

THE  
**National  
Summit**  
ON  
**Adverse  
Childhood  
Experiences**

HOSTED BY



INSTITUTE  
FOR SAFE  
FAMILIES

— AND —



Robert Wood Johnson Foundation

**May 13 and 14, 2013  
Philadelphia, PA**

**OVERVIEW REPORT**

**If children  
live with  
acceptance,  
they learn to  
love.**

**If children  
live with  
approval,  
they learn to  
like themselves.**

**If children  
live with  
sharing,  
they learn  
generosity.**

**If children  
live with  
encouragement,  
they learn  
confidence.**

**If children  
live with  
fairness,  
they learn  
justice.**

**If children  
live with  
praise,  
they learn to  
appreciate.**





# EXECUTIVE SUMMARY

A revolution is under way, a ground-shift in the way we think about health and illness, human suffering and strength. It is a revolution with the potential to reshape physical and mental health care practices, schools, social services, juvenile justice systems, communities, families and individual lives.

That was the passionate consensus of the First National Summit on Adverse Childhood Experiences (ACEs), co-hosted by ISF and the Robert Wood Johnson Foundation in May 2013.

Our goal for the Summit and symposium, held at the Independence Visitor Center in Philadelphia and attended by over 200 physicians, nurses, researchers, policy makers, grant makers and child advocates from across the country, was to advance the national dialogue on ACEs, trauma, toxic stress and resilience.

In two packed days and an evening symposium, Summit attendees shared expertise, compared notes, asked questions and discussed the research, policy and practice implications of ACEs. In this Overview Report, there is a summit overview and six reports highlighting crucial aspects of this energizing gathering, which were sent out electronically in the weeks following the Summit. Video of each speaker is posted on the ISF website <http://instituteofsafefamilies.org/latest-updates-summit>; copies of the keynote speakers' and panelists' powerpoint presentations are also available on the website.

This Overview Report also contains the agendas for the Summit, along with short biographies of our speakers and a complete list of participants. They came from California and Maine, Washington and Florida, bringing stories and data that underscored the conclusions of the original ACE study in 1998—that childhood adversity changes the way children and adults learn, play and grow.

Conference attendees, many of whom work directly with children and adults affected by violence, abuse, family disruption and other forms of toxic stress, knew that grim news well. And yet, the overriding message of the Summit was one of hope: ACEs are not destiny, but opportunity. If the human brain can be hurt, it can also heal.

One participant wrote in an evaluation, "The program was practical, passionate, tangible, inspiring and enriched by the audience—filled with people doing the work, not just learning about ACEs for the first time." Survey results from the Summit were overwhelmingly positive, with 94% of respondents saying the Summit was worthwhile and 82% saying they would take action based on what they'd learned. A full summary of the surveys and comments is included at the end.

And the work continues—in pediatricians' offices, in community health centers, in county and state health departments, in policy circles, in schools, in prisons, among grant makers and here at ISF. As Susan Dreyfus, president and CEO of Families International, said at the Summit, "We have to be chronically dissatisfied until we know this ACE science is hard-wired into all systems that interface with children and their families."



# TABLE OF CONTENTS

- p. 1 Executive Summary**
- p. 2 Table of Contents**
- p. 3 Welcome to the National Summit on Adverse Childhood Experiences**
- p. 4 Summary and six write ups**
- p. 25 Hosts and National Sponsors of the National Summit on ACEs**
- p. 29 Summit Local Sponsors**
- p. 33 Summit Agenda - Monday, May 13, 2013 - 8:00 am - 4:30 pm**
- p. 35 Summit Agenda - Tuesday, May 14, 2013 - 8:00 am - 3:00 pm**
- p. 37 Tuesday Evening Event - Tuesday, May 14, 2013 - 4:30 pm - 8:00 pm**
- p. 38 Speaker Biographies**
- p. 47 Summit Participants**
- p. 56 Evaluation Summary: Statistical Highlights and Key Comments**
- p. 57 Survey Monkey Evaluation Results**
- Back: Tribute to Frank Putnum, MD**



# WELCOME TO THE NATIONAL SUMMIT ON ACEs

Dear Summit Participants,

On behalf of the hosts of the National Summit on ACEs, the Institute for Safe Families and the Robert Wood Johnson Foundation, we would like to welcome you to the National Summit on Adverse Childhood Experiences. This event brings together national and local leaders to examine the research, policy, and practice implications of Adverse Childhood Experiences (ACEs) in order to create a new paradigm within health care, mental health, and child-serving systems.

Our goal is to advance the national dialogue on ACEs and toxic stress in childhood. We will hear from experts from around the country who are leading the way in ACEs research, policy, and practice. We expect a rich discussion that will facilitate the creation of a shared language, vision, and action plan for the future. Together we can change the health trajectory of young people and their families.

We also hope that these two days stimulate your individual curiosity and efforts. Whether you find a new thought partner on a particular issue, or solve a problem you have in your system or setting, we expect that being in the same space will provide inspiration and support and recharge your batteries to continue this lifetime of work.

We are delighted to be hosting this national summit and are grateful for your attendance and participation. *Thank you and welcome!*

Warmest regards,

Martha B. Davis, MSS  
Executive Director  
Institute for Safe Families

Joel A. Fein, MD, MPH  
Chair of the Board  
Institute for Safe Families

Jane Isaacs Lowe, PhD  
Senior Advisor  
Robert Wood Johnson Foundation



## Overview: News from the National Summit on Adverse Childhood Experiences

**Dear Friend of ISF,**

On May 13<sup>th</sup> and 14<sup>th</sup>, 2013 ISF and the Robert Wood Johnson Foundation co-hosted The First National Summit on ACEs. Our goal for the Summit was to advance the national dialogue on ACEs, trauma, toxic stress and resilience and to focus on creating a shared vision, language and plan of action. This group of national leaders met for two full days at the Independence Visitor Center in Philadelphia. The Summit culminated in an evening symposium, entitled, "Childhood Restored: The Path from Adversity to Wellness."

Enclosed is an overview of the Summit, which is followed by a series of six short reports from this important and energizing gathering. You also can read more about the Summit at our website.

Here is our first piece, "You Say You Want A Revolution."

**Warmly,**

**Martha Davis**  
Executive Director, Institute for Safe Families



## The National Summit on Adverse Childhood Experience 2013

### You Say You Want a Revolution?

#### ACEs Prompt New Thinking about Human Suffering and Strength

In 1854, London physician John Snow traced a cholera epidemic to a tainted water pump and launched a revolution in the understanding of health and illness.

A hundred and sixty years later, a similar revolution is under way, a ground-shift in the way we think about health and illness, human suffering and strength. It is a revolution with the potential to reshape physical and mental health care practices, schools, social services, juvenile justice systems, communities, families and individual lives.



That was the passionate consensus at the National Summit on Adverse Childhood Experiences (ACEs), held May 13 and 14 in Philadelphia, which drew nearly 200 physicians, nurses, researchers, policy makers and child advocates to share expertise, compare notes and envision a world in which the crucial question to ask of someone suffering physically or emotionally would be not "What's wrong with you?" but "What happened to you?"

"What ACEs is doing for the field is making us question all our assumptions about what happens to human beings," said Sandra Bloom, a psychiatrist and co-director of the Center for Nonviolence and Social Justice at Drexel University in Philadelphia. "ACEs demonstrates that all context matters; every experience human beings have matters to health outcomes."

The National Summit, hosted by the Institute for Safe Families and the Robert Wood Johnson Foundation, brought together national and local leaders to discuss the research, policy and practice implications of ACEs.

Since the original ACE study was published in 1998, showing that toxic stress in childhood can lead to poor health outcomes for adults, numerous studies have drummed home the same stark conclusion: that childhood adversity-experiences such as living with a mentally ill parent, witnessing violence or suffering physical or sexual abuse-changes the way kids learn, play and grow.

Emerging developmental science shows that trauma re-wires the brain, alters the expression of our genes, floods our systems with stress hormones, hikes our risk of engaging in unhealthy behaviors and increases our vulnerability to heart disease, depression, diabetes and a host of

## The National Summit on Adverse Childhood Experience 2013

other physical and mental health problems.

Conference participants-many of whom work directly with children and adults affected by toxic stress-already knew that grim news. And yet, the overriding message of the Summit was one of hope: ACEs are not destiny, but opportunity. If the human brain can be hurt, it can also heal.

Robert Anda was the co-principal investigator of the original ACEs study; he is now a senior consultant to the Centers for Disease Control and Prevention. Fifteen years after publishing the data that launched a new way of thinking about trauma and well-being, he believes in the power of individuals to repair brokenness in themselves and in others.

"Our job in doing this work is to help people find meaning in what they've experienced," he said, "so they can take responsibility in changing their own lives, in healing themselves, their families and people around them, in interrupting the intergenerational transmission of toxic stress."



For many of the Summit's speakers, who are putting the theory of ACEs into practice and policy in locations from Alaska to Oklahoma to Maine, a particular child or adult became the touchstone for their work.

For Jane Isaacs Lowe, it was a 10-year-old named Reynaldo.

Lowe, now senior adviser for program

development at the Robert Wood Johnson Foundation, was a young social worker in the South Bronx when Reynaldo met her at his apartment door, saying, "There is something wrong with my mother." When Lowe checked the bedroom, she found the boy's mother tangled in bloody sheets. Lowe hired a gypsy cab to rush mother and son to an emergency room. The mother was admitted; Reynaldo was not allowed to visit because he was under 14. The mother begged Lowe to gather a few items from the family's apartment-a locket, a basketball, some clothing-for Reynaldo and his siblings. She died, at 33, and Lowe fulfilled her request, bringing the items to the children, by then in foster care.

That was 1971, Lowe said, and doctors and researchers didn't yet understand how childhood trauma translated into adult suffering. Now, she said, "We understand how a child who is exposed to violence or neglect or chronic homelessness may develop physical and health problems later in life. We can improve the systems that are designed to help people in need."



## The National Summit on Adverse Childhood Experience 2013

Lowe and others at the Summit emphasized that doing so will take a concerted, collective effort, bringing together people and agencies that have not typically collaborated: health care providers and educators, probation officers and social workers, policy makers and clergy members, community activists and mental health advocates. "It is our job...to improve life for a new generation of children," Lowe said.

Addressing and preventing ACEs may mean new ways of delivering health care, by integrating behavioral and physical health in community settings that also include parenting classes, mindfulness workshops, employment counseling and nutrition education. It means educating health care providers so that they understand the mechanisms and impact of toxic stress and have tools for preventing and treating it.

Nadine Burke Harris, who heads the Center for Youth Wellness in San Francisco, urged Summit participants to adopt a full-spectrum response to ACEs—just as, for clinical care, there are inpatient and outpatient clinics, emergency rooms and intensive care units. "We need protocols and tools for early detection" of childhood adversity, she said, and a range of interventions to treat both its symptoms and root causes.

That vision will require innovative funding strategies, said Susan Dreyfus, president and CEO of Families International. She described "social impact bonds," in which businesses or foundations invest funds with a specific social outcome, such as reducing recidivism among offenders; the government repays investors only if the interventions succeed.

Summit speakers drove home the need for a public health campaign about ACEs, so that everyone—providers and patients, teachers and students, judges and juries, parents and children—will come to understand the connection between childhood trauma and adult well-being.

"As people who are profoundly committed to this cause," Dreyfus said, "we have to be chronically dissatisfied until we know this ACE science is hard-wired into all systems that interface with children and their families."





## The National Summit on Adverse Childhood Experience 2013

### Part One of Six: Dr. Rob Anda at the National Summit on ACEs in Philadelphia

Dear Friend of ISF,

Here is part one of a six-part series. We hope you enjoy "Back to the Source: The Original ACE Study and the Human Spirit," which focuses on the keynote talk offered by Dr. Robert Anda. You also can read more about the Summit at our website.

You also may be interested in the webpage at the Robert Wood Johnson Foundation's site about the ACE study and an infographic that helps visually express this groundbreaking study: [Adverse Childhood Experiences - Robert Wood Johnson Foundation](#)

Warmly,

A handwritten signature in blue ink that reads 'Martha Davis'.

**Martha Davis**  
Executive Director, Institute for Safe Families



## The National Summit on Adverse Childhood Experience 2013

### Back to the Source:

#### The Original ACE Study and the Human Spirit



Robert Anda's nametag at the National Summit on Adverse Childhood Experiences bore a ribbon that read "troublemaker."

It was a fitting-and self-selected-annotation for the co-principal investigator of the original ACE study, the research on childhood adversity and poor health outcomes that launched a new way of thinking about human suffering and strength.



When that research was first published, in 1998, Anda believed that toxic stress was primarily a medical problem; data on more than 17,000 people in the San Diego Kaiser Permanente health system showed that childhood adversity—for example, having a parent who was mentally ill or in jail; experiencing physical or sexual abuse—was correlated with a higher risk of heart and lung disease, cancer, suicide and sexually transmitted diseases.



Today, Anda sees childhood adversity as the faultline zigzagging beneath countless forms of social and behavioral turmoil: sexual dissatisfaction and divorce, unemployment, financial distress and homelessness. "ACEs destabilize relationships, families, households and communities," Anda said.

Fifteen years after publication of the ACEs study, he said, new research in neuroscience, immunology and epigenetics (how environment and experience influence gene expression) is illuminating exactly how toxic stress in childhood affects health, behavior, adult relationships and parenting.



Today, this "troublemaker" wants to stop ACEs before they can damage the next generation. "The ACE study incorporated facets of multiple sciences: sociology, psychology, criminology, psychiatry, medicine, public health, and more... What I'm proposing is a unified sciences



## The National Summit on Adverse Childhood Experience 2013

and services theory, a simple framework to reduce the intergenerational transmission of ACEs."

To Anda, the stakes are nothing less than the integrity of the human spirit.

"[Before the ACEs study], I knew there was suffering," he told 165 physicians, nurses, social workers, policy makers and child advocates at the National Summit on ACEs in May. "But I had no idea how much suffering there was in the children in our country and around the world...Human beings are built to love. When children are exposed to toxic stress, they can develop a distorted sense of love. When I think about childhood adversity, I think about how human nature gets violated."

Human nature, Anda affirmed, is also the key to healing. He urged Summit participants to move beyond traditional categories of service and intervention, to join forces and funding in community-based efforts. Twenty-one states currently collect data on ACEs; Anda would like to see every state do so by 2018.

He'd like to see a national education campaign about childhood adversity, so that knowing one's ACE score would be commonplace and meaningful to people, no matter where they live. Such a campaign would spread the basic concepts about ACEs: They are common. They are interrelated. They have a cumulative impact.

"People can understand that stress piles up in their lives. It makes sense to them that certain things can happen [as a result]: health problems, social problems, relationship problems.

"I have this idea of building self-healing communities...getting everyone to know this information so they can use it in their own lives, in their parenting, their neighborhoods, their schools. The power is going to come from the people affected by ACEs."

## The National Summit on Adverse Childhood Experience 2013

### Part Two of Six: Dr. Andrew Garner: Peering into the Black Box of Toxic Stress

#### Dear Friend of ISF,

Here is part two of our six part series that focuses on the keynote talk by Dr. Andrew Garner. You also can read more about the Summit at our website.

One of the highlights of the Summit was the Lifetime Achievement Award that Drs. Sandra Bloom and Dave Corwin presented to Frank Putnum - a psychiatrist, author and one of central founders of the Developmental Traumatology field. In recognizing his achievements, Dr. Bloom said, "Dr. Frank Putnam's contribution to our field is enormous. Frank helped open the door to the possibility that protecting and helping children will prevent their later dysfunction and disease.... Frank is one of the great scientific pioneers and heroes in our present struggle to prevent, identify, and to heal the harms of childhood trauma and adversity." Dr. Putnum was unable to attend the event but sent a note -

"I am very touched and moved that so many people want to reach out to me and let me know that I have been important to them or made a difference in some way. I'm humbled by that. I am very sorry that I can't come to Philly. Please convey my extreme regrets to everyone that I am not able to attend the Philly celebration - but it isn't about you or me - it is about the children. So instead of me, I urge you to use the time to celebrate everyone's work that contributes to decreasing ACEs. Best regards, Frank."

Dr. Putnum's 22 minute discussion of the significance of the ACE Study to the field is posted at the AVA website along with the brief policy maker and educational edits of the ACE Study DVD. [www.avahealth.org](http://www.avahealth.org). They are free and in the public domain on the AVA Vimeo site which you can access by scrolling down the main page and selecting the V icon for Vimeo.

I hope you find "Peering Into the Black Box" informative!

Warmly,



**Martha Davis**  
Executive Director, Institute for Safe Families

Life Achievement Award to  
Frank W. Putnam, MD



## The National Summit on Adverse Childhood Experience 2013

### Peering into the Black Box between ACEs and Adult Health: Neuroscience, Epigenetics and Toxic Stress

ACEs are not destiny.

Traumatic experiences in childhood-witnessing violence, living with a drug-addicted parent-do have lifelong consequences for health and behavior, physician Andrew Garner told participants in May's National Summit on Adverse Childhood Experiences (ACEs) held in Philadelphia. But just as the human brain can be hurt, Garner said, it can also be healed.

Garner is Associate Clinical Professor of Pediatrics at Case Western Reserve University School of Medicine and Chair of the American Academy of Pediatrics' (AAP) Leadership Workgroup on Early Brain and Child Development.

"Advances in basic developmental science and the ACEs study are forcing us to reconsider the childhood origins of lifelong health and disease- and to get things right the first time instead of trying to repair things down the line," he said. "It's not about doom and determinism, but about trying to understand what's going on inside the proverbial black box between childhood adversity and poor adult outcomes."

To do that, Garner unpacked the "black box" of toxic stress. A certain amount of "positive stress"-that is, the kind of stress a child experiences when facing a math test or singing solo in the church choir-is healthy because it builds motivation, confidence and resilience, he said. Positive stress is brief, infrequent, mild and assuaged by "social-emotional buffers" such as supportive adults.

Toxic stress is the opposite: long-lasting, frequent, intense and lacking the social and emotional supports to help children cope. That kind of stress, which floods the nervous system with cortisol, can also inflict long-lasting change in gene expression, brain architecture and immune response.

The emerging science of epigenetics looks at how environment and experience "turn the switch" on certain genes, Garner said. In that way, the "ecology" of a person's early childhood can become biologically embedded. Developmental neuroscience is showing that the brain also changes in response to toxic stress, especially during the childhood and teen years.

Garner explained how some individuals may seek unhealthy ways of "turning off" relentless stress, using alcohol, drugs or promiscuous sex in a process called



## The National Summit on Adverse Childhood Experience 2013

### Peering into the Black Box between ACEs and Adult Health: Neuroscience, Epigenetics and Toxic Stress

ACEs are not destiny.

Traumatic experiences in childhood-witnessing violence, living with a drug-addicted parent-do have lifelong consequences for health and behavior, physician Andrew Garner told participants in May's National Summit on Adverse Childhood Experiences (ACEs) held in Philadelphia. But just as the human brain can be hurt, Garner said, it can also be healed.

Garner is Associate Clinical Professor of Pediatrics at Case Western Reserve University School of Medicine and Chair of the American Academy of Pediatrics' (AAP) Leadership Workgroup on Early Brain and Child Development.

"Advances in basic developmental science and the ACEs study are forcing us to reconsider the childhood origins of lifelong health and disease- and to get things right the first time instead of trying to repair things down the line," he said. "It's not about doom and determinism, but about trying to understand what's going on inside the proverbial black box between childhood adversity and poor adult outcomes."

To do that, Garner unpacked the "black box" of toxic stress. A certain amount of "positive stress"-that is, the kind of stress a child experiences when facing a math test or singing solo in the church choir-is healthy because it builds motivation, confidence and resilience, he said. Positive stress is brief, infrequent, mild and assuaged by "social-emotional buffers" such as supportive adults.

Toxic stress is the opposite: long-lasting, frequent, intense and lacking the social and emotional supports to help children cope. That kind of stress, which floods the nervous system with cortisol, can also inflict long-lasting change in gene expression, brain architecture and immune response.

The emerging science of epigenetics looks at how environment and experience "turn the switch" on certain genes, Garner said. In that way, the "ecology" of a person's early childhood can become biologically embedded. Developmental neuroscience is showing that the brain also changes in response to toxic stress, especially during the childhood and teen years.

Garner explained how some individuals may seek unhealthy ways of "turning off" relentless stress, using alcohol, drugs or promiscuous sex in a process called





## The National Summit on Adverse Childhood Experience 2013

"behavioral allostasis." Those behaviors then lead to greater emotional and health risks.

Because body and brain, environment and behavior are so intimately connected, Garner said, it no longer makes sense to draw a line between mental and physical health. Instead, pediatricians, social workers and early childhood educators should focus on "healthy versus unhealthy development," providing both enrichment to build new skills and strategies to prevent, remove and treat the sources of toxic stress. He noted that after-the-fact interventions such as cognitive-behavioral therapy, are effective but also costly and scarce. It makes more sense, Garner said, to teach positive parenting skills that prevent toxic stress from occurring in the first place.

Garner advocated a public health approach to ACEs that would require the collaboration of child protection workers, juvenile justice officials, early intervention services, educators, medical homes, the faith community, child care centers, recreation leagues and others. The focus would be on decreasing stress and building coping skills for all children, with targeted interventions for those deemed "high risk" and evidence-based treatment for kids already showing symptoms of toxic stress.

"Do we continue to treat disease, the unhealthy lifestyles that lead to disease, or the toxic stress that triggers unhealthy lifestyles?" Garner asked. "Or can we actively build resilience, helping children figure out how to turn off their stress response in a healthy way?"



