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Adverse childhood experiences (ACEs), health and equity in Ohio

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February 1, 2024



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

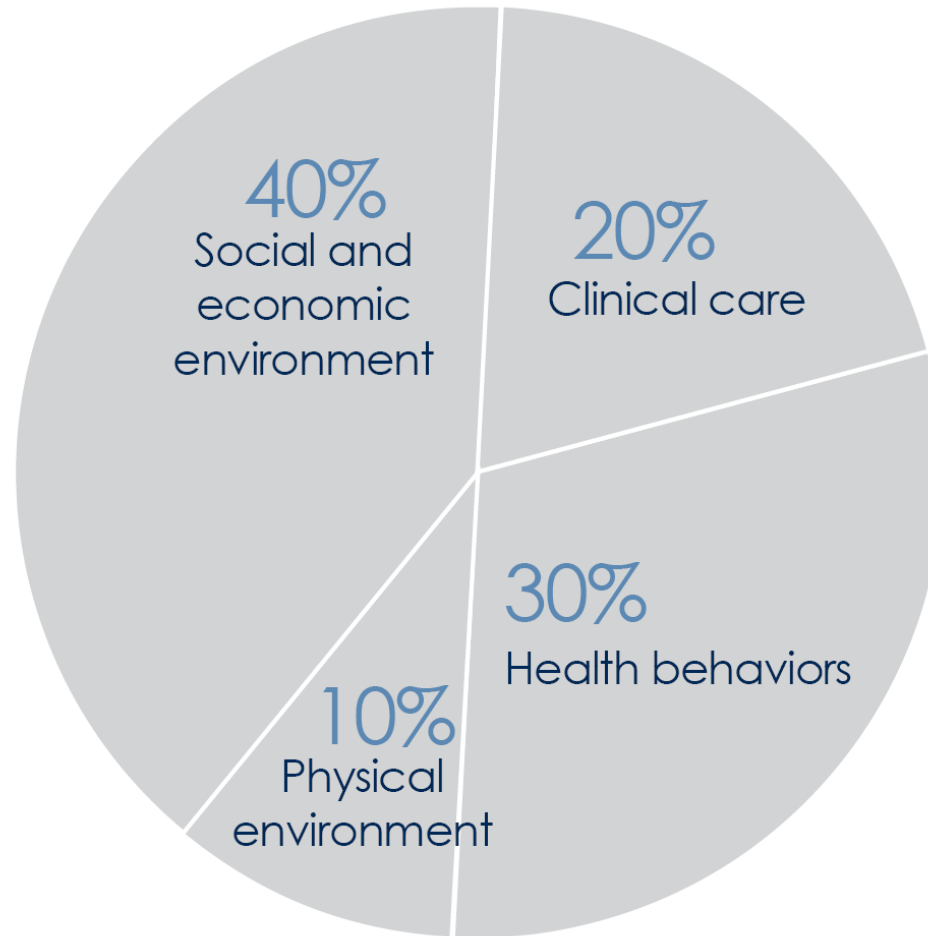


Objectives

After this presentation, attendees will:

- Be aware of how Ohio performs on **health value** and the **modifiable factors that impact health**
- Be aware of which groups of Ohioans experience **worse health outcomes** and understand the **barriers** they face
- Understand the prevalence of **adverse childhood experiences (ACEs)**; their impact on health and educational success; and how to prevent and mitigate the harms caused by ACEs

Modifiable factors that influence health

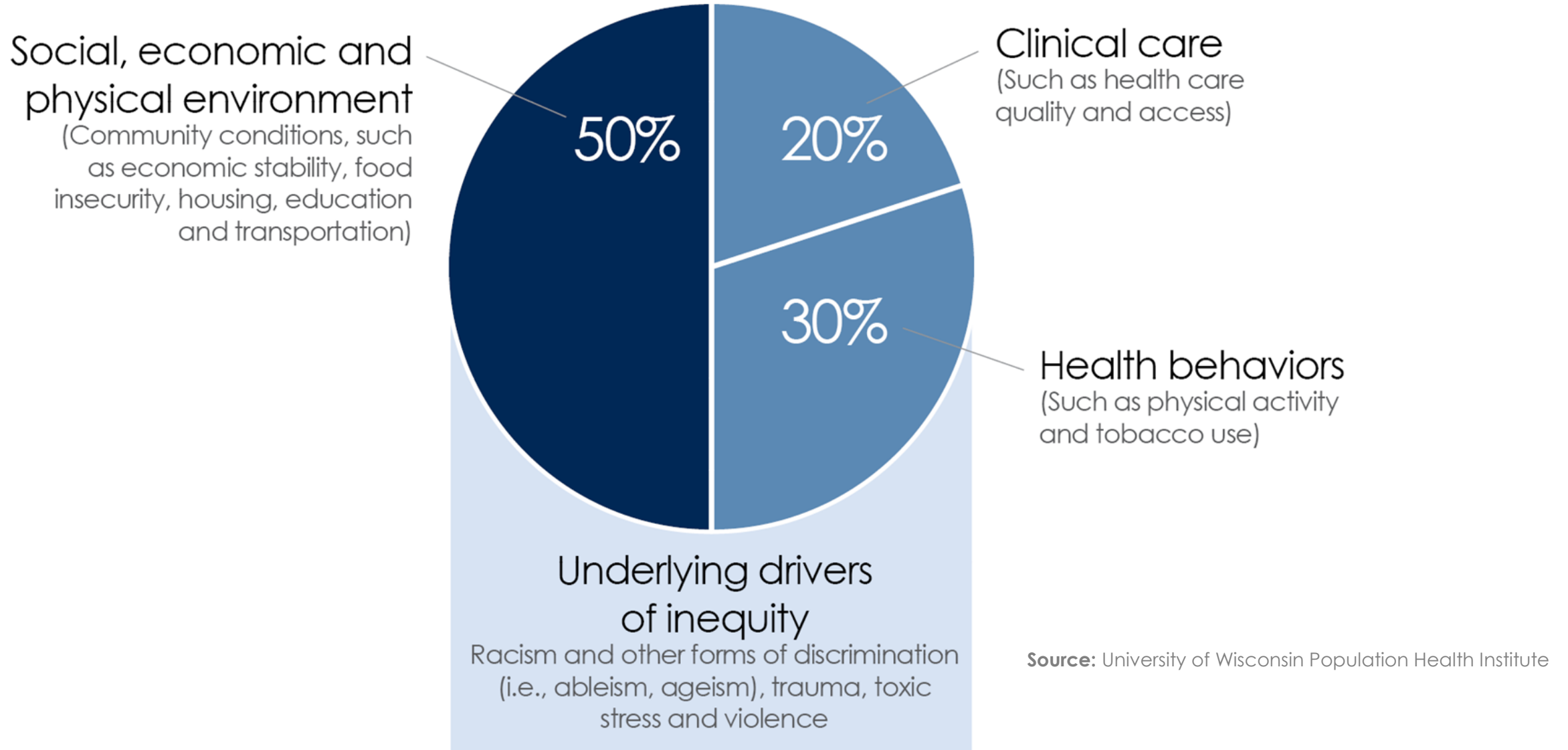


Source: Booske, Bridget C. et. Al. *County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health*. University of Wisconsin Public Health Institute, 2010.

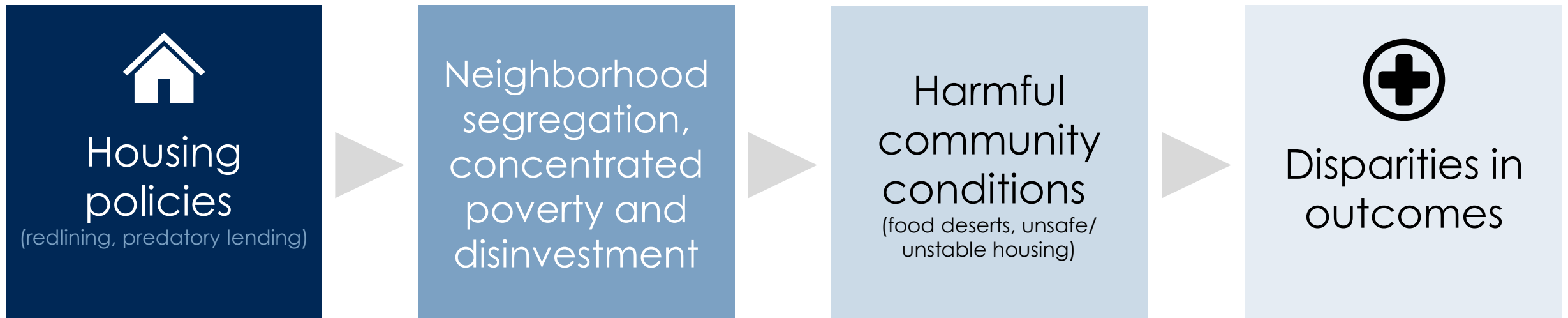
Discussion

Think of a time when you did something for your own health. What enabled you to make that choice?

Modifiable factors that influence health



Barriers to health





THE STATE OF OHIO'S HEALTH

2023 HEALTH VALUE DASHBOARD™



How is health value determined?

Contributing factors

Access to care
Healthcare system
Public health and prevention
Social and economic environment
Physical environment

