

Adverse Childhood Experiences (ACEs) Study Report

The League of Women Voters- Moscow

November 2019

According to its mission statement, the League of Women Voters is a nonpartisan political organization that “encourages informed and active participation in government, works to increase understanding of major public policy issues, and influences public policy through education and advocacy”. Accordingly, local leagues periodically identify issues of concern, agree upon scopes of action to study them, conduct research, write reports, prepare questions for discussion by the membership, and pursue consensus toward taking formal positions on specific issues. The process is careful, deliberate and democratic.

LWV-Moscow 2012 Poverty Study

Consensus on this study was reached by the League of Women Voters of Moscow on 11/20/19 and was approved by the board 12/3/19.

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**Adverse Childhood Experiences (ACEs)
Study Report
LEAGUE OF WOMEN VOTERS OF MOSCOW**

Study Summary

There is growing scientific evidence that associates a higher incidence of Adverse Childhood Experiences, such as abuse, neglect and household dysfunction, with health and social problems throughout the lifespan. Chronic or significant trauma can affect a child's developing brain and body and continue its negative impacts into adulthood. The impacts are enough that researchers, practitioners, and policy makers now see ACEs as a public health threat in its own right.

A board member urged the League of Women Voters of Moscow (LWVM) to examine ACEs at the local Latah County level. The ACEs study proposal was brought to the LWVM board on March 22, 2017, and approved by the general membership at their meeting on May 2, 2017. This report is the conclusion of a project conducted during 2017-2019.

The study initially had three goals:

- Determine the impact of ACEs in Latah County
- Identify supports/agencies that address resiliency issues in Latah County
- Identify barriers to lowering ACEs scores in Latah County—missing pieces in addressing community issues that serve people (support, education, social norms as well as additional needed resources).

The committee members studied information on this topic, attended regional conferences, trainings, and other community events to better understand the issues, and joined groups in the area with similar ideas and goals regarding ACEs/resilience education. Research and work related to ACEs is emerging rapidly.

The study goals changed as the committee worked through the scope of the project. The first goal, determining the impact of ACEs in Latah County, faced an immediate challenge. ACEs scores were not easily collected and privacy concerns prohibited organizations from sharing specific connections between individual experiences and their possible impacts. Therefore, data about ACEs scores in Idaho was collected from online sources. The third goal also changed: the committee made a shift from identifying barriers to lowering local ACEs scores to having an interest in enhancing resilience skills and exploring other ways higher ACEs scores could be mitigated. The goals became:

- Collect available data on ACEs scores in Idaho
- Identify supports/agencies that address ACEs-related issues in Latah County
- Sample the degree of understanding of ACEs/resiliency research in local community organizations
- Identify some barriers and resources that agency personnel reflected were needed to more effectively serve their clients and those with ACEs

The next actions of the committee were to gather information on the knowledge of ACEs in our community among local organizations serving the public. The committee members created a list of 14 organizations that we believed covered a sampling of the broad array of services and support to address the multifaceted issues associated with ACEs. The committee then created a questionnaire to guide discussion and met with representatives of the organizations either in person or over the phone. One of the organizations identified by the committee was not able to participate in the study. The committee discussed the types of organizations that had agreed to participate and share information, and decided the sample was broad enough to represent various perspectives. The organizations that were interviewed are listed in the summary of findings. The Study Questionnaire and further information on the organizations interviewed can be found in Appendices A and B.

The summary of findings from our interviews generally follows the format of the questionnaire. Answers to the first set of questions, regarding the degree of understanding of ACEs/resiliency research, are reported in sequence. However, for ease of understanding and to protect the privacy of interviewees, the identified barriers to addressing ACEs and the resources needed in Latah County were grouped into the following general categories:

- ACEs Training and Education
- Basic needs:
 - Affordable Housing
 - Food Insecurity
 - Health Care
- Accessibility of Services
- Parenting Supports/Child Care
- Professional Partnerships/Collaboration

It was encouraging to see the level of receptivity and energy expressed by local organizations regarding ACEs/resilience research. Some of the people interviewed were not only aware of ACEs research but would like more training in this area for their organizations, allied systems and the general public.

Interview feedback indicated there remain large challenges facing our community to meet basic needs in the areas of food insecurity, affordable housing and health care. The level of food insecurity has increased in the last seven years, and the infrastructure to meet this need has stayed flat in some areas and decreased in others. In Latah County, the average percentage of income dedicated toward housing within a household budget exceeds fiscal norms to also meet other basic needs. In order to ensure adults and families within our county are supported, we suggest pursuing increased opportunities for residents to obtain affordable and safe housing. Latah County providers report concerns their efforts to mitigate ACEs are impacted by the lack of availability of medical, dental and mental health services. Increased support for systematic changes in order to help meet these basic needs is sorely needed.

A growing body of research shows that ACEs are likely to be passed from one generation to the next. Latah County feedback regarding parenting supports and child care stresses; the importance of further developing wraparound services for the whole family; increased

implementation of evidence-based parenting/family supports; affordable child care; support for forensic investigations of child abuse to be conducted in Latah County; and support for development of foster care homes in rural areas of the county.

Professionals want more opportunity to collaborate in a meaningful way across disciplines and note that increasing infrastructure in this area would promote better care in the community. Although people collaborate as they are aware of opportunities, there is not a general, up-to-date, clearinghouse for resources for professionals as well as for the general public. Further support for continued education and supervision that supports evidence-based practices across disciplines was identified as a need and should be included in budgeting for programs.

Many interviewees expressed interest in further dialogue and coordination with providers in the area. One provider suggested that LWV-Moscow could host a meeting where organizations could discuss how they would apply the ACEs/resilience knowledge in a coordinated way in our community.

There was also interest expressed in exploring the idea of becoming a so-called “trauma-informed” community; i.e., trying to take a more holistic approach aimed at understanding and addressing root causes of these challenging issues rather than focusing on symptoms.

Addressing barriers to accessing supports and services in Latah County should be focused on increasing access to specialty care, decreasing stigma around assistance support/programs, and increasing support with transportation barriers.

Within the state of Idaho as a whole, there is growing awareness of the impact of ACEs. However, though more than 20 states have responded to ACEs research with specific resolutions or laws, Idaho is not one of them. A legislative resolution acknowledging the impact of ACEs trauma and encouraging state policy and programs to incorporate ACEs science would raise awareness and support.

Next steps: Because of the energy surrounding ACEs science, and the new research and strategies arising as a result, service providers dealing with the public are challenged to stay current with training and resources. Lack of funding and resources amplify the problem. It was apparent during this study that Moscow and Latah County have gaps in community ACEs awareness, ACEs training for local organizations, and assistance to reduce the regional impact and incidence of ACEs.