## The National Summit on Adverse Childhood Experience 2013

### Part Three of Six: Stress in the City: Urban ACE Studies

#### Dear Friend of ISF,

Here is part three of our six-part report on last month's National Summit on Adverse Childhood Experiences, which brought nearly 200 health care providers, educators, child advocates and policy makers to Philadelphia to examine the newest research and practice on ACEs.

While the original ACEs study showed troubling rates of childhood adversity among 17,000 Kaiser Permanente members in San Diego, the experiences of children raised in urban poverty may be even more alarming. This report, *Stress in the City*, looks at the particular stresses that come with growing up poor, experiencing racial discrimination or living in violent communities.

A new video from Harvard University's Center on the Developing Child, <http://tinyurl.com/developing-child> also examines community stresses, with line drawings and a clear message: to improve child outcomes, we must give adults the skills they need to work, teach and parent well.

"Children at greatest risk...are children who experience a pile-up of risk factors-mental illness, poverty, abuse, neglect, violence," says Jack P. Shonkoff, M.D., narrator of the video, titled "Building Adult Capabilities to Improve Child Outcomes: A Theory of Change."

As he speaks, we see a cartoon figure of a child facing a stack of boulders that block the path forward. Adults who want to help need to build their own skills: the ability to focus attention, delay gratification, solve problems, work in teams and self-regulate, Shonkoff says.

"We need to focus on the development of adults who are important in kids' lives so they can be better parents, workers and teachers," he says. And -- as the video shows a forklift removing the boulder labeled "poverty"-- Shonkoff reminds us to look at the ways public policy adds to or alleviates sources of community stress.

Our report on *Stress in the City* shows how researchers in Philadelphia and elsewhere are starting to understand the nuances of toxic stress in urban environments-a first step toward helping children, adults and communities create a healthier future.

Warmly,

**Martha Davis**  
Executive Director, Institute for Safe Families



## The National Summit on Adverse Childhood Experience 2013

### Stress in the City: Urban ACEs

The original ACEs study, published in 1998, outlined a grim picture: childhood adversity was widespread and consistently linked to poor health outcomes.

But that snapshot didn't describe stress in the city. The study of 17,000 Kaiser Permanente members in San Diego didn't take into account the corrosive effect of living in urban poverty—the daily stresses of food scarcity, community violence, drug culture or racial discrimination.

At the National Summit on ACEs in May, several physicians and scholars released results of urban ACE studies—research designed to learn whether there are adverse experiences linked to poverty, social class and ethnic minority status, and how those experiences shape future health.

Lee Pachter, chief of general pediatrics at St. Christopher's Hospital for Children, said researchers are still unsure how multiple experiences of toxic stress—for instance, being bullied because of your skin color, living near a drug house and waking regularly to the sound of gunshots—combine and amplify in the lives of urban children.

He and colleagues developed a questionnaire intended to look specifically at experiences of racial discrimination. More than 250 children in Hartford, Connecticut and Providence, Rhode Island—the majority of them Latino, African American or Afro-Caribbean—filled out the survey: Had they been followed by a security guard while shopping in a store? Had they been called names because of their race, ethnicity, accent or gender? Had they ever felt someone was afraid of them? Eighty-eight percent of respondents perceived racial discrimination in at least one of the 23 items.



Pachter explained how perceived racism can literally get under your skin, leading to physiological or psychological stress that wrenches the body's biological regulatory systems off balance, a dysregulation that can set the stage for chronic illnesses such as diabetes, obesity, asthma and other health problems. "We may be finding a mechanism through which psycho-social stressors contribute to racial and ethnic health disparities," he said.

The Philadelphia Urban ACE Survey, a telephone survey of Philadelphia residents given to more than 1700 adults, showed that respondents had higher ACE scores than those in the Kaiser study. Mary

Harkins-Schwarz, senior research associate at Philadelphia Health Management Corporation, which co-led the study with ISF, shared findings from the survey.

## The National Summit on Adverse Childhood Experience 2013



Philadelphia adults had higher rates of experiencing childhood physical abuse compared to those in the Kaiser study. Philadelphia adults also had higher rates of having lived with someone who was mentally ill, who abused substances or who had spent time in prison.

The Philadelphia Urban ACE Survey also assessed the childhood experiences of toxic stress that may occur when living in an urban environment. The survey found that 40.5% of Philadelphia adults saw or heard violence—someone being beaten up, stabbed or shot—while growing up. And 34.5 percent of Philadelphia adults said they were treated badly as children because of their race or ethnicity. As ACE scores climbed, so did the incidence of smoking, depression, mental health conditions, substance abuse and suicide.



The numbers may startle, but the words of Philadelphia youth made the impact of ACEs come painfully alive. Roy Wade, a Robert Wood Johnson Clinical Scholar and pediatrician at the Children's Hospital of Philadelphia, described the work of focus groups involving 119 low-income youth between the ages of 18 and 26. The youth described adversity that included family relationships including the loss of love and support—community stressors, economic hardship and discrimination:

*"My mom said, 'I ain't teach you nothing because I want you to go through the same thing I went through.'...It's just like heartless, like you just don't care."*

*"There were shootings every night, so much that the kids couldn't play outside."*

*"The hardest thing for me was watching my mom struggle [financially to pay for] food, utilities and bills."*

*"I've seen white people follow [black people] around the store. They don't even know who we are."*

A deeper examination of stress in the city, Wade said, will need to include youth perspectives and a broader understanding of what urban adversity looks like and how it affects the body and brain.



## The National Summit on Adverse Childhood Experience 2013

### Part Four of Six: Listening with Love

#### Dear Friend of ISF,

I'm pleased to share part four of our ongoing report from the National Summit on Adverse Childhood Experiences, held last month in Philadelphia. This report, "Listening with Love," based on pediatrician Ken Ginsburg's daytime and evening talks, brings a message of hope amid the thicket of grim ACEs statistics. Our kids are not broken, Ginsburg emphasizes; on the contrary, they are brimming with strengths that have helped them survive.

Our task, Ginsburg says -- as parents, clinicians, educators and advocates -- is to listen closely to their stories, affirm their strengths and guide them toward healthier ways of coping.

At the Summit, a similar message of hope came from Christina Bethell, a professor at Oregon Health & Science University School of Medicine and a lifelong advocate of mind-body methods of healing.

Like Ginsburg, Bethell noted that resilience matters: the 2011-12 National Survey of Children's Health showed that, among children aged 6-17 with two or more ACEs, the ones who were usually or always resilient--meaning they were able to stay calm and in control when facing a challenge--were less likely to have repeated a grade or missed many days of school, and more likely to be engaged in the classroom.

Bethell said, "Making sense of yourself is a source of strength and resilience for your child. Making sense means being able to put your story into words and convey it to another person." That is exactly what Ken Ginsburg invites his adolescent patients to do, while he listens with attention and love. He believes that a key to resilience, for children and teens, is having an adult who cares for them unconditionally and who holds them to high standards, sending the simultaneous messages "I've got your back" and "You can do better."

At the Summit, Bethell shared a poem she wrote as part of a life course appreciative inquiry project (see below) While noting the "improbable few" who survive and thrive despite trauma, she urged us to use everything we know about healing to transform the "improbable few" to the "improbable many."

#### Take care and take time to listen,

A handwritten signature in blue ink that reads 'Martha Davis'.

**Martha Davis**  
Executive Director, Institute for Safe Families

## The National Summit on Adverse Childhood Experience 2013

### Listening with Love: The Power of Resilience

Every day, Ken Ginsburg sees the results of childhood trauma: the young woman who can't recall much of her childhood—except for the time she was thrown down the stairs. The boy who watched a drug addict die on the street, surrounded by onlookers snapping photos on their cell phones. The girl who got pregnant at 14 because she wanted so desperately to love.

Ginsburg, a pediatrician at Children's Hospital of Philadelphia and a nationally known expert on resilience, wants you to know one thing about these young people: They are not broken.

In fact, the adolescents he sees at CHOP and as medical director at Covenant House, Pennsylvania, a care system for homeless and marginalized youth, are often brimming with compassion, ambition and a longing to transform the world.

The best way to help them, Ginsburg said at May's National Summit on Adverse Childhood Experiences (ACEs), is to face them with openness and love.

"All I do," he said, "is listen for the stories that nobody else hears...My Covenant House kids are the gang members, the ones who have been sexually exploited, the ones who have been in and out of prison. They want to be teachers, social workers, doctors, forensic psychologists. They want to be healers. They come to the world with a different kind of credential. When we pity them and see them as broken, we take away the power they have.

"We need to help youth know how much they matter."

Ginsburg urged the audience -- nearly 200 physicians, social workers, child advocates and policy makers -- to remember that adolescence is not too late to heal from childhood trauma. In fact, he said, it is the ideal time to help youth cultivate the qualities that will not only repair their own spirits, but contribute to the world: grit, creativity, collaboration, generosity and empathy.

Ginsburg described resilience as a mindset. "When something bad happens to you, do you see it as a catastrophe or an opportunity?" Adolescents need help in learning to distinguish "real tigers"—true threats to life or well-being that demand immediate reaction—from "paper tigers,"



## The National Summit on Adverse Childhood Experience 2013

the daily challenges and stresses that might call for problem-solving, reflection or a request for help.

A key ingredient of resilience, he said, is the presence of a caring adult -- a relative, clergy member, coach, teacher or health care provider -- who "believes in them unconditionally and who holds them to high expectations." That doesn't mean condoning destructive behavior, but helping youth understand their ways of coping and guiding them toward healthier strategies.



When a girl etches her arm with a razor blade, when a boy uses marijuana to numb his sorrow, when kids seek connection through sex outside of a loving relationship, they are trying to manage stress, Ginsburg said.

"Any one of the marginalized groups I've talked about has an attitude, a defensive posture that says, 'I have been hurt by you.' How do we meet that attitude? With love and with respect."

At Covenant House, when residents present cases to him, Ginsburg requires them to say more than, "This is a 16-year-old girl who presents with alcohol abuse and post-traumatic stress disorder." The resident must add, "And I love her because..."

To be effective in working with youth who have suffered adversity, Ginsburg said, providers must look honestly at themselves. "When we work with trauma, we begin 'othering,'" he said. "We all have mechanisms to make us think, 'This won't happen to me.' In the long term, we lose the capacity to love.

"But there is no 'other.' There is only us."

## The National Summit on Adverse Childhood Experience 2013

### Listening with Love:

(2011, Christina Bethell; Written During Life Course Appreciative Inquiry Project)

*Improbable people  
 Always lay low  
 They take short sips  
 And never throw fits  
 There are things  
 That only they know*

*Like, love is real  
 Yet hard to feel  
 When the screen was so blank  
 And only God to thank  
 For that night light hung on the soul*

*Research would say  
 They shouldn't be this way  
 But, Love sprung out  
 Their improbable out-spout  
 Until eventually, even they run dry*

*Improbably then  
 The real journey begins  
 Held down with a howl  
 An in-spout installed  
 Pain rising up to be skimmed*

*So they start having fits  
 And taking long sips  
 And people smile wide  
 God beams with pride*

*Held strong in the love  
 That THEY grew  
 From that place  
 That already knew  
 These, the improbable few*



## The National Summit on Adverse Childhood Experience 2013

### Part Five of Six: On the ACEs Frontier: What's Happening Around the Country

Dear Friend of ISF,

I want to share an exciting moment:

To open the Summit, on Monday, May 13th we unveiled "Mapping the Movement", a project of [ACEs Connection](#) and ISF. We are developing a common language around ACEs and Resilience. People from all walks of life -- physicians, teachers, high school students, social workers, judges, community activists, researchers, funders, policy makers and parents -- are all talking ACEs. We have momentum. People are connecting. They're connecting across silos, across geographies.

Beyond this Summit, ISF in partnership with Aces Connections intends to build and support increased connections. This map is symbolic of much work and many efforts and amazing dedication. But it's also real, interactive, searchable -- a tool for you to use, to continue making connections. You can go to explore this interactive tool and "get on the map!" "[Mapping the Momentum](#)" or you can find it on ISF's homepage.



I hope you are as inspired as I am by the amazing work taking place in all the corners of this country.

Warmly,

**Martha Davis**  
Executive Director, Institute for Safe Families

## The National Summit on Adverse Childhood Experience 2013

### On The ACEs Frontier: What's Happening Around the Country

From Florida to Oregon, ACEs are on the map.

The National Summit on Adverse Childhood Experiences, held in Philadelphia May 13 and 14, featured a giant map projection that showed all the locations where physicians, child advocates, educators and others are putting ACEs into policy and practice.

In Maine, where one in every four children is being raised in poverty, the state's [Children's Growth Council](#) developed a "tool kit" of strategies for health care providers. When providers learn about parents' adverse childhood experiences, they ask, "How is this affecting your relationship with your baby or child? What has worked for you in overcoming the ACEs that don't bother you anymore?"

The goal, said Sue Mackey Andrews, facilitator of the Maine Resilience Building Network, is to use pediatric health care settings, along with Head Start, childbirth education and home visiting programs to prevent ACEs in the next generation.

In the opposite corner of the country, the [Children's Resilience Initiative](#) (CRI) in Walla Walla, Washington is trying to promote the message that a high ACE score is not a life sentence, said Walla Walla County Community Network coordinator Teri Barila.

CRI has created innovative tools including an interactive website, a parent handbook, a kids' coloring book and a deck of cards packed with quick, concrete strategies for parents and children to boost coping skills and build resilience.

During a school in-service day in Walla Walla, classroom teachers, administrators, cafeteria workers, nurses and janitors learned some basic





## The National Summit on Adverse Childhood Experience 2013

brain science, including the idea that a stressed child can't respond, learn or collaborate with others.

When San Francisco physician Nadine Burke Harris found herself sobbing in the office of her health center's psychologist at least once a week, despondent about the trauma she witnessed in the lives of her young patients, she decided to launch multidisciplinary rounds. All children at the health center are screened for ACEs, and at a weekly team meeting, doctors, mental health specialists and case managers make collaborative treatment plans for the toughest cases.

[Burke Harris's Center for Youth Wellness](#), a subspecialty clinic for ACEs and toxic stress, takes that work a step further, providing home visits, psychotherapy, biofeedback, mindfulness and coping skills training to children and families.

And in Philadelphia, the [11th Street Family Health Services of Drexel University](#) takes a holistic approach. The center served 10,000 patients in 2012 with coordinated care that included nutrition, HIV screening, dance-/movement therapy, smoking cessation and other services. Growing Together, an early intervention/prevention program, includes group sessions for mothers both before and after the baby's birth.

Susan Dreyfus, president and [CEO of Families International](#), said that a comprehensive and transformative response to ACEs must focus on three primary goals: reducing the number of people living in poverty; increasing the number of people living safe and healthy lives; and putting more people on the path to educational and job success.

She urged Summit participants to think big: Which state will be the first to require an ACE assessment on policies and budgets having to do with children and families? How can every interaction between a health care provider and a patient be ACE-informed? How can everyone become educated on the emerging science of toxic stress and brain development?

"Next year's map," she vowed, "will show us all we are achieving in moving this social movement across America."



## The National Summit on Adverse Childhood Experience 2013

### Part Six of Six: Talking the Talk

#### Dear Friend of ISF,

Here is the final installment in our six-part series of reports from the [National Summit on ACES](#), held in Philadelphia in May 2013.

But the conversation doesn't end here. So many Summit presenters -- who included physicians, social workers, child advocates and policy makers -- urged participants to "talk the talk" of ACEs wherever they go.

Their idea is that, eventually, everyone -- children and parents, teachers and coaches, physicians and judges, elected officials and activists -- will understand the extent of childhood trauma, its impact on future health and the best strategies for healing.

The message is simple: traumatic things that happen to us as children can hurt the way we learn and grow. Stress really can make us sick. Those early adversities can impact our ability to be good parents and workers when we're older. And it is not too late: with help, children, adolescents and adults can heal from their early experiences, learning new skills, behaviors and ways of thinking.



[Partnering with Parents](#) is one way to intervene. This bright-colored booklet, designed intentionally to resemble a smartphone app was written by Linda Chamberlain, founder of the [Alaska Family Violence Project](#), and produced by ISF, with input from a group of national reviewers and support from the [American Academy of Pediatrics](#), [Multiplying Connections](#), [Prevent Child Abuse America](#) and the [Scattergood Foundation](#).

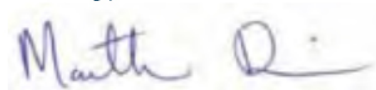
Along with phone numbers, websites and QR codes that smartphone users can scan to link to resources, the booklet explains stress and its health consequences in plain, positive language. "If you had hard times during your childhood, it's important to know it's not your fault," the booklet advises. "Understanding how things that happened during your childhood connect to how you feel now is an important part of healing and can prevent other problems for you and your kids."

## The National Summit on Adverse Childhood Experience 2013

The booklet, written at a 5th-grade level, offers strategies for managing stress (deep breathing, calling a trusted friend) and ways to build connection with children, such as joining in activities they enjoy and telling them, "I love you for who you are." Building such practices among parents is one way to prevent ACEs from trickling down to the next generation.

I look forward to all the ways we will "talk the talk," keeping this life-changing conversation about ACEs alive.

Warmly,



**Martha Davis**  
Executive Director, Institute for Safe Families

---

### Talking the Talk: Spreading the Word on ACEs

[Robert Anda](#), co-principal investigator of the original ACEs study, envisions a society in which all people can talk the talk of adverse childhood experiences.

"If everyone could understand [ACEs] and speak the language and understand their own lives and speak to their neighbors about it, that's going to be the real power of making things move," he told nearly 200 participants at the National Summit on ACEs, held in May in Philadelphia

For many at the Summit -- physicians, policy makers, educators and child advocates -- hearing a presentation by Anda was their own "aha" experience; now, they have made it their mission to share the understanding of toxic stress, brain development and health with their colleagues, patients, students and communities.

It's happening in Gainesville, where [University of Florida College of Medicine](#) professor Nancy Hardt tells medical students about the "cosmic lottery"



## The National Summit on Adverse Childhood Experience 2013

that rewards some children with resilience-building experiences and supportive families while damaging others with trauma and neglect.

Hardt also takes ACEs education on the road-to community groups, churches and anyone who will listen -- unrolling local maps with "hot spots" for high numbers of Medicaid births that coincide with areas of high crime, child maltreatment and domestic violence. The maps convey the message: poverty, trauma, health and behavior are linked.

In Arizona, Marcia Stanton coordinates [the Strong Families Child Abuse Prevention Program at Phoenix Children's Hospital](#); she provides all new clinical staff with a day-long training on the ACEs study, brain development, resilience and trauma-informed care. Strong Families partners with a local public television station for a call-in show, "Ask a Child Trauma Expert." Posters help to spread the word: "Strong Communities Raise Strong Kids" and "Childhood Adversity Can Last a Lifetime: But It Doesn't Have To."

ISF has produced a series of booklets written by Linda Burgess Chamberlain, founder of the Alaska Family Violence Prevention Project, that explain brain development, trauma and positive parenting in plain language, with graphics that resemble a Smartphone app. The booklets, written at a 5th-grade reading level, emphasize practical strategies to reduce stress and boost resilience. "[The Amazing Teen Brain](#)," for instance, advises parents to "encourage your teen to try a new hobby" and "find ways to expand your teen's role in family decision-making."

At the Summit, writer [Jane Stevens](#) received the [Scattergood Foundation's](#) Award for Journalism. Stevens, who wrote her first article about ACEs in 2005, for the Sacramento Bee, created the news site [ACEsTooHigh.com](#) and the social network [ACEsConnection.com](#), online arenas for stories, data and sharing.

[ACEsTooHigh.com](#) chronicled a high school in Walla Walla that tried a trauma-informed approach to discipline and saw its suspensions drop by 85%. Member of [ACEsConnection.com](#) share news



Jane Stevens received the Scattergood Award For Journalism Presented by Joe Pyle, President of Scattergood Foundation

## The National Summit on Adverse Childhood Experience 2013

of new projects, ask for advice and discuss new issues in their fields; membership recently passed the 1000 mark.

"Trauma-informed journalism doesn't stop at the problem; it looks to see what's being done, or not being done, to solve a problem," Stevens said.

Susan Dreyfus, president and CEO of [Families International](#), told Summit participants that spreading the word-- especially among those who have been hurt by childhood adversity -- is key to healing. "Too many people still don't know about the ACE science. Too many people view it through a very narrow lens. Our job is plain talk so people can understand that this is a simple framework to solve society's toughest problems. Anybody and everybody has to be educated on this science."





# HOSTS AND NATIONAL SPONSORS of the National Summit on ACEs

## HOSTS

The Institute for the Safe Families and the Robert Wood Johnson Foundation

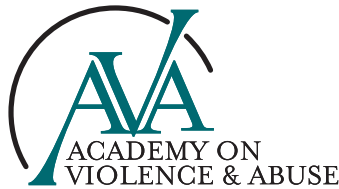


## NATIONAL SPONSORS

The American Academy of Pediatrics    The Academy on Violence and Abuse  
The Council on Social Work Education    Futures Without Violence  
The National Council for Behavioral Health    Prevent Child Abuse America  
The Thomas Scattergood Behavioral Health Foundation

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



ADVANCING HEALTH EDUCATION & RESEARCH



COUNCIL ON SOCIAL WORK EDUCATION



Formerly Family Violence Prevention Fund

NATIONAL COUNCIL  
FOR BEHAVIORAL HEALTH



Prevent Child Abuse  
America





# HOST OF THE NATIONAL SUMMIT ON ACEs

## THE INSTITUTE FOR SAFE FAMILIES

The Institute for Safe Families (ISF) is a Philadelphia non-profit organization ([www.instituteforsafefamilies.org](http://www.instituteforsafefamilies.org)) whose mission is to prevent family violence and child abuse by strengthening families to create nurturing, healthy environments that promote children's positive development. For 23 years, ISF has been an incubator for new ideas, developed innovative programming, and convened forums for cross-systems dialogue and collaboration aimed at building capacity for more effective prevention and response to all forms of interpersonal violence.

