SHIFTING THE LENS

How The ACE Study sparked action to collectively improve our community’s health
Dear Community,

As a foundation, our job is to listen and learn, to read research, to share best practices and new ideas and, ultimately, to strategically invest to improve the health of our community.

The ACE Study by Dr. Robert Anda and Dr. Vincent Felitti shifted the lens through which we view how we can improve the health of our community. Seven years ago, we heard about the connection between experiencing trauma as a child and the significant likelihood of having depression, obesity, heart disease, alcoholism, teen pregnancy, anxiety, and so much more as an adult. The more trauma someone faced as a child, the greater the risk of all these negative outcomes.

We understood that to truly move upstream to prevent poor health outcomes in our community, we must think about the factors that impact a child’s development, starting with the family, and every system that child touches as they grow into an adult. We must consider what the parent experienced growing up and how we can help them heal. We must think about our community and the environment it creates for those who live here.

We have not gone on this journey alone. Seven years ago, several stakeholders became deeply impacted by The ACE Study findings. We came together around Mid-Iowa Health Foundation’s conference table to talk about what we had heard, and without a doubt, we decided to respond. This report shares what happened from that moment and highlights some of the strategic investments our foundation has made as a result.

Thank you to our board of directors for committing to learn with us and for trusting this work. Thank you to the many deeply passionate partners who sat around our table, and then vastly expanded that table, for your commitment to do what you could to support this collective effort. Thank you to the many, many organizations we’ve funded for understanding the importance of developing a response.

As you read this report, we invite you to understand our history so that we can take greater steps into the future. Because the science leaves no doubt: We must respond.

Best regards,
Suzanne and Denise
Mid-Iowa Health Foundation

Suzanne Mineck
President

Denise Swartz
Senior Program Officer
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The spark

The Adverse Childhood Experiences (ACE) Study was conducted in the mid-1990s as a partnership between Kaiser Permanente and the Centers for Disease Control and Prevention (CDC). The study found that among 17,000 predominantly middle-class adults in California, most had experienced at least one of 10 types of childhood trauma, or ACEs. In addition, as the number of reported traumatic experiences increased, so did the likelihood of having a wide range of poor health, mental health, and social outcomes in adulthood. In fact, over time, the CDC found that significant childhood trauma could reduce life expectancy by up to 20 years.

The study’s findings were vast and significant, but it took another decade for awareness to spread. Initial conversations in central Iowa began within the mental health and family support fields. Mid-Iowa Health Foundation (MIHF) first became aware of The ACE Study when David Stout, then vice president of Orchard Place’s Child Guidance Center, approached the foundation for funding to train clinicians in a therapy that responded to childhood trauma.

“Ninety percent of Child Guidance Center kids had experienced significant trauma,” Stout says. “We knew this needed to be taken into consideration when treating them.”

The foundation easily made the connection between the mental health field and supporting provider training around trauma-informed care. Then Early Childhood Iowa invited The ACE Study co-founder Dr. Robert Anda to share his findings at a state conference with about 200 attendees. Suzanne Mineck and Denise Swartz at MIHF attended, as well as representatives from organizations including the Iowa Department of Public Health, United Way of Central Iowa, Prevent Child Abuse Iowa, and Blank Children’s Hospital.

“I remember sitting next to Caitlin (Suginaka) at the conference,” says Sonni Vierling who was then managing the 1st Five program at IDPH and is now the vice president of Orchard Place’s Integrated Health Program, “and we were like, ‘Oh my gosh! Oh my gosh! Oh my gosh!’ in our heads and watching all of the connections between physical health and trauma and the science of toxic stress. It was a moment of ‘Aha!’ and ‘Oh, duh.’”

After this presentation, several people who attended kept running into each other, and before or after meetings, they would talk about what they had heard. Everyone agreed they needed to do something. So, MIHF invited them to its table to talk.

“My whole world shifted after hearing about the evidence and lifelong impact of trauma. It took me from viewing a response to trauma as a therapeutic intervention to really looking at what that looked like from a community perspective.”

– Denise Swartz
senior program officer, MIHF

10 types of ACEs

ABUSE
1. Physical
2. Emotional
3. Sexual

HOUSEHOLD DYSFUNCTION
4. Substance abuse in home
5. Family member with mental illness
6. Incarcerated family member
7. Separation/divorce
8. Domestic violence

NEGLECT
(Not included in Iowa’s ACEs data)
9. Emotional
10. Physical
The initial stakeholders who came to MIHF’s table identified many factors that made The ACE Study unique compared with other research they had heard before:

The message was simple, even though the idea was complex. “It came down to a really simple idea: that trauma has this ripple effect in all these different systems,” says Suginaka, who was then completing her master’s degree in public health and working at IDPH’s Maternal, Infant, and Early Childhood Home Visiting (MIECV) program.

There’s a personal connection. When someone hears about the study, often their first thoughts are about their own childhood, or someone they knew who struggled. For Swartz, she thought about the kids she knew in school and her neighborhood who acted out, and now considered what they might have experienced. For Lisa Cushatt, who now coordinates the Central Iowa ACEs 360 Coalition, she thinks about how the science connects to the environment a child grows up in and how ACEs impacted the parents she worked with in direct service. “It was having a mom in my office crying and saying, ‘It’s not that I don’t want to help my kids; I just don’t know how.’”

The study was conducted by two highly credible organizations – the CDC and Kaiser Permanente – and it revealed how common trauma was within a large, predominantly middle-class population, making the results difficult to refute.

The research shows a significant stair-step progression that links ACEs to an increased risk of many poor outcomes in health, mental health, risky behaviors, and success at work and school. With years of reading research, “I had never seen research with this stair-step going up,” says Steve Scott, who was then the director of Prevent Child Abuse Iowa and now advocates for the American Academy of Pediatrics – Iowa chapter.

The data relates to every sector. Physicians can understand why some patients are experiencing heart disease or arthritis, or why someone struggles to quit smoking or lose weight. Educators can understand why a child acts out, and employers can consider why a worker might have excessive sick days. The study even ties ACEs to teen pregnancy, depression, test scores, ability to save money, use of illegal drugs, and more.

The data continues to show consistent results in states that have conducted a similar study. Iowa’s data showed that 56 percent of adults report experiencing at least one of eight types of ACEs and those with four or more ACEs are 6 times more likely to have depression, 3.5 times more likely to smoke, and 3.1 times more likely to have a stroke than those who report 0 ACEs. Most recently, a study at IDPH’s HIV/AIDS program showed a huge link between those reporting a high number of ACEs and having HIV.

Science further explains why there is a direct link between ACEs and poor outcomes. Dr. Anda’s presentation showed brain scans comparing a child without ACEs to a Romanian orphan who experienced extreme neglect. Parts of the orphan’s brain had never developed. The science also explains how the body responds to extreme stress and how a heightened and sustained fight, flight, or freeze response to trauma over time can impact development.

The results matched what social workers and mental health clinicians saw every day in patients who may be struggling with mental health problems, smoking or drinking excessively, or continuing abusive relationships. The ACE Study researchers discovered that many people who had adopted risky behaviors were finding ways to cope from the long-term impact to childhood trauma. “Having the hard science to back what every single person who’d ever done direct service knew, it was really validating,” Cushatt says.

