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 1.1

Even decades after ACEs have occurred, studies demonstrate a strong dose-response effect between the experience of ACEs and adult health.2 Burgeoning neuroscience, biologic, epigenetic and social psychology studies reveal potential mechanisms for this enduring impact.3 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.4

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 Children’s Health (NSCH) now provides a first ever profile of ACEs among US children ages 0-17 years (Table 1).

Table 1. Local and National Level Prevalence of Adverse Childhood Experiences Items Among Children, Age 0-17 yrs.

<table>
<thead>
<tr>
<th>Adverse Child or Family Experiences (ACEs) Items</th>
<th>Cincinnati</th>
<th>Ohio</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extreme economic hardship</td>
<td>30.5%</td>
<td>26.9%</td>
<td>25.7%</td>
</tr>
<tr>
<td>Family disorder leading to divorce/separation</td>
<td>20.4%</td>
<td>22.7%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Has lived with someone who had an alcohol/drug problem</td>
<td>11.8%</td>
<td>11.8%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Has been a victim/witness of neighborhood violence</td>
<td>20.7%</td>
<td>12.4%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Has lived with someone who was mentally ill/suicidal</td>
<td>10.6%</td>
<td>10.7%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Witnessed domestic violence in the home</td>
<td>11.4%</td>
<td>8.4%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Parent served time in jail</td>
<td>15.4%</td>
<td>10.2%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Treated or judged unfairly due to race/ethnicity</td>
<td>5.2%</td>
<td>4.0%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Death of parent</td>
<td>7.2%</td>
<td>4.0%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Child had ≥ 1 ACEs (1/more of above items)</td>
<td>60.5%</td>
<td>50.9%</td>
<td>47.9%</td>
</tr>
</tbody>
</table>

Nearly one third of children in Cincinnati have 2 or more ACEs (n=20,400)
Cincinnati, OH ACEs Profile
For Children 0-17 years old

What Matters and What Can We Do?

<table>
<thead>
<tr>
<th>Cincinnati</th>
<th>Hamilton</th>
<th>Boone</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, OH</td>
<td>County, OH</td>
<td>County, KY</td>
<td>State</td>
</tr>
<tr>
<td>Safe</td>
<td>Supportive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>77.2%</td>
<td>71.6%</td>
<td>85.3%</td>
<td>93.3%</td>
</tr>
</tbody>
</table>

Improve the % of kids who live in communities that feel...

Improve the % of kids (6-17 yrs) who are...
- Engaged in school: 65.5%
- Repeated a grade: 15.9%

Improve the % of kids who have an adequate Medical Home: 50.9%

Improve the system of care for kids with...
- Chronic conditions: 28.7%
- Chronic mental health problems: 11.1%

Cultivate positive traits - like kids who show resilience (6-17 yrs):
- 56.3%

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

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”).

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: 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 #3: 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 #4: 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.

Fact #5: 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.

Abbreviations: ACEs = Adverse Childhood Experiences. 2+ ACEs = 2 or more of 9 adverse child or family experience items.
* Based on children with special health care needs (CSHCN) screener. 2 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.