



Invest, Research, Inform, Engage, & Advocate: Iowa's Five Prong Approach to ACE- Informed Policy



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Coordinator, Central Iowa ACEs Steering Committee





INVEST

INVESTING PRIORITIES

Initiative Partners:

**Iowa Dept. of Public Health, MIECHV, Mid-Iowa Health Foundation,
United Way of Central Iowa**

Collective Impact Partners:

**IOWA-AAP Chapter, Prevent Child Abuse Iowa, Early Childhood Iowa,
Project LAUNCH, Unity Point Health System**

Engage potential investors & identify areas of funding interests



RESEARCH

RESEARCH PRIORITIES

1. 2012 and 2013 ACEs BRFSS data collection
2. 2012 ACEs Data Analysis and Report
3. 2013 ACEs Summit will focus on sharing Iowa ACEs Data Analysis & Report across multiple sectors



INFORM

INFORMING PRIORITIES

- 1. 2012 ACEs Summit - 800 Attendees**
- 2. Two standard ACEs power point presentations**
- 3. www.iowaACEs360.org Website**
- 4. ACEs Brief Document**
- 5. On-line learning module development**
- 6. 2013 ACEs Summit**
- 7. Iowa ACEs Data Report**

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ENGAGE

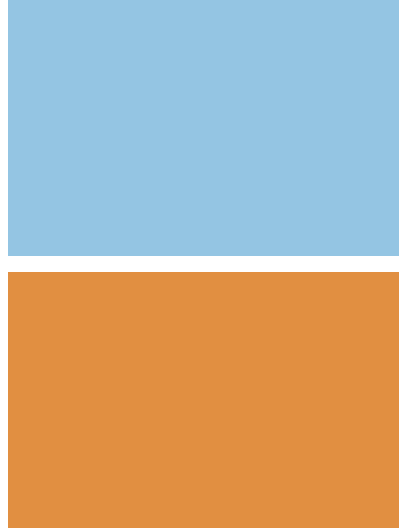
ENGAGING PRIORITIES

1. ACEs readiness assessment with 23 organizations and family serving systems
2. Interstate ACEs Learning Collaborative
3. Focused coordination with natural stakeholders in this work
4. Intrastate Learning Collaborative
5. Identify additional partnerships from 2013 Summit

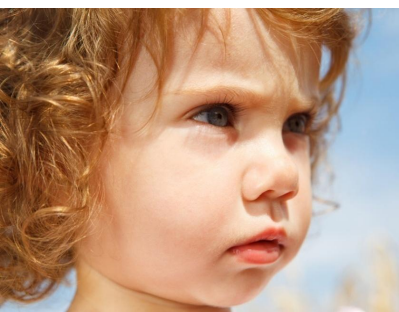
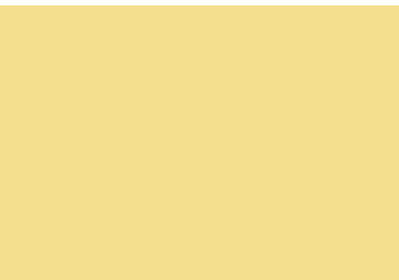
ADVOCATE

ADVOCACY PRIORITIES

1. Policy Brief Document (Pre Iowa BRFSS data)
2. Participated in Children's Health Advocacy & Policy Convening
3. Legislative Committee Presentation
4. Educated 22 Legislators on ACEs
5. Convened state department leadership to meet with Dr. Anda & Laura Porter
6. Participating in dialogue around the following legislative items:
 - Redesign of Children's Mental Health System
 - TIC Training for educators related to suicide prevention



Addressing ACEs Through Primary Care & Public Health Partnerships



Core Purpose of 1st Five

To build partnerships between primary care and public service providers to enhance high quality well-child care.