For MIHF, The ACE Study shifted the foundation’s lens to farther upstream. To prevent major community health issues, such as smoking, depression, or obesity, the foundation needed to focus on how to prevent a root cause of all these problems: childhood trauma.

“I think when you hear that data, there’s no turning back.”

– Nicole Beaman
vice president, Child Guidance Center at Orchard Place

For MIHF, The ACE Study shifted the foundation’s lens to farther upstream. To prevent major community health issues, such as smoking, depression, or obesity, the foundation needed to focus on how to prevent a root cause of all these problems: childhood trauma.

“To see the stair-step progression from 0 ACEs to 10 ACEs, to see a brain scan and the actual data of how it impacts us fully as human beings in our community, there wasn’t a debate anymore,” says Mineck.
Seven stakeholders came to the first conversation at MIHF’s table to talk about how to respond to The ACE Study findings. They represented public health, mental health, family support, community and system change, advocacy, and health care.

“It was so unifying,” says Vierling “Everyone could relate because it resonated with them in their own way of how they worked with individuals and communities. It really resonated with me in public health, because it gave us a way to frame it up that wasn’t a cookie-cutter approach. It was so much larger than that.”

Most important, the group did not feel disheartened or overwhelmed by the study’s troubling findings. Instead, they felt hopeful.

With that spirit in mind, the group decided to do two things:

1) Collect Iowa data
2) Spread awareness of The ACE Study widely

“If you understand it, you can respond.”

– Suzanne Mineck
president, MIHF

“It was very clear at that first convening at the table, we needed to get the word out, tell the story, make sure more people knew this research,” Mineck said. “But in order to be most effective at that, we needed to have Iowa data.”

Collecting data was important to show the impact of ACEs locally and to raise the issue with leaders. Within a few weeks, the group quickly compiled the $40,000 needed to include the CDC’s ACE module in Iowa’s Behavioral Risk Factor Surveillance System, a survey conducted by IDPH and the CDC on health issues with thousands of Iowans each year. MIHF was able to respond rapidly to this funding need and covered most of the cost to collect Iowa ACEs data in the first year. IDPH also secured funding, making the project a public-private partnership.

While the group waited for data to be collected and analyzed over the next two years, they decided to make more people aware about The ACE Study. They invited Dr. Anda back for a presentation to about 200 people at the Embassy Suites in downtown Des Moines, and for small group meetings with government agencies and key stakeholders.

Then, they invited Dr. Anda and Laura Porter, who had led a response to The ACE Study in Washington, to return for a summit in June 2012. They expected another few hundred people to attend. More than 800 people filled the room to capacity.

It was then that the group understood this was more than a short-term effort. The stakeholders were part of a movement in Iowa.
The foundation to respond

Mid-Iowa Health Foundation’s logo—a tree—represents the growth that can happen through a foundation.

In central Iowa’s ACEs movement, the initial partners who came to MIHF’s table to talk formed the roots that became the Central Iowa ACEs 360 Coalition. Those roots continue to grow deeper over seven years as more than 25 members have committed to increase awareness of ACEs and develop a collective response in central Iowa, and hundreds more continue to attend the coalition’s learning events. Many of the initial stakeholders in this work attribute MIHF to being the trunk of the tree that provided the footing and guidance for the work to stem into many different branches as people in the community learned about ACEs and found their opportunity to respond.

“I don’t think without Mid-Iowa Health Foundation taking this, this would have had the level of success it has,” says Chris McCarthy, project manager for the Center for Healthy Communities at UnityPoint Health - Des Moines. “I don’t think there would have been a place to come talk about it, and there wouldn’t have been a common platform. They are the backbone of everything that happened.”

“MIHF is not only willing to invest in innovative ideas. It’s very much a partnership in figuring out ideas with them,” says Cushatt. “And you don’t see that often with funders. It’s not so much that they’re providing money; it’s the network, and connections, and introducing the right partners as well. ... Any funder can put money into it, but if you’re not at the table providing leadership, it’s not a collaborative partnership. They are thought leaders in this work.”

“They really were catalysts supporting this early on,” says Vierling. “Think of the impact by being really thoughtful and strategic with how they have worked on this as a focus.”

MIHF’s perspective of the ACEs movement is that it is a lens that continues to shift deeper into focus as the work continues. When Swartz and Mineck first heard about The ACE Study in February 2011, the foundation was funding several priority areas, including children’s healthy development, preventive health services, healthy weight, responsible sexual behavior, oral health, substance abuse, and health care safety net. While these priorities remained for several years, the conversations with grantees and community partners about how to improve community health changed.

“Our approach to those priorities changed that day, and the guiding questions or goals of our relationships changed,” Mineck said. “We couldn’t sit in a grantee conversation and not think about this research and how it was informing that conversation. It still is a part of how we view everything – any issue, any project, any partner, any context.”

The conversations around ACEs continues to evolve with a refined focus on how ACEs impacts Iowa’s population and how to respond through prevention, resiliency, and trauma-informed care strategies in organizations and the community.

Throughout this evolution, MIHF has been an essential funder to move the ACEs Coalition’s priorities forward by convening stakeholders and the community to learn, providing deeper research and learning opportunities, informing practices in programs and organizations, and advancing response strategies across systems and the community.

Over seven years, MIHF has strategically invested more than $1.3 million into efforts that respond to The ACE Study.

This does not include MIHF’s role in asking questions, making connections, providing thoughtful guidance, and participating in regional and national conversations. Some of these investments in funding and leadership are captured on the following pages.

“I think we were working hard to be very present with our community,” says Mineck, “and paying attention to where there were opportunities, where we as a foundation had the ability to step out in front and take risks.”
“Convener is the word that comes to mind. I think about the first conversation when we came to the table to talk about this, literally this table, and gave everyone a safe space.”

– Nicole Beaman, vice president, Child Guidance Center at Orchard Place, describing the role MIHF played

The ACE Study research provided compelling evidence that childhood trauma is linked to an increased risk of poor outcomes in adulthood. But the research never offered a model or specific strategy to respond to the findings. Central Iowa’s movement to respond to ACEs has been driven by people coming together to talk.

The initial stakeholders who came to MIHF’s table to discuss The ACE Study findings identified collecting data and raising awareness of The ACE Study as two key steps. While the state collected Iowa-specific data, the group began to take steps to raise awareness.

“We felt like we needed to tell as many people as possible what we had learned and why we thought it was so important,” Mineck says.

To the right are a few examples of how MIHF has helped lead convening efforts.
FIRST SUMMIT

In October 2011, with funding from MIHF and the Iowa Department of Public Health, Dr. Anda returned to Iowa to present a series of trainings to health professionals, followed by a presentation to about 200 professionals in the community. The presentation led into a strategic planning meeting with key stakeholders from across the state.

“There was a degree of skepticism,” says Swartz, “but people heard and rapidly assimilated this information into their work. Word about the study caught fire.”

