

Health Policy Brief

Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio

2 Building skills and strengthening connections to caring adults

Executive summary

Building skills and strengthening connections to caring adults ensures that every child can thrive. Enhancing a variety of assets and resources can buffer children and families from the well-documented harmful effects of toxic stress and adversity¹ and promote the ability to withstand, adapt and recover from trauma.² Increasing these protective factors can lead to stronger families, better health, educational and employment outcomes and benefits to society at large.

In 2020 and 2021, the Health Policy Institute of Ohio released a [series of policy briefs](#) on the health and economic impacts of adverse childhood experiences (ACEs) and elevated 12 evidence-informed, cost-effective strategies that prevent ACEs in children. These strategies tackle the underlying causes of adverse and traumatic events before they occur. As displayed in figure ES.1, this brief examines the implementation status of four strategies that:

- Enhance skills so that parents and youth can handle stress, manage emotions and tackle everyday challenges
- Connect youth to caring adults and activities

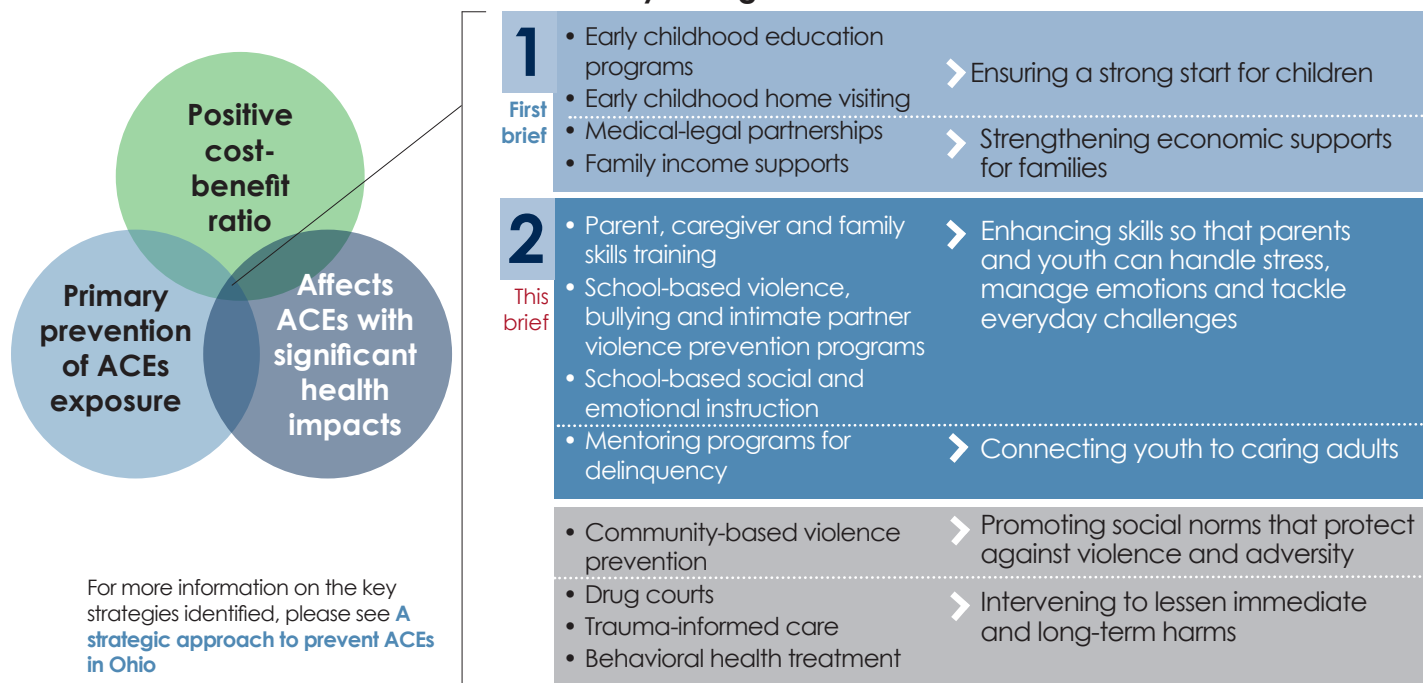
The brief also highlights examples of strategy implementation in Ohio, informed by key informant interviews, and identifies strengths, gaps and recommendations for each strategy.