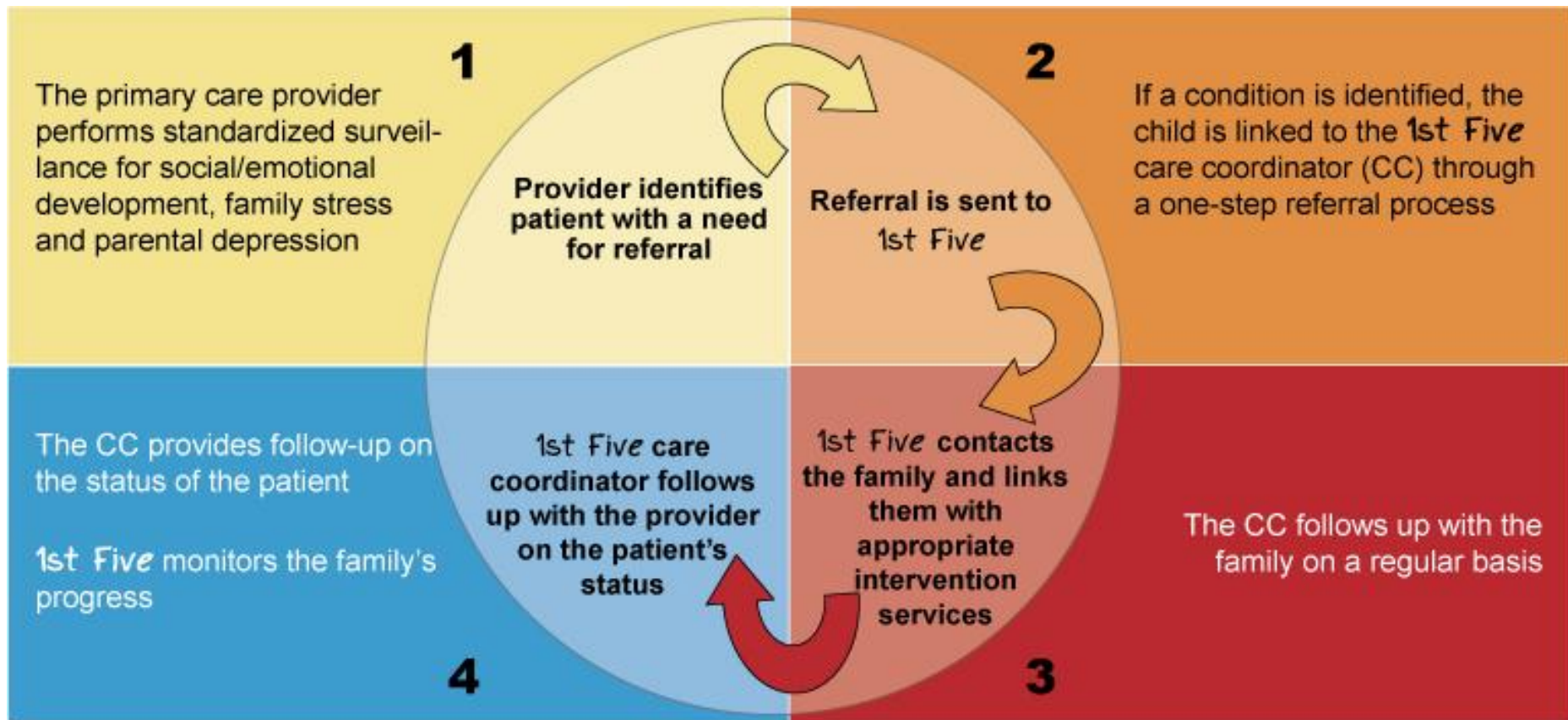
1st Five supports assessing social and emotional developmental skills of infants, toddlers and young children –
CONCURRENT WITH DEVELOPMENT OF THE CHILD'S
motor, language, cognitive and adaptive skills.

This includes screening for parental depression, family stress and autism.

1st Five Core Components

- 1) **Provider Outreach & Relationship Building**
- 2) **Care Coordination**
- 3) **Community Networking/Coalition Building on understanding children's healthy development**
- 4) **Bi-annual Program Data**

1st Five Partnership Model



1st Five uses a three-level system of child health

Care

Level 1 services:

Standardized Universal Surveillance

Level 2 services:

Developmental Screening

Level 3 services:

Evaluation, Diagnosis & Treatment



Potential Reasons for Referral to 1st Five

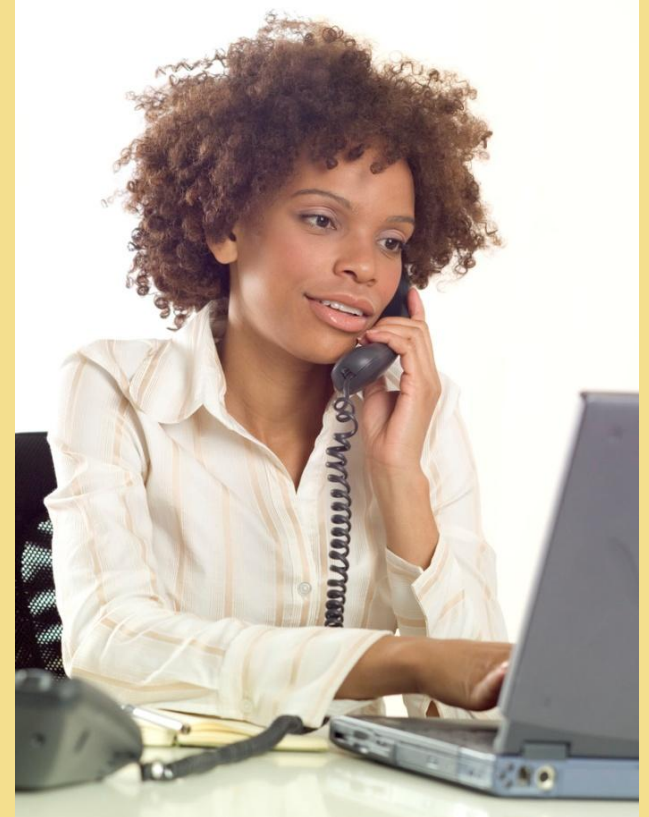
- Early Intervention & Evaluation Services
- Developmental Delay
- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Financial Stress
- Family/Relationship Stress
- Domestic Abuse
- Child Care
- Head Start & Preschool
- Family Support Services
- Housing Resources
- Maternal/Caregiver Depression
- Mental Health Issues
- Behavior Issues
- Parent Education Programs
- Food Assistance
- Family Planning
- Medicaid/Dental/ ***hawk-i*** Insurance Needs
- Substance Abuse
- Transportation Concerns