ISF goals are to:

- Implement among child-serving settings evidence-based child abuse/intimate partner violence prevention programs for children, their caregivers, and parents;
- Advance public policy and advocacy for child abuse and intimate partner violence prevention;
- Raise public awareness about the devastating consequences of exposure to family violence, and other toxic stressors; and
- Promote protective factors and reduce risk factors to strengthen the ability of families to promote optimal development for their children.

ISF envisions a world free from violence against women, men, and children, where children grow up in positive and nurturing environments. We believe that:

- Hurt people hurt people.
- Deep listening facilitates healing and transformation.
- Programmatic rigor, excellence and integrity creates quality process and outcomes.
- Change happens in the context of relationships (individual, community and system) through caring, kindness, generosity and artistic expression.
- Each member of the family, as well as the community, has a role to play in violence prevention.
- A commitment to non-violence supports the vision of a peaceful home, community, and world.

ISF has developed, piloted, and disseminated successful programs that address child abuse and family violence. ISF is a leader in the Philadelphia community and across the country in the area of prevention of interpersonal violence and its consequences for children. ISF has an established and highly respected record for initiating and nourishing collaborations, providing high quality trainings, and creating research-based programs and clinical materials. The majority of ISF programs serve families in Philadelphia and the surrounding counties, most of whom are at risk and are underserved and economically disadvantaged. ISF's leadership has been recognized through numerous awards, including the 2012 GlaxoSmithKline Community Impact Award, the Health Partners Making A Difference Award, and the Children's Crusader Award from the Philadelphia Department of Human Services.

ISF has four program areas: 1) Pediatric Initiatives; 2) Training and Consultation with the Philadelphia Department of Public Health; 3) The Philadelphia Adverse Childhood Experiences (ACEs) Project; and 4) Promoting Education and Public Awareness.

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to health and health care, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, measurable, and timely change. For 40 years the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime.

The Foundation's Vulnerable Populations portfolio focuses on what makes people healthy—or unhealthy—from a perspective that includes factors outside of the medical care system. We create new opportunities by investing in health where we live, learn, work and play. We identify and test innovative approaches that have the potential to create fundamental change; visionary solutions that are feasible and sustainable and can be applied on a wide scale. The programs and social innovations we support often work in the domains of education, housing, or corrections, but always address the health needs of people who are vulnerable.

For more information, visit [www.rwjf.org](http://www.rwjf.org). Follow the Foundation on Twitter [www.rwjf.org/twitter](http://www.rwjf.org/twitter) or Facebook [www.rwjf.org/facebook](http://www.rwjf.org/facebook).





# LOCAL SPONSORS

## of the National Summit on ACEs

American Academy of Pediatrics, The PA Chapter  
The Children's Hospital of Philadelphia  
The CHG Charitable Trust  
Health Partners

Multiplying Connections, A Project of the Health Federation of Philadelphia  
The Philadelphia Department of Public Health  
Prevent Child Abuse PA  
St. Christopher's Hospital for Children  
The Stoneleigh Foundation  
Suspected Child Abuse and Neglect (SCAN) of the PA AAP

American Academy of Pediatrics

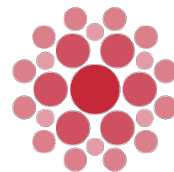


DEDICATED TO THE HEALTH OF ALL CHILDREN™

Pennsylvania Chapter

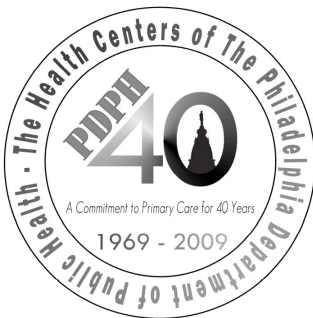
 The Children's Hospital *of Philadelphia*®  
Hope lives here.

**HP** HEALTH  
PARTNERS



**Multiplying  
Connections**

Positive development  
for all children



**Prevent Child Abuse  
Pennsylvania**



**St. Christopher's  
Hospital for Children**

**STONELEIGH**  
FOUNDATION



# SUMMIT AGENDA - MONDAY, MAY 13, 2013

## Liberty Ballroom, Independence Visitor Center 6th & Market Streets, Philadelphia

- 8:00-8:30**      **Registration and Breakfast at the Independence Visitor Center**
- 8:30-8:45**      **Welcoming Remarks**  
Martha Davis, MSS - Executive Director, ISF  
Jane Isaacs Lowe, PhD - Senior Advisor, Robert Wood Johnson Foundation
- 8:45-9:00**      **ACEs: Mapping the Momentum**  
Martha Davis, MSS - Executive Director, ISF and Jane Stevens - Founder, Editor ACEs Connection

### RESEARCH AND ACEs

- 9:00-9:45**      **Adverse Childhood Experiences in Our Society: Where Sciences Collide**  
Robert Anda, MD, MS  
 Co-Principal Investigator, The ACE Study
- 9:45**              **Summit Moderator**  
Joel Fein, MD, MPH, Professor of Pediatrics and Emergency Medicine  
 The University of Pennsylvania Perelman School of Medicine at The Children's Hospital of Philadelphia
- 9:45-10:45**      **Translating Developmental Science Into Healthier Lives: Realizing the Potential of a Shared Vision**  
Andrew Garner, MD, PhD, FAAP  
 Associate Clinical Professor of Pediatrics, Case Western Reserve University  
 Chair, AAP Leadership Workgroup on Early Brain and Child Development
- 10:45-11:00**      **Break**
- 11:00-12:15**      **Research Panel**  
Jennifer Hays-Grudo, PhD  
*Preventing the Intergenerational Transmission of ACEs*  
 Professor and George Kaiser Chair in Community Medicine  
 University of Oklahoma School of Community Medicine
- Heather Larkin, PhD, LCSW-R  
*Responding to Adverse Childhood Experiences (ACEs): Policies & Programs for Whole Person Support*  
 Assistant Professor, School of Social Welfare, University at Albany (SUNY)
- Christina Bethell, PhD, MBA, MPH  
*National and State Data on ACE Risk and Resilience: The Call for Mind/Body Interventions*  
 Professor of Pediatrics, OHSU School of Medicine  
 Director, The Child and Adolescent Health Measurement Initiative
- The Philadelphia Story:  
Lee Pachter, DO  
*Racial/Ethnic Discrimination as an Adverse Childhood Experience*  
 Chief, Section of General Pediatrics, Associate Chair for Community Pediatrics  
 St. Christopher's Hospital for Children
- Mary Harkins-Schwarz, MPH  
*Findings from the Philadelphia Urban ACEs Survey*  
 Senior Research Associate, Public Health Management Corporation
- Roy Wade, MD, PhD, MPH  
*A Qualitative Study of Adverse Childhood Experiences of Low-Income Youth in Philadelphia*  
 Robert Wood Johnson Clinical Scholar, The University of Pennsylvania



# SUMMIT AGENDA - MONDAY, MAY 13, 2013

## Liberty Ballroom, Independence Visitor Center 6th & Market Streets, Philadelphia

**12:15-1:30**      **Lunch and Round Table Discussions**

**1:30-1:45**      **Break**

### **POLICY, ADVOCACY AND ACES**

**1:45-2:15**      **Policy Implications of an Intergenerational Approach**

Laura Porter  
Co-Founder ACE Interface, LLC

**2:15-3:30**      **Policy and Advocacy Panel**

Sue Mackey Andrews

*The Maine Event: Addressing and Preventing ACEs Through Enhanced Statewide Capacity*  
Facilitator, Maine Resilience Building Network  
President, SOLUTIONS Consulting Group, LLC

Andrew Garner, MD, PhD, FAAP

*The American Academy of Pediatric's Policy on Toxic Stress: A Call For Action*  
Associate Clinical Professor of Pediatrics, Case Western Reserve University  
Chair, AAP Leadership Workgroup on Early Brain and Child Development

Nancy Hardt, MD

*ACEs Curriculum for Pre-Professional and Medical Students*  
Professor, Department of Pathology and Ob-Gyn  
Director, Health Equity and Service Learning Programs  
University of Florida College of Medicine

Marcia Stanton, MSW

*Strong Communities Raise Strong Kids: Arizona's Continuing Efforts to Prevent ACES and Strengthen Families*  
Injury Prevention Center, Strong Families Program  
Phoenix Children's Hospital

Sonni Vierling, MA

*Invest, Inform, Research, Engage, & Advocate: Iowa's Five Prong Approach to ACE-informed Policy*  
Coordinator, Central Iowa ACEs Steering Committee  
State Coordinator, 1st Five Healthy Mental Development Initiative  
Iowa Department of Public Health

**3:30-4:30**      **Round Table Discussions**

**4:30-6:00**      **Free Time - On Your Own**

**6:00**      **Dinner**

Hotel Monaco Rooftop – 11<sup>th</sup> floor

ISF has a gathering space in the Vapor Room on the rooftop. Please join us. (Pay your own way)



# SUMMIT AGENDA - TUESDAY, MAY 14, 2013

## Liberty Ballroom, Independence Visitor Center 6th & Market Streets, Philadelphia

**8:00-8:30**      **Breakfast at the Independence Visitor Center**

**8:30-9:00**      **Setting the Stage for the Day**

Joel Fein, MD, MPH

Professor, Pediatrics and Emergency Medicine  
The University of Pennsylvania Perelman School of Medicine  
Attending Physician, Division of Emergency Medicine  
The Children's Hospital of Philadelphia

**9:00-9:15**      **Life Achievement Award to Frank Putnam**

Presentation by Sandra Bloom, MD and Dave Corwin, MD

Dr. Bloom is an Associate Professor in the Health Management and Policy Department of Drexel University School of Public Health. Dr. Corwin is the Medical Director of the Primary Child Center at the University of Utah School of Medicine and the incoming President of the Academy on Violence and Abuse

Frank Putnam, MD

Professor of Psychiatry, University of North Carolina at Chapel Hill

**9:15-10:00**      **Our Kids Are Not Broken: The Importance of Resilience in Overcoming Adversity**

Kenneth Ginsburg, MD, MS Ed

Professor of Pediatrics, The University of Pennsylvania School of Medicine  
Director of Health Services, Covenant House Pennsylvania

**10:00-10:30**      **Creating Resilient Systems of Care**

Sandra Bloom, MD

Associate Professor, Health Management and Policy  
Drexel University School of Public Health  
Co-Director, Center for Nonviolence and Social Justice, Drexel University

**10:30-10:45**      **Break**

**10:45-12:00**      **Community-Based ACEs and Intervention Panel**

Theresa Barila, MS

*The Children's Resilience Initiative: One Community's Response to ACEs through Resilience*  
Walla Walla County Community Network Coordinator  
Founder, Children's Resilience Initiative

Nadine Burke Harris, MD, MPH

*A Comprehensive Pediatric Clinical Approach to Screening for ACEs*  
CEO, Center for Youth Wellness - San Francisco, CA



# SUMMIT AGENDA - TUESDAY, MAY 14, 2013

## Liberty Ballroom, Independence Visitor Center 6th & Market Streets, Philadelphia

Roberta Waite, EdD, APRN, CNS-BC, FAAN

*Holistic Health Practices Across the Life Course in Community-Based Primary Healthcare: Implications for ACEs*

Associate Professor of Nursing &

Assistant Dean of Faculty Integration and Evaluation of Community Programs

The Josiah Macy Jr. Foundation, Macy Faculty Scholar

Drexel University, College of Nursing and Health Professions

Interdisciplinary Research Unit, Doctoral Nursing Department

Mark Rains, PhD

*Trauma/Resilience-Informed Integrated Healthcare for Children*

Psychologist, Vienna Mountain Consulting

Linda Chamberlain, PhD, MPH

*Partnering With Parents: Raising Happy, Healthy Children*

Founding Director, Alaska Family Violence Prevention Fund

Thomas Scattergood Foundation Inaugural Scholar

**12:00-12:30**

**Q&A**

**12:30-1:15**

**Lunch**

**1:15-1:45**

**Presentation: The Scattergood Award for Journalism to Jane Stevens**

Joe Pyle, MA

President - The Thomas Scattergood Foundation

Jane Stevens - Founder, Editor ACEs Connection

*Stories from the Field: Trauma Informed Journalism*

**1:45-2:45**

**Moving Forward: Aligning the Emerging Science with Practice and Policy**

Susan Dreyfus, President and CEO

Alliance for Children and Families and Families International

**2:45-3:00**

**Closing the Summit**

**3:00-4:30**

**Informal Networking and Free Time - On Your Own**

**4:30**

**Evening Event at the Independence Visitor Center**



**CHILDHOOD RESTORED:  
THE PATH FROM ADVERSITY TO WELLNESS  
TUESDAY EVENING, MAY 14, 2013  
Liberty Ballroom, Independence Visitor Center  
6th & Market Streets, Philadelphia**

**4:30-5:45**

**Reception**

Cash Bar and Heavy Hors d'oeuvres

**5:45-6:00**

**Welcome**

Martha Davis, MSS

Executive Director, Institute for Safe Families

Arthur C. Evans, Jr, PhD

Director, Philadelphia's Department of Behavioral Health and Intellectual disAbility Services (DBHIDS)

**6:00-8:00**

**Symposium**

**Moderator**

Angelo Giardino, MD, PhD

Chief Medical Officer, Texas Children's Health Plan  
Chief Quality Officer-Medicine, Texas Children's Hospital

**What's The Big Deal About ACES: Finding Meaning in Troubled Times**

Sandra Bloom, MD

Associate Professor, Health Management and Policy  
Drexel University School of Public Health  
Co-Director, Center for Nonviolence and Social Justice, Drexel University  
Philadelphia, PA

**ACES: Why Every Clinician Should Care**

Nadine Burke Harris, MD, MPH

CEO, Center for Youth Wellness  
San Francisco, CA

**Childhood Restored: Our Role in Guiding Youth to Overcome Adversity and Recognize Their Strengths**

Kenneth Ginsburg, MD, MS, Ed

Professor of Pediatrics, The University of Pennsylvania School of Medicine  
Director of Health Services, Covenant House Pennsylvania  
Philadelphia, PA

**8:00-8:10**

**Closing the National Summit on ACES**

Angelo Giardino, MD, PhD - Chief Medical Officer, Texas Children's Health Plan

Martha Davis, MSS - Executive Director, Institute for Safe Families

Jane Isaacs Lowe, PhD - Senior Advisor, Robert Wood Johnson Foundation



# SPEAKER BIOGRAPHIES

## **ROBERT ANDA, MD, MS**

Robert F. Anda is the Co-Principal Investigator of the Adverse Childhood Experiences (ACEs) Study. Rob lives in Atlanta with his wife, Kim, and two children, Kelsey and Will. Dr. Anda graduated from Rush Medical College in 1979 and received his Board Certification in Internal Medicine in 1982. During 1982-1984 he completed a Fellowship in Preventive Medicine at the University of Wisconsin where he also received a Masters Degree (MS) in Epidemiology. He has conducted research in a variety of areas including disease surveillance, behavioral health, mental health and disease, cardiovascular disease, and childhood determinants of health. After spending 20 years as a research medical officer in the U.S. Public Health Service, he is now a Senior Scientific Consultant to the Centers for Disease Control and Prevention (CDC) in Atlanta. He played the principal role in the design of the Adverse Childhood Experiences (ACE) Study and serves as its Co-Principal Investigator. Findings from the ACE Study have been presented at Congressional Briefings and numerous conferences around the world. The ACE Study is being replicated in numerous countries by the World Health Organization (WHO) and is now being used to assess the childhood origins of health and social problems in more than 18 U.S. states. He has more than 100 peer-reviewed publications, numerous government publications such as the Morbidity and Mortality Weekly Report (MMWR), and book chapters. In addition, he has received numerous awards and recognition for scientific achievements.

## **SUE MACKEY ANDREWS**

Sue Mackey Andrews is the Facilitator for the Maine Resilience Building Network (MRBN), a collective impact initiative designed to promote ACEs awareness, education, and prevention. The MRBN is an organic, “bottoms up” Network which was formed in April 2012 as an outcome of the Maine ACEs Study and currently includes 33 statewide and local initiatives representing diverse stakeholder groups, populations, and projects. MRBN is currently funded by the Bingham Program, and continues to seek funding to promote their collective mission of ACEs education and prevention. Sue has resided in Maine since 1979 when she and her family moved to rural Piscataquis County, in the midst of mountains, lakes, and the Appalachian Trail. Before coming to Maine, she completed her undergraduate work in human development and family dynamics at the University of Massachusetts/Amherst, and continued graduate work in pediatrics at UMass and UMass Medical in Worcester. In 1992, she left state government and struck out on her own – building SOLUTIONS Consulting Group, LLC, which has consulted in 48 states and Puerto Rico in public policy, systems development, and financing for comprehensive integrated 0-5 services. In 2008, Sue made the conscious decision to downsize her business and focus on sharing her knowledge and skills again in Maine. Sue is a member of the Maine Children’s Growth Council, the statutory body advising all branches of government about comprehensive services and supports for expectant families and those families with children ages 0-5. She is Chairperson of the Health Accountability Team focusing on ACEs as well as comprehensive “prenatal to the school door” screening. Locally, Sue serves on the School Board, is President of the Piscataquis County Economic Development Council, and a leader in regional efforts to integrate early childhood development, family support and ACEs prevention as community development and economic opportunities.

## **THERESA BARILA, MS**

Teri Barila is coordinator of the Walla Walla County Community Network, part of the Washington State Community Network System. Together, this family-community-state partnership reduces expensive social problems by involving each community in finding its own unique pathway to thriving families. Building community capacity is a key element of the Network’s mission. One example of community capacity development is the creation of the Children’s Resilience Initiative (with Mark Brown, Executive Director of the Friends of Children of Walla Walla) to bring awareness of the impact of Adverse Childhood Experiences as the major determinant of adult- and public- health to the Walla Walla Valley community for practical application, with an emphasis on Resilience. This work has attracted national attention in part due to its grassroots organizational development and the focus on the hope of Resilience. Teri has a Masters of Science in Fisheries Management and a Bachelor of Science in Biology. Born and raised in Washington, D.C., she migrated west in 1981 and now calls the Pacific Northwest home. Her area of expertise for 20 years with salmon and steelhead Federal recovery planning in the Snake and Columbia River system was focused on fish stress and physiology. She shifted career goals in 1998 when she resigned from the U.S. Army Corps of Engineers and accepted the role of Network Coordinator. She has lived in Walla Walla since 1984, and has been the Network coordinator since 1998. She has two children: a 32-year-old son and a 23-year-old daughter. Experiencing the world of a special needs child with Asperger’s Syndrome (Autism Spectrum) has significantly shaped Teri’s thinking on systems, education, resilience, and advocacy for children.



# SPEAKER BIOGRAPHIES

## **CHRISTINA BETHELL, PhD, MBA, MPH**

Dr. Bethell is a Professor in the Department of Pediatrics, School of Medicine at Oregon Health & Science University. She is the founding Director of The Child and Adolescent Health Measurement Initiative (CAHMI) and the National Maternal and Child Health Data Resource Center. Established in 1997, the CAHMI promotes early and lifelong health of children, youth, and families in public policy and community practice, with a focus on family-engagement and family-driven data and IT tools, such as the Health 2.0 award winning Well Visit Planner ([www.wellvisitplanner.org](http://www.wellvisitplanner.org)) and the Data Resource Center for Child and Adolescent Health ([www.childhealthdata.org](http://www.childhealthdata.org)). Dr. Bethell is committed to contributing to the development of family, community and health care systems that proactively address early life socio-emotional factors impacting health over the life course, including the emerging field of mindfulness and interpersonal neurobiology as it applies to improving health care quality and the health of children. Her work to collaboratively design and validate measures of child and family health and health care quality have led to over 45 measures endorsed by the National Quality Forum and a range of standardized metrics used in national, state, and local survey of families. Dr. Bethell earned her B.A. in psychology from the University of California, Los Angeles. She has an M.P.H. and an M.B.A. from the University of California, Berkeley and has earned a Ph.D. in health services and policy research from the University of Chicago. She was most recently recognized by the US Centers for Disease Control and Prevention, the American Academy of Pediatrics and 14 other national organizations as the 2012 National Maternal and Child Health Outstanding Leadership Award recipient for advancing the health and well-being of the nation's women, infants and children. She was similarly recognized by Family Voices—the largest coalition of families of children with special health care needs (CSHCN)—when they named her their “National Angel” award winner in 2001 for her work to develop methods to identify and assess health and health care quality for CSHCN. A lifelong advocate of mind/body methods and graduate of the University of Massachusetts's Center for Mindfulness, Medicine and Society's Mindfulness Based Stress Reduction Teacher Training program, Christina spearheads a national dialogue on Mindfulness As Medicine (and Mindfulness & Pediatrics). She is trained in transformational coaching and conducts mindful leadership workshops with maternal and child health leaders. Christina brings an unwavering belief in life and our natural transformative power to heal even the greatest of traumas and she promotes the consciousness to choose, anchor into and align with our deepest presence—where we can all be organically led and supported to create a life of love, contribution, and well-being.

## **SANDRA BLOOM, MD**

Sandra L. Bloom, MD is a Board-Certified psychiatrist, Associate Professor of Health Management and Policy and Co-Director of the Center for Nonviolence and Social Justice at the School of Public Health of Drexel University in Philadelphia. Dr. Bloom is the founder of the Sanctuary Institute, Distinguished Fellow at the Andrus Children's Center. Dr. Bloom is a Past-President of the International Society for Traumatic Stress Studies and author of *Creating Sanctuary: Toward the Evolution of Sane Societies* and co-author of *Bearing Witness: Violence and Collective Responsibility*. A book about the crisis in social service delivery and titled *Destroying Sanctuary: The Crisis in Human Service Delivery* was published in 2010 by Oxford University Press and another volume of this trilogy about trauma-informed service, *Restoring Sanctuary: A New Operating System for Trauma-Informed Systems of Care* was published in early 2013 by Oxford University Press.