The LWV-United States and LWV-Idaho already have position statements addressing medical and behavioral health care and the LWV-Moscow has a relevant position statement on poverty. However, given the high price our children and community will pay if rapidly emerging ACEs science is ignored, we believe our local organizations and professionals need additional help bringing ACEs training and responsive programs to Latah County.

The committee acknowledges the contribution that the 2012 LWV-Moscow Poverty Study made to this community and to the current study. While there has been progress in some areas identified in that study, perhaps most notably the opening of the CHAS Latah

Community Health Center, many gaps in meeting basic needs that were identified in 2012 continue to be concerns in Latah County seven years later.

Consensus questions to be addressed on the November 20, 2019, noon meeting can be found on page 20.

Thank you to the organizations that were willing to discuss with us their understanding of ACEs, barriers, needs for resources, and interest in improving the health of our county.

Thank you also to the League and committee members who have worked in various ways to complete this study: Susan Zenier and Rhonda Allenger (Committee co-chairs), Diane Baumgart, Anne Cheadle, Louise Colson, Sarah Hudnall, Liz Khosravi, Karen Lewis, Sue Ripley, Mary Beth Rivetti, Anya Sheftel, Katie Stinson, and Lynn Weaver.

Introduction to ACEs

What are ACEs?

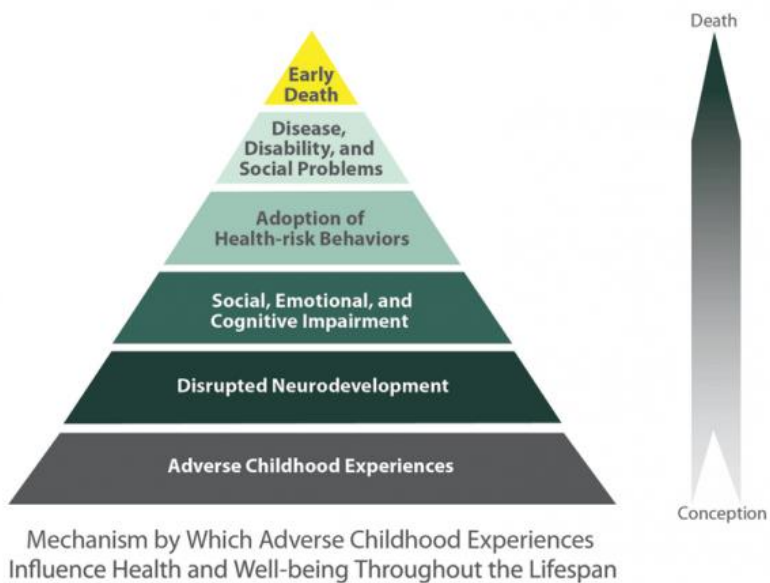
ACEs is an acronym for Adverse Childhood Experiences that was coined in a 1995-1997 study by Kaiser Permanente and the Centers for Disease Control and Prevention. It refers to specific childhood “adversities” or stressors that are typically grouped in three categories: abuse, neglect and household dysfunction. In the study, questions were asked about the occurrence of specific adversities occurring between the ages of 0 to 18. The study found that the presence of multiple, chronic or persistent stress can impact a child’s developing brain and increase the likelihood of a variety of high-risk behaviors, chronic diseases and negative health outcomes in adulthood such as smoking, diabetes and heart disease. Another significant finding was that these stressors or traumas were present across a broad spectrum of society. See Reading No. 1: *The Adverse Childhood Experiences Study—the largest, most important public health study you never heard of—began in an obesity clinic.*

Now there are various ACEs questionnaires but generally they address childhood events in the areas of:

Abuse: Emotional,
Physical, Verbal, Sexual

Neglect: Emotional,
Physical

**Household
Dysfunction:** Domestic
Violence, Substance
Abuse, Mental Illness,
Parental Separation or
Divorce, Incarcerated
Household Member



Each “yes” answer, indicating the occurrence of a specific stressor, increases an individual’s ACE score. As ACE scores rise above 2, increasing impacts on behavioral and physical health are seen in children and later in their adult lives.

ACEs research is emerging rapidly and other stressors including community violence, racism, chronic poverty, and trauma related to natural disasters and climate change are being explored. See Reading No. 2: *ACEs and Toxic Stress: Frequently Asked Questions*

A representative ACE survey can be found in Appendix G. The above graphic (Page 6) was imported from the Child & Adolescent Health Measurement Initiative (CAHMI) website.

ACEs scores in Idaho

Idaho has been slower than some states in collecting ACEs information from its residents. According to the ACEs Connection website, states such as California and Michigan began using the ACEs module of the Behavioral Risk Factor Surveillance System (BRFSS) six years ago. A national map on the Centers for Disease Control and Prevention (CDC) indicates Idaho began reporting ACEs module data in 2018.

But while Idaho results do not yet appear on the ACEs Connection website map, they are included in recent data from the Child & Adolescent Health Measurement Initiative (CAHMI). According to CAHMI, in Idaho 21.1% of children have 2 or more ACEs while nationally the average for children having 2 or more ACEs is 20.5%.

The same study indicates that in states surveyed from 2011-2014, 24.6% of adults in the United States were estimated to have had 3 or more ACEs. See Appendix G: *CAHMI Idaho Fact Sheet*.

The CDC reports on its ACE data webpage that “the prevalence of ACEs from the BRFSS data was similar to that of the original ACE Study. Almost two-thirds of surveyed adults reported at least one ACE and more than one in five reported three or more ACEs. ACEs are common across all populations.”

“ACEs scores are not destiny”

This quote from an October 2019 airing of *Resilient Idaho: Hope after Trauma* on Idaho Public Television underscores one of the important directions ACEs research has taken, namely, what can be done to mitigate the impact of ACEs trauma. This is a rapidly growing area of study.

There are several ideas emerging from this research. Specific so-called “trauma-informed” practices for interacting with children are being explored and applied across a broad range of fields, including education, counseling and social services. There is also exploration of the idea of a “trauma-informed” community, in which the signs and symptoms of traumatic stress are more likely to be recognized, and where community members and organizations are trained in mitigation and support. For example, the organization Peace4Tarpon was created to help make Tarpon, Florida, a trauma-informed community. (See Reading No.2 and Appendix G.)