Value factors

Population health
Healthcare spending

Health value rank

Value factors

- 43** Population health
- 40** Healthcare spending

Health value rank

44

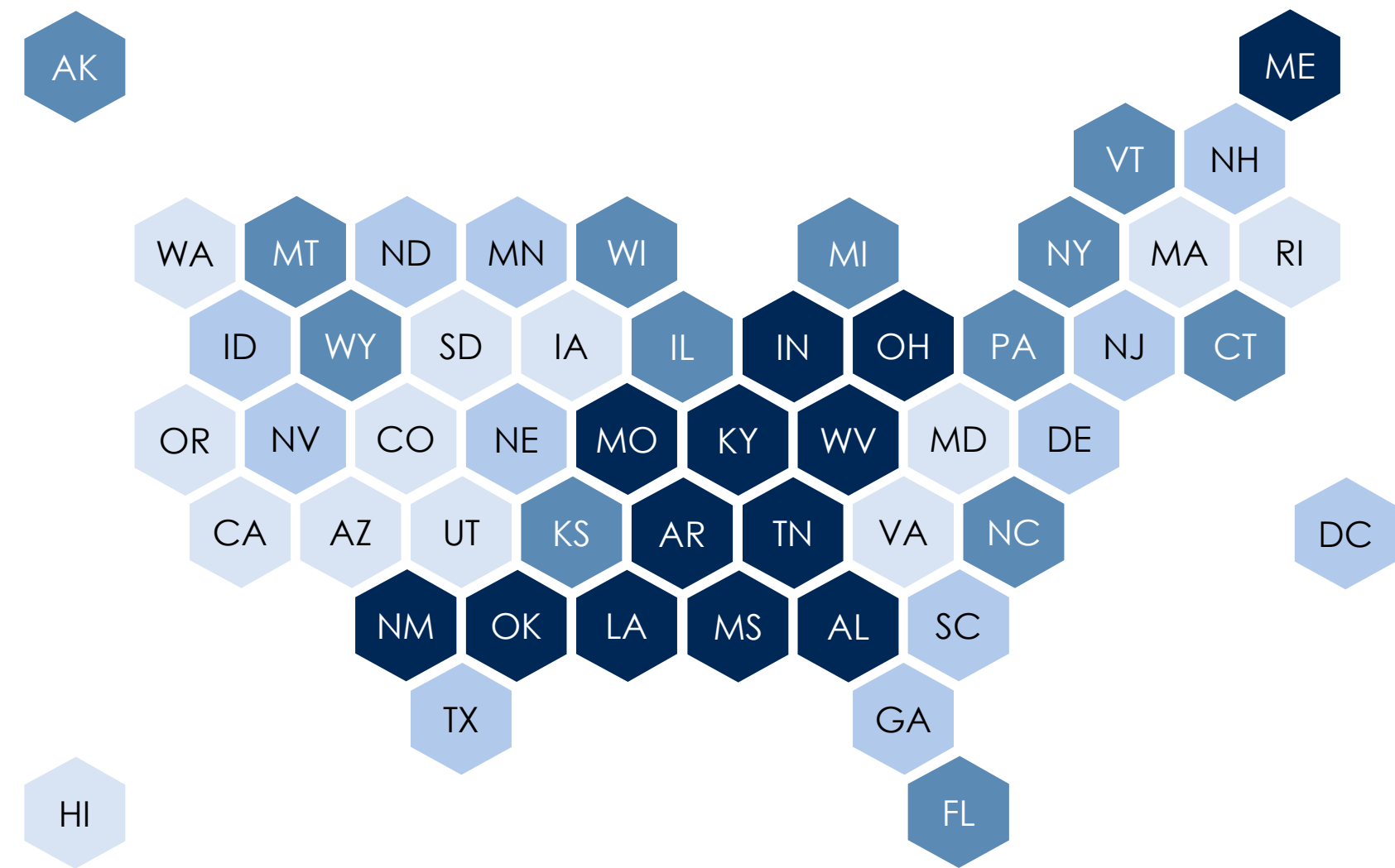
Top quartile (best)

Second quartile

Third quartile

Bottom quartile (worst)

Health value



Source: Health Policy
Institute of Ohio, 2023
Health Value Dashboard

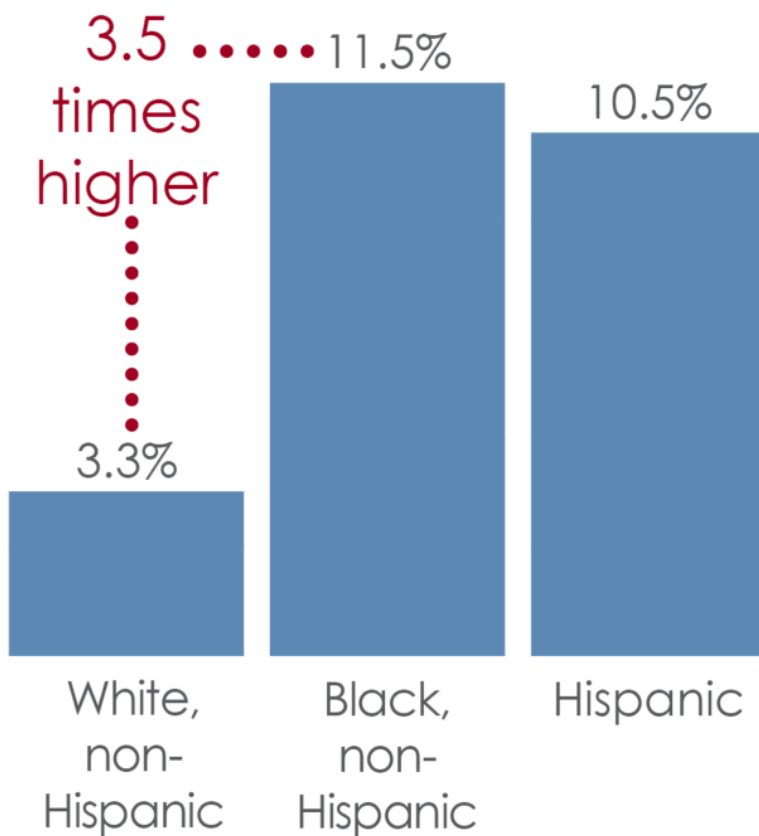
2023 equity profiles:

- ▶ Black Ohioans
- ▶ Hispanic/Latino Ohioans
- ▶ Ohioans with disabilities
- ▶ Ohioans with lower incomes and/or less education
- ▶ LGBTQ+ Ohioans

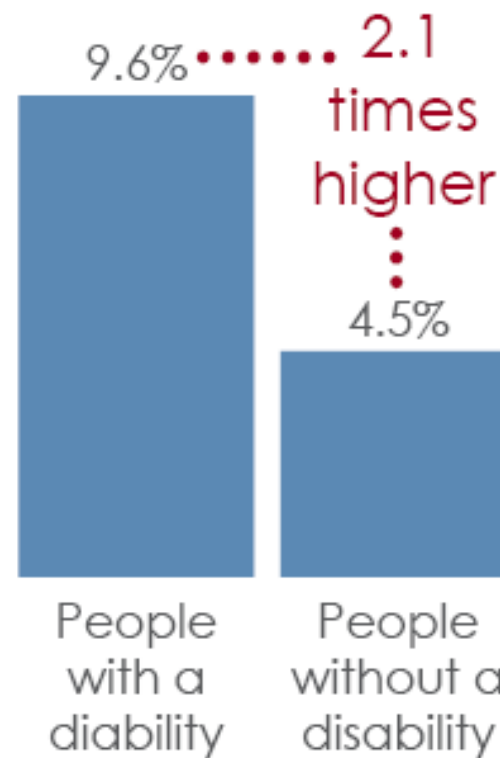
Food insecurity among Ohio children

2018-2021

By race



By disability status



Source: Analysis of Health Resources and Services Administration, National Survey of Children's Health by HPIO and The Voinovich School of Leadership & Public Affairs, Ohio University

If disparities were eliminated...

- 30,385 Black children
- 12,512 Hispanic/Latino children
- 7,103 children with disabilities
- 36,972 children from families with low incomes

... in Ohio would not experience
food insecurity

Going upstream



Policies that drive improvement



Strengthen the workforce

- Career technical education (CTE)
- Childcare subsidies
- Paid family leave



Foster mental well-being

- Mental health and addiction workforce recruitment and retention
- Integration of mental and physical health
- Recovery housing



Improve healthcare effectiveness

- Primary care workforce training
- School-based health services
- Cost containment

Policies that drive improvement



Strengthen the workforce

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Improve healthcare effectiveness

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- Cost containment

BUSINESS

Ohio has more job openings than workers to fill them

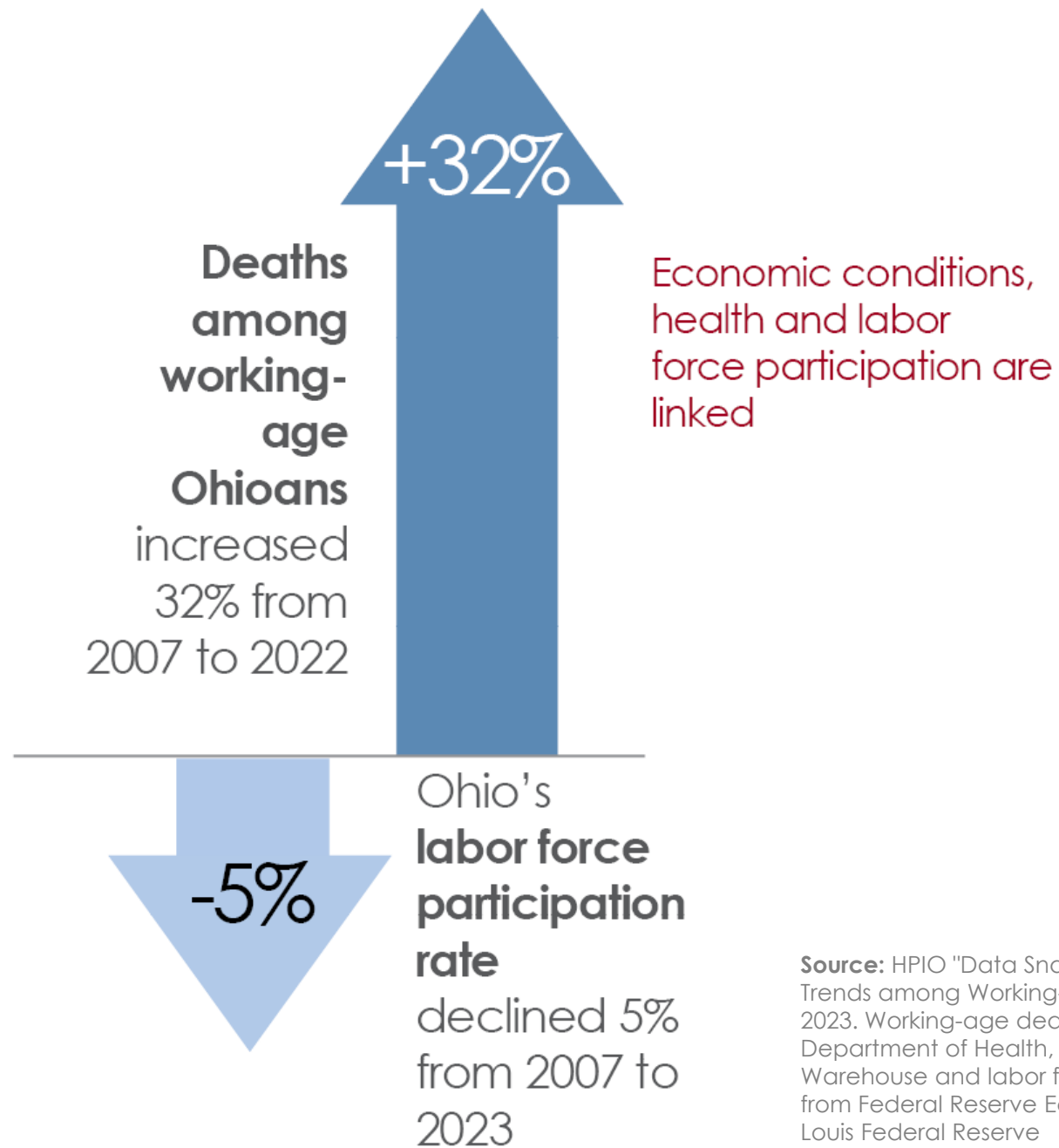
A photograph of a white sign with black text that reads "NOW HIRING". The sign is mounted on a metal frame and stands in a grassy area. In the background, there is a paved parking lot, some trees, and a building under a clear sky. The sign is slightly tilted to the right.