## **LINDA CHAMBERLAIN, PhD, MPH**

Scientist, author, professor, dog musher, and founder of the Alaska Family Violence Prevention Project, Dr. Linda Chamberlain is an internationally recognized keynote speaker and champion for health issues related to domestic violence, children exposed to violence, brain development and trauma, and the amazing adolescent brain. She is known for her abilities to translate science into practical information with diverse audiences and convey a message of hope and opportunity. Dr. Chamberlain holds faculty appointments at the University of Alaska and Johns Hopkins University. She earned her public health degrees from Yale School of Medicine and Johns Hopkins University. The author of numerous publications and domestic violence training resources including the *Public Health Toolkit*, the *Amazing Brain booklets* for parents, the *Reproductive Health and Violence Guidelines*, and a train-the-trainer curriculum for home visitors, Dr. Chamberlain is editor for the e-journal, *Family Violence Prevention and Health Practice* and serves on the National Advisory Board for the Institute for Safe Families. Awards and recognition for her work include a National Kellogg Leadership Fellowship and she is the 2012 inaugural Scattergood Foundation Scholar. Living on a rural homestead outside of Homer, Alaska with her husband and dog team, she teaches a distance learning graduate course on





# SPEAKER BIOGRAPHIES

leadership development and has developed a highly innovative lecture series that incorporates lessons she has learned about collaborative leadership and teamwork based on her experiences as a dog musher.

## **DAVID L. CORWIN, MD**

Dr. Corwin is a Professor of Pediatrics at the University of Utah School of Medicine in Salt Lake City, Utah. He is board certified in Psychiatry, Child Psychiatry and Forensic Psychiatry. He has worked as a lecturer, consultant, evaluator and/or expert addressing child abuse cases throughout the United States and other countries including Canada, Great Britain, Europe, Israel, South Korea, and Thailand. Dr. Corwin is a founder of the California and American Professional Society on the Abuse of Children (CAPSAC & APSAC), the Ray E. Helfer Society and the Academy on Violence and Abuse (AVA). From 2009 to 2010, he chaired the transition of the AMA's National Advisory Council on Violence and Abuse into the National Health Collaborative on Violence and Abuse. Dr. Corwin has ongoing interest in the evaluation, mitigation, and prevention of the adverse health impacts associated with exposure to violence and abuse across the lifespan. He currently serves as the President of the Academy on Violence and Abuse, which is dedicated to increasing the education of health professionals about and research on the health impacts of violence and abuse. Dr. Corwin is the Executive Producer for AVA's Adverse Childhood Experiences Study DVD released in January of 2012. In 2012, he was re-elected to the Board of Directors of the American Professional Society on the Abuse of Children.

## **MARTHA DAVIS, MSS**

Martha B. Davis is the Executive Director for the Institute for Safe Families (ISF), whose mission is to prevent family violence and child abuse. She is responsible for the fiscal and programmatic health and vitality of the organization. For over 20 years Martha has focused ISF's efforts to be an incubator for new ideas, developed innovative programming, and convened forums for cross-systems dialogue and collaboration aimed at building capacity for more effective prevention and response to all forms of interpersonal violence. She has presented and written on family violence issues both nationally and locally. Martha is an adjunct faculty member at the Community College of Philadelphia, where she developed and teaches a semester-long course on Family Violence, Trauma and Healing for students seeking an associate degree in the Behavioral Health Social Service Department. In 1995 Ms. Davis received her Masters in Social Service degree from Bryn Mawr College, the Graduate School of Social Work and Social Research, Bryn Mawr, PA with a concentration Advocacy, Policy and Program Development. She is a certified domestic violence counselor, a marathon runner, and lives in Philadelphia with her partner David Dimmack, and their two children Cooper (9 yrs) and Ella (7 yrs).

## **SUSAN N. DREYFUS**

Susan N. Dreyfus is president and CEO of Families International, the parent organization of the Alliance for Children and Families, United Neighborhood Centers of America (UNCA), Ways to Work, and FEI Behavioral Health. In addition, she is president and CEO of the Alliance; CEO of UNCA and Ways to Work; and a member of the FEI Behavioral Health Board of Directors. Prior to joining Families International on Jan. 3, 2012, Dreyfus was Secretary for the Washington State Department of Social and Health Services. She was appointed by Gov. Chris Gregoire in May 2009 and served as a member of the Governor's Executive Cabinet. She had responsibility for Medicaid, aging and long-term care, child welfare, behavioral health care, juvenile justice, economic assistance, and other human services. Dreyfus has rejoined the Families International group of organizations. She served as senior vice president and chief operating officer for both Families International and the Alliance from 2003-2007. In 1996 she was appointed by the Gov. Tommy G. Thompson Administration in Wisconsin to be the first administrator of the Division of Children and Family Services. Her responsibilities included child welfare, child care quality and licensing, youth development and an array of emergency assistance and other community programs. Dreyfus is a member of Leadership 18, a coalition of CEOs from the largest and most respected nonprofit organizations in America. She is also a member of the American Public Human Services Association and Generations United Boards of Directors. Dreyfus enjoys reading the biographies of the United States presidents, being with her family—especially her two grandchildren—and she has completed four marathons.



# SPEAKER BIOGRAPHIES

## **JOEL FEIN, MD, MPH**

Joel A. Fein MD, MPH is the Chairman of the Board for The Institute for Safe Families, and a Professor of Pediatrics and Emergency Medicine at the Perelman School of Medicine at the University of Pennsylvania. Dr. Fein is the Co-Director of the headquarters for the National Network of Hospital-based Violence Intervention Programs (NNHVIP), the director of outreach for The Center for Pediatric Traumatic Stress, an intervention development center within the National Child Traumatic Stress Network, and is on the Board of Directors of the Society for the Advancement of Violence and Injury Research (SAVIR) and the Philadelphia Anti-drug Anti-violence Network (PAAN). At CHOP he is an attending physician in the Emergency Department, the medical advisor to the Government Affairs, Community Relations and Advocacy Department and the Director of Advocacy and Health Policy for the Emergency Department. Dr. Fein completed his B.A in biology and psychology at Wesleyan University in Middletown, CT, his medical degree at The New York University School of Medicine, and his MPH at the University of Pennsylvania. He did his residency in pediatrics fellowship in pediatric emergency medicine at CHOP. He is board Certified in Pediatrics and Pediatric Emergency Medicine. Dr. Fein has lectured nationally and internationally, and published multiple review articles and original research papers on the topics of violence prevention, pain management, and mental health in emergency settings.

## **ANDREW GARNER, MD, PhD, FAAP**

Dr. Garner is a graduate of Swarthmore College, and a product of both the Medical Scientist Training (MD, PhD) Program at Case Western Reserve University and the Pediatric Residency Training Program at the Children's Hospital of Philadelphia. Dr. Garner has practiced primary care pediatrics with University Hospitals Medical Practices since 2000. He is an Associate Clinical Professor of Pediatrics at Case Western Reserve University School of Medicine and a member of the Center on Child Health and Policy at Rainbow Babies and Children's Hospital. As a member of the American Academy of Pediatrics' (AAP) Committee on Psychosocial Aspects of Child and Family Health, Dr. Garner co-authored the Policy Statement and Technical Report on childhood toxic stress. He is currently the Chair of the AAP's Leadership Workgroup on Early Brain and Child Development and a member of the AAP's Leadership Workgroup on Epigenetics. Dr. Garner is also the Vice-President/President-Elect of the Ohio Chapter of the AAP. When not cherishing some quality time with his wife, son, daughter, and dog, Dr. Garner likes to fish, hike, canoe, and practice Tae Kwon Do.

## **KENNETH GINSBURG, MD, MS, Ed**

Dr. Kenneth Ginsburg is a pediatrician specializing in Adolescent Medicine at The Children's Hospital of Philadelphia and a Professor of Pediatrics at the University of Pennsylvania School of Medicine. He practices social adolescent medicine – medicine with special attention to prevention and the recognition that social context and stressors impact upon both physical and emotional health. The theme that ties together his clinical practice, teaching, research, and advocacy efforts is that of building on the strength of teenagers by fostering their internal resilience. Dr. Ginsburg is the Medical Director for Covenant House, Pennsylvania, a care system that serves homeless, street, and marginalized youth in Philadelphia. While the shelter-based clinic serves all of the health needs of its patients, it focuses on stress as the underlying force that drives most behaviors that risk good health. Dr. Ginsburg developed the teen-centered method, which is a mixed qualitative/quantitative methodology that helps youth to generate, prioritize, and explain their own proposed solutions to social problems and to teach clinicians how to better serve them. His goal is to translate the best of what is known from research and practice into practical approaches parents, professionals, and communities can use to prepare children and teens to thrive. He has more than 80 publications, including 20 original research articles, clinical practice articles and chapters, three books, and video/DVD productions.



# SPEAKER BIOGRAPHIES

## **NANCY HARDT, MD**

Nancy S. Hardt, MD is a Professor of Pathology and Obstetrics and Gynecology at the University of Florida College of Medicine, Director for Health Disparities and Service Learning Programs, and the Associate Director of the Family Data Center. In the past, she served as the Senior Associate Dean for External Affairs, and Associate Dean for Clinical Affairs and Managed Care. She served as President of the College of Medicine faculty Council in 1994-1995. In her current role she fosters collaborations with community leaders to address local health equity issues. A health report card for Alachua County was developed by Dr. Hardt, and key indicators were mapped, resulting in numerous community actions to respond to highlighted health inequities. She spearheaded the University response, a Mobile Outreach Clinic, in which an interprofessional team meets the needs of the underserved in neighborhoods throughout Alachua County. Most recently she was a Robert Wood Johnson Health Policy Fellow during which time she worked as a health legislative advisor for Senator Jeff Bingaman of New Mexico and Speaker of the House, Nancy Pelosi. She directs the Rural and Urban Underserved Medicine special admissions track into the medical school which admits its first cohort of students in 2013. UF volunteers under her direction visit public schools in the School Health Interdisciplinary Program. She co-founded the innovative Intimate Partner Violence Clinic in conjunction with the College of Law, in which law and medical students learn together how best to meet the needs of victims.

## **MARY HARKINS-SCHWARZ, MPH**

Mary Harkins-Schwarz is a Senior Research Associate in the Research and Evaluation Group of Public Health Management Corporation. She conducts research, program evaluations and needs assessments. Ms. Harkins-Schwarz has led evaluations of Pennsylvania's crime victim hotlines, a truancy abatement initiative, a program to educate older adults about disaster preparedness, and an intervention to reduce hospital readmissions among older adults. For five years she served as the project manager of Philadelphia's child death review team. Her research interests include child and adolescent health, injury prevention, and school readiness. Mary holds an undergraduate degree in Psychology from Rutgers College, Rutgers University and a Master of Public Health from the University of North Carolina.

## **NADINE BURKE HARRIS, MD, MPH**

Dr. Nadine Burke Harris is founder and CEO of Center for Youth Wellness (CYW). She has earned international attention for her innovative approach to addressing adverse childhood experiences as a risk factor for adult disease such as heart disease and cancer. CYW identifies and addresses the impacts of Adverse Childhood Experiences by providing evidence-based, multidisciplinary care, education, and advocacy in a community-based, family-centered model. Her work was recently profiled in Paul Tough's best selling book, "How Children Succeed: Grit, Curiosity, and the Hidden Power of Character." David Brooks, a New York Times writer, called Tough's book "essential." U.S. Secretary of Education, Arne Duncan, stated that the book "left me feeling hopeful about the huge difference we can make in the lives of those who have little opportunity." The CYW works in close partnership with the CPMC Bayview Child Health Center where Dr. Burke Harris was the founding physician and former medical director until she became CEO of CYW. Dr. Burke Harris maintains her clinical practice at the CPMC Bayview Child Health Center. Her areas of interest are in health disparities, child trauma, nutrition and asthma. Particularly, her focus is serving communities where issues of poverty and race present challenges to conventional healthcare and education.

## **JENNIFER HAYS-GRUDO, PhD**

Jennifer Hays-Grudo, PhD, received a degree in psychology from Texas Tech University, followed by a master's and doctorate in developmental psychology from the University of Houston. As a developmental psychologist, she has spent her professional career in academic medical schools applying knowledge about the systems and strategies that promote cognitive, social and physical development to the development of health behaviors in defined populations, primarily low-income and minority families. She has been funded by the NIH to identify socialization strategies used by Mexican-American mothers to promote positive health behaviors in young children and directed research to improve health



# SPEAKER BIOGRAPHIES

behaviors in Mexican-American families in the Houston area and along the Rio Grande border, identified predictors of risk-taking behavior in urban adolescents, and was one of the principal investigators of the Women's Health Initiative (WHI). In 2008 she became the second George Kaiser Chair in Community Medicine where she leads the Tulsa Children's Project, a longitudinal study of a highly integrated intervention model developed with Drs. Jack Shonkoff and Bill Beardslee at Harvard's Center for the Developing Child. The purpose of the project is to reduce the impact of poverty on young children's health and development through interventions that improve the physical and socioemotional health of parents and teachers of children enrolled in Tulsa Educare early childhood centers. In addition, she holds an NIH/IHS research award to reduce childhood obesity by preventing excessive gestational weight gain in women receiving prenatal care at Cherokee Nation health clinics. Her research is focused on the negative impact of the stresses associated with poverty and adversity during infancy and early childhood and the importance of developing interdisciplinary, community-based interventions to promote resilience in young children at risk for poor health and developmental outcomes.

## **HEATHER LARKIN, PhD, LCSW-R**

An Assistant Professor and social worker, Dr. Heather Larkin extends research on "adverse childhood experiences" (ACEs) and trauma to help those most in need, integrates social work prevention and intervention research for trauma response, and develops international partnerships with program directors and practitioners focused on ACE-informed programming. With John Records, Heather has helped articulate an intervention model known as Restorative Integral Support (RIS) to help people recover from abuse, injury, and neglect. Heather's strong practice background includes psychosocial assessment, emergency services, individual, family, and group counseling, clinical supervision, and inter-agency collaboration. Her provision of mental health and substance abuse treatment across the lifespan, combined with experience in organizational consultation, service systems research, and policy analysis, has informed Heather's graduate social work teaching at the Catholic University of America and the University at Albany (SUNY). Heather leads ACE Think Tank and Action Team meetings in the Capital Region of New York and works closely with Prevent Child Abuse America and other agencies to raise awareness of ACE consequences and effective response strategies. Heather volunteers as a consultant on research and education for the Center for Post-Trauma Wellness ([www.posttraumawellness.net](http://www.posttraumawellness.net)).

## **JANE ISAACS LOWE, PhD**

Jane Isaacs Lowe, PhD, is a senior adviser for program development at the Robert Wood Johnson Foundation and a member of the Vulnerable Populations Portfolio, which creates new opportunities for better health for society's most vulnerable members by investing in health where it starts—where we live, learn, work, and play. In this role, Lowe works on strategies related to community development and the social determinants of health, violence, and mental health. In addition, she is a member of the Foundation's Global Health Working Group. She views her role as catalyzing new ways of addressing long-standing health issues, building partnerships and driving social change to improve the health of children, families, and communities.

## **LEE PACHTER, DO**

Lee Pachter is Professor of Pediatrics, Chief of General Pediatrics, and Associate Chair for Community Pediatrics at St. Christopher's Hospital for Children and the Drexel University College of Medicine in Philadelphia, PA. He is a researcher with interests in minority child health and development, social influences on health, child health inequities, mindfulness-based stress reduction techniques in diverse populations, and culturally-informed care. While at the Children's Hospital of Philadelphia and the University of Connecticut School of Medicine in the 1980's and 1990's he conducted some of the early research in the area of cultural influences on child health and health care. His present research centers on racism as a psychosocial stressor that contributes to poor behavioral and physical health, as well as a contributor to racial/ethnic disparities in chronic illness. He's received grants from agencies including the NIH and the CDC to study issues such as perceived racism in minority children, how poverty, maternal depression, parenting, and neighborhoods influence behavioral health in children from different racial/ethnic groups, and the biological embedding of psychosocial stress and adversity. He was a member of the American Academy of Pediatrics Center for Child Health Research's Latino Consortium, a board member of the Academic Pediatric Association, and a member of the Society for Pediatric Research. He was on the planning committee for the NIH-sponsored conference "A Life Course Perspective on Child Health Disparities: Developing a Research Action Agenda", and is the founder and director of the



# SPEAKER BIOGRAPHIES

Academic Pediatric Association's New Century Scholars Program, a national mentorship program developed to increase workforce diversity in academic pediatrics. He's been named Core Faculty in Culturally Competent Care at Harvard Medical School, and is associate editor of the *Journal of Developmental and Behavioral Pediatrics*.

## **LAURA PORTER**

Laura Porter is Co-Founder of ACE Interface. Founded in July, 2012 by Dr. Robert Anda and Ms. Porter, ACE Interface is an interdisciplinary group that accelerates the intergenerational changes necessary to improve health and quality of life. As originators of the science and community application of the ACE Study, we develop and disseminate educational products and empowerment strategies focused on common origins of a wide variety of health and socio-economic problems. Ms. Porter concurrently serves as the Director of ACE Partnerships for Washington State's largest agency: the Department of social and Health Services. She works with state managers and community leaders to embed ACE Study findings and related neuroscience and resilience findings into policy, practice, and community norms. For seventeen years, Laura was Staff Director for the Washington State Family Policy Council. She worked with an extensive set of partners from seven state agencies, fifty three community collaboratives and thousands of residents to develop a unique model for improving the capacity of communities to improve child, family, and community life. Using this model, communities align and leverage resources and generate more impactful strategies. Communities using the model have documented reductions in the rates of seven major social problems and adverse childhood experience prevalence among young adults. Cost savings from caseload reductions attributable to the Family Policy Council in child welfare, juvenile justice and public medical costs associated with births to teen mothers alone exceed \$55m/biennium. For managing a complex system that delivers stunning results for a small investment, Laura won the Governor's Award for Leadership in Management in 2011. Past Work - In 1990, Laura was elected County Commissioner. Under her leadership, Mason County developed a service-oriented approach to water quality assurance that secured family wage jobs in the shellfish industry and an inter-jurisdictional approach to criminal justice that provided for prevention, facilities, and system improvements. In 1991, Laura authored a public transportation plan which won voter approval and created the Mason County Transportation Authority. She served on its Board for two years while Mason Transit became the first transit system in the state with all routes and services fully ADA accessible. At the same time, she served on the Washington Counties Risk Pool Board of Directors and the Washington State Association of Counties Legislative Steering Committee. Laura is mother to three children, grandmother to three grandchildren. She holds a Bachelor of Arts degree from The Evergreen State College.

## **JOE PYLE, MA**

Joseph Pyle, MA, has more than 30 years experience in behavioral health, serving ten years as a CEO at various institutions including MeadowWood Behavioral Health System, Northwestern Institute of Psychiatry, Malvern Institute, Friends Hospital, and presently serving as President of the Thomas Scattergood Behavioral Health Foundation. Prior to his administrative positions, Pyle held various clinical positions including Clinical Director of Adolescent Services at MeadowWood Hospital and psycho-educational specialist at Philadelphia Child Guidance Clinic. He held special education teaching positions in the Pennsauken, New Jersey, and Montgomery County Intermediate Unit school systems. Pyle sits on several non-profit Boards; the Board of the Family Planning Council where he has recently been appointed President. He has most recently been appointed to serve on the Board of Friends Behavioral Health System. He is a member of the Board of the Bartram Gardens and the Board of the Delaware Valley Grantmakers. He also serves on several advisory boards including WHY? Health and Science Advisory Board and the Center for Nonviolence and Social Justice at the Drexel School of Public Health. He serves on the recently formed Philadelphia Mayor's Office Food Access Collaborative. He has been appointed to the Holy Redeemer Advisory Board on Intellectual Disability Services. He has also served on the Boards of the National Association of Psychiatric Health Systems, the Delaware Valley Health Care Council, served as co-chair of the Pennsylvania Health Funders Collaboration and as a Council Member of the Pennsylvania Horticultural Society. A graduate of LaSalle University, Pyle holds a Master's Degree from Glassboro State College in School Psychology. Mr. Pyle lives in Chester County with his wife and their two sons.



# SPEAKER BIOGRAPHIES

## **MARK RAINS, PhD**

Mark Rains is a psychologist supporting resilience in children, families, and communities through evaluation, therapy, consultation, and training. He earned his PhD in child/clinical/community psychology from the University of Rochester and began employment with Aroostook Mental Health Center in Caribou, Maine, over thirty years ago. After developing a specialty in infant mental health in Michigan, he returned to Maine in 1998 to collaborate in the Pediatric Rapid Evaluation Program and the Mid-Maine Child Trauma Network at Maine General Medical Center. He currently maintains a private practice in Farmington, Maine, and staffs the Pediatric Integrated Care Collaborative in the National Child Traumatic Stress Network. He co-authored a survey and briefing paper on Adverse Childhood Experiences in Maine and has presented nationally on cumulative risk, mental health diagnosis and intervention with infant-parent relationships; and a wellness pyramid of community resources providing a foundation for family protective/promotive factors, which contribute to resilience expectations, that support healthy coping, toward wellness.

