



Preventing ACEs in Ohio

Building skills and strengthening connections
to caring adults

September 19, 2023



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Mission

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Preventing ACEs in Ohio

Building skills and strengthening connections
to caring adults

Becky Carroll, Director of Policy Research and Analysis, HPIO

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

Impacts of childhood adversity persist

Birth

Adulthood

Adverse childhood experiences



Ohio ACEs Impact Project: Phase I

08.28.2021

hpio 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?

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

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 preventing and mitigating the impacts of emotional and sexual abuse and living in a household with someone who has a substance use disorder, mental health problem or who is incarcerated are likely to have the largest effects on the health of Ohioans.

Ohio ACEs Impact project

1

02.12.2021

hpio Health Policy Brief
Adverse Childhood Experiences (ACEs)
Economic Impact of ACEs in Ohio

Overview
Exposure to adversity in childhood is a pervasive problem in Ohio and across the country with severe, long-term health impacts that persist into adulthood. Nearly two-thirds of Ohioans have been exposed to an adverse childhood experience (ACE), with more than one-third of Ohioans exposed to two or more ACEs.¹ Nationally, Ohio is in the bottom quartile on ACEs exposure (ranking 39 out of 50 states and D.C.), indicating a higher percent of children exposed to two or more ACEs compared to many other states.²

According to HPIO's 2019 Health Value Dashboard, Ohio ranks 46 out of 50 states and D.C. on health value – a composite measure of Ohio's rank on health outcomes and healthcare spending. This means that Ohioans live less healthy lives and spend more on health care than people in most other states.

The research is clear that ACEs result in both significant health and economic impacts. Economic costs from ACEs are incurred across the public and private sectors, including substantial costs to the healthcare system.³ The economic burden of ACEs also impacts the state child protection, behavioral health, criminal justice and education systems, as well as private sector businesses. By preventing and mitigating the impacts of ACEs, policymakers and others can put Ohio on a path towards improved health value.

This brief builds on HPIO's Adverse Childhood Experiences (ACEs): Health Impact of ACEs in Ohio by:

- Summarizing national research on the economic costs associated with ACEs exposure
- Providing new data and analysis on the economic impacts of ACEs in Ohio

More specifically, this brief expands on what we know from national research by providing Ohio data to answer the following questions:

- How does ACEs exposure impact healthcare costs?
- To what extent does ACEs exposure contribute to lost productivity?
- What is the impact of specific types of ACEs on economic costs?

3 key findings for policymakers

- **Preventing ACEs can reduce healthcare and other spending.** If ACEs exposure were eliminated, more than \$10 billion in annual healthcare and related spending could be avoided in Ohio. Approximately \$319 million in lost wages due to missed work days could also be prevented annually if ACEs exposure were eliminated.
- **Focusing action on specific ACEs, particularly those associated with behavioral health, can yield significant savings.** For example, over \$4.5 billion in annual spending to treat depression is attributed to ACEs exposure. Significant healthcare costs for treating depression could be avoided by focusing on preventing and mitigating the impacts of emotional and sexual abuse and living in a household with someone who has a mental health problem.
- **Economic costs associated with ACEs extend beyond health impacts.** ACEs exposure results in economic burdens to individuals, families and society, including impacts on both the public and private sectors.

Inside

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08.20.2021

hpio Health Policy Brief
Adverse Childhood Experiences (ACEs)
A strategic approach to prevent ACEs in Ohio

Overview
Safe, stable environments and nurturing relationships are essential for children's healthy growth and development. Children in families that are stressed and that do not have access to necessary supports are more likely to be exposed to adversity and trauma or Adverse Childhood Experiences (ACEs). Exposure to ACEs can cause serious and long-lasting health and economic harms that persist across generations.¹

ACEs are common. In Ohio, one in five children were exposed to ACEs in 2018-2019.² However, ACEs are not inevitable and Ohioans are resilient. Exposure to ACEs does not have to determine future hardship. There are strategies that state policymakers and others can deploy to prevent ACEs and safeguard the well-being of Ohio children and families who have experienced adversity and trauma.

Ensuring that all children have a fair opportunity to thrive is a value shared by many Ohioans. Leaders across both the public and private sector have expressed a strong commitment to this value and have taken actions to lay a solid foundation for families and children. This brief, the third in HPIO's Ohio ACEs Impact Project, provides insights to build upon these successes and support a comprehensive and strategic approach that maximizes resources to prevent ACEs and advance equitable outcomes.