**NOW
HIRING**

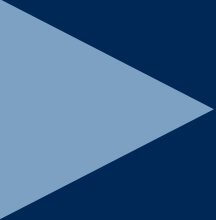
BUSINESS

Ohio restaurants struggle to find workers amid pandemic

Ohio's working-age death rate and labor-force participation



Source: HPIO "Data Snapshot: Updated Death Trends among Working-age Ohioans," October 2023. Working-age deaths data from Ohio Department of Health, Public Health Data Warehouse and labor force participation data from Federal Reserve Economic Data (FRED), St. Louis Federal Reserve



Policies that drive improvement

Strengthen Ohio's workforce

- Career technical education (CTE)
- Childcare subsidies
- Paid family leave

Policies that drive improvement



Strengthen the workforce

- Career technical education (CTE)
- Childcare subsidies
- Paid family leave



Foster mental well-being

- Mental health and addiction workforce recruitment and retention
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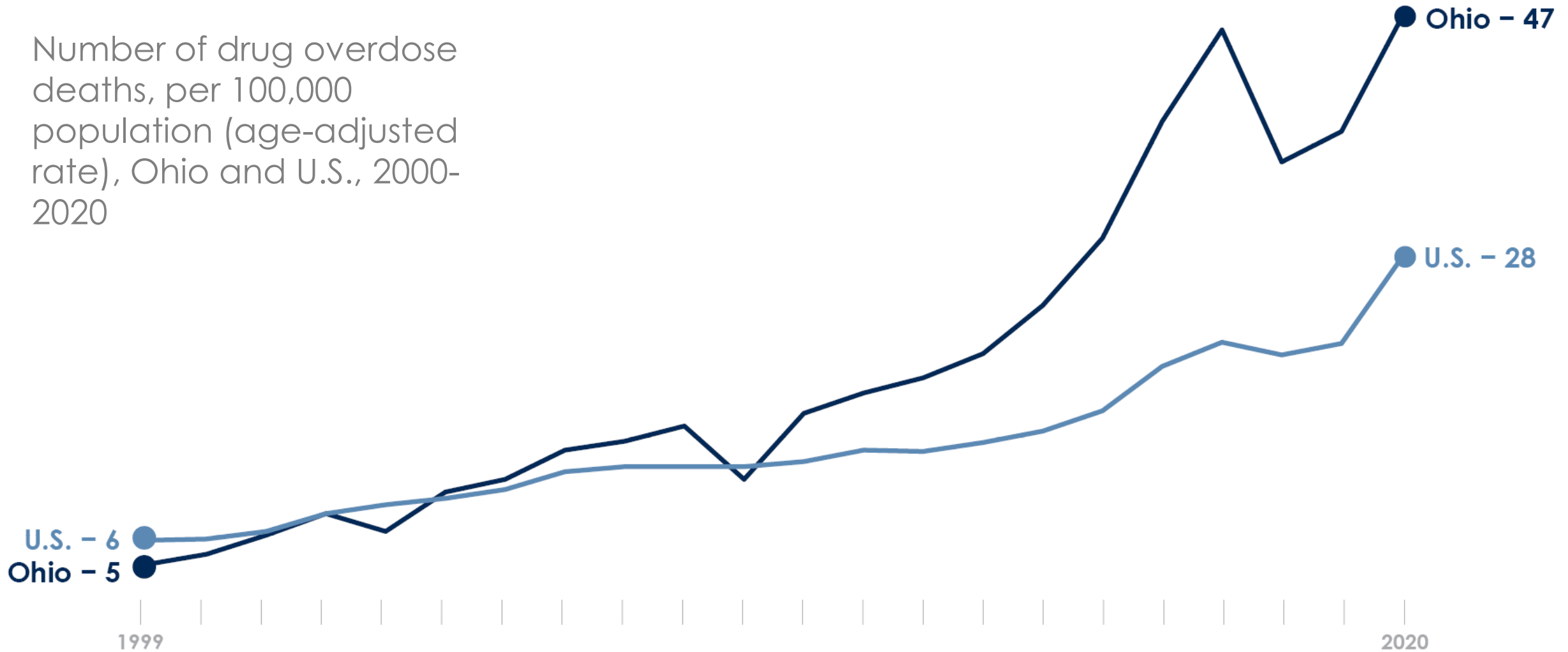


Improve healthcare effectiveness

- Primary care workforce training
- School-based health services
- Cost containment

Drug overdose deaths

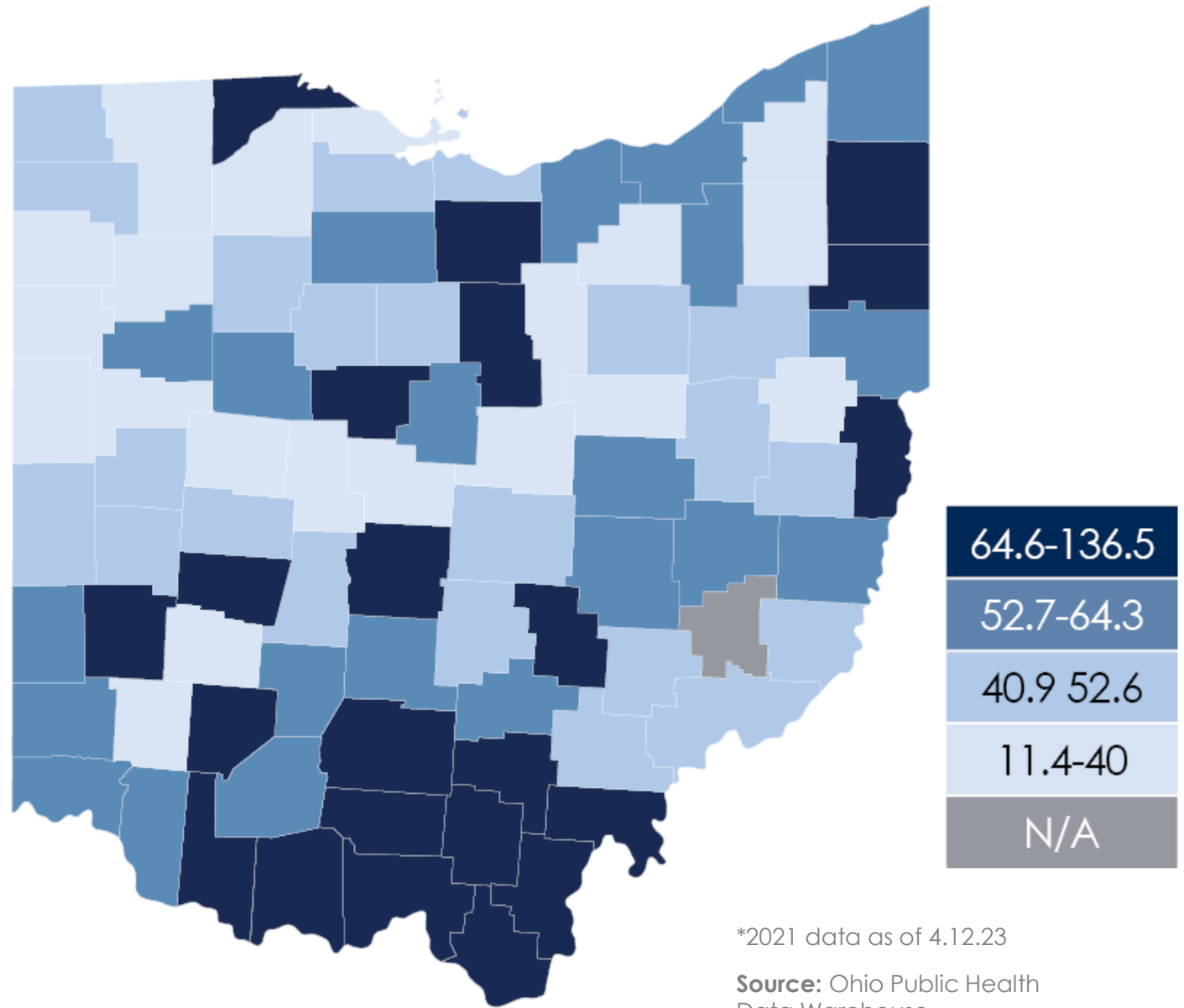
Number of drug overdose deaths, per 100,000 population (age-adjusted rate), Ohio and U.S., 2000-2020



Source: Center for Disease Control and Prevention, Wide-ranging Online Data for Epidemiological Research, 2000-2020.

Overdose and suicide deaths

by county, per 100,000 population,
2020-2021* (crude rate)