“We just had to get the information out,” Vierling says. “We didn’t know the now what yet. … I remember us being a little discouraged because there was this sense of, ‘We should know what to do. Tell them what to do.’ We didn’t know what to tell them.”

SECOND SUMMIT

With momentum from the first summit, the newly formed Central Iowa ACEs 360 Coalition decided to host a second summit in June 2012 with the option of having a large audience at the Sheraton Hotel in West Des Moines. They invited Dr. Anda back to Iowa to present, along with Laura Porter, who had led Washington State’s response to ACEs with proven success. The Summit was funded by MIHF, United Way of Central Iowa, the Iowa Department of Public Health, UnityPoint Health – Des Moines, and others.

The group wasn’t sure how the community would respond, but within 24 hours of sending the invitation, several hundred people had registered. More than 800 people attended this learning session.

“I think it’s one thing to have a sense personally or even within your professional perspective that this is something that really was important,” says Mineck. “But when you see people – we were in the hundreds – signing up, it was humbling, daunting, exciting.”

MIDWEST COALITION

The second ACEs Summit was also the first convening for a group that represented Midwest states. As the ACEs Coalition was determining the best steps to take in Iowa, they sent a survey to several states to gather lessons learned in their efforts to respond to ACEs. Caitlin Suginaka conducted calls and wrote up case studies about the information gathered as part of her final project for a master’s degree in public health.

“We sent a call into the world – ‘What are you doing?’ – and got completely varied responses,” says Suginaka. “Some were within an organization, one had partnered with a PBS TV station and had built their structure around educating people, some had higher-level state responses. It was exciting to see the different directions people were taking it.”

These initial connections led to the first convening in Iowa. Today, representatives from Midwest states continue to connect and a regional summit is held about every year to share current work.

CONVERSATIONS

While the coalition has grown so large that members often meet in United Way’s conference center, MIHF’s table is still a place to have smaller group conversations around ACEs and response strategies. It is at this table that many stakeholders in the effort have identified new and innovative ways to respond within their organizations or sectors, and these conversations continue to drive system and practice change through grants and collaborative work.

THE COALITION

The initial stakeholders who decided to respond to The ACE Study formalized into the Central Iowa ACEs 360 Coalition in early 2012. The coalition solidified the importance of the work and the need for collaboration among all parties to lead a coordinated response to ACEs. Even as the coalition grew, members came to the group with a shared understanding that everyone must invest in moving some strategies together, while also taking the ACEs research into their own professional fields and personal lives.

“I think what’s been extraordinary is that this coalition came together and shared things that not many other coalitions have,” says Steve Scott, who was then the executive director of Prevent Child Abuse Iowa. “It had a very nice balance of people who were bringing ideas and leadership to the table, but not something where one or two people took over. I felt we (Prevent Child Abuse Iowa) could be very mission focused as an organization in doing our work.”

Initially Vierling coordinated the coalition’s efforts as part of her time with the Iowa Department of Public Health. When she left for her current position at Orchard Place, the Coalition hired Lisa Cushatt with funding from United Way of Central Iowa, with the goal of having someone who could coordinate all of the efforts and requests for information and provide backbone support to keep the work moving forward. Over time, the coalition contracted a few hours a week with Prevent Child Abuse Iowa to update the website and support communications needs, with funding from United Way.

The coordinator role has been crucial to leading a large-scale, coordinated approach to responding to ACEs in central Iowa. The coordinator has facilitated meetings, led the group in implementing its strategic plan, formed partnerships to move work forward, presented ACEs information to several groups and stakeholders, and organized broader learning opportunities.

“The coalition is a great example of collective impact work: We have the backbone support of United Way and the coordinator role, but a very unified effort led by a variety of people, depending on their strengths and capacities,” says Erin Drinrin, community impact officer of health at United Way of Central Iowa. “The work of the coalition has been very responsive and adapted to the needs of the community and what the research tells us. While initially being focused heavily on data collection and sharing results, we have shifted a lot of the focus toward systemic, policy-driven solutions and resilience-building strategies that reflect the need to build more positive, supportive relationships to buffer against trauma and its negative impacts. When the work started, most people had never heard of ACEs or trauma-informed practices; now you see more people know about trauma and its impacts and are ready and willing to put strategies and practices in place along the spectrum of prevention to interventions.”

United Way of Central Iowa has been a consistent funder to provide this backbone support, and MIHF has invested in the coalition’s priorities to move central Iowa ACEs response efforts forward.

“I feel like I walk around with arms open and try to help move us toward some common goals and just be the person people can connect back to and filter out,” Cushatt said.
Collecting Iowa ACEs data has been essential to moving forward efforts to respond to ACEs in Iowa. Also key has been efforts to learn more about trauma, how trauma relates to various professional fields, and how organizations and systems can respond.

Mid-Iowa Health Foundation (MIHF) has intentionally funded research and learning opportunities to evolve the community’s understanding of ACEs and how to respond and to plant seeds for future response strategies in organizations and sectors.

Over seven years, MIHF has invested more than $250,000 in research and learning opportunities, including the following:

**IOWA DATA**

MIHF and the Iowa Department of Public Health provided initial funding to include the ACEs module in Iowa’s Behavioral Risk Factor Surveillance System (BRFSS). Initial ACEs data was collected throughout 2012, and then MIHF funded the first Iowa ACEs report to present results at a summit of more than 800 attendees in October 2013.

Creating the first Iowa ACEs report required a significant investment in hours and dollars, but it brought the coalition together to identify what mattered most to their efforts. It also localized the issue and made it relatable to Iowa stakeholders.

MIHF continued to invest in gathering ACEs data until the Iowa Legislature funded the ACEs module ongoing starting in 2014. The ongoing collection of data gave Iowa a large pool to study – more than 19,000 people surveyed over three years – providing more reliable data and a better ability to study ACEs by county and with specific issues. MIHF funded a three-year analysis of ACEs data and the coalition re-released the Iowa ACEs report – Beyond ACEs: Building Hope & Resiliency in Iowa – in 2016.

MIHF also funded research in other areas, including a study by the Child & Family Policy Center that examined potential ACEs and risk factors among Iowa youth. In 2016, the ACEs Coalition added questions on resiliency to the BRFSS.

**IOWA ACES WEBSITE**

MIHF funded the initial design and launch of the IowaACEs360.org website to share learnings and resources. Today, the website has become the hub for raising awareness about ACEs in Iowa – and even nationally. Over the past year, the website has received about 25,000 unique impressions. The website features the Iowa ACEs report, stories, resources, key learnings, upcoming events, and more.

**RESILIENCY TOOLKIT**

As research and tools around how to respond to ACEs increased nationally, MIHF funded the ACEs Coalition’s efforts to create a toolkit. This online toolkit provides learning resources for individuals, families, communities, and professional sectors by category, and is intended to encourage a collective response across all levels of society.

**WHITE PAPERS**

As awareness of The ACE Study spread, the ACEs Coalition identified the need to educate specific professional sectors and share opportunities for these sectors to respond to ACEs. With funding from MIHF, the coalition commissioned white papers around ACEs in health, education, and early care and education. The coalition has also developed white papers for the faith community and prenatal care.

