Great communities are made by people, and people need a strong foundation in order to thrive. To establish this foundation, Iowans have been promoting healing and resilience within our communities and surrounding systems. Together, we are building a brighter future for all.

As we understand more about childhood adversity and its impact, this work becomes even more critical. Analyzing Iowa data on adverse childhood experiences (ACEs) reveals that trauma is common and that it can affect us throughout our lives. Nearly two-thirds of Iowa adults report experiencing at least one type of adversity growing up. One in six Iowans report four or more ACEs.

The more adversity someone experienced as a child, the more likely they are to suffer from depression, smoke, have heart disease, miss days at work due to poor health, or face many other challenges in adulthood. At least five of the top 10 leading causes of death are associated with ACEs, according to the CDC.

To respond, we need to do more than improve conditions for individuals and foster relationships within families. Our world has created policies and institutionalized systems that perpetuate oppression and prevent access to resources. Black and Indigenous individuals, people of color, and those living in poverty are among the most impacted. COVID-19 has especially elevated the need to change our systems as we see the impact this crisis is having on our communities.

Emerging research shows that positive childhood experiences stemming from caring relationships and connections in the community reduce the likelihood of poor outcomes, even when adversity has occurred. Using strategies outlined in the Iowa ACEs Report, we can build the environments that foster healthy development and create systems that lead to an equitable community.

While ACEs can affect our future well-being, they don’t have to.

This executive summary of the 2020 Iowa ACEs Report shares the progress that Iowans have made through practice and policy changes, the challenges we still see in Iowa’s data, and the steps we can continue to take to address these challenges. Working together to build compassionate, equitable communities within our state, we can give all Iowans a chance to thrive—creating a bright, inclusive future that will benefit every Iowan.

ACEs: Adverse childhood experiences are traumatic events that can dramatically upset a child’s sense of safety and well-being.

Resilience: The capacity to adapt and grow through adversity with support from others.
All Iowans Can Thrive

Just as houses cannot build themselves, we cannot build our own well-being. It takes a supportive team and the right materials, including access to physical and mental health care, a nurturing home, meaningful work that provides for a family’s needs, and access to opportunities and connections within the community.

Even if we have experienced a high level of stress growing up, enough protective influences can tip the scale for positive outcomes in our lives. These influences are built within surrounding systems and communities and support both parents and children at the same time.

Adults reporting 6-7 positive childhood experiences had 72% lower odds of suffering from depression or poor mental health, compared with those reporting 0-2 positive childhood experiences.*

*Source: Responding to ACEs with HOPE, 2017

SOLUTIONS THAT WORK

Inspired by the ACEs science, Iowans are leading efforts to help others heal and thrive.

POLICY CHANGE

Iowa leaders passed a law in 2018 that requires educators to receive annual training on ACEs. Many school staff are now aware of ACEs science and are implementing strategies to promote healthy development and resilience in the classroom.

Des Moines Public Schools’ Flex Academy has used this knowledge to build empathy for students with barriers to attending school and to help staff manage their own stress. Teachers and students are being trained in mental health first aid to respond to those at risk of suicide.

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– Stephanie Reinhardt, DHS supervisor

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“With the parents, we ask, ‘What’s happening with you? You said you had anxiety. Are you getting help with that?’ A child isn’t in a vacuum. They are in a family.”
– Cheryll Jones, nurse practitioner

“The mental health of the staff and the students is the foundation before academic rigor, because that’s how you get to rigor.”
– Mimi Willoughby, Academic Pathways Supervisor at Des Moines Public Schools

PRACTICE CHANGE

Pediatric health care providers have an opportunity to identify family stressors early on that could lead to ACEs for children.

As a pediatric nurse practitioner in the University of Iowa Specialty Care network, Cheryll Jones and her Ottumwa clinic have incorporated ACEs-type questions into health history screenings. Many families referred to her clinic report substance use, domestic violence, and suicide attempts in the home. In addition to helping a child access services to address developmental delays or mental health issues, a family navigator works with parents to address their needs and reduce stress.

SYSTEM CHANGE

Responding to a culture of high stress, poor mental health, and burnout, the Polk County DHS Child Welfare supervisors formed a retention team to better understand how to support staff. Changing the department’s environment required that supervisors examine their own complex trauma and build relationships with each other and their staff to buffer against secondary traumatic stress stemming from difficult work with families. Over 18 months, the supervisor team has developed new approaches to their work through monthly coaching calls with a consultant. They note an incredible difference in how staff members interact with each other.
**EXECUTIVE SUMMARY | ACES DATA IN IOWA: 2017-2018**

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**EARLY ADVERSITY CAN DISRUPT DEVELOPMENT**

Starting before birth, a child’s brain is constructed through an ongoing process that continues into adulthood. **Positive interactions with caring adults in safe, nurturing environments early in life lay a strong foundation for all development that follows.**

Learning to cope with adversity is an important part of a child’s development. But if a child experiences stress that is powerful, frequent, prolonged and/or unpredictable without adequate adult support, their stress-response system can remain turned on at all times and disrupt their development. Over time, this disruption can lead to poor outcomes in health, learning, and behavior.