3 key findings for policymakers

- **Focusing action on key strategies can have a powerful impact.** State policymakers and other partners can maximize the effectiveness of public and private spending to prevent ACEs by focusing on 12 cost-beneficial strategies (see figure 1).
- **ACEs are not inevitable.** Significantly reducing the number of children in Ohio who are exposed to ACEs requires getting ahead of potential harms, creating safe, stable and nurturing environments and fostering resilience.
- **ACEs prevention efforts must reach children and families most at risk.** Ohio's public and private leaders should equip communities to support children and families that are most at risk for experiencing adversity and trauma, such as Ohioans of color and Ohioans with low incomes, disabilities and/or who live in urban and Appalachian areas.

Figure 1. Key strategies for preventing ACEs in Ohio

12 key strategies

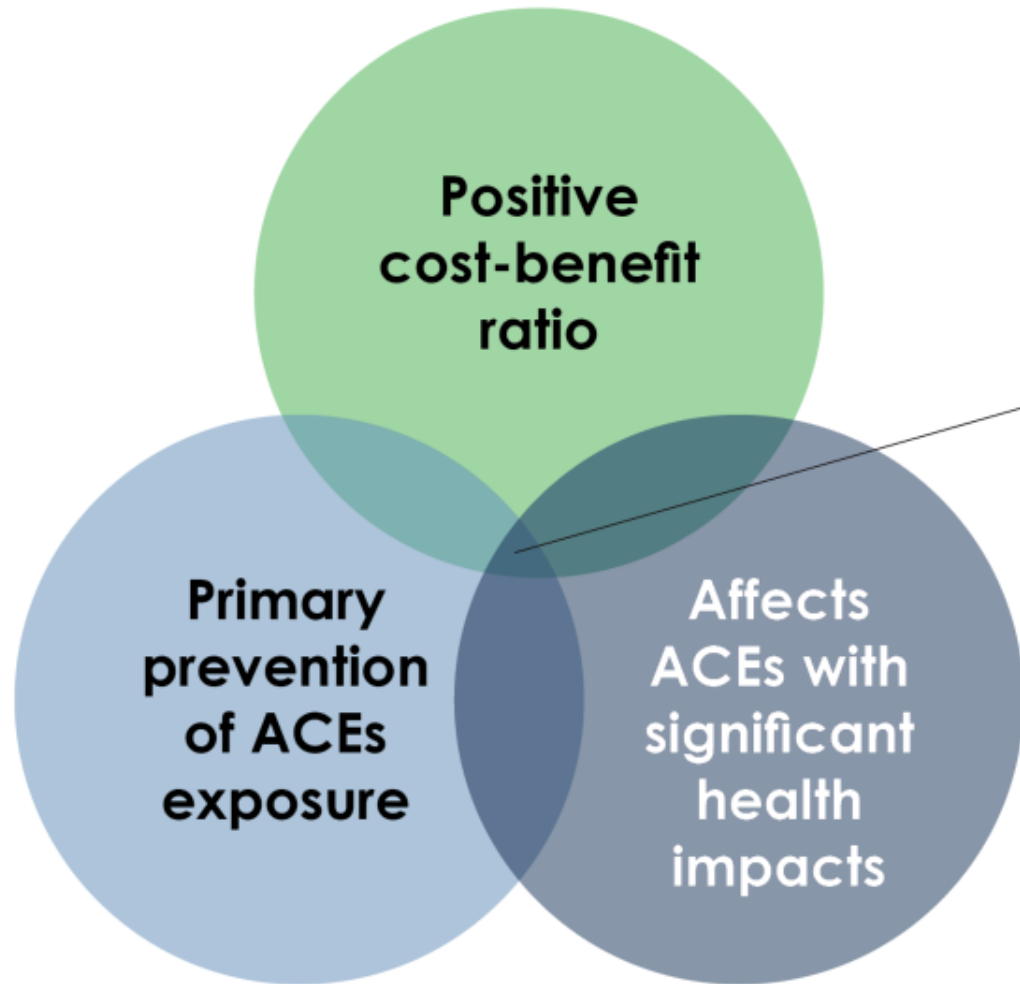
- Early childhood education programs
- Early childhood home visiting
- Medical-legal partnerships
- Family income supports
- Community-based violence prevention
- School-based violence, bullying and intimate partner violence prevention programs
- Parent/caregiver and family skills training
- School-based 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.