## **MARCIA STANTON, MSW**

Marcia Stanton, MSW coordinates the Strong Families Child Abuse Prevention Program at Phoenix Children's Hospital, an innovative program that provides education to hospital staff and the community on the importance of family strengthening and prevention of child maltreatment. She currently leads the Arizona Adverse Childhood Experiences (ACEs) Consortium and their statewide "Strong Communities Raise Strong Kids" initiative, working to increase awareness of the impact of childhood trauma. Other activities include spearheading a statewide Triple P – Positive Parenting Program Planning initiative and efforts to end corporal punishment and promote positive discipline. She has a Master's degree in Social Work and a long history of personal interest and involvement in children and family issues. She is the 2009 recipient of the Greater Phoenix Child Abuse Prevention Councils' Cherish the Children award, member of the Central Arizona Child Protective Services Citizen Review Panel, as well as an instructor and facilitator with Darkness to Light's Stewards of Children Sexual Abuse Prevention Program.

## **JANE STEVENS**

Jane Stevens is a long-time science/health/technology journalist. She is editor of the news site, [ACEsTooHigh.com](http://ACEsTooHigh.com) and its companion social network, [ACEsConnection.com](http://ACEsConnection.com). Her stories appear on Huffington Post and are distributed by other organizations. She is also writing a book about ACEs and trauma-informed practices. She is laying the foundation for a network of local health sites in California modeled on [WellCommons.com](http://WellCommons.com), a social journalism site created while she was director of media strategies at the Lawrence (KS) Journal-World (2009-2011). She taught at UC Berkeley's Graduate School of Journalism and was the co-creator of the Knight Digital Media Center's multimedia training program (2000 – 2008). She has consulted with news organizations, including National Public Radio and Univision. She began her journalism career at the Boston Globe, and moved on to the San Francisco Examiner. After 12 years in newspapers, she founded a feature service with 20 clients worldwide, including the Los Angeles Times, The Washington Post, and Asahi Shimbun's AERA Magazine. She moved to the web in 1996 as part of the first group of video-journalists at New York Times Television, and did multimedia reporting for the New York Times and Discovery Channel. For four years, she lived and worked in Kenya and Indonesia, and has been to Antarctica – in the winter -- three times on reporting fellowships. She's written for many magazines, including National Geographic. She is the recipient of several fellowships – most recently, the Knight-McCormick Leadership Institute Fellowship in 2010-2011, and the Reynolds Journalism Fellowship in 2008-2009. She is on the advisory board for [ReportingonHealth.org](http://ReportingonHealth.org), a site for the California Endowment Health Journalism Fellowships, a member of the National Association of Science Writers, Journalism and Women Symposium, and the Online News Association.

## **ROY WADE, MD, PhD, MPH**

Roy Wade, MD, PhD, MPH is currently a Robert Wood Johnson Clinical Scholar at the University of Pennsylvania School of Medicine and a clinician in the General Pediatrics Department at the Children's Hospital of Philadelphia. He recently completed a Commonwealth Fund Harvard Minority Health Policy Fellowship at the Harvard School of Medicine and Harvard School of Public Health earning a MPH in Health Policy and Management. Roy is a Pediatrician who completed his pediatric residency at the University of Virginia in Charlottesville, VA in July of 2010. He studies poverty and early childhood adversity



# SPEAKER BIOGRAPHIES

highlighting the role that these factors play in creating health disparities for low-income populations and communities of color. Through his work, he plans to translate academic research into effective strategies to improve the social capacity of low-income communities.

## **ROBERTA WAITE, EdD, APRN, CNS-BC, FAAN**

Roberta Waite, EdD, APRN, CNS-BC, FAAN is a tenured Associate Professor and serves as the Assistant Dean of Academic Integration and Evaluation of Community Programs. She is a graduate of Widener University (BSN) and the University of Pennsylvania (MSN). She also earned a Doctorate in Higher Education Administration-Leadership from Widener University and completed a 2-year post-doctoral research fellowship (T32) at the Center for Health Disparities Research at the University of Pennsylvania. Dr. Waite is also a Macy's Faculty Scholar, The Josiah Macy Jr. Foundation. Her clinical scholarly work focuses on help-seeking behaviors and treatment engagement with particular interest in depression, adult ADHD, and trauma and adversity among diverse populations. Specifically related to trauma, Dr. Waite and her research team replicated the ACEs study at the Eleventh Street Family Health Services of Drexel University ("The Center") 2009-2010. Currently they are looking at prevention and intervention measures across the life course perspective for patients who receive care at The Center, recognized as a Medical Home. The Center is also in the process of becoming Sanctuary Certified. Her research trajectory focuses on understanding these experiences, their effects on health behaviors, and responses in adult populations. She continues to explore behavioral research outcomes that promote early identification and recovery for individuals and families so that services and resources are provided to manage, mitigate, and avoid adverse health outcomes. Dr. Waite has served on the Foundation Board of Directors for the International Society for Psychiatric Mental Health Nurses, the Mental Health America of Southeastern PA, the Southeastern Area Pennsylvania Black Nurses Association, and the Black Women's Health Alliance. She currently serves on the Board of Directors for the National Attention Deficit and Disorder Association and Board of Directors and Sponsor for the new consolidated Trinity Health and Catholic Health East organizations.

## **SONNI VIERLING, MA**

Sonni Vierling has worked in child and family health for the past 20 years. She currently works at the Iowa Department of Public Health as the state coordinator for Iowa's 1st Five Healthy Mental Development Initiative since 2006. Iowa's 1st Five initiative has received national recognition from the Institute of Medicine, the Commonwealth Fund, and the National Academy for State Health Policy as a best practice model for bridging primary care and public service providers. Sonni also currently coordinates the work of the Iowa ACEs 360 Steering Committee. Her professional background includes serving as the Iowa Department of Public Health's state coordinator for a Robert Wood Johnson initiative to increase access to health care coverage for low income families, to managing child health programs at a local public health agency, and working directly with children and families as a human service provider. Her professional background has provided a close-up view of how fragmented systems negatively impact children and families. She has a BA in Psychology from Grinnell College and an MA in Education and Women's Studies from the University of Iowa. Her professional goals include integrating state level infrastructure to reduce health inequities, with a focus on children's mental health.



# SUMMIT PARTICIPANTS

**Robert Anda, MD, MS - Atlanta, GA**

Co-Principal Investigator  
The Adverse Childhood Experiences Study  
robanda@bellsouth.net

**Clare Anderson – Washington, DC**

Deputy Commissioner  
Administration on Children, Youth and Families, HHS  
clare.anderson@acf.hhs.gov

**Evan Anderson, JD, PhD(c) – Philadelphia, PA**

Senior Legal Fellow for Public Health Law Research, RWJF  
eanderso@temple.edu

**Sue Mackey Andrews - Dover-Foxcroft, ME**

Facilitator, Maine Resilience Building Network  
President, SOLUTIONS Consulting Group,  
LLCsdmandrews@aol.com

**Marisol Aviña -- Sacramento, CA**

Program Manager, Prevention  
The California Endowment  
malvina@calendow.org

**Megan H Bair-Merritt, MD, MSCE - Baltimore, MD**

Associate Professor of Pediatrics  
Co-Director, Academic General Pediatrics Fellowship  
Johns Hopkins Children's Center  
mbairme1@jhmi.edu

**Theresa Y. Barila, MS - Walla Walla, WA**

Walla Walla County Community Network  
Coordinator/Founder, Children's Resilience Initiative  
teri.barila@wwcc.edu

**Nicole Beaman – Johnston, IA**

Community Impact Officer, Health  
United Way of Central Iowa  
nbeaman@unitedwaydm.org

**Brandon Becker, MPH – Philadelphia, PA**

Temple University  
brandon.d.becker@temple.edu

**Steven Berkowitz, MD – Philadelphia, PA**

Associate Professor of Clinical Psychiatry  
University of Pennsylvania  
Director, Penn Center for Youth and Family Trauma  
Response and Recovery  
Steven.Berkowitz@uphs.upenn.edu

**Christina Bethell, PhD, MBA, MPH – Portland, OR**

Professor of Pediatrics, OHSU School of Medicine  
Director, The Child and Adolescent Health Measurement  
Initiative  
bethellc@ohsu.edu

**Vashti Bledsoe - Philadelphia, PA**

Director, LSH Bi-Lingual Domestic Violence Program  
vbledsoe@lutheransettlement.org

**Christopher Blodgett, PhD – Spokane, WA**

Director, Area Health Education Center of Eastern  
Washington/CLEAR Trauma Center  
Washington State University  
blodgett@wsu.edu

**Ronnie L. Bloom, Esq. – Philadelphia, PA**

Consultant, Philanthropy and Non-profit Strategy &  
Planning  
rbloom36@gmail.com

**Sandra Bloom, MD – Philadelphia, PA**

Associate Professor, Health Management & Policy  
Drexel University School of Public Health  
Co-Director, Center for Nonviolence and Social Justice  
Drexel University  
slb79@drexel.edu

**John Brookey, MD, FAAP- CA – Pasadena, CA**

Assistant Medical Director, Quality & Risk Management  
Southern California Permanente Medical Group  
john.brookey@kp.org

**Rhonda Bryant - Washington DC**

Senior Policy Analyst, Center for Law and Policy  
rbryant@clasp.org





# SUMMIT PARTICIPANTS

**Barbara Bungy, MPH, CHES – Philadelphia, PA**

Co-Director, Center for the Urban Child  
St. Christopher's Hospital for Children  
barbara.bungy@DrexelMed.edu

**Julie Campbell, LCSW – Philadelphia, PA**

Trauma Clinician/Coordinator of Clinical Training  
Children's Crisis Treatment Center  
jcampbell@cctckids.org

**Linda Chamberlain, PhD, MPH – Homer, Alaska**

Founding Director, Alaska Family Violence Prevention Fund  
Scattergood Foundation Inaugural Scholar  
howlinghusky@gci.net

**Coralie Chan, MPH – Oakland, CA**

Executive Consultant, Kaiser Permanente  
Coralie.M.Chan@nsmtm.kp.org

**Esther Chung, MD, MPH, FAAP – Philadelphia, PA**

Professor of Pediatrics  
Jefferson Medical College and Nemours  
echung@nemours.org

**Angela Cleveland – Van Nuys, CA**

Principal, Jack London High School  
aclevela@lausd.net

**Barry Cole, PhD – Philadelphia, PA**

Psychologist, Consultant  
colebh18522@gmail.com

**Richard Cole, PhD – East Lansing, MI**

Professor, Michigan State University  
rcole1@msu.edu

**Leslie Coombe – Harrisburg, PA**

Department of Health Violence and Injury Prevention  
Program, Pennsylvania Department of Health  
lecoombe@pa.gov

**Dave Corwin, MD – Salt Lake City, UT**

Medical Director of Primary Child Center  
University of Utah School of Medicine  
123dlc@comcast.net

**Mario Cruz, MD – Philadelphia, PA**

Associate Residence Program Director  
St. Christopher's Hospital for Children  
Assistant Professor of Pediatrics  
Drexel University College of Medicine  
mariocruz3@gmail.com

**Kitty Hsu Dana - Alexandria, VA**

Vice President of Health, United Way Worldwide  
kitty.dana@uww.unitedway.org

**Suzanne Daub, LCSW – Washington, DC**

Senior Integrated Health Consultant  
National Council for Behavioral Health  
SuzanneD@thenationalcouncil.org

**Lamar Davis -- Baltimore, MD**

Director, CHOICE  
ladavis@umbc.edu

**Martha Davis, MSS – Philadelphia, PA**

Executive Director, Institute for Safe Families  
martha@instituteforsafefamilies.org

**Cynthia DeLago, MD, MPH – Philadelphia, PA**

Director, Pediatric and Adolescent Ambulatory Center  
Albert Einstein Medical Center  
DeLagoC@einstein.edu

**Beth DelConte, MD, FAAP – Broomall, PA**

Pediatric Advisor  
PA Chapter, AAP  
peddrbeth@aol.com



# SUMMIT PARTICIPANTS

**Sandy Dempsey, MSS, MLSP – Philadelphia, PA**

Co-Founder and Senior Advisor, Institute for Safe Families  
sandy@instituteforsafefamilies.org

**David Dimmack - Philadelphia, PA**

Trager Therapist

**Marion Donohoe, DNP, APRN, CPNP – PC – San Antonio, TX**

Assistant Professor, University of Texas Health Science Center  
San Antonio School of Nursing  
donohoe@uthscsa.edu

**Susan Dreyfus – Milwaukee, WI**

President and CEO  
Alliance for Children and Families and Families International  
smdreyfus@alliance1.org

**Magrielle Eisen, MSS, MLSP – Philadelphia, PA**

Stoneleigh Emerging Leader Fellow  
The Health Federation of Philadelphia  
meisen@healthfederation.or

**Stacy Ellen, DO – Philadelphia, PA**

Pediatrician, AVA Scholar  
St. Christopher's Hospital for Children  
Stacy.Ellen@DrexelMed.edu

**Arthur Evans Jr, PhD – Philadelphia, PA**

Director, Department of Behavioral Health and Mental  
Retardation Services, City of Philadelphia  
arthur.c.evans@phila.gov

**Brian Farragher, LMSW, MBA – Yonkers, NY**

Executive Vice President and COO, ANDRUS  
BFARRAGH@jdam.org

**Joel Fein, MD, MPH – Philadelphia, PA**

Professor, Pediatrics and Emergency Medicine  
The University of Pennsylvania Perelman School of Medicine  
Attending Physician, Division of Emergency Medicine  
The Children's Hospital of Philadelphia  
FEIN@email.chop.edu

**Kim Firth - Concord, NH**

Program Director, Endowment for Health  
kfirst@endowmentforhealth.org

**Heather Fitzpatrick, MPH – Elk Park, IL**

Manager, Prevention Initiatives  
American Academy of Pediatrics  
HFitzpatrick@aap.org

**Leslie Forstadt, PhD – Orono, ME**

Evaluator, University of Maine-Orono  
leslie.forstadt@maine.edu

**Andrew Garner, MD, PhD, FAAP – Cleveland, OH**

University Hospitals Medical Practice  
Associate Clinical Professor of Pediatrics  
Case Western Reserve University  
Chair, AAP Leadership Workgroup on Early Brain and Child  
Development  
andrew.garner@uhhospitals.org

**Patricia Gerrity, RN, PhD, FAAN – Philadelphia, PA**

Associate Dean for Community Programs  
Director, Eleventh Street Family Health Services  
of Drexel University  
pg28@drexel.edu

**Angelo Giardino, MD, PhD – Houston, TX**

Chief Medical Officer, Texas Children's Health Plan  
Chief Quality Officer-Medicine, Texas Children's Hospital  
aggiardi@texaschildrens.org

**Jane Gillham, PhD – Philadelphia, PA**

Psychology Department, Swarthmore College  
Co-Director, The Penn Resiliency Project  
Positive Psychology Center, University of Pennsylvania  
jgillha1@swarthmore.edu



# SUMMIT PARTICIPANTS

**Kenneth Ginsburg, MD, MEd -- Philadelphia, PA**  
Pediatrician, Children's Hospital of Philadelphia  
Professor of Pediatrics, University of Pennsylvania School of Medicine  
Director of Health Services, Covenant House Pennsylvania  
ginsburg@email.chop.edu

**Leslie Goode, MHS -- Blue Hill, ME**  
Executive Director, Maine Chapter, AAP  
lgoodeaap@gmail.com

**Carole Haas Gravagno -- Philadelphia, PA**  
CHG Charitable Trust  
cpfh98@aol.com

**Betsy Groves, LICSW -- Boston, MA**  
Founder and Senior Advisor, Child Witness to Violence Project  
betsy.groves@bmc.org

**Nancy Hardt, MD -- Gainesville, FL**  
Professor, Department of Pathology and Ob-Gyn  
Director, Health Equity and Service Learning Programs  
University of Florida College of Medicine  
hardt@ufl.edu

**Mary Harkins-Schwarz, MPH -- Philadelphia, PA**  
Senior Research Associate  
Public Health Management Corporation  
mharkins@phmc.org

**Jennifer Hays-Grudo, PhD -- Tulsa, OK**  
Professor and George Kaiser Chair in Community Medicine  
University of Oklahoma School of Community Medicine  
Jennifer-Hays-Grudo@ouhsc.edu

**Nadine Burke Harris, MD, MPH -- San Francisco, CA**  
CEO, Center for Youth Wellness  
Nburke@centerforyouthwellness.org  
rcocalis@centerforyouthwellness.org

**Karen Heck -- Augusta, ME**  
Program Officer, The Bingham Program  
karen@binghamprogram.org

**Jim Hmurovich -- Chicago, IL**  
President & CEO, Prevent Child Abuse America  
Jhmurovich@preventchildabuse.org

**Laura Hogan, MPA -- San Francisco, CA**  
Futures Without Violence  
laurahogan100@gmail.com

**Janine Hron -- Kansas City, MO**  
Crittendon Children's Center  
jhron@saint-lukes.org

**Tasneem Ismailji, MD, MPH -- Santa Clara, CA**  
President, Academy on Violence and Abuse  
tasneem.ismailji@gmail.com

**Carolyn Jackson -- Philadelphia, PA**  
CEO, St. Christopher's Hospital for Children  
carolynb.jackson@tenethealth.com

**Kamilah Jackson, MD, MPH -- Philadelphia, PA**  
Associate Medical Director for Child and Adolescent Services/  
Physician Advisor Community Behavioral Health  
kamilah.jackson@phila.gov

**Melissa Kemberling, PhD, MPH -- Wasilla, Alaska**  
Director of Project Planning & Evaluation  
Mat-Su Health Foundation  
mkemberling@healthymatsu.org

**Leigh Kimberg, MD -- San Francisco, CA**  
Associate Clinical Professor of Medicine  
University of California San Francisco  
lkimberg@medsfgh.ucsf.edu



# SUMMIT PARTICIPANTS

**Leiana Kinnicutt - San Francisco, CA**

Program Manager, Futures Without Violence  
lkinnicutt@futureswithoutviolence.org

**Lynne Kotranski, PhD – Philadelphia, PA**

Managing Director, Research and Evaluation  
Public Health Management Corporation  
lynne@phmc.org

**Jane Kretzmann - Saint Paul, MN**

Senior Fellow, Project for Babies  
College of Education and Human Development  
CEED  
jkretzma@umn.edu

**Sally Kuykendall, PhD, RN – Philadelphia, PA**

Chair and Associate Professor in Health Services  
Saint Joseph's University  
skuykend@sju.edu

**Heather Larkin, PhD, LCSW-R – Albany, NY**

Assistant Professor, School of Social Welfare  
University at Albany (SUNY)  
hlarkin@albany.edu

**Rebecca Levenson, MA - San Francisco, CA**

Senior Policy Analyst, Futures Without Violence  
rlevenson@futureswithoutviolence.org

**Leslie Lieberman, MSW – Philadelphia, PA**

Director, Multiplying Connections  
The Health Federation of Philadelphia  
llieberman@healthfederation.org

**Sandy Lopacki, MPH - Bridgeport, CT**

Director, National Programming – Child FIRST  
sandy.lopacki@gmail.com

**Jane Isaacs Lowe, PhD**

Senior Advisor  
Robert Wood Johnson Foundation  
JLOWE@rwjf.org

**Darcy Lowell – Bridgeport, CT**

Director, Child First  
darcylowell@gmail.com

**Karyn Lynch – Philadelphia, PA**

Chief, Student Services  
School District of Philadelphia  
klynch@philasd.org

**Maria McColgan, MD, MEd – Philadelphia, PA**

Assistant Professor of Pediatrics & Emergency Medicine and  
Director, Child Protection Program  
St. Christopher's Hospital for Children  
Maria.McColgan@DrexelMed.edu

**David McCollum – St. Paul, MN**

The Academy on Violence and Abuse  
md4peace@earthlink.net

**Katie McPeak, MD – Philadelphia, PA**

Medical Director, Child and Adolescent Health  
St Christopher's Hospital for Children  
Katie.Mcpeak@tenethealth.com

**Susan Miller – London, UK**

Managing Director, ANS Research, Ltd.  
smillereeg@gmail.com

**Diana Millner, MCP – Philadelphia, PA**

Program Officer, Stoneleigh Foundation  
dmillner@stoneleighfoundation.org

**Justin Milner --Washington DC**

Senior Associate, Annie E. Casey Foundation  
jmilner@aecf.org

**Suzanne Mineck – Des Moines, IA**

President, Mid Iowa Health Foundation  
smineck@midioawahealth.org

**Amanda Morris, PhD – Tulsa, OK**

Professor, Oklahoma State University-Tulsa  
amanda.morris@okstate.edu



# SUMMIT PARTICIPANTS

**Barbara Myers – Tacoma, WA**

Program Coordinator, Community Initiatives,  
Tacoma-Pierce County Health Department  
BMyers@tpchd.org

**Rachel Myers, PhD Student - Philadelphia, PA**

Research Coordinator  
Center for Injury Research & Prevention  
myersr@email.chop.edu

**Beth Nagy, MPH – Boston, MA**

Program Director, Injury Prevention & Sexual Assault  
Massachusetts Department of Public Health  
beth.nagy@state.ma.us

**Leslie Newman – Wilmington, DE**

CEO, Children and Families First  
Leslie.Newman@cffde.org

**Suzanne O'Connor – Philadelphia, PA**

Manager, Healthy Parenting Initiative  
United Way of Southeastern Pennsylvania  
soconnor@uwsepa.org

**Gena O'Keefe, MD – Baltimore, MD**

Senior Associate, Annie E. Casey Foundation  
gokeefe@aecf.org

**Teresa Olsen, MEd – Media, PA**

Program Director, SCAN  
PA Chapter, American Academy of Pediatrics  
TOlsen@paaap.org

**Lee Pachter, DO – Philadelphia, PA**

Chief, Section of General Pediatrics, Associate Chair for  
Community Pediatrics  
St. Christopher's Hospital for Children  
Professor, Pediatrics, Drexel University College of Medicine  
Lee.Pachter@DrexelMed.edu