Another important idea is to teach and demonstrate strategies to enhance resilience skills, with resilience defined as the process of adapting well in the face of adversity or significant sources of stress. Studies on college enrollment vs. college graduation (200,000 students in the database across seven states) indicated the skills of resilience, called soft skills by researchers, were more predictive of graduation than either IQ or standardized tests scores like the SAT and ACT. Many colleges have dropped requirements for these tests noting that GPA, regardless of the high school, was a better predictor of college graduation (Book “Crossing the Finish Line: Completing College at American Universities” by William G.

Bowen, former Princeton president, and Michael S. McPherson, former president at Macalester College in Minnesota.)

As new ACEs science emerges and becomes refined so does its terminology. A link to a glossary of terms used in the context of ACEs and ACEs mitigation is found in Appendix G.

One result of rapidly evolving ACEs science and terminology, especially when familiar words such as adversity and resiliency have taken on specialized meanings, is missteps even on the part of professionals. For example in 2018, the College Board planned to include an “Adversity Score” in its reporting of Scholastic Achievement Test results, in which the adversity score was made up of the average of two ratings between 1 and 100 — one for the student’s school environment and the other for the student’s neighborhood environment — that indicate the obstacles a student might have overcome, like crime and poverty. It only recently withdrew its plan, claiming it “erred in distilling the challenges faced by college applicants to a single number.” (See New York Times article referenced in Appendix G.) Efforts to mitigate ACEs impacts can be complex and controversial.

Clearly there is recognition of the importance of helping children and adults learn to adapt well in the face of adversity and learn the many skills within resilience. Fortunately, the energy and knowledge of both the problems and the treatments are emerging to meet the challenge. There is also general acknowledgement that every person is different and there is no quick and easy one-size-fits-all solution to helping our populations cope with traumatic stress.

Community Interview Findings

To begin its work, the committee considered local organizations that were positioned to interact with adults and/or children either experiencing ACEs or coping with the aftermath of traumatic stress. Members looked to explore a broad cross-section of services rather than conduct an in-depth study of one particular type of social support.

Therefore, the following is not an exhaustive list of all possible community supports, but a representative sample. We appreciate the willingness of these organizations to participate in our study and have included more information about them and the specific services they provide in Appendix B.

Organizations interviewed, in alphabetical order:

Alternatives to Violence on the Palouse
CHAS Latah Community Health
Children’s Protective Services Program – Moscow
Family Promise of the Palouse (FPP)
Gritman Medical Center
Idaho Infant/Toddler Program
Latah County Youth Services
Latah Recovery Center (The Center)
Lewis and Clark Early Childhood Center – Moscow (Head Start)
Moscow Food Bank
Potlatch Food Pantry
SMART Transit

Questionnaire Section A: Degree of Understanding of ACEs/Resiliency Research

This section follows the interview questionnaire sequence.

A.1 Describe the services provided by your agency/organization that work to minimize effects of ACEs trauma in children and adults.

The organizations included professionals in the following fields or services of advocacy: counseling/therapy, teachers, ACEs educators in medical and other areas, emergency housing, financial and food supports, criminal justice, safety-in-home investigations, life skills teaching, partnering with families/coaching, peer mentoring, supporting families and children based on medical needs or delays in development, running support groups, and transportation.

Question 2 is a five-part question:

A.2.1 Are you aware of what Adverse Childhood Experiences are? Yes ___ No ___

In the variety of organizations and service providers we interviewed, 10 of 13 were affirmative that they were aware of ACEs, three were not.

A.2.2 Are you aware of the research about long-term impacts of ACEs on children and adults?

Nine of the 13 organizations interviewed were aware, four were not.

A.2.3 How would you describe your area of knowledge of ACEs?

Ten of the 13 professionals had some training and of those 10, four felt as though they wanted/needed more training in this area. The remaining three participating organizations either did not respond to this question or were not familiar professionally with ACEs.

A.2.4 Reviewing the above list of ACEs events, are your children or parents able to receive specific support for these traumas in your program?

Five of the 13 agencies interviewed provide supports for 2-3 areas of trauma, three provide services for many areas, four organizations interviewed did not believe this was applicable to their agency, and no organization in our sample provides supports for all of the adverse experiences listed in the ACEs survey.

A.2.5 Are you able to locate/refer children or parents to supports for the above traumas?

Nine of the 13 agencies said some of these areas of services for trauma have local supports, three of the agencies said that making referrals was not applicable to their program, and one agency said that they were not aware of many services for these ACEs traumas.

Questionnaire Section B***B. Supports, Barriers, and Resources Needed—Grouped by Category***

In the following section, services provided by the organizations interviewed have been grouped into general categories for clarity.

B.1 ACEs Training and Education

Though many service providers surveyed had some education regarding ACEs and their direct impact on health and overall wellness, there were recurring comments about the need for additional educational opportunities for everyone. This includes the general population, people who have been exposed to ACEs trauma, the personnel who provide direct services to people who have experienced ACEs and professionals in the wellness fields who are addressing these concerns directly.

Currently, there are agencies in the area that are providing education to their clients regarding ACEs and enhancing resilience skills. These are typically agencies that work with children and adults to mitigate the impact of ACEs using counseling services and direct

resource referrals for basic needs such as housing, life skills, etc. There are some general parent education programs such as Circle of Security and Parents as Teachers, which are available (as funded) to families in Latah County and help build stronger families. Latah County does have resources available and many of the organizations surveyed educate their clients on how to find the resources they need and how to navigate systems. Education also comes in the form of support groups that help people to work toward their goals. There are some health care professionals who are educated about ACEs and receive ongoing training and support in this area.

As the residents of Latah County do their best to provide education to the community at large regarding ACEs, it became known through the survey interviews and further reading and discussion that many people in Latah County do not know about ACEs, its comprehensive effects on individuals who have experienced trauma, and how it affects communities. A significant interest in additional education and training was expressed for a variety of demographics in our communities.

Beyond educating the general public, there was an expressed interest to provide education for: the medical community; school personnel; counselors/mental health professionals; occupational therapists, people in the court systems, specific boards of directors whose agencies are working to mitigate the effects of ACEs; city councils; daycare providers and staff of organizations providing services to the general public. Providing education would include not only the network to deliver these tools, but also the financial resources/funding to maintain ongoing trainings for families, professionals, and others.

As Latah County residents continue to work toward supporting and including all of its members, it appears from the conversations and results of this survey that ACEs/resilience education, in all its forms and purposes, is an essential part in providing the community with the frameworks it needs to affect positive change and become a better trauma-informed community.