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.

Source: Health Policy Institute of Ohio policy brief, "Adverse Childhood Experiences (ACEs): A strategic approach to prevent ACEs in Ohio."

Ohio ACEs impact project: Phase II

A closer look at ACEs prevention strategies

10.07.2022

hpio Health Policy Brief
health policy institute of ohio

Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio

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

The health and 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.¹ Policymakers and partners across the state are taking action to make sure that Ohio children and families have what they need to thrive.

Roughly 20% of Ohio children are exposed to one or more adverse childhood experiences (ACEs), which have both immediate and long-term effects on health.² 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 those 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 This brief

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

Ensuring a strong start for children

Strengthening economic supports for families

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

Enhancing skills so that parents and youth can handle stress, manage emotions and tackle everyday challenges

Promoting social norms that protect against violence and adversity

Connecting youth to caring adults

Intervening to lessen immediate and long-term harms

3 key findings for policymakers

- Actions to prevent ACEs are already underway.** There are many opportunities to support partners across the state who are implementing cost-effective, evidence-based strategies to prevent ACEs.
- ACEs prevention efforts must meet the needs of children and families.** To maximize impact, strategies should be scaled up and tailored towards those most at risk for experiencing adversity.
- Supporting evidence-based strategies can reduce healthcare spending and other costs.** By increasing funding and sustaining support for evidence-based strategies, policymakers can effectively prevent ACEs in Ohio and reduce long-term costs.

Positive cost-benefit ratio

Primary prevention of ACEs exposure

Affects ACEs with significant health impacts

For more information on the key strategies identified, please see A strategic approach to prevent ACEs in Ohio

This brief:

- Describes strategies that ensure a strong start for children and strengthen economic supports for families
- Provides examples of strategy implementation in Ohio
- Identifies strengths, gaps and recommendations for strengthening ACEs prevention strategies

1

hpio Health Policy Brief
health policy institute of ohio

Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio

2 Building skills and strengthening connections to caring adults

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 (HPIO) 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 (programs, policies and practices) that prevent ACEs in children. These strategies tackle the underlying causes of adverse and traumatic events before they occur. As displayed in figure 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 and identifies strengths, gaps and recommendations related to each strategy. HPIO conducted key informant interviews with ten organizations to inform this work listed on page 18.

Figure 1. Key strategies for preventing ACEs in Ohio

12 key strategies

1 First brief

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

Ensuring a strong start for children

Strengthening economic supports for families

2 This brief

- Parent, caregiver and family skills training
- School-based violence, bullying and intimate partner violence prevention programs
- School-based social and emotional instruction
- Mentoring programs for delinquency
- Community-based violence prevention
- Drug courts
- Trauma-informed care
- Behavioral health treatment

Enhancing skills so that parents and youth can handle stress, manage emotions and tackle everyday challenges

Connecting youth to caring adults

Promoting social norms that protect against violence and adversity

Intervening to lessen immediate and long-term harms

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.

Positive cost-benefit ratio

Primary prevention of ACEs exposure

Affects ACEs with significant health impacts

For more information on the key strategies identified, please see A strategic approach to prevent ACEs in Ohio

1

Strategies highlighted in **brief 1**



Ensuring a strong start for children

Key strategies

Early childhood education programs =

Early childhood home visiting =



Strengthening economic supports for families

Key strategies

Medical-legal partnerships =

Family income supports =

“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, Cincinnati Children's Hospital Medical Center
talking about medical-legal partnerships

Strategies highlighted in **brief 2**



Enhancing skills so that parents and youth can handle stress, manage emotions and tackle everyday challenges

Key strategies

School-based violence, bullying and intimate partner violence prevention programs