**Jeannette Pai-Espinosa – Portland, OR**

President, The National Crittenton Foundation  
Jeannette@nationalcrittenton.org

**Teri Pettersen, MD – Portland, OR**

Pediatrician, The Children's Clinic  
tpettersen@childrens-clinic.com

**Jonathan Pletcher, MD, FAAP – Pittsburgh, PA**

Adolescent Pediatrician  
Children's Hospital of Pittsburgh  
jonathan.pletcher@chp.edu

**Laura Porter - Olympia, Washington**

Co-Founder, ACE Interface, LLC  
laura.porter@dshs.wa.gov

**Olga Acosta Price – Washington, DC**

Director, Center for Health & Health Care in Schools  
oaprice@gwu.edu

**Susan Promislo – Princeton, NJ**

Director of Communications  
Robert Wood Johnson Foundation

**Jonathon Purtle, MPH, MSC -- Philadelphia, PA**

Research Associate, Center for Nonviolence and Social Justice  
Drexel University College of Medicine  
jpp46@drexel.edu

**Jeff Putthoff, SJ – Camden, NJ**

Executive Director, Hopeworks 'n Camden  
Jeff@hopeworks.org

**Joe Pyle, MA – Philadelphia, PA**

President, The Thomas Scattergood Behavioral Health  
Foundation  
jpyle@scattergoodfoundation.org

**Mark Rains, PhD – Vienna, ME**

Psychologist, Vienna Mountain Consulting  
rains@prexar.com



# SUMMIT PARTICIPANTS

**Robert Reed - Philadelphia, PA**

Executive Assistant United States Attorney  
United States Attorney's Office for the Eastern District of Pennsylvania

**Todd Renschler, PsyD – San Francisco, CA**

Director of Clinical Programs, Center for Youth Wellness  
trenchler@centerforyouthwellness.org

**Miriam Rollin – New York, NY**

Program Officer  
Bill & Melinda Gates Foundation

**Janet F. Rosenzweig MS, PhD, MPA -- Philadelphia, PA**

National Consultant, Prevent Child Abuse America  
jf.rosenzweig@gmail.com

**M. Grace Ryder -- Philadelphia, PA**

Director of Best Practices and Strategic Initiatives,  
Children's Crisis Treatment Center  
MaryGraceRyder@cctckids.org

**Marie Sauter, MNPL – Seattle, WA**

Program Officer  
U.S. Program, Pacific Northwest Initiative  
Bill & Melinda Gates Foundation  
marie.sauter@gatesfoundation.org

**David Schonfeld, MD, FAAP – Philadelphia, PA**

Chair of Pediatrics and Professor of Pediatrics  
Drexel University College of Medicine  
Pediatrician in Chief, St. Christopher's Hospital for Children  
David.schonfeld@drexelmed.edu

**Kristen Schubert – Princeton, NJ**

Director, Vulnerable Populations Program  
Robert Wood Johnson Foundation  
KSCHUBE@rwjf.org

**Elliott Schulman, MD – Wynnewood, PA**

esmdha@gmail.com

**Joni Schwager – Pittsburgh, PA**

Executive Director, Staunton Farm Foundation  
jschwager@stauntonfarm.org

**Maiken Scott – Philadelphia, PA**

Behavioral Health Reporter, WHYY  
Mscott@whyy.org

**Philip Scribano, DO, MSCE – Philadelphia, PA**

Medical Director, Safe Place: Ctr for Child Protection & Health  
Program Director, Child Abuse Pediatrics Fellowship  
The Children's Hospital of Philadelphia  
scribanop@email.chop.edu

**Cheryl Sharp, MSW – Washington, DC**

Senior Advisor for Trauma Informed Services  
National Council for Behavioral Health  
cheryls@thenationalcouncil.org

**Maisha Simmons – Princeton, NJ**

Program Officer, Health Group  
Robert Wood Johnson Foundation  
dsouthwick@rwjf.org

**Carolyn Smith-Brown -- Philadelphia, PA**

Director of Operations, Institute for Safe Families  
carolyn@instituteforsafefamilies.org

**Howard Spivak, MD – Atlanta, GA**

Director, Division of Violence Prevention  
NCIPC, Center for Disease Control and Prevention  
hxs0@cdc.gov

**Patricia Sprague, MS – Philadelphia/Pittsburgh, PA**

Executive Director, Prevent Child Abuse Pennsylvania  
PA Chapter, American Academy of Pediatrics  
psprague@paaap.org

**Marcia Stanton, MSW - Phoenix, AZ**

Injury Prevention Center, Strong Families Program  
Phoenix Children's Hospital  
mstanto@phoenixchildrens.com

**Jane Stevens – Winters, CA**

Founder, ACEs Connection  
jstevens@mmjourn.com



# SUMMIT PARTICIPANTS

**Anne Stone MA, MPA – Portland, OR**

Consultant, Oregon Pediatric Society  
Oregon Chapter of AAP  
Oregon Psychiatric Access Line for Kids  
anne.stone@oraap.org

**Trevor Storrs – Anchorage, Alaska**

Executive Director, Alaska Children's Trust  
tstorrs@alaskachildrenstrust.org

**Virginia Strand, DSW – New York, NY**

Professor, Fordham University  
Founding Director, Children's First  
strand@fordham.edu

**Daniel Taylor, DO, FAAP – Philadelphia, PA**

Assistant Professor, Drexel University College of Medicine  
Director Community Pediatrics and Child Advocacy  
Daniel.Taylor@DrexelMed.edu

**Karin White Tautfest – Tacoma, WA**

Deputy Director, YWCA-Pierce County  
ktautfest@ywcapiercecounty.org

**Antonio Valdés, MSW - Philadelphia, PA**

Chief Executive Officer  
Children's Crisis Treatment Center  
antonio.valdes@cctckids.org

**Sonni Vierling, MA - Des Moines, IA**

Coordinator, Central Iowa ACEs Steering Committee  
State Coordinator, 1st Five Healthy Mental Development  
Initiative - Iowa Department of Public Health  
Sonni.vierling@idph.iowa.gov

**Roy Wade, MD, PhD, MPH – Philadelphia, PA**

Robert Wood Johnson Clinical Scholar, The University of PA  
rwade@mail.med.upenn.edu

**Diane Wagenhals, MEd – Philadelphia, PA**

Institute for Family Professionals  
dwagenhals@lakesidelink.com

**Roberta Waite, EdD, APRN, CNS-BC, FAAN - Philadelphia, PA**

Associate Professor of Nursing &  
Assistant Dean of Faculty Integration and Evaluation of  
Community Programs  
The Josiah Macy Jr. Foundation, Macy Faculty Scholar  
Drexel University, College of Nursing and Health Professions  
Interdisciplinary Research Unit, Doctoral Nursing Department  
rlw26@drexel.edu

**M. Ingre Walters, MD – Philadelphia, PA**

Assistant Professor, Department of Psychiatry  
Temple University School of Medicine  
M.Ingre.Walters@tuhs.temple.edu

**Robert Whitaker, MD, MPH – Philadelphia, PA**

Professor of Public Health and Pediatrics  
Temple University  
rwhitaker@temple.edu

**Karen White -- Lewiston, ME**

Community Transformation Grant Coordinator  
Community Concepts  
kwhite@Community-Concepts.org

**David Willis, MD, MPH – Washington, DC**

Division of Home Visiting and Early Childhood Systems  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
Dwillis@hrsa.gov

**Emily Wilson, MS, MPH, CHES --Philadelphia, PA**

Stoneleigh Foundation Emerging Leader Fellow  
For the Institute for Safe Families  
emily@instituteforsafefamilies.org



# SUMMIT PARTICIPANTS

**Marcy Witherspoon, MSW, LSW – Philadelphia, PA**

Special Consultant, Institute for Safe Families

marcy.witherspoon@gmail.com

**Winston F. Wong, MD, MS – Oakland, CA**

Medical Director, Community Benefit

Medical Director, Disparities Improvement and Quality Initiatives

Kaiser Permanente

winston.f.wong@kp.org

**Suzanne Yunghans – Media, PA**

Director, PA Chapter, American Academy of Pediatrics

syunghans@paaap.org

**Xiaoyan Zhang, PhD – Pittsburgh, PA**

CEO, KIT Solutions, LLC

xzhang@kitsolutions.net

**SPECIAL THANKS TO:**

**Jane Isaacs Lowe, Senior Advisor for the Robert Wood Johnson Foundation**

**Joe Pyle, President of the Scattergood Foundation**

**The Summit's Local and National Sponsors**

**Rhona Gerber, Debbie Fleischman, Samantha Sangenito, Stephanie Dennis**

**Fleischman Gerber & Associates**

**www.fleischmangerber.com**

**Specializing in public relations and special events for non-profit organizations**

**ISF's Board of Directors and National Advisors**

**Sandy Dempsey, ISF's Co-Founder and Senior Advisor**

**Angelo Giardino, MD, PhD**

**Chief Medical Officer, Texas Children's Health Plan**

**Chief Quality Officer-Medicine, Texas Children's Hospital**

**Members of the Philadelphia ACEs Task Force**





# EVALUATION SUMMARY: Statistical Highlights and Key Comments

Everyone wanted more.

In an online Survey Monkey evaluation following May's two-day National Summit on ACEs, co-hosted by ISF and the Robert Wood Johnson Foundation, 100 percent of respondents said they would attend a follow-up Summit in 18 months.

That enthusiasm for work begun—and far from done—was evident in responses to survey questions about the Summit's overall value, the insights it provided and the spur to action it gave to those who participated:

- 94.5% of respondents marked “excellent” in response to the question, “Overall, was the Summit worthwhile?”
- 83.6% marked “excellent” in answer to, “Did you gain new insights and/or information from your interactions with other participants an/or speakers?”
- 81.5% said they planned to take action based on what they'd learned.

Respondents' written comments were also overwhelmingly positive, noting the depth, diversity and expertise of the speakers and panelists. A number of respondents noted that, even though basic information about ACEs was not new to them, they were excited to hear about the range of programs, research and policies based on understanding about toxic stress, trauma and health:

- “I liked the variety of speakers that shared with us—their varying perspectives really helped link the ACEs work together.”
- “It was exciting to hear what people are doing nationally and in different disciplines.”
- “The conference set a new standard for excellence...I learned a great deal, heard old material presented with a new slant and met some inspiring leaders.”

Other comments approvingly noted the Summit's focus on resilience—the idea that a high ACE score is not destiny, but an opportunity for intervention and healing:

- “The information about resilience and how places and programs are using the research to focus on positive interventions and programming was fantastic.”
- “I appreciated the look at systems and the nature of change, the opportunity for great creativity in the midst of chaos.”
- “It was especially relevant as the speakers demonstrated how they are enacting ACEs into programs (like the services provided at 11<sup>th</sup> Street Family Health Services in Philadelphia).”

Finally, respondents said they were moved to take the Summit's spark home with them—to work with neighboring states, form ACEs coalitions, write to local newspapers, screen more patients for ACEs and stay connected with others who are doing this groundbreaking work:

- “The insight I gained is that there are indeed as many approaches to this as there are states and individuals involved...I will continue to work on a very local level (my own pediatric group) as well as reach out to other groups.”
- “I will integrate some of the new information I learned into presentations/training I conduct...I will talk with colleagues about integrating ACEs screening in our direct services programs.”
- “All speakers were profound and made the case on why we need to incorporate ACEs into our work, share this information with everyone and move science into action and policy. This conference served (for me) as a call to action, and I am ready to respond!”

Full Survey Monkey results from the National Summit on ACEs are below.

## The National Summit on Adverse Childhood Experiences Program Evaluation for Daytime Program



### 1. Program – Monday

	Poor	Fair	Average	Good	Excellent	Rating Count
Overall, how would you rate the program for Monday?	0.0% (0)	0.0% (0)	0.0% (0)	12.1% (8)	<b>87.9% (58)</b>	66
Was the day well organized?	0.0% (0)	0.0% (0)	1.5% (1)	25.8% (17)	<b>72.7% (48)</b>	66
Were the topics relevant to you?	0.0% (0)	0.0% (0)	0.0% (0)	23.1% (15)	<b>76.9% (50)</b>	65
Was most of the information presented new to you?	3.1% (2)	4.6% (3)	26.2% (17)	<b>43.1% (28)</b>	23.1% (15)	65
					Comments on the Program	30
					answered question	66
					skipped question	2

### 2. Speakers – Monday Robert Anda, MD, MS “Adverse Childhood Experiences in Our Society: Where Sciences Collide

	Poor	Fair	Average	Good	Excellent	Rating Count
1. Overall, how would you rate Dr. Anda’s talk?	0.0% (0)	1.5% (1)	3.0% (2)	18.2% (12)	<b>77.3% (51)</b>	66
2. Was his talk informative, well-prepared and understandable?	0.0% (0)	1.5% (1)	4.5% (3)	13.6% (9)	<b>80.3% (53)</b>	66
3. Did you come away with new insights and/or new information?	1.5% (1)	3.0% (2)	4.5% (3)	22.7% (15)	<b>68.2% (45)</b>	66
					answered question	66

### 3. Andrew Garner, MD, PhD “Translating Developmental Science Into Healthier Lives: Realizing the Potential of a Shared Vision”

	Poor	Fair	Average	Good	Excellent	Rating Count
1. Overall, how would you rate Dr. Garner's talk?	0.0% (0)	1.5% (1)	0.0% (0)	21.2% (14)	<b>77.3% (51)</b>	66
2. Was his talk informative, well-prepared and understandable?	0.0% (0)	0.0% (0)	6.1% (4)	12.1% (8)	<b>81.8% (54)</b>	66
3. Did you come away with new insights and/or new information?	0.0% (0)	3.0% (2)	4.5% (3)	16.7% (11)	<b>75.8% (50)</b>	66
				<b>answered question</b>		<b>66</b>
				<b>skipped question</b>		<b>2</b>

### 4. Research Panel Jennifer Hays-Grudo, PhD; Heather Larkin, PhD, LCSW-R; Christina Bethell, PhD, MBA, MPH; Mary Harkins-Schwarz, MPH; Lee Pachter, DO; Roy Wade, MD, PhD, MPH

	Poor	Fair	Average	Good	Excellent	Rating Count
1. Overall, how would you rate the Research Panel?	0.0% (0)	0.0% (0)	7.6% (5)	37.9% (25)	<b>54.5% (36)</b>	66
2. Were the panelists informative, well-prepared and understandable?	0.0% (0)	0.0% (0)	12.1% (8)	25.8% (17)	<b>62.1% (41)</b>	66
3. Did you come away with new insights and/or new information?	0.0% (0)	0.0% (0)	12.3% (8)	27.7% (18)	<b>60.0% (39)</b>	65
				<b>answered question</b>		<b>66</b>
				<b>skipped question</b>		<b>2</b>

### 5. Laura Porter “Policy Implications of an Intergenerational Approach”

	Poor	Fair	Average	Good	Excellent	Rating Count
1. Overall, how would you rate Ms. Porter's talk?	0.0% (0)	0.0% (0)	3.1% (2)	23.4% (15)	<b>73.4% (47)</b>	64
2. Was her talk informative, well-prepared and understandable?	0.0% (0)	0.0% (0)	0.0% (0)	22.2% (14)	<b>77.8% (49)</b>	63
3. Did you come away with new insights and/or new information?	0.0% (0)	0.0% (0)	1.6% (1)	27.0% (17)	<b>71.4% (45)</b>	63
					answered question	<b>64</b>
					skipped question	<b>4</b>

### 6. Policy and Advocacy Panel Sue Mackey Andrews; Andrew Garner, MD, PhD; Nancy Hardt, MD; Marcia Stanton, MSW; Sonni Vierling, MA

	Poor	Fair	Average	Good	Excellent	Rating Count
1. Overall, how would you rate the Policy and Advocacy Panel?	0.0% (0)	0.0% (0)	3.2% (2)	33.3% (21)	<b>63.5% (40)</b>	63
2. Were the panelists informative, well-prepared and understandable?	0.0% (0)	0.0% (0)	3.2% (2)	28.6% (18)	<b>68.3% (43)</b>	63
3. Did you come away with new insights and/or new information?	0.0% (0)	0.0% (0)	4.8% (3)	33.9% (21)	<b>61.3% (38)</b>	62
					answered question	<b>63</b>
					skipped question	<b>5</b>

## 7. Comments on the Monday Speakers:

	Response Count
	21
answered question	21
skipped question	47

## 8. Round Table Discussions - Monday

	Poor	Fair	Average	Good	Excellent	Rating Count
1. Overall, how would you rate the Round Table discussions?	0.0% (0)	1.6% (1)	7.9% (5)	<b>61.9% (39)</b>	28.6% (18)	63
2. How would you rate the questions you were asked to discuss?	0.0% (0)	1.6% (1)	14.3% (9)	<b>55.6% (35)</b>	28.6% (18)	63
3. Were your table discussions valuable to your work?	0.0% (0)	1.6% (1)	20.6% (13)	<b>42.9% (27)</b>	34.9% (22)	63
						Comments on the Roundtable Discussions
						23
						answered question
						63
						skipped question
						5

## 9. Program – Tuesday

	Poor	Fair	Average	Good	Excellent	Rating Count
1. Overall, how would you rate the program for Tuesday?	0.0% (0)	0.0% (0)	0.0% (0)	21.2% (14)	<b>78.8% (52)</b>	66
2. Was the day well organized?	0.0% (0)	0.0% (0)	0.0% (0)	22.7% (15)	<b>77.3% (51)</b>	66
3. Were the topics relevant to you?	0.0% (0)	0.0% (0)	1.5% (1)	19.7% (13)	<b>78.8% (52)</b>	66
4. Was most of the information presented new to you?	1.5% (1)	1.5% (1)	12.1% (8)	34.8% (23)	<b>50.0% (33)</b>	66
Comments on the Program						15
<b>answered question</b>						<b>66</b>
<b>skipped question</b>						<b>2</b>

## 10. Kenneth Ginsburg, MD, MS, Ed “Our Kids Are Not Broken: The Importance of Resilience in Overcoming Adversity”

	Poor	Fair	Average	Good	Excellent	Rating Count
1. Overall, how would you rate Dr. Ginsburg's talk?	3.1% (2)	0.0% (0)	1.5% (1)	10.8% (7)	<b>84.6% (55)</b>	65
2. Was his talk informative, well-prepared and understandable?	3.1% (2)	0.0% (0)	1.5% (1)	7.7% (5)	<b>87.7% (57)</b>	65
3. Did you come away with new insights and/or new information?	3.1% (2)	3.1% (2)	0.0% (0)	15.6% (10)	<b>78.1% (50)</b>	64
<b>answered question</b>						<b>65</b>
<b>skipped question</b>						<b>3</b>

### 11. Sandra Bloom, MD “Creating Resilient Systems of Care”

	Poor	Fair	Average	Good	Excellent	Rating Count
1. Overall, how would you rate Dr. Bloom’s talk?	0.0% (0)	3.0% (2)	7.5% (5)	26.9% (18)	<b>62.7% (42)</b>	67
2. Was her talk informative, well-prepared and understandable?	0.0% (0)	1.5% (1)	4.5% (3)	26.9% (18)	<b>67.2% (45)</b>	67
3. Did you come away with new insights and/or new information?	0.0% (0)	3.0% (2)	9.1% (6)	34.8% (23)	<b>53.0% (35)</b>	66
				<b>answered question</b>		<b>67</b>
				<b>skipped question</b>		<b>1</b>

### 12. Community-Based ACEs and Intervention Panel Theresa Barila, MA; Nadine Burke Harris, MD, MPH; Roberta Waite, EdD, APRN, CNS-BC; Mark Raines, PhD; Linda Chamberlain, Phd, MPH;

	Poor	Fair	Average	Good	Excellent	Rating Count
1. Overall, how would you this panel?	0.0% (0)	0.0% (0)	3.1% (2)	27.7% (18)	<b>69.2% (45)</b>	65
2. Were the panelists informative, well-prepared and understandable?	0.0% (0)	0.0% (0)	1.5% (1)	27.7% (18)	<b>70.8% (46)</b>	65
3. Did you come away with new insights and/or new information?	0.0% (0)	0.0% (0)	3.1% (2)	29.2% (19)	<b>67.7% (44)</b>	65
				<b>answered question</b>		<b>65</b>
				<b>skipped question</b>		<b>3</b>

### 13. Jane Stevens, Founder, Editor ACEs Connections Stories from the Field: Trauma Informed Journalism

	Poor	Fair	Average	Good	Excellent	Rating Count
1. Overall, how would you rate Ms. Stevens' talk?	0.0% (0)	0.0% (0)	1.7% (1)	18.3% (11)	<b>80.0% (48)</b>	60
2. Was her talk informative, well-prepared and understandable?	0.0% (0)	0.0% (0)	0.0% (0)	18.3% (11)	<b>81.7% (49)</b>	60
3. Did you come away with new insights and/or new information?	0.0% (0)	0.0% (0)	3.3% (2)	20.0% (12)	<b>76.7% (46)</b>	60
answered question						<b>60</b>
skipped question						<b>8</b>

### 14. Susan Dreyfus, President and CEO, Alliance for Children and Families and Families International "Moving Forward: Aligning the Emerging Science with Practice and Policy"

	Poor	Fair	Average	Good	Excellent	Rating Count
1. Overall, how would you rate Ms. Dreyfus' talk?	1.7% (1)	0.0% (0)	5.0% (3)	23.3% (14)	<b>70.0% (42)</b>	60
2. Was her talk informative, well-prepared and understandable?	0.0% (0)	1.7% (1)	3.3% (2)	20.0% (12)	<b>75.0% (45)</b>	60
3. Did you come away with new insights and/or new information?	1.7% (1)	0.0% (0)	8.3% (5)	18.3% (11)	<b>71.7% (43)</b>	60
answered question						<b>60</b>
skipped question						<b>8</b>