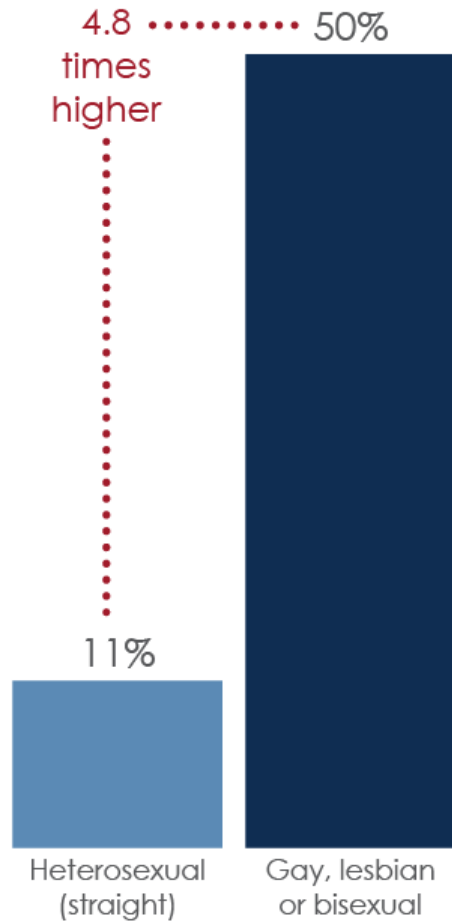


*2021 data as of 4.12.23

Source: Ohio Public Health
Data Warehouse

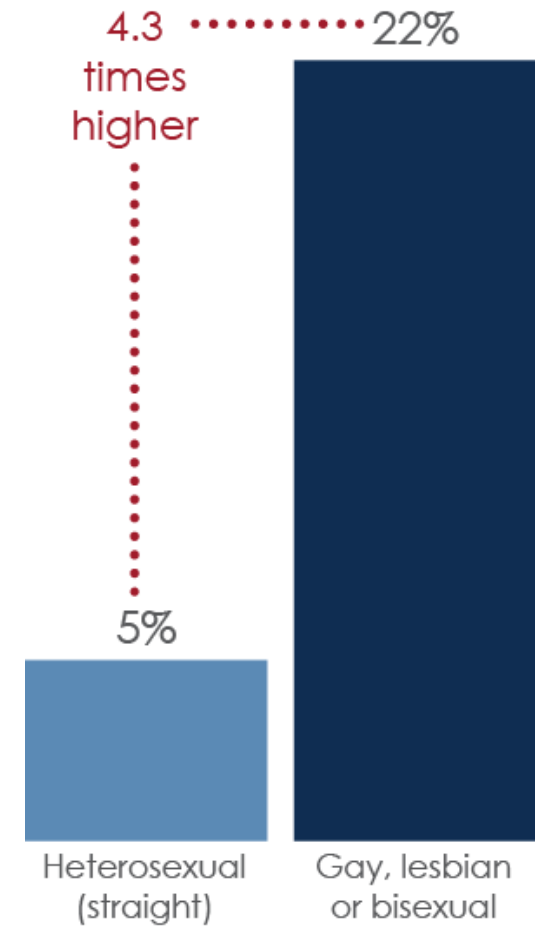
Youth suicide

Youth
considering
suicide, Ohio,
2019



Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey

Youth suicide
attempt, Ohio,
2019



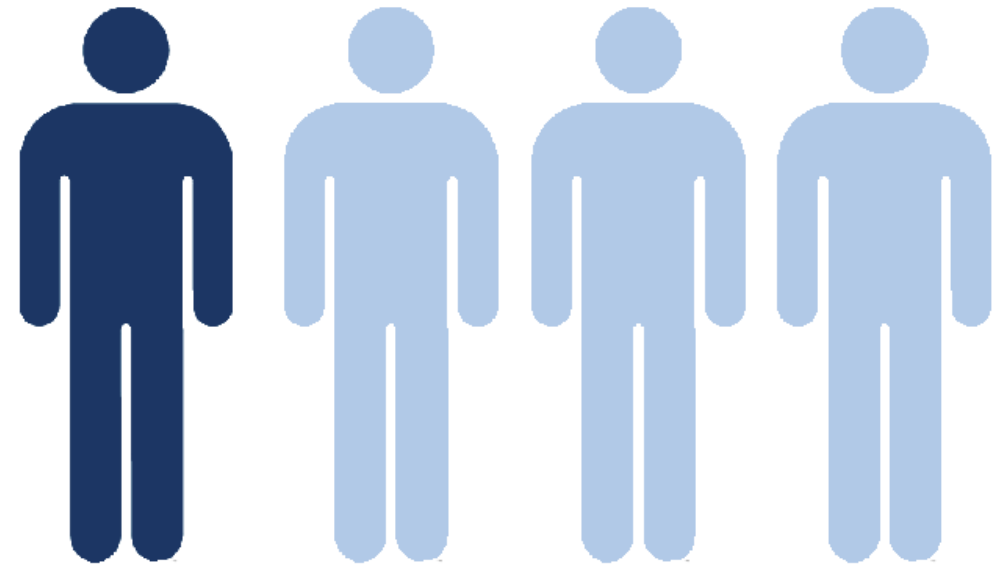
Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey

Mental health treatment

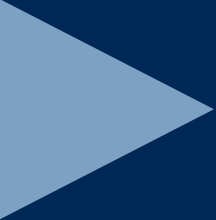
Rank in access to
care



Percent of Ohio adults with any mental illness
who had a need for mental health treatment
or counseling and did not receive it in the
past year, 2018-2019



Data source: National Survey on Drug Use and Health, via The Commonwealth Fund, 2018-2019



Policies that drive improvement

Foster mental well-being

- Mental health and addiction workforce recruitment and retention
- Integration of mental and physical health
- Recovery housing

Policies that drive improvement



Strengthen the workforce

- Career technical education (CTE)
- Childcare subsidies
- Paid family leave



Foster mental well-being

- Mental health and addiction workforce recruitment and retention
- Integration of mental and physical health
- Recovery housing



Improve healthcare effectiveness

- Primary care workforce training
- School-based health services
- Cost containment

Ohio's rank on healthcare spending



Healthcare
spending

Total out-of-pocket
spending



Employer-sponsored health
insurance outpatient
spending, per enrollee



Total Medicare
spending, per
beneficiary



Life expectancy

At birth, Ohio

76.8 years
(2018)

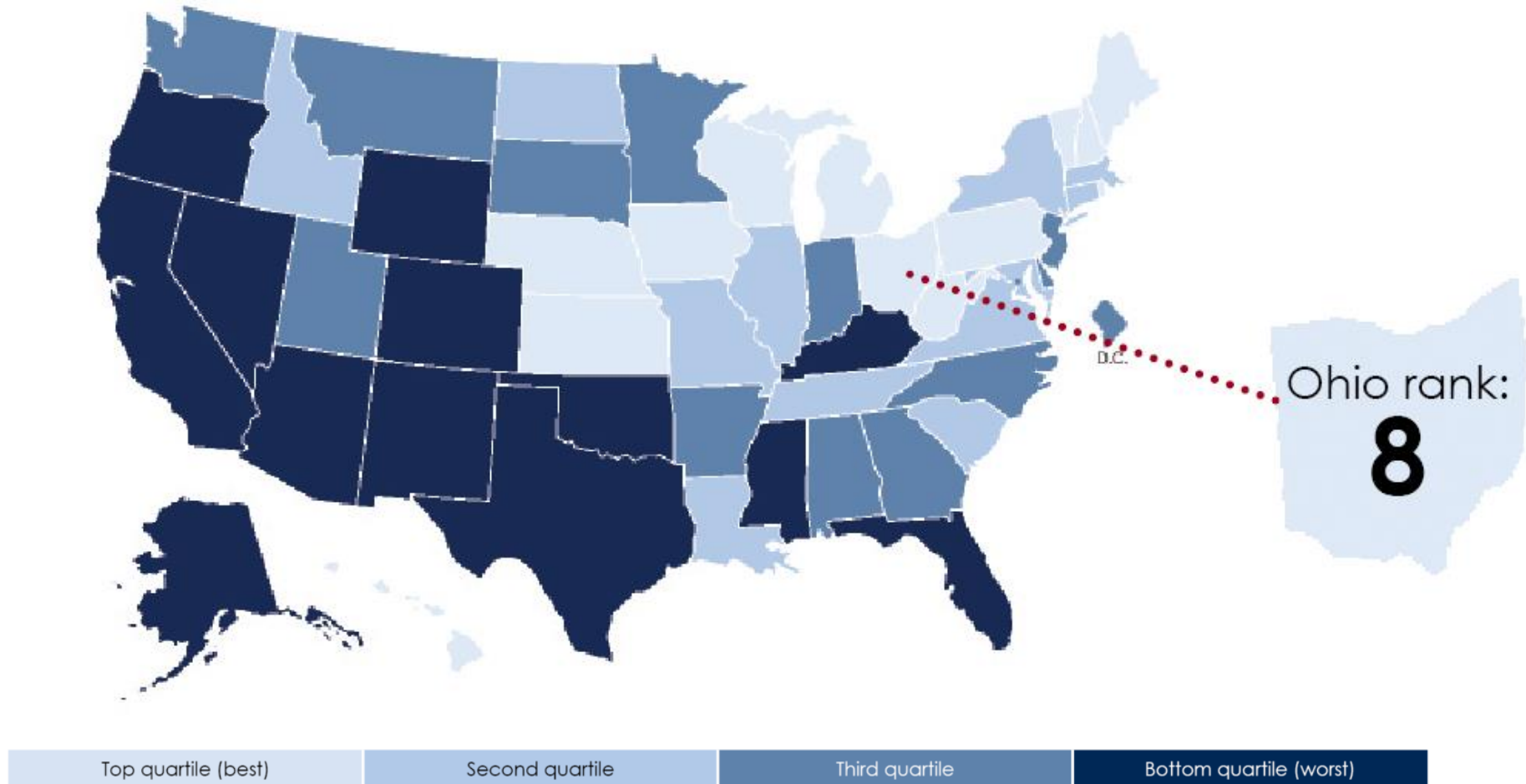


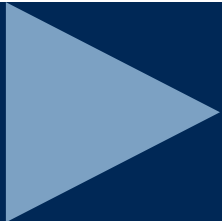
1.7
years

75.3 years
(2020)

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention National Center for Health Statistics National Vital Statistics System Report. Vol. 7. No. 1

Ohio's rank on primary care access





Policies that drive improvement

Improve healthcare effectiveness

- Primary care workforce training
- School-based health services
- Cost containment



If Ohio eliminates disparities...

Researchers estimate that by 2050:



▶ **Ohio could gain \$79 billion in economic output each year**

In addition, Ohio could gain:

- | | |
|---|---|
| ▶ \$40 billion more in total income | ▶ \$3 billion in reduced healthcare spending |
| ▶ \$30 billion more in consumer spending | ▶ \$2 billion in increased employee productivity |
| ▶ \$4 billion more in state and local tax revenues | ▶ \$821 million in reduced corrections spending |

Source: HPIO "Unlocking Ohio's Economic Potential: The Impact of Eliminating Racial Disparities on Ohio Businesses, Governments and Communities" July 2023

Questions?

