

## Iowa ACEs Summit Survey Results

A large majority of respondents found the summit compelling with over 90% rating it a 4 or 5 on a scale of 1-5 with 1 being “not at all” compelling and 5 being “most definitely” compelling. **Overall, attendees were highly compelled by the strong correlation between ACEs and long-term physical health, mental health and social effects.** Many cited Dr. Anda’s research itself as most compelling. For some, Dr. Anda’s research confirmed what they already suspected was the case based on anecdotal evidence; many expressed hope that the research will trigger action where anecdotal evidence falls short.

**Close to 90% of respondents found the ACEs study findings to be relevant or very relevant to their field of work.** Many respondents reported that they anticipate making changes in their field of work based on what they learned from the summit. The most common plan was to educate colleagues and employees about ACEs. Other responses included:

- Sharing what they learned at the summit with parents and clients;
- Incorporating what they learned at the summit directly into their work with children and clients;
- Screening clients for ACEs.

### Learning from Washington’s Model

Laura Porter’s presentation on the Washington State Model provided ideas that many respondents hope will be replicated in Iowa. Almost 86% of respondents would like to see something from the Washington State Model applied to Iowa. The most popular aspect was the health center at Lincoln High School in Walla Walla. Many were also inspired by the community collaborations that occurred in Washington, recognizing localized responses as key to improving health and well-being outcomes in Iowa.

### Identifying Key Stakeholders

Respondents named a wide variety of key stakeholders they believe need to be involved for a successful implementation of ACEs programs in Iowa, the most common response was **educators**. Many also felt the **Department of Education** should be a key player. After education, the most common response was **healthcare workers** (including mental healthcare workers) and the **Department of Public Health**. Other key stakeholders included **legislators, the Department of Human Services and social workers, non-profits and community action agencies, law enforcement and the justice system, businesses, faith-based organizations and parents.**

## Getting Involved

In addition to making changes in their field of work, many respondents indicated an interest in being part of Iowa's next steps with the highest number expressing an interest in spreading awareness about ACEs or learning more themselves. Others would like to serve on committees or take on other leadership roles. 81 respondents are interested in engaging in state level work and 149 are interested in getting involved with local ACEs planning efforts.

Most were unaware of existing community initiatives working to infuse ACEs at the time and would like to learn about opportunities to get involved as they come up.



## Recommendations for Next Steps

Respondents offered the following suggestions regarding on future local and state planning efforts:

- Educate the public and increase awareness around ACEs in a variety of ways including conferences, meetings, and trainings.
- Build connections and relationships throughout the community.
- Develop models and frameworks
- Lobby for policy change
- Provide resources to people affected by ACEs and the agencies that serve them.

## Summary and Conclusions

Overall, there is a high degree of interest in advancing ACEs work in Iowa amongst survey participants. Attendees expressed a high level of interest in having forums for people to discuss their ideas and to ensure that policy workers, legislators/government officials, potential funders and other leaders are included in such discussions.

An overarching theme from the survey was that it is important to work as a community to educate the public, and especially parents and people who work with people affected by ACEs, as well as to educate about the impact of ACEs on many aspects of well being at an individual, family, and societal level. Lastly, it was largely recommended that planning efforts need to take into account the necessary funding and other resources needed to help such a sizeable and diverse segment of the population who have experienced ACEs.