**LEARNING CIRCLES**

In 2015, the ACEs Coalition underwent a strategic planning process and restructured to include more opportunities for the community to learn and engage in the work. Since 2015, the coalition has hosted eight Learning Circles on topics including collaboration building, cultural humility, advocacy, and epigenetics.

“What’s most interesting about our learning circles isn’t any one speaker that we’ve had,” says Cushatt. “It’s the thought around action planning that makes people feel accountable to do something with the information.”
Organizations and Programs

Many nonprofits heard about The ACE Study research and felt a strong desire to respond. Because The ACE Study does not prescribe a specific model or strategy for responding, these partners began to develop innovative ideas on how they could change practices or implement programs to address trauma within their work. Often, Mid-Iowa Health Foundation (MIHF) helped guide those conversations and facilitate connections.

Over seven years, MIHF has funded more than $1 million in grants to move these ideas into action. Many grants to organizations have been over several years and have enabled the organizations to evolve their strategies as they have learned and integrated new ideas and research into their practices.

On the following pages are several examples of what has been accomplished through these grants.
early all of the 8,500 clients Orchard Place served through residential treatment, outpatient mental health, and substance abuse services had experienced trauma. The organization became one of the first in central Iowa to implement trauma-informed strategies, starting with offering therapy that specializes in addressing trauma. In 2010, Orchard Place formed the Trauma-Informed Care Stakeholders Group to further awareness and training in the community, especially to inform systems and organizations throughout the community that its clients come in contact with.

As Orchard Place's 400 staff members developed their skills in working with children and families to address trauma, they shifted their perspective to ask, “what happened to you,” versus, “what is wrong with you.”

"By the time they end up in our building, the trauma is impacting their life in some manner that is not manageable anymore," says Nicole Beaman, vice president of Orchard Place's Child Guidance Center. "How do we unpack that and move forward?"

To further the organization’s culture shift, Orchard Place decided to implement the Sanctuary Model in 2015. The model provides an in-depth, evidence-supported approach using structures, processes, and behaviors to embed trauma-informed care within the organization. In September – three years later – the organization expects to earn its Sanctuary Certification after significant investment in time and money. Mid-Iowa Health Foundation has helped fund and support the transformation along the way.

“The Sanctuary model is teaching our staff how to respond differently, how to engage not only with clients, but also ourselves," Beaman says. "The transformation is pretty incredible.”

With the tools, skills, and language from the Sanctuary Model, Orchard Place now has trauma-informed practices embedded within the organization such as:

• Providing a warm handoff whenever there is a transition to different staff or leaving a program.

• Creating a welcoming space that is organized and has natural light.

• Having a common language that allow teams from diverse parts of the organization to communicate effectively about current issues and to plan strategically for the future.

• Using surveys to gain staff input and being open in communicating changes.

• Developing personalized safety plans among all staff and clients for handling difficult situations.

Especially important has been building trust across divisions and among staff, especially supervisors, to own and carry out the work, and to ensure new staff have the training to be a part of this effort. Orchard Place also hopes to share more information about Sanctuary Model topics with families and the community to continue to improve interactions.

The Sanctuary Model has improved safety in all aspects across the organization. Not only do the interactions between staff and clients model transparency and respect, but interactions among staff have also drastically improved modeling for staff and client interactions and increased empathy and support. The importance of safety imparted throughout the Sanctuary Model has empowered Orchard Place staff to feel safer in their interactions with clients, as well as, in their roles and support systems within the organization. With the Orchard Place campus, staff report that due to the focus on non-violence, restraints and seclusions have dropped as staff have found other ways, utilizing Sanctuary tools and non-violent methodologies, to help clients in crisis.

“The underlying story is that as we peel back the layers with children, we must also be willing and equipped to work with families," Orchard Place writes. “For many, this is multigenerational trauma that has been passed along and there needs to be time for families to heal and for families to be supported. This work that we have begun is but the tip of the iceberg in creating social change.”

About 25% of Iowa youth report challenges that indicate having experienced a high level of stress growing up.

Iowa adults with four or more ACEs are 6 times more likely to be diagnosed with depression.

(Iowa ACEs Report, 2016)
The Young Women’s Resource Center first became engaged in The ACE Study and developing a trauma-informed response because staff recognized that many of the young women YWRC serves have experienced trauma. Seven years ago, the organization set out to better understand what trauma is and how it impacts clients, staff, and the organization. YWRC staff went through an initial training, and in 2015, hired a program director with trauma-informed care experience and elected a board president who was embedded in the trauma-informed care movement.

With funding from MIHF, YWRC staff continued to receive quarterly training on trauma-informed care and incorporate concepts into its work. In 2015, staff especially considered how to improve outcomes for young mothers, who reported an average of 4.5 ACEs, and their children. A therapist provided psycho-education for young moms to help them create healthy attachments to their children and reduce the effects of generational trauma, and she started a support group for the moms.

The therapist found that it took longer than expected to build trust within the group, but eventually the young moms began to explore trauma, parenting stress, and self-care in those sessions. Meanwhile, YWRC began to realize that in addition to asking its clients about ACEs, it needed to consider the key components clients had that could build resiliency to help clients cope and thrive despite trauma.

"Understanding and being sensitive to trauma serves to avoid further harm to clients. The addition of resiliency building holds the potential for healing and protection against long-term negative impacts of trauma," YWRC writes.

This led to developing the Youth Experiences Survey, which was specifically designed to measure trauma in youth. In partnership with United Way of Central Iowa and Des Moines Public Schools, the YWRC began to use the survey with school-based and YWRC-based groups. YWRC subsequently developed an additional tool to measure changes in resiliency from program activities focused on developing connections, self-esteem, sense of purpose, and coping strategies to counteract trauma experienced. YWRC is continually working toward building effective and efficient ways to share tools created and lessons learned with community providers, and plans to release a white paper on its work in summer 2018.
Prevent Child Abuse Iowa

Prevent Child Abuse Iowa found The ACE Study to be powerful from the perspective of what can happen if child abuse and neglect is not prevented. About eight years ago, the organization began to incorporate the ACEs research into grant proposals to support its efforts to raise awareness, advocate, and strengthen community groups across Iowa to prevent child abuse.

“I think for us, it primarily was something to build support for the concept of child abuse prevention as opposed to the vehicle to implement an evidence-based strategy,” said Steve Scott, who was then the executive director of PCA Iowa and an initial stakeholder in the Central Iowa ACEs 360 Coalition.

In 2014, the organization launched the Community-Based Child Abuse Prevention Response to ACEs project. Stakeholders from six Iowa communities attended an all-day training and completed a readiness assessment to measure each community’s level of readiness to respond to ACEs and child abuse. From that assessment, each group developed a strategic communications plan to increase their community’s readiness to engage in child abuse prevention efforts. MIHF provided initial funding for the six communities, and with additional funding from Iowa Department of Public Health’s (IDPH) Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, PCA Iowa trained and consulted with four additional communities.