Figure ES.1. **Key strategies for preventing ACEs in Ohio**

3 key findings for policymakers

- **Policies and programs to prevent ACEs are already underway.** There are many opportunities to support partners across the state who are implementing cost-effective, evidence-informed strategies to prevent ACEs.
- **There are a variety of evidence-informed strategies to enhance protective factors.** These assets and resources can buffer children and families from the well-documented harmful effects of ACEs.
- **ACEs prevention efforts must meet the needs of more children and families.** To maximize impact, strategies should be scaled up and tailored towards those most at risk for experiencing adversity.

12 key strategies



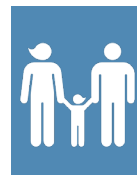


Strategy No. 1: Parent, caregiver and family skills training

Parent, caregiver and family skills training programs strengthen family relationships and support parents and caregivers by increasing understanding of child development and positive behavioral management strategies. This is a two-generation strategy, which means these programs have proven benefits for both children and caregivers. There are several evidence-informed programs highlighted in this brief that build parent, caregiver and family skills training, such as **Triple P**. More examples can be found in the **appendix**.

Figure ES.2. **Strengths, gaps and recommendations related to parent, caregiver and family skills training**

Strengths	Gaps	Recommendations
<ul style="list-style-type: none"> The state of Ohio is funding the Triple P Online program for all interested Ohio families. There are many different parent, caregiver and family skills training programs operating throughout Ohio, and there are various state entities funding programs. 	<ul style="list-style-type: none"> Many parent, caregiver and family skills training programs are operating on a waitlist due to workforce shortages. Although Triple P Online is available to all Ohio families, some lack internet or technology access or need more intensive support. Other training programs have capacity constraints. 	<ul style="list-style-type: none"> Include programs like Parent-Child Interaction Therapy and other evidence-based treatments in graduate school curricula to increase the number of trained providers. Take steps to increase awareness of these evidence-based programs among parents and caregivers. Increase funding for programs (in addition to Triple P) that are more appropriate for children at a higher risk of ACEs exposure, such as Parent-Child Interaction Therapy.



Strategy No. 2: School-based violence, bullying and intimate partner violence prevention programs

School-based programs to prevent peer violence, bullying and intimate partner violence seek to reduce bullying and victimization before they start by building self-awareness, emotional self-control, self-esteem, conflict resolution and other skills.³ School-based intimate partner violence prevention programs also aim to promote healthy relationships via education and skill-building and can reach students across a broad age range.

The brief examines an evidence-informed dating violence prevention program operating in Knox County.

Figure ES.3. **Strengths, gaps and recommendations related to school-based violence, bullying and intimate partner violence prevention**

Strengths	Gaps	Recommendations
<ul style="list-style-type: none"> Ohio schools are required to provide and report on violence and bullying prevention education, and the state provides guidance for implementation. Ohio requires school personnel training for bullying and violence prevention education, ensuring that educators can adequately respond to and support students. 	<ul style="list-style-type: none"> Without proper engagement, the sensitive nature of the content in intimate partner violence prevention programs can cause resistance among parents and caregivers. This can cause barriers to implementation and efficacy of these programs. Knowledgeable and experienced educators from sexual violence prevention programs may encounter barriers to implementing school-based programs due to provisions in Erin's Law that prohibit schools from contracting with or providing information from an organization that "provides, promotes, counsels or makes referrals for abortion and abortion-related services."⁴ Ohio is the only state without health education standards, which is a barrier to comprehensive and evidence-informed education for Ohio students.⁵ 	<ul style="list-style-type: none"> Pair dating violence prevention with other types of school-based prevention education, such as suicide prevention education. Support robust training of prevention educators and allow experienced preventionists to offer sexual violence prevention education. Adopt comprehensive health education standards to strengthen schools' ability to implement prevention programs.



Strategy No. 3: School-based social and emotional instruction

School-based social and emotional instruction, also known as social-emotional learning (SEL), teaches and enhances critical life skills that children need to handle stressful situations, manage emotions and tackle life's challenges. These skills promote success in school and future employment. At its core, SEL results in the ability to:

- Successfully interact with others
- Form and maintain positive relationships
- Set and achieve goals
- Make responsible decisions
- Feel and express empathy toward others
- Understand and manage one's emotions

Second Step is an example of an evidence-based social skills program for children in Pre-K through middle school with a distinct curriculum for each grade.

