

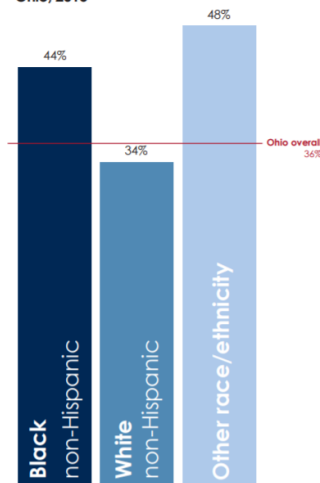
Hello,

My name is Joe Mazzola, and I am the Health Commissioner for Franklin County Public Health (FCPH). I am writing to offer my support for House Bill Number 428, which would enact sections 103.55, 103.551, and 103.552 of the Revised Code to establish the Adverse Childhood Experiences Study Commission.

According to the Centers for Disease Control and Prevention, adverse childhood experiences (ACEs) are “potentially traumatic events that occur in childhood,” including “aspects of the child’s environment that can undermine their sense of safety, stability, and bonding.” Whether they experience abuse, neglect, household changes, or other adversities, we understand that children who experience ACEs are at greater risk for not finishing high school or gaining employment. They are more likely to smoke, have unplanned pregnancies, and generally have poorer health outcomes including substance use disorder, chronic disease, and, sadly, premature death.

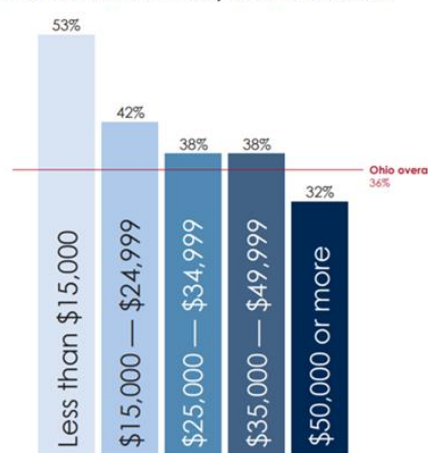
ACEs impact all communities, but they impact some communities more than others. In 2020, the Health Policy Institute of Ohio published a brief, “Health Impact of ACEs in Ohio,” analyzing 2015 Ohio Behavioral Risk Factor Surveillance System data. These data suggest Ohioans that report being Black, non-Hispanic are 1.3 times more likely to have experienced 2 or more ACEs than Ohioans that report being white, non-Hispanic. Those that reported a race other than white or Black were 1.4 times more likely to have experienced 2 or more ACEs, as shown in Figure 5 of this brief, below. When examining the impact of ACEs by income levels, greater percentages of Ohioans living in lower-income households experience two or more ACEs than Ohioans living in higher-income households. This is demonstrated in Figure 6 of this brief, below, where the prevalence of 2 or more ACEs is 1.7 times greater in households making less than \$15,000, relative to households making \$50,000 or more. Moreover, adult Ohioans with disabilities were more than 1.5 times more likely to report 2 or more ACEs than Ohioans without disabilities.

Figure 5. Prevalence of two or more ACEs, by race and ethnicity, Ohio, 2015



Source: Data from the 2015 Behavioral Risk Factor Surveillance System was provided by the Ohio Department of Health's Division of Health Improvement and Wellness. Analysis by Ohio University, Voinovich School of Leadership and Public Affairs.

Figure 6. Prevalence of two or more ACEs, by income, Ohio, 2015



Source: Data from the 2015 Behavioral Risk Factor Surveillance System was provided by the Ohio Department of Health's Division of Health Improvement and Wellness. Analysis by Ohio University, Voinovich School of Leadership and Public Affairs.

These findings demonstrate clear disparities in the risk of ACEs and highlight the importance of approaching this topic with an eye toward equity. Equitable responses are necessary to ensure that intervention and prevention efforts focus on those who are most disproportionately impacted.

In Franklin County, the conversation around ACEs has focused on the relationship between ACEs and addiction. Data from the Ohio Medicaid Assessment Survey (OMAS) indicates that in 2019, more children were at increased risk for ACEs and more parents and caregivers at increased risk for substance use disorder and overdose in Franklin County than in 2018. This has since been exacerbated by COVID-19, which has led to increases in fatal and nonfatal overdoses. Business closings and restrictions inadvertently reduced access to treatment and recovery resources, while social isolation measures placed individuals at greater risk of relapse and fatal overdoses. Additionally, there has been a steady increase in the proportion of children removed from their home by Franklin County Children Services (FCCS) due to parental substance use and abuse, a well-established ACE. Moreover, OMAS data showed that 13.9% of Franklin County children reported living with someone who had a problem with alcohol or drugs.

What we know is that both ACEs and substance use disorder are multigenerational and require comprehensive and coordinated interventions. The policies, systems, and environment of our community must not only create the conditions to limit the number of children who are at risk for ACEs, they must also support those protective and compensatory experiences that can increase resilience and protect against risk for mental and physical illness. In Franklin County and throughout Ohio, we need to align our data, planning, and assessment to support these policies, systems and environmental changes. We are doing so in Franklin County through efforts including the Columbus and Franklin County Addiction Plan, the Rise Together Poverty Blueprint, the Future Ready by Five Kindergarten Readiness Plan, our Community Health Improvement Plan, and other collective-impact initiatives.

FCCS has identified ACEs as an area of focus for prevention strategies and as an early indicator for the addiction crisis via our CDC Overdose Data to Action grant, while simultaneously partnering with multiple community organizations to implement evidence-based interventions that focus on substance use disorder and ACEs. We believe that the alignment of these two areas has significant potential to bring tangible public health benefits to our community, and House Bill Number 428 would enable further exploration of the intersection between ACEs and addiction.

The topic of ACEs is a difficult conversation. As someone who has experienced several in my own childhood, it is a personal and professional conversation. This conversation, however, cannot stop. We must ask tough questions, challenge ourselves to do more, and take what we learn to find new and sustainable opportunities to collectively create a community where our children are protected and can thrive.

House Bill Number 428 will help build a stronger, more resilient, more hopeful, healthier, and thriving community. I support this Bill, and the ACEs Study Commission that it will create. Thank you for your consideration.