MIECHV funding also enabled PCA Iowa to lead efforts to create two online learning modules around ACEs and Child Abuse Prevention, which received national attention. In addition, PCA Iowa staff supported the ACEs Coalition’s advocacy and communications efforts and consulted with PCA America on its work.

Through this work, PCA Iowa saw the need for a message about ACEs and child abuse prevention that resonated in a community setting. Recognizing that several organizations in central Iowa were also in the process of identifying the right message and strategies to engage the community, MIHF provided funding for PCA Iowa to lead this effort, which became Connections Matter® (see page 23).

With funding from an anonymous donor, PCA Iowa has continued to refine its work in building community engagement to address ACEs and to advance the Connections Matter® project in sectors including education, faith, and business.

With training and technical assistance from PCA Iowa, the network of Iowa child abuse prevention groups have used the ACEs research and evidence-informed Connections Matter® curriculum to cultivate local trauma-informed coalitions that are focused on building social supports and resiliency within Iowa communities. PCA Iowa has also partnered with the IDPH to create a state strategic plan that weaves community knowledge and practice into a collaborative, integrated, and holistic trauma-informed prevention and response framework across state agencies.

PCA Iowa has consulted with leaders in other states seeking a prevention response to ACEs. Connections Matter® is being disseminated within the PCA America network along with other communities and prevention partners outside of Iowa, and even internationally.

Prevent Child Abuse Iowa

Percentage of Iowa adults reporting three types of child abuse:

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>26.8%</td>
</tr>
<tr>
<td>Physical</td>
<td>15.9%</td>
</tr>
<tr>
<td>Sexual</td>
<td>9.7%</td>
</tr>
</tbody>
</table>

(Iowa ACEs Report, 2016)
Children in high-conflict divorce cases are at significantly greater risk to suffer from emotional and behavioral problems, fail in school, abuse drugs and alcohol, and have failed relationships as adults than children in amicable divorce cases. Kids First Law Center began in Cedar Rapids to represent children in high-conflict family law cases and expanded to Des Moines in 2017 to serve the nearly 200 children involved in high-conflict custody cases each year in Polk County.

Nationally, about 15 percent of high-conflict custody cases settle, but with a Kids First attorney, 84 percent of these cases settle. Kids First collaborates with therapists, schools, nonprofit agencies, law enforcement, Department of Human Services, and medical providers to find solutions, and ultimately, to try to reduce trauma for children.

The ACE Study has become a part of Kids First’s conversations and practices as awareness of the study has increased in Iowa. In particular, Kids First has found a growing understanding among staff and the community that many kids in high-conflict divorce situations have experienced additional ACEs.

“Being trauma-informed helps our organization work with children and adults who have experienced trauma and pushes us to be understanding and creative in our approach as we work with high-conflict families,” Kids First writes. “It has changed how we interview kids, if and how kids talk with judges, how the room is set up, and triggers to be aware of." In addition, Kids First notes that staff have a better understanding of what parents in high-conflict situations may have experienced that impacts their approach to the divorce.

Of Iowa adults who report experiencing separation or divorce in their household while growing up:

71% experienced 1 additional ACE
51% reported 2 or more additional ACEs

(Iowa ACEs Report, 2016)
The mission of Child & Family Policy Center (CFPC) is to link research and advocacy for the well-being of children. The ACE Study became the frame for how CFPC can make an impact.

CFPC was one of the first stakeholders involved in the Central Iowa ACEs 360 Coalition and has played a central role in moving the coalition’s efforts in data analysis and stakeholder education forward. Staff have co-chaired the coalition’s policy and research committees at various points. In these roles, and supported with funding from MIHF, CFPC has facilitated large community meetings, led efforts to analyze and report Iowa ACEs data, helped incorporate the concept of ACEs into strategies to develop medical homes, and developed advocacy agendas, conducted trainings, and provided expertise to advocate for ACEs response efforts among state leaders.

CFPC has especially found neuroscience to be a powerful way to help state lawmakers and other stakeholders understand how ACEs can significantly influence a child’s brain and future development. In the 2018 session, legislators began to bring up ACEs and trauma-informed practices naturally in conversations.

“Having legislators organically bring up ACEs and resilience was an exciting indication that the years of education and awareness building are starting to pay off,” CFPC writes. This year, state legislators included ACEs and trauma-informed training as a yearly requirement for educators.

15.5% of Iowa’s children (ages 0-17) lived below the poverty line in 2014, a 43.9% increase since 2000.

Children growing up in poverty are more likely than their peers to experience stress and deprivation that hinders development and readiness for school and life.

(Iowa Kids Count, a report from Child & Family Policy Center)
Blank Children’s STAR Center

The Blank Children’s STAR Center (formerly the Regional Child Protection Center) works with children after childhood trauma has occurred. Center staff interview children who have been in child abuse situations and perform exams for children initially removed from their homes and placed into foster care. The children the clinic sees have not only faced significant trauma, but many are facing difficult legal situations or entering a new home that knows little about their history and unique needs, while being separated from siblings and other family members. Providing trauma-informed services to these kids is paramount to the STAR Center’s work.

“The Blank Children’s STAR Center (formerly the Regional Child Protection Center) works with children after childhood trauma has occurred. Center staff interview children who have been in child abuse situations and perform exams for children initially removed from their homes and placed into foster care. The children the clinic sees have not only faced significant trauma, but many are facing difficult legal situations or entering a new home that knows little about their history and unique needs, while being separated from siblings and other family members. Providing trauma-informed services to these kids is paramount to the STAR Center’s work.

"With everything we know about adverse childhood experiences and the impact of trauma and toxic stress on future health and well-being, we cannot afford to let (these situations) continue," the center writes. "The many issues we see in adults who have aged out of foster care today will not be solved for the next generation unless we act now."

The STAR Center has worked to reduce stress on child abuse victims and their families by coordinating multidisciplinary investigation teams in a child-friendly setting, employing specially trained interviewers, and assisting children and families in obtaining medical, therapy, and advocacy services. With funding from MIHF, the Foster Care Clinic launched with a dedicated professional who manages information, communicates with foster parents, and refers children to services. The center also offers 90-minute appointments to adequately assess and address a child’s current needs to avoid additional time the family needs to take away from school or work.

80% of Iowa children who have mental health needs never receive treatment.
Youth Emergency Services & Shelter (YESS)

Youth Emergency Services & Shelter (YESS) has found through a modified version of the ACEs questionnaire that many of the youth it serves has experienced extreme child abuse and household dysfunction.

“This abuse, maltreatment, and victimization have led to increased psychological, behavioral, social, and physical needs of the children who turn to YESS,” the organization writes. Most suffer from restless sleep and have stomach problems. They feel a sense of isolation and lack of trust. Often, they have multiple co-occurring mental health issues.

As YESS grew significantly from 2015-2017, it also underwent a process to help staff better understand the impact of trauma on those it serves and how to best implement trauma-informed care practices. With three years of funding from MIHF, YESS emphasized training with staff, starting with a specialized 8-hour trauma-informed care training for all staff in 2016 to understand how trauma impacts those YESS serves as well as staff who experience vicarious trauma. YESS continues to provide regular training on trauma-related topics. It also has integrated trauma-informed care methods into its weekly shelter group meetings to help youth understand healthy boundaries and improve communication skills.