B.2 Basic Needs

B.2.1 Basic Needs: Affordable Housing

Homelessness and Adverse Childhood Experiences: The Health and Behavioral Health Consequences of Childhood Trauma Fact Sheet indicates children who experience homelessness are more likely to have higher ACEs scores. The Fact Sheet further states children experiencing housing insecurity report a higher likelihood of physical and emotional abuse and neglect, financial exploitation, and sex trafficking (National Health Care for the Homeless Council, 2019). Moreover, Cutuli, Montgomery, Evans-Chase, & Culhane (2013) identified that within Washington state, “parents who have ever been homeless had experienced higher levels of childhood adversities in their own lives” (p. 33).

Idaho Public Health Department - North Central District’s 2016 Community Health Needs Assessment (CHNA) reports that in Latah County 43% of the population was at poverty level or above the national poverty level and still not able to afford basic cost of living for Latah County (e.g., Asset Limited, Income Constrained, Employed; ALICE).

Additionally, Community Action Partnership (CAP) serves families and individuals whose income falls between 125% and 200% of Federal Poverty level in 10 northernmost counties in Idaho and Asotin County in Washington. In their 2015 Community Needs Assessment they stated "over 60% of survey respondents reported they are unable to find affordable housing to purchase, while 67% reported they are unable to find affordable housing to rent." (<https://www.cap4action.org/wp-content/uploads/2016/06/CNA-2015-Full.pdf>).

Organizations that were interviewed stated they provide emergency housing to their clients and support them in navigating local resources as they look for housing.

In this area of feedback organizations participating in the survey identified the following need for resources:

- Affordable housing
- Need for foster homes in rural areas

It is evident that the respondents of the ACEs study spoke to the same need that was highlighted by CHNA (2016) - access to affordable housing. However, in the case of the ACEs study, the survey respondents also emphasized the need for safe housing for foster children in the outlying areas of Latah County. Thus, in order to ensure that adults and families within our county are supported, we suggest increased opportunities for our residents to obtain affordable and safe housing.

2016 Community Health Needs Assessment (n.d.). Retrieved from <http://idahopublichealth.com/district2/dataresources/2016-CHA-Final.pdf>.

Cutuli, J. J., Montgomery, A. E., Evans-Chase, M., & Culhane, D. (2013). Factors Associated with Adult Homelessness in Washington State: A Secondary Analysis of Behavioral Risk Factor Surveillance System Data. *Final report June, 1*. <https://buildingchanges.org/images/documents/library/2013%20Factors%20Associated%20with%20Adult%20Homelessness%20in%20WA%20State.pdf>

National Health Care for the Homeless Council (February 2019). Homeless and Adverse Childhood Experiences : The Health and Behavioral Health Consequences of Childhood Trauma Fact Sheet. Retrieved from <https://nhchc.org/wp-content/uploads/2019/08/aces-fact-sheet.pdf>

B 2.2 Basic Needs: Food Insecurity

Inadequate food supply and poor nutrition negatively impact all areas of a person's well-being: physical health, behavioral health and mental health. For children, growth and development, and school readiness/achievement are also impacted. In 2010, the rate for food insecurity in Latah County was 17.6%, slightly higher than the state average of 17%. According to County Ratings and Road Maps., Idaho had an improved average in 2017 at 15% for food insecurity, but Latah County had increased to 18%.

<https://www.countyhealthrankings.org/app/idaho/2017/measure/factors/139/data>,

Many philanthropic and religious organizations organize food drives throughout Latah County. There are annual Palouse Cares food drives that coordinate door-to-door donation gathering throughout Latah and Whitman Counties. The Summer Lunch Program and Weekend Backpack Program for kids were identified as organizations the support resilience for those challenged with food insecurity. There seems to be a growing awareness of the number of people in our county who are impacted by food insecurity.

The 2012 LWV-M Poverty Study researched many aspects of food insecurity in Latah County. Unfortunately, many of the challenges have not changed since that time and in some cases have become more difficult. For example, in 2012 there were four food banks in Moscow. Seven years later, there is only one food bank with limited hours of operation that is staffed solely by volunteers and runs on donations and grant money. The Moscow Food Bank reports they serve between 1,350 to 1,500 people a month.

Organizations that were interviewed identified the following barriers/need for resources in this area:

- Increased hours of operation for food banks
- Consistent hours of operation (can vary from posted hours of operation)
- Facilities/storage needed to hold more volume
- Increased stability for funding of programs
- Increased education about nutrition
- Difficulty identifying accurate food bank resources through directory or clearinghouse

B.2.3 Basic Needs: Healthcare

Access to health care is important in not only treating but also in preventing illness. Healthy People 2020, a national initiative focused on “eliminating health disparities, addressing social determinants of health, improving access to quality health care, strengthening public health services, and improving the availability and dissemination of health-related information” emphasizes that access to health care promotes health, reduces disability rates, reduces premature death rates, and creates health equity in our nation (healthypeople.gov/2020). Yet, Idaho Public Health Department - North Central District's 2016 Community Health Needs Assessment (CHNA) reported that 16% percent of Latah County residents under the age of 65 did not have health insurance. This number will change as Medicaid expansion enrollment begins in

November, with coverage effective January 2020, but details of the expansion are still being negotiated.

CHNA also stated that 27% of Latah County residents experienced adult obesity, 21% engaged in excessive alcohol consumption, and 88% of diabetic Medicare enrollees received HbA1c screening. Additionally, CHNA stated that Latah County has a suicide rate of 13.2 per 100,000, which is lower than the state of Idaho overall (19.7 per 100,000) and higher than the national average of 12.93 per 100,000. Finally, the report states that as of 2016 within Latah County, there was one mental health provider per 670 residents. (<http://idahopublichealth.com/district2/dataresources/2016-CHA-Final.pdf>) It is evident that access to affordable health care for both physical and mental health is vital to overall community well-being.

Organizations interviewed for this study stated they provide counseling, case management, and physical health/medical services to Latah County residents. They also reported providing education to medical professionals to ensure the residents of Latah County are receiving evidence-based health care. Additionally, respondents stated that they coach their clients on how to access needed services and work to create community partnerships to further ease access to healthcare for Latah County residents.

In this area of feedback organizations participating in the survey identified the following need for resources:

- Access to affordable health care, including physical health, dental health, and mental health. The respondents spoke to the dearth of health care resources within Latah County that is available to all, including those without health insurance.
- Moreover, within the area of mental health resources, respondents spoke to the need for:
 - Services for children
 - Emergency mental health response in the county, availability of psychiatric service, including psychiatric hospitalization bed for children and adults
 - Availability of community counseling services for mental health and substance use disorders. The respondents spoke to the lack of providers who are able to address both, including the comorbidity between substance use disorders and past and current traumatic events in a person's life.
 - Providers who can offer psychiatric medication management to county residents

Additionally, organizations identified policies that limit services covered by state health insurance as a barrier to care access.

