

OPHA Connections:

Bridging Public Health Science & Practice

RESEARCH-TO-PRACTICE WEBINAR SERIES

The Prevalence of Adverse Childhood Experiences in Ohio: Changes from 2015 to 2019

OHIO JOURNAL OF PUBLIC HEALTH VOL 6. NO. 2



**Department of
Mental Health &
Addiction Services**



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WELCOME

Angela DeJulius, MD, MPH

Immediate Past President, Ohio Public Health Association



THE OHIO PUBLIC HEALTH ASSOCIATION

- Connecting the Voices of Public Health in Ohio
 - Advocacy: Promoting policies that advance public health investments and health equity
 - Professional Development: Investing in our current public health workforce
 - Workforce Development: Engaging students and early career professionals
 - Awareness: Promoting public health – working in partnership to improve understanding of the role of public health in the lives of all Ohioans
- ***Ohio Journal of Public Health***, in partnership with Prognosis Ohio, publishing Ohio-based, public health research
- Public Health Professional Services: matching public health professionals with temporary/part-time assignments
- Join us! www.ohiopha.org

PREVALENCE OF ADVERSE CHILDHOOD EXPERIENCES IN OHIO:

CHANGES FROM 2015-2019

Geoffrey Carney-Knisely, PhD

Kraig J. Knudsen, PhD, MSW, MPH

Jessica Linley, PhD, MSW, LSW



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OUTLINE

- ACEs-What are they?
- The impact of ACEs
- Methodology
- Results
- Implications for public health policy and programming
- Using high quality publicly available data in public health practice

ADVERSE CHILDHOOD EVENTS: WHAT ARE THEY?