YESS now assesses children’s trauma symptoms when they first receive services and measures changes in those symptoms if youth receive services for more than 30 days, using an adapted version of the Trauma Symptoms Checklist for Children. The organization strives to reduce trauma symptoms with 70 percent of the youth it serves.

According to YESS, MIHF’s three-year investment helped 2,653 children receive holistic and comprehensive trauma-informed shelter services at YESS.

“The importance of multi-year funding commitments cannot be understated,” the organization writes. “The work associated with ACEs/TIC and youth development takes time and is often modified over the course of a grant cycle to best meet the changing needs of the client population. MIHF’s active involvement throughout the three-year investment period allowed YESS to adapt its programming and project goals, which ultimately led to successful project implementation.”
“By putting dollars behind the development of trauma-informed programming and grassroots organizing, MIHF has been a vital part of a collective force that influences thinking and, ultimately, policy decisions leading us toward sustainable culture change defined by compassion and prosperity.”

– Lana Herteen
community child advocate,
Blank Children's Hospital

As a founding Central Iowa ACEs 360 Coalition member and in having conversations with grantees and partners in the community, Mid-Iowa Health Foundation (MIHF) has helped lead changes to systems and communities in response to ACEs. Many of these large-scale changes stem from initial work to collect Iowa-specific data and convene learning opportunities.

On the following pages are some examples of the work MIHF has led and supported through the ACEs movement.
Des Moines Public Schools

Des Moines Public Schools has been in a process of learning about trauma and how to respond since 2007. Awareness of ACEs first spread among the early childhood system, and DMPS staff became a part of the Trauma-Informed Care Stakeholders Group. In 2011, all DMPS staff completed an internal cultural proficiency training, and with funding from MIHF, a handful of staff received training in trauma-informed care. This has led to a combined approach of focusing on cultural proficiency and trauma-informed practices to fully address the diverse challenges of its students.

In early childhood, DMPS implemented the Head Start Trauma Start model with early childhood mental health consultants in the classroom.

Then in 2014, Jim Sporleder, principal of an alternative high school in Walla Walla, Washington, who developed a response to ACEs, met with Scavo High School leaders, along with others in the education and juvenile justice field. Scavo then took steps to analyze data on behavioral referrals and started a health and dental clinic on campus to serve students’ many needs.

This 2017-2018 school year, with a grant from MIHF, Scavo began the process of becoming a trauma-sensitive school focused on creating safe environments that support students who have experienced trauma, while holding them accountable to high standards. Staff are receiving in-depth training on how to recognize the signs of trauma and connect students to resources. In addition, staff at the Flex Academy at all DMPS high schools is working to create sanctuary classrooms that implement trauma-informed care principles.

Stephanie McFarland, who started DMPS’ trauma-informed care work in early childhood, became the behavioral health services coordinator at DMPS in 2017 and is working to address the mental health needs of students across the district through a Multi-Tiered Systems of Support Tier 1 Social and Emotional Learning. A MIHF grant is supporting multiple schools, including King Elementary, in implementing this Tier 1 SEL model. MIHF is also supporting DMPS’ efforts to join the National Council for Behavioral Health Trauma Informed Sensitive Schools learning community.

Overall, DMPS notes that all schools are trained in the Crisis Prevention and Intervention model and many students are learning social and emotional competencies versus just being referred for behavior problems. The district continues to focus on this work despite limited time and is looking at how to engage families around these efforts.

Students with a higher number of ACEs are more likely to:

Striped table:

- Score lower on a standardized test
- Have language difficulties
- Be suspended or expelled
- Have poorer health
- Fail a grade

(Doctor Robert Anda presentation on ACEs)

Juvenile Justice

The rate of PTSD in youth who are involved in the justice system is comparable to soldiers returning from deployment in Iraq. Many youth in the system, who have experienced an extreme level of childhood trauma, struggle to complete an assessment and receive rehabilitation services during an average detention stay of two weeks.

This year, Polk County Decategorization, Lutheran Services in Iowa, Polk County Juvenile Detention, Juvenile Court Services in Polk County, and the Central Iowa ACEs 360 Coalition have teamed up to implement a project designed to help youth with high levels of ACEs receive an accurate assessment and trauma-informed services and interactions while in detention. The project also hopes to lessen these youth’s anxiety in court and to better connect these youth to the services they need after detention, while helping social worker staff who work with the youth avoid vicarious trauma to reduce burnout. Ultimately, the hope is to reduce trauma for youth while in the system, and reduce the likelihood that youth will be further involved in the justice system.

Because this is one of the first projects like this in the nation, MIHF made a technical assistance grant to help the group determine the best data to collect, track, and document to ensure youth receive quality services that meet their needs. The grant will provide general recommendations for process improvements to inform the project as it continues.

70% of children with an incarcerated parent will follow in their footsteps.

(Incarcerated – Children of Parents in Prison)
Ending Youth Homelessness Coalition

Over nine months in 2017, young adults and stakeholders from public and private sectors developed a plan to end youth homelessness in Polk County. The Youth Policy Institute of Iowa (YPII) facilitated the planning process with funding from MIHF. Developing this plan meant recognizing the many types of trauma homeless youth have experienced and continue to face while homeless. The plan also sheds light on the disproportionate number of youth who experience homelessness including youth who are involved with juvenile justice or child welfare systems, identify as LGBTQ, or are Black or Hispanic.

Andrea Dencklau, senior policy associate at YPII and in the Health Connect Fellowship funded by MIHF, notes some limitations in solely looking at the 10 types of trauma identified in the original ACE Study: “It is important to include the voices of youth who are not represented in the original ACE Study. While ACEs offers a starting point to discuss the impact trauma has on our health and well-being, adversity in childhood is not limited to the family (parent/child) experience. The study leaves out community and systemic trauma, including racism, homophobia, and experience in child welfare or juvenile justice systems—experiences that impact youth who are homeless.”

A Youth Advisory Board, comprised of youth and young adults who experienced homelessness and housing instability, led the planning process and provided expertise in better understanding the strengths, challenges, and barriers youth face and the best ways to respond. Their ideas and insight shaped the priorities, strategies, and action steps outlined in the plan.

“To truly end homelessness, people experiencing homelessness must be at the table – sharing their unique experiences, making decisions, and fully included in the entire process,” Dencklau writes. “They are the experts in their lives and the experts in the solutions.”

Since the plan’s release in 2018, new partnerships and projects have started to take off. The Polk County Continuum of Care Board created a youth-focused housing work group to quickly and effectively match youth to housing services. Iowa Homeless Youth Centers and Des Moines Public Schools are discussing how to collaborate among all Polk County school districts and providers to improve access to services for students and families. Local juvenile court services, child welfare, and private organizations are working with the Annie E. Casey Foundation to increase permanency for young people of color who are involved in these systems. Still, the plan requires additional dedicated resources and a commitment from organizations and systems to lead greater change.