## 15. Comments on the Tuesday Speakers

	Response Count
	27
answered question	27
skipped question	41


## 16. I: Logistics

	Poor	Fair	Average	Good	Excellent	Rating Count
1. How would you rate the comfort and layout of the Liberty Ballroom/Independence Visitor Center where the Summit took place?	0.0% (0)	1.5% (1)	7.5% (5)	41.8% (28)	<b>49.3% (33)</b>	67
2. How would you rate the meals?	0.0% (0)	0.0% (0)	14.9% (10)	37.3% (25)	<b>47.8% (32)</b>	67
3. How would you rate the flow and the timing of the Summit?	0.0% (0)	3.0% (2)	3.0% (2)	35.8% (24)	<b>58.2% (39)</b>	67
4. If you stayed at the Hotel Monaco, how would you rate your experience?	0.0% (0)	0.0% (0)	0.0% (0)	19.4% (7)	<b>80.6% (29)</b>	36
Comments on the Summit logistics						25
answered question						67
skipped question						1

## 17. II. Taking It With You

	Poor	Fair	Average	Good	Excellent	Rating Count
1. Overall, was the Summit worthwhile?	0.0% (0)	0.0% (0)	0.0% (0)	6.0% (4)	<b>94.0% (63)</b>	67
2. Did you feel a sense of connectedness and collegiality with the other Summit participants?	0.0% (0)	0.0% (0)	0.0% (0)	26.9% (18)	<b>73.1% (49)</b>	67
3. Did you gain new insights and/or information from your interactions with other participants and/or speakers?	0.0% (0)	0.0% (0)	1.5% (1)	14.9% (10)	<b>83.6% (56)</b>	67
4. In your interactions with other participants and/or speakers, do you expect to follow-up with them?	0.0% (0)	0.0% (0)	4.5% (3)	27.3% (18)	<b>68.2% (45)</b>	66
5. Will you take action or actions on what you learned?	0.0% (0)	0.0% (0)	3.1% (2)	15.4% (10)	<b>81.5% (53)</b>	65
						If yes, what is an example of an action you will take? 47
						answered question 67
						skipped question 1

## 18. 6. Would you attend a follow-up Summit in 18 months?

		Response Percent	Response Count
Yes		100.0%	65
No		0.0%	0
			answered question 65
			skipped question 3



## 19. Comments on the Taking It With You:

	Response Count
	21
answered question	21
skipped question	47



**Page 1, Q1. Program – Monday**

1	The depth and focus of the program were outstanding.	Jun 3, 2013 2:08 PM
2	Excellent set of speakers. Wide range of angles. Appreciated all.	Jun 3, 2013 1:10 PM
3	The warmth, energy and passion of each speaker was inspirational! Everything was SO well organized and professional, down to the exceptional food!	May 20, 2013 11:36 AM
4	Summit was outstanding! Very well thought - informative and extremely motivating!	May 20, 2013 7:59 AM
5	The program was practical, passionate, tangible, inspiring, and enriched by the audience -- filled with people doing the work, not just learning about ACE for the first time.	May 19, 2013 6:34 PM
6	Excellent information and presentations. Would have preferred to have a non-working lunch and maybe then go a little later. Great context and synthesizing of the research with practical applications. The photographer was distracting.	May 17, 2013 11:24 AM
7	The information about ACES obviously not new. How people approach the subject was helpful.	May 17, 2013 8:29 AM
8	I wish there were more opportunities to ask questions of all of the presenters, not just of Tuesday's Community-based ACESs and Intervention panel.	May 17, 2013 6:10 AM
9	Dr gardner's talk was great!	May 16, 2013 3:12 PM
10	.(I can't answer the last question above in the rating format since it's a yes/no question. I would answer "yes."	May 16, 2013 2:38 PM
11	I really enjoyed the large variety of people who came together to work towards a single goal. It was very helpful and inspirational	May 16, 2013 1:23 PM
12	Fantastic program!!!	May 16, 2013 1:22 PM
13	did not attend Monday	May 16, 2013 11:28 AM
14	Some of the speakers who are doing the research neede more time.	May 16, 2013 11:12 AM
15	Would have been better if there were more small group discussions and Q & A time and less "talking heads".	May 15, 2013 7:54 PM
16	I would have like to have an opportunity to be more interactive with the presenter	May 15, 2013 3:17 PM
17	eye opening and profound	May 15, 2013 1:04 PM
18	Excellent speakers and interesting to hear about what is happening across the country.	May 15, 2013 9:53 AM
19	was not able to attend on monday	May 15, 2013 8:57 AM
20	Loved the many many people who we heard speak. I wish there had been more time for questions.	May 15, 2013 6:58 AM
21	I am sorry I was not able to attend the evening session-I live locally and had to	May 15, 2013 6:30 AM



**Page 1, Q1. Program – Monday**

	get home for family demands	
22	I liked the variety of speakers that shared with us - their varying perspectives really helped linked the ACE's work together	May 15, 2013 5:49 AM
23	I really enjoyed the program and all of the discussions and small group activities were relevant. The only draw back was that attendees remained seated for most of the event and the concurrent presentations (though very good) overwhelmed me and I got exhausted early on. It may have helped to have another 1 or 2 breaks.	May 15, 2013 5:05 AM
24	I have followed the work of many of the speakers for a number of years nonetheless it was exhilarating to have them + others all in one room together.	May 15, 2013 4:16 AM
25	It was exciting to hear what other people are doing nationally and in different disciplines.	May 14, 2013 8:04 PM
26	Monday was an exciting an invigorating day loaded with information and exciting ideas to consider.	May 14, 2013 7:27 PM
27	Excellent speakers!	May 14, 2013 6:23 PM
28	The information that wasn't new is interesting to consider in the context of the information that was new -- good blend for me.	May 14, 2013 6:22 PM
29	The information was not new to me, that does not mean that it was poor. The day was most impressive.	May 14, 2013 6:09 PM
30	Very helpful to have practical solutions from all over the country.	May 14, 2013 5:07 PM



**Page 1, Q7. Comments on the Monday Speakers:**

1	This conference set a new standard for excellence. Of all the meetings I have attended, I felt I learned a great deal, heard old material presented with a new slant and met some inspiring leaders.	Jun 3, 2013 2:08 PM
2	The level of information was outstanding.	Jun 3, 2013 1:10 PM
3	The entire day was outstanding. The information was current and relivant.	May 20, 2013 12:01 PM
4	Everyone seemed very well-prepared and provided excellent information. The pace was pretty intense and therefore it became hard to stay fully involved towards the end, which was a shame since everyone was so good.	May 20, 2013 11:36 AM
5	Great speakers with good mix of information and insights!	May 20, 2013 7:59 AM
6	Dr. Garner spoke way too fast for me - even thought his info was excellent.	May 20, 2013 7:11 AM
7	It was an inspiring day...speaking to the choir, but as Tim Wise writes, "Even choirs need practice." I also am reminded that context matters immensely. At some point it also would be helpful to think about what preconditions are needed for this kind of innovation to happen, and what leadership was needed along the way.	May 19, 2013 6:34 PM
8	Very informed and clearly passionate presenters. My only critical feedback was just the duplication in information about the original ACE study, as everyone present was already familiar with it, but it wasn't really a big deal.	May 17, 2013 11:24 AM
9	Dr. Anda's evolving way of viewing where we are and that the answer is Love was totally refreshing to hear at a scientific conference. Plus, I am quite sure that he is correct. Laura Porter's very clear message about how they approached this issue in Washington and again the heartfelt approach to her work was inspiring. Mary Harkins-Schwarz's talk was a little dry. I know her topic was more dry, but coaching on presentation could be helpful. Sonni Vierling's enthusiasm was simply contagious. I appreciate Marcia Stanton's tenacity in the less-than-robust enthusiasm from her medical community.	May 17, 2013 8:29 AM
10	My only concern is that some of the speakers seemed to be a bit rush. Holding them to a tight time frame was necessary and well done, but I was left with the feeling that i would have liked to hear a bit more detail on some of the speakers.	May 16, 2013 6:52 PM
11	A great combination of dynamic speakers	May 16, 2013 2:38 PM
12	I enjoyed the speakers. There was a huge amount of information given, much of which will be useful in trying to implement some of the work in which I am interested.	May 16, 2013 1:23 PM
13	Overall, the program on Monday was excellent. In particular, the first two speakers -- Drs. Anda and Garner -- were absolutely stellar. I truly appreciated their ability to frame the work, share the major findings and its relevance across fields, and discuss some of the broader implications. In addition, their speaking styles were really engaging.	May 16, 2013 1:22 PM
14	Did not attend Monday	May 16, 2013 11:28 AM
15	Even when it wasn't all new info, that was fine. It's wonderful to hear how	May 16, 2013 11:19 AM



**Page 1, Q7. Comments on the Monday Speakers:**

	speakers integrate info I know, and it's good to hear info again.	
16	Needed a bit more on research - more from developmental psychologists doing social emotional research, parenting, and how it can tie in.	May 16, 2013 11:12 AM
17	Andrew Garner was very informative and practical - could have listened to him for much longer.	May 15, 2013 9:53 AM
18	I really enjoyed ALL of the speakers and the incredible work that they are doing - especially Dr. Andrew Garner!!!	May 15, 2013 5:05 AM
19	Would have liked more time to hear from panelists and more Q&A. Presentations were short and didn't give enough time to really get into some of the essential "weeds."	May 14, 2013 7:27 PM
20	Very long day so kudos to all the speakers who kept us so engaged.	May 14, 2013 6:22 PM
21	Resilience emphasis was crucial. Would have been helpful to understand more practical elements of mindfulness and the evidence behind it.	May 14, 2013 5:07 PM



**Page 1, Q8. Round Table Discussions - Monday**

1	Enjoyed the conversation. Not sure how well we met the objectives.	Jun 3, 2013 1:10 PM
2	The questions sparked a good discussion.	May 20, 2013 12:01 PM
3	It was energizing to talk with such a diverse group. Having the questions to discuss was very helpful. Lots of passion and enthusiasm!!	May 20, 2013 11:36 AM
4	Great to hear from other participants!	May 20, 2013 7:59 AM
5	Good connections, good content...these could have been longer, too. So much to process and absorb!	May 19, 2013 6:34 PM
6	The opportunity to interact with other participants was great. However, the questions seemed quite broad; we were not sure how the information would be used later; and at times the discussion was unfocused.	May 19, 2013 4:03 PM
7	It was great to hear ideas and have the shared energy around this topic from all over the country.	May 17, 2013 11:24 AM
8	It was challenging to stay 'on topic' but the tangents were sometimes as useful as the topic itself. (sometimes not). I think the questions were very helpful in providing structure to the conversation.	May 17, 2013 8:29 AM
9	The program for the day had so much information and was so intense, that it was difficult to also have the working lunch with no real break. The lunch discussion was valuable, but perhaps it could have been done as a break-out session instead of over lunch	May 16, 2013 2:38 PM
10	Round table was okay, but there was something a little homeworkish about it. I'm not convinced that it furthered understanding about ACES.	May 16, 2013 1:23 PM
11	I appreciated the time to digest and discuss.	May 16, 2013 1:22 PM
12	I did not have access to these.	May 16, 2013 12:59 PM
13	Did not attend Monday	May 16, 2013 11:28 AM
14	We seemed excited to be sharing, and having direction was prob good for us. Not sure what direction would have been better.	May 16, 2013 11:19 AM
15	Was very fortunate to have terrific table-mates!	May 15, 2013 9:53 AM
16	Was some good conversation at the tables	May 15, 2013 5:49 AM
17	I had great people at my table and they were all well engaged in the conversations - there was Theresa from Walla Walla, WA (we are buying those cards), Futures Without Violence, Center for the Urban Child at SCHC and more....	May 15, 2013 5:05 AM
18	I believe the Rountable Discussion could have been more valuable with fewer questions and a more structured format provided by the organizers	May 15, 2013 4:16 AM
19	The questions posed generated alot of discussion and we learned from each other.	May 14, 2013 8:04 PM





**Page 1, Q8. Round Table Discussions - Monday**

20	We stayed as a state team for Monday's discussion which was a great experience for us!	May 14, 2013 7:27 PM
21	Interesting perspectives from others from around the country. People's different settings were interesting to learn about.	May 14, 2013 6:22 PM
22	I would have liked to come away from the discussions with action items I could take back to my organizations.	May 14, 2013 6:09 PM
23	Very useful to discuss issues at our tables	May 14, 2013 5:07 PM



**Page 2, Q9. Program – Tuesday**

1	Another great set of presentations.	Jun 3, 2013 1:12 PM
2	Once again everything was so well-organized and professional. I found myself wishing I had the powerpoints to follow along but realize that would be a huge printing expense.	May 20, 2013 11:39 AM
3	Amazing perspectives and experiences! Also, how did Philadelphia get this much talent and experience?! Wow.	May 19, 2013 7:03 PM
4	The information about resiliency and how places and programs are using the research to focus on positive interventions and programming was fantastic, and really the main draw for me in attending the summit. Again, the photographer was not only distracting, but she was not sensitive to the feeling in the room. When Dr. Ginsburg was speaking she would not stop taking close up photos right in his face, which made it really hard to fully engage in the impacts of his presentation. Not sure why SO many photos close up in presenters' faces was necessary.	May 17, 2013 11:28 AM
5	Ginsburg was truly amazing.	May 16, 2013 6:54 PM
6	While I had read a few articles that referenced ACE's I was for the most part uninformed. This conference was the ah ha moment for me that so many of the speakers talked about.	May 16, 2013 11:35 AM
7	similar comments	May 15, 2013 3:18 PM
8	I enjoyed getting the feedback from the Monday roundtables. Will we get written reports? Hope so.	May 15, 2013 7:00 AM
9	I think the second day of the event was just as fabulous as the first day. For me, it was especially relevant as the speakers demonstrated how they are enacting ACE's into programs (like the services provided at Eleventh Street Family Health Practice in PA).	May 15, 2013 5:12 AM
10	Focusing on resilience was a great idea.	May 14, 2013 8:13 PM
11	Tuesday was outstanding - continuing from Monday's wonderful example.	May 14, 2013 7:29 PM
12	Enjoyed Tuesday's pace better than Monday.	May 14, 2013 6:34 PM
13	Excellent speakers - it is impressive, both Monday and Tuesday - that so many physicians are leading out.	May 14, 2013 6:26 PM
14	The information was not new but it did inform and confirm what I have known for 30 years and put it in a context that was very useful.	May 14, 2013 6:13 PM
15	Some redundancy Dr. Ginsburg was very dynamic and helpful.	May 14, 2013 5:09 PM



**Page 2, Q15. Comments on the Tuesday Speakers**

1	A continuation of a fine previous day. Excellent meeting.	Jun 3, 2013 2:09 PM
2	Hard to have a second day as good as the first, but this group definitely did it.	Jun 3, 2013 1:12 PM
3	Again - outstanding.	May 20, 2013 12:02 PM
4	As was true with Monday's speakers, there was a lot of energy and good information -- everyone was very engaging. I could feel the tension of speakers wishing they had more time -- it must have been hard to have to limit all these dynamic folks to there specific time slots.	May 20, 2013 11:39 AM
5	Again, all speakers were excellant; great mix of topics, viewpoints, etc.	May 20, 2013 8:01 AM
6	So MUCH to learn and remember!! For both days I appreciated getting to hear everyone (and not split into breakout sessions) with the entire audience, building a shared narrative of experience through this Summit.	May 19, 2013 7:03 PM
7	Jane Stevens and Susan Dreyfus were excellent. For me, both perspectives were not ones that I usually hear, and I appreciated being challenged to think in new ways.	May 19, 2013 4:05 PM
8	Great information and very positive and helpful.	May 17, 2013 11:28 AM
9	I love the way this conference was able to bring a very broad spectrum of people together. Would love to attend one of Ken's 3 day trainings. I appreciated Dr Bloom's assessment that we are on the edge, that the fututre erally is very unknowable but that there is room for intervention. I appreciated her look at systems and the nature of change, the opportunity for great creativity in the midst of chaos. Susan Drefus' tangible, practicle approach to very complex issues like running state government wowwed me. I appreciate Jane's creating a venue and a new approach in a field that is also so entrenched in tradition. Linda's realization that differnet lead dogs are optimal under different conditions is now with me for the duration.	May 17, 2013 8:38 AM
10	During the Q&A for the Community-based Intervention panel, Dr. Spivak asked an important question around preventing ACEs in the first place. If there is another summit (I hope so!), it would be so great to have some speakers talking about their approaches to preventing ACEs in the first place.	May 17, 2013 6:21 AM
11	I would have liked to have had Dr. Nadine Burke Harris on for a much longer period of time during the regular session.	May 16, 2013 6:54 PM
12	Another day of amazing speakers! So well done.	May 16, 2013 2:39 PM
13	Dr. Ginsburg is one of the most amazing speakers I have ever heard. That said, I really enjoyed all of the speakers	May 16, 2013 1:24 PM
14	Overall, an outstanding group of speakers.	May 16, 2013 1:23 PM
15	While I found Dr Blooms overall message very relevant, I found that it lacked the necessary tie ins to the rest of the conference. With a few slides she could have tied-in to " the movement" more effectively.	May 16, 2013 11:35 AM
16	I don't appreciate Dr. Ginsburg arrogance and thought some of his remarks were	May 16, 2013 11:34 AM

**Page 2, Q15. Comments on the Tuesday Speakers**

	offensive and inappropriate. I started out wanting very much to hear from him and tuned him out about half way through his talk.	
17	All speakers were excellent but Dr. Ginsburg was beyond excellent.	May 15, 2013 4:42 PM
18	Linda Chamberlain, Ken Ginsburg, and Jane Stevens were the stars and really liked the down to earth presentation by Theresa Barila. Nadine Burke seemed a bit nervous during the day but certainly was quite comfortable by the evening.	May 15, 2013 9:57 AM
19	Excellent perspective from a policy maker involved in translation to a large system. Great points regarding budgets and inconsistencies in funding. The perspective provided by Ms. Dreyfus is critical and often not focused on enough in terms of taking science to scale on a system level.	May 15, 2013 8:59 AM
20	Inspiring	May 15, 2013 7:00 AM
21	Nadine Burke Harris' information about the rate of learning and behavioral issues for children with ACE's being increased 32 fold is revolutionary for the field of education, ADHD, etc	May 15, 2013 6:33 AM
22	All speakers were profound and made the case on why we need to incorporate ACE's into our work, share this information with everyone, and move science into action & policy. This conference served (for me) as a Call to Action and I am ready to respond!!! THANK YOU Martha & ISF...we have much work to do together (ISF & Center for the Urban Child @ St. Christopher's Hospital for Children)!!!	May 15, 2013 5:12 AM
23	Although I was tired at the end of the day, I really was inspired by Susan Dreyfus. Ken Ginsburg really helped to illustrate how teens facing adversity can be helped to help themselves--it just takes a patient, caring adult with great listening skills (talk order). He empowered us to do something good for teens.	May 14, 2013 8:13 PM
24	A wonderful day ... thank you so much!!!	May 14, 2013 7:29 PM
25	Very strong and interesting, passionate people. I have heard Sandy Bloom many times so her info wasn't so much new but she is always very interesting. The practitioner panel was excellent, practical applicability for me. Excellent.	May 14, 2013 6:26 PM
26	Dr. Ginsberg's talk was one of the most impressive talks of the two days. He reaches to the heart of the matter and by "putting his face and the faces of those he serves" on it, I was inspired and confirmed that all I have believed is correct. The bottom line is this work is about "love". Same message as Rob Anda's. Data is wonderful and certainly the data from ACEs drives the train but the translation is crucial.	May 14, 2013 6:13 PM
27	Jane Stevens was terrific!	May 14, 2013 5:09 PM



**Page 3, Q16. I: Logistics**

1	Room was cramped but I was glad to be there.	Jun 3, 2013 2:10 PM
2	Well done. Thanks to the sponsors.	Jun 3, 2013 1:13 PM
3	What a great location!! The food was spectacular -- healthy, great variety, plentiful.	May 20, 2013 12:12 PM
4	Very well organized	May 20, 2013 12:03 PM
5	Summit space a bit cramped but I don't think it detracted from the program and actually may have helped folks make connections.	May 20, 2013 8:07 AM
6	Very well done! We were exceedingly well cared-for!	May 19, 2013 7:28 PM
7	A lot was packed efficiently into a short amount of time. Everyone seemed to be well prepared, focused, and committed to forward momentum. It would have been nice to thank the catering staff as well as the ISF/RWJF staff, as they worked hard to make everyone's experience enjoyable.	May 17, 2013 11:40 AM
8	I think the room would have been perfect for the size of an event you guys initially planned for. With the extra 65 people, it was a little cramped but I don't know who I would have then missed. The larger numbers in attendance was worth the trade-off.	May 17, 2013 8:51 AM
9	I was very surprised and extremely disappointed that Continuing Education Units (CEU's) were not offered for the Summit. The flow was a bit intense - so much information. I would like to have had slightly shorter panels.	May 16, 2013 2:43 PM
10	For food: overall the meals could have been healthier (this was a meeting about prevention, after all!) and the vegetarian options could have been better. Specifically, veggie options that have some protein (tofu, seitan, etc) would have been greatly appreciated. Side note: I was amazed how well you were able to keep everyone on time and on track. Great job!	May 16, 2013 1:31 PM
11	I would have loved to have gotten one of those massages. Everyone who got one looked better!	May 16, 2013 11:41 AM
12	The Visitor Center was fine except that it was freezing! And the meal on the second day was good, the meal on the first wasn't. It's hard with box lunches, but I also wonder about the wasted utensils, boxes and condiments for those not using them.	May 16, 2013 11:27 AM
13	A bit more opportunity to not be sitting would have been nice. The meals were good, but more salad emphasis and less sandwiches would have been lovely. Carbs+sitting=sleepy...	May 16, 2013 11:25 AM
14	The evening program was repetitive of the morning on Tuesday.	May 16, 2013 11:15 AM
15	Too much in too little time	May 15, 2013 7:56 PM
16	Would have preferred the evening lecture to be on Monday; several of my out-of-state colleagues had to leave Tuesday afternoon so as not to miss any more days at the office.	May 15, 2013 10:00 AM