Parent/caregiver and family skills training



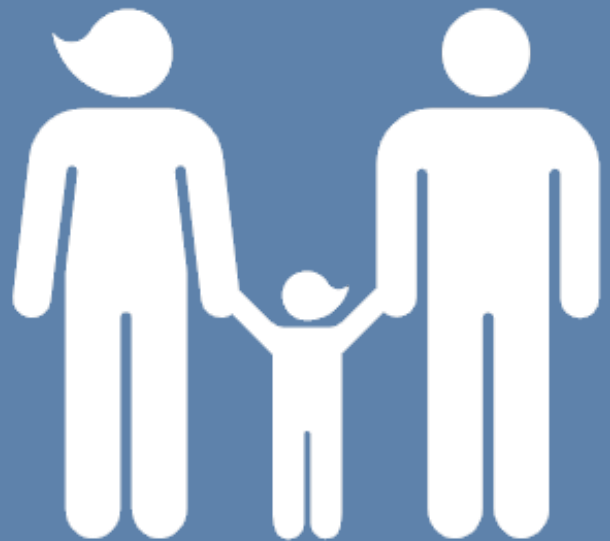
School-based social and emotional instruction



Connecting youth to caring adults and activities

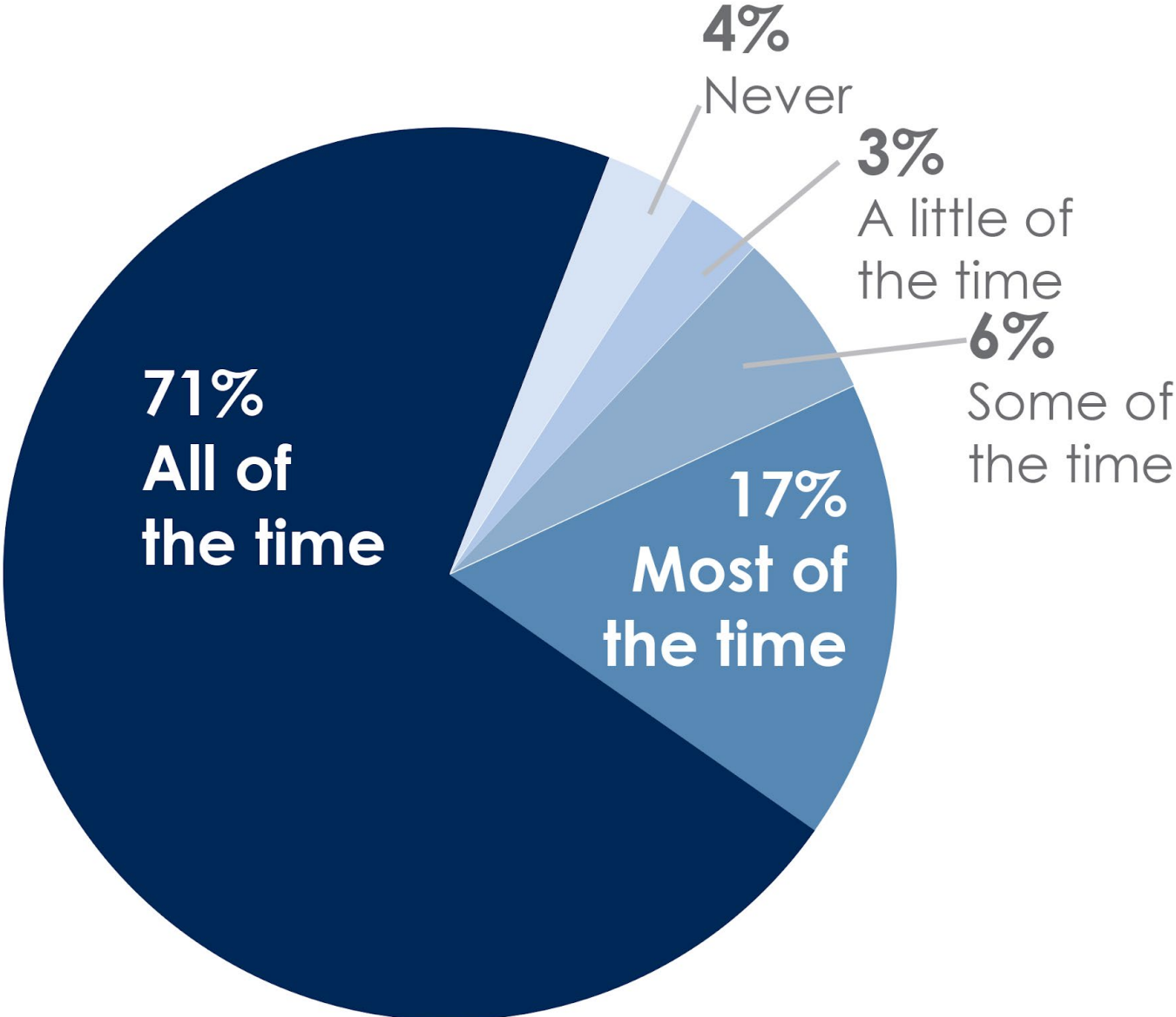
Key strategy

Mentoring programs for delinquency =



Enhancing skills so that parents and youth can handle stress, manage emotions and tackle everyday challenges

