 separate referrals for poor housing conditions from patients all residing in the same housing complex. After several actions, an outside builder ended up taking over the complex to do rehab. He said, "It would have been a lot easier for me to double the asthma medicine and ignore the mold, but because of this powerful partnership...we were able to improve housing for all of the 600-700 residents of those buildings."

When asked about potential policy solutions that could benefit MLPs across the state, Marie Curry gave an example of two housing protection policies recently passed by Akron City Council – source of income protection and pay-to-stay protection.

Evidence of effectiveness

A recent study of HeLP's impacts, published in *Health Affairs*, found that children who received a legal aid referral were 38% less likely to have a hospitalization in the year after the referral than similar children not referred.⁴

"If there was a pill in medicine that led to a 38% reduction across all outcomes, you can imagine every pharmaceutical company would be going after it and every insurer would be willing to pay for it."

-Dr. Robert Kahn talking about medical-legal partnerships

State agency perspective

Dr. Tabitha Jones-McKnight (Ohio Department of Health) described ODH's initiatives to prevent and mitigate the effects of ACEs. She noted that ACEs is a prioritized topic in the current State Health Improvement Plan and the Title V Maternal and Child Health block grant action plan. She highlighted ODH's early childhood home visiting program, Help Me Grow, as well as other initiatives including adolescent resiliency grants and the Department's partnership with the Ohio Chapter of the American Academy of Pediatricians to expand utilization of the Safe Environment for Every Kid (SEEK) + Injury tool. Finally, she explained that for the first time, the Youth Risk Behavior Survey/Youth Tobacco Survey included 16 ACEs and positive childhood experiences questions in 2021. The questions will also be included in the 2023 survey.

Notes

1. 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?" The Children's Bureau, U.S. Department of Health and Human Services. Accessed March 4, 2020. <https://www.childwelfare.gov/topics/preventing/preventionmonth/resources/ace/>
2. Data from the Behavioral Risk Factor Surveillance System. 2021.
3. Rotz, Dana. Impact Report from the Evaluation of Adolescent Pregnancy Prevention Approaches. Mathematica Policy Research. July 2016. <https://teenpregnancy.acf.hhs.gov/sites/default/files/resource-files/OhioHealth%E2%80%99s%20Teen%20Options%20to%20Prevent%20Pregnancy%20Impact%20Report.pdf>
4. Beck, Andrew F., et. al. "Reductions in hospitalizations among children referred to a primary care-based medical-legal partnership." Health Affairs 42, no. 3 (2022). Doi 10.1377/hlthaff.2021.00905

Acknowledgments

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