The Adverse Childhood Experiences Study: The Most Powerful Determinant of Health
Invest, Research, Inform, Engage, & Advocate:
Central Iowa’s
Five Prong Approach to ACEs

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Central Iowa ACES Steering Committee
ACEs Framework

- Adverse Childhood Experience
- Disrupted Neurodevelopment
- Social, Emotional, & Cognitive Impairment
- Adoption of Health-Risk Behaviors
- Disease, Disability, & Social Problems
- Early Death
- Death
Impact of ACEs on Early Brain Development

Healthy Brain
This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.

An Abused Brain
This PET scan of the brain of a Romanian orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.
ACE reduction reliably predicts simultaneous decrease in all of these conditions.

Population attributable risk

Source: Washington Family Policy Council
Central Iowa ACES Steering Committee

- Convened group of stakeholders across sectors
- Determined need for Iowa Data
- Formed public-private funding partnership

Developed a collective vision and commitment for addressing ACEs in Central Iowa
Central Iowa ACES Steering Committee
States Collecting ACE Data
2009-2012

Source: Behavioral Risk Factor Surveillance System, CDC.
RESEARCH PRIORITIES

1. 2012, 2013, 2014 ACEs BRFSS data collection through public/private partnership
2. 2012 ACEs Data Analysis and Report
3. 2013 ACEs Summit to share Iowa ACEs 2012 Data
4. Identified and added 6 Neglect questions to 2014 BRFSS
5. Develop ACE Topic Specific Informational Briefs
6. Conduct cross analysis with available state and county data
7. Analyze and produce report for 2012-2014 BRFSS Data
INFORMING PRIORITIES

1. 2011 Stakeholder Convening – 200 Attendees
2. 2012 ACEs Summit - 800 Attendees
3. Two standard ACEs power point presentations
4. www.IowaACEs360.org Website
5. ACEs 2012 Policy Brief Document
6. 2013 ACEs Summit – 800 Attendees
7. Iowa 2012 ACEs Data Report
8. Documentary Videos
9. Create an on-line ACEs learning module
10. Develop an ACEs Communications Toolkit
11. Disseminate ACE Topic Specific Briefs
12. Begin hosting Community Learning Circles
ENGAGING PRIORITIES

1. ACEs readiness assessment with 23 organizations and family serving systems
2. Interstate ACEs Learning Collaborative
3. Prevent Child Abuse Iowa – Community-Based Child Abuse Prevention Response to ACEs Project
4. Trauma Informed Care Stakeholders
5. Assist in forming an Intrastate Learning Collaborative
6. Map organization activity around ACEs in Central Iowa
7. Begin hosting Community Learning Circles
ADVOCACY PRIORITIES

1. 2012 Policy Brief Document (Pre Iowa BRFSS data)
2. Participate in Children’s Health Advocacy & Policy Convening
3. Legislative Committee Presentation
4. Convened state department leadership to meet with Dr. Anda & Laura Porter
5. Educate Legislators one-on-one about ACEs
ADVOCACY PRIORITIES

1. Disseminate 2012 Iowa ACEs Report to Legislators/staff
2. Participating in dialogue around following legislative items:
   • Redesign of Children’s Mental Health System
   • TIC Training for educators in Department of Ed.
   • Funding to continue to collect ACEs Data
   • Integrated Data Collection System
   • Trauma Informed Care practices in DHS
   • Expansion of 1st Five Program
   • Childcare Continuous Eligibility
INVESTING PRIORITIES

1. Develop Public-Private Funding Partnerships
2. Leverage additional resources through stakeholder partnerships and program development
The Magnitude of the Solution

Economy
Workforce

Education

Judicial Corrections

Health

Community Family
Central Iowa ACES Steering Committee