Adverse childhood experiences (ACEs)

Impacts of childhood adversity persist

Birth

Adulthood

Adverse childhood experiences



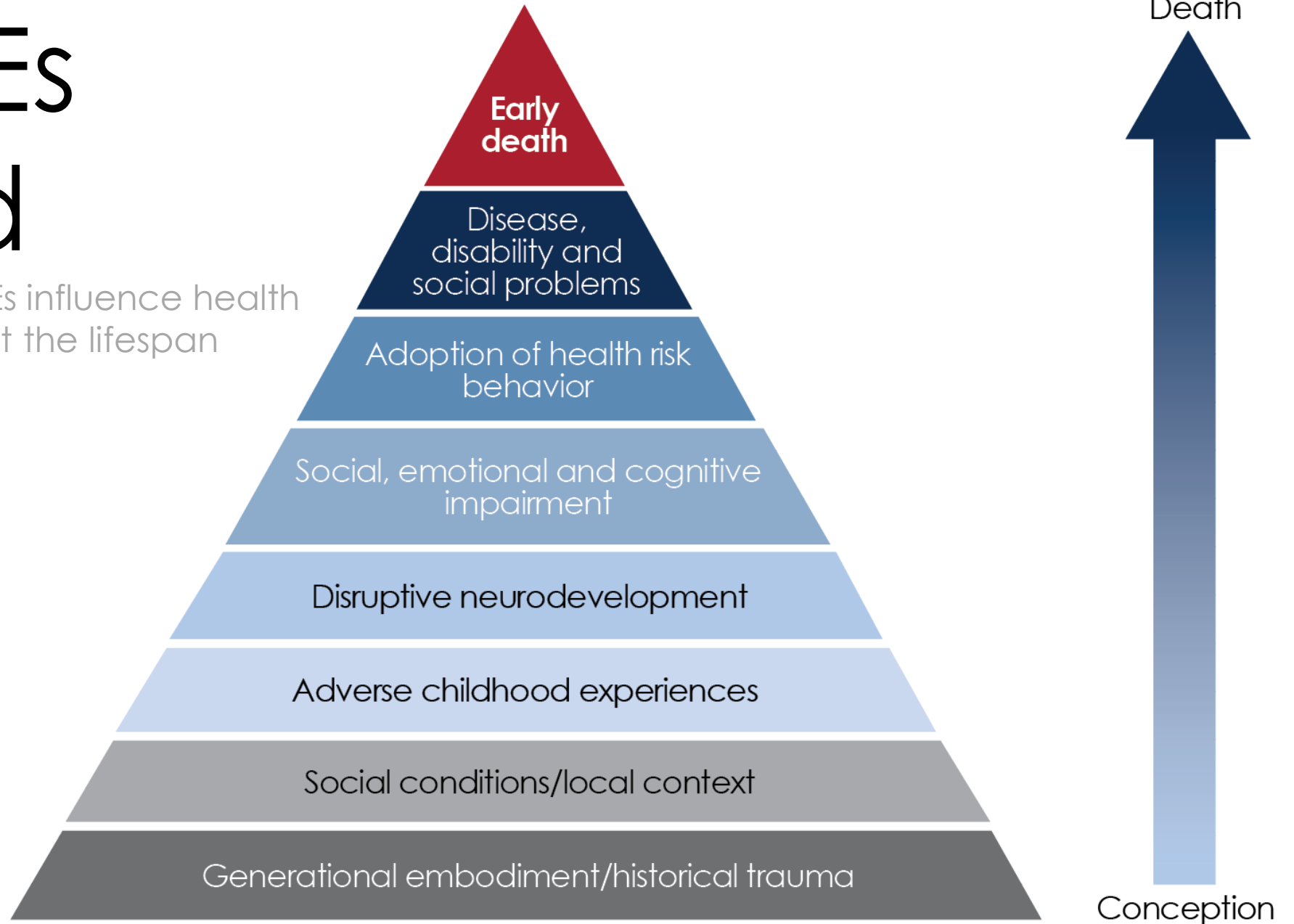
Adverse Childhood Experiences

Abuse	Household challenges	Neglect
• Emotional abuse • Physical abuse • Sexual abuse	• Intimate partner violence • Substance use in the household • Mental illness in the household • Parental separation or divorce • Incarcerated member of the household	• 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

The ACEs pyramid

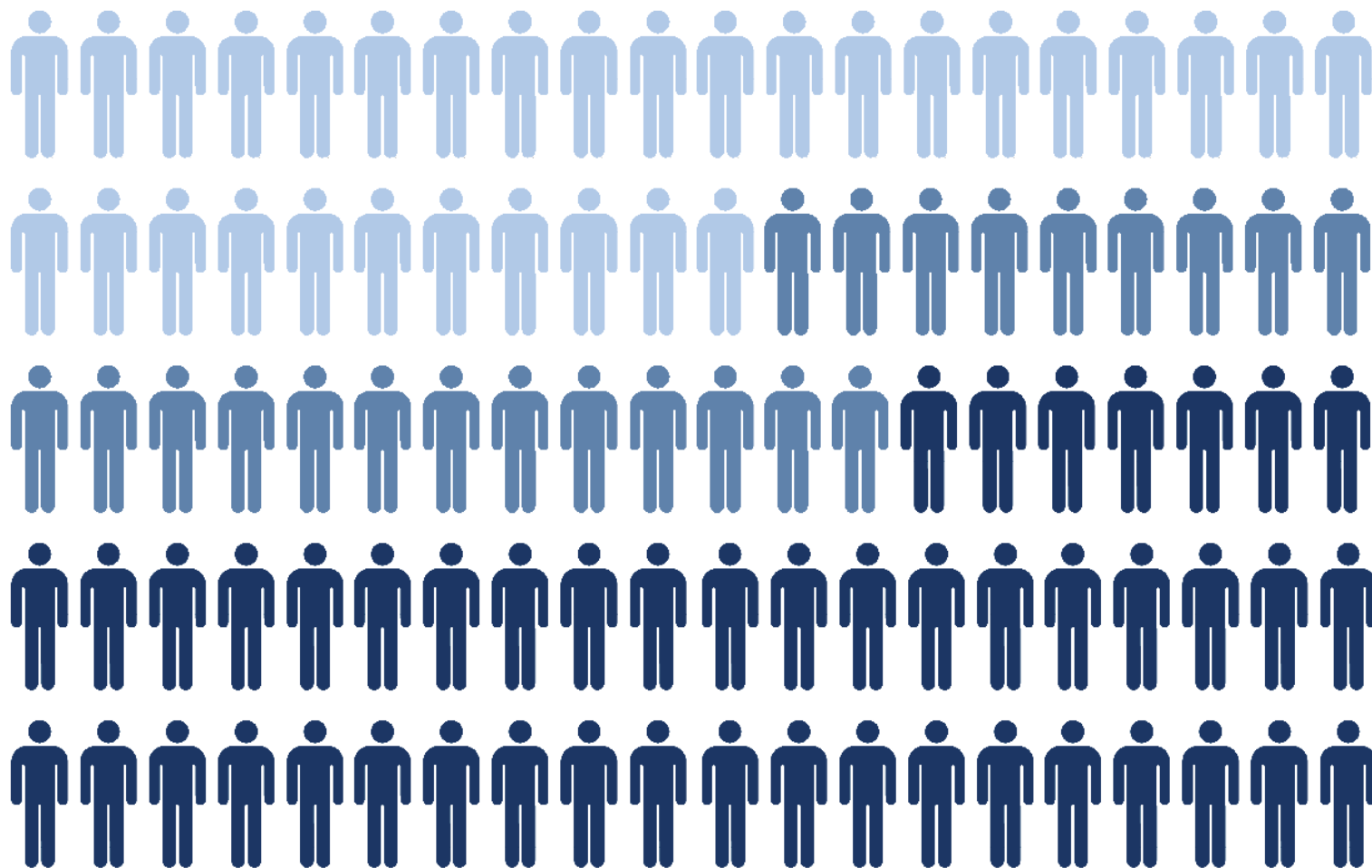
Mechanism by which ACEs influence health and well-being throughout the lifespan



Source: "About the CDC-Kaiser ACE Study." Centers for Disease Control and Prevention. Accessed July 13, 2020.

How many Ohioans have been exposed to ACEs?

Prevalence of ACEs in Ohio, 2021



In 2021, more than two thirds of Ohio adults reported having been exposed to ACEs, and nearly half of all adults reported being exposed to two or more ACEs.

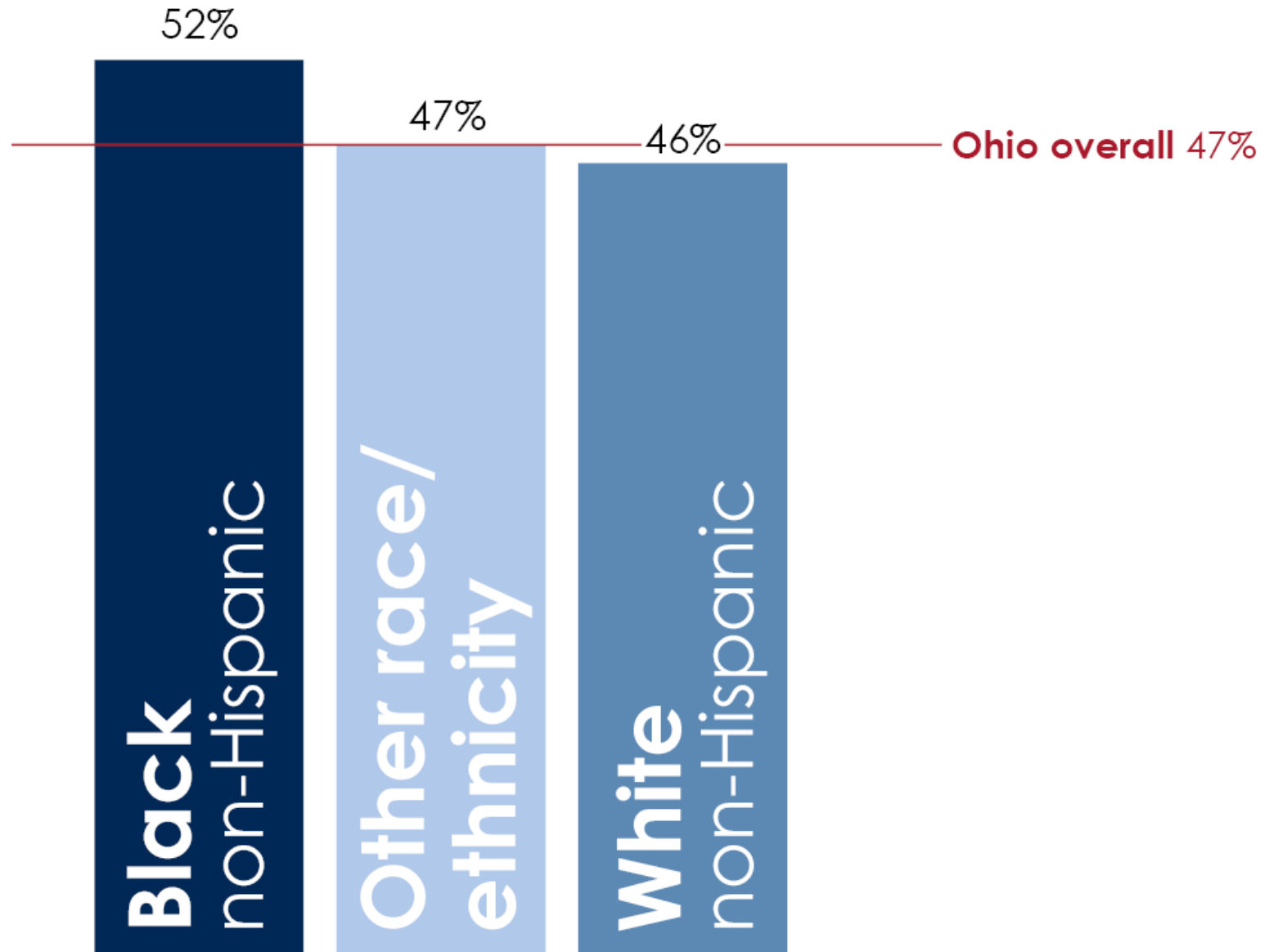
-  = No ACEs (31%)
-  = One ACE (22%)
-  = Two or more ACEs (47%)

Source: 2021 Behavioral Risk Factor Surveillance System, provided by the Ohio Department of Health

Who is most affected by ACEs?