It is evident the current needs of Latah County residents as they relate to ACEs are focused on the availability of medical, dental, and mental health and psychiatric services. These services could support children and families who are experiencing mental health and physical health concerns, and prevent them and future generations from developing similar concerns. Thus, this would not only improve the lives of Latah County residents but also

move the county in the direction of health equity for all, as is encouraged by Healthy People 2020 (healthypeople.gov/2020).

Access to Health Services (n.d.) Retrieved from

<https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>.

B.3 Accessibility of Services

According to the USDA, “rural populations are more likely to have to travel long distances to access healthcare services, particularly subspecialist services. This can be a significant burden in terms of travel time, cost, and time away from the workplace.”

https://www.ers.usda.gov/webdocs/publications/44424/9371_eib57_1.pdf

Additionally, the Rural Health Information Hub (RHI Hub) states that access specifically to health care impacts a person’s overall well-being including: disease prevention; detection, diagnosis, and treatment of illness; quality of life; preventable death; and life expectancy. <https://www.ruralhealthinfo.org/topics/healthcare-access> Accessibility to services and supports in Latah County is similar to other rural areas in the United States.

Latah County’s issues with accessibility to services is multifaceted; some of the challenges are external and some are internal. Organizations interviewed identified the following current strategies being used to foster resilience:

- System navigation-- connecting people with resources. Six of the 13 organizations interviewed indicated that they provided some level of connecting or coaching a person through the process of getting connected with resources.
- Stigma was identified by three of the providers as being a barrier to accessing assistance programs and resources. These providers were working to de-stigmatize and educate clients about assistance programs.
- Providing a safe and comfortable environment for the people who access their services was identified as being important by three providers.
- Public transportation in existing routes is available free of charge, reliable, and a way to access other services.

In the area of accessibility of services, organizations participating in the survey identified the following barriers or need for additional resources:

- People living in rural communities have larger barriers to overcome in accessing services. There are inequities about service delivery availability and options throughout the state of Idaho--the smaller communities tend to have less reliable formal supports or access to specialty care. Examples mentioned included: the ability to administer specialized testing for children; child and adult psychiatric services; and access to counselors.
- Many programs rely exclusively on volunteers and do not continue “institutional” knowledge of programming after a volunteer leaves their position. This also is a concern about the high level of staff turnover in low paying direct service positions, they receive training and then leave, taking their knowledge with them.

- Transportation in Latah County-- cost and distance between affordable housing in outlying areas and traveling to larger communities for access to goods and services is challenging. The cost of maintaining a vehicle in running condition can be a challenge on a limited budget.
- Resuming public transportation between Moscow and Pullman and increasing the services that could be shared between these two communities.
- Increasing reliable access to early childhood education programs by reinvesting in transportation provided by the facility to transport children to and from programing.
- Navigating systems is difficult. Several of the organizations we interviewed had some capacity to assist people seeking services get connected with the programs/resources they were needing. All of the organizations felt that more of this type of support was needed throughout Latah County.
- Shame/Stigma in accessing supports. Idaho values independence and self-reliance. These qualities can be a strength, but they also can serve as a barrier in seeking services and supports. People who receive assistance and services can feel judged.

B.4 Parenting Supports/Childcare

Providing support to parents is important in preventing transmission of ACEs to their children. Randell, O'Malley, and Dowd (2015) found that within a sample of families served by an urban Midwestern Head Start there was a positive association of parental ACEs score of 4 or more and child adversity that included: prolonged separation from family; homelessness; neglect; death of a family member or close friend; intimate partner violence exposure; substance use within the household; and community violence exposure.

Moreover, a separate study by Folger, Eismann, Stephenson, Shapiro, Macaluso, Brownrigg, and Gillespie (2018) found that for each additional maternal or paternal ACE there was an 18% increase in risk for suspected developmental delay and that three or more maternal ACEs were associated with multiple developmental delays in children. Thus, it is evident that providing support to parents, including access to child care and coordination of services that provide support to children experiencing medical and developmental concerns, is important.

Organizations that were interviewed stated they provide support services to children and families by investigating allegations of child abuse, teaching families life skills, partnering with families and caregivers to ensure that children have a safe home environment and working towards reunification of families. Within this area agencies discussed the importance of creating a safe and comfortable environment for parents to self-report abuse and neglect in order to build collaborative relationships and ensure that parents ask for support when it is needed. Moreover, the agencies spoke to the importance of placing children who are removed from home with family members when possible, and providing safe foster care environments. Some of the agencies stated that they serve as safe haven sites for mothers who want to place their children up for adoption. Finally, agency representatives discussed engaging children who experience developmental delays and their families in evidence-based treatments to ensure their success.

In this area of feedback organizations participating in the survey identified the following need for resources:

- Parenting programs and supports in order to improve the well-being of children and the whole family. Respondents discussed programs such as Circle of Security, Parents as Teachers, and Coordination, Advocacy, Resources, Education, Support (C.A.R.E.S) wraparound services that could support parents.
- Additionally, respondents identified access to affordable child care as a needed resource in the county.
- Respondents discussed the need for support for children who are involved in forensic interviews due to allegations of abuse against them. They recommended having a Children’s Advocacy Center available in Latah County.

The ACEs study respondents spoke to the need for comprehensive child and family support services in Latah County. Latah County’s commitment to reducing ACEs and negative health outcomes associated with them should include wraparound services that address the health of the whole family, not just the children. Doing so will not only address the current needs of our communities but could also prevent future negative outcomes for Latah County residents.

Folger, A. T., Eismann, E. A., Stephenson, N. B., Shapiro, R. A., Macaluso, M., Brownrigg, M. E., & Gillespie, R. J. (2018). Parental adverse childhood experiences and offspring development at 2 years of age. *Pediatrics*, *141*(4), e20172826.

Randell, K. A., O’Malley, D., & Dowd, M. D. (2015). Association of parental adverse childhood experiences and current child adversity. *JAMA pediatrics*, *169*(8), 786-787.

B.5 Collaboration/Professional Partnerships

In Latah County, there are dedicated professionals and community members working together in a variety of capacities to maximize existing resources and relationships to efficiently address the impacts of ACEs. A recurring theme in many of the survey interviews was a need for further opportunities for collaboration and professional partnerships.