Percent of Ohio adults who reported having an adult in their household during childhood who made them feel safe and protected all or most of the time, 2021



Source: 2021 Behavioral Risk Factor Surveillance System

Parent, caregiver and family skills training



Parent, caregiver and family skills training

Some common content areas include:

- Developmentally-appropriate expectations for child behavior
- Healthy communication strategies
- Problem-solving skills
- Safe and effective discipline

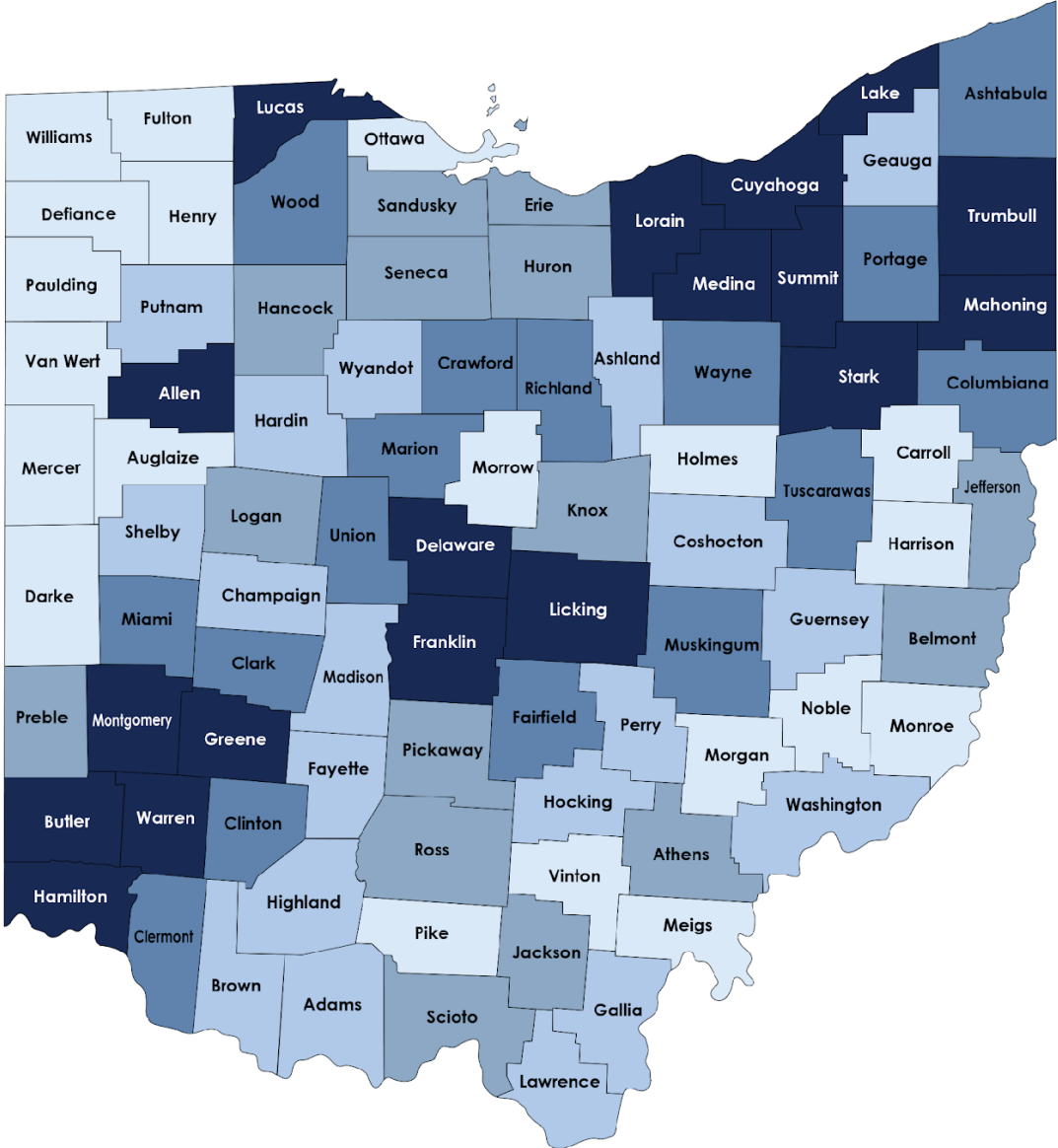


Triple P

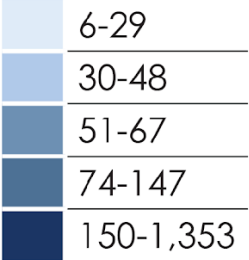
Positive Parenting Program

Number of parents and caregivers enrolled in a Triple P online program

As of June 4, 2023, by county



Top 5	
Franklin	1,353
Cuyahoga	907
Montgomery	798
Summit	565
Hamilton	515



Note: Counts include enrollees in the online birth-12 and teen programs in English or Spanish. Counts do not include parents and caregivers enrolled in other in-person or virtual Triple P classes which are offered in real time (i.e., not pre-recorded).
Source: Ohio Children's Trust Fund

Select best practices and challenges

Best practices

- Choosing appropriate interventions
- Cultural adaptation of programs

Challenges

- Workforce shortages
- Participation barriers
- Cost