The newly updated ACEs pyramid, developed by the Ryse Center and adapted by the CDC to explain the experiences of Black youth, shows the lifetime trajectory of trauma, starting before conception. This graphic shows what factors can contribute to trauma that then can lead to disrupted development and poor outcomes.

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**WHAT CONTRIBUTES TO ACES**

The ACE questionnaire focuses on adversity within a family, but external factors—including systemic racism, community violence, and natural disasters—can also cause trauma and contribute to ACEs. In addition to experiencing trauma within systems and environments, extreme levels of stress can change a person’s genetic code, influencing how future generations respond to stress within their bodies and their risk of poor health outcomes.

While Iowa’s total population reports a significant number of ACEs, many groups with less power in our society report higher ACEs. Iowa adults who report four or more ACEs at higher rates include:

- Adults of color
- Adults with less than a high school education
- Adults with income below 184% of the federal poverty level
- Adults identifying as female

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**IMPACT OF ACES ON IOWANS**

Exposure to ACEs is associated with increased risk for health problems across one’s lifespan. By changing our systems and communities to prevent ACEs and support those who have experienced ACEs, we can improve health and mental health, reduce risky behaviors, and boost education and employment potential in our state. We can also break the cycle of future generations experiencing the same kinds of adversity.

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**ODDS OF DEVELOPING HEALTH CONDITIONS BASED ON ACES/NEGLECT**

The measured effects of ACEs score on each chronic condition were controlled for age, race and ethnicity, gender, and education.

This chart represents odds ratios, or how many times more likely an adult with ACEs is to experience a given health outcome compared to those without ACEs. For example, those reporting four or more ACEs/neglect are 5.25 times more likely to have COPD, 2.21 times more likely to develop asthma, and 7.69 times more likely to have depression than those reporting zero ACEs.

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**ODDS RATIO**

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EXECUTIVE SUMMARY | ACES DATA IN IOWA: 2017-2018
Whenever Christine Her’s father desperately missed his parents, he would take a scarf that had belonged to them up into the mountains and smell it. Living in Laos at the end of the Vietnam War, her father, along with millions of Hmong people, fled genocide by living in the jungles. After two years as a boy soldier, he escaped to Thailand and made it to America. The trauma he and Christine’s mother faced as Hmong refugees defined them as parents. Growing up in Des Moines, Christine’s physical needs were met, but she was always pushed to be perfect. She often heard: You’re too fat, too loud, not smart enough.

“I think it does something to you,” Christine says, “because you grow up navigating in this world and thinking your parents don’t even love you, so no one can love you.”

She also felt pulled between being Hmong and American. Despite the valuable role Hmong played for the U.S. in the war, they were never talked about in history lessons. Meanwhile, her father’s friends were dying from heart disease or strokes. Christine’s father had a heart attack at age 45, but fortunately survived.

These experiences pushed Christine into a state of hopelessness, rage, and a failed suicide attempt.

Then, in 2018, as executive director of ArtForce Iowa, Christine learned about The ACE Study and the impact of trauma.

“ACEs really put into perspective that it wasn’t that my parents didn’t want to give me what I needed growing up, it was that they couldn’t,” she says. “They got through it with their parents saying, ‘Tough it up. Stop crying.’ And that’s how they treated me, and I was like, ‘I need someone to hold me and let me cry.’”

By talking about trauma, Christine has finally been able to have conversations with her parents about how she felt growing up. The staff at ArtForce Iowa has also been on a journey of learning and healing, which has changed how they approach art workshops for youth who are in the juvenile justice system or who are immigrants or refugees.

“Our intent and hope are to do more than create spaces where youth artists are their best artistic selves,” Christine says. “We are not healers, but with the help of our young people, we can foster a sense of belonging, self-reliance, community, and self-love.”

24% of new mothers report sometimes, often, or always feeling depressed since giving birth.

11% say someone very close to them had a problem with drinking or drugs.

While a parent’s past trauma and current stress levels do not mean a child will have ACEs, the data highlights the need to support the entire family to reduce trauma.

Thank you to the Behavioral Risk Factor Surveillance System for gathering ACEs data and to the Iowa Department of Public Health for completing the data analysis.

The Iowa ACEs 360 Coalition provides research, tools, and a network to empower you to become an informed champion for healing and preventing ACEs. Learn more at:

www.iowaaces360.org