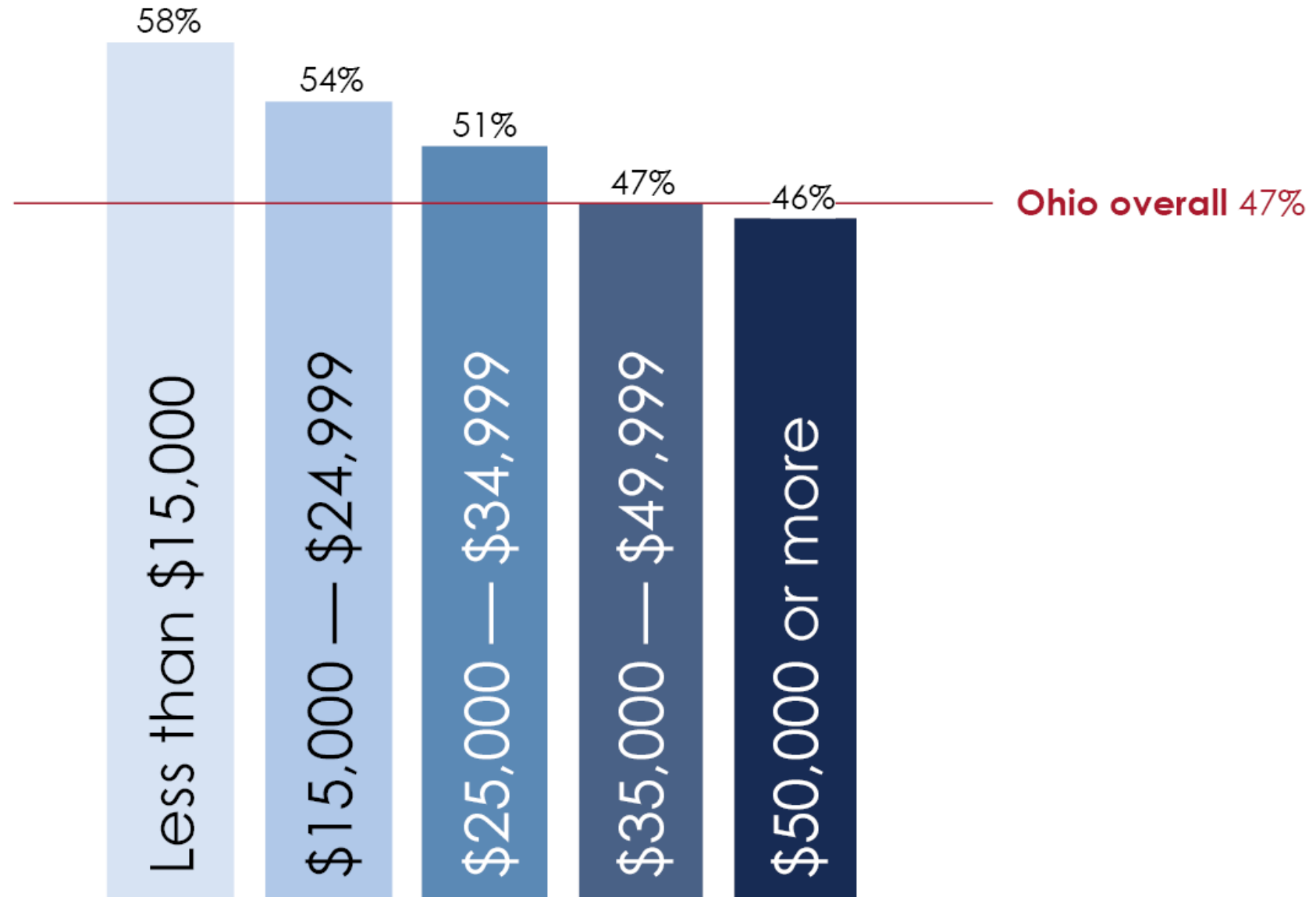
Prevalence of two or more ACEs, by race and ethnicity, 2021

Source: 2021 Behavioral Risk Factor Surveillance System, provided by the Ohio Department of Health



Who is most affected by ACEs?

Prevalence of two or more ACEs, by income, Ohio, 2021

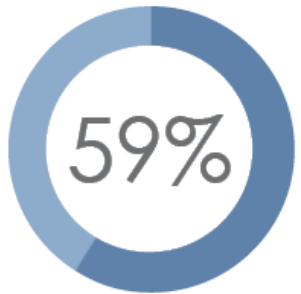


Source: 2021 Behavioral Risk Factor Surveillance System, provided by the Ohio Department of Health

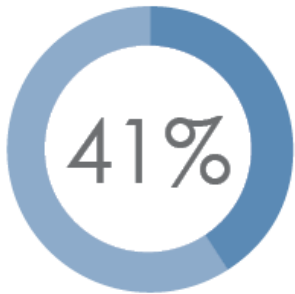
How many Ohioans have been exposed to ACEs?

Prevalence of specific ACEs among adults who report at least one ACE, 2021

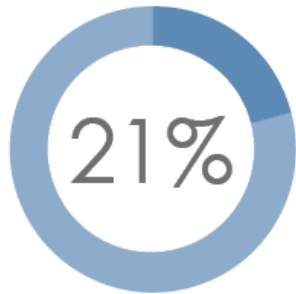
Abuse



59%



41%



21%

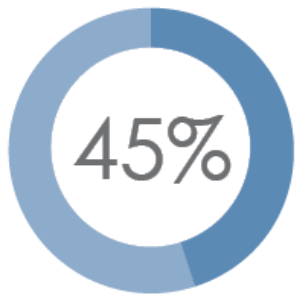
Emotional abuse is the most-common ACE reported among Ohio adults, followed by substance abuse by a household member and divorce/separation of parents.

Emotional abuse

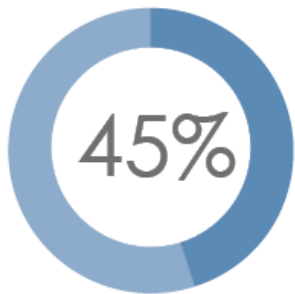
Physical abuse

Sexual abuse

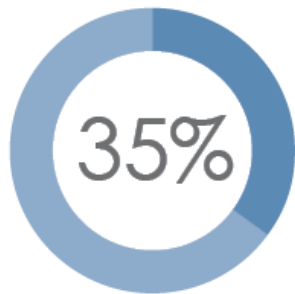
Household problems



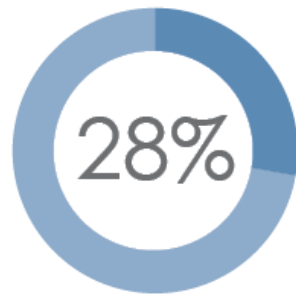
45%



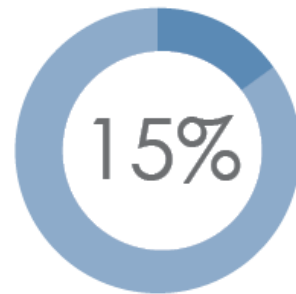
45%



35%



28%



15%

Substance abuse
by a household
member

Divorce/
separation of
parents

Mental illness
of household
member

Domestic
violence

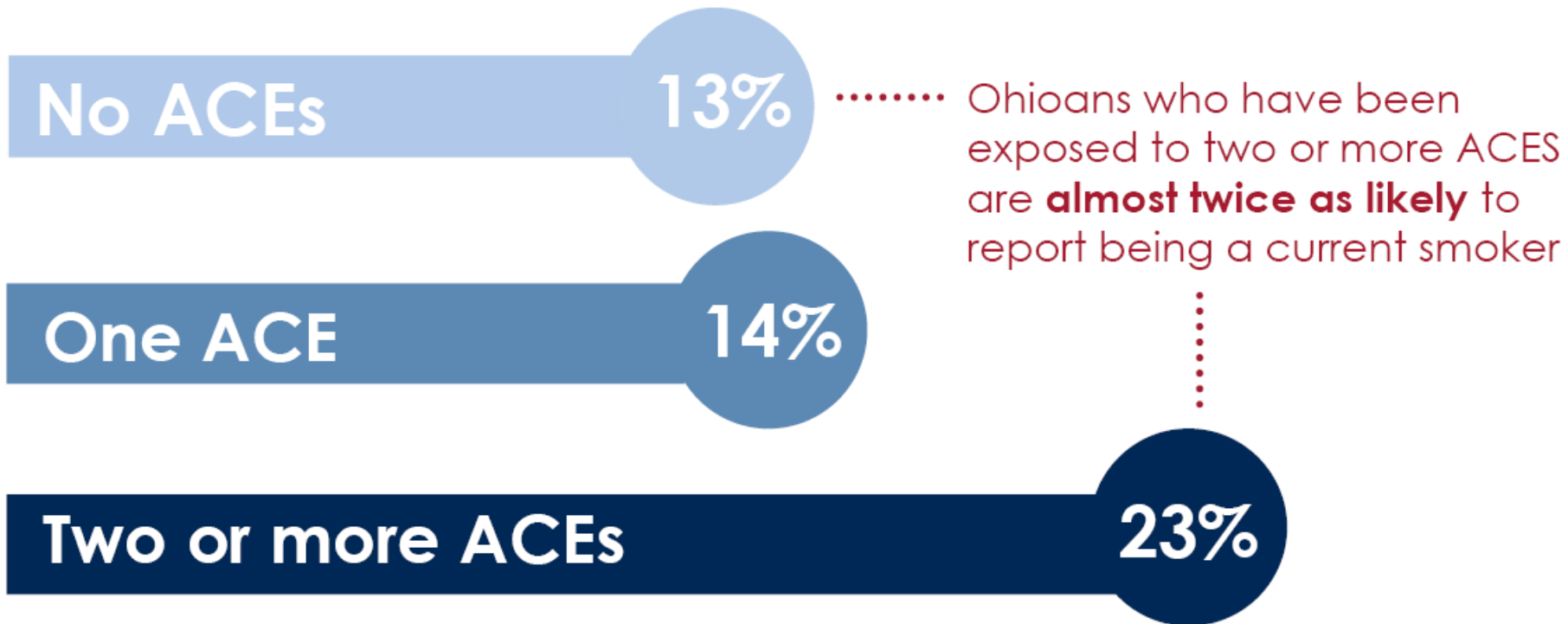
Incarcerated
household
member

Source: 2021 Behavioral Risk Factor Surveillance System, provided by the Ohio Department of Health

How does ACEs exposure impact health?