Public Health Community Utility

ONE CALL REFERRAL

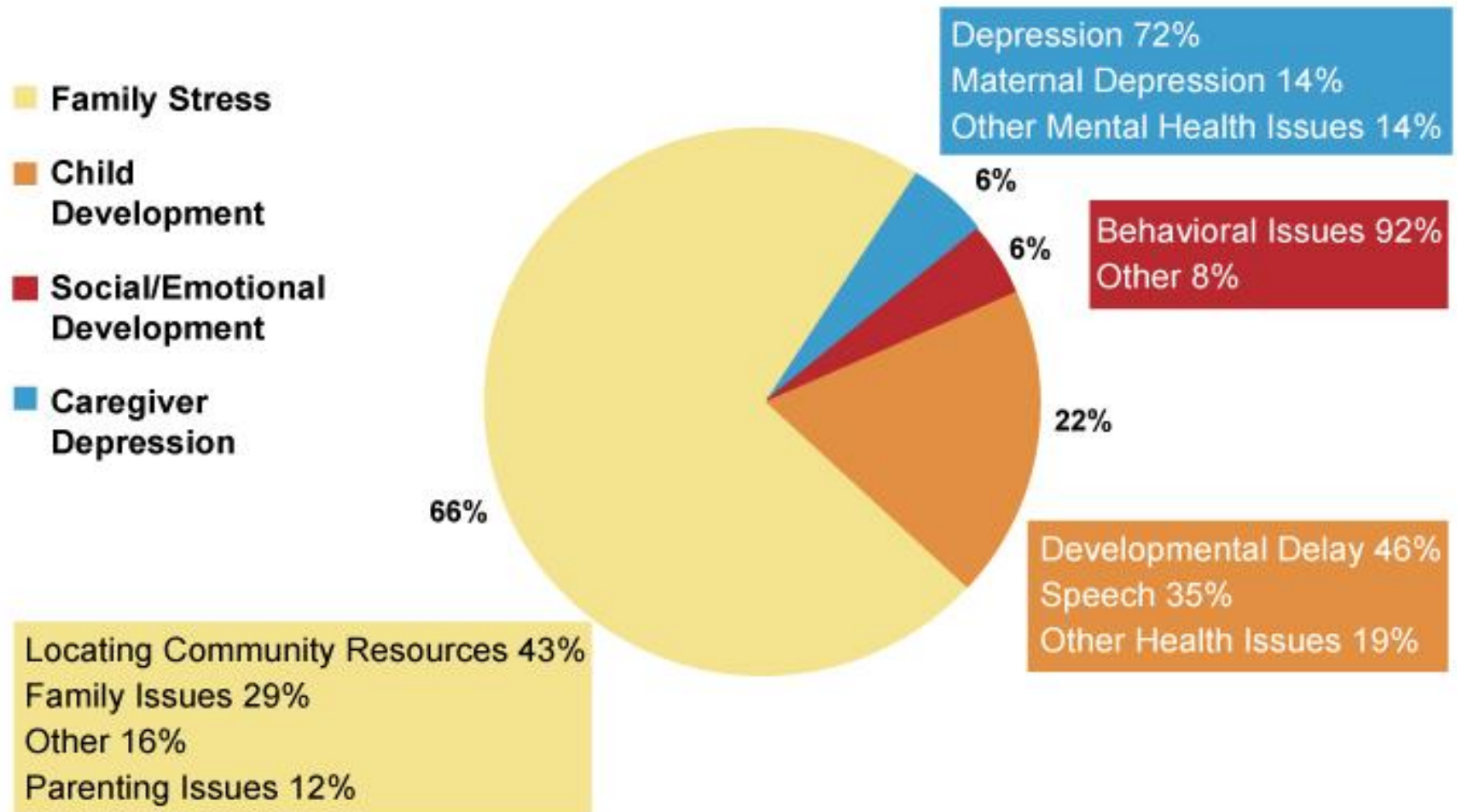
Public health care coordinators are trained experts in understanding issues affecting healthy development and knowing local available resources for children and families.

- Link families to appropriate community services.
- Help arrange transportation to and from medical appointments.
- Integrate children's healthy mental development into their work with families.



Reasons for Initial Referrals to 1st Five Care Coordinators

(A Snapshot of Parenting Issues for Iowa Families Raising Young Children)



Over 70% of initial referrals result in ongoing care coordination

For every initial referral into 1st Five an average of three referrals to programs or connections to other services and resources are made.



1st Five Outcomes

Involves 83 medical practices & 284 health providers.

Has impacted ~ 77,000 children birth-5 years.

Prior to 1st Five involvement, 33% of medical providers reported universal surveillance activities, after 1st Five involvement, that number rose to 93%.

Close to 5,000 children referred by providers, with approximately 12,000 connections to local