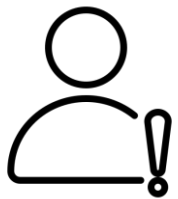
Abuse



Physical

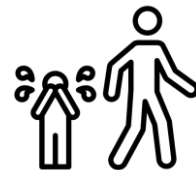


Emotional



Sexual

Neglect



Physical



Emotional

Household Dysfunction



Mental Illness



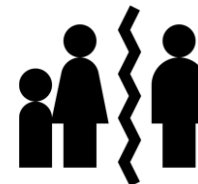
Incarceration



Domestic Violence



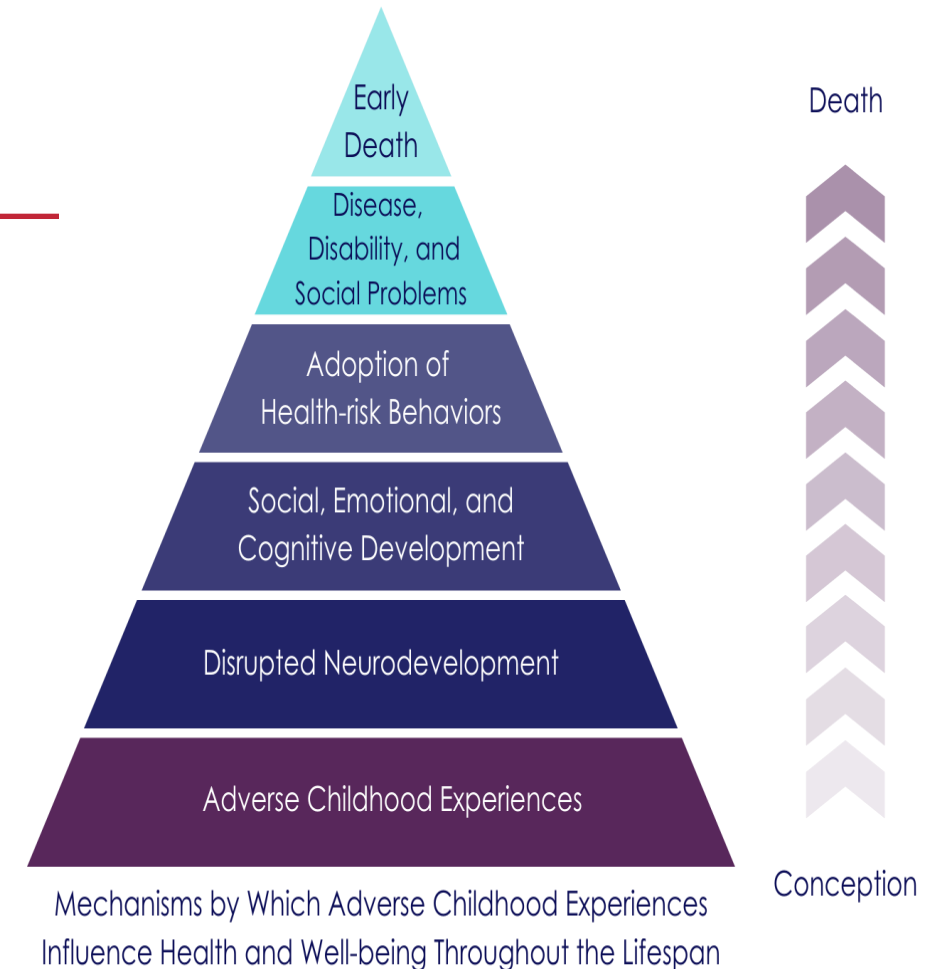
Substance Misuse



Parental Separation

THE IMPACT OF ACES

- National studies have found:
 - 67% of the population has at least one ACE
 - 12.5% of the population has more than 4
- The higher the number of ACEs a person has the higher your chances of :
 - Impaired neurological development
 - Lower academic performance
 - Exclusion from school
 - Increased risk of anti-social behavior
 - Increased risk of poor health
 - Increased risk of socioeconomic problems
 - Increased risk of health problems
 - Increased risk of death



STUDY METHODOLOGY: STUDY OBJECTIVES

- Describe the distribution and patterning of ACEs in Ohio by sociodemographic factors
- Quantify the relationship of ACEs with:
 - Health conditions
 - Health behaviors
 - Subjective well-being
 - Health care access
 - Health care utilization



STUDY METHODOLOGY: SURVEY AND SAMPLE

- 2015 and 2019 Behavioral Risk Factor Surveillance System (BRFSS)
 - Collaboration between the Ohio Department of Health and the CDC that tracks health conditions and behaviors associated with the major causes of preventable mortality
 - Only included Ohioans aged 18 or older who completed the ACE module
 - 2015 (N = 6,724), 2019 (N = 7,523)
 - Racially and socioeconomically representative



RESULTS: ANALYTIC HIGHLIGHTS

- Descriptive statistics of the distribution of each ACE category by demographic factors (sex, age, race, education, income, employment, insurance)
- Logistic regression models to quantify the relationship of ACEs with:
 - health conditions, health behaviors, and subjective well-being
 - healthcare access and utilization

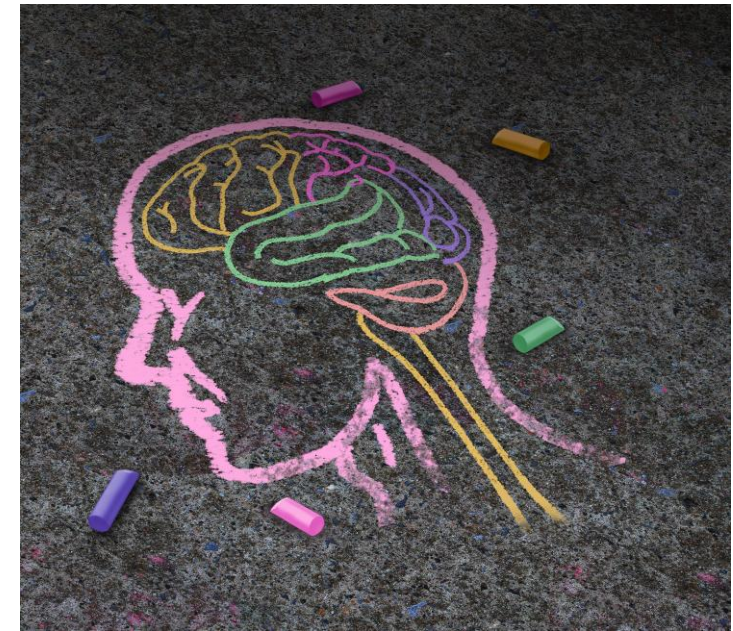


RESULTS: KEY FINDINGS

- 68.7% of Ohioans reported any ACE in 2019 (62.2% in 2015)
- Higher education level, higher income, and male gender are associated with fewer ACEs
- Women were more likely than men to experience specific ACEs categories:
 - Sexual abuse (17.7% vs 8.1%)
 - Family member with mental illness (23.9% vs 16.4%)
- Black Ohioans were more likely to report a family member in prison

RESULTS: KEY FINDINGS

- No relationship with most physical health conditions
- Strongly associated with binge drinking, heavy drinking, or smoking
- Dose-response relationship with poor mental health and depression
 - 4 times the odds (3 ACEs); 8 times the odds (≥ 5 ACEs)
- Any ACE was associated with decreased access or utilization of healthcare



RESULTS: LIMITATIONS

- BRFSS
 - Cross-sectional survey
 - Subject to recall bias
 - Self-reporting
 - Telephone survey
- ACEs
 - Inclusion of Positive Childhood Experiences
 - Potentially mitigate the effect of ACEs



DISCUSSION: IMPLICATIONS FOR PUBLIC HEALTH POLICY AND PROGRAMMING

- Social Determinants of Health
 - The demographic patterns discovered in our study point to an association between social determinants of health and the experience of childhood adversities.
 - Research demonstrates that preventative interventions can improve adult and family health and wellbeing.