Trauma-Informed Care Project

MIHF has been an active participant in and supporter of the Trauma-Informed Care Project directed by Orchard Place Child Guidance Center since 2007. Community stakeholders have hosted a conference each year to help educate mental health, social work, and other direct service clinicians, along with the community, about practices and strategies that can respond to trauma. Speakers include Dr. Anda on The ACE Study, as well as leading researchers in child development and Sanctuary Model. The coalition has spread awareness of The ACE Study and trauma-informed care research to various sectors including, juvenile justice, Department of Human Services, schools, and child care and has been an active participant in the ACEs Coalition.

“Because of MIHF’s sponsorship, Orchard Place has been able to keep the cost of the 2-3 day Trauma-Informed Care Conference reasonable and offer scholarships,” writes Gladys Alvarez, director of the project. “I am amazed when individuals can learn from our conference speakers, such as architects who look at how even the environment in our facilities need to be trauma informed.”

Most Iowa adults report experiencing at least one of eight types of childhood trauma.

(Iowa ACEs Report, 2016)
Family Support

The ACE Study makes clear the severe consequences of experiencing abuse, neglect, and household dysfunction as a child. As a result, The ACE Study has become a strong resource for the family support field to make a case for support. Nationally and in Iowa, conversations circulated around how to share The ACE Study information with caretakers to help encourage healthy child development. Some stakeholders were concerned that parents were receiving ACEs questionnaires without much direction once they learned that child trauma was linked to poor outcomes.

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program at the Iowa Department of Public Health became a leader in how to integrate the ACEs information within a family support system. Lemonade for Life, a partnership between MIECHV and the University of Kansas, with funding support from MIHF, created a framework for talking about ACEs with families, the message for having conversations with parents in their home, and the tools for how to help families develop a plan to build resiliency in response to ACEs.

“We started our own model for family support workers to educate about ACEs and how trauma impacts families to give families a deeper understanding of their life,” said Caitlin Suginaka, who helped develop the model when she worked at MIECHV. “There’s a hopeful message here: ‘Now that I know this, here’s how I can help protect, help build resilience.’”

Health Care

Integrating the ACEs information into the health care system has been a priority for the Central Iowa ACEs 360 Coalition. Much of the research ties directly into health care with a link between childhood trauma and a wide range of poor health outcomes including diabetes, heart disease, and COPD. In addition, many of the health-risk behaviors physicians try to warn patients against are coping behaviors often adopted by people with a high number of ACEs. Dr. Nadine Burke Harris, a leader in how to respond to ACEs as a health care practitioner, presented at the 2013 Iowa ACEs Summit.

In Iowa, ACEs response efforts have moved forward in several areas:

1st Five is an initiative at the Iowa Department of Public Health to screen parents in pediatric clinics and provide support to families who have potential issues that can impact their children’s development. 1st Five representatives have been a part of the ACEs Coalition since the beginning and invited Dr. Anda to train physicians across the state. The ACEs Coalition successfully advocated to expand 1st Five to additional counties in 2016.

With funding from MIHF and an anonymous donor, and with support from Prevent Child Abuse Iowa, the ACEs Coalition has led efforts to create the Trauma-Informed Pediatric Care Guide. The guide helps practitioners and clinics to assess their trauma-informed practices and identify opportunities to improve practices with tools and support. As part of the Health Connect Fellowship through MIHF, Lisa Cushatt, the Central Iowa ACEs Coalition coordinator, will continue to implement this project and train health care practitioners in using the guide.

MIHF has also funded work at UnityPoint Health and Blank Children’s Hospital to increase knowledge and change practices within the health network, especially in the Center for Advocacy and Outreach at Blank. Both organizations have been partners in the original ACEs Coalition.

“I worked with groups like the Central Iowa ACEs 360 Coalition compliments my work in primary care pediatrics and gives me unique opportunities to continue important advocacy work for children and families across the state,” says Dr. Amy Shriver, a pediatrician at Blank Children’s Hospital who has strongly advocated for ACEs response strategies in health care.

Research shows that building protective factors in families reduces the likelihood of childhood trauma. Parental resilience is one factor.

Iowa adults with four or more ACEs are:

- 3.5 times more likely to smoke
- 2.4 times more likely to have asthma
- 2.2 times more likely to have a heart attack than those with zero ACEs.

(Iowa ACEs Study, 2016)
Connections Matter

Connections Matter formed out of several conversations in central Iowa around finding the right message to engage the larger community in responding to ACEs. Mid-Iowa Health Foundation had already been talking with Blank Children’s Hospital about having Dr. Linda Chamberlain, author of The Amazing Brain series, create a series of booklets to educate parents and the community on ACEs. Prevent Child Abuse Iowa was working with child abuse prevention groups throughout the state in using the ACEs research to build stronger community engagement in child abuse prevention efforts. The Trauma-Informed Care Project stakeholders group, directed by Orchard Place’s Child Guidance Center, was trying to find the right public message about trauma-informed care to increase awareness.

In 2015, MIHF gave Prevent Child Abuse Iowa a grant to coordinate this effort. PCA Iowa convened a group that represented the coalitions and organizations above and the group underwent a process to identify a shared public message. The main theme that arose from that process was that relationships mattered most in responding to ACEs. This led to the main message: Connections matter to the developing brain, developing relationships, and developing community.

With the Connections Matter group, Dr. Linda Chamberlain created a presentation and came to Des Moines to train more than 200 people from across Iowa in how to deliver the presentation in community settings. The group also offered a toolkit and messages for anyone to use.

Since the initial launch, the group has hosted several train-the-presenter trainings in Iowa and locally. Dr. Linda Chamberlain has developed a booklet that speaks about the topic, funded by MIHF. PCA Iowa has created a messaging campaign and continues to carry the work into community groups and sectors.

PCA Iowa worked with educators and Dr. Chamberlain to adapt Connections Matter® for education, which is now integrated into the Iowa AEA’s multi-tiered system of support for social, emotional, behavioral, and mental health learning and is an approved training curriculum in the Iowa Department of Education. Through training and technical assistance from PCA Iowa, Iowa educators and administrators are gaining fluency in understanding the impact of trauma and the critical importance of positive social supports in developing resilience and improving outcomes for students and staff. School districts are partnering with local AEAs to create trauma-sensitive schools that support students through classroom design, policy change, professional development, and community partnerships.

Other Connections Matter members of the group have integrated the messaging into their training and outreach efforts. The ACEs Coalition also supported efforts to use Connections Matter® as a starting place to increase social connectedness within community groups representing the Burmese and the Latino Catholic Church. PCA Iowa is collecting data to measure behavior change related to Connections Matter® implementation to receive evidence-based certification.

Policy Change

The Central Iowa ACEs 360 Coalition recognized the importance of advocating for policies to create greater change in responding to ACEs in Iowa. But the group was also intentional about not making a specific ask with their initial efforts to educate state legislators about ACEs. Over four years, the ACEs Coalition has been invited to present to Iowa legislative committees five times.

“It drove them crazy we weren’t asking for anything,” Mineck says. “We said, ‘This should inform everything that you do. It’s not an ask. It should inform.’”