Prevalence of negative health outcomes (age adjusted), by number of ACEs, 2021

Percent of adults who are current smokers

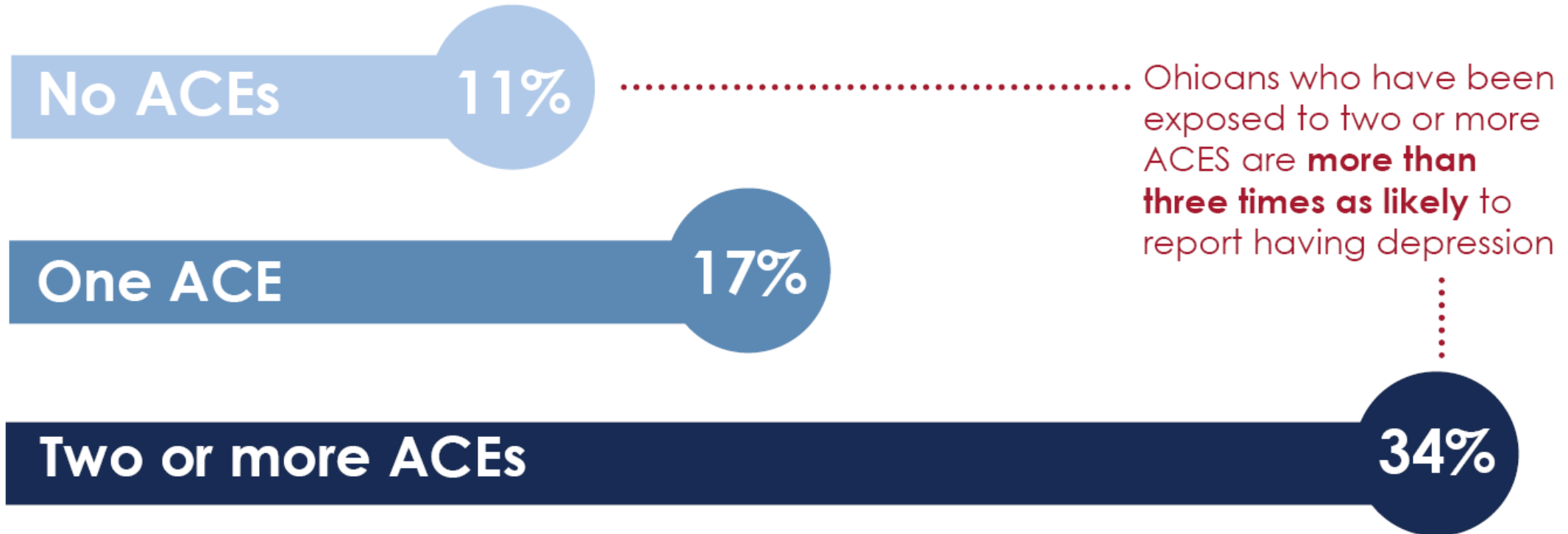


Source: 2021 Behavioral Risk Factor Surveillance System, provided by the Ohio Department of Health

How does ACEs exposure impact health?

Prevalence of negative health outcomes (age adjusted), by number of ACEs, 2021

Percent of adults with depression (ever)



Source: 2021 Behavioral Risk Factor Surveillance System, provided by the Ohio Department of Health

Discussion

How have you seen trauma and ACEs present themselves in your work?

Ohio ACEs Impact Project: Phase I



Health Policy Brief

Adverse Childhood Experiences (ACEs)

Health impact of ACEs in Ohio

08.28.2020

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?

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

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

02.12.2021

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

How do ACEs impact economic costs?	2
Summary of health impacts of ACEs in Ohio	2
What is the economic impact of ACEs in Ohio?	5
Conclusion	10

1

08.20.2021

hpio
health policy institute
of ohio

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

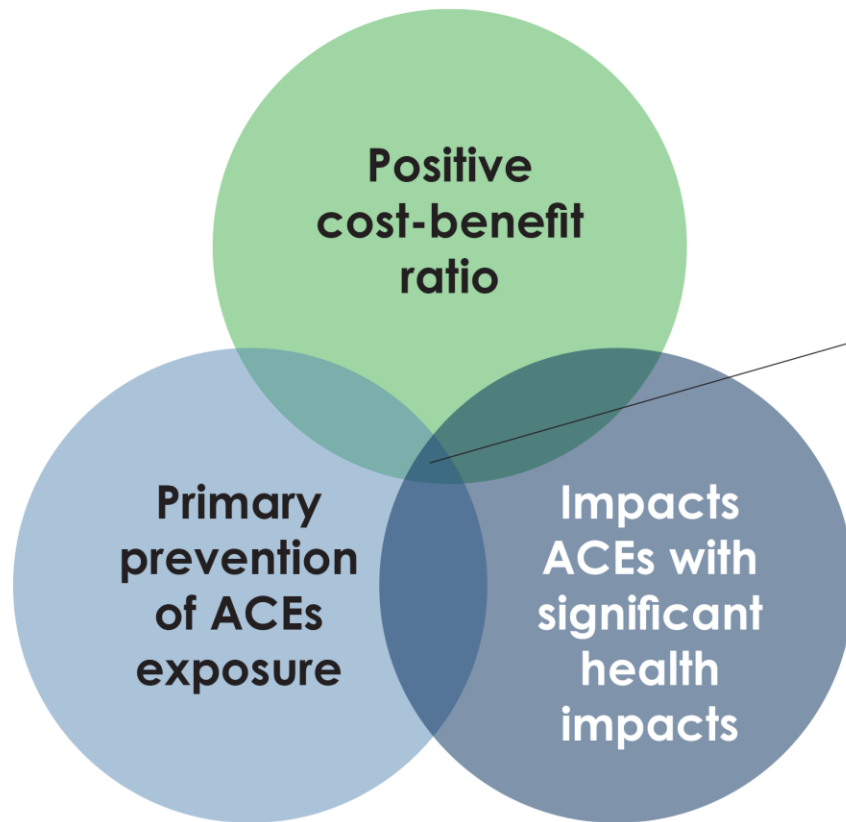
○ = There is evidence that the strategy reduces disparities and inequities.

Note: Additional information on these 12 key strategies, identified through a cost-benefit analysis, can be found on page 9.

1



What strategies can have the largest impact 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.

Risk and protective factors for ACEs

	Risk factors	Protective factors
Community	• Communities with limited education and economic opportunities • Communities with high rates of violence and crime • Communities with easy access to drugs and alcohol	• Communities with healthcare providers • Communities with safe and affordable housing • Communities with high-quality childcare and early childhood education providers
Family and peers	• Caregivers who experienced ACEs as children • Families living in poverty • Caregivers with limited understanding of children's needs or development	• Caregivers who provide safe, stable and nurturing relationships • Families who can meet basic needs • Positive friendships and peer networks
Individual	Children who do not feel they can share their feelings with their caregivers	Children who develop healthy social and emotional skills

Source: Health Policy Institute of Ohio policy brief, "Adverse Childhood Experiences (ACEs): A strategic approach to prevent ACEs in Ohio." Modified from: "Risk and Protective Factors." Centers for Disease Control and Prevention. Accessed May 17, 2021.

Ohio ACEs impact project: Phase II

A closer look at ACEs prevention strategies



Health Policy Brief

Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio

10.07.2022

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

2
This brief

- 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
This brief

- 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

Positive cost-benefit ratio

Primary prevention of ACEs exposure

Affects ACEs with significant health impacts



Health Policy Brief

Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio

10.07.2022

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

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

➤ Connecting youth to caring adults

3
This brief

- Community-based violence prevention
- Drug courts
- Trauma-informed care
- Behavioral health treatment

➤ Promoting social norms that protect against violence and adversity

➤ Intervening to lessen immediate and long-term harms

Positive cost-benefit ratio

Primary prevention of ACEs exposure

Affects ACEs with significant health impacts

Strategies we will discuss

- Early childhood education
- School-based violence prevention programs
- Social and emotional instruction
- Mentoring programs
- Trauma-informed care
- Behavioral health treatment

Early childhood education



Reach of publicly funded early childhood education programs in Ohio

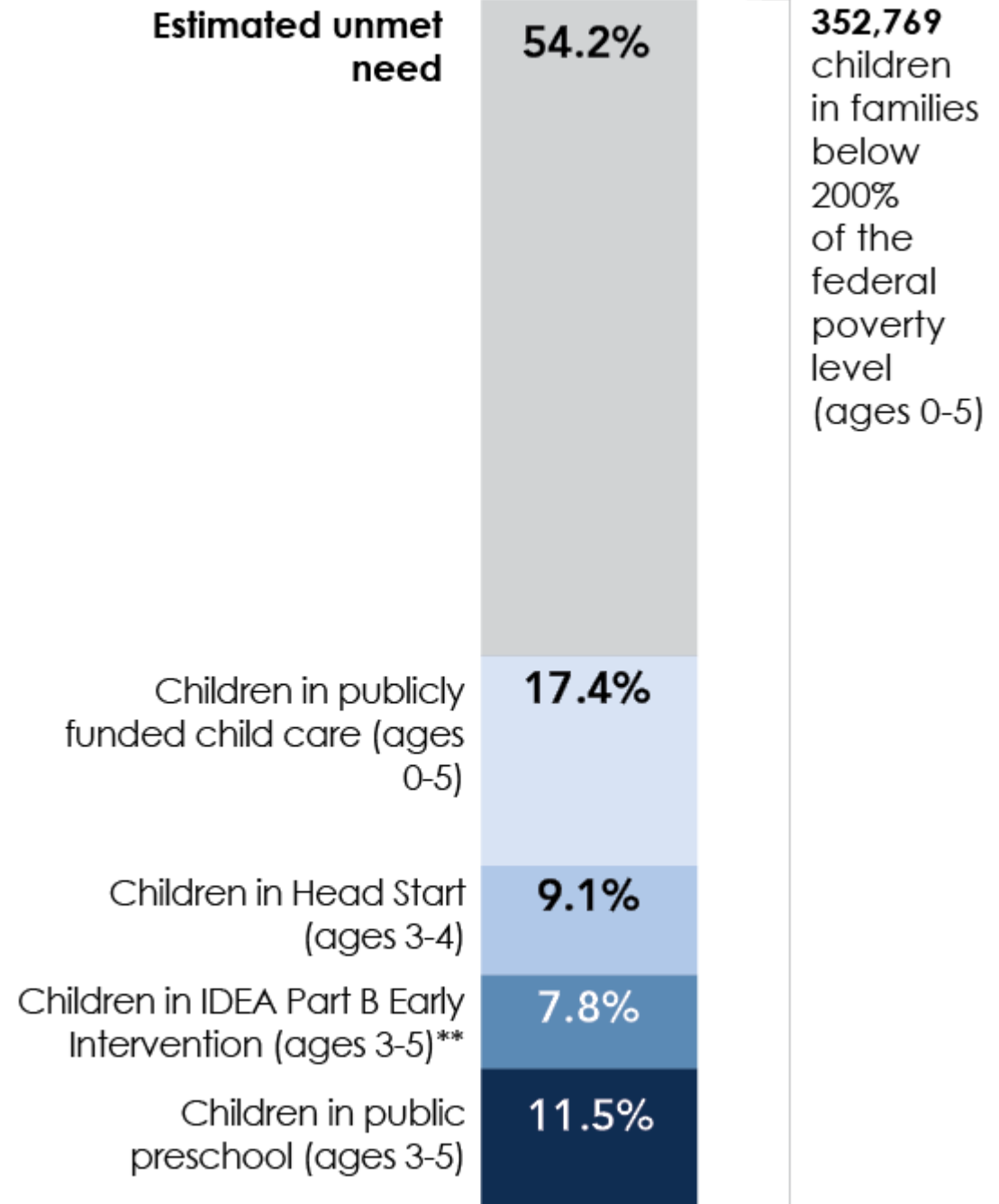
2019-2021*

*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)