Currently in some areas there are some mechanisms in place to address this need. When addressing specific client needs, there are collaborations in place with the ability to make referrals for health-care issues such as behavioral health services, dental care, and general medical health. There are collaborating and partnering opportunities in place for housing and foster care as needed. To address other physical needs there are partnerships in place with organizations such as the food banks and the Hope Center. The state of Idaho maintains a 211 CareLine and website that uses zip codes to help connect the public with a wide variety of resources, including food, housing, and medical care. The Latah Human Needs Council provides an opportunity for agencies to come together to discuss their work

and network to develop relationships with other like-minded individuals serving the needs of Latah County residents. These are examples and not an exhaustive list of resources.

Even with these identified resources in place, there was a consistent voice for improvement in this area. Though people collaborate with others as they are aware of opportunities, there is not a general, up-to-date clearinghouse for resources for professionals as well as for the general public.

This would include resources so agencies could refer clients based on specific needs (housing resources, food resources, utility assistance, support groups, education opportunities, etc.) as well as professional support resources such as regional workshops and trainings where relationships could be built and sustained among service providers.

In addition to a local resource clearinghouse, service providers also expressed a need for additional opportunities to come together on a regular basis to network and share strategies and information. As local, state and federal resources change, this would provide for additional, enhanced interagency collaboration and partnership to better support efficient delivery of up-to-date services.

Separate from the interagency collaboration and partnerships specified above, is an area that can be improved upon for professionals to have institutional support/supervision so they can address issues within their specific field.

Because of the size of Moscow and its proximity to outlying areas, some of the opportunities for partnerships and collaboration are not as well known by organizations outside of Moscow. It is important when addressing these deficiencies that there is purposeful partnership with providers in outlying areas to maximize efficient delivery of resources throughout Latah County.

Conclusions

Within Latah County

As Latah County residents continue to work toward supporting and including all of its members, ACEs/resilience education, in all its forms and purposes, is an essential part in providing the community with the frameworks it needs to affect positive change and become a better trauma-informed community. It was encouraging to see the level of receptivity and energy expressed by local organizations regarding ACEs/resilience research. Some of the people interviewed were not only aware of ACEs research but would like more training in this area for their organizations, allied systems and the general public.

The feedback we received from the interviews indicates there are large challenges in our community about meeting basic needs in the areas of food insecurity, affordable housing and health care. The level of food insecurity has increased in the last seven years and the infrastructure to meet this need has stayed flat in some areas and decreased in others. In Latah County, the average percentage of income dedicated toward housing within a

household budget exceeds fiscal norms to also meet other basic needs. In order to ensure adults and families within our county are supported, we suggest pursuing increased opportunities for residents to obtain affordable and safe housing. Latah County providers report concerns that their efforts to mitigate ACEs are impacted by the lack of availability of medical, dental and mental health services. Increased support for systematic changes in order to help meet these basic needs is sorely needed.

A growing body of research shows ACEs are likely to be passed from one generation to the next. Latah County feedback regarding parenting supports and child care stresses the importance of further developing wraparound services for the whole family, increased implementation of evidence-based parenting/family supports, affordable child care, support for forensic investigations of child abuse to be conducted in Latah County, and support for development of foster care homes in rural areas of the county.

Professionals want more opportunity to collaborate in a meaningful way across disciplines and note that increasing infrastructure in this area would promote better care in the community. Though people collaborate with others as they are aware of opportunities, there is not a general, up-to-date, clearinghouse for resources for professionals as well as for the general public. Further support for continued education and supervision that supports evidence-based practices across disciplines was identified as a need and needs to be included in budgeting for programs.

Many interviewees expressed interest in further dialogue and coordination with providers in the area. One provider suggested that LWV-Moscow could host a meeting where organizations could discuss how they would apply the ACEs/resilience knowledge in a coordinated way in our community.

There was also interest expressed in exploring the idea of becoming a so-called “trauma-informed” community; i.e., trying to take a more holistic approach aimed at understanding and addressing root causes of these challenging issues rather than focusing on symptoms.

Addressing barriers to accessing supports and services in Latah County should be focused on increasing access to specialty care, decreasing stigma around assistance supports/programs, and increasing support with transportation barriers.

Within Idaho

As a state, Idaho finally seems to be responding directly to the ACEs issue. At the close of *Resilient Idaho: Hope after Trauma*, Gov. Brad Little acknowledged the importance of dealing with ACEs. The Idaho Department of Health and Welfare (IDHW) was represented on the program. The IDHW maintains website 211Idaho.gov online, staffs a 211 CareLine, and has included an objective to their strategic plan to encourage community initiative in addressing determinants of health that seems relevant to ACEs: “Catalyze community-driven, place-based health initiatives addressing determinants of health in high priority communities, by developing and activating a data-driven approach to guide resources, planning, and strategic implementation by June 30, 2020.”

However, Idaho could go further. More than 20 states have responded to ACEs research with specific resolutions or laws; Idaho is not one of them. In 2017, the legislature of neighboring Utah unanimously issued a concurrent resolution acknowledging the impact of ACEs trauma and encouraging state policy and programs to incorporate ACEs science. See Reading No. 3: *2017 State of Utah Concurrent Resolution Encouraging Identification and Support of Traumatic Childhood Experiences Survivors*

Next Steps

The impacts of ACEs now appear universally recognized as an important public health concern. Because of the energy surrounding ACEs science, and the new research and strategies that arise as a result, service providers dealing with the public are challenged to stay current with training and resources. Lack of funding and resources amplify the problem. It was apparent during this study Moscow and Latah County have gaps in community ACEs awareness, ACEs training for local organizations, and assistance to reduce the regional impact and incidence of ACEs.

The LWVUS and LWVID already have position statements addressing medical and behavioral health care, and the LWVM has a relevant position statement addressing poverty. See Reading No.4: *Related League of Women Voter Position Statements – National, State and Local.*

However, given the high price our children and community will pay if rapidly emerging ACEs science is ignored, we believe our local organizations and professionals need additional help bringing ACEs training and responsive programs to Latah County.

See consensus questions on page 20.

Consensus Questions

Does the LWV-Moscow find credible evidence that ACEs research identifies a significant risk to the health and well-being of community residents?

Should the LWV-Moscow advocate for additional training and education for community members related to ACEs, including strategies found to be effective in mitigating its impacts?

Should the LWV-Moscow advocate for similar local training specifically designed for those working with children and adults impacted by ACEs?

Should the LWV-Moscow advocate for the Idaho Legislature to pass a concurrent resolution regarding ACEs such as the one passed in Utah and other states?

Appendix A. Study Questionnaire

League of Women Voters of Moscow Interview Questions on ACEs

Person/Organization Interviewed:

Interviewer:

Date:

Describe your agency/organization goals and main functions (such as recovery from addiction, academic skills, job training, physical health treatments, etc.). You may list many areas.

