Adverse childhood experiences (ACEs) have been found to have a direct and synergistic impact on the healthy development and lifelong health of individuals. ACEs evaluated in prominent studies include experiences ranging from extreme poverty, family problems, to experiencing violence, abuse, and discrimination.

<table>
<thead>
<tr>
<th>Adverse Child or Family Experiences (ACEs) Items</th>
<th>Warren</th>
<th>Ohio</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent served time in jail</td>
<td>5.9%</td>
<td>10.1%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Treated or judged unfairly due to race/ethnicity</td>
<td>3.5%</td>
<td>3.9%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Extreme economic hardship</td>
<td>16.7%</td>
<td>26.7%</td>
<td>25.7%</td>
</tr>
<tr>
<td>Has been a victim/witness of neighborhood violence</td>
<td>7.1%</td>
<td>12.5%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Witnessed domestic violence in the home</td>
<td>5.2%</td>
<td>8.4%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Has lived with someone who was mentally ill/suicidal</td>
<td>8.0%</td>
<td>10.6%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Family disorder leading to divorce/separation</td>
<td>18.8%</td>
<td>22.8%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Death of parent</td>
<td>2.5%</td>
<td>4.0%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Has lived with someone who had an alcohol/drug problem</td>
<td>9.4%</td>
<td>11.9%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Child had &gt;1 ACEs (1/more of above items)</td>
<td>38.8%</td>
<td>50.9%</td>
<td>47.9%</td>
</tr>
</tbody>
</table>

Even decades after ACEs have occurred, studies demonstrate a strong dose-response effect between the experience of ACEs and adult health. Burgeoning neuroscience, biologic, epigenetic and social psychology studies reveal potential mechanisms for this enduring impact. Promising methods to promote resilience and prevent or ameliorate the impact of ACEs are also evolving rapidly and focus on developing resilience and safe, stable, nurturing relationships in the home and community.

Many studies on ACEs have been retrospective in nature, asking adults to recall their childhood experiences and then examining the prevalence of various chronic conditions and economic outcomes. The recent 2011/12 National Survey of Child’s Health (NSCH) now provides a first ever profile of ACEs among US children ages 0-17 years (Table 1).

Note: Adverse Childhood Experiences (ACEs) is a composite measure that includes items listed in Table 1.
Ohio ACEs Profile
For Children 0-17 years old

Warren County  Butler County  Clermont County  Hamilton County  Ohio

Improve the % of kids who live in communities that feel...
Safe: 94.2%  90.4%  92.8%  85.3%  88.3%
Supportive: 88.4%  84.4%  86.5%  79.5%  82.2%

Improve the % of kids (6-17 yrs) who are...
Engaged in school: 80.7%  78.0%  79.0%  73.4%  76.3%
Repeated a grade: 5.9%  8.6%  8.2%  10.4%  10.8%

Improve the % of kids who have an adequate Medical Home:
64.2%  59.2%  61.6%  56.6%  57.1%

Improve the system of care for kids with...
Chronic conditions: 21.2%  22.0%  21.7%  24.9%  22.9%
Chronic mental health problems: 7.5%  8.1%  7.9%  9.4%  9.2%

Cultivate positive traits - like kids who show resilience (6-17 yrs):
70.1%  66.5%  68.5%  62.8%  64.3%

Measures for kids 0-17 yrs. old:
- Community is usually/always safe.
- Lives in a supportive neighborhood.
- Child has a Medical Home defined as comprehensive, coordinated, family-centered care.
- Child has a special health care need lasting 12 months or longer (shown as “chronic conditions”).
- Child has an emotional/behavioral/developmental problem lasting 12 months or longer (shown as “chronic mental health problems”).

Measures for kids 6-17 yrs. old:
- Child is usually/always engaged in school.
- Child has repeated a grade.
- Child usually/always stays calm & in control when faced with a challenge (shown as “resilience”).

Building resilience and safe, stable, nurturing relationships is key!

History is not Destiny
This involves all of us...

Fact #1
Among children with any ACE, those who witnessed neighborhood violence were least likely to have a protective home environment, an adequate medical home, and to be engaged in school.*

Fact #2
Among kids with ACEs, those who do not have a family-centered medical home are 41% less likely to be engaged in school, 55% more likely to repeat a grade, and are 41% less likely to exhibit resilience.*

Fact #3
School performance goes hand-in-hand with ACEs. Compared to school-aged kids with 2+ ACEs, those with no ACEs are 1.3 times more likely to be engaged in school & 3 times less likely to repeat a grade.*

Fact #4
Resilience can be learned and buffers the negative impacts of ACEs. Among kids with 2+ ACEs, those who show resilience are much more likely to be engaged in school & less likely to repeat a grade.*

Fact #5
Kids with ACEs are more likely to have chronic health problems & to have parents with poor health. For instance, those with 2 or more ACEs are 2 times more likely to have chronic conditions, and 5 times less likely to have a mother in good health.*

Abbreviations: ACEs = Adverse Childhood Experiences.
Based on children with special health care needs (CSHCN) screener; CSHCN screener qualifying item about emotional, behavioral, developmental problems.
* Even after adjustment for chronic conditions (when it’s not the outcome), socio-economic & demographic characteristics, differences are statistically significant.