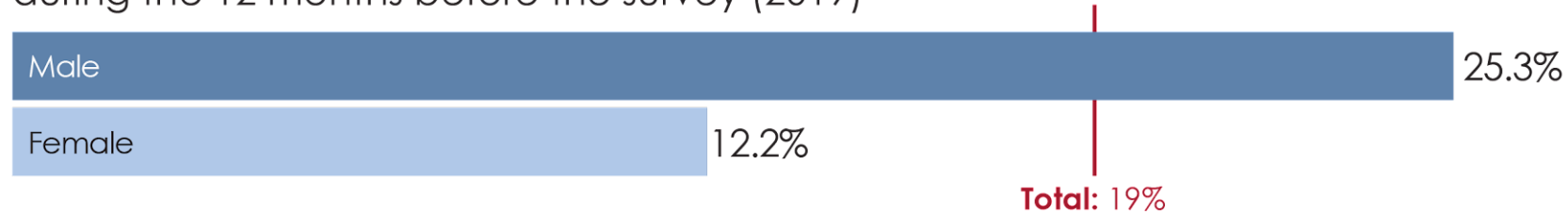
School-based violence, bullying and intimate partner violence prevention programs



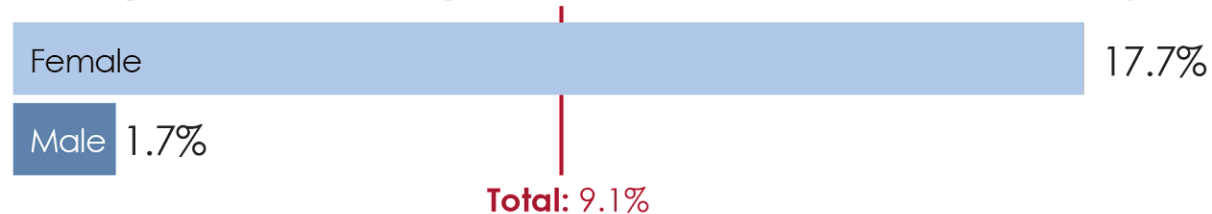
Percent of Ohio high school students experiencing violence or bullying

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

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

Social and emotional instruction



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

second
step®

Mentoring programs



Photo credit: Dayton Daily News



**Big Brothers
Big Sisters®**

GREATER CINCINNATI

Trauma-informed care

Possible effects of trauma

Among other effects, trauma exposure can lead to an inability to:

- Cope with normal stresses of daily life
- Form trusting relationships
- Manage cognitive processes, such as memory, attention and thinking
- Regulate behavior or control the expression of emotions

Trauma-informed care

- **Realizes** the widespread impact of trauma and possible plans for recovery
- **Recognizes** the signs and symptoms of trauma
- **Responds** by integrating science and knowledge into policies and practices
- **Resists** re-traumatization by avoiding practices that may replicate trauma

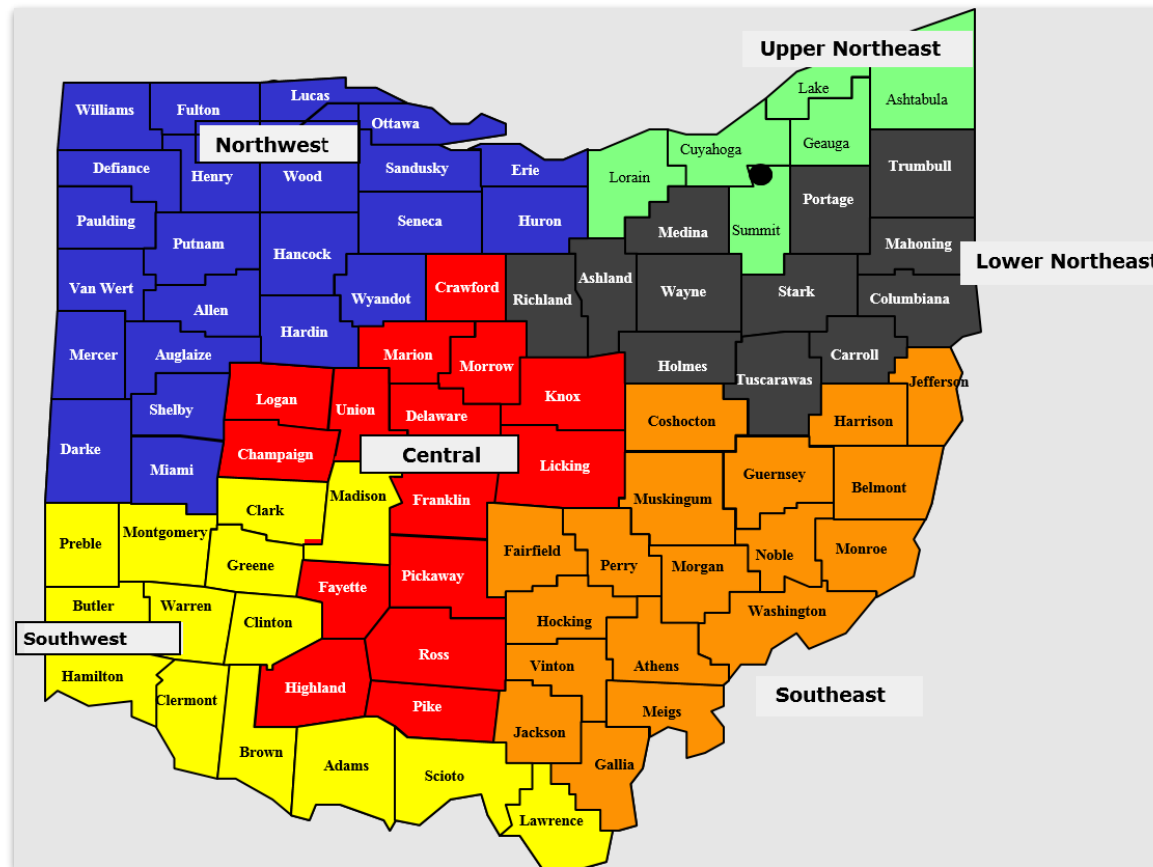
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Trauma Informed Care Certificate

With the implementation of the Family First Prevention Services Act (Family First), Ohio can better respond to trauma in children and their families. Adverse Childhood Experiences (ACEs) and developmental trauma are highly correlated with serious emotional problems, substance abuse, an increased likelihood of becoming a victim of sexual assault or domestic violence, chronic disease and disability, mortality, increased health care costs, social and work performance

Regional Trauma-Competent Care Collaboratives



Handle With Care



Photo credit: The Times Leader

Trauma-informed schools

- Culture and environment are created where students feel physically, socially and emotionally safe
- Building connections and relationships is prioritized
- All members of the school community undergo trauma training



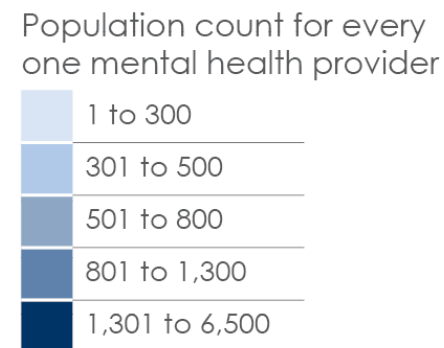
Photo credit: The Atlantic
2018 story featuring Ohio Avenue Elementary School in Columbus

Behavioral Health Treatment

Photo credit: Washington Post
2023 story featuring Nelsonville-York City Schools



by county, 2023



Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps. 2023.

Executive Summary

The Behavioral Health Workforce Roadmap outlines the plan for implementation of initiatives to address workforce challenges in Ohio. These initiatives were developed with the Advisory Council and summarized in the Synthesis Report.



Initiative Prioritization and Refinement

Initiative Prioritization

- Defined 79 opportunities within 10 solution categories with cultural competency considerations in the Synthesis Report
- Advisory Council members prioritized 24 initiatives through a rank order survey

Initiative Refinement

- Refined each initiative's objective, key actions, stakeholders, funding, and timeline in collaboration with Advisory Council
 - During this process, 3 initiatives were merged, resulting in 22 final initiatives
- Sequenced initiatives by State Fiscal Year (SFY) across a total of 4 years, in consideration of initiative dependencies



Roadmap Development

SFY 24 - 25

(July 2023 – June 2025)

- Included 15 Initiatives:
 - 4 to Increase Awareness
 - 5 to Support Recruitment
 - 4 to Incentivize Retention
 - 2 to Support Contemporary Practice

SFY 26 – 27

(July 2025 – June 2027)

- Included 7 Initiatives:
 - 1 to Increase Awareness
 - 1 to Support Recruitment
 - 2 to Incentivize Retention
 - 3 to Support Contemporary Practice

The actual timing and execution of these opportunities is **dependent on available resources, funding, strategic decisions, and existing initiatives** within Ohio. Final decisions about which projects to implement and the timing of those projects is left to OhioMHAS discretion.



Center for School-Based Mental Health Programs

The Center for School-Based Mental Health Programs (CSBMHP) in the Department of Psychology at Miami University is committed to ongoing applied research, pre-service education of future clinicians, in-service training of educators and mental health professionals, and direct clinical and consultative service to school districts and community partners

QUICK LINKS

[Meet our Faculty and Staff](#)[Professional Services and Mental Health Network](#)

Action steps to ensure strategies reach the most at-risk children

- **Authentically engage** communities most at risk for ACEs exposure
- Understand **current and historical community context** that may bolster or impede efforts to address ACEs
- Ensure **resources are allocated and strategies are adapted, tailored and implemented** to advance the health of at-risk children
- Reduce **participation or engagement barriers** (e.g., childcare, transportation, cultural/linguistic or accessibility barriers)
- **Evaluate** how a policy or program was implemented and whether it was effective in eliminating disparities and inequities

Discussion

Which policy or program option that we've discussed today would have the biggest impact on improving children's health in Ohio?

Questions?

Contact information



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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



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Thank you