Are you aware of what Adverse Childhood Experiences (ACEs) are? __yes __no

Are you aware of the research about long term impacts of ACEs on children and adults?
__yes __no

How would you describe your area of knowledge about ACEs?

1. A professional with training to serve clients with ACEs
2. A professional with knowledge about Impacts of ACEs (readings, workshops, etc.)
3. A professional with information and experience but wanting or needing more skills.
4. A professional with information about ACEs
5. Not familiar with ACEs

Comments:

The types of ACEs trauma that impacts children, youth and adults includes the following:

sexual abuse____

mother/guardian with experience of domestic abuse ____

violence_____

verbal abuse____

a family member in jail_____

(MAKE LINES THE SAME LENGTH)

physical neglect_____

unstable food, shelter or poverty situations_____

emotional neglect_____

a family member with chronic physical/mental health issues_____

loss or little contact with a parent due to divorce, death, or abandonment____

Are your children or parents able to receive specific support for the specific trauma(s) in your program?

1. all these areas
2. many of these areas
3. only 2-3 of these areas
4. none of these areas
5. not applicable to our agency

Are you able to locate/refer children or parents to supports for the above traumas?

1. all of these are locally available and accessible
2. many of these traumas have local service supports and are accessible
3. only some of these areas have local supports
4. Services are either not available or the wait list or cost is prohibitive
5. I am not aware of many services for these traumas for children or parents
6. not applicable for this agency/program

Describe services provided by your agency/organization that work to minimize effects of ACEs trauma in children and adults. If not applicable just state not applicable.

Reviewing the above list of ACEs events, what specific additional resources or increase in resources would you like to have available in your program or community for children or adults in your program?

Describe barriers/needs your agency /organization experiences in trying to address ACEs impacts. (policies, fiscal, training, professional development, hiring qualified personnel, collaboration, interagency partnerships, transportation, etc.).

Describe strategies/recommendations that you have used that have supported skills of resiliency among your participants either children parents or both.

Would you be interested in further information or training about ACEs? Who would you like to see offered more information? How could this best be offered?

Is there a program or agency that is available for your clientele where they can get information they need? A clearinghouse for information and resources? Would that be useful? Comments?

Do you have additional comments or questions?

APPENDIX B: Organizations Participating in Study Interviews

Alternatives to Violence on the Palouse (ATVP)

<http://atvp.org/index.shtml>

ATVP is a private, nonprofit organization governed by a community-based board of directors. Its mission is to empower individuals affected by domestic violence, sexual assault and abuse, and stalking. It works to create a safe and equitable community through education and prevention.

It provides support and safety for victims of domestic violence and sexual assault and non-offending family members and friends. Services are provided to program participants free of charge and without discrimination. Services include 24-hour telephone or in-person crisis intervention; emergency, confidential shelter; legal and medical advocacy; individual and group support; information and referral; and community education.

CHAS Latah Community Health

<https://chas.org/locations/latah-community-health>

CHAS Health is a nonprofit federally funded qualified health center that provides health care services to families and individuals of all ages, regardless of ability to pay. Opening its doors in 2013, the Latah clinic primary care team has been meeting the needs of individuals and their families located in Moscow, Pullman, and surrounding areas. Latah also offers a walk-in clinic able to care for flu, sprains and strains, rashes and allergies, and more.

The Moscow facility includes an in-clinic pharmacy to allow for easy prescription pick-up and pharmacy staff to answer questions. CHAS Health's Latah Clinic expanded in 2017 to include dental. Dentists and hygienists offer exams, cleanings, extractions, restorative care, wisdom teeth consulting, and more.

Children's Protective Services Program – Moscow

<https://211idaho.communityos.org/zf/profile/service/id/1840211>
<http://healthandwelfare.idaho.gov/Children/tabid/57/Default.aspx>

This program serves Latah County and is part of the Regional Children and Family Services program administered by the Division of Family and Community Services through the Idaho Department of Health and Welfare. It receives and evaluates reports of child abuse, neglect or abandonment. When necessary, appropriate services are provided to resolve family needs. This Program assesses, evaluates and determines reported incidents of child abuse, which may include an evaluation of family members and/or the abused child. It helps acquire counseling for victim, parents, abuser and others involved. There is no fee for child protective services.

The Regional Children and Family Services Program licenses child care facilities, foster homes and provides some adoption services.

Family Promise of the Palouse (FPP)

<https://www.familypromisepalouse.org>

Family Promise of the Palouse is a nonprofit organization that operates through an Interfaith Hospitality Network (IHN) to provide immediate shelter to homeless families in the community while helping people achieve lasting independence. It is designed to work with families, meaning at least one adult and one child. Families who participate in the program agree to work with staff to develop a plan for regaining stability. Family Promise provides support to help families work toward their goals by locating resources, providing job and educational support, assisting with financial planning, and helping to locate affordable housing.

FPP is an affiliate of the national Family Promise program that has served more than 400,000 people, with it mostly serving children over the past 20 years. The mission of Family Promise of the Palouse is building community strengthening lives.

Gritman Medical Center

<https://gritman.org>

Gritman Medical Center is a private, community, not-for-profit critical access hospital. It delivers comprehensive service and health care through its growing main campus in Moscow and network of regional internal medicine and primary care clinics.

Gritman operates an urgent care clinic, offers five regional family medicine clinics, provides an internal medicine clinic in Moscow, cares for University of Idaho students through the UI Student Health Center, and operates psychiatric services and an interventional pain clinic.

Idaho Department of Health and Welfare: Infant/Toddler Program

<https://healthandwelfare.idaho.gov/Children/InfantToddlerProgram/tabid/4120/Default.aspx>

As part of the Idaho Department of Health and Welfare, Idaho's Infant Toddler Program (ITP) coordinates a system of early intervention services to assist Idaho children from birth to three years of age who have a developmental delay or who have conditions (such as prematurity, Down syndrome, hearing loss) that may result in a developmental delay. The ITP links children with services that promote their physical, cognitive, and social-emotional development and supports the needs of their families. These services can include therapeutic, educational, and supportive services, such as Family Education, Speech Therapy, Occupational Therapy, Service Coordination, Counseling, Home Visits and Health Services.

Latah County Youth Services

<https://www.latah.id.us/probation/>

Latah County Youth Services was established by the Latah Board of County Commissioners in 1973 to provide juvenile probation and diversion services. Its mission is to protect the community by holding offenders accountable and providing supervision while collaborating with other agencies to meet the offenders needs and help them become more responsible citizens. Among the services offered are juvenile probation, a youth accountability board, moral reconnection therapy, attendance court, the Parent Project (a 12-week parenting skills class for those raising strong willed or out-of-control adolescents), and assessment and treatment for substance abuse and mental health.