**Page 3, Q16. I: Logistics**

17	Venue was too small and cramped. The restrooms in the front required us to walk in front of presenters, almost. Also, there could be some plug-ins available. Food was yummy but not the healthiest--pretty salty and lots of bread and carbs. The timing of the summit felt pressed. Needed longer break time and a break place where we could spread out and work the room a bit.	May 15, 2013 7:05 AM
18	room too small for the number of participants, very easy to get to for one coming from the suburbs	May 15, 2013 6:37 AM
19	The room was extremely tight and it was hard to move around and be comfortable. Would have liked a greater opportunity to move and network	May 15, 2013 5:51 AM
20	The progression of the event was very good but as I mentioned before we probably needed to have a few more breaks in between speakers. The accommodations were very good and the servers were very hospitable!!!	May 15, 2013 5:24 AM
21	The room was a little small for the crowd but overall set up was very good - good audio visual	May 15, 2013 4:21 AM
22	There is never enough time ... we need time with one another though to learn more, share ideas, products, initiatives, etc.	May 14, 2013 7:38 PM
23	Very well communicated all the way through -- I felt welcome and engaged thanks to your gracious planning and welcome.	May 14, 2013 6:39 PM
24	Typical conference complaints - too crowded. As someone who does this all the time, you and the center did an excellent job. Thank you.	May 14, 2013 6:25 PM
25	Terrific setting!	May 14, 2013 5:10 PM



**Page 3, Q17. II. Taking It With You**

1	Already followed up with two of the speakers who were new to me. Purchased material that I heard about at the meeting.	Jun 3, 2013 2:10 PM
2	Find new ways to work with my community.	Jun 3, 2013 1:13 PM
3	internal education work with public agencies	May 29, 2013 7:51 AM
4	Will follow up on specific issues with three colleagues	May 22, 2013 10:42 AM
5	Integrate resiliency training and practices (innovation) into a strategic plan	May 21, 2013 3:30 PM
6	Already including more about ACEs in our presentations -- am much clearer about the importance of this information.	May 20, 2013 12:12 PM
7	1. Sharing specific examples of how ACEs is being utilized by providers with similar providers in my state. 2. Incorporating the philosophy with our construction of our action plan.	May 20, 2013 12:03 PM
8	I will follow up with AAP staff to explore opportunities for physician education on ACEs. I have already shared my notes and impressions and will continue to follow up and discuss issues from the Summit.	May 20, 2013 8:07 AM
9	working on it and I will let you know.	May 20, 2013 7:12 AM
10	I will be working with neighboring states to arrange strategic telephone conversations. The "work" is so new that we need to connect people doing comparable work: e.g., those in state government on ACE data could have the benefit of experience of others, and shorten some of the learning curves.	May 19, 2013 7:28 PM
11	I immediately emailed the editorial staff of my local newspaper to try to get them to increase awareness.	May 18, 2013 10:11 PM
12	visiting other sites to examine best practices and lessons learned	May 18, 2013 7:28 PM
13	We are already in the midst of planning a conference in our county this fall. This summit provided great information and ideas that we may include this go around, and also systems and target audiences to reach out to for future sessions and work. Since we have not yet been able to make an "in" to the medical community in our area, the fact that the AAP and other groups were present and engaged was very encouraging!	May 17, 2013 11:40 AM
14	The insight I gained is that there are indeed as many approaches to this as there are states and individuals involved. That 'the airplane is indeed being built as we fly' I am willing to discuss this with anyone who will listen. I gave a Partnering with Parents brochure to my B&B hostess who will pass it on to the principal of the school where she volunteers, eg. I will continue to work on a very local level (my own pediatric group) as well as reach out to other groups. I will continue to work with state organizers to facilitate an organized approach for my entire state.	May 17, 2013 8:51 AM
15	I will share this information with my colleagues and will begin finding ways to lift up this important information among our community network.	May 17, 2013 6:21 AM
16	Plan to talk with others about ACE data they collect.	May 16, 2013 3:15 PM



**Page 3, Q17. II. Taking It With You**

17	Looking at how to screen for ACEs with children in my work setting.	May 16, 2013 2:43 PM
18	focus on resiliency, hope & love with ACEs as the underpinning rather than the headline - positive	May 16, 2013 1:57 PM
19	I plan to guide a conversation with Senior Leadership about the ACEs study, the latest research findings, and the implications for my Foundation's work. I am also thinking differently about my future grantmaking efforts.	May 16, 2013 1:31 PM
20	Try to get a grant to fund work.	May 16, 2013 1:26 PM
21	I was not a participant.	May 16, 2013 1:01 PM
22	It was kind of like preaching to the choir. Might be nice to figure out how to take it to those who aren't on board yet.	May 16, 2013 12:56 PM
23	I have not stopped talking about the summit since I got back to my office. I only wish I had more of my staff in attendance so that i could share the conversations on a deeper level.	May 16, 2013 11:41 AM
24	not all of these questions can be answered with the given responses.	May 16, 2013 11:36 AM
25	More ACEsConnection members, more stories to tell, follow up with more collaborations (e.g., webinars).	May 16, 2013 11:28 AM
26	We are going to figure out as a state to get some of the information out to the sites who are working on ACEs and how to engage some how aren't.	May 16, 2013 11:27 AM
27	Our state strategy in Maine for the next year will be heavily informed by the Summit. Hope to have Jane Stevens and Dr. Burke Harris visit.	May 16, 2013 11:25 AM
28	We have plans to form a coalition and do more with ACEs in our state.	May 16, 2013 11:15 AM
29	ACES screening	May 16, 2013 4:35 AM
30	Two meetings have been scheduled for follow-up	May 15, 2013 7:56 PM
31	Try to disseminate some of this information and see how some of our grantees can get informed about this research and possibly integrate it within their work.	May 15, 2013 4:45 PM
32	Incorporating the new knowledge into our program related work!	May 15, 2013 10:09 AM
33	Checking out many of the websites mentioned and joining the ACE's Connection.	May 15, 2013 10:00 AM
34	Increasing awareness (across the medical, educational, advocacy and policy sectors) about the ACE study and Toxic Stress.	May 15, 2013 8:22 AM
35	Will visit many websites	May 15, 2013 7:05 AM
36	This information will enhance a presentation to other pediatricians about the importance of ACEs and the "buffering" effect quality early care and education can have	May 15, 2013 6:37 AM



**Page 3, Q17. II. Taking It With You**

37	will take some more focused conversatin at the local level as to how we enage a variety of partners in a deeper fashion	May 15, 2013 5:51 AM
38	I immediately noticed that there were several people (or communities) missing from the conference like educators and principals. These are the people that work with children on a daily basis. I have opportunities (as a result of the work I've been doing in HIV) to work with colleges, public/charter schools, GED programs as well as youth correctional facilities (i.e. Youth Advocacy Program) to educate them about ACE's.	May 15, 2013 5:24 AM
39	I will definitely follow-up with several people that I met at the conference who are doing similar work. I will also integrate some of the new information I learned into presentations/training I conduct and/or coordinate. I will disseminate materials shared and post links and information on my website. I will talk with colleagues about integrating ACE screening in our direct services programs and recommend it to other organizations to whom I provide consultation.	May 15, 2013 4:21 AM
40	New connections with a member of the NCTSN to build upon the integration of behavioral health and primary care	May 15, 2013 2:54 AM
41	Teach the value of assessing patients for ACEs to our young doctors in training.	May 14, 2013 8:15 PM
42	We immediately debriefed this afternoon and articulated a list of 8 follow-up items, 4 learn more needs, and identified the next steps to take in the next 6 weeks.	May 14, 2013 7:38 PM
43	Much that is actionable and helpful to providing leadership within my organization and my community.	May 14, 2013 6:39 PM
44	Schedule a meeting with the mayor Connect with two referrals given to me in area Increase work with children at the homeless shelter	May 14, 2013 6:38 PM
45	Momentum with spreading awareness Building stronger partnerships to facilitate sharing of information Educating students and community members	May 14, 2013 6:26 PM
46	Oh boy, that's a question. My organization has huge national potential and I have made a difference but I am going to use Sandy's hammer. I have been screaming about being "ACE Informed". I am now going to convene a meeting of the "thought leaders" with my leadership to make certain that everything we do is ACE informed. My personal mission statement in life is to be a spokesperson for peace and change. I am now going to be a very big mouthpiece, committed to the "time is now" and "we are who we have been waiting for".	May 14, 2013 6:25 PM
47	More work on the local level!	May 14, 2013 5:10 PM



**Page 3, Q19. Comments on the Taking It With You:**

1	I am hopeful we can get powerpoints to provide more info than just from own note-taking and hope the videos are available -- maybe on YouTube?	May 20, 2013 12:12 PM
2	There are many people from the Summit whose experiences and knowledge I hope to share with others "back home" and in the trenches, whether through direct invitations or through their presentations. This was an inspiring and informative meeting ~ sometimes almost overwhelming. The proximity to the Liberty Bell contributed to the sense of participation in a historic meeting! My next steps are to use this experience to "fuel" more work back home, especially with communities of color who are already drawn to the liberating and empowering message of ACE. Future meetings should involve people most affected by ACEs. The potential for healing is stunning. What are the roots of ISF in Philadelphia and at Drexel University? There is a story here! This "movement" is deeply indebted to ISF and RWJ for your generosity on many fronts. Thank you!	May 19, 2013 7:28 PM
3	Very motivating. Came away with several ideas to increase discussion and awareness throughout the community. I felt that people with power are now beginning to become involved and the momentum will continue to grow.	May 18, 2013 10:11 PM
4	I will definitely use the information provided in my work at my own organization, with colleagues in my field, and in collaborative work with community partners. Having the information available on the drives that we recieved is fantastic. I am looking forward to going back over my notes and taking some time to absorb it all. I am grateful and delighted that I had the opportunity to attend; it was inspiring to see the leadership and momentum being created and expanded in various fields and around the country.	May 17, 2013 11:40 AM
5	I have shared with others, this was by far the best and most inspiring conference I have attended in my 25 years as a pediatrician. I think because it was meant to be both educational as well as interactive and cross-pollenating. I think also because it was by invitation, so that everyone there REALLY wanted to be there. That it wasn;t just an opportunity for CME, or because it was conveniently located. Because it is such an exciting, pradigm shifting reality that we are living and it was refreshing and inspiring to have so many people agree with that viewpoint.	May 17, 2013 8:51 AM
6	This summit was one of the best meetings I have ever attended! I look forward to attending future summits around this important topic.	May 17, 2013 6:21 AM
7	Please, keep the energy going. Martha, you are a true inspiration. What you are doing to head up the "movement" will have impact long into the future. I am very proud to have been invited to attend. Thank you very much.	May 16, 2013 6:56 PM
8	Thank you for organizing a truly excellent summit -- this was easily one of the best conferences I have ever attended. The high quality of speakers, the meeting organization, and the overall arc of the summit were extremely thoughtful and well-done. I felt energized and excited walking away from the meeting, and I plan to dive much deeper into ACEs research to inform my work. I think this is truly groundbreaking work and I plan to evangelize going forward. Thank you!	May 16, 2013 1:31 PM
9	I would like to attend an ACEs conference that focused on the solutions in	May 16, 2013 11:41 AM



**Page 3, Q19. Comments on the Taking It With You:**

	various environments working with youth. These would include Education, Social Services, and Juvenile Justice.	
10	If you do another summit, I would suggest that there be some significant amount of time for more time to talk with, brain storm, exchange information, network etc. with others because there was a tremendous amount of information and processing some of it would be helpful while we're still away from the office! Thank you so much for the invitation to join in the very valuable experience. Great presenters, staff, setting and massage!	May 16, 2013 11:27 AM
11	The opportunity to come as a team was fabulous. Would strongly encourage this for the future, for multidisciplinary teams to attend.	May 16, 2013 11:25 AM
12	I am so motivated and excited about the potential. I learned so much, and plan to move forward with the information in a variety of ways.	May 16, 2013 11:15 AM
13	Domestically, the knowledge and science gained on ACE study and its application inspired me to explore the possibility of creating an universal ACE screening tool that can be utilized by practitioners across behavioral health, primary care, children and family services for trauma-informed prevention, intervention, and treatment. Internationally, I am seriously considering how to include ACE research and movement to China. After 30 years of rapid economic development, China must face the challenge of managing social problems of a modern economy. A mission of mine for the next 10 years is to help China applying social and health sciences for scientifically managing social services. Introducing ground breaking research and science is definitely something worth doing.	May 15, 2013 1:47 PM
14	While I thought this was a fabulous, energizing summit, I believe there needs to be some soul searching about what the next steps are. Does this meeting continue to be a "convener" - bringing like minded advocates together to share stories, strategies, and energy (a venue for "preaching to the choir" in order to keep the momentum going)? Or does this meeting grow and try to reach a wider audience (a venue for education and awareness raising)? Or does this meeting become more outcomes focused and begin to develop working groups and consensus statements regarding the way forward from both a policy and research perspective (a meeting of the minds to drive both practice and policy)? These are ALL good options - I just think that we need to be clear as to what the objective is moving forward.	May 15, 2013 8:22 AM
15	I took 30 pages of notes. I am not kidding. Next time, please have a venue that will allow us to have a poster session so we can bring short snapshots of our work and circulate to meet more people. Would like to see more research and have more young people (the next generation!) there. The choice of speakers was excellent. I would love to hear more from all of them . But I could have done better meeting people in the room.	May 15, 2013 7:05 AM
16	There was so much that happened during the conference. As mentioned previously I am ready to get on board with this movement!!!	May 15, 2013 5:24 AM
17	Such a powerful and well-organized Summit that served to organize an important movement.	May 15, 2013 2:54 AM



**Page 3, Q19. Comments on the Taking It With You:**

18	Would like to have a solid opportunity to connect with other sites - hope that there is a participant listing for us!!!	May 14, 2013 7:38 PM
19	I made strong business contacts in addition to professional support and exchange connections. I have been engaged with ACE Study since a Federal Trauma symposium in December 2011. I knew immediately that ACEs was transformative and a pass to more systemic thinking -- we immediately booked Dr.Felitti to keynote a June 2012 conference and have not looked back. This conference was such a gift in that there were multiple ideas about how to innovate at home, and inspiration from so many people who are much further down the road.	May 14, 2013 6:39 PM
20	I am starting a journal...just to follow how much can be done in 18 months to keep me mindful everyday of the possibilities!	May 14, 2013 6:38 PM
21	Can Robert Wood Johnson make this a larger forum. I had people e-mailing me asking if I knew how to get in. This conversation has to be had on a much larger level. The IVATS Conference is too clinical and this is clinical, grassroots and passion driven. I saw no egos evident anywhere, just passion driven people. I appreciate that it was not "government" funded though they need to be present but only as listeners,. This work have to remain like-minded individuals who are sharing, innovating and connecting. Please extend my gratitude to Scattergood and Robert Wood Johnson. I am humbled to have been able to participate. My only suggestion is that while many of us in the room have lived experience of trauma and healing, it would have been wonderful to have a face and voice or that healing to share what this work has meant rather that to have it just be anecdotal.	May 14, 2013 6:25 PM



**The National Summit on Adverse Childhood Experiences CHILDHOOD RESTORED – Tuesday Evening Program, May 14, 2013**



**I. Program – Tuesday Evening**

	Poor	Fair	Average	Good	Excellent	Rating Count
1. Overall, how would you rate this event?	0.0% (0)	0.0% (0)	4.5% (2)	22.7% (10)	<b>72.7% (32)</b>	44
2. Was it well organized?	0.0% (0)	0.0% (0)	4.5% (2)	13.6% (6)	<b>81.8% (36)</b>	44
3. Were the topics relevant to you?	0.0% (0)	0.0% (0)	2.3% (1)	15.9% (7)	<b>81.8% (36)</b>	44
4. Was most of the information presented new to you?	2.3% (1)	7.0% (3)	16.3% (7)	<b>41.9% (18)</b>	32.6% (14)	43
				Comments on the Program		26
				answered question		44
				skipped question		0



**Page 1, Q1. I. Program – Tuesday Evening**

1	I was only able to stay for Sandy Bloom's presentation but appreciated the chance to talk with folks before the presentations.	May 20, 2013 12:17 PM
2	I expected to hear some repetition from the speakers' presentations during the day. I also learned new things.	May 19, 2013 7:37 PM
3	Wonderful to move beyond the data to action.	May 17, 2013 2:39 PM
4	Having attended the 2 day conference, the overlap of presentation was, on the one hand, reinforcing, on the other repetative. Made me think that catching the flight west that evening would have been the better choice.	May 17, 2013 8:17 AM
5	Keep up the good work. A wonderful presentation.	May 17, 2013 6:19 AM
6	It was a disappointment that the talks were so similar to those given during the summit	May 16, 2013 6:22 PM
7	Dr bloom's talk was redundant from the morning. I wasn't really sure what the main point of her talk.	May 16, 2013 3:20 PM
8	There was too much overlap from the morning session	May 16, 2013 12:27 PM
9	Some of the information was repetitive from the summit earlier in the day.	May 16, 2013 11:54 AM
10	So much was offered in this short amount of time which was useful and inspiring.	May 16, 2013 11:09 AM
11	Would have preferred this to be on Monday evening so more out-of-town guests could attend. I was a bit disappointed that it seemed to be a repeat of the earlier presentations - just a bit longer.	May 15, 2013 10:06 AM
12	Excellent program - very inspiring!! Speakers were fantastic!!	May 15, 2013 7:19 AM
13	I intend to work to standardize ACE evaluation at the health centers in Phila.	May 15, 2013 6:59 AM
14	Enouraging	May 15, 2013 6:19 AM
15	Very good information provided.	May 15, 2013 6:12 AM
16	The speakers were so inspired, it added a great re-charge to continue our work to try to help people.	May 15, 2013 5:36 AM
17	Excellent topics and excellent speakers. I wanted more workshop stuff. The talk left me motovated, but I wanted ideas about what to do once I got back to my institution.	May 15, 2013 5:34 AM
18	Since many of us attended only the Tuesday evening session, it would have been useful to have somehandouts. Particularly the ACE screening tool would be good to have. The speakers were dynamic and inspiring. Universal use of ACE screening tool and ability to follow up are wonderful goals. Implimentation will be a challenge.	May 15, 2013 5:25 AM
19	Well done!	May 15, 2013 4:33 AM
20	Food and opportunity to connect with colleagues was great! Having attended the	May 15, 2013 4:23 AM



**Page 1, Q1. I. Program – Tuesday Evening**

	2 day summit Dr. Blooms talk was too repetitive. I did not attend Dr. Ginsberg's talk.	
21	this was the BEST program on ANY topic that I have EVER attended!	May 15, 2013 1:21 AM
22	It seemed most of the speakers re-iterated the same information presented on Tues. If I had known, I would not have stayed to hear the evening speakers.	May 14, 2013 8:20 PM
23	Great way to end the conference!!	May 14, 2013 7:37 PM
24	The information was not new but that doesn't mean that it was poor. It was very good and reaffirming. I only gave the "good eval" simply because my brain was on cortical overload and it was hard to take in much more.	May 14, 2013 6:29 PM
25	Fabulous Martha and you were also amazing. Donna T.	May 14, 2013 6:18 PM
26	Was a repeat of presentations given earlier in the day but I was able to network at the reception!	May 14, 2013 5:29 PM



## Life Achievement Award to Frank W. Putnam, MD

Dr. Frank Putnam's contribution to our field is enormous. Frank helped open the door to the possibility that protecting and helping children will prevent their later dysfunction and disease.

Dr. Putnam served in the U.S. Public Health Service at NIMH from 1979 to 1999 when he retired as a Commander. At NIMH, Frank did pioneering research on dissociation and sexual abuse in girls. He worked with Penelope Trickett and others to design, implement, and to sustain the world's most important longitudinal study of sexually abused girls. Their study has produced ground breaking findings and continues to this day with plans for future waves. Frank is one of the most influential founders of the Developmental Traumatology field. Developmental Traumatology is on its way to becoming as revolutionary to public health in the 21<sup>st</sup> century as Germ Theory was for the 19<sup>th</sup> century. Frank has been and is at the center of its development and serves as a guiding hand to its growth.

When Frank wrote the first available books on, *The Diagnosis and Treatment of Multiple Personality Disorder* that was published in 1989 and later *Dissociation in Children and Adults* (1997), the mental health community was still largely ignoring and misdiagnosing dissociative disorders, the association with childhood trauma, and the complex presentation in adults. Dr. Putnam's explorations of these topics were grounded, scientific, developmentally-informed, and clinically relevant. For those of us struggling at the time to effectively treat the people we were seeing, his work was and is profoundly important.

Since leaving NIMH, Dr. Putnam has devoted himself to improving the lives of children and families as a child psychiatrist, public health professional, teacher, administrator, writer, and humanitarian. He serves as a role model and mentor for many of today's top researchers addressing child traumatic stress. For us, Frank Putnam represents exactly what a true scientist is – someone who consistently and with great integrity challenges the existing status quo and fearlessly faces facts that no one else wants to see while using the scientific method to break through barriers to public health in the interest of human improvement.

Frank is one of the great scientific pioneers and heroes in our present struggle to prevent, identify, and to heal the harms of childhood trauma and adversity.