Figure ES.4. **Strengths, gaps and recommendations related to school-based social and emotional instruction**

Strengths	Gaps	Recommendations
<ul style="list-style-type: none"> • Ohio has K-12 social and emotional learning standards.⁶ The state also has early learning and development standards which include SEL competencies for children from birth to kindergarten entry. • Ohio already has policies that support components of SEL in schools and reporting requirements for prevention services and programs. • Funding is available through the Student Wellness and Success Fund to address the physical, behavioral and mental health of students.⁷ 	<ul style="list-style-type: none"> • There is no state requirement for schools to adopt SEL standards. • There is a lack of coordination and data sharing between school-based SEL programs and mental health providers in the community to ensure students that need intensive support are being connected to services. 	<ul style="list-style-type: none"> • Encourage and support schools and districts in adopting SEL standards, such as through targeted funding and training. • Encourage teacher training programs to include SEL coursework and provide professional development opportunities to teachers already in the field. • Provide funding and encourage schools and districts to examine district data and identify their greatest challenges and needs related to social and emotional skills.



Strategy No. 4: Mentoring programs

Nonfamily relationships and social connections, such as those cultivated through mentoring and afterschool programs, are community-level protective factors that can buffer against adversity.⁸ In mentoring programs, youth are matched with a volunteer from the community with the goal of fostering a relationship that will contribute to the young person's growth and future success. Mentoring programs can use a one-on-one or group mentoring approach. These programs are generally more effective for youth perceived to be at risk for academic, behavioral and/or health problems.

The brief features an evidence-informed mentoring program, Big Brothers Big Sisters of Greater Cincinnati.

Figure ES.5. **Strength, gap and recommendation related to mentoring programs**

Strength	Gap	Recommendation
Ohio has a wide variety of mentoring programs, including 12 Big Brothers Big Sisters affiliates.	There is currently no dedicated state funding for mentoring programs.	Provide state funding for mentoring programs, similar to the Mentoring Matching Grant program funded by the Massachusetts Department of Elementary and Secondary Education, for example.

To inform examples of ACEs prevention strategies implemented in Ohio, HPIO conducted key informant interviews with staff from the following organizations:

- **Children’s Resource Center, Wood County** (Primary Care Triple P)
- **Montgomery County Educational Service Center** (Triple P)
- **Hopewell Health Centers, nine counties in southeastern Ohio** (Parent-Child Interaction Therapy)
- **Community Action Organization of Scioto County** (Strengthening Families Program)
- **New Directions of Knox County** (Safe Dates)
- **Center for Family Safety and Healing, Franklin County** (School-based dating violence prevention)
- **Fairfield Union Local Schools, Fairfield County** (Second Step)
- **Ohio Guidestone** (Second Step)
- **Boys and Girls Club of Northeast Ohio** (Boys and Girls Clubs)
- **Big Brothers Big Sisters of Greater Cincinnati** (Mentoring)

Notes

1. Elizabeth Crouch et al., "Safe, Stable, and Nurtured: Protective Factors against Poor Physical and Mental Health Outcomes Following Exposure to Adverse Childhood Experiences (ACEs)," *Journal of Child & Adolescent Trauma* 12, no. 2 (2019): 165-173, <https://doi.org/10.1007/s40653-018-0217-9>.
2. Flora Traub et al., "Modifiable Resilience Factors to Childhood Adversity for Clinical Pediatric Practice." *Pediatrics* 139, no. 5 (May 2017). <https://doi.org/10.1542/peds.2016-2569>. See also Tracie O. Afifi et al., "Resilience Following Child Maltreatment: A Review of Protective Factors," *The Canadian Journal of Psychiatry* 56, no. 5 (2011): 266-272, <https://doi.org/10.1177/070674371105600505>.
3. "School-Based Intimate Partner Violence Prevention Programs." *County Health Rankings & Roadmaps*, January 30, 2017. <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/school-based-intimate-partner-violence-prevention-programs>.
4. Tully, Caitlin. Health Policy Institute of Ohio Interview with Caitlin Tully, May 24, 2023.
5. "Ohio State Profile." SIECUS, March 21, 2023. https://siecus.org/state_profile/ohio-state-profile-23/.
6. "Ohio’s K-12 Social and Emotional Learning Standards." Ohio Department of Education, June 2019. <https://education.ohio.gov/getattachment/Topics/Early-Learning/Early-Learning-Content-Standards/Birth-Through-Pre-K-Learning-and-Development-Stand/ELDS-Social-Emotional.pdf.aspx>.
7. "Student Wellness and Success Fund: Survey data report." Ohio Department of Education, March 2022. <https://education.ohio.gov/getattachment/Topics/Student-Supports/Supporting-Student-Wellness/2022-Student-Wellness-Report.pdf.aspx?lang=en-US>
8. Tracie O. Afifi et al., "Resilience Following Child Maltreatment: A Review of Protective Factors." *Canadian Journal of Psychiatry* 56, No. 5 (2011): 266-272, <https://doi.org/10.1177/070674371105600505>.



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