Latah Recovery Center (The Center)

<https://latahrecoverycenter.org>

The Latah Recovery Community Center Inc. is a private, nonprofit organization serving people who are in recovery from alcohol and other drug use or mental health disorders. Opened in 2015, it is a partnership between people in recovery, family members, allies and local organizations who respect the dignity and equality of all people and who are dedicated to promoting healthy communities.

The center is committed to a peer support model and much of the work is done by volunteers who are in recovery. The center provides recovery support services that promote recovery through advocacy, education, and service. The center strives to end discrimination surrounding behavioral health issues and remove barriers to recovery while ensuring people in recovery and their supporters are valued with dignity and respect. The center seeks to be the voice for those in recovery.

Lewis and Clark Early Childhood Center – Moscow (Head Start)

<https://211idaho.communityos.org/zf/profile/program/id/843509>

Head Start is a nationwide preschool program for children of income-eligible families. Head Start centers are run throughout the country by local nonprofit organizations.

Head Start Program at Lewis-Clark Early Childhood Program - Moscow Center enriches and strengthens the lives of children, family, staff and community. It assists and supports families with life's challenges through quality education and family focused services. They accept children from low income families, ages 3-5 years, and offer a four a day week (NOT SURE WHAT THIS MEANS) program. Each day two meals are provided to the children. Parents are encouraged to volunteer. Also assists families in the area of education by offering positive parenting classes.

Services are free. Need verification of income, child's birthdate, immunization records.

Moscow Food Bank

<https://stmarysparishmoscow.org/moscow-food-bank/>

The Moscow Food Bank is Moscow's best known and most long-standing community food bank. It has been open to all in need since 1981. It is a 501 (c)(3) nonprofit, 100% volunteer-operated, and receives the entirety of its support from the generosity of the residents of the Moscow-Pullman community.

Potlatch Food Pantry

<https://www.facebook.com/cityofpotlatch.org/>

Located in Potlatch and formed in 2014, the Potlatch Food Pantry is a 100% volunteer, nonprofit corporation devoted to providing food for those in need of food. It operates two days per month and is led by a five-member board.

SMART Transit

<http://www.smarttransit.org>

The mission of Regional Public Transportation, or SMART Transit, is to be a community partner dedicated to providing sustainable, affordable, reliable and accessible public transportation to Moscow and the region. Governed by a five-member board of directors and operated out of Moscow's Intermodal Transit Center, RPT SMART Transit's current services are focused on demand response and fixed route transportation in Moscow.

Note: Information on these organizations was gleaned from their online resources.
10/9/19

APPENDIX D: Links to Supplemental Resources and Readings on ACEs

Glossary:

Glossary of ACEs Terms: https://www.acesconnection.com/g/resource-center/fileSendAction/fcType/0/fcOid/466166364387046851/filePointer/466307103261466270/fodoid/466307103261466268/Glossary%20Terms%20for%20and%20from%20the%20Field_2017.04.07.pdf

ACEs resource websites:

ACEs Connection: <https://www.acesconnection.com>

ACEs Too High: <https://acestoohigh.com>

LC Valley Resilience Coalition: <https://lcvrc.org/about-us/>

Boise: Idaho Resilience Project: <https://www.idahoresilienceproject.org>

Walla Walla Community Resilience Initiative: <https://criresilient.org/about-us/whycri/>

Peace4Tarpon: <https://www.peace4tarpon.org>

Idaho Public Television: Resilient Idaho:

<https://www.pbs.org/video/resilient-idaho-hope-after-trauma-sptebc/>

https://idahoptv.org/support_new/membership/resilientIdaho.cfm

U.S. Centers for Disease Control and Prevention:

<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>

Articles and Information Sheets:

Find your ACEs Score:

<https://www.ncjfcj.org/sites/default/files/Finding%20Your%20ACE%20Score.pdf>

TED Talk: How Childhood Trauma Affects Health Across a Lifetime

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_a_cross_a_lifetime?language=en

CAHMI Idaho Fact Sheet: <https://www.cahmi.org/wp-content/uploads/2019/06/CAHMI-State-Fact-Sheet-ID.pdf>

Paul Tough “How Kids Learn Resilience:

<https://www.theatlantic.com/magazine/archive/2016/06/how-kids-really-succeed/480744/>

Treating the Lifelong Harm of Childhood Trauma:

<https://www.nytimes.com/2018/01/30/opinion/treating-the-lifelong-harm-of-childhood-trauma.html>

ACEs and Resilience: What Can We Do?

<https://www.publicschoolsfirstnc.org/resources/fact-sheets/aces-and-resilience-what-can-we-do/>

Find your PCE Score: <https://www.psychologytoday.com/us/blog/the-athletes-way/201909/seven-early-experiences-potential-benefits-in-adulthood>

Elevator Rides Help Children Learn Focusing – Part 1

<https://focusing.org/sites/default/files/legacy/chfc/articles/docs/bowers-elevator-rides-help-children-learn-focusing-part-1.pdf>

Book review of “The Body Keeps the Score” by Bessel van der Kolk, MD

<https://www.thepermanentejournal.org/files/Summer2015/BookReview.pdf>

Can Emotional Intelligence be Taught?

<https://www.nytimes.com/2013/09/15/magazine/can-emotional-intelligence-be-taught.html>

Trauma-Proofing Your Kids, book review:

<https://www.northatlanticbooks.com/shop/trauma-proofing-your-kids/>

Poverty as an Adverse Childhood Experience:

<http://www.ncmedicaljournal.com/content/79/2/124.full.pdf+html?sid=a0c14b1b-2eac-4fdf-b34f-05428cb9178e>

Brookings - Skills and Scaffolding: <https://www.brookings.edu/research/skills-and-scaffolding/>

Emotional Intelligence Overview: <https://mypages.unh.edu/jdmayer/emotional-intelligence-overview>

How People Learn to Become Resilient: <https://www.newyorker.com/science/maria-konnikova/the-secret-formula-for-resilience>

College Board Adversity Score: <https://www.nytimes.com/2019/08/27/us/sat-adversity-score-college-board.html>

Balancing ACEs with HOPE: <https://hria.org/wp-content/uploads/2017/05/Balancing-ACEs-with-HOPE.pdf>

The Evidence Shows Preschool Matters:

<http://evidencebasedliving.human.cornell.edu/2012/12/06/the-evidence-shows-preschool-matters/>