In 2016, the ACEs Coalition developed a formal advocacy agenda with specific asks that represented the collective voices who were a part of Iowa’s ACEs response efforts. Blank Children’s Hospital and the Child & Family Policy Center have co-chaired this advocacy group. MIHF has been a part of these conversations and has also spoken before legislative committees.

Top achievements include:
- Resilient Iowa proclamation signed by Gov. Kim Reynolds (2018)
- Requirement for all Iowa teachers to receive professional development on ACEs and toxic stress (2018)
- Expansion of the 1st Five program in Iowa to connect families found in need of support at pediatric clinics to community services (2016)

Most notable, however, is that ACEs and trauma-informed care have become a part of legislators’ natural conversations as they talk about child development and education.

“We are still doing a lot of education, but we have overheard legislators talking about ACEs on their own,” says Cushatt. “All of a sudden, there’s actually system change. We can actually see some shifts.”

Respondents reporting high ACEs and high support/help often fare better in health and mental health than those with no ACEs and low support.

(Research from Washington State)
Where we are today

“Today, Iowa is viewed nationally as a leader in responding to The ACE Study research, in large part because of the Central Iowa ACEs Coalition’s dedication to sharing information and developing new strategies to prevent, mitigate, and respond to trauma. ACEs is a term brought up routinely in conversations among legislators about health and child development, and in community efforts, such as the Greater Des Moines Partnership’s Capital Crossroads committees.

“What was once terminology that was only known to a small number of professionals has transitioned into a knowledge base for legislators and community leaders,” says Tray Wade, president and CEO of HCI Care Services. “The more these concepts become mainstreamed, the better chance we have to create change!”

“People are still asking, ‘What does ACEs and trauma-informed care mean?’ but the fact that they are even asking means awareness is increasing,” says Vierling. “It seems like there are a lot more community trainings now designed to support staff working with families on understanding these models.”

The conversation has become broader than the original ACE Study and its focus on 10 questions around child abuse and household neglect. People involved in this work are now considering the many factors within an environment that can cause trauma including poverty, racism, crime, and system structures.

Emerging research also shows the importance of caring relationships and building resiliency to respond. Washington’s work in responding to ACEs found that with a coordinated, multi-faceted approach, the state could reduce the level of ACEs in its population within a decade. Their new research on resiliency also shows that individuals who report a high level of support in their lives fare better in health and social outcomes even if they experienced ACEs than those with no support.

Many partners who formed the ACEs Coalition continue to attend meetings, and MIHF’s board of directors recognized in its latest strategic planning process that this movement continues to grow deeper and broader each year.

“I believe this information about trauma-informed work is the key to opening doors for many individuals and giving them the space and safety to heal. MIHF has helped our organization think about a wider breath of upstream determinants of well-being. We are looking at ways to be pro-active and develop communities that promote respect of all individuals and their worth and dignity.”

– Julie Fugenschuh
executive director, Project Iowa
Factors for success

“Creativity and innovation may look like they happen by chance. But there has to be someone willing to look at opportunities for positive change. The size of the grant is less important than the openness, finding a niche, and continuing to advance the practice.”

– David Stout
retired vice president, Child Guidance Center at Orchard Place

Several components made the ACEs movement possible:

FUNDING
INNOVATION
COORDINATION
COLLABORATION
LEARNING
TRUST
LOCAL DATA
SAFE SPACE
PUBLIC-PRIVATE PARTNERS
WHERE WE ARE GOING

What’s next?

“If the social determinants of health are the ‘lens’ through which we view what creates health, ACEs speaks to the real-life consequences.”

– Rick Kozin  
retired director, Polk County Health Department

In 2016, MIHF’s board of directors began to discuss the strategic direction of the foundation’s work. At one point, the conversation strayed into what would be the “next ACEs,” or what was the next spark that would elevate the foundation’s work. But through those discussions, the group came to a shared understanding that the ACEs work was not a short-term initiative. It was a lens through which to view how individual and community health could be improved through all systems that impact child development and family well-being.

“It’s a lens,” says Swartz, “but maybe it’s a prism. There are so many facets and the learning continues to evolve.”

Opportunities to respond to ACEs continues to grow. Partners in the work shared these opportunities:

• **Identify through data what’s working in response to ACEs.** The original ACE Study did not prescribe any model or best practices to respond to the findings. Many practices and strategies developed in Iowa are new and have taken time to be implemented and refined. Now, we must begin to measure results with data and determine what is working.

• **Dive deeper into understanding how a variety of experiences can cause trauma.** Emerging research is starting to consider how experiences such as poverty, crime, or inequities can have a significant impact on child development and community well-being. Systems must also examine how to not cause further harm to those who have already experienced trauma.

• **Continue to educate.** With new stakeholders coming into leadership roles, partners in this work must continue to educate about The ACE Study and how it informs the decisions leaders make and the way systems and organizations can respond.

• **Use new technology.** Data analytics and technology that can predict risk factors for trauma can help us be proactive in how we respond.

• **Build connections to current conversations.** National attention has increased around issues, such as evictions and how that can drive families deeper into poverty. How can this conversation also tie into the discussion on ACEs?

• **Move past the ACEs questionnaire.** The original 10 types of ACEs identified in The ACE Study were important to define trauma and show its prevalence. But we also need to recognize that trauma comes in many forms, including historical trauma and trauma from community and systems. How do we respond in a way that assumes someone has experienced trauma while being sensitive to the fact that not everyone’s actions stem from trauma?

• **Continue to cultivate relationships and build champions.** Changing systems and cultures takes a long time, and it often requires having the right people embedded within a community or field to be a champion of the issue. We must take the time to build relationships rather than push for immediate change.

• **Coordinate across sectors and the state.** Understanding what various systems and communities are doing to respond to ACEs, learning from each other’s work, and coordinating efforts when possible help maximize resources and increase our effectiveness in moving this effort forward.
The power of change

Above all, we must give ourselves time for change. Individuals who have experienced trauma need a lot of support to change the patterns developed within their brains and bodies to respond to stress. Staff and leadership turnover can create a need to re-educate and re-commit to efforts. Sectors must have a shared understanding and language to unite around better serving families. And communities must create a culture of trust and social connectedness.

Change begins by planting seeds and providing the sturdy foundation for growth.

“I think what’s been different about this movement is that every time you peel back a layer, there’s another layer, and there’s another layer, so instead of getting farther away, you get deeper into that issue. The web gets more complicated, but there is also more opportunity.”

– Suzanne Mineck
president, MIHF

“I think the lessons I’ve learned are that we need to continue to honor the collective movement because the work’s not going to move forward by any one individual entity. When we honor the collective, that means honoring all the individual partners, but if we don’t move forward collectively, it’s not going to move.”

– Lisa Cushatt
coordinator, Central Iowa ACEs Coalition

“The power of a community to coalesce around something they find important and to have some very tangible actions and results, that doesn’t always happen.”

– Nicole Beaman
vice president, Child Guidance Center at Orchard Place
Mid-Iowa Health Foundation invites you to learn about ACEs in Iowa and opportunities to respond in your life, your profession, and your community.

www.midiowahealthfoundation.org  |  www.iowaaces360.org