Strengths, gaps and recommendations

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">• Take steps to increase awareness of evidence-based programs among parents and caregivers.• Increase funding for parent, caregiver and family skills training 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.• Include programs like Child-Adult Relationship Enhancement (CARE) in graduate school curricula for professionals who will interact with children and families.

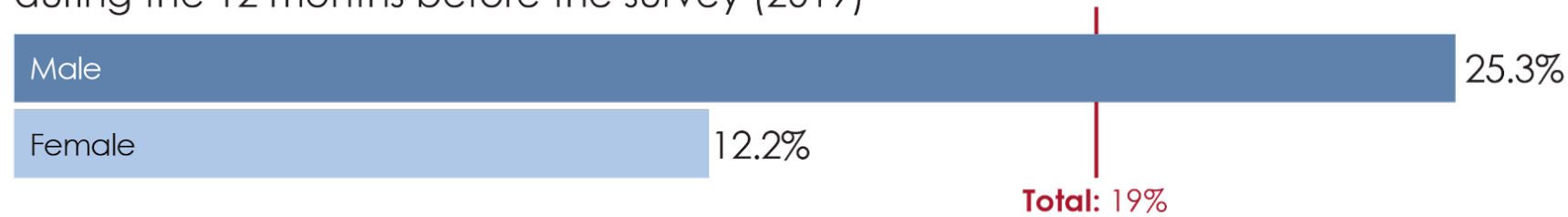
School-based violence, bullying and intimate partner violence prevention programs



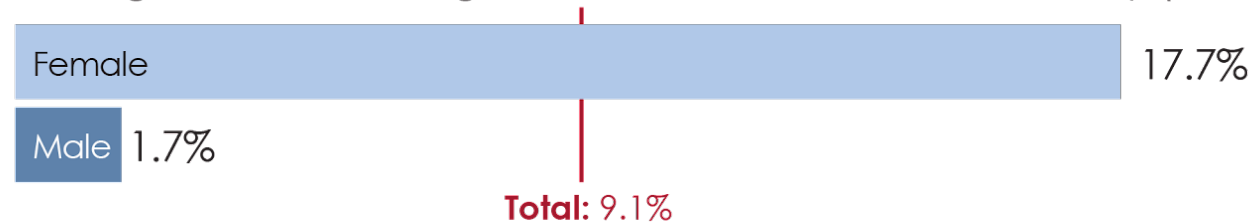
Percent of Ohio high school students experiencing violence or bullying in the past 12 months

by gender, 2019 and 2021

Physical fights. Percent of students who reported being involved in one or more physical fights during the 12 months before the survey (2019)



Experienced sexual dating violence. Percent of students who reported experiencing sexual dating violence during the 12 months before the survey (2021)



Electronically bullied. Percent of students who reported being bullied electronically during the 12 months before the survey (2021)



Source: Youth Risk Behavior Survey

School-based violence, bullying and intimate partner violence prevention programs