DISCUSSION: IMPLICATIONS FOR PUBLIC HEALTH POLICY AND PROGRAMMING

- Public Health Direct Services
 - Assessment for ACEs
 - The majority of individuals interacting with public health will have experienced at least one ACE.
 - Incorporate assessment for ACEs where appropriate and helpful.
 - Curriculum and Programming
 - Seek out trauma-informed curricula for services.
 - Obtain training on trauma-informed care to ensure positive patient and staff interactions.
 - Prevention
 - Tertiary prevention as primary prevention: Helping parents to prevent harm to children.

DISCUSSION: IMPLICATIONS FOR PUBLIC HEALTH POLICY AND PROGRAMMING

- Evidence and Research
 - Seek to establish an evidence base for trauma-informed public health programs.
 - Participate in a wider discussion on role of screening for and addressing ACEs in public health.
 - Engage in further research on relevant topics.
- **References Mentioned**
 - Julianne Ballard, J., Turner, L., Cuca, Y. P., Lobo, B., & Dawson-Rose, C. S. (2022). Trauma-Informed Home Visiting Models in Public Health Nursing: An Evidence-Based Approach. *American Journal Public Health, Supplement 3, Vol 112, No. S3*.
 - Dube, S., R. (2018). Continuing conversations about adverse childhood experiences (ACEs) screening: A public health perspective. *Child Abuse and Neglect, 85*, 180-184.



DISCUSSION: USING HIGH QUALITY PUBLICLY AVAILABLE DATA IN PUBLIC HEALTH PRACTICE

COMMON USES:

1. COLLECTS DATA THAT IS NOT READILY AVAILABLE IN ADMINISTRATIVE HEALTH FILES.
2. CAN BE USED TO ASSESS THE PERFORMANCE OF A HEALTH CARE SYSTEM ACROSS SOCIODEMOGRAPHIC AND ECONOMIC GROUPS.
3. CAN INFORM THE DEVELOPMENT OF PUBLIC HEALTH PROGRAMMING.
4. PROVIDES UP-TO-DATE SNAPSHOT OF POPULATION HEALTH AND AREAS OF NEED.
5. IS ONE OF THE TOOLS USED FOR DATA-DRIVEN DECISION MAKING.



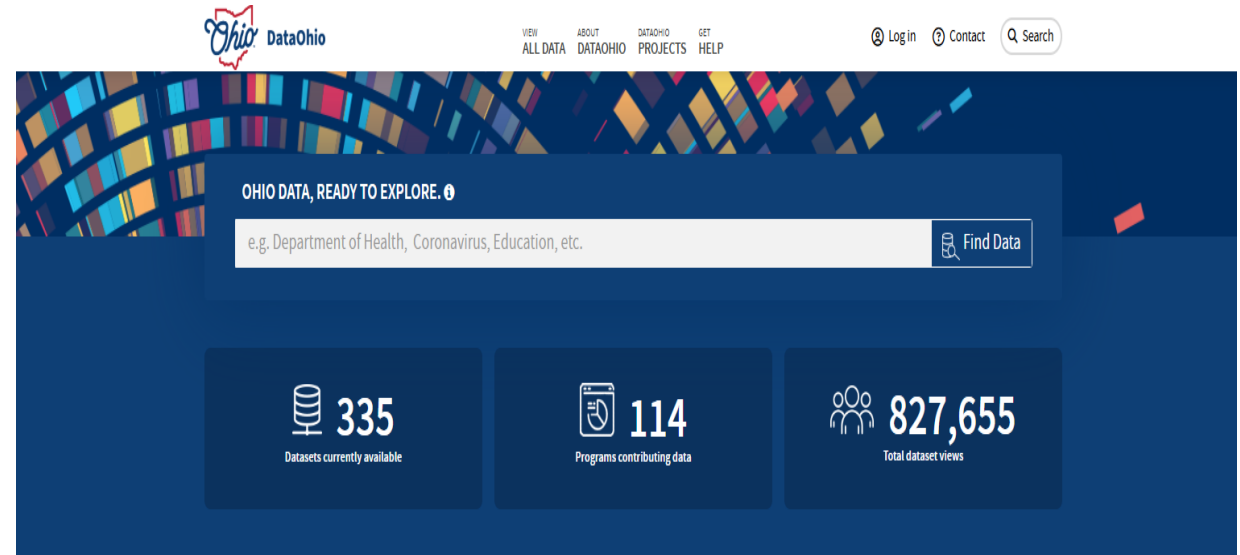
DISCUSSION: USING HIGH QUALITY PUBLICLY AVAILABLE DATA IN PUBLIC HEALTH PRACTICE – *DATA OHIO PORTAL (DAP)*

Data Ohio Portal:

- The DataOhio Portal displays public datasets.
- If needed, it can help facilitate the request, approval and delivery of secured datasets.
- Provides users the ability to easily browse and view data through dashboards and reports.
- Allows the public to access information with transparency and ease.
- Each dataset provides state and local leadership, policymakers and communities with new insights which can be used to facilitate solutions to community and public health issues.

DATA PORTAL URL:

<https://data.ohio.gov/wps/portal/gov/data/>



Featured Datasets



Made With Ohio Data



DISCUSSION: USING HIGH QUALITY PUBLICLY AVAILABLE DATA IN PUBLIC HEALTH PRACTICE – OHIOMHAS DATA PRODUCT FINDER

PRODUCT FINDER:

1. Location of different dashboards and reports
2. Description of the data
3. Format of data (dashboard, static report, etc...)
4. Update frequency
5. Lowest level of geography available from source
6. Organization responsible for data and visualizations
7. Behavioral Health topic

PRODUCT FINDER DASHBOARD URL

<https://analytics.das.ohio.gov/t/MHAPUB/views/DataResourceFinder/DataTOC?%3Aembed=y&%3AisGuestRedirectFromVizportal=y>

Ohio Mental Health and Addiction Services' Data Product Finder



The resource finder below provides information on available data products related to behavioral health. Using the filters, the data products can be filtered by name, format, update frequency, lowest level of geography, source organization, and topic. Hover over the arrow to get details on the data product. Click on the item or the arrow to open the data product in a new window. Have fun exploring!



Number of Data Products

54

Data Product	Format	Update Frequency	Lowest Level of Geography	Organization	Topic
(All)	(All)	(All)	(All)	(All)	(All)

Data Product	Description	
988 Suicide and Crisis Lifeline Data Dashboard	This dashboard displays data on Calls received by Ohio Call Centers to the 988 Suicide & Crisis Lifeline in the past 12 months.	→
1115 SUD Waiver Monitoring	Over a five year demonstration period, project expands efforts to implement models of care focused on increasing support for individuals in the community and home — outside of institutions — and improves access to a continuum of high-quality, evidence-based SUD services. This continuum of care is based on the American Society of Addiction Medicine criteria that reflects nationally recognized clinical treatment guidelines.	→
Access to Wellness	Access to Wellness funds: allocation by ADAMH Board and time period. Access to Wellness is a project that leverages existing resources and partnerships to develop a supportive system for individuals with mental illness who have experienced frequent psychiatric hospitalizations and often present within multiple systems.	→
Alcohol Use and Cancer in Ohio Report	The purpose of this report is to describe alcohol-associated cancers in Ohio. Specifically, this report details demographic differences and trends in Ohio incidence and mortality rates of alcohol-associated cancers. In addition, demographic and socioeconomic differences in binge drinking in Ohio are highlighted.	→
Annual Consumer Survey	The Annual Mental Health Consumer Survey is a statewide survey that is completed every year to gauge consumer satisfaction with behavioral health services across the state of Ohio. This survey is distributed to thousands of adult consumers and adult caregivers of youth consumers (under 18) every year. The results are used to create longitudinal reports that show changes in consumers' perception of services over time.	→
Behavioral Risk Factor Surveillance System (BRFSS)	Prevalence estimates by sex, age, race/ethnicity, annual household income, education, and region for a variety of health indicators.	→
Census: American Community Survey (ACS)	The American Community Survey (ACS) collects similar data to the decennial Census, but it is a random sample survey that is conducted annually to provide information about the social and economic needs of communities. The ACS releases new data every year through a variety of data tables that you can access with different data tools. Data Profiles contain the most popular social, economic, housing, and demographic data for a single geographic area.	→