Photo credit: Cincinnati Enquirer

School-based violence, bullying and intimate partner violence prevention programs

Ohio law requires school districts to:

- Report on the types of prevention-focused programs, services and supports they provide
- Establish an anti-harassment, intimidation and bullying policy (must prohibit dating violence)
- Include developmentally-appropriate instruction in violence prevention (grades 6-12) and dating and sexual violence prevention (grades 7-12)



THIRD EDITION

SAFE DATES



A Teen Relationship Abuse Prevention Curriculum

Vangie Foshee, PhD



FOR
GRADES
8-12

Select best practices and challenges

Best practices

- Comprehensive approach
- Youth engagement in program planning
- Developmentally appropriate and trauma-informed content

Challenges

- Tailoring evidence-informed programs
- Parental and community buy-in

Strengths, gaps and recommendations

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.• Ohio is the only state without health education standards, which is a barrier to comprehensive and evidence-informed education for Ohio students.	<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.

School-based social and emotional instruction



School-based social and emotional instruction

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

School-based social and emotional instruction

- Ohio law does not require social-emotional learning in K-12 education, but the state does have social and emotional learning standards
- Student Wellness and Success Funds can be spent on social-emotional learning

second
step®

Select best practices and challenges

Best practices

- Tailor social-emotional learning programs to the needs of the school
- Begin at early ages

Challenges

- Workforce
- Funding
- Shortage of time during the school day

Strengths, gaps and recommendations

School-based social and emotional instruction

Strengths	Gaps	Recommendations
<ul style="list-style-type: none">• Ohio has K-12 social and emotional learning standards. 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 different components of SEL in schools, such as PBIS, 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.	<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 and early childhood 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.



Connecting youth to caring adults and activities

Mentoring programs



Photo credit: Dayton Daily News



**Big Brothers
Big Sisters®**

GREATER CINCINNATI

Select best practices and challenges

Best practices

- Long-term relationships
- Thoughtful mentor/mentee matching
- Effective mentor training and support

Challenges

- Funding
- Recruitment of qualified, caring adults
- External risk factors

Strength, gap and recommendations

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.



Health Policy Brief

Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio

2 Building skills and strengthening connections to caring adults

Appendix

As a supplement to the Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio: Building skills and strengthening connections to caring adults, this appendix is organized by strategy. It includes:

- Descriptions of two evidence-based parent, caregiver and family skills training program examples (Strengthening Families Program and Parent-Child Interaction Therapy), including an Ohio-based implementation example for each
- Additional best practices and challenges for implementing programs related to family skills building, school-based dating violence, social emotional learning and mentoring
- Data resources that can be used by schools and educators to conduct needs assessments

Parent, caregiver and family skills training program examples

Below are descriptions of two additional programs to supplement the example provided in the main brief on page 4. These descriptions were informed by research literature and key informant interviews with program staff.

Parent-Child Interaction Therapy

Parent-Child Interaction Therapy (PCIT) is a family-centered program proven effective for children ages 2-8 who have experienced or are at risk of abuse and their parents/caregivers. During PCIT, therapists coach parents/caregivers while they interact with their children. Parents/caregivers learn to promote positive behaviors and respond to challenging behaviors. PCIT is typically provided in 10-20 sessions. Therapists work one-on-one with families, so they can help families address specific needs. PCIT focuses on enhancing relationships and improving discipline and compliance.

This strategy is a more intensive parenting intervention and is most appropriate for children with serious behavioral challenges; parents/caregivers with significant limitations such as substance use disorder or mental health challenges; and/or those at risk of child maltreatment. PCIT has been adapted for a variety of populations, such as trauma survivors, children with developmental delays and disabilities, children older than age 8, foster parents and families of various races and ethnicities.¹

In evaluations, PCIT has consistently demonstrated improvements in parent-child interaction. Other outcomes include reductions in future child maltreatment and improvements in child behavior and parenting skills. Follow-up studies have shown that treatment gains are maintained over time.²

Strategies that will be highlighted in **brief 3**



Promoting social norms that protect against violence and adversity

Key strategy

Community-based violence prevention 



Intervening to lessen immediate and long-term harms

Key strategies

Drug courts

Trauma-informed care

Behavioral health treatment

Questions

Contact information



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and Analysis

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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 visit your organization or speak at a meeting you host

Poll Question



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

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Thank you