Last Updated: 12/13/2024 2:08:28 PM / Available Datasets / QPR

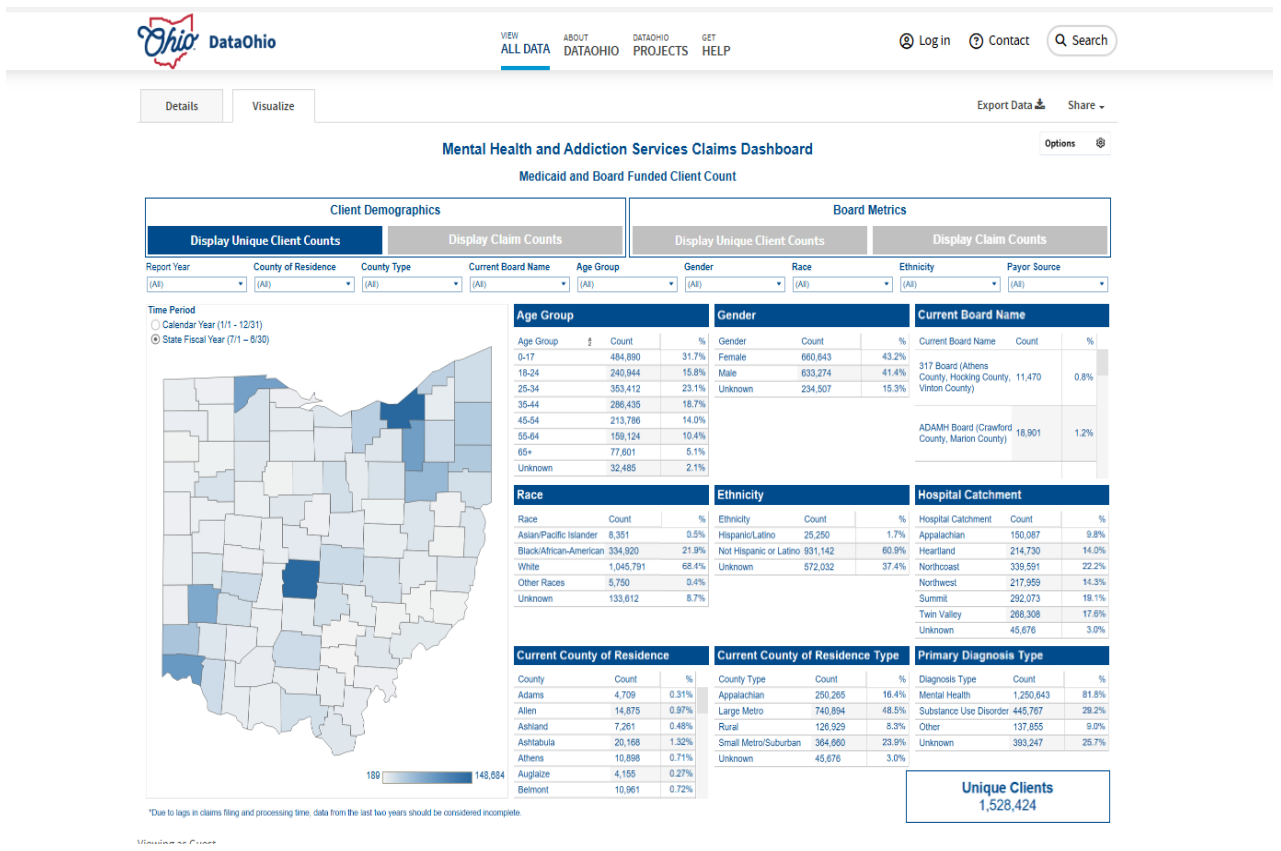
DISCUSSION: USING HIGH QUALITY PUBLICLY AVAILABLE DATA IN PUBLIC HEALTH PRACTICE – BEHAVIORAL HEALTH MEDICAID CLAIMS

Behavioral Health Medicaid Claims:

- 1. Unique Client Counts
- 2. Client Claims by type of service
- 3. Information broken down by demographic categories or by regional Ohio Alcohol, Drug Addiction, and Mental Health Services Board.
- 4. County shaded maps based on claims
- 5. Demographic profiles of persons receiving Medicaid behavioral health services

BEHAVIORAL HEALTH MEDICAID DASHBOARD URL:

<https://data.ohio.gov/wps/portal/gov/data/view/mental-health-and-addiction-services-claims-dashboard>



THANK YOU FOR LISTENING!! QUESTIONS?



Thank you to our presenters!

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Closing Remarks

Kelly Morris, MPH, RN, BSN
President, Ohio Public Health Association

- Thank you – The Ohio State University College of Public Health and the Ohio Department of Health and our presenters!
- Complete the Evaluation (required for CE credit)
- Visit the Ohio Journal of Public Health (OJPH.org) to learn more about Ohio-based public health research
- Look for our next webinar in September/October 2025



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